

**MASTER THESIS**

**Master's Programme in Food, Nutrition and Health**

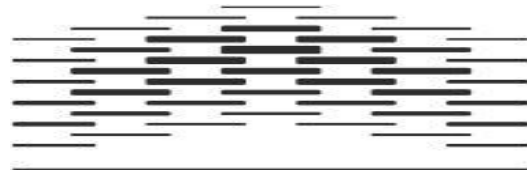
**2012**

**THE REALIZATION OF THE HUMAN RIGHT TO ADEQUATE FOOD  
AMONG WOMEN AND CHILDREN LIVING IN A SLUM AREA OF  
KAMPALA CITY UGANDA**

**KUNGU JOSEPH**

**Faculty of Health Sciences**

**Department of Health, Nutrition and Management**



**OSLO AND AKERSHUS  
UNIVERSITY COLLEGE  
OF APPLIED SCIENCES**

## **DEDICATION**

This research work is dedicated to my wife Cissy Kungu in recognition of her patience and encouragement given to me throughout this study.

## **ACKNOWLEDGEMENT**

First and foremost I am very grateful to the Almighty God for His mercies and grace that has enabled me to attain this level.

In doing this study, I have received tremendous support from a wide section of contributors whose immense and generous support has enabled its success. I am therefore highly indebted to them. I am particularly thankful to the Norwegian government whose financial contribution through Lånekassen has enabled this study. I am very grateful to the collaboration between Kyambogo University and Oslo and Akershus University College of Applied Sciences (formerly HiAk) through which this achievement is based.

I have been very fortunate in having wonderful interactions and being taught by renowned experts on this subject. I am highly indebted to Arne Oshaug, Asbjørn Eide, Wenche Barth Eide, and Bård Anders Andreassen whose work on right to food and lectures have inspired this study. I am extremely grateful to Arne Oshaug my supervisor through this study for the relentless effort and time invested in me that has inspired me greatly. I am also grateful to all lecturers and professors whom I have had an opportunity to listen to through this study period. My gratitude also goes to the staff of Kyambogo University in the Department of Human Nutrition and Home Economics.

I would also like to extend my appreciation to the Local authorities in the study area for their permission to carry out this research in their area and the participants for their time and sincere participation in the study. Great thanks go to the L.C 1 Chairman of Kimwanyi zone Katanga parish Mr. Hassan Wasswa and Mr. Semakula for the assistance accorded. My field assistants; Nkwatsibwe Adams, Sylvia, and Rachael did a wonderful job. Special thanks go to my colleagues Rukundo Peter, Kato Peterson and Ndahura Nicolas for their tremendous support through this study. I particularly thank Nicolas for his immense moral, social and academic support throughout this work.

Finally I appreciate my family and friends for the encouragement and moral support through my study program.

I commit all of you to God to reward each of you accordingly.

## **ABSTRACT**

Good nutrition is vital not only for human health but also for national economic and social development. The objective of this study was to assess the realization of the right to adequate food focusing on women and children living in one of the slums in Kampala City Uganda. Respondents of this study were categorised into right holders (mothers or caretakers and their children) and duty bearers. The following objectives were assessed; the nutritional status of selected right holders, assessing the availability and accessibility of foods, assessing existence of nutritional related health and sanitation facilities and assessing whether appropriate legal, regulatory and institutional frameworks necessary to realize right to food were in place. A total of 201 women and children were involved in the study systematically randomly sampled whereas 10 key informants (duty bearers) were purposively sampled.

Quantitative and Qualitative methods were used in data collection. The study design was cross sectional in nature. Interviews with right holders (only mothers or caretakers) and duty bearers were carried out using questionnaires. Field observations and document analysis were also used in data collection. Data collected from right holders was analysed using SPSS and WHO Anthro. 3.2.2 Software while that from key informants was transcribed and used in discussion of results as appropriate.

Results indicate that about 18% ( $-0.7 \pm 1.3$ ) of children were underweight, 41% ( $-1.7 \pm 1.8$ ) were stunted whereas 7% ( $0.2 \pm 1.5$ ) were wasted. Mean BMI of mothers or caretakers was  $23.4 \pm 3.8$ . Food was available in markets but not accessible for many as diets were inadequate. Results indicate 157 (about 78%) respondents had mean DDS of 4 out of 10 food groups. Health and sanitation facilities were also not easily accessible. Legal, regulatory and institutional frameworks were in place relevant for realizing right to food at the national level but not at the community level. Implementation and follow-up seems to be lacking.

The right to adequate food among women and children in this study area was not realized. Factors leading to this are multi-sectoral ranging from socio economic development to environmental and political factors in society.

Key words: Right to food, women and children, slum.

## TABLE OF CONTENTS

DEDICATION.....	i
ACKNOWLEDGEMENT.....	ii
ABSTRACT.....	iii
LIST OF FIGURES.....	vii
LIST OF TABLES.....	vii
LIST OF ACRONYMS AND ABBREVIATIONS.....	viii
1. INTRODUCTION.....	1
1.1 Background.....	1
1.2 The human right to adequate food in Uganda.....	4
1.3 The Uganda Food and Nutrition Policy.....	6
1.4 The human rights based approach to food security.....	7
1.5 Objectives of the study.....	8
1.5.1 General Objective.....	8
1.5.2 Specific Objectives.....	8
1.5.3 Research Questions.....	9
1.6 Normative content of the right to adequate food.....	9
1.7 Justification of the study.....	11
2. HOW IS THE THEORY LINKED TO THE RIGHT TO FOOD?.....	13
2.1 The human right to adequate food in international legal instruments.....	14
2.2 The need for Right to Food discourse today.....	18
3. METHODOLOGY.....	20
3.1 Description of study area.....	20
3.2 Study design and Respondents of the study.....	21
3.3 Sampling Procedure and Sample size.....	21
3.4 Indicators.....	22
3.4.1 Nutrition status indicators.....	23
3.4.2 Indicators on adequacy, availability and accessibility of food.....	25
3.4.3 Nutrition related health and sanitation aspects.....	27
3.4.4 Structural indicators.....	29
3.4.5 Linking research questions to Indicators.....	32

3.5 Data Collection Methods and Tools .....	34
3.5.1 Interviews.....	34
3.5.2 Field observation.....	34
3.5.3 Document analysis .....	35
3.6 Validity and Reliability.....	35
3.7 Data Analysis and Presentation of results .....	35
3.8 Ethical issues .....	36
3.9 Research Partners and Collaborators .....	36
4. RESULTS AND DISCUSSION.....	37
4.1 Nutritional status of mothers or caretakers and children .....	38
4.1.1 Body mass index of mothers or caretakers.....	38
4.1.2 Nutritional status of children (6-59) months.....	39
4.1.3 Educational level of mothers or caretakers.....	42
4.2 Availability and accessibility of adequate food.....	43
4.2.1 Availability of adequate food in the study area .....	44
4.2.2 Food accessibility to the households .....	46
4.2.3 Employment status of mothers or caretakers.....	48
4.3.0 Nutrition related health and sanitation facilities.....	49
4.3.1 Availability and accessibility of safe water, hygiene and sanitation facilities .....	49
4.3.2 Availability and accessibility of health facilities and services .....	52
4.4.0 Legal, regulatory and institutional mechanisms .....	53
4.4.1 Existence of relevant legislation and institutional framework on the right to food .....	54
4.4.2 Existence of institutional mechanisms to follow up state obligations.....	57
4.4.3 Awareness of right to adequate food in the community.....	60
4.4.4 Programs to support the community in acquiring food.....	63
4.5 Discussion of methodological implications .....	67
5.0 CONCLUSIONS AND RECOMMENDATIONS .....	69
5.1 Conclusions .....	69
5.1.1 Overall Conclusion .....	69
5.1.2 Nutrition status of mothers or caretakers and children .....	69
5.1.3 Availability and accessibility of adequate food.....	69

5.1.4 Nutrition related health and sanitation facilities .....	70
5.1.5 Legal, regulatory and institutional mechanisms .....	70
5.2 Recommendations.....	70
5.2.1 Recommendation for further studies .....	71
APPENDIX A. QUESTIONNAIRE ADMINISTERED TO RIGHT HOLDERS.....	79
APPENDIX B: INTERVIEW GUIDE FOR KEY INFORMANTS .....	93
APPENDIX C: LETTER OF INTRODUCTION.....	95
APPENDIX D: LETTER OF ACCEPTANCE FROM LOCAL COUNCIL.....	96
APPENDIX E: RESEARCH CLEARANCE IN UGANDA .....	97

## **LIST OF FIGURES**

Figure 1: Census Population trends for Uganda.....	1
Figure 2: National trends in prevalence of undernutrition among children under 5years.....	2
Figure 3: Trends in Urban population in Uganda.....	3
Figure 4: Conceptual framework for understanding the causes of malnutrition .....	29
Figure 5: Conceptual illustration of the determinants of the right to adequate food of mothers and children in Uganda’s slums .....	31

## **LIST OF TABLES**

Table 1: Nutritional status of children in Kampala .....	3
Table 2: Population of Kawempe division.....	20
Table 3: WHO classification of the public health importance of undernutrition .....	25
Table 4: Food groups considered in this study.....	27
Table 5: Linking research questions to indicators.....	33
Table 6: Some characteristics in the respondent population.....	37
Table 7: Mothers’ and caretakers BMI.....	38
Table 8: Nutritional status of children .....	40
Table 9: Education level and employment status of mothers or caretakers.....	42
Table 10: Respondents summary on availability, acceptability, safety and acquiring of food .....	45
Table 11: Number of food groups indicating consumption pattern.....	47
Table 12: Frequency of consumption in each food group .....	48
Table 13: Responses on hygiene and sanitation.....	50
Table 14: Responses on health facilities and services .....	52
Table 15: Assessment of awareness about right to food and nutrition programs.....	61



## **LIST OF ACRONYMS AND ABBREVIATIONS**

ACHPR	African Charter on Human and Peoples' Rights
BMI	Body Mass Index
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CESCR	Committee on Economic, Social and Cultural Rights
CHD	Coronary Heart Diseases
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
DALY's	Disability Adjusted Life Years
ESCR	Economic, Social and Cultural Rights
FANTA	Food And Nutrition Technical Assistance
FAO	United Nations Food and Agriculture Organisation
FHRI	Foundation for Human Rights Initiative
FIAN	Food Information Action Network
FRA	Food Rights Alliance
GC	General Comment
HAZ	Height for Age Z- score
HDDS	Household Dietary Diversity Score
HRBAP	Human Rights Based Approach
HSSP	Health Sector Policy and Strategic Plan
HURINET	Human Rights Network
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
KCCA	Kampala Capital City Authority
LC	Local Council
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MFPED	Ministry of Finance, Planning and Economic Development
MNRH	Mulago National Referral Hospital
MOH	Ministry of Health
NAADS	National Agriculture Advisory Services
NFNSIP	National Food and Nutritional Strategy Investment Plan

NGOs	Non-Government Organisations
NODPSP	National Objectives and Direct Principles of State Policy
PCA	Penal Code Act
PEAP	Poverty Eradication Action Plan
PMA	Plan for Modernisation of Agriculture
PMB	Produce Marketing Board
PUCL	People's Union of Civil Liberties
RtF	Right to adequate Food
SACCOs	Saving and Credit Co-operative Organisations
SCN	United Nations Standing Committee on Nutrition
SD	Standard Deviation
SERAC	Social Economic Rights Action Centre
SPSS	Statistical Package for Social Sciences
UBOS	Uganda Bureau of Statistics
UDHR	Universal Declaration of Human Rights
UDHS	Uganda Demographic and Health Survey
UFNC	Uganda Food and Nutrition Council
UFNP	Uganda Food and Nutrition Policy
UHRC	Uganda Human Rights Commission
UK	United Kingdom
UN	United Nations
UNAP	Uganda Nutrition Action Plan
UNBS	Uganda National Bureau of Standards
UNCST	Uganda National Council of Science and Technology
UNICEF	United Nations Children's Fund
US	United States
Vit. A	Vitamin A
WAZ	Weight for Age Z- score
WFC	World Food Conference
WFP	World Food Program
WFS	World Food Summit

WHO World Health Organisation  
WHZ Weight for Height Z-score

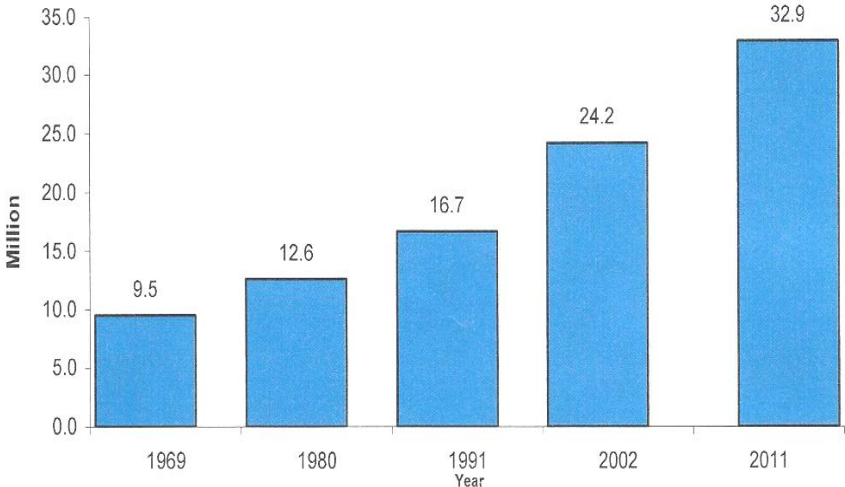
# 1. INTRODUCTION

## 1.1 Background

The right to adequate food is realized when every man, woman and child, alone or in the community with others have physical and economic access at all times to adequate food or means of its procurement (CESCR, 1999).

Uganda is a landlocked country with an area of 241,550.7 Square kilometres (Sq.km) of which 41,743.2 Sq. km are open water and swamps and 199,807.4 Sq.km is land (UBOS, 2011). Available population statistics from Uganda Bureau of Statistics (UBOS) indicate that Uganda’s population has continued to grow over a period of time. It increased from about 9.5 million in 1969 to little over 24 million in 2002 at an apparent average annual growth of 3.2 per cent (%) between 1991 and 2002. The projected 2011 midyear population stands at about 33 million (UBOS, 2011; see also Figure 1).

**Figure 1: Census Population trends for Uganda**



Source: UBOS, Statistical Abstract 2011

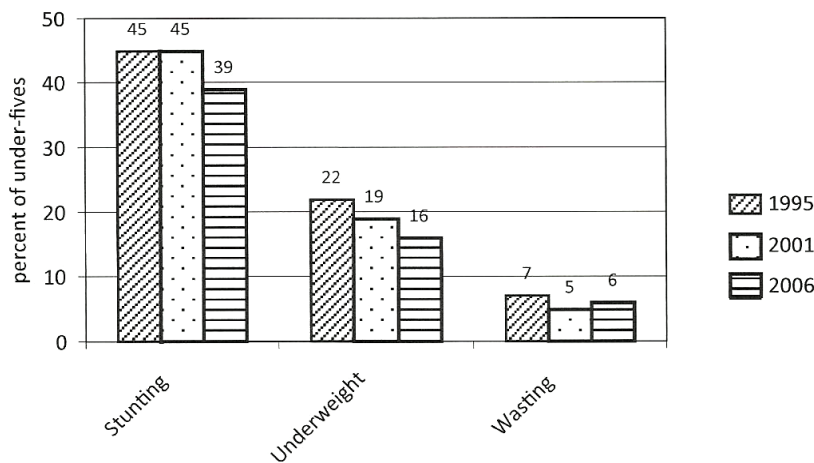
Uganda is largely an agrarian country with agriculture as the backbone of the economy. The 2002 population census published by the UBOS shows that 88% of Ugandans live in rural areas. It is estimated that a little over 70% are engaging in agriculture as the main source of livelihood and income as noted by Omara (2007).

As described by Omara (2007) the country produces a variety of food crops for consumption for example millet, maize, rice, sorghum, potatoes, cassava, bananas, pineapples, avocados,

mangoes, pulses like beans, peas, groundnuts, sesame, and sunflower. Animal products from cattle, sheep, goats, pigs, and poultry are also available, so are fresh water fish from its major lakes, rivers and streams. Food availability seems therefore to exist. One can therefore say that Uganda’s problem may not be scarcity of food but the challenge could be access to and utilisation of the existing food.

However, in spite of having such considerable potential of food availability, data shows high levels of childhood undernutrition. According to the 2006 Uganda Demographic and Health Survey (UDHS) statistics published, almost 40% of children were stunted, about 15% were severely stunted, 6% wasted and 16% were underweight with undernutrition being responsible for about 40% of deaths among children below five years and about 12% of the women were also undernourished (UBOS, 2007).

**Figure 2: National trends in prevalence of undernutrition among children under 5years**



Source: UDHS 1995, 2001 & 2006

An assessment of the nutrition situation of Uganda’s population as a whole and at household level by the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and the Ministry of Health (MOH) in 2004 had earlier been able to show that many households and some specific sections of Uganda’s population experienced food insecurity and high levels of undernutrition- this notwithstanding the fact that Uganda as a country always has had enough food as Omara (2007) describes. This could mean that the right to adequate food (RtF) is not being realized by all Ugandans and this failure could be critical particularly among women and young children as young children often are more vulnerable and susceptible to infectious diseases (Bhutta et al.,

2008). This can lead to undernutrition and poor growth, and are likely to suffer long term negative consequences as UN/SCN (2000) also observes. Women are also biologically vulnerable to ill-health because of their reproductive role which puts excessive demands on their body and risks associated with pregnancy and child birth (Ruel et al., 1998; UN/SCN, 2000).

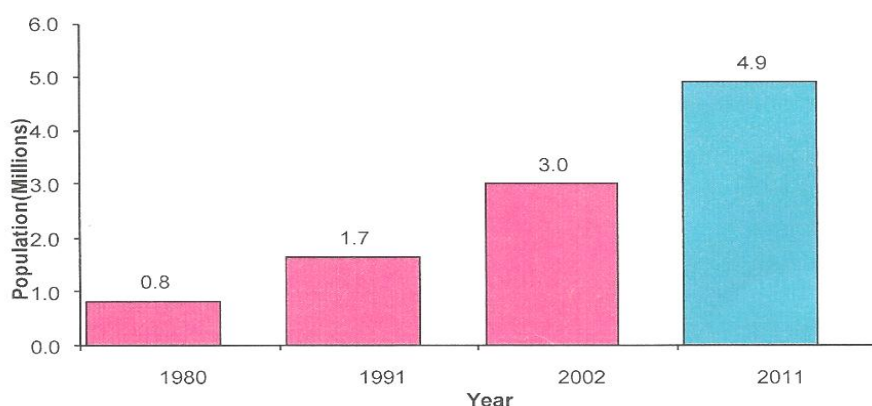
**Table 1: Nutritional status of children in Kampala**

Height for age			Weight for height			Weight for age			Number
%<-3SD	%<-2SD	Mean	%<-3SD	%<-2SD	Mean	%<-3SD	%<-2SD	Mean	
8.1	22.2	-0.8	3.7	7.4	0.0	2.6	10.3	-0.5	130

Source: UBOS Uganda Demographic and Health Survey, 2006

Uganda’s population has been increasing as already stated. The urban population in Uganda has also increased rapidly from less than 1 million persons in 1980 to almost 5 million in 2011 increasing the share of the population living in urban areas from about 7% to almost 15% during the same period (UBOS, 2011). Available statistics from UBOS also indicate that the population of Kampala increased by more than 4 times (from 330.700 in 1969 to 1.6 million in 2008) and its projected to reach more than 2 million in 2017.

**Figure 3: Trends in Urban population in Uganda**



Source: UBOS, Statistical abstract 2011

The rapidly increasing population has had its effect on accommodation in Kampala leading to a shortage of houses. As cited in Uganda’s leading daily the New Vision, Womakuyu (2008) reports that according to UBOS Kampala at that time had a housing deficit of 100.000 units. It has been reported that Kampala has been experiencing rapid unplanned housing construction since 1990 (Nyakana, Sengendo, & Lwasa, 2007). With an increasing urban population in

Kampala, as with most other cities in developing countries as Ruel et al.(1998) also observes, there seems to be a rapid formulation of slums.

The increasing population in Kampala has also had an impact on food security and nutrition situation in urban areas. Statistics from UBOS show that the prevalence of food insecurity was higher in urban areas (UBOS, 2010). Available statistics also show that slum dwellers in Kampala City fall in the lowest wealth quintiles (UBOS, 2007). These slum dwellers may therefore lack enough money to have an adequate diet leading to failure in realization of the RtF. The main purpose of this thesis is to assess the realization of the human right to adequate food among women and children focussing on those living in a slum area of Kampala City.

## **1.2 The human right to adequate food in Uganda**

The human right to adequate food is recognized in a number of international human rights instruments and is indispensable to the realization of other human rights. Article 25.1 of the 1948 Universal Declaration of Human Rights<sup>1</sup> (UDHR) states:

Everyone has a right to a standard of living adequate for health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (UN,1948).

Article 11.1 of the International Covenant on Economic, Social and Cultural Rights (ICESCR<sup>2</sup>) which Uganda has ratified states that:

State parties to the present Covenant recognise the right of everyone to an adequate standard of living for himself and his family, including *adequate food* [emphasis added], clothing and housing and to the continuous improvement of living conditions....

Uganda has also ratified the Convention on the Rights of the Child (CRC)<sup>3</sup>, the Convention on the Elimination of all forms of Discrimination against Women (CEDAW)<sup>4</sup> which all have

---

<sup>1</sup> UN 1948: Can be retrieved from: <http://www.un.org/en/documents/udhr/index.shtml>. Accessed 03.03.12.

<sup>2</sup> Adopted in 1966 and entered into force in 1976 spells out in more detail the economic, social and cultural rights enumerated in the UDHR: Can be retrieved from <http://www2.ohchr.org/english/law/cescr.htm>. Accessed 03.03.2012.

<sup>3</sup>United Nations (1989), adopted by the General Assembly by the resolution 44/25 on 20 November 1989; entered into force on 2 September 1990: Can be retrieved from: <http://www2.ohchr.org/english/law/crc.htm>. Accessed 03.03.2012.

<sup>4</sup> Can be retrieved from: <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>. Accessed 04.03.2012.

important implications for the RtF. Uganda also participated in the development of the Voluntary guidelines of the Right to adequate food<sup>5</sup>.

