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Brief: Community Based Use of the FSCCI to Identify and Manage Risk in Uganda

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Objective: One important objective of Africare's Institutional Capacity Building grant (FY03-FY08) was to build on the existing Food Security Community Capacity Index (FSCCI) in ways that would make it more harmonized (in terms of format) and better able to measure community capacity to identify and manage risk and shocks (i.e., unforeseen risks). To support this goal Africare conducted research in two of its country programs – Guinea and Uganda.ⁱⁱⁱ The study was also expected to produce a series of recommendations for how Africare and other Title II Cooperating Sponsors (CSs) could better use the FSCCI to increase the capacity of communities to manage risk. This paper presents the results of the research on the use of the FSCCI in the Uganda Food Security Initiative project (UFSI) and summarizes the lessons learned.^{iv} These lessons will feed into the revision of the FSCCI guidance (Africare 2007) that was completed at the ICB-supported workshop in September 2007.

Background: Over the five-year period of Africare's previous Institutional Support Assistance (ISA) grant from USAID/DCHA/FFP (FY99-FY03), Africare's Office of Food for Development (OFFD) and the country staff of Africare's ongoing food security programs worked with a variety of indicators of community capacity and grouped them under broader variables (e.g., transparency of management and capacity to analyze and plan). The Food Security Community Capacity Index (FSCCI) was the product of that process and has provided Africare with a standardized way of measuring community capacity and, therefore,

assessing the impact of community capacity building activities.^v

Methods: When Phase I of the UFSI project (UFSI I) was designed, the original instruction for the FSCCI was still being pilot tested. This is why, even though the fourth objective of UFSI I was capacity building, the FSCCI was not used to track project impact during Phase I.^{vi}

The tool was included in the tracking table for the UFSI II project Development Assistance Proposal (DAP), along with a sample guidance that was based on an earlier format of the FSCCI (Table 1). This version of the FSCCI guidance had not yet benefited from Africare's investment in harmonizing the guidance under the Title II funded Institutional Support Assistance (ISA) grant (FY99-FY03). However, the FSCCI was measured during the baseline survey (2002) based on the revised guidance. The FY02 baseline survey used an eight-variable version of the FSCCI (with 135 maximum points), which was based on an expanded version from a preliminary seven-variable version that was described in the first edition of the Africare Field Manual on the Design, Implementation, Monitoring and Evaluation of Food Security Activities (Gervais and Schoonmaker-Freudenberger 1999: 8.11-8.14).^{vii}

One of the first tasks of the new M&E officer who took post in July 2003 was to conduct the Participatory Rural Appraisals (PRAs) that the project used to develop community action plans.^{viii} The same PRA process identified some

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Table 1. Evolution of the Format, Variables, Total Possible Scores, Guidance, Trainings, and Procedures for Results Analysis in UFSI I and II

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

Source: Florence Tushemerirwe, M&E supervisor and M&E reports; McMillan et al. 2006(a).

of the key institutional and technical areas that communities needed to develop in order to execute the action plans.^{ix} These PRAs included an annual update of the FSCCI.

Based on recommendations at the first regional M&E workshop in Mozambique (in April 2004), the UFSI project revised the FSCCI tool again. Operationally, this involved increasing the number of variables from eight to 10. Definitions of the different indicator variables were revised as well to suit the community conditions. Especially innovative, UFSI II was one of the first Africare Title II programs to introduce the new “risk management” and “HIV/AIDS risk management” variables that were proposed at the workshop. This revised guidance was used during the 2004 PRAs (Table 1).

In 2005, UFSI II revised its FSCCI guidance (Africare 2005^x) and the format to conform to Africare/Food for Development (FFD) recommendations distributed in February 2005 (Table 1). However, this shift was less radical than the previous shift because it did not change the number of variables (still 10) and the total possible points (150 points adjusted to a 100 point base).

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

- First, to strengthen comparability between the old FSCCI tool (eight variables and 135 possible points) and the new 2004 FSCCI tool proposed in Mozambique (10 variables and 150 possible points adjusted to 100-point base) the values for all FSCCI versions were converted to percentages (Table 2).

Second, many variables were not followed through all the years, which means that certain variables had been “tracked” since 2002, while others, such as the risk and HIV/AIDS management variables, had only been tracked since 2004.

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

- Formal trainings of project technical staff (one day in 2004 and in conjunction with the quarterly planning workshops to orient new and update old staff members on the tool);

- On-site training of local government leadership at sub-county level during the actual PRA exercises;
- Formal class-based (half-day) training in August 2005 for enumerators and consultants associated with the final quantitative household survey (who were also charged with co-coordinating with the M&E officer the food security calendars and FSCCI exercise associated with the final survey); and
- On-site training of the beneficiary communities (FSC participation was mandatory), including the local government leadership at the sub-county level.

