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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Table of Contents

LIST OF FIGURES

LIST OF TABLES

ANNEXES

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 5-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 the 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 realised.

The plan is intended to reduce the magnitude of malnutrition in Uganda and its impact on the individual, the household, the 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. Effective intra- and inter-sectoral linkages must be put in place to promote co-ordination and resource utilisation. 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, and targeting areas and groups 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 1,000 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 diseases and increase their productivity, reaping sustainable socioeconomic benefits.

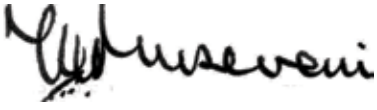
Fortunately, malnutrition does not require 'space science' knowledge, but it does require information. District medical officers and others concerned need to inform families, through all appropriate media, that a human being needs the following basic nutrients: proteins for body building, carbohydrates for energy, and fats for body insulation, as well as energy, minerals (iron, zinc, calcium, potassium, phosphorus, iodine, etc.), and vitamins (A, B, C, D, E, etc.). Along with proteins, minerals are important for body building and for co-ordination of body functions; so are 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 overemphasise the role played by the National Planning Authority in co-ordinating 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 co-ordinate 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; and 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
29 September 2011

Statement of Commitment

Following upon the statement made at the United Nations 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 was 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 prioritise 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 an entire person's life. We have therefore adopted the Scaling Up Nutrition (SUN) strategy of focused interventions covering the 1,000-day window of opportunity directed at women in the reproductive age bracket, newborns, and young children under the age of 2 years.

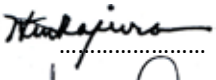
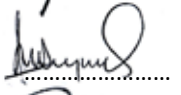
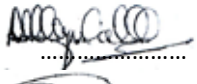
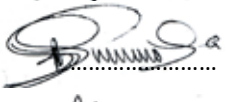
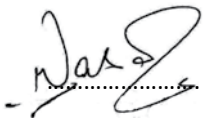
To add technical content to this expression of political will, a Multi-Sectoral Technical Committee was set up to conceptualise and draft this action plan. The membership of the committee included experts on nutrition from several sectors of government, academic institutions, non-governmental organisations (NGOs), and several international organisations working in Uganda. Staff members of the National Planning Authority provided active and timely secretariat services for the committee. A comprehensive draft of the Uganda National Action Plan (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 organisations, and development partners, between December 2010 and June 2011. The draft UNAP was also 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, 28 September 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 recognise officers from the ministries of Agriculture, Animal Industry and Fisheries; Health; and Education and Sports; and the National Planning Authority who participated in the technical committee. We also wish to recognise 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 Organisation (WHO), UNICEF, the Food and Agriculture Organization, the Intergovernmental Authority for Development, 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 organisations.

Although formal responsibility for improving nutrition in Uganda is mandated to the Ministry of Agriculture, Animal Industry 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 of. 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 a 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 recognise 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 and Sports	
Hon Amelia Anne Kyambadde	Minister of Trade and Cooperatives	
Hon Syda Bbumba	Minister of Gender, Labour and Social Development	
Hon Adolf Mwesige	Minister of Local Government	
Hon Martia Kasaija	Minister of State, Finance, Planning and Economic Development (Planning) Holding the Portfolio of Minister of Finance, Planning and 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
M&E	Monitoring and evaluation
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MEMD	Ministry of Energy and Mineral Development
MFPED	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
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 Organisation
NPA	National Planning Authority
OPM	Office of the Prime Minister
SUN	Scaling Up Nutrition
UDHS	Uganda Demographic and Health Survey
UFNP	Uganda Food and Nutrition Policy
UNAP	Uganda Nutrition Action Plan
WHO	World Health Organisation

Exchange rate (August 2011): UShs 2,600 = US$1

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 Health 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 realise its 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 to 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 begin complementary feeding. 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 more than 6,000 and child deaths by more than 16,000 every year

- Increase national economic productivity, both physical and intellectual, by about UShs 130 billion per year at present value
- Provide a strong return on public investment: For every UShs 1,000 invested, about UShs 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 poor 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 fulfil 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 unco-ordinated 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 that 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 begin complementary feeding. 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 and Health Surveys (UDHS), although some nutrition indicators for young children and their mothers have improved over the past 15 years, the improvement has been minimal. 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). Other indicators have actually worsenend over that 15-year period.[1] 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 meagre 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.

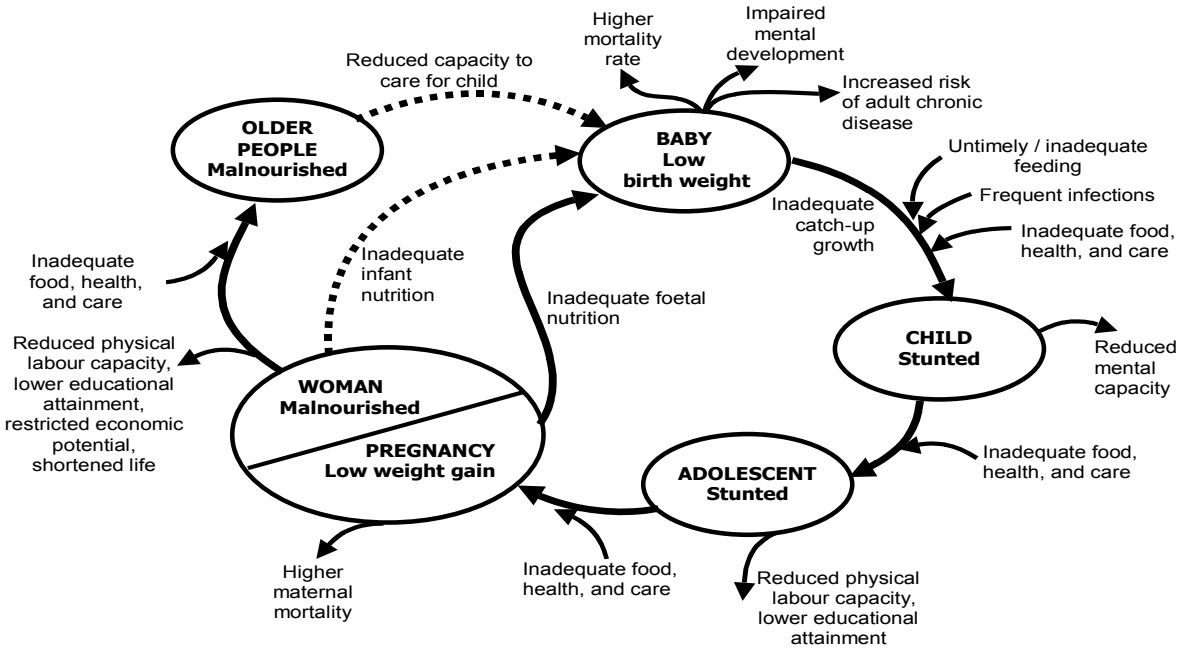
Many of the nutrition problems that women and children experience in Uganda are hidden. Micronutrient deficiencies are common among both groups.

