



Uganda
Vision **2040**

NATIONAL NUTRITION PLANNING GUIDELINES FOR UGANDA



National Planning Authority

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ACKNOWLEDGEMENTS

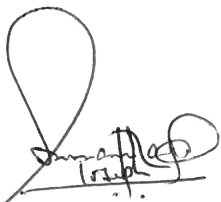
The development of these guidelines benefited from the contribution, participation, and support of various persons and institutions. The National Planning Authority would therefore like to thank all those who contributed in one way or another to the production of these guidelines. We are particularly grateful to all Ministries, Departments, and Agencies and Local Governments who provided valuable input during consultative workshops and meetings. In a special way, I wish to thank the Office of the Prime Minister, particularly Ms. Maureen Bakunzi and Mr. Boaz Musiimenta, who worked tirelessly as members of the technical committee.

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Finally, I urge all stakeholders to make use of these guidelines to facilitate the production of nutrition sensitive and responsive development plans and programmes in line with the National Development Plans.



Joseph Muvawala (Ph.D)
Executive Director
National Planning Authority

FOREWORD

Good nutrition plays an important role in the socio-economic development of a nation. To ensure adequate and appropriate nutrition for its population as enshrined in Uganda Vision 2040, the Government of Uganda has put emphasis on reduction of malnutrition and addressing its effects to human capital development. Over the last five years, focus was put on capitalizing on the window of opportunity, that is the first 1,000 days from conception through a child's second birthday, as well as improving the nutrition status of women of reproductive age, which are the most vulnerable groups.

While the implementation of the First National Development Plan (NDPI), through the Uganda Nutrition Action Plan (UNAP), led to a number of achievements, challenges still persist which require redress during the implementation of the Second National Development Plan (NDPII). Key of these include the complexity of malnutrition due to multiple causes rooted in various sectors and its far-reaching consequences. Forty-five percent of childhood deaths in Uganda are attributed to malnutrition as the underlying cause and its economic cost remains high; for example, the total cost of undernutrition was estimated to amount to 56% of Uganda's gross domestic product (GDP).

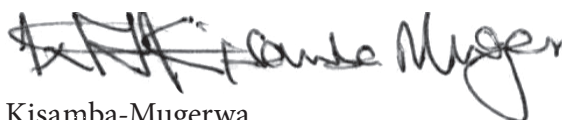
The Government of Uganda now fully recognizes nutrition as a cross-cutting issue, relevant to a number of sectors such as health, agriculture, education, gender and social development, trade and industry, among others. Therefore, all relevant sectors at national and local Government levels must address nutrition in their development plans.

In line with Section 7(2) d of the NPA Act, 2002, that mandates the authority to provide support and guidance for decentralized planning processes, these guidelines have been prepared to facilitate integration of nutrition as a cross-cutting issue in sector and local Government plans. The guidelines respond to the need for comprehensive multi-sectoral guidance for those involved in planning for different levels. They complement the Local Government Planning Guidelines (LGDPG) and the Sector Development Planning Guidelines (SDPG) developed by the National Planning Authority in 2014 and 2015 respectively.

I therefore urge all those involved in planning to make use of these guidelines to appropriately and effectively integrate nutrition in development programming.

It is my hope that these guidelines will go a long way toward facilitating effective nutrition planning to achieve Uganda's nutrition targets and objectives.

For God and My Country,



Kisamba-Mugerwa
Chairperson, National Planning Authority

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ACRONYMS

ANC	antenatal care
DNCC	District Nutrition Coordination Committee
CAO	Chief Administrative Officer
CBO	community-based organization
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CNDPF	Comprehensive National Development Planning Framework
CSO	civil society organization
DTPC	District Technical Planning Committee
EMIS	education management information system
FBO	faith-based organization
GDP	gross domestic product
HMIS	health management information system
HLG	Higher Local Government
IMAM	integrated management of acute malnutrition
LC	Local Council
LG	Local Government
LGDP	Local Government Development Plan
LGDPG	Local Government Development Planning Guidelines
LLG	Lower Local Government
LOGICS	Local Government Information and Communication System
MoFPED	Ministry of Finance, Planning, and Economic Development
MoLG	Ministry of Local Government
MUAC	mid-upper arm circumference
M&E	monitoring and evaluation
NCC	Nutrition Coordination Committee
NDP	National Development Plan
NGO	non-governmental organization
NPA	National Planning Authority
OPM	Office of the Prime Minister
PTA	parent-teacher association
SDPG	Sector Development Planning Guidelines
UDHS	Uganda Demographic and Health Survey
UNAP	Uganda Nutrition Action Plan
VHT	village health team
WFP	World Food Programme
WHO	World Health Organization



NATIONAL NUTRITION PLANNING GUIDELINES FOR UGANDA



1.0 CHAPTER ONE:

BACKGROUND

1.1 Introduction

These guidelines have been prepared to facilitate integration of nutrition as a cross-cutting issue in sector and local government plans. The guidelines respond to the need for comprehensive multisectoral guidance for those involved in planning for nutrition activities at different levels. They complement the Local Government Development Planning Guidelines (LGDPG) (2014) and the Sector Development Planning Guidelines (SDPG) (2015) developed by the National Planning Authority (NPA).

These guidelines were developed through a participatory process that involved multiple stakeholders, including relevant government sectors, local governments, development partners, and civil society. The development of these guidelines entailed a number of processes including a desk review of existing planning documents and relevant policy frameworks; individual consultations with national-level stakeholders; and regional consultations with local governments.

These guidelines are aligned with existing Uganda national development policy and planning frameworks as well as international obligations relevant to food and nutrition security. The national frameworks include:

- The 1995 Constitution of the Republic of Uganda
- The National Planning Authority Act (2002)
- Uganda Vision 2040
- Comprehensive National Development Planning Framework (2007)
- National Development Plan I (NDP) (2010/11–2015/16)
- Draft National Development Plan II (NDP II) (2015/16–2019/20)
- Uganda Nutrition Action Plan (UNAP) (2011–2016)
- Food and Nutrition Policy (2003)
- Sector Development Strategies and Investment Plans
- Sector Development Planning Guidelines (2015)
- Local Governments Act (1997)
- Local Government Development Planning Guidelines (2014)

The international and regional agreements and frameworks relevant to food and nutrition to which Uganda is a signatory include:

- International Conferences on Nutrition (1992 and 2014)

- World Food Summit (1996)
- Declaration on the Millennium Development Goals (2000) and the follow-up summit (2010)
Scaling Up Nutrition Initiative (2010)
- International Covenant on Economic, Social, and Cultural Rights (ICESCR)
- Convention on Elimination of All Forms of Discrimination against Women
- International Health Partnerships and related initiatives (IHP+)
- The African Regional Nutrition Strategy of the African Union
- The Comprehensive Africa Agriculture Development Programme (CAADP)
- Sustainable Development Goals (2014)

These policies and frameworks encompass a wide range of provisions covering national commitments to improving nutrition, decentralized planning, the role of sectors and local governments in development planning, and the importance of nutrition to development. The draft NDP II includes Uganda's commitment to significantly reduce stunting among children under 5 from 33% to 25% in the next 5 years and beyond. The NDP theme of 'Strengthening Uganda's Competitiveness for Sustainable Wealth Creation, Employment, and Inclusive Growth' cannot be achieved if the population's potential is affected by consequences of malnutrition. The NDP incorporates nutrition as a cross-cutting issue that requires multisectoral action in key sectors: Health, Agriculture, Education, Trade and Industry, Local Government, and Gender and Social Development.

This guide has five main sections: Section 1 provides background on the guidelines and discusses Uganda's nutrition situation; Section 2 explains the guidelines' purpose, scope, and audience as well as how the guidelines should be used; Section 3 describes Uganda's planning and coordination framework and processes; and Sections 4 and 5 provide guidance on planning for nutrition at the sector and local government levels, respectively. The guide also includes annexes with a list of potential interventions that can be planned at different levels.

1.2 Nutrition Situation in Uganda

Nutrition plays an important role in the human health and socioeconomic development of any country. Uganda still faces numerous undernutrition and overnutrition challenges, with variation across the regions. Statistics from the 2011 Uganda Demographic and Health Survey¹ (DHS) indicate that of every 100 children under 5 years of age, about 33 percent were chronically malnourished (stunted, or low height-for-age), 5 percent were acutely malnourished (wasted, or low weight-for-height), and 14 percent were underweight (low weight-for-age). The prevalence of stunting was highest in Karamoja (45 percent) and lowest in Kampala (14 percent) as shown in Table 1.

The middle wealth quintile is most affected by stunting, at 45 percent. Children of mothers with no education (19 percent) were more than twice as likely to be stunted as children born to mothers with a secondary school education (8 percent). In addition, children born to undernourished women (body mass index [BMI] less than 18.5) are more likely to be underweight or wasted than children born to

¹ Uganda Bureau of Statistics (UBOS) and ICF International, Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda.

Table 1. Prevalence of Stunting and Anaemia in Uganda by Region

	Stunting in children under 5 years	Anaemia in children under 5 years	Anaemia in women of reproductive age (15–49 years)
Uganda	33	49	23
Kampala	14	40	20
Eastern	25	55	28
North	25	34	13
Central 1	33	57	24
East Central	34	68	30
Central 2	36	54	31
West Nile	38	64	32
South west	42	25	11
Western	44	39	17
Karamoja	45	70	43

well-nourished or overweight women. The current prevalence of stunting is considered to be of ‘high’ public health significance, while underweight is considered to be of ‘medium’ public health significance. One in 10 live births in Uganda had low birth weight.

Additionally, 33 percent of children under 5 years of age in Uganda were vitamin A deficient, while 49 percent of children under 5, 31 percent of pregnant women, and 23 percent of non-pregnant women suffered from anaemia. Women in Karamoja (43 percent), West Nile (32 percent), and Central 2 (31 percent) regions have the highest prevalence of anaemia. Twelve percent of women of reproduction age are undernourished (BMI less than 18.5). Women in Karamoja (33 percent), West Nile (21 percent), and Eastern (20 percent) were more likely to be undernourished. Adolescent girls age 15–19 years in Uganda were the most malnourished group among women of reproductive age (14 percent). Overweight or obesity (BMI 25 or above) affects 19 percent of women of reproductive age, and this increases substantially with education and wealth. The prevalence of overweight varies among the regions, with the highest in Kampala (40 percent) and the lowest in Karamoja (1 percent). Eighteen percent of men age 15–49 years are undernourished (BMI less than 18.5), whilst 5 percent are overweight (BMI 25 or above).

1.2.1 Causes and Consequences of Uganda’s Nutrition Challenges

Malnutrition in Uganda is a complex problem that persists due to multiple causes rooted in various sectors:² Immediate causes of malnutrition include inadequate dietary intake due to factors such as poor infant and young child feeding practices and repeated infections (e.g., acute respiratory infections, diarrhoea, and malaria). Underlying causes include lack of safe water; poor hygiene and sanitation; food insecurity; high fertility; gender inequality; inadequate maternal and child care practices; inadequate

² Government of Uganda. 2011. *Uganda Nutrition Action Plan 2011–2016*.

education; changing consumption lifestyles; inadequate physical activity; inadequate awareness among the community; as well as policy, public administration and expenditure, and governance issues, among others.³

Malnutrition affects human capital development and productivity. Poor nutrition during the first 1,000 days—from pregnancy through a child's second birthday—causes life-long and irreversible damage, with consequences at individual, community, and national levels. Malnutrition is the underlying cause of as many as 15 percent of childhood deaths in Uganda.⁴ Undernourished children are more prone to health problems—especially acute diarrhoeal diseases, acute respiratory infections, and fevers/malaria—and are at higher risk of death than well-nourished children. In 2013, the total cost of undernutrition was estimated at about 5.6 percent of Uganda's gross domestic product (GDP), consisting of 4 percent of GDP lost in labour productivity, 1.6 percent in health, and 0.05 percent in education.⁵

Malnutrition weakens Uganda's economy through losses in productivity—due to poor physical status, low school performance, attainment of low levels of education or low grades as a result of impaired cognitive development, and many days of morbidity, resulting in lower wages for non-manual work—and through increased health costs associated with treating malnutrition and related diseases. Adults stunted during childhood are also likely to be less productive in intensive manual work such as farming. It is estimated that 54 percent of adults in Uganda suffered from stunting as children, meaning that more than 8 million people of working age are unable to achieve their potential because of childhood malnutrition.⁶ Undernutrition in childhood is associated with prevalence of adult diseases such as overweight, diabetes, heart disease, and some cancers, which affects Uganda's human capital. Moreover, the effects of malnutrition can be passed from one generation to another.

1.3 Rationale for the Guidelines

Despite the existence of elaborate planning frameworks in Uganda, nutrition has for many years not been adequately addressed in sector-level and local government development plans. Nutrition has often been narrowly perceived to be a health matter, meaning that other sectors have not addressed it in their development plans. Yet, health practitioners have been unable to address all the multidimensional aspects of nutrition.

Improvements in nutritional status may come from policies or changes in sectors such as Agriculture, Education, Water and Environment, Trade and Industry, and Gender and Social Development, and not just the Health sector. The implication of this is that no single sector can effectively address nutrition issues unless it works collaboratively with others. Annex 1 shows some of the critical linkages between different sectors and nutrition.

Similarly, we cannot achieve improvements in nutrition unless all sectors do their part to address nutrition issues and challenges. With the increasing realization that nutrition is a cross-cutting development issue, all relevant sectors at national and local government levels must address nutrition in their development plans. As a result, planners from multiple sectors are now required to integrate

³ Namugumya, B.; Sethuraman, K.; Sommerfelt, A.E.; Oot, L.; Kovach, T.; and Musiimenta, B. 2014. *Reducing Malnutrition in Uganda: Estimates to Support Nutrition Advocacy – Uganda PROFILES 2013*.

⁴ World Food Programme; UN Economic Commission for Africa; and African Union Commission. 2012. *The Cost of Hunger in Uganda Summary Report*.

⁵ Office of the Prime Minister. 2014. *NDP II Nutrition Issues Paper*.

⁶ World Food Programme; UN Economic Commission for Africa; and African Union Commission. 2012. *The Cost of Hunger in Uganda Summary Report*.

nutrition in their sectoral and local government plans. The multisectoral approach to nutrition planning requires that all sectors examine their relevance to nutrition and design plans that directly contribute to nutrition outcomes, as well as plans that are sensitive to nutrition or otherwise affect it indirectly.

Despite the increasing recognition of the need to integrate nutrition into development plans at all levels, there has been a lack of reference tools and materials for national and district level officials to plan or budget for nutrition. The few materials that existed were either sector-specific or project-specific, making it difficult for planners to use them to address nutrition multisectorally.

Therefore, these guidelines seek to operationalize the provisions of the Uganda Vision 2040, the Comprehensive National Development Planning Framework (CNDPF), the global obligations in the Sustainable Development Goals (SDGs), the Uganda Nutrition Action Plan (UNAP), and other planning frameworks by providing practical guidance to integrate nutrition into the development plans of all relevant sectors and all local governments. The guidelines respond to the need for comprehensive multisectoral guidance to help those involved in planning at sector and local government level integrate nutrition activities into their development plans. It is expected that the guidelines will promote 'nutrition-sensitive thinking' during development planning processes.

