



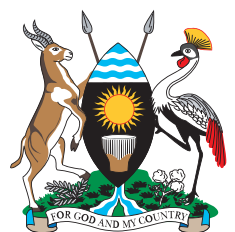
THE REPUBLIC OF UGANDA

UGANDA NUTRITION ACTION PLAN

2011 - 2016

Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development





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Foreword

We have made progress in reducing poverty over the years. However, malnutrition still ravages our country. Malnutrition affects millions of Ugandans in various ways, but it is particularly devastating to women, babies and children. Malnutrition also impairs educational achievements and economic productivity, costing the Government and families enormous amounts of money to treat related illnesses.

Adequate nutrition is a prerequisite for human development and socioeconomic well-being. The Government of Uganda is committed to fulfilling the constitutional obligation of ensuring food and nutrition security for all Ugandans. This five-year Uganda Nutrition Action Plan (UNAP) is thus an important step as it provides the framework for addressing nutrition issues in the country sequentially to develop strong and quality human capital that will propel socioeconomic transformation. The UNAP has been formulated within the context of National Development Plan (NDP), which is the overall vision for Uganda: transforming Uganda into a modern and prosperous country.

The goal of this Plan is to improve the nutrition status of all Ugandans, with special emphasis on women of reproductive age, infants and young children. Different forms of malnutrition affect different groups of people in Uganda. However, it is during the “window of opportunity” - the 1,000 days from conception through the child’s second birthday - that the greatest returns to effective action to prevent malnutrition are realized.

The plan is intended to reduce the magnitude of malnutrition in Uganda and its impact on the individual, household, community and the nation at large. It will stimulate the nation toward the achievement of acceptable levels of nutrition security, especially for women of reproductive age, infants, young children and other vulnerable groups.

I am pleased that the factors that have led to the persistent and sometimes worsening malnutrition and poor health of our people have been identified and documented. Malnutrition contributes to poor health, aggravates disease and reduces productivity while compounding poverty and its after-effects. These are interrelated factors, which call for multi-disciplinary approaches in order to address them. Effective intra- and inter-sectoral linkages must be put in place to promote coordination and resource utilization. The UNAP, therefore, calls for scaling up multi-sectoral interventions, placing more emphasis on community-based initiatives that have been proved to yield cost-effective results, as well as targeting areas and group with the highest levels of malnutrition.

Investing in the fight against malnutrition will not only save lives but will also yield high economic returns for Uganda: every one thousand shillings we invest in nutrition results in economic benefits at least six times more. These gains mainly benefit the poor and most disadvantaged, as

they spend less money on treating malnutrition-related disease and increase their productivity, reaping sustainable socioeconomic benefits.

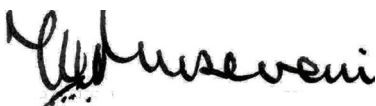
Fortunately, malnutrition does not require space science knowledge. It is just due to ignorance in the case of Uganda. The District Medical Officers and all those concerned need to inform the families, through the radios that most of the time spew out rubbish, that a human being needs the following basic nutrients: proteins for body building, carbohydrates for energy, fats for body insulation as well as energy, minerals (iron, zinc, calcium, potassium, phosphorus, iodine etc) and vitamins (A, B, C, D, E etc). Minerals are important for body building along with the proteins and also for co-ordination of body functions and so are the vitamins.

I extend my sincere appreciation to all those who contributed to the development of this plan. Members of the Nutrition Technical Committee and Nutrition Forum are commended for a job well done. The donor community is appreciated for its support. I cannot over emphasize the role played by the National Planning Authority in coordinating the development of this plan. All these actors truly deserve our recognition and gratitude.

Now, as Ugandans, we must all do whatever is possible in the fight against malnutrition. So, I call upon all those concerned to support the quick enactment of the Food and Nutrition Bill. This Bill will establish a legal institution to coordinate different nutrition partners, ensure accountability in reaching the objectives of both the NDP and UNAP, and increase commitment of resources and expertise to scale up high-impact programmes and policies to improve nutrition in our country.

Since nutrition is a cross-cutting issue with economic, socio-cultural, political and biomedical dimensions, it is imperative that all sectors of the economy play their roles to achieve the goal and objectives of this plan. I, therefore, call upon the Ministers of Agriculture, Animal Industry and Fisheries; Health; Trade and Cooperatives; Education and Sports; Gender, Labour and Social Development; the General Public; Local Government; the Private Sector, Civil Society and Faith-Based Organizations, as well as Development Partners, to support the implementation of this Action Plan and align their programmes to it for a united response. We must act now: our actions will send a message to the Ugandan people and the world that Uganda will not look on while its people are ravaged by malnutrition. Truly, the price of malnutrition in Uganda today and in the future is too high to ignore.

For God and My Country



Yoweri Kaguta Museveni

President of The Republic of Uganda

29th September, 2011

Statement of Commitment

Following upon the statement made at the UN General Assembly in September 2010 in New York by the Minister of Foreign Affairs, Hon. Sam Kuteesa, in which Uganda committed itself to tackling the crisis of malnutrition in the country, a concerted effort was set in motion to respond to the hitherto persistent malnutrition problem in the country. The effort was led by the National Planning Authority and aimed at developing a concrete Action Plan with measurable and time-bound interventions.

We, as a Government, found the high malnutrition rates reported in various surveys over the years completely unacceptable. We all supported the new resolve to prioritize eradication of malnutrition from Uganda as one of the most viable strategies for achieving the Millennium Development Goals. The rationale for this strategy is that nutrition forms the basis for most other areas of human development. Conversely, malnutrition undermines the entire person's life. We have therefore adopted the Scaling Up Nutrition (SUN) strategy of focused interventions covering the 1000 days window of opportunity directed at women in the reproductive age bracket, new born and young children under the age of two years.

In order to add technical content to this expression of political will, a Multi-Sectoral Technical Committee was set up to conceptualize and draft this Action Plan. The membership of the committee included experts on nutrition from several sectors of government, academic institutions, Non-governmental Organizations, and several international organizations working in Uganda. Staff members of the National Planning Authority provided active and timely secretariat services for the Committee. A comprehensive draft of the UNAP for use in stakeholder consultations was completed in early-December 2010. Separate structured consultations were held with several stakeholder groups, including senior government officials, representatives of local government, the private sector, civil society organizations, and development partners between December 2010 and June 2011. The draft UNAP also was formally submitted for review to all of the Ministries that will be involved in the implementation of the Action Plan. Comments and suggestions submitted through all of these reviews and consultations were incorporated by the Technical Committee into this final version of the UNAP. Cabinet, under the chairmanship of H. E. the President, Yoweri Kaguta Museveni, adopted the Plan on Wednesday, 28th October, 2011.

Sincere gratitude is due to the individuals and institutions that played a leading role in the drafting of the UNAP. Notably, the Government wishes to recognize officers from the Ministries of Agriculture, Animal Industry and Fisheries; Health; Education and Sports; and the National Planning Authority who participated in the Technical Committee. We also wish to recognize the specific technical or financial contributions to the UNAP formulation process made by experts and partners from Makerere and Kyambogo Universities, the Uganda National Academy of Sciences, the Food and Nutrition Technical Assistance II Project, the World Food Programme, the

International Food Policy Research Institute, World Vision, the World Health Organization, the United Nations Children's Fund, the Food and Agriculture Organization, the Intergovernmental Authority for Development (IGAD), and the United States Agency for International Development. The process was rigorous, and the development of the UNAP would not have been possible without the combined and untiring efforts of these individuals and organizations.

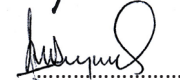
Although formal responsibility for improving nutrition in Uganda is mandated to the Ministry of Agriculture, Animal Industries and Fisheries and the Ministry of Health, successfully addressing the problem of malnutrition necessarily requires the engagement of several other sectors in a joint effort. Ensuring that all Ugandans are well-nourished and able to live long, healthy, active, and creative lives requires that every Ugandan has access to a high-quality and sufficient diet, good health services, clean water, adequate sanitation, and, perhaps most importantly, proper knowledge on how to provide for the nutritional needs of themselves and those that they care for. All of these services are needed for the nutritional security of Ugandans. The responsibilities for the provision of public services related to all of these key determinants of improved nutrition span a wide range of ministries within government. Addressing malnutrition in Uganda therefore requires multi-sectoral commitment across all of government.

Consequently, we the undersigned commit ourselves and the ministries we lead to do everything necessary to support the implementation of this Nutrition Action Plan. We undertake to promote the provision of the required human, financial and other resources that may be necessary to achieve the objectives of this Plan. We recognize that by ensuring that the mothers of Uganda and the children that they bear and care for are well-nourished, we are establishing the best foundation for Uganda's development. We acknowledge our responsibility to the people of Uganda to see that this foundation is solid. A Uganda in which all its citizens are well-nourished is a legacy of which we can all be proud.

Rt Hon Henry Muganwa-Kajura 2nd Deputy Prime Minister & Minister of Public Service



Hon Tress Bucyanayandi Minister of Agriculture, Animal Industry & Fisheries



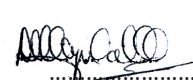
Hon Dr D Christine Ondoa Minister of Health



Hon Lt Jessica Alupo Epel Minister of Education & Sports



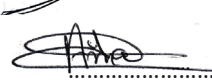
Hon Amelia Anne Kyambadde Minister of Trade and Cooperatives



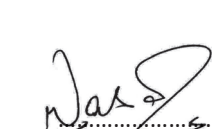
Hon Syda Bbumba Minister of Gender, Labour & Social Development



Hon Adolf Mwesige Minister of Local Government



Hon Martia Kasaija Minister of State, Finance, Planning & Economic Development (Planning) Holding the Portfolio of Minister of Finance, Planning & Economic Development



Acronyms and Abbreviations

BMI	Body-mass index
CAADP	Comprehensive Africa Agriculture Development Programme
CSO	Civil Society Organisation
FNC	Food and Nutrition Council
HIV	Human Immunodeficiency Virus
kcal	kilocalorie
LG	Local Government
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
M&E	monitoring and evaluation
MoES	Ministry of Education and Sports
MFPEd	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MOICT	Ministry of Information, Communication, and Technology
MoLG	Ministry of Local Government
MTC	Ministry of Trade, and Cooperatives
MWE	Ministry of Water and Environment
NDP	National Development Plan, 2010–2015
NGO	Non-governmental Organization
NPA	National Planning Authority
OPM	Office of the Prime Minister
UDHS	Uganda Demographic and Household Survey
UFNP	Uganda Food and Nutrition Policy
UNAP	Uganda Nutrition Action Plan
UNCF	Uganda Nutrition Coordination Forum

Exchange rate (August 2011): UShs 2,600 = US\$ 1.00

Executive Summary

Nutrition plays a crucial role in the socioeconomic development of any country. Malnutrition accounts for about 35 percent of deaths among children under 5 years old around the world. Stunting, severe wasting, and intrauterine growth retardation are the major contributors to child mortality, accounting for about 2 million deaths annually. Malnutrition is the major cause of morbidity for all age groups, accounting for 11 percent of the disease burden globally. In addition, iron deficiency is the leading cause of maternal mortality, accounting for 20 percent of the estimated 536,000 deaths worldwide. About 43 percent of all deaths among children under 5 occur in Africa. According to the Uganda Demographic and Household Survey (UDHS), 19 percent of the Ugandan population was malnourished in 2006, and 38 percent of children under 5 were stunted. This prevalence means that about 2.3 million young children in Uganda today are chronically malnourished. In addition, 16 percent of children under 5 are underweight while 6 percent are wasted, and 12 percent of women are malnourished.

The current levels of malnutrition in Uganda are unacceptable. Therefore nutrition warrants greater investment and commitment for Uganda to realize her full development potential. Such an investment is a necessary prerequisite for further progress on the Millennium Development Goals and attainment of the National Development Plan (NDP) objectives. While there has been some reduction in the prevalence of child malnutrition in Uganda over the past 15 years, the change has been slow. Child malnutrition in Uganda remains largely a “hidden problem”; micronutrient deficiencies are similarly difficult to detect. Malnutrition remains one of Uganda’s most fundamental challenges for human welfare and economic growth.

The ultimate goal of the Uganda Nutrition Action Plan (UNAP) is to reduce levels of malnutrition among women of reproductive age, infants, and young children through 2016 ensuring that all Ugandans are properly nourished will enable them live healthy and productive lives. However, it is particularly at the start of the life cycle where we must work together to ensure that all Ugandans are properly nourished. To attain this, women of reproductive age must receive proper nutrition so that when they are pregnant they are able to properly nourish their children from the time of conception until those children are weaned. Interventions to prevent malnutrition have the greatest benefit during these 1,000 days. Only by doing this will Uganda have in place the nutritional foundation of an intelligent, creative, and healthy population from which to build a better and more prosperous future. This is why the UNAP focuses on young children and mothers and seeks to scale up efforts to ensure that all Ugandan children are properly nourished from the day they are conceived.

Improving young child and maternal nutrition in Uganda through 2016 will have the following benefits:

- Reduce the number of maternal deaths by over 6,000 and child deaths by over 16,000 every year

- Increase national economic productivity, both physical and intellectual, by about US\$ 130 billion per year at present value
- Provide a strong return on public investment – for every US\$ 1,000 invested, about US\$ 6,000 worth of increased productivity will result from reduced child stunting, improved maternal health, enhanced micronutrient intake, and improved nutrition care

Investing in nutrition makes economic sense, and the economic benefits far outweigh the investments required for scaling up nutrition programmes.