- 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.

[1] See the UDHS and FHI 360/FANTA-2, 2010, *The Analysis of the Nutrition Situation in Uganda*, http://www.fantaproject.org/downloads/pdfs/Uganda_NSA_May2010.pdf.

- Iron-deficiency anaemia affects three-quarters of children 6–59 months old and half of women of reproductive age. Anaemia in women leads to chronic fatigue and impairs productivity, earnings, and caregiving 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.
- 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[2]



Malnutrition 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. These costs stem from the need to deal 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 caused by hunger and malnutrition. As shown in Figure 1, malnourished children suffer from irreparable 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, stunted 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 malnutrition at the national level impose a heavy burden on efforts to foster sustained economic growth and improved general welfare.

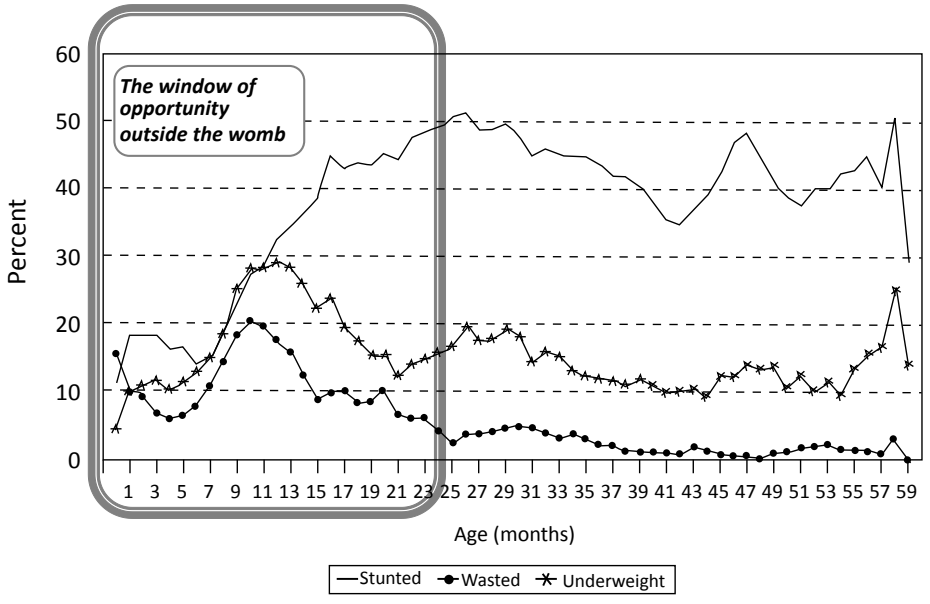
[2] Adapted from the United Nations Administrative Committee on Coordination/Sub-Committee on Nutrition (ACC/SCN) (2000), *4th Report on the World Nutrition Situation*, Geneva: ACC/SCN in collaboration with the International Food Policy Research Institute (IFPRI).

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

- Address the nutritional needs of the young child from conception through about 24 months
- Ensure the nutritional well-being of the mother of the child even before she becomes 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 2 years of life.

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



Note: Includes children below -2 standard deviations 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 pregnancies and

deliveries that are less prone to problems and giving birth to healthier babies who have a good birth weight. Hence, the focus of the UNAP includes both the children and the 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 5 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, diarrhoea, 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 5 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 5 years will have the following outcomes.

- Every year the number of maternal deaths will be reduced by more than 6,000 and the number of child deaths will be reduced by more than 16,000.
- National economic productivity, in terms of both physical and intellectual output, will be increased by an estimated UShs 130 billion per year at present value.
- There will be a strong return on public investment: For every UShs 1,000 invested, about UShs 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:

1. Improve maternal, infant, and young child nutrition and health to increase the likelihood of healthy pregnancy and infancy and proper physical and mental growth

2. 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
3. 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
4. Strengthen the legal and institutional frameworks and the capacity to effectively plan and implement nutrition programmes in the country
5. 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 Industry 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 (M&E) 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 on several agreements to which Uganda is a signatory. These include:

- International Conference on Nutrition, 1992
- World Food Summit, 1996
- Declaration on the Millennium Development Goals, 2000, and the follow-up summit in 2010
- Scaling Up Nutrition Initiative
- International Covenant on Economic, Social and Cultural Rights
- Convention on Elimination of All Forms of Discrimination Against Women
- International Health Partnerships and related initiatives

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.)

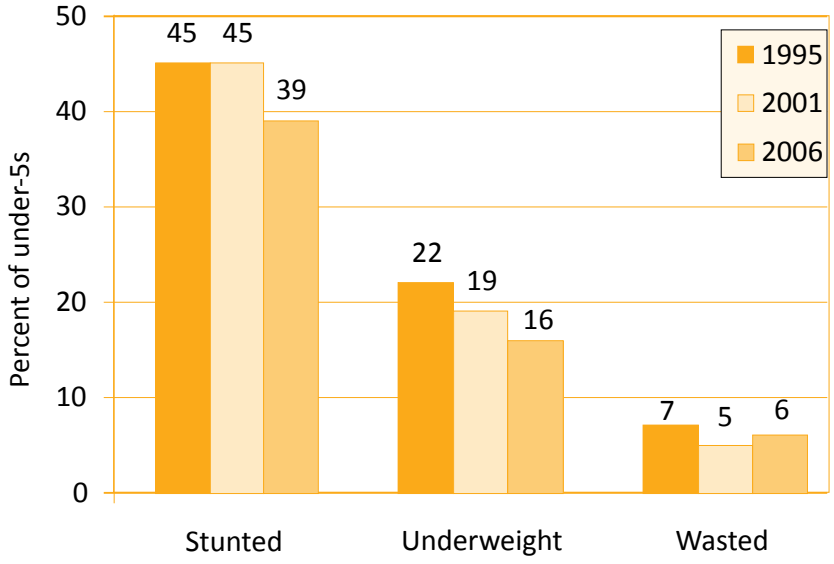
Uganda has also adopted the Comprehensive Africa Agriculture Development Programme (CAADP), an African Union-driven initiative for substantially improving agricultural production. Nutrition and food security are one of the four pillars of the CAADP.

