



Uganda Nutrition Action Plan 2019-2025

Revised draft AUGUST 2019

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Uganda Nutrition Action Plan 2019-2025

Vision

“A well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Uganda”

Goal

“To improve nutrition status among children under 5 years of age, adolescents, school age children, pregnant and lactating women and other vulnerable groups by 2025”

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LIST OF ABBREVIATIONS AND ACRONYMS

ACDP	Agriculture Cluster Development Project
AfDB	Africa Development Bank
ANC	Antenatal Care
ASSP	Agriculture Sector Strategic Plan
AU	African Union
CAADP	Comprehensive Africa Agriculture Development Programme
CLTS	Community Led Total Sanitation
CRF	Common Results Framework
CSA	Climate Smart Agriculture
DNCC	District Nutrition Coordination Committees
DOA	Decade of Action
EAC	East African Community
ECD	Early Childhood Development
ESSP	Education Sector Strategic Plan
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organisation
FFD	Financing for Development
FSN	Food Security and Nutrition
GDP	Gross Domestic Product
GOU	Government of Uganda
HIRB	High Iron Rich Beans
HSDP	Health Sector Development Plan
ICN2	Second International Conference on Nutrition
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPC	Integrated Food Security Phase Classification
ISC	Implementing Steering Committee
IYCF	Infant and Young Child Feeding
LG	Local Government
LLG	Lower Local Government
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MDA	Ministries, Departments and Agencies
MEAL	Monitoring, Evaluation, Accountability and Learning
MOESTS	Ministry of Education, Science, Technology and Sports
MOH	Ministry of Health
MSP	Multi-sectoral Platform
NAADS	National Agriculture Advisory Services
NBCC	Nutrition Behaviour Change and Communication
NDP II	Second National Development Plan
NDPG	Nutrition Development and Donor Partner Group
NNF	National Nutrition Forum
NPA	National Planning Authority
NUFLIP	Northern Uganda Food Security and Livelihood

	Improvement Project
OFSP	Orange Fleshed Sweet Potato
OPM	Office of the Prime Minister
OWC	Operation Wealth Creation
PBS	Programme Based Budgeting System
PCC	Policy Coordination Committee
PDC	Parish Development Committee
RHITES	Regional Health Integration to Enhance Services
SDG	Sustainable Development Goal
SDP	Sector Development Plan
SNCC	Sub-county Nutrition Coordination Committee
SUN	Scaling Up Nutrition
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UMFSNP	Uganda Multi-sectoral Food Security and Nutrition Project
UN	United Nations
UNAP	Uganda Nutrition Action Plan
UNBS	Uganda National Bureau of Standards
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHA	World Health Assembly

FOREWORD

Although Uganda has made significant progress in addressing the problem of malnutrition especially stunting and Severe Acute Malnutrition (SAM) in children under 5 years, the rate of improvement especially stunting, has been slow. Uganda Demographic Health Survey (UDHS) shows that the prevalence of stunting reduced from about 48 percent in 1988 to about 29 percent in 2016. This current level of child stunting is categorized as “poor” in terms of its public health significance and is higher than the acceptable threshold of less than 20 percent for developing countries. Moreover, the double burden of malnutrition has emerged where undernutrition exists together with a rapidly increasing problem overnutrition (overweight and obesity) which is a key driver of Diet-Related Non-Communicable Diseases (DRNCDs), such as hypertension, type-2 diabetes and cardiovascular diseases.

The slow progress in reducing malnutrition has been observed despite the existence of evidence-based high impact nutrition interventions, a strong political commitment to address malnutrition, enabling policy environment and economic growth in the last decade. Some of the key factors implicated in the slow progress include: limited capacity at all levels to translate political commitment and economic growth into effective, impactful and sustainable policies and strategies; limited institutional and technical capacity to implement essential nutrition actions at the household and community level at scale; inadequate multi-sectoral coordination; limited financial resources to adequately implement and monitor nutrition service delivery and deeply entrenched sub-optimal practices behaviours that take long to change.

The Cost of Hunger in Africa (COHA) study (2013) and Lancet publications together with other available information highlight the tremendous social and economic cost of under nutrition on health, education and productivity at all stages in the life cycle. Nutrition is particularly important during conception and early childhood (first 1,000 days), influencing an individual's health, cognitive development and economic outcomes that are carried into later

life. The negative impact of malnutrition is costly in terms of Human Capital Development (HCD) and productivity, Health and Education. Malnutrition is estimated to cost Uganda a staggering 1.86 trillion UGX (899 million US Dollars) which is equivalent to 5.6 % of the country's GDP (COHA, 2013).

To address the challenge malnutrition in a systematic way, the Government developed the first Uganda Nutrition Action Plan (UNAP I) 2011-2016. Strategic actions during UNAP I implementation included; (i) Prioritization of nutrition as a multi-sectoral effort to scale up key nutrition actions to build and strong institutional system and capacities to meet national, regional and international targets; (ii) Implementation of nutrition programs through multi-sectoral approach bringing together eight key Government ministries, Local Governments; UN agencies, Multilateral and Bilateral Development Partners, CSOs, academia and research institutions and the Private Sector with the OPM playing the overall coordination role.

From 2011, the Government of Uganda and stakeholders' demonstrated commitment to alleviating malnutrition by: (i) Including nutrition in the second National Development Plan (NDPII); (ii) Developing the National Nutrition Policy (NNP), and (iii) Developing of the second Uganda Nutrition Action Plan (UNAP II) 2019-2025, which is the NNP's strategic implementation action plan for the period. This UNAP II reflects Uganda's commitment to addressing high levels of malnutrition and translates into a single Common Results Framework (CRF) which is reflective of Uganda's commitment to national, regional and international commitments on nutrition. In addition to aligning implementation of nutrition interventions, the UNAP II also provides a coordinated framework for resource mobilisation and accountability for nutrition and localizes World Health Assembly (WHA) nutrition targets Sustainable Development Goals (SDGs) and Second International Conference on Nutrition (ICN 2).

The UNAPII's desired change is to “improve nutrition status among children under 5 years of age, adolescents, school age children, pregnant and

lactating women and other vulnerable groups by 2025". To achieve desired goal, the UNAPII has identified three overarching objectives, 15 strategies and a set of priority actions. Key outcomes to be achieved by 2025 include: (i) 40% reduction in the number of children under-5 who are stunted (ii) 50% reduction of anaemia in women of reproductive age (iii) 30% reduction in low birth weight (iv) Reduction and maintenance of childhood overweight to less than 3% (v) Reduction and maintenance childhood wasting to less than 3% (vi) 25% relative reduction in the prevalence of raised blood pressure (vii) No increase in the prevalence of obesity and diabetes.

Successful implementation of UNAP requires adequate financial and human resources, effective multi-sectoral coordination, mutual accountability strengthened enabling environment for scaling up nutrition services and mutual accountability and effective Monitoring Evaluation and Accountability and Learning (MEAL). The OPM and line ministries (MoH, MAAIF, MoES, MGLSD, MoWE, MoLG and MoTIC) will lead implementation supported by Development Partners, CSOs, Private Sector, Academia and Research Institutions and other agencies supporting nutrition in Uganda.

I extend my appreciation to Government MDAs, DPs, academia and CSOs who contributed to the development of this action plan, under the leadership of OPM. Since nutrition is a Multi-sectoral issue, I call upon all stakeholders' including MDAs, Private Sector, Civil Society, Faith-Based Organizations, as well as Development Partners to support Uganda in the implementation of this second Uganda Nutrition Action Plan.

Ruhakana Rugunda (Dr.)

RT. HON PRIME MINISTER

NUTRITION COMMITMENTS

We, the Permanent Secretaries and Executive Directors of the UNAPII implementing Ministries, Departments and Agencies (MDAs) which constitutes the Implementation Coordination Steering Committee on Nutrition (ISC) in Uganda:

1. **Recognise** that the current levels of malnutrition especially child stunting, anaemia in children under five and women of reproductive age are unacceptably high;
2. We are **aware** that despite the good progress made in addressing malnutrition in Uganda, malnutrition continues to affect the most vulnerable population groups especially children under five, pregnant and lactating women and adolescents;
3. **Concerned** that a double burden of malnutrition is emerging with diet-related non-communicable diseases (DRNCs) increasing at a fast pace along-side high levels of undernutrition;
4. **Acknowledge** the negative consequences of all forms of malnutrition on national social and economic development, this will retard our aspiration of transiting into a middle income country by 2025;
5. **Confident** that nutrition is central to National Development and promoting nutrition contributes to Vision 2040's overall goal of developing Uganda into a modern and prosperous country;
6. **Understanding** that there is sufficient national and global scientific evidence and experience in scaling-up high impact nutrition specific and nutrition sensitive interventions;
7. **Confident** that this second Uganda Nutrition Action Plan (UNAPII) translates well the 2019 National Nutrition Policy (NNP) into an evidence-based strategic action plan that also contextualizes adaption of the global Sustainable Development Goals (SDGs) and regional nutrition relevant strategies that Uganda is a state party to;
8. In **agreement** with the conclusions of the Global Nutrition Report (2014, 2015 and 2016) that recognizes the universality of malnutrition and the need for actions that address malnutrition in all its forms;
9. **Recognise** that the attainment of good nutritional status, especially among children and women of reproductive age, as both a marker and a maker of sustainable development, with 12 out of 17 Sustainable Development Goals (SDGs) relevant to nutrition (IFPRI, 2015);
10. **Confident** that within NDP III, nutrition is a multi-sectoral cross-cutting issue, covered under the programs of Human Capital Development

(HCD); Gender and Social protection; Community Mobilization and Mind set; and Agro Industrialization;

11. **Accept** that it is possible to make significant progress in addressing malnutrition in all its forms during NDP III (2020 – 2025) as an important step towards making Uganda a middle income country by 2025 and the national goal of ending malnutrition as a problem of public health significance by 2030;

THEREFORE, THROUGH OUR SIGNATURES ATTACHED HERETO, WE COMMIT OURSELVES TO THE FOLLOWING:

1. We shall take practical steps to ensure our sector policies, strategies, programmes and budgets are nutrition sensitive;
2. We shall actively participate in the implementation of the UNAP II through the ICSC; and
3. We shall take the necessary leadership in the implementation of the areas that our sectors have been assigned by the 2019 National Nutrition Policy and this second UNAP.

S/N	NAME	Ministry, Department and Agency	Title	SIGN
1	Christine Gwatudde Kintu	Office of The Prime Minister	Permanent Secretary	
2	Keith Muhakanizi	Ministry of Finance, Planning and Economic Development	Permanent Secretary	
3	Benjamin Kumumanya	Ministry of Local Government	Permanent Secretary	
4	Alex Kakooza	Ministry of Education and sports	Permanent Secretary	
5	Pius Wakabi	Ministry of Agriculture, Animal Industry and Fisheries	Permanent Secretary	
6	Dr Diana Atwiine	Ministry of Health	Permanent Secretary	
7		Ministry of Trade, Industry and Co-operatives	Permanent Secretary	
8	Pius Bigirimana	Ministry of Gender, Labour and Social Development	Permanent Secretary	
9	Alfred Okot Okidi	Ministry of Water and Environment	Permanent Secretary	
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ACKNOWLEDGEMENTS

Led and coordinated by OPM department of Strategic Coordination and Implementation (SIC) (Ms. Bakunzi Maureen; Mr. Boaz Musiimenta and Mr. Samuel Galiwango), the development of this second Uganda Nutrition Action Plan (UNAPII) 2019 - 2025 involved an extensive consultation process of various nutrition stakeholders. Those who made significant contributions are listed in appendix 4 and we would like to acknowledge their inputs

There are key movers of the UNAP II development at sectoral level, whom we would like to mention in person. Mr Andrew Musoke (Nutrition Focal Person MoLG); Mr Alex Bambona (Assistant Commissioner, Food Security and Nutrition, MAAIF); MS. Susan Oketcho (Assistant Commissioner; MOES); Ms Sarah Nahalamba (National Planning Authority); Ms Maureen Bakunzi (Acting Commissioner SIC) were instrumental in providing inputs, reviewing and coordinating all aspects of the process. We would like to appreciate the following consultants, Dr. Dan Kajungu and Patrick Ingazi who led the first phase of UNAP development UNAPII and Mr. Jacob Korir and Mr. Asiimwe Charles who provided technical support in the second phase of UNAP II development

We gratefully acknowledge Nutrition International UKAID funded Technical Assistance for Nutrition (TAN) Project for technical and financial support. Technical and financial contributions is greatly acknowledged: DFID, USAID, EU, UNICEF, WFP, FAO, Mercy Corps, World Vision, SNV, URC RHITES, CUAM, SNV and Food Alliance among others. Contribution of academic and Research institutions i.e Makere University and Kyambogo University contribution is highly appreciated.

Christine Guwatudde Kintu

EXECUTIVE SUMMARY

Good nutrition is a catalyst for social and economic transformation and human development. Poor nutrition especially during the first 1,000 days (from conception to a child's 2nd birthday) causes irreversible cognitive and physical damage, with consequences affecting individuals, households, communities and the nation at large. The Cost of Hunger in Africa (COHA) study in Uganda (2013) (based on projected data for 2009) established that malnutrition is associated to 15% of all under five, which represented over 19,000 child deaths in 2009 and over 110,000 for the period from 2004 to 2009. **The total losses in productivity attributed to childhood malnutrition were estimated at approximately Uganda Shillings (UGX) 1.2 trillion which was equivalent to 3.91% of Uganda's Gross Domestic Product (GDP) in 2009.**

The Uganda Nutrition Action Plan (UNAP II) (2019-2025) addresses nutritional needs of all population groups in Uganda with a special focus on women of reproductive age, infants, young children, adolescents and other vulnerable groups. The plan has been developed in the context of existing legal and policy frameworks and initiatives at the global, regional and national level while recognising the need for multi-sectoral approaches to prevent and address malnutrition issues.

The process of developing UNAP was led by the Office Prime Minister (OPM) and coordinated by the department of **Strategic Coordination and Implementation (SCI)**. The process involved extensive consultation of government, Nutrition Development partners, implementing partners and other CSOs, academia and research both at the national and Local Government Level.

The UNAP II will function as the implementation strategy for National Nutrition Policy (NNP) and the Common Results Framework for nutrition in Uganda. The NNP has been finalised and it is ready for approval at the cabinet level (as of August 2019). The objectives, strategies and priority actions of the UNAP II are fully aligned with the NNP goal of ending food insecurity and all forms of malnutrition in children under 5 years of age, adolescent girls, pregnant and lactating women and older persons by 2030.

At the policy level, UNAP II targets MDAs policy makers and planners who are responsible for developing policies and plans and allocating resources. UNAP II provides information on strategic priorities and the cost of scaling up nutrition actions in each sector. At the operational level, UNAP II targets government and non-governmental actors (CSOs, private sector and faith-based organizations) responsible for nutrition programme implementation

and service delivery at all levels. UNAP II will also provide information and platform to academic and research institutions interested in conducting research on nutrition. Joint efforts from all constituencies will ultimately ensure effective delivery and utilisation of nutrition services by children under 5 years of age, adolescents, school age children, girls, pregnant and lactating women including older persons.

Development of UNAP II follows expiry of the first Uganda Nutrition Action Plan 2011-2016 (UNAP-I). **Review of UNAP I provided valuable information on successes, challenges and opportunities which informed UNAP II.** UNAP II has been organized into eight chapters as follows: Chapter 1, the introduction, discusses the global, regional and national frameworks under which the UNAP is anchored, the UNAP II development process including the review UNAP I, and the main users/audience for the UNAP II. A detailed nutrition situation analysis is presented in Chapter 2, while Chapter 3 presents the UNAP theory of change, vision, goal, objectives, primary outcomes, intermediate outcomes, strategies, priority actions and cross cutting themes. Chapter 4 presents UNAP II implementation arrangements, chapter presents 5 UNAP II financing and resource mobilization, Chapter 6 covers Monitoring, Evaluation, Accountability and Learning (MEAL) and risk analysis and mitigation.

The vision of UNAP II is a well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Uganda. The goal is to improve nutrition status among children under 5 years of age, adolescents, school age children, pregnant and lactating women and other vulnerable groups by 2025. UNAP II is strategies and outcomes are categorised under three broad objectives i.e. **nutrition-specific, nutrition-sensitive and enabling environment.**

UNAP II has identified **15 nutrition impact outcomes to be achieved by 2025.** The outcomes is an important part of the Common Results Framework (CRF). Key outcomes include: (i) 40% reduction in the number of children under-5 who are stunted (ii) 50% reduction of anaemia in women of reproductive age (ii) 30% reduction in low birth weight (iv) Reduce and maintain childhood overweight to less than 3% (v) Reduce and maintain childhood wasting to less than 3% (v) 25% relative reduction in the prevalence of raised blood pressure (vi) No increase in the prevalence of obesity and diabetes. The following are strategies under the three objectives:

Objective 1: Increase access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons.

- **Strategy 1.1:** Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices.
- **Strategy 1.2:** Promote micronutrient intake among children, adolescents and women of reproductive age
- **Strategy 1.3:** Increase coverage of management of acute malnutrition in stable and in emergency situations.

- **Strategy 1.4:** Integrate nutrition services in prevention, control and management of infectious diseases.
- **Strategy 1.5:** Integrate Nutrition services in prevention, control and management of non-communicable diseases.

Objective 2: Increase access to and utilization of nutrition sensitive services by children under 5 years, adolescent girls, pregnant and lactating women and older persons.

- **Strategy 2.1:** *Promote production of diverse, safe and nutrient dense crops and animal products at household level.*
- **Strategy 2.2:** *Increase access to diverse, safe and nutrient dense crop and animal products*
- **Strategy 2.3:** *Improve utilization of diverse, safe and nutrient dense crops, fish and animal products*
- **Strategy 2.4:** Promote integration of food and nutrition security services in social protection and SGBV programmes.
- **Strategy 2.5:** Increase access to Integrated Early Childhood Development (IECD) services.
- **Strategy 2.6:** Increase access to efficient and quality education and sports for all.
- **Strategy 2.7:** Increased access to Water Sanitation and Hygiene services
- Priority actions
- **Strategy 2.8:** Increase trade, industry and investments in scaling up nutrition

Objective 3: Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services.

- **Strategy 3.1:** Strengthen nutrition governance at central and local government levels.
- **Strategy 3.2:** Mechanism for nutrition evidence and knowledge management along with multi-sectoral nutrition information system strengthened and institutionalized for effective decision making

Adequate financial resources as a key prerequisite for successful implementation of priority actions and achievement of UNAP II goal. UNAP II strategies and priority actions are spread across eight government line ministries namely; MoH, MAAIF, MoES, MGLSD, MoWE, MoLG, MoTIC and OPM. This implies that all the 8 line ministries together with stakeholders supporting line ministries/sectors have a role in financing UNAP II. The Uganda central and local governments, with support from Development Partners, CSOs, Private Sector, Academia and Research Institutions and other agencies supporting nutrition in Uganda will finance UNAP II. Effective coordination, clarity of accountabilities and capacity to complement and leverage resources is vital in ensuring that UNAP II is adequately financed. It is important to note that the estimated figures are only indicative of the resource requirements to implement UNAP II. Accurate projections require comprehensive nutrition expenditure review and activity-based budgeting and costing. **In addition to the ongoing nutrition expenditure review; detailed budgeting, costing and consequent development of nutrition resource mobilisation and financial tracking plan has been identified as a priority activity in the UNAP II implementation roadmap.** The UNAP II implementation is estimated to cost approximately UGX Trillion (US \$Million) across the six year implementation period. The projected available resources from 2019-2025 is UGX Trillion (US \$Million) across which translates to%. This implies that UGX Trillion (US \$Million)% will be raised to cover the funding gap.

UNAP II as the Common Results Framework for nutrition in Uganda, has identified results expected upon full implementation of the action plan, together with indicators that will measure the progress of achievement of the strategies and priority actions outlined. In addition to tracking programme implementation and performance, UNAP II will also track financial resources and build evidence base for accountability, evidence-based timely decision making and learning at the national and LLG level. The MEAL framework for UNAP II (Annex 3) is aligned with the WHA targets, SUN MEAL Framework, National standards indicator framework (NSI), NDP II, Sector Development Plans, Program Based Budgeting and Monitoring, the Government of Uganda annual performance review systems among other frameworks. The MEAL framework is also be helpful in aligning stakeholders' resources and actions to strengthen nutrition interventions, enhancing evidence-based policy dialogue and retaining institutional memory. **Development of a comprehensive multi-sectoral MEAL plan for UNAP II has been identified as an important activity in UNAP II implementation roadmap.** UNAP II will also strive to identify and manage risks that may affect smooth implementation and achievement of results. The aim is to maximise on opportunities and reduce threats to the achievement of UNAP II objectives.

UNAP II is expected to **reinvigorate common and coordinated multi-sectoral and multi-stakeholder efforts towards improving the nutrition status** among children under 5 years of age, adolescents, school age children, pregnant and lactating women and other vulnerable groups in Uganda by 2025.

CHAPTER ONE

1 INTRODUCTION

The Uganda Nutrition Action Plan (UNAP) (2019-2025) (commonly referred to as UNAP II) addresses nutritional needs of all population groups in Uganda with a special focus on women of reproductive age, infants, young children, adolescents and other vulnerable groups. The plan has been developed in the context of existing legal and policy frameworks and initiatives at the global, regional and national level. The republic of Uganda constitution gives every person rights to health, food security and nutrition in order to ensure a healthy Ugandan society. Various Ministries, Departments and Agencies (MDAs) are required to set minimum standards and develop policies that ensure provision of quality foods and nutrition services for Ugandans.

1.1 Why invest in nutrition

Good nutrition is a catalyst for social and economic transformation and human development. Poor nutrition during the first 1,000 days (from conception to a child's 2nd birthday) causes irreversible cognitive and physical damage, with consequences for individuals, households, communities, and the nation at large. The Cost of Hunger in Africa (COHA) study in Uganda (2013) based on projected data for 2009 established that malnutrition is associated to 15% of all under five, which represented over 19,000 child deaths in 2009 and over 110,000 for the period from 2004 to 2009. The total losses in productivity attributed to childhood malnutrition were estimated at approximately Uganda Shillings (UGX) 1.2 trillion which was equivalent to 3.91% of Uganda's Gross Domestic Product (GDP) in 2009. If the prevalence of stunted and underweight children is reduced to half of 2009 (17.8% and 7.4% respectively) by 2025, then the country would save estimated UGX 179 billion. This convincingly demonstrates that investing in nutrition is one of the "smartest investments" for economic development and prosperity of Uganda.

1.2 Policy Context

1.2.1 Political will and Government Commitment to Address Malnutrition

Eliminating malnutrition in all its forms is critical in breaking the intergenerational cycle of poverty that propels underdevelopment. Uganda is a signatory of key global and regional initiatives aimed at addressing malnutrition in all its forms. The country has demonstrated commitment to alleviating malnutrition by:

1. Positioning nutrition in Uganda Constitution, Uganda Vision 2040 and the second National Development Plan (NDP II).
2. Mainstreaming nutrition in sector policies, strategies and action plans.
3. Joining the Scaling Up Nutrition (SUN) Movement in 2011 and committing to SUN principles.
4. Embracing multi-sectoral nutrition programming and coordination by placing nutrition coordination at the Office of the Prime Minister (OPM).
5. Developing and implementing Uganda Nutrition Action Plan (UNAP) as the country's strategic and common results framework for scaling up nutrition in Uganda.
6. Developing the National Nutrition Policy (NNP)¹ with the goal ending food insecurity and all forms of malnutrition in children under 5 years of age, adolescent girls, pregnant and lactating women and older persons by 2030
7. Commissioning studies, analysis and surveys such as COHA, Demographic Health Surveys (DHS), Panel Surveys, strategic review of SDG 2 which provide nutrition evidence for effective and timely decision making.

1.2.2 UNAP and the Global Development Agenda

¹ Cabinet approval pending as of August 2019

Text box 1

The need for multi-sectoral approaches to prevent and address malnutrition issues is well recognised. Many countries are tapping into the high-level commitment and guidance and are putting in place legal, policy, planning and financial frameworks necessary to accelerate the scale-up of high priority interventions to improve human nutrition.

There has been a substantial increase globally in high-level commitment for nutrition since the publication of the first Lancet Series on maternal and child nutrition in 2008. The main initiatives that promote and guide achievement of good nutrition at the global level are the Sustainable Development Goals (SDGs), World Health Assembly (WHA) global nutrition targets and Scaling Up Nutrition (SUN) Framework.

The 2030 global agenda for **Sustainable Development Goals (SDGs)** adopted in 2015 by the United Nations General Assembly has 17 goals. The SDGs aim to transform the world through an integrated approach towards achievement of the 17 goals by 2030. At least 12 of the 17 SDGs have indicators relevant to nutrition with SDGs 1, 2, 3 and 6 closely related to nutrition. Goal 2 is specific on nutrition: end hunger, achieve food security and improve nutrition and promote sustainable agriculture, with target 2.2 calling for ending all forms of malnutrition.