The RtF is also recognized as a fundamental right in the Constitution of Uganda<sup>6</sup>. According to Objective XIV of the Constitution, the State shall:

Endeavour to fulfil the fundamental rights of all Ugandans to social and economic development and shall, in particular, ensure that ... all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, food security ...

In accordance to Objective XXII, specifically the State shall:

- a) Take appropriate steps to encourage people to grow and store adequate food
- b) Establish national food reserves, and
- c) Encourage and promote proper nutrition through mass education and other appropriate means in order to build a healthy state.

As asserted by Omara (2007), Uganda being a party to a number of international human rights instruments has an obligation to embrace the rights under these instruments as constituting the fundamental rights of its citizens. The Constitution of Uganda recognises that Chapter 4 is not an exhaustive list of rights available for Ugandans, leaving room for the application in Uganda of rights provided for under international human rights conventions or treaties the country has ratified. Therefore all Ugandans have the legitimate expectations that, rights such as the *right to adequate food* [emphasis added] recognised under ICESCR, should be protected in Uganda on grounds that it has ratified the covenant.

The right of the child<sup>7</sup> to adequate food as Rukundo (2007) describes is also protected and enforceable by virtue of the child statute of 1996. This statute attempts to address articles 34(1)<sup>8</sup>, 34(3)<sup>9</sup>, and 34(7)<sup>10</sup>, on the rights of the child inscribed in the bill of rights of Uganda's

---

<sup>5</sup> Can be retrieved from: <http://www.fao.org/docrep/meeting/009/y9825e/y9825e00.htm>. Accessed 04.03.2012.

<sup>6</sup> Promulgated in 1995 by the Constituent Assembly: Can be retrieved from: [http://www.ugandaemb.org/Constitution\\_of\\_Uganda.pdf](http://www.ugandaemb.org/Constitution_of_Uganda.pdf). Accessed 04.04.2012.

<sup>7</sup> In Article 34(5) of the Ugandan Constitution, "Children shall be all persons under the age of 16 years." [http://www.ugandaemb.org/Constitution\\_of\\_Uganda.pdf](http://www.ugandaemb.org/Constitution_of_Uganda.pdf). Accessed 04.03.2012.

<sup>8</sup> "Subject to Laws enacted in their interests, children shall have a right to know and be cared for by their parents or those entitled by Law to bring them up."

<sup>9</sup> "No child shall be deprived by any person of medical treatment, education or any other social or economic benefit by reason of religious or other beliefs."



Constitution. As such denying the child his/her RtF is punishable under the Penal Code Act (PCA)<sup>11</sup>, the legal instrument for interpreting criminal law in Uganda. As stated in section 157 of chapter XV of the PCA:

... anyone with authority to care for any child who refuses or neglects to provide sufficient food, clothing, bedding and other necessities of the child so as to injure the child, commits a misdemeanour<sup>12</sup>.

### **1.3 The Uganda Food and Nutrition Policy**

The Uganda Food and Nutrition Policy (UFNP) draws its strength from the Constitution which as earlier noted requires the state to guarantee the RtF. The new UFNP (2003) unlike the earlier policy adopted in 1964, recognises food and nutrition as a human right and that its implementation should follow a rights based approach to include the creation of a legal framework to enforce the implementation of the policy and by implication the realization of the RtF as Omara (2007) describes.

The UFNP<sup>13</sup> calls for promotion of the nutrition status of all Ugandans, targeting food security, improved nutrition and improvement of incomes. It also calls for human rights based approach in dealing with issues surrounding adequate food and nutrition. The policy identifies improvement in the food supply and food access by households, food processing and preservation to ensure continued availability and access to food at all times, food storage, marketing and distribution to move stocks easily were they are required. It also addresses food standards and quality control, nutrition adequacy and quality, health as a key in human output. Information, education and communication are also seen as vital in ensuring proper and adequate food and nutrition. The policy also addresses gender issues in relation to food and nutrition.

---

<sup>10</sup>“The law shall accord special protection to orphans and other vulnerable children.”

<sup>11</sup> The commencement of the PCA was on 15th June 1950, a period when Uganda was a British Protectorate (prior to her independence on 9th October 1962): Can be retrieved from: [http://www.ulii.org/ug/legis/consol\\_act/pca195087/](http://www.ulii.org/ug/legis/consol_act/pca195087/) Accessed 04.03.2012.

<sup>12</sup> A misdemeanor in Ugandan law is an offence punishable by a penalty, such as a fine or short term in prison or a term of community service.

<sup>13</sup> Approved by cabinet July, 2003. Can be retrieved from: <http://www.fao.org/righttofood/.../Uganda/Uganda-foodandnutritionpolicy> Accessed 04.03.2012.

## **1.4 The human rights based approach to food security**

A Human Rights Based Approach (HRBAP), leads to a better understanding of the relationship between individuals and groups with valid claims (right holders) and State or non-state actors with correlative obligations of duty bearers as described by Jonsson (2009). HRBAP starts from the ethical imperative that everyone is entitled to a certain standard of living. With its focus on non-discrimination, respect, equity, accountability, transparency and participation as Damman (2005) also describes, it might be of special value to particular vulnerable groups in this case women and children. The concepts of claim holder and duty bearers as discussed by Damman (2005) set the stage for increased accountability.

As cited in Knight (2011), Sen points out that “starvation is the characteristic of some people not having enough food to eat. It is not the characteristic of there not being enough food to eat.” Inequalities are built into the fabric of society, such as in the production, distribution, and pricing of food everywhere. This leads to a food system that fails to deliver a safe, secure, sustainable, sufficient and nutritious diet for all within non-discrimination. A person may be forced into starvation even when there is plenty of food around if he/she loses his/her ability to buy food in the market through loss of income for example due to unemployment, or the collapse of the market for goods he/she produces and sells to earn a living (Sen, 1999).

Human rights are also about upholding human dignity as mentioned in the preamble of the UDHR. The RtF is not just focusing on meeting physiological needs, but deals also with providing food for people that cannot feed themselves due to reasons beyond their control. RtF is not about charity, as dignity comes from providing for oneself as Barth Eide & Engh (2008) also assert. The HRBAP is therefore a commitment to respond directly to this concern. As Barth Eide & Engh (2008) further discuss, people must have some institutionalized remedies available to them so that they can take meaningful action when their rights, in this case the RtF as part of the right to an adequate standard of living, is not being acknowledged.

As noted by Damman (2005), States (the main duty bearer) have the potential either to undermine or to secure the enjoyment of the RtF of people, but according to international human rights standards, States have both a moral and legal obligation to ensure these rights within its borders. Damman (2005) further observes that the State can create and sustain/perpetuate poverty, but it can also do a lot to eliminate it. Through ratifying the relevant human rights

treaties, States have taken on direct obligations for doing so. Jonsson (1996) also suggests that a rights based strategy goes beyond the fulfilment of needs because the State has obligations to respect, protect and fulfil these rights (see also Eide, 2007) . These obligations of State parties are also elaborated in General Comment 12 (GC 12<sup>14</sup>) to article 11 of the Covenant on the RtF.

According to CESCR (1999), the obligation to respect existing access to adequate food requires State parties not to take any measures that result in preventing such access. The obligation to protect requires the State party to ensure that enterprises or individuals do not deprive individuals of their access to adequate food. Furthermore, it specifies that the State should also fulfil (facilitate) the RtF by proactively engaging in activities that strengthen people's access to and utilization of resources and whenever individuals or groups are unable, for reasons beyond their control, to enjoy the RtF by the means at their disposal, States have the obligation to provide that right directly. Thus the RtF is a right to a set of conditions that make one able to feed oneself (and one's dependents) in dignity as Barth Eide and Engh (2008) observes.

## **1.5 Objectives of the study**

The underlying premise for the study is that for women and children in slums around Kampala City Uganda, to realize their RtF requires the state to commit to its obligations<sup>15</sup> spelled out in GC 12. This is because people living in slums may not fully access the food which may be available as they may lack money to buy the food or other entitlements<sup>16</sup> to acquire the food.

### **1.5.1 General Objective**

The general objective of the study is to assess the realization of the human right to adequate food among women and children living in a slum area of Kampala City, Uganda.

### **1.5.2 Specific Objectives**

1. To assess the nutritional status of selected mothers or caretakers, and children from 6 months and below five years in the selected area.
2. To assess the availability and accessibility of adequate food.

---

<sup>14</sup> General Comment 12, to article 11 of the Covenant. Can be retrieved from: <http://www.unhcr.ch/tbs/doc.nsf/0/3d02758c707031d58025677f003b73b9> Accessed 05.03.2012.

<sup>15</sup> According to GC 12 on the right to adequate food, state parties to the ICESCR have three obligations; to respect, to protect and to fulfil this right. The obligation to fulfil encompasses an obligation to provide and facilitate.

<sup>16</sup> Used here to refer to commodities over which a person can establish ownership and command, and can be used in acquisition of food as reflected in Sen (2009).

3. To assess the existence of nutrition related health and sanitation facilities in the selected area.
4. To assess whether appropriate legal, regulatory and institutional mechanisms necessary for the realization of the right to food are in place.

### **1.5.3 Research Questions**

#### ***1. Nutritional status***

- 1.1 What is the nutritional status of women and children in the selected slum area?
- 1.2 What is the educational level of the mother or care provider?

#### ***2. Adequacy, Availability and Accessibility***

- 2.1 Is adequate food available in the selected the slum area?
- 2.2 Is adequate food accessible to households in the selected slum area?
- 2.3 What is the income status of the mother or care provider?

#### ***3. Nutrition related health and sanitation aspects***

- 3.1 Are sanitation and hygiene facilities like safe water sources, toilet facilities, garbage collection points available and accessible?
- 3.2 Are health facilities available and accessible in the area?

#### ***4. Legal, regulatory and institutional mechanisms***

- 4.1 What institutional frameworks and legislations are in place to operationalize and monitor the realization of the right to food among women and children in the area?
- 4.2 What mechanisms have been put in place to follow up on state obligations to respect, protect and fulfil the right to adequate food?
- 4.3 Is the right to food adequately understood by both duty bearers and right holders in the community?
- 4.4 What programmes are put in place to support the community in case of failure to acquire adequate food?

### **1.6 Normative content of the right to adequate food**

The Committee on Economic, Social and Cultural Rights (CESCR) in its GC 12 paragraph 6 stated that:

The right to adequate food is realized when every man, woman and child, alone or in community with others has physical and economic access at all times to adequate food or means of its procurement.

This was elaborated further by the former UN Special Rapporteur on right to food. Accordingly, the RtF is:

The right to have regular, permanent and unobstructed access either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs and which ensures a physical and mental individual and collective, fulfilling and dignified life free of anxiety (Ziegler, 2001)<sup>17</sup>.

According to GC 12 the realization of the RtF implies:

- The availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances and acceptable within a given culture.
- The accessibility of such food in ways that are sustainable and that do not interfere with the enjoyment of other human rights.

This conceptual understanding of the normative content of the right to adequate food builds on the concept of food security defined by UN member Countries at the World Food Summit (WFS)<sup>18</sup> as:

Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (WFS,1996).

A critical analysis of the above definition highlights two significant points that is physical and economic access of the food. The WFS also observed and confirmed that the problem is not lack of food overall but limited access to adequate food by the poor or wrong consumption. Furthermore, the WFS also noted that poverty was at the roots of hunger and then set a goal to “half the number of hungry people in the World by 2015.”

As described by Cotula et al. (2008), the RtF does not mean that individuals and groups (right holders) should be provided with food. It is primarily interpreted as the right to feed oneself in dignity, through economic and other activities. In other words individuals are responsible for

---

<sup>17</sup> Preliminary report of the UN Special Rapporteur of the commission on Human Rights on the Right to Food. Can be retrieved from: <http://www.righttofood.org/new/PDF/A56210.pdf> Accessed 05.03.2012.

<sup>18</sup> Can be retrieved from: [http://www.fao.org/wfs/index\\_en.htm](http://www.fao.org/wfs/index_en.htm) Accessed 05.03.2012.

undertaking activities that enable them to have access to adequate food. Nonetheless, the state has an important role to play and according to article 2 of the ICESCR, State parties:

...undertake to take steps, individually or through international assistance and co-operation, especially economic and technical to the maximum of its available resources with a view to achieving progressively the full realization of the rights in the present covenant by all appropriate means ... (para.1)

In other words the key obligation of state parties is to take steps towards progressive realization of the right to food.

### **1.7 Justification of the study**

Women and children are among the most vulnerable population groups and are also very susceptible to violations of human rights including the human right to *adequate food* [emphasis added] as these may lack the resources to acquire adequate food to meet their dietary needs for an active and healthy life. Failure of the State to meet its obligations stipulated in GC 12 of article 11 of the ICESCR; to respect, protect and fulfil the RtF for women and children has short and long term negative consequences towards their growth and development. Persistent and prolonged violation of the RtF among women and children can result into:

Undernutrition which might start in the uterus and extend to infancy, adolescence and adulthood. This has been shown to have a negative impact on the birth weight of infants (UN/SCN, 2000). Low birth weight infants are very susceptible to infections and may easily die before reaching their first birthday.

Failure to realize the RtF will inevitably affect enjoyment of other rights such as the right to health and education (Art.12 on health and 13 on education of the ICESCR). Several studies show that undernutrition in infancy and early childhood has adverse effects on school enrolment rates, cognitive and behavioural development. Undernutrition can disempower individuals by causing or aggravating illness, lowering educational attainment and diminishing livelihood skills and option (UN/SCN, 2004).

Furthermore, children who were undernourished during their first years of life are more prone to become obese and to suffer from so called life style diseases, such as diabetes type 2, elevated blood pressure and coronary heart diseases (CHD) in later life (Damman, 2005). Thus we can see a 'double burden' of disease in one and the same population, with high levels of so-called

poverty related diseases existing side by side with diseases that until recently were associated with wealth and an affluent sedentary life style.

Discrimination against women (or lack of equality in rights as specified in article 3 and article 10 of the ICESCR) in some households can lead them to lack access to resources in the household which tends to affect the nutrition and health status of women and also children. A large body of evidence Studies show that women and men spend money differently as women are more likely to spend the income they control on food, healthcare and education of their children (Meinzen-Dick, Behrman, Menon, & Quisumbing, 2011).

It is also urged that addressing maternal and child health issues, of which nutrition is paramount, reduces poverty, stimulates economic productivity and growth. It is cost effective partly because malnutrition seems to be a leading cause of disability adjusted life years (DALY's)<sup>19</sup> especially in developing countries [like Uganda] as reported by World Health Organisation (WHO)<sup>20</sup>.

Therefore realization of RtF among women and children could lead to better and rewarding lives. This could be more critical among slum dwellers usually living in poverty and more likely to be exposed to inadequate food intake.

---

<sup>19</sup> The Disability Adjusted Life Years (DALY) is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. Can be retrieved from: [http://www.who.int/mental\\_health/management/depression/daly/en/](http://www.who.int/mental_health/management/depression/daly/en/) Accessed 09.04.2012.

<sup>20</sup> WHO Health Statistics and Informatics Department: Can be retrieved from: [http://www.who.int/healthinfo/global\\_burden\\_disease/metrics\\_daly/en/](http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/) Accessed 09.04.2012.

## **2. HOW IS THE THEORY LINKED TO THE RIGHT TO FOOD?**

Adequate nutrition is a major need of people and is closely linked to food intake (diet) and its nutritional quality. However, it is not obvious that peoples' needs for a disease preventive and health promoting diet are taken into consideration. The RtF is focusing on adequate food as a human right, showing clearly that peoples' needs should be met first and foremost. There are however many various factors that may have an impact on people. The livelihood, such as various contextual factors, education, gender, etc. plays a major role. The livelihood of each individual plays out in local communities where people are living. However, local communities are part of larger communities, with its laws, rules and regulations. These will differ somewhat depending on the context that people are living in. Nonetheless, something general and significant for all people, that is human rights as part of international law.

As said above, communities over time have put in place mechanisms or regulations for peaceful intra and interpersonal existence and peaceful existence between communities. These regulations in societies or communities have been generally accepted as "rights" for individuals that ensure access to and sharing of amenities and services in the community.

Jonsson (2009) says that a human right is "a relationship between one individual (or group of individuals) who has a right and therefore has a valid claim and another individual (or group of individuals) who has collective duties or obligations". The first individual or group of individuals mentioned by Jonsson enters into the role of a claim holder and the second individual enters into the role of a duty bearer.

As stated in the preamble of the UDHR (1948) ... "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." The final paragraph of the preamble also urges that:

... every individual and every organ of society... shall strive by teaching and education to promote respect for these rights and freedoms.

Thus human rights can therefore be understood as normative and legal standards that claim universal validity (Andreassen, 2007). Andreassen (2007) further explains that while they may not be universal in an operational sense as being realized everywhere at any time by everyone, they have been granted normative legal universality by the UDHR and by subsequent adoption and ratification of key international human rights treaties.



## 2.1 The human right to adequate food in international legal instruments

FAO has again recently by its Director-General José Graziano da Silva underlined that hunger is a considerable problem globally; the UDHR of 1948 in its article 25 recognised in paragraph 1 that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Also in paragraph II it states that women and children in particular need special care and assistance. The ICESCR expresses in more detail the various rights embedded in article 25 of the UDHR. Of paramount importance to this study is article 11 of the ICESCR, which according to paragraph 1 affirms that:

State parties<sup>21</sup> to the present covenant recognize the right of everyone to an adequate standard of living for himself and his family, including *adequate food* [emphasis added], clothing and housing and to the continuous improvement of living conditions.

The International Covenant on Civil and Political rights (ICCPR), in article 1, paragraph 2 says that in no case may a people be deprived of its own means of subsistence. It further says in paragraph 6 that every human being has the inherent right to life.

This clearly implies the RtF and other necessities for sustaining life (W. B. Eide & Engh, 2008). Thus the human right to adequate food is explicitly recognised as part of the broader human right to an adequate standard of living.

In 1974, the World Food Conference (WFC) also issued a Universal Declaration<sup>22</sup> on the Eradication of Hunger and Malnutrition. It asserted in paragraph 1 of the declaration that:

Every man, woman and child has the inalienable right to be free from hunger and malnutrition in order to develop fully and maintain their physical and mental faculties.

An effect of the World Food Summit in 1996 was the definition of what this human right to adequate food implies. The High Commissioner for Human Rights, Mary Robinson at that time,

---

<sup>21</sup> State parties are countries that have ratified in this context the ICESCR.

<sup>22</sup> The declaration was endorsed by the United Nations General Assembly in Resolution 3348 (XXIX) of 17<sup>th</sup> December 1974. Can be retrieved from: <http://www.un.org/en/development/devagenda/food.shtml> Accessed 03.05.2012.

was asked by the WFS in its Commitment 7, objective 7.4<sup>23</sup> “To clarify the content of the right to adequate food and the fundamental right of everyone to be free from hunger, as stated in the ICESCR and other relevant international and regional instruments, and to give particular attention to implementation and full and progressive realization of this right as a means of achieving food security for all. The response to that was General Comment 12 (GC 12), which Robinson<sup>24</sup> presented at the World Food Summit five years later in Rome in 2002. The definition says:

This right to adequate food is realized when every man, woman and child, alone or in community with others has physical and economic access at all times to adequate food or means of its procurement (GC 12 paragraph 6)

This is based on the definition of food security as defined by member countries of the UN during the WFS (1996).

Therefore, the recognition of the RtF as part of an adequate standard of living and a fundamental right to be free from hunger (as stated in ICESCR, paragraph 11) is an acknowledgement that hunger is caused not just by a lack of food, but also by poverty, income disparities and lack of access to nutrition related health services and factors such as clean water, sanitary living conditions and other issues as asserted by Bultrin (2009). The RtF therefore requires a focus on all peoples’ needs and a progressive improvement of living conditions that will result in regular and equal access to resources and opportunities so that every individual is enabled to provide for his/her own needs as discussed by Bultrin (2009).

The rights of children to adequate food, health and care were explicitly recognized in the 1989 CRC<sup>25</sup> which came into force 1990. Articles 24 and 27 of the convention emphasize the importance of food and nutrition security for the child:

State parties recognize the right of the child to the enjoyment of the highest attainable standard of health... (Paragraph 1) and shall take appropriate steps to combat diseases and malnutrition ... through the provision of adequate nutritious foods and clean drinking

---

<sup>23</sup> Can be retrieved from: <http://www.fao.org/docrep/003/w3613e/w3613e00.htm> Accessed 03.05.2012.

<sup>24</sup> Oral communication with A. Oshaug, who was present at M. Robinson’s lecture about the work with and to the content of GC 12. For general information on WFS: fyl see: <http://www.fao.org/worldfoodsummit/english/newsroom/news/8580-en.html> Accessed 03.05.2012.

<sup>25</sup> Can be retrieved from: <http://www2.ohchr.org/english/law/crc.htm> Accessed 03.05.2012.

water, taking into consideration the dangers and risks of environmental pollution (paragraph 2c of the CRC).

Article 24.2 also says in (paragraph. E of the CRC) that State parties shall take appropriate measures:

To ensure that all segments of society in particular parents and children are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation...

In article 27.3 it is specified that State parties:

... shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall, in case of need, provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

The African Charter on Human and Peoples' Rights<sup>26</sup> also recognises certain ESCR and is considered to place considerable emphasis on these rights. For example the right to work (article 15)<sup>27</sup>, the right to health (article 16) and the right to education (article 17)<sup>28</sup> are all specified. In particular article 16. 1 says:

Every individual shall have the right to enjoy the best attainable state of physical and mental health.

It may often not be possible for an individual to enjoy the best physical and mental health without proper nutrition. However, though the RtF is not so pronounced as in article 11 of ICESCR and articles 24 and 27 of the CRC, through a decision by the African Commission on Human and Peoples' Rights (ACHPR), *SERAC v Nigeria* (2001)<sup>29</sup>, the charter is also understood to include a right to housing and a the RtF. The ACHPR<sup>30</sup> on its 43<sup>rd</sup> session 11 June, 2008 also

---

<sup>26</sup> Adopted 7<sup>th</sup> June 1981 by OAU now AU and entered into force on 21.10. 1986. Can be retrieved from: <http://www.africa-union.org/official-documentc/.../banjul%20charter.pdf> Accessed 16.01.2012.

