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Kampala: Health, wellbeing and nutrition

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Abstract

This working paper investigates how political and urban systems shape health, wellbeing and nutrition (HWN) outcomes in Kampala's informal settlements, where over 60% of the city's 2.3 million residents reside. Despite Kampala being food-abundant, residents in informal settlements face significant barriers to accessing nutritious diets, due to economic hardship, weak governance and poor service delivery. The research was cross-sectional, employing iterative qualitative methods involving 317 participants, including community members, vendors, academia, policymakers and practitioners, through key informant interviews, focus group discussions, codesign meetings, workshops and direct observation. Key findings show that informal food traders are vital for food access, but operate in an environment marked by high taxes, corruption and licensing constraints, contributing to elevated food prices. Nutrition literacy is low, and residents often prioritise basic needs like housing or healthcare over dietary quality. Kampala's health system is dominated by private providers, with only 2% of facilities publicly owned, leaving most low-income residents with expensive, curative-focused options and little exposure to preventive care or nutritional education. Sanitation and waste management systems are poorly maintained, particularly in informal settlements, increasing the risk of disease outbreaks. Governance challenges

are central, with political interference delaying critical policies such as the Food and Nutrition Security Bill. Politically driven programmes such as Operation Wealth Creation (OWC) overshadow nutrition-focused initiatives. While non-state actors, including CSOs and development partners, fill service gaps, their efforts are often fragmented and donor-dependent. The paper concludes that sustainable HWN improvements require coordinated, multisectoral responses grounded in inclusive governance, regulatory reform and enhanced investment in community-led solutions and equitable urban development.

Keywords: Healthy diet, informal settlements, dietary uptake, nutrition, food security, politics and nutrition, urban systems

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List of acronyms

ARNS	Africa Regional Nutrition Strategy
ACRC	African Cities Research Consortium
ALN	African Leaders for Nutrition Initiative
AU	African Union
CBO	Community-based organisation
CHEWs	Community health extension workers
CFS	Committee for World Food Security and Nutrition
CAADP	Comprehensive Africa Agricultural Development Programme
CSR	Corporate social responsibility
DSIP	Agricultural Development Strategy and Investment Plan
ECD	Early childhood development
EAC	East African Community
EAC-ARDS	East African Community Agriculture and Rural Development Strategy
EAPAFNS	Eastern African Parliamentary Alliance for Food Security and Nutrition
EU	European Union
ED	Executive director
FGD	Focus group discussion
FAO	Food and Agricultural Organization
GKMA	Greater Kampala Metropolitan Area
GLOPAN	Global Panel on Agriculture and Food Systems for Nutrition
HPAC	Health Policy Advisory Committee
HSSP	Health Sector Strategic Plan
HSS	Health systems strengthening
HWN	Health, wellbeing and nutrition
HCD	Human capital development
IECD	Integrated Early Childhood Development
IFAD	International Fund for Agricultural Development
ICN2	Second International Conference on Nutrition
KCCA	Kampala City Council Authority
KSWMC	Kampala Solid Waste Management Consortium
KFC	Kentucky Fried Chicken
KI	Key informant
KII	Key informant interview
KAP	Knowledge attitudes and practices
LC	Local council
LST	Local service tax
MCHN	Maternal child health and nutrition
MHPSS	Mental health and psychosocial support
MPs	Members of parliament
MSG	Monosodium glutamate
MDAs	Ministries, departments and agencies
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries

MoGLSD	Ministry of Gender, Labour and Social Development
MoFPED	Ministry of Finance Planning and Economic Development
MOH	Ministry of Health
MWE	Ministry of Water and Environment
NAADs	National Agricultural Advisory Services
NARO	National Agricultural Research Organisation
NDP	National Development Plan
NDA	National Drug Authority
NHP	National Health Policy
NIPN	National Information Platforms for Nutrition
NIECD	National Integrated Early Childhood Development
NPA	National Planning Authority
NRM	National Resistance Movement
NWSC	National Water and Sewerage Corporation
NEPAD	New Partnership for Africa's Development
NCDs	Non-communicable diseases
NGOs	Non-governmental organisation
NSU	Nutrition Society of Uganda
OPM	Office of the Prime Minister
OWC	Operation Wealth Creation
PDM	Parish Development Model
PMA	Plan for Modernisation of Agriculture
PS	Political settlement
PEAP	Poverty Eradication Action Plan
PCPs	Priority complex problems
PNFP	Private not for profit
PPP	Public–private partnership
RI	Regional initiative
RDCs	Resident district commissioners
RDI	Required dietary intake
SUN	Scaling up nutrition
SRMNCAH	Sexual, reproductive, maternal, newborn child and adolescent health
SMEs	Small and medium enterprises
SBCC	Social behavioural change communication
SES	Social economic status
SAPs	Structural adjustment policies
SDGs	Sustainable Development Goals
SPACES	Supporting Policy and Practice, Advocacy, Community Engagement and System Strengthening
TWGs	Technical working groups
TFA	Trans fatty acid
TB	Tuberculosis
UDHS	Uganda Demographic Health Survey
UHF	Uganda Healthcare Federation

UNHCO	Uganda National Health Consumers' Organisation
UNBS	Uganda National Bureau of Statistics
UNAP	Uganda Nutrition Action Plan
URA	Uganda Revenue Authority
UNICEF	United Nations Children's Fund
UN	United Nations
USAID	United States Agency for International Development
USD	United States dollar
UTI	Urinary tract infection
VAT	Value added tax
VHT	Village health team
VSLA	Village savings and loans association
WASH	Water and sanitation
WFP	World Food Programme
WHO	World Health Organization

Executive summary

Background and context

Health, wellbeing and nutrition (HWN) remains a major challenge for residents of informal settlements in Kampala city. This paper provides insights into how political and city systems shape the everyday realities of HWN for residents of Kampala's informal settlements, with the overall aim of critically examining the HWN status of informal settlement residents in Kampala. It focuses on how urban systems, politics and governance shape dietary practices – in particular, the uptake of healthy diets. Over 60% of Kampala's population (around 2.3 million people) live in informal settlements, where many struggle to access not only healthy and nutritious food, but also essential services like healthcare and safe water. This is exacerbated by a predatory advertising industry for food and beverages, which aggressively pushes processed and unhealthy options, often perceived as cheaper than nutritious food. Despite Kampala being a food-abundant city, economic access to healthy diets is out of reach for most low-income residents.

Methodology

We conducted cross-sectional and iterative qualitative research with 317 participants at community, sub-national and national levels. The main methods used for data collection included key informant interviews, focus group discussions, meetings, dialogues, co-design workshops and observation of food distribution points. Participants included community members and leaders, market food vendors, politicians, policy- and decisionmakers, practitioners, small and medium enterprise (SME) owners, academics/researchers and advocates for HWN. The research process was phased from data collection, to analysis, validation and co-design of solutions for identified priority complex problems (PCPs).[1] Data were thematically analysed using Saldaña's approach of systematic coding.

Key findings

- Informal traders and vendors provide a vital service in ensuring the availability of, and access to, food. However, they also face multiple hurdles, such as being burdened by high taxes, exorbitant licence fees, and corruption, which push food prices higher and force many residents to rely on cheaper and unhealthier alternatives.
- Low nutrition and dietary literacy among residents of informal settlements have significantly contributed to detrimental decisionmaking on dietary practices and healthy eating choices. This is heightened by competing priorities, such as housing or medical care.

[1] A priority complex problem (PCP) is an issue that is not only difficult to define and solve but is also multifaceted in nature. It cannot be resolved by a single intervention/response but rather requires a multipronged/sectoral approach. PCPs in HWN were guided by the ACRC's framework.

- There is dismal to low investment in disease prevention, as Uganda's healthcare system is heavily privatised, with 98% of health facilities privately owned in Kampala. Public health facilities are underresourced and plagued by long waiting times, poor service quality and shortage of essential supplies. Consequently, most residents are forced to rely on costly private care, with little emphasis on preventive health and nutritional education programmes.
- In parallel, sanitation and waste management systems are largely dysfunctional and inadequate, also plagued by political interference in terms of contract awarding and compliance. Many informal settlements lack reliable garbage collection, leading to disease outbreaks, especially during rainy seasons when waste and sewage flood homes.
- The political governance of the city plays a major role in these challenges. With significant power centralised under the Kampala Capital City Authority (KCCA) and national government officials, starting right from the president, resource allocation is often shaped by political interests. Technically sound policies, such as the Food and Nutrition Security Bill, have stalled, due to political interference and infighting between government agencies. Political programmes such as Operation Wealth Creation (OWC), *Emyooga*[2] or Youth Livelihood Programme (YLP) often take precedence, focusing on road infrastructure and assumed start-up financing rather than nutrition, food security and wellbeing.
- Non-state actors**,** including civil society organisations (CSOs), development partners and the private sector, play key roles in filling service gaps. However, poor coordination and external influences often undermine greater uptake and sustainability.

Conclusion and recommendations

The PCPs in HWN within Kampala's informal settlements largely stem from limited affordability of nutritious food, due to corruption and high costs in politically controlled markets designed to enrich the city's powerful and elite. Weak regulatory systems have enabled the widespread availability of unhealthy, processed foods, which are heavily marketed to vulnerable groups, while low nutritional literacy prevents residents from understanding the role of healthy diets in preventive healthcare and productivity. Additionally, fragile community and policy support systems hinder access to reliable nutrition information and healthier food options, perpetuating poor HWN outcomes.

Improving HWN outcomes for Kampala's informal settlements will require collaborative and holistic urban reform efforts**.** Enhancing regulation**,** policy implementation and economic opportunities is essential. More investment in community-driven initiatives, better urban planning, and equitable service delivery will help transform the lives of millions living in Kampala's most vulnerable neighbourhoods. The voices and experiences of these residents serve as a call to action for policymakers and stakeholders to create solutions that genuinely respond to the realities on the ground.

[2] See: https://presidentialinitiatives.go.ug/emyooga/

Structure of the working paper

This paper begins with an abstract and executive summary, followed by sections on introduction, methodology, findings and conclusion. In line with the qualitative methodology employed, and to deepen understanding, the discussion is integrated with the findings. The conclusion section links to recommendations and also provides insights on next steps following this foundational research.

Breakout boxes are used throughout to highlight, emphasise and recap key points raised in preceding sections.

Guided by the overall ACRC HWN domain[3] foundational definitions, we look at wellbeing as the ability to choose diets that make people feel good or less anxious. This conceptualisation of wellbeing is used as the overarching framework for the exploration of the multiple factors that underpin the uptake of healthy diets in urban contexts, and their socioeconomic, cultural and political dimensions. We integrate this with a capabilities perspective, which, while acknowledging the gaps, sought to document what different actors are already doing to bridge these gaps in Kampala.

[3] See: www.african-cities.org/health-wellbeing-and-nutrition/

1. Introduction

1.1. Introduction

The health, wellbeing and nutrition (HWN) domain encompasses aspects of human life that determine informal settlement populations' ability to lead productive and meaningful lives characterised by absence of disease, improved livelihoods and food security. Other critical aspects include sustainable income flows, functional health systems, committed leadership and communities' capacity to make healthy choices with regards to healthy diets and appropriate healthseeking behaviour.[4]

There is an increase in the prevalence of non-communicable diseases (NCDs) in Uganda, contributing 35% of mortality (UBOS, 2018; Spire et al., 2020). Risk factors to NCDs include poor dietary practices, partly driven by inadequate knowledge and supportive systems. Regarding food security situation, prevalence of undernourishment remains high with nearly 40% of individuals classified as undernourished, and 16% of the households chronically food insecure, with only 4% of the households being food secure (Spire, 2020; UBOS, 2021a). Over 64% of Ugandans cannot afford the desired three meals per day (UBOS and ICF, 2018). This implies that the majority are unable to consume the minimum required dietary intake (RDI) for light physical activity (2,200 kcal) and are consuming only an average of 1,860 kcal per day as per the nutritional standards (KCCA, 2022)**.** The gap in nutritional status for the population majority is exacerbated by excessive commercialisation of agriculture in nearly all parts of Uganda, with increased focus on cash export crops, such as coffee or tobacco, at the expense of food production by local farmers (Ntakyo and van den Berg, 2019). Nearly half (48%) of the Ugandan population is below 18 years of age and exposed to unchecked unhealthy food environments contributing to increases in obesity and NCDs, which further stretch the already meagre resources at individual, household and health system and national level (UBOS, 2024a; Guloba and Atwine, 2023). The impact of unhealthy diets in Uganda is more prominent in Kampala, its capital city (KCCA, 2022; Nnakubulwa et al., 2020; Ruma and Mbabazi; Okello et al., 2023; Nansubuga and Oguttu, 2022). There is, therefore, a strong imperative for local evidence generation to inform regulation, fiscal and other reforms that promote healthy diets and overall wellbeing in Kampala.

1.2. Study context

Kampala, the capital city of Uganda, has an estimated population of 2.3 million, with a much larger daytime population exceeding 3 million, due to economic activities and daily commuting (KCCA, 2022). The city's population is unevenly distributed, with a significant portion (60%) residing in informal settlements such as Bwaise, Kisenyi and Katwe, which are characterised by poor housing, overcrowding and inadequate infrastructure (Sanya, 2010; UN Habitat, 2021). According to the KCCA Strategic Plan 2020/21–2024/25, the major economic activities include trade, transportation,

[4] This paper is an output from ACRC research in Kampala City's informal settlements.

manufacturing and services, with the informal sector employing over 72% of the working population (KCCA, 2020). Despite these economic opportunities, the health status of Kampala's residents is affected by varying quality of healthcare service access, high prevalence of waterborne diseases, and malnutrition, especially in informal settlements (KCCA, 2022; Lwasa, 2020).

In this report, we define health as the total state of complete physical, social, economic and psychological wellbeing (WHO, 1948). The health outcomes of inadequate water, sanitation and hygiene (WASH) involve recurring outbreaks of cholera, typhoid and diarrhoea (WaterAid, 2021; UNICEF, 2022; KCCA, 2019). This is because many residents rely on unsafe water sources, shared latrines and poor drainage systems, contributing to dire Kampala's health system. The City's health systems are managed by the national government through the Ministry of Health and the Kampala Capital City Authority (KCCA), which oversee primary healthcare services. However, the healthcare infrastructure is overstretched, with limited availability of health centres in informal areas (Lwasa, 2020). The dominance of private health facilities is characterised by high patient-to-provider ratios and insufficient medical supplies. Public health initiatives such as immunisation campaigns, maternal health services and disease prevention programmes often struggle to reach the most vulnerable populations in these areas due to governance challenges and political interference which partly stem from the city being largely opposition-leaning (Nsibambi, 2018).

In addition to health services many households still rely on informal food vending systems that are characterised by calorie-dense, but nutrient-poor foods, contributing to malnutrition and the rising prevalence of non-communicable diseases such as hypertension and diabetes (MOH, 2018; Lwasa, 2020). The lack of targeted nutrition education programmes and weak policy implementation further limit residents' ability to adopt healthier eating habits (MOH, 2018; Nsibambi and Ssemogerere, 2018). Furthermore, HWN in Kampala is heavily influenced by political dynamics that shape policy implementation, resource allocation and service delivery.

