



HARUGONGO SUB COUNTY NUTRITION ACTION PLAN (HSNAP)



(HSNAP) FY 2020/21 - 2024/25

HARUGONGO SUB COUNTY NUTRITION ACTION PLAN (HSNAP)

Vision

"A well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Harugongo Sub County"

Goal

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

Approved under Sub County Council Minute Number:2021

ACKNOWLEDGEMENT

I take this opportunity to thank the Sub County Council for their efforts in policy formulation and monitoring of the Sub County programs. I do acknowledge the effort of the Sub County Technical Planning Committee and the Sub County Nutrition Coordination Committee for their tireless effort in the implementation of the policies as passed by the Council. The Government of Uganda is today focusing on Nutrition programs that are aimed at improving livelihoods of the general population.

I also take this opportunity to thank MAAIF and OPM for supporting the Sub County technically and financially towards the development of this crucial document which will in turn set a pace for Multi-sectoral nutrition programming.

I also want to acknowledge the cooperation from our Implementing partners in the implementation of the Nutrition and Development Programs.

Considering the moments of difficulties, we have faced, it is high time we joined hands together in ensuring that sustainable Nutrition security is registered in our Sub County. I call upon the Sub County Council, the Sub County Technical Planning Committee together with our Development Partners to put efforts towards effective implementation of this SNAP.

Nyakoojo Franklyn
Senior Assistant Secretary (Sub County Chief)
Harugongo Sub County Local Government.

EXECUTIVE SUMMARY

Adequate nutrition is a pre – requisite to social economic transformation and human development. The SNAP was developed to address the lack of the comprehensive nutrition plan to coherently implement, monitor and report on various nutrition interventions by multiple actors at Sub County and community level. The SNAP was developed by the Nutrition Coordination Committee with the content flow following the Public Policy Document Outline (Cabinet Secretariat, Office of the President, 2017) and the Scaling up Nutrition Checklist for a good nutrition action plan (SUN, 2016).

The SNAP was presented to the Technical Planning Committee for technical review and aligned with the Sub County Development Plan 2020-2025 and subsequently to all sectoral committee of council for review. The SNAP was discussed by the Technical Planning Committee, Executive Committee, and Committees of Council and subsequently presented to the Sub County Council for approval. This SNAP provides a set of strategic objectives, strategies and actions that are teased out of the existing legal, policy and planning frameworks. The SNAP is to be used as a guide to the Sub County in providing oversight on the implementation of multi-sectoral nutrition actions at all levels that are already planned and budgeted for within in the Sub county departments.

The SNAP vision is, *“A well-nourished healthy and productive population effectively participating in the socio-economic transformation of the sub county”*. The goal is to improve the nutrition status of children under 5 years of age, adolescents, school age children, pregnant and lactating women and other vulnerable groups by 2025. The three SNAP objectives are; to increase access to and utilization of nutrition-specific services by children under five years of age, adolescent girls, pregnant and lactating women, and other vulnerable groups; to increase availability and utilization of nutrition-sensitive service by children under five years of age, adolescent girls, pregnant and lactating women, and other vulnerable groups and to strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive interventions at all levels in the sub county.

The Sub County Nutrition Action Plan (SNAP) has 18 Strategies and 16 Intermediate Outcomes (IOs) under each of the three thematic areas of Nutrition Specific, Nutrition sensitive and Nutrition Governance. Details of actions required to realize the intermediate results under each objective and strategy are detailed under chapter three of this action plan. The primary beneficiaries of the SNAP are children under 5 years of age, adolescent girls, pregnant and lactating women, other vulnerable groups and their households.

Scaling – up Nutrition at local government level is a multi-sectoral undertaking which requires commitment from various stakeholders from government and non-government. All these stakeholders must be coordinated through the Nutrition Coordination Committees at Sub County, and town council levels. Each of the coordination committees for nutrition has specific terms of reference. The implementation of this SNAP is financed through existing and available resources for nutrition within the Sub county budget and from private sector and development partners. These resources must be coordinated effectively to maximize coverage and impact.

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ACRONYMS

BFHI	Baby Friendly Health Initiative
BFP	Budget Framework Paper
CSO	Civil Society Organization
SDP	Sub county Development Plan
SNAP	Sub county Nutrition Action Plan
SNCC	Sub county Nutrition Coordination Committee
DRNCDs	Diet Related Non-Communicable Diseases
FAL	Functional Adult Literacy
GBV	Gender Base Violence
IEC	Information, Education & Communication
IECD	Integrated Early Childhood Development
IMAM	Integrated Management Acute Malnutrition
IO	Intermediate Outcome
IPs	Implement Partners
IYCF	Infant Young Child Feeding
LGs	Local Government
LLGs	Lower Local Governments
MAD	Minimum Acceptable Diet
MIYCAN	Maternal Infant Young Child and Adolescent Nutrition
NGO	Non-Governmental Organization
OPM	Office of Prime Minister
PDC	Parish Development Committees
PHHs	Post-Harvest Handlings
PNCC	Parish Nutrition Coordination Committee
PWD	Persons with Disability
SGBV	Sexual Gender Based Violence
SNCC	Sub county Nutrition Coordination Committee
SUN	Scaling Up Nutrition
TNCC	Town Council Nutrition Coordination Committee
UDHS	Uganda Demographic Household Survey
VHT	Village Health Team
VSLA	Village savings and Loans Association
WHO	World Health Organization

FOREWORD

Harugongo Sub County Local Government has made efforts in addressing the problem of malnutrition especially stunting and severe acute malnutrition in children under five years. The Food Security and Nutrition Assessment shows that the prevalence of stunting increased from 40.6 % in 2016 to about 20% in 2018. This current level of stunting is classified as critical in terms of public significance as higher as the acceptable threshold of less than 20% for developing countries.

Harugongo Sub County is experiencing double burden of malnutrition where under nutrition coexist with over nutrition over weight and obesity the key drivers of Dietary related non-communicable diseases. This Nutrition Action Plan was specifically developed based on the problem analysis conducted to identify the situation of nutrition outcomes and causes of malnutrition, in the Sub County. The problem analysis was guided by the conceptual frame work of causes of malnutrition and all its forms. Based on the conceptual frame work for causes of malnutrition in all its forms, the Sub County Nutrition Coordination Committee analyzed the causes of malnutrition as they occur in the Sub County.

The problem analysis guided the selection /prioritization of the actions that will be used to address the identified causes at individual (nutrition specific actions), House hold level (nutrition sensitive actions) and basic level (nutrition governance). This nutrition specific, sensitive and governance actions are derived from the frame work of actions to address malnutrition in all its forms (Lancet Series, 2013).