<sup>27</sup> Every individual shall have the right to work under equitable and satisfactory conditions, and shall receive equal pay for work.

<sup>28</sup> Every individual shall have the right to education (paragraph 1).

<sup>29</sup> More information at: <http://www.chr.up.ac.za/index.php/browse-by-subject/410-nigeria-social-and-economic-rights-action-centre-serac-and-another-v-nigeria-2001-ahlr-60-achpr-2001.html> Accessed 10.05.2012.

<sup>30</sup> The Ngo Forum meeting in Ezulwini (Swaziland) on the occasion of the 43rd Ordinary Session of the African Commission on Human and Peoples' Rights (ACHPR). Can be retrieved from: <http://www.fidh.org/Resolution-on-the-Right-to-Food-in> Accessed 16.01.2012.

passed a resolution calling on States to protect the RtF by controlling multinational companies at each stage of food production and supply. And also article 4<sup>31</sup> implicitly tackles the RtF.

At the National level, the RtF is stated explicitly in some African Constitutions as a fully fledged and self-standing right (for example South Africa<sup>32</sup> even though it has not ratified the ICESCR) or as part of directive principles of state policy or similar principles (for example Ethiopia<sup>33</sup>, Malawi<sup>34</sup>, Namibia<sup>35</sup>, Uganda<sup>36</sup>) which require the State to endeavour to achieve and promote food security (Cotula, et al., 2008). Furthermore, the 2003 ACHPR protocol on the Rights of women in Africa recognises women's right to food security. Article 15 of the protocol also says that State parties shall ensure that women have the right to nutritious food. In this regard, they shall take appropriate measures to:

Provide women with access to clean drinking water, sources of domestic fuel, land, and the means of producing nutritious food (paragraph.1) and establish adequate systems of supply and storage to ensure food security (paragraph. 2).

---

<sup>31</sup> Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right.

<sup>32</sup> "Everyone has the right to have access to... sufficient food and water....The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights" Arts 27 (1) and (2). Retrieved from: <http://www.info.gov.za/documents/constitution/1996/a108-96.pdf> Accessed 17.01.2012.

<sup>33</sup> "Every Ethiopian shall be entitled, within the limits of the country's resources, to food, clean water, shelter, health, education, and security of pension" (Art. 90(1)). Although this provision is included among the "Principles of National Policy", its formulation ("shall be entitled") entails a fully-fledged right. Can be retrieved from: <http://www.eucom.eu/index.cfm?objectid=E859E2A0-56AD-11DF> Accessed 17.01.2012.

<sup>34</sup> "The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the following goals... to achieve adequate nutrition for all in order to promote good health and self-sufficiency" (Art. 13). See also Article 30(2) on access to food as a means to realize the right to development. Can be retrieved from: <http://www.icrc.org/ihl-nat.nsf/.../Constitution%20Malawi%20-%20EN.pdf> Accessed 17.01.2012.

<sup>35</sup> "The State shall actively promote and maintain the welfare of the people by adopting, inter alia, policies aimed at the following: ... consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health..." (Art. 95). Can be retrieved from: <http://www.superiorcourts.org.na/supreme/nam-constitution.html> Accessed 17.01.2012.

<sup>36</sup> "The State shall endeavour to fulfil the fundamental rights of all Ugandans to social justice and economic development and shall, in particular, ensure that; all developmental efforts are directed at ensuring the minimum social and cultural well-being of the people and all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits" (Art.XIV). Can be retrieved from: <http://www.ugandaemb.org/constitution-of-Uganda.pdf> Accessed 17.01.2012.

More than half a century since the UDHR was made, the rights mentioned in article 25 and further reflected in article 11 of the ICESCR are still not realized by a large section of people particularly women and children in many parts of the world, especially in what one calls the developing countries. The FAO<sup>37</sup> estimated in 2010 that the number of hungry people in the world was at 925 million slightly lower than the 1 billion estimates made after the food and financial crisis of 2008 (UN/SCN, 2010).

## **2.2 The need for Right to Food discourse today**

Although the world produces enough food to feed everyone, it is estimated that in 2011 almost 1 billion children, men and women went to bed hungry every night rendering mainly children to suffer the dire effects of undernutrition as Knight (2011) observes. David Nabarro<sup>38</sup>, the UN Secretary-General's Special Representative for food security and nutrition says that:

Current levels of under nutrition reflect a massive and avoidable disaster for millions of the world's citizens. It is inexcusable and morally unacceptable that this situation persists to this day.

The wide spread hunger and undernutrition in many countries is therefore not a question of the availability of food alone but it is related to inequalities in the distribution of resources and people's physical or economic access to food. According to the UN Special Rapporteur on the Right to Food<sup>39</sup>

“It is clear that reducing hunger does not mean increasing the production of food ... but rather finding ways of increasing access to resources for the poor ...”

Sen (1999) also argues that physical availability of food in a given area does not mean that everyone in that area has access to it rather that those who lack access to the food which is physically or potentially available need an 'entitlement' sanctioned by a positive law under the established, operative legal order of that society.

Jean Ziegler<sup>40</sup>, former UN Special Rapporteur on the right to food also asserts that:

---

<sup>37</sup> Food and Agriculture Organization of the United Nations (FAO) results released Jan 2011.

<sup>38</sup> Can be retrieved from: <http://www.scalingupnutrition.org/about-sun/message-from-david-nabarro/> Accessed 06.05.2012.

<sup>39</sup> Can be retrieved from: <http://www.hrsolidarity.net/mainfile.php/2002vol12no06/2243/> Accessed 14/05/2011.

<sup>40</sup> Jean Ziegler was UN Special Rapporteur on the right to food 2000-08. Can be retrieved from: <http://www.righttofood.org/> Accessed 16.01.2012.

In a world overflowing with riches, it is an outrageous scandal that more than 1 billion people suffer from hunger and malnutrition and that every year over 6 million children die of starvation and related causes. We must take urgent action now (Ziegler, 2010).

From the above discussions, it is clear that current levels of undernutrition cannot be attributed to lack of food rather that some people cannot access it. The right to food calls on State parties to fulfil this obligation by facilitating access to food or directly providing food to such individuals.

### 3. METHODOLOGY

#### 3.1 Description of study area

The study was carried out in the slum<sup>41</sup> area of Katanga located in Wandegeya Parish. Wandegeya parish is located in Kawempe division - one of the five divisions making up Kampala city. The other divisions are Makindye, Rubaga, Nakawa and Central. The division of Kawempe is further subdivided into Kawempe north and Kawempe south each with a representative at the National level. Wandegeya parish, in which Katanga is located, is found in Kawempe south. The population of Kawempe division has been steadily increasing over the years as available data from UBOS reveal.

**Table 2: Population of Kawempe division**

Year	Male	Female	Total
2002	128.624	140.035	268.659 <sup>a</sup>
2009	157.600	180.500	338.100
2010	164.600	187.700	352.300
2012	178.000	201.900	379.900

*Source: Uganda Bureau of Statistics: <sup>a</sup> Data from the National population and housing census 2002. Others are projected figures.*

This slum is situated in Wandegeya parish between very nice looking student hostels like Akamwesi and Mulago National Referral Hospital (MNRH). It has unsatisfactory living conditions just like other slums in Uganda. Katanga village has four administrative zones, which are Kimwanyi, Busia, Soweto and Katala zones. This study was carried out in Kimwanyi zone, which was selected on the basis that it is the main residential area in Katanga where the majority of the people reside. Katala zone is mainly a business area and Soweto zone covers part of the Makerere University, and Busia zone is the other residential area. However, due to limited finances, the study was carried out only in Kimwanyi zone after consultation with the local chiefs on which zone has more residents.

---

<sup>41</sup> A slum, as defined by United Nations agency UN-HABITAT, is a run-down area of a city characterized by substandard housing and squalor and lacking in tenure security. However, according to the United Nations, the percentage of urban dwellers living in slums decreased from 47 percent to 37 percent in the developing world between 1990 and 2005. <http://www.un.org/millenniumgoals/pdf/mdg2007.pdf> p. 26.

### **3.2 Study design and Respondents of the study**

The design for the study was cross sectional in nature. A cross sectional study measures the prevalence of nutritional related outcomes or determinants of the nutritional outcomes or both in a population at a point in time over a short period (Coggon, Rose, & Barker, 2003). A survey approach was the main method used for collecting quantitative data. Information from the study area was collected over a period of approximately 4 weeks. Three research assistants (university students from Makerere and Kyambogo Universities with a speciality in Nutrition) were employed to assist the researcher in quantitative data collection. One research assistant worked with the researcher while the other two worked together. Qualitative data was obtained through interviews, observations and content analysis as will be discussed in data collection methods.

The respondents of the study were categorized into right holders and duty bearers (here civil servants). The civil servants selected were those in positions of authority and are thus considered to be significant as regards achieving the realization of the human right to adequate food. The study limited itself to the female members in households (mothers or other caretakers) and children below five years of age. The mothers or other caretakers were presumed to be responsible for the basic nutritional needs of the child as well as the general wellbeing of the child.

### **3.3 Sampling Procedure and Sample size**

The study area was sampled on the basis that it is the main residential area in Katanga where majority of the people reside. The study area is divided into five subzones according to data available at the Local Council (LC 1) that is A, B, C, D and E zones. Imaginary boundaries including walk ways and drainage channels separate these zones. This, according to the Local council chiefs, was done for security purposes. Though it is a place with so many informal and unplanned structures, household lists exist and these are periodically updated. There exists a book in the LC 1 office where all households in these sub zones are enlisted. Each household is given a number which is written on the door outside and can be seen by everyone. However, it must be noted that people continuously move in and out of the area and try to establish themselves. By the time of the study the lists had not been updated. With the help of the LC representative who guided us we had a prior tour in the area trying to identify households not in



the list for each subzone. Therefore a required number of the households to be involved in the study were sampled from the lists generated for each sub zone.

The absence of population statistics at zone level was a challenge and so for this study a sampling interval of five (5) was chosen and used all through the subzones. So the number of households selected in each subzone was: A. 35 (n=161), B. 42 (n=193), C. 56 (n=259), D. 39 (n=178) and E. 34 (n=159). This means that a total of 206 were selected for the study. This number included a 10% increase in order to ensure the number of households selected meets the criteria for selection as recommended in the guidelines on nutrition survey methodology in Uganda (MOH, 2009).

In each household one adult member (the mother or caretaker) was selected and in case there was more than one child meeting the criteria (06-59 months or below 5yrs); only one child (the youngest) was considered to be part of this study. The logic was that the youngest was more vulnerable in case the nutritional needs were not met.

This though contradicts the guidelines on nutritional survey methodology in Uganda which recommend that all eligible children in the household be considered (MOH, 2009); however, the description demonstrate what was done in order to reduce sampling errors that could arise due to within-household clustering as Magnani (1997) observes.

Duty bearers were sampled as key informants in the area at village level (LC 1 level to LC III at division headquarters) and representatives at the national level. Ten (10) key informants were considered for interview due to limitations of time.

### **3.4 Indicators**

Indicators were carefully selected based in the objectives of the study. The concept used as a basis for selection of indicators was that described in GC12 on the right to adequate food; see 3.4.2 below. Indicators on food security as defined by the World Food Summit<sup>42</sup> and also nutrition related health and sanitary indicators were assessed. Legal, policy and institutional frameworks necessary for achieving the RtF were also investigated. The justification for choosing the above indicators lies in the accompanying explanation of each indicator.

---

<sup>42</sup> Can be retrieved from: <http://www.fao.org/worldfoodsummit/english/index.html>. Accessed 16.04.2012.

### 3.4.1 Nutrition status indicators

The state of undernutrition [a kind of malnutrition] is perceived to be an indicator<sup>43</sup> of nutrition insecurity. Nutrition insecurity being attributable to inadequate intake of food, inadequate care and inadequate prevention and control of diseases (Hatløy, 1999). A proxy of this can be partly reflected by the “nutritional status” of the individual, in this case women and children. One way to assess nutrition status is using anthropometry. Anthropometry is the single universally applicable, non-evasive and inexpensive method to assess body dimensions including size of human body (Cogill, 2001). Moreover since growth in children and body dimensions at all ages reflect the overall welfare of individuals and populations, anthropometry may also be used to predict performance, health and survival (WHO, (1995). Poor feeding practices and infections are major factors affecting physical growth and development. Anthropometry measures size and partly composition of body parts as basis for assessing nutrition status of individuals (WHO, 1995).

Measurement of weight of children was done using a digital uniscale<sup>44</sup>. It is recommended that children be weighed without clothing, but because of cultural reasons children were weighed with light clothing. Children who were able to stand were weighed standing on the scale and the weight was taken to the nearest 0.1 kg. Those that could not stand or struggled to stand because of fear or age were weighed with their mothers or caretakers. In such a situation the mother/caretaker was weighed holding the child and the weight of both was taken. Then also the mother/caretaker was weighed alone and the difference between the weights gives the weight of the child as also noted by Cogill (2001). Height/length was measured using a height board constructed locally and used by Department of Human Nutrition and Home Economics Kyambogo University. For children less than 2 years recumbent length was taken. The value was recorded to the nearest 0.1 cm.

The data collected on children was used to compute three most common indices used for children, which are; Weight-for-Height (W/H), Weight-for-Age (W/A), and Height-for-Age

---

<sup>43</sup> See also Table 5 for the description of the indicators.

<sup>44</sup> This is a scale powered by a long lasting lithium battery and a solar switch that turns the device on in day light. It is designed to allow a mother/caregiver to hold the child while the child is being weighed. The scales were obtained from UNICEF. For description see: <http://www.unicef.org/nutrition/training/3.1.2/3.html>. Accessed 21.04.2012.

(H/A). Each of the indices provides different information about growth and body composition which is used to assess nutritional status. Studies have also shown the relation between the selected indices and economic status and mortality Gorstein et al.(1994).

The results of anthropometric indices regarding children can be described in terms of Z-scores, percentages and per cent of the median (Cogill, 2001; Gorstein, et al., 1994). In this study only Z-scores for W/A, W/H & H/A were used as indicators of Nutrition status and standard deviations (SD) was used as a measure of variability of the indicator in statistical analysis. The analysis of anthropometric data from children was done using WHO Anthro.3.2.2 Software package. The -2Z-score cut off was used in this study for undernutrition implying children with a value of -2SD below the mean of the reference population were recognised as undernourished as also discussed by Cogill (2001).

The H/A index is an indicator of linear growth and cumulative growth. Children whose HAZ is below -2SD are considered short for their age (stunted) and are chronically undernourished and those below -3SD are classified as severely stunted. The W/H index measures body mass in relation to body height/length and describes current general nutritional status. Children whose WHZ is below -2SD are considered thin (wasted) and are acutely malnourished. Those below -3SD are classified as severely wasted (WHO, 1995). Wasting represents failure to receive adequate nutrition immediately preceding the survey period and may be as a result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of undernutrition (UBOS, 2007; WHO, 1995).

The W/A index is primarily a composite index taking into account both indices of acute and chronic undernutrition. It however fails to distinguish tall, thin children from those who are short with adequate weight as Gorstein et al. (1994) also observes. Children whose WAZ is below -2SD are described as underweight. As two of the indices used in this study involve age, estimation of age becomes crucial. In this study age was determined using mainly birth certificates and also events calendar where mothers or caretakers estimated the age. I realise that such an approach may have its weaknesses as also Oshaug et al. (1994) observed.

The results on children will be discussed in comparison to the national estimates from UDHS and WHO categorisation on the three indices as reflected in here.

**Table 3: WHO classification of the public health importance of undernutrition**

	Acceptable	poor	serious	critical
Stunting	< 20	20-30	30-40 (39) <sup>1</sup>	> 40
Wasting	< 5	5-10 (6)	10-15	> 15
Underweight	< 10	10-20 (16)	20-30	> 30

Source: FANTA.2 The analysis of Nutrition situation in Uganda 2010. Note: All figures are in percentages. <sup>1</sup>Uganda national levels from the 2006 UDHS in parenthesis.

For mothers and caretakers, only Body Mass Index (BMI) was calculated. The weight of mothers/caretakers was also taken using the same digital uniscale and their height measured with a height board. Only measurements of weight and height were required to compute their BMI. During the study pregnant mothers were not considered. Also sick and physically handicapped children that could not stand were not considered.

### **3.4.2 Indicators on adequacy, availability and accessibility of food**

To realize the RtF, it is imperative that an assessment of the above indices is carried out. The most significant difference between food access in urban and rural areas is that rural people can often produce their own food, whereas urban people are more dependent on food purchases. This is also supported by Ruel et al. (1998). According to Ruel et al. (1998) people can usually get their food from three main sources; the market, their own production and transfers from various public and private assistance programs. For the urban populations who mainly buy their food, food prices are dependent on a number of factors including market systems linking rural and urban areas. These factors affect availability and access to food by determining costs of the food especially for urban poor living in slums. Examining GC 12 of the ICESCR on RtF, the aspects below are significant and thus were assessed in this study:

- Food availability in the area
- Food accessibility to households
- Stability and sustainability of the food supply and access
- Cultural acceptability of the available food
- Food hygiene and sanitary measures

Field observations and interviews with right holders and duty bearers were used in assessing indicators on the mentioned issues above.

### **3.4.2.1 Dietary adequacy**

Above I have mentioned food adequacy as an important issue to consider. However, people eat diets, so going further with this logic implies that one should talk about dietary adequacy. So to achieve the RtF, nutritional adequacy of the diet needs to be fulfilled. The concept of adequacy is particularly significant in relation to food since it serves to underline a number of factors which must be taken into account in determining whether particular foods or diets that are accessible can be considered the most appropriate (GC 12 paragraph 7).

One method of ascertaining the appropriateness of the diets is to look at dietary diversity. Dietary diversity being the number of foods consumed over a reference time period (Becquey, Capon, & Martin-Prevel, 2009). It is widely recognised as being an indicator of dietary quality. It reflects the concept that increasing the variety of foods helps to ensure adequate intake of essential nutrients and promotes good health (Becquey, et al., 2009).

The concept of dietary assessment however, poses a challenge to find methods for assessing the food intake that are reliable and valid for the area of interest as Hatløy (1999) also observes. As further discussed by Hatløy (1999) one has to decide on which level the data are required, that is if they should be on household or individual level and also whether there is a need to calculate nutrient intake or if the food pattern and intake of specific food items will be sufficient.

In this study food consumption data was collected at household level<sup>45</sup> though targeting only the women or caretakers as it is assumed that they are responsible for preparing food in the household and children under-five years are also presumed to eat from the food prepared at home. Therefore the questionnaire was administered at household level. The logic here is that what is prepared or cooked at home reflects what is available and accessible to the household. The household dietary diversity score (HDDS) is meant to reflect in a snapshot the economic ability of a household to consume a variety of foods (FAO, 2007). Studies have shown that an increase in dietary diversity is associated with socio-economic status of the household and hence food security (Hatløy, Hallund, Diarra, & Oshaug, 2000). The best method to collect such data would have been self-administered food frequency questionnaires (FAO/WHO, 1998), but face to face interviews were considered most appropriate. Food consumption data was categorised

---

<sup>45</sup> In Uganda, a household is defined as a group of people who live and eat their meals together for at least 6 of the 12 months preceding the interview according to Magnani (1997).

into food groups and a dietary diversity score (DDS) computed for each respondent. For only this study, and not as used by FAO, WFP or FANTA, the foods consumed were categorised into 10 food groups (Table 4) identified in interviews with the respondent. The amount of food eaten was not taken into consideration.

Table 4 shows the food group categorisation used in assessing adequacy of the diet consumed by respondents in the study area. This was based on foods likely to be available to the respondents in this area.