The Kampala Capital City Authority (KCCA), a government agency established to manage the city, is largely influenced by national politics, with the executive director appointed by the president and holding more power than the city's elected political leadership (Bukenya, 2020). Political interference often determines which programmes receive funding, with politically motivated initiatives like the Operation Wealth Creation (OWC) taking precedence over health-focused projects (Nsibambi and Ssemwogerere, 2018). Moreover, the management of markets – central to food access – is dominated by politically connected elites who control key infrastructure, resulting in exclusion and increased food costs for low-income residents (Bukenya and Matsiko, 2022; Golooba-Mutebi et al., 2021). In 2022 there was a presidential directive for the government to take over all markets in Kampala city, a move that is yet to be realised, but one which raises more political uncertainty regarding the management of markets, since most are private.

This study sought to deepen understanding of the HWN landscape in Kampala. It focused on informal settlements as the places where most people live with challenges of nutrition, access to health services and inadequate health influencing systems such as water, sanitation and hygiene.

1.3. Objectives

Primary objective:

To critically examine the HWN status of residents in informal settlements of Kampala, focusing on how urban systems, politics and governance shape dietary practices.

Specific objectives:

1. To map availability of, and access to, nutritious food for residents of Kampala's informal settlements.
2. To determine pathways, actors, power and infrastructure for access to healthy and nutritious food.
3. To deepen understanding on enablers and barriers related to uptake of healthy diets.

2. Methodology

This study employed an exploratory research design with an iterative approach and triangulation from diverse spaces and participants. The primary methods were in-depth and key informant interviews (n=19), focus group discussions (n=7), observations, document reviews, validation meetings and co-design workshops (n=12). An overall total of 317 participants were recruited for this study. Of these, 205 participants were engaged across different levels – community, sub-national and national – including government regulators, policymakers, politicians, practitioners, private sector representatives, food market vendors, SME owners, community members, academia and research advocates for HWN. Additionally, 112 participants contributed during the validation stage, which incorporated a co-creation and consultative process on PCPs and their proposed solutions. The research methods applied throughout the iterative process are outlined below, with details on their specific contributions to the study objectives.

2.1. Review of literature and secondary data

This phase involved mapping the research domain, particularly focusing on the policy landscape, key actors, and systems influencing food security. The desk review provided insights into existing patterns of food security and related ill-health, especially regarding the availability, accessibility and uptake of healthy diets. Literature reviewed included journal articles, reports from government agencies, KCCA and civil society reports. This initial step established the foundational knowledge required to contextualise primary data collection and analysis.

2.2. Key informant interviews (KIIs)

A total of 19 KIIs were conducted following stakeholder mapping to capture expert perspectives on food security and health-related issues. Interviews were held with government stakeholders at various levels (local, central and other administrative tiers), civil society actors (including major health and food-related NGOs/INGOs and CBOs), private and public food and health providers' associations (including informal food vendors), health and nutrition advocates, and researchers. Additionally, local leaders – such as politicians, religious and cultural leaders – alongside service providers at health facilities, provided critical insights. These interviews aimed to understand the policy environment, institutional roles, service provision and regulatory challenges affecting food security and public health.

2.3. Focus group discussions (FGDs)

Seven FGDs were conducted with various community groups, including women, youth, men, farmers and food vendors. These were held in Ggaba and Kalerwe markets. Each FGD aimed to capture lived experiences and perceptions regarding food availability, accessibility and dietary behaviour. Discussions focused on enablers and barriers to healthy diets, food security concerns, coping strategies and community-driven solutions. The implementation of FGDs involved structured facilitation with guiding questions, ensuring inclusive participation and capturing diverse viewpoints from different demographic groups.

2.4. Co-design meetings and workshops

Twelve engagement sessions were held with key stakeholders across different phases and administrative levels, ranging from village to city level. These sessions facilitated deeper discourse on nutrition and food security challenges, validation of emerging findings and co-creation of potential policy and programmatic solutions. The workshops opened discussions on integrating multisectoral perspectives, ensuring that proposed solutions were contextually grounded and feasible for implementation. These engagements also provided clarity and agreement on interests, mandates and capacities of various multilevel actors.

2.5. Observation

Field observations were conducted to complement qualitative interviews and discussions. Observations focused on HWN-related aspects, such as food market operations, including WASH features, existing food systems and infrastructure, dietary behaviour and general living conditions in informal settlements and workplaces. This method provided practical insights into environmental, behavioural factors, lived experiences that influence food security and public health outcomes.

2.6. Data analysis

Interview and FGD data was analysed using Saldaña's (2009, 2015) systematic coding approach. Data were arranged into codes, which were then synthesised into categories

and broader themes. Thematic analysis was employed to identify patterns and meanings behind participants' narratives. The emergent themes provided insights that directly aligned with the study's focus on food availability, access and uptake in informal settlements, guided by the Food and Nutrition Conceptual Framework (FAO, 2018).

3. Study findings and discussion

This section presents the findings of this study. It is organised based on the themes analysed from the data.

3.1. Food availability and access to healthy diets in Kampala City

According to the last Uganda Demographic Health Survey (UDHS) (UBOS and ICF, 2018), about half (50.9%) of children in Kampala are anaemic, while the Uganda MoH's 2021 *Status of Non Communicable Diseases* reported that 88% of Ugandans were not consuming adequate amounts of vegetables and fruits, despite their abundance, physical availability and bulk supply in markets. In terms of availability, Kampala is, in fact, more food secure than rural areas (the "hungry farmer" paradox) with over 90% of the households in Kampala accessing food though market and retail purchase (Hemerijckx et al., 2023). However, the quality and quantities of food purchased are significantly determined by economic status, which is low in informal settlements, as explained by a respondent:

> "If you look around, food is everywhere but it is only those with money who can get that food to their homes. So, I cannot say that there is food security in Kampala … food security is in the homes of the rich". (FGD with male youth)

> "The challenge we have in Kampala is not the availability of food. No. Food is available. When you go to Nakasero Market, Wandegeya, Kalerwe [city markets] – food is plenty. It is the affordability of the available food which is a big challenge. So the urban poor find it very difficult to buy food to facilitate healthy eating". (KI, national level, private sector)

Residents of informal settlements serve as both food providers and consumers, with many working as informal food vendors selling raw and cooked food. However, they face high taxation of up to 30% (PwC, 2025) and costly, corrupt licensing processes, making it difficult to access affordable vending spaces (Gumisiriza, 2021). These costs are passed onto consumers, raising food prices and forcing many to opt for cheaper, less nutritious alternatives. While a few residents earn enough to afford healthier diets, they often lack nutritional knowledge and support. Additionally, competing financial priorities make healthy eating a lower priority, as one female participant noted:

> "For us sex workers, looking good is a necessity, not a luxury. The little money we earn goes to clothes and jewellery first because without that, we can't make a living or afford food". (FGD female residents)

Income prioritisation and decisionmaking for healthy diets remains a challenge for many informal settlement residents, including men, who also reported struggling to

make healthy choices in this regard, driven by lifestyle issues and limited knowledge or understanding of healthy diets. Table 1 shows the different perceptions of healthy diets and competing priorities. There are significant differences based on different sociodemographic characteristics of the respondents. For example, the list of what constitutes a healthy diet also includes fast foods, which are fatty, tend to have high sodium content and are less nutritious. Eating greens is considered to be an indicator of poverty, while the healthy diet list does not seem to include or indicate some sources of food that would provide recommended daily intake of balanced food, illustrating the contrasting perceptions.

Table 1: Perceptions of a healthy diet

A healthy diet	A poor diet	Priorities over food
• Eating meat daily • Bananas (matooke) and chicken or meat • Matooke, avocado and nakatti (green vegetables) • Eating KFC chicken • Posho, beans, potatoes, nakatti and a glass of water • All nutrients (small quantities of every food) • When you eat and feel satisfied • Fresh fruit juice, milk and blue band (butter) on bread	• Eating cassava with water • Eating chapati with beans (kikomando) • Eating fried food • Eating greens (it is a sign of poverty) • Eating maize and water • Eating one meal a day • Not eating food on time • Eating posho in salt with tea	• Drinking alcohol • Betting • Watching football (Premier and Champions League matches) • Buying clothes, shoes, jewellery, makeup • Spend on women (extramarital affairs) • Partying and night discos

Source: FGD data.

It is worth noting that the knowledge gaps in the community on the understanding of healthy diets differ starkly from those of the elite and policy experts working to improve population health, who also presented a noticeable lack of awareness around informal settlement residents' perceptions and practices:

> "Healthy diets in this case means eating a variety of foods that give you the nutrients you need to maintain your health, feel good and have energy to continue your work". (KI, sub-national level, practice)

> "For the people in the informal settlements, their problem is affordability of food. They know what they are supposed to eat to be healthy, but because of financial constraints, they end up eating one food item at a time or in a day ... and this is resulting to cases of malnutrition among children and women mostly. And you know, the burden of malnutrition has emerged where undernutrition exists together with a rapidly increasing

> problem of overnutrition (overweight and obesity) which is a key driver of diet-related non-communicable diseases such as hypertension, Type-2 diabetes and cardiovascular diseases". (KI, national level, policy)

The community's understanding of healthy diets continues to be constrained and is heavily exploited by a growing and predatory private sector, following the government's liberalisation policy. With a free market economy, the private sector's prominence (and the government's apparent loss of control) has become more pronounced across the entire HWN domain in Kampala city. "No one is really responsible for nutrition quality because UNBS[5] mainly looks at food safety" (KI, national level – civil society). For example, at 98% ownership of all healthcare facilities, the private sector is the biggest provider of healthcare (Birabwa et al., 2024); and in all forms – from expensive state-of-the-art healthcare facilities/hospitals/pharmacies to ill-equipped, quack and unregulated ones, including traditional herbalists. According to a participant,

> "The private health sector is supporting the health service delivery alongside the efforts of Ministry of Health. There are about 1,600 private health facilities in Kampala working with Ministry of Health to strengthen the capacity of these facilities to offer quality and reliable health services to the population. However, the informal settlements are often faced with challenges in affording the health services and that is reason for overcrowding in the government health facilities. And because they exposed to infections more than the other city counterparts, they usually have more than one disease". (KI, national level, private sector)

Public health facilities are reported to serve approximately 2% of the city's population and are characterised by poor service delivery, long waiting hours and limited resources – a possible explanatory factor for 71% of the population's preference for private health facilities, despite purported "free" services at public health facilities (Birabwa et al., 2024). Privately owned facilities constitute 94% of all health facilities, with the majority (40%) operating as private-not-for-profit (PNFP) and some PNFP facilities receiving government funding to extend services to underserved areas (Birabwa et al., 2024). Overall, the private sector thrives within the city and has recently been intentional (and aggressive) about expanding its base by tapping into informal settlements as a crucial customer – from the provision of healthcare (through hospitals, clinics, pharmacies) to food and nutrition services (for example, through hotels, restaurants, supplements or food inputs), with critical implications for HWN.

The lack of investment in public health continues to undermine prevention. Part of this is because of the private sector angle – private healthcare is primarily curative because there is more money in that, and a number of the private sector healthcare facilities are

[5] UNBS is Uganda's key food standards agency set up under the Uganda National Bureau of Standards (UNBS) Act 1983: Establishment and functions of the Bureau Act 1, section 2, part (1) The functions of the Bureau shall be to: (a) formulate national standard specifications for commodities and codes of practice as may from time to time be required; (b) promote standardisation in commerce, industry, health, safety and social welfare; (f) enforce standards in protection of the public against harmful ingredients, dangerous components, shoddy material and poor performance; (h) provide for the testing of locally manufactured or imported commodities with a view to determining whether such commodities conform to the standard specification declared under this Act.

owned by rich, powerful and/or connected elites. Therefore, the government infrastructure, including preventive mechanisms at grassroots level, remains fragile or non-existent – driving demand for curative healthcare, which is predominately private. It is a vicious circle.

On the uptake of healthy diets, the residents of informal settlements generally have a triple burden of malnutrition,[6] with cheap street foods characterised by lots of sugar, recycled oil, high calorie and salt content. The majority lack the micro and macro nutrients; and these are widely advertised against the backdrop of very weak regulation mechanisms. The manufacture, advertising and distribution of food remains a weakly regulated space – in some instances with no regulation at all; and, where this exists, corruption with extortion has been reported as a key driver of available toxic and poor-quality food products:

> "There are very many food items on the market without UNBS knowledge". (KI, civil society)

> "It is true, UNBS must be overwhelmed because now there are very many people operating in the food industry and some of these are unscrupulous". (KI, MOH)

> "We are trying but still have the challenge of resources … our budgets have reduced significantly to almost half and many of the activities where halted. There was no facilitation for travels for standard development and the work is moving at a slower pace". (KI, national level, UNBS)

Food, beverage and other companies have, of late, come up with smaller, "cost-friendly" packages of most products previously only affordable for elite city residents. The majority of these products are ultraprocessed, with very high quantities of sugar, salt and/or other preservatives, including the infamous MSG.

According to HWN domain findings from both secondary and empirical data sources, in many instances, the actual cost per unit of these mini packaged items can be higher than when buying the larger units; however, limited attention is paid to this "poverty penalty"[7] by consumers, the general public or their leaders and advocates. Neither is it highlighted by market analysts, regulators or government in an attempt to ensure consumer protection. There is also increasing informal small-scale production to supplement these industrially produced foods as well as vendors of cooked food in markets, workplaces and communities. In terms of food handling and preparation, most operate with limited regulation or supervision, and are driven by clients' apparent preference for oily/fatty and sugary food. Some vendors of mini packaged, ready-to-eat fresh fruits are also beginning to emerge in these spaces; however, there are some concerns among consumers and the general public on hygiene and safety, so this

[6] The "triple burden" of malnutrition comprises three types of nutritional problem: undernutrition, overnutrition or obesity, and micronutrient deficiency in individuals, households and populations.
[7] The poverty penalty describes the phenomenon that poor people tend to pay more per unit of the same items to eat, buy and borrow than their wealthier counterparts.

business is yet to gain traction. These all contribute to the notion of affordability and easy access to food within the city and informal settlements in particular.

Notably, in a clear reversal of location and role, business owners are also increasingly bringing products and services closer to the people. These products can be brought to people's doorsteps – cars, motorcycles and bicycles vend them within communities, in contrast to before, when customers had to get out of their home and/or comfort zone to access a product. Technology, advertising and high mobile phone ownership have greatly supported this drive, where currently city residents can call, use an app or make online orders using their mobile phones. However, this perceived effort to increase access and affordability has largely compromised quality; typically, packaged food sold to people with low socioeconomic status (SES) is of less nutritional quality, due to poor regulation and the need of SMEs to cut costs. Low SES spaces are specifically targeted by a distinct type of producer/distributor, which also highlights the subtle existence of a segmented market for food.

Regulation of the food market remains weak – not only are there countless food/drink items on the market without the regulators' knowledge, but also capacity for assessing and monitoring quality remains constrained:

> "Here in Uganda, there is no particular body responsible for nutrition quality. The Uganda National Bureau of Standards (UNBS) looks mostly at food safety, which is not guaranteed, instead of nutritional regulation, which should be holistic and covering all aspects, including food fortification". (KI, national level, researcher, nutrition activist)

In summary, the HWN domain in Kampala is very complex. Access to healthy diets in informal settlements remains constrained by a multiplicity of factors; the most common are:

1. Limited knowledge and understanding of healthy diets;
2. Limited economic access and purchasing power for nutritious, healthy food;
3. An expanding private sector actively innovating and adopting a community-facing model for maximum sales, while also having an upper hand (over 75%) in the delivery of healthcare, with a fragile public health system.

