



Republic of Uganda

CAADP

Comprehensive Africa Agriculture Development Programme (CAADP)

East and Central Africa Regional CAADP Nutrition Program Development Workshop

Nutrition Country Paper – Uganda

DRAFT

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This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Dar-es-Salaam, Tanzania, from the 25th to the 1st March 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthesizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

This work document will be further updated by the country team during the workshop.

General sources used to produce this document

This document was prepared and has been updated through a joint effort by technical staff from (Ministry of Agriculture Animal Industry and Fisheries, Ministry of Health, Ministry of Education and Sports, Ministry of Gender Labour and Social Development, Local Government, National Planning Authority, and Office of the Prime Minister etc.) using primarily the sources listed below

Sources	Information	Lien internet
FAO	Nutrition Country Profiles	www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	www.fao.org/countries/
	FAO STAT country profiles	faostat.fao.org/site/666/default.aspx
	Multiple Indicators Cluster Survey Report (MICS)	www.childinfo.org/mics_available.html
WFP	Food and Nutrition Security Survey Reports	www.wfp.org/food-security/reports/search
	Comprehensive Food Security and Vulnerability Assessment	www.wfp.org/food-security/reports/search
WHO	Nutrition Landscape information system-	apps.who.int/nutrition/landscape/report.aspx
REACH	REACH Country Implementation Plan	www.reachpartnership.org
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	www.scalingupnutrition.org/wp-content/uploads/2011/09/compendium-of-country-fiches-ROME-VERSION.pdf (or) www.scalingupnutrition.org/events/a-year-of-progress/
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	www.nepad-caadp.net/library-country-status-updates.php
National Sources		
GoU	Constitution of the Republic of Uganda, 1995	www.parliament.go.ug
NPA	Uganda Vision 2040 (draft)	www.npa.ug
	National Development Plan (NDP) 2010/11-2014/15	www.npa.ug
OPM	Uganda Nutrition Action Plan, 2011-2016	www.opm.go.ug
MoFPED	Uganda Poverty Status Report, 2010.	www.finance.go.ug
UBOS	Nutrition Indicators	www.measuredhs.com/Where-We-Work/Country-List.cfm
	Demographic and Household Survey Report, 2006	www.measuredhs.com/pubs/pdf/FR194/FR194.pdf
	Demographic and Household Survey Preliminary Report, 2011	www.ubos.org
MAAIF	National Agriculture Policy (draft), 2011	www.agriculture.go.ug
	Food and Nutrition Strategy (updated 2010)	www.fao.org/righttofood/inaction/countrylist/Uganda/FoodandNutritionStrategy_Uganda.pdf (on behalf of MAAIF)
	Food and Nutrition Policy	www.fao.org/righttofood/inaction/countrylist/Uganda/Uganda_foodandnutrition_policy.pdf
	Agriculture Development Strategy and Investment Plan (DSIP)	www.pma.go.ug/publications.php?cid=5
	Food and Nutrition Bill (draft) 2010	www.pma.go.ug/publications.php?cid=5
	Agriculture Development Strategy and Investment Plan (DSIP)	www.pma.go.ug/publications.php?cid=5
	Signed CAADP Compact	www.pma.go.ug/publications.php?cid=5

Sources	Information	Lien internet
MOH	Nutrition	www.health.go.ug/mohweb/?page_id=598
	National Health Policy II	www.health.go.ug
	Health Sector Strategic Plan II	www.health.go.ug
	National \Child Survival Strategy 2012-15	www.health.go.ug
	Operational framework for Nutrition in the National Child Survival Strategy 2009	
	5-year Nutrition Action Plan, Maternal, Infant and Young Child Nutrition	www.health.go.ug
	Nutrition in the context of HIV and TB Strategic Plan	www.health.go.ug
	Integrated Management of Acute Malnutrition (IMAM) 2011	www.health.go.ug
	National Communication Strategy on Nutrition and HIV, 2009	www.health.go.ug
	Uganda Policy Guidelines on Infant and Young Child Feeding 2011	www.health.go.ug
	Maternal Nutrition Guidelines 2011	www.health.go.ug
	Sexual and Reproductive Health Policy Guidelines for Uganda 2006	www.health.go.ug
	National Regulations on Breast Milk Substitutes 2011	www.health.go.ug
	Mandatory Food Fortification Regulations 2011	www.health.go.ug
	Village Health Team Strategy and Operational Guidelines	www.health.go.ug
	Uganda Clinical Guidelines 2010	www.health.go.ug
	Micro-nutrients Guidelines (Anaemia, Folic Acid, Iron, Vitamin A)	www.health.go.ug
	Food and Drug Policy, 200	www.health.go.ug
Food and Drug Act, 200	www.health.go.ug	

Context – Food and Nutrition Situation

General Indicators		Sources / Year
Population below international poverty line of US\$1.25 per day	↘24.5%	UPSR, 2012
Under-five mortality rate (per 1,000 live births)	90	UDHS, 2011
Infant mortality rate (per 1,000 live births)	↘54	UDHS, 2011
Primary cause of under-five deaths ⇒ Rate of death due to malaria	21%	WHO (2008)
Maternal mortality rate /100 000 lively births	↘352	UDHS, 2011
Primary school net enrolment or attendance ratio	↘81%	UDHS, 2011
Primary school net enrolment -ratio of females/males	↘0.94	UDHS, 2011
Agro-nutrition indicators		Sources/Year
Cultivable land area (1000 ha)	6134	2008/2009 UCA
Access to improved drinking water in rural areas	63%	WHO/UNICEF JMP (2010)
Access to improved sanitation in rural areas	71%	WHO/UNICEF JMP (2010)
Food Availability		
Average dietary energy requirement (ADER)	2120	FAO 2006-08
Dietary energy supply (DES)	2035	2008/09 UCA ;2008 Uganda Livestock Census 2012 UBOS Population projection
Total protein share in DES	10%	2008/09 UCA 2008 Uganda Livestock Census
Fat share in DES	13%	2008/09 UCA 2008 Uganda Livestock Census
Food Consumption		
Average daily consumption of calories per person	N/A	
Calories from protein	N/A	
Calories from fat	N/A	

Geography, population & human development

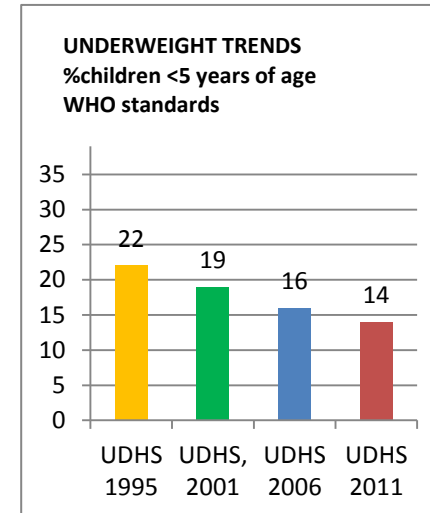
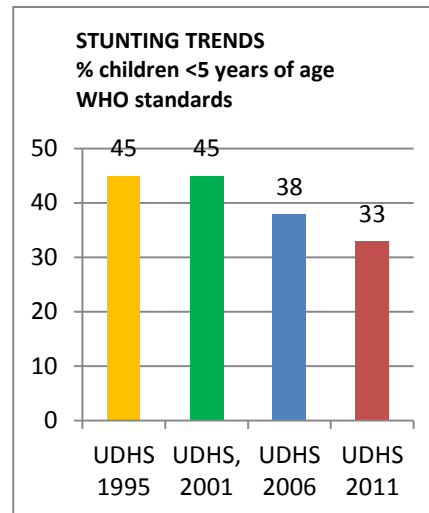
Uganda is a landlocked country in Eastern Africa with an area of 241,038 Km², 18% of which is covered by water (43,938 Km²). Although generally equatorial, the climate is not uniform as the altitude (1155 m) modifies the climate. Uganda receives on average 1574 mm of precipitation annually or 131 mm each month. The average temperatures are 16 °C to 27°C and the mean relative humidity for on an average year of 80.3%. The southern part of the country is wetter with rain generally spread throughout the year. This is heavily influenced by the second world's biggest lake-Lake Victoria, which contains many islands that prevent temperatures from varying significantly and increases cloudiness and rainfall.