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



Sources: UDHS 1995, 2001, and 2006

Among women of reproductive age, more than 12 percent were found to be underweight in 2006, with a body mass index (BMI) of less than 18.5 kg/m^2. 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 Rates of Malnutrition in Uganda

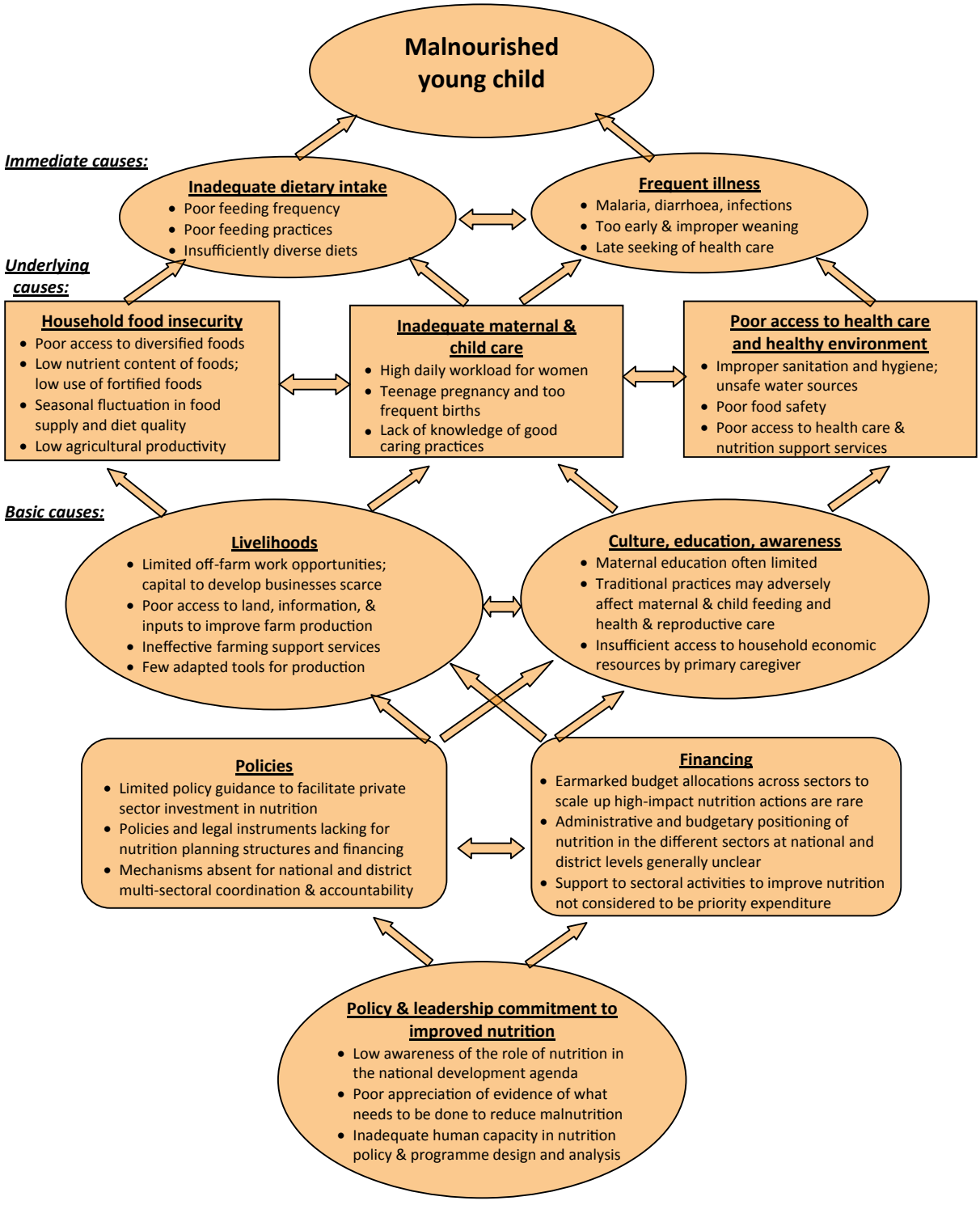
There are several interconnected causes of child malnutrition in Uganda, as seen in Figure 4, ranging from policy issues to immediate household conditions to underlying community and cultural situations. The immediate causes of child malnutrition in Uganda are two-fold: inadequate dietary intake resulting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

1. **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.
2. **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 simultaneously 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.

3. **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. The Causes of Young Child Malnutrition in 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 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.

One of the important causes of the continuing high levels of young child malnutrition in Uganda is the fact that there is generally little awareness that nutrition is 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 policies and legislation to create the environment for increased investment in nutrition. In addition, the lack of political support has hindered the country's ability to establish the necessary structures for co-ordinating action to address young child and maternal malnutrition; to develop an M&E framework to improve these efforts; and to strengthen human capacity for nutrition analysis, programme design, and implementation in Uganda.

3.2 Consequences of High Rates of Malnutrition in Uganda

A. Malnutrition kills many Ugandans each year.

- Low birth weight is rampant in Uganda. More than 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.[3]
- 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 Uganda doubled its coverage of iron supplementation among pregnant women.

B. Malnutrition significantly reduces agricultural productivity.

- Uganda's main employer, the agriculture sector, lost more than US$34 million worth of productivity 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.

[3] Data are from PROFILES, a process developed by FHI 360 with USAID funding for nutrition policy analysis and advocacy that uses spreadsheet models to estimate the functional consequences of malnutrition. For more information, see the Uganda Nutrition Advocacy Profiles at http://www.fantaproject.org/publications/uganda_advocacy2010.shtml.

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, and malnutrition contributes to a loss of about 4.1 percent of the gross domestic product per year.
- Malnutrition is expensive to treat. For instance, treating severe acute malnutrition costs more than US$120 per child.

D. Malnutrition affects the 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.
- Malnutrition 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 co-ordination 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	• 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	• Emerging commitment for improving nutrition in the country • Food and Nutrition Bill drafted, awaits enactment by parliament to empower the FNC • Nutrition is integrated in various policy documents, including the Constitution of Uganda and the NDP • Government staff structure that allows for strengthening human capacity; for example, nutritionists recruited in health system and 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	• Nutrition 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	• Nutrition incorporated in the curricula at all education levels • In-service training curriculum 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 co-ordination and inadequate implementation of policy guidelines	• Lack of co-ordination 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	• Presence of National Planning Authority to co-ordinate multi-sectoral efforts on nutrition programming and M&E • National co-ordination forum for nutrition stakeholders to meet 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	• Lack of a national nutrition database and information system • Lack of standardised data collection and analytical tools • Low demand for nutrition information • Weak co-ordination, information sharing, and adaptation of promising practices • Lack of a national nutrition research agenda	• Existing and forthcoming survey datasets with nutrition content • Supportive development partners • 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	• Curative health services seen as more important than preventive • Nutrition activities that 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	• 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 the private sector	• High dependence on development partners • Inadequate knowledge about food supplementation • Limited data on nutrition needs	• Local production of enriched foods 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 9 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 2 years old, 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 that malnourished children face and will reduce the burdens they impose on the household, the community, and the nation. The nutritional condition of the women who bear these children is equally important, as the health and nutritional well-being of the newborn 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 the household or community level. As a result, the UNAP will directly and indirectly address the nutritional needs of all Ugandans, particularly the most vulnerable, leading 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:

1. 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, co-ordination, and collaboration will be strengthened to facilitate adequate nutrition advocacy, programming, and M&E.
2. Implement proven high-impact interventions in reducing young child and maternal malnutrition. Most interventions will be in the areas of production of nutritious food, nutrition care within the household, public health, and livelihood support.
3. Identify and implement cost-effective nutrition programme models that are scalable at both district and national levels. Such models will involve behaviour change and social marketing, fortification of common staple foods, use of bio-fortified produce, and

micronutrient supplementation programmes, among others.