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

Results: By converting the former FSCCI scores (based on 135 points) into percentages in order to compare them with the revised FSCCI (based on 100 points) the project showed improvement in overall community capacity (Table 2).

One important finding of the UFSI research has been that villages autonomously used the FSCCI, indicating that it has been deemed useful to community members. The UFSI II DAP foresaw Africare maintaining its health activities in the original project villages (106 villages) for the duration of the second phase. Unfortunately, a series of budget problems forced the project to restrict its support to the health programs in the Phase I villages after the second year of the second phase. One of these “carryover” villages—a Phase I village that remained a project village for two years of Phase II—was used to pilot test the risk management forms.^{xi} Even though this village was considered to have been “phased out,” an Africare health and nutrition specialist visited it about once a month to encourage the growth promoter and to collect the growth monitoring and breastfeeding

information recorded by the promoter. This information was then reported in the health and nutrition specialist’s quarterly reports.

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

The second village where the forms were pilot tested is an active project village in all components (agriculture, health, and natural resource management) since FY02. In this village, the village leaders were able to express very clearly what they perceived as the strengths, weaknesses, opportunities, and threats (risks) of the FSCCI. Overall, they were extremely positive about the tool (Box 1). When asked whether or not the community planned to continue using the tool once Africare’s activities in the village ended, the local council chairman and the Africare-trained community growth promoter (GP) responded “Yes.” Indeed, they reported that the sub-county council chairman—who had participated in several on-site trainings in the tool—had requested that all the villages in his jurisdiction continue using the Africare FSCCI tool even after the project ended. Another excellent indication of successful ownership of the tool is that it has been introduced as a capacity building and planning tool in all 16 villages of the parish, even though only nine of the 16 villages were Africare target villages (Box 1).

Table 2. Evolution of Total FSCCI Scores Using Different Formats Adjusted to a Percentage of Total Points Possible

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

Source: Project CSR4 Reports and Florence Tushemerirwe, M&E supervisor; McMillan et al. 2006(a).

Box 1. Evidence of Successful Autonomous Use of the FSCCI for Core Community Capacity Building

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

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

Factors that Contributed to or Detracted from the Utility of the FSCCI. A variety of factors account for the high levels of autonomous use of the tool by the local communities (Table 3). Especially important are:

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

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

Extent to Which FSCCI Tool Addresses and Tracks Vulnerability and Risk. To date, the Phase II project villages’ have scored very low in their self-assessment of the variables measuring general risk management and risk management related to HIV/AIDS:

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

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

Other Possible Types of Analysis with Existing Data Sets. During the risk management study, the team identified a number of relatively simple risk analyses that could be carried out using the project’s existing data sets. These include a table that analyzes the percentage of villages that are classified as “strong,” “average,” or “weak” in terms of their core capacity (variables 1-6 and 9-10) on the FSCCI (Table 4). This information helps the village identify which food security committees are more likely to need capacity building in order to sustain their activities once the project phases out. This analysis would be greatly helped by routine reporting of the average scores on the ten variables that are measured in the FSCCI for communities that are “strong,” “average,” and “weak” in terms of their overall capacity based on the total FSCCI score (Table 5).



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

Table 3. Key Factors that Contributed to or Detracted from the Utility of the FSCCI Analysis and the Autonomous Use of the Tool in Villages

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

CSR4: Cooperating Sponsor Results Report and Resource Request; FSC: Food Security Committee; LOA: Life of Activity; McMillan et al. 2006(a).

Lesson Learned and Recommendations:

Based on the risk management study, the team identified three priority areas where the current tool could be strengthened to help better build community capacity to identify and manage risk (Table 6). These include the following.

- The need for better targeting of villages with weak core community capacity and weak capacity to manage risk as part of the routine M&E and planning system and project reporting system.

- The need to better track community level progress in risk management based on the two variables in the Indicator Performance Tracking Table (IPTT) for risk management (variables seven and eight).
- The need for better tracking of the food security committee’s collaboration with various non-Africare actors (both governmental and private voluntary organizations) active in HIV/AIDS prevention and support to persons living with HIV/AIDS.

Table 4. Percentage of Villages with Different Levels of Community Organizational and Management Capacity based on their FSCCI Rankings (FY05)

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

Source: Final Quantitative Household Survey Data, UFSI II Project, December 2005; McMillan et al. 2006(a)

Recommendation # 1 Improve Targeting of Vulnerable Villages.

