THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

THE OPERATIONAL FRAMEWORK FOR NUTRITION IN THE NATIONAL CHILD SURVIVAL STRATEGY

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Forward

Malnutrition remains a major public health concern in Uganda and affects almost all regions. Data from the previous three Uganda Demographic Health survey (UDHS) show that the nutrition indicators have not improved much over the past 15 years and some indicators have even shown a worsening trend. For example the UDHS 2006 reported 16% of children under five in Uganda are underweight, 38% are stunted and 6.1% are wasted.

Micronutrient deficiencies have been and continue to be a silent emergency in the country. Vitamin A, Iron and Zinc deficiencies continue to take a heavy death toll among children. One out of every five children and one out of every five women are vitamin A deficient indicating that vitamin A deficiency remains a serious problem. Three quarters of children (73%) and half of the women (49%) are anemic. This is a serious concern since it can result in impaired cognitive development and performance, behavioral and motor development, coordination, language development and scholastic achievement in addition to increased morbidity and mortality.

Exclusive Breastfeeding in Uganda is among the highest in the region, however progress has not been made over the past 5 years. Instead, a slight decline is being observed. In addition, the challenge paused to the practice of exclusive breastfeeding by the HIV/AIDS pandemic, justify a need for a renewed emphasis on its protection and promotion. At the moment, only 60% of infants 0 – 6 months are exclusively breastfed and at 4-5 months only 35% of infants receive breast milk only. Almost four in five children aged 6-8 months receive complementary foods however; this is often not adequate in terms of quality and quantity. Concerted effort is therefore required to maintain the high level achieved and to make sure that the right complementary foods is given in the right quantity at the right time.

The operational framework for nutrition in the child survival strategy was specifically developed to focus interventions of the above mentioned areas of macro and micronutritrient deficiencies, nutrition in the context of HIV, Maternal, and Infant and Young child feeding. The ministry of Health fully appreciates contributions and participation by the development partners and other stakeholders in the development of the framework and recommends that all partners fully make use of this Operational Framework in order to realize favorable outcomes in relation to the nutritional status of the vulnerable groups, the children and women

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ACRONYMS

ACP	AIDS Control Program
ANC	Ante Natal Care
BF	Breastfeeding
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CDD	Control of Diarrhea Disease
CDO	Community Development Office
CME	Continuing Medical Education
CSS	Child Survival Strategy
DHO	District Health Office
DHT	District Health Team
EBF	Exclusive Breast Feeding
EPI	Expanded Program for Immunizations
EGPAF	Elisabeth Glaser Paedia AIDS Foundation
ExBF	Exclusive Breastfeeding
GAIN	Global Alliance for Improved Nutrition
GMP	Growth Monitoring and Promotion
HEP	Health and Education Promotion
HH	Household
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HSD	Health Sub-District
HSSP	Health Sector Strategic Plan
IDD	Iodine Deficiency Disorders
IEC	Information, Education, and Communication
IFA	Iron Folic Acid (tablets)
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding

IYCN	Infant and Young Child Nutrition
LBW	Low Birthweight
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MIYCF	Maternal, Infant, and Young Child Feeding
MIYCN	Maternal, Infant, and Young Child Nutrition
MoAAIF	Ministry of Agriculture, Animal Industry, and Fisheries
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender, Labor, and Social Development
MoH	Ministry of Health
MoPFED	Ministry of Planning, Finance, and Economic Development
NDP	National Development Plan
NIE	Nutrition in Emergencies
NuLife	Food and Nutrition Interventions for Uganda
OPM	Office of the Prime Minister
ORS	Oral Rehydration Solution
PLHIV	People Living with HIV
PLWHA	People Living With HIV/AIDS
RH	Reproductive Health
SSA	Sub Saharan Africa
UDHS	Ugandan Demographic and Health Survey
UNBS	Ugandan National Bureau of Standards
UNEPI	Ugandan National Expanded Program for Immunizations
UNICEF	United Nations Children's Fund
URA	Ugandan Revenue Authority
USAID	United States Agency for International Development
WHO	World Health Organization
VAS	Vitamin A Supplementation
VHT	Village Health Team

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Executive Summary

The Government of Uganda is committed to achieving the objectives of its National Development Plan which are consistent with the international Millennium Development Goals (MGDs). The Ministry of Health's planned Health Strategic Plan III, in turn, is consistent with these objectives and goals. Nutrition is centrally positioned within the Child Survival Strategy (2008-2015) which seeks to ensure an integrated and focused approach to program planning and service delivery to achieve universal coverage of newborn and child survival interventions.

Concern with malnutrition in Uganda relates to the high rates of infant and child mortality in the country. While most of these deaths are attributed to such preventable infectious diseases as pneumonia, diarrhea, and malaria and to neonatal diseases, malnutrition is the underlying cause of death in nearly 60 percent of cases. According to the Ugandan Demographic Health Survey (UDHS), 2006, the prevalence of stunting in the country is 38 percent, underweight 16 percent and wasting 6 percent.. The prevalence of iron deficiency anemia is 73 percent in children under age 5, and 49 percent in women; vitamin A deficiency prevalence in children is 20 percent and in women 19 percent. Exclusive breastfeeding for infants below 6 months of age is practiced in only 60 percent of cases, while 54 percent of infants receive deleterious prelacteal feeds within three days of birth.

Of particular concern are practices related to the timely introduction of adequate complementary food, a critical determinant of child growth and survival in the vital 6-24 month age period. While complementary feeding-related data for this age group from Uganda are better than regional averages, they remain low, recognizing the inadequacy of breastmilk alone by six months of age. At present, over 20 percent of households are failing to introduce complementary food to the infant between 6 and 9 months of age. Additionally only 24 percent of young children 6-23 months of age are complying with recommended age-specific Infant and Young Child Feeding (IYCF) practices.[1]

This Operational Framework for Nutrition was developed to operationalize the nutrition component of the national Child Survival Strategy (CSS) and, in turn, as a means of accelerating the reduction of under-five mortality. It is designed to contribute to the National Development Plan (NDP), the Health Sector Strategic Plan (HSSP) III and the MDGs. The overall objective of the Operational Framework is to scale up the implementation of a defined package of proven nutritional interventions that are cost effective and to sustain high coverage. Specific impact indicators also are presented.

The development of the Operational Framework for Nutrition was guided by evidence on the effectiveness of interventions as articulated in the 2008 Lancet Series on Maternal and Child Undernutrition, and by guiding principles identified in the Child Survival Strategy. The Nutrition Section of the Ministry of Health (MoH) in collaboration with development partners and other stakeholders identified interventions along a continuum of care focusing on preconception,

[1] These recommended age-specific practices identified by WHO, UNICEF and a group of other organizations, focus on the timely initiation of breastfeeding, exclusive and then continuing breastfeeding, timely introduction of complementary food, dietary diversity – with a focus on iron-rich foods, and meal frequency.

pregnancy and birth, neonatal, post neonatal, infants and children aged 1 to 5 years. The service delivery mode of these interventions will be family oriented. Community-based services will be provided with the assistance of trained Village Health Teams (VHTs) and will include such population-scheduled services as Child Health Days. The other level of service delivery will be clinical services provided at health facilities where individuals will be assisted by qualified health professionals.

Interventions in the Operational Framework were grouped under eight thematic objectives. The first of these focuses on the mother during pregnancy and in the months immediately after and seeks to increase the likelihood both of a healthy pregnancy and - through practices such as exclusive breastfeeding and timely introduction of adequate complementary food - a healthy infancy. The second focuses on the young child and the critical 6-24 month window of opportunity to prevent stunting and associated physical and mental consequences. The third focuses on an array of extremely cost-effective micronutrient interventions targeted to each of vulnerable life cycle periods. The fourth addresses the need for treatment of acute malnutrition and, at the same time, nutrition care that can be provided for sick children more generally.

The fifth thematic objective relates to the important effects of nutrition services, supplements and counseling for individuals suffering from HIV/AIDS, and the related challenge of preventing mother-to-child transmission of HIV. The sixth involves the provision of intensified nutrition services during emergencies, times during which timely intervention can be highly effective in saving lives. The seventh is a series of cross-cutting and intersectoral interventions, while the eighth seeks the incorporation of priority nutrition messages in a comprehensive communications strategy.

Monitoring and evaluation of the Operational Framework will be done systematically and routinely using selected monitoring indicators provided in the document. Impact will be measured periodically on appropriate samples of the population. As far as possible, these indicators will be collected as part of the Health Information Management Systems (HMIS). At the same time, efforts will made to establish a nutritional surveillance system and other monitoring and evaluation instruments that will facilitate the collection of vital nutritional data to assess regularly the coverage and quality of service provision and to evaluate progress in achieving effectiveness. Detailed costing information is provided for the interventions selected. The total cost of implementing the Operational Framework is estimated at UGX 21, 695, 271, 421 or US$ 10, 847, 636.

1. Background

1.1 Global Situation

The World Health Organization (WHO) regards hunger and malnutrition as a grave threat to public health, especially in infants and young children. Undernutrition is associated with a majority of child deaths and, among the survivors, stunts physical and mental development with serious implications for national productivity and wellbeing (1). Unfortunately, little progress has been made in reducing infant and child deaths in sub Saharan African over the past three decades, with reductions in child mortality falling far short of other aspects of development in these countries. While diarrheal infection, acute respiratory infections (ARI) and malaria are the most common causes of death in young children, malnutrition is the underlying cause in nearly 60 percent of these deaths (2).

The findings of Black RE, et al, (2) reported in the Lancet Series on Maternal and Child Undernutrition and summarized below, provides more specific attribution (annual global deaths attributed to nutritional status measures, 2004):

- Stunting, severe wasting and intra-uterine growth retardation were responsible for 2.2 million deaths in children younger than five years
- Vitamin A deficiency was responsible for 0.6 million child deaths
- Zinc deficiency was responsible for 0.4 million deaths
- Iron deficiency anemia was a maternal risk factor and associated with 115,000 deaths
- Sub-optimal breastfeeding was responsible for 1.4 million deaths.
- At the same time, a package of effective nutrition interventions including promotion of exclusive and continued breastfeeding and complementary feeding could save 25% of childhood deaths each year.

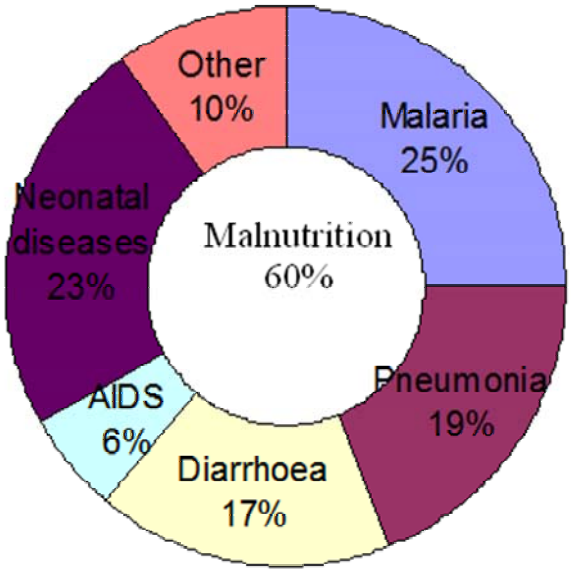
Reducing malnutrition can contribute importantly to the achievement of many of the Millennium Development Goals. Although the Asia-Pacific and Latin America regions have made impressive gains towards achieving MDG 1 (reducing by half the proportion of individuals suffering from hunger), progress in sub-Saharan Africa (SSA) thus far has been minimal. The same is true with MDG 4, seeking to reduce under-five mortality by two thirds. In 2004, SSA represented only 20 percent of the world's young children but accounted for half of the total deaths (3).

1.2 Current Situation in Uganda

The situation facing women of reproductive age, infants and young children in Uganda is similar to that of many countries in SSA. Progress towards reduction of under-five mortality has been slow as indicated by the Ugandan Demographic Health Survey 2006 (UDHS) (4). Neonatal mortality is presently 29/1,000 live births, post neonatal mortality is 46/1,000 live births, infant mortality is 67/1,000 and under-five mortality is 137/1,000, all unacceptably high by international standards, as

well as compared to other countries in the region. Ugandan data on child health shows that pneumonia, diarrhea, malaria and neonatal diseases are the major causes of child mortality.

The figure below from the Ugandan Demographic and Health Survey 2006 (5) presents the primary causes of child mortality in Uganda, but also indicates that malnutrition, as the underlying cause in nearly 60 percent of these deaths, is a problem deserving the most serious attention.



The table below indicates national prevalence rates for the primary nutritional status measures.

NUTRITIONAL STATUS OF YOUNG CHILDREN < 59 MONTHS OF AGE AND MOTHERS (Source, UDHS,2006)		
	Children < 59 months Percent Prevalence	**Mothers** Percent Prevalence
LBW		11
Stunting	38	
Underweight	16	

Wasting	6	
Iron deficiency Anemia	73	49
Vitamin A deficiency	20	19
BMI < 18.5		12

Child malnutrition and, in turn, high child mortality rates, are also closely associated with poor maternal nutrition. Indeed up to 80 percent of neonatal deaths are attributed to maternal malnutrition. Low birthweight (LBW), defined as <2500 grams at birth, in Uganda is 11 percent, but in some regions of the country such as Central I, LBW was found as high as 15 percent. Rural areas have higher rates of LBW (12 percent) than urban areas (9 percent).[2] Prevalence of maternal undernutrition based on Body Mass Index (BMI) of less than 18.5 is 12 percent. Prevalence of low BMI is higher in rural areas (12.6 percent) than in urban areas (5.9 percent.) The lowest income quintile has the highest proportion (23.2 percent) of undernourished women in the country.

Micronutrient deficiency in women also contributes to infant deaths. The UDHS (2006) found that both iron deficiency anemia (prevalence 49 percent) and vitamin A deficiency (19 percent) in women are major public health problems. As with other nutritional status measures, anemia is more prevalent in rural areas (52 percent) and particularly high in northern areas (64 percent).