2.0 CHAPTER TWO:

PURPOSE AND USE OF THE GUIDELINES

2.1 Purpose of the Guidelines

The purpose of these guidelines is to help planning teams in sectors and local governments to identify, analyse, integrate, monitor, and evaluate nutrition issues as part of sector development plans (SDPs) and local government development plans (LGDPs).

2.2 Scope of the Guidelines

These guidelines provide suggestions on what to consider during planning for nutrition and integrating nutrition into development plans. The guidelines do not provide details on the planning process but offer guidance aligned to the planning processes described in other planning guidelines such as the Local Government Development Planning Guidelines (LGDPG) (2014). This document has been deliberately kept short to enable ease of use. Users who need more information about planning processes in Uganda can refer to the LGDPG (2014) and the Sector Development Planning Guidelines (SDPG) (2015). Those who need more information about nutrition can refer to the UNAP and other cross-cutting guidelines such as the National Gender Planning Guidelines.

2.3 Intended Users of the Guidelines

These guidelines are intended for planning teams and all those involved in nutrition planning at sectoral and local government level, targeting two sets of users. The first set consists of actors at the national level, including those involved in the planning processes of relevant sectors, namely Health, Agriculture, Education, Gender and Social Development, Trade and Industry, Water and Environment, Local Government, Public Service, and Finance and Planning. The national-level target group also includes civil society organizations (CSOs) and partners that support or work with these government agencies on nutrition.

The second set consists of actors involved in development planning at decentralized levels, such as city authorities, districts, sub-counties, municipalities, divisions, town councils, as well as the range of CSOs engaged in nutrition work at the local level. Specifically, it is expected that nutrition coordination committees at different levels (Sector Nutrition Committees in ministries, District Nutrition Coordination Committees, Sub-County Nutrition Coordination Committees) will find these guidelines useful as they plan for nutrition in their respective institutions.

2.4 How to Use These Guidelines

These guidelines complement the SDPG (2015) and LGDPG (2014) produced by the National Planning Authority (NPA). Users from national-level sectors can use these guidelines during the 5-year planning, annual planning, and other short-term planning processes such as preparation of Ministerial Policy Statements. Users at the local government level can use the guidelines during annual and 5-year planning to integrate nutrition interventions into the broader LGDP. Users are encouraged to utilize these guidelines at key opportunities in the planning cycle provided in the CNDPF, SDPG, and LGDPG.

The guidelines include (in Annexes 5 and 6) a list of potential nutrition interventions and activities that sectors and local governments can include in their plans. The list is not intended to prescribe the specific interventions and activities that sectors and local governments must plan for but rather to provide suggested interventions to consider as they integrate nutrition in development plans or prepare nutrition action plans. Each sector and local government is encouraged to customize its nutrition plan to its particular context and situation.

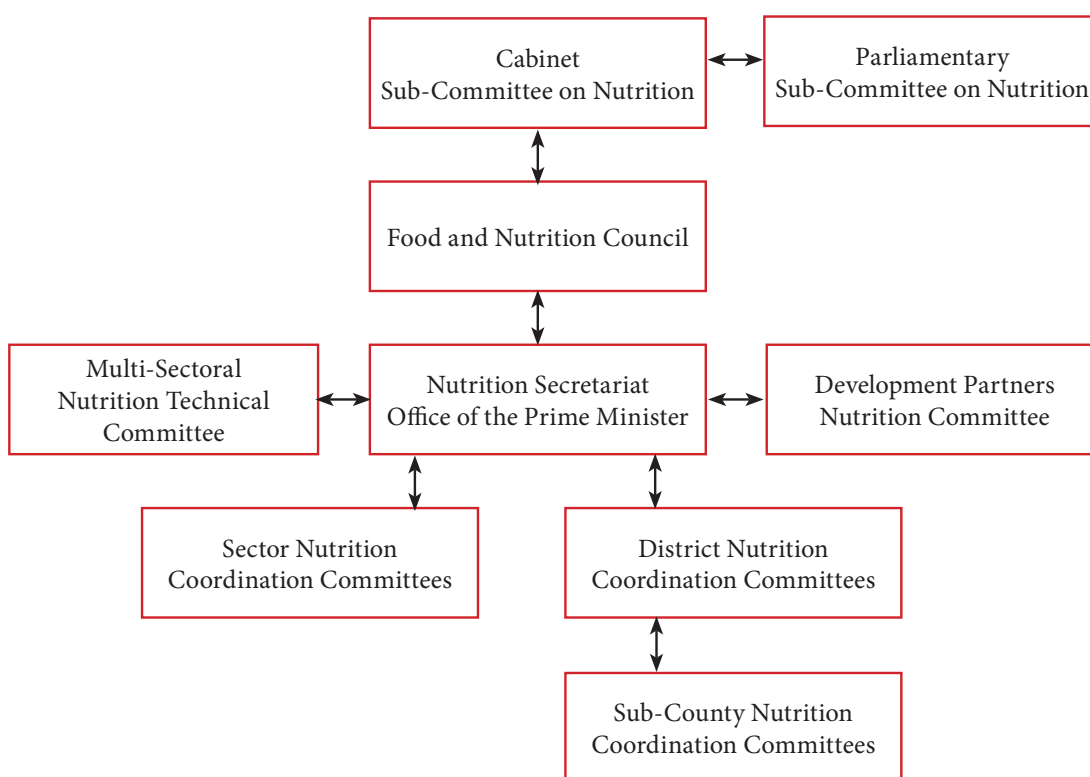
3.0 CHAPTER THREE:

PLANNING AND COORDINATION FRAMEWORK

3.1 The National Nutrition Coordination Framework

For many years there has been no institutional coordinating mechanism for nutrition in Uganda. To address this gap, the UNAP proposes a number of institutional arrangements for coordinating and managing nutrition activities in Uganda. This framework is shown in Figure 1, and the composition and roles of most of the entities in the framework appear in Annex 2.

Figure 1. Nutrition Coordination Framework in Uganda



These various structures are supposed to feed into each other and work in a harmonized manner. Some of the above listed institutions, such as the Food and Nutrition Council, are not yet functional and will need to be activated and strengthened.

3.2 The Planning Cycle and Processes in Uganda

In 2007, the Government of Uganda introduced the CNDPE, which outlines the principles and guidelines to be followed in developing national and decentralized long- and medium-term development planning in the context of the national vision. The NPA initiates the planning process by issuing a call circular to all ministries, departments, and agencies (MDAs) and local authorities to inform stakeholders that the 10-year or 5-year National Development Plans are being developed and to invite them to submit development plans and budgets. Details of the planning cycle at sector and local government levels are provided in the SDPG and the LGDPG.

3.3 Timing of Nutrition Planning

Since nutrition planning is a relatively new process for which little experience exists and since the main aim is to integrate nutrition into overall development plans, it is recommended that the team responsible for nutrition planning start its work early. Teams should start each planning step before the main planning for their sector or local government so that nutrition plans feed into the sector or local government development plans. To achieve this, the timeline for nutrition planning should be earlier than the timeline for mainstream planning. For instance, as will be elaborated later, the situation analysis for nutrition should be done before the main situation analysis for the sector or local government so as to feed into the overall situation analysis. The proposed timeline for nutrition planning is shown in Annex 4, alongside the timeline for the overall local government development planning.

3.4 Key Principles in Planning for Nutrition

Planning for nutrition should be anchored in a number of principles, namely:

- i. **Evidence based:** Context-specific, verifiable data or evidence should be used by sectors and local government to inform decision-making.
- ii. **Participatory:** Involve of a wide range of stakeholders in the planning process including technical staff, elected leaders, CSOs, and the private sector.
- iii. **Human rights based:** Planning for nutrition should be underpinned by the recognition of the human right to adequate food.
- iv. **Focus on the most vulnerable groups:** Use population figures per level (e.g., national, district, division, municipal, town council, sub-county, parish) to identify vulnerable groups for appropriate targeting with appropriate interventions.
- v. **Gender equality:** Integrate gender issues in nutrition planning to address factors having a differential impact on the nutritional status of women, men, and children. For more information on this, see the National Gender Planning Guidelines.
- vi. **Harmonization with national policies and planning frameworks:** For vertical harmony, align nutrition planning with national policies and planning frameworks.
- vii. **Accountability and transparency:** Promote accountability and transparency through stakeholder involvement, monitoring and evaluation, information sharing, appropriate use of evidence, and ensuring value for money.
- viii. **Multisectoral and integrated planning:** A holistic process incorporating plans and interventions from all departments and stakeholders involved in nutrition programming should be used.
- ix. **Inter-sectoral coordination:** Because several sectors are expected to contribute to nutrition, their actions will need to be coordinated to ensure a systematic and synergistic effort to address nutrition issues.
- x. **Feasibility:** The plans must be realistic, specifically addressing any identified challenges and working within existing human, time, material, and financial resources.

Additional guidance is provided in the SDPG and LGDPG in the sections on key considerations for integrating cross-cutting issues in development plans.

4.0 CHAPTER FOUR:

PLANNING FOR NUTRITION AT NATIONAL/SECTOR LEVEL

4.1 Introduction

Factors influencing nutritional well-being fall under the responsibility of many sectors and, in order to effectively address Uganda's nutrition needs and challenges, all relevant sectors must integrate nutrition in their sectoral plans. This section provides guidance on nutrition planning for relevant national-level sectors that must integrate nutrition concerns in their plans. The section begins with a brief outline of the key stakeholders involved in nutrition planning at the sector level and their roles. The section also outlines the guidance for integrating nutrition in the different stages of the planning process at the sector level.

4.2 Stakeholders in Planning for Nutrition at the Sector Level and Their Roles

The responsibility for planning for ministries/sectors lies with the respective MDAs, which are required to formulate sector policies, strategies, and programmes and consolidate them into Sector Development Plans (SDPs). Different sectors may have different stakeholders, and these may vary from time to time. Therefore, each sector should identify its relevant stakeholders and ensure that they are adequately involved. Typical stakeholders would usually include the following institutions:

- i. NPA, which is responsible for overall guidance, technical support, and capacity strengthening for other actors including MDAs and local governments.
- ii. Ministry of Finance, Planning, and Economic Development (MoFPED), which is responsible for providing financial resources, technical guidance, and mentoring on budgeting required to effectively execute development plans.
- iii. Ministry of Local Government (MoLG), which is responsible for offering administrative support, technical advice, guidance, and mentoring required to effectively execute LGDP processes.
- iv. Uganda Bureau of Statistics (UBOS), which is responsible for providing reliable data for planning, technical advice, and capacity strengthening in data collection and management.
- v. The Multi-Sectoral Nutrition Technical Committee, which includes experts from government, development partners, private sector, civil society, and academia and is responsible for technical policy coordination.
- vi. Members of each Sector Leadership Committee, which leads development planning for its respective sector and is composed of the sector's political leadership. Each committee provides political guidance and approves its respective SDP before submission to the NPA.
- vii. Members of each Sector Implementation Coordination Steering Committee (ICSC), which is responsible for policy development, coordination, fundraising, and quality assurance of the SDP. The committee comprises technical heads of the MDAs of its sector and is chaired by the Permanent Secretary of the Sector Lead Ministry.

- viii. Members of the Sector Working Groups (SWGs) and their technical working committees (STWCs), responsible for harmonizing, coordinating, monitoring, evaluating, and reporting on the sector vision and goals, policy frameworks, plans, and performance of sector MDAs. They comprise technical officers at director level or heads of departments, representatives of CSOs, Local Governments, private sector institutions (where relevant), and representatives of development partners (where applicable).
- ix. Members of the SDP Preparation Teams (SDPPTs), which are responsible for consolidating technical papers produced by the Sector Technical Working Groups into SDPs.
- x. Members of MDAs' Top Policy Management Committees (TPMCs), which review and approve technical papers produced by the MDAs' Policy and Planning Units for submission to the Sector Technical Working Groups.
- xi. The Nutrition Development Partners Committee, which is responsible for identifying and promoting funding resources, promoting joint resource mobilization, and ensuring alignment of nutrition programmes with global frameworks.
- xii. National-level CSOs involved in supporting nutrition activities in the country.
- xiii. National-level private sector organizations and enterprises involved in nutrition-related activities.

4.3 Preparing to Plan

Preparing to plan for nutrition at the sector level involves ensuring that the planning team—which ideally should be the Sector Nutrition Coordination Committee—is in place and ready to perform its role and assembling the data required to make meaningful and realistic plans. These processes are summarized in Table 2 and elaborated in the sub-sections that follow.

Table 2. Summary of Nutrition Considerations at Each Step of the Planning Process at National Level

Steps in the planning process	Nutrition considerations in the planning cycle
Preparing to plan	<ul style="list-style-type: none"> • Convene the Sector Nutrition Coordination Committee and share the relevant documents, including budgets and timeline, for the planning process. • Consult with all nutrition stakeholders to ensure that nutrition issues are integrated in the sector plans. • Collect/assemble nutrition and other socioeconomic data and statistics at sector level from various sources (e.g., information management systems, surveys, existing reports, stakeholder consultations for the priority nutrition indicators).
Situation analysis and identification of needs and opportunities	<ul style="list-style-type: none"> • Conduct a nutrition situation analysis clearly indicating the nutrition indicators, causes, potentials, opportunities, constraints, and challenges at sector level.
Description of development goals, objectives/outcomes, and strategies	<ul style="list-style-type: none"> • All sectors should include nutrition goals, objectives, and strategies in the development plans and annual work plans. These may be nutrition-specific or nutrition-sensitive.
Identification of sector interventions and activities to plan for	<ul style="list-style-type: none"> • All sectors should identify nutrition-specific and/or nutrition-sensitive interventions to plan for.
Integration of plans from other institutions	<ul style="list-style-type: none"> • Nutrition objectives, strategies, and activities identified by local governments should be considered in the sector plan. • Nutrition plans by development partners, CSOs, and the private sector should be considered in the sector plan. • Linkages with relevant sectors in nutrition are emphasized to ensure collaborations are fostered during planning.
Description of monitoring and evaluation framework	<ul style="list-style-type: none"> • Nutrition-specific and nutrition-sensitive indicators should be identified to measure progress in implementing the plan.
Identification of resource requirements	<ul style="list-style-type: none"> • Ensure nutrition resources are identified from all existing sources to inform the costing.
Submit the plan for approval	<ul style="list-style-type: none"> • Costed nutrition objectives, strategies, and plans should be submitted for approval. • Ensure approved sector plans integrate nutrition multisectorally.

4.3.1 Convene the Sector Nutrition Coordination Committee

The Sector Nutrition Focal Person, working with the sector's head of planning and the Permanent Secretary, should convene the Sector Nutrition Coordination Committee at the beginning of the planning cycle. Relevant planning information, including the budget and planning call circulars and accompanying information (e.g., national goals, objectives, timelines) should be shared with the team. A clear workplan with milestones should be agreed upon to guide the planning process and ensure that nutrition activities are planned in time for integration into the overall sector plans.