The Government of Uganda undertook **Strategic Review of SDG 2** in 2017. The review provided important information on: the situation of hunger, food and nutrition security; the policy, legal and institutional frameworks related to food and nutrition security; the existing programmes and the extent to which they address food and nutrition security; existing financing for food and nutrition programmes. The report provided policy actions and recommendations which were used to develop **Zero Hunger Plan for Uganda 2018-2025**. The Zero Hunger plan intends to achieve 80% food security in the country, 75% Nutrition Security across all age groups and geographical locations, improve food handling across the entire food chain and ensure efficient coordination and partnerships.

All the four objectives are vital in ensuring good nutrition of Ugandans. The synergy between UNAP-II and Zero Hunger Plan is demonstrated by the fact that UNAP-II elaborates further on how the Nutrition Security objective of the Zero Hunger Plan will be achieved while Zero Hunger Plan provides greater detail on how food security -as an important function of good nutrition- will be achieved.

In May, 2012 **the World Health Assembly (WHA) endorsed six Global Nutrition Targets** for improving Maternal, Infant and Young Child Nutrition (MIYCN) by 2025, together with its Comprehensive Implementation Plan (CIP) and tracking tools. The targets are: 40% reduction in the number of children under-5 who are stunted; 50% reduction of anaemia in women of reproductive age; 30% reduction in low birth weight; no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%; and reduce and maintain childhood wasting to less than 5% by 2025. The assembly also adopted two optional targets: 30% relative reduction in mean population intake of salt/sodium intake and halting the rise in diabetes and obesity. Optional indicators are increasingly becoming relevant with the rise of Diet Related Non-Communicable Diseases (DRNCDs).

Text box 2

The 2018 Global Nutrition Report showed that Uganda is on course towards achieving under five wasting and overweight targets. There is little progress towards achieving exclusive breastfeeding, stunting and anaemia targets while there is no progress on achieving NCD targets. UNAP-II has put in place strategies to ensure accelerated action towards exclusive breastfeeding, stunting, anaemia and NCD targets while maintaining progress in wasting and overweight targets.

Establishment of the **Scaling Up Nutrition (SUN) movement** in 2010 introduced a new way of working collaboratively to end malnutrition in all its forms. Under the leadership of governments of SUN countries, stakeholders from civil society, the United Nations, donors, businesses and researchers work in a collective effort to improve nutrition. The SUN movement has contributed immensely in ensuring nutrition is in the global agenda. The SUN's second Strategy and Roadmap

(2016-2020) presents a practical vision of how different actors can effectively work together in a multi-sectoral and multi-stakeholder space towards a vision of a world without malnutrition - which is integral to achieving the promise of the Sustainable Development Goals (SDGs).

Uganda joined the SUN Movement in 2011 signalling notable commitment to improving nutrition in the country. Uganda being a member of the SUN movement galvanized other initiatives such as the United Nations (UN) Renewed Efforts Against Child Hunger and undernutrition (REACH) at the country level. The 2017 SUN Joint Annual Assessment (JAA) results showed that Uganda is one of the few countries showing good progress against targets. Uganda scored overall 87% across four SUN processes: (i) Bringing people together (100%); (ii) Coherent policy and legal framework (88%); (iii) Aligning programs around a common results framework (84%) and (iv) Financial tracking and resource mobilization (75%). Development of UNAP II and other sectoral strategies will help in ensuring that the good progress is sustained and outstanding challenges are addressed.

Other important relevant global frameworks include; the Second International Conference on Nutrition (ICN2) Framework of Action (2014), the United Nations Decade of Action on Nutrition (2016-2025). UNAP-II development process presents an opportunity to contextualise global policy, strategic and program recommendations and targets are to country level realities.

1.2.3 UNAP and the Regional Development Agenda

'The Africa We Want' framework under **Africa Union (AU) 2063 agenda**, prioritizes the goal of healthy and well-nourished citizens with the strategy of reducing maternal and child malnutrition within the first ten years (2015-2025). As a follow up, the African Union launched its Nutrition Policy in Addis Ababa in

2015 and accompanying African Regional Nutrition Strategy (ARNS) 2015-2025. The ARNS recognizes the paradigm shift in the approach towards food and nutrition security with a renewed focus on the 1,000 days, nutritional status of women and children and multi-sectoral approaches which mirrors the recent shifts in nutrition programming in Uganda.

The Heads of State and Government **declared at Maputo in 2003** to commit at least 10% of their national budgets towards agriculture and food security within the Comprehensive Africa Agriculture Development Programme (CAADP). Subsequently, at **Malabo in 2014**, the African Union (AU) made a declaration on Accelerated Agriculture Growth and Transformation and re-affirmed the CAADP commitment to end hunger and reduce stunting on the continent to 10% by 2025. In addition, Uganda committed to allocate 15% of the government budget for health in the **Abuja Declaration of 2014**. Like most countries in Africa, Uganda is yet to surpass financial commitments to agriculture and health. Since nutrition is both a contributor and outcome of adequate agricultural production and good health, UNAP II envisages to track financial resources and commitments to nutrition from relevant Ministries Departments and Agencies (MDAs).

It is essential to note that momentous changes in the global and regional nutrition landscape, as detailed above, were rolled out when the first UNAP (2011-2016) had already been developed and was being implemented. Furthermore, the Uganda Food and Nutrition Policy (2003) was unresponsive to the paradigm shifts in the nutrition landscape. It was therefore challenging to contextualize and integrate these commitments to the national nutrition policy and action plan documents. Development of UNAP-II presents a window of opportunity to effectively contextualize and align global and regional nutrition efforts to the Uganda context.

1.2.4 UNAP and the National Development Agenda

The **1995 Constitution of the Republic of Uganda**, expresses Government commitment to improve food security and nutrition. Objective XXII of the constitution stipulates that “Uganda shall take appropriate steps to encourage people to grow and store adequate food; establish national food reserves; and encourage and promote proper nutrition through mass education and other appropriate means in order to build a healthy state.”

The **ruling party manifesto of 2016-2021** proposes an integrated approach life cycle towards achieving Human Capital Development pillar. The stages of this cycle are: pregnancy to birth, Education and Training (Early Childhood Development, Primary school age (6 – 12), Lower secondary school age (13-16), Upper secondary school age (17-18) and Tertiary and University (19-24) and Young adulthood. The manifesto emphasizes the need to increase investment in education, health and nutrition programmes, particularly during conception and early childhood since it has health, cognitive development and economic outcomes that are beneficial later in life.

The government demonstrated commitment to tackle malnutrition by setting ambitious targets in **Uganda Vision 2040** the overarching planning framework for the country. Uganda's Vision 2040 describes long term policy objectives for the country and envisions a transformed society from a predominantly peasant and low-income country to a competitive upper middle-income country. The target is to reduce prevalence of stunting among children under 5 from 33% in 2011 to 0% by 2040.

National Development Plans (NDP) are a series of five-year plans drawn from vision 2040, they provide medium term strategic focus towards Vision 2040.

The **2nd National Development Plan (NDP II)** 2015/16-2019/20 provides strategic direction to the sectors so that they can contribute to “propel the country towards middle income status by 2020”. The NDP II has human capital development as one of the programmes under productivity, inclusiveness and well-being of the population objective. The human capital development program has set child stunting as one of the development indicators. The target is to reduce prevalence of stunting among children under 5 from 33% in 2011 to 25% by 2020. The process of developing the 3rd NDP (NDP III) 2019/20-2024/25 is in progress (as of August 2019) across all sectors. UNAP-II development process has been used to sensitise relevant sectors on nutrition priorities to be included in NDP III. UNAP II has also moved a step forward by clarifying relevant sectors' strategies and priority actions towards achieving UNAP II outcomes. This makes it possible for respective sectors to push for common nutrition agenda across all the five NDP-III objectives.

The Uganda **Food and Nutrition Policy was approved in 2003** with a goal of ensuring food security and adequate nutrition for all the people in Uganda, for their health as well as their social and economic well-being. Since then, a number of legal, policy and planning frameworks relating to nutrition and food security have emerged at the global, regional and national level. Significant changes in the nutrition landscape rendered the programming, coordination, financing and monitoring and evaluation frameworks of the Food and Nutrition Policy (2003) inadequate to respond to the multi-sectoral approach to the fight against malnutrition in all its forms.

To align to the significant policy changes in nutrition, the government undertook the development of the **National Nutrition Policy (NNP)** in 2017. The policy has been finalised and it is ready for approval at the cabinet level (as of August 2019). The goal of NNP is to end food insecurity and all forms of malnutrition in

children under 5 years of age, adolescent girls, pregnant and lactating women and older persons by 2030. The vision of the policy is “a well-nourished healthy and productive population effectively participating in the socio-economic transformation of Uganda. The following are the objectives of the policy:

1. Increase access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups.
2. Increase access and utilization of nutrition sensitive service by children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups.
3. Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive interventions.

The UNAP II will function as the implementation strategy for NNP. The objectives, strategies and priority actions of the UNAP II are fully aligned with the NNP. Development of UNAP II follows expiry of **Uganda Nutrition Action Plan (UNAP-I)** which served as the country’s strategic framework for scaling up nutrition from 2011-2016. The goal of the UNAP I was to reduce malnutrition levels among women of reproductive age, infants, and young children during the period 2011- 2016 and beyond. Good practices, gaps and opportunities encountered during UNAP I implementation have informed UNAP II.

The goal of the second Ministry of **Health National Health Policy (NHP-II)** 2010-2020, is "to attain a good standard of health for all people in Uganda in order to promote healthy and productive lives". NHP-II recognizes malnutrition as one of the major contributors of disease burden and mortality. In addition to including nutrition in the universal health care package, NHP II prioritises collaboration with Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and other relevant Sectors in promoting household food security and healthy eating habits. It also recognises the need for special education and other measures to protect the

population against micronutrient deficiencies, obesity, and other nutrition related diseases. The Ministry of **Health Sector Development Plan (HSDP II) 2015/16–2019/20** provides further details on how nutrition issues will be addressed. HSDP II nutrition target is to reduce stunting from 33% to 29% and underweight from 14% to 10% by 2020. Reductions in malnutrition will be achieved through provision of nutrition services primary health care services and through strengthening intersectoral collaboration and partnerships.

The **Nutrition Division** within the MoH Community Health Department, directs and guides implementation of nutrition specific interventions through development of nutrition specific strategies, policies and guidelines such as Maternal, Infant and Young Child and Adolescent Nutrition Action plan (MIYCAN) (2018-2025), Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) strategy (2013), guidelines on Maternal Nutrition (2010), regulations on the marketing of Breast Milk Substitutes (1997) among others. The division is the greatest implementer of essential nutrition actions and key contributor to achieving UNAP II outcomes. It also supports OPM's multi-sectoral approach to improve Nutrition by being a member of the Multi-Sectoral Nutrition Technical Committee (MSNTC). UNAP II has prioritised implementation of MIYCAN plan (2018-2025), under the objective of increasing access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls and pregnant and lactating women.

The **Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)** as an important contributor to malnutrition alleviation efforts, is guided by the National Agriculture Policy (NAP) of 2013. The overall objective of the agriculture policy is to achieve food and nutrition security and improve household incomes through coordinated interventions that focus on enhancing sustainable agricultural productivity and value addition; providing employment opportunities, and

promoting domestic and international trade. Through the Agriculture Sector Strategic Plan (2015/16-2020/20) MAAIF aims to improve food and nutrition security by enhancing production and consumption of diverse and nutrient dense diets at household level. It also aims at enhancing sustainable market oriented production for increased income so that households can purchase nutrient dense food and access health services. Since the agriculture sector contributes more than 25% of Uganda's GDP and more than 70% of the labour force, a well-nourished, healthy labour force is critical for agricultural production and productivity. To enhance synergistic relationship between agriculture and nutrition, there is need to scale up approaches that target the entire food systems and create viable linkages between agriculture and nutrition. There is also need to scale up women empowerment in agriculture considering that women provide over 70% of agriculture labour force yet they control less than 20% of the outputs. UNAP-II strategies and priority actions under agriculture aim at increasing gender and labour sensitive production, access and consumption of safe, diverse and nutrient dense foods.

The **Education and Sports** Sector's role in nutrition programming is reinforced among others, by the Education Act (2008), National Integrated Early Childhood Development (NIECD) Policy (2016) and the current Education Sector Strategic Plan (ESSP) (20017-2020). Implementation of ESSP aims at contributing to provision of equitable access to education for all eligible children at the primary and post-primary levels (MOES, 2017). Under ESSP, the education sector has prioritized development and implementation of a strategy to address school feeding and nutrition for school-going children that includes continuous sensitization of parents about their role in feeding children. ESSP also prioritises participation of girls, women and other disadvantaged groups in Primary, Secondary and Business, Technical, Vocational Education and Training (BTJET).

The **Ministry of Gender, Labour and Social Development (MOGLSD)** Social Protection Policy (2015) recognizes the provision of social assistance and social security to vulnerable populations. The Social Development Sector Plan (2015/16 – 2019/20) recognises malnutrition among women of reproductive age, infants, and young children as one of Uganda's most fundamental challenges for human capital development since it affects intelligence, creativity and healthy living. The plan prioritises vulnerable groups such as children, women, orphans and older persons as being more prone to deprivation from food as well as other social services. The sector is implementing Uganda Women Empowerment Programme, Youth Livelihood programme and Social Assistance Grants that aim at increasing income levels of the vulnerable groups so that they can improve their nutrition. In addition, the sector is mobilizing communities to increase demand for nutrition services, develop and enforce national maternal and paternal protection guidelines and develop harmonized nutrition training packages and tools for community resources persons.

In addition to increasing access to safe water and sanitation services, the **Water and Environment Sector Development Plan** (2015/16-2019/20) prioritises provision of adequate water for production and productivity. The plan targets to end poverty, hunger, achieve food security and improve nutrition through increased provision and utilization of water. UNAP II recognises the contribution of poor Water, Sanitation and Hygiene (WASH) practices to disease burden and undernutrition and has put in place priority actions to ensure adequate access and utilisation of WASH services in institutions, communities and other public places for improved nutrition.

Other MDAs frameworks that help in creating enabling environment for improved nutrition are; Ministry of Trade and Industry (MOTIC), Ministry of Local Government (MOLG), National Planning Authority (NPA) among others.

It is worth to note that despite majority of sectoral strategic and development plans having nutrition outcome indicators and/or nutrition actions, there is insufficient elaboration on how implementation of the actions will lead to achievement of better nutrition outcomes. There is also inadequate link between sectors for the nutrition activities that require multi-sectoral efforts. UNAP II development process has addressed this challenge by ensuring that sectoral priority actions have clear relationship to intermediate outcomes. It has also ensured that sectors are aware of their specific actions and accountabilities within a multi-sectoral environment.

1.3 Implication of the shift in policy context

It is evident that the nutrition policy environment is more enabling as compared to when UNAP I was developed in 2011. Various MDAs policy and strategic frameworks have provided viable platforms for multi-sectoral nutrition programming and coordination. UNAP II as the implementation strategy of NNP, has taken into consideration current opportunities and strives to ensure clarity of sectoral actions and accountabilities in ensuring successful implementation of UNAP II. UNAP II also presents an opportunity for various sectors to push for a common nutrition agenda in NDP III.

1.4 Review of UNAP I Implementation, Gaps and Opportunities for UNAP II

In 2011, the Cabinet under Minute 293 (CT 2011) approved UNAP I as the Government strategic plan for Scaling up Nutrition in Uganda from 2011-2016 and beyond. The goal of the UNAP I was to reduce malnutrition levels among women of reproductive age, infants and young children. The following are UNAP I strategic objectives:

1. Improve access and utilization of Maternal, Infant and Young Child Nutrition health related services.
2. Enhance consumption of diverse diets.

3. Protect households from the impact of shocks and other vulnerabilities that affect nutritional status.
4. Strengthen the policy, institutional framework and capacity to effectively plan, implement and monitor nutrition.
5. Create awareness, maintain interest and commitment to improve support for nutrition.

The table below details UNAP I key outcome indicators, baseline in 2011 and projected targets by 2016. UDHS 2016 forms a good comparison since it was conducted towards the conclusion of UNAP I implementation period.

Table 1.1: Achievement of UNAP I targets

	Outcome indicator Baseline UNAP target 2016	Baseline (2011)	UNAP target by 2016	UDHS 2016
1	Stunting: prevalence in children under 5, %	38	32	29
2	Underweight: prevalence in children under 5, %	16	10	10.5
3	Underweight non-pregnant women 15–49 years old with BMI less than 18.5 kg/m ² , %	12	8	7.2
4	Iron-deficiency anaemia: prevalence in under-5s, %	73	50	53
5	Iron-deficiency anaemia: prevalence in women 15–49 years old,	49	30	32
6	Vitamin A deficiency: prevalence in under-5s, %	33	13	9
7	Vitamin A deficiency: prevalence in women 15–49 years old,	20	12	
8	Low birth weight: new borns weighing less than 2.5 kg, %	13	9	10
9	Infants aged under 6 months who were exclusively breastfed:	60	75	66
10	Dietary diversification index: percentage of calories consumed from foods other than cereals and starchy	57	75	

	roots			
11	Calorie consumption: average daily energy intake per capita, kcal	2,220	2,500	1,883

Overall, Uganda under UNAP I made substantial progress in stunting, wasting and exclusive breast feeding. Despite the progress on stunting, further improvement is needed to achieve a classification of medium stunting severity (<20%) and to meet the World Health Assembly (WHA) target of reducing the absolute number of stunted children by 40% by 2025. The prevalence of wasting at 3.6% (UDHS, 2016) is generally low though it is still above what would be expected cut-off of 2.3% in a well-nourished population according to World Health Organisation cut-off.

The country performed poorly on other food security and nutrition indicators such as anemia among children and women of reproductive age and low birth weight and calorie consumption. Despite the achievements, holistic and coordinated implementation of multi-sectoral nutrition interventions needs to be strengthened and have a nationwide approach as opposed to concentrating in most food insecure and vulnerable areas of the country.

1.4.1 Challenges and Weaknesses in implementation of UNAP I

Nutrition specific

1. Majority of UNAP I nutrition specific interventions were implemented in specific areas/regions in the country and were not scaled-up nationwide.
2. Integration of preventive nutrition interventions e.g. growth monitoring and promotion into routine primary health care services is still weak.
3. Nutrition concerns are still treated as isolated interventions that mostly fall under the health sector which has led to limited participation of other sectors in nutrition activities.
4. Poor health seeking behaviours coupled with low literacy levels and ignorance led to low coverage and increased burden of diseases.

5. The scope of UNAP I was limited to children 0-5 years and women of reproductive age. There was limited coverage of other vulnerable groups such as adolescents, old persons, people living with disabilities and those with chronic illnesses.
6. There is limited focus on actions that target prevention and management of Diet Related Non-communicable Diseases (DRNCDs)
7. Lack of operational research to inform evidence based programming and scale up of essential nutrition actions

Nutrition Sensitive

1. There was low prioritisation of dietary diversity, food safety, post-harvest handling and nutrition security across the entire food system and within the government policies as compared to prioritisation of agricultural commercialization.
2. The potential of traditional and indigenous varieties and breeds for improved nutrition and food security was not harnessed.
3. There was inadequate integration of nutrition into agricultural extension pre-service and in-service curriculum.
4. Factors that increase production in shock prone areas such as climate smart agriculture, sustainable management of natural resources and access to resilient inputs were not covered.
5. There was limited collaboration with the Ministry of Trade and Industry (MOTIC) in promoting nutrition across the food system i.e. production, processing, transportation, marketing and retail.
6. Gender sensitive actions such as access to labour and energy saving technologies among women of reproductive age were not covered in UNAP I.
7. There was inadequate integration of nutrition to social protection programmes and income generating activities targeting poor and vulnerable households and communities.

8. There was inadequate prioritisation of behaviour and mindset change on production and consumption of nutritious foods.
9. Empowering communities especially on gender equality and role of women in ensuring good nutrition and wellbeing was not prioritised.
10. There was limited engagement and capacity building of Micro, Small and Medium Enterprises (MSMEs) in the food system on compliance to quality standards.

Enabling environment

1. UNAP I lacked comprehensive monitoring and evaluation plan which made it difficult to track UNAP I processes, output and performance indicators.
2. It was challenging to track financial resources and commitments due to absence of financial tracking system aligned to UNAP I.
3. Dissemination of UNAP I at the sub-national level and development of District Nutrition plans delayed leading to minimal participation of local governments in implementing UNAP I.
4. There was inadequate coordination within government i.e. between specialized sectors and District Local Governments (DLGS).
5. Lack of CSO, business and academia nutrition networks made it challenging to coordinate nutrition within a multi-sectoral environment.

1.4.2 Existing Opportunities

Nutrition specific

1. Presence of MIYCAN plan which helps in aligning MIYCAN actions within MoH and across sectors.
2. Ongoing disease prevention and management programmes which present excellent platforms for scaling up essential nutrition actions.
3. Increased political will to scale up healthy diets and life style and address DRNCDs through the presidential initiative on healthy diets and lifestyle.
4. Transition of procurement of nutrition commodities to the National procurement system provides an opportunity for government financing.

Nutrition sensitive

1. Scaling up of initiatives aimed at taking advantage opportunities for improved nutrition in the food systems i.e. production, processing, transportation, marketing and consumption of nutrient dense and safe food.
2. Lessons learnt from ongoing programs like the Uganda Multi-sectoral Food security and Nutrition Project (UMFSNP).
3. Recently launched technical working groups such as the National Bio-fortification Technical Working Group and National Food Safety Task Team.
4. Existing platforms for integrating nutrition in the school environment such as school gardening, school feeding, parents-teachers associations, co-curricular activities etc.

Enabling environment

1. The Nutrition Policy which aligns to major shifts in nutrition programming at the global, regional and national level.
2. Available guidelines and standards for programming, M&E financial tracking e.g. SDGs, ICN2, and SUN movement Principles of Engagement.

3. Ongoing process to develop NDP III which presents an opportunity to align nutrition actions and results across different sectors.
4. The National Information Platform for Nutrition (NIPN) initiative which aims to strengthen national capacity to manage and analyse multi-sectoral information on nutrition and disseminate for evidence based programming.
5. Increase in nutrition investment in Uganda e.g. global financing facility, Development Initiative for Northern Uganda (DINU), Development Partners (DPs) and CSOs funding.
6. Increased number of nutrition actors both at the national and sub-national level.
7. Ongoing expenditure review for nutrition exercise in Uganda will provide valuable information on effectiveness of public and development partner funding in achieving nutrition results.

1.5 Key Recommendations for UNAP II

Nutrition Specific Programming

1. Support implementation and scale up of MIYCAN action plan (2018-2025)
2. Increase coverage and scale of essential nutrition actions through integrating nutrition actions in routine health services.
3. Implement nutrition actions targeting the life cycle with increased focus on adolescent nutrition actions and prevention and management of DRNCs.
4. Support initiatives that aim at increasing coverage of community based preventive services.

Nutrition Sensitive Programming

1. Promote the role of trade and industry and private sector in ensuring access and consumption of nutrient dense, safe and diverse foods.

2. Scale up engagement with CSO's to promote nutrition sensitive agriculture.
3. Promote mind set change on production and consumption of nutrient dense foods as opposed to focus on agricultural commercialization.
4. Promote mainstreaming of nutrition to social protection and Sexual and Gender Based Violence (SGBV) prevention and management programs.
5. Enhance systematic engagement and capacity building of the private sector and MSMEs in the food system to comply with quality and standards.
6. Promote legislations and initiatives that target at incentivising producers of nutrient dense foods and dis-incentivising producers of processed high low nutrient dense foods e.g. starch, high sugar foods.
7. Strengthen integration of nutrition and home economics in agricultural extension services e.g. inclusion of nutrition in the extension services curriculum.
8. Prioritise food safety and postharvest handling.
9. Acknowledge role of private sector across the food system i.e. production, processing, transportation, marketing (link with MOTIC).
10. Prioritize climate change and sustainable management of natural resources.
11. Prioritise food safety and postharvest handling as part of nutrition sensitive agricultural interventions.
12. Enforce consumption of nutrient rich foods through mandatory industrial food fortification for major staples and bio-fortification.
13. Integrate nutrition in programmes that target to increase enrolment and completion of the education cycle

Enabling Environment

1. Prioritise implementation research to inform evidence based nutrition programming and scale up.

2. Develop and implement comprehensive M&E plan, resource mobilization and financial tracking plan, institutional and Capacity Development Framework and Nutrition Advocacy, Communication and Social Mobilisation (NACS) plan.
3. Prioritise dissemination of UNAP II at the sub-national level and support development of District Nutrition Action Plans (DNAPs).
4. Conduct detailed review and revision of legislations and policies across relevant sectors

1.6 Target Audience of UNAP II

At the policy level, UNAP II targets MDAs policy makers and planners who are responsible for developing policies and plans and allocating resources. UNAP II provides information on strategic priorities and the cost of scaling up nutrition actions in each sector. At the operational level, UNAP II targets government and non-governmental actors (CSOs, private sector and faith-based organizations) responsible for nutrition programme implementation and service delivery at all levels. UNAP II implementation framework, MEAL Framework and program based monitoring framework provides guidance on actions to be implemented by each sector, resources needed to implement activities and performance indicators to be tracked in each sector. UNAP II will also provide information and platform to academic and research institutions interested in conducting research on nutrition. Additionally, UNAP II targets development partners, CSOs and private sectors who provide financial and technical assistance for nutrition. Joint efforts from all constituencies will ultimately ensure effective delivery and utilization of nutrition services by children under 5 years of age, adolescents, school age children, girls, pregnant and lactating women including older persons.