1.3 Child Undernutrition

Stunting and underweight are significant problems in Uganda. Stunting prevalence (UDHS, 2006) is 38 percent and underweight among these under-fives is 16 percent, while 6 percent of children are found to be wasted. WHO (6) urges serious intensified action in countries where the prevalence of malnutrition for children 0-59 months exceeds 20 percent for stunting, 5 percent for wasting, or 10 percent for underweight. Nutritional status for Ugandan children exceeds these levels in each case.

Stunting indicates short stature relative to reference children of the same age, and results from inadequate nutrient intake over a long period of time. Stunting also is associated with recurrent chronic illness. Underweight, similar to stunting, is a comparison of a child's weight to that of other children of the same age. Weight-for-age, or underweight, is an indicator used to assess both acute and chronic malnutrition. Underweight children have a weight for age that falls below -2z scores. Severely underweight children have a weight for age below -3z scores. Uganda data finds that children born with low birthweight (<2500g) have the highest prevalence of underweight (31.6

[2] It is difficult to attain LBW data, as most children in Uganda are born at home and are not weighed immediately following birth. Because of this, a proxy measure for LBW is reported "size at birth." The mother or birth attendant reports the relative size of the infant in reference to other infants born in the area. UDHS (2006) reported that children who were of average size at birth (assumed to be above 2500 g) were less likely to be stunted (36 percent) compared to children who had a birth weight that was considered low (49 percent).

percent) among under-fives. The link between LBW and subsequent child underweight is another example of the vicious cycle of malnutrition that can affect the child from preconception to age 5 and beyond.

Wasting indicates low weight compared with reference children of the same height, and is an indicator of acute malnutrition occurring within a relatively short time period. Wasting often results from recent episodes of illness, and also is common in cases of food shortages resulting from complex emergencies. The prevalence of wasting among under-fives in Uganda is presently 6 percent. Wasting in Uganda is evenly distributed among households in all wealth quintiles with a range of 5.7 to 6.8 percent (UDHS 2006). In Karamoja (North sub-region), however wasting prevalence is 10.5 percent, a rate considered critical by international standards, and requiring immediate nutritional intervention to save lives. Other regions with high wasting prevalence rates are East Central (9.9 percent) and South-west (9.0 percent.)

Micronutrient deficiencies in young children in Uganda are another major public health problem. 73 percent of children 6 to 59 months suffer from iron deficiency anemia and 20 percent from vitamin A deficiency. Particularly troubling is that anemia prevalence in children under-five years has remained static between 2000/2001 and 2006 (UDHS, 2006). Given the high child mortality rates associated with these deficiencies (presented above), they are a matter of serious concern in the country. Iron is essential for cognitive development and vitamin A builds immunity and is essential for growth and development. Vitamin A supplements for young children are used internationally to reduce vitamin A deficiency, yet only 36.4 percent of Ugandan children had received vitamin A supplements within the 6 months preceding the UDHS 2006 survey. Similarly, iron supplementation had reached only 5.5 percent of 6-59 months old children while fewer than half (41.9 percent) of these children had been dewormed, a key intervention for preventing and treating iron deficiency anemia. Intake of nutrient-rich foods also was found to be inadequate. Among younger children, 6-35 months, 61.8 percent had consumed vitamin A rich foods but only 30 percent had consumed iron rich foods in 24 hours preceding the UDHS survey.

1.4 Infant and Young Child Feeding Practices

Indicators for Infant and Young Child Feeding (Source UDHS, 2006)	
Beginning breastfeeding within one hour of birth	42.2%
Newborns given pre-lacteal feeds (food other than breastmilk in the first 3 days)	54%
Children under 6 months being exclusively breast fed—no other foods or liquids are given	60%
Children 12-23 months still breastfeeding	5%
Introduction of complementary feeding between 6 and 9 months	79%

Child compliance with recommended age-specific IYCF practices	24%

Appropriate feeding and the provision of necessary supplements are important not only to child survival, but also necessary to decrease child morbidity and improve the quality of life of these children. The high prevalence of stunting and underweight in the country suggest that infant feeding problems arise very early in life, leading both to poor child survival and, among the survivors, deficiencies in physical and mental development. Exclusive breastfeeding, with no pre-lacteal feeds, for the first 6 months of life increases child survival and decreases morbidity. Prelacteal feeds, as well as early feeding of animal milk or other food, by contrast, increases episodes of diarrhea and other infections. At present, only 60 percent of Ugandan children under 6 months are exclusively breastfed. By six months of age, breastmilk can no longer provide sufficient calories for growing children and complementary food should be introduced. While 79 percent of Ugandan children 6 to 9 months have been introduced to complementary food, the nutritional quality and safety of these foods is low.

The caring practices discussed above overlap considerably with the key family care practices being promoted within the overall Child Survival Strategy: hygiene and sanitation, promotion of exclusive breastfeeding, complementary feeding and continued breastfeeding to 24 months and beyond, ante-natal care attendance and use of insecticide-treated nets.

2. 0 Development of an Operational Framework for Nutrition in the National Child Survival Strategy

2.1 Introduction

The development of the Operational Framework for nutrition is intended to provide guidance for the nutrition component of the Child Survival Strategy of the Ministry of Health (MoH, 2008-2015). It guides implementation of potential strategies and interventions to address gaps or weaknesses, and to support existing actions for nutritional care of identified vulnerable populations. The framework has attempted to prioritize evidence-based interventions that can lead to major impact in reducing malnutrition, and do so within the existing institutional arrangement of the Ministry of Health and its stakeholders.

This Operational Framework for Nutrition was developed with full recognition of child health objectives clearly articulated in the Child Survival Strategy. During the process of developing the framework, there was continued acknowledgement of the importance of comprehensively addressing critical issues in child health and nutrition in order to achieve the objectives of the National Development Plan (NDP), the Health Sector Strategy Plan (HSSP) III and the MDGs. In the current MoH Child Survival Strategy (2009), nutrition is centrally positioned with the following interventions highlighted:

*"**Nutrition interventions:** exclusive breastfeeding for 6 months, complementary feeding, nutrition in the context of HIV, vitamin A supplementation, deworming, growth Promotion and monitoring, nutrition knowledge generation, management of acute malnutrition, emergency nutrition support, maternal nutrition to ensure adequate pregnancy outcomes, zinc for treatment of diarrhoea, salt fortification, food fortification"*

The framework was developed to operationalize these key interventions and to move toward a plan of action for selected interventions. As a result, the development of this Operational Framework for Nutrition was guided by the same principles articulated in the Child Survival Strategy:

- A life cycle approach (covering preconception, pregnancy, birth, the neonatal and post-neonatal periods, infancy, and children aged 1-5 years
- Equity
- Child Rights
- The integration of services
- A multi-sectoral approach
- Partnership among the stakeholders

Additionally, it was agreed that service delivery of selected interventions would follow the same systems adopted by Child Survival Strategy, namely:

- ***Family-oriented/ community-based services*** that will be delivered on a daily basis by trained Village Health Teams (VHTs) supervised by skilled health staff from Health Centres II-IV;

- ***Population-oriented/schedulable services*** that require health workers with basic skills (enrolled nurses, midwives and other paramedical staff) delivered either by outreach or as scheduled activities in health facilities; and

- ***Individually oriented clinical services*** that require health workers with advanced skills, namely registered nurses, midwives, clinical officers, and physicians in health facilities

2.2 Goal and Objectives of the Operational Framework

2.2.1 Goal:

To operationalize the nutrition component of the Child Survival Strategy (CSS) in order to accelerate the reduction of under-five mortality, and thus contribute to the National Development Plan (NDP), the Health Sector Strategic Plan (HSSP) III, and the MDGs.

2.2.2 Overall Objective

To strengthen the implementation of a defined package of proven nutritional interventions that are cost effective and to achieve and sustain high coverage

2.2.3 Specific Objectives

1. To implement cost effective nutrition interventions through community, population/scheduled, and clinical services.
2. To scale up proven nutrition interventions through community, population /scheduled and clinical services.
3. To sustain high coverage of proven interventions through community, population/scheduled and clinical services.

2.3 The Nutrition Package

The MOH team and partners agreed on a package of interventions consistent with the core programs presented in the child survival strategy. These selected interventions are supported by international research and have been identified in the Lancet Series on Maternal and Child Undernutrition (January 2008, online www.theLancet.com).

2.3.1 Ongoing Nutrition Activities

Many activities listed in the Operational Framework are not new to the MoH program. The purpose of this document is to guide the acceleration and scale up of the implementation of proven interventions. Implementation will be further supported with a rigorous monitoring and evaluation plan.

2.3.2 Key Interventions

The nutrition package identified offers a continuum of lifecycle care which will be scaled up over specified periods of time. The interventions are target group-specific and will be provided at the following levels: family-oriented/ community-based services, population-oriented/schedulable services and individually oriented/clinical services. Delivery of services will be comprehensive. Where there is potential for increasing logistical efficiency, e.g. simultaneous procurement and delivery of vitamin A capsules for young children and for post-partum mothers, this will be done.

2.3.3 Window of Opportunity: While the Operational Framework for Nutrition has adopted the lifecycle approach for nutrition service delivery, special attention will be given to children below the age of 24 months underlining the importance of this critical "window of opportunity." International evidence demonstrates clearly that adequate nutrition during this critical window will significantly affect subsequent child survival, child development and, in turn the future health, economic, and social development of the country.

3.0 Thematic Objectives

The thematic objectives of the Operational Framework are presented below together with the interventions designed to address them. The Framework also provides the following:

1. For each intervention, details are provided on steps to guide implementation, the level of implementation anticipated, the responsible offices and their roles.
2. A detailed costing of the interventions is attached.
3. Monitoring and Evaluation (M & E) indicators are provided. Monitoring and Evaluation is considered vital to the success of these interventions and of the program as a whole. A set of process indicators as well as outcome/impact indicators have been presented and will be utilized in the comprehensive M&E plan. Additionally, a portion of these indicators will be integrated into national HMIS and DHS data collection. In order to better assess prevalence rates, intervention coverage rates and trends, and as a complement to the HIMS system, a set of geographically distributed nutrition surveillance sites will be identified for the periodic collection of key nutrition indicators. A nutrition information system also will be established.

***Thematic Objective 1*: Mainstreaming maternal nutrition interventions designed to ensure adequate pregnancy outcomes and healthy infancy**

Interventions

1. Providing iron and folic acid tablets to adolescents in and out of school, and to pregnant and lactating mothers
2. Encouragement and support of antenatal care services through health education
3. Promotion of adequate intake of nutrient dense foods by the mother during pregnancy and lactation, and of more daytime rest during pregnancy
4. Post-partum supplementation with vitamin A, iron and folate
5. Consideration of maize meal fortification with folic acid to help assure maintenance of adequate serum folate prior to conception

6. Ongoing monitoring of service delivery, evaluation of impacts, and surveillance sites to assess trends.

Thematic Objective 2: **Mainstreaming infant and young child nutrition interventions to ensure growth and development**

Interventions

1. Counselling during ante-natal and post-natal care to promote and support exclusive breastfeeding.
2. Continued and intensified growth monitoring and promotion with intensive counselling to address needed behavioural change, and referral as necessary for facility-based attention.
3. Promotion and support for exclusive breastfeeding for six months, timely introduction of adequate complementary feeding, and continued breastfeeding to at least 24 months
4. Semi-annual Vitamin A supplementation to infants and children 6 to 59 months
5. Semi-annual deworming of children aged 1 to 14 years
6. Ongoing monitoring of service delivery, evaluation of impacts, and surveillance sites to assess trends.

Thematic Objective 3: **Mainstreaming nutrition to ensure control and prevention of micronutrient deficiencies**

Interventions

1. Establishment of a comprehensive policy framework for micronutrient deficiency control
2. Support for implementation of a consolidated policy on micronutrient deficiency control
3. Advocacy for the control and prevention of micronutrient deficiencies
4. Control of iodine deficiency disorders
5. Vitamin A supplementation for children and post partum women
6. Iron supplementation for anaemic children and non pregnant women
7. Iron and folic acid supplementation for adolescent girls and for pregnant and lactating women
8. Deworming of young children, school children and pregnant women
9. Food fortification, particularly of complementary foods with vitamin A, iron and other micronutrients
10. Control of zinc deficiency through food fortification and supplementation as part of diarrhea management
11. Ongoing monitoring of service delivery, evaluation of impacts, and surveillance sites to assess trends.

Thematic Objective 4: **Mainstreaming the treatment of acute malnutrition into the health delivery system with nutrition interventions to control for co- morbidities**

Interventions

1. Identification, referral and management of cases of acute malnutrition
2. Nutrition management and support of sick children following IMCI protocols.

Thematic Objective 5: **Mainstreaming nutrition into the treatment and management of HIV/AIDS**

Interventions:

1. Providing nutritional services and supplements in the context of HIV/AIDS
2. Support for Infant and Young Child Feeding (IYCF) in the context of HIV
3. Prevention of mother to child transmission of HIV.

Thematic Objective 6: **Mainstreaming nutrition interventions into emergency planning, preparedness and response**

Interventions

1. Providing nutrition services in emergencies
2. Support for Infant and Young Child Feeding in emergencies.

Thematic Objective 7: **Cross cutting issues**

Interventions

1. Operational research
2. Human capacity strengthening
3. Linking services across ministries
4. Family Care Practices.

Thematic Objective 8: **Development of a comprehensive communication strategy to support all nutrition interventions**

Interventions

1. Development of an effective and comprehensive communication strategy designed to encourage optimal IYCN for use at all levels
2. Production of appropriate information, education and communication materials at all levels
3. Development of advocacy packages for policy makers, program managers and communities.

4.0 Costing of the Operational Framework for Nutrition

At the recommendation of the Acting Commissioner for Child Health, the costing was carried out in a manner that would be consistent with that used for the Child Survival Strategy as a whole. Costing was done in consultation with stakeholders, the Ministry of Health Planning Division and the Ministry of Finance. Costing of groups of activities was frequently integrated to avoid the possibility of double costing.

The costing, attached, was carried out using the Marginal Budgeting for Bottlenecks (MBB) tool. Valuable inputs were made by the UNICEF/MoH consultant, Nulife/USAID, A2Z/USAID, the Regional Centre for Quality of Health Care and Makerere University. The total cost of implementing the Operational Framework is estimated at UGX 21, 695, 271, 421 or US$ 10, 847, 636. This cost represents non-recurring investment costs not already budgeted, plus non-budgeted recurring costs for one year.