4.3.2 Conduct Stakeholder Consultations

Consultations at the start of the planning process are intended to allow stakeholders to provide input into the planning process, as required by the CNDPF. The consultations help to generate ideas and inputs that are important for producing plans that are acceptable, representative, and responsive to all stakeholders concerned. Sectors are expected to conduct consultations while technical papers are being produced for developing draft SDPs, which will be submitted to the Sector Technical Working Groups. The stakeholders to be consulted include other sector ministries, government agencies, the private sector, CSOs, and development partners. Through these consultations, nutrition issues should be taken into account as a cross-cutting issue relevant to the different sectors.

Key Moment for Nutrition Integration 4.1

During Consultations for Sector-Level Planning

Nutrition Focal Persons in relevant sectors should ensure that the consultations yield useful information for integrating nutrition in the sector plans. They can achieve this by:

- Providing input on consultation tools/guides so they capture nutrition-related issues
- Asking consultation participants what linkages they see between mainstream sector work and nutrition
- Identifying key ways that nutrition is affected by or affects activities in the sector

4.3.3 Collect/Assemble Relevant Nutrition and Other Socioeconomic Data/Statistics

Any planning process requires and should be based on up-to-date and accurate data. The kinds of data required for sector-level planning for nutrition include the following:

- Data on national nutrition indicators relevant to the sector's mandate
- Data on other health and socioeconomic indicators relevant to nutrition (e.g., infant mortality rates, maternal mortality rates, immunization coverage, access to health facilities, doctor-patient ratios)
- Other relevant sector-specific indicators (e.g., women's education, school enrolment, safe water coverage, latrine coverage and utilization, compliance with good hygiene practices by food industry)
- Data on Uganda's national nutritional status compared to the global context and standards.

Key Moment for Nutrition Integration 4.2

During Data Collection for Sector-Level Planning

Sector Nutrition Focal Persons should pay particular attention to nutrition-relevant data by:

- Collecting data on nutrition indicators applicable to their sectors
- Checking whether sector indicators capture nutrition-relevant information on vulnerable/target groups

Table 3 shows examples of data/statistics that should be collected in preparation for planning for nutrition. The list is not exhaustive and should be adapted to sector needs.

Table 3. Examples of Data/Statistics to Be Collected for Nutrition Planning at National/ Sector Level, by Sector

National-level nutrition-specific indicators
Percentage of under-5 children moderately or severely wasted (weight-for-height)
Percentage of under-5 children moderately or severely stunted (height-for-age)
Percentage of under-5 children moderately or severely underweight (weight-for-age)
Percentage of low-birth-weight babies (less than 2,500 g)
Prevalence of anaemia (iron deficiency) in under-5 children and women of reproductive age (15–49 years)
Prevalence of vitamin A deficiency (VAD) among under-5 children
Prevalence of iodine deficiency
Overweight and obesity among adults
Undernutrition among adults 18 years and over
Under-five mortality
Maternal mortality ratio
Health
Coverage of nutrition services (micronutrient supplementation, deworming, nutrition assessment and counselling)
Extent of vitamin A supplementation
Extent of iodine supplementation
Weight of children and pregnant women
Number of nutrition officers recruited in specified posts in public service
Number of short in-service nutrition courses provided by the sector
Percentage of households within the recommended distance to a public health facility
Percentage use of family planning services
Percentage of children < 1 year receiving 3 doses of DPT/pentavalent vaccines
Education
Number of schools implementing school feeding guidelines
Number of schools with school gardens
Number of persons enrolled and completing nutrition-related courses

Number of nutrition courses established in tertiary institutions (diploma, degree, post-graduate)
Number of primary and secondary schools offering specialized nutrition subjects
Male and female school enrolment rates
Male and female school completion rates
Number of Early Childhood Development centres implementing school feeding guidelines
Agriculture
Proportion of undernourished persons in the population (percentage of individuals with food availability, access, or intake below acceptable threshold)
Dietary diversity score (household dietary diversity score, women's dietary diversity score)
Food consumption (percentage of diet composed of major food groups)
Number of short in-service nutrition-sensitive courses provided by the sector
Number of local governments promoting nutrition-sensitive enterprise mixes
Number of post-harvest and storage technologies promoted and adopted
Trade and Industry
Number of food processing firms fortifying their products
Number of food processing firms having all products with nutrition labels
Number of food processing establishments following recommended food safety measures
Number of food storage facilities inspected for food safety
Water and Sanitation
National and district safe water coverage
National and district latrine coverage
Handwashing practices among men, women, and children
Diarrhoea incidence by district
Gender and Social Development
Number of institutions, agencies, employers implementing paternity and maternity laws
Number of districts implementing community-based nutrition initiatives
Administration (OPM, MoLG)
Number of local governments planning for nutrition multisectorally
Number of local governments allocating resources for nutrition
Number of local governments with functional Nutrition Coordination Committees
Number of sectors with functional Nutrition Coordination Committees
Number of districts submitting nutrition reports
Number of districts with nutrition and food security ordinances

Data sources

Key sources for nutrition-related data at national level include the following: national surveys such as UDHS and the national population and housing census; national management information system databases such as the Health Management Information System (HMIS), Education Management Information System (EMIS), Local Government Information and Communication System (LOGICS), and those of other sectors; UBOS Annual Statistical Abstracts; Sector Annual Performance Reports; Comprehensive Food Security and Vulnerability Assessment; partner reports; independent surveys and reports; and any other credible sources.

Data collection methods

The main data collection methods will consist of desk reviews of existing reports and databases. At this time, it is unlikely that sectors will be prepared to conduct specific surveys to inform planning, so they will have to depend on existing data. However, some information from such secondary resources will need to be analysed or re-analysed so it can be packaged in a form usable for planning.

The data or statistics collected should be used in the next stage of the planning process, which is conducting the situation analysis.

4.4 Situation Analysis and Identification of Needs and Opportunities

A sector situation analysis or diagnosis entails a critical analysis of the sector's status, functioning, and performance to identify the sector's overall strengths and weaknesses.

In conducting the sector situation analysis, it is important to review, analyse, and include nutrition issues related to the sector using the data collected as outlined above. The situation analysis should help answer questions relevant to nutrition such as:

- What is the nutritional status of the population categories of interest to this sector (e.g., schoolchildren in the case of education; mothers and children in the case of health; farmers, pastoralists, and people engaged in fishing in the case of agriculture; youth, women, and children in the case of gender and social development). Assessment of the nutritional status should be based on acceptable or standard measures and parameters such as those for stunting, wasting, moderate acute malnutrition (MAM), and severe acute malnutrition (SAM) (see Glossary).
- What factors in this sector underlie or contribute to poor nutritional status for these population groups?
- What factors make these groups vulnerable to these problems?

The situation analysis should explore and describe links between nutrition outcomes and sector factors, objectives, and activities, as well as reasons why certain groups relevant to the sector are food insecure and vulnerable.

Key Moment for Nutrition Integration 4.3**During Sector-Level Situation Analysis**

Before the overall sector-level situation analysis is conducted, each Sector Nutrition Coordination Committee should conduct a specific nutrition situation analysis for its sector. The results of this analysis should be fed into the overall sector situation analysis. This approach allows the committee to think through nutrition issues beforehand and be equipped to advocate for their inclusion in the overall sector situation analysis.

One approach to conducting a situation analysis is to do a SWOT analysis (Table 4). SWOT means strengths, weaknesses, opportunities, and threats. Analysing these four elements can provide a comprehensive picture of the sector's situation. The final stage in a SWOT analysis is to identify how to build on strengths, minimize weaknesses, seize opportunities, and counteract threats.

The results of the nutrition situation analysis should be compiled into a nutrition situation analysis report, which should then be fed into the sector situation analysis and eventually into the SDP.

Table 4. The SWOT Analysis

	Positive	Negative
Internal	Strengths: Internal attributes or advantages, such as resources and skills readily available in an organization	Weaknesses: Internal factors such as resources and skills that are lacking in an organization and are likely to impede its ability to meet its objectives
External	Opportunities: External factors that an organization cannot control but could take advantage of (e.g., new technologies on the market, favourable government policies)	Threats: External factors beyond an organization's control that could place it at risk (e.g., unfavourable legislation, bad weather)

4.5 Description of Development Goals, Objectives/Outcomes, and Strategies

While describing development outcomes, goals, strategies, and interventions, sector planning teams should ensure that nutrition aspects have been adequately captured. An effective means to improve nutrition is to incorporate food consumption and nutrition objectives in mainstream policies and projects that support and shape the country's development process. For most sectors, this calls for moving from nutrition-neutral goals, objectives, and strategies to those that are nutrition-specific or nutrition-sensitive. These nutrition objectives must be deliberately built into all development programmes at the planning stage to ensure that appropriate resources to improve food consumption and nutrition are channelled to the most malnourished or to those most at-risk.

All sectors should have goals and objectives that affect nutrition. They may be nutrition-sensitive or nutrition-specific goals and objectives or both, whichever is most appropriate. For example, health, agriculture, and education sectors would include some nutrition-specific objectives and strategies, i.e., those that address nutrition directly, for instance, through promoting intake of certain foods and adequate meals. Most other sectors would have nutrition-sensitive objectives and strategies, i.e., those that indirectly tackle malnutrition by addressing underlying factors such as hygiene, livelihoods, cultural beliefs, workload of women, and so on. Box 1 provides definitions and examples of nutrition-specific and nutrition-sensitive interventions, and Table 5 shows some examples of nutrition objectives applicable to different sectors.

Table 5. Examples of Nutrition Objectives/Outcomes for Different Sectors

Sector	Examples of nutrition objectives/outcomes
Agriculture	Increased production of biofortified crops
	Increased consumption of nutrient-enriched foods at household level
Education	Adolescent girls' and boys' parental education and life skills enhanced
Water and Environment	Increased use of soap for handwashing amongst women of reproductive age
Local Government	Nutrition aspects of local development plans better articulated
Gender and Social Development	Increased proportion of women accessing cash grants

BOX 1: NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE INTERVENTIONS

Nutrition-specific interventions address the immediate causes of undernutrition (e.g., inadequate dietary intake) and some of the underlying causes (e.g., feeding practices and access to food).

Examples: Adolescent, preconception, and maternal health and nutrition; maternal dietary or micronutrient supplementation; promotion of optimum breastfeeding; complementary feeding and responsive feeding practices and stimulation; dietary supplementation; dietary diversification; micronutrient supplementation or fortification for children; treatment of severe acute malnutrition; disease prevention and management; nutrition in emergencies

Nutrition-sensitive interventions address some of the underlying and basic causes of malnutrition—such as food security; adequate caregiving resources at the maternal, household, and community levels; and access to health services and a safe and hygienic environment—and incorporate nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.

Examples: Diversified food production; family planning; production of nutrient-dense food crops; food stamps; early child development; primary and secondary education for girls; maternal mental health; support for women's economic activities; child protection; education; water, sanitation, and hygiene; health and family planning services

Adapted from Shekar, M.; Ruel-Bergeron, J.; Herforth, A. 2013. "Module A. Introduction." In: Improving Nutrition through Multisectoral Approaches. Washington, DC: International Bank for Reconstruction and Development, International Development Association of the World Bank.

Goals, outcomes/objectives, strategies, and interventions related to nutrition should be based on the major development issues identified in the situation analysis, the sector's strategic direction, and its identified development priorities.

As much as possible, the objectives and strategies should be aligned to those of the national nutrition plan, currently the UNAP 2011–2016 (see Box 2). It should be noted that there will be a different national nutrition plan after 2016.

Given the mandate of national-level MDAs, it would appear that they would be mostly concerned with objectives 4 and 5 of the UNAP, while leaving most issues related to objectives 1, 2, and 3 to local governments. However, national-level MDAs also play a key role in supporting the first three objectives of the UNAP and should plan for strategies that contribute to these objectives.

In identifying strategies, those involved in the planning process will need to choose strategies that are both likely to help meet the nutrition objectives set and consistent with national policies. Possible strategies include:

- Supporting local governments to promote improved food security, food quality and safety, breastfeeding, etc.
- Developing preparedness plans for responding to shocks and emergencies

- Strengthening coordination mechanisms for nutrition activities
- Strengthening human resource capacity to plan, implement, monitor, and evaluate food and nutrition programmes
- Assessing, analysing, and monitoring nutrition situations

BOX 2. NUTRITION GOAL AND OBJECTIVES FOR UNAP 2011–2016

Goal: To reduce malnutrition levels among women of reproductive age, infants, and young children.

Objectives:

1. Improve access to and utilization of services related to maternal, infant, and young child nutrition.
2. Enhance consumption of diverse diets.
3. Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status.
4. Strengthen the policy, legal, and institutional frameworks and the capacity to effectively plan, implement, monitor, and evaluate nutrition programmes.
5. Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programmes in the country.

4.6 Identify Sectoral Interventions and Activities to Plan for

Nutrition interventions and activities to be planned for at the sector level should:

- a) Be drawn from the situation analysis and reflect the sector's mandate, development needs, and priorities
- b) Address and fit within the priorities outlined in the national nutrition agenda
- c) Broadly fit within and be harmonized with other broad policies and planning frameworks such as the Nutrition Policy, the NDP II, and Uganda Vision 2040.

The process of identifying interventions will also naturally entail setting priorities, which will be based on sector mandates and situations. The multiple actors in the sectoral planning process should reach a consensus on what the priorities should be. Annex 5 lists interventions and activities—which, as noted, can be nutrition-specific or nutrition-sensitive—that respective sectors can consider planning for. Note that the list is not exhaustive and is only meant to provide examples.

4.7 Integration of Local Government Issues into Sector-Level Plans

Local governments develop plans that should inform the sector development plans. This is possible both through consultations and interactions with local governments, as well as through submissions of local government sector work plans to line ministries. The sector planning team should make sure that nutrition-related issues identified, prioritized, and planned for by local governments are not neglected but are incorporated in the sector plans.