4. 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.
5. 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. The UNAP will target geographic areas where young child and mothers are most vulnerable to malnutrition.

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

1. Promoting key maternal, infant, and young child feeding and nutrition practices to improve awareness and increase targeted healthy feeding behaviours. These include breastfeeding, appropriate complementary feeding, dietary diversification, and increased coverage of micronutrient supplementation programmes.
2. 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.
3. Providing care and support to individuals with severe acute malnutrition.
4. Mobilising the community to promote the adoption of healthy nutrition behaviours, community-based growth monitoring and promotion, 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 nutrition to community and national development.

Appropriate materials and tools will be employed to:

1. Facilitate behaviour change, using nutrition information, education, and communication materials
2. Provide nutrition care and support
3. 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 co-ordinated 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 UNAP 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 that the UNAP will focus on.

Table 2. Key Nutrition Outcome Indicators

	Outcome indicator	Baseline	UNAP target 2016
1	Stunting: prevalence in children under 5, %	38	32
2	Underweight: prevalence in children under 5, %	16	10
3	Underweight non-pregnant women 15–49 years old with BMI less than 18.5 kg/m^2, %	12	8
4	Iron-deficiency anemia: prevalence in under-5s, %	73	50
5	Iron-deficiency anemia: prevalence in women 15–49 years old, %	49	30
6	Vitamin A deficiency: prevalence in under-5s, %	19	13
7	Vitamin A deficiency: prevalence in women 15–49 years old, %	20	12
8	Low birth weight: newborns weighing less than 2.5 kg, %	13	9
9	Infants aged under 6 months who were exclusively breastfed: %	60	75
10	Dietary diversification index: percentage of 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

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 to 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 women, lactating mothers, and other women of reproductive age.
4. Integrate management of severe and moderate acute malnutrition into routine health services.
5. Promote utilisation of antenatal and post-natal care services among all pregnant women and lactating mothers.
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 the household level.

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

Interventions

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 the nutrition of women, infants, and young children.

Objective 2: Enhance consumption of diverse diets.

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

Interventions

1. Promote production and consumption of diversified nutritious foods at the household and community levels.
2. Advocate for and support integration of nutrition in agricultural programmes at the 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 the household and community levels.
5. Promote and support the utilisation of safe labour-saving technologies at the household and community levels.
6. Support the on-farm enterprise mix to promote stable diversified food production.
7. Promote production and consumption of indigenous foods to enhance dietary diversification.
8. Promote positive indigenous dietary practices.

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

Interventions

1. Promote and support adoption of post-harvest handling and storage technologies at the 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 foods.

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 the community to the national level.
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 the 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 severe acute malnutrition by integrating care into routine health services and providing follow-up support and monitoring at the 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 frameworks for co-ordinating, 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/co-ordinating unit.
3. Review the UFNP 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 by-laws 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 government 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 the 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 the local to the central government level.

Interventions

1. Review Uganda's current institutional framework for nutrition and implement a suitable one.
2. Establish an interim multi-sectoral co-ordination mechanism for nutrition programming and M&E.
3. Strengthen institutional 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 the 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 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 evaluations 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 interventions 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 Uganda's food security and nutrition situation.

5.3 Priority Investment Areas

A. **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.

B. **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 programme implementation and co-ordination at both national and decentralised levels.

C. **Strengthen food security and nutrition safety nets at national and decentralised levels.** This includes the establishment of a national food and nutrition information system.

D. **Conduct operational research in nutrition to inform implementation and monitoring of 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 programmes, and investigation and demonstration of labour-saving technologies for women with young children.

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

6. Implementation Framework

This section of the UNAP provides an overview of how the plan will be implemented and co-ordinated 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-co-ordinated, multi-sectoral approach. Thus, this implementation framework aims to support nutrition stakeholders at all levels and sectors in the country to successfully operationalise the UNAP.

The lack of an institutionalised co-ordinating mechanism for nutrition has been one of the main contributors to the ineffectiveness of past interventions. Inadequate co-ordination 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 emphasises the need to establish new institutional arrangements and to strengthen existing ones to adequately provide policy direction, co-ordinate 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 co-ordination 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 co-ordination of the implementation, monitoring, and evaluation of the UNAP and other nutrition programmes in the country. Specifically the FNC, assisted by its secretariat, will:

- Co-ordinate joint planning and review with other ministries and departments as well as development partners, civil society, the private sector, and academia
- Monitor and evaluate the national nutrition response in the country
- Mobilise resources and support for nutrition response
- Provide national standards and norms for nutrition
- Advocate for the development of nutrition structures and adequate resource allocation
- Lobby for the establishment of a consolidated nutrition fund by development partners
- 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 Co-ordination Arrangements

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

A. National Co-ordination

Policy Co-ordination. Policy co-ordination 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 bi-annually to review progress on key nutrition indicators in the country and to 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, to analyse budget performance of nutrition programmes, to analyse the constraints to implementation, and to provide strategic direction. Recommendations from the cabinet sub-committee and the FNC will be fed into the Parliamentary Sub-Committee on Nutrition, which will approve the key policy and financial decisions, and then to the Nutrition Multi-Sectoral Technical Committee (see below) for implementation of decisions.

Technical Co-ordination. Technical co-ordination of nutrition will be done through the Nutrition Multi-Sectoral Technical Committee, which will comprise key technical experts from the 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 co-ordinated by the head of the secretariat. Until the FNC and its secretariat are established, the National Planning Authority (NPA) , in line with its mandate to co-ordinate and harmonise national development planning, monitoring, and evaluation, will carry out this role. The NPA will also work with other stakeholders to ensure that the proposed institutional structures are established as soon as possible.

Nutrition Development Partners Committee. The Nutrition Development Partners 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 the alignment of nutrition programmes to the Millennium Development Goals and the nutrition commitments of the United Nations 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 co-ordination committees.

The Uganda Nutrition Co-ordination Forum. The Uganda Nutrition Co-ordination Forum, which will be inaugurated in the plan period, will meet bi-annually to review implementation of the UNAP and to provide advice and advocacy for nutrition. Chaired by the NPA, the Co-ordination 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,

non-governmental organisations (NGOs), and civil society organisations (CSOs) involved in implementing programmes under the UNAP.

B. Decentralised Co-ordination

Sector-Level Co-ordination Committees. At the sector level, the various ministries, departments, and agencies will form committees that will co-ordinate 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 co-ordinate nutrition activities within their area of responsibility.