In the north, a dry season gradually emerges; the northeastern Karamoja region has the driest climate and is prone to droughts in some years. Rwenzori, a snowy peaked mountainous region on the southwest border with Congo (DRC), receives heavy rain all year round. Uganda's capital city is Kampala with a day population of over 2.5 million people. The main international airport is Entebbe. Official languages spoken are: English and Swahili. Although landlocked, Uganda has many large lakes; besides Lake Victoria it has Lake Kyoga, Lake Albert, Lake Edward and Lake George in addition to small lakes, rivers and swamps. The conductive rich soils and adequate rainfall permit extensive agriculture and livestock production. **In recent years, Uganda has been successful in reducing poverty (24.5% in 2012)**, reducing HIV/AIDS prevalence rates from 30% in early 1980s to 6.7% in 2011; and improving education for all at primary with Gross Attendance Ratio (GAR) at 123% and 23 % secondary level. Over 80% of children attended primary school in 2008. Uganda's population is currently estimated at 33 million with a Total Fertility rate (TFR) of 6.2%. Uganda's population has been doubling almost every 20 years, and is projected to reach 40 million people by 2025. The majority of the population is rural (85%) and close to half are less than 15 years old (49%). Uganda's HDI is 0.446 (2011), which gives the country a rank of 161 out of 187 countries with comparable data.

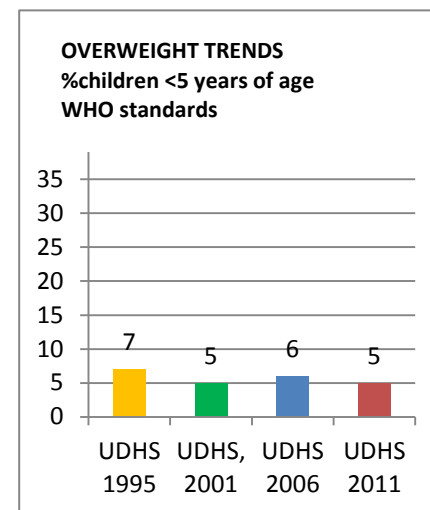
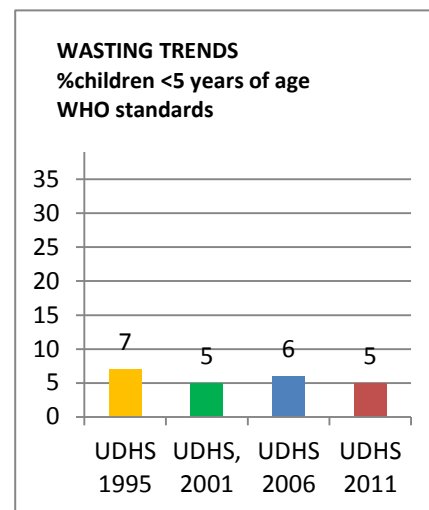
Economic Development

Uganda is aspiring to become an upper middle-income country by 2017 and reach per capita GDP of USD 9,500 by 2040. Besides Uganda's substantial natural resources, it has sizable mineral deposits of copper and cobalt. The country has largely untapped reserves of both crude oil and natural gas. Under the current framework of the National Development Plan 2010/11 to 2014/15, the government has put in place an ambitious program to transform Uganda. Economic growth in FY 2011/12 declined to 4.2% compared to 6.6% in FY 2010/2011. The decline was mainly attributed to slow recovery of the global economy and instability in key macroeconomic fundamentals such as the increasing domestic prices, unfavourable balance of payments, exchange rate depreciation, increasing inflation and high interest rates. The primary growth sectors in Uganda are agriculture, forestry, manufacturing, tourism, mining, oil and gas, ICT and housing development. The share of agriculture to GDP increased to 24.4% in FY 11/12 while that of industry also registered growth to 26.4%, FY 2011/12). The growth of the agriculture sector was due to increased food and cash crop production following favourable rains in the first planting season of the last calendar year. However there is still need to improve productivity levels and modernize the sector. There has also been an increase in the number of people employed in the sector (over 73% of the total population, UNHS, 2005/2006) as the unskilled labour force continues to grow. It is expected that the rapid growth of the population will also have a powerful impact on the economic growth of the country. Uganda has a large diaspora mainly in the United States and the United Kingdom contributing enormously to economic growth through remittances and other investments (especially property). Uganda also serves as an economic hub for a number of neighbouring countries like the Democratic Republic of Congo, South Sudan and Rwanda.

Food Security (food availability, access, utilization, and coping mechanisms) Uganda's population that is food insecure stood at 66% in 2005/06. Currently, inequality in consumption is high in Uganda by African standards. In addition to regional disparities, there is also a disparity between rural and urban income levels with the mean consumption of the richest area (Kampala) being 2.5 times that of the poorest area (northern region). **The country's average caloric intake per person per day improved from 1,971 in 2005 to 2035 in 2008/09 although this is still below the WHO recommended daily intake of 2,300 per adult per day.**



Agro-nutrition indicators (continued)		Sources/Year	Error! Bookmark not defined.
<i>Nutritional Anthropometry (WHO Child Growth Standards)</i>			
Prevalence of stunting in children < 5 years of age	33%	UDHS, 2011	
Prevalence of wasting in children < 5 years of age	5%	UDHS, 2011	
Prevalence of underweight children < 5 years of age	14%	UDHS, 2011	
% Women (15-49 years) with a BMI < 18.5 kg/m ²	12%	UDHS, 2006	
Prevalence of obesity:			
- Children under 5 years old	5%	UDHS, 2006	
- % Women (15-49 years) with a BMI >25 kg/m ²	17%	UDHS, 2006	



Nutritional Situation

In Uganda, 33% of children under 5 years of age are stunted, 5% are wasted and 14% are underweight (UDHS 2011).

Indicator (WHO Standards) Source: DHS 2011	Gender		Residence			
	Male	Female	Ratio m/f	Urban	Rural	Ratio u/r
Stunting prevalence	37	9.9	1.2	8.6	35.6	0.5
Underweight prevalence	14.9	14	1.2	9.6	14.0	0.6

Agro-nutrition indicators (continued)		Sources/Year
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	62%	UDHS, 2011
Children (6-9 months) who are breastfed with complementary food	74.1%	UDHS, 2011
Children (9-11 months) who are using a bottle with a nipple	29.54%	UDHS, 2011
Children (18-23 months) who are still breastfeeding	53.1	UDHS, 2011
Complementary feeding among 6 to 9 months	77	UDHS, 2011
Coverage rates for micronutrient supplements		
% Households consuming adequately iodized salt (≥ 15 ppm)	↗96%	UDHS, 2006
Vitamin A supplementation coverage rate (6-59 months)	↗64%	UDHS, 2006
Vitamin A supplementation coverage rate (≤ 2 months postpartum)	33%	UDHS, 2006
Prevalence of anemia among pre-school children	↘50.4%	UDHS, 2011
Prevalence of anemia among pregnant women	64%	UDHS, 2006
Prevalence of anemia among women 15-49 years	↘24.2%	UDHS, 2011

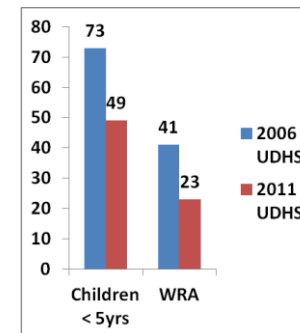
Infant feeding/Maternal health

Nearly 99% of children are breastfed for some period of time during the first year of life. Overall, 62% of children below six months are exclusively breastfed, a slight improvement from 60% reported in 2006. Among sub-groups, 82% of children less than two months of age are exclusively breastfed, but this percentage drops sharply at subsequent ages. Some children receive complementary foods too early; others begin to receive complementary foods too late. Only 74.1% of Ugandan children age 6-8 months receives complementary foods and less than 24% of Ugandan children age 6-23 months met the minimum standard with respect to IYCF practices (diversity, and frequency with breast milk or other milk products). Regional differences found only 7% of children in the North meet the IYCF recommendations compared to 30% of children in the Eastern and Southwest regions. Maternal health is important for infant health. In Uganda, 71% of women are considered to have a normal BMI. Only 12% of women between 15-49 years old were found to be undernourished or "thin", whereas 17% were overweight or obese. Women in rural areas are more likely to be thin 14% than those in urban areas 6%, and urban women have a higher rate of overweight and obesity (34%) compared to rural women (13%).