4.8 Integration of Civil Society and Private Sector Plans and Priorities

Sectors are required to develop their plans with the active participation of civil society organizations (CSOs) and private sector organizations (PSOs) whose work falls within the mandate of the nutrition sector and to integrate their plans into the sectoral plans. This will require that these actors have been mapped beforehand and are already identified. Integration of CSO/PSO plans and priorities into sectoral plans should entail the following:

- i. Integration of CSO/PSO issues relevant to nutrition into the sector situation analysis. These issues may include inputs for food processing, prices of food commodities, quality of harvested crops, taxation issues, and other regulatory concerns.
- ii. Inclusion of CSO/PSO issues in the sector development priorities submitted to NPA for inclusion in NDP
- iii. Inclusion of CSO/PSO resources in the sector resource envelope
- iv. Inclusion of CSO/PSO resources in the sector financing matrix
- v. Inclusion of CSO/PSO in the sector implementation and M&E modalities

4.9 Linkages with Other Sectors

Working multisectorally to address nutrition does not end when each relevant sector integrates nutrition or becomes nutrition-sensitive; it also means that the different sectors coordinate and work together to produce commonly desired outcomes. Multisectoral linkages are an important aspect of addressing nutrition multisectorally. These linkages can occur in different ways, including:

- Shared indicators and accountability mechanisms
- Shared funding for co-implemented projects
- Multisectoral structures such as the Multi-Sectoral Nutrition Coordination Committee for coordination and joint investment planning
- Consultation with nutrition or water and sanitation colleagues for technical expertise or collaboration on a baseline survey
- Improved professional training through problem-based learning (i.e., strengthening capacity for multisectoral thinking and work among sector staff)
- Overlapping sector programmes in the same geographic area
- Linking smallholder production to social protection schemes, e.g., through involving local producers in food-based safety nets
- Specifying cross-sectoral collaboration as a condition in requests for proposals and requiring identification of potential collaborators in the field
- Promotion of multidisciplinary extension teams

Sector planning teams should consider the above mechanisms and, in consultation with other sectors that have the potential to collaborate, build them into their plans. The Nutrition Multi-Sectoral Technical Committee should spearhead the above collaborations.

4.10 Description of Monitoring and Evaluation Frameworks

The M&E framework should show:

- How implementation of nutrition-related actions will be monitored and at what intervals, and what information will be monitored.
- What indicators will be used for monitoring and for assessing results at output, outcome, and impact levels.

Measurable indicators should be identified for all nutrition activities included in the plan. Some possible indicators are outlined in Table 3.

4.11 Identification of Resource Requirements and Sources

It should be ensured that all nutrition interventions are costed and sources of resources identified. This may apply mostly to nutrition-specific interventions; in most cases, nutrition-sensitive interventions will be those that sectors have previously planned for, so some resources may already exist or may be obtained from usual sources such as sector allocations from the Ministry of Finance, Planning, and Economic Development. However, some interventions may be new and require additional funding. Resources from CSOs and PSOs should be included in the resource envelope.

4.12 Plan Approval and Submission

The final stage in the sector planning cycle is the plan approval and submission. This is done in accordance with the normal procedures as laid out in the SDPG.

5.0 CHAPTER FIVE:

PLANNING FOR NUTRITION AT LOCAL GOVERNMENT LEVEL

5.1 Introduction

This section provides guidance on planning for nutrition at the local government level. This guidance applies to all levels of local government, including district, municipal, sub-county/town council/division, parish/ward, and village/cell. The section outlines the steps to be taken at the different stages of planning described in the LGDPG 2014. The section also provides an overview of the key stakeholders in local government planning for nutrition and their roles and guidance for including nutrition throughout the different stages of the planning process.

5.2 Stakeholders in Planning for Nutrition at Local Government Level and Their Roles

The key institutions and actors involved in local government development planning in Uganda include:

- i. The District Council
- ii. The District Technical Planning Committee (DTPC)
- iii. The District Nutrition Coordination Committee
- iv. Lower Local Government Technical Planning Committees
- v. Sub-County, Municipal, and Division Nutrition Coordination Committees
- vi. Civil society organizations (CSOs), including faith-based organizations (FBOs) and community-based organizations (CBOs), involved in nutrition activities at the local government
- vii. Private sector organizations (PSOs) and enterprises involved in nutrition-related activities
- viii. Citizens/community members

Annex 3 provides more details on the roles of these institutions and actors.

Community members, non-governmental organizations (NGOs), and the private sector were included in the list because they are vital to development planning. They either represent or regularly interact with the people who are the target of the planning process and often are acquainted with target groups' development needs.

5.3 Preparing to Plan

Preparing to plan for nutrition at the local government level requires consulting with stakeholders and collecting or assembling data, as described in the LGDPG 2014. During this stage, the planning team should be oriented to perform its role, buy-in should be obtained from different stakeholders after explaining the need and procedures for planning, and the data needed to formulate realistic plans should be collected. These essential aspects of preparation are summarized in Table 6 and further elaborated on next.

Table 6. Summary of Nutrition Considerations at Each Step of the Planning Process at Local Government Level

Steps in the planning process	Nutrition considerations in the planning cycle
Preparing to plan	<ul style="list-style-type: none"> • Convene the local government nutrition coordination committee and share relevant documents, including budgets and timeline for the planning process. • Conduct consultations with all nutrition stakeholders to ensure that nutrition issues are integrated in local government plans. • Collect/assemble nutrition and other socioeconomic data and statistics at local government level from various sources (information management systems, surveys, existing reports, stakeholder consultations for the priority nutrition indicators).
Situation analysis and identification of needs and opportunities	<ul style="list-style-type: none"> • Conduct a nutrition situation analysis clearly indicating the nutrition indicators, causes, potentials, opportunities, constraints, and challenges at the local government level.
Description of development goals, objectives/outcomes, and strategies	<ul style="list-style-type: none"> • All local governments should include nutrition goals, objectives, and strategies in their development plans and annual work plans. These may be nutrition-specific or nutrition-sensitive.
Identification of interventions and activities to plan for	<ul style="list-style-type: none"> • All local government sectors should identify nutrition-specific and/or nutrition-sensitive interventions to plan for.
Integration of plans from other institutions	<ul style="list-style-type: none"> • Nutrition objectives, strategies, and activities identified by other institutions should be considered in the local government level plan. • Nutrition plans by development partners, CSOs, and the private sector should be considered in the local government level plan.
Description of monitoring and evaluation framework	<ul style="list-style-type: none"> • Nutrition-specific and nutrition-sensitive indicators should be identified to measure progress in implementing the plan.
Identification of resource requirements	<ul style="list-style-type: none"> • Ensure nutrition resources are identified from all existing sources to inform the costing.
Submit the plan for approval	<ul style="list-style-type: none"> • Costed nutrition objectives, strategies, and plans should be submitted for approval. • Ensure approved local government plans integrate nutrition multisectorally.

5.3.1 Convene the Nutrition Coordination Committee

Each local government level has a Nutrition Coordination Committee (NCC). The NCCs are sub-committees of the Technical Planning Committees at the respective levels, which are responsible for development planning in the district. The composition of each Nutrition Coordination Committee is shown in Box 3.

BOX 3. COMPOSITION OF THE NUTRITION COORDINATION COMMITTEE

- Representatives from all relevant technical departments of the local government (health, agriculture, community development, education, planning and administration, works and technical services)
- Representatives of CSOs (NGOs, FBOs, and CBOs) involved in nutrition-related activities
- Representatives from PSOs involved in nutrition-related activities
- Representatives from academia

Note: While local government planning is generally the responsibility of the Technical Planning Committees, members of the Nutrition Coordination Committees at different levels are responsible for ensuring that nutrition is adequately planned for and should advocate for its inclusion or recognition at all key stages of the planning process.

Once each committee is convened by the District Nutrition Coordination Committee (DNCC) Chairperson, it should: 1) be informed of the planning cycle; 2) be reminded of the committee's scope and responsibilities; 3) create a clear work plan for planning for nutrition, including capacity strengthening in nutrition planning for members at all levels of local governments, as needed; and 4) be reminded of or referred to the key guiding policies, planning frameworks, and guidelines that they must use to plan for nutrition.

If needed, the committee can seek support from the Nutrition Secretariat in the Office of the Prime Minister; the NPA; the Health, Agriculture, Education, Gender and Social Development, Water and Environment, Trade and industry, and Local Government sectors; and from development agencies, PSOs, and CSOs working with the local government.

5.3.2 Conduct Consultations with Stakeholders

The various stakeholders to be consulted include the respective local government (LG) departments, the private sector, CSOs, and development partners operating in the area. These consultations will take place concurrently at district, municipal, sub-county/town council/division, parish/ward, and village/cell levels.

According to the LGDPG, consultations should include dissemination of the information contained in the Planning Call Circular, the Local Government performance review, and discussion of the Local Government key development priorities. Dissemination of the information contained in the Planning Call Circular is generic for all sectors as it provides timelines and milestones for the planning process.

The LG Performance review should include a review of the capacity of the LG in terms of selected process indicators such as:

- Frequency of DNCC meetings
- Whether the LG has an approved Nutrition Action Plan
- Inclusion of nutrition in the LGDP
- Any other important information

**Key Moment for
Nutrition Integration 5.1****During Pre-Planning Consultations**

During pre-planning consultations, members of the Nutrition Coordination Committees should ensure that process indicators relevant to nutrition are part of the consultation guide tools/questions and are covered in the consultations as outlined above.

5.3.3 Collect/Assemble Relevant Nutrition and Other Socioeconomic Data

In preparation for nutrition planning, it is essential to collect data on a variety of relevant issues specific to various local government departments. Below is an outline of key types of data to be collected, data sources, and possible methods of data collection:

Types of data to be collected

- Prevailing social and economic interventions relevant to nutrition, such as availability and coverage of nutrition-specific and nutrition-sensitive services, livelihood activities, or gender equality interventions
- Key stakeholders, such as communities, PSOs, CSOs, development partners, and farmer cooperatives
- Nutrition interventions by various actors including CSOs, PSOs, hospitals, and schools
- Nutrition challenges and needs (Table 7 provides a list of indicators that local governments can collect data on)
- Opportunities and potentials for improving nutrition, including determining the existence of an enabling environment for wealth creation and local economic development through nutrition-related activities; the existence of microenterprises for food processing and value addition and for marketing seedlings for new and nutritious crop varieties; and potential water resources to provide safe water to households and schools
- Human resources available in each sector and their capacity in nutrition issues
- Information on cross-cutting issues related to nutrition (e.g., gender dimensions, HIV, environment, conflict [if any], governance and population issues), specifically the issue's relevance, basic statistics and trends, LG performance regarding the issue compared to national standards, and lessons learnt from previous interventions relevant to the issue
- Any other basic data that are deemed essential indicators, key determinants of nutritional status, opportunities for addressing nutrition, actors and interventions on nutrition, and cross-cutting issues relevant to nutrition. Each LG department representative should collect or contribute data relevant for his or her department.

**Key Moment for
Nutrition Integration 5.2****During Pre-Planning Data Collection**

During pre-planning data collection, Nutrition Coordination Committees members should collect key nutrition-relevant data to guide nutrition planning, including nutritional status indicators, key determinants of nutritional status, opportunities for addressing nutrition, actors and interventions on nutrition, and cross-cutting issues relevant to nutrition. Each LG department representative should collect or contribute data relevant for his or her department.

Table 7. Examples of Data to Be Collected for Nutrition Planning at Local Government Level

Nutrition
Number of under-5 children moderately or severely wasted (weight-for-height below cutoff point)
Number of under-5 children moderately or severely underweight (weight-for-age below cutoff point)
Number of under-5 children moderately or severely stunted (height-for-age below cutoff point)
District prevalence of anaemia (iron deficiency) in under-5 children and women of reproductive age (15–49 years)
Number of live born babies low birth weight (less than 2.5 kg)
Number of overweight adults (BMI 25 to 29.9kg/m ²)
Undernutrition among adults (BMI less than 18.5)
Health
Number of health facilities offering promotional nutrition services
Number of eligible beneficiaries receiving nutrition services (e.g., deworming tablets, growth monitoring and promotion, antenatal care, immunization) disaggregated by vulnerable groups (schoolchildren, pregnant women, and children 12–59 months)
Number of clients enrolled in nutrition rehabilitation programmes
Number of meals per day consumed by children, women, and men
Numbers of different food items consumed, which can be aggregated by food groups, such as number of animal-source products, fat-or protein-rich food items, number of vitamin A-rich foods, number of ingredients
Number of women who exclusively breastfeed their children for the first 6 months
Number of households with rubbish pits
Number of households with dish drying racks
Diarrhoea prevalence rate
HIV prevalence rate
Education
Number of schools with school feeding programmes
Number of schools with school gardens
Number of schools with agriculture clubs or nutrition clubs
Number of schools implementing School Health Nutrition (SHN) curricula
Number of schoolchildren receiving deworming medication
Water and Environment
Percentage of households with safe water supply
Percentage of households using safe water chain practices
Percentage of households with and using a latrine or toilet
Percentage of households practicing handwashing with soap at selected key moments
Percentage of households with a handwashing facility or dedicated place for handwashing
Number of households with proper drinking water storage facilities
Number of households with clean safe drinking water
Agriculture
Percentage of households consuming different food items, which can be aggregated by food groups, such as number of animal-source products, fat- or protein-rich food items, number of vitamin A-rich foods, number of ingredients
Number of households practicing homestead production of micronutrient-rich foods using technologies (e.g., backyard gardens, horticulture)
Number of households practicing appropriate post-harvest handling techniques

Number of households using improved labour-saving farming technologies
Number of farmers growing drought-resistant crops
Number of farmers growing bio-fortified crops (orange-fleshed sweet potatoes, iron-rich beans)
Number of farmers rearing drought-resistant animal species
Number of extension workers trained in nutrition skills/knowledge
Number of households with more than one enterprise mix
Trade and Industry
Availability of fortified products on the market
Number of local enterprises with good manufacturing practices for food products
Number of households consuming iodized salt
Number of commercial officers trained in nutrition skills/knowledge
Gender and Social Development
Number of households with appropriate food storage facilities
Number of vulnerable persons receiving social transfers (cash, food, agriculture inputs)
Number of households using labour-saving technologies
Percentage of women and men participating in community-based nutrition activities
Number of community development workers trained in nutrition skills/knowledge
Number of community dialogues held on nutrition
Capacity Strengthening for Nutrition at LG level
Number of health workers, extension workers, community workers trained in nutrition
Administration
Number of sub-counties implementing nutrition and food security ordinances
Number of sub-counties with functional Nutrition Coordination Committees
Number of information-sharing platforms held on nutrition

Sources of nutrition-related data for LG planning may include both local and national sources such as LG sector information management systems, the District Planning Unit, the District HMIS, EMIS, LOGICS, agriculture early warning systems, village records/reports, surveillance reports, health facility attendance records, local government performance reviews, CSOs and PSOs operating in the area, village reports from village health teams (VHTs) and community extension workers, and surveys from various sectors.

If district-specific data are not available, regional-level data from the UDHS, other national surveys, or partner sources such as the World Food Programme's (WFP) Comprehensive Food Security and Vulnerability Analysis (CFSVA) may be helpful.

Methods of data collection

Data may be collected through a number of ways:

- i. Desk reviews or secondary analysis of nutrition reports and databases
- ii. Routine data collection, as is done at the community level by VHTs and in health facilities for HMIS
- iii. Interviews and surveys (may be done by other government, CSO, and development partners as LGs may not have the resources to conduct them)
- iv. Community dialogues, community meetings, and focus group discussions

5.4 Situation Analysis for Nutrition and Identification of Needs and Opportunities

The situation analysis for nutrition and identification of development needs and opportunities should be conducted at different levels: village, parish, sub-county/town council/division, municipality, district, and city. The purpose of the situation analysis is to generate a comprehensive picture about the nutrition situation at the local government level, the determinants of that situation, and implications. The data collected as outlined in the preceding sub-section should be used in the situation analysis process. The situation analysis should cover the following elements and help to answer the associated questions:

Livelihood analysis

- How accessible are productive resources to communities, households, and individuals?
- How does the variation in access to resources influence livelihoods?