The sorry state of nutrition in Uganda highlights the need for strategic interventions to enable government at various levels to meet its obligations toward the many malnourished Ugandans. It is in view of comprehensively addressing these problems that the UNAP has been formulated as a guide for action for the Uganda Food and Nutrition Policy (UFNP) that was approved by government in 2003. The UNAP presents the agenda of action that the Government of Uganda will pursue to fulfill legally binding national, regional, and international obligations to reduce and eliminate malnutrition.

The design of the UNAP was guided by several concerns. These include vulnerability and gap analyses; attention to human rights and gender differences; decentralisation, and the cross-sectoral nature of effective measures that can redress malnutrition. Nutrition issues are cross-cutting, and with no strong sectoral advocates for nutrition, it can easily be ignored or addressed in an uncoordinated manner. Many of the actions that are needed to address malnutrition are already within the mandates of the various sectors, most notably agriculture, health, trade, gender and social development, water and environment, and education. It is critical that these sectors undertake the nutrition-related activities for which they are responsible and are held accountable for doing so. The UNAP seeks to minimise duplication of effort and conflicts of interest that tend to misdirect scarce public and private resources.

PART I: OVERVIEW

1. Introduction

Malnutrition is a major development concern in Uganda, affecting all regions of the country and most segments of the population. The current levels of malnutrition hinder Uganda's human, social, and economic development. Although the country has made tremendous progress in economic growth and poverty reduction over the past 20 years, its progress in reducing malnutrition remains very slow. The ultimate objective of the Uganda Nutrition Action Plan (UNAP) is to ensure that all Ugandans are properly nourished so they can live healthy and productive lives. However, it is at the start of life in particular that we must work together to ensure that all Ugandans are properly nourished.

To attain this goal, women of reproductive age (15-49 years), must receive proper nutrition so that when they are pregnant, they can properly nourish their children from the time of conception until those children are weaned. These same women must receive relevant information and the health services to properly feed and care for their children so that they grow strong, smart, and healthy. Only by doing this will Uganda have in place the nutritional foundation of an intelligent, creative, and healthy population from which to build a better and more prosperous future. It is for this reason that the UNAP focuses on young children and mothers, both actual and potential, and seeks to scale up efforts to ensure that all Ugandan children are properly nourished from the day they are conceived.

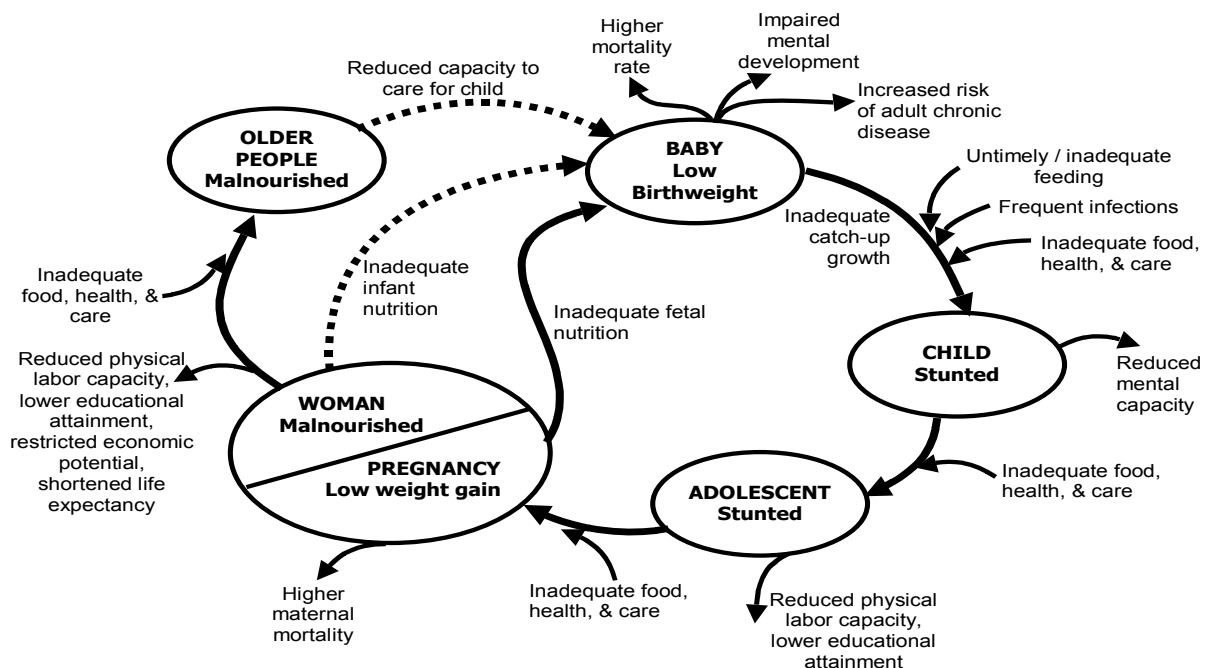
According to the three most recent Uganda Demographic Health Surveys (UDHS), nutrition indicators for young children and their mothers have not improved much over the past 15 years, with some indicators showing a worsening trend. For example, in 1995, 45 percent of children under 5 years old in Uganda were short for their age (stunted); 10 years later, the prevalence of stunted under-5s had fallen to only 39 percent (UDHS, 2006). Stunting indicates chronic malnutrition in children; the stunting prevalence rate of 39 percent means that about 2.3 million young children in Uganda today are chronically malnourished. As noted, the meager improvements in ensuring the nutritional well-being of Ugandan children stand in stark contrast to the large gains in economic growth and poverty reduction over this period.

Many of the nutrition problems that women and children experience in Uganda are hidden. Micronutrient deficiencies are common among both groups:

- a) Vitamin A deficiency affects one out of five young children and women of reproductive age, resulting in impaired resistance to infection and consequently higher levels of illness and mortality, as well as potentially severe eye problems.
- b) Iron-deficiency anaemia affects three-quarters of children age 6 to 59 months and half of women of reproductive age. Anaemia in women leads to chronic fatigue and impairs

- productivity, earnings, and care-giving abilities. Pregnancy complications, premature birth, low birth weight, and even maternal mortality, all arise from iron deficiencies in women. In children, anaemia leads to a significant slowdown in cognitive development, decreased physical activity, and reduced resistance to disease.
- c) The prevalence of zinc deficiency ranges from 20 percent to 70 percent in young children and 20 percent to 30 percent in adults. Zinc deficiency results in poor growth, reduced resistance to infectious diseases, and increased incidence of stillbirths.

Figure 1. Malnutrition's Impact on Productivity during the Life -cycle and across Generations



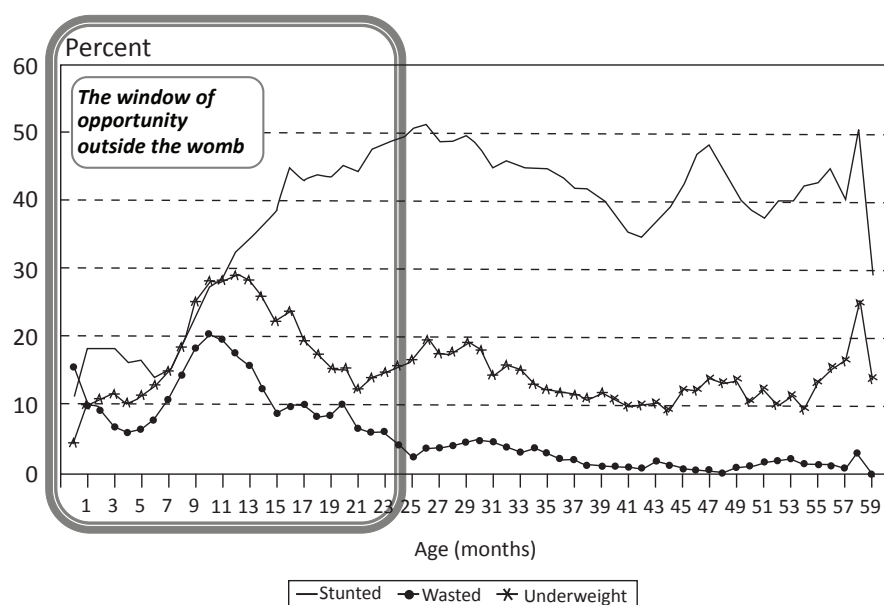
This nutrition insecurity among Uganda's young children and mothers has significant economic costs for the malnourished individuals, their households and communities, and the nation as a whole—dealing with an increased disease burden and other physical and mental problems related to malnutrition and the enormous reductions in human potential and economic productivity throughout life are caused by hunger and malnutrition. As shown in Figure 1, malnourished children suffer from irreparable intellectual impairment and stunted physical growth. Hungry children make poor students and are prone to drop out of the educational system. Hungry and malnourished adults are unable to be fully productive workers and are more likely to be ill, increasing the strain on often overburdened health systems. Malnourished women give birth to low birth weight babies, transferring the broad economic disadvantages of malnutrition in their own lives to the next generation. The aggregate costs of nutrition insecurity at the national level impose a heavy burden on efforts to foster sustained economic growth and improved general welfare.

The principal points of intervention to break this cycle of malnutrition are:

- a) Address the nutritional needs of the young child from conception through about 24 months
- b) Ensure the nutritional well-being of the mother of the child even before she is pregnant.

For young children, the period from conception to their second birthday is characterised as the 1,000 days of opportunity to effectively and sustainably address malnutrition. Interventions to prevent malnutrition have the greatest benefit during these 1,000 days. Interventions after the second birthday can make a difference but often cannot undo the damage done by malnutrition during the first 1,000 days. This is seen in Figure 2, which shows that the percentage of young children in Uganda who are stunted increases sharply from 6 months up to 2 years, with a particularly steep rise from the ages of 6 to 18 months. Relatively little change, positive or negative, is seen in the general nutritional condition of children after age 2 years. For these reasons, the objective of the UNAP is to stop the rapid rise in levels of chronic malnutrition among children in their first two years of life.

Figure 2. Prevalence of Stunting, Underweight, and Wasting Among Young Children in Uganda, by Age in Months



Note: Includes children below -2SD from the WHO Child Growth Standards

UDHS 2006

Beyond the young child, action also is needed to address maternal nutrition needs so that children are properly nourished from conception. Healthy, well-nourished mothers are considerably more likely to give birth to and be able to nurture and raise healthy children. While women who are pregnant or caring for an infant must receive a range of nutrition-related services and information, adolescent girls (10-14 years) will also be targeted under the UNAP. Ensuring the

proper nutrition of these future mothers will result in their experiencing easier pregnancies and deliveries and giving birth to healthier babies who have a good birth weight. Hence, the focus of the UNAP includes both the children and mothers of today and of the future.

The Government of Uganda is committed to achieving its development objectives set out in the 2010–2015 National Development Plan (NDP)—Uganda’s master development framework—which are also consistent with the international Millennium Development Goals. In the NDP, the commitment was made to significantly reduce the levels of malnutrition in the Ugandan population in the next five years and beyond. The NDP’s theme of Growth, Employment, and Socioeconomic Transformation for Prosperity cannot be achieved if the population is unhealthy and if children and women continue to face problems related to malnutrition. In addition, Uganda cannot achieve its objectives of reducing the high rates of infant, child, and maternal mortality. (Most of the deaths are directly attributed to preventable diseases such as pneumonia, diarrhea, and malaria. Malnutrition is the underlying cause of death in nearly 60 percent and 25 percent of infant and maternal deaths, respectively.)

Over the next five years, the UNAP’s goal is to focus public resources and national efforts to bring about sharp improvements in nutrition among young children and women of reproductive age by scaling up the implementation of a package of proven and cost-effective interventions. The UNAP focuses on young children and their mothers to operationalise the nutrition component of the NDP, as well as the Uganda Food and Nutrition Policy (UFNP) and the draft Uganda Food and Nutrition Strategy. The UNAP will also foster action to address sectoral priorities, such as those laid out in the Health Sector Strategic and Investment Plan and the Agricultural Sector Development Strategy and Investment Plan.

Improving young child and maternal nutrition in Uganda over the next five years will have the following benefits:

- a) Reduce the number of maternal deaths by over 6,000 and child deaths by over 16,000 every year;
- b) Increase national economic productivity, both physical and intellectual, by an estimated US\$ 130 billion per year at present value; and
- c) Provide a strong return on public investment: for every US\$ 1,000 invested, about US\$ 6,000 worth of increased productivity will result from reduced child stunting, improved maternal health, enhanced micronutrient intake, and improved nutrition care. Investing in nutrition makes economic sense, with the economic benefits far outweighing the investments required for scaling up nutrition programmes.