The legal policy and planning context of this action plan is aligned to the 1995 Constitution of Republic of Uganda, Uganda Vision 2040, the third National Development Plan (NDP III), the Sectoral Development Plans of Ministries of Health, Agriculture, Education, Water and Environment, Gender and Social Development, Trade and Industry, the Ruling Government election manifesto, the Local Government Act 1997 (with amendments), Harugongo Sub County Development Plan 2020-2025. The goal for the action plan is aligned to the SDG2 target 2.1 and 2.2. The objectives and strategies of this action plan are aligned to the National Nutrition Policy (NNP) and the second Uganda Nutrition Action Plan II. The priority actions that will be implemented through this Action plan have been derived from the existing planning frameworks mentioned above and Development partner's project work plans for the period 2020-2025 and beyond.

The implementation of this plan is hinged on using a multi-Sectoral convergent approach with common results to be delivered jointly by state and non-state actors in Harugongo Sub County. The primary beneficiaries of this plan are children below age of five, pregnant and lactating women, adolescents and other vulnerable groups to achieve the desired results.

This action plan shows the necessity for and sincere efforts made by Harugongo Sub County leadership towards nutrition programming and I am confident that all the stakeholders will provide the necessary support for the implementation of this plan during the period 2020-2025 and beyond.

Hon. Musumba Godfrey
Sub County Chairperson,
Harugongo Sub County Local Government

STATEMENT OF COMMITMENT

We, the Heads of department of Harugongo Sub County Local Government, which constitutes the Technical Planning Committee of the Sub County are:

1. **Cognizant** to the fact that the current levels of malnutrition especially stunting and anaemia among children under five years and anaemia among women of reproductive age are unacceptably high;
2. **Aware** that despite the encouraging progress made in addressing malnutrition in Uganda in the past eight years, malnutrition continues to affect vulnerable population groups especially children under five, school going children, adolescents, pregnant and lactating women.
3. **Concerned** that the double burden of malnutrition is emerging with diet-related non-communicable diseases (DRNCs) increasing at a fast pace alongside high levels of under nutrition;
4. **Mindful** of the negative consequences of all forms of malnutrition on national social and economic development which will hinder Uganda's aspiration of transiting into a middle-income country by 2025;
5. **Certain** that good nutrition is central to national development and promoting nutrition contributes to Vision 2040 overall goal of developing Uganda into a modern and prosperous country;
6. **Understand** that there is sufficient scientific evidence and experience in scaling up high impact nutrition specific and nutrition sensitive interventions;
7. **In agreement** with the conclusions of the Global Nutrition Report 2018 which recognizes the universality of malnutrition and the need for actions that address malnutrition in all its forms;
8. **Recognize** that the attainment of good nutritional status, especially among children and women of reproductive age, as both a marker and a maker of sustainable development;
9. **Optimistic** that this Nutrition Action Plan (NAP) adequately translates the Uganda Nutrition Action 2020-2025, the National Nutrition Policy 2020 and Sub County Development Plan 2020-2025 and the National Development Plan 2020-2025 into an evidence-based strategic action plan that is responsive to Global, Regional, National and Sub county frameworks;
10. **Confident** that nutrition has been mainstreamed in the NDP III as an important agenda under the human capital development; gender and social protection; community mobilization and set change; and agro – industrialization pillars of NDP III;
11. **Accept** that it is our common responsibility to accelerate progress in alleviating malnutrition as an important step towards realizing the Sub County vision country by 2025 and the national goal of ending malnutrition as a problem of public health significance by 2030.

WE, THEREFORE COMMIT OURSELVES TO THE FOLLOWING:

Take practical steps to ensure our department strategies, programs and budgets are nutrition-sensitive;

We shall therefore actively participate in the agenda for planning and implementation of SNAP through Sub County Nutrition Coordination Committee, Technical Planning Committee, departmental platforms.

Actively participate in the implementation of the SNAP through the Sub County Nutrition Coordination Committee, Technical Planning Committee, departmental platforms

We shall take lead in ensuring effective implementation of our sector nutrition actions as part of the sector mandate leading to the achievements of the objectives in the SNAP.

Table 1: Names and signatures of the Heads of Departments and other key stakeholders who constitute the SNCC

S/N	Name	Department	Title	Sign
1	Nyakoojo Franklyn	Administration	Senior Assistant Secretary	
2	Komujuni Harriet	Finance	Senior Accounts Assistant	
3	Niwamanya Gracious	CBS	Community Development Officer	
4	Mpuuga Nicholas	Health	Health Assistant	
5	Baguma Joyce	Administration	Parish Chief	
6	Byamukama Thomas	Production	Agriculture Officer	
7	Alinda Benedict	Production	AAHO	
8	Ategeka Saphina	Production	CBF/ACDP	
9	Nanyonga M. Violet	Administration	Parish Chief	
10	Natulinda Julius	Administration	Parish Chief	
11	Hon. Agonzebwa Diana	Administration	Sec. Education & Health	
12	Birungi Jenifer	Health	In Charge, Nyantabooma	
13	Rev. Kamurasi J. Stephen	Religious Affairs	Religious Representative	
14	Ongom Isaac	Police	OC Police Post	
15	Makune Clovis	CSOs	CSO Representative	

CHAPTER ONE: INTRODUCTION

This chapter highlights the Sub county profile with reference to nutrition programming focus, underscores why Harugongo Sub County needs to invest in nutrition, It outlines commitments, initiatives and frameworks at the global, regional, national and Sub county level which guide SNAP. It also summarizes the SNAP development process.

1.1 Sub county profile relevant to nutrition programming

Harugongo Sub County is located in Burahya County and it borders with West Division-Fort Portal Municipality in the North, Ntoroko District in the West, Hakibaale Sub County in the East and Kicwamba Sub County in the South. The Sub County has a total population of 24,781 people of which, 12, 452 are male and 12,329 are female (National Housing and Population Census, 2014). It has three Parishes namely: Kyakaigo, Busaiga and Nyantabooma Parishes all of which have a total of twenty-eight (28) Villages. The Sub County is relatively flat with a few undulating hills. The Sub County is relatively agricultural with Pozzolana mining as the main source of economic activities.

1.2 Why invest in Nutrition

Adequate nutrition is a prerequisite for human development and socioeconomic well-being. Good nutrition outcomes are affected by multiple factors at the individual, household/family level and community/organizational levels. Inadequate intake of nutritious food is one of the proximate causes of under nutrition, resulting in stunting, wasting, and physiological stress, with marked changes in autonomic nervous system function, abnormal blood cortisol concentrations, and weakened response to infection. Under nutrition usually includes deficiencies in multiple micronutrients implicated in impaired immunity, physical growth, cognitive function, and in poor reproductive outcomes. Taken together, these effects make under nutrition a significant health threat. The physiological stress and adverse impact of inadequate food and nutrient intake over time can cause the body to deteriorate, affecting the function and recovery of every organ system, and eventually resulting in death.