Nutritional status and challenges

- What are the main nutrition problems in the communities?
- How do these problems manifest?
- What are the causes of these nutrition problems?
- What are the effects and implications of these problems?

Vulnerability analysis (see Table 8 for an example of a vulnerability analysis matrix)

- Who is most affected by these nutrition problems? All food-insecure, malnourished, and food-vulnerable groups in the local government's jurisdiction and their location should be identified and described.
- Parameters to assess vulnerability may include commonly consumed foods, number of meals per day, existence of food stocks, land access, energy sources for lighting and cooking, access to safe water, access to proper sanitation, asset ownership, diet composition, food sources, and share of household expenditure on food.
- What factors make these population groups vulnerable to these problems?

SWOT analysis

- What strengths, weaknesses, opportunities, and threats (SWOT) emerge in addressing these issues? (See sub-section 4.4 and Table 4 for details on a SWOT analysis.)

Table 8. Example of a Vulnerability Analysis Matrix

Nutrition problem identified	Immediate causes	Root causes	Groups most affected	Reasons for group vulnerability	Mitigation/ action needed
1.High number of malnourished children	Inadequate protein intake	All protein-rich foods sold to raise school fees	Children from female-headed households, fisher folk	Lack of alternative sources of income	Support alternative sources of income
2.					
3.					
4.					

Key Moment for Nutrition Integration 5.3

During Situation Analysis

Nutrition Coordination Committee members should meet before the start of the planning cycle to conduct a situation analysis for nutrition. Each departmental representative should take the outcomes of the nutrition situation analysis relevant to their department to their sector planning meetings and advocate for their inclusion in the sector situation analysis, which then feeds into the LGDP.

BOX 4. OUTLINE OF A SUB-COUNTY-LEVEL NUTRITION SITUATION ANALYSIS REPORT

Introduction

- Brief background and objectives of the situation analysis
- Methodology used

Sub-county profile

- Geographical information (number of villages covered, households, availability/scarcity of land, soil quality)
- Demographic information (population size and composition [men, women, children])
- Livelihood activities

Nutrition situation

- Number of children with symptoms of malnutrition
- Number of children exclusively breastfed, appropriate infant feeding practices
- Which households are considered most vulnerable to hunger and malnutrition

Determinants of nutritional status

- Major food crops and cash crops grown
- Major types of animals kept
- Experiences of hunger in households
- Number of households with a backyard/kitchen garden
- Gender division of roles for food production
- Access to safe water
- Access to nutrition services
- Primary school enrolment rates for boys and girls
- Access to land and other resources
- Access to markets for food
- Number of pregnant women attending antenatal care services
- Wealth ranking of households

Mapping of existing interventions and key actors in nutrition

- Ongoing nutrition-related interventions
- What groups or organizations are involved in nutrition-related activities

Conclusions and recommendations

Adapted from Okello, B.; Immink, M.; and Mischler, F. 2013. *Uganda: Integrating Food and Nutrition Security and the Right to Food in Local Government Development Planning and Budgeting* (Right to Food reference guide). Food and Agriculture Organization of the United Nations.

BOX 5. OUTLINE OF A LOCAL GOVERNMENT NUTRITION SITUATION ANALYSIS REPORT

Introduction

- Brief background and objectives of the situation analysis
- Methodology used

Local jurisdiction profile

- Geographical information (number of villages, parishes, etc.; climatic conditions; availability/scarcity of land; soil quality)
- Demographic information (population size and composition, fertility rate)
- Livelihood activities

Nutrition situation

- Nutritional status (number of children stunted, underweight, wasted; prevalence of anaemia in children and women)
- Vulnerability analysis (major categories of people at risk of malnutrition and reasons)
- SWOT analysis

Determinants of nutritional status

- Immediate causes
- Underlying causes
- Basic causes

Mapping of existing interventions and key actors in nutrition

- Ongoing nutrition-related interventions
- Key actors involved in nutrition-related interventions

Conclusions, lessons, and recommendations

Adapted from Okello, B.; Immink, M.; and Mischler, F. 2013. *Uganda: Integrating Food and Nutrition Security and the Right to Food in Local Government Development Planning and Budgeting* (Right to Food reference guide). Food and Agriculture Organization of the United Nations.

The results of the nutrition situation analysis should be compiled into a nutrition situation analysis report, which should then be fed into the higher-level situation analysis and eventually into the LG nutrition action plan and LGDP.

Box 4 on the previous page shows a recommended outline for a sub-county-level situation analysis report for nutrition while Box 5 above shows one for the local government level.

Key Moment for Nutrition Integration 5.4

During Formulation of Goals and Objectives

Nutrition Coordination Committee members should agree beforehand how they would like nutrition to be reflected or addressed in the sector goals and objectives, either as a nutrition-specific objective or a nutrition-sensitive objective that contributes to nutrition outcomes. Each sector representative should then advocate for including the nutrition objective in the sector objectives.

5.5 Description of Development Goals, Objectives/Outcomes, and Strategies

During the description of development outcomes, goals, strategies and interventions, it is critical that nutrition aspects be adequately covered. In the past, goals and objectives have been formulated around main sectors such as health, education, and community development. However, because nutrition is a cross-cutting issue, one or more of the objectives or strategies must contribute to nutrition outcomes. To achieve this, nutrition should be one of the topics considered for prioritization when setting objectives.

Goals, outcomes/objectives, and strategies related to nutrition should be based on the major development issues identified in the situation analysis, the LG's strategic direction, and the LG's development priorities. In addition, LGs shall be guided by the adapted national development strategic direction, sector strategies and priorities, and cross-cutting issues.

As much as possible, the outcomes, goals, and strategies should be aligned to those of NDP II, which focuses on human capital development, UNAP, sector plans, and any other planning frameworks. UNAP and the NDP II Nutrition Issues Paper identify five objectives as shown in Box 6.

BOX 6. NUTRITION OBJECTIVES IN THE UNAP 2011–2016

1. Improve access to and utilization of services related to maternal, infant, and young child nutrition.
2. Enhance consumption of diverse diets.
3. Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status.
4. Strengthen the policy, legal, and institutional frameworks and the capacity to effectively plan, implement, monitor, and evaluate nutrition programmes.
5. Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programmes in the country.

In setting objectives, the following should be specified:

- Objectives and strategies to address the reasons for malnutrition
- Links between objectives
- Nutrition targets linked to the objectives

In identifying strategies, those involved in the planning process will need to choose strategies that are both likely to help meet the nutrition objectives and consistent with national policies. Possible strategies include:

- Promoting optimal infant and young child feeding practices
- Addressing gender and social-cultural issues that affect maternal, infant, and young child nutrition
- Improving household food security
- Improving food quality and safety
- Controlling infectious diseases

- Caring for the deprived and vulnerable
- Preventing micronutrient deficiencies
- Promoting appropriate diets and healthy lifestyles
- Enhancing post-harvest handling, storage, and utilization of nutritious foods (see also the strategies in the UNAP)

These strategies are not necessarily independent of one another; in fact, there are many links between them. For example, introducing an effective system to improve food quality and safety might also help control micronutrient deficiencies. Similarly, there is interdependence between household food security and most other strategies. However, the team should discuss why a particular strategy should be a priority over others or what criteria to use to determine priorities.

5.6 Support by Sub-County/Division Local Governments to Village/Cell/Parish/Ward Level Planning for Nutrition

Lower local governments (LLGs) and divisions are responsible for guiding and facilitating the planning process of parish/ward and community level actors. According to the LGDPG, this guidance is to be provided through a number of mechanisms, including: (i) designing and circulating the planning calendar/schedule to be followed in the parish/ward and community planning processes; (ii) training parish/ward and community level planning facilitators (e.g., parish chief/town agent, Local Council 1 [LC1] personnel, Parish Development Committee [PDC] members, CBO representatives) in the LG planning processes, with an emphasis on planning for cross-cutting issues including nutrition; (iii) circulating information on national, higher local government (HLG) and LLG development priorities and strategic directions to the parish/ward and community level actors; (iv) facilitating community and parish/ward level planning forums by members of the LLG planning task teams; and (v) undertaking any other role necessary to ensure effective planning guidance for parishes and communities.

In the above processes, two stages in particular offer opportunity for integrating nutrition issues into the planning process at this level. These stages are:

- During training of parish/ward and community level planning facilitators (e.g., parish chief/town agent, LC1 personnel, PDC members, CBO representatives) in the LG planning processes

Key Moment for Nutrition Integration 5.5

During Training of LLGs in Planning Process

During the training of LLGs in planning processes, Nutrition Coordination Committee members should emphasize planning for cross-cutting issues, including nutrition. Key points of emphasis include:

- Link between nutrition and other sectors
- Costs of malnutrition
- The groups most affected by malnutrition
- How addressing nutrition might improve performance in other sectors

- Throughout this stage, NCC members should emphasize how local planning teams can plan for cross-cutting issues including nutrition. They should help participants to understand the linkages between nutrition and other sectors and the rationale for addressing it.
- Local-level NCC members, such as those of Sub-County Nutrition Coordination Committees, should provide support to lower local government planning processes that involve parishes/wards or communities.
- During facilitation of community and parish/ward level planning forums run by LLG planning task teams to discuss community and parish level development constraints/issues, potential opportunities, and aspirations.
 - Throughout this stage, NCC members should ensure that key nutrition issues relevant to that locality are discussed and included in the priorities. They can do this by asking participants to think about the problems that community members experience in their homes, in particular those affecting young children, pregnant women, the elderly, and other vulnerable groups.

Key Moment for Nutrition Integration 5.6

During Community/Parish Level Planning Forums

Nutrition Coordination Committee members should use these forums to raise the awareness of stakeholders at these levels about nutrition issues. They should help participants identify community level nutritional problems, needs, and actions and include them in their community plans. Such facilitation may include helping participants interpret parish/community data, set priorities, and select relevant activities to include in the plans.

5.7 Support by Districts to Municipal and LLG Planning for Nutrition

According to the LGDPG, HLGs should guide and support municipal and LLG planning through a number of channels and mechanisms. Below is an outline of these channels and mechanisms, with information/guidance (where appropriate) on how this support should integrate nutrition issues:

- i. Training and mentoring of municipal and LLG actors by the DNCC on using these planning guidelines.
- ii. The District Chief Administrative Officer (CAO) circulating the planning call circular to municipal governments and LLGs that will spark off the LG planning process at that level. The District Planner and the DNCC Chairperson should ensure that nutrition content is included in the call circular.
- iii. Supporting municipal governments and LLGs in mobilizing funding for facilitating the LG planning process (including soliciting non-budgetary support from district-based development partners for specific LGDP process activities and capacity strengthening).
- iv. The District Planning Unit and the respective departments providing data and statistics from national and district sources that will help municipal governments and LLGs in the LG planning process. This data should include key nutrition information such as statistics on relevant nutrition indicators (e.g., stunting, malnutrition, wasting), factors affecting nutrition in the locality, and population groups most affected by nutrition deficiencies.

- v. The District Planning Unit and the DTPC offering technical support to the municipal governments and LLGs during the LGDP planning process. This technical support should include support to actors at these levels to assess their nutrition situation, identify nutrition-related priorities, and include nutrition in all other planning steps.
- vi. Receiving municipal and LLG submissions for priorities that must be integrated into the HLG development plan.
- vii. Advising municipal governments and LLGs on the resource envelope available to finance LG development priorities either directly or through sector development plans.
- viii. Providing the format for presenting community and parish level development constraints/issues, potential opportunities, and aspirations to the LLGs.
- ix. Undertaking any other role necessary to ensure effective planning guidance for LLGs.

Key Moment for Nutrition Integration 5.7

During Support to LLGs in Planning

DNCC members should prepare in advance the nutrition planning guidance they want to offer to the LLG planning teams. They should ensure LLG planning teams understand the cross-sectoral nature of nutrition and how this can be addressed in the planning process.

5.8 Identifying Interventions and Activities to Be Planned for at Local Government Level

Nutrition interventions and activities to be planned for should:

- a. Be drawn from the nutrition situation analysis and reflect the development needs and priorities of the communities in the respective local government
- b. Address and fit within the broad policies and objectives outlined in the Uganda Vision 2040, NDP II, sector development plans, and other planning frameworks such as UNAP

Key Moment for Nutrition Integration 5.8

During Identification of Interventions and Activities

Nutrition Coordination Committee members should meet beforehand to identify nutrition-specific and nutrition-sensitive sectoral interventions and activities needed to address the nutrition issues identified in the situation analysis and objectives. NCC members should also share the results of the nutrition situation analysis and the sectoral actions needed to address nutrition issues with other members of their sector planning teams. NCC members should advocate for including the identified activities in their sectoral plans.

Annex 6 lists nutrition interventions and activities that local governments can consider planning for. It should be noted that LGs are not expected to include all the listed interventions and activities in their plans. As noted, identifying interventions entails setting priorities, which will vary from one LG to another. LGs are expected to select interventions and activities based on their local situation and needs. It is also important to note that this list is not exhaustive; LGs are urged to be innovative and identify locally appropriate interventions and activities to address their unique needs.

5.9 Integration of Lower Level Plans into Higher Local Government Plans

In accordance with the bottom-up planning process prescribed under Uganda's decentralized governance system, plans for nutrition at various LG levels should incorporate the needs and priorities identified at the lower levels.

5.10 Integration of CSO/PSO Development Priorities and Activities in LGDPs

LGs are required to ensure that CSOs and PSOs participate in the LG planning process and that their plans are integrated into the LGDP. For the purposes of nutrition planning, LGs should ensure that CSOs and PSOs engaged in the nutrition sector participate or are represented in the planning process and that their nutrition input is reflected in the plans. This will require that these actors have been mapped beforehand and are already identified. This should be done, for instance, by integrating relevant CSO/PSO issues into the analysis of HLG and LLG development constraints and through other mechanisms listed in the LGDPG (outlined in sub-section 4.8).

5.11 Coordination and Implementation Considerations

Involving multiple levels of local government, departments, and other actors in nutrition planning requires extensive coordination. It should be ensured that:

- Nutrition interventions and actions that involve various sectors and actors are identified and how they will be coordinated is outlined
- Other coordination tasks (e.g., meetings, reporting) are identified and their timelines are specified
- Roles and responsibilities for coordination are clearly assigned

5.12 Description of the Monitoring and Evaluation Framework

The M&E framework should show:

- How implementation of food and nutrition interventions will be monitored and at what intervals, and what information will be monitored
- What indicators will be used for monitoring and for assessing results at output, outcome, and impact levels
- What targets are to be achieved

Measurable indicators should be identified for all nutrition interventions included in the plan and the LG performance template. See Table 7 for some possible indicators.