Factors leading to high levels of malnutrition in Uganda cut across many sectors. To guide public action to address maternal and young child malnutrition in Uganda, the UNAP recognises that cross-sectoral, inter-agency collaboration is necessary. This action plan prioritises multi-sectoral interventions that will have the quickest impact on improving key nutrition indicators. The interventions are grouped under five thematic objectives:

- a) Improve maternal, infant, and young child nutrition and health to increase the likelihood of healthy pregnancy and infancy and proper physical and mental growth.
- b) Increase the target populations' consumption of diverse nutritious foods by increasing the production of and access to micronutrient-rich foods at the household and community levels.
- c) Mitigate and respond to the impact of acute malnutrition by providing nutrition care for children and mothers who are ill and providing nutrition services in emergencies.
- d) Strengthen the legal and institutional framework and the capacity to effectively plan and implement nutrition programmes in the country.
- e) Advocate for increased resources for scaling up nutrition interventions to address the needs of young children and mothers and to create awareness among the general population of the human, social, and economic costs of malnutrition.

2. Policy Context

This action plan to address the nutritional needs of young children and women of reproductive age in Uganda was developed within the context of a specific set of policy and legal frameworks. The Constitution of the Republic of Uganda requires the state to encourage and promote good nutrition to build a healthy Uganda. It further mandates the Ministry of Health (MoH) and the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF) to set minimum standards and develop relevant policies to ensure provision of quality food and nutrition services in the country.

The NDP has incorporated nutrition as a cross-cutting issue that requires multi-sectoral action in at least four key sectors – health, agriculture, education, and gender, labour, and social development. This is a clear testimony to Uganda's understanding that tackling nutrition problems will contribute to the attainment of its broader development goals. Given the historical challenges to cross-sectoral nutrition programming in Uganda, the UNAP has been designed with the full participation of all stakeholders involved in nutrition. Implementation and monitoring and evaluation of the UNAP will follow a similar approach.

Under the joint leadership of MoH and MAAIF in exercising their constitutional mandate, the UFNP was developed in 2003. Thereafter, a National Food and Nutrition Strategy was drafted, as was a Food and Nutrition Bill (2008) to put in place statutory regulations and institutions for implementing the UFNP, in particular the Uganda Food and Nutrition Council (FNC). The UNAP draws much of its content from these documents in seeking to operationalise efforts to effectively implement the UFNP.

At the sectoral level, the Health Sector Strategic and Investment Plan identifies nutrition as part of the National Minimum Health Care Package for Uganda, while the Agricultural Sector Development Strategy and Investment Plan and the draft National Agriculture Policy recognise

food and nutrition security as key factors for the country's social and economic development. Also, nutrition and food security are central components in the draft School Health Policy, the draft School Feeding Policy Guidelines, and the National Orphans and Other Vulnerable Children Policy.

At the international level, the UNAP also builds upon several agreements to which Uganda is a signatory. These include:

- a) International Conference on Nutrition, 1992
- b) World Food Summit, 1996
- c) Declaration on the Millennium Development Goals, 2000, and the follow-up summit in 2010
- d) Scaling-up Nutrition Initiative
- e) International Covenant on Economic, Social and Cultural Rights
- f) Convention on Elimination of All Forms of Discrimination Against Women
- g) International Health Partnerships and related initiatives (IHP+).

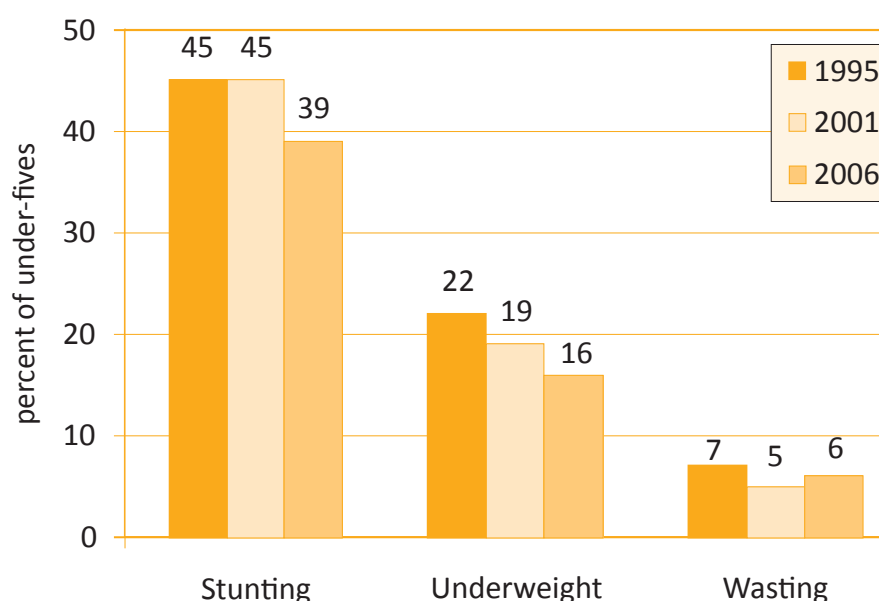
At the regional level, Uganda adopted the African Regional Nutrition Strategy of the African Union. The strategy's main focus is to advocate for renewed commitment to nutrition, intensify member states' efforts to sustainably address malnutrition in the wake of the worsening nutrition status of vulnerable groups across Africa, and stimulate actions at national and regional levels that result in improved nutrition outcomes. (In light of the above, at the 2010 summit of African Union heads of state, hosted by Uganda, member states approved the establishment of an Africa Food and Nutrition Day to be commemorated each year on 31 October to remind Africa of the constant need to address its nutrition problems.)

Uganda has also adopted the Comprehensive Africa Agriculture Development Programme (CAADP), an African Union-driven initiative for substantially improving agricultural production. Nutrition and food security are one of the four pillars of the CAADP

3. Situation and Problem Analysis

Uganda has made progress in reducing HIV, malaria, and tuberculosis; produces sufficient food nationally to meet the needs of its population; and has experienced a significant reduction in poverty levels, from 39 percent in 2002 to 23 percent in 2009–2010. However, the levels of malnutrition among women and young children have improved only minimally and some indicators, like micronutrient deficiency, have even worsened over the past two decades.

Among children, while there has been some reduction in the prevalence of malnutrition in Uganda over the past 15 years (Figure 3), the change is slow. Moreover, child malnutrition in Uganda remains largely a "hidden problem." Most children affected are moderately malnourished, which is difficult to identify without regular assessment. Micronutrient deficiencies are similarly difficult to detect.

Figure 3. National Trends in the Prevalence of Malnutrition among Children under 5

Source: UDHS 1995, 2001, and 2006

Among women of reproductive age, over 12 percent were found to be underweight in 2006, with a body mass index (BMI) of less than 18.5 kg/m². Iron-deficiency anaemia remains the most serious micronutrient deficiency faced by Ugandan women. In addition, Uganda is faced with a double burden of malnutrition—the increasing co-existence of obesity and malnutrition in communities across the country. The 2006 UDHS showed high levels of overweight among women living in urban centres, as well as in many rural areas of Western and Central regions.

3.1 Causes of High Malnutrition in Uganda

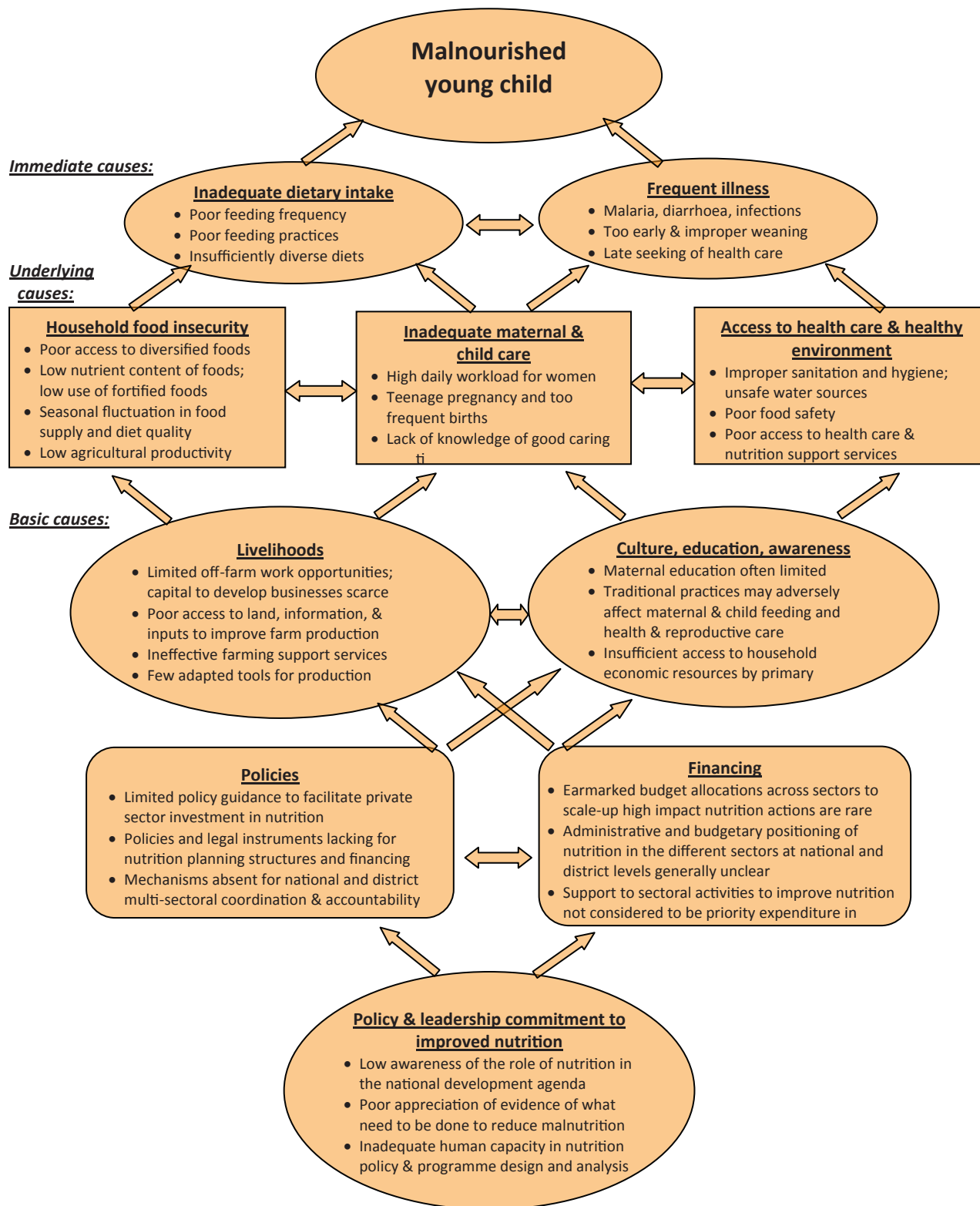
There are several interacting causes of child malnutrition in Uganda as seen in Figure 4, ranging from policy issues to immediate household conditions to underlying community and cultural situations. The immediate causes of child malnutrition in Uganda are two-fold: inadequate dietary intake resulting from suboptimal maternal and infant feeding practices and the high disease burden resulting from malaria, diarrhoeal disease, and acute respiratory infections. There are three broad underlying causes of inadequate dietary intake and the high disease burden:

- A. **Household food insecurity** (mainly related to poor access to the range of foods needed for a diversified diet). An added element of this is that the foods that households frequently consume are relatively deficient in micronutrients. Seasonality in food production, variable food prices, and seasonal earning patterns exacerbate the instability and the poor quality of the diet the household consumes through the year.
- B. **Inadequate maternal and child care.** Care-related constraints lead to both inadequate dietary intake and a high disease burden in young children. These

constraints include the heavy workload that women as primary caregivers in the household must shoulder every day. Women do both farm and household chores and might engage in small business activities, while also being responsible for the continual care of the children and other dependents within the household. Frequent births limit a woman's ability to properly care for her infant and other young children, while also regaining her own health. In addition, social dislocation in many households and communities in Uganda has led to changes in traditional gender roles and increased family breakups. These changes tend to worsen the quality of the nutrition and health care women and young children receive.

- C. Poor access to health care and a healthy environment.** In far too many cases, young children do not live in a healthy environment with good access to toilets and other sanitation services, a reliable safe water supply, and effective health facilities and services, including nutrition services such as micronutrient supplementation and nutrition education.

Figure 4. Young Child Malnutrition: A Conceptual Framework for Uganda



The nature of the underlying causes of child malnutrition is largely dependent on how available resources are distributed within Uganda. The availability of nutrition resources at the household level is linked to a set of basic causes. Basic/root causes are a function of how society operates in terms of livelihood opportunities and economic structure, the availability of knowledge both through cultural institutions and formal and informal education, political expectations and policies, the priorities guiding the allocation of public funding and other resources, and the quality of social and political leadership. It is principally in this area of the basic causes that action to address child malnutrition moves from the realm of the individual and household to the political arena and where policy, public administration and expenditure, and governance issues come to the fore.

An important driver of the continued high levels of young child malnutrition in Uganda is the overall low awareness of nutrition as being critical to the country's economic development and to efforts to reduce child and maternal mortality. The inadequate political commitment and public funding for nutrition have limited the development of the necessary policies and legislation to create the environment for increased investment in nutrition. In addition, the lack of political support has hindered the establishment of the necessary structures for coordinating action to address young child and maternal malnutrition, developing a monitoring and evaluation (M&E) framework to improve these efforts, and strengthening human capacity for nutrition analysis, programme design, and implementation in Uganda.