CHAPTER TWO

2 NUTRITION SITUATION ANALYSIS

2.1 Introduction

Adequate provision of nutrients, beginning in early stages of life and throughout the life cycle, is crucial in ensuring optimal physical and mental development and long-term health. Inadequate availability, access and utilisation nutrient dense safe foods and health services couple with poor care giving and feeding leads to micronutrient deficiencies (low vitamins and minerals), undernutrition (stunting, wasting and underweight), over nutrition (overweight and obesity) and diet-related non-communicable diseases (DRNCDs). Overnutrition, undernutrition and DRNCDs often co-exist in one individual, a term referred to as “the emerging double burden of malnutrition”. Undernutrition, including micronutrient deficiencies, affects mainly children and women of reproductive age, especially during the first 1,000 days, of life due to their high nutrient requirements. Obesity and DRNCDs affect mainly women of reproductive age and adults in general. UNAP II seeks to address all forms of malnutrition in Uganda while ensuring vulnerable groups such as infants, young children, women of reproductive age and adolescent are given special attention.

The situation analysis presents nutrition outcome trends, immediate and underlying determinants with appropriate level of disaggregation in line with the prevailing epidemiological, political, socioeconomic, organizational context.

2.2 Nutrition Trends

2.2.1 Child Nutrition Status

Child wasting, stunting and overweight

Recent (2018) comprehensive nutrition situation analysis by UNICEF² showed that the prevalence of wasting³ in Uganda in 2016 (3.6%) was just above what would be expected cut-off of 2.3% in a well-nourished population according to World

Health Organization (WHO) standards. It is worth to note that the national level wasting prevalence also masks high levels of wasting at regional level⁴, particularly in Karamoja and West Nile⁵, where the prevalence of wasting increased over 10% in 2016 as shown in figure 1. The cause of the recent increase in acute malnutrition the two

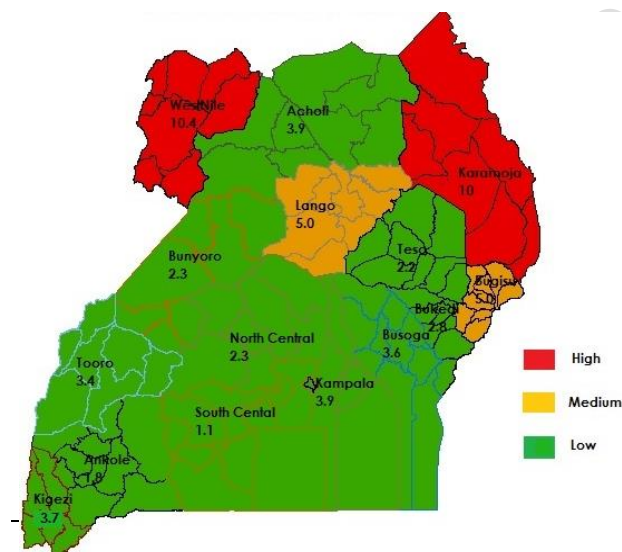


Figure 2-1: Partial distribution of wasting in children under 5 in Uganda

³ Wasting, or acute malnutrition, in this report is defined using weight-for-height. The Uganda 2010 Integrated Management of Acute Malnutrition Guidelines promote screening for acute malnutrition based on multiple criteria: weight-for-height, mid-upper arm circumference, visible signs of wasting, or bilateral pitting oedema. Of the four criteria, only weight-for-height was included in a national level, household survey in the country.

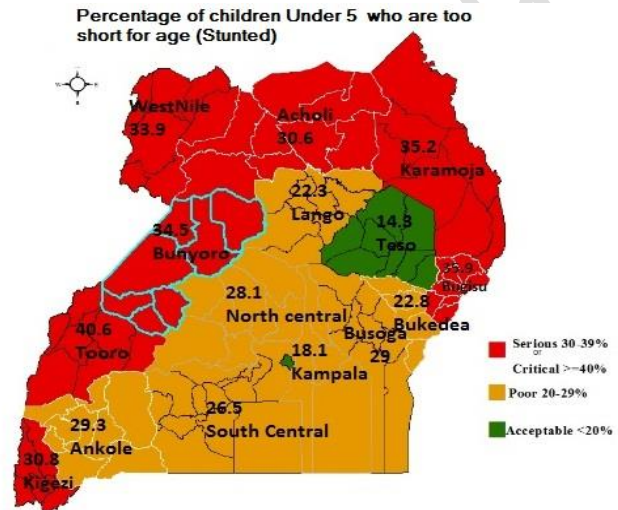
⁴ There is no regional administrative structure in Uganda. The regions used in this report were defined in the 2016 UDHS.

⁵ In West Nile, the prevalence of severe wasting (5.6%) was extremely high, but the mean weight-for-height z-score (-0.3) was not excessively low, which is a discrepancy that requires further analysis.

regions is associated with poverty and frequent climatic shocks.

Over the last 15 years, there was a substantial reduction in the prevalence of child stunting, with national prevalence dropping from 45% in 2000 to 29% in 2016. According to the (WHO) classification, Uganda moved from very high to high severity of stunting, by dropping below the 30% prevalence threshold.

Uganda is on track to achieve the government target of reducing the prevalence of child stunting to 25% by 2019/20. Despite the progress on stunting, further improvement is needed to achieve a classification of medium stunting severity (<20%) and to meet the World Health Assembly (WHA) target of reducing the absolute number of stunted children by 40% by 2025.



For child stunting, there is substantial economic disparity, with the prevalence of stunting in each of the poorest three wealth quintiles nearly double that of the richest quintile. At the regional level there was variability in stunting, the prevalence was generally highest in the areas that had the highest poverty (Figure 2). It is important also note that 4 in every 10 children born to mothers with no education were stunted compared to 1 in every 10 children born by educated mothers (UDHS, 2016).

Figure 2.2: Distribution of stunting in children under 5 by region in Uganda

A steady decline in the prevalence of underweight from 19.0% to 16.4% to 14.1% to 10.5% in 2000, 2006, 2011 and 2016 respectively mirrors the reduction in stunting. At 3.7%, the prevalence of child

overweight is not a critical public health issue at the national level and it appears there was no increase in child overweight from 2011 to 2016 (Figure 3).

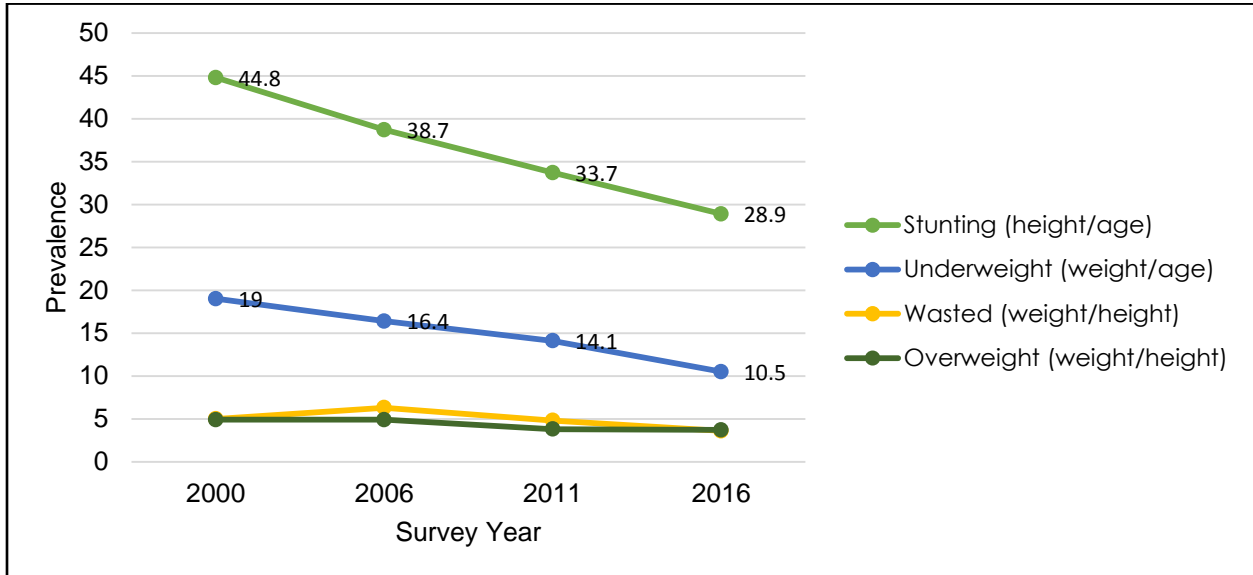


Figure 2.3: Trends in anthropometric indicators of child nutritional status

The European Commission's International Cooperation and Development projections⁶ shows that stunting is projected to continue decreasing as presented in Figure 4. UNAP II has put in place strategies to ensure that the projected steady decrease in stunting is maintained.

⁶ Source: International Cooperation and Development, European Commission (http://ec.europa.eu/europeaid/uganda-nutrition-country-fiche-and-child-stunting-trends_en)

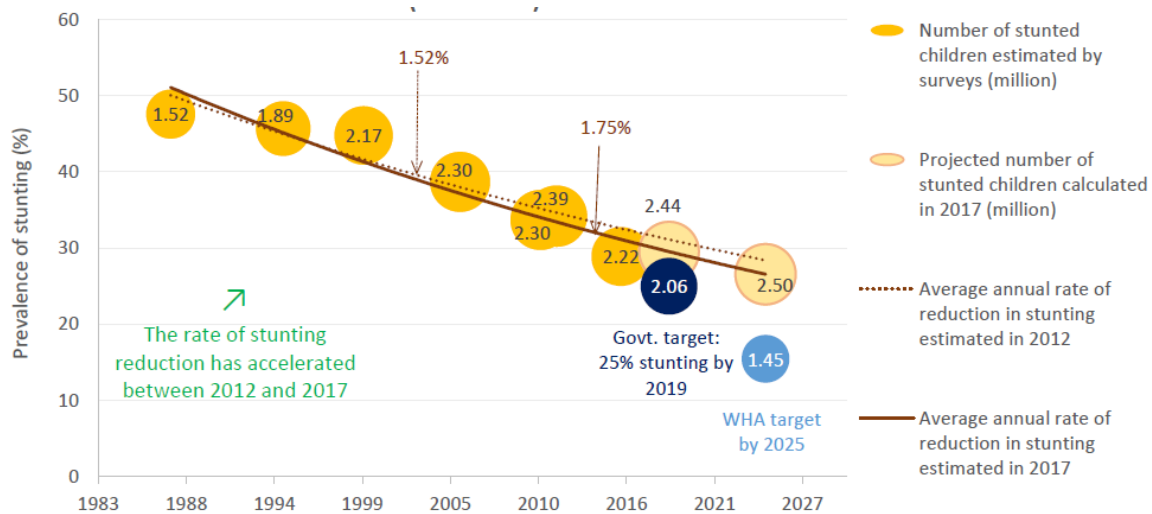


Figure 2 4: Uganda Trend, projection and targets in the prevalence and number of children under five stunted.

2.2.2 Child micronutrient deficiency

Child anaemia⁷

The prevalence of anaemia among children age 6-59 months dropped sharply from 73% in 2006 to 49% in 2011 before increasing slightly to 53% in 2016. This prevalence is well above the WHO cut-off to define a serious public health problem ($\geq 40\%$).

⁷ The aetiology of anaemia in Uganda is still not well understood, there is no current information on the percentage of anaemia that is caused by iron deficiency.

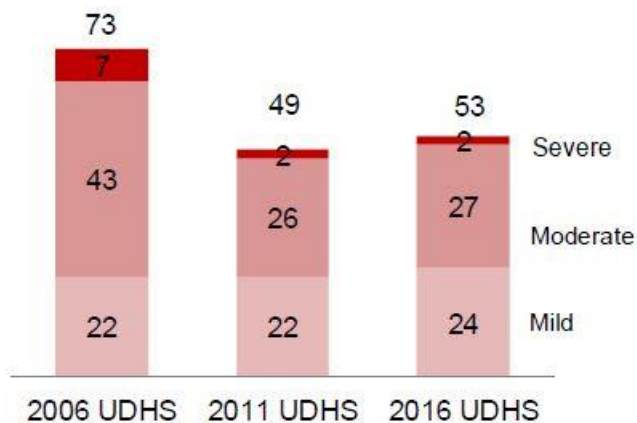


Figure 2.5: Trends in childhood anaemia

anaemia; 71% of children in Acholi region are anaemic, as compared with 32% of children in Kigezi region and 31% of children in Ankole region. The prevalence of anaemia in children age 6-59 months decreases with increasing mother's education and household wealth.

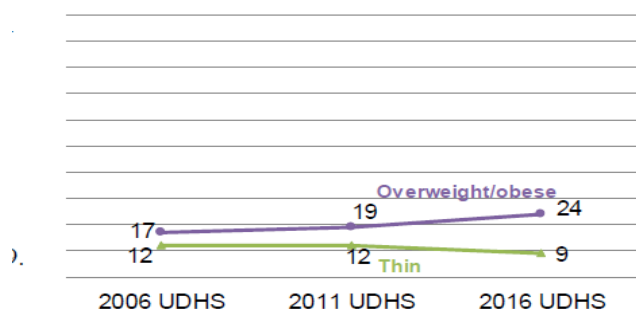
Child vitamin A deficiency

After adjustment of UDHS 2016 data, 9% of children age 6-59 months have vitamin A deficiency (<0.825 µmol/L) which presents a substantial decline from 33% in 2011. This decline requires further investigation to confirm the prevalence and understand key drivers behind the significant change. UDHS, 2016 established that children whose mothers have more than secondary education and children from households in the highest wealth quintile are less likely than other children to have vitamin A deficiency.

2.2.3 Adolescent and Adult Women Nutrition Status

Figure 11.8 Trends in women's nutritional status

Percentage of women age 15-49



The prevalence of anaemia is higher among younger children (age 6-23 months) than older (age 24-59 months) children, with a peak prevalence of 78% among children age 9-11 months which can be associated with poor complementary feeding practices. There is regional

variation in the prevalence of

In 2016, 9% of women age 15-49 years were moderately or severely thin (body mass index <18.5). As was the case with child undernutrition, there was

substantial geographical variation in thinness among women of reproductive age. Karamoja had the highest proportion (12%) of moderately or severely thin women. Maternal thinness and short stature can lead to low birth weight and reduced child height through intrauterine growth restrictions. The situation is worsened by the fact that 25% of women age 15-19 in Uganda had begun childbearing in 2016 which further predisposes their babies low birth weight (UDHS, 2016).

Over 2 in 10 (24%) non-pregnant women 15-49 years are obese and overweight (BMI >25). One-third (34%) of urban women are overweight or obese, as compared with one-fifth (20%) of rural women. The proportion of women who are overweight or obese increases with increasing education and wealth, 8% of women in the lowest wealth quintile are overweight or obese, compared with 42% of women in the highest wealth quintile.

2.2.4 Adolescent and Adult women micronutrient Deficiency

From 2006 to 2011, there was a large decrease in the prevalence of anaemia among women of reproductive age (Figure 6), resulting in reclassification from a severe public health problem to a moderate public health problem, according to WHO classification criteria. As was the case with child anaemia, there was substantial sub-national variation in anaemia prevalence⁸ among women; and the geographic variation was similar to child anaemia. For the richest wealth quintile, anaemia prevalence was 25% in 2016. As with children, there is no evidence of the etiology of iron deficiency anaemia for women of reproductive age. The high level in the richest wealth quintile suggests that non-nutritional causes may be important factors in the country. In

Figure 2 6: Trends in women's nutritional status

⁸ The aetiology of anaemia in Uganda is still not well understood, there is no current information on the percentage of anaemia that is caused by iron deficiency.

2016, the prevalence of anaemia among girls 15-19 years of age was 33%, which was not meaningfully different from the prevalence among all age groups (32%).

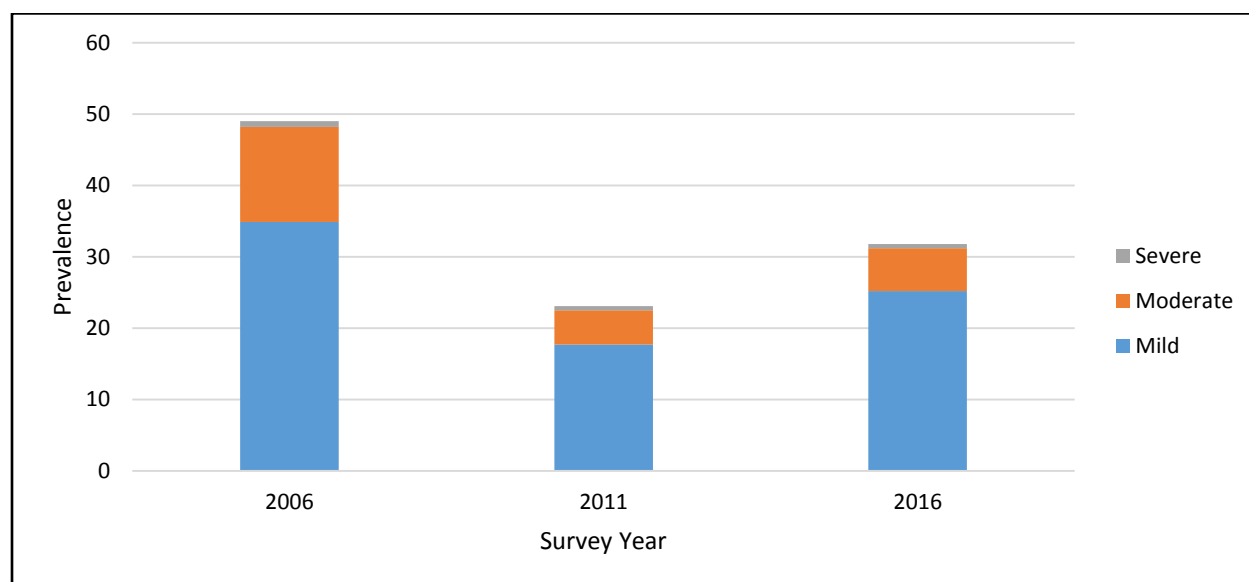


Figure 2.7: Trends in anaemia among women of reproductive age.

2.3 Causes of malnutrition in all its forms in Uganda

Malnutrition is a result of complex set of multiple and interacting factors at different levels. Causes of malnutrition at all levels must be tackled in order to achieve sustained improvements in nutrition outcomes. Immediate causes include poor dietary intake, disease burden and physical inactivity. Immediate causes are majorly driven by factors at the household and community level which include: poor water, sanitation, hygiene and food safety; inadequate health services; inadequate care and feeding practices and behaviour; insufficient supply and access to healthy foods and sedentary lifestyle and behaviours. Basic causes revolve around sociocultural, economic and contextual factors which negatively influence communities and households access to adequate resources, capital services as shown in Figure 2.

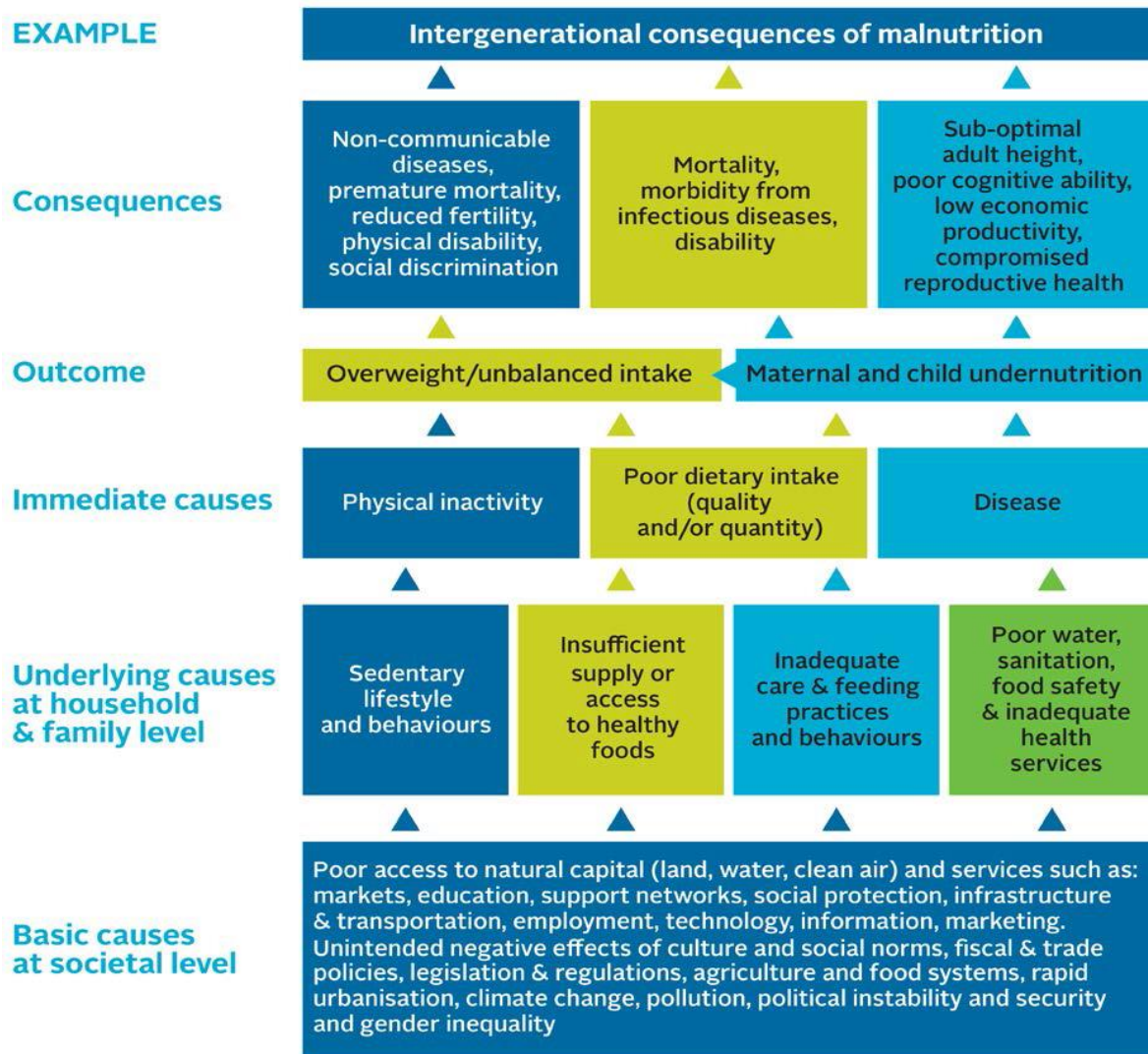


Figure 2.8: Conceptual Framework of malnutrition⁹

2.3.1 Immediate and Underlying Causes

Disease burden

Infection and malnutrition have a synergistic interaction. Frequent infections precipitate malnutrition by leading to loss of appetite, increased metabolic rate, increased nutrient requirements and loss of nutrients. Malnutrition on the other

⁹ Source: ASEAN/UNICEF/WHO (2016) Regional Report on Nutrition Security in ASEAN, Volume 2, Bangkok, UNICEF

hand causes reduction of the body's ability to fight infections which worsens the severity of infections. Consequently, infections can cause malnutrition and malnutrition can increase severity of infections.

Malaria, respiratory infections, HIV, meningitis and tuberculosis still are the leading causes of morbidity and mortality in Uganda. The burden of disease especially among children under five remains high in Uganda. UDHS 2016 established that 30% of children age 6-59 months tested positive for malaria according to rapid diagnostic test (RDT) results, 33% had fever and 20% had diarrhoea episode in the 2 weeks preceding the survey. UDHS 2016 further showed only 19% of households used an improved toilet facility, 21% of households were accessing water from unimproved sources while 55% of children 12-23 months had received all basic vaccinations by the time of the survey. This shows that inadequate WASH, poor access to health services and food safety issues remain as important causes of the disease burden.

Malnutrition alleviation efforts should therefore move hand in hand with disease prevention, control and management efforts. UNAP II has prioritized integration of nutrition in prevention, control and management of infectious and non-communicable diseases.

Dietary and lifestyle changes

Obesity and overweight are risk factors for DRNCDs such as diabetes and cardiovascular diseases. Adult overweight and obesity is now emerging as a public health problem particularly in some regions of the country such as Kampala and Central I. Nationwide 24% of women and 9% of men age 15-49 are overweight and obese according to UDHS 2016 findings. The situation is likely to be worse in future since the current undernourished children are at higher risk of being overweight and obese (GNR, 2017). This is exacerbated by lifestyle transitions that encourage consumption of unhealthy foods (e.g. fatty and calorie dense foods) and limited physical activity as the country becomes

affluent. It is important to implement healthy and lifestyle interventions to prevent overweight and obesity.

Food insecurity and hunger

Despite Uganda being predominantly an agricultural economy, the country still remains food insecure, and consequently has experienced persistent instances of hunger. According to FAO (1996), a country is said to be food secure when people have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for active and healthy life. Essentially, food security encompasses four dimensions: food availability; economic and physical access to food; food utilization and stability over time.