5.13 Identification of Resource Requirements and Sources

It should be ensured that the food and nutrition interventions are costed and sources of resources identified. Most of the planned nutrition activities will be activities that local governments have previously planned for without considering nutrition, so some resources may already exist or be likely

to be obtained from usual sources. However some interventions may be new and require additional funding. Resources from CSOs and PSOs should be included in the resource envelope.

5.14 Plan Approval and Submission

The final stage in the LG planning cycle is the plan approval and submission. This is done in accordance with the normal council procedures.

GLOSSARY

Bilateral pitting oedema: An excess accumulation of fluid that starts in both feet and can progress to other parts of the body. Also known as nutritional oedema or oedematous malnutrition, bilateral pitting oedema is a sign of severe acute malnutrition. It is verified when thumb pressure applied on the tops of both feet for 3 seconds leaves an indentation after the thumb is lifted.

Community-based management of acute malnutrition (CMAM): Also known as community-based management of severe acute malnutrition (CMSAM), CMAM is the management of acute malnutrition in children 6–59 months through a decentralized, community-based approach that includes community outreach for timely detection and referral of severe acute malnutrition (SAM) in the community, inpatient care for children with SAM with poor appetite and medical complications and infants under 6 months, and outpatient care for children 6–59 months with SAM, appetite, and no medical complications. Outpatient care for SAM involves provision of ready-to-use therapeutic foods to be fed to the child at home. (Also see ‘integrated management of acute malnutrition’ in this glossary.)

Complementary food: Any food, whether manufactured or prepared at home, used to complement breast milk or breast milk substitutes. Complementary foods should be introduced when breast milk or breast milk substitutes alone are no longer sufficient to meet an infant’s nutritional requirements. The target age range for complementary feeding is generally 6–23 months.

Cross-cutting issues: These are issues that can contribute to accelerating or impeding the progress of development because their effects go beyond one sector. They are gender, environment, human rights, disability, nutrition, governance, population and development, science and innovation, child health, social protection, climate change, HIV/AIDS, and culture and mind-set. Disaster preparedness is another potential cross-cutting issue, though it may be district-specific.

Food security: Food security is when all people at all times have physical, social, and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

Fortified foods: These are foods that have micronutrients added to improve their nutritional quality.

Growth monitoring and promotion (GMP): Individual-level assessment where the growth of infants and young children is monitored over time (e.g., through regular weighing) to identify and address growth faltering and growth failure.

Household food security: The ability of a household to produce or buy sufficient safe and good quality food to meet the dietary needs of all its members.

Indicator: A quantitative or qualitative variable that provides a valid and reliable basis for assessing or measuring achievement, performance, or change resulting from an intervention.

Infant feeding counselling: Counselling on breastfeeding, complementary feeding, and, for HIV-positive women, on HIV and infant feeding.

Infant: A child from birth to 12 months of age.

Integrated management of acute malnutrition (IMAM): Integrated management of acute malnutrition encompasses both the community-based approach (see definition of CMAM above) and inpatient

management of severe cases of malnutrition with complications or in infants under 6 months in a health facility or therapeutic feeding centre with skilled health care providers, both in the emergency and development contexts.

Local government planning cycle: This is the regular period covered by the planning activities of a local government every 5 years.

Low birth weight (LBW): Birth weight of less than 2.5 kg.

Mid-upper arm circumference (MUAC): MUAC is a quick and simple way to identify wasting (a form of malnutrition in which someone is too thin). An age-specific multi-coloured plastic strip is wrapped around the middle upper left arm to identify moderate or severe wasting. MUAC is used on children, adolescents, and adults, particularly pregnant and lactating women.

Mixed feeding: This occurs when an infant receives both breast milk and any other food or liquid—including water, non-human milk, and formula—before 6 complete months of age. Mixed feeding significantly increases an infant's risk of diarrhoea and infections as well as mother-to-child transmission of HIV.

Moderate acute malnutrition (MAM): MAM is moderate wasting and is defined as weight-for-height between -2 and -3 standard deviations from the median of the World Health Organization (WHO) Growth Standards for children under 5 years or MUAC between 115 and 125 mm in children 6 months to 5 years.

Multi-micronutrient powders: Preparations of several vitamins and minerals, in the form of powders, that are added to food for children age 6–23 months to improve the quality of complementary food.

Multisectoral approach: An approach to nutrition planning and programming in which different sectors coordinate and collaborate to address both direct and underlying causes of malnutrition.

Norms: Norms reflect the values of a group or community. They determine which behaviours are considered appropriate, which are inappropriate, as well as rewards for adherence and punishment for non-conformity. There are many traditional beliefs and accepted norms related to nutrition that must be recognized and respected in developing socially acceptable and effective policies and interventions. There are also beliefs and norms that must be challenged or discouraged to promote good nutrition.

Nutrition security: This refers to adequate nutritional status in terms of protein, energy, vitamins, and minerals for all household members at all times.

Obesity: Obesity is a range of weight that is much greater than what is generally considered healthy for a given height. For adults, obesity is body mass index (BMI) of 30kg/m² or higher.

Operational research (OR): OR identifies service-delivery problems and tests new programmatic solutions to these problems. An important objective of OR is to provide programme managers and policy decision-makers with the information they need to improve and expand existing services.

Overnutrition: Overnutrition means a daily energy intake that consistently exceeds energy requirements, leading people to become overweight or obese. Children and adults whose weight significantly exceeds a healthy weight for a given height for an extended period are overnourished.

Overweight: Overweight is a range of weight that exceeds what is generally considered healthy for a given height. For adults, overweight is BMI between 25 kg/m² to 29.9 kg/m².

Ready-to-use foods (RUF): These are a variety of energy-dense, mineral- and vitamin-enriched foods that do not require preparation and are used to treat and prevent various types of undernutrition. They include ready-to-use supplementary foods, ready-to-use therapeutic foods (RUTF), and lipid-based nutrient supplements. They do not require refrigeration, do not easily grow bacteria, can be eaten straight from the pack, and do not require cooking or dilution with water, minimizing contamination and labour and fuel demands on poor households.

Severe acute malnutrition (SAM): SAM is defined as a very low weight-for-height (-3 standard deviations from the median WHO growth standards), MUAC less than 115 mm for children 6–59 months, by visible severe wasting, or by the presence of nutritional oedema. It is usually a result of recent (short-term) deficiency of protein, energy, minerals, and vitamins leading to loss of body fat and muscle tissue. Children with SAM are at a very high risk of death and need specialized therapeutic foods and medical care to recover.

Social protection: Social protection involves policies and programmes that protect people against risk and vulnerability, mitigate the impacts of shocks, and support people who suffer from chronic incapacities to secure basic livelihoods. It can also build assets, reducing both short-term and intergenerational transmission of poverty. It includes social insurance (such as health, life, and asset insurance), social assistance (mainly cash, food, vouchers, or subsidies), and services (such as maternal and child health and nutrition programmes). Interventions that provide training and credit for income-generating activities also have a social protection component.

Stunting: Stunting, or chronic undernutrition, occurs when a child fails to grow at a healthy pace and is shorter than expected for a healthy child of the same age. Stunting develops over a long period because of long-term inadequate nutrition (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated illness or infection. Stunted children have a higher risk of death from diarrhoea, pneumonia, and measles. Stunting is associated with poor cognitive and motor development and lower school achievement. It is defined by a height-for-age of -2 standard deviations from the median WHO standards.

Undernutrition: This is a consequence of a deficiency in nutrient intake and/or absorption in the body. The different forms of undernutrition, which can appear alone or in combination, are acute malnutrition (bilateral pitting oedema and/or wasting), chronic malnutrition (stunting), underweight (combined form of wasting and stunting), and micronutrient deficiencies.

Underweight: A composite form of undernutrition that includes elements of stunting and wasting and is defined by a weight-for-age of -2 standard deviations from the median WHO standards. This indicator is commonly used in growth monitoring and promotion (GMP) and child health and nutrition programmes aimed at prevention and treatment of undernutrition.

Wasting: This occurs when an individual is very thin for his or her height. It happens when a person loses weight rapidly or a growing child does not gain adequate weight relative to their growth in height. Wasting may be caused by inadequate food intake, such as a drop in food consumption or sub-optimal infant and young child feeding practices; by disease or infection, including HIV or tuberculosis; or a combination. It is defined as weight-for-height of -2 standard deviations from the median WHO standards or MUAC under 125 mm. Wasting is one form of acute malnutrition.

Young child: A child 12 to 59 months of age (pre-school age).

ANNEX 1

CRITICAL LINKAGES BETWEEN DIFFERENT SECTORS AND NUTRITION

Sector	Linkages with nutrition
Health	<p>Health and nutrition are closely inter-related. Many common diseases are directly or indirectly caused or aggravated by quantitatively and qualitatively inadequate nutrition, and ill health often leads to sub-optimal utilization of nutrients contained in the food actually consumed. Not only are malnourished people more susceptible to illness, but children born to adolescent or malnourished mothers are more likely to be malnourished. Sub-optimally spaced births may also result in malnourished children.</p>
Agriculture	<p>There are close links between agricultural sector policies and food and nutrition security, not only because of the importance of the agricultural sector for securing food production and supply but also because it is a major source of livelihood for the majority of the poor and vulnerable populations. Improved production and consumption of nutrient-dense crops and livestock can improve overall diet quality, and increased income from agriculture provides access to improved quality and quantity of food, health care, and other essential services.</p> <p>Through their manifold impacts on agricultural incomes, agricultural policies such as those related to rural employment, food production, and prices simultaneously affect both food access/demand and production/supply in various ways. Agricultural interventions are essential to protect and strengthen the livelihoods of food-insecure households so they can produce and purchase the diversity of foods they need and become more resilient to shocks such as increasing food prices and recurrent natural disasters; ensure year-round availability of safe and affordable foods at community/household level; and provide appropriate information to consumers, particularly poor households, so they can make the best use of locally available foods and meet their nutritional requirements, especially those of young children, women, and other vulnerable groups.</p>
Education	<p>Poor nutrition early in life leads to poorer school performance. People with higher levels of education tend to have better health outcomes, and girls enrolled in school are more likely to delay their first pregnancy, leading to better nutritional outcomes for mother and infant. School feeding serves a dual purpose of providing a channel for distributing food to children of low-income families and being an incentive for such families to send their children to school. This can contribute to increased school enrolment and attendance among school-age children while also improving their health and nutritional status.</p>
Trade and Industry	<p>Trade policies have crucial implications for food and nutrition security because they affect food prices and supplies available at internal markets. Trade barriers usually lead to higher prices and reduced supply, which affects food access and availability. Such policies have an impact on both the supply and the demand sides of the food economy:</p> <p>On the supply side: Farmers' decisions to produce food and/or other commodities for sale (and their own consumption) are substantially influenced by market conditions (producer prices, price variations, relationship between price and cost, prices of production inputs, reliable marketing outlets, procurement and payment procedures, etc.). These conditions can be—and often are—influenced by government marketing and pricing policies, especially in the agricultural and food sector.</p> <p>On the demand side: Because they determine the real income of market-dependent consumers, marketing and pricing policies also influence households' capacities and decisions on accessing food. The lower the prices of food and other consumer goods, the higher the real income and capacity of households to buy the food they need. This is especially important to the food and nutrition security of low income households, which spend the largest share of their income on food. Consumer price policies (e.g., consumer price regulations, general or targeted consumer price subsidies) may also affect people's access to food.</p>

Sector	Linkages with nutrition
Gender and Social Development	Malnutrition can lead to reduced income and increased vulnerability to shocks and crises. Addressing social development issues such as poverty, gender inequality, and political decisions about how resources are invested can support improved nutrition. Measures such as creating income-generating activities or providing cash/in-kind transfers to vulnerable people play a key role in improving access to food.
Water and Sanitation	Improving access to safe water and adequate sanitation facilities and improving hygiene practices can reduce diarrhoeal disease and other related conditions that cause malnutrition.
Local Government	To effectively improve nutrition, interventions across sectors must be adequately planned with sufficient financial and human resources. With so many sectors working toward a common goal, coordination is essential, and local governments provide the appropriate structures to do this.

ANNEX 2

ROLES OF INSTITUTIONS AND ACTORS IN NUTRITION COORDINATION AT NATIONAL LEVEL

Institution/Structure	Composition	Roles and responsibilities
Food and Nutrition Council (with a secretariat in the Office of the Prime Minister [OPM])	Appointed members	<ul style="list-style-type: none"> Overall policy direction, guidance, and oversight National coordination of nutrition programmes
Cabinet Sub-Committee on Nutrition	Cabinet ministers	<ul style="list-style-type: none"> Policy formulation and approval
Parliamentary Sub-Committee on Nutrition	Members of Parliament	<ul style="list-style-type: none"> Policy formulation and approval
Multi-Sectoral Nutrition Technical Committee	Experts from government, development partners, private sector organizations (PSOs), civil society organizations (CSOs), and academia	<ul style="list-style-type: none"> Technical policy coordination
Development Partners Nutrition Committee	Representatives from development partners supporting nutrition-related activities	<ul style="list-style-type: none"> Identifying funding sources Promoting joint resource mobilization Ensuring alignment of nutrition programmes with global frameworks
Uganda Nutrition Coordination Forum	Chaired by OPM and consisting of all key national and local nutrition stakeholders	<ul style="list-style-type: none"> Review implementation of nutrition plans Provide advice and advocacy for nutrition
Sector Nutrition Coordination Committees	Staff of ministries, departments, and agencies (MDAs) (including a Nutrition Focal Person), CSOs, and PSOs	<ul style="list-style-type: none"> Coordination of nutrition programmes in each government MDA
District Nutrition Coordination Committees	Representatives from relevant departments, CSOs, private sector, and academia	<ul style="list-style-type: none"> Advising the District Technical Planning Committee and District Council on nutrition Planning for nutrition interventions Monitoring implementation