3.2 Consequences of High Malnutrition in Uganda

A. Malnutrition kills many Ugandans each year

- Low birth weight is rampant in Uganda. Over 16,000 children who were born weighing less than 2.5 kg died in 2009. Other forms of malnutrition were associated with more than 67,500 child deaths in 2009.
- Anaemia affects 49 percent of women. Without any intervention, 15,000 mothers will die of anaemia-related causes between 2006 and 2015. One in three of these deaths could be prevented if we doubled our coverage of iron supplementation among pregnant women.

B. Malnutrition significantly reduces agricultural productivity

- In the agricultural sector, Uganda's main employer, over US\$ 34 million worth of productivity was lost in 2009 alone due to iron deficiency anaemia in the adult population. Other losses to agriculture occurred as a result of time lost due to illnesses associated with other types of malnutrition or time lost while dealing with family illnesses or deaths associated with malnutrition.

C. Malnutrition contributes to poverty in Uganda

- Uganda loses US\$310 million worth of productivity per year due to the high levels of stunting, iodine deficiency disorders, iron deficiency, and low birth weight.
- Malnutrition is expensive to treat. For instance, treating severe acute malnutrition costs more than US\$120 per child.

- Malnutrition contributes to a loss of about 4.1% of the gross domestic product (GDP) per year.

D. Malnutrition affects education and intellectual potential of schoolchildren

- Between 2006 and 2015, iodine deficiency disorder will cause 19,300 children to be born as cretins and 543,000 children to be born with mild or moderate mental disabilities.
- Stunting causes children to start school late because they look too small for their age. In 2006, one in four 7-year-olds had not started school, even with the Universal Primary Education programme.
- Stunting will also be a cause of absenteeism and repetition of school years.

As the causes and consequences of malnutrition are multi-dimensional, effectively addressing the problem requires an integrated approach with broad cross-sectoral political support. While cross-sectoral coordination increases the challenges in implementing effective programmes, these challenges are not insuperable, particularly if effective leadership is brought to the issue.

Table 1 below provides the gap analysis for scaling up public nutrition action in Uganda that was developed through stakeholder consultations. This exercise involved comparing recent performance in Uganda in addressing young child and maternal malnutrition with potential and desired performance.

Table 1. Gap Analysis for Scaling Up Nutrition Interventions in Uganda

Gap	Current performance	Opportunities for improvement
Weak advocacy for nutrition at all levels	<ul style="list-style-type: none"> • Limited recognition by government and general population of the centrality of improved nutrition to development • Low prioritisation of nutrition by government and implementers • Weak leadership for nutrition across all sectors • Limited advocacy skills among nutrition stakeholders • Lack of commitment to achieve the national nutrition agenda • No communication strategy for nutrition • Inadequate number of nutrition activists 	<ul style="list-style-type: none"> • Emerging commitment for improving nutrition in the country. • Food and Nutrition Bill drafted, awaits enactment by Parliament to empower the Food and Nutrition Council. • Nutrition is integrated in various policy documents, including the Constitution of Uganda and the NDP. • Government staff structure allows for strengthening human capacity; for example, nutritionists recruited in health system; agricultural extension and community development officers at sub-county levels. • Increasing commitment to nutrition from development partners

Gap	Current performance	Opportunities for improvement
Weak infra-structure to support quality nutrition programming at all levels, including lack of equipment and skilled human resources	<ul style="list-style-type: none"> • Nutrition is inadequately mainstreamed into existing sectoral programmes. • Poor appreciation of centrality of nutrition to development • Low recruitment, poor professional growth opportunities, and poor retention of nutritionists due to low prioritisation of nutritionists as cadres of the civil service • Lack of a comprehensive nutrition curriculum and training plan for in-service capacity strengthening of personnel who do not specialise in nutrition • Lack of incentives for nutrition personnel in all sectors 	<ul style="list-style-type: none"> • Nutrition is part of the curricula at all education levels. • In-service training curriculum is now being reviewed. • Nutrition officer posts established at district levels. • Agriculture, education, and gender have wide-reaching structural frameworks that can be utilised to fill gaps in nutrition expertise. • Increasing appreciation of the role of nutrition as a preventive health mechanism • Training and information, education, and communication materials on nutrition in Uganda available for local adaptation. • Development partners supportive of capacity strengthening in nutrition.
Weak coordination and inadequate implementation of policy guidelines	<ul style="list-style-type: none"> • Lack of coordination structure to link sectors on nutrition programming • Lack of a national nutrition agenda to act as a reference point for implementers • Existing Food and Nutrition Policy and other guidelines not adequately implemented and disseminated. 	<ul style="list-style-type: none"> • Presence of National Planning Authority to coordinate multi-sectoral efforts on nutrition programming and M&E. • National coordination forum for nutrition stakeholders meets regularly. • Several stakeholders strongly committed to support nutrition initiatives. • Some nutrition policies and guidelines in place for implementation, including infant and young child feeding, HIV, food fortification, and micronutrient supplementation.
Weak system for information management and limited research on changing innovations in nutrition	<ul style="list-style-type: none"> • Lack of a national nutrition database and information system • Lack of standardised data collection and analytical tools • Low demand for nutrition information • Weak coordination, information sharing, and adaptation of promising practices • Lack of a national nutrition research agenda 	<ul style="list-style-type: none"> • Existing and forthcoming survey datasets with nutrition content • Development partners are supportive. • National nutrition indicators established. • Some surveillance systems for nutrition and food security established.

Gap	Current performance	Opportunities for improvement
Low involvement of communities in nutrition	<ul style="list-style-type: none"> • Curative health services seen as more important than preventive. • Nutrition activities often do not promote community involvement. Few good models for community engagement • Inadequate public knowledge on importance of good nutrition • Few community organisations involved in nutrition. • No regular incentives in place for community nutrition volunteers. 	<ul style="list-style-type: none"> • Development partners and government interested in integrating nutrition in community development models. • Role of community appreciated. • Communities willing to participate. • Support for operational research available
Low coverage of nutrition services at all levels, particularly in private sector	<ul style="list-style-type: none"> • High dependence on development partners • Inadequate knowledge about food supplementation • Limited data on nutrition needs 	<ul style="list-style-type: none"> • Local production of enriched foods is increasing. • Commitment by government and development partners • Increasing interest in the private sector

PART II: THE STRATEGIC DIRECTION

4. Action Plan Target Groups and Broad Strategies

4.1 Target Groups

As discussed earlier, different forms of malnutrition affect different groups of Ugandans. However, investments in preventing malnutrition yield the greatest returns during the “window of opportunity,” the 1,000 days from conception through the nine months of pregnancy to the child’s second birthday. As such, the UNAP, while seeking to address in a substantive manner the entire scope of the malnutrition problem in Uganda, will focus on infants, young children, and mothers, both women of reproductive age and adolescent girls who will become mothers in later years.

Uganda has about 2.7 million children under two years of age, 7.1 million women of reproductive age, and 2 million adolescent girls. These groups account for about 37 percent of Uganda’s total population.

Effectively addressing the nutritional needs of infants and young children will arrest a lifetime of problems malnourished children face later in life and reduce the burdens they impose on the household, community, and nation. The nutritional condition of the women who bear these children is equally important, as the health and nutritional well-being of the child is determined by the health and nutritional well-being of its mother. However, these two target groups cannot be served in isolation. Most causes of malnutrition are linked to practices or access to resources at household or community levels. In consequence, the UNAP will directly and indirectly address the nutritional needs of all Ugandans, particularly the most vulnerable, and will lead to a sustained decline in the numbers of malnourished Ugandans.

4.2 Broad Strategies to Reduce Malnutrition in the Plan Period (2011–2016)

To effectively meet the nutrition needs of the target groups, the UNAP will seek to:

- a) Address the multiple causes of malnutrition among young children in Uganda. This will be done by building linkages between key sectors in both the public and private arenas. Intra- and inter-sectoral linkages, public-private partnerships, coordination, and collaboration will be strengthened to facilitate adequate nutrition advocacy, programming, and M&E.
- b) Implement proven high-impact interventions in reducing young child and maternal malnutrition both nationally and internationally. Most interventions will be in the areas of production of nutritious food, nutrition care within the

- household, public health, and livelihood support.
- c) Identify and implement cost-effective nutrition programme models that are scalable at both district and national levels. Such models will involve behavior change and social marketing, fortification of common staple foods, use of bio-fortified produce, and micronutrient supplementation programmes, among others.
- d) Equip local institutions to provide leadership and capacity in nutrition policy and programming. This will include the legal establishment of the FNC and its secretariat. The ability of key public sectors to finance nutrition programmes and research with local or external resources will be strengthened. Policies and incentives will be established to enable the private sector and local governments to increase their investments in nutrition.
- e) Plan nutrition programmes appropriately. Whenever possible, the programmes will be planned, managed, and implemented at community and local government levels in a cross-sectoral manner. Geographic areas that are very vulnerable to young child and maternal malnutrition will be specifically targeted under the UNAP.

The UNAP will therefore focus on the following four broad action areas:

- a) Promoting key maternal, infant and young child feeding and nutrition practices to improve awareness and increase targeted healthy feeding behaviors. These include breastfeeding, appropriate complementary feeding during weaning, dietary diversification, and increased coverage of micronutrient supplementation programmes.
- b) Supporting households and communities to increase access to and consumption of diversified foods throughout the year through their own food production or purchased food. Complementary programmes will focus on reducing post-harvest losses and spoilage and on addressing issues related to women's workload within the household.
- c) Providing care and support to individuals with severe acute malnutrition.
- d) Mobilising the community to promote adoption of healthy nutrition behaviors, community-based growth monitoring and promotion, and two-way referral of malnourished cases for care at either the community or the health facility level, and increased public awareness of the centrality of improved nutrition to community and national development.

Appropriate materials and tools will be employed to:

- a) Facilitate behavior change, using nutrition information, education, and communication materials
- b) Provide nutrition care and support
- c) Collect information on the nutritional condition of the target groups and all Ugandans over time for analysis and use in programming

To support priority nutrition areas and their complementary activities, key structural functions will be invested in institutions that will be established or strengthened at national, district, sub-county, and community levels in both government and private arenas, as provided for in the Food and Nutrition Policy and the draft Food and Nutrition Bill. Strengthened links between different levels of nutrition actors to enable informed and appropriate decisions for coordinated nutrition programming across Uganda will also be an element of the implementation of the UNAP.

5. Goal, Objectives, Strategic interventions, and Core ProJECTS

5.1 Goal

The goal of the Uganda Nutrition Action Plan is to reduce malnutrition levels among women of reproductive age, infants and young children from 2011 through 2016 and beyond. Table 2 lists the key indicators on which the UNAP will focus.

Table 2. Key Nutrition Outcome Indicators

	Outcome indicator	Baseline	UNAP target 2016
1	Stunting among under-5s, %	38	32
2	Underweight among under-5s, %	16	10
3	Underweight among non-pregnant women age 15-49 (BMI less than 18.5 kg/m ²), %	12	8
4	Iron deficiency anemia among under-5s, %	73	50
5	Iron deficiency anemia among women age 15-49, %	49	30
6	Vitamin A deficiency among under-5s, %	19	13
7	Vitamin A deficiency among women age 15-49, %	20	12
8	Low birth weight (newborns weighing less than 2.5 kg, %	13	9
9	Exclusive breastfeeding to age 6 months (percentage of infants), %	60	75
10	Dietary diversification index (percentage calories consumed from foods other than cereals and starchy roots), %	57	75
11	Calorie consumption (average daily energy intake per capita), kcal	2,220	2,500 l

Baseline data obtained from the 2006 UDHS and from FAO 2008.

These indicators have been chosen to cover the two principal target groups of the UNAP, young children and women of reproductive age, and to consider both calorie and micronutrient consumption levels, principally by looking at deficiencies in consumption as evidenced by stunted growth in children and underweight in children and women. Attention is also paid to nutrition in pregnancy (as indicated by the infant's birth weight), breastfeeding, and dietary diversity.

5.2 Objectives, Strategies, and Strategic Interventions

To achieve the above goal and to improve the nutrition status indicators, the following five strategic objectives will be pursued through 2016.

Objective 1: Improve access to and utilisation of services related to maternal, infant, and young child nutrition

Strategy 1.1: Promote access and utilisation of nutrition and health services to all women of reproductive age, infants, and young children.

Interventions

- 1) Promote and support health and nutrition education to increase the level of awareness of good nutrition.
- 2) Promote integration of nutrition services in all routine and outreach health services and programmes targeting children and mothers.
- 3) Manage nutrition for sick children, pregnant and lactating mothers, and other women of reproductive age.
- 4) Integrate the management of severe and moderate acute malnutrition into routine health services.
- 5) Promote utilisation of antenatal and postnatal care services among all pregnant and lactating mothers to monitor child growth, and the health and nutrition status of both the mother and the child.
- 6) Promote and support breastfeeding policies, programmes, and initiatives.
- 7) Promote and support appropriate complementary feeding practices.
- 8) Support and scale up community-based nutrition initiatives.
- 9) Promote proper food handling, hygiene, and sanitation through increased knowledge, use of safe water, and hand washing practices at household level.

Strategy 1.2: Address gender and socio-cultural issues that affect maternal, infant, and young child nutrition.

Intervention

- 1) Promote male involvement in family health services and in food security and nutrition programmes.
- 2) Advocate and seek solutions for reducing workload for all women, especially pregnant women and lactating mothers.
- 3) Address detrimental food taboos and norms that impair nutrition of women, infants, and young children.