- 1.a. Analyze the community self-assessment data according to variable instead of aggregating all variables together. This type of disaggregated analysis (see Table 4) would enable the project to identify villages that are weak in terms of specific types of capacity or their lack of risk management or HIV/AIDS action plans.
- 1.b. Secondly, in order to better target vulnerable populations, more accurate qualitative and quantitative information is needed on the community and household level strategies for dealing with risk in communities with different levels of core community capacity (see Section 9 of McMillan et al. 2006[a]). This would enable the project to better understand what types of “best practices” are used that could be scaled up to a larger sample of beneficiary villages.
- 1.c. Identify the “average” number of households classified as least food secure that are found in villages identified as “strong,” “average,” and “weak” in terms of the core community capacity in order to highlight the link between core capacity development and reduced vulnerability (Table 7). When this link is not apparent, as it was not in the Guinea case study (see data from Guinea case study in Table 7), it typically highlights other factors—such as the physical inaccessibility of a village—that need to be considered. The team strongly recommends that the consortium executing the next phase of Title II

programming in Uganda consider this type of correlation of data.

Recommendation #2 Indicators and the IPTT.

Overall, the current FSCCI indicator in the IPTT is considered highly satisfactory (Table 8). It is recommended, however, that future projects consider the “value added” of tracking the two variables focused on general risk management and management of HIV/AIDS separately (variables nine and 10 in the 2004 UFSI FSCCI guidance and seven and eight in the 2005 UFSI FSCCI guidance [Table 5]).

Recommendation #3 HIV/AIDS Action Plans.

Given the presence of many strong governmental and private voluntary programs focused on HIV/AIDS—and the critical role of these programs in sustaining these activities once the project ends—the team recommends that future programs emulate the successful record of the UFSI II villages that collaborated with local government health specialist (through the district directorates of health) and local HIV/AIDS specialists (through the district HIV/AIDS focus office) within the target districts in the development of sub-county three-year development plans focused on HIV/AIDS. The three indicators that are used to measure the FSCCI HIV/AIDS variable in the 2005 FSCCI guidance (Knowledge level on HIV/AIDS, HIV/AIDS behavior practices of the community, Existence of community level services for HIV/AIDS affected households) should also be adjusted to better monitor the development and execution of these collaborative action plans.

Table 5. Sample Format for Analyzing the Average Score for Component Variables for Villages with Strong, Average, and Weak Community Capacity based on the Current Africare Guidance for the FSCCI

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

Table 6. Identified Needs and Recommendations

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

Table 7. Suggested Format for Cross-Tabulating the FSCCI and MAHFP for Consideration by NGO's Executing the Next Phase of Title II Programming in Uganda Based on Africare/Guinea's Title II Program

Level of Capacity in Africare/Guinea Title II Projects	Category of Districts in Africare/Guinea Title II Project	n (villages)	Average MAHFP (Months)	Vulnerability Levels in Africare/Guinea Title II Project					
				Most Food Secure		Medium Food Secure		Least Food Secure	
				%	MAHFP Average (months)	%	MAHFP Average (months)	%	MAHFP Average (months)
Strong community capacity (FSCCI>70% of possible points)	Original	30	6.41	27	9.53	36	6.47	36	4.1
	New	13	6.41	29	8.9	34	6.46	37	4.23
	Extreme poverty	1	4.22	14	9	38	4	48	3
	Average poverty	1	3.8	10	10	50	4	40	2
Average capacity (FSCCI 50 - 70%)	Original	0							
	New	7	5.94	26	8.86	29	4.29	45	4.29
	Extreme poverty	3	4.75	27	5.33	22	3.33	51	3.33
	Average poverty	12	4.9	18	8.67	27	3.17	55	3.17
Weak capacity (FSCCI<50%)	Original	0							
	New	0							
	Extreme poverty	5	5.24	32	8	28	2.8	62	2.8
	Average poverty	0							
Total	Original	30	6.41	27	9.53	36	4.1	36	4.1
	New	20	6.25	28	8.9	32	4.25	40	4.25
	Extreme poverty	9	4.76	28	7.22	27	3	57	3
	Average poverty	13	4.82	17	8.77	29	3.08	54	3.08

Source: McMillan et al. 2006(a): 58 and McMillan et al. 2006(b): 64.

Table 8. Recommendations for Strengthening Current FSCCI Indicator to Better Track Project Impact on Risk and Vulnerability in the New Africare Title II Project in Eastern Uganda

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

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^{iv} See McMillan et al. (2006[a]) for the complete case study report for the Uganda Food Security Initiative Project Case Study.

^v See Pogba et al. (2007) and Sidibé et al (2007) for other applications of the FSCCI in this series.

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

^{vii} The first harmonized version of the FSCCI was developed during the Africare Mozambique workshop in 2004.

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

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

^x The FSCCI guidance was revised again in 2007 and published in this series (Africare 2007).

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