5.0 Summary and conclusion

The Operational Framework is a collaborative effort of the Uganda Ministry of Health and key stakeholders. The Framework has been guided by the principles and modes of service delivery specified in the Child Survival Strategy (2009) and is designed to contribute to the achievement of the National Development Plan (NDP), the Health Sector Strategic Plan (HHSP) III and the Millennium Development Goals (MDGs).

Nutrition interventions identified in the Child Survival Strategy were organized into thematic objectives based on the continuum of care approach followed in that Strategy. The package of care interventions, also part of the Uganda Infant and Young Child Feeding Policy guidelines, is evidence-based and consistent with those recommended by The Lancet, Maternal and Child Undernutrition Series. Major attention is given to the scaling up of those evidence-based interventions currently being implemented in the country but not yet carried out on a scale or in a manner capable of yielding impact of public health significance.

The next step in the process is the development of a plan of action to guide implementation of interventions which have been selected and costed in this Operational Framework.

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OPERATIONAL FRAMEWORK FOR NUTRITION, MINISTRY OF HEALTH UGANDA

GOAL: To operationalize the nutrition component of Child Survival Strategy (CSS) in order to accelerate the reduction of under-five mortality, and thus contribute to the National Development Plan (NDP), Health Sector Strategic Plan (HSSP) III, and MDGs.

OVERALL OBJECTIVE: To scale up the implementation of a defined package of proven nutritional interventions that is cost effective and sustains high coverage.

SPECIFIC OBJECTIVES:

1. To implement cost effective nutrition interventions through community, population/scheduled and clinical services.
2. To scale up proven interventions through community, population/scheduled and clinical services.
3. To sustain high coverage of proven interventions through community, population/scheduled and clinical services.

THE PACKAGE:

MoH (Nutrition) Uganda and its partners have agreed on a package of interventions consistent with the core interventions presented in the Child Survival Strategy. The set of interventions selected are not new in the MoH program but will be scaled up to provide the following continuum of care.

PREVENTION:

Iron and Folic acid (IFA) for adolescent girls and for pregnant and lactating women

Counseling for exclusive breastfeeding

Counseling to encourage increased food intake and daytime rest during pregnancy

Promotion and support for exclusive breastfeeding

Post-partum vitamin A supplementation for lactating mothers

Promotion and support for the timely introduction of adequate complementary feeding and for continued breastfeeding at least to 24 months

Promotion and implementation of an integrated disease prevention package through application of family level IMCI and c-IMCI

Strengthening of the health system holistically to ensure appropriate care of a sick child.

Prevention of mother-to-child-transmission of HIV (PMTCT)

Vitamin A supplementation for children 6-59 months

Deworming of children aged 1 to 14 years

Growth monitoring and promotion

Control of iodine deficiency disorders

Food fortification especially of complementary foods

TREATMENT:

Integrated Management of Acute Malnutrition (IMAM)

Use of zinc in the treatment of diarrhea

Treatment of anemia among children

CROSS CUTTING:

Nutrition information system

Operational Research

Promotion of Family Care Practices

Human capacity strengthening

Linking services across ministries

Development of a comprehensive Communication Strategy for Nutrition interventions

MODE OF SERVICE DELIVERY:

Facility/Individual

Community/Family

Population Schedulable interventions

MOH (administration)

District Health Office (Administration)

THEMATIC OBJECTIVES:

The following Operational Framework for nutrition is presented showing interventions based on the identified eight thematic objectives

THEMATIC OBJECTIVE: 1 MAINSTREAMING MATERNAL NUTRITION INTERVENTIONS

TO ENSURE ADEQUATE PREGNANCY OUTCOMES AND HEALTHY INFANCY

	Intervention	Steps	Implementation Level	Responsible office	Roles of responsible office	Service Delivery Mode
1.	IFA to adolescent girls in and out of school	Review and identify gaps in all related policies	National	RH/MoES/Nutrition Section	Harmonize school health and adolescent sexual health policies	MoH Administration
		Develop policies and technical guidelines at all levels.	National/District	RH/MoES/Nutrition Section	Facilitate the development of the guidelines	MoH Administration
		Ensure training on use of all tools including guidelines and job aides.	National/District	RH/MoES/Nutrition Section	Conduct training at different levels	MoH administration District Health Office administration
		Ensure availability of IFA tablets for all target groups	National/District/ Community	MoH/District	Forecast quantities, procure and distribute	Clinical services/Community based services
		Monitoring the availability and utilization of IFA tablets; provision of services at all levels	National/District/ Community	MoH/District	Monitor at all levels	Population/outreach scheduled/Clinical/ Community based services
2.	IFA to pregnant and lactating Mothers	Joint procurement of IFA tablets for mothers and for adolescent girls	National/District/ Community	MoH/District	Forecast quantities, procure and distribute.	Clinical level /Community based services
		Disseminate and distributeIEC materials as part of the continuing medical education (CME) for health workers	National/District/ community	MoH/Nutrition Section/RH/District	Plan and disseminate IEC materials and implement CME for service providers.	Facility level
		Strengthen delivery of information and education for mothers on the importance of IFA	National/District/ Community	MoH and districts	Supervise service providers; mentoring/coaching visits on use of new materials	Facility level/Community based services

3.	Postpartum supplementation with vitamin A	Ensure availability of vitamin A supplement (VAS) and supplementation guidelines during postpartum period for mothers {***Note: Consolidate supply forecasting and procurement with VAS for children 6-59 months***}	National/District/ Community	MoH/Nutrition Section/RH	Request and monitor VAS availability and supplementation at all levels	Population outreach scheduled/ community based and health facility oriented
		Strengthen information delivery, training for service providers and counseling for mothers on importance of VAS.	National/District/ Community	HEP/DHT/District Information Officer	Facilitate delivery of messages	District health facility level /community based services

THEMATIC OBJECTIVE 2: MAINSTREAMING INFANT AND YOUNG CHILD NUTRITION (IYCN) INTERVENTIONS TO ENSURE GROWTH AND DEVELOPMENT

	Intervention	Steps	Level	Responsible office	Roles	Service Delivery Mode
1.	Counseling and other actions designed to encourage exclusive breastfeeding	National level coordination for the support and promotion of exclusive breastfeeding	National	Reproductive Health and Nutrition Unit	Coordination meetings	MoH Administration
		Ensure adequate supplies of IYCF guidelines. Dissemination and distribution of IYCF guidelines	National/District/ Community/ Health Facilities	MoH/Nutrition Section	Disseminate copies of guidelines to all relevant offices	MoH administration
		Periodic review to identify shortcomings of current messages; modification as needed; translations as appropriate; dissemination	National/District/ Community/ Health Facilities	MoH/Nutrition Section/Reproductive Health	Create guidelines in harmony with other ANC messages	MoH Administration
		Implement BFHI and BFCI	National/Health facilities/districts/ communities	HEP/Nutrition/District Health office/professional organizations for nursing	Support implementation, supervision and assessment. Support linkages between facilities and communities. Provide curriculum for CME.	MOH (Administration) District/Facility levels/Community / Individually oriented services
		Ensuring effective counseling during ANC and PNC care about exclusive breastfeeding. Ensuring adequate supervision of counseling process	National/District/ Community/ Health Facilities	MoH/Nutrition Section/RH	Conduct training for service care providers including supervision and mentoring	Facility level/Community based services.
		Train VHTs on new messages (with VHT curriculum emphasizing integration into current services)	District	District Health Office	Conduct training for VHTs and disseminate messages and job aids	Facility support/Community level
		Development of regulations to accompany the Employment Act # 6 of 2006 (Maternity/paternity Act)	National	MoH/Civil Society/MoGLSD	Create awareness of maternity/paternity leave act with women, men and private sector employers	MoH Administration District/Community based/Family oriented

		Strengthen national legislation to regulate marketing of breast milk substitutes and monitor enforcement and compliance	National/District /Community	MoH/Bureau of Standards/Civil Society	Institutionalize the monitoring and enforcement into the MoH Nutrition office	MoH administration Health facility services/Community based/Family oriented

2.	Promotion of adequate growth for young children through GMP, and through support for adequate complementary feeding and continued breastfeeding at least to 24 months	Launch, Disseminate and distribute IYCF guidelines	National/Districts /Community/ Health facilities	Child Health and Nutrition	Disseminate copies of guidelines to all relevant offices	MoH administration/Health facility oriented./Family oriented services
		Strengthen delivery of information on appropriate complementary feeding including promotion of continued breastfeeding for children at least to 24 months	National/District/ community/ Health facilities	Child Health and Nutrition Section	Carry out supervisory visits to ensure dissemination of appropriate messages.	Districts Health Office administration/Health facility services /Community oriented/Family oriented
		Continued enforcement and compliance monitoring of national legislation regulating the marketing of breast milk substitutes	National/District /Community	MoH/Bureau of Standards/Civil Society	Institutionalize the monitoring and enforcement into the MoH Nutrition office	MoH administration Health facility services/Community based/Family oriented
		Support production and consumption of nutrient dense complementary foods at household level.	District/Communi ty/household.	Nutrition Unit/MoAg	Identify opportunities for Public-Private partnerships	Community level oriented/Health Facility/Family based services
		Promote production and consumption of low cost high quality nutrient dense (micronutrient fortified) complementary foods. Support product formulation of complementary foods using locally available foods.	National/District	MoH/partners/UN BS	Develop messages for inclusion in the comprehensive communication strategy	Population scheduled outreach/Facility level/Community oriented/ Family oriented services
		Adapt international Codex Standards for processed foods for infant and young child	National	MoH/ Uganda Bureau of Standards	Review the international Codex standards for modifications and adoption as appropriate	MoH administration

		Revitalize implementation of GMP program with systematic localized monitoring to identify children at risk, and accompanied by intensive counseling and referral as necessary	National/districts/ communities	Child Health/Nutrition Section/UNEPI/RH	Procure and distribute essential supplies (e.g. infant and child weighing scales). Implement and monitor progress of implementation	MoH administration Health Facility level/Community / Family oriented services
		Ensure availability of revised Child Health Cards. Ensure training , supervision of orientation of service providers on their use	National/District	Child Health/Nutrition Section/HMIS	Print, distribution, mentor and coach on the new card and its use.	MoOH administration. Health Facility /Community level/ Family oriented services
		Ensure availability of vitamin A supplement (cross check with procurement of Vitamin A for postpartum /lactating mothers) at facility level, and for bi-annual Child Days	National/District/ Community	MoOH/Nutrition Section	Procure, distribute as part of essential Supply chain commodities. Monitor availability at all levels	MoH administration Health Facilities
3.	Vitamin A supplementation to children aged 6 to 59 months	Ensure availability and appropriate use of guidelines for VAS to children	Health facility and community	DHT	Monitor to ensure quality of information and use of guidelines	MoH administration Health facilities
		Strengthen delivery of information and education for service providers, and mothers on the importance of VAS for children	Health facility and community	DHT	Mentor and coach during supervisory visits	MoH administration Health facility /Community oriented services
		Ensure availability of deworming tabletsat facility level and for bi-annual Child Days.	National/Health facility/Communities	MoOH/MoES/DHT	Forecast required tablets, request and monitor distribution/availability at all levels.	Population schedulable /Health facility /Community
4.	Deworming of children aged 1 to 14 years	Strengthen the delivery of information and education for the care givers and teachers on importance of deworming for children (1-14 years)	National /Health facility/ Schools and communities	MoOH/MoES/DHT /Schools	Disseminate the information on deworming to service providers	Health Facility level/Community oriented services.
		Ensure VHTs are trained on deworming as part of comprehensive training	VHT	DHT	Check and update training module for VHT curriculum.	Health Facility level /Community oriented services

THEMATIC OBJECTIVE 3: MAINSTREAMING NUTRITION INTERVENTIONS TO ENSURE PREVENTION AND CONTROL OF MICRONUTRIENT DEFICIENCIES

	Intervention	Steps	Level	Responsible office	Roles	Service Delivery Mode
1.	Establishment of a comprehensive policy framework for prevention and control of micronutrient deficiencies.	Review, update, consolidate and harmonize the existing micronutrient related policies	National	MoH/Nutrition Section and partners	Identification of existing policies. Facilitate their review, harmonization and consolidation into one national policy.	MoH administration
		Print and disseminate relevant policy guidelines	National and district	MoH/Nutrition Section	Resource mobilization, facilitate printing/production and dissemination process.	MoH administration Health facility level and Community
2.	Support the implementation of a consolidated micronutrient deficiency control policy	Develop comprehensive standards for quality control and food safety Determine whether existing legislation adequately supports these standards Enact new legislation/regulations as necessary to meet gaps and support relevant policy	National	MoH/Nutrition Section/UNBS/partners	Facilitate the development of standards, legislation and regulations.	MoH administration
		Support legislation/standards enforcement and monitoring mechanism. Create awareness of legislation and standards at all levels	National/District/ Community	MoH/UNBS/partners	Facilitate awareness building meetings among stakeholders and community	MoH administration

		Implement the guidelines for the key micronutrient -related interventions/strategies (Vitamin A, Iron, and Iodine).	National	MoH/UNBS/MoAAIF/ Ministry of Justice	Advocacy through consultative process/lobbying. Support the enactment process of the legislation/regulations	MoH administration
3.	Advocacy for comprehensive prevention and control of key micronutrient deficiencies : diet diversity, biofortification and food fortification, especially of complementary foods	Facilitate public-private partnerships to permit increased food fortification, particularly of complementary foods, with essentials micronutrients Review and refine nutrition counseling and agricultural extension messages relating to the local production and consumption of vegetables, fruits and other nutrient dense foods and incorporate these findings into the communications strategy presented under Thematic Objective 8 Promote research on the development of varieties of foods rich in key micronutrients. (see Thematic Objective 8)	National National/Districts /Community	MoH/UNBS/Private Sector MoH/MoAAIF/partners/research institutions/universities	Facilitate the development of fortification standards, disseminate standards and guidelines	MoH administration Community oriented services