Micronutrients

The 2006 DHS found 96% of the households tested had adequate levels of iodine in the salt. The proportion of children and women with anemia is high in Uganda. There has been a reduction in anemia prevalence among children with only 73% to 50% being affected according to UDHS 2011. Anaemia is less common among women 15-49. Overall, about one in four women (24%) show evidence of anaemia. The majority of anaemic women are mild at 18%, 5% are moderately anaemic and 2% are severely anaemic. Vitamin A supplements are distributed to 64% of children under 5 years old. The consumption of Vitamin A rich foods by children increases from 41% among children age 6-8 months to 68% among children age 18-23 months.

Trends in Anaemia prevalence in Children <5 years and Women of Reproductive Age (WRA)



Causes and symptoms of malnutrition and food insecurity:

- **Immediate causes**
Incidence of disease, inadequate food intake and poor Nutrition
- **Underlying causes**
Poor hygiene, sanitation (World Bank Report, 2011): 3.2 million have no latrine at all
Poor access to health care
Inadequate maternal and child care
Household food insecurity (mainly related to poor access to the range of foods needed for a diversified diet)
- **Basic causes**
Nutrition has not been a priority, Commercialisation of Agriculture, High food prices, Climatic changes leading to Prolonged drought resulting in poor Harvest, Global Financial crisis, High inflation rate, High population rate, Gender inequality (women not owning Land, Human Resource Gap, Limited Resources to implement Nutrition at all levels, Labour intensive Agricultural practices with very low yield.

Malnutrition from the perspective of food insecurity



Maps sources



Map: Prevalence malnutrition / food insecurity/ other indicators of nutritional status among regions

II. Current strategy and policy framework for improving food security and nutrition



Specific strategies, policies and programs currently in place in the food and agriculture sector to improve nutrition

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor USD	Stakeholders	Key points	Integration of Nutrition
STRATEGIC FRAMEWORK						
Vision 2040	2010 to 2040	The Vision for Uganda is “A transformed Ugandan society from a peasant to a modern and prosperous country within 30 years”. The Vision provides the direction for National development planning. The Vision attributes are: a) Independence and sovereignty: b) Democracy and the rule of law: c) Stability and peace: d) Knowledgeable and skilled: e) Able to exploit and use its resources gainfully and sustainably: f) A strong federated East Africa with an effective African Common Market and a strong African Defense	N/A	MINISTRIES AGENCIES DEVELOPMENT PARTNERS	To be realised through implementation of the three Ten Year National Development plans, Five Year National Development Plans, Policies, Sector master and strategic plans, Annual plans and budgets. Vision 2025 ¹ did not take off due to lack of an appropriate legal, policy and institutional framework.	
National Development Plan (NDP)	2010/11-2014/15	The NDP’s theme is “Growth, Employment and Socio-Economic Transformation for Prosperity”. It is envisaged that the country will graduate to the middle income segment by 2017. This marks a broadening of the country’s development strategy from poverty reduction to structural transformation for growth and increased standards of living. The NDP’s strategic objectives are: 1. Increasing household incomes and promoting equity. 2. Enhancing the availability and quality of gainful employment. 3. Improving stock and quality of economic infrastructure. 4. Increasing access to quality social services. 5. Promoting science, technology, innovation and CT to enhance competitiveness. 6. Enhancing human capital development 7. Strengthening good governance, defense and security 8. Promoting sustainable population and use of the environment and natural resources.	Total UGX 90.2 Trillion UGX 54.2 Trillion GOU UGX 20.4 Trillion Off Budget 16.4 Trillion Unfunded	<ul style="list-style-type: none"> ▪ Ministries ▪ Agencies ▪ Development Partners ▪ Private sector ▪ CSO’s ▪ CBO’s/NGO’s 	In line with its theme, this Plan seeks to significantly improve specific socio-economic development indicators associated with transformation. These include: <ul style="list-style-type: none"> ▪ Raising average per capita income levels, improving the labor force distribution in line with sectoral GDP shares, raising the country’s human development indicators, and improving the country’s competitiveness to levels comparable to middle income countries. ▪ The NDP is being implemented in Sector Development Strategic Investment plans and annual district plans with integration of food security and nutrition component. 	



¹ The planning and economics at that time did not facilitate long term planning. but rather focused on short term planning.




Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor USD	Stakeholders	Key points	Integration of Nutrition
AGRICULTURE						
National Agriculture Policy (NAP)	2011	The overall objective of the agriculture policy is to promote food and nutrition security and household incomes through coordinated interventions that focus on enhancing sustainable agricultural productivity and value addition, providing employment opportunities, and promoting domestic and international trade.	Operationalised through the DSIP (IPs)	Farmers and farmers groups, MAAIF, Other Ministries, Local Governments, Development Partners, CSOs, Private Sector	<ul style="list-style-type: none"> Ensuring food and nutrition security for all Increasing incomes of farming households Specialization in strategic enterprises Promotion of trade in agricultural products Sustainable use and management of agricultural resources 	
Agricultural Sector : Development Strategy and Investment Plan (DSIP)	2010 /11-2014 /15	<p>The DSIP operationalizes the Comprehensive Africa Agricultural Development Programme (CAADP) in Uganda. Main priority areas for public sector investment under this Plan include:</p> <ul style="list-style-type: none"> (i) Enhancing Production and Productivity; (ii) Improving Access to Markets and Value Addition; (iii) Creating an Enabling Environment, and; (iv) Institutional Strengthening in the Sector. <p>The agriculture sector development objectives are: 1) Rural incomes and livelihoods increased 2) Household food and nutrition security improved</p> <p>The DSIP is the implementation tool of agricultural development as outlined in the NDP. Implementing the Plan will contribute to overall economic growth, social transformation, and poverty reduction, which are objectives of Government's National Development Plan.</p>	Operationalised through a 3 year MTEF 2010/2011 FY UGX 342.2 Billion ²	MAAIF, Other Ministries, Local Governments, Development Partners, CSOs, Private Sector	<p>Key strategies (include approach commodity value chain with the prioritised commodities-SB and Tom) A community based approach (Cluster villages (20-30) into one community Epicenter) shall be utilised in all strategies which include:</p> <ul style="list-style-type: none"> i) Implementation of strategies to end hunger in a sustainable manner ii) Designing and implementing a microfinance programme iii) Designing and implementing HIV/AIDS and Gender responsive programmes. iv) Designing and implementing a food production and food security enhancement programme . v) Designing and implementing a nutrition programme. vi) Designing and implementing a strong M&E system for the hunger project. 	


² The MTEF provides 3 year budget ceilings for the sector, agencies and subsector. MTEF budget for FY 2010/2011 UGX 342.2B. Funds spread across 4 programmes: 60% for production & productivity, 31.6% for market access & value addition, 5.4% for enabling environment and 3.0% for institutional strengthening.