All of these interrelated factors continue to play out against the backdrop of weak policy and regulatory mechanisms for the production, advertising and distribution of food.

3.2. Core systems for health, wellbeing and nutrition in Kampala

Healthcare and food distribution are some of the critical urban infrastructure and services systems in Kampala – the others are: water, sanitation, waste management, energy, education, transportation, finance, law and order. Nearly all these systems are fragile, operating at sub-optimal level with heightened exclusion for residents of informal settlements. All the listed systems affect the uptake of healthy diets and are interconnected; for example, the lack of sufficient and clean energy affects the businesses of food vendors on whom the majority of informal settlement residents rely for their daily meals. Limited access to healthcare services is mostly due to their

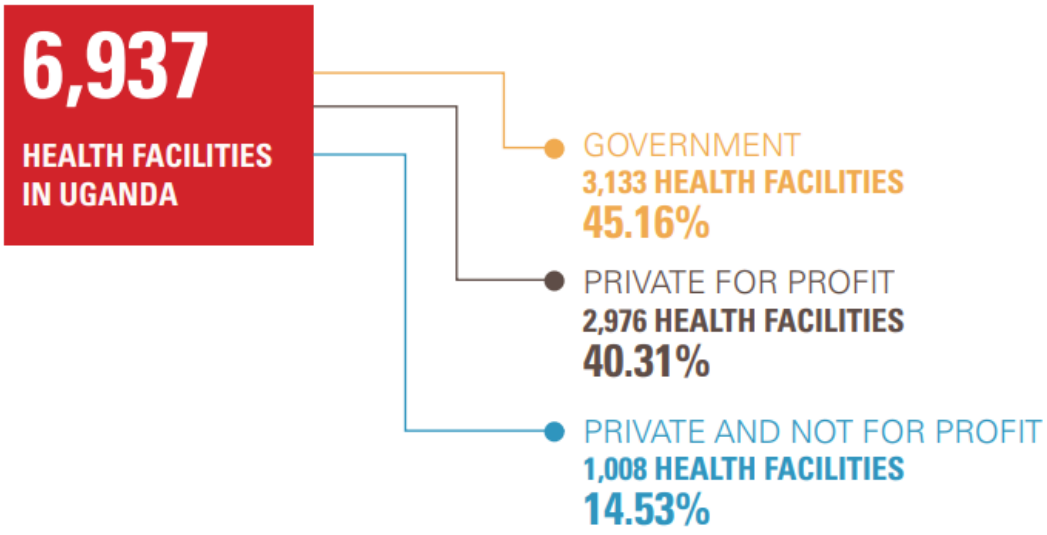
unaffordability and yet some of the preventable diseases and illnesses are caused by poor waste management, water and sanitation (WASH).

In the ACRC city of systems report, Mukwaya (2023) presents, in comprehensive detail, the status of each of the key systems – which will not be repeated here. Instead, below is a brief outline for some of the systems that are relevant to the HWN domain.

3.2.1. Healthcare systems

According to KCCA (2022), 98% of the health facilities within the city are privately owned, with only 2% belonging to the government. The city's predominant private sector is a true (and heightened) reflection of Uganda's rapidly increasing proportion in health facility ownership – compared to what it was before, for example as registered in 2018 (see Figure 1).

Figure 1: Summary of health facilities ownership in Uganda by 2018



Source: MOH Uganda, 2018. Extracted from unpublished ACRC city of systems report (Mukwaya, 2023).

The majority (71%) of Kampala's population, including informal settlement residents, seek health services from private health facilities as the first point of interface with the health system – with some complicated cases referred to the public health system.[8] KCCA manages all the government health facilities except the national referral hospitals, including Mulago, Kawempe and Kiruddu. In line with the decentralisation policy, government health facilities should offer largely "free" health services; however, this has not been achieved and Uganda has a high out-of-pocket health expenditure – at over 38.3% compared to the global average of 18% (World Bank, 2019). Health facilities lack sufficient resources and capacity to offer these services; they are also largely characterised by long waiting hours, poor services, inadequate human

[8] Ministry of Health Uganda, 2018

resource, corruption and mistreatment by health workers. Overall, there are gaps in all the six health system strengthening blocks (financing; medicines, vaccines and other supplies; human resources; service delivery; information management systems; leadership, stewardship and governance):

> "The government or KCCA health facilities are far, the one which is close is at Kawaala or Komamboga. Most of them are far and it is hard to get the money for transport to take him there and the money would not be available, so the healthcare remains poor; the toilets are in a bad state, they get full and when it rains, the wastes flow to people's houses and the dirty water, thus people get attacked by other diseases. So, the healthcare is not good at all". (FGD with males, sub-national level)

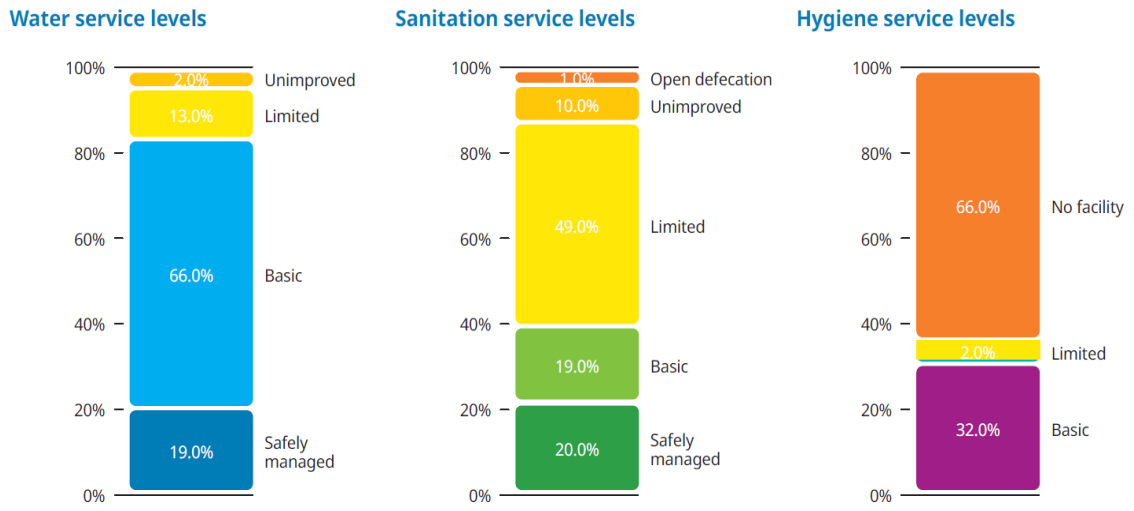
It is worth highlighting the limited government investment in public health – specifically disease prevention, health promotion and knowledge building, including nutritional literacy and capacity strengthening in informal settlements and generally among marginalised groups. Yet, with disproportionate coverage of health service delivery, it is in the best interests of the private sector to have as many people falling sick and hopefully seeking healthcare. The population's low knowledge levels and limited nutritional literacy continue to be preyed upon by widespread private sector service delivery, against the backdrop of limited investment in and regulation of food production, distribution, advertising, sales and consumption.

3.2.2. WASH (water, sanitation and hygiene) systems

Informal settlements within Kampala are characterised by lack of access to clean and safe water, poor waste management and lack of toilets. Despite KCCA's much-fronted statistic that 83% of Kampala has access to improved water sources (Tumwebaze et al., 2023), the cost of water is high within the informal settlements. This has pushed residents to use water from protected spring wells and drainage channels. KCCA has constructed various public toilets in informal settlements; however, they are poorly managed and characterised by risky WASH practices, including open defecation, especially through the use of "kaveeras" (polythene/plastic "flying" toilets), extremely low levels of handwashing as well as food handling/preparation/eating around unsanitary areas, including next to public toilets:

> "We just try to fetch the wastes for them but as KCCA, it doesn't have enough waste disposal vehicles and this implies that it can come once in a month because they will come and they will not have fuel, then the vehicles will also break down. Most of the people drop wastes in the drainage channels and when it rains, it is washed away by the running water". (FGD with males, sub-national level).

Figure 2: Overview of WASH service levels in Kampala City



Source: WASH Agents for Change, 2020. Extracted from the ACRC city of systems report (Mukwaya, 2023).

Empirical findings from this study show that low-income urban residents generate more waste than rich residents because they buy foodstuffs in their raw nature, which overwhelms waste collection in the informal settlements. While private contractors have been engaged on waste management and some WASH-related functions, the award and management of these contracts has been often been marred by allegation of irregularities.

> "We get a challenge with the contractors who only think of hardware fixing the toilet facility but not sensitising the people around to create the sense of ownership and sustainability and to own it". (KI, health inspector)

In addition, several unlicensed and uncontracted business companies were reported to have flooded the city garbage collection system. While some are opportunists and/or people looking for a livelihood, others are politically connected companies. Although the real owners of most companies awarded with KCCA contracts might not be physically active in day-to-day management, increasing impunity has been reported and contractors are neither monitored systematically nor penalised when they do not fulfil their obligations. The poor road network in the informal settlements greatly limits timely and orderly garbage collection, with some paths so narrow that garbage trucks cannot pass through. The waste accumulates and this affects the food safety in such areas:

> "The people don't have the money and even their settlements are bad in that the pipes of water cannot even pass through their settlement, a truck that empties the toilets cannot also reach their settlements and they cannot also afford the water, even if it is brought closer to them". (KI, KCCA, Health Department)

There are some waste management interventions and coalitions, such as the Kampala Solid Waste Management Consortium (KSWMC), as illustrated in earlier sections and

explained in detail within ACRC's city of systems report (Mukwaya, 2023). However, this system continues to be riddled by a myriad of challenges, including behavioural, systemic, political and infrastructural set-up of informal settlements with limited access points, poor garbage disposal practices and perceived regulatory failure to reign in powerful yet sometimes incompetent service providers.

3.2.3. Other systems

The key systems which are important to the functioning of this domain are predominantly community-level systems contributing to other systems through their specific activities. It is worth highlighting here that Uganda operates a decentralised governance system, also reflected in most sectors which operate from national to the local level. The systems reported and analysed as most critical in informal settlements are:

1. The local health system of community health workers and health educators
2. Environmental health and waste management systems
3. Water system, electricity and other utilities
4. Housing and urban planning systems
5. Economic support systems – VSLAs, associations
6. Faith-leaning systems
7. Social protection systems
8. Political and administrative systems (LCs, security systems, and so on)
9. Education systems – at the community but also national level.

The above is not an exhaustive list, and all the systems listed at the community level have corresponding and responsible systems at the higher levels, right up to national level and beyond. The higher-level systems would also need to be active, functional and supportive for the ones at the grassroots to be functional and effective. For example, at the national level – revitalising the disease prevention and community engagement strategy for HWN; activating and tightening regulation (regulatory systems) where it has been weak, providing for social protection in informal settlements at the national level, such as through the Social Assistance Grant for Empowerment (SAGE) scheme, which is currently operational in only a few districts.

3.2.4. Impact of key systems on functioning of the HWN domain

The regulatory system. The taxation and licensing system determines whether an environment is conducive to conducting business or not. According to study participants, taxation and licensing fees are too high and unfair. In addition, traders do not understand the criteria that are used to assess and determine taxes and licensing fees.

> "Regarding the licence, they should set standardised fees based on type and size of business. For example, it's unfair for someone to impose a licence of 500,000 UG

> shillings to a person selling passionfruit juice on the street. This is because it's unrealistic. So, I suggest a person owning a big shop can pay 500,000 UG shillings and 150,000 for a person selling passionfruit juice. That would be fair". (FGD with informal traders)

Food standards regulation policies are in place but KCCA lacks the capacity to regulate all food items within the city to ensure that the food is healthy. KCCA, however, does regulate the beef consumed by ensuring that cattle are slaughtered in abattoirs within the city, although it still lacks the capacity to regulate other meats, such as pork and poultry.

The waste management system. The garbage collection within the city is managed by KCCA, which in turn outsourced to private companies that collect garbage from specified places. Both KCCA and the private companies charge individuals for garbage collection. The companies are poorly regulated because they are owned by politicians and KCCA technocrats. This has, however, created a situation where people, especially in the informal settlements, are trying to find alternatives to avoid paying a fee. Therefore, some residents wait for rain to dispose of their sewage and solid waste into the flooding water. This has led to an increase in the incidence of hygiene-related diseases.

> "When people in informal settlements have to pay for household waste then they will look for an alternative that doesn't involve paying. So, they end up dumping rubbish when it rains when no one is watching". (FGD with women residents)

The health system. The health system within the city is made up of both public and private health facilities. The public health facilities make up only 2% of facilities within the city (KCCA, 2019). The public health facilities are characterised by long waiting hours, poor services, understaffing, corruption and lack of medicines and equipment. This has pushed a majority of residents to pay out of pocket to receive quality health services from private health facilities. Within the context of privatisation, a stronger private sector has generally driven health system efforts and investment towards curative rather than preventive health services – and the majority of the private sector facilities (pharmacies and drug shops, hospitals and clinics as well as other alternative medicine outlets) are owned by the technical and political elites with active positions in government, so it is not in their best interest to heavily regulate or restrict the design and delivery of private healthcare. There are also linkages between the food industry, heavy (bordering on predatory) advertising and labelling for unhealthy foods/ beverages and the need to utilise healthcare – most of which is private.

The use of village health teams (VHTs) as an extended arm of KCCA within informal settlements. KCCA uses VHTs as the first line of healthcare to bring health services to people within informal settlements. The VHTs are select by KCCA with support from the local communities. They are specifically important, especially in community mobilisation, sensitisation and awareness raising. They are also granted permission by KCCA to provide certain basic forms of treatment, including deworming and treatment of common illnesses like malaria and food poisoning:

> "Mostly it's the VHTs. They are closer to them and they know them and they tell them everything for example, why they don't have houses, or why they don't have toilets". (KI, KCCA)

Despite their pivotal role in community health and wellbeing, VHTs remain largely underfunded and ill-equipped. As volunteers they are not paid and so find challenges with economic survival, typically implementing and focusing mostly on programmes with some "facilitation". However, their capacities can be stretched more for optimum impact; for example, when Covid-19 hit and the need for mental health support significantly rose during lockdown, government and partners listened to expert guidance on the need to retrain and retool VHTs with skills in MHPSS. VHTs are versatile and adaptive, they also have the entire community at their disposal. Therefore, with proper training and support they can become HWN ambassadors, improving the uptake of healthy diets and overall HWN.

The food supply and value chain system. Supply of food to Kampala is privately and informally managed and controlled by private players. This implies that government has little to no say on how the traders set food prices. The supply of food is sometimes affected by poor weather, disease, poor road networks and long dry seasons. This has made food quite expensive in some markets. The food supplied to Kampala is hardly regulated for quality: "The food supply system is privately run so they tend to raise prices all the time" (KI, female resident).

Licensing and taxation. The mechanism of determining the various licensing and taxations influences the environment for conducting trade within the city, which is important for general health and wellbeing. According to both formal and informal traders within the city, they do not really understand the processes used to determine taxes and licensing fees. These fees have led to the collapse of most small businesses.