4. 5.	Control of iodine deficiency disorders	Sensitize traders on legislation, mandates for trading on iodized salt; build their capacity to understand legislation/standards and quality assurance regarding importation of iodized salt. Build capacity for monitoring salt iodization, and ensure that all salt imported or locally produced conforms to national standards	National	MoH/UNBS/URA	Provide technical support to UNBS to facilitate monitoring and enforcement of salt iodization standards at border points	MoH administration
	Vitamin A supplementation for children and postpartum women	Consult and consolidate intervention in conjunction with VAS during immunization sessions, growth promotion, bi-annual Child days and support for postpartum lactation period (**cross check forecasting and procurement of supplies for all target groups**)	National and Facility levels	MoH/UNEPI/ Nutrition	Quantify supply needs for Child Days Plus and submit projections for procurement. Resource mobilization	District Health Office administration/Facility level /Community /Family oriented services

		Plan for implementation especially during Child Health Days Plus initiative.	National/District/ Community	MoH/Child Health/Nutrition UNEPI	Distribute supplies to service delivery points and ensure preparedness for Child Days Plus	Population schedulable /Facility level/Community level /Family oriented services.
		Monitor coverage reports and integrate coverage figures within the Nutrition information system and the MoH HMIS for each target group	National/District/ Community	MoH/Child Health/Nutrition UNEPI	Routinely compile and submit reports to HMIS	District Health Office administration/Facility level /Community
6.	Iron supplementation for anemic children and non –pregnant women	Ensure availability of comprehensive IEC materials to support pre-service and in-service health staff training on recognizing signs of anemia in children and women	National/District/ Community	MoH/Nutrition Section/RH	Review training curriculum and make adjustments as appropriate	Population schedulable services/ Health facility /community scheduled services
		Monitor coverage reports and integrate coverage figures within HMIS	National/District/ Community	MoH/Districts/ HMIS	Compile and submit reports to MOH	MoH administration/District Health Office/Health facility and community oriented services.
7. & 8.	IFA to adolescent girls and for pregnant and lactating mothers	Cross check with Thematic Objective 1 ***"IFA to adolescent girls in and out of school"*** and integrate intervention	National/ MoH/MoES	RH/Schools/Nutrition Section	Facilitation	Population schedulable, District Health Office Health facility/individual /Community oriented services

	mothers	Cross check with Thematic Objective 1 " ***IFA to pregnant and lactating mothers"*** and integrate intervention	National/Districts /Community	MoH/RH/Nutrition Section	Facilitation	Clinical/Health facility services/ Community oriented services
9.	Deworming for pregnant women and school children 1-14 years	Plan implementation	National/District/ Community	MoH/RH/Nutrition Section/MoES/ Schools	Forecast supply needs, distribute to service delivery points and ensure preparedness for implementation (e.g. Child Days Plus)	Population schedulable / Facility oriented /Community scheduled services
		Monitor and report coverage for targeted populations and integrate coverage figures within HIMS	National district	MoH/Districts/ HMIS	Compile and submit coverage reports to MoH	District Health Office administration/Facility level /Community based services
10	Control of Zinc deficiency through food fortification and as part of diarrhea treatment	Collaborate with CDD programmes to ensure effective use of zinc in the management of diarrhea	National/district/community	Child Health /District Health office/Communities	Liaise with CDD unit within Child Health to carry out orientation trainings	Population schedulable District Health Office administration/Facility and Community oriented services

THEMATIC OBJECTIVE 4: MAINSTREAMING TREATMENT OF ACUTE MALNUTRITION INTO THE HEALTH SYSTEM AND NUTRITION INTERVENTIONS TO CONTROL FOR CO-MORBIDITIES

	Intervention	**Steps**	**Level**	**Responsible office**	**Roles**	**Service Delivery Mode**

1.	Identification, referral and management of acute malnutrition; nutrition management and support of sick children	Advocate for Integrated Management of Acute Malnutrition (IMAM) among stakeholders and for the nutrition management and support of sick children following IMCI protocols	National/District	MoH/Nutrition Section	Organize Stakeholders meetings at national and district levels	MoH administration District Health Office.
		Finalize, mainstream IMAM into relevant national policies, programs, plans and disseminate guidelines and protocols.	National/District/ Health Sub-district (HSD).	MoH and partners	Field testing, printing. Coordination meetings and dissemination to share all tools and protocols	MoH administration/Health facility oriented / Community based services.
		Sensitize service providers, communities and government policy group on relevant IMAM and IMCI procedures	National/District	MoH/Nutrition Section/DHT	Sensitization meetings/and workshops at all levels	MoH administration District Health Office Health facility/ Community based services
		Define supervision and structures for management of acute malnutrition	National	MoH	Coordination meetings to agree on entry points among and within programs	MoH administration
		Provide equipment, supplies including monitoring and referral tools at all levels	National/Districts	MoH and partners	Procure; distribute essential equipment/supplies within the supply chain system. Facilitate production of local RUTF.	District Health office administration/ Facility/Community based services.

		Train service providers and provide supportive technical supervision at all levels (Focus on OPT and Community Based Approach/CTC)	National/HSD/ District	MoH/DHT/HSD	Training/mentoring and coaching visits	MoH administration District Health Office administration/ Facility/Community/Family

THEMATIC OBJECTIVE 5: MAINSTREAM NUTRITION INTO TREATMENT AND MANAGEMENT OF HIV/AIDS

	Intervention	Steps	Level	Responsible office	Roles	Service Delivery Mode
1.	Providing Nutrition in the context of HIV/AIDS	Conduct a national baseline survey on nutritional status of PLHIV	National	MoH	Identify resources, consultant and carry out survey.	MoH administration
		Develop and disseminate policy and treatment guidelines/counseling tools	National	MoH	Facilitate stakeholder meetings, identify consultant, printing and dissemination of policy/guidelines	MoH administration, Facility/Community scheduled and Family oriented services.
		Establish working groups to coordinate activities	District/National	MoH/DHT	Stakeholder meetings	MoH administration District Health Office Facility /Community based services
		Mainstream issues of nutrition in the context of HIV/AIDS into existing M&E tools	National/District	MoH/DHT	Advocacy meetings	MoH administration
		Sensitize and train service providers at all levels	National/Regional /District/HSD	MoH/DHT	Trainings and provision of materials	District Health office/ Facility/Family oriented and community based services
2.	Infant and Young Child Feeding in the context of HIV	Mainstreaming the newly published MoH Infant and Young Child Feeding (IYCF) guidelines in all HIV/AIDS prevention, treatment, care and support programs and nutrition interventions	National, Regional	MoH/DHT/Partners	Consultancy to develop program, Job Aids/guidance for what and how to integrate, monitor and update on	MoH administration Districts Health Office administration

		and nutrition interventions			monitor and update on registers and ART/HIV patient care card	

		Revise training manuals and other materials to include IYCF in context of HIV/AIDS and conduct orientation on new materials.	National/District	MoH/DHT/HSD	Resource/funding mobilization, for nutrition technical work (consultancy, and funding for all levels).	MoH administration/District Health Office administration
		Build capacity at all levels on IYCF in context of HIV	National/District/ HSD	National/District/H SD	Training and retraining of service providers and VHTs Development of a data base of human resource capacity.	District Health office administration /Health facility/Community
3.	Prevention of Mother to Child Transmission of HIV	Review policy and guidelines on Prevention –of- Mother- to Child- Transmission- of HIV (PMTCT)	National	MoH, ACP, HSD	Meetings, translation as necessary for local contexts	Health facility/Community oriented services
		Train service providers on the provision of counseling to mothers	National, District HSD	MoH, ACP, HSD	Provide training and supervision at each level and have service providers provide one on one counseling to mothers.	MoH administration District Health Office/Health facility/Community oriented services

THEMATIC OBJECTIVE 6: MAINSTREAM NUTRITION INTERVENTIONS INTO EMERGENCY PLANNING, PREPAREDNESS AND RESPONSE

	Intervention	Steps	Level	Responsible office	Roles	Service Delivery Mode
1.	Providing Nutrition in Emergencies	Review Health sector policies and programs and mainstream Nutrition in Emergencies (NIE) in each sector/program	National/District	MoH/Nutrition Section/DHT/OPM	Advocacy meetings. Meetings to review and identify gaps in policies and programs. Distribution of tools	MoH administration District Health Office Administration
		Form a national/district sub committees for NIE	National District	MoH/DHT/OPM	Stakeholder meetings	MoH administration District Health Office administration
		Develop and disseminate operational guidelines/protocols	National	MoH/OPM	Identify consultant. Stakeholder meetings. Print and disseminate guidelines/protocols.	MoH administration
		Build capacity for management of NIE	National, District	MoH/DHT/OPM	Conduct training of service providers at all levels.	MoH administration District Health office Administration
2.	Infant and young child feeding in emergencies	During emergency situations, monitor application and adherence to the Code of marketing of Breastmilk Substitutes	National/District	MoH/Nutrition Section and partners	Promote, protect and support exclusive breastfeeding for infants 0-6 months. Ensure appropriate monitoring to assure supply/distribution of appropriate	MoH administration District Health Office administration/Community

					complementary foods in accordance with the Code.	

		Provide appropriately micronutrient fortified complementary foods for children 6 to 24 months with promotion of continued breastfeeding at least to 24 months	National/District	MoH/Nutrition section and partners	Monitor areas affected by emergencies to assure supply of appropriately fortified complementary foods and promotion of continued breastfeeding.	District Health office administration/Health facility clinical /Community.
		Introduce cost effective strategies such as use of multiple micronutrients for 6-59 months old children	National /District	MoH/Nutrition Section and partners	Identify consultant to adapt international guidelines	MoH administration, District Health Office Administration/Facility/clinical services. Community level services
		Provide Supervision	National/District	MoH/Nutrition Section	Supportive supervision to ensure use of appropriate protocols, guidelines and other tools and monitoring of Code of Marketing of Breastmilk Substitutes adherence.	MoH administration District Health Office administration/Facility level/ Community oriented services

THEMATIC OBJECTIVE 7: CROSS CUTTING ISSUES

	Intervention	Steps	Level	Responsible office	Roles	Service Delivery Mode
1.	Operational Research	Identify current information gaps and alternative delivery systems in need of testing; at the same time, develop mechanisms to permit rapid operational research on questions that arise during the review of monitoring data. Develop mechanisms and identify funding to permit the implementation of these studies.	National/District	MoH/Nutrition Section/DHT/ partners	Create an opportunity for partners to propose research needs as gaps and questions arise	MoH administration
		Conduct operational research in identified national areas of need	National/District	MoH/Nutrition Section/ Universities, Research Institutions	Lobby for resources, provide consultants, carry out research, report to stakeholders and build national data base.	MoH administration
2.	Human Capacity Development	Advocate and support strengthening of human capacity base	National/District	MoH/Nutrition Section	Support the MoH in developing human capacity to implement CSS	MoH administration
3.	Family Care Practices	Integrate MoH-identified key Family Care practices (hygiene and sanitation; promotion of EXBF; Complementary feeding with continued BF at least for 24 months; ANC attendance and use of ITNs) into all CSS interventions.	National	MoH , DHT and partners	Promote and support activities for all 7 key care practices	Population schedulable. District Health Office administration/Facility level /community scheduled

4.	Linking services across Ministries	Create Coordination meetings of nutrition partners at national and district levels	National/District	MoH/Nutrition Section	Organize annual stakeholders meetings and quarterly nutrition sub committee meetings	MoH administration
		Integration of nutrition interventions into child health services (IMCI, CIMCI, CCM, VHTs etc)	National/Districts	MoH/Nutrition Section	Organize and support Coordination meetings	MoH administration

THEMATIC OBJECTIVE 8: DEVELOPMENT OF A COMPREHENSIVE COMMUNICATION STRATEGY TO SUPPORT ALL NUTRITION INTERVENTIONS

	Intervention	Steps	Level	Responsible office	Roles	Service Delivery Mode
1.	Develop an effective comprehensive communication strategy for IYCN for use at all levels.	Promote the review of all IEC materials that are available for the 7 earlier thematic objectives of the OF as well as the development/production of new materials at all levels as appropriate.	National	MoH/Nutrition Section	Support a consultant	MoH administration
		Develop communication strategy for promotion of exclusive breastfeeding	National/District/ Community	HEP/Nutrition Unit/DHO	Creation of media campaign	MoH Administration Facility /family/community
		Sensitize communities about the importance of control of key micronutrient deficiencies (namely vitamin A ,iodine deficiencies and iron deficiency anemia)	National/District/ Communities	MoH/ MoAAIF/partners	Facilitate development of comprehensive awareness messages on vitamin A, iron and iodine deficiency control.	Population scheduled Health facility /community/family

		Promote diet diversification and biofortification to ensure production and consumption of micronutrient dense foods (vitamin A and iron).	National/Districts /Community	MoH/MoAAIF/partners/research institutions/universities	Promote research in the development of varieties of foods rich in key micronutrients.	Community oriented services
		Review, update and translate the following booklets "Improving Quality of Life Through Nutrition "(Blue Book) and "Nutrition care and support for PLWHA in Uganda" (Yellow book) Identify channels of communication targeting health service providers, community based workers and patients.	National/District/ Community	MoH, DHT, HEP	Consultancy, meetings, field testing, translation, printing and dissemination	MoH administration Health Facility /Community Family/Individual

2.	Promote production of appropriate information, education and communication materials at all levels	Review existing job aids, guidelines and training manuals for all thematic objectives and ensure they are finalized printed, adapted and distributed . Develop new job aids/training manuals/guidelines and other materials each thematic objective and organize translation, printing and distribution.	National/District	MoH/Nutrition Section/RH/District	Coordinate meetings for material review and finalization. Dissemination of training guidelines, job aids/manuals as appropriate for each thematic objective	MoH administration
3.	Support development of advocacy packages for policy makers, program and communities	Support development of comprehensive advocacy packages for all thematic objectives for policy makers, program managers and communities	National	MoH/Nutrition Section	Support Consultant	MoH administration
		Develop a package of advocacy materials for various target audiences on nutrition and IMCI	National/District/ Community	HEP/Nutrition Unit/DHO	Support consultant and supportive supervision	MoH Administration

INDICATORS FOR MONITORING AND EVALUATION[3]

Thematic Objective 1 Mainstreaming maternal nutrition interventions designed to ensure adequate pregnant outcomes and healthy infancy	
Process	**Intermediate Outcomes and Impacts**
% of health facilities providing a minimum package of ANC Services	% of mothers who attend at least 4 pre-natal visits % of mothers whose pre-pregnancy/first visit weight is below 45 kg % of mothers attending who do not gain at least 9 kg during the pregnancy % of infants born low birth weight <2500g % of mother delivering at health facilities

Thematic Objective 2 Mainstreaming infant and young child nutrition interventions to ensure growth and development	
Process	**Intermediate Outcomes and Impacts**
% of communities with VHTs providing ongoing infant and young child feeding counseling to pregnant women and mothers of infants young children	% of mothers initiating breastfeeding within 1 hour of birth % of infants 0-6 months receiving no other food or fluid other than breast milk in the previous 24 hrs

[3] Where this information can be disaggregated for food insecure households and individuals, particularly at nutrition surveillance sites, the monitoring and evaluation also will be able to track the equity distribution of coverage and impact.