Over 68% of Uganda's population are engaged in subsistence agriculture production. The country has good soils, bi-modal climate and abundant water sources that can be harnessed for increased agricultural production but food insecurity persists. The major underlying factors to food insecurity are: low agricultural productivity (erratic weather patterns, pests and disease epidemics, limited land tenure system, prominence of smallholder farming thus making it expensive to service, limited access to extension services); high post-harvest losses; food safety; low household incomes; unregulated cross border trade in food products; and lack of household and national food reserves. The lack of food redistribution mechanisms also fails to leverage food surplus in one region to cater for scarcity in another region.

Hunger in the country especially in rural areas, is severe and of national concern. As of January, 2017¹⁰, an estimated 10.9 million people in Uganda were experiencing acute food insecurity situation, of which 1.6 million were in crisis reflecting high magnitude of hunger. Among the districts that were worst affected in 2017 include; those in Teso region, Isingiro, Butaleja and Kasese. The

¹⁰Integrated Food Security Phase Classification (IPC) report, 2017

situation of school feeding also portrays serious hunger given that about 66% of the school going children do not access school meals. The recurrent hunger situation in the country is largely attributed to food insecurity.

The Cost of Hunger in Africa (COHA) study in Uganda placed the annual cost associated with childhood under nutrition and hunger at an equivalent of 5.6% of the Gross Domestic Product. Estimates based on the Integrated Phase Classification (IPC) on food security by the Uganda IPC Technical Working Group show that the proportion of the national food secure population has declined from 83% in July 2016 to 69% in January, 2017. The country's Food and Nutrition Security (FNS) ranking remains low and lags behind other Sub-Sahara Africa countries. Based on the Global Hunger Index (GHI), Uganda was ranked 87 out of 118 developing countries in 2016 (IFPRI et al., 2016). UNAP II has identified various food system approaches that will ensure that households sustainably produce, access and consume diverse, safe and nutrient dense food.

Care and feeding practices

Infant and young child feeding (IYCF): Breastfeeding

Breastfeeding is nearly universal in Uganda. In 2016, 98% of children 0-1 month of age were breastfed. Close to 90% of children started breastfeeding within one day of birth and 66% started breastfeeding within one hour. Early initiation of breastfeeding (within one hour) became more common from 2000 to 2016, and there was a corresponding drop in prelacteal feeding. There is regional variation in the initiation of breastfeeding; 93% of children in Karamoja region start breastfeeding within 1 hour of birth, as compared with 50% children in Bukedi region. The percentage of children who start breastfeeding within 1 hour of birth decreases as mother's education increases.

The percentage of children under six months of age exclusively breastfed remained above 60% from 2000 to 2016. Exclusive breastfeeding declines with age, from 83% among children age 0-1 months to 69% among those age 2-3

months and 43% among those age 4-5 months. The proportion of children who are breastfeeding and consuming complementary foods first increases with age (peaking at 87% among children age 9-11 months) and then falls among children age 12-23 months (as older children stop breastfeeding). The median duration of breastfeeding among children born in the 3 years before the 2016 UDHS is 19.8 months with half of all children having stopped breastfeeding before they are 20 months. Children in rural areas breastfeed for longer (20.4 months) than children in urban areas (17.8 months). Children in the lowest wealth quintile breastfeed for longer (21.2 months) than children in the highest wealth quintile (17.2 months). The findings above show that various contextual issues affect optimal breastfeeding practices especially continued breastfeeding up to 2 years. There is need to ensure that MIYCAN actions contextualised to respond to various challenges experienced by communities.

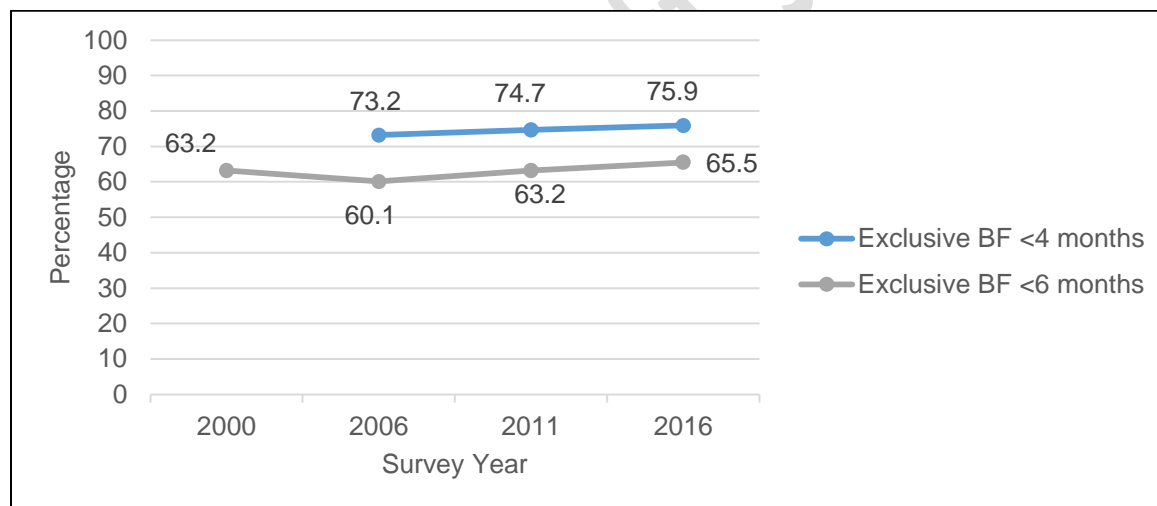


Figure 2.9: Trends in exclusive breastfeeding

Infant and young child feeding (IYCF): Complementary feeding

The proportion of children aged 6-23 months who received the minimum number of meals remained low in 2016, at 42%. Similarly only three in 10 (30%) children 6-23 months were fed according to minimum dietary diversity. The

proportion of children receiving the minimum acceptable diet (those achieving minimum meal frequency and minimum dietary diversity)¹¹ was alarmingly low, at 15%. There is regional variation in the proportion of children age 6-23 months receiving the minimum acceptable diet, from 3% in Acholi region to 27% in Ankole region (UDHS, 2016). The proportion of children age 6-23 months receiving the minimum acceptable diet rises with increasing mother's education, from 10% among children whose mothers have no education to 26% among children whose mothers have more than a secondary education.

It is evident that minimum meal frequency and minimum dietary diversity are major contributors of sub-optimal infant and young child feeding practices and malnutrition in Uganda. UNAP II has prioritised support to actions that target at improving complementary feeding such as social behaviour communication and development and promotion of region specific recipes for complementary foods. UNAP II has also created viable linkages complementary actions and actions that sustainably produce, access and consume diverse, safe and nutrient dense food.

¹¹ Percentage of all children 6-23 months of age. Minimum dietary diversity is 4+ food groups, and minimum frequency is 2-4+ times depending on age and breastfeeding status. Minimum acceptable diet is a composite indicator of frequency and diversity. Dietary diversity and minimum acceptable diet restricted to 2016 due to concern over comparability with previous years.

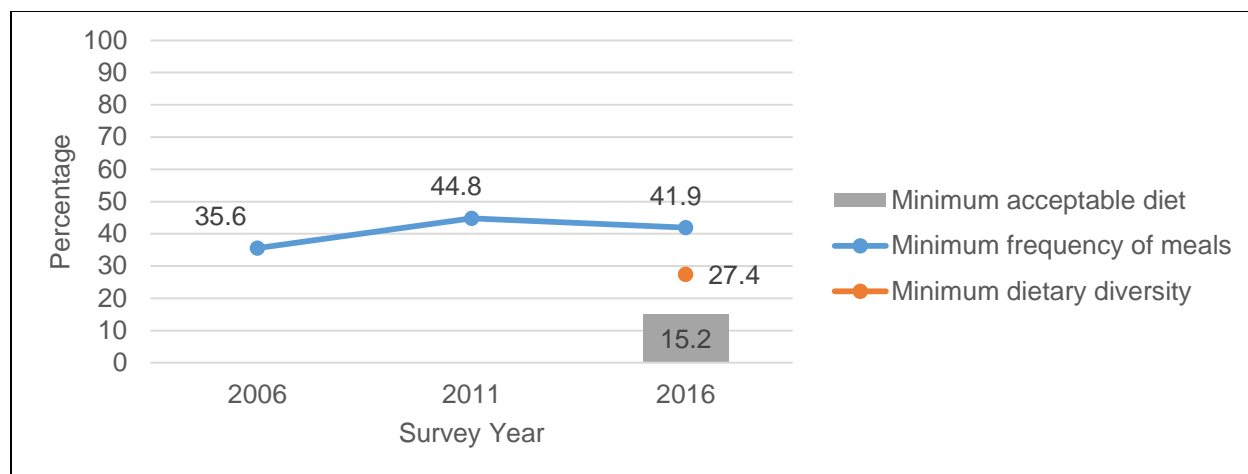


Figure 2.10: Achievement of minimum meal frequency and minimum acceptable diet

2.3.3 Basic causes

Basic causes of malnutrition manifest at the societal level. Review of the nutrition situation identified the following basic causes of malnutrition in Uganda:

Nutrition Specific

- Entrenched cultural and social norm and economic conditions which negatively affect feeding practices and lifestyle choices
- Low literacy levels and ignorance leading to low utilisation of nutrition specific and nutrition sensitive services by communities.
- Inadequate planning, resource mobilization, financing and tracking nutrition investments.

Nutrition Sensitive

- Inadequate participation of women in development and income generating activities.
- Poverty, low household income and limited access to social protection programmes and support networks
- Frequent climatic shocks in regions such as Karamoja limits agricultural productivity leading to low household income.
- Increasing trend of urbanisation and change in diets and lifestyle is a risk factor for overweight and obesity.
- Infrastructural, technological, trade and marketing barriers that negatively affect production and consumption of nutrient dense foods.

Enabling environment

- Limited resources to scale up health, WASH and agricultural interventions which function as platforms for delivering nutrition services.
- Limited capacity of institutions and human resource to effectively coordinate nutrition actions.
- Inadequate collection, analysis, dissemination and use of evidence to influence nutrition actions

2.4 Consequences of malnutrition

Poor nutrition during the first 1000 days of life from pregnancy to the second birthday of a child's life causes life-long irreversible damage with consequences at individual, community and national levels. Malnourished children are more prone to repeated episodes of ill-health and are at higher risks of death than well-nourished children. In 2013, the total cost of under-nutrition was as estimated to about 5.6 % of Uganda's gross domestic product (GDP), consisting of 4 % of GDP loss of labour productivity, 1.6 % in health and 0.5 % in education (COHA, 2013).

Consequences of Malnutrition if Not Addressed

568,000

lives of children under 5 will be lost related to **stunting**

272,000

lives of children under 5 will be lost related to **wasting**

1.1 million

Children will be born with irreversible brain damage with a decrease in IQ related to **maternal iodine deficiency**

almost **15,000**

mothers' lives will be lost related to **maternal anaemia**

221,000

lives of children under 5 will be lost related to **vitamin A deficiency**

82.1 million

equivalent school years of learning will be lost related to **stunting**

363,000

lives of children under 2 will be lost related **poor breastfeeding practices**

Stunting alone will result in **UGX 19 trillion** in economic productivity losses if these problems are not addressed by 2025.

Malnutrition affects human capital development and productivity through losses in productivity caused by poor school performance, impaired cognitive development leading to low educational attainment, prolonged and

Figure 2.11: Consequences of malnutrition (COHA, 2013)

repeated morbidity impacting on lower wages for non-manual workers and increased health costs

associated with treatment of malnutrition and related diseases. Childhood under nutrition is associated with overweight, obesity diabetes, hypertension, gout, some cancers and heart disease in adulthood. Effects of malnutrition can affect the entire generational cycle and be passed from one generation to the next.

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CHAPTER THREE

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3 UNAP II STRATEGIC DIRECTION

3.1 UNAP II Theory of Change

The Lancet framework for actions to achieve optimum foetal and child nutrition and development (Black *et al*, 2013) describes how nutrition specific and nutrition sensitive approaches and programmes implemented in an enabling environment translate to optimal nutrition status and development during the life course as shown in figure 11 below.

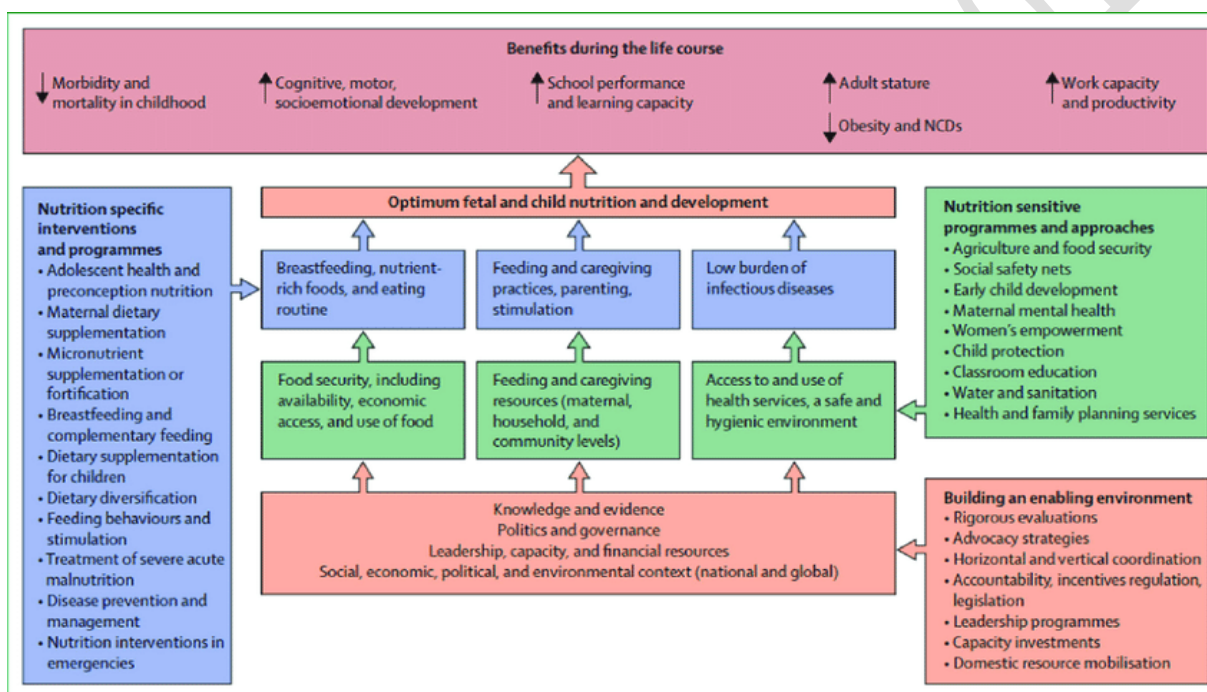


Figure 3.1: Lancet Framework for actions to achieve optimum foetal and child nutrition and development (Black *et al*, 2013)

UNAP II theory of change (detailed in Figure 12) has been informed by the Lancet framework for actions to achieve optimum foetal and child nutrition and development. In addition to nutrition specific, nutrition sensitive and enabling environment strategies, the UNAP II theory of change acknowledges the current situation and assumptions that must hold true for UNAP II goal to be achieved.

The current nutrition situation in Uganda requires a mix of nutrition specific and nutrition sensitive strategies and enabling environment for scaling up nutrition actions. It is important to note that enabling environment strategies aimed at

strengthening nutrition governance, ensuring coherent policy, legal and institutional frameworks and strengthening nutrition information and evidence for effective decision making, play a catalytic role in promoting implementation of nutrition specific and nutrition sensitive actions.

UNAP II will ensure that viable linkages between nutrition specific and nutrition sensitive strategies is established since nutrition sensitive approaches act as delivery platforms for increased coverage of nutrition specific interventions. Promotion of production, access and utilisation of diverse, safe, nutrient dense food through agricultural and social protection strategies, coupled with promotion of MIYCAN practices will lead to improved dietary diversity and micronutrient intake. Integration of essential nutrition actions in prevention and management of infectious and non-communicable diseases together with increased access to WASH services will contribute to reduced disease burden.

UNAP II outputs will be achieved with the assumption that quality nutrition information and sufficient financial and human resources (adequate number of skilled human resources) will increase coverage of quality nutrition services. It is also assumed that adequate support to the target groups will result to change in behaviours and practices and ultimately lead to sustained utilisation of nutrition services. Sustained achievement of main UNAP II intermediate outcomes will lead to improved nutrition status among children under 5 years of age, adolescents, school age children, pregnant, lactating women and other vulnerable groups by 2025.

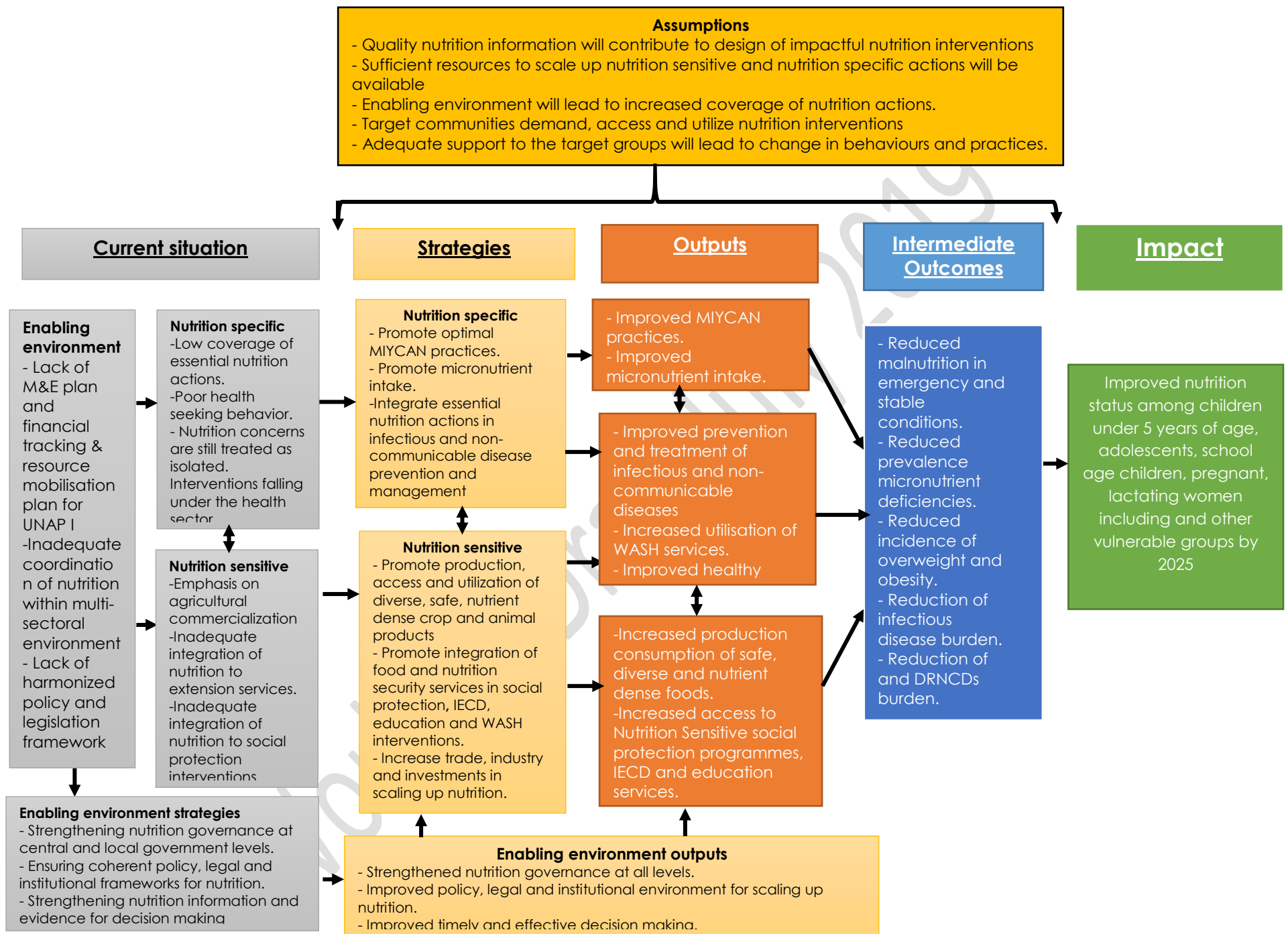


Figure 3 2: UNAP II (2019-2025) theory of change

3.2 Vision and Goal

Vision: A well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Uganda.

Goal: To improve nutrition status among children under 5 years of age, adolescents, school age children, pregnant and lactating women and other vulnerable groups by 2025.

3.3 Objectives and Primary Outcomes

Objectives

Over the planned period 2018-2025, UNAP II seeks to:

- **Objective 1:** Increase access to and utilization of nutrition specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups.
- **Objective 2:** Increase access and utilization of nutrition sensitive services by children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups.
- **Objective 3:** Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services.

Primary outcomes

Achievement of the UNAP II goal will be measured through a set of primary outcomes. The primary outcomes align to global, regional and targets that the country has committed to attain. They include WHA targets, SDG targets, SUN MEAL Framework indicators, ICN 2, NDP, Draft NNP and National Standards Indicator (NSI). More information on primary outcomes and targets is provided in UNAP II M&E Framework (Annex 2).

Below are UNAP II primary outcomes to be achieved by 2025:

- 40% reduction in the number of children under-5 who are stunted.
- 50% reduction of anaemia in women of reproductive age.
- 30% reduction in low birth weight.
- Reduce and maintain childhood overweight to less than 3%.
- Achieve an increase the rate of exclusive breastfeeding in the first 6 months up to at least 70%.
- Reduce and maintain childhood wasting to less than 3%.
- 30% relative reduction in mean population intake of salt/sodium.
- 25% relative reduction in the prevalence of raised blood pressure.
- A 10% reduction in prevalence of insufficient physical activity.
- No increase in the prevalence of obesity.
- No increase in the prevalence of diabetes.

3.4 Intermediate Outcomes

Nutrition specific intermediate outcomes:

- Improved Maternal, Infant, Young Child and Adolescent (MIYCAN) nutrition practices.
- Reduction of micro nutrient deficiencies among children, adolescents and women of reproductive age.
- Reduction of malnutrition in stable and emergency situations.
- Reduction of infectious diseases related to nutrition among children under 5 years.
- Reduction of Diet Related Non Communicable Diseases (DRNCDs).

Nutrition sensitive intermediate outcomes:

- Increase production, access and consumption of safe, diverse and nutrient dense foods.
- Increased access to nutrition sensitive social protection programmes.
- Increased access to integrated early childhood development (IECD) services.
- Increased access to efficient and quality education and sports for all.
- Increased access to Water Sanitation and Hygiene services.
- Increased trade, industry and investments in scaling up nutrition.

Enabling environment intermediate outcomes:

- Improved nutrition governance for scaling up Nutrition.
- Mechanism for nutrition evidence and knowledge management along with multi-sectoral nutrition information system strengthened and institutionalized for decision making.

3.5 Strategies and Priority Actions

Objective 1: Increase access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons.

Strategy 1.1: Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices.

Priority Actions

- Implement the Baby Friendly Initiatives in health facilities, communities and workplaces.
- Promote optimal breastfeeding practices.
- Promote optimal complementary feeding practices.
- Promote healthy eating and lifestyle practices among adolescents girls, women of reproductive age and pregnant and lactating mothers
- Integrate growth promotion and monitoring services at health facility and community level.

Strategy 1.2: Promote micronutrient intake among children, adolescents and women of reproductive age

Priority actions

- Provide Vitamin A supplementation for children 6-59 months.
- Scale up and strengthen systems for consumption of iodized salt.
- Promote Iron Folic Acid (IFA) supplementation among adolescent girls and pregnant women
- Promote increased consumption of micronutrient rich foods.

Strategy 1.3: Increase coverage of management of acute malnutrition in stable and in emergency situations

Priority actions

- Integrate the management of severe and moderate acute malnutrition into routine health services targeting children and women in refugee camps, host communities and other areas in the country.

Strategy 1.4: Integrate nutrition services in prevention, control and management of infectious diseases.

Priority actions

- Promote Use of Oral Rehydration Solution (ORS) and Zinc in diarrhoea treatment among children.
- Provide deworming medications targeting children from 1-14 years.
- Integrate nutrition in actions that promote universal coverage of routine immunization services.
- Integrate nutrition in actions that prevent and improve management of infectious diseases (diarrhoea fevers and malaria, HIV/AIDS, TB and ARIs children under 5 years and pregnant women and lactating mothers).
- Promote access and utilisation of Antenatal care (ANC) services

Strategy 1.5: Integrate Nutrition services in prevention, control and management of non-communicable diseases

Priority actions

- Promote healthy eating (optimal diet) and lifestyle practices in households and communities.
- Strengthen capacity of healthcare providers on prevention and management of DRNCDs at all levels.
- Promote initiatives that prevent and control DRNCDs e.g. presidential initiative on lifestyle diets.
- Mobilise public and private sectors, civil society organisations and other stakeholders in promoting healthy diets and lifestyles.
- Implement public and private sector measures to mitigate DRNCDs.

Objective 2: Increase access to and utilization of nutrition sensitive services by children under 5 years, adolescent girls, pregnant and lactating women and older persons.

Strategy 2.1: Promote production of diverse, safe and nutrient dense crops and animal products at household level.