District-Level Co-ordination Committee. The District Nutrition Co-ordination 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 will also 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 co-ordinate 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:

1. 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)
2. Scaling up community-based initiatives that have proven to have a high impact and that are cost-effective
3. Comprehensively managing cases of acute and moderate malnutrition
4. Supporting food-based approaches to improve nutrition that have proven to be sustainable
5. 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 government, the public sector, the private sector, development partners, NGOs, CSOs, and research institutions and academia. Successful implementation of the UNAP will require:

- Ownership of the action plan by the key government ministries—the MOH; the MAAIF; the Ministry of Education and Sports, the Ministry of Water and Environment, the Ministry of Local Government, the Ministry of Gender, Labour and Social Development, and the

Ministry of Trade and Cooperatives—and support from the Ministry of Finance, Planning and Economic Development, the OPM, and the NPA
- Political will and financial commitment at both the national and local government levels
- Behaviour change at the national, local, and household levels to promote good nutrition
- Routine and effective M&E of the implementation of the UNAP to ensure that the plan is on track
- Effective co-ordination 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 5-year UNAP is UShs 161,614 million (see Table 3 and Annex II). Financing the UNAP will require a 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 such sectors 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 recognises 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 such forums as monthly local development partner group meetings. The government will take further advantage of existing and new global and regional initiatives, including SUN, CAADP, and the United States Agency for International Develoment's Feed the Future, 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 the 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 unaddressed).

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 the 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 co-ordinated effectively to maximise impact. In addition, the government envisions encouraging affected communities to take ownership of their nutrition problems. If communities recognise how these problems affect their development and see that they can help identify strategies to address the problems, the community contribution to nutrition interventions would increase and help sustain activities.

Table 3. Summary of 5-Year UNAP Implementation Cost Matrix

	UShs (millions)						US$ (thousands)	Percent of total budget
OBJECTIVE	**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, and institutional frameworks and the 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 of and maintain national interest in and commitment to improving and supporting 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 UNAP 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 co-ordinating agency, which will be the 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 co-ordinating 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 co-ordinating agency, which will compile them and produce a quarterly report. Quarterly meetings will be held to discuss the reports. During these meetings, appropriate measures to address slow or off-track implementation will be developed.

To evaluate the effectiveness and impact of the various programmes and interventions and the UNAP overall, evaluations and reviews will be conducted annually, at the midpoint (2.5 years), and at the end of the implementation period (5 years).

Table 4 below shows the key outcome indicators and targets that will be monitored during the 5-year plan period.

Table 4. Key Outcome Indicators and Annual Targets

No.	Outcome indicator	Baseline	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 non-pregnant women 15–49 years old 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 in women 15–49 years old, %	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 in women 15–49 years old, %	20 [1]	18	17	15	14	12
8.	Low birth weight: newborns weighing less than 2.5 kg, %	13 [1]	12	11	11	10	9
9.	Exclusive breastfeeding to 6 months: % of infants	60 [1]	63	66	69	72	75
10.	Dietary diversification index: percentage of calories consumed from foods other than cereals and starchy roots	57 [1]	61	64	69	71	75
11.	Calorie consumption: average daily energy intake per capita, kcal	2,220 [2]	2,276	2,332	2,388	2,444	2,500

[1] UDHS 2006
[2] FAO 2008

ANNEX I: Implementation Matrix

Goal: Reduce malnutrition levels among women of reproductive age, infants, and young children from 2011 through 2016 and beyond

Interventions	Expected Outputs	Lead Agency	Other Participants
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 to increase the level of awareness of good nutrition.	• Increased level of awareness of good nutrition • Increased access to and utilisation of information, education, and communication materials and messages to target beneficiaries	MOH	Local governments, MGLSD, MAAIF, MOES, development partners, CSOs, MFPED
Promote integration of nutrition services in all routine and outreach health services and programmes targeting children and mothers.	• Growth monitoring and promotion and other nutrition services integrated in all routine and outreach health services • Increased access to and utilisation of nutrition services	MOH	Local governments, MGLSD, MAAIF, MOES, development partners, CSOs, MFPED
Manage nutrition for sick children, pregnant women, lactating mothers, and other women of reproductive age.	• Increased access to and intake of nutritious foods by sick children, pregnant women, lactating mothers, and other women of reproductive age	MOH	Local governments, MGLSD, MAAIF, MOES, MFPED, development partners, CSOs
Integrate management of severe and moderate acute malnutrition into routine health services.	• Capacity for management of severe and moderate acute malnutrition enhanced • Centres for management of severe and moderate acute malnutrition increased within existing health facilities nationwide • Cases of severe and moderate acute malnutrition monitored and followed up on	MOH	MGLSD, local governments, MOES, MAAIF, MFPED, private sector, development partners, CSOs

Interventions	Expected Outputs	Lead Agency	Other Participants
Promote utilisation of antenatal and post-natal care services among all pregnant women and lactating mothers.	• Increased number of mothers attending antenatal and post-natal care services	MOH	Local governments, MGLSD, MAAIF, MOES, MFPED, development partners, CSOs, Population Secretariat
Promote and support breastfeeding policies, programmes, and initiatives.	• Increased number of exclusively breastfed babies • Increased number of 'baby-friendly' workplaces, communities, and health facilities, both public and private • Increased number of employers and institutions/ agencies implementing the maternity and paternity law	MOH	Local governments, MGLSD, MAAIF, MOES, development partners, CSOs
Promote and support appropriate complementary feeding practices.	• Increased use of diversified local foods for complementary feeding • 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	Local governments, MGLSD, MAAIF, MOES, MFPED, development partners, CSOs, MOICT
Support and scale up community-based nutrition initiatives.	• Increase in number of community-based nutrition initiatives supported • Increased coverage of community-based nutrition initiatives • Increased level of community participation and involvement in community-based nutrition programmes	MOH/MGLSD/ MAAIF/MOES	Local governments, MAAIF, MOES, MFPED, development partners, CSOs, MOICT
Promote proper food handling hygiene, and sanitation through increased knowledge, use of safe water, and hand-washing practices at the household level.	• Increased knowledge of proper food handling hygiene and sanitation • Increase household use of safe water • Increase in hand washing practices by households	MOH	Local governments, MWE, MOES, development partners, CSOs, MFPED, MOICT

Interventions	Expected Outputs	Lead Agency	Other Participants
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.	• Increased knowledge among men of family health and nutrition issues • Increased male involvement in family health, food security, and nutrition services and programmes	MGLSD/MOH/ MAAIF	MOH, MAAIF, local governments, MFPED, development partners, CSOs
Advocate and seek solutions for reducing workload for all women, especially pregnant women and lactating mothers.	• 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 the farm and household levels	MGLSD/ MAAIF	MOH, local governments, MFPED, development partners, CSOs
Address detrimental food taboos and norms that impair the nutrition of women, infants, and young children.	• Increased knowledge on the impact of detrimental food taboos and norms that impair nutrition • Change in negative attitudes, beliefs, and practices related to nutrition • Increased intake of culturally prohibited foods	MAAIF/ MGLSD	MOH, local governments, development partners, CSOs
Objective 2: Enhance consumption of diverse diets.			
Strategy 2.1: Increase access to and use of diverse nutritious foods at the household level.			
Promote production and consumption of diversified nutritious foods at the household and community levels.	• Increased production of diversified nutritious foods • Increased consumption of diversified nutritious foods • Increased provision of appropriate agricultural inputs and services at the household and community levels	MAAIF	MOH, local governments, MGLSD, MFPED, private sector, development partners, CSOs
Advocate for and support integration of nutrition in agricultural programmes at the national and local government levels.	• Increased integration of nutrition issues in agricultural programmes	MAAIF/NPA	Private sector, development partners, CSOs, MFPED