Corruption in regulation process and abuse of power. The quality of services generally provided by KCCA to the people is greatly affected by the corruption by KCCA technocrats and local leaders. Due to the power and connections some contractors have within KCCA and the fact that some private contractor companies are owned by them, they end up providing poor services and doing shoddy work:

> "You take somebody to court; the person comes back and constructs a toilet because he knows. Even some who have been given nuisance notices of 14 days and you know that the nuisance notice is the last document I can give you. Within three days, you find the person has at least done something. So that approach has helped". (KI, health inspector)

Fluctuating fuel prices. Fuel prices significantly affect the prices of food, especially because fuel is used in the transportation of food from the rural areas, where it is grown, into the city. So, when fuel prices rise, food prices also rise and vice versa. This has led to poor waste management within the city. In addition, Covid-19 led to

seemingly astronomical fuel costs, which had not yet come down or stabilised at the time of our research.

Government programmes like NAADS, OWC, *Emyooga* and, currently, PDM have greatly influenced the livelihoods and wellbeing of informal settlers. These are channels through which the government provides grants and resources like agricultural inputs (especially for the few urban farmers in informal settlements), so that they can improve their income-generating activities. However, these programmes have been hijacked by politicians and technocrats who end up embezzling some of the funds before they reach the locals, who reported that "those government empowerment programmes are not helping us … they use their own people".

Savings and credit cooperative organisations (SACCOs) and village savings and loans associations (VSLAs). SACCOs and VSLAs have been influential in ensuring that locals, especially market traders, have soft loans. Although some of these SACCOs have been established by KCCA, the majority are privately set up by the traders and locals themselves to facilitate access to soft loans. They choose to use SACCOS and not banks because of the high interest rates.

> "Lexember initiated SACCOs where you get loans and repay them, they start with 100,000/= and others start with 50,000/= up to 2,000,000/=, you get a loan and pay back daily, others weekly but not monthly. So, when you have repaid the loan and the record of your loan repayment history is good, they improve on your credit". (FGD with formal traders)

Covid-19. The pandemic had a significant impact on the health, wellbeing and nutrition of city residents. Whereas actors like some traders took advantage of the situation to determine their prices and, due to the lockdowns, made huge profits, the majority of traders made losses and sold their food at giveaway prices. In some instances, food became scarce and extremely expensive, which significantly affected people's diets. Some residents relocated back to rural areas and have not returned. Many people's livelihoods were destroyed, since the majority of informal settlement residents work hand to mouth. It also led to food insecurity, to the point that the government had to give out handouts. This was because food was no longer coming into the city from the villages, due to the lockdown measures and high transport costs, among other factors.

3.3. Actors in health, wellbeing and nutrition

The HWN domain has a multitude of actors from the public, private for-profit and not-for profit sectors; political actors; international, regional, national and local actors, all of whom pursue diverging interests – and sometimes converging. Broadly there are **three major power centres**, namely: 1) the president and his bloc – including government MDAs; 2) donors and 3) a "connected" private sector illustrated further below:

1) The president is interested in food issues but mainly from the angle of distribution and value addition for marketing locally and internationally to create wealth. His political trajectory – from socialist before and immediately after coming to power in 1986 to a neoliberal champion – reversed earlier efforts to address food and nutrition security,

such as the establishment of food reserves. The president sees wealth and wealth creation (Operation Wealth Creation/OWC) as the main vehicle to middle-income status. For nearly two decades, progressively incremental (between 13% and 34%) government funding has gone towards building roads to facilitate transportation of agricultural and other commodities, at the expense of improving handling, storage and utilisation of food (Golooba-Mutebi et al., 2021). However, despite the president's prioritisation of road infrastructure, district and feeder roads are not necessarily well maintained, and highways are also increasingly being tied to votes, that is, prioritised for construction in places where the ruling government has or expects political support. This affects the flow of food – especially considering that most of Kampala's food comes from the rural areas (Golooba-Mutebi et al., 2021).

Owing to his well-known interest, technical and political players will work to ensure that the interests of the president are known and well addressed prior to fronting any programme for cabinet and parliamentary approval, and this explains why certain bills stay for a long time in cabinet without approval or never get approved at all – such as the Food and Nutrition Security Bill, which stalled due to in-fighting among key line ministries and other related government agencies. As stated by a key informant working as a civil servant:

> "In our [government] system, you don't just rush to do things just because you think it is right. You have to first understand 'what is Mzei's position on it?' Even if you have a good idea which can help, you must first know what Mzei thinks".

Whatever is going to be popular to attract any government funding, however technically conceived, must go through some form of censorship by the president and for it to pass it must be assessed as not "injurious" to his political interests.

The proliferation of politically motivated and oriented programmes running parallel to technical plans, policies and strategies (for example, the army-led OWC replacing the technical-led NAADS) clearly explains the powerful political interests underlying them, at the centre of which is the president. Technical people in ministries simply go with the flow. It is not surprising that, once passed, these programmes attract more funding than those that are technically sound. Most of them usually emerge with names and slogans that carry political messages and are conceived towards the start of an electoral season. The well-known politically oriented programmes include: the *Entandikwa* credit scheme in the 1990s; *Bonna Baggagawale* in the mid-2000s; Youth Livelihoods Programme from 2010; "Operation Wealth Creation" in 2016 and, most recently, *Emyooga (*Golooba-Mutebi et al., 2021) and Parish Development Model (PDM). These programmes not only encroach on sector resources and spread them thinly, they are also not governed by law – meaning that policy provisions for their actual implementation are scanty and open to interpretation. There are also very few (if any) punitive measures for most officials who misuse related resources. Consequently, they severely affect the technical functions of primary sectors, especially the Ministry of Agriculture, Animal Industry and Fisheries (Golooba-Mutebi et al., 2021).

2) Powerful donors and development partners. In an ideal situation, government technical planning and policy coordination entities ought to provide leadership for all the actors in agriculture, food and nutrition security. Because of the inability of the apex actors (government, influential international development partners) to consistently come together and plan, coupled with the ubiquitous "presidentialism" in the agriculture, food and nutrition security sub-sector, competition and fragmentation among actors continues to characterise the sector; one of the national-level participants described this context as a "movement of uncoordinated troops, with everybody pushing to implement what they can". The proliferation of programmes and implementing agencies is not only visible at the national level but also in districts – although Kampala has received relatively less investment in food and nutrition compared to rural areas. Sometimes technical staff at sub-national level are completely disengaged from their routine work in favour of donor-supported projects/interventions which take up their time, a recipe for conflict of interest. A key informant, for instance, observed that: "the desire by some agencies to complete their tasks has resulted into conflicts"; while another KCCA official at a recent (March 2023) validation event said "you have all these development partners calling you every time to go and monitor their programmes when your main work is flowing ... you have to be everywhere, so it's not easy to focus or perform". This makes it difficult to reach the last mile in service delivery.

Interviews with national-level participants also strongly highlighted the tendency by government to pick and drop plans, frameworks and strategies before they have been fully implemented, largely due to external/foreign influence from powerful international and global actors. As one of our participants observed, "there is the tendency by government to quickly respond to external powers who demonstrate that they have financial resources". Another participant mentioned, "Foreign influence is driving policy and planning with regard to nutrition and food security in Uganda", while another commented: "Development of policies in Uganda seems to be motivated by an impression that there will be funding from elsewhere ... Donors push for their own interests. If they need a law, they push for it, and it goes with their own wording". This has often resulted in a proliferation of policies, bills and plans, with some ending up on shelves with very limited utilisation.

External/donor influence is also blamed for the government's inability to sustain very important initiatives. For example, USAID invested about USD 5 million in RECO Industries to produce food supplements locally and tried to argue that a government takeover would make this initiative sustainable. However, the government did not do this, contrary to the favourable provisions in the Memorandum of Understanding. Consequently, UNICEF and WHO abandoned the procurement of supplies from RECO, in favour of supplements from France and Switzerland. This is on one hand viewed as government failure to fulfil its part of the bargain with donors, but on the other hand failure by both government and donors to support local industries and their products. Arguments that are critical of this state of affairs, according to a national-level participant, do not so far seem to go well, either among the donors or government, as

illustrated in the following: “Anyone challenging and raising issues of sustainability is looked at as an enemy”.

The Office of the Prime Minister (OPM) tries to coordinate, but does so from the perspective of relief, not from the empowerment and long-term planning point of view. Some of the stakeholders we interviewed, for instance, accuse the OPM of having two very important directorates: one responsible for food, and the other nutrition, but which are uncoordinated, with each of the two claiming that they did not know what the other was doing. “There is pulling of ropes in OPM; there is a struggle over donor money”, as one national-level study participant and consultant in the nutrition sector observed.

There were also voices among study participants, such as “UN agencies have taken over government”, partly in reference to the government’s inability to keep in control/take charge, but also because some agencies stick to ensuring that their interests are met above all others. For example, the study found that whereas the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF), MOH, World Food Programme (WFP), Food and Agricultural Organisation (FAO), International Fund for Agriculture Development (IFAD) and academia advocate for food and nutrition security, UNICEF, WHO and OPM focus on nutrition. “Success” seems to follow the player that will lobby “smart”, which to some of our respondents is not important, because the governance system in Uganda has allowed this to happen, as one of the study participants observed: “International players and financing is partly to blame for the malaise in the food and nutrition terrain: over 100 million US dollars every year! These actors found a vacuum, due to rolling back of the state”.

3) A “connected” private sector. It is widely believed, in some circles, that the presence of “connected” private sector actors with disproportionate power and influence has also led to price distortions and unfair competition, keeping agriculture and the overall the food sector unprofitable and unattractive to the abundant unskilled labour in the country. This has been exacerbated by a limited presence of farmers’ groups, weak capacity among existing ones, coupled with the lack of deliberate action by government to build this important group of actors. The “connected private sector” have multiple points of entry, agents, attachments, contracts and contract suppliers, networks of accomplices, potential buyers in institutions and civil society, businesses, as well as the Ugandan revenue authority. The connected sector has been reported to act like a cartel (Golooba-Mutebi et al., 2021). A study participant from academia observed that: “business cartels owned by big people have hijacked the licensing system and, if this persists, value will be lost, service quality compromised and integrity will die”.

Overall, powerful donors and development partners shape the policy landscape of HWN in Uganda. They also fund aspects and programmes which align with their own interests, although these may not necessarily always be priority areas or pressing needs for the government or residents of Kampala's informal settlements. It is also worth highlighting that there is both overt and subtle competition between these donors, which is sometimes detrimental to HWN planning, implementation of related programmes and overall population outcomes. The president remains an extremely powerful actor – the key initiator of, and conduit for, most policy decisions. While the president continues to directly and indirectly influence inner workings of the de facto units responsible for food and nutrition security – mostly for political mileage and control – the mainstream actors (without political connotations) are presented in the next section.

3.3.1. State actors

The key actor within Kampala City is the government of Uganda, with related line ministries including the Ministry of Health (MoH); Ministry of Agriculture, Animal Industry and Fisheries (MAAIF); Ministry of Gender, Labour and Social Development (MoGLSD); Ministry of Finance, Planning and Economic Development (MoFPED), Ministry of Education and Sports; Ministry of Trade; Ministry of Lands, Housing and Urban Development among others. The Office of the Prime Minister (OPM) plays a leadership and coordination role across the different line ministries, in line with the government's strategic direction and integrated human capital development (HCD) and multisectoral approach to development. In addition to line ministries, development partners – including UN bodies and their respective implementing partners – also continue to support the government, as observed by a government MoGLSD official:

> "The Prime Minister is key in terms of response but even coordinating the other sectors. One partner – UNICEF – helps us … in the mobilisation, food and security matters. We have another partner who is called the German Adult Education Association, they support adult learning programmes. All of this supports the line ministries to uphold the mandate of government."

The government and its MDAs are bound by the third national development plan (NDP III), NRM manifesto and the KCCA Act seeking to improve informal settlement status – including their health, wellbeing and nutrition. Other critical government agencies are Ministry of Kampala City and Metropolitan Affairs, which houses KCCA, National Planning Authority and parliament. The private sector (including SMEs, business owners of supermarkets and stalls, advertising companies, business brokers, for example, for food markets), civil society organisations, regulatory bodies (such as UNBS, which is the food standards regulator) and the National Water and Sewerage Cooperation (NWSC) remain pivotal. The presidency (President's Office and State House) also remains a key factor in the sector, typically using agriculture, livelihoods and other institutions or "initiatives" like OWC or, currently, the PDM to generate political support. A breakdown of the key actors is presented below.

Government of Uganda

The political wing is led by the President of the Republic of Uganda, who appoints ministers to the various ministries that align with the HWN domain. In addition, he appoints the person at the Ministry of Public Service who is in charge of recruitment of all the technocrats that have the responsibility of policy formulation at the national level. The president is constitutionally allowed to identify individuals for appointment – typically he informally oversees and champions the appointment of various technocrats, including the KCCA executive director, permanent secretaries and commissioners within ministries and key government parastatals. The National Resistance Movement (NRM) is the political party in power, headed by President Museveni. Its manifesto for the period 2021-26 is a key document that guides Uganda's policy formulation process and resource allocation. Policies include the National Development Plan (NDP) III, Health Sector Strategic and Investment Plan (HSSP) III and the Uganda Nutrition Action Plan. The president holds significant power in the political, social and policy sectors within Kampala city. The ministries have the mandate to formulate and institutionalise policies, guidelines and frameworks directed towards improving health service delivery, food security and the wellbeing of the population. For example, the Ministry of Health (MOH), Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Water and Environment (MWE) and Ministry of Education and Sports (MOES) provided joint leadership in developing the country's HCD roadmap:

> "These four ministries developed the Programme Implementation Action Plan that is currently ongoing to improve the health and nutrition of people in Kampala City and Uganda, with the MOH spearheading its implementation in Vision 2040, which is a five-year development plan. The Action Plan aids the overall Human Capital Development programme led by the president". (KI, National Planning Authority)

Kampala City Council Authority

KCCA is a semiautonomous body established through the KCCA Act of 2010. It has the mandate to formulate and operationalise policies, strategies and guidelines in line with the sectoral ministries' policies to improve and transform the city with approval of central government through the Ministry of Kampala. The political wing of KCCA is led by a mayor elected by the population that represents the entire city, with five other mayors heading each of the five divisions within the city, including Kawempe, Makindye, Nakawa, Central and Rubaga. Each mayor governs with a team of councillors elected by the people. The executive director and the technocrats across the five divisions formulate policy and guidelines which are approved by the respective councils headed by the mayor. Being a central government agency/authority the executive director of KCCA, who is appointed by the president, wields more power than the political wing within the city headed by the lord mayor.

Despite the lord mayor and his political wing (councillors) having the mandate to provide oversight in the implementation of policies and regulations; and despite popularity in their respective constituencies, their role is notably insignificant and undermined – mostly because the majority are from (political) opposition parties. This implies that the executive director holds more power on how implementation is done, since they are directly appointed by the president to represent his interests. City expansion has continued to generate enormous complexities, which include, among others, space for housing and introduction or improvement of a range of other services. To create space for such services, Kampala City authorities struggle to obtain resources (land) on which to provide urban services and basic infrastructure such as health facility structures, housing and roads. Contemporary urban expansion is largely characterised by land tensions and political intrusions, creating real challenges for planners, with land ownership cartels directly linked to the top political leaders in business locally called “mafias”. These have consequently fuelled political appointments, promotions, audit sanctions, arrests and even employment terminations for some projects “in their favour” to succeed.