Priority actions

- Support access to improved technologies with focus on climate smart technologies for increased production of diverse, safe, nutrient dense crop and animal products.
- Support production of nutrient dense indigenous and underutilized plant, fisheries and animal resources.
- Support farmers to access critical farms inputs for improved production.
- Create awareness and support farmers to access gender sensitive labour and energy saving technologies.
- Support initiatives that increase access to water for agricultural production.
- Intensify production of bio and industrial fortified foods.
- Implement actions aimed at promoting consumption of fortified foods.

Strategy 2.2: Increase access to diverse, safe and nutrient dense crop and animal products

Priority actions

- Support agro-processing and marketing of diverse, safe, nutrient dense crop and animal products.
- Build capacity of farmers on postharvest handling technologies and value addition.
- Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources.

- Support agricultural enterprise mix with the aim of ensuring frequent (daily, weekly and monthly) flow of household income for improved access to safe, diverse, nutrient dense foods.

Strategy 2.3: Improve utilization of diverse, safe and nutrient dense crops, fish and animal products

Priority actions

- Integrate nutrition and home economics in agricultural research and extension.
- Support technologies and awareness campaigns that aim at ensuring food safety at the household level.
- Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods.
- Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources.
- Develop dietary guidelines and food composition tables.

Strategy 2.4: Promote integration of food and nutrition security services in social protection and SGBV programmes

Priority actions

- Mainstream nutrition interventions into social protection programmes and humanitarian assistance safety net programmes.
- Strengthen Gender Based Violence (GBV) prevention and management.
- Protect vulnerable children from abuse, exploitation, violence and neglect in homes.
- Implement income generating activities targeting the poor and vulnerable households and communities.
- Support initiatives that provide adequate housing for populations living in slums and informal settlements.
- Support activities that increase access to credit and financial services for women of reproductive age.

- Empower women on rights, gender equality and equity, their role in development among others.
- Support initiatives that create an enabling environment for women to participate in development initiatives.

Strategy 2.5: Increase access to Integrated Early Childhood Development (IECD) services

Priority actions

- Promote integrated nutrition and Early Childhood Development (ECD) services at the household, community and institutional levels.

3.4.2 Strategy 2.6: Increase access to efficient and quality education and sports for all

Priority actions

- Improve enrolment and completion of the education cycle (primary and post primary).
- Mobilise parents to take and keep girls in school.
- Conduct mobilization and sensitization of parents and communities on school feeding and nutrition.
- Establish and maintain school gardens for education purposes and as source of nutrients in schools.
- Support institutional and physical infrastructure for school feeding and nutrition.
- Integrate nutrition education and training in co-curricular activities.
- Support initiatives in schools that promote improved nutrition and wellbeing.

Strategy 2.7: Increased access to Water Sanitation and Hygiene services

Priority actions

- Increase provision of adequate safe drinking/potable water sources in communities, institutions and public places and services.
- Increase household and community access to sanitation and hygiene services.

- Mobilise communities on sustainable use of WASH services.
- Promote the integration of messaging on handwashing, hygiene practices, safe food preparation and storage with MIYCAN sensitization”
- Provide adequate water for production of adequate nutrient dense food.

Strategy 2. 8: Increase trade, industry and investments in scaling up nutrition

Priority actions

- Build capacity of local industries to adopt appropriate technologies for industrial food fortification and processing of nutrient dense foods.
- Support industrial uptake and value addition of bio-fortified crops.
- Enforce surveillance for enhanced compliance of the mandatory food fortification regulations.
- Build capacity of Micro, Small and Medium Sized Enterprises (MSMEs) in the food sector with compliance to quality and standards.
- Support traders and processors of foods to form viable cooperatives.
- Mitigate non-tariff barriers that affect food and nutrition.

Objective 3: Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services

Strategy 3.1: Strengthen nutrition governance at central and local government levels.

Priority actions

- Strengthen nutrition coordination, partnerships and accountability at all levels.
- Improve planning, resource mobilization, financing and tracking nutrition investments.
- Support development and implementation of capacity development framework for nutrition at all levels.
- Strengthen advocacy, commitment and leadership for nutrition at all levels.

- Strengthen systems to promote multi-sectoral Social Behaviour Change Communication (SBCC) for nutrition at levels.
- Strengthen coherent policy, legal and institutional frameworks for nutrition at all levels.
- Strengthen implementation convergence for multi-sectoral nutrition actions.

Strategy 3.2: Mechanism for nutrition evidence and knowledge management along with multi-sectoral nutrition information system strengthened and institutionalized for effective decision making

Priority actions

- Design and implement a Monitoring Evaluation Accountability and Learning (MEAL) Plan for UNAP II.
- Develop a functional information platform for nutrition at national and local government level.
- Strengthen and scale up early warning systems, survey and surveillance on food and nutrition from community to national levels.
- Develop, disseminate and enhance use of evidence based nutrition knowledge products at all levels.
- Support development of sector specific research and assessment Plans for UNAP II.

3.6 Cross Cutting Themes

3.6.1 Gender Equality

Ending discrimination against women and girls and empowering them is central towards achieving UNAP II objectives. UNAP II development process mapped out immediate and underlying gender based issues that affect nutrition status of all population groups with specific focus on women and girls. This is because women and girls are more vulnerable to malnutrition and are primary caregivers of infants and young children. The information was used to identify strategies to address gender-based gaps. Nutrition specific services under UNAP II such as MIYCAN interventions put women and girls at the forefront while acknowledging men's role

in ensuring optimal nutrition at the household level. Moreover inclusion of nutrition sensitive actions in UNAP II such as; empowering women and girls on gender equality and their rights, GBV prevention and management, scaling up women's role in development and supporting farmers to access gender sensitive labour saving technologies are important in ensuring that gender transformative actions contribute to good nutrition. Lastly gender specific activities and outputs have been included in M&E framework and will be tracked during UNAP II implementation.

3.6.2 Gender Equality

The Ministry of Water and Environment (MOWE) Sector Development Plan (SDP) (2015) acknowledges strong linkages between optimal environmental and natural resources and health and agriculture. Environmental and natural resources in Uganda are under threat from both natural and man-made drivers including poverty, rapid population growth, unplanned urbanization, expansion of informal settlements, industrialization, and the impacts of climate among others. This has negative effect on production of adequate food and healthy environment which in turn contributes to malnutrition. UNAP II will support MOWE's goal of ensuring rational and sustainable utilization of natural resources through: (i) Promoting sustainable use of WASH infrastructure and services; (ii) Support access to improved climate smart technologies for increased production of diverse, safe, nutrient dense crop and animal products and (iii) Sustainable use of water for optimal agricultural production.

3.6.3 HIV/AIDS

The prevalence of HIV among adults aged 15 -64 years according to the Uganda Population-Based HIV Impact Assessment (UPHIA) (2017) is 6.2%. This corresponds to approximately 1.2 million people aged 15 to 64 years living with HIV in Uganda. The prevalence is higher among females (7.6%) as compared to males (4.7%). The prevalence of HIV among children aged 0-14 years is 0.5%

which corresponds to approximately 95,000 children living with HIV in Uganda. HIV has been identified as one of the leading causes of morbidity and mortality in Uganda. Since disease burden is an immediate cause of malnutrition, UNAP II has prioritised integration of nutrition services in the prevention and treatment of HIV/AIDS. Nutrition messages and services especially MIYCAN and IMAM services will be included in HIV/AIDS awareness creation, psychosocial support, counselling, care and treatment services.

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CHAPTER FOUR

4 UNAP II IMPLEMENTATION ARRANGEMENTS

UNAP II coordination structure is derived from the Institutional Framework for Coordination (NCP, 2016). Effective coordination is a critical component of nutrition improvement as it creates the necessary enabling environment for harmonisation, scale-up, mutual accountability and sustainability of nutrition actions. The following is a schematic presentation of UNAP II multi sectoral coordination framework at the national and Lower Local Government (LLG) level.

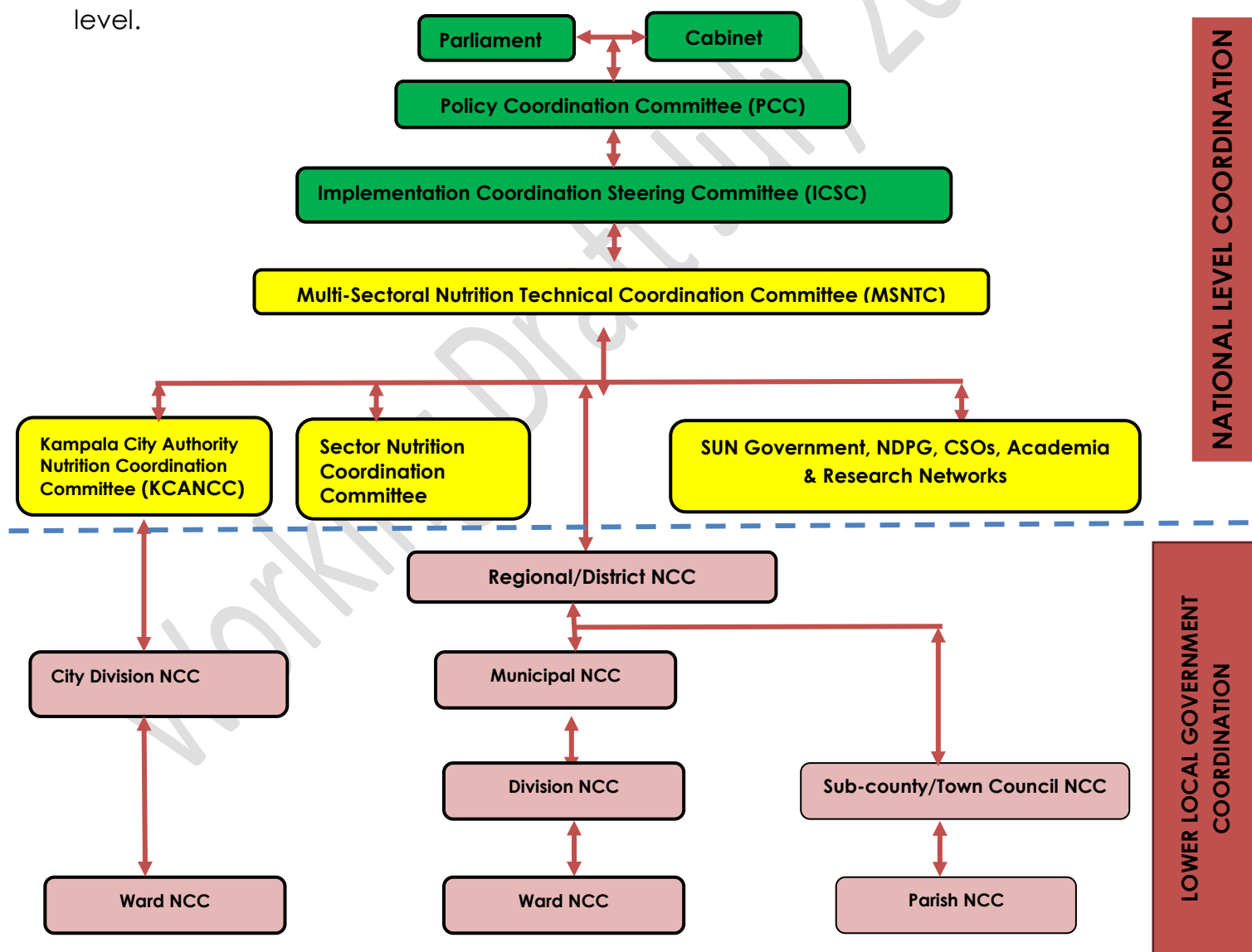


Figure 4.1: UNAP II coordination and implementation structure with stakeholder inter and intra coordination

4.1 National Level Coordination

Parliament

The Ugandan Parliament is the highest legislative body in Uganda. Its main function is to debate and pass relevant laws which create an enabling environment for nutrition programming. The parliament also debates and appropriates resources to MDAs and ensures transparent and accountable spending of allocated funds. Engagement of members of parliament on nutrition is important in ensuring that members of parliament effectively legislate nutrition relevant bills for enactment into Acts of parliament. It has helped them to perform an oversight role from an informed perspective.

Cabinet

Cabinet is the highest policy making organ of Uganda Government. In the context of nutrition programming, the cabinet is responsible for ensuring that nutrition relevant policies and planning frameworks are in place to allow effective implementation nutrition programmes.

Policy Coordination Committee (PCC)

The PCC is composed of cabinet ministers and chairpersons of government agencies implementing the National Nutrition Policy. The PCC is chaired by the Rt. Hon. Prime Minister and it reports to the Cabinet. The key role of the PCC is to oversee the implementation of the National Nutrition Policy. The Secretariat of PCC is within the Office of the Prime Minister in the department of Strategic Coordination and Implementation (SCI) and is led by the SUN Focal Point. PCC meets on annual basis to discuss implementation of the National Nutrition Policy.

Implementation Coordination Steering Committee (ICSC)

The ICSC is composed of Permanent Secretaries and Executive Directors of MDAs participating in the implementation of the Uganda Nutrition Action Plan. The ICSC is chaired by the Head of Public service/Secretary to cabinet and it

reports to PCC. The key role of the ICSCN is to direct the implementation of the UNAP II across MDAs. The ICSC secretariat is within the Office of the Prime Minister in the department of SCI. ICSC meets on an annual basis.

Multi-Sectoral Nutrition Technical Coordination Committee (MSNTCC)

The MSNTCC is composed of nutrition Focal Persons drawn from the SUN Networks. The MSNTCC is chaired by the Permanent Secretary, Office of the Prime Minister and reports to the ICSC. The key role of the MSNTCC is to provide technical advice and support to UNAP implementing sectors on the design of national and sectoral policies, strategies, plans and activities with the aim of ensuring that nutrition concerns are adequately addressed. The Secretariat of MSNTCC is within the Office of the Prime Minister in the department of SCI. MSNTCC meets on a quarterly basis.

NB: MSNTCC may work through thematic technical sub-committees when need arises e.g. when technical issues are being discussed.

Sector Nutrition Coordination Committee (SNCC)

The SNCC members are drawn from sectors and Nutrition Implementing Partners supporting relevant ministries. SNCC is chaired by the respective sector Permanent Secretaries and report to MSNTC. SNCC meetings are held on a quarterly basis. A Nutrition Focal Person appointed by the Permanent Secretary works as secretary to SNCC.

Kampala City Authority (KCA) Nutrition Coordination Committee

KCA Nutrition Coordination Committee members are drawn from the City Authority. The nutrition committee is chaired by Kampala City Authority Executive Director and reports to MSNTC. A Nutrition Focal Person appointed by the Executive Director works as secretary to KCCA Nutrition Coordination Committee. The key role of the KCCA Nutrition Coordination Committee is to provide technical advice and support to the KCCA to design relevant policies, strategies, plans and ensure that nutrition concerns are adequately addressed in the City Authority.

SUN Networks

Nutrition Development Partners Group (NDPG)

The NDPG members are drawn from Development Partners who are involved in financing and providing technical support to nutrition programmes in Uganda. The chairperson of the NDPG is selected from NDPG members. The NDPG reports to MSNTC. The key roles of NDPG are; to strengthen country ownership and leadership of nutrition programmes, build the knowledge base for nutrition, enhance integration of nutrition across sectors, ensure mutual accountability to achieve results, improve coordination, planning and information sharing and enhance policy dialogue. The NDPG meets on a quarterly basis.

SUN Civil Society Organizations (CSO) Network

The SUN Civil Society Organizations Network members are drawn from CSO implementing nutrition interventions. The chairperson of the SUN CSO Network is selected from within the member CSO. The key role of SUN CSO Network is to promote alignment of CSO programmes and resources with country plans for scaling up nutrition. The SUN CSO Network also takes lead in advocating nutrition issues and ensuring that there is mutual accountability of nutrition resources and results. The SUN CSO Network meets on a quarterly basis and reports to MSNTC.

SUN Business Network (SBN)

The SBN members are drawn from registered business associations, corporate bodies, and Public-sector agencies involved in the food system and nutrition sector. The chairperson is selected from SBN members. The SBN key role is to mobilize business to invest and innovate in responsible and sustainable actions aimed at ensuring good nutrition. The SBN meet on a quarterly basis and reports to MSNTC.

SUN Academia and Research Institutions Network

The SUN Academia and Research Institutions Network membership is open to Academic and Research Institutions working in Uganda and fulfilling the set eligibility Criteria. The chairperson is selected from network members. The key role of the SUN Academia and Research Institutions Network is to organize and harness the expertise of academia and researchers for scaling up nutrition in the country. The Academia and Research Institutions Network promote sustainable improvement in nutritional status of the people of Uganda by creating a strong, coordinated and vibrant research and academia forum. The SUN Academia and Research Institutions Network meets on a quarterly basis and reports to MSNTC.

4.2 Sub-national Level Coordination

Coordination of nutrition programming at Sub-national level will be effected through the following Local Governments and Administrative Units: Regional Cities; Districts; City Divisions; Municipalities; Municipal Divisions; Town Councils, Sub counties; wards and Parishes as established by law. The key role of the Nutrition Coordination Committees (NCCs) at the sub national level is to provide technical oversight and leadership of the implementation of multi-sectoral nutrition interventions through the Technical Planning Committees at respective levels.

District Nutrition Coordination Committee (DNCC)

Each district has a Nutrition Coordination Committee (NCC). Members are drawn from the relevant departments i.e. administration, finance, planning, health services, production, works and technical, natural resources; education services, community based services; commercial services department. It will also include NDPG, CSO, and private sector representatives. The Chief Administrative Officer (CAO) is the Chairperson of the DNCC. A Nutrition Focal Person in each district is appointed by the CAO and works as a secretary to DNCC. The DNCC

meets on a quarterly basis and reports to the District Technical Planning Committee and subsequently to the District Council.

NB: DNCC processes and procedures apply to Regional City Nutrition Coordination Committee (RCNCC)

Municipal Nutrition Coordination Committee (MNCC)

Municipal Nutrition Coordination Committee (MNCC) will be established in each municipality. MNCC members will be drawn from each municipal department. It will also include CSO and private sector representatives. A Nutrition Focal Person appointed by the Town will work as a secretary to the MMNCC.

NB: RNCC processes and procedures apply to City Division Nutrition Coordination Committee (CDNCC)

Town Council Nutrition Coordination Committee (TNCC)

Each Town Council, has Town Council Nutrition Coordination Committee (TNCC). The TNCC members are drawn from all the town council departments and CSO and private sector representatives. The Chairperson of TNCC is the Principal Township Officer. A nutrition Focal Person is appointed by the Principal Township Officer to work as secretary to the TNCC.

Sub County Nutrition Coordination Committee (SNCC)

Each Sub-county has Sub-county Nutrition Coordination Committee (SNCC). The SNCC members are drawn from all sub-county departments and CSO and private sector representatives. The Chairperson of the Sub County Nutrition Coordination Committee is the Senior Assistant Sub-County Secretary. A Nutrition Focal Person appointed by the Sub-County Secretary to work as secretary to the SNCC.

Division Nutrition Coordination Committee (DiNCC)

Division Nutrition Coordination Committee (DiNCC) will be established in each Division. The DiNCC members are drawn from relevant division departments and CSO and private sector representatives. The senior assistant town clerk is the

chairperson of the Division Nutrition Coordination Committee. A Nutrition Focal Person appointed by the senior assistant Town Clerk will work as a Secretary to DiNCC.

Ward/ Parish Nutrition Coordination Committees

The National Community Development Policy for Uganda (2015) recognizes Parish Development Committees (PDCs) as channels of service delivery at community level. UNAP II envisages at using PDCs as last mile channels for reaching the households and communities with nutrition services. PDCs will be strengthened to effectively oversee planning, implementation and monitoring of nutrition actions at the Parish level. UNAP II will support actions aimed at re-activating dormant PDCs and establishment in areas where they are non-existent. The Parish Chiefs and Town Agents will be the Nutrition Focal Persons of PDCs.

CHAPTER FIVE

5. UNAP II FINANCING AND RESOURCE MOBILIZATION

5.1 Overview

UNAP II theory of change recognizes the need for adequate financial resources as a key prerequisite for successful implementation of priority actions and achievement of UNAP II goal. UNAP II strategies and priority actions are spread across eight government line ministries namely; MoH, MAAIF, MoES, MGLSD, MoWE, MoLG, MoTIC and OPM. This implies that all the 8 line ministries together with stakeholders supporting line ministries/sectors have a role in financing UNAP II.

The Uganda central and local governments, with support from Development Partners, CSOs, Private Sector, Academia and Research Institutions and other agencies supporting nutrition in Uganda will finance UNAP II. Effective coordination, clarity of accountabilities and capacity to complement and leverage resources is vital in ensuring that UNAP II is adequately financed. UNAP II strategic direction, implementation matrix (Annex 1) and the Program Based Monitoring (PBM) matrix define each sector/ministry priority actions, outputs and performance indicators helped considerably in the process of estimating financial requirements to implement UNAP II.

It is important to note that the estimated figures are only indicative of the resource requirements to implement UNAP II. Accurate projections require comprehensive nutrition expenditure review and activity-based budgeting and costing. In addition to the ongoing nutrition expenditure review; detailed budgeting, costing and consequent development of nutrition resource mobilisation and financial tracking plan has been identified as a priority activity in the UNAP II implementation roadmap.

5.2 Estimated financial requirements for implementing UNAP II

UNAP II strategies and priority actions fall into four categories from a costing lens:

- i. Nutrition specific actions that have already been costed by sectors e.g. MIYCAN and IMAM actions already costed by the health sector.
- i. Existing/ongoing costed nutrition sensitive actions into which nutrition will be integrated e.g. integration of essential nutrition actions in the prevention and management of infectious disease under the health sector and integrating nutrition in agricultural research and extension under agriculture sector.
- ii. New nutrition specific and nutrition sensitive priority actions that have been costed e.g development of a functional Information Platform for Nutrition.
- iii. New nutrition specific and nutrition sensitive actions that have not been costed e.g strengthening coherent policy, legal and institutional frameworks for nutrition.

Categorisation of strategies and priority actions (as indicated above) helped in ensuring targeted review of existing information sources and deriving of cost estimates at strategy level. The following data sources were used to come up with UNAP II cost estimates:

- Sector Budget Framework Papers (BFP) 2018-2023
- Sector development plans (2015/16 – 2019/2020)
- Uganda's COHA report (2013)
- MIYCAN Action Plan 2018 – 2025
- UNAP I (2011 – 2016)
- Development partners work plans 2020-2025.
- District Development Plans (2015/16 – 2019/2020)

The following assumptions and realities guided the cost estimation process:

- Upcoming activities that will provide in-depth analysis and greater details i.e. nutrition expenditure review exercise, detailed nutrition budgeting, costing and development of nutrition resource mobilisation and financial tracking plan.
- Development of costed District Nutrition Action Plans (DNAPs) which will further breakdown and clarify UNAP II priority actions and costs.
- Ongoing nutrition programmes and initiatives whose funding portfolio is already committed. They include:
 - Uganda Multi-Sectoral Food Security and Nutrition Project(2015-2020) funded by Global Agriculture and Food Security Program (GAFSP).
 - Uganda National Information Platform for Nutrition (NIPN) (2018-2021) Project, funded by European Union, Bill and Melinda Gates Foundation and UKAID.
 - The Development Initiative for Northern Uganda (DINU) Programme (2018-2023) covering Karamoja, Lango, West Nile, Acholi, Teso sub-regions.

Strategies and priority actions that have already been costed by sectors were extracted from relevant sector documents. Activity costs for new actions were computed with reference to existing activity and output costs. To maximise on leveraging and avoid duplication, costs for implementing ongoing indirect actions i.e those that present a platform for integrating nutrition specific actions e.g infectious disease prevention and management, were not included in the overall cost estimates. Costs estimates were populated in the implementation matrix (Refer to Annex 1). Table 2 below summarises estimated cost of implementing the 16 UNAP II strategies across the three objectives.

Table 5.1: Summary UNAP II Budget overview by objective and strategy

Objective	Strategy	Estimated budget (Millions UGX)	Estimated budget in USD	Responsible ministry
Increase access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons	1.1 Improve maternal, infant, young child and adolescent nutrition practices	1,564,115		MoH
	1.2 Promote micronutrient intake among children, adolescents and women of reproductive age			MoH
	1.3 Increase coverage of management for acute malnutrition in stable and in emergency situations	106,470		MoH
	1.4 Integrate essential nutrition actions in infectious disease prevention and management	Leveraged within existing sector budgets		MoH
	1.5 Integrate essential nutrition actions in non-communicable disease prevention and management	Leveraged within existing sector budgets		MoH
Sub-total for objective 1		1728,067		
Increase access and utilization of nutrition sensitive services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons	2.1 Promote production of diverse, safe, nutrient dense crop and animal products at household level	Still being compiled		MAAIF
	2.2 Increase access to diverse, safe and nutrient dense crop and animal products	Still being compiled		MAAIF
	2.3 Improve utilization of diverse, safe and nutrient dense crop, fish and animal products	Still being compiled		MAAIF
	2.4 Promote integration of food and nutrition security services in	Still being compiled		MGLSD

	social protection programmes			
	2.5 Increase access to integrated early childhood development (IECD) services	Still being compiled		MoES,
	2.6 Increase access to efficient and quality education and sports for all	Still being compiled		MoES
	2.7 Increase access to Water Sanitation and Hygiene services	Still being compiled		MoWE
	2.9 Increase trade, industry and investments in scaling up nutrition	Still being compiled		MoTIC
Sub-total for objective 2		1728,067		
Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services	3.1 Strengthen nutrition governance at central and local government levels	88,200		OPM
	3.2 Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for decision making	Still being compiled		OPM
Sub-total for objective 3		1728,067		
GRAND TOTAL				

(Graph to be plotted when all data is submitted)

Figure 5.1: Cost allocation analysis by objective and by sector

5.3 Available financial resources and the funding gap (to be completed once Table 2 is populated)

The UNAP II implementation is estimated to cost approximately UGX Trillion (US \$Million) across the six year implementation period. The projected available resources from 2019-2025 is UGX Trillion (US \$Million) across which translates to%. This implies that UGX Trillion (US \$Million)% will be raised to cover the funding gap.