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor USD	Stakeholders	Key points	Integration of Nutrition
FOOD SECURITY						
Uganda Food and Nutrition Strategy (Updated 2010)	2010 - 2020	<p>The vision of the Uganda Food and Nutrition Strategy is “a hunger free country without malnutrition in all segments of the population”. Its over-arching goal is to transform Uganda into a hunger free and properly nourished country within a timeframe of 10 years.</p> <p>Strategy Focus Issues and Activities</p> <p>These include how to address the food and nutrition needs of:</p> <ol style="list-style-type: none"> 1. The child in the womb and during the first two years of the child’s life after birth. 2. Pre-school children (3 to 5 years of age). 3. School-going children (6 to 12 years of age) 4. Internally displaced persons, refugees, and others affected by conflict 5. HIV/AIDS sufferers 6. Asset-less widows and widowers, orphans, female and child-headed households, adolescent mothers, victims of domestic abuse, and people with disabilities 7. The poor 8. The emerging problems of obesity and diet-related non-communicable diseases 9. The problem of cross-sectoral coordination in implementing the Food and Nutrition Strategy 10. Human-rights concerns in implementing the Food and Nutrition Strategy 		Local Governments, Development Partners, NGO’s Private Sector	<p>The strategy focuses on addressing the needs of various nutritionally vulnerable groups, ensuring political mobilization and advocacy, cross-sectoral coordination, empowerment, and gender targeting.</p> <p>Its strategic focus has been encapsulated in the UNAP</p>	
Uganda Food and Nutrition Policy	2003	<p>The overall objective of the policy is to promote the nutritional status of the people of Uganda through multi-sectoral and coordinated interventions that focus on food security, Improved nutrition and increased incomes.</p> <p>Key specific objectives</p> <ol style="list-style-type: none"> 1. Ensure availability, accessibility, and affordability of food in the quantities and qualities sufficient to satisfy the dietary needs of individuals sustainably; 2. Promote good nutrition of all the population; 3. Incorporate food and nutrition issues in the national, district, sub-county and sectoral development plans; 4. Ensure that nutrition education and training is 	n/a	Local Governments, Development Partners, NGO’s Private Sector	<p>The policy is rights-based and in line with the country’s constitution (1995)</p> <p>The policy, like all others, shall be reviewed to align it to the food and nutrition aspirations of the country’s vision 2040</p>	


<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor USD</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
		<p>incorporated in formal and informal training in order to improve the knowledge and attitudes for behavioural change of communities in food and nutrition-related matters;</p> <ol style="list-style-type: none"> 5. Ensure food and income security at household, sub-county, district and national levels for improving the nutrition as well as the socio-economic status of the population; 6. Monitor the food and nutrition situation in the country; 7. Create an effective mechanism for multi-sectoral co-ordination and advocacy for food and nutrition; 8. Promote the formulation and/or review of appropriate policies, laws and standards for food security and nutrition; 9. Ensure a healthy environment and good sanitation in the entire food chain system; 10. Safeguard the health of personnel associated with agricultural chemicals, food processing inputs and products, consumers and any other third parties likely to be affected; 11. Promote gender-sensitive technologies and programmes; 12. Achieve maximum production with minimum effort 13. Promote technologies that are user-friendly to people with disability. 				
NUTRITION						
Uganda Nutrition Action Plan	2011-2016	<p>The objectives of the UNAP are to;</p> <ol style="list-style-type: none"> 1. Improve access to and utilisation 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. 	162 Billion Unfunded	Key Ministries, Development partners, NGO's/CBO's, CSO's and Private sector	Coordination of the UNAP has been strategically located within the office of the Prime Minister. Implementation is using a multi-sectoral approach that cuts across all relevant Sectors and ensures integration of nutrition and nutrition issues in key relevant sectors policies and plans. The UNAP targets women of reproductive age, infants and young children.	




Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor USD	Stakeholders	Key points	Integration of Nutrition
HEALTH						
National Health Policy (NHP II)	2010/11-2020/21	<p>Objectives</p> <p>The focus of the policy is strengthening health systems' capacity to deliver the Uganda National Minimum Health Care Package including health promotion, environmental health, disease prevention, early diagnosis and treatment.</p> <p>The package includes Nutrition Interventions that are delivered through the health system</p>	The Policy is not costed	Go U, UN Agencies, Global funding initiatives (GFATM, GAVI), Bilateral Development Partners private and Faith Based Organizations	The policy aims to promote and address issues for creating an enabling environment and system to deliver health and nutrition services to the population	
Health Sector Strategic Investment Plan III (HSSIP III)	2010/11 – 2014/15	<p>Objectives</p> <ol style="list-style-type: none"> 1. The first HSSIP III specific strategic intervention on nutrition is to review, formulate, enforce and coordinate nutrition related policies, regulations and standards. Key activities are to: <ol style="list-style-type: none"> i. Develop and disseminate nutrition policy and implementation guidelines. ii. Strengthen nutrition related standards and regulations iii. Strengthening inter-sectoral collaboration and public-private partnership in the designing and implementation of nutrition programs 2. The second HSSIP strategic intervention on Nutrition is to strengthen advocacy and social mobilization for behavioural change and strategic activities include: <ol style="list-style-type: none"> i. Strengthening of advocacy, social mobilization and communication at all levels including development of a comprehensive nutrition communication strategy and develop and dissemination of nutrition IEC materials using mass media. As well as nutrition campaign initiatives. 3. The third HSSIP strategic intervention for nutrition is to Strengthen nutrition information management systems for monitoring and evaluating nutrition through establishment of nutrition sentinel surveillance sites, conduction of basic and operational nutrition research including surveys and collaborating with UBOS in collection of nutrition indicators during annual food consumption Surveys 	Costing done by level of health care delivery considering the entire package and not disintegrated according to specific interventions	GoU, UN Agencies, Global funding initiatives (GFATM, GAVI), Bilateral Development Partners private and Faith Based Organizations	Mutli-sectoral approach to addressing nutrition problems is emphasized	