Interventions	Expected Outputs	Lead Agency	Other Participants
Increase consumption of both raw and processed nutritious foods.	• 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 the household and community levels.	• Increased processing of nutritious foods at the household and community levels • Diversified processed food products at the household and community levels	MAAIF/MTC	Private sector, development partners, MOH, MGLSD, MFPED
Promote and support the utilisation of safe labour-saving technologies at the household and community levels.	• Increased types of labour-saving technologies at the household and community levels • Increased utilisation of labour-saving technologies at the household and community levels	MAAIF/MTC	MGLSD, MWE, MEMD, local governments, private sector, development partners, CSOs
Support on-farm enterprise mix to promote stable diversified food production.	• Increased number of households and communities with stable diversified food supplies and incomes	MAAIF	Local governments, MGLSD, MTC, MFPED, private sector, development partners, CSOs
Promote production and consumption of local indigenous foods to enhance dietary diversification.	• Increased production and consumption of indigenous foods • Increased awareness of the nutrition value of indigenous foods • Increased exploitation and utilisation of foods from non-conventional sources	MAAIF	MOH, MOES, MWE,MGLSD, development partners, CSOs
Promote positive indigenous dietary practices.	• Dietary practices related to indigenous foods emphasised in the school curricula and national examination • Increased application of dietary practices related to indigenous foods at the household and community levels	MAAIF	MOH, MOES, MWE,MGLSD, development partners, CSOs
Strategy 2.2: Enhance post-harvest handling, storage, and utilisation of nutritious foods at the household and farm levels.			
Promote and support adoption of post-harvest handling and storage technologies at the household and community levels.	• Increased awareness and adoption of appropriate post-harvest handling and storage technologies	MAAIF/MOES	MOH, MTC, MGLSD, development partners, CSOs

Interventions	Expected Outputs	Lead Agency	Other Participants
Provide an enabling environment to the private sector to manufacture, market, and distribute appropriate post-harvest handling and storage technologies.	• Clear policy developed to guide and provide incentives to small- and medium-scale private sector players • Private players supported to acquire equipment, financial support, and infrastructure • Increase in public-private partnerships for food processing and 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.	• A policy promoting fortification in place • Food fortification public-private partnerships increased and strengthened • Increased variety of fortified foods • Industries that fortify foods scaled up nationwide	MOH/MTC	Uganda National Bureau of Standards, NDA, local governments, private sector, development partners, CSOs
Promote production of bio-fortified varieties.	• Policy promoting bio-fortification in place • Increased variety of bio-fortified foods • Bio-fortification of foods scaled up nationwide • Food bio-fortification public-private partnerships increased and strengthened	MAAIF/MTC	MOH, local governments, private sector, development partners, CSOs
Promote consumption of nutrient-enhanced foods through increased awareness of their benefits.	• Increased awareness of the benefits of nutrient-enhanced foods • Increased consumption of fortified foods • Increased adoption and consumption of bio-fortified foods	MAAIF/MOH/ MTC	Private sector, development partners, local governments
Support local production of ready-to-use therapeutic and complementary foods.	• Policy promoting therapeutic and complementary foods in place • Therapeutic foods included on the essential drugs list • Local industries producing therapeutic and complementary foods scaled up nationwide • Public-private partnerships for therapeutic and complementary foods strengthened	MOH/MTC	MAAIF, local governments, Ministry of Justice and Constitutional Affairs, private sector, development partners, CSOs, Uganda National Bureau of Standards

Interventions	Expected Outputs	Lead Agency	Other Participants
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 the community to the national level.	• Early warning system in MAAIF strengthened (capacity and equipment) • Nutrition information system in MOH strengthened • National nutrition surveillance system established	MOH/MAAIF/ FNC	OPM, local governments, private sector, development partners, CSOs, academia
Support and promote urban farming to serve the most vulnerable households in urban areas.	• Urban farming policy developed and operationalised • Supermarket-linked value chains developed for high-value enterprise in urban and peri-urban areas	MAAIF/MTC	MOH, local governments, development partners, CSOs, private sector
Develop, promote, and implement in a timely fashion a comprehensive package of nutrition services and food items to provide during emergencies and recovery periods.	• Comprehensive package of nutrition services and 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.	• Capacity of local governments to provide nutrition services in emergencies strengthened • Nutrition package integrated in all disaster management programmes	MOH/OPM/ MAAIF/MOLG	Local governments, MGLSD, MAAIF, private sector, development partners, CSOs
Promote and support diversified production of drought-resistant crops, including vegetables, and raising of animals tolerant of heat stress at the household and community levels.	• Increased production of drought-resistant crops, including vegetables, and raising of animals tolerant of heat stress	MAAIF	MWE, local governments, MGLSD, private sector, development partners, CSOs

Interventions	Expected Outputs	Lead Agency	Other Participants
Carry out sensitisation programmes for communities to raise their awareness of prevention, mitigatopm, and response to risks of malnutrition during shocks.	• Increased awareness of proper nutrition during shocks	OPM/MOH/ MAAIF	MOH, MWE, MAAIF, MGLSD, local governments, private sector, development partners, CSOs
Strategy 3.2: Promote social protection interventions for improved nutrition.			
Provide social transfers to and support livelihoods for the most vulnerable households and communities.	• Increase in vulnerable households receiving social transfers (cash, food, agricultural inputs)	MGLSD/ MAAIF/OPM	MFPED, local governments, OPM, private sector, development partners, CSOs
Develop and implement programmes for special social assistance and for livelihood promotion and protection in areas with high levels of malnutrition.	• Special food-based programmes for vulnerable groups in areas with high malnutrition levels designed nd implemented • Increased coverage of livelihood programmes	MGLSD/ MAAIF	Local governments, OPM, MOH, private sector, development partners, CSOs
Advocate for and promote school feeding programmes.	• 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	MOH, local governments, development partners, CSOs, private sector, MFPED
Manage cases of severe acute malnutrition by integrating care into routine health services and providing follow-up support and monitoring at the household and community levels.	• Increased number of health facilities with supplies to manage SAM cases • Increased number of communities mobilized and sensitized on SAM management • Increased number of children screened for SAM in the communities and referred	MOH	CSOs, NGOs, MOES
Promote social protection interventions for improved nutrition.	• Increased social protection interventions for improved nutrition	MGLSD	MOH, MAAIF, development partners