**Table 4: Food groups considered in this study**

<b>Food group</b>	<b>Examples of foods considered in this category</b>
Cereals	Wheat and wheat products, maize, rice, sorghum, millet and any other made from these
Fruits*	Mangoes, oranges, guava, bananas, jackfruit, pineapples, watermelon, passion fruits, papaya, apples, pears
Vegetables**	Cabbage, sweet pepper, spinach, kale, broccoli, amaranths, tomatoes ,avocado, eggplants, pumpkins, carrots
Meats***	Liver, kidney, beef, pork, lamb, goat, rabbit, chicken, duck, turkey, wild game and other birds
Roots and tubers including plantain	Cassava, yams, sweet potatoes, Irish potatoes, matooke and other foods made from these
Milk and milk products	Milk tea, cheese, yoghurt, and other milk based products
Eggs	All kinds eggs from chicken, duck, turkey
Fish	All fishes including fresh, dried such as ‘mukeene’ and ‘nkejje’
Legumes/nuts	Beans, peas, ground nuts, seeds, lentils, simsim, soybean or foods made from these
Oil and fats	All oils and fats including butter added to food or used for cooking

\*This fruit group is a combination of vitamin A rich fruits and other fruits. \*\*In this group is a combination of vitamin A rich vegetables, dark green leafy vegetables and other vegetables. \*\*\*This meat group is a combination of organ meat and other types of meat

### **3.4.3 Nutrition related health and sanitation aspects**

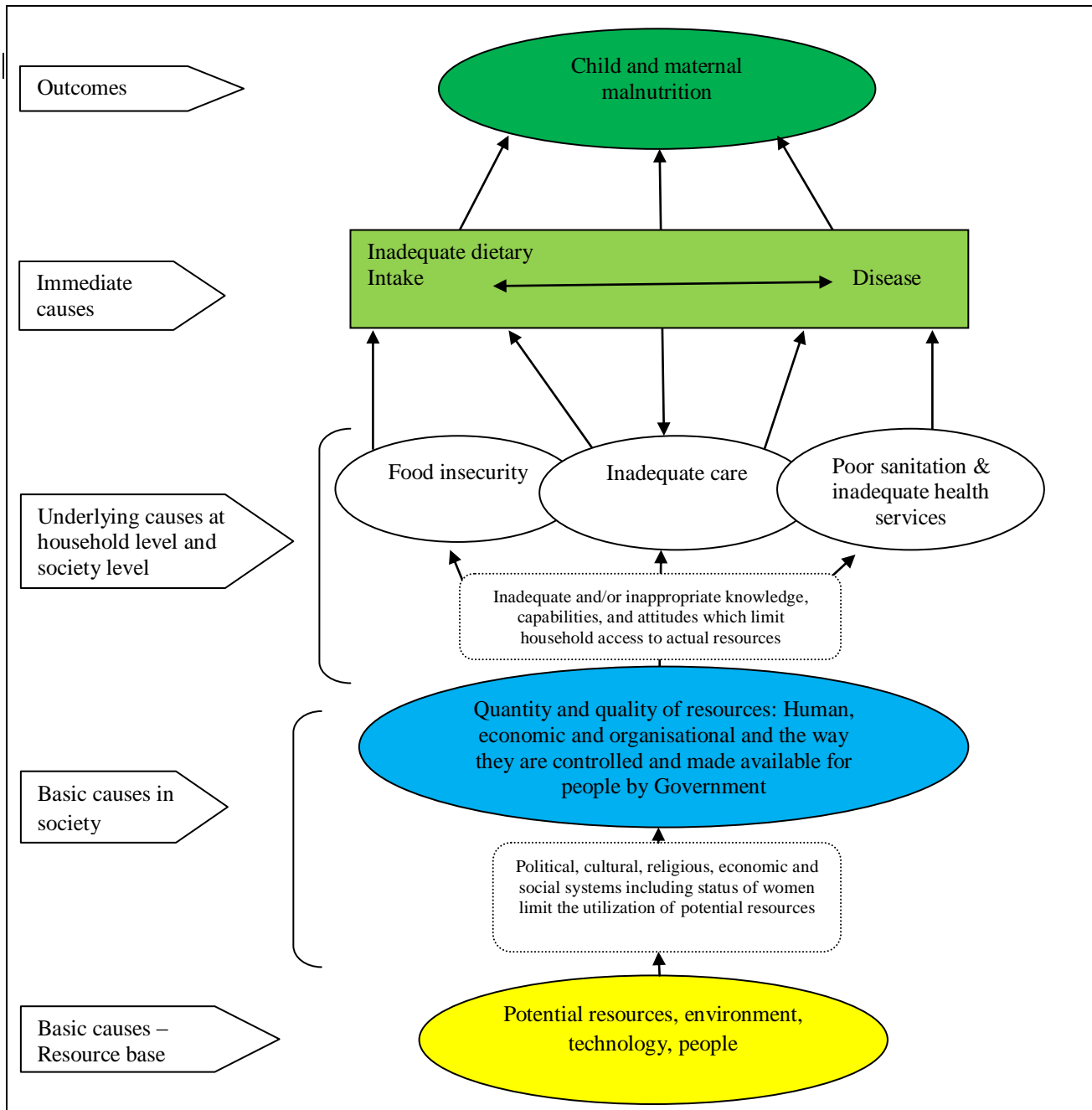
Looking at the conceptual framework of UNICEF for the analysis of nutritional problems (Figure 4 below modified from UNICEF 1990), nutrition-related diseases are caused either directly by inadequate dietary intake, or indirectly through disease conditioning undernutrition as Oshaug (1994) also observes. Numerous underlying factors will determine both. However, this section of the study limits its scope to look at one other group of underlying causes at household level namely accessibility to health services and hygiene facilities, as diarrhoea and malaria together with other infections play a crucial role in the aetiology of undernutrition, and

furthermore are important causes of death among young children. This is also supported by Ruel et al. (1998). This may therefore jeopardise the fulfilment of the RtF and affects the nutritional status and growth of children. Aspects accessed here involved looking at:

- Accessibility of the health services to women and children
- Access to clean, and safe drinking water
- Sanitation facilities like latrines and garbage collection point

As shown in figure 4, poor health facilities, lack of access to clean and safe drinking water and good sanitation facilities are factors that may influence the nutritional status outcome of women and children.

**Figure 4: Conceptual framework for understanding the causes of malnutrition**



Adapted from Urban Jonsson (UNICEF, 1990) and modified for study purpose

### 3.4.4 Structural indicators

Structural indicators are also indicated in Figure 4 particularly under what is called basic causes in society. Structural indicators are used to assess whether or not appropriate legal, regulatory and institutional frameworks necessary for the realization of the RtF are in place (Immink, Eide, & Oshaug, 2009). This assessment of structural indicators is important as it helps to monitor the



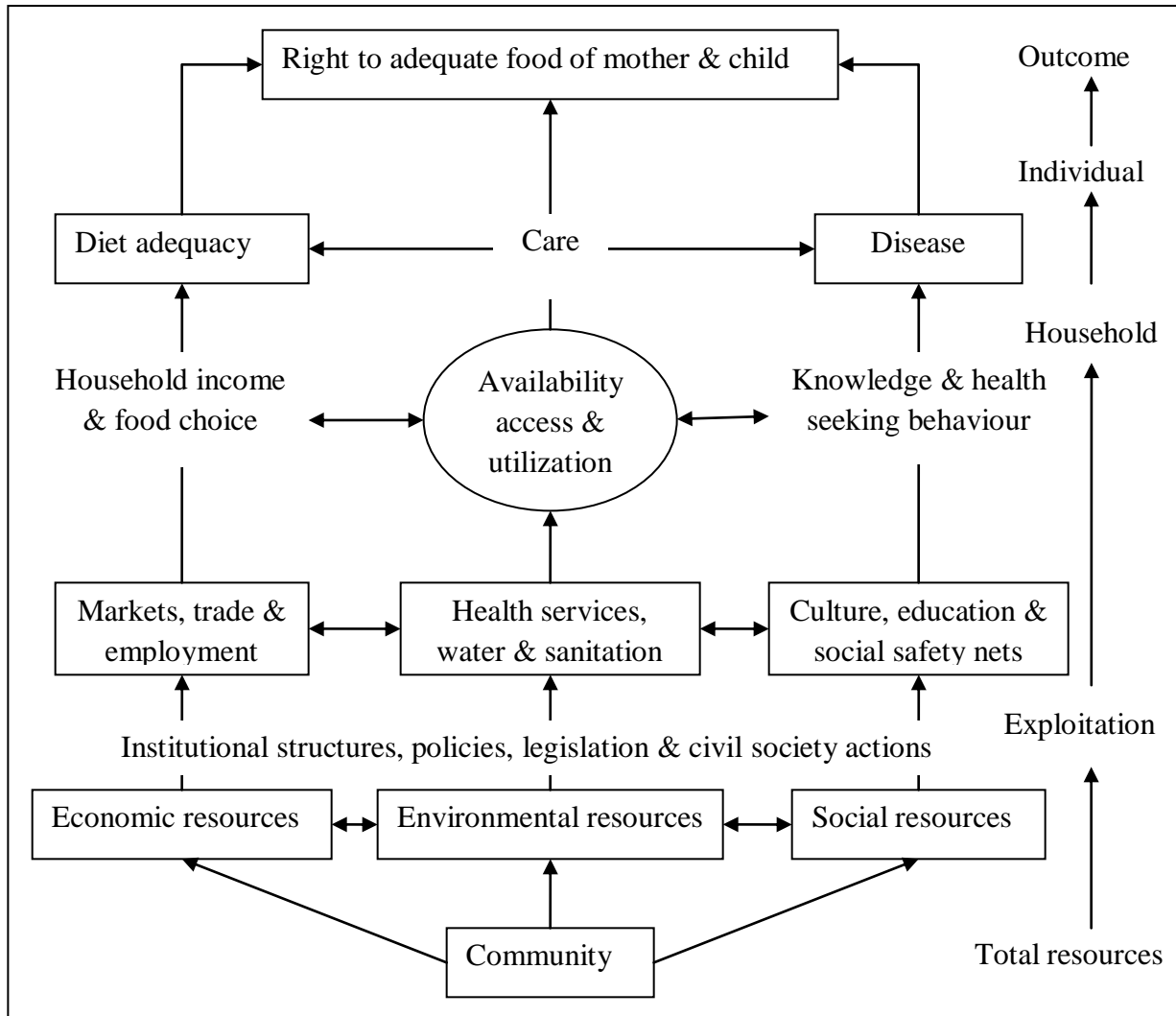
state obligations of conduct that is the efforts the government has put forth towards the realization of this right to adequate food (FAO, 2005b).

It is also clear under international human rights law that the responsibility for the realization of human rights (including the RtF) rests with the state reflected in its three sets of obligations as discussed by Eide (2007). States are also invited to consider in accordance with their domestic legal and policy frameworks whether to include human rights provisions in their domestic law, which may include constitutions, bills of rights or legislation to directly implement the progressive realization of the right to adequate food as put forward by FAO (2005b). This assessment involved examining the following aspects:

- Legal status of the right to food in national laws
- Mandated human rights institutions to monitor compliance
- Existence and effectiveness of consumer protection agencies
- Priorities to the most vulnerable individuals established in development strategies
- Poverty reduction strategies and programs for the urban poor

This is reflected in Table 5, objective 4 and corresponding research questions in the same Table. The assessment involved examining government policies and programmes at the National level, but also specifically for Katanga where the study was carried out, and an analysis of Kawempe division programs and reports was also carried out. Interviews with duty bearers were carried out at the division headquarters and also at the local level. At the National level looking at policy documents, laws and institutions pertinent in ensuring right to adequate food is realized. Reference was also made on earlier Master's thesis reports of Akershus University College in the area of right to adequate food.

**Figure 5: Conceptual illustration of the determinants of the right to adequate food of mothers and children in Uganda’s slums**



*The framework above has been developed by the researcher and adapted for assessing factors determining right to adequate food in Katanga slum area.*

Figure 5 shows that RtF probably is influenced by community resources that can be categorised into economic, environmental and social resources which require the existence of proper institutions, policies, legislation and a strong civil society to be properly exploited and used to benefit the community. The way these are utilised will influence factors at the household level that affect nutrition status such as household income, food choice, knowledge (which may be influenced by education), health seeking behaviours etc. and will affect the individual factors like diet adequacy, care and disease control. Social support mechanisms at household level are

also significant determinants of nutrition status in women and children and realization of right to adequate food.

### **3.4.5 Linking research questions to Indicators**

How the linkage between research questions and indicators is for this type of project is shown in Table 5. As one can see every objective of this research has a specific research question and every research question is operationalized by indicators. Information is gathered by the help of indicators, and further calculations are done according to needs again specified by the objective. An example is objective 1, to assess the Nutritional status of women and children (06-59mths). The corresponding research questions are: What is the nutritional status of women and children (the indicators are per cent of underweight, stunted, and wasted), and what is the education level of mother/caretaker (the indicators are per cent of mothers/caretakers that have the ability to read nutritional information, the highest academic qualification attained, and health seeking behaviours of mother/caretakers and home based care like Oral rehydration Therapy). Education is included because one knows well that this corresponds to less undernutrition of children (Hobcraft, 1993) which is also the case for Uganda as FANTA (2010) also observes.

**Table 5: Linking research questions to indicators**

Objective	Research question	Indicators
1	1.1 What is the nutritional status of women and children?	- underweight, wasting and stunting in children - body mass index in mothers or care providers
	1.2 What is the educational level of mother/care provider?	- ability to read nutritional information - highest academic qualification attained - health seeking behaviours of mother/care provider and home based care like Oral rehydration Therapy
2	2.1 Is adequate food available in the in the area?	- existence of markets - other sources of food to household e.g. backyard farming, distance to the market
	2.2 Is adequate food accessible to households?	- household income expenditure and budgeting - other existing forms of social support in the area - adequacy of the diet
	2.3 What is the income status of the mother/care provider?	- employment status of mother/care provider - access to financial resources by the care provider/mother
3	3.1 Are sanitation and hygiene facilities available and accessible?	- existence of safe water sources - toilet and hygiene facilities - garbage collection points
	3.2 Are health facilities available in the area and accessible?	- existence of health facilities - accessibility to health facilities
4	4.1 Are institutional frameworks and legislation relevant to the RtF in place	- institutional frameworks supporting right to food - existing relevant legislation on right to food - policies and strategies focussing on food security in the community
	4.2 Mechanisms to follow state obligations	- human rights institutions, civil society groups to monitor state commitment - existence of effective institutions to monitor and regulate food standards at national and community level
	4.3 Awareness of right to adequate food in the community	- knowledge and understanding of GC 12 by duty bearers and right holders in the community - right to food policies being reflected in community programmes - resources committed towards realization of right to food in community budgets
	4.4 Programmes to support the community	- existence of food reserves at national and community level - social safety nets to support in case of unemployment or sickness - programmes aimed at reducing poverty among the urban poor

### **3.5 Data Collection Methods and Tools**

The study broadly involved collecting quantitative and qualitative data from primary and secondary data sources. Primary data, as defined by Patel et al. (2004), refers to data collected by myself [the researcher] for the purpose of this study while secondary data is information that has been previously collected by individuals or agencies usually for purposes other than this particular research, but which was relevant for the study purpose. Since both quantitative and qualitative data was collected, the study used mixed methods to collect the needed data. The data collection methods employed during this study is explained in the proceeding sub-chapters 3.5.1, 3.5.2, and 3.5.3 below.

#### **3.5.1 Interviews**

Some method of data collection involves often direct contact between the respondents and the researcher or staff trained by the researcher (Ary, Jacobs, & Sorensen, 2010). This study involved using personal interviews in which the researcher or research assistants read questions to right holders [in this study the mothers or other caretakers] in a face to face setting and recorded the responses. During these interviews, questionnaires were used as the main tools for collecting data. The questionnaires for right holders had closed ended questions (see appendix A) while an interview guide for key informants (duty bearers) used by the researcher (see appendix B) mainly had open ended questions. The interviews with key informants were carried out by the researcher himself. The researcher, with the help of three trained nutrition students working as research assistants, administered the questionnaires to the right holders. Other tools used to collect data from right holders included digital uniscales, height boards (produced by and available at Kyambogo University, Kampala) for anthropometric data. Interviews with key informants were also carried out on appointment and these came after interviewing right holders.

#### **3.5.2 Field observation**

Observation techniques were also used during the study involving simple observations like food availability in the local market and shops, also getting some information on hygiene and sanitation facilities including water sources. This was conducted by a walk through the community and also concurrently with the interviews. Some filed notes and photographs were taken while walking through the study area.

### **3.5.3 Document analysis**

As a method of data collection involves a careful, detailed, systematic examination and interpretation of a body of material in an effort to identify patterns, themes, biases and meanings (Berg, 2009). This method involved an assessment of documents relying on published and unpublished materials which were considered vital for the realization of study objectives. Documents of particular importance and reviewed included census reports, national survey reports, reports generated through research studies, policy analysis reports, legal and regulatory documents and budget reports.

### **3.6 Validity and Reliability**

The authenticity of the data collected and study results is influenced by the situation; it is assessed by validity and reliability. Validity refers to the extent to which scores on a test enable one to make meaningful and appropriate interpretations. That is how well a test or rating scale measures what it is supposed to measure (Ary, et al., 2010). During the study, the researcher tried to ensure validity of data by using the appropriate instruments to collect the required data for example weight using a right weighing scale, height using a height board.

Reliability is defined as the consistency of measurements or the degree to which an instrument measures the same way each time it is used (Boslaugh & Watters, 2008). Reliability of data collected during the study was enhanced through for example calibration of instruments prior and during the survey especially weighing scales. The researcher made sure that the weighing scales were consistent with readings and were tested daily before going to the field for accuracy. Also training of research assistants effectively and focusing on the purpose of the study was done. This focussed on how questions can be phrased to capture data and how to take and record measurements using the scales and height boards.

### **3.7 Data Analysis and Presentation of results**

Analysing quantitative data was carried out using the statistical package for social sciences (SPSS) software. Various statistical analyses, such as correlation, were carried in order to examine relationships between selected variables in the study. Non-parametric correlation spearman's rho was carried out as Pallant (2007) also suggests for data not normally distributed. Chi-square test was also performed. Anthropometric data was analysed at individual level as the

unit of analysis. Data collected on children was analysed using WHO Nutrition software Anthro version 3.2.2 (WHO, 2011a) and was interpreted based on 2006 WHO child growth standards. Weight and height of mothers or caretakers was used to compute BMI using SPSS. Qualitative data such as recorded interviews from duty bearers was transcribed and used in discussion of some indicators to strengthen the discussion. Data from document reviews was interpreted based the criteria used such as authenticity of documents, credibility and meaning (Berg, 2009). Presentation of results was done in table form and discussed concurrently.

### **3.8 Ethical issues**

Permission to carry out the study was sought from the Uganda National Council for Science and Technology (UNCST) and Local council chiefs in the study area before going into the field to collect data. Clearance from the Ethical Research Committee in Norway was also obtained to proceed with the research. The respondents were asked to participate and oral consent to be part of the study was obtained. They were also told that any one was free to withdraw from the study in case one wishes to. The purpose of the study was explained to respondents. Confidentiality of responses was also ensured during analysis and discussion of results to protect the respondents. Respondents were also assured that the results of the study will be available to them and a copy of the report will be submitted to the local council office.

### **3.9 Research Partners and Collaborators**

The study was carried out in collaboration and with support from different parties. Oslo and Akershus University College of Applied Sciences (HIOA) approve the study and Professor Arne Oshaug was the supervisor. The Norwegian State Loan Fund (Lånekassen) through its financial assistance given to the researcher as an education loan enabled me to carry out the study. Necessary assistance was also sought from Kyambogo University especially the Department of Human Nutrition and Home Economics in terms of hiring equipment used in data collection like the weighing scales and height boards. Three research assistants were hired to assist the researcher in data collection and the local council was also fully supportive during the study.

## 4. RESULTS AND DISCUSSION

This chapter presents the results from the study together with the accompanying discussions of what the results imply depending on the objectives of the study and research questions. The presentation and discussion follows the logical sequence of how the objectives and research questions are stated. Interview responses with key informants are presented in results in indented italics form while citations from documents are presented in indented and single spaced format within the discussion of results.

**Table 6: Some characteristics in the respondent population**

Number	Background characteristic	Mean (SD)	Frequency (n)	Per cent (%)
1	<b>Birth place</b>			
	Born in area		23	11.4
	Not born in area		178	88.6
2	<b>Marital status</b>			
	Single <sup>1</sup>		15	7.5
	Married		120	59.7
	Separated <sup>2</sup>		51	25.3
	Widowed		15	7.5
3	<b>Number in Household</b>	4.0 (1.48)		
4	<b>Income expenditure</b>			
	School fees		39	19.4
	House rent		71	35.3
	Food		84	41.8
	Others <sup>3</sup>		7	3.5
5	<b>Breastfeeding</b>			
	Breastfed		123	61.2
	Not breastfed		78	38.2

Note.<sup>1</sup>Includes those in relationship.<sup>2</sup>Includes those who are divorced. <sup>3</sup>Includes other expenditures like medical bills and clothes.

As shown in Table 6, about 89% of right holders interviewed were not born in the study area and just moved in searching for accommodation. This as earlier noted could be explained by the increasing population of Kampala coupled with a disproportionate increase in affordable decent housing leading to emergence of slums. The average household size was 4 people in a household which indicate a high population density in the slum area. This can possibly exert further strain on shelter, sanitation facilities and other services.



## 4.1 Nutritional status of mothers or caretakers and children

Nutrition status though not only determined by food intake but also good health services including a healthy environment and the quality of care (UNICEF, 1990), could be an important indicator for assessing realization of the RtF. Undernutrition in children which could be reflected in the levels of stunting, underweight and wasting can depict growth failure due to prolonged or short term inadequate intake of food and/or inadequate control of diseases. Under nutrition in children and chronic energy deficiency in mothers or caretakers can as well be the most likely outcome as a result of deprivation of this RtF. Nutrition status for mothers or caretakers and children will be handled here separately.

### 4.1.1 Body mass index of mothers or caretakers

Anthropometric results based on BMI of mothers or caretakers who participated in the study are presented herein (Table 7). The mean BMI among mothers or caretakers was 23.4 with a Standard Deviation of 3.8.

**Table 7: Mothers' and caretakers BMI**

BMI Category (Kg/m <sup>2</sup> )	Frequency(n)	Per cent (%)
Underweight (BMI ≤ 18.49)	12	6.0
Normal (BMI 18.5-24.9)	133	66.2
Overweight (BMI 25.0-29.9)	44	21.9
Obese (BMI ≥ 30)	12	6.0
Total*	201	100

\*Based on number who were interviewed and participated in the study. Mean BMI=23.4±3.8

The results in Table 7 shows that about 6% of all respondents (mothers or caretakers) were underweight, about 66% had normal BMI and about 28% were classified as being overweight and obese. Underweight, overweight and obesity can signify malnutrition defined as a range of conditions that hinder good health caused by inadequate or unbalanced food intake or from poor absorption of food consumed (FAO, 2012)<sup>46</sup>. This can refer to both chronic energy deficiency (food deprivation) and over nutrition (excessive food intake) in relation to energy requirement (FAO).

<sup>46</sup> Can also be viewed at:

<http://www.ecsw.org/resourcecenter/global/world%20hunger%20undernutrition/FAO%20Basic%20definitions%20of%20Hunger.pdf> Accessed 05.05.2012.

Overweight and obesity (as shown exist in the slum studied here-Table 7) are among the leading risks for global deaths as reported by WHO (2011b). Many low and middle income countries are facing the double burden of disease with problems of infectious diseases and under nutrition existing side by side in the same community or household with non-communicable disease risk factors like overweight and obesity particularly in urban settings. This is also supported by WHO (2011b).

There is strong evidence of an association between income poverty and obesity mediated in part by the low cost of energy dense foods and often high palatability of fats and sugar (Drewnowski & Specter, 2004). This means that the poor who according to Drewnowski & Specter (2004) devote a greater share of their income on food may end up buying more cheap energy dense foods and less protein, fruits and vegetables. This may explain the observed levels of overweight and obesity in Table 7 above.

According to FAO (2005b), States are encouraged to involve relevant stake holders in particular communities and local governments in design, implementation, monitoring and evaluation of programs to increase the production and consumption of healthy and nutritious foods. States are also encouraged to take steps in particular through education, information and labelling regulations to prevent overconsumption of unbalanced diets that may lead to malnutrition, obesity and degenerative diseases FAO (2005b). The observed level in Table 7 of underweight and overweight/obesity may indicate a failure to realize the RtF. This could be attributed to either failure to access adequate food or might be due to wrong consumption. According to the CESCR as expressed in GC 12, the core content of the RtF implies:

The availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals ... meaning that the diet as a whole contains a mix of nutrients for physical and mental growth, development and maintenance and physical activity ... taking measures to adapt or strengthen dietary diversity and appropriate feeding patterns...while ensuring that changes in availability and access to food supply as a minimum do not affect dietary composition and intake (paragraphs. 8a and 9).