NB: The upcoming nutrition expenditure review and detailed UNAP II costing and budgeting exercises will provide more accurate figures on the available resources and the funding gap.

5.4 Resources Mobilization

Development of financial tracking and resource mobilisation plan has been included as a key activity in the UNAP II implementation roadmap. The estimated available resources and the funding gap in section 5.3 together with nutrition expenditure review and UNAP II costing and budgeting, will provide crucial information for the UNAP II financial tracking and resource mobilisation plan. The financial tracking and resource mobilisation plan will ensure that the government, with support from stakeholders sustains financing of nutrition actions.

CHAPTER SIX

6 MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

6.1 Overview of MEAL

UNAP II recognizes the importance tracking and evaluating performance of various targets. In addition to tracking programme implementation and performance, UNAP will also track financial resources and build evidence base for accountability, evidence-based timely decision making and learning at the national and LLG level. The MEAL framework is also be helpful in aligning stakeholders' resources and actions to strengthen nutrition interventions, enhancing evidence-based policy dialogue and retaining institutional memory.

UNAP I lacked a comprehensive monitoring and evaluation plan which made it challenging to systematically track and evaluate UNAP I program performance and financial resources. UNAP II plans to overcome the challenge by setting up and institutionalising a systematic multi-sectoral nutrition information system for nutrition evidence generation, knowledge management and effective decision making. The MEAL framework in this plan (refer to Annex 3) provides an excellent starting point for future developments and processes. **Development of a comprehensive multi-sectoral MEAL plan for UNAP II has been identified as an important activity in UNAP II implementation roadmap.** NIPN project and other key stakeholders have committed to provide technical and financial support to develop MEAL plan for UNAP II. Some of the priority actions in the process of developing MEAL plan for UNAP II include:

- Establishing functional nutrition database/nutrition dashboard at national and district level
- Establishing a mechanism for use of data and evidence for nutrition planning especially at sector and LLG level.
- Conducting sectoral review meetings for UNAP-II implementation.

- Establishing functional data analysis unit at UBOS to generate evidence for policy and programmatic decision on nutrition
- Developing MEAL training package for UNAP-II and conducting trainings targeting sectoral planning and M&E officers using MEAL training package
- Conducting periodic nutrition data landscaping exercises and evaluative studies to provide evidence on effectiveness of nutrition programmes and interventions.
- Building capacity of policy makers and nutrition programmers to make better use of evidence in designing and implementing nutrition-related policies, programmes and projects.

6.2 Common results, resources and accountability framework (CRAF)

The MEAL framework for UNAP II is aligned with the WHA targets, SUN MEAL Framework, National standards indicator framework (NSI), NDP II, Sector Development Plans, Program Based Budgeting and Monitoring, the Government of Uganda annual performance review systems among other frameworks.

UNAP II as the Common Results Framework for nutrition in Uganda has identified results expected upon full implementation of the action plan, together with indicators that will measure the progress of achievement of the strategies and priority actions outlined. The MEAL framework in annex 3 details the following: (i) Nutrition impact and outcome and impact indicators (ii) Baseline in 2019/2020 (iii) Annual indicators (iv) Data sources (ii) Frequency of data collection (iv) Responsibility centres.

UNAP II has identified 15 nutrition impact targets that constitute the CRAF their achievement will contribute significantly to the desired change.

Table 3 summarises nutrition impact outcomes, indicators, baseline, targets and source of data.

Table 6.1: UNAP II outcome indicators baseline and targets

S No.	Impact outcomes	Indicators	Baseline 2019/2020	Target	Data Source
1	40% reduction in the number of children under-5 who are stunted by 2025	Prevalence of stunting in children under five years of age	29	<20	UDHS
2	30% reduction in low birth weight	Prevalence of infants born with low birth weight (<2500 g)	10	<10	UDHS
3		Prevalence of overweight in children under five years of age	4	< 4	UDHS
4	Reduce and maintain childhood wasting to less than 3%;	Prevalence of wasting in children under five years	4	< 4	UDHS
5	50% reduction of anaemia in women of reproductive age by 2025	Prevalence of anaemia in women of reproductive age	32	< 19	UDHS
6	Reduce and maintain childhood overweight to less than 3%	Prevalence of anaemia in children 0-5 years	53	24.5	UDHS
7	No increase in the prevalence of obesity	Proportion of women aged 15–49 years with low body mass index (BMI)	8.7	< 5	UDHS
8		Proportion of overweight adult women aged 18+ years	16.5	<17	UDHS
9		Proportion of overweight adult men aged 18+ years	7.7	<7.7	UDHS
10		Proportion of obesity in adult women aged 18+ years	7.2	<7.2	UDHS
11		Proportion of obesity in adult men aged 18+ years	1.2	<1.2	UDHS
12		Proportion of overweight in adolescents	No data	<10	UDHS
13		Proportion of obesity in adolescents	No data	<10	UDHS
14	No increase in the prevalence of diabetes	Age-standardized prevalence of raised blood glucose/diabetes	3.3(NCD survey 2014)	<6	UDHS

		among persons aged 18+ years			
15		Age-standardized prevalence of raised blood pressure among persons aged 18+ years	24 (NCD survey 2014)	<20	UDHS

6.3 UNAP II MEAL Arrangements

OPM in collaboration with line ministries and relevant stakeholders will monitor and evaluate progress towards achievement of UNAP II outcomes. In addition to routine monitoring, systematic quantitative and qualitative assessments will be conducted at midterm and end term. End term evaluation criteria will highlight the impact, effectiveness, efficiency, sustainability, relevance and cross cutting issues.

Closer monitoring of implementation of the UNAP II will be done through regular progress reviews (quarterly and annually) of annual work plans developed to implement UNAP II. SUN Joint Annual Assessments (JAA), panel surveys, DHS surveys, sectoral administrative assessments, thematic research and studies will assist in providing additional information.

Quarterly and Annual Monitoring and Reporting

The UNAP II implementation matrix (Annex 1) and PBM (Annex 2) will guide quarterly work plan development, implementation and reporting in each sector. Quarterly work plans will monitor achievements. The quarterly work plans and reports will also assist in monitoring inputs (resources) used in carrying out activities to produce outputs. Quarterly sectoral reports will also provide details on planned expenditure, actual expenditure and variance. Challenges encountered and mitigation measures taken during the implementation period will be documented.

The annual and bi-annual reports will be used to report progress in achieving on key UNAP II milestones/ Intermediate Outcomes (IOs). Annual progress reports will provide narrative for each UNAP II objective and strategy. The report will

cover milestone achievement, variance and correctional measures, risks, sustainability, lessons learned, best practices, budgetary commitments and spending and plans for the next reporting cycle.

6.3 Learning

UNAP II will encourage continuous improvement of processes and outcomes through learning. It will involve evidence-based contextual assessment and analysis of successes, challenges and opportunities with the aim of pinpointing aspects that have more influence on the achievement of results. The MEAL plan will put in place systems for continuous documentation and dissemination of lessons learnt. Systems will be put in place to ensure systematic formal and informal learning, experience sharing (positive and negative) and reflection involving of all stakeholders.

6.4 Risks and Mitigation Measures

UNAP II will strive to identify and manage risks that may affect smooth implementation and achievement of results. The aim is to maximise on opportunities and reduce threats to the achievement of UNAP II objectives. This involves identifying and analysing risks through systematic use of available information with the aim determining the likelihood of specified events occurring. It also involves determining the magnitude and consequences of risks and prioritising risks from the most critical to least critical. Risk mitigation involves the process of coming up with strategies to reduce the likelihood that a risk event will occur and/or reduce the effect of a risk event if it does occur.

Various risks are anticipated during the course of UNAP II implementation. It is therefore important to prioritise risks based on the likelihood of occurrence and impact using the risk prioritisation matrix below:

Table 6.2: UNAP II risk prioritisation matrix

Likelihood of occurrence	Consequence/impact		
	High	Medium	Low
High	5	4	3
Medium	4	3	2
Low	3	2	1

The table below identifies risks, the likelihood of occurrence, their consequences/impact and the risk priority and to proposes mitigation strategies and who will be responsible for implementing them.

Working Draft July 2013

Table 6.3: Risk prioritisation and mitigation Plan for UNAP II

Identified risk event	Risk consequence	Likelihood of occurrence	Risk impact / consequence	Risk mitigation strategy	Responsibility
Inadequate institutional and technical capacity to implement, monitor and evaluate UNAP II.	Poor performance in meeting UNAP II objectives	Medium	High	Enhance the capacities of sectors to effectively implement, monitor, coordinate and manage implementation of the UNAP II.	- OPM -Line ministries -NDPGs - Implementing partners
Inadequate funding of UNAP II activities	Slow down or halt in implementation of activities	High	High	Develop and implement a robust resource mobilisation and finance tracking strategy	- OPM -Line ministries -NDPGs Implementing partners
Weak collaboration by key stakeholders	Fragmentation and duplication in implementation	Medium	High	Strengthen stakeholders' coordination platforms • Promote joint planning and prioritization, implementation and monitoring by all stakeholders	- OPM -Line ministries - LLGs -NDPGs Implementing partners

Low enforcement of relevant nutrition laws (e.g. mandatory food fortification, food safety, marketing of BMS, maternity protection)	Low compliance	High	High	Put in place strategies to monitor enforcement and compliance	- OPM -Line ministries
Occurrence of natural disasters e.g. floods, drought, landslides, earthquake etc.	Disruption of Service delivery and limited access by populations	Medium	High	Develop early warning systems and contingency plans	- OPM -Line ministries - LLGs -NDPGs Implementing partners
Fading of current political will and Government Commitment to address malnutrition	Inadequate funding and support to effectively implement UNAP II	Low	Medium	Ensure sustained engagement of political leaders and key stakeholders	- OPM -Line ministries - LLGs -NDPGs Implementing partners
Continued influx of refugees	Pressure on current nutrition interventions and programmes	High	High	Monitor closely, develop contingency plans and advocate for reserve funds/resources	- OPM -NDPGs -Line ministries - LLGs Implementing partners

ANNEX 1: UNAPII IMPLEMENTATION MATRIX

UNAP II Goal: To improve nutrition status among children under 5 years of age, adolescents, school age children, pregnant and lactating women including other vulnerable persons by 2025.

Priority Actions	Outputs		Performance Indicators	Total Cost (Ugx Millions)
	Output	Output indicator		
Objective 1: Increase access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons				
Intermediate Outcome 1.1: Improved maternal, infant, young child and adolescent nutrition (MIYCAN) practices				
Strategy 1.1: Improve maternal, infant, young child and adolescent nutrition (MIYCAN) practices				
Implement the Baby Friendly initiatives (health facilities, communities and workplaces)	Health facilities that are BFHI certified	Number health facilities that are BFHI certified	Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified	1,564,115¹²
Promote optimal breastfeeding practices	Increased number of children born in the last 24 months who were put on the breast within one hour of birth	Number of children born in the last 24 months who were put to the breast within one hour of birth	Proportion of infants initiated on breastfeeding within one hour of birth	
	Increased number of children exclusively breastfeed for the first six months	Number of children exclusively breastfeed for the first six months	Proportion of babies exclusively breastfed for the first six months	
	Increased number of babies' breastfed up to 2 years.	Number of babies' breastfed up to 2 years.	Proportion of babies' breastfed up to 2 years.	
Promote optimal complementary feeding practices	Increased number of infants 6 to 8 months timely introduced	Number of infants introduced timely to complementary	Proportion of infants introduced timely to complementary foods	

¹² Ministry of Health Maternal Infant Young Child and Adolescent Nutrition 2029-2025 to address strategy 1.1 and 1.2 of the UNAPII 2019-2025

	complementary foods	foods		
	Increased number of children aged 6 to 23 months who achieve Minimum Diet Diversity (MDD)	Number of children aged 6 to 23 months who achieve Minimum Diet Diversity (MDD)	Proportion of children aged 6 to 23 months who achieve Minimum Diet Diversity (MDD)	
Promote healthy eating and lifestyle practices among adolescents and women of reproductive age.	Increased number of adolescents aged 10 to 19 years and women of reproductive age who receive a Minimum Diet Diversity (MDD)	Number of adolescents aged 10 to 19 years and women of reproductive age who receive a Minimum Diet Diversity (MDD)	Proportion of adolescents aged 10 to 19 years and women of reproductive age who achieve Minimum Diet Diversity (MDD)	
	Increased number of women of reproductive age counselled on MIYCAN practices	Number of women of reproductive age counselled on MIYCAN practices	Proportion of women of reproductive age counselled on MIYCAN practices	
Integrate growth promotion and monitoring services at health facility and community level	Increased number of children receiving growth promotion and monitoring services	Number of children receiving growth promotion and monitoring services	Proportion of children receiving growth promotion and monitoring services	
Promote multi-sectoral interventions that address nutrition in vulnerable rural and urban communities	Increased number of vulnerable rural and urban communities reached with multi-sectoral interventions that address nutrition	Number of vulnerable rural and urban communities reached with multi-sectoral interventions that address nutrition	Proportion of vulnerable rural and urban communities reached with multi-sectoral interventions that address nutrition	
Intermediate Outcome 1.2: Reduction of micro nutrient deficiencies among children, adolescents and women of reproductive age				
Strategy 1.2: Promote micronutrient intake among children, adolescents and women of reproductive age				
Provide Vitamin A supplementation for children 6-59 months	Increased number of children 6–59 months receiving Vitamin A supplementation	Number Children 6–59 months receiving Vitamin A supplementation	Proportion of children 6–59 months receiving Vitamin A supplementation	
Promote increased	Increased number of adolescents' girls aged 10-19	Number of adolescents' girls aged 10-19 years who	Proportion of adolescents' girls aged	

consumption of micronutrient rich foods	years who consume iron rich foods	consume iron rich foods	10-19 years who consume iron rich foods	
Upscale and strengthen systems for consumption of iodized salt	Increased number of households that have iodized salt (>15 ppm)	Number of households that have iodized salt (>15 ppm)	Percentage of households that have iodized salt (>15 ppm)	
	Increased number of households that consume iodized salt	Number of households that consume iodized salt (>15 ppm)	Median urinary iodine concentration (100–299 µg/L) in children aged 6–12 years	
Promote Iron folic acid supplementation for adolescent girls and pregnant women	Increased number of pregnant women receiving Iron and Folic Acid supplementation	Number of pregnant women receiving Iron and Folic Acid supplementation	Proportion of pregnant women receiving Iron and Folic Acid supplementation	
	Increased number of adolescent girls receiving Iron and Folic Acid supplementation	Number of adolescent girls receiving Iron and Folic Acid supplementation	Proportion of adolescent girls receiving Iron and Folic Acid supplementation	
Promote improved water, sanitation and hygiene practices	Improved Water, Sanitation and Hygiene practices	Number of villages practicing Improved water, sanitation and hygiene	Proportion of villages practicing Improved water, sanitation and hygiene	
Intermediate Outcome 1.3 : Reduction of malnutrition in stable and emergency situations				
Strategy 1.3: Increase coverage of management for acute malnutrition in stable and in emergency situations				
Integrate the management of severe and moderate acute malnutrition into routine health services targeting children and women in refugee camps, host communities and other areas in the country	Increased number of facilities providing IMAM services	Number of facilities providing IMAM services	Percentage of facilities providing IMAM services	106,470¹³
	Increased number of individuals accessing nutrition assessment	Number of number of individuals accessing nutrition assessment	Proportion of number of individuals (per age category) accessing nutrition assessment	
	Increased number of individuals identified with malnutrition and referred for treatment	Number of individuals identified with malnutrition and referred for treatment	Percentage of individuals identified with malnutrition and referred for treatment	

¹³ Ministry of Health Nutrition in Emergencies (NiE) and Integrated Management of Acute Malnutrition (IMAM Strategic Response Plan 2018-202 estimated costs

	Increased number of malnourished individuals receiving IMAM services	Number of malnourished individuals receiving IMAM services	Percentage of malnourished individuals receiving IMAM services	
	Increased number of malnourished clients linked to support services at community level	Number of malnourished clients linked to support services at community level	Proportion of malnourished clients linked to support services at community level	
Intermediate Outcome 1.4 : Reduction of infectious diseases related to nutrition in children and women of reproductive age				
Strategy 1.4: Integrate Nutrition services in prevention, control and management of infectious diseases				
Promote Use Oral Rehydration Solution (ORS) and Zinc in diarrhoea treatment among children	Increased number of children under 5 years old with diarrhoea (in the last two weeks) receiving ORS and Zinc	Number of children under 5 years old with diarrhoea (in the last two weeks) receiving ORS and Zinc	Proportion of children under 5 years old with diarrhoea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc	Leveraged within existing sector budgets
Provide de-worming medications targeting children above 1-14 years receiving at two doses per year	Increased number of children 1 to 4 years receiving (two doses per year)	Number of children 1 to 4 years receiving (two doses per year)	Proportion of children 1 to 5 years receiving (two doses per year)	
	Increased number of children 5 to 14 years receiving (two doses per year)	Number of children 5 to 14 years receiving (two doses per year)	Proportion of children 5 to 14 years receiving (two doses per year)	
	Increased number of children under 5 years using insecticide treated nets	Number of under 5 years using insecticide treated nets	Proportion of children aged 0-5 years using insecticide treated nets	
	Increased number of pregnant women using insecticide treated nets	Number of pregnant women using insecticide treated nets	Proportion of pregnant women using insecticide treated nets	
	Increased number of 1-year-old children who have received the appropriate doses of the recommended vaccines	Number of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule	Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule	

	Reduced number of children 0-5 years suffering from childhood diarrhoea	Number of children 0-5 years suffering from childhood diarrhoea	Prevalence of children 0-5 years suffering from childhood diarrhoea	
	Reduced Number of under 5 years reported with malaria	Number of under 5 years reported with malaria	Prevalence of malaria in children under 5 years of age	
Integrate essential nutrition actions in infectious disease prevention and management	Reduced number of women suffering from malaria	Number of women suffering from malaria	Prevalence of malaria in children under 5 years of age	
	Persons Living with HIV/AIDs access Nutrition services	Number of Persons Living with HIV/AIDs access Nutrition services	HIV/AIDS incidence in 1000 persons	
	TB patients access Nutrition services	Number of TB patients accessing Nutrition services	Tuberculosis incidence (per 1,000 population)	
	Children suffering from acute respiratory infections (ARIs) for children access Nutrition services	Number of children suffering from acute respiratory infections (ARIs) for children access Nutrition services	Prevalence of acute respiratory infections	
	Children suffering from childhood fevers access Nutrition services	Number of children suffering from childhood fevers access Nutrition services	Prevalence of fevers in children under 5 years of age	
Intermediate Outcome 1.5: Reduction Diet Related Non Communicable Diseases (DRNCDs)				
Strategy 1.5: Integrate Nutrition services in prevention, control and management of non-communicable diseases				
Promote healthy eating (optimal diet) and lifestyle practices in households and communities	Households and communities sensitized on healthy eating and healthy lifestyle	Number of households and communities sensitized on healthy eating and healthy lifestyle	Proportion of households and communities sensitized on healthy eating and healthy lifestyle	Leveraged within existing sector budgets
Strengthen capacity of healthcare providers on diet and nutrition	Households and communities sensitized on healthy eating and healthy lifestyle	Number of households and communities sensitized on healthy eating and healthy lifestyle	Proportion of households and communities sensitized on healthy eating and healthy	

related Non-communicable diseases at all levels			lifestyle	
Promote initiatives that prevent and control diets related non-communicable diseases	Households and communities reached with DRNCs prevention and control initiatives	Number people reached with DRNCs prevention and control initiatives		
Promote healthy eating (optimal diet) and lifestyle practices in households and communities	Households and communities sensitized on healthy eating and healthy lifestyle	Number of households and communities sensitized on healthy eating and healthy lifestyle		
Strengthen capacity of healthcare providers on diet and nutrition related Non-communicable diseases at all levels	Households and communities sensitized on healthy eating and healthy lifestyle	Number of households and communities sensitized on healthy eating and healthy lifestyle		
Mobilize public and private sectors, civil society and other stakeholders in promoting healthy diets and lifestyles	Public and private sectors, civil society and other stakeholders engaged on promoting healthy diets and lifestyles and mitigating DRNCs	Number of public and private sectors, civil society and other stakeholders engaged on promoting healthy diets and lifestyles and mitigating DRNCs		
Implement the public and				

private sector measures to mitigate DRNCs				
Objective 2: Increase access to and utilization of nutrition sensitive services by children under 5 years, adolescent girls, pregnant and lactating women and other vulnerable groups.				
Intermediate Outcome 2.1: Increased production, access and utilisation of diverse, safe and nutrient dense crops and animal products at household level.				
Strategy 2.1: Promote production of diverse, safe and nutrient dense crops and animal products at household level.				
Support access to improved technologies; including climate smart ones to increase production of diverse, safe, nutrient dense crop and animal products	Households adopt climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	Number of households adopt climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	
Support farmers to access critical farms inputs for improved production	Farmers provided with inputs and/or information to access critical farm inputs for improved production	Number of farmers provided with inputs and/or information to access critical farm inputs for improved production	Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production	
Support production of nutrient dense indigenous and underutilized plant, fisheries and animal resources	Production of nutrient dense indigenous and underutilized plant fisheries and animal resources supported	Number of households Supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	Proportion of households Supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	
Create awareness and support farmers to access and use gender sensitive labour and energy saving technologies	Increased awareness and support farmers to access and use gender sensitive labour and energy saving technologies	Number of farmers whose awareness and support farmers to access and use gender sensitive labour and energy saving	Proportion of farmers whose awareness and support farmers to access and use gender sensitive labour and energy saving technologies is provided	

		technologies is provided		
Support initiatives that increase access to water for agricultural production	Farming households provided with water for agricultural production	Number of households Support to access to water for agricultural production	Proportion of households Support to access to water for agricultural production	
Intensify production of bio and industrial fortified foods	Production of bio and industrial fortified foods intensified	Number of farming households producing bio-fortified foods	Proportion of farming households producing bio-fortified foods	
		Number of business actors involved in industrial fortified foods production	Proportion of business actors involved in industrial fortified foods production	
Implement actions aimed at promoting consumption of fortified foods	Increased consumption of fortified foods	Number of consumption of fortified foods	Proportion of households consuming fortified foods	
Strategy 2.2: Increase access to diverse, safe and nutrient dense crop and animal products				
Support agro-processing and marketing of diverse, safe, nutrient dense crop and animal products	Agro-processing and marketing of diverse, safe, nutrient dense crop and animal products supported	Number persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products	Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products	
Build capacity of farmers on postharvest handling technologies and value addition	Capacity of farmers on postharvest handling technologies and value addition built	Proportion of farmers whose capacity on postharvest handling technologies and value	Proportion of farmers whose capacity on postharvest handling technologies and	

		addition has been built	value addition has been built	
Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	Value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources supported	Number of farmers support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	Proportion of farmers support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	
Support agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households incomes and improved access to safe, diverse, nutrient dense foods	Agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households incomes and improved access to safe, diverse, nutrient dense foods promoted	Number of farmers supported in agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households incomes and improved access to safe, diverse, nutrient dense foods	Proportion of farmers supported in agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households incomes and improved access to safe, diverse, nutrient dense foods	
Build capacity farmers on postharvest handling technologies and value addition	Farmers have skills on postharvest handling technologies and value addition	Number of farmers who have skills on postharvest handling technologies and value addition	Percentage of farmers equipped with skills in postharvest handling technologies and value addition	
Create awareness and support value chain actors to apply new technologies for increased value of products	Value chain actors to apply new technologies for increased value of products	Number of Value chain actors to apply new technologies for increased value of products	Percentage of value chain actors applying technologies	
Create awareness and support farmers to access labour saving technologies	Farmers adopt labour saving technologies	Number of famers adopt labour saving technologies	Percentage of farmers using labour saving technologies	
Support initiatives that increase access to water	Farmers accessing adequate water for agricultural	Number of farmers accessing adequate	Percentage change in farmers accessing	

for agricultural production	production	water for agricultural production	water for agricultural production	
Strategy 2.3: Improve utilization of diverse, safe and nutrient dense crop, fish and animal products				
Integrate nutrition and home economics in agricultural research and extension	Agricultural extension workers pass nutrition and information services in their routine services to households	Number of household reached with nutrition information and services passed by agricultural extension workers	Proportion of household reached with nutrition information and services passed by agricultural extension workers	
Support technologies and awareness campaigns to ensure food safety at household	Technologies and awareness campaigns to ensure food safety at household held	Number of households reached with Technologies and awareness campaigns to ensure food safety	Proportion of households reached with Technologies and awareness campaigns to ensure food safety	
Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods	Increased consumption of fortified foods at household level	Number of households consuming fortified foods at household level	Proportion of households consuming fortified foods at household level	
Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	Awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources increased	Number of parishes reached with awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	Proportion of parishes reached with awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	
Develop dietary guidelines and food composition tables	Dietary guidelines and food composition tables developed	Dietary guidelines and food composition tables in place	Status of implementation of Dietary guidelines and food composition tables in place	
Intermediate Outcome 2.2: Increased access to nutrition sensitive social protection programmes				
Strategy 2.4: Promote integration of food and nutrition security services in social protection programmes				
Mainstream nutrition	Vulnerable populations covered by social protection	Number of vulnerable populations covered by	Proportion of vulnerable population	

interventions into social protection programmes and into humanitarian assistance safety net programmes.	systems and measures	social protection systems and measures	covered by social protection programmes	
Protect vulnerable children from abuse, exploitation, violence and neglect in homes	Vulnerable children protected from abuse, exploitation, violence and neglect in homes	Number of vulnerable children protected from abuse, exploitation, violence and neglect in homes	Reduced proportion of children 2-14 years old who experience any violent discipline	
Strengthen GBV prevention and management	Women and other vulnerable population groups reached with GBV prevention and management services	Number of women and other population groups reached with GBV prevention and management services	Reduced proportion of GBV cases	
Implement income generating activities targeting the poor and vulnerable households and communities	Poor and vulnerable households and communities adopt income generating activities	Number of poor and vulnerable households and communities adopting income generating activities	Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population	
Support initiatives that provide adequate housing for populations living in slums and informal settlements	Populations living in slums and informal settlements who access adequate housing	Number of populations living in slums and informal settlements who access adequate housing	Proportion of urban population living in slums, informal settlement or inadequate housing	
Support activities that increase access to credit and financial services for women of reproductive age	Women of reproductive age access credit and financial services	Number of women of reproductive age accessing credit and financial services	Proportion of women of reproductive age among women groups that have accessed Uganda Women Entrepreneurship Programme (UWEP) Fund	