Objective 2: Enhance consumption of diverse diets

Strategy 2.1: Increase access and use of diverse nutritious foods at household level

Intervention

- 1) Promote production and consumption of diversified nutritious foods at household and community levels.
- 2) Advocate for and support integration of nutrition in agricultural programmes at national and local government levels.
- 3) Increase consumption of both raw and processed nutritious foods.
- 4) Promote and support local food processing and value addition at household and community levels.
- 5) Promote and support the utilisation of safe labour-saving technologies at household and community levels.
- 6) Support on farm enterprise mix to promote stable diversified food production.
- 7) Promote production and consumption of indigenous foods to enhance diet diversification.
- 8) Promote positive indigenous dietary practices.

Strategy 2.2: Enhance post-harvest handling, storage, and utilisation of nutritious foods at household and farm levels.

Interventions

- 1) Promote and support adoption of post-harvest handling and storage technologies at household and community levels.
- 2) Provide an enabling environment to the private sector to manufacture, market, and distribute appropriate post-harvest handling and storage technologies.

Strategy 2.3: Promote the consumption of nutrient-enhanced foods.

Interventions

- 1) Promote production of fortified common staples by local manufacturers.
- 2) Promote production of bio-fortified varieties.
- 3) Promote consumption of nutrient-enhanced foods through increased awareness of their benefits.
- 4) Support local production of ready-to-use therapeutic and complementary food.

Objective 3: Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status.

Strategy 3.1: Develop preparedness plans for shocks.

Interventions

- 1) Strengthen and scale up early warning systems on food and nutrition information from community to national levels.
- 2) Support and promote urban farming to serve the most vulnerable households in urban areas.
- 3) Develop, promote, and implement in a timely fashion a comprehensive package of nutrition services and food items to provide during emergencies and recovery periods.
- 4) Make integration of nutrition in all disaster management programmes mandatory.
- 5) Promote and support diversified production of drought-resistant crops including vegetables and raising of animals tolerant to heat stress at household and community levels.
- 6) Carry out sensitisation programmes for communities to raise their awareness of prevention, mitigation, and response to risks of malnutrition during shocks.

Strategy 3.2: Promote social protection interventions for improved nutrition.

Interventions

- 1) Provide social transfers to and support livelihoods for the most vulnerable households and communities.
- 2) Develop and implement programmes for special social assistance and for livelihood promotion and protection in areas with high levels of malnutrition.
- 3) Advocate for and promote school feeding programmes.
- 4) Manage cases of SAM by integrating care into routine health services and providing follow-up support and monitoring at household and community levels.
- 5) Promote social protection interventions for improved nutrition.

Objective 4: Strengthen the policy, legal, and institutional frameworks and the capacity to effectively plan, implement, monitor, and evaluate nutrition programmes.

Strategy 4.1: Strengthen the policy and legal framework for coordinating, planning, and monitoring nutrition activities.

Interventions

- 1) Fast-track enactment of the Food and Nutrition Bill, which will provide the statutory mechanism for establishing the FNC and its secretariat.

- 2) Revitalise and legalise the functionality of the FNC and establish its secretariat/ coordinating unit.
- 3) Review the Food and Nutrition Policy to integrate emerging issues.
- 4) Revise the draft Uganda Food and Nutrition Strategy to align it with the prevailing national, regional, and global nutrition agenda and disseminate the Strategy widely.
- 5) Advocate for the enactment of bylaws and ordinances that promote nutrition and food security at district and sub-county levels.
- 6) Integrate nutrition issues into plans and budgets at all levels of governments by mainstreaming nutrition and creating vote functions for nutrition.
- 7) Support the development of nutrition curricula for all levels of education and training.
- 8) Advocate for establishment of lower and middle cadre nutrition courses in the education structure.
- 9) Review and integrate nutrition issues in the existing curricula of formal and non-formal education and in pre- and in- service training.

Strategy 4.2: Strengthen and harmonise the institutional framework for nutrition from local to central government levels.

Interventions

- 1) Review the country's current institutional framework for nutrition and implement a suitable one.
- 2) Establish an interim multi-sectoral coordination mechanism for nutrition programming and M&E.
- 3) Strengthen human resource capacity for nutrition programming at all levels in all sectors.

Strategy 4.3: Strengthen human resource capacity to plan, implement, monitor, and evaluate food and nutrition programmes in the country.

Interventions

- 1) Design and implement a capacity-strengthening plan for nutrition programming at national, local government, and community levels.
- 2) Establish a food and nutrition M&E system for tracking performance of nutrition indicators and for timely decision-making.
- 3) Conduct a national food and nutrition baseline survey to establish up-to date nutrition baseline monitoring indicators.
- 4) Conduct periodic district-level food and nutrition surveys in vulnerable areas and among vulnerable populations.

- 5) Undertake mid-term and end-of-term impact evaluation of the UNAP.
- 6) Strengthen district-level food and nutrition surveillance systems.

Strategy 4.4: Enhance operational research for nutrition.

Interventions

- 1) Conduct formative research studies on best practices for nutrition.
- 2) Research, document, and disseminate findings on positive indigenous dietary practices.
- 3) Compile food composition data for all foods consumed in Uganda.
- 4) Identify and conduct research relevant to scaling up food and nutrition interventions.
- 5) Collate and share research findings and best practices for scaling up food and nutrition in Uganda.

Objective 5: Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programmes in the country.

Strategy 5.1: Increase awareness of and commitment to addressing nutrition issues in the country.

Interventions

- 1) Develop and implement a nutrition communication strategy.
- 2) Produce annual policy statements and periodic policy briefs on the national food security and nutrition situation.
- 3) Commemorate nutrition-related events and take advantage of other opportunities to raise the profile of nutrition.

Strategy 5.2: Advocate for increased commitment to improving nutrition outcomes.

Interventions

- 1) Develop and implement a nutrition communication strategy.
- 2) Develop and implement a comprehensive and sustainable nutrition advocacy plan.
- 3) Produce and publish an annual report on the state of the food security and nutrition situation in the country.

5.3 Priority Investment Areas

- 1) **Scale-up cost-effective community-based initiatives that emphasise prevention and control of malnutrition:** Key areas of focus will include growth monitoring and promotion, Community-Based Management of Acute Malnutrition, initiatives to promote baby-friendly hospitals and communities, food fortification, and increased production of bio-fortified staple food crops.
- 2) **Establish an enabling legal environment and strong institutional capacity and mechanisms to implement the UNAP at all levels:** Critical areas of focus under this investment area will include fast-tracking the Food and Nutrition Bill, strengthening human resource capacity for nutritional assessment and programming, and establishing institutional structures for nutrition program implementation and coordination at national and decentralised levels.
- 3) **Strengthening of food security and nutrition safety nets at national and decentralised levels.** This includes the establishment of a National Food and Nutrition Information System.
- 4) **Operational research in nutrition to inform implementation and monitoring of the UNAP progress.** The activities under this investment area include research on improved community and household-level food processing for value addition, improved post-harvest handling and storage of food crops, community-based school feeding pilot programs, and investigation and demonstration of labour-saving technologies for women with young children.

PART III: IMPLEMENTATION, FINANCING, AND MONITORING & EVALUATION FRAMEWORKS

6. Implementation Framework

This section provides an overview of how the UNAP will be implemented and coordinated at the national and local government levels to achieve its goal and objectives. Nutrition is a multi-sectoral issue that is best addressed through a well-coordinated multi-sectoral approach. Thus, this implementation framework is aimed at supporting nutrition stakeholders at all levels and sectors in the country to successfully operationalise the UNAP.

The lack of an institutionalised coordinating mechanism for nutrition has been one of the main contributors to the ineffectiveness of past interventions. Inadequate coordination of the planning and implementation of nutrition programmes and projects often resulted in duplication of services and programmes without proper equitable distribution and convergence of resources. Nutrition interventions have been implemented mostly as vertical projects with little human capacity, technical competence development and numbers in the public sector.

The UNAP seeks to address this gap and emphasizes the need to establish new institutional arrangements and strengthen existing ones to adequately provide policy direction, coordinate and harmonise nutrition programming, and conduct M&E in the country.

6.1 Institutional Arrangements

The UNAP specifically recognises the urgent need to establish and strengthen the institutional structure for national-level coordination by legally establishing the FNC and its secretariat in the Office of the Prime Minister (OPM) as proposed in the draft Food and Nutrition Bill. Assisted by its secretariat, the council will be responsible for providing policy direction, guidance, and oversight as well as national coordination of the implementation, monitoring, and evaluation of the UNAP and other nutrition programmes in the country. Specifically the council, assisted by its secretariat, will:

- a) Coordinate joint planning and review with other ministries and departments as well as development partners, civil society, the private sector, and academia;
- b) Monitor and evaluate national nutrition response in the country;
- c) Mobilise resources and support for nutrition response;
- d) Provide national standards and norms for nutrition;
- e) Advocate for both the development of nutrition structures and adequate resource allocation;

- f) Lobby for the establishment of a consolidated nutrition fund by development partners; and
- g) Facilitate cross-sector collaboration and work with higher-level committees (in the Cabinet and Parliament) and the Multi-Sectoral Technical Committee on Nutrition.

6.2 Coordination Arrangements

The UNAP further recognizes the need to establish, strengthen, and support nutrition coordination structures at both national and local government levels and to strengthen sector-specific capacity at all levels to effectively implement nutrition programmes.

National- Level Coordination

A. Policy-Level Coordination

Policy coordination will be done through three entities: a Cabinet sub-committee, the FNC, and the Parliamentary Sub-Committee on Nutrition. The Cabinet sub-committee will meet biannually to review progress on key nutrition indicators in the country and provide policy direction. The FNC, which will include key Line Ministers and Permanent Secretaries, will meet quarterly to review progress on performance of key nutrition indicators, analyze budget performance of nutrition programmes, analyze the constraints to implementation, and provide strategic direction. Recommendations from the Cabinet sub-committee and the FNC will then be fed into the Parliamentary Sub-Committee on Nutrition, which will pass the key policy and financial decisions, and then to the technical committee for implementation of decisions.

B. Technical-Level Coordination

Technical coordination of nutrition will be done through the Nutrition Multi-Sectoral Technical Committee, which will comprise key technical experts from government, development partners, the private sector, academia, and civil society. The Committee, whose establishment and terms of reference will be defined during the plan period, will be led by the FNC chairperson and coordinated by the head of the secretariat.

Until the FNC and its secretariat are established, the National Planning Authority, in line with its mandate to coordinate and harmonise national development planning, monitoring and evaluation, will undertake this role. The NPA also will work with other stakeholders to ensure that the proposed institutional structures are established as soon as possible.

C. Nutrition Development Partners Committee

This committee will be responsible for promoting and identifying funding resources for the nutrition agenda in Uganda; promoting joint resource mobilisation, allocation, and support; responding to the proposed development partners' consolidated nutrition fund; and providing

policy guidance on alignment of nutrition programmes to the Millennium Development Goals and the nutrition commitments of the UN Development Agency Fund and other international organisations. This committee will be composed of representatives of nutrition development partners and will feed into the policy and technical level committees.

D. The Uganda Nutrition Coordination Forum

The Uganda Nutrition Coordination Forum, which will be inaugurated in the plan period, will meet biannually to review implementation of the UNAP and to provide advice and advocacy for nutrition. Chaired by the NPA, the Coordination Forum will comprise all key national and local nutrition stakeholders, including heads of the principal government departments and agencies and representatives of the private sector, NGOs, and CSOs involved in implementing programmes under the UNAP.

Decentralised-Level Coordination

A. Sectoral-Level Coordination Committees

At the sector level, the various ministries, departments, and agencies will form committees that will coordinate nutrition programmes and support implementation by central government departments, local governments, the private sector, academia, and civil society. These committees will also ensure joint planning and budgeting for nutrition activities within each sector, prepare quarterly monitoring reports to submit to the secretariat (or NPA in the interim), and provide technical guidance to stakeholders and service providers in each sector. Nutrition focal persons in each sector will coordinate nutrition activities within their area of responsibility.

B. District-Level Coordination Committee

The District Nutrition Coordination Committee, which will be composed of representatives from key sector departments, CSOs, the private sector, and academia, will provide technical advice to the District technical planning committees and subsequently to the District Council. The committee also will monitor and evaluate nutrition activities, carrying out reviews and providing technical advice to the lower local government levels. Nutrition focal persons/officers in local governments and at the community level will coordinate nutrition activities within their area of responsibility.

6.3 Implementation Strategy

The UNAP will be implemented along five main dimensions that are interrelated and mutually reinforcing:

- a) Preventing and controlling malnutrition by targeting and investing in interventions that have an impact within the “window of opportunity” (the 1,000 days from conception through pregnancy until the child’s second birthday);

- b) Scaling up community-based initiatives that have proven to have a high impact and are cost-effective;
- c) Comprehensively managing cases of acute and moderate malnutrition;
- d) Supporting food-based approaches to improve nutrition that have proven sustainable; and
- e) Creating an enabling legal environment and building strong institutional structures and mechanisms and capacity at all levels

6.4 Prerequisites for Implementation

Implementation of the UNAP will be a shared responsibility of the public sector, the private sector, development partners, NGOs, CSOs, and research institutions and academia. Successful implementation of the UNAP will require the following:

- a) Ownership of the action plan by the key government ministries—MoH, MAAIF, MoES, Ministry of Water and Environment (MWE), Ministry of Local Government (MoLG), MGLSD, and MTC—and support from the Ministry of Finance, Planning and Economic Development (MFPED), OPM, and NPA.
- b) Political will and financial commitment at both national and local government levels.
- c) Behavior change at national, local, and household levels to promote good nutrition.
- d) Routine and effective M&E of the implementation of the UNAP to ensure that the plan is on track.
- e) Effective coordination and networking of implementing agencies and development partners.