#### **4.1.2 Nutritional status of children (6-59) months**

Undernutrition in children above or equal to 6 months and below or equal to five years is the consequence of a range of factors that are often related to poor food quality, insufficient food intake, and severe and repeated infectious diseases, or frequently some combinations of the three

(see Figure 4 Chapter 3). Nutritional status of children was assessed using anthropometry and results expressed in indices as shown (Table 8).

**Table 8: Nutritional status of children**

Percentage of children (6-59mths) classified as malnourished according to the three anthropometric indices of nutritional status: weight for age, height for age and weight for weight for height.

Age group	Weight for age			Height for age			Weight for height			Number
	Percentage below -3SD	Percentage below -2SD <sup>1</sup>	Mean (SD) Z score	Percentage below -3SD	Percentage below -2SD <sup>1</sup>	Mean (SD) Z-score	Percentage below -3SD	Percentage below -2SD <sup>1</sup>	Mean (SD) Z-score	
6-11	0.0	16.7	-0.6±1.1	8.0	24.0	-0.9±1.5	0.0	4.2	-0.1±1.5	24
12-23	6.8	20.3	-0.9±1.3	36.7	56.7	-2.2±1.7	1.7	5.1	0.2±1.4	59
24-35	4.1	18.4	-0.6±1.4	20.8	39.6	-1.6±1.9	4.2	6.3	0.3±1.5	49
36-47	9.1	13.6	-0.7±1.5	21.7	30.4	-1.7±1.6	0.0	9.1	0.4±1.7	22
48-60	0.0	11.1	-0.4±1.0	11.1	22.2	-0.3±2.0	0.0	3.2	-0.1±1.1	09
Total	4.9	17.8	-0.7±1.3	24.2	41.2	-1.7±1.8	2.6	6.8	0.2±1.5	163
Gender										
Males	2.8	19.4	-0.7±1.2	24.7	45.2	-1.9±1.8	3.5	5.9	0.2±1.4	72
Female	6.6	16.5	-0.7±1.4	23.9	38.0	-1.5±1.8	1.9	7.5	0.2±1.5	91

Note.<sup>1</sup>Includes children who are below -3Standard Deviations (SD) from the median of WHO child growth standards. Children with oedema were not considered. <sup>2</sup>Total based on children with valid dates of birth, month and year and with valid weight and height measurements.

The results in Table 8 show that on average (not making any difference between boys and girls) about 18% of children in the study had WAZ below -2SD and so are classified as underweight. About 41% of children had HAZ below -2SD and are therefore considered short for age or stunted whereas about 7% of children had WHZ below -2SD and are classified as wasted.

Stunting (shown as HAZ in Table 8) is a result of failure to receive adequate nutrition for a long time and also recurrent infections. This can be attributed indirectly to poverty in slum areas and a lack of access to services and resources. Studies have also shown a relationship between poverty and undernutrition (Drewnowski & Specter, 2004; Gorstein, et al., 1994; Hatløy, et al., 2000).

For the slum dwellers that usually fall in the lowest wealth quintiles; the above findings (Table 8) point towards a link between poverty and nutritional status. Growth assessment thus serves as a means for evaluating the health and nutritional status of children, and also provides an indirect measurement of the quality of the population. This view is also supported by de Onis & Blossner (1997).

Comparing the results from the study and those in Table 3 (Chapter 3), all the three indices stunting, wasting and underweight were found to be slightly higher in the study area than the national estimates from UDHS (FANTA, 2010). Stunting was also falling in the critical level according to WHO classification. It should also be noted that since stunting and underweight are influenced by age, results may slightly be affected in cases where the age of the child is estimated by using events calendar or where mothers delay to register their babies in case not born in the hospital as also noted elsewhere (Oshaug, et al., 1994).

The conceptual framework (Figure: 4 Chapter 3), reveal that nutritional status of children is an outcome of a set of underlying factors. These can be categorised into food and non-food factors such as health services and health seeking behaviours, poor hygiene and sanitation, inadequate maternal or child care which may also be influenced by the education level of the mother or caretaker. In addition are basic causes which can include political, economic, social systems including status of women which may be a duty of the State as the primary duty bearers.

This therefore requires States to take parallel action in the areas of health, education and sanitary infrastructure and promote inter-sectoral collaboration so that necessary services and goods become available to people to enable them make full use of the dietary value in the food they eat and thus achieve nutritional wellbeing as described by FAO (2005b).

In article 24 of the CRC, the highest standard of health is recognised as a human right. In article 24.2 State parties shall pursue full implementation of this right and in particular shall take appropriate measures:

To combat diseases and malnutrition including within the framework of primary health care...through the provision of adequate nutritious foods and clean drinking water (paragraph c).

And in paragraph 24.2e:

To ensure that all segments of society in particular parents and children are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and sanitation...

The high level of stunting above (Table 8) could be due to persistent lack of adequate food which might signify failure to realize the RtF among children.

#### 4.1.3 Educational level of mothers or caretakers

Education level of the mother or caretaker is also important for the nutrition status of small children (considered under research question 1.2 Table 5 chapter 3).

**Table 9: Education level and employment status of mothers or caretakers**

Variable	Frequency (n) <sup>1</sup>	Per cent (%)
<b>Educational level</b>		
No schooling	32	15.9
Primary	107	53.2
Secondary	62	30.9
University	-	-
<b>Employment status</b>		
Employed	97	48.2
Not employed	104	51.8
<b>Reading Nutr. Messages</b>		
Yes	47	23.4
No	154	76.6

<sup>1</sup>Based on adult respondents who took part in study

The results in Table 9 shows that about 16% of the mothers or caretakers interviewed had no schooling at all, about 53% had primary education whereas about 31% had secondary education. Among the respondents interviewed none had university or higher education. The results also show that about 77% were not able to read nutritional messages.

Education of the mothers is crucial in determining how resources are used. In addition it affects many aspects of life including nutrition and health behaviours. Studies have shown that educational level of the mother is strongly associated with the general health status, morbidity and mortality of children (Smith, 2010). Mosley & Chen (1984) cited in Macassa, Hallqvist & Lynch (2011) also found out that educational level of the mother increases her skills in health care practices related to disease treatment and prevention, hygiene and nutrition, and thus improving chances for child survival.

Caldwell (1979) in his seminar paper on Nigeria slums cited in Hobcraft (1993) also urged that education of women played an important role in determining child survival even after controlling for a number of other factors including socio economic status. He noted that mother's education might enhance child survival through such as a shift from fatalistic acceptance of health outcomes to implementation of simple health knowledge. Against this it is worrying that the educational level in the slum documented here seems to be so low (see Table 9).

Caldwell's work in Nigeria's slums also showed maternal schooling to be negatively correlated with child mortality. This led to a widely shared conclusion that maternal education is a classical determinant of child health and most significant social determinant of child mortality as Smith (2010) also discussed. Other research in Uganda has also shown a relationship between maternal education and child nutritional status. It is highlighted that over 40% of children born to mothers without education are stunted whereas only about 23% of children born to mothers with secondary education or higher are stunted (FANTA, 2010).

The results of this study show a negative correlation ( $\rho = -.34$ ,  $N = 201$ ,  $p < 0.01$ ) between educational level of mother or caretaker and nutritional status of children, meaning higher educational level seems to be associated with lower levels of child undernutrition. This low educational level in mothers or caretakers might be a factor contributing to not realizing their RtF. According to article 3 of ICESCR, State parties:

...undertake to ensure the equal rights of men and women to the enjoyment of all economic, social and cultural rights and also recognise in article 13.1 the right of everyone to education.

And in article 13.2 State parties recognise that with a view of achieving the full realization of this right should ensure education for all:

Primary education shall be compulsory and available free to all. Secondary education in its different forms, including technical and vocational secondary education, shall be made generally available and accessible to all by every appropriate means... (Paragraphs a & b).

States are also called upon to strengthen and broaden primary education opportunities especially for girls, women and other underserved population (FAO, 2005b). This violation of the right to education is believed to affect the realization of RtF.

## **4.2 Availability and accessibility of adequate food**

The concepts of food availability and accessibility to the available food are very significant to assess if the right to adequate food is to be realized by individuals. The right to food is realized

when every man, woman and child alone or in community with others has the physical and economic access at all times to adequate food or means of its procurement (GC 12, paragraph 6). The WFS (1996) had earlier defined food security which inspired the definition of the RtF given in GC 12. Food availability and accessibility is central in the RtF so it must be included. In this thesis it is included as can be seen from Table 5 Objective 2 in Chapter 3.

#### **4.2.1 Availability of adequate food in the study area**

The urban population, as these slum dwellers are mainly depend on purchased food from the markets unlike their rural counterparts who often produce most of their food, a view also supported elsewhere (Ruel, et al., 1998). A number of factors influence food availability in urban areas such as efficiency of food marketing and distribution, infrastructure like roads linking production areas to markets, trade policies as some food can be imported or exported etc. Just a few factors are included in this study though; the focus here is on people's perceptions and what they said as reflected in Table 10. Food availability refers to the overall quantities and types of foods in any particular place in quantities and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances and acceptable in a given culture (GC 12, paragraph.8).

**Table 10: Respondents summary on availability, acceptability, safety and acquiring of food**

Variable	Frequency (n)	Per cent (%)
<b>Food availability</b>		
Yes	186	92.5
No	5	2.5
Sometimes	10	5.0
<b>Cultural acceptability</b>		
Yes	192	95.5
No	9	4.5
<b>Food safety</b>		
Yes	146	72.6
No	19	9.5
Not sure*	36	17.9
<b>Acquiring food</b>		
Own production	-	-
Bought from market	201	100
Food transfer	-	-

Note: Responses are based on valid responses.\*This they said was because they cook the food bought from the market before it's eaten.

The results in Table 10 reflect the participants' responses on the variables of food availability, cultural acceptability of the food, safety and accessibility or acquiring of food which are important for the RtF. The results indicate that the food generally is available, it seems to be acceptable and safe hence their RtF may not be affected.

However, some are not realizing this RtF as reflected above as they also said that food was not being available on a daily basis, some of the foods were not acceptable in their culture whereas others considered the available food unsafe. This nonetheless cannot be associated with the nutritional status among women and children observed above (in sections 4.1.1 & 4.1.2) as the proportion of such respondents is relatively small. However, the State is called upon to take measures to ensure that all food whether locally produced or imported, become available in the market and is safe and consistent with national food standards as discussed by FAO (2005b).

Sample photographs taken during observation of market and shops to show food availability in the market and shops are shown here.



a) Photograph of some fresh fruits on a stall in the market



b) Some grains used for food in one of the shops in the area



#### 4.2.2 Food accessibility to the households

Accessibility to food which refers to the ability of individuals to obtain food is very crucial if one's RtF is to be realized (see also Table 5 in Chapter 3 of thesis). However, even when food is available, many people especially in urban areas may not make access it without money as Kent (2005) also observes. Jean Dreze and Amartya Sen (cited in Kent 2005), also argued that hunger was primarily due to a failure of entitlements rather than say inadequate agriculture productivity

by highlighting that what we can eat depends on what food we are able to acquire. A person's entitlements -the set of alternative bundles of commodities over which a person can establish command will determine food accessibility. If a group of people fail to establish their entitlement over an adequate amount of food, they will go hungry.

**Table 11: Number of food groups indicating consumption pattern**

Number of food groups*	Frequency (n)	Per cent (%)
1	-	-
2	22	10.9
3	67	33.3
4	68	33.8
5	34	16.9
6	8	4.0
7	2	1.0
8	-	-
9	-	-
10	-	-
TOTAL	201	100

\*Each food group was given a diversity score from 1-10 and the numbers all have same weight

The results in Table 11 shows that about 34% of the respondents had eaten food from 4 out of the 10 food groups considered. About 33% had eaten food from 3 food groups and about 11% had eaten food from only 2 food groups. This shows a low dietary diversity (if considered as used food from various food groups) which implies a low nutritional adequacy of diets consumed. Studies have shown earlier that increase in dietary diversity score is related to increased nutritional adequacy of the diet (FANTA, 2010; FAO, 2007; Ruel, 2003).

Further analysis of the frequency of use in each food groups shown in Table 12 reveals that the respondents interviewed had consumed most frequent foods such as cereals (187, 93%), pulses and nuts (155, 77%) and roots, stem tubers and plantain (153, 76%). All the respondents interviewed indicated they bought their food from the market and shops (Table 10) and none from own production or other transfers. This seems to be decisive here as an association between dietary diversity and household economic status has been shown earlier (Andrew et al., 2010; Hatløy, et al., 2000; Ruel, 2003) and also between dietary diversity and nutrition status (Arimond & Ruel, 2004; Hatløy, et al., 2000).

**Table 12: Frequency of consumption in each food group**

Food groups	Frequency (n)	Per cent (%)
Cereals	187	93.0
Vit. A rich Fruits & Vegetables	12	6.0
Other Fruits & Vegetables	58	28.9
Eggs	4	2.0
Oils and Fats	79	39.3
Fresh & White meats	22	10.9
Milk & Milk products	47	23.4
Pulses & Legumes	155	77.1
Roots, stem tubers & plantain	153	76.1
Fish	32	15.9

Note: Figures are based on those who had eaten foods in such category the previous day.

The results in Table 12 also show that eggs, Vit. A rich fruits and vegetables were least consumed. Also consumption of animal foods was low. This reflects what Sen and Dreze earlier highlighted that what we eat depends on what we are able to acquire. It also reflects the idea discussed elsewhere that animal foods are relatively expensive and poor people will often buy cheaper calorie foods (Drewnowski & Specter, 2004; Sen, 1999). This can also possibly explain the nutritional status observed particularly in children as studies have linked intake of animal products as a component of dietary diversity with better HAZ (less stunting) in children (Arimond & Ruel, 2004; Ruel, 2003).

Increased dietary diversity was also shown to have a positive statistical link to nutritional status of women with respect to body mass index (Savy, Maartin-Prevel, Sawadogo, Kameli, & Delpuech, 2005). The results in this thesis show a positive correlation between dietary intake and nutrition status in women ( $\rho=0.03$ ,  $N=201$ ,  $p < 0.01$ ) and also nutrition status of children ( $\rho = 0.14$ ,  $N=163$ ,  $p < 0.01$ ). High dietary diversity score was associated with less undernutrition. This indicates that this RtF is not being realized for all women and children in this study area as some seems not to access the adequate food in the market possibly due to lack of money to buy sufficient and adequate food.

#### **4.2.3 Employment status of mothers or caretakers**

The results on employment status of caregiver presented also in Table 9 (in section 4.1.3) show that about 48% of respondents interviewed were currently employed whereas about 52% were not employed. The economic status of a household [which may be boosted by women employment] can be an indicator of access to adequate food, use of health services, access to

improved water sources and sanitation facilities, which seem to be important determinants of child and maternal nutritional status. This view is also supported by UNICEF (1990). Women's employment is believed to increase household income with consequent benefit to household nutrition status in general and woman's nutrition status in particular as also Girma & Genebo (2002) observes. It has also been shown that women spend a large part of their income on food, health care and education of their children (Meinzen-Dick, et al., 2011).

Though it is usually assumed that maternal employment outside the home is a major determinant of the use of breastmilk substitutes as well as shorter duration of breastfeeding hence affecting child health and nutritional status as Leslie, 1989 cited in Ruel et al. (1998) asserts, in this study, a Chi-square test for independence indicated no significant association between employment status of mother or caretaker and breast feeding ( $P=0.57$ ). This means that employment status of mothers seem not to affect breastfeeding of children in this area so could not be shown in the study, but that does not mean that the employment status was not important. The sample could be too small (See also Table 6 for number breastfeeding). Referring to Table 11 on consumption pattern of food to reflect dietary diversity, it can be argued that women unemployment could lead to low incomes in households which might limit access to adequate food. This might therefore affect realization of the RtF.

#### **4.3.0 Nutrition related health and sanitation facilities**

Figure 5 (Conceptual illustration of determinants of RtF in women and children, Chapter 3) point out that maternal and child nutrition status is a product of not only food security but also water and hygienic conditions, availability and accessibility of health services. These are seen to interplay together with food to determine the overall outcome-nutritional status.

##### **4.3.1 Availability and accessibility of safe water, hygiene and sanitation facilities**

Therefore household hygiene and sanitation are seen as great challenges in the slum areas and are perceived strong determinants of the health and nutrition status, especially of children due to exposure to diarrhoea and infectious pathogens in the unhygienic environment they live.

**Table 13: Responses on hygiene and sanitation**

Variable	Frequency (n)	Per cent (%)
<b>Water source</b>		
Tap water	176	87.6
Protected well <sup>1</sup>	12	6.0
Borehole	13	6.5
<b>Acquiring water</b>		
Bought	166	85.1
Free	29	14.9
<b>Water safety</b>		
Safe <sup>2</sup>	126	62.7
Un safe	21	10.4
Not sure	54	26.9
<b>Garbage disposal centre</b>		
No	198	98.5
<b>Toilet facilities</b>		
Public flush toilet	191	95.2
Private Pit latrine	4	2.0
Shared pit latrine	6	3.0

All figures based on valid responses. <sup>1</sup>Includes unprotected well in equal proportions. <sup>2</sup>Had 4 respondents who thought the water was very safe.

Table 13 suggest that water is physically available from various sources to most people in the study area. The discussion would therefore focus on sufficiency, accessibility and safety of the available water. The GC.15<sup>47</sup> on the right to adequate water in article 2 paragraph 2:

...entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use. An adequate amount of safe water is necessary to prevent death from dehydration and reduce risk of water related diseases and provide for consumption, cooking, personal and domestic hygiene requirements.

The results indicate (Table 13) that about 85% of respondents bought their water and about 63% thought the water was safe. Given the economic status of the household in this slum area, it is apparent that the water may not be economically accessible to all people in sufficient amounts at all times without compromising or threatening enjoyment of other human rights. Article 14 (paragraph 14.2h) of CEDAW<sup>48</sup> stipulates that State parties shall ensure to women the right to enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity, water

<sup>47</sup> Can be retrieved from: [http://www2.ohchr.org/english/issues/water/docs/cescr\\_gc\\_15.pdf](http://www2.ohchr.org/english/issues/water/docs/cescr_gc_15.pdf). Accessed 05.03.2012.

<sup>48</sup> Can be retrieved from: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>. Accessed 05.03.2012.

supply. And article 24 (paragraph 24.2c) of the CRC requires state parties to combat diseases and malnutrition ...through the provision of adequate nutritious foods and clean drinking water. This is obviously not the case in the slum area where this study was conducted.

Toilet facilities were also available and most households used public flush toilets (Table 13). Again here the argument is about the accessibility as very many households shared a toilet at a given location and they were charged every time you visit with exception of young children. The toilets are kept clean by the person who collects the money at the door and at night the toilets are locked. It is therefore very likely that in case one wants to use the toilet beyond a certain time at night it is not possible. This probably explains the poor sanitation situation in the area as people in this study area end up using other means including using drainage channels, polythene bags etc. which end up contaminating some water sources leading to diarrheal diseases and helminth<sup>49</sup> (worm) infections.

Infectious diseases have been cited as important determinants of stunting in children with diarrhoea playing a particularly significant role perhaps because of its association with malabsorption of nutrients as well as anorexia and catabolism (Black et al., 2008). Interventions such as hand washing, water quality and treatment, sanitation and health education has been seen to decrease diarrhoea episodes in children less than five years as noted by Bhutta et al. (2008).

The ingestion of contaminated water, use of insufficient amounts for personal and domestic hygiene and inadequate disposal of faeces all typical in slum areas [including Kimwanyi zone in Katanga] seems to be the most effective routes of transmission of diarrheal pathogens. This view is supported by Ruel et al.(1998).

The researcher could not identify central points for garbage collection. Households put garbage in polythene bags in their corridors and wait for a truck which does not obviously come daily. Because of this the garbage further decomposes escalating the unhygienic situation in the area. The researcher also found out that the residents paid for their rubbish to be taken away and this probably further strained the available resources available. This could likely affect what is spent

---

<sup>49</sup> For definition and description see: <http://www.medterms.com/script/main/art.asp?articlekey=12321>. Accessed 09.04.2012.

on food and may lead to insufficient amounts being consumed. This can lead to a failure to realize the RtF particularly in women and children.

#### 4.3.2 Availability and accessibility of health facilities and services

The availability and accessibility of health services would probably affect the nutrition status outcomes of both women and children and consequently realization of RtF (as indicated in figure 5 Chapter 3). Diseases cause loss of appetite, reduced food intake and reduced absorption of nutrients leading to undernutrition which further compromises the immune system as FANTA (2010) observes.

**Table 14: Responses on health facilities and services**

Variables	Frequency (n)	Per cent (%)
<b>Seeking treatment</b>		
Community facility	164	82.0
Private clinic	36	18.0
<b>Accessibility</b>		
Yes	142	71.4
No	57	28.6
<b>Not accessible</b>		
High costs	31	52.5
Facility crowded	25	42.4
Other	3	5.1
<b>Nutritional prog.at centre</b>		
Yes	124	62.9
No	62	31.5
Don't know	11	5.6
<b>Capacity to give programs</b>		
Yes	137	69.2
No	28	14.1
Don't know	33	16.7

Note: All figures are based on valid responses

The results in table 14 show that 82% of the respondents interviewed used the community health facility which is MNRH located near the study area whereas 18% used private clinics. Therefore health facilities were available to people in the area.

Health seeking behaviours include those practiced in the home (like providing oral rehydration solution to a child with diarrhoea) and those practiced outside (like taking the child to a health clinic for treatment). Using the health facility may also depend on a variety of factors such as cost of transportation and use of the clinic, the opportunity cost of time for travelling and waiting

to be treated, education of caregiver etc as also noted by Ruel et al. (1998). To this researcher about 29% of respondents indicated that the health facilities were not easily accessible; they cited high costs and overcrowding as important factors to this.

It has also been noted in other studies that the lower educational levels (seen in Table 9) and greater time constraints combined with poor knowledge and awareness about the availability and benefits of health services, the unsanitary conditions and overcrowding that plague many health centres in urban slums, makes the urban poor less likely to use them (Ruel, et al., 1998). This can jeopardise the enjoyment of the RtF by diseases and infections as indicated in Figure 5 in Chapter 3.