Empower women on rights, gender equality and equity, their role in the development among others	Women are empowered on rights, gender equality and equity, their role in the development among other topics	Number of Women empowered on rights, gender equality and equity, their role in the development among other topics	Percentage of women of reproductive age empowered on rights, gender equality and equity, their role in the development among topics	
Support initiatives that create an enabling environment for women to participate in development initiatives.	Women participating in development initiatives	Number of women participating in development initiatives	Proportion of women of reproductive age participating in development initiatives	
Intermediate Outcome 2.3: Increased access to integrated early childhood development (IECD) services				
Strategy 2.5: Increase access to integrated early childhood development (IECD) services				
Promote integrated nutrition and early childhood development (ECD) services at the household, community and institutional levels	Children aged 36-59 months access ECD services at household, community and institutional levels	Number of children aged 36-59 months access ECD services at household, community and institutional levels	Proportion of children aged 36-59 months who are developmentally on track in at least three domains of ECD	
Promote maternity and paternity protection for improved nutrition	Maternity and paternity protection for improved nutrition promoted by both public and private institutions	Number of public and private institutions promoting Maternity and paternity protection for improved nutrition	Proportion of public and private institutions promoting Maternity and paternity protection for improved nutrition	
Intermediate Outcome 2.4: Increased access to efficient and quality education and sports for all				
Strategy 2.6: Increase access to efficient and quality education and sports for all				
Improve enrolment and completion of the education cycle (primary	Learners access and complete school at respective education levels	Number of learners accessing completing by gender	Proportion of learners completing the education cycle by gender	

and post primary)				
Mobilise parents to take and keep girls and boys in school	Children (girls) attending school	Number of children (girls) attending school	Proportion of girls enrolled secondary school enrolment	
Conduct mobilization and sensitization of parents and communities on school feeding and nutrition	Schools implement school feeding and nutrition programs	Number of schools implement school feeding and nutrition programs	Proportion of schools implementing school feeding and nutrition program	
	Learners benefit from school feeding and nutrition programs	Number of learners benefit from school feeding and nutrition programs	Proportion of learners benefiting from the school feeding and nutrition programs	
	Parents contribute to feeding of their children in schools	Number of parents contribute to feeding and nutrition of their children in schools	Proportion of parents contributing to feeding and nutrition of their children in schools	
	Parents participate in the school's general meetings (PTA, e.t. c)	Number of parents participate in the school's general meetings (PTA, etc.)	Proportion of parents participating in the school's general meetings (PTA, etc.)	
	Parents participate in school supervision visits	Number of parents participating in school supervision visits	Proportion of parents participating in school supervision visits.	
Establish and maintain school gardens for both education purposes and source of nutrients in all schools	School gardens for education purposes and source of established in all schools	Number of school gardens established	Proportion of schools practicing school gardening.	
Support institutional and physical infrastructure for school feeding and nutrition	Institutional and physical infrastructure for school feeding and nutrition supported	Number of institutional and physical infrastructure for school feeding and nutrition	Proportion institutional and physical infrastructure for school feeding and nutrition	
Integrate Nutrition Education and training in	Nutrition Education and training in curricular co-curricular	Number of Nutrition Education and training in	Proportion of Nutrition Education and training	

curricular co-curricular	Integrated	curricular co-curricular Integrate	in curricular co-curricular Integrate	
Support initiatives in schools that promote improved nutrition and well being	Schools promote improved nutrition and wellbeing Initiatives	Proportion of schools that promote improved nutrition and wellbeing initiatives	Proportion of schools that promote improved nutrition and wellbeing initiatives	
Intermediate Outcome 2.5 : Increased access to Water Sanitation and Hygiene services				
Strategy 2.7: Increased access to Water Sanitation and Hygiene (WASH) services				
Increase provision of adequate safe water sources in communities, institutions and public places	Increased number of households with access to safe water sources	Number of households with access to safe water sources	Proportion of households with access to safe water sources	
Increase household and community access to sanitation and hygiene services	Increased number of households with access to sanitation and hygiene services	Number of households with access to sanitation and hygiene services	Proportion of households with access to sanitation and hygiene services	
Community mobilization on sustainable use of WASH services	Community mobilized on sustainable use of WASH services	Number of villages mobilized on sustainable use of WASH services	Proportion of Communities mobilized on sustainable use of WASH services	
Support public private partnerships on WASH	Public private partnerships on WASH promoted	Number of public private partnerships on WASH created	Proportion of public private partnerships on WASH created	
Provide adequate water for production	Water for production provided at household level	Number of households provided with water for production	Proportion of households provided with water for production	
Community mobilization on sustainable use of WASH services	Communities Mobilised on sustainable use of WASH services	Number of Communities Mobilised on sustainable use of WASH services	Number of Communities Mobilised on sustainable use of WASH services	
Intermediate Outcome 2.5; Increased trade, industry and investments in scaling up nutrition				
Strategy 2.8: Increase trade, industry and investments in scaling up nutrition				
Build capacity of local industries to adopt	Increased availability of fortified foods on the market	Number of industries supplying fortified foods on the market	Proportion of industries supplying fortified foods on the market	5,000

appropriate technologies for industrial food fortification				
Support industrial uptake and value addition of bio-fortified crops	Increased value addition of Nutritious foods	Number of value added Nutritious foods	Proportion of value added Nutritious foods	1,200
Enforce surveillance for compliance to the mandatory food fortification regulation	Increased number of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement	Number of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement	Proportion of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement	750
Build capacity of MSMEs in the Food sector with compliance to quality and standards	Increased number of SMEs in the food system availing fortified foods on the market	Number of SMEs in the food system availing fortified foods on the market	Proportion of SMEs in the food system availing fortified foods on the market	1,250
Support traders and processors of foods to form viable cooperatives	Increased number of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods	Number of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods	Proportion of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods	675
Mitigate Non-Tariff barriers that affect food and nutrition	Non-Tariff barriers that affect food and nutrition mitigated to promote trade of safe food	Number of Non-Tariff barriers that affect food and nutrition mitigated to trade of safe	Proportion of Non-Tariff barriers that affect food and nutrition mitigated to trade of safe	600
Objective 3: Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services				
Intermediate Outcome 3.1: Improved governance for scaling up nutrition				
Strategy 3.1: Strengthen nutrition governance at central and local government levels				
Strengthen coordination and partnerships at all levels	Stakeholder and action mapping conducted	Annual Stakeholder and action mapping	Proportion of functional established coordination structures at all	1,400

			levels	
	Nutrition Coordination Committees established at all levels	Number of Nutrition Coordination Committee in place at all levels		19,162
	SUN Networks established at national Level (Academic; Business and CSO Network)	Number of SUN Networks established	Proportion of functional of SUN networks	900
	SUN processes Jointly annually assessed	Annual SUN joint assessment	Percentage overall score	50
Improve planning, resource mobilization, financing and tracking nutrition investment at all levels	Final UNAPII draft developed	Final draft UNAPII with attendant roadmap in place	Status of implementation of the UNAP II	200
	Sectoral annual nutrition action work plans developed	Proportion of Sectoral annual nutrition action work plans developed	Status of implementation of Sectoral annual nutrition action work plans	2000
	District Nutrition Action Plans developed	Proportion of District Nutrition Action Plans developed	Status of implementation of District Nutrition Action Plans	9,380
	District Annual Nutrition work plans developed	Proportion of District Annual Nutrition Work plans developed	Status of implementation of the District Annual Nutrition Work plans	
	Sub county/ Town Council Nutrition Action Plans developed	Proportion of Sub county/ Town Council Nutrition Action Plans developed	Status of implementation of Sub county/ Town Council Nutrition Action Plans	
	Sub county /Town Council annual Nutrition Work plans developed	Proportion of annual Sub county /Town Council Nutrition Work plans	Status of implementation of the Sub county /Town Council annual Nutrition Work	

			plans	
	Municipal Nutrition Action Plans developed	Proportion of Municipal Nutrition Action Plans developed	Status of implementation of Municipal Nutrition Action Plans	
	Municipal Annual Nutrition work plans developed	Proportion of Municipal Annual Nutrition Work plans developed	Status of implementation of the Municipal Annual Nutrition Work plans	
	Division Nutrition Action Plans developed	Division Nutrition Action Plans developed	Status of implementation of Division Nutrition Action Plans	
	Public Expenditure Review on nutrition conducted	Annual Public Expenditure Review	% compliance of sector plans to UNAP II	2297.95
		Budget spending per child U5 for nutrition-specific interventions		
		% budgeted spending for nutrition-specific interventions		
	Annual Donor Expenditure Review on Nutrition conducted	Total U5 nutrition spending per stunted child	% compliance of Development Partners plans to UNAP II	
		Donor spending per child under 5 for high impact nutrition		
		Donor % spending for nutrition-specific interventions		
	An Investment case for Nutrition in Uganda developed	Investment case for Nutrition in Uganda developed		180
Support development and implementation of capacity development framework for nutrition at all levels	Capacity assessment for Nutrition at National and Local Government Levels conducted	Annual Capacity assessment report for Nutrition at National and Local Government Levels	% implementation of the Capacity development plan for Nutrition	1401
	Capacity development plan for Nutrition developed	Capacity development plan for Nutrition produced		
	Training of sectoral NCCs on nutrition governance	Number of sectoral NCCs on nutrition governance trained	Proportion of sectoral NCCs on nutrition governance	246

			trained	
	Training of DNCCs on nutrition governance	Number of Nutrition Coordination Committee members	Proportion of Nutrition Coordination Committee members	2,994
	Training of DNCCs, SNCCs/TNCCs on nutrition governance	Number of DNCCs, SNCCs/TNCCs members trained on nutrition governance	Proportion of DNCCs, SNCCs/TNCCs members trained on nutrition governance	33,515
	Training of MNCCs on nutrition governance	Number of MNCCs trained on nutrition governance	Proportion of MNCCs trained on nutrition governance	938
	Baseline for Nutrition governance established	Baseline for Nutrition governance established	Functionality status of nutrition governance elements	540
	Gender mainstreaming into multi-sectoral nutrition programming developed	Gender mainstreaming into multi-sectoral nutrition programming developed	Status of alignment of Gender into multi-sectoral nutrition programming	180
	Training packages for agricultural extension developed	Training packages for agricultural extension developed	Implementation status of Training packages for agricultural extension	360
	Comic book and development of teacher's guide and IEC materials on nutrition for primary school children revised	Comic book and development of teacher's guide and IEC materials on nutrition for primary school children revised	Implementation status of Comic book and development of teacher's guide and IEC materials on nutrition for	216

			primary school children	
	Vacant positions of Nutritionists at Local Government, Region and National level filled	Number of vacant positions filled at Local Government, Region and National level	Proportion of vacant positions filled at Local Government, Region and National level	300
Strengthen advocacy, commitment and leadership for nutrition at all levels	Nutrition Advocacy and communication strategy for UNAP II developed	A NACS strategy developed	Status of implementation of the NACS for UNAP II	600
	Champions for nutrition at all levels identified	Number of active champions identified at all levels		2000
Strengthen systems to promote Social Behaviour Change communication for nutrition at levels	Social Behaviour Change communication for nutrition at levels delivered through exiting delivery channels'	Proportion of exiting delivery channels 'promoting Social Behaviour Change communication for nutrition		4000
Strengthen coherent policy, legal, and institutional frameworks for nutrition at all	Regulatory Impact Assessment for the National Nutrition Policy developed	A National Nutrition Policy produced	Status implementation of the nutrition related policies	180
	The legal, policy and planning provisions relevant to nutrition popularized at all levels	Number of key stakeholders engaged on legal, policy and planning provisions analysis on relevant to food and nutrition security at all levels		595
	National Family Policy to promote the rights of the family members and foster nutrition and wealth creation	Level of the National Family Policy to promote the rights of the family members and foster nutrition and wealth creation		595
	Mainstream nutrition in the Uganda women empowerment programme implementation	Proportion of Uganda women empowerment programme mainstreaming nutrition		595
	International Code of Marketing of Breast milk implemented	Level of implementation of International Code of Marketing of Breast milk		595
	Maternity Protection Act to promote maternity and	Maternity protection laws implementation status		595

	paternity leave implemented			
	Regulations to Promote Healthy Diets implemented	Policy implementation status		595
	Mandatory Food Fortification implemented	Number and type of food vehicles with mandatory food fortification legislation		595
	Legal Standards for Fortification of Food Vehicles implemented	Number of food vehicles with food fortification legislation		595
Strengthen implementation convergence for multi-sectoral nutrition	Nutrition specific and sensitive interventions scaled up	Number of multi-sectoral stakeholders scaling up Nutrition specific and sensitive interventions scaled up	Proportion of multi-sectoral stakeholders scaling up Nutrition specific and sensitive interventions scaled up	600
Intermediate Outcome 3.2: Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for decision making				
Strategy 3.2: Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for decision making				
Design and implement a Monitoring Evaluation Accountability and Learning Plan for UNAP-II	Develop MEAL plan for UNAP-II	MEAL plan for UNAP-II developed	Implement status of the Monitoring Evaluation Accountability and Learning Plan for UNAP-II	800
	Establish functional nutrition database (nutrition dashboard) at national and district level	Functional nutrition database (nutrition dashboard) at national and district level established		
	Conduct sectoral review meetings for UNAP-II implementation	Sectoral review meetings for UNAP-II implementation conducted		
	Establish a mechanism for use of data and evidence for nutrition planning especially at sector and local government level	A mechanism for use of data and evidence for nutrition planning especially at sector and local government level established		
	Develop a MEAL training	MEAL Training Package for		

	package for UNAP-II	UNAP-II developed		
	Conduct training of sectoral planning and M&E officers using MEAL training package	Training of sectoral planning and M&E officers using MEAL training package conducted		
	Conduct periodic evaluative studies to provide evidence on effectiveness of nutrition programmes and interventions	Periodic evaluative studies to provide evidence on effectiveness of nutrition programmes and interventions conducted		
Develop a functional Information Platform for Nutrition at National and local government level	Conduct capacity assessment and development of capacity development plan for institutionalisation of nutrition information management and use of evidence	Capacity assessment and development of capacity development plan for institutionalisation of nutrition information management and use of evidence conducted	Functionality status of Information Platform for Nutrition at National and local government level	10,500
	Conduct nutrition data landscaping exercise	Nutrition data landscaping exercise conducted		
	Establish the Centralized data repository at UBOS	Centralized data repository at UBOS established		
	Develop operational guideline lines for centralized Nutrition Data Repository	Operational guidelines for centralized Nutrition Data Repository developed		
	Establish a functional data analysis unit at UBOS to generate evidence for policy and programmatic decision on nutrition	A functional data analysis unit at UBOS to generate evidence for policy and programmatic decision on nutrition established		
	Build capacity of policy makers and nutrition programmers to make better use of evidence in designing and implementing nutrition-related policies, programmes and projects	Capacity of policy makers and nutrition programmers to make better use of evidence in designing and implementing nutrition-related policies, programmes and projects built		
Strengthen and scale up	Food Security and Nutrition Assessments in selected districts	Food Security and Nutrition Assessments	Functionality status of early warning systems,	

early warning systems, survey and surveillance on food and nutrition from community to national levels	Early Warning System for food and nutrition established	reports Early Warning System for food and nutrition reports	survey and surveillance on food and nutrition from community to national levels
	SURGE for nutrition established and functional at district level	Functional SURGE for nutrition	
Develop, disseminate and enhance use of evidence based nutrition knowledge products at all levels	Knowledge products for nutrition developed	Number of knowledge products for nutrition developed	Enhanced use of evidence based nutrition knowledge products at all levels
	Policy dialogue among policy makers for evidence-based decision making for nutrition enhanced	Number of policy dialogue among policy makers for evidence-based decision making for nutrition held	
	Learning and knowledge dissemination for nutrition at different multi-sectoral nutrition committees envisioned under the UNAP-II organised	Number of Learning and knowledge dissemination for nutrition at different multi-sectoral nutrition committees envisioned under the UNAP-II organised	
Support development of sector specific research and assessment Plans for UNAP-II	Sector-specific research plan aligned with UNAP-II priorities developed	Number of sector-specific research plan aligned with UNAP-II priorities developed	Implementation status of sector specific research and assessment Plans for UNAP-II
	Partnership with academic and research institutions for conducting researches and publication on nutrition established	Number of partnership with academic and research institutions for conducting researches and publication on nutrition established	
	Conduct a Joint Annual Nutrition Review	Conduct a Joint Annual Nutrition Review	
	Conduct an Annual Conference on Nutrition Research	Annual Conference on Nutrition Research conducted	
	Research on nutrition - Agricultural linkages conducted	Research on nutrition - Agricultural linkages conducted	

ANNEX 2: PROGRAM BASED MONITORING (PBM) MATRIX FOR UNAP II PERFORMANCE INDICATORS AT SECTORAL LEVEL

NB: The PBM defines sector mandates and performance indicators to be monitored on an annual basis

UNAPII Primary Outcome: Improved nutrition status for children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable persons.

UNAP II objectives

Objective 1: Increase access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons.

Objective 2: Increase access and utilization of nutrition sensitive services by children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable persons

Objective 3: Strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services

UNAP II Outcomes

Outcome 1: Increased access to and utilization of nutrition-specific services by children under 5 years of age, adolescent girls, pregnant and lactating women and older persons.

Outcome 2: Increased access and utilization of nutrition sensitive services by children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable persons

Objective 3: Strengthened enabling environment for scaling up nutrition specific and nutrition sensitive services

Sector : Health

UNAP II Strategies for MOH

Strategy 1.1: Promote optimal maternal, infant, young child and adolescent nutrition practices

Strategy 1.2: Promote micronutrient intake among children, adolescents and women of reproductive age

Strategy 1.3: Increase coverage of management for acute malnutrition in stable and in emergency situations

Strategy 1.4: Integrate Nutrition services in prevention, control and management of infectious diseases.

Strategy 1.5: Integrate Nutrition services in prevention, control and management of non-communicable diseases

Responsible Officer: Permanent Secretary, MOH

Intermediate Outcomes for MOH

- Improved maternal, infant, young child and adolescent nutrition practices
- Reduction of micro nutrient deficiencies among children, adolescents and women of reproductive age
- Reduction of malnutrition in stable and emergency situations
- Reduction of infectious diseases related to nutrition in children
- Reduction Diet Related Non Communicable Diseases (DRNCDs)

Performance Indicators for MOH	Baseline 2019/2020	Performance Targets				
		2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified	No data					80
Proportion of infants initiated on breastfeeding within one hour of birth	66					100
Proportion of babies exclusively breastfed for the first six months	66					70
Proportion of babies' breastfed up to 2 years.	43					85
Proportion of infants introduced timely to complementary foods	81					100
Proportion of children aged 6 to 23 months who achieve Minimum Diet Diversity (MDD)	15					
Proportion of adolescents aged 10 to 19 years and women of reproductive age who achieve Minimum Diet Diversity (MDD)	No data					
Proportion of women of reproductive age counselled on MIYCAN practices	No data					
Proportion of children receiving growth promotion and monitoring services	No data					
Proportion of children 6–59 months receiving Vitamin A supplementation	62					80

Percentage of households that have iodized salt (>15 ppm)	99					100
Median urinary iodine concentration (100-299 µg/L) in children aged 6-12 years	No data					
Proportion of pregnant women receiving Iron and Folic Acid supplementation	23					
Proportion of adolescent girls receiving Iron and Folic Acid supplementation	No data					
Proportion of adolescents' girls aged 10-19 years who consume iron rich foods	No data					
Percentage of facilities providing IMAM services level	No data					
Proportion of number of individuals (per age category) accessing nutrition assessment	No data					
Proportion of individuals identified with malnutrition and referred for treatment.	No data					
Proportion of malnourished people receiving IMAM services	No data					
Proportion of malnourished clients linked to support services at community level	No data					
Proportion of children under 5 years old with diarrhoea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc	30					100
Proportion of children 1 to 14 years receiving (two doses per year)	60					100
Proportion of children aged 0-5years using insecticide treated nets	62					80
Proportion of pregnant women using insecticide treated nets	64					80
Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule	55					70
Prevalence of children 0-5 years suffering from childhood diarrhoea	20					3
Prevalence of malaria in children under 5 years of age	30					
Prevalence of malaria in children under 5 years of	5.12					

age						
HIV/AIDS incidence in 1000 persons	201					
Tuberculosis incidence (per 1,000 population)	20					
Prevalence of acute respiratory infections	9					
Prevalence of fevers in children under 5 years of age	33					
Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day	No data					
Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	No data					
Sector :Agriculture						
UNAP Strategies for MAAIF						
Strategy 1: Promote production of diverse, safe, nutrient dense crop and animal products at household level						
Strategy 2: Increase access to diverse, safe and nutrient dense crop and animal products						
Strategy 3: Improve utilization of diverse, safe and nutrient dense crop, fish and animal products						
Responsible Officer: Permanent Secretary MAAIF						
Intermediate Outcome for MAAIF; Increased production, access and consumption of safe, diverse and nutrient dense foods						
Performance indicators	Baseline 2019/2020	Performance Targets				
		2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	No data					
Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production	No data					
Proportion of households Supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	No data					
Proportion of farmers whose awareness and support farmers to access gender sensitive labour and	No data					

energy saving technologies is provided						
Proportion of households Support to access to water for agricultural production	No data					
Proportion of farming households producing bio-fortified foods	No data					
Proportion of business actors involved in industrial fortified foods production	No data					
Proportion of households consuming fortified foods	No data					
<i>Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products</i>	No data					
<i>Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built</i>	No data					
<i>Proportion of farmers support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources</i>	No data					
<i>Proportion of farmers supported in agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households incomes and improved access to safe, diverse, nutrient dense foods</i>	No data					
<i>Percentage of farmers equipped with skills in postharvest handling technologies and value addition</i>	No data					
<i>Percentage of value chain actors applying technologies</i>	No data					
<i>Percentage of farmers using labour saving technologies</i>	No data					
<i>Percentage change in farmers accessing water for agricultural production</i>	No data					
<i>Proportion of household reached with nutrition information and services passed by agricultural</i>	No data					