ANNEX 3

STAKEHOLDERS IN LOCAL GOVERNMENT PLANNING AND THEIR ROLES AT NATIONAL LEVEL

Stakeholder	Roles and responsibilities
District Council	The District Council is also the overall District Planning Authority (DPA) and is responsible for coordinating the production of Higher Local Government (HLG) and Lower Local Government (LLG) plans as well as discussion and approval of the Five-Year District Development Plan.
District Executive Committee (DEC)	<ul style="list-style-type: none"> Approval of the HLG strategic development objectives that will guide formulation of the Local Government Development Plan (LGDP) Review of draft development plans before presentation to council
District Council Sector Committees	Review and recommend draft sector goals, outcomes, outputs, strategies, and interventions (draft LGDP) for council approval.
District Chairperson	Endorse HLG development plan approved by the council before its submission and dissemination.
District Technical Planning Committee (DTPC)	<p>Take lead in formulating LGDP (with support from planning task team):</p> <ul style="list-style-type: none"> Coordinate collaboration and linkages with other LGs Discuss and agree on modalities for the planning process Review and customize the broad National Development Strategic direction; sector-specific strategies, priorities, and standards; and relevant cross-cutting issues Appraise individual projects for LGDP Coordinate and integrate sector and LLG plans into HLG development plan Discuss and agree on the draft LGDP to be presented to DEC Review district performance Undertake any other activities for implementing the LGDP planning cycle
District Departments	<p>Analyse key development issues/constraints, potential opportunities, and challenges for the HLGs; generate baseline data and situation analyses for their respective sectors/departments:</p> <ul style="list-style-type: none"> Identify sector-specific development outcomes, goals, strategic objectives, outputs, strategies, and interventions to inform the LGDP Cost the sector-identified interventions/priorities Undertake any other activities for implementing the LGDP planning cycle that may be determined by the Chief Executive Officer (CEO)
District Planning Task Team	<ul style="list-style-type: none"> Collect and analyse data for the LGDP formulation Support sectors in identifying sector-specific development outcomes, goals, strategic objectives, outputs, strategies, and interventions to inform the LGDP Support the DTPC in the following: <ul style="list-style-type: none"> Customize the broad national development strategic direction; sector-specific strategies, priorities, and standards; and relevant cross-cutting issues Synthesize all development issues/constraints and potential opportunities analysed, as well as those received from LLG planning forum Consolidate sector development outcomes, goals, strategic objectives, outputs, strategies, and interventions Finalize draft of LGDP, including elaboration of project profiles, project costing, implementation plan, M&E plan, and communication and feedback strategy Analyse and compile the development resource envelope that will be the basis for selecting the investments for the LGDP and determining any funding gaps Facilitate planning forum/meetings Undertake any other activities in the LGDP formulation process that may be determined by the CEO

Stakeholder	Roles and responsibilities
District Nutrition Coordination Committee	This is a sub-committee of the DTPC and is responsible for coordinating planning for nutrition activities and advising the DTPC and council on nutrition matters.
Planning Unit	<ul style="list-style-type: none"> • Serve as a secretariat for the DTPC and the Planning task team in the LGDP formulation process • Draft planning call circulars for CEO signature based on national planning call circulars • Handle all documentation of the draft comprehensive Five-Year District Development Plan • Provide technical guidance to the overall LGDP planning cycle • Manage District Information Systems • Give feedback to the LLGs and parishes/wards about the results of the planning process • Coordinate other stakeholders on behalf of CEO to achieve effective implementation, monitoring, and evaluation of the LGDP in the Local Government • Liaise with the National Planning Authority on all technical matters regarding management and coordination of the LGDP planning cycle • Take the lead in the organization and coordination of the planning forum and overall consultative process for the LGDP formulation
Chief Administrative Officer (CAO)	<p>Take charge of the entire local government planning process:</p> <ul style="list-style-type: none"> • Issue the Planning Call Circular to LLGs • Endorse all correspondence to various actors regarding implementation of the LGDP planning cycle • Endorse the 5-year LGDP after approval by the Council • Submit approved LGDP to NPA and other stakeholders • Endorse the different instruments operationalizing the approved LGDPs • Coordinate and facilitate the DTPC and the planning task team to execute the local government planning processes • Undertake any other activities in the LGDP planning cycle
Lower Local Government Technical Planning Committees	Coordinating the planning process in their jurisdictions.
Sub-County, Municipal, Division Nutrition Coordination Committees	Coordinate the planning for nutrition activities and advise the Technical Planning Committees in their local governments and their respective councils on nutrition matters.
CSOs and PSOs	<p>Participate in DTPC activities related to the LGDP (after joining the committee):</p> <ul style="list-style-type: none"> • Provide information about their ongoing and planned interventions to the DTPC for integration in the development plan • Contribute to formulation of the LGDP • Contribute to implementation of LGDP financing strategy • Participate in the planning, implementation, and M&E of LGDP Activities
Citizens/Community Members	Participate in initial stages of the planning cycle, plan implementation, and oversight.

ANNEX 4

PROPOSED TIMING OF NUTRITION PLANNING ACTIVITIES AT LOCAL GOVERNMENT LEVEL

GENERIC LOCAL GOVERNMENT PLANNING STEPS AND ACTIVITIES	NUTRITION-SPECIFIC PLANNING TASKS	HIGHER LOCAL GOVERNMENT (HLG)		MUNICIPAL / DIVISION		LOWER LOCAL GOVERNMENT (LLG)	
		PLANNING	NUTRITION PLANNING	PLANNING	NUTRITION PLANNING	PLANNING (SUB COUNTIES AND TOWN COUNCILS)	NUTRITION PLANNING
Receive Planning Call Circular/information and circulate to all actors		August	August	August	August	August	August
Form/convene Planning Task Teams	Convene Nutrition Coordination Committee	August	August	August	August	August	August
Conduct consultations, data collection, planning meetings, and forums	Conduct consultations and collect data	September–December	September	October–January	September	October–January	September
Analyse key development issues/constraints, potential opportunities, and challenges and conduct situation analysis	Conduct situation analysis	December–January	November	February–March	January	December	November
Determine and set development outcomes, goals, and strategic objectives	Formulate nutrition-relevant goals, objectives	March	February	April	February	February–April	
Identify sector-specific development outcomes, goals, strategic objectives, outputs, strategies, and interventions	Identify nutrition interventions and activities	April	March		March		March
Prepare LGDP documents	Prepare annual nutrition workplans	May–end of August	May–June	Mid-June–end of August	May	Mid-June–end of August	May
Plan approval		October		End of October		End of October	

ANNEX 5

POTENTIAL INTERVENTIONS AND ACTIVITIES TO BE INCLUDED IN NUTRITION PLANS AT SECTOR LEVEL

HEALTH SECTOR	
Broad strategies	Specific interventions
Strengthen the coordination of nutrition activities at sector level	<ul style="list-style-type: none"> • Review, update, and develop relevant nutrition policies and regulations to standardize operations • Develop, standardize, and enforce protocols and guidelines for nutrition service delivery • Create and ensure functionality of information-sharing platforms with relevant stakeholders <ul style="list-style-type: none"> - Conduct regular stakeholder strategic planning, experience-sharing, and review meetings with all nutrition stakeholders - Establish an information-sharing platform for nutrition data/reports and make reports accessible for decision making • Support local governments to enforce nutrition policies, regulations, and standards • Support advocacy and resource mobilization for nutrition activities
Strengthen the quality of nutrition service delivery within health facilities and communities	<ul style="list-style-type: none"> • Review, update, develop, and standardize in-service nutrition training for health care providers • Support capacity strengthening for frontline service providers for nutrition <ul style="list-style-type: none"> - Trainings in nutrition for relevant stakeholders and implementers involved in nutrition service delivery - Build and support multisectoral supervision, mentoring, and evaluation teams • Develop standards for nutrition services by level of implementation (from national to community level) • Procure nutrition supplies and equipment • Develop an integrated monitoring, supervision, evaluation, and reporting system for nutrition to enable data capture and reporting from community to national level <ul style="list-style-type: none"> - Strengthen district-level food and nutrition surveillance systems • Carry out operational research, data collection, utilization, and documentation of best practices • Conduct community mobilization for demand and adoption of nutrition services <ul style="list-style-type: none"> - Support and advocate for food hygiene and safety, safe water chain, handwashing with soap, and mass handwashing campaigns • Strengthen epidemic and disaster prevention, preparedness, response, and management for nutrition at all levels
Strengthen behaviour change communication for nutrition	<ul style="list-style-type: none"> • Review, update, and standardize health-related nutrition messages and information, education, and communication materials • Provide media and other institutions with appropriate nutrition information promoting recommended nutrition practices

AGRICULTURE	
Broad strategies	Specific interventions
Strengthen coordination of food and nutrition security activities	<ul style="list-style-type: none"> • Develop policies, strategies, and guidelines on the integration of nutrition in agriculture programmes • Incorporate issues related to food production diversification in extension services, especially in selecting enterprise mixes • Strengthening nutrition in routine monitoring using the agriculture information system • Support research programmes on emerging strategic issues that affect nutrition
Capacity strengthening for nutrition for agriculture extension workers and other frontline workers	<ul style="list-style-type: none"> • Strengthen capacity of extension workers to integrate nutrition into agriculture programmes <ul style="list-style-type: none"> - Review and integrate nutrition in the pre-service training curriculum for agriculture extension workers - Train agriculture extension service providers in integration of nutrition - Regulate and enforce safety standards and quality assurance of farming inputs - Report on nutrition indicators • Incorporate and collect data on nutrition indicators through the agriculture information system (e.g., caloric intake, diversity score)
Promote the uptake of nutrition-related agriculture technologies	<ul style="list-style-type: none"> • Conduct information-sharing for improved uptake of new technology and knowledge related to nutrition <ul style="list-style-type: none"> - Develop information, education, and communication materials to increase farmers' awareness of benefits of bio-fortified crops such as vitamin A-rich sweet potatoes, iron-rich beans and maize, and orphan crops for biodiversity - Provide media and other institutions with appropriate nutrition information promoting production and consumption of diverse nutritious diets • Enhance awareness of available technologies through demonstrations conducted among selected farmers in different farmer categories • Develop, promote, adopt, and promote safe labour-saving technologies <ul style="list-style-type: none"> - Provide short-maturing and high-producing seed and cuttings for planting food and cash crops in pastoral areas • Adopt agriculture technologies that support both small- and large-scale production of vegetables, fruits, legumes, and small livestock, such as kitchen gardens, family farming, and cropping systems that allow diversification • Develop, adopt, and promote post-harvest handling technologies that protect, preserve, and improve food safety (e.g., reducing aflatoxin contamination, food damage, and wastage) • Improve livestock and crops through increased resistance to drought, disease, and pests and through increasing yields in a shorter time • Develop nutrient-dense crops and innovative farming systems for improved household food security and nutrition
Strengthen production of diverse and nutritious diets at household and district level	<ul style="list-style-type: none"> • Establish and support multiplication initiatives for vegetables, fruits, and bio-fortified staples such as maize and beans • Establish and support programmes such as farmer field schools, family farming, and model farmer programmes • Promote school gardening initiatives such as home-grown school feeding programmes • Reward local governments for adopting strategies for appropriate food and nutrition security
Reinforce consumption of diversified nutritious diets at household level	<ul style="list-style-type: none"> • Provide incentives for the private sector to produce and increase community access to and use of bio-fortified crops, as well as create awareness on consumption of diverse nutritious diets • Incorporate issues related to diversified food consumption (food groups, selection, and combinations) in extension services • Strengthen capacity of extension workers in nutrition education • Promote and support home-based food preparation value addition methods at household and community levels (e.g., cottage production, home fortification, and use of bio-fortified crops) • Promote proper sanitation, hygiene, and food handling (e.g., handwashing, proper waste disposal, utilization of sanitation facilities)

EDUCATION	
Broad strategies	Specific interventions
Strengthen coordination of nutrition service delivery	<ul style="list-style-type: none"> • Develop policies, strategies, and guidelines for integration of nutrition in education programmes • Promote nutrition education in schools through school clubs <ul style="list-style-type: none"> - Develop or adopt materials to strengthen capacity of teachers and school clubs - Develop an incentive/reward system for school nutrition clubs to enhance nutrition communication in schools - Promote horticulture technologies and simple technologies for young farmers' clubs • Strengthen nutrition in routine monitoring, using the education management information system (EMIS) <ul style="list-style-type: none"> - Incorporate and collect data on nutrition indicators through the EMIS (e.g., dietary diversity score) - Strengthen capacity of teachers, PTAs, and district education departments in reporting on nutrition indicators
Strengthen community mobilization for essential nutrition services by schools	<ul style="list-style-type: none"> • Support schools to implement school feeding guidelines (e.g., adopt the 'lunch for learning' strategy) • Support community mobilization for delivering nutrition services such as micronutrient supplementation, community growth monitoring, and immunization, among others • Promote behaviour change communication on teenage pregnancies and family planning
Support development of nutrition curricula for all levels of education and training	<ul style="list-style-type: none"> • Advocate for establishment of lower- and middle-cadre nutrition courses in the education structure • Review and integrate nutrition issues in the existing curricula for formal and non-formal education and for pre- and in-service training • Develop nutrition modules and training materials for extension officers from all relevant sectors

LOCAL GOVERNMENT	
Broad strategies	Specific interventions
Strengthen multisectoral coordination for nutrition within local governments (e.g., districts, municipalities)	<ul style="list-style-type: none"> • Establish and support the Nutrition Coordination Committees at district and lower local government (LLG) levels <ul style="list-style-type: none"> - Hold regular meetings and conduct quarterly reporting on nutrition - Strengthen capacity of LLG nutrition committees to coordinate multisectoral issues • Incorporate and monitor nutrition indicators/issues in local government performance assessments, checklists, audits, and reports <ul style="list-style-type: none"> - Integrate nutrition issues in routine inspections and support supervision of LLGs - Strengthen LLG capacity to conduct assessments for nutrition issues • Conduct nutrition social and behaviour change communication among political and cultural entities, private sector organizations, and communities <ul style="list-style-type: none"> - Use various channels to create awareness on nutrition issues in the community • Conduct an in-depth assessment of human resource capacity in nutrition to determine gaps and needs <ul style="list-style-type: none"> - Fill the nutritionist posts at local government level
Strengthen nutrition programming in local governments	<ul style="list-style-type: none"> • Develop and enact by-laws and ordinances that promote nutrition and food security • Integrate nutrition services in development plans, annual work plans, and emergency preparedness plans <ul style="list-style-type: none"> - Provide backup

GENDER AND SOCIAL DEVELOPMENT	
Broad strategies	Specific interventions
Strengthen coordination of food and nutrition security activities in social development	<ul style="list-style-type: none"> • Develop policies, strategies, and guidelines on the integration of nutrition in gender and social development programmes • Incorporate issues related to food security and nutrition in community development services • Strengthen nutrition in routine monitoring, using community development information systems • Support local governments in enforcing nutrition policies, regulations, and standards
Promote social protection interventions for improved nutrition	<ul style="list-style-type: none"> • Integrate nutrition in social protection interventions • Provide social transfers (cash, food, agricultural inputs) to vulnerable households and communities and support livelihoods for these groups • Develop and implement programmes for special social assistance and livelihood promotion and protection in areas with high levels of malnutrition • Provide guidance to youth livelihood project groups in the selection of nutrition-sensitive enterprises
Strengthen demand for nutrition services within the communities	<ul style="list-style-type: none"> • Review, update, and develop community mobilization packages that integrate nutrition and food security <ul style="list-style-type: none"> - Strengthen community development officers' capacity in nutrition service delivery • Integrate nutrition into community participatory planning tools and information-sharing platforms • Mobilize communities to identify food security and nutrition issues in planning processes

TRADE AND INDUSTRY	
Broad strategies	Specific interventions
Promote nutrient enhancement and fortification of common staples	<ul style="list-style-type: none"> • Strengthen coordination mechanisms for the fortification and nutrient enhancement of common staples <ul style="list-style-type: none"> - Develop policies to guide and provide incentives to small- and medium-scale private sector players - Provide an enabling environment for the private sector to manufacture, market, and distribute appropriate post-harvest handling and storage technologies - Help the private sector acquire equipment, financial support, and infrastructure • Review, update, and develop standards for fortification of common staples (e.g., enforcing salt iodization) <ul style="list-style-type: none"> - Strengthen capacity of frontline workers and the food industry to ensure compliance to the standards - Conduct inspections and support supervision for compliance to the standards - Support public-private partnerships for fortification and nutrient enhancement of foods • Integrate and collect nutrition indicators relevant to the trade and industry sector
Strengthen public-private partnerships for nutrition services by the private sector	<ul style="list-style-type: none"> • Provide an enabling environment for the private sector to manufacture, market, and distribute appropriate post-harvest handling and storage technologies • Develop policies to guide and provide incentives to small- and medium-scale private sector players to provide nutrition services