	% of infants receiving pre-lacteal feeds
	% of children introduced to adequate complementary foods at 6-7 mos
(Continued)	% of mothers who continue to breastfeed up to 2 years
	% of children 0-24 months participating in GMP (monthly)
% of facilities providing growth promotion and health counseling	% of children 6-24 months experiencing growth faltering
% of communities with VHTs providing growth promotion and health counseling	% of underweight children 0-24 months (annual survey) [Targeted reduction: from 16% in 2006 to 10% in 2014]

Thematic Objective 3 **Mainstreaming nutrition interventions to ensure control and prevention of micronutrient deficiencies**	
Process	**Intermediate Outcomes and Impacts**
% of health facilities reporting stock out of IFA	% of children receiving VAS 6 - 59 months during the past 6 months
% of health facilities reporting stock out of VAS	% of post-partum women receiving VAS
Number and type of food vehicles being fortified with key micronutrients (iron, folic acid, vitamin A, zinc)	% of pregnant women receiving adequate supply of IFA
% of salt cargo at border points tested with adequate iodine levels	% of children receiving de-worming 1- 14 yrs
	% of HH consuming adequately iodized salt
	% of children receiving ORS/Zinc during most recent episode of diarrhea

Thematic Objective 4 Mainstreaming treatment of acute malnutrition in health system and nutrition interventions to control for co-morbidity	
Process	**Intermediate Outcomes and Impacts**
IMAM mainstreamed in relevant policies and guidelines, and IMCI protocols in place for the nutrition management and support of sick children	Prevalence of Acute Malnutrition [Targeted reduction: by 10% by 2014]
IMAM and IMCI guidelines and protocols in place	% of children aged 6-24 months moderately or severely malnourished (monthly)
% of service providers trained in IMAM and IMCI at all levels	
% of acute malnutrition cases referred for management by VHTs	
Number of job aids developed, pre-tested and translated	
% of service providers trained in NIE	In emergency prone areas less than 10% GAM without aggravating factors [Target < 10%]
National and District Co-ordination structures in place	
Operational Guidelines in place	
Supervision structure and mechanisms in place	
Data base developed and operationalized	

Thematic Objective 5 Mainstreaming nutrition into the treatment and management of HIV/AIDs	
Process	**Intermediate Outcomes and Impacts**
Data base pre-ART created and report available Guidelines and protocols in place Co-ordination structure in place % of health workers at each level trained on nutritional needs of HIV+ individuals, and of those individuals on ART	Prevalence of Malnutrition among children on ART below 5 yrs [Target: Reduction from 30% to 20% by 2014]

Thematic Objective 6 Mainstreaming nutrition interventions into emergency planning, preparedness and response	
Process	**Intermediate Outcomes and Impacts**
Emergency Nutrition preparedness plans and guidelines in place	% of children aged 6-59 months in emergency zone receiving VAS

Infant and young child feeding guidelines distributed in emergency setting within first three days of emergency	% of post-partum women in emergency zone receiving VAS
Partnership coordination mechanisms in place	% of infants in emergency zone exclusively breastfed
Protocols and guidelines for monitoring of national legislation regulating the Marketing of Breastmilk Substitutes in place	% of infants young children 6-24 months in emergency zone receiving complementary feeding and continued breastfeeding
	% of pregnant and lactating women in emergency zone receiving an adequate supply of IFA

Thematic Objective 7 **Cross cutting issues**	
Process	**Intermediate Outcomes and Impacts**
% of health workers trained on MIYCN counseling	% of trained VHTs providing nutrition services on a regular basis.
% VHTs that have been trained in the complete package of nutrition interventions (old plus new)	
Number of supervisory visits carried out by District Health Office in past year	
Number of supervisory visits carried out by National level Health Office in past year	

Thematic Objective 8

Develop a comprehensive communication strategy to support all nutrition interventions	
Process	**Intermediate Outcomes and Impacts**
Advocacy and communication strategy in place	% of villages using new nutrition interventions as advocated
% of priority nutrition messages for which information, education and communication materials have developed	% of mothers practicing advocated behaviors in exclusive breastfeeding; in the timely introduction of nutrient dense complementary foods; in continued breastfeeding for at least 24 months
	% of babies receiving pre-lacteal feeds

Annex

COSTING OF OPERATIONAL FRAMEWORK FOR NUTRITION

	Intervention	Steps	Level	Responsible offices	Mechanisms	Cost	Assumptions/Explanations
Meetings/Coordination	Identification, referral and management of cases of acute malnutrition	Finalize and disseminate Integrated Management of Acute Malnutrition (IMAM) guidelines & protocols	National, District, Health Sub-District (HSD)	MoH	National Meeting with partners in IMAM	UGX 4,800,000.00	*2 day meeting for 30 people; Conference pkg: 80,000 per person; Supplies to be provided by partners*
					Dissemination of IMAM Guidelines/Protocols	UGX 8,754,000.00	*Using numbers from CSS costing: Assuming policies will be sent to all HF (2,318) plus 30 copies for MoH and 30 copies for partners; Total 2,918 copies needed; Cost of printing 3000 UGX/per guideline/policy (assuming 3 page content)*

		Mainstream IMAM into relevant national policies, programs and plans	National	MoH	National Coordination meetings (to share information on entry points among programs)	UGX 2,400,000.00	*Meeting for 30 people in Kampala; Conference pkg: 80,000 per person; Supplies to be provided by partners*
		Develop check lists for technical support and supervision,	National	MoH/DHT	Meetings to develop check list	UGX 600,000.00	*1 day meeting with 20 partners to be held at a partner office; 30,000 per attendee for incidentals; Supplies provided by partner*
		Advocate for support and implementation of IMAM at all levels	National, District	MoH/DHT/HSD	Meetings	UGX 0.00	*Done concurrently with above costed meeting*
	Nutrition in emergencies	Review health sector policies & programs	National	MoH/Nutrition Unit	Meetings to identify gaps in policies and programs	UGX 4,800,000.00	*2 day meeting for 30 people; Conference pkg: 80,000 per person; Supplies to be provided by partners*
		Mainstream Nutrition in Emergencies (NIE) into health sector policies & programs	National, District	MoH/DHT/OPM	Advocacy meetings, distribute tools	UGX 4,800,000.00	*2 day meeting for 30 people; Conference pkg: 80,000 per person; Supplies to be provided by partners*
		Develop and disseminate operational guidelines/protocols	National	MoH/OPM	Identify consultant	UGX 6,000,000.00	*Consultant for 10 days at 600,000 UGX per day*
					Stakeholder meetings	UGX 4,800,000.00	*2 day meeting for 30 people; Conference pkg: 80,000 per person; Supplies to be provided by partners*

					Printing and Dissemination of Protocols	UGX 8,754,000.00	*Using numbers from CSS costing: Assuming policies will be sent to all HF (2,318) plus 30 copies for MoH and 30 copies for partners; Total 2,918 copies needed; Cost of printing 3000 UGX/per guideline/policy (assuming 3 page content)*
		Form national/district sub-committees for NIE	National, District	MoH/DHT/OPM	Stakeholder meetings on quarterly basis	UGX 2,800,000.00	*4 National meetings per year for 10 people to be held at partner office: Conference pkg 30,000/person80 districts to meet 4 times per year with 10 people at each meeting; To be held at partner/gov't office with 5,000 per person for incidentals*
	A comprehensive policy and framework for micronutrient deficiency control	Review, update and consolidate existing micronutrient related policies	National	MoH/Nutrition Section and Partners	National Meeting: Identification of existing policies. Harmonization of existing policies into one national policy on micronutrients.	UGX 7,200,000.00	*3 Day meeting for 30 people; Conference pkg: 80,000 per person; Supplies to be provided by partners*
		Consensus building on content and scope of the harmonized policy	National	MoH/Nutrition Section/Partners	Facilitate the consultative process	UGX 0.00	*To be done in meetings already scheduled/costed*
		Production and dissemination of the MN Policy	National, District	MoH/Nutrition Section	Printing and dissemination of the policy	UGX 8,754,000.00	*Using numbers from CSS costing: Assuming policy will be sent to all HF (2,318) plus 30 copies for MoH and 30 copies for partners; Total 2,918 copies needed; Cost of printing 3000 UGX/per guideline/policy (assuming 3 page content)*

		Sensitization of the population on consumption of iron-rich foods	Community, Family	MoH/ MoAAIF/partners	Promote consumption of locally available iron-rich foods	UGX 1,504,100,000.00	*Training of VHTs; 15,600 VHTs to be trained at 520 sessions (30 per session.) VHTs to receive 40,000 plus 20,000 transport reimbursement; 1 national trainer at 110,000 plus facilitator fee of 70,000; Fuel 2.5 liters @2200 per liter; 7,000 for driver; Meeting pkg: 30,000 per person*
		Develop standards, legislation and implementation guidelines	National	MoH/Nutrition Section/UNBS	Partner meetings to facilitate the development of the standards, legislation and regulations	UGX 8,190,000.00	*30 Attendees for 3 day meeting with government and partners (7 gov't attendees assumed);* *Conference pkg 70,000/day;* *Government partners paid 90,000 /day for support;* *Partner will provide any supplies and presentation equipment needed*
		Enactment of legislation/regulations to enforce the relevant policy	National	MoH/ UNBS/ MoAAIF/Ministry of Justice	Advocacy/lobbying/consultative process; Drafting of legislation/regulations; Supporting the enactment process of the legislation/regulations	UGX 0.00	*Zero cost for enactment*
		Develop and support the legislation enforcement and monitoring mechanism	National	MoH/UNBS/ URA	Coordination of the technical monitoring of the standards	UGX 0.00	*Carried out during meeting to enact standards (budgeted above)*

		Create awareness of the legislation and standards	National/district/population/community	MoH/UNBS	Partner meetings to facilitate awareness creation among all stakeholders	UGX 2,100,000.00	*30 Attendees for 1 day meeting; Conference pkg 70,000 per day; Partner will provide supplies and equipment needed*
	Control of iodine deficiency disorders	Sensitize traders on legislation mandating trading only iodized salt	National	MoH/UNBS/ URA	Facilitate sensitization meetings	UGX 3,200,000.00	*One day meeting in Kampala with salt traders; 30 attendees at 80,000 per day; Transport refund for estimated 20 attendees at 40,000*
	VAD	Development and production of local food composition table including vitamin A values	National/Partners	MoH/MoAAIF/MoES/Partners	Hire a consultant to work with MoAAIF to create table	UGX 12,000,000.00	*Consultant at 600,000/day for 20 days*
	Fortification	Promote public private partnership for control of micronutrient deficiencies	National	MoH/Ministry of Trade and Industries/Private sector	Facilitate sensitization and consultative meetings	UGX 2,400,000.00	*30 Attendees for 1 day meeting; Conference pkg 80,000 per day; Partner will provide supplies and equipment needed*
		Monitor standards for food fortification with vitamin A and Iron	National	MoH/UNBS/ Private sector	Facilitate the development of fortification standards; provide standards and guidelines	UGX 0.00	*Carried out during meeting on MN policy*

		Identify and promote consumption of foods to be fortified with micronutrients	National	Ministries on Health, Trade and Industry, Agriculture and UNBS	Identify appropriate carriers; promote and create demand for the consumption of fortified foods,	UGX 2,400,000.00	*30 Attendees for 1 day meeting; Conference pkg 80,000 per day; Partner will provide supplies and equipment needed*
	IFA for adolescents	Review and identify gaps/duplications in policies .	National : MoH/MOSES	RH/School Health /Nutrition	Harmonize School Health and Adolescent Sexual RH policies	UGX 2,100,000.00	*30 Attendees for 1 day meeting; Conference pkg 70,000 per day; Partner will provide supplies and equipment needed*
		Development of technical guidelines for schools.	National : MoH/MOSES	RH/School Health /Nutrition	Meeting of technical team to facilitate the development of guidelines	UGX 1,700,000.00	*10 attendees for 2 day meeting (5 government); Conference package 40,000/day; Government partners to be paid 90,000/day for support; To be held at partner office*
	ANC and PNC counseling on need for more nutrient dense foods and more rest during pregnancy and lactation	Review and identify gaps in current messages	National	Reproductive Health and Nutrition Section	Technical team meeting to achieve consensus on consistent messages	UGX 1,700,000.00	*10 attendees for 2 day meeting (5 government); Conference package 40,000/day; Government partners paid 90,000/day for support; To be held at partner office*
		Modify existing messages	National	Reproductive Health and Nutrition Unit	Partner meeting to create guidelines in harmony with other ANC messages	UGX 1,700,000.00	*10 attendees for 2 day meeting (5 government)Conference package 40,000/dayGovernment partners paid 90,000/day for supportTo be held at partner office*
	Promotion and support of EBF	National level coordination of EBF support	National	Child Health and Nutrition Section	Coordination meetings for EBF support at the National level	UGX 2,400,000.00	*30 attendees for 1 day meeting; Conference pkg 80,000 per person; Supplies to be provided by partners*