3.3.2. Non-state actors

Non-state actors include traders and businesspeople, farmers, residents, CSOs and healthworkers. The private sector (mostly SMEs, traders, business owners – both large scale and small or informal actors) plays a significant role within Kampala City through provision of jobs and employment, especially to the youth, construction of buildings that house a range of businesses and provide accommodation, and ensuring food security through the sale of food.

Given that only 1.7% of Kampala’s population participates in agriculture (UBOS, 2024b), farmers outside the metropolitan area are key to ensuring food security and nutrition. The majority of farmers within Kampala are engaged in growing vegetables, which are the biggest sources of micronutrients. Over 90% of households in Kampala access food though market and retail purchase, which implies that food vendors in the markets and farmers outside the city hold significant power over the food distribution system within the city (Hemerijckx et al., 2023). It also means that, beyond food production, food distribution is extremely important to ensure access and affordability. This would include the location of markets (and the provision of facilities such as water and waste collection), where street vendors are allowed to trade (for example, along main roads and at transport hubs) and, overall, the management of transporting food into the city and collecting waste. This puts the government (and KCCA in particular) front and centre in ensuring that they provide the infrastructure (hard and soft) for non-state actors to operate.

> “We plan for markets and we make sure that they are accessible. In terms of land use planning, it is at a strategic level that we do and so we enable the actual providers of nutrition to do their work. This is so that food can reach the city and they can be dispersed within the city”. (KI, KCCA)

However, the reality is different, with the general use of patronage to avail services for city traders and residents, as the state tightly controls markets and determines who really benefits from the process. The general perception is that measures in place are oppressive and the environment not conducive to enable easy access and affordability for non-state actors and especially the average farmer, trader or food vendor (Young, 2017; Wanyama et al., 2019) as shown in the excerpt below:

> "We do different things to survive … some of us sell food like 'rolex', while others sell tomatoes, onions and other fruits … it is from such activities that we get income. But it is so little that you can't even start thinking of having a proper stall, which KCCA wants you to first pay for, the money doesn't come out – if you even struggle to get what to eat that same day you work, how will you manage licence fees?" (FGD with youths)

> "We fry chips, chicken and eggs for sale at the roadside, and the other women sell other foodstuff like banana, rice, posho, meat, beans and green vegetables. That is how we get income. But we are always getting arrested by KCCA [enforcement teams] for selling our things at the roadside. These KCCA men move day and night, we have nothing to do, there is no more business and yet children want to eat". (FGD with women informal traders)

> "The biggest challenges we face when starting up businesses is space, especially for the space in buildings. This is because you have your small fridge and you need space in a building and electricity. The spaces within buildings are very expensive, come with very high licensing fees". (Formal traders, KCCA, sub-national level)

Private sector and informal settlements: Informal settlements are a huge market (at ~70% urban residency) which previously remained underserved in some ways, partly because of what residents perceive as "quality", or the good things that other wealthier city residents can afford – the things they aspire to gain access to. Such knowledge and preferences have promoted a "poor man's" [affordable] version of most products and created alternatives such as roadside fast-food restaurants (chips/chicken/fish) and smaller packaged options (soda/processed foods and beverages and energy drinks). In the recent past, SME actors have changed their business model to make their products more affordable (smaller sizes) and accessible, even in hard-to-reach communities (for example, selling ice creams, yoghurts and sweets from mobile refrigerated bicycles or motorcycles). For SMEs, this is innovation to tackle a previously underserved yet large market; However, they have been reported to sometimes compromise on quality and nutritional value while implementing this approach:

> "Although sometimes economies of scale might be there and production is cheaper, most manufacturers in Uganda will do whatever they can to avoid high production costs related this … for example, getting very many small containers instead of one big one presents higher cost. So, the manufacturer will decide to lower costs in the nutritional value of the product itself because of packaging costs … and it doesn't help that UNBS is sometimes not too keen on these things." (KI, civil society)

SMEs also face stiff competition from the big companies and do not operate at optimum capacity, due to resource and other constraints, so mediocrity in product development and service delivery continues unabated in this space, affecting city

dwellers and especially the residents of informal settlements. In Kampala, the private sector is capable of driving development in multiple ways; however, it is riddled with multiple challenges and lacks strong regulatory mechanisms.

With the liberalisation of the agricultural, food and nutrition sectors in the 1980s, the private sector holds a key position/role in the agriculture, food and nutrition value chains. There are both large and very small private players in food purchases, processing and/or distribution. Each of these players has a level of influence on the overall national food and nutrition security outcomes, with regulatory bodies demonstrating lesser control. They include big buyers and processors as well as farmers' groups involved in agrobusiness, input dealers and food vendors. Hotels and restaurants – including informal, mobile and/or unlicensed ones – are also important private sector actors shaping food and nutrition security outcomes in Kampala.

Civil society, including development partners, CSO organisations and global "peers", has facilitated the formulation and implementation of policy through partnerships and funding a range of interventions. These interventions are aimed at improving the city, including those in public health and healthcare/service delivery, waste management, WASH, and health promotion. Currently some of the strategic and operational partnerships operating in Kampala include the city of Strasburg, World Bank, World Food Programme and FAO. Civil society, including development partners, is a critical force and an impactful change agent. Civil society partners are what pushes government to be more accountable and responsive to its population and their investments to support policy priorities give them both stake and voice – to some extent. They provide investment and advocacy, pressure on government, knowledge and innovation, since most specialists work in this space and have developed potentially impactful interventions although their scaling, local ownership and sustainability remain major challenges.

A section of civil society has already been discussed in the section on "Powerful donors and development partners". Broadly, and for the purposes of this report, civil society also includes UN agencies and donors as its facilitators, champions and funders. This section includes Uganda civil society organisations, as well as Kampala civil society, which also includes residents' associations, trader associations and CBOs, among others.

City residents, the majority of whom reside in the informal settlements, are important actors in the affairs of Kampala. They participate in the election of the political wing within the city. They are a source of labour and also pay taxes on personal and business incomes (local service tax/LST, value added tax/VAT, rent for business space – including spaces declared illegal for operations but which have invisible owners who collect). The general consensus from communities is that in trying to operationalise structural adjustment policies (SAPs) and liberalising the markets, the government sold off everything and cannot fix the economy or address people's needs, such as regulation of prices or the private sector. The only thing government can do is to tax it;

and there is a lot of tax harvesting from the health/nutrition/food supply chain, including farmers (suppliers), intermediaries, market stall owners/operators and right up to informal settlement residents (consumers). Therein lies government interest for holding tight onto the markets – including their construction and management:

> "Right now, URA sends its staff to come and inspect businesses, something they never used to do in the past. They used to do this for big companies but right now they come and harass us. These days it doesn't matter how small your business is, they will still dictate your taxes. So, with such high taxes and with the high rent fees, the business might end up collapsing even before you earn any profit from it". *(*KI, formal trader)

The issue of markets and related astronomical costs is a key factor for HWN in Kampala, as they directly impact food security, access and affordability. The challenges remain multifaceted: first, markets present physical access issues for informal traders or those with low SES. This, in turn, affects the selling and buying of food, which becomes very expensive for buyers and discouraging for traders. For built markets, some of which are storeyed and stretch across a long acreage/distance from the main road or accessible points, it is only the "connected" traders who can secure good and profitable spaces. And city elites (especially government officials or connected private sector entities) run these spaces for corporate use, with different strategies, such as invoking the direct impunity of being connected or powerful; they rent them out at unfair prices, some off the books. The majority of low-income traders who can pay are driven further away from the strategic spaces, such as the ground floors or main road, and moved towards the back behind many other stalls, away from desired customer access points, or onto top floors, which are neither accessible nor profitable.

The governance of food market spaces is therefore a key barrier to uptake of healthy diets in Kampala. The planning, location and management of these spaces is very political and heightens trader vulnerability, displacement and overall exclusion. Markets, as an HWN case study, directly and indirectly affect the flow of food (from farm/traders to markets and then from markets to consumers). This challenge is further exacerbated by political interference in an opposition-leaning stronghold such as Kampala and weak regulation, partly affected by regulatory capture; for example, where regulators make concessions for powerful private businesses, who in turn fund some of the government's initiatives or political endeavours, including political campaigns before election into office. Hickey et al. (2021) refer to some of these powerful domestic capitalists as "politicopreneurs", who enjoy a symbiotic relationship with the ruling government, whereby the former provide business opportunities, while the latter mobilise political support and bankroll some of NRM's political projects (Tangri and Mwenda, 2019).

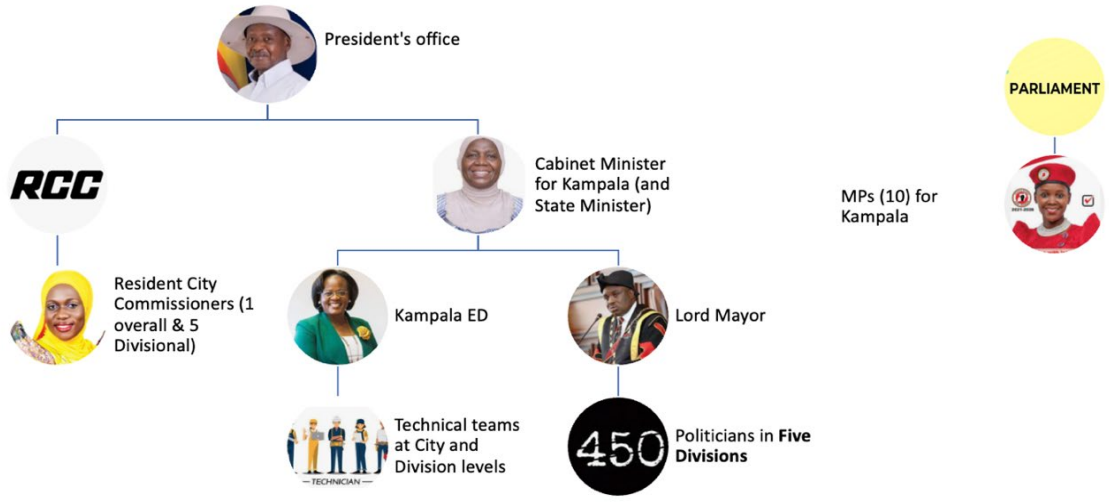
3.4. Power and governance of health, wellbeing and nutrition in Kampala

The HWN domain in Kampala City is governed through a public–private partnership (PPP) with several members in both the private and public sectors. At the national

level, the Ministry of Health (MOH) has the responsibility of developing policies and guidelines which provide strategic direction for improvement of the population's health. At city level, Kampala City Council Authority (KCCA) is the most prominent stakeholder. KCCA is the central government agency created in 2011 to streamline operations and improve service delivery in the city. It is mandated to plan, govern and facilitate the delivery of quality services within Kampala, including the provision of education, social and public health services, and urban planning. Within this mandate, the KCCA Directorate of Public Health is responsible for planning and regulating the city's health, nutrition and food security, waste management and sanitation – contributing to the government agency's vision for a vibrant, attractive and sustainable city (National Planning Authority, 2018). KCCA is therefore a key player in managing all the affairs within the city, including the HWN domain in informal settlements. All the KCCA interventions are aligned to the Uganda National Development Plan III and directed towards achieving the national Vision 2040 and the Greater Kampala Metropolitan Area (GKMA) Development Framework 2040.

KCCA is made up of technical and political wings. The technical wing is led by the KCCA executive director and its primary responsibility is to operationalise the mandate of KCCA, as defined by the KCCA Act 2010. The political wing is led by both a minister for Kampala city and metropolitan affairs (appointed by the president) and the lord mayor, along with councillors elected by city residents. The minister for Kampala was appointed to ensure that the will of the president is represented in the governance of the city. The city's lord mayor and councillors have the responsibility to represent the will of the residents by influencing the policy formulation process. However, KCCA's political wing's power is largely undermined by the city leadership set-up – not least the presidential appointed and backed technical wing, illustrated in Figure 3.

Figure 3: Kampala's de facto governance structure



Source: Bukenya and Matsiko (2022).

3.5. Key challenges on governance of health, wellbeing and nutrition In Kampala

Weak regulation and enforcement of policies: The government – directly and through KCCA – has put in place several policies and regulations, many of which are perceived to be unfair to the residents of informal settlements. The majority of informal settlers, especially the youth, participate a lot in informal trade – including selling and vending food items, both dry and fresh. However, according to KCCA, it secured spaces for informal traders to conduct their business. Despite this, the informal traders are reluctant to occupy these spaces because most residents of Kampala buy a lot from the roadside, which limits their market. So they continue to illegally operate businesses by the roadside, which subjects them to harassment by KCCA enforcement officers and police. In some areas, frustrated residents have resorted to crime, which has increased insecurity.

Secondly, since most of the contracts and tenders are issued to politicians and technocrats within KCCA, regulation of the quality of work done becomes difficult, as reported by people locally responsible for waste management: "We have the private contractors and we cannot regulate them. KCCA says its regulating, so it's a bit challenging to connect because we have a tollfree line and then they connect you to another service, not KCCA*".* Generally, the negative impacts of weak regulation are noticeable; for example, overflowing and hazardous waste exposes people to preventable diseases, while consumer safety is compromised, with limited and/or corruptible quality assurance checks.

Poor waste management, flooding and recurring disease risk: KCCA changed its policy from provision of free garbage collection services to outsourcing these services to private companies that charge a fee for the waste. This would have been acceptable if it had not failed to address the waste problem because; a) the majority of informal settlers are living in poverty; and b) the companies are owned by politicians and technocrats within Kampala who formed a cartel, since it pays to collect the garbage. So quality control and regulation remain difficult:

> "We just try to collect the waste from residents but as KCCA, it doesn't have enough vehicles and this implies that it can come once in a month because they will come and they will not have fuel, then the vehicles will also break down. The private companies also come like once a week. So, most of the people drop wastes in the drainage channels and when it rains, it is washed away by the running water." (Opposition politician*)*

Since most of Kampala is swampy, according to the KCCA (2019) statistical abstract, it is characterised by flooding, especially during the rainy seasons. This is due to the poor drainage systems within the city particularly in the informal settlements. This has led to an increase in cases of UTIs and hygiene-related diseases like typhoid and diarrheal diseases:

> "the toilets here are in a bad state, they get full and when it rains and floods, the wastes flow to people's houses and the dirty water, thus people get attacked by other diseases.

> The people also empty their toilets into the floods when it rains. So, the healthcare is not good at all." (FGD with males)

In an FGD with young people, they reported having "the challenge of poor healthcare. We are always getting sick, due to the fact that we live next to poorly managed drainage channels which regularly flood, yet people dump sewage in them".

Low health financing and management: Despite health taking the biggest share of the KCCA budget, the financing is not sufficient because of the large population within the city. The financial investment does not match the intentions and actions for policy or practice. The public health facilities that are managed by KCCA only account for 2% of all health facilities within the city – these facilities are characterised by long waiting times, poor quality services, shortage of drugs and equipment, understaffing and corruption. That is why most of the payments for health are out of pocket from private health facilities. This is because, despite the high fees for healthcare, they get the quality services they need. In addition, curative services and public health are handled by clinicians, including doctors and nurses. This in turn puts most emphasis on curative treatments, ignoring public health – and there is almost no provision for a functional and well-equipped preventive health system which would decongest the health facilities and keep people healthy, even through simple actions related to nutrition and overall lifestyle.

Increasing incidence of NCDs: There is a growing number of cases of NCDs, including diabetes, heart disease and ulcers. This has been attributed to changes in diet, lack of physical exercise and access to better screening services, as noted by another politician KI that "due to poor feeding, there is an increase in diseases like ulcers, irregular blood pressure or diabetes".