7. Financing Framework

The budget is the sum of all budget estimates from the programmes and activities under each objective, representing a snapshot of the current nutrition priorities for Uganda. The total cost of the five-year UNAP is US\$161,614 million (Table 3 and Annex II). Financing the UNAP will require concerted effort from the Government of Uganda, development partners, CSOs, and the private sector. However, the major investor in these nutrition priorities will be the Government of Uganda.

7.1 Government of Uganda

Uganda's central and local governments, in alliance with other agencies and development partners, will finance the UNAP through focused resource reallocation within existing budgets and through mainstreaming nutrition in various sector programmes to increase resource availability. This calls for making food security and nutrition a high priority in national programmes, specifically in sectors such as health, agriculture, social development, finance, education, trade and tourism,

and local development. For successful resource mobilisation, a strong advocacy strategy will be used to demonstrate to sectors and development partners the cost-effectiveness of improved investment in nutrition and the consequences of failing to do so.

7.2 Development Partners

The Government recognizes that the current domestic budgets will not be able to independently finance the UNAP at the level required to sustainably improve the nutrition indicators. While in the long term, the Government will seek to fund the UNAP through domestic revenues, it will continue to depend on external resources in the short to medium term, while progressively reducing its reliance on such resources. Opportunities for initial resource mobilisation will be through forums such as monthly local development partner group meetings. The government will further take advantage of existing and new global and regional initiatives including Scaling-up Nutrition, CAADP, USAID's Feed the Future, and others to identify potential sources for financing the nutrition programmes.

The current support for nutrition programmes is fragmented and has minimal impact on the nutrition indicators. Thus, at national level, advocacy for basket funding for nutrition programmes from the national nutrition development partners to maximise nutrition investments will be adopted. This will facilitate a more holistic approach to nutrition programming and implementation, since the tendency is to implement only activities that would have received funding, even when their scope and potential impact are limited (e.g., micronutrient programmes have received a lot of funding and yet macronutrient problems remain largely not addressed).

In addition, some development partners provide support directly to CSOs, NGOs, and some districts outside the Government budget. While this arrangement is not discouraged, it will be appropriate to share information on the level of support provided and the activities of the UNAP being funded to have an accurate assessment of the impact on the nutrition indicators.

7.3 Public-Private Partnerships

Experience shows that cooperation between the public and private sectors in form of public-private partnerships can be a powerful incentive for improving the quality and efficiency of public services and a source of financing for public infrastructure. There will be strategic exploration of public-private partnerships with the highest cost-effectiveness in sustainably addressing malnutrition in Uganda, especially through the value addition, energy, and labour-saving technologies.

Existing and available resources for nutrition within the national budget and from private sector and development partners must be coordinated effectively to maximise impact. In addition, the government envisions encouraging affected communities to take ownership of their nutrition problems. If communities recognize how these problems affect their development and see that they can help identify strategies to address the problems, then community contribution to nutrition interventions would increase and help sustain activities.

Table 3. Summary of Five-Year UNAP Implementation Cost Matrix

OBJECTIVE	US\$ millions						US\$ thousands	Percent of total budget
	2011-12	2012-13	2013-14	2014-15	2015-16	TOTAL		
1. Improve access to and utilisation of services related to maternal, infant, and young child nutrition	5,087	7,199	10,392	13,399	13,706	49,783	19,147	30.8
2. Enhance consumption of diverse diets	1,227	3,777	4,817	5,127	6,777	21,726	8,356	13.4
3. Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status	920	6,920	9,960	13,030	15,080	45,910	17,658	28.4
4. Strengthen the policy, legal, institutional framework and capacity to effectively plan, implement, monitor, and evaluate nutrition programmes	3,855	6,292	7,729	8,836	8,343	35,055	13,483	21.7
5. Create awareness and maintain national interest and commitment to improve and support nutrition programmes in the country	1,595	1,733	1,835	1,938	2,040	9,140	3,515	5.7
TOTAL	12,684	25,921	34,734	42,330	45,946	161,614	62,159	100.0

8. Monitoring and Evaluation framework

The current M&E system for nutrition and food security indicators is weak, with minimal and fragmented systems among sectors and development partners. To effectively track progress of the UNAP's implementation and performance of the target outcome and output indicators, a comprehensive and integrated multi-sectoral monitoring system for nutrition will be developed.

An annual multi-sectoral monitoring and reporting system will be established with a lead coordinating agency, which will be NPA in the interim and the FNC once it is legally established. All implementing agencies will submit annual reports on the status of implementation and performance of the target indicators to the coordinating agency. The agency will then compile the reports to produce an annual report. An annual review meeting for the implementing agencies and other nutrition stakeholders will be held.

All implementing agencies will submit quarterly reports in their thematic areas to the coordinating agency, which will compile them and produce a quarterly report. Quarterly meetings will be held to discuss the reports and come up with appropriate measures if implementation is slow or off track.

To evaluate the effectiveness and impact of the various programmes, interventions, and the UNAP overall, evaluations and reviews will be conducted annually, at mid-term (two and a half years), and final (five years).

Table 4 below shows the key outcome indicators and targets that will be monitored during the five-year plan period.

Table 4. Key outcome indicators and annual targets

No.	Outcome indicator	Base-line	2012	2013	2014	2015	UNAP Target (2016)
1.	Stunting – prevalence in under-5s, %	38 ¹	37	35	34	33	32
2.	Underweight – prevalence in under-5s, %	16 ¹	15	14	12	11	10
3.	Underweight women– non-pregnant women 15-49 years with BMI less than 18.5 kg/m ² , %	12 ¹	11	10	10	9	8
4.	Iron deficiency anemia – prevalence in under-5s, %	73 ¹	68	64	59	54	50
5.	Iron deficiency anemia – prevalence among women age 15-49 years, %	49 ¹	45	41	38	34	30
6.	Vitamin A deficiency – prevalence in under-5s, %	19 ¹	18	17	15	14	13
7.	Vitamin A deficiency – prevalence among women age 15-49 years, %	20 ¹	18	17	15	14	12
8.	Low birth weight - newborns less than 2.5 kg, %	13 ¹	12	11	11	10	10
9.	Exclusive breastfeeding to 6 months, percentage of infants	60 ¹	63	66	69	72	75
10.	Dietary diversification index (percentage of calories consumed from foods other than cereals & starchy roots)	57 ¹	61	64	69	71	75
11.	Calorie consumption (avg. daily energy intake per capita), kcal	2,220 ²	2,276	2,332	2,388	2,444	2,500
¹ 2006 UDHS							
² FAO, 2008							

ANNEX I: Implementation Matrix

Goal: To reduce malnutrition levels among women of reproductive age, infants and young children over the next five years 2010–2015

Interventions	Expected Output	Lead Agency	Other
OBJECTIVE 1: IMPROVE ACCESS TO AND UTILISATION OF SERVICES RELATED TO MATERNAL, INFANT, AND YOUNG CHILD NUTRITION			
Strategy 1.1 Promote access to and utilisation of nutrition and health services to all women of reproductive age, infants & young children			
PPromote and support health and nutrition education (information, education, and communication materials, media).	<ul style="list-style-type: none"> Increased level of awareness of good nutrition Increased access to and utilisation of information, education, and communication materials & messages to target beneficiaries 	MoH	LGs ,MGLSD, MAAIF, MoES, development partners, CSOs, MFPED
Promote integration of nutrition services in all routine & outreach health services and programmes targeting children and mothers.	<ul style="list-style-type: none"> Growth monitoring and promotion and other nutrition services integrated in all routine & outreach health services Increased access to and utilisation of nutrition services 	MoH	LGs, MGLSD, MAAIF, MoES, development partners, CSOs, MFPED
Manage nutrition for sick children, pregnant women, lactating mothers & other women of reproductive age.	<ul style="list-style-type: none"> Increased access to & intake of nutritious foods by sick children, pregnant women, lactating mothers & other women of reproductive age 	MoH	LGs, MGLSD, MAAIF, MoES, MFPED, development partners, CSOs
Integrate management of severe and moderate acute malnutrition into routine health services.	<ul style="list-style-type: none"> Capacity for management of severe and moderate acute malnutrition enhanced Centres for management of severe and moderate acute malnutrition increased within existing health facilities countrywide Cases of severe and moderate acute malnutrition monitored & followed up 	MoH	MGLSD, LGs, MoES, MAAIF, MFPED, private sector, development partners, CSOs

Promote utilisation of antenatal care and postnatal care services by all pregnant women and lactating mothers.	<ul style="list-style-type: none"> Increased number of mothers attending antenatal care and postnatal care services 	MoH	LGs, MGLSD, MAAIF, MoES, MFPED, development partners, CSOs, Population Secretariat
Promote and support breastfeeding policies, programmes, and initiatives.	<ul style="list-style-type: none"> Increased number of exclusively breastfed babies Increased number of Baby Friendly workplaces, communities & health facilities, both public & private Increased number of employers, institutions/agencies implementing the maternity & paternity law 	MoH	LGs, MGLSD, MAAIF, MoES, development partners, CSOs
Promote & support appropriate complementary feeding practices.	<ul style="list-style-type: none"> Increased use of diversified local foods for weaning Increased frequency of complementary meals at household level Increased knowledge among mothers of appropriate complementary feeding practices Increase in number of appropriate complementary feeding practices/initiatives supported 	MoH	LGs, MoGLSD, MAAIF, MoES, MFPED, development partners, CSOs, MICT
Support and scale up community-based nutrition initiatives.	<ul style="list-style-type: none"> Increase in number of community-based nutrition initiatives supported Increased coverage of community-based nutrition initiatives Increased level of community participation & involvement in community-based nutrition programmes 	MoH/ MGLSD/MAAIF/ MoES	LGs, MAAIF, MoES, MFPED, development partners, CSOs, MICT
Promote proper food handling hygiene and sanitation.	<ul style="list-style-type: none"> Increased knowledge of proper food handling hygiene and sanitation Increase household use of safe water Increase in hand washing practices by households 	MoH	LGs, MWE, MoES, development partners, CSOs, MFPED, MICT

Strategy 1.2: Address gender and socio-cultural issues that affect maternal, infant, and young child nutrition				
Promote male involvement in family health services and in food security and nutrition programmes.	<ul style="list-style-type: none"> Increased knowledge among men of family health & nutrition issues Increased male involvement in family health, food security, and nutrition services and programmes 	MGLSD/MoH/MAAIF	MoH, MAAIF, LGs, MFPED Development Partners, CSOs	
Advocate and seek solutions for reducing workload for all women, especially pregnant women and lactating mothers.	<ul style="list-style-type: none"> Increased awareness among husbands and other family members of benefits of reducing women's workloads Increase in sharing of farm and household work among household members Increased use of labour-saving technologies at farm & household levels 	MGLSD/MAAIF	MoH, LGs, MFPED Development partners, CSOs	
Address detrimental food taboos & norms that impair nutrition of women, infants & young children.	<ul style="list-style-type: none"> Increased knowledge on the impact of detrimental food taboos & norms that impair nutrition Change in negative attitudes, beliefs, and practices Increased intake of culturally prohibited foods 	MAAIF/ MGLSD	MoH, LGs, development partners, CSOs	
OBJECTIVE 2: ENHANCE CONSUMPTION OF DIVERSE DIETS				
Strategy 2.1: Increase access to and use of diverse nutritious foods at household level				
Promote production and consumption of diversified nutritious foods at household and community levels.	<ul style="list-style-type: none"> Increased production of diversified nutritious foods Increased consumption of diversified nutritious foods Increased provision of appropriate agricultural inputs & services at household and community level 	MAAIF	MoH, LGs, MGLSD, MFPED, private sector, development partners, CSOs	
Advocate & support integration of nutrition in Agricultural programmes	<ul style="list-style-type: none"> Increased integration of nutrition issues in agricultural programmes 	MAAIF/ NPA	Private sector, development partners, CSOs, MFPED	
Increase consumption of both raw and processed nutritious foods.	<ul style="list-style-type: none"> Increased consumption of raw vegetables and fruits Increased consumption of enriched processed foods Increased consumption of fortified foods 	MAAIF/ MoH	MTC, MFPED, private sector, development partners	