	Promotion and support for timely and adequate complementary feeding	Production of low cost high quality complementary foods (fortified)	National	Nutrition Unit, MoAAIF	Meeting of partners to identify opportunities for public-private partnerships	UGX 2,100,000.00	*30 attendees for 1 day meeting to review guidelines and identify gaps; Conference pkg 70,000 per day; Partner will provide supplies and equipment needed*
		Revise and monitor enforcement of compliance to the Code of Marketing of infant and young child foods	National/District/ Community	MoH/Bureau of Standards/Civil society	Institutionalize the monitoring into the MoH nutrition office	UGX 23,184,000.00	*24 visits per year to randomly chosen markets/shops to assess compliance; 2 staff at 80,000 per day for 3 days each visit; Driver 55,000 for 3 days each visit; Fuel 120 liters @ 2200;* *Weekly random checking of advertisements in periodicals, magazines, and billboards at cost of 24,000 each week*
		Adapt international Codex standards for processed foods for infant and young children	National	MoH/Bureau of Standards	Review international Codex standards for modification and create appropriate Codex standard for Uganda/East Africa	UGX 1,700,000.00	*Meeting of partners with expertise on Codex; 10 attendees for 2 day meeting (5 government); conference package 40,000/day (to be held at partner office); Government partners paid 90,000 per day for support*
	Prevention of Mother to Child Transmission of HIV	Review policy and guidelines on Prevention of Mother to Child Transmission of HIV (PMTCT)	National	MoH, ACP	Partner meeting to review and revise as necessary	UGX 2,100,000.00	*30 Attendees for 1 day meeting; Conference pkg 70,000 per day; Partner will provide supplies and equipment needed*

	IYCF in the context of HIV	Mainstream the newly published MoH Infant and Young Child Feeding (IYCF) guidelines in all HIV/AIDS prevention, treatment, care and support programs and nutrition interventions	National, Regional	MoH, DHT, partners	Consultancy to develop Job Aids/guidance on integration, monitoring and implementation by partners; Update ART/HIV patient care card and registers	UGX 9,000,000.00	*Consultant for 15 days at 600,000 per day*
		Orient partners on the newly published guidelines	MoH (Nutrition with ACP)	MoH, DHT, HSD	Orientation meetings with program partners	UGX 49,520,000.00	*One day meetings for national level partners and government and for regional partners/government. National level: 30 attendees at 70,000 per person; Partner will provide supplies for meetingRegional level: Assuming 16 regional HO's with one day training held at each; 20 Attendees at each session (320 attendees); Conference pkg 30,000 per person with meeting held at HO; 2 National presenters at each regional HO :100,000 SDA and 80,000 facilitators fee*

		Revise training manuals and materials on HIV/AIDS to include IYCF in the context of HIV/AIDS	National, District, HSD	MoH, DHT, HSD	Nutrition Technical Working Group to revise training materials for health providers at facility and community levels	UGX 1,450,000.00	*3 working days by Gov't and partners. Assuming 5 gov't paid 110,000 per day; Meeting to be at partner office with 30,000 per day for incidentals*
	Nutrition in the context of HIV/AIDS	Develop and disseminate policy and guidelines	National	MoH	Identify consultant to prepare national policy, treatment guidelines and counseling tools/Job Aids	UGX 18,000,000.00	*Consultant at 600,000 per day for 30 days*
					Stakeholder meetings to review deliverables by consultant	UGX 4,200,000.00	*30 Attendees for a 2 day meeting Conference package 70,000 per day Partner will provide any supplies and presentation equipment needed*
		Establish technical working group to coordinate activities	National, District	MoH, DHT	Nutrition and HIV/AIDS Technical Working Group meetings	UGX 0.00	*It is assumed this will take place during the ACP partner meetings*

	Promotion of family care practices	Support the implementation of the seven family care practices (EBF, complementary feeding, hand washing, use of ORS/Zinc for diarrhea, use of ITNs, immunizations, early health care seeking behaviors including ANC)	National/district/facility/community	Child health/Nutrition Section	Work with partners to support FCPs	UGX 0.00	*All costed activities (training, materials, collaboration) are covered under Family Care Practices*
	Linking services across ministries	Coordination meetings of nutrition partners at national and district levels	National, District	MoH/ Nutrition Section and relevant government and other partners including MoES, MoAAIF	Organize annual stakeholders meetings and quarterly nutrition sub-committee meetings	UGX 97,200,000.00	*Annual meeting of nutrition partners to be held at UNICEF office; Assumed 30 attendees with 40,000 conference pkg;Coordination meetings to be held at District level quarterly; 10 attendees paid 80,000 and 20,000 for reimbursement for out of town attendees (assumed to be 5); Conference pkg 30,000 per person*
Subtotal for Meetings/Coordination Costs						**UGX 1,816,906,000.00**	***$908,453.00***

Training	Iron supplementation for anemic children and non-pregnant women	Ensure pre-service and in-service training (Includes information on how to recognize signs of anemia in children and women)	Population/Facility	MoH/Districts	Review training curriculum; Make adjustments as necessary	UGX 0.00	*HR time for Nutrition Section*
	Nutrition in emergencies	Build capacity for management of NIE	National, District	MoH/DHT/OPM	Conduct training of service providers at all levels	UGX 1,744,840,000.00	*Total number of health facilities 2,259 with 2 HW from each = 4,518 trainees; 59 HOs with 590 trainees. Total 5,108 trainees with 40 trainees per session = 128 sessions; 40 trainees per 2 day session at 100,000/day; Transport refund 20,000 for those who travel out of their home base (estimate 30 per training); Conference package = 60,000 per person per day;* *2 National trainers per session at 110, 000 per day (including travel and 3 days per session) plus facilitator fee of 70,000 per day (2 days each session); Fuel for each session for national trainers 220,000; Driver for each session 55,000 per day times 3 days; Cost for trainees = 5,108 * 100,00*2+(30*20,000)*60,000; Cost of National Trainers = (3*110,000*128)+(2*70,000*128) Materials for each session to be provided by partners*

	Identification referral and management of cases of acute malnutrition	Train service providers at all levels	National, District, HSD	MoH/DHT/HSD	Training	UGX 1,744,840,000.00	*Total number of health facilities 2,259 with 2 HW from each = 4,518 trainees; 59 HOs with 590 trainees. Total 5,108 trainees with 40 trainees per session = 128 sessions40 trainees per 2 day session at 100,000/day; Transport refund 20,000 for those who t travel out of their home base (estimate 30 per training); Conference package is 60,000 per person per day;2 National trainers per session at 110, 000 per day (including travel so 3 days each session) plus facilitator fee of 70,000 per day (2 days each session)Fuel for each session for national trainers 220,000; Driver for each session 55,000 per day times 3 daysCost for trainees = 5,108 * 100,00*2+(30*20,000)*60,000; Cost of National Trainers = (3*110,000*128)+(2*70,000*128)Materials for each session to be provided by partners*

	Nutrition in the context of HIV/AIDS	Train service providers (in-service & preservice, VHT)	National/Regional/District/HSD	MoH, DHT	Trainings	UGX 1,744,840,000.00	*Total number of health facilities 2,259 with 2 HW from each = 4,518 trainees; 59 HOs with 590 trainees. Total 5,108 trainees with 40 trainees per session = 128 sessions* *40 trainees per 2 day session at 100,000/day; Transport refund 20,000 for those who t travel out of their home base (estimate 30 per training); Conference package is 60,000 per person per day;* *2 National trainers per session at 110, 000 per day (including travel so 3 days each session) plus facilitator fee of 70,000 per day (2 days each session)* *Fuel for each session for national trainers 220,000; Driver for each session 55,000 per day times 3 days* *Cost for trainees = 5,108 * 100,00*2+(30*20,000)*60,000; Cost of National Trainers = (3*110,000*128)+(2*70,000*128)* *Materials for each session to be provided by partners*

	Prevention of Mother to Child Transmission of HIV	Train service providers	National, District, HSD	MoH, ACP, HSD	Provide training at each level	UGX 1,744,840,000.00	*Total number of health facilities 2,259 with 2 HW from each = 4,518 trainees; 59 HOs with 590 trainees. Total 5,108 trainees with 40 trainees per session = 128 sessions40 trainees per 2 day session at 100,000/day; Transport refund 20,000 for those who t travel out of their home base (estimate 30 per training); Conference package is 60,000 per person per day;2 National trainers per session at 110, 000 per day (including travel so 3 days each session) plus facilitator fee of 70,000 per day (2 days each session)Fuel for each session for national trainers 220,000; Driver for each session 55,000 per day times 3 daysCost for trainees = 5,108 * 100,00*2+(30*20,000)*60,000; Cost of National Trainers = (3*110,000*128)+(2*70,000*128)Materials for each session to be provided by partners*

	IFA for adolescents	Training on the use of guidelines	National/District/ Community	DHT/Nutrition, MoES	Conduct Trainings at different levels	UGX 1,744,840,000.00	*Total number of health facilities 2,259 with 2 HW from each = 4,518 trainees; 59 HOs with 590 trainees. Total 5,108 trainees with 40 trainees per session = 128 sessions* *40 trainees per 2 day session at 100,000/day; Transport refund 20,000 for those who t travel out of their home base (estimate 30 per training); Conference package is 60,000 per person per day;* *2 National trainers per session at 110, 000 per day (including travel so 3 days each session) plus facilitator fee of 70,000 per day (2 days each session)* *Fuel for each session for national trainers 220,000; Driver for each session 55,000 per day times 3 days* *Cost for trainees = 5,108 * 100,00*2+(30*20,000)*60,000; Cost of National Trainers = (3*110,000*128)+(2*70,000*128)* *Materials for each session to be provided by partners*
	IFA for pregnant/Lactating women	Training of health workers	District	DHT	Plan and implement training of health workers	UGX 0.00	*To be carried out during ANC/PNC training for HWs*

	Control of zinc deficiency	Collaborate with CDD programme to ensure effective use of zinc in management of diarrheoa	Child Health/ District Health Office/Communities/VHT	Child Health/CDD	Liase with the CDD unit within child health to carry out orientation trainings. Technical group meeting to review curriculum for trainings	UGX 1,050,000.00	*10 attendees for 1 day meeting with partners and 5 government attendees; Government members paid 90,000 for support; Conference pkg 60,000/person; Partner will provide any supplies and presentation equipment needed*
	Promotion and support of EBF and of timely and appropriate complementary feeding	Ensure training includes IYCF, and importance of BFHI and BFCI	National/Health facilities/District/communities	HEP/Nutrition Unit/District Health Office/ Professional organizations for nursing,	Provide curriculum for CME	UGX 3,600,000.00	*30 Attendees to review guidelines and identify gaps in 2 day meeting; 10 government members paid 90,000/day for support; Conference pkg 30,000/day; Meeting held at partner office;*
		Promotion of production of affordable, appropriate, nutrient dense complementary foods at HH level	Community/HH	District Health Office/Ag extension office/CDO/ HH	Coordinate with Ag Extension officers at District and community level; Education of HH;	UGX 0.00	*Carried out during already costed VHT trainings*

	Counseling on exclusive breastfeeding (during ANC and PNC visits)	Conduct training on proper counseling during ante-natal care about exclusive breast feeding	National/Districts/ Community/Health facilities	MoH/RH	Conduct training for service providers	UGX 2,591,960,000.00	*Total number of health facilities 2,259 with 2 HW from each = 4,518 trainees; 59 HOs with 590 trainees. Total 5,108 trainees with 40 trainees per session = 128 sessions* *40 trainees per 3 day session at 100,000/day; Transport refund 20,000 for those who traveled from out of town (assuming 35 per training) Conference package is 60,000 per person per day;* *2 National trainers per session at 110, 000 per day (including travel; 3 days each session) plus facilitator fee of 70,000 per day (2 days each session)* *Fuel for each session for national trainers 220,000; Driver for each session 55,000 per day times 4 days* *Cost for trainees = 5,108 * 100,000*3+(30*20,000)*60,000; Cost of National Trainers = (4*110,000*128)+(3*70,000*128)* *Materials for each session to be provided by partners*
	Counseling on the need for more nutrient dense foods and more rest during pregnancy (during ANC and PNC care)	Train health workers and VHTs on new messages (with curriculum emphasizing integration into current services)	District	District Health Office	Conduct training at different levels (District staff, Health facility staff, VHT)	UGX 0.00	*To be carried out during ANC/PNC training for HWs*

	Post-partum vitamin A supplementation to lactating mothers	Conduct training on importance of and administration of post-partum VAS	National/District/ Community	DHT/Facility /community	Conduct Trainings at different levels (District staff, Health facility staff, VHT)	UGX 0.00	*To be carried out during ANC/PNC training for HWs*
	Growth Monitoring and Promotion	Orientation of the service providers on new growth cards	National/District/ Facility/Community	Child Health and Nutrition Unit/district health team	Conduct appropriate training for service providers	UGX 1,428,435,000.00	*Total number of HF to be trained HC II 1332 and HC II 762 with 2HW from each =4188 trainees; 40 Trainees per session = 105 sessions; 40 trainees per 2 day session at 100,000/day; Transport refund of 20,000 per day for those who travel out of home base (estimate30 per training); 1 facilitator per training at 110,000 per day plus 70,000 facilitator fee per day; 200,000 for fuel for facilitator per training with a driver for 3 days at 55,000 per day Materials provided by partners*
	Vitamin A supplementation to children aged 6 to 59 months	CME for service providers	National/District/ Community	DHT/ Facility	Plan, support and implement CME for service providers; Technical Working Group meeting to review CME and assure that VAS to 6-59 mos is covered sufficiently	UGX 600,000.00	*10 attendees for 1 day meeting with partners (5 government); Conference pkg 60,000/day; Partner will supply any supplies and presentation materials needed*
Sub total for Training Costs						**UGX**	***$6,374,922.50***