Shrinking land access opportunities/shortage of land: This is caused by the increasing population within the city. Land has become fragmented and prices have increased. Limited availability of land makes it almost impossible to practise urban agriculture. Residents have limited urban agriculture mostly to growing vegetables and animal husbandry on a very small scale. The land system within the city is complicated and in order for the government to make developments, it has to compensate people, which is being abused, making it very costly:

> "Political interference, the land tenure system, which encourages that people be compensated for their developments, even when it is for the government. We have street vending, which has become a problem to people in markets and you really see us trying to avoid that, so that people in proper spaces are operating well. We also try as much as possible to keep integrity in our markets, especially to our beneficiaries. We provide security in the markets and waste management within these places" (KII urban planning, KCCA national level)

Another challenge repeatedly mentioned by both community leaders and members is the **lack of a policy specifically looking at issues in informal settlements** – because their "issues are unique and should not be lumped together with others living or working in 'normal' residential places".

There have been some relevant major shocks and opportunities. For example, the **Covid-19 pandemic** had a significant impact on the health, wellbeing and nutrition of residents within the city. Whereas actors like some traders took advantage of the situation to determine their prices due to the lockdowns and make significant profits – locally called "making a killing" – according to the informal traders, a large majority of traders made losses and sold their food at giveaway prices, mostly because of its abundance and perishable nature. In some instances, food became scarce and extremely expensive, which significantly affected people's diets. Some residents relocated back to rural areas and have not returned. A lot of people's livelihoods were destroyed, since a majority of informal settlers work hand to mouth (that is, for a daily income). It also led to food insecurity, to the point that the government had to give out handouts – an initiative which was grossly mismanaged. This was because food was no longer coming into the city from the villages, due to the lockdown measures and high transport costs.

> "Before Covid, we had a lot of business and customers but when pandemic came in, especially with the lockdowns, the situation changed drastically. The number of customers significantly reduced because the only customers we had were the ones from within Ggaba. Secondly, when Covid-19 came in, people changed businesses. For example, some that were selling mukene [small silver fish] started selling vegetables or completely left the food trade. This was mainly due to the lockdowns that limited movement of vehicles. Post Covid-19, the situation has even become worse because now the price of fuel has shot up, so the customers have reduced greatly, due to the rise in fuel prices that have shot the prices of almost all items". (FGD formal traders, KCCA sub-national level)

Farmers, especially those in the rural countryside, also had to contend with the effect of movement restrictions. Transporting produce became very expensive and since most of them used to hire transport in groups, with limited people and items allowed to move during lockdowns it became impossible. Moreover, because the fuel costs have continued increasing and not returned to the pre-Covid rate, many farmers are still struggling to meet transport costs, alongside input and other costs, without making losses.

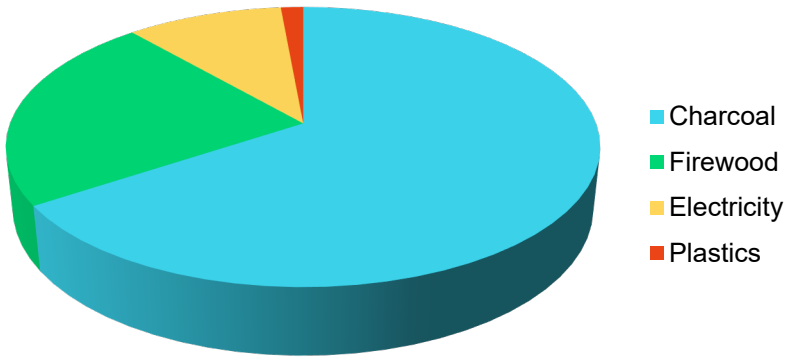
Climate change and disease: Due to climate change, the two seasons have been greatly affected. Of late, the dry seasons are longer than the wet seasons. The patterns of the seasons have also changed. Since most agriculture in Uganda depends on natural rains, food production tends to fluctuate because of extreme changes in climate. In addition, there are a number of crop diseases emerging. This has increased food insecurity. Climate change has also led to flooding in the city, due to heavy rains. This has increased the spread of waterborne diseases and has also negatively affected people's business, since they cannot operate when there are floods.

> "I personally sell tomatoes, onions and other vegetables. Right now, tomatoes are very scarce within the country because of a disease that attacked tomatoes last season and longer dry seasons (too much sun) so we import them from Kenya. We get the onions from Kisoro and Tanzania." (FGD with formal traders)

> "Floods during the rainy season increase the prevalence of disease and also people's businesses are greatly affected." (FGD with female youth)

It is worth highlighting that, for informal settlements, their main sources of energy continue to have an adverse impact on climate change. Residents of informal settlements use charcoal or other forms of unclean energy for cooking and other activities; and are therefore stuck in a perpetual cycle of deprivation. We found that the high cost of energy, added to the high cost of food, was one of the reasons why low-income groups rely so much on cooked food vendors, who are overall cheaper as well as more convenient (especially for people who have inadequate housing with limited or non-existent cooking facilities). We also found that the majority of people in the informal settlements used charcoal for cooking, compared to a few people who used firewood and electricity. A few used plastics for cooking – especially when these individuals had difficulty raising money to buy charcoal or firewood (the preferred energy form), as illustrated in Figure 4 (overview of sample size and characteristics in methodology section).

Figure 4: Main sources of energy used for cooking in the informal settlements



Source: Research data, 2022.

3.6. Policy commitments on food and nutrition

Historically, HWN has been a key priority area for the Ugandan government. It remains a priority, although the manifestation of this importance has changed over the years, with more overt linkages to politics. The government's commitment to health – in particular, nutrition and food security – can be seen in its policy framework, largely driven by its ambition of achieving middle income status by 2030. The National Development Plan III (2020/21-2024/5) highlights the importance of a productive workforce, and the need to address any health issues affecting productivity if this is to be achieved. In addition to the NDP (whose three versions are briefly discussed at the end), there is what overall seems to be an enabling policy framework, although the jury is still out on policy efficacy, partly explained under each of the key policy/legal provisions outlined below.

At the international and regional levels, Uganda subscribes to several food and nutrition security agendas. Global frameworks that provide overarching guidance for nutrition and food security interventions to which Uganda subscribes include: the Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016-2020 and the latest one, 2021-2025); United Nations General Assembly on Non-Communicable Diseases (2011); New Alliance for Food Security and Nutrition (2012); World Health Assembly Resolution (2012); Nutrition for Growth Summit (2013); Committee for World Food Security and Nutrition (CFS, 2013); Global Panel on Agriculture and Food Systems for Nutrition (GLOPAN, 2013); the Second International Conference on Nutrition (ICN2) (2014); Rome Declaration on Nutrition and Framework for Action and the Sustainable Development Goals (SDGs) 2015.

At the Africa regional level, there are several food and nutrition-related commitments to which Uganda is also party. They include: The African Union's Agenda 2063; Abuja Declaration 2001; Maputo Declaration, 2003; Grow Africa Initiative (AU and NEPAD) (2011); Malabo Declaration, 2014; Malabo Declaration on Nutrition, 2015; Africa Regional Nutrition Strategy (ARNS) (2015-2025); FAO Regional Initiative (RI) on Africa's Commitment to End Hunger by 2025; African Leaders for Nutrition Initiative (ALN), 2018; African Leaders for Nutrition Initiative (ALN), 2018; African Development Bank's Multisectoral Nutrition Action Plan (2018-2025). In fact, Uganda was one of the first African countries to concurrently implement the Comprehensive Africa Agricultural Development Program (CAADP) and the Agricultural Development Strategy and Investment Plan (DSIP). In addition, Uganda is a signatory to the Malabo Declaration of June 2014. The Malabo Declaration aims at reducing childhood malnutrition (under-five stunting to 10% and wasting to 5%) by 2025.

At Eastern African Community (EAC) level, Uganda is a signatory to: the East Africa Community (EAC) Food and Nutrition Security Strategy (2018-2022); Eastern African Parliamentary Alliance for Food Security and Nutrition (EAPA FSN), 2019; East African Community Agriculture and Rural Development Strategy (EAC-ARDS) 2005-2030. All these commitments provide a strong basis for civil society advocacy work.

National policy and legal framework for food and nutrition security in Uganda

- **Constitution of the Republic of Uganda 1995:** Despite the major policy shifts towards neoliberalism in the 1980s, the 1995 constitution of the Republic of Uganda (objective 22) underscores the right to food and nutrition security for all Ugandans; it states: "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".[9]
- **Food and nutrition policy 2003:** Efforts towards realisation of the state's constitutional mandate began in the early 2000s, with the approval of the food and nutrition policy in 2003. However, this policy did not effectively provide the required guidance to drive national food and nutrition interventions and – despite several

9 The 1995 Constitution of the Republic of Uganda.

attempts – stalled waiting for cabinet approval in 2019. Key stakeholders blamed the policy for its lack of clarity with regard to whose primary mandate it was to ensure its implementation; it was "multisectoral and budgeting became a problem because of the leadership and coordination challenge", as one of the national-level study participants observed.

- **Poverty Eradication Action Plan (PEAP) 2007:** The other interventions related to this legal commitment was the Poverty Eradication Action Plan (PEAP) of 2007. Initially the PEAP was one major policy intervention emerging to address the negative impact of the SAPs of the 1980s that simultaneously impacted on food and nutrition security, given that most people lost jobs arising from massive retrenchments of government employees. The PEAP was structured around five core pillars, among which were included production, competitiveness and competition. The other pillars, although not directly linked to agriculture and food security, reinforced production and productivity. These included: macroeconomic policy; security, conflict resolution and disaster management; good governance; and human development. The PEAP was followed by the Plan for Modernisation of Agriculture (PMA) 2007, and later in 2010 until now, the five-year National Development Plans (NDP I, II and III), which have specific policy provisions for food and nutrition security.
- **Plan for Modernisation of Agriculture (PMA):** The PMA was the first of the major policy and institutional interventions addressing agriculture and food security issues along with the PEAP of 2007. A review of the national development plans shows that the basic tenets of agricultural modernisation, as articulated in the PMA, have continued to be integrated into the national development plans. For instance, within the PMA, several policy options were considered by government, including: a) large-scale irrigation; b) publicly held grain reserves; and c) compulsory retention of reserves of designated food crops by farmers. The political economy analysis (PEA) undertaken sought to find out from key policy and implementation stakeholders to what extent these policy prescriptions have been executed/fulfilled and whether government programmes/projects that seem to have succeeded the PMA will effectively deliver on these intentions. The findings from interviews with district- and national-level stakeholders show that these crucial aspects of the PMA are largely still on the wishlist of both the national and local stakeholders, nearly 15 years down the road.

  One of the major weaknesses of the PMA was that it lacked the necessary law to support its implementation beyond its five years of World Bank funding. However, its "babies", the **National Agricultural Advisory Services (NAADS)** and the **National Agricultural Research Organisation (NARO),** outlived it because they had specific laws to support their continued government funding, although these too are largely affected by the proliferation of politically motivated projects and programmes initiated by the president. The NAADS promoted food security more indirectly, through commercialisation of agriculture and improved marketing following the philosophy of "improve people's incomes, and they will gradually become food secure", as opposed to "promote agricultural production so that people become food secure and earn incomes". The major setback for the NAADS programme and others that followed, notably Operation Wealth Creation (OWC), was that the programmes tend to target the economically active farmers at the expense of the poor and vulnerable categories. On the whole, the NAADS remains the PMA's biggest achievement but it is heavily criticised for disempowering the wider agricultural sector. As observed by one of the study participants at the

national level, “NAADS supported the private sector that was sometimes insensitive to local farmers’ needs”.

- **Food and Nutrition Security Bill 2010:** In 2010 the Food and Nutrition Bill was drafted for enactment into **law on food security and nutrition;** however, until now it is yet to be enacted. Existing laws related to food and nutrition, such as the Food and Drug Act of 1959, the Public Health Act of 1934, are old old/outdated – although the latter has since been revised (2022), a number of recent changes in the food and nutrition landscape would not have been captured.

There has been some form of “competition” among government sectors over who controls food security and nutrition issues. The competition has been mainly between the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), the Ministry of Health and the OPM. Because of this competition, the food and nutrition sector has been characterised by delayed action/interventions and a proliferation of policies and laws, for example, the Food and Drug Authority Bill (more recent), the National Drug Authority (NDA) Act; the Uganda National Bureau of Standards (UNBS) Act, to mention but a few. It is worth noting that nearly all these policies focus more on the quantities and projected economic and/or political value than on quality of diets or the nutritional wellbeing of the population.

- **Uganda Nutrition Action Plan (UNAP) I (2010-2015) and UNAP II (2020-2025):** Since 2010, national-level discussions on food security switched towards the Uganda Nutrition Action Plan (UNAP I) mainly emerging from the global movement on Scaling Up Nutrition (SUN), prior to enactment of the law on food and nutrition security. UNAP I (2010-2015) promoted a multisector approach and stated that the OPM should coordinate implementation efforts. The OPM assumed control but failed to put up structures and staffing to support implementation.

  The second Plan (UNAP II 2020-2025) is in advanced draft and hoped to address the leadership and coordination challenge experienced since the initial efforts to strengthen the legal and policy framework for food and nutrition. But generally, most sectors have been reluctant to approve it until significant revisions are made, therefore approval of UNAP II will depend on how multiple stakeholder interests are addressed. Alongside UNAP II, the National Planning Authority is also finalising the development of the Zero Hunger Strategy alongside UNAP II. The Zero Hunger Strategy is a programme-based planning and budgeting approach emphasised in the National Development Plan III and will inform UNAP II structures, staffing and resource allocation.

- **National Development Plans I, II and III:** Since 2009, five-year National Development Plans (NDPs) emerged and replaced the PEAP. Building on the PEAP, the NDPs have also focused on poverty eradication and promotion of prosperity for all Ugandans, becoming the legal and policy documents in which government outlines specific provisions/policies not only related to agriculture and food security, but also demonstrates its commitment to achieving the Sustainable Development Goal (SDGs) *Agenda **Number Two*** on *“ending hunger, achieving food security and improving nutrition, and promoting sustainable agriculture”.* In relation to the NDP III, cabinet in 2016 approved **the national Agricultural Extension Policy** as well as its implementation strategy with the aim of addressing shortcomings in agricultural extension services and facilitating sustained progression from smallholder subsistence to market-oriented agricultural production and improved farmer incomes, promoting access to appropriate information, knowledge and seed technologies. The policy also promotes an increase in the

availability of critical production inputs and the use of appropriate technology to enhance yields, thus increasing incomes of both farm households and value chain actors.

- **National Seed Policy and Strategy** were also approved in 2018 to foster a pluralistic, competitive and vibrant seed system in Uganda. It aimed to ensure farmers have access to quality seed as well as promoting, developing and regulating the seed sub-sector, in order to ensure availability and access to safe and high-quality seed to all stakeholders for increased food and nutrition security, household income, wealth creation and export earnings.