#### **4.4.0 Legal, regulatory and institutional mechanisms**

Uganda has ratified the ICESCR in 1987, which obliges State parties to take steps to ensure the fundamental right to freedom from hunger. Uganda has also embraced international commitments to eradicate hunger, ensuring food security and to fight undernourishment, voted for the United Nations Millennium Declaration<sup>50</sup> in 2000 and was part of the consensus behind the WFS Commitment to halve the number of its people who suffer from hunger and undernourishment by the year 2015 as Omara (2007) describes. Uganda also participated in the development of the FAO Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security<sup>51</sup>.

It has been noted, however, that while States have adopted the international declarations and covenants on human rights including the RtF, they do not necessarily pursue the follow-up steps and programmes for realizing them (Sengupta, 2007). This is supported by the fact that though the world produces enough food to feed everybody, almost one billion people go to bed hungry today as Knight (2011) also observes. It is therefore necessary to assess the existence of the above parameters to ascertain the extent and commitment of the State in realizing the RtF for everybody. It is also clear that the responsibility under international law for the realization of human rights rests with the State as Eide (2007) describes. So people must have some institutionalised remedies available to them so that they can take meaningful actions concerning

---

<sup>50</sup> Resolutions adopted by the UN general assembly during the millennium summit: Can be retrieved from. <http://www.un.org/millennium/declaration/ares552e.htm>. Accessed 09.03.2012.

<sup>51</sup> See: <http://www.fao.org/docrep/meeting/009/y9825e/y9825e00.htm>. Accessed 09.04.2012.



the RtF if it is not being acknowledged as part of the right to an adequate standard of living. This view is also supported by Barth Eide & Engh (2008). This kind of institutionalised remedies may not be available to the people studied in this slum area in Uganda.

#### **4.4.1 Existence of relevant legislation and institutional framework on the right to food**

An appropriate and conducive institutional environment is necessary to realize the RtF. Indicators assessed on this objective are reflected in section Table 5 Chapter 3. This involved examining existing legislations, policies and programs at national and community levels in Uganda as recommended in international covenants and treaties she has ratified. Article 2.1 of the ICESCR also requires each State party:

...to take steps individually and through international assistance and co-operation especially economic and technical to the maximum of its available resources, with the view to achieving progressively the full realization of the rights recognised in the present Covenant by all appropriate means, including particularly the adoption of *legislative measures* [emphasis added].

The phrase “available resources” refers to both resources existing within a State party and those from international community through international co-operation as discussed by Eide (2003).

##### **4.4.1.1 Relevant legislation**

At the national level, the Uganda Constitution<sup>52</sup> of 1995 has provisions relating to the RtF. According to objective XIV, the state shall endeavour to fulfil the fundamental rights of all Ugandans to social justice and economic development and shall in particular ensure:

That all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits. (Paragraph. b)

And in objective XXII of the Constitution, the state shall:

Take appropriate steps to encourage people to grow and store adequate food, establish national food reserves and encourage and promote proper nutrition through mass education and other appropriate means to build a healthy state.

The Voluntary Guidelines developed by UN member countries (FAO, 2005) to support the progressive realization of the RtF require States:

... to consider in accordance with their domestic legal and policy frameworks whether to include provisions in their domestic law, possibly including constitutional or legislative

---

<sup>52</sup> See: [http://www.ugandawiki.ug/Constitution\\_of\\_Uganda](http://www.ugandawiki.ug/Constitution_of_Uganda). Accessed 09.04.12.

review that facilitates the progressive realization of the right to adequate food in the context of national food security (guideline 7.1)

Despite the lack of a comprehensive law or constitutional provisions that expressly recognise the RtF and specified State obligations in Uganda, several other legislations exist most of which support the progressive realization of the human RtF as also discussed by FIAN (2009). Examples of these include; The food and drug act (1964) which is essential in regulating food quality and safety; Public health act (1964) which provides for safeguarding and promotion of sanitation and housing including storage of food stuffs; Uganda national bureau of standards act (1983) which established the Uganda national bureau of standards to monitor and regulate food quality and safety; Water statute (1995) which aims to ensure clean, safe and sufficient supply of water for domestic purposes in Uganda and the Statutory instrument 271-A, on regulation of marketing infant and young child's food. This is a very essential instrument protecting the rights of breastmilk [food to infants] and breastfeeding children in accordance to the Innocenti Declaration. In accordance to that declaration, the protection, promotion and support of breastfeeding<sup>53</sup> and the code of marketing breastmilk substitutes-adopted by the World Health Assembly in 1981 should also be recognised by Uganda. Thus even if the Covenant is not made into national law, there are several other legislations that exist for the progressive realization of the RtF for all in Uganda.

#### **4.4.1.2 Policies and programs**

Efforts to build upon the above mentioned objectives of the Ugandan Constitution have led to formulation of policies and programs to meet the above obligations (see also Table 5, objective 4 Chapter 3). One major policy was the Poverty Eradication Action Plan (PEAP)<sup>54</sup> in 2005 targeting eradication of poverty and all its manifestations such as hunger, food insecurity and undernourishment. Other policies are Plan for Modernisation of Agriculture (PMA)<sup>55</sup>, Health Sector Policy and Strategic Plan (HSSP)<sup>56</sup>, Uganda Food and Nutrition Policy (UFNP)<sup>57</sup>. The

---

<sup>53</sup> The Innocenti Declaration was born out of the WHO/UNICEF policy makers meeting at Spedale delgi Innocenti, Florence, Italy on 30July-1 Aug 1990. Retrieved from: <http://www.unicef.org/programme/breastfeeding/innocenti.htm>. Accessed 31.03.2012

<sup>54</sup> Aims to reduce absolute income poverty and its manifestations and improve quality of life of Ugandans. Retrieved from: <http://www.imf.org/external/np/prsp/2000/uga/01/>. Accessed 09.03.2012.

<sup>55</sup> Mission is to provide technical support and cross-sectoral coordination for implementation of agricultural policy. Retrieved from: <http://www.agriculture.go.ug/index.php?page=bodies&id=119> accessed 09. 03. 2012.

<sup>56</sup> Can be retrieved from: [http://www.health.go.ug/docs/HSSP\\_III\\_2010.pdf](http://www.health.go.ug/docs/HSSP_III_2010.pdf). Accessed 09.03.2012

Uganda Nutrition Action Plan (UNAP)<sup>58</sup> 2011-2016 was also passed with a strategy of scaling-up multi-sectoral efforts to establish a strong nutrition foundation for Uganda's development. Other programs like National Agriculture Advisory Services (NAADS)<sup>59</sup> to boost agricultural productivity are in place helping farmers with training and provision of some incentives like seeds, animal breeds etc.

A national food and nutritional strategy and investment plan<sup>60</sup> (NFNSIP) for Uganda was also developed by the multi-sectoral Uganda food and nutrition council<sup>61</sup> (UFNC) in November 2005. It awaits approval by cabinet before being tabled in parliament for debate and adoption as a national instrument for implementing the food and nutritional policy.

From the above analysis, it can be noted that relevant legislation, policies and guidelines aiming at realization of the RtF at the national level are in place. The challenge however is how these rights and constitutional provisions can be realized by Ugandans. As Omara (2007) also observes, the NODPSP where most ESCR including the RtF are recognised, are just guiding principles rather than legally binding constitutional rights. Also international human rights laws which are ratified could be difficult to enforce in Uganda due to the dualistic legal system implying that she cannot enforce domestically any treaty ratified unless a national law

---

<sup>57</sup> Overall objective is to promote the nutritional status of the people of Uganda through multi-sectoral and coordinated interventions that focus on food security, improved nutrition and increased incomes. Retrieved from: [http://www.fao.org/righttofood/inaction/countrylist/Uganda/Uganda\\_foodandnutritionpolicy.pdf](http://www.fao.org/righttofood/inaction/countrylist/Uganda/Uganda_foodandnutritionpolicy.pdf). Accessed 09.03.2012.

<sup>58</sup> Aims at scaling-up multi-sectoral efforts to establish a strong nutrition foundation for Uganda's development. Retrieved from: [http://www.fantaproject.org/downloads/pdfs/Uganda\\_NutritionActionPlan\\_Nov2011.pdf](http://www.fantaproject.org/downloads/pdfs/Uganda_NutritionActionPlan_Nov2011.pdf). Accessed 09.03.2012.

<sup>59</sup> Put in place by government to increase efficiency and effectiveness of agricultural extension services. Its mission is to increase farmer's access to information, knowledge and technology for profitable agricultural production. Can be retrieved from: <http://www.naads.or.ug/>. Accessed 10.03.2012.

<sup>60</sup> The main objective of the UFNSIP is to map out a strategic plan which is a comprehensive framework for strengthening national and sub-national capacity to implement the UFNP leading to eradication of hunger and malnutrition in Uganda. Retrieved from: [http://www.fao.org/righttofood/inaction/countrylist/Uganda/FoodandNutritionStrategy\\_Uganda.pdf](http://www.fao.org/righttofood/inaction/countrylist/Uganda/FoodandNutritionStrategy_Uganda.pdf). Accessed 30.03.2012.

<sup>61</sup> Comprise of major policy makers, planning and implementation executives from relevant and associated ministries including donors and NGOs with mandate to address policy and resource allocation and relevant decision making pertaining food security and nutrition in Uganda and with mandate to fully implement the UFNP. Retrieved from: [http://www.fao.org/righttofood/inaction/countrylist/Uganda/FoodandNutritionStrategy\\_Uganda.pdf](http://www.fao.org/righttofood/inaction/countrylist/Uganda/FoodandNutritionStrategy_Uganda.pdf). Accessed 30.03.2012.

domesticates its provisions- a position which weakens the legal accountability of government. Furthermore, these policies and programs could not be reaching target groups in the population; a view shared by a key informant:

*Mechanism could be there but drying on paper. The problem is the implementing agency; they are not sufficiently implementing what is supposed to be implemented because of negligence, lack of transparency, corruption and bad governance.*

At the community level also there were no policies and programs addressing the RtF for slum dwellers as a key informant noted:

*Local council divisions have no longer have powers make budgets and decisions are made by the executive director at Kampala City Council Authority (KCCA)<sup>62</sup>. They have no such programs and even there are no funds at division for sensitizing people about right to food.*

Failure to implement these policies and programs may lead to failure in realization of the RtF especially for the poor in urban slums and women and children are greatly affected.

#### **4.4.2 Existence of institutional mechanisms to follow up state obligations**

An assessment of existing institutions to follow up on state commitment is crucial for realization of RtF. Indicators used on this objective are noted in section Table 5 Chapter 3.

##### **4.4.2.1 Human rights institutions**

At the national level, the main institution for monitoring human rights activities is the Uganda Human Rights Commission (hereinafter UHRC<sup>63</sup>) whose mission is:

To protect and promote human rights as guaranteed by the constitution and other binding human rights instruments, guided by the requirements of our legislative mandate, by international and regional human rights standards and working through partnerships.

Article 52 (paragraph. h) of the 1995 Uganda Constitution gives the UHRC mandate to monitor government compliance with international treaty and convention obligations on human rights.

---

<sup>62</sup> The authority is the governing body of the capital city and administers the capital city on behalf of central government. Can be retrieved from: <http://kcca.go.ug/authority.php>. Accessed 10.03.2012.

<sup>63</sup> Was established by the 1995 Constitution article 51 under the Bill of Rights in chapter four of the Constitution. Can be retrieved from: <http://www.uhrc.ug/>. Accessed 11.03.2012.

The UHRC also submits reports to parliament about their progress and findings which gives a platform for presenting issues of right to food violations to policy makers.

At the time of writing this thesis the commission had submitted the 13<sup>th</sup> annual report<sup>64</sup> on human rights to the Uganda parliament. The report altogether indicated that a total of 797 cases were reported to the Commission related to human rights violations. However, only 3 cases were indicated under nature of causes related to right to shelter, RtF and medical care (2010 annual report pg. 10-12). In its 12<sup>th</sup> annual report to the Ugandan parliament, a total of 785 cases were reported to the commission relating to human rights violations. However, no case was registered specifically relating to RtF despite the fact that the UHRC in its 12<sup>th</sup> report recognised that extreme hunger was experienced in many parts of Uganda, especially the Northern and Eastern part. It was linked to increase in food prices exposing many families to food insecurity (2009 annual report pg.124).

The above analysis may cast doubts about the capacity of the UHRC to monitor human RtF violations in Uganda which may also be attributed to limited awareness about RtF, lack of competent staff, and the nature of ESCR in Uganda's Constitution. By the time of this study the UHRC had nine (9) regional offices in Uganda which had 112 districts. This might indicate inadequate infrastructural capacity to monitor human rights violations including the RtF.

State obligations towards realizing the RtF have been discussed globally. An assessment of institutions in place to effectively promote and protect human rights is necessary as inadequate institutional performance may be one reason why the RtF is not realized by some population groups as Oshaug (2007) observes. Realizing the RtF is also dependent on duty bearers' commitment in implementing their respective obligations and responsibilities. This is because sometimes regulations and policies are formulated and institutions are put in place but do not function adequately to provide the specific services demanded as also observed by FAO (2009).

As Barth Eide and Kracht cited in (Sengupta, 2007) also assert, rights by their nature must be claimable and those whose RtF is violated must have access to remedial measures which may be of an administrative, quasi-judicial or judicial nature. Also as discussed by Berthelot (2007), only when individuals can claim their rights in national courts and find redress can ESCR of these

---

<sup>64</sup> Can be retrieved from: [http://www.uhrc.ug/index.php?option=com\\_docman&task=doc\\_view&gid=104&tmpl=component&format=raw&Itemid=97](http://www.uhrc.ug/index.php?option=com_docman&task=doc_view&gid=104&tmpl=component&format=raw&Itemid=97). Accessed 11.04.2012.

individuals be realized. Uganda therefore has the UHRC, to monitor human rights. However, the Commission seems to have no powers to act but it is only asked to report and these reports are apparently ignored by Government.

#### **4.4.2.2 Civil society**

Civil Society Organizations (CSOs) have also played a pivotal role in advancing capacity for RtF monitoring. CSOs in Ugandan such as Action Aid, the Hunger Project, World Vision, the Foundation for Human Rights Initiative (FHRI), Human Rights Network (HURINET) Uganda, the Food Rights Alliance (FRA) have actively participated in advocacy and awareness raising forums with an aim of strengthening RtF capacity building platforms within the non government organization (NGO) forum in the country as discussed also by FIAN (2009).

It is noted that a strong government-civil society partnership is essential for a human rights approach to food and nutritional security (Valente, 2007). Civil society can help to create awareness and capacity in the general population to claim all human rights, contribute to human rights governance and implement human right principles to solve hunger and undernutrition problems. This is also supported by Valente (2007). The importance of people's participation and co-operation of all actors of society working together as well as influencing public policy through political activism to fight persistent deprivation was also highlighted by Dreze and Sen cited in (Kracht & Huq, 1996). They emphasise democracy and a free press as being essential in advancing the realization of food and nutrition rights noting that no famine has ever occurred in a democracy. Thus even when CSOs are playing their role, they cannot do much when the Uganda Government is not committed to ensure the RtF is respected and realized by all Ugandans.

#### **4.4.2.3 Regulating food standards**

Monitoring and regulating food standards and safety in Uganda is done by the Uganda National Bureau of Standards (UNBS)<sup>65</sup> whose main objective is:

To formulate and promote the use of national standards to develop quality control and quality assurance systems that will enhance consumer protection, public health and safety, industrial and commercial development and international trade among others.

---

<sup>65</sup> UNBS is a statutory organization established by an act of parliament of June 1983 and became operational in 1989 with a mission to enhance national development through the application of standards in trade, industry and consumer protection. Can be retrieved from: <http://www.unbs.go.ug/index.php>. Accessed 14.03.2012.

This is very essential for ensuring food safety because the diet should be safe and free from any toxic substances and contaminants which can be detrimental to health (see provisions in GC 12). The poor sanitary conditions in the study area may create a situation in which food safety can be severely compromised (see above; see also Ruel et al. 1998). This can result in consumption of unsafe food leading to infections (most often in the stomach) which may jeopardize realization of the RtF. The effect is very severe in children due to low immunity.

Food inspection in Uganda still poses a great challenge as UNBS lacks sufficient capacity to monitor food standards and more so the fact that for some food stuffs farmers bring food directly from farms and sell to consumers in the markets without going through any routine inspection. Except for few fresh foods like milk Uganda dairy development authority tries to ensure quality milk is sold to consumers, meat is also inspected at slaughter places, sometimes fish but generally since food comes to the market through various channels it is very difficult to ensure proper inspection of the food. Thus it can be concluded from the above that the system and regulatory provisions are in place but capacity to do the job seems to be lacking.

#### **4.4.3 Awareness of right to adequate food in the community**

##### ***4.4.3.1 Awareness***

This study involved an assessment of knowledge and understanding of GC 12 and its provisions as it operationalizes article 11 of ICESCR (see Table 5 chapter 3). Right holders were asked about knowledge of obligations of local authorities in ensuring food availability in area and whether they reported and to whom they reported in case the food is not available in the market. Their responses are highlighted in Table 15.

**Table 15: Assessment of awareness about right to food and nutrition programs**

Variable	Frequency <sup>1</sup>	Per cent (%)
<b>Knowledge of Local obligation</b>		
Yes	10	4.0
No	191	96.0
<b>Reporting</b>		
Yes	6	3.1
No	186	92.5
<b>Current nutrition program</b>		
Yes	11	5.5
No	190	94.5
<b>Past nutrition program</b>		
Yes	45	22.4
No	153	77.2

<sup>1</sup>Based on valid responses

Results in Table 15 indicate that about 96% did not know of this obligation and also about 93% did not report to any local leader. This shows that the RtF aspect is not yet known to and understood in Uganda communities as a key informant also noted:

*People are not well sensitized on this right and they do not know what it means. They just try their own means to get food and when they fail most of them stay hungry and eat one meal. The problem also is that there is no money at the division even to sensitize the people even about how to feed their children.*

This lack of awareness about RtF among right holders may be attributed to the low education level as discussed above (Section 4.1.3). However, also inadequate capacity of the UHRC to do their job might be the case here. Unfortunately the majority of duty bearers interviewed especially in the community also did not know about right to adequate food and GC 12. This might explain why it is not reflected in community programs. Also 190 (about 95%) of respondents (Table 15) did not know of any nutritional program going on in the area during the time of the study and 153 (about 77%) also did not know of any nutritional program that had previously taken place in the area. A Key Informant at the division headquarters said:

*The right to food is a fundamental human right and women and children need special consideration in formulation of community programs. Government should allow us make budgets because we local leaders understand people on the ground but if not given chance to make programs to help them we cannot help them. At the moment what can be*



*done is to inform the executive director of KCCA because all planning and decisions are made by the executive director.*

Awareness raising about the meaning of the RtF and its corresponding obligations and modalities for implementation at the national and community level is crucial for the realization of this right as information must be appropriately adapted to different audiences including Governments, NGOs and CSOs as well as individual and community right holders (Rae, Thomas, & Vidar, 2007). For the progressive realization of the RtF, right holders must be aware of this right, understand its content and know how to claim it. They also need to know whom to hold accountable in case of violations of their RtF and where to direct their complaints as also noted by FAO (2009).

This lack of awareness about the RtF among right holders jeopardises the realization of this right as they do not know if they have a valid claim to it and even demanding duty bearers to fulfil their obligations. So in case of lack of access to food most will starve or resort to other coping strategies as a Key Informant also noted:

*Some young children have come to streets to beg and young girls peddle themselves as harlots being abused on streets. Others are employed at a tender age in quarries...*

Thus it can be said that the information on the RtF in this community is inadequate judged by the information provided by Key Informants in this area.

#### **4.4.3.2 Resources allocation**

Budget analysis is important in assessing realization of the RtF as it reveals which resources are available, how resources are used and what the priorities are within government/community policies and programs as noted by FAO (2009).

A Key Informant at the division's headquarters acknowledged the importance of allocating resources for nutrition programs and said:

*We need to set aside money for carrying out nutrition programs but the problem is that divisions do not make budgets any more. The budget is made by KCCA so we have no funds at the division headquarters which can be for such programs.*

Efforts to access division budgets of previous years to ascertain whether nutrition was previously considered in budgeting were futile as concerned officials were not willing to release such

information to the researcher. It was also not possible to access such information on division websites. However, an analysis of the KCCA budget for 2011/12, which this researcher has seen reveals that nutrition programs are not visible in budgetary allocation though urban agriculture and health programs are considered. Not being visible often means it is not considered.

It is noted that regional and local authorities are encouraged to allocate resources for anti-hunger and food security purposes in their respective budgets according to FAO (2005b). Also article 2.1 of the ICESCR obliges State parties to take steps to the maximum of its available resources with a view to achieving progressively the full realization of human rights. This failure to allocate resources for the RtF might lead to a failure in realizing the RtF among the most vulnerable in this case women and children in the community. From the above description and analyses, it seems likely that economic resource allocation for RtF is insufficient and it is likely that it ends up being forgotten in budgetary work.

#### **4.4.4 Programs to support the community in acquiring food**

One research question related to Objective 4 (Table 5 Chapter 3) is to assess what programme(s) are put in place to support the community in case of failure to acquire adequate food. The analysis below is a reflection on that research question.

The RtF calls on States to engage proactively in activities that facilitate economic and physical access to adequate food. States are obliged to fulfil [by providing food directly or facilitate that people can get food in other ways] to individuals who are unable for reasons beyond their control to provide for themselves and their families (CESCR, 1999; FAO, 2005a).

##### **4.4.4.1 Food reserves**

In recognition of the obligations for ensuring food and nutrition security in the country, the government has included in the 1995 Constitution of the republic of Uganda under the NODPSP a provision which states that:

The State shall take appropriate steps to encourage people to grow and store adequate food, *establish national food reserves* [emphasis added] and encourage and promote proper nutrition through mass education and other appropriate means to build a healthy state (Objective XXII).

The UFNP is in place to operationalize the above objectives. One way how Objective XXII of the Constitution can be achieved it is said, is through promoting the establishment and

maintenance of food reserves (or funds to be used for staple food purchase) at household level, sub-county, district, regional and national levels to boost disaster preparedness (RoU, 2003).