The burden of under nutrition is unevenly distributed, with those in vulnerable households, pregnant women and children being most affected. The consequences of not having enough food and nutrients in utero, infancy, and/ or childhood can affect cognitive and mental development, and has been linked to poor school performance and behavior abnormalities. In adulthood, under nutrition has been associated with increased absenteeism and reduced productivity in jobs requiring manual labor, reduced quality of life and impeded economic growth. Additionally, under nutrition is associated with reduced health and welfare of multiple generations. Undernourished women are more likely to give birth to infants with low birth weight, and low birth weight has been associated with increased susceptibility to chronic disease.

At the same time, there are increasing numbers of people consuming too many calories and too few micronutrients. Diets containing excessive amounts of these foods are associated with increased risk of non-communicable diseases (NCDs) including is chronic heart disease, stroke, atherosclerosis, insulin resistance, diabetes, chronic kidney disease, osteoporosis, dental decay, gall bladder disease, and some cancers. Without high levels of physical activity, energy-dense diets can result in obesity, which is associated with higher risk of morbidity and premature mortality.

Therefore, investing in the fight against poor nutrition outcomes will not only save lives but will also yield high economic returns for the Sub County. The gains from investing in nutrition mainly benefit the poor and most disadvantaged, as they spend less money on treating poor nutrition outcomes and related diseases and increase their productivity, reaping sustainable socioeconomic benefits.

1.3 Policy Context

1.3.1 Global frameworks

In line with the conclusions of the Global Nutrition Report (2014, 2015 and 2016), this SNAP recognizes the universality of malnutrition and the need for actions that address malnutrition in all its forms. It also recognizes the attainment of good nutritional status, especially among children and women of reproductive age, as both a marker and a maker of sustainable development, with 12 out of 17 Sustainable Development Goals (SDGs) relevant to nutrition (IFPRI, 2015). This SNAP acknowledges the opportunity provided by the SDGs and Agenda 2030, the Decade of Action on Nutrition (2016-2025) and the outcome documents of the Second International Conference on Nutrition (ICN2) held in 2014, including the Rome Declaration and Framework for Action. It also recognizes the Principles of Engagement of the Scaling up Nutrition (SUN) Movement and the need for a multi-sectoral, multi-stakeholder approach – from national to community levels.

The legal and policy context for nutrition programming in Uganda draws from the World Health Assembly (2012) adoption of the CIP-MIYCN and endorsed 6 Global Nutrition Targets¹ and the United Nations Decade of Action on Nutrition (2016-2025)'s six pillars²; These gave an opportunity for Uganda to be able to measure progress towards achieving these global targets by 2025.

In September 2015, the United Nations adopted the Sustainable Development Goals (SDGs) – a set of 17 global goals with specific targets aimed at ending poverty, protecting the planet and ensuring prosperity for all by 2030. Improving nutrition sits at the core of global development and is central to achieving the Sustainable Development Goals. This SNAP acknowledges the opportunity provided by the SDGs and Agenda 2030. In 2015, the 2030 Agenda for Sustainable Development Goals was adopted. According to the Global Nutrition Report 2015, for every 1 USD invested in nutrition a country can get 16 USD in returns, therefore improving nutrition outcomes impacts on realization of the other SDGs.

1.3.2 Continental and Regional frameworks

At regional level, the SNAP is linked to the existing nutrition aspirations such as those of the East African Food and Nutrition Security Policy aimed at achieving food security and adequate nutrition for the people in the East African region throughout their life cycle.

The **Malabo Declaration** on nutrition security for inclusive economic growth and sustainable development in Africa (Decision No. 33) made during the African Union's 23rd Ordinary Session (26-27th June 2014) signified a renewed commitment by AU Heads of State and Government to ending child stunting and reducing it to 10% in recognition of the 10th anniversary of Comprehensive Africa Agriculture Development Program (CAADP).

The **CAADP framework** outlines a holistic and multi-sectoral approach for agricultural development to address food and nutrition security through direct, indirect and enabling interventions, thus it is the predominant guiding framework for addressing under nutrition for the region.

1.3.3 National frameworks

The legal framework of nutrition programming is derived from 1995 Constitution of Uganda which expresses Government commitment to improve food security and nutrition. Objective XXII of the constitution stipulates that "Uganda shall take appropriate steps to encourage people to grow and store adequate food; establish national food reserves; and encourage and promote proper nutrition through mass education and other appropriate means to build a healthy state."

¹ 40% reduction in the number of children under-5 who are stunted; 50% reduction of anemia in women of reproductive age; 30% reduction in low birth weight; No increase in childhood overweight; Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% and reduce and maintain childhood wasting to less than 5% by 2025.

² Sustainable, resilient food systems for healthy diets; Aligned health systems providing universal coverage of essential nutrition actions; Social protection and nutrition education, behavior change communication, Trade and investment for improved nutrition; Safe and supportive environments for nutrition at all ages and Strengthened governance and accountability for nutrition.

The interventions in this Sub County Nutrition Action Plan (SNAP) are linked to the Uganda Vision 2040 and the National Development Plan III (NDP III). Strategies and actions to promote integration of food and nutrition programming into water, sanitation and hygiene (WASH) services are aligned to the National Water Policy (1999) and the Water and Environment Strategic plan (2020-2025) that prioritizes provision of adequate water for production and productivity, with the targets to end poverty, hunger, achieve food security and improve nutrition through increased provision and utilization of water. This SNAP therefore recognizes the contribution of poor Water, Sanitation and Hygiene (WASH) practices to disease burden and under nutrition and has put in place priority actions to ensure adequate access and utilization of WASH services in institutions, communities and other public places for improved nutrition.

The nutrition specific actions reflected in the SNAP derived from the second Ministry of Health Policy (NHPII) 2010 and the Health Sector Development Plan (2020-2025). Interventions to promote and increase production, access and consumption of diverse high nutrient value and safe foods; promote production and consumption of bio-fortified and industrial fortified foods are aligned to National Agriculture Policy (NAP) of 2013 and the Agriculture Sector Strategic Plan (2020-2025). Actions to promote nutrition research and knowledge management for decision making and the Monitoring and evaluation framework for this SNAP was developed basing on the provisions of the National M&E Policy.

Interventions to promote integration of food and nutrition security services in social protection programs are aligned to Social Protection Policy (2015). Interventions to promote access to integrated early childhood development and child protection services for improved nutrition under this SNAP are aligned to the National Integrated Early Childhood Development (NIECD) Policy (2016).

Interventions to promote access to classroom education through school food and nutrition programs under this SNAP are aligned to the Education Act (2008) and the current Education Sector Strategic Plan (ESSP 2017-2020). Outcomes and indicators for SNAP strategy on school feeding and nutrition are aligned with the M&E framework of the MOES parent led school feeding and nutrition guidelines of 2013.