3.7. Other relevant sector policies and legal frameworks

There are a number of other relevant sector policies and legal frameworks with great potential to guide the scaling up of food and nutrition security for Ugandans. However, most of these tend to remain on paper, with limited funding and/or operationalisation. In addition to those described above, they include:

- **National Agriculture Policy 2015**: The policy aims at increasing household incomes, food and nutrition security and employment, as contained in the NDP II. Also, it advocates two-way communication between government and other stakeholders through facilitating opportunities for public dialogue, knowledge sharing, and enabling information flows from grassroots levels.
- **National Trade Policy 2007**: One of the critical policy actions of the National Trade Policy 2007 is to enact appropriate laws and develop guidelines to ensure that growth in trade leads and ensures, among others, on food security in the country. These provisions have been in place with limited implementation.
- **Second National Health Policy 2010:** The National Health Policy (NHP) 2010 addresses nutrition security with a focus on health promotion, disease prevention and early diagnosis and treatment of diseases.
- **National Community Development Policy for Uganda 2015** emphasises mobilisation of community farmer groups to demand and access agricultural advisory services and sensitise communities to practise farming as a business enterprise.
- **National Integrated Early Childhood Development (NIECD) Policy (2016)** advocates for children's good nutrition alongside healthcare, community mobilisation, health behavioural change and stimulation for holistic development.
- **Social Protection Policy (2015)** recognises the provision of social assistance and social security to vulnerable populations. Through the Social Assistance Grant for Empowerment (SAGE), the policy targets the elderly to improve their food and nutritional security as well as that of the children in their homes.
- **National Integrated Early Childhood Development (NIECD) Policy (2016):** The NIECD supports nutritious food production and consumption at the household level. It emphasises community mobilisation to promote the adoption of healthy behaviours and increased public awareness of the centrality of improved nutrition to community and national development. Among its policy actions, the NIECD policy tasks the GoU and its stakeholders with increasing awareness and commitment to ECD services and programmes as guided by the National Communication and Advocacy Strategy for IECD.

- **Education Act (2008)** vests the responsibility of school feeding with parents and guardians. However, the law is weak in its enforcement and assumes that all parents can afford to provide food to their children to eat while at school.
- **Education and Sports Sector Strategic Plan 2017/2018-2019/2020:** Objective I of this plan is to develop and implement a strategy to address school feeding and nutrition for school-going children. It includes a component of sensitising parents about their role of feeding children. The secondary school education curriculum has the teachers' resource book for supporting gifted and talented learners. Recipe books for food and nutrition were developed and are in local languages, published in the education and sports sector, Semi-Annual Monitoring Report 2019 (Ministry of Education and Sports, 2019). Related to this are guidelines on school feeding but which are neither followed nor monitored; moreover, the school system remains highly structured -– including on meals and sometimes to the detriment of learners, as noted by a nutrition expert KI: "schools hardly change diets, which has a huge influence on children, limiting best dietary practices".

Worth noting is that despite the numerous and apparently enabling policy frameworks, there is sub-optimal marginal realisation of the listed policy aims – especially in Kampala's informal settlements, which continue to struggle with uptake of healthy diets and food security. Limited opportunities remain for urban residents in informal settlement to grow their own food, while the food vending and consumption space is largely expensive – despite being the most common coping mechanism. The reasons for limited realisation or efficacy of policy interventions are related mostly to politics and inherent system failures incapable of supporting policy implementation.

3.8. Networks and reform coalitions in health, wellbeing, and nutrition

The shift in attention to NCDs as an increasing burden in Uganda has led to the emergence of some movements, networks and coalitions with varied legitimacy and effectiveness in approach. There are some insider coalitions with clear legitimacy, directly contributing to the government's core vision. There are also additional coalitions which have both insider and outsider status, each playing diverse but interconnected (and sometimes fragmented [or duplicated]) roles. For example, listed below are two examples of coalitions – one "insider", another "outsider" – and the reforms that they are leading or contributing to:

Human Capital Development (HCD) Programme: Anchored within the government's National Development Plan (NDP) III, the HCD is a government-led interministerial programme. The HCD's goal is to improve productivity of labour for increased competitiveness and better quality of life for all Ugandans. It primarily contributes to the NDP III objective, which is to enhance the productivity and social wellbeing of the population. To achieve this, four lead ministries developed the Programme Implementation Action Plan (PIAP) to improve the health of the population. These are the Ministry of Health, Ministry of Gender, Labour and Social Development, Ministry of Education and Sports, and Ministry of Water and Environment. PIAP is a detailed description of the activities, targets and resources required to deliver the HCD programme within a given timeframe. The PIAP operationalises the NDP III

Programme – providing government MDAs with the framework from which to draw their respective strategic plans. There are also strong coalitions within the NRM ruling party and parliament – which really is a game of numbers and can push for any issue that is agreed upon to be politically expedient and serving NRM interests. The president (and chairperson of the ruling party) just needs to say the word and NRM MPs will push it through parliament and into their constituencies.

In principle and on paper, the government has demonstrated commitment to health and nutrition issues – partly seen by the OPM being the lead government agency on multisectoral work around nutrition, leading the nutrition response, including critical aspects of policy development and coordinating all the related ministries and agencies:

> "Nutrition is coordinated by OPM in Uganda. As a country we have the national nutrition policy and action plan … and generally we look at nutrition as a development parameter and intervention. NPA ensures that nutrition is captured and integrated into all national plans … and everyone, all government arms, are working towards the common goal of a healthy and productive population." (KI, policymaker)

> "Nutrition and food are inseparable issues. That is why MOH handles nutrition safety issues while MAAIF is handling food safety issues. There is UNBS that is mandated to set standards for products which include food. Ministry of Education is mandated to train nutritionists and food scientists to help in tackling these issues at hand. In my view, all ministries and sectors have a role to play in aspects of food and nutrition and while MoH is leading in the health sector, it still requires support from other actors. That is why OPM is bringing all these ministries together and even our development partners." (KI, Ministry of Health)

While health, education and agriculture sectors are largely fronted as the vital sectors that are at the core of, and will enable Uganda to reach its Vision 2030 and National Development Plan, budgetary allocations to these sectors remain relatively meagre and can in no way compare with other seemingly priority line ministries or areas like defence or transport and works or even the newly discovered oil in some regions – which led to the creation of a new ministry and related agencies. An analysis of resource allocation shows that, even within the health sector, funding allocations to nutrition are meagre compared to other areas like HIV/AIDS.[10] Outside of health, the other sectors with relatively higher funding are usually justified as pathways to development – including health – as well as prerequisites for peace, stability and other drivers of development like infrastructural developments. However, questions have been raised about the real motives of heavy funding – especially given the limited transparency around the use of these large budgets, many of which are typically classified and have contracting processes shrouded in secrecy; as well as the questionable involvement of other actors, like the Chinese investors; and also suspicions around powerful people [regime elites] owning most of the companies contracted to implement these initiatives. One of the final discouraging points concerns

[10] See for example, section above on "National policy and legal framework for food and nutrition security in Uganda".

"short-changing" and how contractors are able to easily get away with poor performance and non-compliance.

Alongside the mainstream coalitions around HWN are "outsider" coalitions – although these have a considerable inside knowledge and privilege with government MDAs. An example of this is the **Kampala Solid Waste Management Consortium (KSWMC)**, which is a coalition of large-scale, formal commercial actors comprising of three companies appointed by KCCA to control collection and transportation of solid waste in Kampala: "We joined with other like-minded companies and formed the Kampala Solid Waste Management Consortium. It is what got the job of collecting solid from Kawempe and Nakawa, which we need to keep the city clean". (KI, KSWMC).

Informal settlements typically have poor drainage infrastructure and waste disposal practices. Some parts are also inaccessible and even service providers like those under KSWMC might not. be able to reach to collect their garbage. Households and workplaces for IS residents – including those preparing and selling food – are located right in the middle.

Questions of legitimacy and contracting of some stakeholders, including for KSWMC, abound – especially among city residents or at the community level. This is partly because of reported poor service delivery by some contractors – which has continued unabated over time and KCCA does not seem to have the will and/or power to make these contractors compliant.

Other actors have coalesced around key issues, such as section groups, whose main goal is to protect and enhance the interests of their members and/or a section of society that they proclaim to stand for; and cause groups, whose main goal is to promote a particular issue or cause without necessarily having to gain personally if the cause is successful (Buse et al., 2005). These two categories broadly fall in the civil society space and the two respective examples given below are actively involved in policy processes with different government MDAs but especially the Ministry of Health, where they sit on several policy and technical working groups (TWGs).

Cause group example 1: Uganda National Health Consumers' Organisation (UNHCO)

UNHCO is a prominent actor on HWN, with a focus on the right to health, policy advocacy and social accountability, among others. UNCHO represents the people's voice and interests. It continues mobilising civil society and communities to engage duty bearers to ensure that people-centred laws are passed and services respond to citizen needs. UNHCO has led various interventions on citizen engagement for health that have resulted in significant improvements at local and national levels. These include: drafting and persuading government to adopt the Patients Charter for Uganda; developing and rolling out the UNHCO community score card in the districts – which led the development of the Sexual, Reproductive, Maternal, Newborn, Child and

Adolescent Health (SRMNCAH) score card; leading the advocacy and passage of the Tobacco Control Bill 2015 as part of the broader campaign for the control of NCDs and universal health coverage; and establishment of citizens' engagement platforms in over 30 districts in Uganda.

UNHCO has a direct interest in healthy diets. It has lobbied and undertaken extensive advocacy work on several policy instruments – including the Food and Nutrition Security Bill. More recently, one of UNHCO's sensitisation, mobilisation and advocacy efforts is around supporting a mandatory trans fatty acid (TFA) regulation for the East African Community (EAC). In this it has made several strides and a vibrant campaign – including on social media – continues among all countries in the East African Community (EAC). UNHCO is one of the stakeholders consulted on this study and it has demonstrated interest in supporting work around HWN.

Section group example 1: Uganda Healthcare Federation (UHF)

Uganda Healthcare Federation (UHF) is a private-not-for-profit (PNFP) health sector umbrella body with a membership of over 60 health-related associations and organisations representing different private health facilities, the full range of health professionals delivering private healthcare, social franchises, private medical training institutions, private pharmaceutical manufacturers, distributors and retail pharmacies. UHF also includes civil society partners, such as organisations representing community health mobilisers, and health consumer advocacy. UHF's core activities focus on building private sector capacity to offer affordable, accessible and quality healthcare services; coordinating private sector groups' activities around key health interventions; consolidating and representing private sector interest in health policy and planning; lobbying and advocating for policy change; and facilitating public–private dialogue on key policy issues.

UHF is well-positioned in the Ugandan health sector, with influencing access to and a strong working relationship with the MOH and other government ministries at the national and local levels. This enables UHF to convene, meet and engage with high-level government officials related to health. It has extensive experience in successfully implementing several projects funded by multiple development partners on health systems strengthening (HSS) – including spearheading capacity building in the strengthening of the public and private health sector supply chain stakeholders, stewarding leadership and governance improvements and SRMNCAH. Currently UHF is leading a USAID Maternal Child Health and Nutrition (MCHN) Activity,[11] where, in collaboration with the MOH, UHF leads efforts to increase private sector engagement in providing high-quality maternal, newborn, child health and nutrition services in Kampala city. UHF is an active member in a variety of MOH policy bodies, including the health policy advisory committee (HPAC); represents the private sector participation in all 14 TWGs of the MOH and the national coordination committee on quality improvement in health. UHF co-chairs the health PPP in the health technical working

[11] USAID Maternal Child Health and Nutrition (MCHN) Activity.

group with the MoH; is a member of the task force on Uganda's health financing transition plan development; and steward of the private sector RMNCAH platform.

With the private sector owning and delivering healthcare on 98% of Kampala's facilities, while remaining deeply involved with the inner workings of MOH, UHF as its umbrella body presents a highly strategic reform coalition able to push the ACRC HWN agenda. There is evidence to show positive impacts and improvements spearheaded and/or supported by UHF; however, it is also worth noting that it stands for the interests of its members – the private sector, many of whose quality services remain out of reach for low-income residents of informal settlements. However, synergies and collaboration can be built to support HWN in informal settlements.

Further using the private sector as a case study, the high-level ownership of private health and food/nutrition-related facilities belongs to very powerful and connected people. They own hospitals, clinics, pharmacies and drug shops, e-health services, other alternatives like herbal businesses and radios for advertising. They also own supermarkets, shops and market food stalls. Some of these people are directly involved in policymaking, while others are related and/or connected to those with the power to set policies, laws and by-laws as well as standards. There is clear conflict of interest; and one would argue that their primary interest would not be in making the public health system function efficiently – because that would drive away the customer/traffic volume from their private businesses.

3.9. Enablers and barriers to access and uptake of healthy diets

This section explores both the enablers and obstacles shaping dietary practices, highlighting the structural and systemic dynamics that affect residents' ability to make healthy food choices. These are explained below.

3.9.1. Enablers

Savings and credit cooperative organisations (SACCOs) and village savings and loans associations (VSLAs): SACCOs and VSLAs have been influential in ensuring that locals, especially market traders, have soft loans. Although some of these SACCOs have been established by KCCA, the majority are privately set up by the traders and locals themselves to facilitate access to soft loans. They choose to use SACCOS rather than banks because of the high interest rates.

> "Lexember initiated SACCOs where you get loans and repay them. They start with 100,000/= and others start with 50,000/= up to 2,000,000/=, you get a loan and pay back daily, others weekly but not monthly. So, when you have repaid the loan and the record of your loan repayment history is good, they improve on your credit." (FGD with formal traders)

Government programmes like NAADS, OWC, Emyooga and currently PDM have greatly influenced the livelihoods and wellbeing of informal settlers. These are channels through which the government provides grants and resources like agricultural inputs

(especially for the few urban farmers in informal settlements), so that they can improve their income-generating activities.

3.9.2. Barriers

Limited economic access (affordability) to nutritious food, despite its general availability in the markets (of all sizes – from small neighbourhood stalls to large supermarkets).

Markets politics: Operated by the government (KCCA) and intermediaries, markets are increasingly associated with corruption and astronomical costs not affordable by the population majority. Yet, for Kampala food vendors, they are mandatory spaces within which they must operate to get a living and remain law abiding in a volatile, opposition-leaning and politically explosive city. In terms of linkages with the wider political context, food vending is one of the multiple livelihood options available for Ugandans, the majority (78%) of whom are not in gainful employment (UBOS, 2021b). Moreover, the city elites and politically connected institutions or individuals stand to gain rents and other forms of benefits from food vendors and anyone undertaking business in this space.

The management and governance modalities of built markets in Kampala city present serious challenges for physical access to healthy and nutritious food for informal settlements. The politics of exclusion, which favour ruling party loyalists as well as unbridled financial incentives for the elite and regulators, have significantly affected the flow of food “from farm to fork” – from where the food is grown (predominantly outside Kampala), from traders to markets, and from markets to consumers. The allocation of market stalls (including the exact location/level/cost) is largely determined by political connectedness and financial ability, which the majority of food vendors do not have. Most food vendors struggle to afford the cost of rent, are prohibited and harassed by government officials for selling food items outside the “official” market spaces and end up either being pushed out of business or raising food item costs. Inevitably this makes access to nutritious food more expensive for informal settlements.

Absence of a robust regulatory regime on manufacturing and distribution of food: This has implications for the enforcement of food quality standards. A lot of the processed foods available on the Ugandan market are high in salt, sugar and other hazardous content, such as MSG. Overall there is limited investment or (technical and infrastructural) capacity in regulatory and oversight processes.