<i>extension workers</i>						
<i>Proportion of households reached with Technologies and awareness campaigns to ensure food safety</i>	No data					
<i>Proportion of households consuming fortified foods at household level</i>	No data					
<i>Proportion of parishes reached with awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources</i>	No data					
<i>Status of implementation of Dietary guidelines and food composition tables in place</i>	No data					
<p>Sector: Social Development</p> <p>UNAP strategies for MOGLD</p> <p><i>Strategy 1: Promote integration of food and nutrition security services in social protection programmes</i> <i>Strategy 2: Increase access to integrated early childhood development (IECD) services</i></p> <p>Responsible Officer: Permanent Secretary MOGLSD</p> <p>Intermediate Outcomes for MOGLSD</p> <ul style="list-style-type: none"> Increased access to Nutrition Sensitive social protection programmes Increased access to integrated early childhood development (IECD) services 						
Performance Indicator for MOGLSD	Baseline 2019/2020	Performance Targets				
		2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Proportion of vulnerable population covered by social protection programmes	No data					
Reduced proportion of children 2–14 years old who experience any violent discipline	No data					
Reduced proportion of GBV cases	No data					
Growth rates of household expenditure and income per capita among the bottom 40% of the population	No data					

and the total population						
Proportion of urban population living in slums, informal settlement or inadequate housing	54					
Proportion of women of reproductive age among women groups that have accessed Uganda Women Entrepreneurship Programme (UWEP) Fund	No data					
Percentage of women of reproductive age empowered on rights, gender equality and equity, their role in the development among topics	No data					
Proportion of women of reproductive age participating in development initiatives	No data					
Proportion of children aged 36-59 months who are developmentally on track in at least three domains of ECD	No data					
Proportion of public and private institutions promoting Maternity and paternity protection for improved nutrition	No data					
Sector ; Education						
UNAP Strategy for MOES: Increase access to efficient and quality education and sports for all						
Responsible Officer: Permanent Secretary MOES						
Intermediate outcome for MOES: Increased access to efficient and quality education and sports for all						
Performance Indicator for MOES	Baseline 2019/2020	Performance Targets				
		2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Proportion of learners completing the education cycle by gender	No data					
Proportion of girls enrolled secondary school enrolment	No data					
Proportion of schools implementing school feeding and nutrition program	No data					
Proportion of learners benefiting from the school feeding and nutrition programs	No data					
Proportion of parents contributing to feeding and nutrition of their children in schools	No data					

Proportion of parents participating in the school's general meetings (PTA, etc.)	No data					
Proportion of parents participating in school supervision visits.	No data					
Proportion of schools practicing school gardening.	No data					
Proportion institutional and physical infrastructure for school feeding and nutrition	No data					
Proportion of Nutrition Education and training in curricular co-curricular Integrate	No data					
Proportion of schools that promote improved nutrition and wellbeing initiatives	No data					
Sector : Water and Environment						
UNAP Strategy for MOWE; Increased access to Water Sanitation and Hygiene services						
Responsible Officer: Permanent Secretary , MOWE						
Intermediate outcome for MOWE: Increased access to Water Sanitation and Hygiene services						
Performance indicator	Baseline	Performance Targets				
	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Proportion of households with access to safe water sources	71					
Proportion of households with access to sanitation and hygiene services	19					
Proportion of Communities mobilized on sustainable use of WASH services						
Proportion of public private partnerships on WASH created	No data					
Proportion of households provided with water for production	No data					
Sector : Trade, Industry and Cooperatives						
UNAP Strategy for MOTIC : Increase trade, industry and investments in scaling up nutrition						

Responsible Officer: Permanent Secretary						
Intermediate outcome for MOTIC: Increased trade, industry and investments in scaling up nutrition						
Performance indicator for MOTIC	Baseline 2019/2020	Performance Targets				
Proportion of industries supplying fortified foods on the market	No data	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Proportion of value added Nutritious foods	No data					
Proportion of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement	No data					
Proportion of SMEs in the food system availing fortified foods on the market	No data					
Proportion of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods	No data					
Proportion of Non-Tariff barriers that affect food and nutrition mitigated to trade of safe	No data					
Sector : All UNAP II Implementing Sectors and Agencies (Local Government; Health; Agriculture; Social Development; Education; Water and Environment and Trade, Industry and Cooperatives)						
UNAP Strategies :						
<ul style="list-style-type: none"> • Improve nutrition governance for scaling up nutrition at all levels • Institutionalize mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for decision making 						
Responsible Officer: Permanent Secretaries of; OPM;MOFPED;MOLG;MOH;MOES;MOWE;MOGLSD;MAAIF;MOTIC						
Intermediate outcome:						
<ul style="list-style-type: none"> • Improved nutrition governance for scaling up nutrition • Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for decision making 						
Performance Indicators	2019/2020	2020/21	2021/22	2022/23	2023/24	2014/25
Proportion of functional Nutrition Coordination structures at all levels	No data					

<i>Proportion of functional of SUN networks</i>	2	3	5	5	5	5
<i>Status of implementation of the UNAP II</i>	No data					
<i>Status of implementation of Sectoral annual nutrition action work plans</i>	No data					
<i>Status of implementation of District Nutrition Action Plans</i>	No data					
<i>Status of implementation of the District Annual Nutrition Work plans</i>	No data					
<i>Status of implementation of Sub county/ Town Council Nutrition Action Plans</i>	No data					
<i>Status of implementation of the Sub county /Town Council annual Nutrition Work plans</i>	No data					
<i>Status of implementation of Municipal Nutrition Action Plans</i>	No data					
<i>Status of implementation of the f Municipal Annual Nutrition Work plans</i>	No data					
<i>% compliance of sector plans to UNAP II</i>	No data					
<i>% compliance of Development Partners plans to UNAP II</i>	No data					
<i>% implementation of the Capacity development plan for Nutrition</i>	No data					
<i>Proportion of sectoral NCCs on nutrition governance trained</i>	No data					
<i>Proportion of Nutrition Coordination Committee members</i>	No data					
<i>Proportion of DNCCs, SNCCs/TNCCs members trained on nutrition governance</i>	No data					
<i>Proportion of MNCCs trained on nutrition governance</i>	No data					
<i>Functionality status of nutrition governance elements</i>	No data					
<i>Status of alignment of Gender into multi-sectoral nutrition programming</i>	No data					
<i>Implementation status of Training packages for agricultural extension</i>	No data					
<i>Implementation status of Comic book and development of teacher's guide and IEC materials on nutrition for primary school children</i>	No data					

Proportion of vacant positions filled at Local Government, Region and National level	No data					
Status of implementation of the NACS for UNAP II	No data					
Status implementation of the nutrition related policies	No data					
Proportion of multi-sectoral stakeholders scaling up Nutrition specific and sensitive interventions scaled up	No data					
Implement status of the Monitoring Evaluation Accountability and Learning Plan for UNAP-II	No data					
Functionality status of Information Platform for Nutrition at National and local government level	No data					
Functionality status of early warning systems, survey and surveillance on food and nutrition from community to national levels	No data					
Enhanced use of evidence based nutrition knowledge products at all levels	No data					
Implementation status of sector specific research and assessment Plans for UNAP-II	No data					

ANNEX 3: UNAP MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK

NB: Indicators derived from Scaling up Nutrition (SUN) Monitoring and Evaluation Framework (2018), National Standards Indicator Framework for NDP III and UNAP II implementing Sectoral Strategic Plans

Indicators	Baseline	Annual targets	Data	Frequency	Responsibility
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	2019/2020	2020/21	2021/22	2021/22	2022/23	2023/24	2024/25	Source		centre
Nutrition Impact Indicators										
Prevalence of stunting in children under five years of age	29						<20	UDHS	5 years	UBOS
Prevalence of infants born <2500 g	10						<10	UDHS	5 years	UBOS
Prevalence of overweight in children under five years of age	4						< 4	UDHS	5 years	UBOS
Prevalence of wasting in children under five years	4						< 4	UDHS	5 years	UBOS
Prevalence of anaemia in women of reproductive age	32						< 19	UDHS	5 years	UBOS
Prevalence of anaemia in children 0-5 years	53						24.5	UDHS	5 years	UBOS
Proportion of women aged 15-49 years with low body mass index (BMI)	8.7						< 5	UDHS	5 years	UBOS
Proportion of overweight	16.5						<17	UDHS	5 years	UBOS

adult women aged 18+ years										
Proportion of overweight adult men aged 18+ years	7.7						<7.7	UDHS	5 years	UBOS
Proportion of obesity in adult women aged 18+ years	7.2						<7.2	UDHS	5 years	UBOS
Proportion of obesity in adult men aged 18+ years	1.2						<1.2	UDHS	5 years	UBOS
Proportion of overweight in adolescents	No data						<10	UDHS	5 years	UBOS
Proportion of obesity in adolescents	No data						<10	UDHS	5 years	UBOS
Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years	3.3(NCD survey 2014)						<6	UDHS	5 years	MoH
Age-standardized prevalence of raised blood pressure among	24 (NCD survey 2014)						<20	UDHS	5 years	MoH

persons aged 18+ years										
Nutrition Specific Outcome Indicators										
Indicators	Baseline 2019/2020	Annual targets						Data Source	Frequency	Responsibility centre
		2020/21	2021/22	2021/22	2022/23	2023/24	2024/25			
Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified	No data						80	DHIS2	Annually	MOH
Proportion of infants initiated on breastfeeding within one hour of birth	66						100	UDHS	5 years	UBOS
Proportion of babies exclusively breastfed for the first six months	66						70	UDHS	5 years	UBOS
Proportion of babies' breastfed up to 2 years.	43						85	UDHS	5 years	UBOS
Proportion of infants introduced timely to complementary foods	81						100	UDHS	5 years	UBOS
Proportion of children aged 6 to 23 months who achieve Minimum Diet	15						20	UDHS	5 years	UBOS

Diversity (MDD)										
Proportion of adolescents aged 10 to 19 years and women of reproductive age who achieve Minimum Diet Diversity (MDD)	No data							UDHS	5 years	UBOS
Proportion of women of reproductive age counselled on MIYCAN practices	No data					100		DHIS2	1 year	MOH
Proportion of children receiving growth promotion and monitoring services	No data					100		UDHS	5 years	UBOS
Proportion of children 6–59 months receiving Vitamin A supplementation	62					80		UDHS	5 years	UBOS
Percentage of households that have iodized salt (>15 ppm)	99					100		UDHS	5 years	UBOS
Median urinary iodine concentration (100–299 µg/L) in children aged 6–	No data							UDHS	5 years	UBOS

12 years										
Proportion of pregnant women receiving Iron and Folic Acid supplementation for 90days plus	23							UDHS	5 years	UBOS
Proportion of adolescent girls receiving Iron and Folic Acid supplementation	No data							UDHS	5 years	UBOS
Proportion of adolescents' girls aged 10-19 years who consume iron rich foods	No data							UDHS	5 years	UBOS
Percentage of facilities providing IMAM services level	No data							DHIS2	Annually	MOH
Proportion of number of individuals (per age category) accessing nutrition assessment	No data							DHIS2	Annually	MOH
Proportion of individuals identified with malnutrition and referred for treatment.	No data							DHIS2	Annually	MOH
Proportion of malnourished people receiving	No data							DHIS2	Annually	MOH

IMAM services										
Proportion of malnourished clients linked to support services at community level	No data							DHIS2	Annually	MOH
Proportion of children under 5 years old with diarrhoea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc	30						100	UDHS	5 years	UBOS
Proportion of children 1 to 14 years receiving (two doses per year)	60						100	UDHS	5 years	UBOS
Proportion of children aged 0–5years using insecticide treated nets	62						80	UDHS	5 years	UBOS
Proportion of pregnant women using insecticide treated nets	64						80	UDHS	5 years	UBOS
Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the	55						70	UDHS	5 years	UBOS

national schedule										
Prevalence of children 0-5 years suffering from childhood diarrhoea	20	15					3	UDHS	5 years	UBOS
Prevalence of malaria in children under 5 years of age	30	25						UDHS	5 years	UBOS
HIV/AIDS incidence in 1000 persons	5.12							DHIS2	Annually	MOH
Tuberculosis incidence (per 1,000 population)	201							DHIS2	Annually	MOH
Prevalence of acute respiratory infections	9							DHIS2	Annually	MOH
Prevalence of fevers in children under 5 years of age	33							DHIS2	Annually	MOH
Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day	No data							UDHS	5 years	UBOS
Age-standardized	No data							UDHS	5 years	UBOS

mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years										
Nutrition Sensitive Outcome Indicators										
Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	No data							AMIS	Annual	MAAIF
Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production	No data							AMIS	Annual	MAAIF
Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal	No data							AMIS	Annual	MAAIF

resources											
Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided	No data								AMIS	Annual	MAAIF
Proportion of households Support to access to water for agricultural production	No data								AMIS	Annual	MAAIF
Proportion of farming households producing bio-fortified foods	No data								AMIS	Annual	MAAIF
Proportion of business actors involved in industrial fortified foods production	No data								AMIS	Annual	MAAIF
Proportion of households consuming fortified foods	No data								AMIS	Annual	MAAIF
Proportion of persons involved in agro-processing and marketing of	No data								AMIS	Annual	MAAIF

diverse, safe, nutrient dense crop and animal products										
Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built	No data							AMIS	Annual	MAAIF
Proportion of farmers support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	No data							AMIS	Annual	MAAIF
Proportion of farmers supported in agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households	No data							AMIS	Annual	MAAIF

<i>incomes and improved access to safe, diverse, nutrient dense foods</i>										
<i>Percentage of farmers equipped with skills in postharvest handling technologies and value addition</i>	No data							AMIS	Annual	MAAIF
<i>Percentage of value chain actors applying technologies</i>										MAAIF
<i>Percentage of farmers using labour saving technologies</i>	No data							AMIS	Annual	MAAIF
<i>Percentage change in farmers accessing water for agricultural production</i>	No data							AMIS	Annual	MAAIF
<i>Proportion of household reached with nutrition</i>	No data							AMIS	Annual	MAAIF

<i>information and services passed by agricultural extension workers</i>									
<i>Proportion of households reached with Technologies and awareness campaigns to ensure food safety</i>	No data						AMIS	Annual	MAAIF
<i>Proportion of households consuming fortified foods at household level</i>	No data						AMIS	Annual	MAAIF
<i>Proportion of parishes reached with awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources</i>	No data						AMIS	Annual	MAAIF
<i>Status of implementation</i>	No data						AMIS	Annual	MAAIF

of Dietary guidelines and food composition tables in place										
Proportion of vulnerable population covered by social protection programmes	No data								Annual	MOGLSD
Reduced proportion of children 2–14 years old who experience any violent discipline	No data								Annual	MOGLSD
Reduced proportion of GBV cases										MOGLSD
Growth rates of household expenditure and income per capita among the bottom 40% of the population and the total population	No data								Annual	MOGLSD
Proportion of urban population living in slums, informal settlement or inadequate housing	54								Annual	MOGLSD

Proportion of women of reproductive age among women groups that have accessed Uganda Women Entrepreneurship Programme (UWEP) Fund	No data								Annual	MOGLSD
Percentage of women of reproductive age empowered on rights, gender equality and equity, their role in the development among topics	No data								Annual	MOGLSD
Proportion of women of reproductive age participating in development initiatives	No data								Annual	MOGLSD
Proportion of children aged 36-59 months who are developmentally on track in at least three	No data								Annual	MOGLSD

domains of ECD										
Proportion of public and private institutions promoting Maternity and paternity protection for improved nutrition	No data								Annual	MOGLSD
Proportion of learners completing the education cycle by gender	No data							EMIS	Annual	MOES
Proportion of girls enrolled secondary school enrolment	No data							EMIS	Annual	MOES
Proportion of schools implementing school feeding and nutrition program	No data							EMIS	Annual	MOES
Proportion of learners benefiting from the school feeding and nutrition programs	No data							EMIS	Annual	MOES

Proportion of parents contributing to feeding and nutrition of their children in schools	No data							EMIS	Annual	MOES
Proportion of parents participating in the school's general meetings (PTA, etc.)	No data							EMIS	Annual	MOES
Proportion of parents participating in school supervision visits.	No data							EMIS	Annual	MOES
Proportion of schools practicing school gardening.	No data							EMIS	Annual	MOES
<i>Proportion institutional and physical infrastructure for school feeding and nutrition</i>	No data							EMIS	Annual	MOES
<i>Proportion of Nutrition Education and training in curricular co-curricular Integrate</i>	No data							EMIS	Annual	MOES

Proportion of schools that promote improved nutrition and wellbeing initiatives	No data							EMIS	Annual	MOES
Proportion of households with access to safe water sources	71								Annual	MOWE
Proportion of households with access to sanitation and hygiene services	19								Annual	MOWE
Proportion of Communities mobilized on sustainable use of WASH services	No data								Annual	MOH/MOWE
Proportion of public private partnerships on WASH created	No data								Annual	MOWE
Proportion of households provided with water for production	No data								Annual	MOWE
Proportion of industries supplying	No data								Annual	MOTIC

fortified foods on the market										
Proportion of value added Nutritious foods	No data								Annual	MOTIC
Proportion of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement	No data								Annual	MOTIC
Proportion of SMEs in the food system availing fortified foods on the market	No data								Annual	MOTIC
Proportion of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods	No data								Annual	MOTIC
Proportion of Non-Tariff barriers that affect food and nutrition mitigated to trade of safe	No data								Annual	MOTIC
Nutrition Environment Indicators										
Proportion of functional Nutrition Coordination	No data							Functional ity score report	Annual	OPM

structures at all levels										
Proportion of functional of SUN networks	2							Functional ity score report	Annual	OPM
Status of implementation of the UNAP II	No data							Functional ity score report	Annual	OPM
Status of implementation of Sectoral annual nutrition action work plans	No data							Functional ity score report	Annual	OPM
Status of implementation of District Nutrition Action Plans	No data							Functional ity score report	Annual	MoLG
Status of implementation of the District Annual Nutrition Work plans	No data							Functional ity score report	Annual	MoLG
Status of implementation of Sub county/ Town Council Nutrition Action Plans	No data							Functional ity score report	Annual	MoLG
Status of implementation of the Sub county /Town Council annual Nutrition Work plans	No data							Functional ity score report	Annual	MoLG

Status of implementation of Municipal Nutrition Action Plans	No data							Functionality score report	Annual	MoLG
Status of implementation of the f Municipal Annual Nutrition Work plans	No data							Functionality score report	Annual	MoLG
% compliance of sector plans to UNAP II	No data							compliance Status reports	Annual	MoLG
% compliance of Development Partners plans to UNAP II	No data							compliance Status reports	Annual	OPM
% implementation of the Capacity development plan for Nutrition	No data							Capacity development plan	Annual	OPM
Proportion of sectoral NCCs on nutrition governance trained	No data							Functionality score report	Annual	OPM
Proportion of DNCCs, SNCCs/TNCCs members trained on nutrition governance	No data							Functionality score report	Annual	MoLG
Proportion of	No data							Functionality	Annual	MoLG

MNCCs trained on nutrition governance								ity score report		
Functionality status of nutrition governance elements	No data							Functionality score report	Annual	MoLG
Status of alignment of Gender into multi-sectoral nutrition programming	No data							Status report	Annual	MOLSD
Implementation status of Training packages for agricultural extension	No data							Status report	Annual	MAAIF
Implementation status of Comic book and development of teacher's guide and IEC materials on nutrition for primary school children	No data							Status report	Annual	MOES
Proportion of vacant positions filled at Local Government, Region and	No data							Status report	Annual	MOLG; MOH

National level										
Status of implementation of the NACS for UNAP II	No data							Status report	Annual	OPM
Status implementation of the nutrition related policies	No data							Status report	Annual	OPM, all UNAP II implementing sectors
Proportion of multi-sectoral stakeholders scaling up Nutrition specific and sensitive interventions scaled up	No data							Mapping report	Annual	all UNAP II implementing sectors
Implement status of the Monitoring Evaluation Accountability and Learning Plan for UNAP-II	No data							Status reports	Annual	OPM; all UNAP II implementing sectors
Functionality status of Information Platform for Nutrition at National and local government level	No data							Status reports	Annual	OPM
Functionality status of early warning systems, survey and	No data							Status reports	Annual	OPM;MAAIF

surveillance on food and nutrition from community to national levels										
Enhanced use of evidence based nutrition knowledge products at all levels	No data							Status reports	Annual	OPM; all UNAP II implementing sectors
Implementation status of sector specific research and assessment Plans for UNAP-II	No data							Status reports	Status reports	OPM; all UNAP II implementing sectors

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ANNEX 4: UNAP II ROLLOUT AND IMPLEMENTATION ROAD MAP

Activity	Timeline							Outputs	Responsibility	Potential partnerships
	2019	2020	2021	2022	2023	2024	2025			
Lobby for UNAP-II approval by cabinet together with Nutrition the National Nutrition Policy								Approved UNAP-II and Policy 2018	OPM UNAP II Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO, NI and CSOs
Production of a simplified reader friendly version of UNAP-II and the Nutrition policy								2000 copies printed and circulated	OPM UNAP II Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO and CSOs
High level launch of UNAP II at the national level								Government and non-governmental leaders are aware of UNAP II	OPM UNAP II Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO and CSOs

								and commit to support its implementation		
Finalise and disseminate standard operating procedures for nutrition coordination structures aligned to UNAP II								National and LLG actors are sensitised on the standard operating procedures nutrition	OPM UNAP II Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO and CSOs
Conduct a stakeholders mapping and capacity assessment for UNAP stakeholders & design a capacity development plan								A catalogue of UNAP-II Stakeholders, GIS maps, Capacity gaps and a capacity development	OPM UNAP II Secretariat and line ministries	UNICEF, EU and CSOs
Support the formation of DNCCs in new districts and SNCC in all districts								Functional DNCCs and SNCC in all districts	OPM, MOLG	NDPG and implementing CSO partners
Develop and roll out MEAL plan/system for UNAP II linking it to NIPN								Functional MEAL plan supported by stakeholders at all levels	OPM UNAP II Secretariat and line ministries	NDPG and implementing CSO partners
Finalise nutrition expenditure review and develop costing, resource mobilization and tracking plan for UNAP II								Functional resource mobilization and tracking plan for	OPM UNAP II Secretariat and line ministries	NDPG and implementing CSO partners

								UNAP II with clear commitments and accountabilities		
Conduct sensitization / orientation /dissemination workshops and UNAP-II at national level and in all UDHS regions targeting the DNCC members								Oriented and sensitized DNCCs	OPM UNAP Secretariat SUN Coordinator	NDPG and implementing CSO partners
Technically support all Local governments and lower local governments, municipalities to develop Nutrition Action Plans aligned to UNAP-II								128 DNAPs produced	OPM and relevant line ministries	Implementing partner CSOs
Orient All District Local Councils (5 & 3) on UNAP II and DNAPs								DNAPs are aligned to the DDPs and allocated funds in the district budget	OPM, MOLG	NDPG and implementing CSO partners
Conduct the capacity development activities for local governments based on UNAP II									OPM and relevant line ministries	NDPGs, implementing partners/CSOs

Provide technical and advisory support to SUN Networks							SUN networks are established and are functional	OPM UNAP II Secretariat	NDPGs, implementing partners/CSOs
Conduct annual regional and national UNAP II progress review fora							Progress reports on UNAP II implementation	OPM UNAP II Secretariat	NDPGs, implementing partners/CSOs
Conduct annual national nutrition forum							progress reports and renewed stakeholder Commitments	OPM UNAP II Secretariat	NDPGs, implementing partners/CSOs
End of UNAP II evaluation							End term report	OPM UNAP Secretariat SUN Coordinator	Consultant

ANNEX 5: STAKEHOLDERS WHO PARTICIPATED IN UNAP II DEVELOPMENT

	FIRST NAME	LAST NAME	POSITION	ORGANIZATION
1	Hedwig	Achan	Senior Lecturer	Makerere University
2	Galiwango	Samuel	Senior Economist	OPM
3	Ezekiel	Mupere	HOD	Makerere University
4	DR. Upenytho	George Dugumm	Commissioner	MOH
5	Everest	Tumwesigye	Commissioner	MGLSD
6	Susan	Oketcho	AC/ES	MOES
7	Nassul	Kabunge	Senior Analyst	UBOS
8	Julius	Twinamasiko	PC UMFSNP	MAAIF
9	Maureen	Bakunzi	Ag.Commissioner/SCI	OPM
10	Patrick	Nganzi	NSPA	OPM
11	Samalie	Namukose	P.Nutritionist	MOH
12	Alex	Bambona	AC	MAAIF
13	Sarah Nahalamba	Birungi	ag.M/PSSP	NPA
14	Peter Milton	Rukundo	HOD	Kyambogo University
15	Andrew	Musoke	AC	MoLG
16	Lule	Victor	APO	MoES
17	Ketra	Nakayenga	Senior Officer QA	MoTIC
18	Benedict	Okweda	PCDO	MGLSD
19	Aminah	Nassali	PA	OPM
20	Prossie	Nampijja	PUO/UA	MOLG
21	Ivan	Ikwayo	Senior Nutritionist	CUAM
22	Rose	Nakiwala	Senior Nutritionist	Mercy Corps
23	Isaac	Kabazzi	Nutrition and Food Security Officer	UNHCR
24	Beatrice	Okello	Senior program Officer	FAO
25	Paska	Aluba	Nutrition Officer	UNICEF
26	Sumit	Karn	Nutrition Specialist	UNICEF
27	Agnes	Kirabo	Executive Director	Food Alliance
28	Fredrick	Kizito	Senior Advisor	SNV

29	Florence	Akello	Nutrition and WASH Specialist	URC RHITES
30	Nancy	Adero	Nutrition Advisor	RHITES Project
31	Ndagire	Gloria	Technical Lead Health and Nutrition	World Vision
32	Dan	Kajungu	Consultant	RECABIP
33	Joseph	Bwire	Program Manager	SNV
34	Jenifer	Mugisha	STA/FH	URC RHITES
35	Ritah	Nakigudde	Health Adviser	DFID
36	Alfred	Boyo		USAID
37	Jacob	Korir	Consultant	NI
38	Charles	Asiimwe	Consultant	NI

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