Promote and support local food processing and value addition at household and community level.	<ul style="list-style-type: none"> Increased processing of nutritious foods at household & community levels Diversified processed food products at household & community level 	MAAIF/ MTC	Private sector, development partners, MoH, MGLSD, MFPED
Promote and support the utilisation of safe labour-saving technologies at household and community level.	<ul style="list-style-type: none"> Increased types of labour-saving technologies at household & community level Increased utilisation of labour-saving technologies at household & community level 	MAAIF/ MTC	MGLSD, MWE, MEMD, LGs, private sector, development partners, CSOs
Support on farm enterprise mix to promote stable diversified food production.	<ul style="list-style-type: none"> Increased number of households & communities with stable diversified food supplies & incomes 	MAAIF	LLGs, MGLSD, MTC, MFPED, private sector, development partners, CSOs
Promote production & consumption of local indigenous foods to enhance diet diversification.	<ul style="list-style-type: none"> Increased production & consumption of indigenous foods Increased awareness of the nutrition value of indigenous foods Increased exploitation and utilisation of foods from non-conventional sources Dietary practices related to indigenous foods emphasized in the school curricula & national examination Increased application of dietary practices related to indigenous foods at household & community levels 	MAAIF	MoH, MoES, MWE, MGLSD, Development Partners, CSOs
Strategy 2.2: Enhance post-harvest handling, storage & utilisation of nutritious foods at household & farm level			
Promote & support adoption of post-harvest handling & storage technologies at household & community level.	<ul style="list-style-type: none"> Increased awareness & adoption of appropriate post-harvest handling & storage technologies 	MAAIF/ MoES	MoH, MTC, MGLSD, development partners, CSOs
Provide an enabling environment to the private sector to manufacture, market & distribute appropriate post-harvest handling & storage technologies	<ul style="list-style-type: none"> Clear policy developed to guide & provide incentives to small & medium-scale private sector players Private players supported to acquire equipment, financial support & infrastructure Increase in public-private partnerships for food processing & storage Affirmative action provided for geographically marginalised areas 	MTC/ MTC	MAAIF, MoES, development partners, private sector

Strategy 2.3: Promote the consumption of nutrient-enhanced foods			
Promote production of fortified common staples by local manufacturers.	<ul style="list-style-type: none"> • A policy promoting fortification in place • Food fortification public-private partnerships increased & strengthened • Increased variety of fortified foods • Industries that fortify foods scaled up countrywide 	MoH/ MTC	Uganda National Bureau of Standards, NDA, LGs, private sector, development partners, CSOs
Promote production of bio-fortified varieties.	<ul style="list-style-type: none"> • Policy promoting bio-fortification in place • Increased variety of bio-fortified foods • Bio-fortification of foods scaled up countrywide • Food bio-fortification public-private partnerships increased & strengthened 	MAAIF/ MTC	MoH, LGs, private sector, development partners, CSOs
Promote consumption of nutrient-enhanced foods	<ul style="list-style-type: none"> • Increased awareness of the benefits of nutrient-enhanced foods • Increased consumption of fortified foods • Increased adoption & consumption of bio-fortified foods 	MAAIF/ MoH/ MTC	Private sector, development partners, LGs
Support local production of ready-to-use therapeutic and complementary foods	<ul style="list-style-type: none"> • Policy promoting therapeutic & complementary foods in place • Therapeutic foods included on the essential drugs list • Local industries producing therapeutic & complementary foods scaled up countrywide • Public-private partnerships for therapeutic & complementary foods strengthened 	MoH/ MTC	MAAIF, LGs, Ministry of Justice and Constitutional Affairs, private sector, development partners, CSOs, Uganda National Bureau of Standards
OBJECTIVE 3: PROTECT HOUSEHOLDS FROM THE IMPACT OF SHOCKS & OTHER VULNERABILITIES THAT AFFECT THEIR NUTRITIONAL STATUS			
Strategy 3.1: Develop preparedness plans for shocks			
Strengthen and scale up early warning systems on food and nutrition information from community to national levels.	<ul style="list-style-type: none"> • Early warning system in MAAIF strengthened (capacity & equipment) • Nutrition information system in MoH strengthened • National Nutrition Surveillance System established 	MoH/ MAAIF/ FNC	OPM, LGs, private sector, development partners, CSOs, academia

Support and promote urban farming for vulnerable households.	<ul style="list-style-type: none"> Urban farming policy developed and operationalised Supermarket-linked value chains developed for high-value enterprise in urban and peri-urban areas 	MAAIF/ MTC	MoH, LGs, development partners, CSOs, private sector
Develop, promote & implement in a timely fashion a comprehensive package of nutrition services and food items to provide during emergencies & recovery periods.	<ul style="list-style-type: none"> Comprehensive package of nutrition services & requirements for emergencies developed Timely implementation of comprehensive nutrition services in emergencies 	MoH/ OPM	OPM, MAAIF, private sector, development partners, CSOs
Make integration of nutrition in disaster management programmes mandatory.	<ul style="list-style-type: none"> Capacity of local governments to provide nutrition services in emergencies strengthened Nutrition package integrated in all disaster management programmes 	MoH/ OPM/ MAAIF/ MoLG	LGs, MGLSD, MAAIF, private sector, development partners, CSOs
Promote and support diversified production of drought-resistant crops and vegetables, and raising of animals tolerant of heat stress.	<ul style="list-style-type: none"> Increased production of drought-resistant crops and vegetables & raising of animals tolerant of heat stress 	MAAIF	MWE, LGs, MGLSD, private sector, development partners, CSOs
Carry out sensitisation programmes for communities to prevent, mitigate, and respond to risks of malnutrition during shocks.	<ul style="list-style-type: none"> Increased awareness of proper nutrition during shocks 	OPM/ MoH/ MAAIF	MoH, MWE, MAAIF, MGLSD, LGs, private sector, development partners, CSOs
Strategy 3.2: Promote social protection interventions for improved nutrition			
Provide social transfers (cash, food, agricultural inputs) to and support livelihoods for vulnerable households and communities.	<ul style="list-style-type: none"> Increase in vulnerable households receiving social transfers (cash, food, agricultural inputs) 	MGLSD/ MAAIF/ OPM	MFPED, LGs, OPM, private sector, development partners, CSOs
Develop & implement programmes for special social assistance and for livelihood promotion and protection in areas with high levels of malnutrition.	<ul style="list-style-type: none"> Special food-based programmes for vulnerable groups in areas with high malnutrition levels designed & implemented. Increased coverage of livelihood programmes 	MGLSD/ MAAIF	LGs, OPM, MoH, private sector, development partners, CSOs
Advocate for and promote school meals programmes.	<ul style="list-style-type: none"> Increased awareness of the benefits of nutritious school meals on learning outcomes “Homegrown” school meals provided Schools supported to provide school meals 	MoES/ MAAIF/ MGLSD	MAAIF, MoH, LGs, development partners, CSOs, private sector, MFPED

Promote social protection interventions for improved nutrition.	<ul style="list-style-type: none"> Increased social protection interventions for improved nutrition. 	MGLSD	MoH, MAAIF, development partners
OBJECTIVE 4: STRENGTHEN THE POLICY, LEGAL, AND INSTITUTIONAL FRAMEWORKS AND THE CAPACITY TO EFFECTIVELY PLAN, IMPLEMENT, MONITOR, AND EVALUATE NUTRITION PROGRAMMES			
Strategy 4.1: Strengthen the policy and legal framework for coordinating, planning, and monitoring nutrition activities			
Fast-track the enactment of the Food and Nutrition Bill.	<ul style="list-style-type: none"> Food and Nutrition Bill enacted 	NPA/ MAAIF	MoH, Ministry of Justice and Constitutional Affairs, development partners
Revitalise the functionality of the Uganda Food and Nutrition Council (FNC) and establish its secretariat.	<ul style="list-style-type: none"> FNC functional FNC secretariat established 	OPM	NPA
Review the Food and Nutrition Policy to integrate emerging issues.	<ul style="list-style-type: none"> Food and Nutrition Policy revised 	FNC	MoH, MAAIF, NPA, MGLSD, MTC, private sector, development partners, CSOs
Revise the draft Uganda Food and Nutrition Strategy.	<ul style="list-style-type: none"> Food and Nutrition strategy revised 	FNC secretariat	NPA, MTC, LGs, private sector, development partners, CSOs
Advocate for enactment of bylaws and ordinances that promote nutrition and food security.	<ul style="list-style-type: none"> Bylaws and ordinances that promote nutrition & food security developed & enacted 	FNC/ MoLG	LGs, MoH, MAAIF, MTC, MoES, CSOs, development partners, MFPED
Integrate nutrition issues into plans and budgets at all levels of governments.	<ul style="list-style-type: none"> Vote functions for nutrition established Nutrition mainstreamed into sectors and district development plans 	NPA/ MFPED	MoH, MAAIF, MTC, MoES, MGLSD, MWE, MoLG, Population Secretariat, development partners
Support the development of nutrition curricula for all levels of education & training	<ul style="list-style-type: none"> Nutrition curricula in place at all levels of education 	MoES	Academia, MoH, MAAIF
Advocate for establishment of lower- & middle-cadre nutrition courses in the education structure.	<ul style="list-style-type: none"> Lower- & middle-cadre nutrition courses established 	MoES	MoH, MAAIF, academia
Review & integrate nutrition issues in the existing curricula of formal & non-formal education & pre- & in-service training	<ul style="list-style-type: none"> Nutrition issues integrated in curricula 	MoES	MoH, MAAIF, academia

Strategy 4.2: Strengthen and harmonise the institutional framework for nutrition from local to central government levels				
Review the country's current institutional framework for nutrition in the country and implement a suitable one.	<ul style="list-style-type: none"> Current institutional framework reviewed Key recommendations from the review implemented 	NPA OPM	MoH, MAAIF, MTC, MoES, MGLSD, MWE, MoLG, Population Secretariat, development partners	
Establish an interim multi-sectoral coordination mechanism for nutrition programming, monitoring and evaluation	<ul style="list-style-type: none"> Multi-sectoral coordination mechanism in place 	NPA	MoH, MAAIF, MTC, MoES, MGLSD, MWE, MoLG, Population Secretariat, development partners, CSOs	
Strengthen institutional capacity for nutrition programming at all levels in all sectors	<ul style="list-style-type: none"> Nutrition focal persons appointed or assigned in key ministries, departments, and agencies & LGs Nutrition coordination structures & committees at national & local government level established 	FNC secretariat, OPM	MoH, MWE, MAAIF, MoES, MGLSD	
Strategy 4.3: Strengthen human resource capacity to plan, implement, monitor, and evaluate food and nutrition programmes				
Design & implement a capacity strengthening plan for nutrition programming at national, LG & community level.	<ul style="list-style-type: none"> Nutrition capacity strengthening plan developed Capacity in nutrition policy analysis, planning, implementation, surveillance, M&E strengthened Nutrition capacity of community-based resource persons strengthened 	FNC secretariat	MoH, MAAIF, MTC, MoES, MGLSD, MWE, MoLG, Population Secretariat, development partners	
Strategy 4.4: Monitor and evaluate the food and nutrition situation to inform policy and programming				
Establish food and nutrition M&E system for tracking performance and for timely decision making.	<ul style="list-style-type: none"> National food and nutrition information system established Integrated nutrition M&E system established Progress of implementation & performance of UNAP periodically reported 	FNC secretariat	MoH, MAAIF, MFPED, MTC, LGs, development partners, MICT, academia	
Conduct periodic district-level surveys based on high prevalence of malnutrition.	<ul style="list-style-type: none"> Baseline food and nutrition survey conducted 	FNC secretariat	MoH, MAAIF, MFPED, MTC, LGs, development partners, MICT, academia	
Conduct periodic district-level surveys based on high prevalence of malnutrition.	<ul style="list-style-type: none"> District specific surveys conducted 	FNC secretariat/ LGs	MoH, MAAIF, MFPED, MTC, LGs, development partners, MICT, academia	
Conduct mid-term and end-of-term impact evaluations of UNAP.	<ul style="list-style-type: none"> UNAP impact evaluations conducted 	FNC secretariat	MoH, MAAIF, MFPED, MTC, LGs, development partners, MICT, academia	

Strengthen district-level food and nutrition surveillance systems.	<ul style="list-style-type: none"> District food & nutrition surveillance systems established and capacity strengthened 	FNC secretariat/ MoH/ MAAIF	LGs, MoES, MTC, development partners, CSOs
Strategy 4.5: Enhance operational research for nutrition			
Conduct formative research on best practices.	<ul style="list-style-type: none"> Formative research studies conducted 	MAAIF/ MoH	NPA, academia, LGs, development partners, CSOs, MFPED
Research positive indigenous dietary practices.	<ul style="list-style-type: none"> Positive indigenous dietary practices documented & disseminated 	MAAIF	Development partners, academia
Compile food composition data for all foods consumed in Uganda.	<ul style="list-style-type: none"> Food consumption database developed 	MAAIF	Development partners, academia
Identify and conduct research relevant to scaling up food and nutrition interventions.	<ul style="list-style-type: none"> Research on scaling up food and nutrition interventions conducted Academia supported to conduct applied food and nutrition research 	MoH/ MAAIF	NPA, academia, LGs, development partners
Collate and share research findings and best practices for scaling up food and nutrition interventions in Uganda.	<ul style="list-style-type: none"> Best practices documented, disseminated, and scaled up 	NPA	MoH, MAAIF, LGs, MoLG, MGLSD, MoES, MTC, development partners, CSOs, academia
OBJECTIVE 5: CREATE AWARENESS OF AND MAINTAIN NATIONAL INTEREST IN AND COMMITMENT TO IMPROVE AND SUPPORT NUTRITION PROGRAMMES IN THE COUNTRY			
Strategy 5.1: Increase awareness of and commitment to addressing nutrition issues in the country			
Develop & implement a nutrition communication strategy	<ul style="list-style-type: none"> Nutrition communication strategy developed 	Development partners	MoH, MAAIF, CSOs
Produce annual policy statements and periodic policy briefs on national food security and nutrition situation.	<ul style="list-style-type: none"> Annual policy statements produced Quarterly policy briefs produced 	MAAIF/ MoH	NPA, LGs, MoLG, MGLSD, MoES, MTC, development partners, CSOs
Commemorate events that raise the profile of nutrition and nutrition best practices (National Food and Nutrition Days, Breast-feeding Week, Hand Washing Day) and take advantage of other advocacy events.	<ul style="list-style-type: none"> National, regional, and international food and nutrition events commemorated 	MoH/ MAAIF	LGs, MoLG, MGLSD, MoES, MTC, development partners, CSOs, MICT