The interventions to strengthen nutrition governance at Sub county and lower local government levels are aligned with National Coordination Policy (2016). The nutrition specific and sensitive actions in this SNAP are also informed and aligned to the Human capital development pillar in the ruling party (NRM) manifesto of 2016-2021. SNAP objectives, strategies, priority actions, nutrition targets and the general strategic direction is aligned to the National Nutrition draft policy with its attendant Action Plan, the UNAP II (2019-2025).

The Corona Virus pandemic has brought to the fore the need to ensure adequate food security and nutrition. Food security and adequate nutrition is of paramount importance for a healthy and productive life and it is a major factor in healthcare as it reduces the burden of preventable diseases and malnutrition. It also contributes significantly to reduced maternal, neonatal, and child deaths. In order to improve Nutrition, Government will aggressively implement programs to ensure adequate sensitization and awareness of all Ugandans on the benefits out of good nutrition for their health and wellbeing. I would like to encourage all Ugandans to embrace healthy living through nutrition, wellness and active living. All Ugandans should place due emphasis on physical and mental activity by exercising regularly and making healthy choices of food, and by reading and writing (Budget speech FY 2020/2021).

1.4 Purpose of the Sub County Nutrition Action Plan

This SNAP provides a set of strategic objectives, strategies and actions to incorporate into development plans, and work plans and budgets for consideration in negotiating projects and programs in order to achieve better nutrition for all in a more coherent, concerted and consistent manner. The SNAP is to be used as a guide to the Sub County in providing oversight

on the implementation of multi-sectoral nutrition actions at all levels that are already planned and budgeted for within in the various departments, sub-counties, and parish and village levels

The SNAP was developed to address the lack of the comprehensive nutrition plan to coherently implement, monitor and report on various nutrition interventions by multiple actors at Local Government, Lower Local Government and community level. The vision, mission, goal, objectives, strategies and priority actions are well aligned with the legal, policy and planning frameworks at global, regional, national, Sub county level and at the LLG levels.

This SNAP therefore will not be implemented as a standalone framework but it is a tool to facilitate the Sub county to tease out activities from various departments that contribute to nutrition out comes at individual, household and community levels and use them to generate annual work plans for implementation and reporting to Harugongo Sub County local government through the existing Government reporting arrangements (Program Based Budgeting Tool)

1.5 SNAP Preparation Process

The SNAP was developed by the Sub County Nutrition Coordination Committee (SNCC)with the content flow following the Public Policy Document Outline (Cabinet Secretariat, Office of the President, 2017) and the Scaling up Nutrition Checklist for a good nutrition action plan (SUN, 2016). The SNAP was presented to the Sub County Technical Planning Committee for technical review and alignment with the Sub County Development Plan 2020-2025 and subsequently to all sectoral committee of council for review. The SNAP was discussed by the Sub County Executive Committee and subsequently presented to the Sub County Council as the highest Policy and Planning Authority in the Sub County for approval.

1.6 Structure of the SNAP

SNAP has been organized into seven chapters as shown in Table 1.1 below

Chapter One	Introduction This chapter underscores why Harugongo Sub County needs to invest in nutrition. It outlines commitments, initiatives and frameworks at the global, regional, national and Sub county level which guide SNAP. It also summarizes the SNAP development process.
Chapter Two	Nutrition Situation Analysis This chapter outlines the current nutrition situation, analyses the trends, challenges, causes and drivers of the current nutrition situation.
Chapter Three	Review of Nutrition interventions in the Sub county and Rationale for SNAP This chapter outlines nutrition interventions; achievements, challenges and opportunities. The review of Nutrition interventions informs and provides justification for the strategic direction outlined in SNAP.
Chapter Four	Strategic Direction This chapter describes SNAP Theory of Change, vision, goal, objectives, primary outcomes, intermediate outcomes, strategies, priority actions and cross cutting themes.
Chapter Five	Implementation and Coordination Arrangements This chapter describes how SNAP implementation will be coordinated at the Sub county and Lower Local Government level.

<p>Chapter Six</p>	<p>Financing and Resource Mobilization This chapter outlines the rationale used to estimate resources required to implement SNAP. It proposes priority components and processes required to ensure that SNAP is successfully costed, resources are mobilized and commitments are tracked.</p>
<p>Chapter Seven</p>	<p>Monitoring, Evaluation, Accountability and Learning (MEAL) This chapter describes the common results, resources and accountability framework. It goes ahead to outline MEAL arrangements and risk analysis and mitigation measures.</p>

1.7 Application of the SNAP and its target audience

The primary beneficiaries for the SNAP are children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups and their households. The SNAP applies to all government and non-government actors involved in scaling up nutrition interventions. All Sub county departments, lower local governments, community-based organization, private sector, faith based organization and implementing partners partner involved in Scaling up Nutrition in the Sub county MUST jointly plan, budget, implement, monitor and report on nutrition actions as outlined in this SNAP to ensure alignment and resource mobilization for increased coverage and effective results for sustainable nutrition outcomes as one team.

1.8 A call to stakeholders to support the SNAP

Having developed this SNAP with stakeholder consultation and made efforts to align interventions within the existing resources for the period 2020/21-24/2025 financial commitment from government projects and program and development partners, the Sub county pledges continued political leadership and accountability in the fight against malnutrition and calls upon partners including the private sector to support this SNAP. The resource mobilization plan to be developed will call for more actors already implementing to fill the gaps. With this support, the SNAP will be effectively implemented in a coherent and harmonized manner, enable implementation and its targets hopefully achieved. Being the first of its kind, lessons learnt will generate a good foundation for development of a more comprehensive SNAP for 2020-2025 a period for which the realization of the global nutrition target is the point of focus.

CHAPTER TWO: NUTRITION SITUATION ANALYSIS

This chapter outlines the current nutrition situation, analyses the trends, challenges, causes and drivers of the current nutrition situation

2.1 Nutrition status outcomes among SNAP target groups

The prevalence of stunting in children under five years is at 40.6% ; the prevalence of wasting in children under five years is at 3.4%; prevalence of overweight in children under five years is above 0.2%; the prevalence of low birth weight (infants born <2500 g) is at 10.3%; the prevalence of anaemia in children under five years is at 45% ; prevalence of anaemia in women of reproductive age from 29.4 % ; the proportion of overweight in adult women over 18 years is at 19.5%; the proportion of obesity in adult women over 18 years is at 6.7%; the proportion of overweight in adult men over 18 years is at 6.4%; the proportion of obesity in adult men over 18 years is at 0.7%; the proportion of overweight in adolescents is above 10%; the proportion of obesity in adolescents is above 3%; the age-standardized prevalence of raised blood glucose/diabetes persons over 18 years is at 3.3% and the age-standardized prevalence of raised blood pressure in persons over 18 years is at 23.2% in Harugongo Sub County .