<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor USD</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
National Child Survival Strategy	2009/10-2014/15	<p>The overall objective is to scale up and sustain high child survival interventions through:</p> <ul style="list-style-type: none"> – Increase in availability of essential health inputs and access to service providers of cost effective child survival interventions, – Improvement in demand and utilization of cost effective child survival interventions – Enhancement in quality of cost effective child survival interventions child survival interventions. <p>Nutrition interventions are part of the package for child survival intervention and they include: Exclusive breastfeeding, complementary feeding , growth monitoring & promotion, management of malnutrition with focus on community based interventions</p>	<p>Additional cost for the nutrition Minimum resource based scenario USD 5,000 Medium scenario 105,000,000 Ideal 155,000,000</p>	<p>Go U, UN Agencies, Global funding initiatives (GFATM, GAVI), Bilateral Development Partners private and Faith Based Organizations</p>	<p>The focus is on infant and young child nutrition including micronutrient supplementation In this strategy, the role of other sectors as far as child survival in concerned and multi- sectoral approach is defined and emphasized.</p>	
The operational framework for nutrition in the national child survival strategy	2009	<p>The overall objective is: To strengthen the implementation of a defined package of proven nutrition interventions that are cost effective; and to achieve and sustain high coverage in the country.</p>	10.8 million	<p>Development partners Bilateral partners NGOs MOH DHO Local government Communities</p>	<p>Proven cost effective interventions are emphasized and these include; maternal nutrition, Infant and young child feeding, Prevention of micronutrient deficiencies, treatment of acute malnutrition, nutrition interventions in the treatment and management of HIV/AIDS and related illnesses, nutrition interventions in emergencies. Evidence shows that there is low coverage in implementation of the above interventions.</p>	
5-Year Nutrition Action Plan Maternal Infant and Young Child Nutrition (MIYCN)	2010 - 2015	<p>Goal: to improve Maternal, Infant and Young Child Nutrition (MIYCN) for better Health, Survival and Development. Objectives :</p> <ol style="list-style-type: none"> 1. Coordinate and advocate for support to promote and increase investment for MIYCN 2. Develop and disseminate policies/guidelines/standards related to MIYCN 3. Establish and strengthen structures and systems for effective implementation of MIYCN at all Health Delivery levels 4. Establish and support nutrition M&E 5. Build capacity for implementation of MIYCN 6. Build capacity for implementation of MIYCN 7. Conduct/or support research and information sharing on MIYCN. 		<p>Development partners NGO USAID funded projects</p>	<p>The plan prioritizes advocacy, development and dissemination of policy/guidelines, capacity building, and strengthening community based nutrition interventions, research, monitoring and evaluation for maternal, infant and young child nutrition interventions.</p>	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor USD</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
Nutrition in the context of HIV and TB Strategic plan		<p>The purpose is to provide a national framework to guide the development, implementation, monitoring and evaluation of food and nutrition interventions for people living with and those affected by HIV and/or tuberculosis.</p> <p>The fundamental principle is mainstreaming all the interventions into existing programmes for nutrition, HIV and tuberculosis as well as integration into the new or planned interventions.</p>		<p>USAID/PEPFAR funded projects, UNICEF, WHO, Baylor GoU Civil Society Local Governments</p>	<p>The plan covers interventions at all levels ranging from national, regional, district to sub-district. The scope covered includes the interventions within the public sector, the civil society (NGO, CBO and FBO) as well as the private sector.</p> <p>Nutrition has been integrated in the HIV/AIDS policies and national plans but the coverage remains low in terms of implementation</p>	
Integrated Management of Acute malnutrition Guidelines	2011	<p>Provides guidance on management of acute malnutrition. Aimed at contributing to improved standardised treatment, monitoring, and reporting.</p>		<p>UNICEF, WHO, WFP, USAID, The University Research Co., LLC(URC) NULIFE Program, FANTA, ACF, Mwanamugimu Nutrition Unit Mulago, IBFAN</p>	<p>The Guideline specifically deal with the identification, treatment, and management of acute malnutrition in children, adolescents, and adults through the treatment of severely Acute malnutrition cases that have medical complications in In-patient and those without medical complications in Out-patient. The guideline also provides guidance on management of moderate malnutrition, especially among clients with HIV and chronic illnesses. The guideline is to facilitate the integration of the management of acute malnutrition in to the primary health care system at all levels.</p>	
Maternal Nutrition Guidelines	2011	<p>The purpose of the guideline is to support health care providers in provision of maternal nutrition care and support services. The guidelines can also be used by health training institutions, schools, and other organisations, as well as other line ministries implementing maternal nutrition interventions.</p> <p>Aim is to highlight the plight of maternal malnutrition and attention it deserves in the minimal health care package and nutrition programs. It is developed with aim to prevent anaemia during pregnancy and lactation.</p>		<p>UNICEF, USAID</p>	<p>The guideline focus on the following: improvement of knowledge and skills of service providers at all levels to respond to maternal and child nutrition, improve provision of quality maternal and child nutritional services at community and health facility level, facilitate health care providers and other stake holders in interpersonal nutrition education and counselling, community dialogue, development of IEC materials and health education for improved maternal nutrition.</p>	

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The National Communication Strategy on Nutrition and HIV	2009	The main objective is to strengthen advocacy for nutrition within context of HIV infections; and to promote meaning full participation and involvement of individuals as well as the community in nutrition and HIV program. The communication approach is adopted from UNICEF’s communication for development Model, which is based on the understanding that effective communication relies on the synergistic use of the three strategic components namely; Advocacy, Social Mobilization and Behaviour Development Communication.		WFP, EGPAF, FAO, Makerere Faculty of Food Science and Technology, IBFAN, URC-NULIFE,	The strategy is based on the existing policy and legal framework focusing on the reduction of incidence and prevention of malnutrition among people living with HIV including obesity. It is protecting the rights of all individuals, particularly the vulnerable groups (such as infants, Young children, and women) to nutrition related information, counselling and support irrespective of their HIV-infection status. The strategy further defines the priority interventions required to respond to communication challenges arising from program interventions. It provides the national framework to guide as well as standardize planning, implementation, monitoring and evaluation of communication interventions related to nutrition and HIV.	
National Regulations on Breast milk substitute	2011	Is to make provision for the safe and adequate nutrition for infants and young children through – the protection, promotion and support of breastfeeding and ensure proper use of breast-milk substitutes and complementary feeding when necessary on the basis of adequate information and through appropriate marketing and distribution.			The amended regulation clearly outlines the need for establishment of the Infant and Young child nutrition committee in MoH. This committee is to be appointed by the Minister and members have included representatives from civil society, UNBS, Food and Drug safety, and consumer association. The committee would advise the Govt . through the Minister on the Infant and young child nutrition policy and related matters to marketing of Infant and young child feeds.	
Mandatory Food Fortification Regulation	2011	To address micronutrient deficiencies		GAIN	The regulation has strengthened the role of the industries in fight of micronutrient deficiencies. Standards for the identified food stuff developed and are monitored by UNBS. Number of mid level millers/industries enrolled for the program and continued fortifying on voluntary level- shows	

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					corporate social responsibility hence encouraging others. Strong coordination and collaboration among various implementing partners; UNBS, NDA Academia, and Research institutes. Strong National Working Group for FF which has enabled the project to survive during the difficult times.	
Uganda Policy Guidelines on Infant and Young Child Feeding	2009	The aim is to provide the framework for ensuring the survival, and enhancing the nutrition, health, growth, and development of infants and Young children as well as strengthening the care and support services to their parents and caretakers to help them achieve optimal IYCF.		UNICEF, WHO, USAID,	The Policy guideline provides guidance of feeding infants and young children as follows; Feeding the infants/children under normal, feeding infants and young children exposed to HIV, feeding the infants/children in exceptionally difficult circumstances.	
VHT Strategy and Operational Guidelines		The purpose is to promote health including nutrition at individual family and community levels through community participation and involvement, positive health and nutrition behaviour and practice, health seeking behaviour.		UNICEF, WHO, UNFPA, BTC, Baylor, save the mother, All USAID funded projects, AMREF, FHI-360, PATHFINDER, Local Government	The VHT is HCI and it is a harmonised approach though which MoH and partners approach the communities in and an organised way that efficiency and effectiveness of community based interventions	
Uganda National Clinical Guidelines on Management of common conditions	2012	Is to provide updated, practical, and useful information for both upper and lower level health facilities on the diagnosis and management of common conditions present in Uganda. The guideline also gives; ➔ Information on the essential elements of clinical diagnosis, ➔ Guidance on required basic investigations, ➔ Details of cost-effective treatment and relevant alternatives, and Guidance on when to refer and admit patients.			Although the UCG provides details of recommended treatment regimes, as always clinical judgment and experience will still be required to adjust treatments to meet the particular needs of specific individuals. The UCG is meant to be used together with the Essential Medicine and Health Supplies List for Uganda (EMHSLU) 2012, which provides guidance on the appropriate selection of medicines for each level of health care/facility.	

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SOCIAL DEVELOPMENT SECTOR						
The Social Development Sector Strategic Investment Plan (SDIP-2)	2011/12 to 2015/16	SDIP- 2 provides a Framework for the Government to address vulnerability among the poor, marginalized and socially excluded groups such as the Older Persons, PWD's, OVC, Non-literate Adults and Ethnic minorities. It advocates for empowering communities to effectively engage the development process. It proposes strategies for addressing Social Development concerns of inequality, inequity, exclusion, unemployment and low productivity which are still major challenges to national development.	0.5% of the National Budget	Government of Uganda, Ministry of Gender, Labour and Social Development , Development Partners, NGO's, private sector	The plan among other things emphasizes community mobilization and sensitization of communities for improved sanitation, food security and nutrition. Functional Adult Literacy programme is one of the key programmes highlighted in this plan.	
The Uganda Gender Policy	2007	To achieve gender equality and women's empowerment as an integral part of Uganda's socio-economic development.		Government of Uganda, Ministry of Gender, Labour and Social Development , Development Partners, NGO's, private sector	The policy is a guide to all stakeholders in planning, resource allocation, implementation and monitoring and evaluation of programmes with a gender perspective. The policy ensures that there is gender equality in all the programmes related to food security and nutrition among others. It has been found out that some of the causes of Gender Based Violence are inadequacies in nutrition and food security in homes.	
National Strategic Program Plan of Interventions for Orphans and other Vulnerable Children (NSPPI-2)	2011 /12 - 2015 /16	The Five-year Multi-sectoral NSPPI-2 provides a framework to facilitate an effective and coordinated response to reduce vulnerability of children and improve their well being. The plan provides guidance for OVC programming among the various agencies to minimize duplication of efforts, wastage of resources and ensure consistent and harmonised approaches. It serves as a core document for advocacy, effective resource mobilization, equitable allocation and proper utilization of funds for OVC support programmes.	Shs.3,300 (US\$ billion)	Government of Uganda, Ministry of Gender, Labour and Social Development UNICEF, NGO's, private sector	The plan emphasizes food security and good nutrition for children who are HIV positive including other vulnerable children.	