National food reserves do exist in some parts of the country and had earlier been established by virtue of the Produce Marketing Board (PMB)<sup>66</sup> Act of 1968 with a function to provide and create efficient marketing facilities for all controlled food crops/minor cash crops like maize, soybeans, beans, wheat, sorghum as noted by FIAN (2009).

However, though the national food reserves were established and functioning under PMB, the liberalization policies that came along with PEAP led to deregulation and privatization of its supportive infrastructure to other agencies like WFP as Rukundo (2007) also observes. Hence provisions in the Constitution of having national food reserves seems to be merely political rhetoric as the ones available are not under control of government. A key informant also expressed concern at the lack of national food reserves and mentioned that:

*The policy is there but drying on paper; food is not there that is why we have today's inflation. One of the drivers of inflation has been food prices. This means the food is not enough that's why prices have sky rocketed. If it was enough food prices would not be chaotic as they are now and that's why it has set everything with record effect. One time they brought the silos but they sold them to private owners with wrong policies like privatisation, liberalisation, decentralisation which has led to what we call a free market economy where 'hyenas' are marauding in all corners. So in essence the reserves are not there and it has had a backload.*

A person will starve either because he does not have the ability to command enough food or because he does not use this ability to avoid starvation as Sen (2010) argues. For those who do not produce food themselves [like slum dwellers in Kimwanyi zone in Katanga], this ability to acquire food in the market depends on their earnings, the prevailing food prices and their non-food expenditures. This according to Sen (1999) can be influenced by economic circumstances like employment, wage rate for wage workers, production of other commodities and prices for service providers. People can therefore starve unless provided food directly or facilitated to acquire food. Absence of national food reserves could mean the State no longer buys and stores food for use in an event of disaster where people need to be provided with food. This therefore

---

<sup>66</sup> More can be retrieved here: <http://www.uca.co.ug/publications/marketingreforms.pdf>. Accessed 06.05.2012.

might affect realization of RtF and this is more critical among women and children. This seems to be the case in this area as it seems not addressed in relevant policies and programmes.

#### **4.4.4.2 Safety nets**

No social safety net program<sup>67</sup> in the study area could be identified to help people in case of failure to provide food for themselves and their dependents. All respondents interviewed indicated that they had received no assistance from the government or the local authorities. A key informant in the community also noted that:

*There are no such measures to assist people in case they do not have food. They are only advised to find some work. However, sometimes the chairman out of his finances may assist someone on just personal grounds and not because there is a provision for it in community programs.*

As earlier discussed this can be explained by the lack of awareness about right to food even among some community leaders and so not aware about necessity of such provisions in community programs.

This could lead to a failure to realize the RtF as social safety nets aim to address risks, vulnerability and social exclusion (FAO, 2008). Safety nets help vulnerable households be protected against livelihood risks, maintain an adequate level of food consumption and improve food security, as FAO (2008) also observes. States are also called upon to consider to the extent that resources permit to establish and maintain social safety nets to protect those who are unable to provide for themselves according to FAO (2005b). States should also as far as possible and with regard to effectiveness and coverage, build on existing capacities within communities at risk to provide the necessary resources for social safety and food safety nets to fulfil the progressive realization of the right to adequate food as mentioned in FAO (2005b).

#### **4.4.4.3 Poverty alleviation programs**

Poverty alleviation has been a key development challenge in Uganda for over decades and one constraint facing the poor has been identified as lack of access to formal sector credit to enable

---

<sup>67</sup> This refers to cash or in-kind transfer programs that seek to reduce poverty by redistributing wealth and/or protecting households against income shocks. Food safety nets are a subset of social safety nets that aim to assure a minimum amount of food consumption and/or to protect households against shocks to food consumption. Retrieved from: [http://www.fao.org/righttofood/kc/downloads/vl/docs/07\\_social\\_30.pdf](http://www.fao.org/righttofood/kc/downloads/vl/docs/07_social_30.pdf). Accessed 23.03.2012.

them take advantage of economic opportunities to increase their level of output and come out of poverty as Okurut, Banga & Mukungu (2004) describes. The government has come up with programs aimed at reducing poverty not only in urban areas but throughout the country generally. Examples of programs are PEAP, PMA, NAADS, Entandikwa, Bona bagaggawale etc. A Key Informant also said:

*The government has tried a lot; originally it was the Entandikwa scheme and then PEAP which led to PMA, NAADS and now Bona bagaggawale. But they have gone wrong because in between the recipients and originators there seems to be a bottle neck created by greed, lack of proper planning and corruption. Also lack of seriousness of the Government when it has brought these programs. That's why politicians have hijacked them leaving out the technocrats and the programs have failed. So corruption and lack of transparency have not addressed well those inadequacies especially when it comes to poverty and fundamental rights for poor and that's why policies will be drying on paper...*

It can be generally noted that programmes aimed at reducing poverty are in place. The challenge is how to ensure that the poor can really benefit from such programs as it is apparent that most beneficiaries of such programs are politicians and not the targeted poor groups. This affects realization of the RtF among the poor as they continue to live in poverty and may not be able to buy adequate food. This affects more of urban poor like the ones living in Kimwanyi zone in Katanga slum area since all interviewed respondents indicated buying the food.

The 'Entandikwa' credit scheme was to give people capital as loans to start projects and come out of poverty. The repayment performance of these loans was however not effective as they were perceived as political grants which should not be paid back hence leading to collapse of the program as Okurut et al. (2004) also observed. Unpaid loans for as Mubiru (2006) reports that out of the 9.92 billion Uganda shillings loaned out only 358 million was recovered for Entandikwa scheme. Now there is also 'Bona bagaggawale' (prosperity for all) program where 35 billion Uganda shillings are allocated for this project<sup>68</sup>. The project was originally launched in February 2007 disbursing low interest loans to sub-county based saving and credit cooperative societies' popularly known as SACCOS. Its successes or failures are yet to be documented as it

---

<sup>68</sup> Can be accessed from: <http://www.microcapitalmonitor.com/cblog/index.php?/archives/968-MICROCAPITAL-STORY-Postbank-Uganda-Ready-to-Implement-Microfinance-Intensive-Bonna.html>. Retrieved 31.04.2012.

is still going on. However, it seems so far not particularly successful. It should however be noted that, poor performance of these programs directly or indirectly affects realization of RtF which critically affects women and children.

#### **4.5 Discussion of methodological implications**

This cross-sectional study has assessed a number of parameters like nutritional status of respondents, availability and accessibility of food, existence of nutrition related health facilities, policy, institutional and finally legal frameworks. When doing that, a number of methods have been used. The methods used included surveys, interviews (including key informant interviews), field observations and document analysis. The assessment was done with the study objectives in mind.

Such a methodological approach in data collection could pose challenges including biases, errors of various kinds (including systematic errors) in data collection, which could affect the results, the discussions and the conclusions. A reflection of methodological aspects and challenges is therefore critical to considering the trust of the findings of this study.

The sampling of study subjects used in this study was based on household lists. This could introduce some bias in the sample as the household lists were not randomly made as Ary et al. (2010) also observes. Furthermore, the sampling interval could be too small and thus introduce some biases; another challenge could have been the way questions were asked during interviews leading to data that later was used. However, this was handled by ensuring field workers were thoroughly trained on how to ask the questions and also minimise interferences from other subjects.

Interviews as used in data collection on participants could also possibly bias the results. The purpose of the study was made clear to respondents and they were assured that their identities would not be known (the summing up of interviews or questionnaires did not have names included). This enabled them not to feel threatened by anybody. Research assistants were also properly trained and we discussed the questionnaires frequently to ensure questions did not influence the responses.

Involving only women in the study could possibly have been a challenge as one would argue that economic status of the household should also involve men. However, as this study looked at food accessibility to households, it can be argued that the food prepared by women reflects what was

accessible hence not involving men would most likely not have affected findings. The foods listed in questionnaires used though may not be very exhaustive are seen as inclusive enough to reflect the eating habits in this area. Therefore any missing foods like sugar, sweets etc could not significantly influence dietary diversity score.

The findings of this study show that selection of methodology could not in a serious way have influenced the results through biases or errors. The researcher therefore mean that the methodology used and data collected are reliable enough in this context and would not have led to new differences and thus wrong conclusions.

## **5.0 CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Conclusions**

Assessing realization of right to adequate food implies covering a wide range of information including an evaluation of the nutrition status of mothers or caretakers and their children, availability and accessibility of adequate food, existence of nutritional related health facilities, existing legal, regulatory and institutional frameworks etc.

#### **5.1.1 Overall Conclusion**

From this analysis it is apparent that the RtF as stipulated in article 11 of the ICESCR and GC 12 of CESCR and also reflected in Objective XIV of Uganda's Constitution is not realized by women and children living in Kimwanyi zone in Katanga village. A number of factors are contributing to this situation ranging from lack of awareness about the RtF among right holders and duty bearers to failure on part of the Government in ensuring effective implementation of policies and programs arising from international covenants ratified. This is further exacerbated by poverty which is endemic in this slum area.

#### **5.1.2 Nutrition status of mothers or caretakers and children**

It was observed in this study that about 28% of mothers/caretakers were overweight or obese compared to about 34% from UDHS 2006 figures for Kampala. This reflects lower proportion of overweight and obesity in the study area compared to UDHS. The nutritional status of children seems to be 41% stunted, 18% underweight and 7% wasted in the study area compared to 39%, 16% and 6% respectively from 2006 UDHS. If the methodology used can be trusted, this may indicate a higher prevalence of under nutrition in the study area.

#### **5.1.3 Availability and accessibility of adequate food**

Food was generally available in the study area in the Wandegeya market which is also accessible to the respondents and in the shops in the study area. The food available was also in adequate quantity and variety sufficient for ensuring an adequate diet. Thus food availability seems not to be a problem in the area. Accessibility was however different. Since all participants indicated buying the food eaten in their households, it can generally be concluded that food is not accessible to households as the people living in this area seem not to have enough money. That was also indicated by the HHDS.



#### **5.1.4 Nutrition related health and sanitation facilities**

Health facilities like hospitals and clinics were generally available with majority of respondents of the study area. Private clinics were also available in the same area. Respondents however indicated overcrowding and high costs as factors contributing to limited access to the health facilities. Water sources and toilet facilities were also available in the area. The cost of water could limit its access in sufficient amounts for personal and domestic uses. Toilet facilities may not be generally accessible as adults were also required to pay to use them and these were locked at certain hours of the night. Garbage collection central points were not there.

#### **5.1.5 Legal, regulatory and institutional mechanisms**

The RtF is reflected in Uganda's Constitution and the PCA also emphasises provision of needs to the child including food. Relevant policies and programs have been developed to ensure food and nutrition security of Ugandans. Strategies including resource allocations at the national level have been carried out targeting the poor to improve their economic status hence enabling them access adequate food. Also institutions like the UHRC and CSOs are in place to check government commitment in implementing international treaties and covenants ratified. Thus there should be no weaknesses legally causing the violation of the RtF in this community who need to be helped. The real problem seems to be implementation and follow-up action by the Government.

### **5.2 Recommendations**

Unless measures are taken to address the observed scenario, it is clear that the RtF will not be realized by women and children in this area. The researcher recommends that, the following measures should be carried out in order to meet the RtF.

- ❖ Policy makers should consider clearly articulating the RtF in the law together with a description of the remedies that are available even if a single individual's rights are violated. Individuals who fail to get what they are entitled to under the law should have effective means available to them for pressing their claims. Therefore ESCR should be removed from NODPSP where they currently lie in the Constitution as these are non-binding constitutional provisions but just guiding principles.

- ❖ Community leaders should initiate programs in the community targeting RtF awareness. Adult education programs also need to be considered as most respondents had not attained even primary education and majority lacked secondary education.
- ❖ Government and KCCA should embark on upgrading slum areas where decent and affordable houses can be constructed for residents with well-planned sewage systems, water and sanitation facilities in the area to ensure an adequate standard of living. Accessibility to these facilities should be at a minimal cost if not free such that purchasing power for food is not constrained.
- ❖ Policy makers and community leaders should try to ensure that planning and implementation of programs targeting the poor involves participation of the poor and should be guided by human rights principles.

#### **5.2.1 Recommendation for further studies**

Finally caring practices of children and the effect on nutrition status in Uganda should be investigated as the results of this study depict only a slight difference from UDHS 2006. It can therefore be assumed that nutritional status in young children could be more due to inadequate care and not lack of food.

## REFERENCE LIST

- Andreassen, B. A. (2007). Political science, Human rights and the Right to food discourse. In W. B. Eide & U. Kracht (Eds.), *Food and Human rights in Development: Evolving issues and Emerging applications* (Vol. II). Antwerpen Oxford: Intersentia.
- Andrew, L., Thorne-Lyman, Valpiani, N., Sun, K., Semba, R. D., Klotz, C. L., et al. (2010). Household dietary diversity and food expenditures are closely linked in rural Bangladesh, increasing the risk of malnutrition due to financial crisis. *The journal of nutrition*, 140(1), 182s-188s.
- Arimond, M., & Ruel, M. T. (2004). Dietary diversity is associated with child nutritional status: Evidence from 11 demographic and health surveys. Retrieved 01.03.2012, from <http://jn.nutrition.org/content/134/10/2579>
- Ary, D., Jacobs, L. C., & Sorensen, C. (Eds.). (2010). *Introduction to Research in Education* (8 ed.). Wadsworth,USA: Wadsworth Cengage learning.
- Becquey, E., Capon, G., & Martin-Prevel, Y. (2009). *Dietary diversity as a measure of the Micronutrient adequacy of women's diets: Results from Ouagadougou, Burkina Faso Site*. Washington,DC: Food and Nutrition Technical Assistance
- Berg, B. L. (Ed.). (2009). *Qualitative Research Methods for the Social Sciences*. Boston: Pearson Education Inc.
- Berthelot, Y. (2007). Economics and Human Rights-two separate world? In W. B. Eide & U. Kracht (Eds.), *Food and Human rights in Development: Evolving issues and Emerging applications* (Vol. II, pp. 3- 22). Antwerpen-Oxford: Intersentia.
- Bhutta, Z. A., Ahmed, T., Black, R. E., Cousens, S., Dewey, K., Giugliani, E., et al. (2008). Maternal and Child Undernutrition: What works? Interventions for maternal and child undernutrition and survival. *The Lancet*, 371(3), 417-440.
- Black, R. E., Allen, L. H., Bhutta, Z. A., Caulfield, L. E., de Onis, M., Ezzati, M., et al. (2008). Maternal and child undernutrition:Global and regional exposures and health consequences. *The Lancet*, 371(1), 243-260.
- Boslaugh, S., & Watters, P. A. (2008). *Statistics in a Nutshell:A Desktop Quick Reference*. United States of America: O'Reilly.
- Bultrin, D. B. (2009). *The Right to Food: Guide on legislating for the right to food* (Vol. 1). Rome: FAO.

- General Comment 12: The Right to Adequate Food. Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights (1999).
- Coggon, D., Rose, G., & Barker, D. (Eds.). (2003). *Epidemiology for the Uninitiated* (5 ed.). Chennai India: BMJ Books.
- Cogill, B. (2001). *Anthropometric Indicators Measurement Guide: Food and Nutrition Technical Assistance: Assistance project, Academy for educational development*. Washington DC.
- Cotula, L., Djire, M., & Tenga, W. R. (Eds.). (2008). *The Right to food and Access to Natural Resources: Using Human Rights Arguments and Mechanisms to Improve Resource Access for the Rural poor*. Rome: FAO.
- Damman, S. (2005). Nutritional Vulnerability in indigenous children of the Americas. In Eversole, R., McNeish, J. & Cindamore, A. (Eds.), *Exclusion and vulnerability in indigenous people*. London: Zed Books.
- de Onis, M., & Blossner, M. (1997). *WHO Global Database on Child Growth and Malnutrition*. Geneva: .
- Drewnowski, A., & Specter, S. (2004). Poverty and obesity: the role of energy density and energy costs. *American Journal of Clinical Nutrition*, 79(1), 6-16.
- Eide, A. (2003). Making Human Rights Universal in the age of Economic Globalisation. In U. Praxishandbuch (Ed.), *Die vereinten Nationen im Lichte globaler Herausforderungen*. (pp. 241-262). Berlin: Springer-Verlag.
- Eide, A. (2007). State obligations revisited. In W. B. Eide & U. Kracht (Eds.), *Food and Human Rights in Development: Evolving issues and Emerging applications* (Vol. II, pp. 137-158). Antwerpen-Oxford: Intersentia.
- Eide, W. B., & Engh, I.-E. (Eds.). (2008). *Promoting and Protecting the Human Right to Adequate Food in Africa: A compilation of contributions from a symposium and seminar 10th-12th December 2007*. Oslo: IPRFD.
- FANTA. (2010). The Analysis of Nutrition situation in Uganda: Food and Nutrition Technical Assistance II Project. Retrieved 27.02.2012, from [http://www.fantaproject.org/downloads/pdfs/Uganda\\_NSA\\_May2010.pdf](http://www.fantaproject.org/downloads/pdfs/Uganda_NSA_May2010.pdf)

- FAO. FAO Basic definitions of hunger. Retrieved 24.02.2012, from <http://www.ecsw.org/resourcecenter/global/world%20hunger%20undernutrition/FAO%20Basic%20definitions%20of%20Hunger.pdf>
- FAO. (2005a). Right to food-putting it into practice. Retrieved 20.03.2012, from [http://www.fao.org/righttofood/kc/downloads/vl/docs/07\\_social\\_30.pdf](http://www.fao.org/righttofood/kc/downloads/vl/docs/07_social_30.pdf)
- FAO. (2005b). *The right to food: Voluntary guidelines to support the progressive realization of the right to adequate food in the context of national food security*. Rome: FAO.
- FAO. (2007). Guidelines for measuring household and individual dietary diversity. Retrieved 07.02.2012, from [www.fivims.org/index2.php?option=com\\_sobi2...dd...1](http://www.fivims.org/index2.php?option=com_sobi2...dd...1)
- FAO. (2008). Social safety nets and the food security crisis. Retrieved 20.03.2012, from [http://www.fao.org/fileadmin/user\\_upload/ISFP/Social\\_safety\\_nets.pdf](http://www.fao.org/fileadmin/user_upload/ISFP/Social_safety_nets.pdf)
- FAO. (2009). *The right to food: Guide to conducting a right to food assessment* (Vol. 3). Rome: FAO.
- FAO/WHO. (1998). Preparation and use of food based dietary guidelines. Retrieved 20.02.2012, from [http://www.who.int/nutrition/publications/nutrientrequirements/WHO\\_TRS\\_880/en/index.html](http://www.who.int/nutrition/publications/nutrientrequirements/WHO_TRS_880/en/index.html)
- FIAN. (2009). Empowering civil society to monitor right to food: A case study report on Uganda. Retrieved 30.03.2012, from <http://www.fian.org/resources/documents/others/empowering-civil-society-to-monitor-the-right-to-food-in-uganda/pdf>
- Girma, W., & Genebo, T. (2002). Determinants of nutritional status of mothers and children in Ethiopia. Retrieved 02.03.2012, from <http://www.measuredhs.com/pubs/pdf/FA39/02-nutrition.pdf>
- Gorstein, J., Sullivan, K., Yip, R., de Onis, M., Trowbridge, F., Fajans, P., et al. (1994). Issues in the assessment of Nutritional status using Anthropometry. *Bulletin of WHO*, 72(2), 273-283.
- Hatløy, A. (1999). *Methodological aspects of assessing nutrition security: Examples from Mali: Doctoral dissertation*: Fafu Institute of Applied Social Science: Institute of Nutrition Research, University of Oslo: Norway.

- Hatløy, A., Hallund, J., Diarra, M., & Oshaug, A. (2000). Food variety, socio-economic status and Nutrition status in urban and rural areas in Koutiala (Mali). *Public health nutrition*, 3(1), 57-65.
- Hobcraft, J. (1993). Women's education, child welfare and child survival: A review of the evidence. *Health Transition Review* Retrieved 27.02.2012, from <http://htc.anu.edu.au/pdfs/Hobcraft1.pdf>
- Immink, M., Eide, W. B., & Oshaug, A. (2009). *The Right to Food: Methods to monitor the human right to adequate food* (Vol. II). Rome: FAO.
- Jonsson, U. (1996). Nutrition and the Convention on the Rights of the Child. *Food policy*, 21(1), 41-55.
- Jonsson, U., The Owls. (2009). *Paradigms in Applied Nutrition*. Paper presented at the International Congress of Nutrition.
- Kent, G. (2005). *Freedom from want: The human right to adequate food*. Washington, D.C: Georgetown University Press.
- Knight, L. (2011). World Disasters Report: Focus on Hunger and Malnutrition. Retrieved 13.01 2012, from <http://www.ifrc.org/PageFiles/89755/307000-WDR-2011-FINAL-email-1.pdf>
- Kracht, U., & Huq, M. (1996). Realizing the right to food and nutrition through public and private action: Two commentaries on Drèze's/Sen's book *Hunger and Public Action* in the context of food and nutrition rights. *Food policy*, 21(1), 73-82.
- Macassa, G., Hallqvist, J., & Lynch, W. J. (2011). Inequalities in child mortality in Sub-Saharan Africa: A social epidemiologic framework. *African Journal of Health Sciences*, 18(1-2), 14-26.
- Magnani, R. (1997). Sampling Guide: Food and Nutrition Technical Assistance Project. Retrieved 20.02.2012, from [www.fantaproject.org/downloads/pdfs/sampling.pdf](http://www.fantaproject.org/downloads/pdfs/sampling.pdf)
- Meinzen-Dick, R., Behrman, J., Menon, P., & Quisumbing, A. (2011). *Leveraging Agriculture for Improving Nutrition and Health; Gender: A key dimension linking agricultural programs to improved nutrition and health*. Paper presented at the 2020 Vision for Food, Agriculture and the Environment. Retrieved from <http://2020conference.ifpri.info>
- MOH. (2009). Guidelines on Nutrition Survey Methodology in Uganda. Retrieved 20.02.2012, from [www.health.go.ug/nutrition/.../Guidelines\\_on\\_Nutrition\\_Survey ...](http://www.health.go.ug/nutrition/.../Guidelines_on_Nutrition_Survey...)