WATER AND ENVIRONMENT SECTOR	
Broad strategies	Specific interventions
Promote access to safe water, hygiene, and sanitation facilities	<ul style="list-style-type: none"> • Improve poor and vulnerable households' access to safe water <ul style="list-style-type: none"> - Support development of sanitation technology targeting poor and vulnerable communities (e.g., construction of safe water sources in those communities) • Promote environmentally safe and cost-effective waterborne sanitation facilities for urban centres • Support private sector initiatives for appropriate technology development
Strengthen behaviour change communication for water, sanitation, and hygiene (WASH)	<ul style="list-style-type: none"> • Review, update, and develop an information, education, and communication package on proper hygiene and sanitation practices • Strengthen capacity of frontline workers and the private sector to promote proper hygiene and sanitation practices • Promote utilization of safe WASH practices • Incentivize safe WASH practices to promote adoption and utilization of sanitation facilities

OFFICE OF THE PRIME MINISTER	
Broad strategies	Specific interventions
Strengthen coordination of stakeholders in nutrition	<ul style="list-style-type: none"> • Integrate nutrition issues into plans and budgets at all government levels. • Provide backup support to LGs to generate work plans that address cross-cutting issues like nutrition • Establish nutrition coordination structures and committees at national and LG levels • Hold quarterly meetings to review nutrition programme activities • Design and implement a capacity strengthening plan for nutrition programming at national, LG, and community levels • Commemorate events that raise the profile of nutrition and nutrition best practices (National Food and Nutrition Days, Breastfeeding Week, Hand Washing Day) and take advantage of other advocacy events
Strengthen capacity to plan, implement, and monitor nutrition services; to conduct policy analysis; and to plan for advocating to improve food and nutrition security and the government's commitment to nutrition	<ul style="list-style-type: none"> • Review, update, and develop policies and strategies to integrate nutrition across all sectors • Advocate for enactment of by-laws and ordinances that promote nutrition and food security • Promote implementation of the nutrition advocacy and communication strategy • Strengthen sectors' capacity in nutrition advocacy and communication for resource mobilization • Establish an interim multisectoral coordination mechanism for nutrition programming and monitoring and evaluation (M&E) • Support districts to establish nutrition M&E systems • Carry out routine and joint sector monitoring of implementation • Produce annual policy statements and periodic policy briefs on the national food security and nutrition situation • Design and implement a capacity strengthening plan for nutrition programming at national, LG, and community levels • Establish a food and nutrition M&E system for tracking performance and for timely decision-making
Promote operational research and documentation of the multisectoral approach in nutrition	<ul style="list-style-type: none"> • Conduct periodic surveys in districts with high prevalence of malnutrition • Compile and share research findings and best practices for scaling up food and nutrition interventions in Uganda • Conduct mid-term and end-of term impact evaluations of UNAP • Formulate a research agenda on nutrition • Identify and conduct research relevant to scaling up food and nutrition interventions

ANNEX 6

POTENTIAL INTERVENTIONS AND ACTIVITIES TO BE INCLUDED IN NUTRITION PLANS AT LOCAL GOVERNMENT LEVEL

HEALTH SECTOR	
Broad strategies	Specific interventions
Integrate nutrition services in all routine and outreach/community health services and programmes targeting children and mothers	<ul style="list-style-type: none"> • Nutrition screening of pregnant women, children under 2, vulnerable groups, and all patients at the facility • Growth monitoring and MUAC screening for children under 2 • Provide micronutrient supplementation for children under 5 • Provide iron/folic acid supplementation for pregnant women • Undertake deworming for all age groups • Procure equipment and supplies for nutrition activities • Integrate nutrition information in all health talks • Integrate nutrition during support supervision to lower level health facilities • Nutrition education and counselling
Provide quality malnutrition prevention and management services in facilities and communities, especially for women of reproductive age, children under 2, and pregnant/lactating mothers	<ul style="list-style-type: none"> • Screening, referrals, and management of acute malnutrition cases through routine health services • Treatment of severe and moderate acute malnutrition • Provide therapeutic zinc supplementation • Identification and referral of all pregnant women for antenatal care (ANC) and new mothers for postnatal care (PNC) • Establish follow-up system for identified cases of malnutrition • Behaviour change communication use in nutrition, family planning, antenatal care, and postpartum services
Promote appropriate infant and young child feeding practices	<ul style="list-style-type: none"> • Implement the Baby-Friendly Hospital and Community Initiatives to promote breastfeeding policies • Encourage adoption of appropriate complementary feeding practices (feeding frequency, active feeding, food variety, food thickness, hygiene) • Provide multiple micronutrient powders for children under 2 • Promote use of fortified staple foods and biofortified crops • Promote use of iodized salt
Promote proper food handling through proper hygiene and sanitation	<ul style="list-style-type: none"> • Conduct social mobilization activities to promote Open Defecation Free (ODF) disposal practices at household and community levels and to build latrines • Demonstrate improved food hygiene and handling practices • Conduct social mobilization activities to promote water treatment and safe storage at household level, personal hygiene, and community-wide sanitation • Provide education about handwashing and hygiene
Equip health centres to manage malnutrition	<ul style="list-style-type: none"> • Procure equipment and supplies for management of malnutrition • Strengthen health workers' nutrition skills
Promote male involvement in family health services and in food security and nutrition programmes	<ul style="list-style-type: none"> • Health education on role of male partners in child and maternal health, including nutrition programmes • Promote male involvement in areas such as infant and young child feeding; hygiene and sanitation (handwashing, food handling, and safe disposal of faeces), family health services and dietary diversity • Provide quality family planning services; antenatal, postpartum, and newborn care; and management of child illness and infectious disease

AGRICULTURE SECTOR (production)	
Broad strategies	Specific interventions
Strengthen production of diverse nutritious foods and micronutrient-enhanced/rich foods at household level	<ul style="list-style-type: none"> • Incorporate issues related to diversification of food production in extension services especially in enterprise mixes selection • Establish and support multiplication initiatives for vegetables, fruits, and legumes through farmer field schools, family farming and model farmer programmes • Adopt agriculture technologies that support small- and large-scale production of vegetables, fruits, legumes, and small livestock <ul style="list-style-type: none"> - Adopt technologies such as kitchen gardens, family farming, and cropping systems that allow diversification - Support farmer households to produce drought-resistant crops and heat-tolerant animals • Adopt production technologies that support small livestock (e.g., poultry, fish) • Increase farmers' awareness of benefits of bio-fortified crops such as vitamin A-rich sweet potatoes, iron-rich beans, and maize • Engage private sector to increase farming households' access and use of bio-fortified crops (sweet potatoes, beans, maize) • Promote school gardening initiatives <ul style="list-style-type: none"> - Home-grown school feeding initiatives • Promote technologies and initiatives that support urban farming • Reward communities and households that adopt strategies for appropriate food and nutrition security • Adopt and promote safe labour-saving technologies <ul style="list-style-type: none"> - Demonstration of safe labour-saving technologies at community level
Reinforce consumption of diverse nutritious diets at household level	<ul style="list-style-type: none"> • Incorporate issues related to diverse food consumption (food groups, selection, and combinations) in extension services <ul style="list-style-type: none"> - Strengthen extension workers' capacity in nutrition education - Promote postharvest handling technologies that protect, preserve, and improve the safety of foods (reduce aflatoxin contamination, damage, and wastage) - Support establishment of safe food storage technologies such as granaries and community silos/reservoirs - Implement food/cereal banking in arid and semi-arid areas • Promote and support home-based food preparation and value addition methods at household and community levels (e.g., cottage production, home fortification, and use of bio-fortified crops) <ul style="list-style-type: none"> - Organize cooking and value addition demonstrations • Promote good sanitation, hygiene, and proper food handling (e.g., handwashing, proper waste disposal, and utilization of sanitation facilities) • Engage private sector to create awareness on consumption of diverse nutritious diets <ul style="list-style-type: none"> - Provide media, community-based structures, and other institutions with appropriate nutrition information promoting production and consumption of diverse nutritious diets - Mobilize communities on appropriate utilization of farm incomes and savings to promote good nutrition
Strengthen nutrition in routine monitoring, using agriculture information system	<ul style="list-style-type: none"> • Collect and disseminate data on nutrition indicators through the agriculture information system (e.g., number of households adopting labour-saving agriculture technologies) • Strengthen extension workers' capacity to analyse and report on nutrition indicators

EDUCATION SECTOR	
Broad strategies	Specific interventions
Promote nutrition education in schools	<ul style="list-style-type: none"> Establish school gardens and promote the transfer of replicable technologies to the community <ul style="list-style-type: none"> Promote horticulture technologies and simple technologies for young farmers' clubs Promote nutrition education in schools through school clubs <ul style="list-style-type: none"> Develop or adopt materials to strengthen capacity of teachers and school clubs Develop an incentive/reward system for school nutrition clubs to enhance nutrition communication in schools Promote school enrolment and competition to ensure equitable access to primary and secondary school by boys and girls <ul style="list-style-type: none"> Behaviour change communication on teenage pregnancies and youth engagement in nutrition
Mobilize communities for essential nutrition services	<ul style="list-style-type: none"> Implement school feeding guidelines (e.g., adopt the 'lunch for learning' strategy) Support community mobilization for delivering nutrition services such as micronutrient supplementation, community growth monitoring, and immunization Mobilize communities for utilization of safe water, hygiene, and sanitation services
Strengthen nutrition in routine monitoring, using education management information system	<ul style="list-style-type: none"> Incorporate and collect data on nutrition indicators through the education management information system (e.g., caloric intake, diversity score) <ul style="list-style-type: none"> Strengthen capacity of teachers, PTAs, and district education departments in reporting on nutrition indicators

LOCAL GOVERNMENT (administration, statutory bodies, planning, audit)	
Broad strategies	Specific interventions
Strengthen multisectoral coordination for nutrition within local governments (e.g., districts, municipalities)	<ul style="list-style-type: none"> Establish and support the Nutrition Coordination Committees at district and lower local government (LLG) levels <ul style="list-style-type: none"> Hold regular meetings and conduct quarterly reporting on nutrition Strengthen capacity of LLG nutrition committees to coordinate multisectoral issues Incorporate and monitor nutrition indicators/issues in local government performance assessments, checklists, audits, and reports <ul style="list-style-type: none"> Integrate nutrition issues in routine inspections and support supervision of LLGs Strengthen LLG capacity to conduct assessments for nutrition issues Conduct nutrition social and behaviour change communication among political and cultural entities, private sector organizations, and communities <ul style="list-style-type: none"> Use various channels to create awareness on nutrition issues in the community Conduct an in-depth assessment of human resource capacity in nutrition to determine gaps and needs <ul style="list-style-type: none"> Fill the nutrition officer posts at local government level
Strengthen nutrition programming in local governments	<ul style="list-style-type: none"> Develop and enact by-laws and ordinances that promote nutrition and food security <ul style="list-style-type: none"> Conduct community mobilization and sensitization on nutrition, resource mobilization for nutrition, and quarterly nutrition coordination meetings Integrate nutrition services in development plans, annual work plans, and emergency preparedness plans using both nutrition-specific and nutrition-sensitive approaches <ul style="list-style-type: none"> Provide backup support to LLGs to generate work plans that address cross-cutting issues like nutrition Integration of nutrition issues in M&E frameworks, including the joint annual review Resource mobilization and allocation Conduct a district food and nutrition baseline survey to establish up-to-date nutrition baseline monitoring indicators Conduct periodic district-level food and nutrition surveys in vulnerable areas and among vulnerable populations

GENDER AND SOCIAL DEVELOPMENT SECTOR (Community-based services)	
Broad strategies	Specific interventions
Promotion of male involvement in family health services and in food security and nutrition programmes	<ul style="list-style-type: none"> • Community mobilization and education to promote male involvement in maternal and child health, including nutrition programmes • Identification and reward of male champions to advocate for male involvement in family health services, food security, and nutrition
Supporting and scaling up of community-based nutrition initiatives	<ul style="list-style-type: none"> • Identify/establish model households for nutrition and food security • Implement PD/Hearth sessions in communities • Initiate mother support groups for breastfeeding and complementary feeding
Advocacy and seeking solutions for reducing workload for all women, especially pregnant women and lactating mothers	<ul style="list-style-type: none"> • Radio talk shows on gender issues focusing on role divisions between males and females • Showcase good practices through commemoration of appropriate events and recognition of champions.
Addressing detrimental food taboos and norms that impair nutrition of women, infants, and young children	<ul style="list-style-type: none"> • Hold radio talk shows on nutrition • Community nutrition dialogue meetings with local, cultural, and religious leaders • Identify and promote positive indigenous/ traditional dietary practices
Promote social protection and economic empowerment interventions for improved nutrition	<ul style="list-style-type: none"> • Develop and implement programmes for special social assistance and livelihood promotion/protection in areas with high levels of malnutrition • Provide social transfers (cash, food, agricultural inputs) to vulnerable households and communities and support livelihoods for these groups • Integrate nutrition in social protection interventions • Guide youth livelihood project groups in the selection of nutrition-sensitive enterprises

WATER AND ENVIRONMENT	
Broad strategies	Specific interventions
Increase access to quality safe water and sanitation facilities	<ul style="list-style-type: none"> • Install protected water sources targeting poor and vulnerable communities • Support vulnerable households to harvest rain water • Strengthen water user committees for maintenance and sustainability of water sources
Promotion of proper food handling through proper hygiene and sanitation	<ul style="list-style-type: none"> • Conduct social mobilization activities to promote Open Defecation Free (ODF) practices at household and community levels and to build latrines • Demonstrate improved food hygiene and handling practices • Conduct social mobilization activities to promote water treatment and safe storage at household level, personal hygiene, and community-wide sanitation
Promote handwashing	<ul style="list-style-type: none"> • Support local fabrication/manufacture of low-cost handwashing facilities • Conduct education and social mobilization activities to promote handwashing after latrine use and before and after handling food

TRADE AND INDUSTRY (Commercial Office, sub-sector of Trade under the Production Department)	
Broad strategies	Specific interventions
Integrate nutrition in commercial services provided at district level	<ul style="list-style-type: none"> • Promote proper post-harvest handling/storage of products for sale • Integrate nutrition capacity development in training of cooperative societies and farmers or marketing associations and village saving credit groups • Promote production, sale, and consumption of bio-fortified food crops and nutrient-enhanced products • Behaviour change communication on diversification of production and nutrition • Promote and support local food processing and value addition at the household and community levels



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