Interventions	Expected Outputs	Lead Agency	Other Participants
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 frameworks for co-ordinating, planning, and monitoring nutrition activities.			
Fast-track the enactment of the Food and Nutrition Bill, which will provide the statutory mechanism for establishing the FNC and its secretariat.	• Food and Nutrition Bill enacted	NPA/MAAIF	MOH, Ministry of Justice and Constitutional Affairs, development partners
Revitalise and legalise the functionality of the FNC and establish its secretariat/co-ordinating unit.	• FNC functional • FNC secretariat established	OPM	NPA
Review the Food and Nutrition Policy to integrate emerging issues.	• Food and Nutrition Policy revised	FNC	MOH, MAAIF, NPA, MGLSD, MTC, private sector, development partners, CSOs
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.	• Food and Nutrition Strategy revised • Food and Nutrition Strategy disseminated widely	FNC secretariat	NPA, MTC, local governments, private sector, development partners, CSOs
Advocate for the enactment of by-laws and ordinances that promote nutrition and food security at the district and sub-county levels.	• By-laws and ordinances that promote nutrition and food security developed and enacted	FNC/MOLG	Local governments, MOH, MAAIF, MTC, MOES, CSOs, development partners, MFPED
Integrate nutrition issues into plans and budgets at all levels of government by mainstreaming nutrition and creating vote functions for nutrition.	• 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

Interventions	Expected Outputs	Lead Agency	Other Participants
Support the development of nutrition curricula for all levels of education and training.	• Nutrition curricula in place at all levels of education	MOES	Academia, MOH, MAAIF
Advocate for establishment of lower- and middle-cadre nutrition courses in the education structure.	• Lower- and middle-cadre nutrition courses established	MOES	MOH, MAAIF, academia
Review and integrate nutrition issues in the existing curricula of formal and non-formal education and in pre- and in-service training.	• Nutrition issues integrated in curricula	MOES	MOH, MAAIF, academia
Strategy 4.2: Strengthen and harmonise the institutional framework for nutrition from the local to the central government level.			
Review the country's current institutional framework for nutrition and implement a suitable one.	• 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 co-ordination mechanism for nutrition programming and M&E.	• Multi-sectoral co-ordination 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.	• Nutrition focal persons appointed or assigned in key ministries, departments, and agencies and local governments • Nutrition co-ordination structures and committees at the national and local government levels established	FNC secretariat, OPM	MOH, MWE, MAAIF, MOES, MGLSD

Interventions	Expected Outputs	Lead Agency	Other Participants
Strategy 4.3: Strengthen human resource capacity to plan, implement, monitor, and evaluate food and nutrition programmes in the country.			
Design and implement a capacity-strengthening plan for nutrition programming at the national, local governments, and community levels.	• Nutrition capacity strengthening plan developed • Capacity in nutrition policy analysis, planning, implementation, surveillance, and M&E strengthened • Nutrition capacity of community-based resource persons strengthened	FNC secretariat	MOH, MAAIF, MTC, MOES, MGLSD, MWE, MOLG, Population Secretariat, development partners
Establish a food and nutrition M&E system for tracking performance of nutrition indicators and for timely decision making.	• National food and nutrition information system established • Integrated nutrition M&E system established • Progress of implementation and performance of UNAP periodically reported on	FNC secretariat	MOH, MAAIF, MFPED, MTC, local governments, development partners, MOICT, academia
Conduct a national food and nutrition survey to establish up-to-date nutrition baseline monitoring indicators.	• Baseline food and nutrition survey conducted	FNC secretariat	MOH, MAAIF, MFPED, MTC, local governments, development partners, MOICT, academia
Conduct periodic district-level food and nutrition surveys in vulnerable areas and among vulnerable populations.	• District specific surveys conducted	FNC secretariat/ local governments	MOH, MAAIF, MFPED, MTC, development partners, MOICT, academia
Undertake mid-term and end-of-term impact evaluations of the UNAP.	• UNAP impact evaluations conducted	FNC secretariat	MOH, MAAIF, MFPED, MTC, local governments, development partners, MOICT, academia
Strengthen district-level food and nutrition surveillance systems.	• District food and nutrition surveillance systems established and capacity strengthened	FNC secretariat/ MOH/MAAIF	Local governments, MOES, MTC, development partners, CSOs
Strategy 4.4: Enhance operational research for nutrition.			
Conduct formative research on best practices for nutrition.	• Formative research studies on best pratcices for nutrition conducted	MAAIF/MOH	NPA, academia, local governments, development partners, CSOs, MFPED

Interventions	Expected Outputs	Lead Agency	Other Participants
Research, document, and disseminate findings on positive indigenous dietary practices.	• Positive indigenous dietary practices researched, documented, and disseminated	MAAIF	Development partners, academia
Compile food composition data for all foods consumed in Uganda.	• Food consumption database developed	MAAIF	Development partners, academia
Identify and conduct research relevant to scaling up food and nutrition interventions.	• Research on scaling up food and nutrition interventions conducted • Academia supported to conduct applied food and nutrition research	MOH/MAAIF	NPA, academia, local governments, development partners
Collate and share research findings and best practices for scaling up food and nutrition interventions in Uganda.	• Best practices documented, disseminated, and scaled up	NPA	MOH, MAAIF, local governments, MOLG, MGLSD, MOES, MTC, development partners, CSOs, academia
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.			
Develop and implement a nutrition communication strategy.	• Nutrition communication strategy developed	Development partners	MOH, MAAIF, CSOs
Produce annual policy statements and periodic policy briefs on the national food security and nutrition situation.	• Annual policy statements produced • Quarterly policy briefs produced	MAAIF/MOH	NPA, local governments, MOLG, MGLSD, MOES, MTC, development partners, CSOs
Commemorate nutrition-related events and take advantage of other opportunities tso raise the profile of nutrition.	• National, regional, and international food and nutrition events commemorated	MOH/MAAIF	Local governments, MOLG, MGLSD, MOES, MTC, development partners, CSOs, MOICT

Interventions	Expected Outputs	Lead Agency	Other Participants
Strategy 5.2: Advocate for increased commitment to improving nutrition outcomes.			
Develop and implement a nutrition communication strategy	• Printed and disseminated strategy	Food and Nutrition Secretariat	MAAIF, MOH, MOES
Develop and implement a comprehensive and sustainable nutrition advocacy plan.	• Comprehensive nutrition advocacy plan developed and implemented	FNC	MOH, MAAIF
Produce and publish an annual report on the state of the food security and nutrition situation in the country.	• Annual report on the state of food security and nutrition produced	NPA	MOH, MAAIF, local governments, MOLG, MGLSD, MOES, MTC, development partners, CSOs

ANNEX II: Implementation Cost Matrix

Interventions	USh millions					
	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 to increase the level of awareness of good nutrition.	140	160	180	200	250	930
Promote integration of nutrition services in all routine and outreach health services and programmes targeting children and women.	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 post-natal care services among 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 and 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 through increased knowledge, use of safe water, and hand-washing practices at the household level.	100	120	100	100	100	520