2.2 Intermediate Outcome (Nutrition Sensitive)

Unhealthy eating and healthy lifestyle: Based on national statistics (MOH, 2019, PI-HEAL); 8 in 100 adults in urban areas and 4 in 100 adults in rural areas don't exercise enough; 30 in 100 adults drink alcohol and 10% of these are heavy drinkers; 12 in 100 adults use tobacco and its products and 90 in 100 adults eat less than the required amounts of fruits and vegetables.

2.2.1 Food production and access

Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products; Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production; Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources; Proportion of farmers whose awareness and support farmers to access gender sensitive labor and energy saving technologies is provided; Proportion of farming households producing bio-fortified foods; Proportion of business actors involved in industrial fortified foods production ; Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products; Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built; Proportion of farmers support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources; Proportion of farmers supported in agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of households incomes and improved access to safe, diverse, nutrient dense foods; Percentage of farmers equipped with skills in postharvest handling technologies and value addition; Percentage of value chain actors applying technologies; Percentage of farmers using labor saving technologies; Percentage change in farmers accessing water for agricultural production; Proportion of household reached with nutrition information and services passed by agricultural extension workers; Proportion of households reached with Technologies and awareness campaigns to ensure food safety; Proportion of households consuming fortified foods at household level; Proportion of parishes reached with awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources; Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products; Proportion of vulnerable population covered by social protection programs

Proportion of value added Nutritious foods produced; Proportion of industries supplying fortified foods on the market; Proportion of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement; Proportion of SMEs in the food system availing fortified foods on the market; Proportion of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods.

2.2.2 Care and ECD services

Percentage of youngest children age 36-59 months living with their mother who are attending an organized early education program; Percentage of children age 36-59 months with whom adult household members have engaged in four or more activities; Percentage of children age 36-59 months with whom biological father engaged in four or more activities; Percentage of children age 36-59 months with whom biological mother engaged in four or more activities; Percentage of children age 36-59 months living in households that has 3 or more children's books; Percentage of children age 36-59 months who play with two or more types of playthings; Percentage of children under age 5 years left with inadequate care in the past week; Proportion of children aged 36-59 months who are developmentally on track in at least three domains of ECD and Reduced proportion of children 1-14 years old who experience any violent discipline.

2.3 Household, Family and Community issues

2.3.1 Gender Inequality

Percentage of currently married women age 15-49 with cash earnings participating in decisions about the use of their earnings; Percentage of currently married women age 15-49 who make decisions on their own use of their earnings; Percentage of currently married women age 15-49 who make decisions jointly with their husband on use of their earnings; Proportion of currently married women age 15-49 who participate three specific household decisions (their own health care; visits to their family or relatives; making major Household purchases) either alone or jointly with their husbands; Percentage men age 15-49 who have experienced physical violence in the past 12 months; Percentage women men age 15-49 who have experienced physical violence in the past 12 months and Proportion of women of reproductive age participating in development initiatives

2.3.2 Education services

Proportion of Sub county Local Governments leaders whose stakeholders have been sensitized on School feeding and Nutrition; Proportion of Sub county school feeding and nutrition ordinances developed; Proportion of schools implementing school feeding and nutrition program; Proportion of learners benefiting from the school feeding and nutrition programs; Proportion of parents contributing to feeding and nutrition of their children in schools; Proportion of schools with active school feeding committee structures; Proportion of schools with operational school feeding registers; Proportion of parents participating in the school's general meetings (PTA, etc.); Proportion of parents participating in school supervision visits; Proportion of schools practicing school gardening; Proportion institutional and physical infrastructure for school feeding and nutrition and Proportion of schools that promote improved nutrition and wellbeing initiatives

2.4 Organizational issues

2.4.1 Coordination and stakeholder:

Proportion of established and functional coordination structures at all levels; Status of implementation of the SNAP in departments and at LLGs level; Status of implementation of the Sub county Annual Nutrition Work plan; Status of implementation of Sub county/ Town Council Nutrition Action Plans and Status of implementation of the Sub county /Town Council Annual Nutrition Work plans.

2.4.2 Finance and resource

Annual Nutrition Expenditure Review conducted and findings disseminated; Percentage budget spending for nutrition interventions; Implementation status of resource mobilization and tracking for nutrition and Nutrition commitment score card developed and rolled out

2.4.3 Capacity development

Institutional and technical capacity assessment conducted; Institutional and technical capacity development framework developed and disseminated; Proportion of SNCCs members trained on nutrition governance; Functionality status of nutrition governance elements and Proportion of vacant positions filled at Local Government,

2.4.4 Nut Advocacy

Status of implementation of the NACSII at Sub county level and Proportion of exiting delivery channels promoting Social Behavior Change communication for nutrition

2.4.5 Policy implementation

Level of implementation of International Code of Marketing of Breast milk; Maternity protection laws implementation status; Policy implementation status and MEAL framework for SNAP disseminated.

2.4.6 Monitoring

Functional nutrition database (nutrition dashboard) at Sub county level established; Department review meetings for SNAP implementation conducted; Mechanism for use of data and evidence for nutrition planning at department and Lower local government level established and operationalized; Training of planning and M&E officers using MEAL training package conducted; Periodic evaluative studies to provide evidence on effectiveness of nutrition programs and interventions conducted.

Capacity assessment and development of capacity development plan for institutionalization of nutrition information management and use of evidence conducted; Nutrition data landscaping exercise conducted; Food Security and Nutrition Assessments conducted and findings disseminated; Early Warning System for food and nutrition reports; Number of knowledge products for nutrition developed

Number of policy dialogue among policy makers for evidence-based decision making for nutrition held; Number of Learning and knowledge dissemination for nutrition at different multi-sectoral nutrition committees envisioned under the SNAP organized; Number of department – specific research plan aligned with SNAP priorities developed; Joint Annual nutrition review conducted and Annual Conference on Nutrition Research conducted

Care and feeding practices and behaviors

Proportion of infants initiated on breastfeeding within one hour of birth; Proportion of babies exclusively breastfed for the first six months; Proportion of babies' breastfed up to 2 years; Proportion of infants introduced timely to complementary foods; Proportion of children aged 6 to 23 months who achieve Minimum Diet Diversity (MDD); Proportion of adolescents aged 10 to 19 years and women of reproductive age who achieve Minimum Diet Diversity (MDD); Percentage of households that have iodized salt (>15 ppm)

Water and Sanitation

Proportion of rural and urban households with access to safe water sources; Proportion of people accessing safely managed sanitation services; Cumulative Water for Production Storage capacity (cubic Mm); Proportion of people accessing safe water supply within 1000M; Proportion of people with access to an improved sanitation facility in rural areas; Proportion of people accessing safe water supply within 200M; Proportion of people with access to an improved sanitation facility in Urban Areas; Proportion of water for production facilities that are Functional and Percentage of triggered villages declared Open Defecation Free (ODF)

Access and utilization of Health Services

Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified; Proportion of women of reproductive age counselled on MIYCAN practices; Proportion of children receiving growth promotion and monitoring services; Proportion of children 6–59 months receiving Vitamin A supplementation; Proportion of pregnant women receiving Iron and Folic Acid supplementation; Proportion of adolescent girls receiving Iron and Folic Acid supplementation; Proportion of adolescents' girls aged 10-19 years who consume iron rich foods.