Strategy 5.2: Advocate for increased commitment to improving nutrition outcomes

Develop and implement a sustainable nutrition advocacy plan.	<ul style="list-style-type: none"> Comprehensive nutrition advocacy plan developed and implemented 	FNC	MoH, MAAIF
Produce an annual report on the state of food security and nutrition in the country.	<ul style="list-style-type: none"> Annual report on the state of food security and nutrition produced 	NPA	MoH, MAAIF, LGs, MoLG, MGLSD, MoES, MTC, development partners, CSOs

ANNEX II: Implementation Cost Matrix, US\$ million

INTERVENTION	2011-12	2012-13	2013-14	2014-15	2015-16	TOTAL
OBJECTIVE 1: IMPROVE ACCESS TO AND UTILISATION OF SERVICES RELATED TO MATERNAL, INFANT, AND YOUNG CHILD NUTRITION						
Strategy 1.1: Promote access to and utilisation of nutrition and health services to all women of reproductive age, infants, and young children						
Promote and support health and nutrition education.	140	160	180	200	250	930
Promote integration of nutrition services in all routine and outreach health services and programmes targeting children (growth monitoring and promotion) and women of reproductive age.	200	1,500	3,000	4,500	6,000	15,200
Manage nutrition for sick children, pregnant women, lactating mothers, and other women of reproductive age.	1,200	1,000	1,000	1,000	1,000	5,200
Integrate management of severe and moderate acute malnutrition into routine health services.	967	1,047	1,332	1,879	1,596	6,821
Promote utilisation of antenatal and postnatal care services by all pregnant women and lactating mothers.	400	500	600	700	800	3,000
Promote and support breastfeeding policies, programmes, and initiatives.	100	112	100	100	100	512
Promote exclusive breastfeeding.	100	500	1,500	2,000	1,000	5,100
Promote & support appropriate complementary feeding practices.	80	120	100	100	100	500
Support and scale up community-based nutrition programmes.	900	1,140	1,380	1,620	1,860	6,900
Promote proper food handling, hygiene and sanitation.	100	120	100	100	100	520
Strategy 1.2: Address gender and socio-cultural issues that affect maternal, infant, and young child nutrition						
Promote male involvement in family health services and in food security and nutrition programmes.	500	500	500	500	100	2,100
Advocate and seek solutions for reducing workload for all women, especially pregnant women and lactating mothers.	200	250	300	350	400	1,500
Address detrimental food taboos & norms that impair nutrition of women, infants & young children.	200	250	300	350	400	1,500

INTERVENTION		2011-12	2012-13	2013-14	2014-15	2015-16	TOTAL
Subtotal – Objective 1		5,087	7,199	10,392	13,399	13,706	49,783
OBJECTIVE 2: ENHANCE CONSUMPTION OF DIVERSE DIETS							
Strategy 2.1: Increase access to and use of diverse nutritious foods and use at household level							
Promote production and consumption of diversified nutritious foods at household and community levels.		317	657	857	1,057	1,257	4,146
Advocate for and support integration of nutrition services in agricultural programmes.		60	75	90	105	120	450
Increase consumption of both raw and processed nutritious foods.		100	200	200	200	200	900
Promote and support the utilisation of safe labour-saving technologies at household and community levels.		50	100	140	180	1,000	1,470
Promote and support local food processing and value addition at household and community level.		100	500	600	700	800	2,700
Support on farm enterprise mix to promote stable diversified food production.		100	100	150	150	200	700
Promote production & consumption of indigenous foods to enhance diet diversification.		60	70	80	90	100	400
Strategy 2.2: Enhance post-harvest handling, storage & utilisation of nutritious foods at household & farm level							
Promote & support adoption of post-harvest handling & storage technologies at household & community level.		60	100	200	300	400	1,060
Provide an enabling environment to the private sector to manufacture, market, and distribute appropriate post-harvest handling & storage technologies.	...		400	500	20	20	940
Strategy 2.3: Promote and stabilise consumption nutrient enhanced foods							
Promote production of fortified common staples by local manufacturers.		100	625	750	875	1,000	3,350
Promote production of bio-fortified varieties.		130	350	500	650	800	2,430
Promote consumption of nutrient-enhanced foods.		20	100	150	100	80	450
Support local production of ready-to-use therapeutic & complementary foods		130	500	600	700	800	2,730
Subtotal – Objective 2		1,227	3,777	4,817	5,127	6,777	21,726

INTERVENTION		2011-12	2012-13	2013-14	2014-15	2015-16	TOTAL
OBJECTIVE 3: PROTECT HOUSEHOLDS FROM THE IMPACT OF SHOCKS AND OTHER VULNERABILITIES THAT AFFECT THEIR NUTRITIONAL STATUS							
Strategy 3.1: Develop preparedness plans for shocks							
Strengthen and scale up early warning systems on food and nutrition information from community to national levels.		100	150	250	300	350	1,150
Support and promote urban farming for vulnerable households		50	2,100	3,100	4,150	4,150	13,550
Develop, promote & implement in a timely fashion a comprehensive package of nutrition services and food items to provide during emergencies & recovery periods.		60	120	60	60	60	360
Make integration of nutrition in disaster management programmes mandatory.		40	40	40	40	40	200
Promote and support diversified production of drought-resistant crops and vegetables and raising of animals tolerant of heat stress.		60	40	40	40	40	220
Carry out sensitisation programmes for communities to prevent, mitigate, and respond to risks of malnutrition during shocks.		50	80	80	50	50	310
Strategy 3.2: Promote social protection interventions for improved nutrition							
Provide social transfers (cash, food, agricultural inputs) to and support livelihoods for vulnerable households and communities.		150	2,000	3,000	4,000	5,000	14,150
Develop & implement programmes for special social assistance and for livelihood promotion and protection in areas with high levels of malnutrition.		350	350	350	350	350	1,750
Advocate for and promote school meals programmes.		40	40	40	40	40	200
Support “homegrown” school meals.		20	2,000	3,000	4,000	5,000	14,020
Subtotal – Objective 3		920	6,920	9,960	13,030	15,080	45,910
OBJECTIVE 4: STRENGTHEN THE POLICY, LEGAL, AND INSTITUTIONAL FRAMEWORKS, AND THE CAPACITY TO EFFECTIVELY PLAN, IMPLEMENT, MONITOR, AND EVALUATE NUTRITION PROGRAMMES							
Strategy 4.1: Strengthen the policy and legal framework for coordinating, planning, and monitoring nutrition activities							
Fast-track enactment of the Food and Nutrition Bill.		30	30	...	...	...	60
Revitalize the functionality of the Uganda Food and Nutrition Council and establish its secretariat.		25	25	25	25	25	125
Review the Food and Nutrition Policy to integrate emerging issues.		...	90	...	110	...	200

INTERVENTION	2011-12	2012-13	2013-14	2014-15	2015-16	TOTAL
Revise the draft Uganda Food and Nutrition Strategy.	...	90	...	110	...	200
Advocate for enactment of bylaws and ordinances that promote nutrition and food security.	50	50	50	50	50	250
Integrate nutrition issues into plans and budgets at all levels of government.	100	120	140	140	120	620
Support the development of nutrition curricula for all levels of education & training.	100	125	150	175	200	750
Advocate for establishment of lower- & middle- cadre nutrition courses in the education structure.	100	125	150	175	200	750
Review & integrate nutrition issues in the existing curricula of formal & non-formal education & pre- & in-service training.	100	125	150	175	200	750
Strategy 4.2: Strengthen and harmonise institutional framework for nutrition from local to central government						
Review the country's current institutional framework for nutrition and implement a suitable one.	60	60	...	...	...	120
Establish an interim multi-sectoral coordination mechanism for nutrition programming and M&E.	20	22	24	26	28	120
Strengthen institutional capacity for nutrition programming at all levels.	200	400	400	400	400	1,800
Strategy 4.3: Strengthen human resource capacity to plan, implement and monitor and evaluate food and nutrition programmes						
Design a capacity-strengthening plan for nutrition programming at national, LG & community level.	50	60	70	80	90	350
Nutrition human resource capacity strengthening project	50	400	600	800	400	2,250
Strategy 4.4: Monitor and evaluate the food and nutrition situation to inform policy and programming						
Establish food and nutrition M&E system for timely decision making.	1,000	1,500	2,000	2,500	2,500	9,500
Conduct a national nutrition baseline survey.	500	750	950	700	680	3,580
Conduct periodic district-level surveys in areas with a high prevalence of malnutrition.	500	750	950	700	680	3,580
Conduct mid-term and end-of-term impact evaluation of UNAP.	...	...	...	...	100	100
Strengthen district-level food and nutrition surveillance systems.	50	50	50	50	50	250

INTERVENTION		2011-12	2012-13	2013-14	2014-15	2015-16	TOTAL
Strategy 4.5: Enhance operational research for nutrition							
Conduct formative research on best practices.		300	400	400	500	500	2,100
Research positive indigenous dietary practices.		50	50	50	50	50	250
Compile food composition data for all foods consumed in Uganda.		500	1,000	1,500	2,000	2,000	7,000
Identify and conduct research relevant to scaling up nutrition interventions.		50	50	50	50	50	250
Collate and share research findings and best practices for scaling up nutrition interventions in Uganda.		20	20	20	20	20	100
Subtotal – Objective 4		3,855	6,292	7,729	8,836	8,343	35,055
OBJECTIVE 5: CREATE AWARENESS OF AND MAINTAIN NATIONAL INTEREST IN AND COMMITMENT TO IMPROVE AND SUPPORT NUTRITION PROGRAMMES IN THE COUNTRY							
Strategy 5.1: Increase awareness of and commitment to addressing nutrition issues in the country							
Develop & implement a nutrition communication strategy.		195	200	200	200	200	995
Produce annual policy statements and periodic policy briefs on the national food security and nutrition situation.		50	58	65	73	80	325
Commemorate events that raise the profile of nutrition and nutrition best practices (National Food and Nutrition Days, Breast-feeding Week, Hand Washing Day) and take advantage of other advocacy events.		300	375	450	525	600	2,250
Strategy 5.2: Advocate for increased commitment to improving nutrition outcomes							
Develop and implement a sustainable nutrition advocacy plan.		1,000	1,000	1,000	1,000	1,000	5,000
Produce an annual report on the state of food security and nutrition in the country.		50	100	120	140	160	570
Subtotal – Objective 5		1,595	1,733	1,835	1,938	2,040	9,140
GRAND TOTAL		12,684	25,921	34,734	42,330	45,946	161,614

ANNEX III: Reviewed Documents

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ANNEX IV: List of UNAP Technical Committee Members

Name	Title	Organisation
Hon. Wilberforce Kisamba-Mugerwa	Chairperson	National Planning Authority
Prof. John Kakitahi	Chairperson, Technical Committee; Former Deputy Head, Makerere University School of Public Health	Makerere University School of Public Health
Dr. John Ssekamatte-Ssebuliba	Manager, Population, Health and Social Development Planning	National Planning Authority
Ms. Nahalamba Sarah	Secretary, Technical Committee; Senior Gender and Social Development Officer	National Planning Authority
Ms. Mutabazi Judith	Sectoral Policy and Planning Officer	National Planning Authority
Ms. Julia Tagwireyi	Senior Nutrition Advisor to Country Director	World Food Programme
Mr. Geoffrey Ebong	Programme & Policy Advisor	World Food Programme
Dr. Robert Mwadime	Regional Senior Nutrition Advisor	Food and Nutrition Technical Assistance II Project
Ms. Namugumya Brenda Shenute	Public Nutrition Specialist	Regional Centre for Quality Health Care
Dr. Elizabeth Madraa	Stakeholder	Ministry of Health
Mr. Todd Benson	Senior Research Fellow	International Food Policy Research Institute
Ms. Agnes Chandia Baku	Acting Head, Nutrition Unit	Ministry of Health
Mr. Bambona Alex	Head, Home Economics and Nutrition Section	Ministry of Agriculture, Animal Industry, and Fisheries
Ms. Zaam Ssali	Programme Officer	Uganda National Academy of Sciences
Mr. Mugisa Tom	Technical Officer	Plan for Modernisation of Agriculture
Ms. Daisy Eresu	Programme Officer	Ministry of Agriculture, Animal Industry, and Fisheries
Ms. Susan Oketcho	Nutrition Focal Person	Ministry of Education and Sports
Ms. Lilia Turcan	Nutrition Officer	United Nations Children's Fund
Ms. Beatrice Okello	Technical Officer	Food and Agricultural Organisation
Dr. Geoffrey Bisoborwa	Technical Officer	World Health Organisation