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor USD	Stakeholders	Key points	Integration of Nutrition
LOCAL GOVERNMENT						
Local Government Strategic Investment Plan (LGSIP)	2006-2016	<p>Theme: Decentralization for Social-Economic Transformation-which is in line with the theme of NDP that plans to improve specific socio-economic development indicators associated with transformation such as raising per capita income levels- enabling households access nutritional foods in the event of scarcity of physical supplies.</p> <p>LGSIP objectives are to: (a) Provide a single point of reference for mobilizing resources for implementation of decentralized functions and activities within the context of the MTEF; (b) ensure that resources are channeled to core programmes to support implementation of identified activities in decentralized form in line with the NDP theme and objectives; (c) ensure coordinated and effective delivery of services at local level.</p>		LGs, DPs, MDAs, CSOs,NGOs, MoLG	LGSIP provides the strategic framework to implement the decentralization policy in the country. It provides an avenue for planning, implementation, sensitization, advocacy, Monitoring and Inspection of nutrition initiatives.	
EDUCATION						
The Education (Pre-Primary and Post-Primary) Act	2008	<ol style="list-style-type: none"> 1. Gives full attention to the Education Policy of Government functions, services and promotion of partnerships with various stakeholders in provision of Education services 2. Establishes and supports non-formal Education Centers (Alternative Education for Karamoja (ABEK)), Basic Education for the Urban Poor (BEUPA); Complementary opportunity for Primary Education (COPE) and Accelerated programmes for the conflict areas. 3. 	Major area for the Sector budget accounting for over 65%	International Development Partners WB, UNICEF, Irish Aid, USAID, UNESCO, etc, Ministries Agencies	Education provision is a joint responsibility for the state, parents/guardians and other stakeholders with food and medical care and other social needs being parents' responsibilities	
Guidelines on the implementation of UPE	2008	Stipulates UPE policies, guidelines, regulations, initiatives/innovations and standards for enhancing compliance, strengthened partnership and efficiency in the implementation of UPE	Major area for the Sector Budget accounting for over 65%	International Development Partners WB, UNICEF, Irish Aid, USAID, UNESCO, etc, Ministries Agencies, members of Parliament, District and Lower Council leaders, SMCs, Parents/guardians, NGOs, community	State provisions for F/N covered indirectly in curricular and direct provision of food and health care left under discretion of SMC in consultation with districts.	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor USD</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
Guidelines on SFP for use in UPE and UPPE School systems	2013	Guidelines are aimed at; 1. Reducing short term hunger 2. Improving nutrition and health status of pupils and staff 3. Promoting community participation in school programs 4. Promoting enrolment, attendance, in-class concentration, cognition and other school related performances. 5. Stimulating Economic development 6. Encouraging agricultural practices especially horticulture in schools 7. Strengthening and nourishing	Not specific	MOH, MAAIF, MoLG, MFEP, MLG. MI	Still in draft form but with keen interest of top most political leadership, the President Cabinet and Members of Parliament	
Guidelines for Early Childhood Development Centers	2010	Guidelines are tailored towards enhancing holistic development of children from 0 to 8 years as an essential resource for National Development and Opening for strengthening partnerships with other stakeholders. Basic requirements and standards for centers, including responsibilities for the various stakeholders are outlined.	Not specific	MOH, MoLG, UNICEF, AghakanFundation, USAID	Implementation of guidelines on trade but monitoring to ensure still inadequate	
Basic Requirements and minimum standards in Education	2012	Guide schools and all stakeholders in achieving quality provisions inclusive of health, safety and security after clients	Not specific	MIA, MOH, NEMA, NBS, MLG	Health, Nutrition and Safety Issues has always topped as weak areas.	
Education sector plan for the Implementation of UNAP	2011-2016	Participating and collaborating with other partners in the implementation of UNAP that enables prioritization and effective integration of nutrition in the sector plans and programs. Key areas include; 1. Provision, support and promotion of behavior change for improved nutrition practices and services 2. Enforcing policies on school gardening and supporting composition of diversified foods 3. Strengthening public partnerships in food processing, value addition, storage and mitigation of food and nutrition emergencies/ shocks 4. Advocating and hastening the implementation of School Health Policy				
Education and Sports Sector HIV Prevention Strategic Plan	2011-2015	To guide planning and implementation of the sector response at all levels as well as a tool for resource mobilization. The plan provides a comprehensive response outlining broad range of HIV prevention	USD 4,197,152	MOH, MoLG, MLG, MFED, UNESCO, UNICEF, UNDP, UNAIDS, Irish AID	1. Too many players accessing schools HIV intervention 2. Wide variation in program implementation	

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor USD</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
		<p>interventions within to framework for multisectoral and multi-level approach that ensures wider participation at the various levels in the decentralized response components</p> <ol style="list-style-type: none"> 1. Development, nurturing and monitoring of PIASCY (School Basal Behavior Change Initiative) 2. Curricular to integrate HIV/AIDS and life skills at all levels from pre-primary to University levels 3. HIV/AIDS work place policy intervention and guidelines 4. Mitigation, care, support and promoting rights of PHAS <p>Monitoring and Evaluation</p>		and other AIDS Development partners	Data collection, processing and utilization (inadequate integration in EMISIDEMS, SEMUS)	
Specialized school Feeding and Nutrition Initiative		<p>To address special needs of the targeted area/population. These include;</p> <ol style="list-style-type: none"> 1. Karamoja, WFP school feeding 2. Lunch for learning in Busoga Region 3. School feeding through Agriculture – Soroti and Katakwi 4. Protein enhancement of school diet – Hoima 5. Various school feeding initiatives some as not comes of the 1980s; WFP assistance to schools 		Ministries, International and Local organizations, Individual initiatives	Definite better practices and out comes have been registered. National assessments of these need to be carried out as documented	

Institutional execution framework linked to food security and nutrition

Main entities in charge of implementing the food and nutrition policy framework

- 1 The Office of the Prime Minister- responsible for the whole coordination of the UNAP that provides the framework through which the nutrition agenda is operationalized.
- 2 The Ministry of Agriculture, Animal Industry and Fisheries – ensure food and nutrition security
- 3 The Ministry of Health- Ensure the right nutrient intake among the population
4. The Ministry of Gender, Labour and Social Development- mobilise communities to participate in nutrition programs and to mobilise for MAAIF and MOH
- 5 The Ministry of Trade, Industry and Cooperatives- To ensure safety of processed foods from factories and advocate for the fortification of processed foods
- 6 The Ministry of Education and Sports-to incorporate nutrition in the school curriculum and to implement policy position on feeding in schools.
- 7 The Ministry of Local Government- to ensure mainstreaming of nutrition in Local Government plans and budgets and to guide Local Governments in formulation of ordinances and byelaws on nutrition
- 8 The Ministry of Finance, Planning and Economic Development – resource mobilisation for nutrition activities

Main technical and financial partners

INTERNATIONAL/REGIONAL

USAID (technical and financial support in areas of HIV/AIDS, Nutrition, food security, integrated community based nutrition and OVC programs); IFPRI (Technical support to agricultural research and documentation) ; AUC (Promotes food and nutrition security in Uganda), EU (provides technical financial support in areas of food and nutrition security), EAC (provides technical support); UNDP(technical and financial support); ADB (provides financial support); IFAD (supports agricultural production) WFP (provides technical, financial and humanitarian support in areas of food and nutrition security, education), WHO(technical, financial support in health and nutrition); FAO (provides technical and financial support in agricultural sector); UNICEF (provides technical and financial support in areas of health, education and water and sanitation); World Bank (technical and financial assistance in health, education, nutrition and food security); COMESA (promotes free movements of goods and access to common markets within the region).