Interventions	UShs millions					
	2011–12	2012–13	2013–14	2014–15	2015–16	TOTAL
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 and norms that impair the nutrition of women, infants, and young children.	200	250	300	350	400	1,500
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 the household level.						
Promote production and consumption of diversified nutritious foods at the household and community levels.	317	657	857	1,057	1,257	4,146
Advocate for and support integration of nutrition services in agricultural programmes the national and local government levels.	60	75	90	105	120	450
Increase consumption of both raw and processed nutritious foods.	100	200	200	200	200	900
Promote and support local food processing and value addition at the household and community levels.	100	500	600	700	800	2,700
Promote and support the utilisation of safe labour-saving technologies at the household and community levels.	50	100	140	180	1,000	1,470
Support on-farm enterprise mix to promote stable diversified food production.	100	100	150	150	200	700
Promote production and consumption of indigenous foods to enhance dietary diversification.	60	70	80	90	100	400

Interventions	UShs millions					
	2011–12	2012–13	2013–14	2014–15	2015–16	TOTAL
Strategy 2.2: Enhance post-harvest handling, storage, and utilisation of nutritious foods at the household and farm levels.						
Promote and support adoption of post-harvest handling and storage technologies at the household and community levels.	60	100	200	300	400	1,060
Provide an enabling environment to the private sector to manufacture, market, and distribute appropriate post-harvest handling and storage technologies.	...	400	500	20	20	940
Strategy 2.3: Promote the consumption of 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 through increased awareness of their benefits.	20	100	150	100	80	450
Support local production of ready-to-use therapeutic and complementary foods.	130	500	600	700	800	2,730
Subtotal – Objective 2	**1,227**	**3,777**	**4,817**	**5,127**	**6,777**	**21,726**
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 the community to the national level.	100	150	250	300	350	1,150
Support and promote urban farming to seve the most vulnerable households in urban areas.	50	2,100	3,100	4,150	4,150	13,550
Develop, promote, and implement in a timely fashion a comprehensive package of nutrition services and food items to provide during emergencies and recovery periods.	60	120	60	60	60	360
Make integration of nutrition in disaster management programmes mandatory.	40	40	40	40	40	200

Interventions	UShs millions					
	2011–12	2012–13	2013–14	2014–15	2015–16	TOTAL
Promote and support diversified production of drought-resistant crops, including vegetables, and raising of animals tolerant of heat stress the household and community levels.	60	40	40	40	40	220
Carry out sensitisation programmes for communities to raise their awareness of prevention, mitigation, and response 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 to and support livelihoods for the most vulnerable households and communities.	150	2,000	3,000	4,000	5,000	14,150
Develop and 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 feeding programmes.	40	40	40	40	40	200
Manage cases of severe acute malnutrition by integrating care into routine health services and providing follow-up support and monitoring at the household and community levels.						
Promote social protection interventions for improved nutrition.	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 frameworks for co-ordinating, planning, and monitoring nutrition activities.						
Fast-track enactment of the Food and Nutrition Bill, which will provide the statutory mechanism for establishing the FNC and its secretariat.	30	30	...	...	...	60
Revitalise and legalise the functionality of the FNC and establish its secretariat/ co-ordinating unit.	25	25	25	25	25	125
Review the Food and Nutrition Policy to integrate emerging issues.	...	90	...	110	...	200

Interventions	UShs millions					
	2011–12	2012–13	2013–14	2014–15	2015–16	TOTAL
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.	…	90	…	110	…	200
Advocate for enactment of by-laws and ordinances that promote nutrition and food security at the district and sub-county levels.	50	50	50	50	50	250
Integrate nutrition issues into plans and budgets at all levels of government by mainstreaming nutrition and creating vote functions for nutrition.	100	120	140	140	120	620
Support the development of nutrition curricula for all levels of education and training.	100	125	150	175	200	750
Advocate for establishment of lower- and middle-cadre nutrition courses in the education structure.	100	125	150	175	200	750
Review and integrate nutrition issues in the existing curricula of formal and non-formal education and pre- and in-service training.	100	125	150	175	200	750
Strategy 4.2: Strengthen and harmonise institutional framework for nutrition from the local to the central government level.						
Review the country's current institutional framework for nutrition and implement a suitable one.	60	60	…	…	…	120
Establish an interim multi-sectoral co-ordination mechanism for nutrition programming and M&E.	20	22	24	26	28	120
Strengthen institutional capacity for nutrition programming at all levels in all sectors.	200	400	400	400	400	1,800
Strategy 4.3: Strengthen human resource capacity to plan, implement, monitor, and evaluate food and nutrition programmes.						
Design and implement a capacity-strengthening plan for nutrition programming at the national, local government, and community levels.	50	60	70	80	90	350
Nutrition human resource capacity strengthening project	50	400	600	800	400	2,250

Interventions	UShs millions					
	2011–12	2012–13	2013–14	2014–15	2015–16	TOTAL
Strategy 4.4: Monitor and evaluate the food and nutrition situation to inform policy and programming.						
Establish a food and nutrition M&E system for tracking performance of nutrition indicators and for timely decision making.	1,000	1,500	2,000	2,500	2,500	9,500
Conduct a national food and nutrition survey to establish up-to-date nutrition baseline monitoring indicators.	500	750	950	700	680	3,580
Conduct periodic district-level food and nutrition surveys in vulnerable areas and among vulnerable populations.	500	750	950	700	680	3,580
Undertake mid-term and end-of-term impact evaluation of the UNAP.	...	...	...	...	100	100
Strengthen district-level food and nutrition surveillance systems.	50	50	50	50	50	250
Strategy 4.5: Enhance operational research for nutrition.						
Conduct formative research on best practices for nutrition.	300	400	400	500	500	2,100
Research, document, and disseminate findings on 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 food and nutrition interventions.	50	50	50	50	50	250
Collate and share research findings and best practices for scaling up food and 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 and 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

Interventions	UShs millions					
	2011–12	2012–13	2013–14	2014–15	2015–16	TOTAL
Commemorate nutrition-related events 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 nutrition communication strategy.						
Develop and implement a comprehensive and sustainable nutrition advocacy plan.	1,000	1,000	1,000	1,000	1,000	5,000
Produce and publish an annual report on the state of the food security and nutrition situation 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

African Union. 2005. *Africa Regional Nutrition Strategy, 2005–2015*.

Food and Agriculture Organization (FAO). 2008. *The State of Food Insecurity in the World 2008*.

Food and Nutrition Technical Assistance II Project. 2010. *Analysis of the Nutrition Situation in Uganda*.

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NPA. 2010. *National Development Plan 2010/11–2014/15*.

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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 of 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 Agriculture Organisation
Dr Geoffrey Bisoborwa	Technical Officer	World Health Organisation
Daniel Mugulusi	Under Secretary	Ministry of Gender, Labour and Social Development
Elizabeth Imagara	Principal Policy Analyst	Ministry of Local Government
Nancy Adero	Nutritionist/Dietician	World Food Programme
Mr Alex Mokori	Public Nutrition Specialist	Regional Centre for Quality of Health Care