- This weak regulatory landscape is being exploited by an extremely aggressive private sector, which targets mostly the urban youth demographic (children, students, young working class, and so on) via persuasive adverts on phones and social media, among others.
- Beyond virtual and other advertising forms, the private sector has increasingly tapped into the previously latent market in informal settlements, riding on the information that IS residents aspire to access what their urban wealthy counterparts have (the urban dream or urban “advantage”). The private sector has achieved this

through improvising access/availability and affordability for several of its products by introducing mini versions of the original packages (for example, for royco, sugar, cooking oil, noodles, instant coffees and other powdered drinks, baking flours/powders, juice drinks, energy drinks, sodas, and so on). The private sector has "innovated" and enlarged its customer base by ensuring that a "poor-man's version" of everything is available, accessible and affordable. Service providers selling food also have roadside and easy-to-access-and-afford options of fast fried foods like chips, sausages, chicken, fish and so on, which low-income earners cannot afford from desirable outlets like KFC and Café Javas.

- In the face of expensive healthy food sold in the markets, and heavy advertising for non-healthy diets with accessible and affordable options, the uptake of healthy diets in informal settlements continues to be severely constrained.

Moreover, overall, there is **limited knowledge on nutrition and healthy diets** in informal settlements.

- Some residents are knowledgeable on general nutrition matters; however, details on types, quantities and nutrients remain abstract for most; and their SES (plus a host of other push/pull factors) constrains the application of this knowledge into daily actions.
- There is also a lack of understanding that healthy diets are part of preventive healthcare. Since privatised health services prioritise treatment or curative healthcare, and are the majority service providers, they have largely exploited the population's limited knowledge (both directly and indirectly) to generate excessive demand for their products and services such as healthcare, restaurants/ food and beverages – some of which are not only unnecessary but also unhealthy and costly.

Weak or non-existent support systems (at all levels – household, community and facility, national) for the promotion of health, wellbeing and nutrition – particularly for those providing knowledge on and uptake of healthy diets. Community health systems and other support systems are fragile or non-existent in the city.

- At the policy level, the understanding of healthy diets being promoted and written in documents is not what is widely disseminated on the ground – to a large extent. However, where there has been an attempt to engage communities on healthy diets (reported as very marginal), these policy "prescriptions", as they are perceived, have typically not been well received in populations with low SES status. They argue that the policy- and decisionmakers do not genuinely care about them and have no moral authority to teach them about what (or not) to eat because they are the ones diverting resources meant to help them have more decent livelihoods, and so on. A number of locally elected leaders whom people trust have been harassed (kidnapped, beaten, jailed, and so on) and rendered powerless, ignored or had their programmes sabotaged. As a result, hostile community response remains a common excuse for limited community engagement on nutrition and healthy diets (among other key issues) in informal settlements.
- Failures to leverage community meetings, schools, places of worship, cultural spaces and markets remain missed opportunities for promoting the uptake of healthy diets.

Fluctuating fuel prices: Fuel prices significantly affect the prices of food, especially because fuel is used in the transportation of food from the rural areas, where it is

grown, into the city. When fuel prices rise, food prices rise too and vice versa. This has led to poor waste management within the city. Worth noting here is that Covid-19 led to seemingly astronomical fuel costs, which had not yet come down or stabilised by the time this research was done. This drove up food prices.

Corruption in government programmes: On the flip side, government programmes like PDM, Emyooga in some instances have been hijacked by politicians and technocrats who end up embezzling some of the funds before they reach the locals, as one local FGD participant reported: “Those government empowerment programmes are not helping us… they use their own people”.

Licensing and taxation: The mechanism of determining the various licensing and taxation fees influences the environment for conducting trade within the city, which is important for general health and wellbeing. According to both formal and informal traders within the city, they do not really understand the processes used to determine taxes and licensing fees. The taxes and licensing fees have led to not only the collapse of most small businesses but have also increased the food prices.

Stubbornness of some residents. Residents usually respond to what they consider an oppressive political regime by disregarding what the technocrats or leaders teach and recommend, including healthy diets, with people describing themselves as ‘‘tayaad” (tired) or “twakoowa” (we are tired). This partly explains the rise in the prevalence of NCDs:

> “There is a gentleman that used to consume a lot of soda because he thought taking soda was a very healthy food choice. Now he is seriously battling diabetes and hypertension. You find him nowadays in a state of unhappiness and discomfort because of the choices he made. They keep injecting him every now and then”. (Youth, community level)

The list above is not exhaustive; however, it represents the highly ranked information needs identified from conducting this study. Effectively addressing these needs will not be a one-off event but rather ongoing engagement with all the key stakeholders, using diverse approaches to suit each category. Some of this knowledge will need to be co-produced; for example, understanding what the local “healthy diets” are – and what they could be – using low-cost and available resources/foods and inputs. We have embedded these information needs in the domain’s proposed solution – the SPACES approach for HWN.

Most affected demographic. Youth (15-35 years) and food vendors are most affected – with intersections across those two and a gender angle (mostly women, although men are also affected). Furthermore, the listed experiences, challenges and possible solutions would apply across the board among residents of informal settlements – including those outside that age bracket.

3.10. Summary of key findings

Health, wellbeing and nutrition (HWN) is significant to city and national elites, although the manifestation of this significance might not always be directly noticeable. This is especially when compared to other health issues like HIV/AIDS, malaria or maternal and child health, which seem to attract a lot of funding and public attention. As stated in earlier sections, HWN is very important to the central government bloc and presidency, mostly because of its linkages to human capital development (HCD) and the need for a healthy population to achieve the desired middle-income country status in line with the NDP III. To this end, most government agencies have integrated nutrition and food security issues and the OPM attempts to coordinate a multisectoral response across key lines ministries and MDAs. However, there is no clear-cut organisation of these institutions and the roles they play; some line ministries (for example Trade and Commerce) focus more on the products that bring most revenue into the country (exports), while most domestic food safety issues are handed over to UNBS – which is also limited in scope and capacity. Without an authority or agency that is solely responsible for food safety, this issue is likely to always be sidelined in favour of other more economically viable commodities like petroleum, minerals, cotton, and so on.

For **KCCA**, nutrition falls within the docket that receives a relatively generous funding allocation – particularly as it is tied to health and other priority areas like maternal and child health. As stated by a KCCA official, “health gets the biggest part of the budget in the city and that is how we prioritise”; while nutrition interventions are supported by several other development partners, UN bodies, international partners and their Ips, such as UNICEF, WFP, WFP, USAID and EU, among others. Nutrition is perceived as a high leverage intervention point because it also tackles women, newborns, infants, children – all key population categories that not only garner sympathy and support for funding but also whose wellbeing is directly tagged to development and performance indicators. Politicians also use health (including nutrition and food security) to mobilise votes. Politicians, technocrats and elites determine who secures contracts and tenders as well as who benefits from the various government programmes. For Kampala IS residents who are mostly opposition leaning, very few of them could report benefiting from agricultural extension services or other government economic empowerment programmes targeting self-help groups. This is mostly because the beneficiaries are usually predetermined and must either have or feign support for the ruling party.

That said, however, KCCA is supporting the food production systems within the city through the technical support given to farmers. This entails farmer visits and supervision, provision of inputs such as seedlings at a cheaper cost, and provision of free training to all people interested in urban farming. This technical support is provided by KCCA extension workers, who regularly visit farmers in their homes to guide them on best practices, assess their needs for continued participation, register and train more farmers and provide inputs for start-up. Additionally, support for farmers is provided through the Kyanja agricultural demonstration farm, which

> "is a resource and demonstration farm of different urban farming technologies that one can do or can practice with little inputs and in small spaces. The training is offered for free to the public weekly because we want every home to have access to food at all times … which we know will help to improve their health."

They also provide extension services which "are our main mandate. We provide extension services to both the people who have benefited from us and those who have not".

Overall, there is an emphasis on production but little on distribution and utilisation of food. This, in a way, presents a "rural bias" with exclusion implications for urban residents whose need is more for relevant and robust policies that tackle food consumption, rather than production.

In Uganda's decentralised service delivery arrangement, lower-level governments (divisions/municipals/town councils, and so on) are best placed to provide effective delivery of agriculture, food and nutrition security services. They have departments, all of which have mandates related to food and nutrition security. However, they remain perpetually underfunded, understaffed and underfacilitated. Without grants from the centre, most cannot deliver services, and because of this they remain under the control of the centre's interests.

HWN is very important for women and youth, who play very important roles in Uganda's agrifood system and its transformation, food and nutrition security. According to a national-level participant, women and youth are indispensable: "You cannot fix food and nutrition security without 50% of the population given their role in agri-food system". This is because they are labourers, producers, marketers and consumers. They also prepare and preserve food, and demand services like healthcare and infrastructure like roads. Despite playing these roles, their capacity to produce is weakened by negative gender norms – for example, limited access to land, poor service delivery, lack of skills, financing and empowerment. Hence, they need to be assertive and demand services from leaders. According to a national-level stakeholder, given their roles in food and security nutrition,

> "a gender-centred policy is needed … to address the gender dimension with evidence to make sure women are not left behind … to look at their needs in terms of development, in terms of capacity development, health and skills."

The Ministry of Agriculture Animal Industry and Fisheries (MAAIF) has prioritised gender by formulating a gender strategy and action plan and passed the youth strategy in agriculture. A national youth policy has also been passed. Pilot projects have also been put in place addressing issues faced by youth in regard to food security and nutrition, access to decent employment, and integration into the agrifood value chain, in particular, how youth can capture jobs created around different commodity chains. At the local level, women and youth have been directly targeted by development projects like OWC. These interventions are, however, politicised, especially during political campaigns, leading to "confusion, mistrust and social exclusion" (Kitambo et al., 2020).

Due to the need to access these funds under these programmes, women and youth spend more time politicking than engaging in production and/or business. The heavy involvement of women and youth in political campaigns was cited by local participants, who highlighted that access to credit by women has contributed to power struggles in households, due to shifts in power between women and men. Hence, all HWN interventions must pay attention to household gender relations and politics, particularly the balance of power. An imbalance is likely to cause conflict and affect the success of such interventions.

For **the private sector**, the HWN domain is very important – mostly to match up the supply side. In fact, the private sector pushes for the demand side to be as high as possible through marketing, advertising and appealing to the aspiration or distant dreams of IS residents. They are consumers of private sector outputs, products and services. Historically the private sector has also evolved and taken on an increasingly prominent role in the health and nutrition/food security sector. The NRM government has championed the private sector as the engine of economic growth ever since it came to power. It has actively promoted business and private ownership of property. Its role in promoting private property ownership was demonstrated in part by its decision to invite back members of the Asian community who had been dispossessed and expelled by President Idi Amin in 1972, and to reinstate their properties. The Asian community had prospered during their years in exile. As a result, they brought back much-needed capital into the country and have played key roles in the revival and development of the private sector after years of decline and stagnation. A few of the Asians who had stayed behind after Amin's expulsion and could not achieve or fulfil their business potential began thriving after the NRM government took power. are Today they are some of the biggest suppliers of countless household commodities, including food items like cooking oils and baking flours.

The commitment to private ownership, and pressure by donors on governments to privatise state-owned enterprises, in some instances led to their sale to individuals who had connections in high places. In Uganda, the buyers included senior politicians, army officers and other prominent people. Officials also took advantage of economic liberalisation policies to award licences, government contracts, credit, concessions and other privileges to friends, cronies and clients. One outcome of these developments has been a complex meshing of holders of political power and holders of economic power (Kasasira et al., 2010; Golooba-Mutebi et al., 2021). The complex, sometimes murky, relationships are sources of financial resources for political activities (Muyita, 2008). Members of the business community who make significant contributions to political slash funds in turn seek favours, including directly from State House or through well-connected intermediaries and commission agents, who leverage their influence and connections to make money. Foreign investors, among them multinational corporations or their representatives searching for business opportunities, are also important players. The search for moneymaking opportunities that takes members of the business community into political circles also opens up avenues for politicians to make money.

4. Conclusion and recommendations

4.1. Conclusion

The key findings of this research show availability of nutritious and healthy food within Kampala, but with limited uptake, for a myriad of reasons, including economic and political factors. Kampala has a highly privatised economy characterised by aggressive advertising for processed foods and beverages against the backdrop of a fragile policy landscape for food and nutrition. Limited government investment in preventive health exacerbates the problem, especially within the population residing in informal settlements, which is largely impoverished and health illiterate.

Evidence and knowledge gaps exist across all categories of participants – policy and decisionmakers, their development partners, actors along the food value chain, communities and their representatives. Several gaps have also been noted with the media and other information channels or agents. As expected, the information needs of these diverse stakeholders are varied, and – if met – likely to inform action in their respective spaces. This separate and collective action, if well harnessed, could support the building of critical mass for the uptake of healthy diets in Kampala.

Broadly, the key evidence/knowledge gaps are around:

1. **The illusion and reality of the so-called "urban advantage"**
    - Especially for the young people who form Kampala's largest demographic.
    - Linkages with HWN.
    - Medium- to long-term impacts of external factors, such as Kampala's politics and Covid-19.
2. **Healthy diets**
    - The disconnect between lay and professional perspectives – knowledge, attitudes and practices (KAP) realities.
    - The missing understanding that healthy diets are protective and part of preventive healthcare – which could save residents from incurring high medical expenses, unpleasant hospital experiences and the opportunity cost of sickness.
3. **The NCD burden**
    - The burden of non-communicable diseases as it applies to residents of informal settlements and how it is fuelled by different stakeholders (for example, the media or influencers), who sometimes convey contradicting messages – for example, by advertising highly processed fast food or drinks and beverages such as soda or alcohol. Generally, the NCD burden needs to be given a face beyond the currently peddled statistics – highlighting risk and responsibility, assigning footprint and pathways to averting the trajectory and enabling vulnerable population categories, such as those residing in Kampala's informal settlements, to live healthier lives.

4. **What works and/or does not work in policy, programming and advocacy**
    - With contextual cognisance of urban informal settlements in urban areas. Particular emphasis on the possibilities and pitfalls of multisectoral approaches for complex issues like nutrition.
    - Policy and practice gaps – particularly for food and nutrition, compared to other health issues such as malaria, HIV/AIDS, maternal and child health.
    - The possibility of impactful coalition by siloed, seemingly unconnected (or "hostile") actors to improve HWN outcomes, for example, private sector, civil society and community on nutritional innovation.
5. **The largely latent and untapped power of micro-level systems and actors**
    - Such as schools, community health systems, religious and cultural structures.
    - Targeting and capacity strengthening for widely transformative change agents like the media, children, teachers, VHTs, religious and cultural leaders.

4.2. Recommendations and next steps

A synthesis of data from this research identified key priority areas for improvement of nutrition, health and wellbeing in informal settlements. It provided actionable recommendations, and proceeded to support the actualisation of some of these recommendations. As shown in the methodology section of this paper, we co-created with different actors within Kampala several solutions – ranking them for legitimacy and feasibility (Buse et al., 2005) among the most critical stakeholders. We focused on the feasible solutions which would garner support across the board. One of those solutions is the possible solution of reducing food waste in the markets by channelling it through three pathways: 1) selling near-waste food to households in informal settlements at affordable prices; 2) channelling food approaching the end of its shelf life into value-added small businesses (pastes, soups and sauces); and 3) curating and promoting micro and small medium enterprise (MSMEs) through that value addition that can benefit both households in informal settlements and market vendors. We are exploring the possibility of validating this solution, with its pathways, in our subsequent research undertakings – specifically with ACRC's next phase of implementing domain-specific PCPs, including those in HWN.

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