MULTILATERAL DEVELOPMENT PARTNERS

The African Union, COMESA, European Union, IFAD, AfDB, World Bank, FAO, UNDP, UNICEF, WHO, WFP.

BILATERAL DEVELOPMENT PARTNERS

The United States Agency for International Development (USAID), United Kingdom (DFID), The Netherlands, Sweden (SIDA), Japan (JICA), USA (USAID), Denmark (DANIDA) and Ireland, Norway, Spain, France, Italy, The People's Democratic Republic of China , GTZ, JICA, SIDA, South Korea, Egypt, India

LOCAL NGOs/CSOs

UNAS, World Vision, UGAN, VEDCO.

GOVERNMENT

OPM (M&E and coordination, hosts the food and nutrition secretariat); NPA (Development planning, M&E and coordination), MOH (Policy and planning); MTIC (Policy and planning), MOES (Policy and planning); MFPED (Policy and planning); MGLSD (Policy and planning); NCC (Policy and planning); MAAIF (Policy and planning); MoLG (Policy and planning); MoWE (Policy and planning), LG (implements all food and nutrition security activities at the district and community).

LOCAL & INTERNATIONAL NGOS

Catholic Relief Services; Concern Worldwide ; World Relief ; International Rescue committee ; Mothers 2 mothers ; John Snow International; The Partnership for child Health Care; Futures Group; Africare; CARE International; Family Health International (FHI); The Red Cross Society; other private and civil society organizations

Disaster prevention/management structures

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH...)

GLOBAL INITIATIVES

SUN: Uganda is early riser Country for SUN and the Nutrition plan of action was developed based on the sun Initiative.

REACH: Operational in Uganda supporting the government to coordinate the Nutrition Action plan and the implementation of the policy frame work.

BFHI: Being implemented as part of the promotion of the Maternal, Infant, and young child feeding practices.

IYCF policy guidelines available to guide feeding of infants in normal circumstances HIV infected and during emergency situation

Millennium Development Goals: Uganda is committed to achieving all the 8 goals and is supporting the programs to achieve the goals

GAVI: Provide financial support for the Expanded Program for immunization and research in Vaccines

Roll Back Malaria Supports Programs for Malaria elimination indoor and outdoor residual sprays and supply of insecticide treated nets and research.

Global strategy for women and children's health Uganda is committed to implement this strategy and supports reproductive and child health programs such as safe mother hood, cancers of the cervix and breast and child survival.

GAIN Supports programs for micro nutrients mal nutrition through food fortification.

REGIONAL INITIATIVES

CAADP Regional Strategy for improving agriculture production

CIVIL SOCIETY PLATFORMS AND ENGAGEMENTS ON NUTRITION ISSUES

Civil society in Uganda have over the years been engaged in nutrition and nutrition related activities. The fraternity that counts 25 years on average, has been mainly focused on agriculture and child health issues as an entry point to nutrition. In the mid 2000, nutrition as a specific aspect / concern of development started emerging on the focus areas for NGOs in the country. This was mainly service delivery with projects that promote appropriate food consumption, production of nutrient dense enterprises among resource constrained households and scanty campaigns on breast feeding among others.

In 2010, hunger and malnutrition issues gained momentum on global and national level causing intense involvement of CSOs in programmes beyond projects on nutrition including constructive advocacy engagements in this aspect. Coalitions and networks emerged as CSOs grouped together for collective actions on nutrition on policy and programme.

The highlights shared are experiences of two core CSO networks (Uganda Civil Society Coalition on scaling Up Nutrition and Food Rights Alliance that work together on issues of nutrition starting 2011..

SIGNIFICANT PROGRESS AND OUTCOMES	
Platform consolidation	<p>Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN) Initiative was initiated to consolidate all efforts of CSOs on Nutrition in view of the SUN initiative. However, some members of UCCOSUN such as Food Rights Alliance are engaged in broader nutrition related programmes beyond the SUN giving them leverage to engage in wider arenas. UCCOSUN members include among others ;WorldVision Uganda; Uganda Action for Nutrition; Volunteer Efforts for Development Concerns; Nature Palace Foundation; Uganda Health Communication Alliance; Food and Nutrition Technical Assistance III; Regional Centre for Quality of Health Care; Save The Children Uganda; Concern Worldwide; HarvestPlus; Lutheran World Federation; Community Connector Project; AVSI/SCORE; International Food Policy Research Institute; ActionAid Uganda; Action Against Hunger; Makerere University; Kyambogo University; Science Foundation for Livelihoods and Development; Mercy Corps; STRIDES For Family Health; AMREF; RUFORUM; AFRICARE; Nutrisat Uganda; Uganda Child Fund; Uganda National Farmers Association; the Food Rights Alliance (65members) and Uganda National Consumers/User Organization. FRA is a members of the steering committee of the NSA CAADP platform in Uganda.</p> <p>These platforms are being used to coordinate CSO actions on nutrition, dialogue an debate with stakeholders and among selves, social mobilization and policy engagement.</p>

CSO input to multi-stakeholder dialogue on Hunger, food and nutrition	<p>Mainly through partnerships and collaborations to improve policy environment for effective implementation of nutrition interventions. Some initiatives include:</p> <ol style="list-style-type: none"> 1. UCCSON exhibited jointly at the first and second Uganda CSO Fair June 2011 and 2012, raising its Nutrition profile and solidifying its relevancy.. 2. Developed & published in mainstream print media a national commitment on nutrition. 3. UCCO-SUN members are part of the mutlisectoral technical working group that was drafting the Nutrition Action Plan and will in the interim oversee the coordination of multi-stakeholder processes in implementation. 4. Held numerous dialogues (September 2012- understanding the effect of the DHS 2011 report on nutrition programming in Uganda, the national farmers forum July 2011, the Farm Power@ 50- September 2012 among others). .
Fostering and supporting Government commitment to and progress on SUN	<ol style="list-style-type: none"> 1. Working with the Speaker of Parliament and at least 15 MPs have lobbied for Legislature to priorities MIYCN, and to influence the IPU agenda to include MIYCN. The IPU assembly was hosted in Uganda 31 March to 5 April 2012 in Kampala 2. Members supported the drafting of the multi-sectoral Uganda Nutrition Action Plan 2011-2016 3. Participated in development of a coordination mechanism for nutrition activities inclusive of the terms of reference for personnel in the structure. 4. Engagement of district leadership in nutrition dialogues with the overall aim of initiating multstakeholder planning, implementation, coordination and accountability for nutrition.
Raising awareness of SUN among key audiences and communities	<ol style="list-style-type: none"> 1. UCCO-SUN has supported over 20 parliamentarians through the Parliamentary Forum for Children visits to the community to sensitize them on determining factors of malnutrition. 2. Strengthened capacity of CSOs in policy development, monitoring and accountability from a nutrition perspective 3. Developed and disseminated information materials 9 fact sheets, policy briefs, poster and fliers.....) and many of these are being used as reference by many organizations.. 4. Collaborating with OPM's office to develop the advocacy and BCC strategy for the UNAP
Promoting direct engagement by communities	<p>Various UCCO-SUN members are engaged in implementation of health, nutrition and agriculture interventions at community level in various districts across the country. Engagement of stakeholders (district leadership, communities and partners within the same location) in scaling up nutrition interventions is key priority.</p>

III. Analysis of current and future country nutritional actions & perspectives

Institutional frameworks and funding mechanisms for nutrition policy

The NDP, which stipulates the country's overall strategic direction, development priorities, and implementation strategies, identifies nutrition as a key factor in human development and economic productivity. The NDP recognizes the multi-dimensional nature of malnutrition and calls for an integrated approach to address the causes of malnutrition by involving cross-sector coordination. In fact, the Constitution of the Republic of Uganda mandates MoH and MAAIF to set minimum standards and develop relevant policies to ensure provision of adequate quality food and nutrition services in Uganda. Table above presents all current national policy and planning frameworks that incorporate components directly relevant to nutrition. As can be ascertained from this table, at least some nutrition objectives have been included in the general policy and planning frameworks put forth by the ministries that oversee the agriculture, health, education, and social development sectors to support overall development efforts.