Percentage of facilities providing IMAM services level; Proportion of number of individuals (per age category) accessing nutrition assessment; Proportion of individuals identified with malnutrition and referred for treatment; Proportion of malnourished people receiving IMAM services; Proportion of malnourished clients linked to support services at community level.

Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc.

Proportion of children 1 to 14 years receiving (two doses per year); Proportion of children aged 0–5years using insecticide treated nets; Proportion of pregnant women using insecticide treated nets and Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule

2.5 Consequences of malnutrition

Non communicable diseases-; pre-mature mortality, reduced fertility, physical inactivity; social description mortality, morbidity from infectious diseases and disability

Sub-optimal adult height, poor cognitive ability, low economic productivity, compromised reproductive health

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

Malnutrition negatively affects human capital development and productivity. Impaired cognitive development due to malnutrition contributes to poor school performance and low educational attainment leading to losses in productivity later in life. Repeated and prolonged morbidity associated with malnutrition, leads to lower wages for non-manual workers and increased health costs associated with treatment of malnutrition and related diseases. Furthermore, childhood under nutrition is associated with overweight, obesity, diabetes, hypertension, gout, some cancers and heart diseases in adulthood (GNR, 2018). Effects of malnutrition can affect the entire generational cycle and be passed from one generation to the next.

CHAPTER THREE: REVIEW OF PREVIOUS AND ONGOING NUTRITION PROGRAMMING

This chapter outlines nutrition interventions; achievements, challenges and opportunities. The review of Nutrition interventions informs and provides justification for the strategic direction outlined in SNAP.

3.1 The Uganda Multi-Sectoral Food Security and Nutrition Project

Kabarole is one of the 15 districts implementing the Uganda Multi-Sectoral Food Security and Nutrition Project (UMFSNP). Kabarole was split into 2 districts in the last financial year 2016/2017 that is Kabarole and Bunyangabu. But Kabarole as the original district is coordinating the project activities in the new district of Bunyangabu. Kabarole has implemented the project for a period of 2 years and all the 100 primary schools in the district have established institutional structures and demonstration gardens for micro-nutrient rich crops such as iron rich beans, orange fleshed sweet potatoes and several other vegetables and fruits. Kabarole was selected to implement the MFSNP because of the high malnutrition status, stunting 40.6%, anemia among school going children 38% and pregnant women at 27% and wasting 33%.

These target crops offer solution to reducing on incidences of anemia (iron deficiency) and vitamin A deficiency, improve immunity, stunting and other defects for all age groups in the community.

The project objective is *“To increase production and consumption of micronutrient-rich foods & utilization of community-based nutrition services in small holder households in project areas”*

Key Achievements of the project:

- a. The Sub County Nutrition Coordination Committee was formed to deliberate on UMFSNP activities and it has Developed and overseen the SNAP containing the activities and budgets of the Sub County Development Plan. It has ensured that the AWP/Budgets for the Sub County incorporates those for the UMFSNP activities for the implementation of Sub County Departments.
- b. All the 3 Government Aided Primary Schools have established the school Nutrition committee as a sub – committee of the school management committee. The school management committee is responsible for the overall supervision and management of the primary school activities. The school Nutrition committee is responsible for the coordination of all project nutrition activities in the school.
- c. The 3 primary schools have been able to develop (Primary School Nutrition Action Plan) PSNAP as the main working document for nutrition services provision in the project primary school. The main idea behind this is to inculcate the idea that good nutrition within the primary schools and communities can easily be realized through the interplay and balance between education, health and agricultural related activities.
- d. Each of the three primary schools has been able to select and form 2 parental groups, headed by 2 lead farmers of which 60% composition is women.
- e. The 06 lead Farmers (LFs), 180 parental group members and communities in the vicinity of the primary schools have been reached to participate in the Project. The selection process was organized and guided by the SMC with support from Sub county PFPs, community facilitators, as well as health workers from the nearest HCIII and the VHTs working within the communities in the area.

- f. 09 Demonstration gardens have been established, with a size of 2,000m² (0.5-acre garden) and Divided into sub plots; 5m x 5m Pathway between sub plots of same variety 0.75m; and between sub plots of different varieties 1.25m
- g. We have managed to get seeds and seedlings from right source (NARO-stations of certified seed producers.
- h. Promote micronutrient crops –iron rich beans, orange fleshed sweet potatoes and other locally grown vegetables.
- i. Labelling of all the sub plots in the demo garden has been properly done: Crop name, scientific name, local name, variety, date of planting, spacing, harvest date, expected yield, Nutrition purpose of the crop.
- j. We have managed to train our Schools, lead farmers and PGs to apply proper agronomic practices to optimize yield of the crop.
- k. We have done Nutrition assessment at schools & community level which has increased community awareness & appreciation of real nutrition challenges.
- l. All the health facilities have been supported with Medical equipment's to enable regular & proper nutrition assessment.

3.2 Nutrition Capacity Gaps and Recommendations

3.2.1 Policies, Programs and Frameworks

There exist a number of capacity gaps in Policies, Programs and Frameworks. The key gaps identified for action are as follows;

1. Low knowledge levels of staff about current legal, policy, and planning frameworks relevant to nutrition programming
2. Poor motivation (non-monetary) for departments, sections, units to take up actions to reduce malnutrition
3. Sector / Sub county plans relevant to nutrition programming lacking/still in draft/ not approved
4. Lack of operational plans with adequate budget
5. Lack of District review meetings to ascertain the progress of the Project in schools and communities.

Recommended actions

1. Build the capacity of sectors and Sub County on the current legal policy, and planning framework relevant to nutrition programming
2. Provide workshop opportunities, in house trainings, exchange visits, benchmarking staff recognition / award etc.
3. Develop and approve annual sector work plans for nutrition programming
4. Develop Sub County Nutrition Action Plans and annual nutrition work plans
5. Develop and popularize standard operating procedures for nutrition coordination committees.

3.2.2 Capacity gaps exist in Resources (Human, Financial) and Infrastructures:

The key gaps identified for action are as follows:

1. Insufficient training opportunities to support implementation of multi-sectoral nutrition actions.
2. Inadequate number of skilled staffs to support sector functions on nutrition
3. No approved costed staff capacity development plans.
4. Inadequate infrastructures (ICT and transport facilities) amongst other gaps were identified.