- Mubiru, A. (2006). Uganda: Sh10 Billion Entandikwa loans still unpaid. Retrieved 29.03.2012, from <http://allafrica.com/stories/200607240708.html>
- Nyakana, J. B., Sengendo, H., & Lwasa, S. (2007). Population, Urban Development and the Environment in Uganda: The case of Kampala City and its Environs. Retrieved 14.01.2012, from [http://www.cicred.org/Eng/Seminars/Details/Seminars/PDE2007/Papers/NYAKAANA\\_paperNairobi2007-2.pdf](http://www.cicred.org/Eng/Seminars/Details/Seminars/PDE2007/Papers/NYAKAANA_paperNairobi2007-2.pdf)
- Okurut, F. N., Banga, M., & Mukungu, A. (2004). Micro finance and poverty reduction in Uganda: Achievements and challenges. Retrieved 29.03.2012, from [http://www.eprc.or.ug/pdf\\_files/researchseries/series41.pdf](http://www.eprc.or.ug/pdf_files/researchseries/series41.pdf)
- Omara, A. J. M. (2007). Promoting a human rights-based approach to food and nutrition security in Uganda. In W. B. Eide & U. Kracht (Eds.), *Food and Human Rights in Development: Evolving issues and emerging applications* (Vol. II, pp. 161-180). Intersentia: Antwerpen-Oxford.
- Oshaug, A. (1994). Nutrition Security in Norway? A situation analysis. Nordic School of Nutrition, University of Oslo. *Scandinavian Journal of Nutrition*, 38(28).
- Oshaug, A. (2007). Monitoring the human right to adequate food at country level: Challenges and needed actions. In W. B. Eide & U. Kracht (Eds.), *Food and Human Rights in Development: Evolving issues and emerging applications* (Vol. II, pp. 425-456). Antwerpen-Oxford: Intersentia.
- Oshaug, A., Pedersen, J., Diarra, M., Bendech, M. A., & Hatløy, A. (1994). Problems and pitfalls in the use of Estimated age in Anthropometric Measurements of children from 6 to 60 months of age: A case from Mali. *Journal of Nutrition*, 124, 636-644.
- Pallant, J. (Ed.). (2007). *SPSS Survival Manual: A step by step guide to data analysis using SPSS for windows* (3 ed.). New York: Open University Press.
- Patel, B. K., Muir-Leresche, K., Coe, R., & Hainsworth, S. D. (Eds.). (2004). *The Green Book: A Guide to Effective Graduate Research in African Agriculture, Environment and Rural Development*. Kampala Uganda: The African Crop Science Society.
- Rae, I., Thomas, J., & Vidar, M. (2007). History and implications for FAO of the guidelines on the right to adequate food. In W. B. Eide & U. Kracht (Eds.), *Food and human rights in*

- development: Evolving issues and emerging applications* (Vol. II, pp. 457-487).  
Antwerpen-Oxford: Intersentia.
- RoU. (2003). Uganda Food and Nutrition Policy. Retrieved 20.03.2012, from  
[http://www.fao.org/righttofood/inaction/countrylist/Uganda/Uganda\\_foodandnutritionpolicy.pdf](http://www.fao.org/righttofood/inaction/countrylist/Uganda/Uganda_foodandnutritionpolicy.pdf)
- Ruel, M. T. (2003). Operationalizing dietary diversity: A review of measurement issues and research priorities. Retrieved 01.3.2012, from  
<http://www.ncbi.nlm.nih.gov/pubmed/14672290>
- Ruel, M. T., Garret, J. L., Morris, S. S., Maxwell, D., Oshaug, A., Engle, P., et al. (1998). Urban Challenges to Food and Nutrition Security: A review of food security, health and caregiving in the cities. Retrieved 15.02.2012, from  
<http://www.ifpri.org/sites/default/files/publications/dp51.pdf>
- Rukundo, M. P. (2007). *A role and capacity analysis of actors in the progressive realisation of the human right to adequate food in Uganda*. Akershus University College, Norway.
- Savy, M., Maartin-Prevel, Y., Sawadogo, P., Kameli, Y., & Delpeuch, F. (2005). Use of variety/diversity score for diet quality measurement: relation with nutritional status of women in a rural area in Burkina Faso. *European Journal of Clinical Nutrition*, 59, 703-716.
- Sen, A. (1999). *Development as Freedom*. New York: Oxford University Press.
- Sen, A. (2010). *Poverty and Famines: An essay on entitlement and deprivation*. New York: Oxford University Press.
- Sengupta, A. (2007). The right to food in the perspective of the right to development. In W. B. Eide & U. Kracht (Eds.), *Food and Human Rights in Development: Evolving issues and emerging applications* (Vol. II, pp. 107-135). Antwerpen-Oxford: Intersentia.
- Smith, G. E. (2010). Maternal schooling and child mortality in Nigeria: The importance of the actual curriculum. Retrieved 27.02.2012, from  
<http://paa2010.princeton.edu/download.aspx?submissionId=100377>
- UBOS. (2007). *Uganda demographic and healthy survey 2006*. Kampala.
- UBOS. (2011). *Statistical Abstract*. Kampala Ugaanda.
- UN/SCN. (2000). *Report on The World Nutrition Situation: Nutrition through the life cycle* (No. 4). Geneva Switzerland.



- UN/SCN. (2004). *Report on the World Nutrition Situation:nutrition for improved development* (No. 5). Geneva Switzerland.
- UN/SCN. (2010). *Report on the World Nutrition Situation:progress in nutrition* (No. 6). Geneva,Switzerland.
- UNICEF. (1990). Strategy for improved nutrition of children and women in developing countries. Retrieved 02.03.2012, from [http://www.ceecis.org/iodine/01\\_global/01\\_pl/01\\_01\\_other\\_1992\\_unicef.pdf](http://www.ceecis.org/iodine/01_global/01_pl/01_01_other_1992_unicef.pdf)
- Valente, F. L. S. (2007). The Human right to food movement in Brazil. In W. B. Eide & U. Kracht (Eds.), *Food and Human Rights in Development: Evolving issues and emerging applications* (Vol. II, pp. 181-214). Antwerpen-Oxford: Intersentia.
- WHO. (1995). *Physical status: The use and interpretation of anthropometry*. (No. 854). Geneva: WHO Expert committee on physical status.
- WHO. (2011a). Child growth standards. Retrieved 20.02.2012, from <http://www.who.int/childgrowth/software/en/>
- WHO. (2011b). Obesity and Overweight. Retrieved 23.02.2012, from <http://www.who.int/mediacentre/factsheets/fs311/en/>
- Womakuyu , F. (2008, July, 11). Kampala pays as Population growth beats Housing availability. *New Vision: Uganda's leading daily*. Retrieved from <http://www.newvision.co.ug/PA/9/183/638562>

## APPENDIX A. QUESTIONNAIRE ADMINISTERED TO RIGHT HOLDERS

### Introduction

My name is **Kungu Joseph** and I am a student. I am conducting a study on *The realization of the human right to adequate food among women and children with a focus on those living in this area*. This study is part of the requirements for me to complete my studies. I am therefore requesting you to kindly accept to participate in this study. Every information you give will be confidential and only used for the purpose of this study. Your responses are anonymous. You may also withdraw from the study at any time when compelled to do so but my humble submission is that you participate to enable me complete the study as your views are very important.

As part of the study, I will ask you some questions related to realization of the right to adequate food and also take some measurements of height and weight for you and one child of 6 months to 5 years in your care. This information will be used to ascertain Nutritional status and Dietary aspects which are important for this study. There will be no risks either to you or the child incurred as a result of taking measurements using our instruments.

Please you can ask me any questions you need clarification about before participating and taking your measurements.

QUESTIONNAIRE I: FOR RIGHT HOLDERS

Respondent ID

Date ...../...../.....

1a. Are you originally born in this area?

- 1. Yes
- 2. No

1b. If no, how long have you been staying in this area? Number of months.

1c. What is your marital status?

- 1. Single
- 2. In a steady relationship
- 3. Living with partner
- 4. Separated
- 5. Divorced
- 6. Widowed

2a. How many are you in this household?

2b. What is the composition of this household?

- 1. Children  $\leq 4.99$  years
- 2. Children  $\geq 5 \leq 12.99$  years
- 3. Youth  $\geq 13 \leq 17.99$  years
- 4. Adults above 18 years

3a. What is the highest educational level you have attained?

- 1. No schooling
- 2. Primary
- 3. Ordinary level
- 4. Advanced level
-

- 5. Diploma
- 6. Graduate
- 7. Others specify.....

4a. Do you know of any nutritional programmes currently going on in this area?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Missing

4b. Has there been any nutritional programme carried out in this area?

- 1. Yes
- 2. No
- 3. Don't know/remember
- 4. Missing

4c. If yes when was it last carried out?

- 1.  $\leq 2.99$  months
- 2.  $\geq 3 - 5.99$  months
- 3. 6 - 11.99 months
- 4. 12 - 24 months
- 5. Other
- 6. Don't remember
- 7. Missing

5a. Do you usually access nutritional messages in this area?

- 1. Yes
- 2. No
-

3. Sometimes

4. Missing

5b. If yes how do you receive these messages?

1. News papers

2. Television

3. Radio

4. Posters

5. Community nutrition educators

6. Brochures

7. Others specify .....

6a. I would like to know the foods you ate yesterday. Can you please describe the foods (meals + snacks) you ate yesterday at home and away both day and night. Start with the foods you ate in the morning.

Breakfast	Snack	Lunch	Snack	Supper	Snack

6b. After respondent recall record all foods eaten above under respective food groups and any missing food group ask respondent if any food item in that group was eaten.

Cereals	Corn/maize, rice, wheat, sorghum, millet, chapatti, or any other grains or foods made from these
Fruits	Mangoes, oranges, guava, bananas, jackfruit, pineapples, watermelon, passion fruits, papaya, apples, pears including wild fruits etc
Vegetables	Cabbage, sweet pepper, spinach, kale, broccoli, amaranths, tomatoes ,avocado, eggplants, pumpkins, carrots including

	wild vegetables etc
Roots and tubers including plantain	Cassava, yams, sweet potatoes, Irish potatoes, matooke and other foods made from these
Meats	Liver, kidney, beef, pork, lamb, goat, rabbit, chicken, duck, turkey, wild game and other birds
Eggs	All kinds of eggs from chicken, duck, turkey
Fish	All fishes including fresh, dried such as 'mukeene' and 'nkejje'
Legumes, nuts and seeds	Beans, peas, ground nuts, seeds, lentils, simsim, soybean or foods made from these
Milk and milk products	Milk tea, cheese, yoghurt, and other milk based products
Oils and fats	All oils and fats including butter added to food or used for cooking

7a. How do you obtain food for your household?

1. Bought from the market
2. Own production/gathering
3. Borrowed
4. Exchanged for labour
5. Gift from relatives and friends
6. Food aid
7. Others specify.....

8a. Are you employed or have you been employed before?

1. Currently employed
2. Formerly employed
3. Never employed

If 8a. is Never then skip to 8c.

8b. If employed or formerly employed what is/was the form of employment?

1. Permanent
2. Private
3. Self employed

8c. If never employed do you receive some assistance from the Government, local authorities or NGO's?

1. Yes
2. No
3. Sometimes
4. Missing

9a. When you receive the money, who budgets for it in the household?

1. Husband
2. Wife
3. Both
4. caretaker

9b. Among these items listed bellow which one do you think takes most of your money?

1. School fees
2. House rent
3. Clothes
4. Food

- 5. Medical bills
- 6. Electricity
- 7. Water bills
- 8. Missing

10a. Is this child usually breastfed?

- 1. Yes
- 2. No
- 3. Some times

If 10a. is No skip to 11a.

10b. If yes how for how long will you or do you always breastfeed the child?

- 1. 1 up to 6 months
- 2. 7 - 12 months
- 3. 13 - 24 months
- 4. Other

10c. At what age do you usually start giving them some other food and drinks like porridge, soups, passion fruits, soda etc?

- 1. Bellow 3 months
- 2. 4 - 6 months
- 3. 7 - 9 months
- 4. Other
- 5. Missing

10d. Who prepares and gives these other foods like the ones above to the child?

- 1. Mother
- 2. Maid



3. Caretaker

4. Other siblings

11a. If you don't breastfeed your child, what other method of feeding do you use?

1. Cow's milk

2. Infant formula milk

3. Others specify.....

11b. Do you face any challenges with the above feeding options?

1. Yes

2. No

3. Some times

11c. If yes can you please identify some of the challenges faced above?

1. Unreliable sources of milk

2. Formulas are expensive

3. Lack of basic knowledge how to use formulas

11d. Who prepares these and feeds the child?

1. Mother

2. Maid

3. Caretaker

4. Other siblings

12a. Do you usually read nutritional messages?

1. Yes

2. No

3. Some times

4. Missing

12b. If yes on which of the topics listed bellow do you remember reading?

1. Breast feeding
2. Hygiene and sanitation
3. Waste disposal
4. Immunization
5. Others specify.....

13a. In case your child develops diarrhoea, are you able to manage it at home for example by preparing Oral Rehydration Solution?

1. Yes
2. No
3. Some times

If 13a. If Yes go to 13c.

13b. If no what could be the limitation?

1. Lack of money
2. Lack of time
3. Don't know how
4. Other specify.....

13c. Did you take your child for immunization?

1. Yes
2. No
3. Don't know
4. Missing

13d. In case you or another household member gets sick, where do you go for treatment first?

1. Traditional healer

- 2. Private clinic
- 3. Community health facility
- 4. Self medication

14a. Do you think the health facility in your community can easily be accessed?

- 1. Yes
- 2. No

14b. If no what do you think are the factors causing this?

- 1. The costs are high
- 2. The distance to the health facility is long
- 3. The facility is very crowded
- 4. Don't know
- 5. Others specify.....

14c. Are there nutritional programmes teaching women how to feed children being offered by the health centres in this area?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Missing

15a. Do you think the health centres have adequate capacity to offer nutritional programmes in your area?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Missing

If 15a. is Yes skip to 16a

15b. If no what do you think are the factors leading to this?

- 1. No qualified staff
- 2. No equipments
- 3. Poor infrastructure
- 4. Lack of Central support
- 5. Don't know
- 6. Others specify.....

16a. Is food readily made available on a daily basis in the markets and shops in this area?

- 1. Yes
- 2. No
- 3. Some times
- 4. Never

16b. Do you know whether the Local authorities have an obligation to ensure that food is available in the market on a daily basis?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Missing

16c. If yes do you find all the food you need in the local market?

- 1. Yes
- 2. No
- 3. Some times
- 4. Never

16d. If you do not find needed food in the market, who among these do you usually tell about it?

1. Local council I
2. Local council II
3. Local council III
4. Area MP
5. None
6. Other specify.....

17a. Why do you think you cannot get all the food you need in this community?

1. Lack of money to buy the food
2. Markets are very far
3. Roads to the market are very bad
4. Others specify.....

17b. Do you think the available food in the market is safe?

1. Yes
2. No
3. Don't know
4. Missing

18a. Is the food available in the market eaten in your culture?

1. Yes
2. No
3. Missing

18b. If not do you think you can get all your favourite food from the one available?

1. Yes
2. No
3. Some times

19a. What is the main source of water used in this household?

- 1. Protected well/spring
- 2. Tap water
- 3. Borehole
- 4. Truck delivered
- 5. Un protected well
- 6. Other specify.....

19b. Do you buy the water or it is free?

- 1. Bought
- 2. Free
- 3. Missing

19c. Do you think the water you use in this household can be easily accessed?

- 1. Yes
- 2. No
- 3. Some times
- 4. Don't know
- 5. Missing

19d. How would you rate the safety of water sources where households in this area obtain their water?

- 1. Very safe
- 2. Safe
- 3. Unsafe
- 4. Very unsafe
- 5. Don't know

6. Missing

20a. What kind of toilet facilities do you use in this household?

1. Flash toilet

2. Pit latrine

3. Shared public pit

4. Not available

5. Other specify.....

20b. Do you have any garbage collection points/containers in this area?

1. Yes

2. No

3. Don't know

4. Missing

20c. If no how then do you dispose your rubbish? .....

ANTHROPOMETRIC MEASUREMENT SECTION							
Children (6-59) months	Birth date	Age (mth)	Sex	W1(Kg)	W2 (Kg)	Height/length h (cm)	Oedema

21b.

Care provider	W1 (Kg)	W2 (Kg)	Height (cm)

**Thank you so much for participating in this study.**

## **APPENDIX B: INTERVIEW GUIDE FOR KEY INFORMANTS**

### **A SURVEY ON THE REALIZATION OF THE HUMAN RIGHT TO ADEQUATE FOOD**

Date: .....

Key informant: .....

1. Do you think the right to adequate food should be recognised as a fundamental human right?  
Please clarify
2. Objective XXII of the Uganda Constitution of 1995 talks about the human right to adequate food  
Do you think this right is being realized in your community especially in Katanga?
3. The state has obligations towards realizing the right to adequate food according to GC 12 of the ICESCR and the voluntary guidelines on the right to adequate food. Are you familiar with these obligations?
4. Do you think the Government is committed to these obligations especially among the vulnerable (women and children). Please can you clarify?
5. The International Conference on Nutrition of 1992 calls upon Governments to prepare a national plan of action for nutrition. Has the government prepared this plan? If yes what has been done with it. If no why do you think it's not prepared?
6. Are there food and nutrition programs put in place by government to address food insecurity?
7. Do you think women and children are given priority in these programs?
8. What steps has the government taken to ensure its people know about their right to adequate food.
9. How has the community addressed the challenges that face women and children in realizing the right to adequate food?
10. Objective XXII of the 1995 constitution obliges the state to establish food reserves to ensure everyone has adequate food. Do we have food reserves in Uganda?
11. Urban poverty jeopardises realization of the right to adequate food especially among women and children. What mechanisms has the government taken to reduce urban poverty especially in Katanga?
12. Do you think these programs are benefiting the target population (the poor) and more vulnerable.
13. In case one's right to adequate food is violated, are there mechanisms to seek remedy? Can you please clarify



14. Do you think the government has plans to improve on housing facilities in this community? Can you please clarify
15. What programs are in place to address hygiene and sanitation in this community as it can also affect realization of the right to adequate food?

Thank you for participating in this study.

## APPENDIX C: LETTER OF INTRODUCTION

  
**KYAMBOGO UNIVERSITY**

P. O. BOX 1 KYAMBOGO

Tel: 041 -285037/285001 Fax: 041 -220464

Email: arkyu@kyambogo.ac.ug, www. Kyambogo.ac.ug

*Department of Human Nutrition and Home Economics*

---

15<sup>th</sup> August 2011

The Dean,  
Graduate School  
Kyambogo University

**RE: LETTER OF INTRODUCTION**

This is to introduce to you Mr. Kungu Joseph who is a former student and currently a part time lecturer in the department of Human Nutrition and Home Economics.

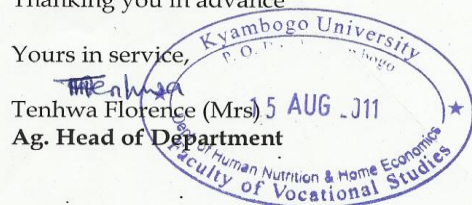
He was recommended by the department to pursue a Master's of Science degree in food Nutrition and Health at Akershus University College Norway. He is currently back to carry out his research in the area of Nutrition and Human rights.

I recommend him for any assistance as regards his research work.

Thanking you in advance

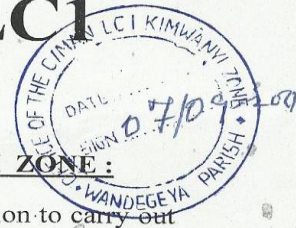
Yours in service,

Tenhwa Florence (Mrs)  
Ag. Head of Department



**APPENDIX D: LETTER OF ACCEPTANCE FROM LOCAL COUNCIL**

**KIMWANYI ZONE LC1  
WANDEGEYA PARISH**



**PERMISSION TO CARRY OUT RESEARCH IN KIMWANYI ZONE:**

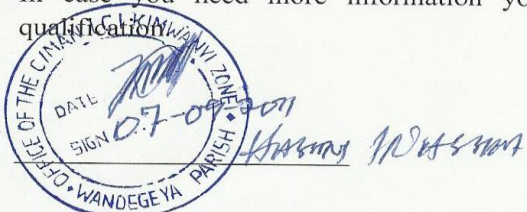
The bearer of this letter Mr. Kungu Joseph has been given permission to carry out his research in our area.

The study will involve interviewing some women in selected households in this zone and also taking some measurements on women and children under five years of age.

I therefore request you to assist him in all ways possible to achieve the purpose of his study.

He has assured me that the information gathered will be kept confidential and only used for the study purpose.

In case you need more information you can contact my office for more qualification.



**CHAIRMAN  
HASSAN WASSWA  
LC 1 KIMWANYI ZONE**

## APPENDIX E: RESEARCH CLEARANCE IN UGANDA



### Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Our Ref: SS 2590

August 2, 2011

Mr. Joseph Kungu  
Kyambogo University  
P.O Box 1  
KYAMBOGO

Dear Mr. Kungu,

**RE: RESEARCH PROJECT, "THE REALISATION OF THE HUMAN RIGHT TO ADEQUATE FOOD AMONG WOMEN AND CHILDREN LIVING IN SLUM AREAS OF KAMPALA CITY, UGANDA"**

This is to inform you that the Uganda National Council for Science and Technology (UNCST) approved the above research proposal on **July 26, 2011**. The approval will expire on **July 26, 2012**. If it is necessary to continue with the research beyond the expiry date, a request for continuation should be made in writing to the Executive Secretary, UNCST.

Any problems of a serious nature related to the execution of your research project should be brought to the attention of the UNCST, and any changes to the research protocol should not be implemented without UNCST's approval except when necessary to eliminate apparent immediate hazards to the research participant(s).

This letter also serves as proof of UNCST approval and as a reminder for you to submit to UNCST timely progress reports and a final report on completion of the research project.

Yours sincerely,

Jane Nabbuto

for: Executive Secretary

**UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY**

---

**LOCATION/CORRESPONDENCE**

Plot 6 Kimera Road, Ntinda  
P. O. Box 6884  
KAMPALA, UGANDA

**COMMUNICATION**

TEL: (256) 414 705500  
FAX: (256) 414-234579  
EMAIL: [info@uncst.go.ug](mailto:info@uncst.go.ug)  
WEBSITE: <http://www.uncst.go.ug>