						12,749,845,000.00	
Materials	Identification referral and management of cases of acute malnutrition	Develop training manuals and materials	National	MoH	Hire consultant	UGX 12,000,000.00	*Consultant at 600,000 per day for 20 days; Consultant to design training manuals, job aids, and M&E components*
					Pretest and print materials	UGX 14,491,386.00	*Assuming counseling tools should be available in: HC IIIs (762), HC IIs (1332), and to each VHT (15,600 current estimate); Total 17,694 needed; Using same cost as IYCF Key messages book created and costed by NuLIfe (819 for order of 10,000)*
		Develop check lists for technical support supervision,	National	MoH/DHT	Print and distribute checklists created by partners	UGX 80,000.00	*Assuming visits are planned as costed (1 visit per district per year for 5 days) in 80 districts with 1 checklist per visit 1000 UGX per copy =80*1000 for one year*
		Translate Job Aids and orient health workers and VHTs in their use	National and District	MoH/DHT/VHT	Translation, pretest, printing, orientation	UGX 14,491,386.00	*Assuming counseling tools should be available in: HC IIIs (762), HC IIs (1332), and to each VHT (15,600 current estimate); Total 17,694 needed; Using same cost as IYCF Key messages book created and costed by NuLIfe (819 for order of 10,000)*
		Provide monitoring and referral tools	National and District	MoH/DHT	Translate, print, distribute	UGX 0.00	*To be carried out by consultant and partners who helps develop NIS system*
	Nutrition in the context of HIV/AIDS	Review, update & translate existing IEC	National	MoH, DHT	Technical group meeting to review and add updates	UGX 4,800,000.00	*2 day meeting for 30 people; Conference pkg 80,000 per person; Supplies to be provided by partners*

		existing IEC materials and channels of communication (Target: Health providers, community based workers, and patients).			Translation, field testing, printing & dissemination	UGX 14,491,386.00	*Assuming counseling tools should be available in: HC IIIs (762), HC IIs (1332), and to each VHT (15,600 current estimate); Total 17,694 needed; Using same cost as IYCF Key messages book created and costed by NuLIfe (819 for order of 10,000)*
		Adapt training manuals and materials for nutrition in the context of HIV/AIDS at all levels	National	MoH	Print and disseminate training manuals finalized by consultant	UGX 13,954,360.00	*Assuming same printing cost as Q&A book developed and costed by NuLife--as follows:* *One book 2,010 (at qty 6000 level);* *Manuals should be available in all HFs (HC IIs through NRHs)--2,318 2 per facility =2318*2*3010*
		Adapt & translate Job Aids on Nutrition in the context of HIV/AIDS	National, District, HSD	MoH, District	Translate, test, print and disseminate Job Aids created by consultant	UGX 14,491,386.00	*Assuming Counseling tools should be available in HC III's (762) and HC Ibis (1332) and with all VHTs (15,600 current estimate); Total 17,694 needed; Using same cost estimate for IYCF Key Messages book created and costed by NuLife (819 per book for order of 10,000)=17694*
		Review and update the nutrition and feeding guide for PLWHA Improving Quality of Life Through Nutrition" (Blue book)	National	MoH, DHT, HEP	Meetings to review and update	UGX 0.00	*To be carried out by consultant and partners who helps develop NIS system*
					Field testing, printing & dissemination	UGX 14,491,386.00	*Assuming counseling tools should be available in: HC IIIs (762), HC IIs (1332), and to each VHT (15,600 current estimate); Total 17,694 needed; Using same cost as IYCF Key messages book created and costed by NuLIfe (819 for order of 10,000)*

		Print and disseminate the guide for service providers "Nutrition Care and Support for PLWHA in Uganda" (Yellow book)	National	MoH, DHT, HEP	Printing, dissemination	UGX 14,491,386.00	*Assuming counseling tools should be available in: HC IIIs (762), HC IIs (1332), and to each VHT (15,600 current estimate); Total 17,694 needed; Using same cost as IYCF Key messages book created and costed by NuLIfe (819 for order of 10,000)*
	Prevention of Mother to Child Transmission of HIV	Develop training guidelines and Job Aids (Outcome of partner meeting)	National	MoH, ACP, HEP	Translation, printing and dissemination	UGX 14,491,386.00	*Assuming Counseling tools should be available in HC III's (762) and HC Ibis (1332) and to all VHTs (15,600 current estimate);* *Total 17,694 needed; Using same cost estimate for IYCF Key Messages book created and costed by NuLife (819 per book for order of 10,000)* *=17694*
	Diet Diversification	Development and production of Job aides on growing kitchen gardens	National/District/ Partners	MoH/MoAAI F/partners	Educate at community level on HH production of diverse foods	UGX 1,000,000.00	*A2Z costs of developing a job aid is 500 USD; assuming 2000 UGX per USD*
	VAD	Development and production of Job aides	National/District/ Partners	MoH/MoAAI F/partners	Translation, printing and dissemination	UGX 14,491,386.00	*Assuming Counseling tools should be available in HC III's (762) and HC Ibis (1332) and with all VHTs (15,600 current estimate); Total 17,694 neededUsing same cost estimate for IYCF Key Messages book created and costed by NuLife (819 per book for order of 10,000) =17694*

	IFA for pregnant and lactating women	Availability of Job Aides	District	MoH/DHT	Print and disseminate job aides ;Ensure availability of Job Aides at health centre level	UGX 14,491,386.00	*Assuming counseling tools should be available in: HC IIIs (762), HC IIs (1332), and to each VHT (15,600 current estimate); Total 17,694 needed; Using same cost as IYCF Key messages book created and costed by NuLIfe (819 for order of 10,000)*
	Counseling on the need for more nutrient dense foods and more rest during pregnancy (during ANC and PNC care)	Translate and disseminate appropriate messages	National	Reproductive Health and Nutrition Unit	Translate, print and disseminate new messages and Job Aids if needed	UGX 14,491,386.00	*Assuming Counseling tools should be in HC III's (762) and HC Ibis (1332) and with all VHTs (15,600 current estimate)* *So 17,694 needed* *Using same cost estimate for IYCF Key Messages book created and costed by NuLife (819 per book for order of 10,000) =17694*
	IFA for adolescents	Development of Job Aids	MOH/partners	MoH/HEP	Translation, printing and dissemination	UGX 14,491,386.00	*Assuming Counseling tools should be available in HC III's (762) and HC Ibis (1332) and to all VHTs (15,600 current estimate); Total 17,694 needed* *Using same cost estimate for IYCF Key Messages book created and costed by NuLife (819 per book for order of 10,000) =17694*
	Promotion and support of EBF	Create, translate, distribute Job Aids for service providers	National/District	MoH and DHT	Create, translate, print, and distribute Job Aids	UGX 45,250,000.00	*IYCF brochures created by NuLife ready for press. Qty 250,000 is 181 each*

		Develop referral forms	National	Child Health Unit	Development of referral system for health and nutrition problems (VHT to facility and facility to VHT) Technical group meeting	UGX 1,150,000.00	*2 working days by government and partners (5 gov't); Government partners paid 110,000/day for support; To be held at partner office with 30,000 per person for incidentals*
	Promotion and support for timely and adequate complementary feeding	Develop training manuals, adapt and translate Job Aids on complementary feeding for service providers	National/District	MoH/Child Health	Hire consultant to develop training manuals and Job Aids	UGX 6,000,000.00	*Consultant at 600,000 for 10 days*
	Growth Monitoring and Promotion	Ensure availability of the revised child health card	National	Child Health/Nutrition Unit/UNEPI	Print and distribute the revised child health card	UGX 809,536,650.00	*Assuming a need for cards for 6,227,205 children (from CSS costing); Printing of card is same cost as IYCF insert prepared and costed by NuLIfe at 130 UGX each =6,227,205*130*
Subtotal for Materials Costs						**UGX 1,053,176,256.00**	***$526,588.13***
Equipment/Supplies	Identification, referral and management of cases of acute malnutrition	Provide equipment	National and District	MoH/DHT	Purchase, distribute anthropometric equipment	UGX 99,595,165.00	*Report on Minimal Standards for Uganda showed 42.3% availability of OPT equipment at HC Ibis. Assuming 15,600 VHTs with the same percentage of availability of equipment, 57.7% of VHTs need equipment*

		Establish Therapeutic care sites	District/HSD	MoH/DHT/HSD	Establish functional inpatient, outpatient & supplementary feeding services	UGX 0.00	*This will be paid for my MoH rehabilitation funds. Equipment is costed elsewhere.*
	VAS	Forecast supply needs for children 6 - 59 months, postpartum mothers, and routine treatment	National and facility level	MoH (UNEPI/Nutrition) /Partners	Quantify supply needs and submit projections for procurement; Resource mobilization	UGX 0.00	*HR Time for Nutrition Section and Child Health Days Plus program*
	IFA for adolescents and pregnant/lactating women	Availability of IFA tablets	National/Community	Nutrition Unit	Ensuring commodity security for IFA tablet; Timely ordering of adequate IFA tablets	UGX 0.00	*HR Time for Nutrition Section and School Health program in MoES*
	Iron supplementation for anemic children and non-pregnant women	Project supply needs for health facilities	National and facility level	MoH/Nutrition Section/Partners	Quantify supply needs and submit projections for procurement.	UGX 0.00	*HR time for Nutrition Section, DHO, and HSDs*
	Growth Monitoring and Promotion	Revitalize implementation of the GMP programme	National/district/facility/community	RH/Child Health and Nutrition Unit/DHT	Procure and distribute essential supplies (e.g. infant and child weighing scales)	UGX 0.00	*Supplies costed above--scales and MUAC tapes*
Subtotal of Equipment/Supplies Costs						**UGX 99,595,165.00**	***$49,797.58***

Implementation	VAS	Forecast supply needs;	National/District/facility level/community	MoH	Quantify and forecast supply needs and submit for procurement; Resource mobilization	UGX 0.00	*HR Time for MoH Nutrition Section, Child Health Days program, DHO, and HSDs*
		Plan for implementation	Population/Facility/Community	MoH/Districts	Distribute to service delivery points	UGX 0.00	*Already budgeted*
	Deworming	Forecast supply needs to permit routine treatment for antenatal mothers and school age children	National/District/facility level/community	MoH (UNEPI/UNEPI/Nutrition)/Partners/ MoES	Quantify and forecast supply needs and Submit for procurement. Resource mobilization	UGX 0.00	*HR Time for MoH Nutrition Section, Child Health Days program, DHO, HSDs and schools*
		Plan for implementation	Population/Facility/Community	MoH/Districts	Distribute to service delivery points	UGX 0.00	*Already budgeted*
	IFA to pregnant and lactating women and adolescents	Forecast supply needs for women and adolescents	National/District/facility level/community	MoH/MoES	Quantify and forecast supply needs and submit for procurement; Resource mobilization	UGX 0.00	*HR Time for MoH Nutrition Section, Health Facilities, MoES/Schools*
		Plan for implementation	Facility/Communities	MoH/Districts/MoES	Distribute to service delivery points	UGX 0.00	*Already budgeted*

	Iron supplementation for anemic children and non-pregnant women	Forecast supply needs	National/District/facility level/community	MoH/MoES	Quantify and forecast supply needs and submit for procurement. Resource mobilization	UGX 0.00	*HR Time for Health Facility Staff*
		Plan for implementation	Population/Facility	MoH/Districts	Distribute to service delivery points	UGX 0.00	*Already budgeted*
	Growth Monitoring and Promotion	Revitalize implementation of the GMP programme	National/district/facility/community	RH/Child Health and Nutrition Unit/DHT	Implement GMP activities;	UGX 0.00	*Equipment costed under supplies and health cards (see "Materials")*
Subtotal Implementation Costs						**UGX 0.00**	***$0.00***
Management	Identification, referral and management of cases of acute malnutrition	Provide technical support supervision	National, District, Health facilities, HSD	MoH/DHT/HSD	Technical site visits; Mentoring/coaching visits (national staff to district level)	UGX 116,600,000.00	*National Technical visits to Districts (80) once per year. 2 staff per visit for 5 days each. To visit randomly selected communities with in each district;* *Cost: 80 districts * 110,000 per staff member *5 days * 2 staff* *Fuel for each trip 150 l @2200 *8*

	IFA to pregnant and lactating mothers	Supervision	District	DHT/MoH	Supervise service providers; Assure quality of training (Coaching/mentoring visits)	UGX 1,077,921,000.00	*Two types of Coaching/Mentoring visits: District Office staff to Health Facility and Health Facility Staff to Communities;District to HF: Each HF is visited at least 1 per year by 3 staff members; SDA for staff 11,000; Total facilities 3,237 (including NGO and Private); Fuel 5 liters per visit @ 2200 per liter; HF to Community/VHT: Each HF sends 1 staff member to visit at least on community per month; 3,237 HF (including NGO and Private); SDA for staff 11,000; Fuel Cost 2.5 l @ 2200D to HF: (3*1100*3237)+(5*2200*3237)HF to C: (1*11000*3237*12)+(2.5*2200*3237*12)*

	Counseling on exclusive breastfeeding (during ANC and PNC visits)	Supervision of counseling process	Districts/Communities	District Health Office	Supervision of Health Workers and VHTs; mentoring/coaching visits	UGX 1,077,921,000.00	*Two types of Coaching/Mentoring visits: District Office staff to Health Facility and Health Facility Staff to Communities; District to HF: Each HF is visited at least 1 per year by 3 staff members; SDA for staff 11,000; Total facilities 3,237 (including NGO and Private); Fuel 5 liters per visit @ 2200 per liter; HF to Community/VHT: Each HF sends 1 staff member to visit at least on community per month; 3,237 HF (including NGO and Private); SDA for staff 11,000; Fuel Cost 2.5 l @ 2200* *D to HF: (3*1100*3237)+(5*2200*3237) HF to C: (1*11000*3237*12)+(2.5*2200*3237*12)*

	Promotion and support of EBF	Supervise implementation of EBF counseling and BFHI/BFCI	National/Health facilities/District/communities	HEP/Nutrition Unit/District Health Office/ Professional organizations for nursing,	Support implementation supervision and assessment. Support linkage between facilities and community. (Coaching/Mentoring visits to be carried out by National staff visiting districts at least once per year)	UGX 116,600,000.00	*National Technical visits to Districts (80) once per year. 2 staff per visit for 5 days each. To visit randomly selected communities with in each district; Cost: 80 districts * 110,000 per staff member *5 days * 2 staffFuel for each trip 150 l @ 2200 *80; 80 Drivers @55,000 per day for 5 days; Materials for visits (check lists) provided by partners;*