Resources (Human, Financial) and Infrastructures: Capacity actions needed

1. Provide training opportunities for supporting implementation of multi-sectoral nutrition priority actions
2. Develop an approved costed staff capacity development plans with adequate budget to aid in their implementation.
3. Develop, approve and implement resource mobilization plans, geared towards raising more resources required for the multi-sectoral support /implementation of nutrition priority actions.

3.2.3 Capacity Area 3, Coordination and partnership: key capacity gaps to address

1. The key gaps identified for action are as follows
2. Insufficient reporting and supervision tools for the coordination committee
3. Integration of refugee response within the Sub county nutrition actions by the coordination committees
4. Frequency of holding dialogue on nutrition with other stakeholders
5. Insufficient joint nutrition action plans, reports with other sectors/stakeholder groups
6. unavailability of fulltime personnel in place to support collaborations and partnership building at all levels

Recommended actions

1. Provide reporting and supervision tools for the nutrition coordination committees (such as terms of references, standard agenda, action point tracking tools, standardized minute format amongst others)
2. Hold more frequent dialogue on nutrition with other stakeholders, and their use closely monitored
3. Undertake stakeholder mapping for use to improve on partnership, collaboration and alliances among stakeholders

3.2.4 Evidence-based Decision Making; Key Capacity Gaps

The key gaps identified for action are as follows

1. No existing information management system that relate to nutrition (with nutrition related outputs/outcomes)
2. Inadequate nutrition indicators (1-2) being reflected in the sector/Sub county/ strategic plan
3. Limited capacity of health sector to integrate data from refugee within governmental monitoring system (such as HMIS)
4. Inadequate skilled personnel to collect, organize, analyze and present nutrition data for decision making respectively

Recommended actions

1. Developing a functional national information management system
2. Develop and implement an M&E framework with appropriate nutrition indicators

CHAPTER IV: STRATEGIC DIRECTION AND PLAN

4.1 SNAP Theory of Change

The Lancet framework for actions to achieve optimum foetal and child nutrition and development (Black et al, 2013) describes how nutrition specific and nutrition sensitive approaches and programs implemented in an enabling environment translate to optimal nutrition status and development during the life course of an individual. The SNAP Theory of change provided the results chain taking into consideration of the following key elements (1) The Current situation of: Nutrition specific, nutrition sensitive and enabling environment, Nutrition outcome and Causes of malnutrition at individual, household and community level (2) Strategies (3) Intermediate Outcomes (4) Primary Outcomes (5) the Impact and (6) assumptions.

The SNAP theory of change below has been informed by the Lancet framework for actions to achieve optimum foetal and child nutrition and development. In addition to nutrition specific, nutrition sensitive and enabling environment strategies, the SNAP theory of change acknowledges the current situation and assumptions that must hold true for SNAP goal to be achieved. The current nutrition situation in Harugongo requires a mix of nutrition specific and nutrition sensitive strategies as well as strengthening the enabling environment for scaling up nutrition actions. It is important to note that enabling environment strategies such as strengthening nutrition governance, ensuring coherent policy, legal and institutional frameworks, and strengthening nutrition information and evidence for effective decision making, play a catalytic role in promoting implementation of nutrition specific and nutrition sensitive actions. SNAP will ensure that viable linkages between nutrition specific and nutrition sensitive strategies are established, since nutrition sensitive approaches act as delivery platforms for increased coverage of nutrition specific interventions.

Promotion of production, access and utilization of diverse, safe, nutrient dense food through agricultural and social protection strategies, coupled with promotion of MIYCAN practices will lead to improved dietary diversity and micronutrient intake. Integration of essential nutrition actions in prevention and management of infectious and non-communicable diseases together with increased access to WASH services will contribute to reduced disease burden. SNAP outputs will be achieved with the assumption that quality nutrition information and sufficient financial and human resources (adequate number of skilled human resources) will be available leading to increased coverage of quality nutrition services in the Sub county. It is also assumed that adequate support to the target groups will lead to change in behaviors and practices and lead to continued utilization of nutrition services. Sustained achievement of main SNAP intermediate outcomes will lead to improved nutrition status among children under 5 years of age, school age children, adolescents, pregnant and lactating women and other vulnerable groups by 2025.

4.2 SNAP Vision, Goal and Objectives

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

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

Objectives:

Objective1: To increase access to and utilization of nutrition specific services by children under 5 years, school age children, adolescent girls, pregnant and lactating women and other vulnerable groups in Harugongo.

Objective 2: To increase access and utilization of nutrition sensitive services by children under 5 years, school age children adolescent girls, pregnant and lactating women and other vulnerable groups in Harugongo.

Objective 3: To strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services in Harugongo

4.3 Primary Outcomes and the impact

- * Reduction in the prevalence of stunting in children under five years from 40.6% to less than 19.8%
- * Reduction in the prevalence of wasting in children under five years from 4% to less than 3%
- * Reduction in the prevalence of underweight in children under five years from 4% to less than 3%
- * Reduction in the prevalence of low birth weight (infants born <2500 g) from 41% to less than 7%
- * Reduction of in the prevalence of anaemia in children under five years from 53% to 24.5%.
- * Reduction of anaemia in women of reproductive age from 32% to 11.5%.
- * Reduction in the proportion of overweight in adult women over 18 years from 16.5% to less than 12.5%
- * Reduction in the proportion of obesity in adult women over 18 years from 7.2% to less than 5.2%
- * Reduction in the proportion of overweight in adult men over 18 years from 7.7% to less than 3.7%
- * Reduction in the proportion of obesity in adult men over 18 years from 1.2% to less than 0.4%
- * Reduction in the proportion of overweight in adolescents to less than 10%
- * Reduction in the proportion of obesity in adolescents to less than 3%
- * Reduction in age-standardized prevalence of raised blood glucose/diabetes persons over 18 years from 3.3% to less than 2.1%
- * Reduction in age-standardized prevalence of raised blood pressure in persons over 18 years from 23.2% to less than 20%

Impact

Improved nutrition status of children under 5 years, school age children, adolescents, pregnant, lactating women and other vulnerable groups by 2025

4.4 SNAP Nutrition Intermediate Outcomes

4.4.1 Nutrition Specific Intermediate Outcomes

- * Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices in stable and emergency situations.
- * Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age in stable and emergency situations.

- * Reduction of acute malnutrition in stable and emergency situations.
- * Reduction of infectious diseases related to nutrition among children under 5 years.
- * Reduction of Diet Related Non Communicable Diseases (DRNCDs).

4.4.2 Nutrition Sensitive Intermediate Outcomes

- * Increased production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source food.
- * Increased access to nutrition sensitive social protection and GBSV programs.
- * Increased access to efficient and quality education and sports for improved nutrition
- * Increased access to nutrition sensitive Water Sanitation and Hygiene (WASH) services.
- * Increased trade, industry and investments in scaling up nutrition.