In 2003 the Uganda Food and Nutrition Policy was developed as the policy framework for addressing food and nutrition issues. This was never implemented. The current framework for the nutrition agenda is derived from the UNAP. The UNAP that was launched in 2011, designed to serve as a roadmap for reducing the level of malnutrition among women of reproductive age, infants, and young children through the coordination of nutrition activities across sectors. Although this comprehensive action plan for scaling up nutrition was launched in October of 2011, operationalization of the plan has been slow due to technical and budget challenges. The cost of meeting the objectives laid out in the UNAP would require high prioritization of food security and nutrition in the national agenda and allocation of funds to nutrition programs across a number of sectors. However, while nutrition components are present in the policy and planning frameworks for a number of sectors, commitment of funds towards nutrition efforts has been minimal. Current donor support for nutrition programs is fragmented, yet there is potential for the government to take advantage of funding availed through new global and regional initiatives including Scaling-up-Nutrition (SUN) CAADP, and USAID's Feed the Future to coordinate efforts under the UNAP framework. Potential for public-private partnerships is another underexplored funding source for achieving nutrition goals.

Consideration of nutritional goals into programs / activities related to agriculture and food

A few examples of programs and activities that support the nutrition agenda include:

- The delivery of basic health and nutrition services implemented as part of school health programs
- Provision of micronutrient supplementation to children and pregnant and lactating mothers
- Plans for the establishment of the new Division of Food and Nutrition Security in MAAIF to improve nutrition coordination within the agriculture sector
- Establish a working group titled the Nutrition Linkages Technical Working Group (ANWG), which is tasked with improving coordination of nutrition activities within and across sectors
- Recognition of nutrition as part of the National Minimum Health Care Package for Uganda
- Efforts towards recruiting at least one district-level nutritionist in every district of the country.

Main food and agriculture programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

Description and analysis of these main activities (mainly the ones mentioned above in the institutional framework) Emphasize multisectoral initiatives, Classify according to main levels and axis to address malnutrition

Main population groups targeted & localisation

Analysis of the targeting mechanism / What is the scale in which those programmes and interventions are being implemented at national level, provincial or district level?

Monitoring and evaluation mechanisms

There is currently no established mechanism in place for systematically tracking the performance of nutrition indicators and evaluating the efficacy of nutrition programs with geographic specificity. However, national level health data which is collected every five years through the Uganda Demographic and Health Survey provides regional statistics on a number of nutrition indicators including the prevalence of stunting, wasting, iron deficiency, and vitamin A deficiency. The USAID FewsNet program tracks famine early warning signs in Uganda in order to provide timely response to geographic areas experiencing acute malnutrition. Other projects and programs that have a nutrition focus may also have systems in place to follow intervention impacts. A central coordination effort is needed. The UNAP has called for a national nutrition baseline survey and the establishments of a food and nutrition M&E system for tracking performance of nutrition indicators. A stakeholder workshop was held in April 2012 to design the M&E system under the UNAP.

Coordination mechanisms (public-public, public-private, technical and financial partners)

Nutrition is a multi-sectoral issue that requires focused coordination. At the national level, the Office of the Prime Minister has taken a leading role in pushing the nutrition agenda forward by coordinating the implementation of the UNAP.

The Uganda Nutrition Action Plan is the frame work under which the nutrition agenda is operationalized. The implementation of the Action Plan is coordinated by the Office of the Prime Minister. This is done through coordination structure. The Prime Minister is Chair to the Cabinet subcommittee on nutrition. This subcommittee reports to Parliament through the Parliament Committee on Nutrition. The Food and Nutrition Council and its Secretariat are housed in the Office of the Prime Minister.

At Sector/Ministry level, there are Nutrition Coordination Committees whose secretaries are Nutrition Focal Officers at the sector/ministry level. The Nutrition Focal Officer submits monthly reports to the Secretariat in Office of the Prime Minister.

At the district level, there are District Nutrition Coordination Committees chaired by the Chief Administrative Officer (accounting Officer). The Secretary of this committee is the District Focal Person for Nutrition who makes monthly reports to the Secretariat in OPM.

Main management and technical capacities at the institutional level

*Managerial capacities of line ministry staff at national, provincial and district levels?
Technical capacities of Ministry staff and agriculture service providers and R&D sector?*

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

Success factors, challenges, main priorities

What does it take to scale-up nutrition in the country?

- Food and nutrition policy framework and strategy reviewed and finalized
- Ensure the food and nutrition bill finalized and approved
- Operationalisatin of the Uganda Nutrition Action Plan (UNAP)
- Operationalize and strengthen the coordination structure at national and district levels
- Capacity to roll out UNAP at the National, District and Community levels.

Who needs to be involved?

Political support, Policy makers, Key ministries, Departments and Agencies, Development partners, Donor agencies, Private sector, Academia, CSOs, CBOs/NGOs,

What capacity-strengthening support is most urgently needed, in what sectors and what levels of government?

There is need to train more, recruit and facilitate Nutritionists in all key sectors (Office of the Prime Minister, Health, Education, Water and sanitation, Social development, Agriculture, Trade, Industry and cooperatives), and the sub-national levels (i.e. districts and sub-counties).

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.	Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.	Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).	Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>	Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.	Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children. Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.	Wasting	Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i>		

Acronyms

ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa	MoH	Ministry of Health
AUC	African Union Commission	MTIC	Ministry of Trade Industry and Cooperatives
BMI	Body Mass Index	NAFSIP	National Agriculture and Food Security Investment Planning
CAADP	Comprehensive Africa Agriculture Development Program	NCD	Non-communicable Disease
CHD	Child Health Days	NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
CILSS	West Africa Regional Food Security Network	NEPAD	New Partnership for Africa's Development
CIP	Country Investment Plan	NPCA	National Planning and Coordinating Agency
COMESA	Common Market for Eastern and Southern Africa	PRS	Poverty Reduction Strategy
CORAF	Conference of African and French Leaders of Agricultural Research Institutes	REACH	Renewed Efforts Against Child Hunger
DHS	Demographic and Health Survey	REC	Regional Economic Community
EAC	East African Community	SGD	Strategic Guidelines Development
ECOWAS	Economic Community of West African States	SUN	Scaling-Up Nutrition
FAFS	Framework for African Food Security	UDHS	Uganda Demographic Health Survey
FAO	Food and Agriculture Organization	UNDP	United Nations Development Program
GOU	Government Of Uganda	UNHS	Uganda National Household Survey
IFAD	International Fund for Agricultural Development	UNICEF	United Nations International Children's Emergency Fund
IFPRI	International Food Policy Research Institute	UPSR	Uganda Poverty Status Report
JAG	Joint Action Group	USAID	United States Agency for International Development
MAAIF	Ministry of Agriculture and Animal and Fisheries	WFP	World Food Program
MGLSD	Ministry of Gender, Labour and Social Development	WHO	World Health Organization
MICS	Multiple Indicator Cluster Survey	VHT	Village Health Teams
MIYCN	Maternal Infant and Young Child Nutrition		
MoLG	Ministry of Local Government		
MoES	Ministry of Education and Sports		
MoFPED	Ministry of Finance, Planning and Economic Development		