	Post-partum vitamin A supplementation to lactating mothers	Ensure adherence to the guidelines for VAS to post-partum mothers	Health facility and community	DHT/Health facility	Monitor utilization of the guidelines; Support supervision of service providers (Coaching/mentoring visits)	UGX 1,077,921,000.00	*Two types of Coaching/Mentoring visits: District Office staff to Health Facility and Health Facility Staff to Communities; District to HF: Each HF is visited at least 1 per year by 3 staff members; SDA for staff 11,000; Total facilities 3,237 (including NGO and Private); Fuel 5 liters per visit @ 2200 per liter;* *HF to Community/VHT: Each HF sends 1 staff member to visit at least on community per month; 3,237 HF (including NGO and Private); SDA for staff 11,000; Fuel Cost 2.5 l @ 2200* *D to HF: (3*1100*3237)+(5*2200*3237)* *HF to C: (1*11000*3237*12)+(2.5*2200*3237*12)*

	Promotion and support for timely and adequate complementary feeding	Strengthen delivery of information on appropriate complementary feeding	Community/HH	District Health Office	Carry out supervisory visits to communities to ensure appropriate message dissemination (Coaching/Mentoring visits)	UGX 1,077,921,000.00	*Two types of Coaching/Mentoring visits: District Office staff to Health Facility and Health Facility Staff to Communities;District to HF: Each HF is visited at least 1 per year by 3 staff members; SDA for staff 11,000; Total facilities 3,237 (including NGO and Private); Fuel 5 liters per visit @ 2200 per liter; HF to Community/VHT: Each HF sends 1 staff member to visit at least on community per month; 3,237 HF (including NGO and Private); SDA for staff 11,000; Fuel Cost 2.5 l @ 2200D to HF: (3*1100*3237)+(5*2200*3237)HF to C: (1*11000*3237*12)+(2.5*2200*3237*12)*
	Growth Monitoring and Promotion	Support supervision, mentoring and coaching	National/district/facility/community	Child Health and Nutrition Unit/district health team	Supervisory visits to assure appropriate implementation of GMP (Coaching/mentoring visits to be carried out by national staff visiting districts at least once per year)	UGX 116,600,000.00	*National Technical visits to Districts (80) once per year. 2 staff per visit for 5 days each. To visit randomly selected communities with in each district; Cost: 80 districts * 110,000 per staff member *5 days * 2 staff Fuel for each trip 150 l @ 2200 *80; 80 Drivers @55,000 per day for 5 days; Materials for visits (check lists) provided by partners;*

	VAS supplementation for children 6-59 mos	Strengthening delivery of information and education for the mothers on the importance of VAS for children	Health facility and community	DHT	Assure quality of information delivered. (Coaching/mentoring visits to be carried out by national staff visiting districts at least once per year)	UGX 116,600,000.00	*National Technical visits to Districts (80) once per year. 2 staff per visit for 5 days each. To visit randomly selected communities with in each district; Cost: 80 districts * 110,000 per staff member *5 days * 2 staff Fuel for each trip 150 l @ 2200 *80; 80 Drivers @55,000 per day for 5 days; Materials for visits (check lists) provided by partners;*
		Ensure adherence to guidelines for VAS for children	Health facility and community	DHT	Supportive supervision of service providers.	UGX 1,077,921,000.00	*Two types of Coaching/Mentoring visits: District Office staff to Health Facility and Health Facility Staff to Communities;District to HF: Each HF is visited at least 1 per year by 3 staff members; SDA for staff 11,000; Total facilities 3,237 (including NGO and Private); Fuel 5 liters per visit @ 2200 per liter; HF to Community/VHT: Each HF sends 1 staff member to visit at least on community per month; 3,237 HF (including NGO and Private); SDA for staff 11,000; Fuel Cost 2.5 l @ 2200D to HF: (3*1100*3237)+(5*2200*3237)HF to C: (1*11000*3237*12)+(2.5*2200*3237*12)*
Subtotal Management Costs						**UGX 5,856,005,000.00**	***$2,928,002.50***

Communication Strategy	IYCF in the context of HIV	Communication strategy for Nutrition and HIV	National	MoH, ACP	Facilitate development of communication plan	UGX 12,000,000.00	*Assuming a consultant will be hired to develop a plan, working with ACP and Nutrition; Consultant at 600,000 for 20 days*
	Address micronutrient deficiencies	Sensitization of the population on the control of vitamin A deficiency and importance of consumption of vitamin A-rich foods	National/population/community/family	MoH/MoAAIF/partners	Develop awareness messages	UGX 18,000,000.00	*Assuming the same consultant will be hired to develop a plan for all MN messages;* *Consultant at 600,000 for 30 days*
		Educate public on importance of dietary diversity	National	MoH/MoAAIF/partners	Develop media messages	UGX 12,000,000.00	*Assuming a consultant will be hired to develop a plan working with the MoH and MoAAIF. Consultant 600,000 for 20 days*
		Sensitization of the population on the control of anaemia	National/population/community/family	MoH/MoAAIF/partners	Develop awareness messages	UGX 0.00	*Consultant for MN messages costed above will also cover this topic*
	Fortification	Identify and promote consumption of foods fortified with vitamin A	National	MoH/Trade and Industry, MoAAIF/UNBS	Promote and create demand for the consumption of fortified foods	UGX 6,000,000.00	*Assuming a consultant will be hired to develop a plan. Assuming consultant will be working in collaboration with companies producing fortified foods; Consultant at 600,000 for 10 days*
	Promotion and support for EBF	Develop communication strategy for promotion EBF	National/District/ Community level	HEP, Nutrition Unit, DHO	Creation of media campaign	UGX 18,000,000.00	*Assuming a consultant will be hired to develop a plan. Consultant also will work on a campaign for EBF/IYCF; Consultant at 600,000 for 30 days*

		Development of regulations to accompany the Employment Act # 6 of 2006 (Maternity/Paternity Leave Act)	National	MoH/Civil Society/MoGLSD	Create awareness campaign on maternity leave act with women and private sector employers	UGX 3,200,000.00	*A2Z costs: Creation of advocacy pkt for press and for radio spots = 200 USD (400,000 UGX) each; Radio broadcast in 1 district = 30,000; Assuming 80 districts*
	Promotion of IYCF	Promote positive infant feeding practices through behaviour change communication	National/District/ Community level	HEP, Nutrition Unit, DHO	Creation of media campaign focused on compementary feeding and other IYCF components	UGX 0.00	*Assuming same consultant hired for EBF will develop IYCF campaign*
Subtotal Communication Strategy Costs						**UGX 69,200,000.00**	***$34,600.00***
Monitoring	VAS	Monitor and report on coverage for the targeted population	District	Districts/HSD	Routinely compile and submit reports	UGX 0.00	*Currently carried out by Child Health Day Plus reporting*
		Integrate coverage figures within HMIS	National/District	MoH/Nutrition Section/HMIS	Institutionalize nutrition information in the HMIS	UGX 0.00	*Agreement on items to be integrated into HMIS will decided at meeting costed below*
	IFA for adolescents	Monitoring availability, utilization of commodities and services at all levels	National/District/ Community	MoH/District/Communities	Monitor at all levels	UGX 0.00	*Carried out during meetings on NIS development and HMIS development*

	Control of iodine deficiency disorders	Quality assurance and control of adequately iodized salt	National (border points) /markets/shops/community/HH	MoH/UNBS/ URA/District Health Inspectors/ Civil society	UDHS should include testing for urinary iodine levels; Routine testing and periodic surveillance with routine reporting to MoH; Provision of salt testing kits (STK)	UGX 30,000,000.00	*Costs from UNICEF previous budgeting: 5,000 USD for procurment of STKs; 10,000 USD for facilitating monitoring and quality checks*
	Nutrition in the context of HIV/AIDS	Mainstream issues of nutrition in the context of HIV/AIDS into existing M&E tools	National, District	MoH, DHT	Integrate nutrition/HIV/AIDS information into the HMIS	UGX 0.00	*Carried out during meetings on NIS development and HMIS development*
	Deworming	Monitor and report on coverage for the targeted population	Population and Facility	Districts	Compile and submit reports to MOH	UGX 0.00	*Currently carried out by Child Health Day Plus reporting*
		Integrate coverage figures within HMIS	National/District	MoH/HMIS	Integrate nutrition information into the HMIS	UGX 0.00	*Decisions on items to be integrated into HMIS will be made at one meeting costed below*
	Iron supplementation for anemic children and non-pregnant women	Monitor and report on coverage for the targeted population	Population and Facility	Districts	Compile and submit reports to MOH	UGX 0.00	*Carried out during meetings on NIS development and HMIS development*
		Integrate coverage figures into the HMIS	National/District	MoH/HMIS	Integrate nutrition information into the HMIS	UGX 0.00	*To be discussed during HMIS meeting costed below*

	Growth Monitoring and Promotion	Revitalize implementation of the GMP programme	National/district/facility/community	RH/Child Health and Nutrition Unit/DHT	Monitor the progress of the implementation	UGX 0.00	*Costs to be determined by NIS team. Assuming GMP monitoring pilots in several districts with subsequent scale up.*
	Integrating nutrition indicators into other data collection systems	Integrate appropriate process and impact indicators into HMIS	National/District	MoH	Meet with HMIS staff; Meet with MoH staff associated with DHS	UGX 4,200,000.00	*2 Day meeting for 30 individuals -- partners and government from Nutrition and HMIS; Conference pkg 70,000 per person; Supplies to be provided by partner*
Subtotal Monitoring Costs						**UGX 34,200,000.00**	***$17,100.00***
Research	Operational Research	Identify current research needs for furthering nutrition interventions	National	MoH/Nutrition Section	Review current research; collate all information and assess current research needs;	UGX 0.00	*HR Time of Nutrition Section and partners to identify current research needs*
		Conduct a national baseline survey on nutrition status of PLHIV individuals	National	MoH	Identify consultant, carry out survey	UGX 0.00	A consultant will be hired and a survey conducted. To be costed by ACP.

		Develop a mechanism to evaluate gaps and identify future research needs	National/District	MoH/Nutrition Section/DHT	Create a communication mechanism for partners to propose research needs as gaps and questions arise during implementation and monitoring	UGX 0.00	*HR time for Nutrition Section in helping develop NIS. NIS should have component to identify future research needs identified via NIS*
		Conduct operational research	National/District	MoH/Nutrition Section/DHT/Universities and Research Institutions	Lobby for resources; provide consultants; carry out research; report to all stakeholders and build on national database;	UGX 0.00	*To be determined as research is identified (by the Nutrition Section). To include consultant and cost of research/surveys*
	Fortification	Promote biofortification of foods with Vitamin A	National/Partners	MoH/MoAAIF/partners/Institutions of research and higher learning	Promote research on the development of varieties of foods rich in vitamin A	UGX 0.00	*To be carried out during MN policy meetings already costed*
Subtotal Research Costs						**UGX 0.00**	***UGX 0.00***
Capacity building/HR	IYCF in the context of HIV	Build capacity at all levels	National, District, HSD	MoH, DHT, HSD	Train and retrain service providers and community based workers	UGX 0.00	*These are costed under training, materials, and equipment/supplies*

		Monitor human resource capacity	National, District, HSD	MoH, DHT, HSD	Build a database of human resource capacity	UGX 0.00	*This will be carried out by MoH HR.*
	Control of iodine deficiency disorders	Build capacity for ensuring that all salt imported and locally produced conforms to the standards	National	MoH/UNBS/ URA	Technical support on the testing of iodine levels in salt	UGX 8,944,000.00	*Training for staff carrying out testing; 1 day refresher training for 80 staff with 20 per session (4 sessions); Conference pkg 80,000; Transport reimbursement for out of town employees (estimate 60) = 40,000; Facilitator 110,000 plus fee of 70,000;*
	Professional capacity development	Advocate for and support the strengthening of human capacity	National/District	MoH	Support the MoH in developing human capacity to implement the CSS	UGX 0.00	*These are costed under training, materials, and equipment/supplies*
		Support the MOH in updating the skills and knowledge of nutritionists through participation in regional and international fora	National	MoH	Mobilize resources from nutrition-related partners	UGX 0.00	*To be carried out in various nutrition meetings with partners and government*
					Initiate partnerships with regional/international nutrition partners	UGX 4,200,000.00	*30 Attendees for a 2 day meeting Conference package 70,000 per day Partner will provide any supplies and presentation equipment needed*

					Support linking Uganda University with partner universities having strong nutrition departments	UGX 0.00	*To be discussed in costed meeting above*
Subtotal Capacity Building Costs						**UGX 13,144,000.00**	***$6,572.00***
VHT Incentives	Identification, referral and management of cases of acute malnutrition	Facilitate Village Health Teams (VHT)	DHT/HSD	DHT/Health Facility	Support MoH where necessary for support of VHTs (e.g. provide transport and lunch allowances, certificates and other incentives)	UGX 0.00	*To be determined by the MoH and donors through future project design*
National Nutrition Information System	Establishing a nutrition information system	Develop an emergency nutrition database	National/District	MoH/Nutrition Section/PMO	Partners in emergency nutrition to create a common data base to collate and analyze data	UGX 1,150,000.00	*A 2 day working meeting with government and partners; Government members paid 110,000 per day for support; To be held at partner office with 30,000 per person for incidentals*

		Continue stakeholder meetings to further develop a nutrition information system (NIS) for Uganda	National	MoH/Nutrition Section	Organize meetings with partners, edit and finalize proposal	UGX 1,150,000.00	*A 2 day working meeting with government and partners; Government members paid 110,000 per day for support; To be held at partner office with 30,000 per person for incidentals*
		Present proposal to MoH	National	MoH/Nutrition Section	Organize a meeting with MoH staff and partners to present and discuss proposal	UGX 900,000.00	*1 day meeting for 30 people to be held at partner office. Conference pkg = 30,000 per person;*
		Develop a monthly monitoring plan to facilitate implementation of nutrition interventions	National/District	MoH/DTO/Communities	Develop a simple monitoring form for facilities/VHTs/ other service providers to fill each month and pass to district health teams; Use data at district and sub-district level for problem solving	UGX 0.00	*To be carried out during meetings to develop NIS*

	Strengthening HMIS	Review and strengthen the quality of routine data collection for HMIS	National	MOH/Nutrition Section	Initiate a pilot project covering selected districts to refine approach	UGX 0.00	*TBD--a consultant will be hired to develop an improved approach and to carry out piloting.*
Subtotal NIS Costs						**UGX 3,200,000.00**	***$1,600.00***
Total Nutrition Costs						**UGX 21,695,271,421.00**	**$10,847,635.71**