4.4.3 Enabling environment intermediate outcomes

- * Strengthened nutrition coordination and partnerships at all levels.
- * Improved planning, resource mobilization, financing and tracking of nutrition investments.
- * Strengthened institutional and technical capacity for scaling up nutrition actions.
- * Strengthened nutrition advocacy, communication and social mobilization for nutrition.
- * Coherent policy, legal and institutional frameworks for nutrition.
- * Improved nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

4.5 Strategies and priority actions per objective and strategy

Objective 1: To increase access to and utilization of nutrition-specific services by children under 5 years of age, school going children, adolescents, pregnant and lactating women and other vulnerable groups.

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

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

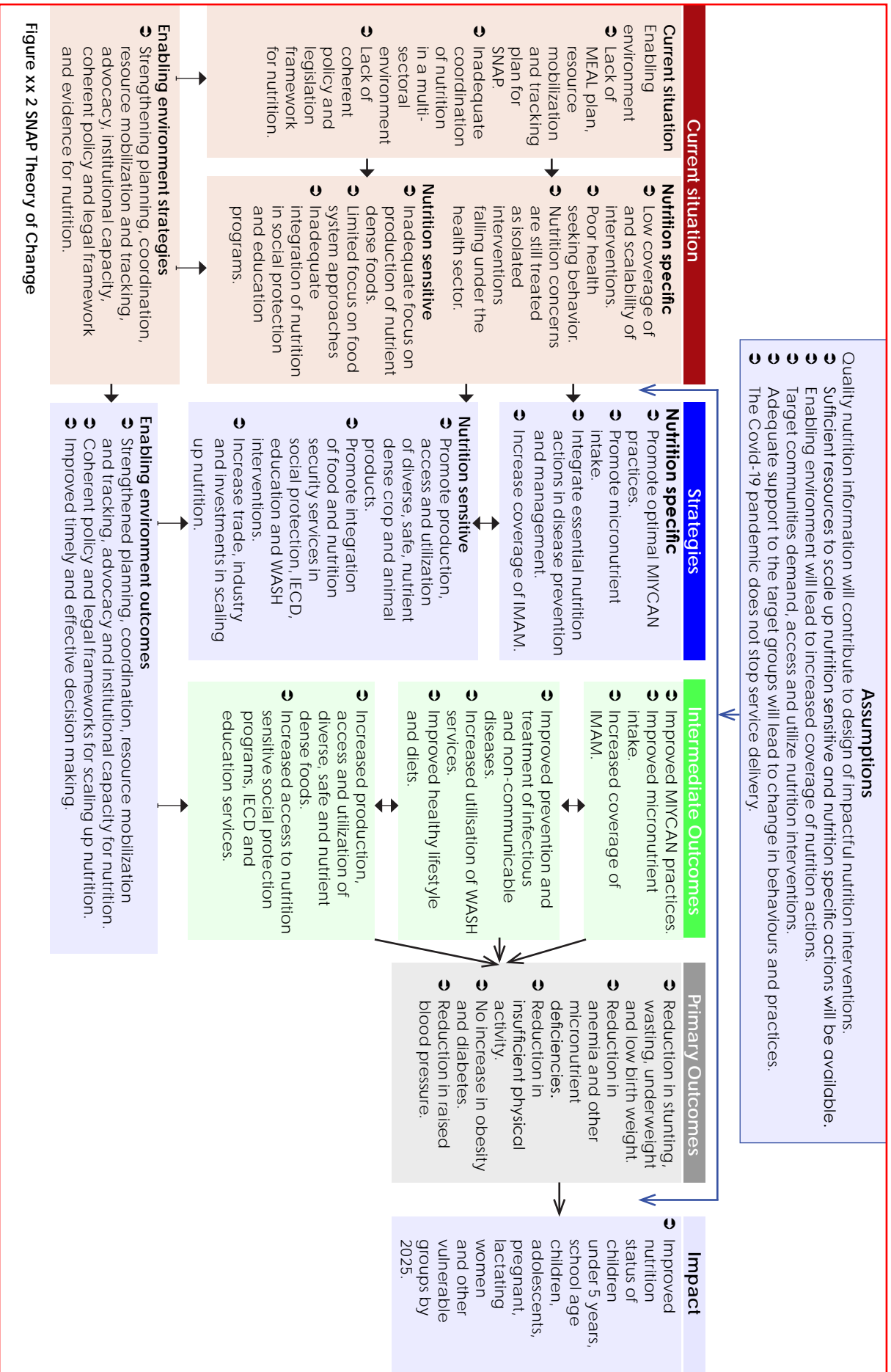
Strategy 1.3: Scale up coverage of management of acute malnutrition in stable and in emergency situations.

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

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

4.5.1 Priority Actions for strategy 1.1

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



4.5.2 Priority actions for strategy 1.2

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

4.5.3 Priority actions for strategy 1.3

- * Integrate routine screening, referral and timely management of severe and moderate acute malnutrition into routine health and nutrition services in refugee settlements, host communities and other areas in the country.
- * This includes essential nutrition actions i.e. nutrition education, micronutrient deficiency control, IYCF in emergencies, nutrition education, nutrition supply chain management and nutrition surveys and surveillance.

4.5.4 Priority actions for strategy 1.4

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

4.5.5 Priority actions for strategy 1.5

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

Objective 2: To increase access to and utilization of nutrition sensitive services by children under 5 years, school going children adolescents, pregnant and lactating women and other vulnerable groups.

Strategy 2.1: Intensify production of diverse, safe and nutrient dense plant, fish and animal based foods at household level.

Strategy 2.2: promote access to diverse, safe and nutrient dense crop, fish and animal foods.

Strategy 2.3: Promote utilization of diverse, safe and nutrient dense crops, fish and animal foods.

Strategy 2.4: Integrate nutrition in social protection and SGBV programs.

Strategy 2.5: Promote access to Integrated Early Childhood Development (IECD) services and quality education and sports for improved nutrition.

Strategy 2.6: Promote access to nutrition sensitive WASH services.

Strategy 2.7: Promote trade, industry and investments in scaling up nutrition.

4.5.6 Priority actions for strategy 2.1

- * Support access to improved technologies with focus on climate smart technologies for increased production of diverse, safe, nutrient dense plant, fisheries and animal source food
- * Support production of nutrient dense indigenous and underutilized plant, fisheries and animal source food.
- * Support farmers to access critical farms inputs for improved production.
- * Create awareness and support farmers to access gender sensitive labor and energy saving technologies.
- * Intensify production of bio and industrial fortified foods.

4.5.7 Priority actions for strategy 2.2

- * Support agro-processing and marketing of diverse, safe, indigenous nutrient food.
- * Build capacity of farmers on post-harvest handling technologies and value addition.
- * Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food.
- * Support agricultural enterprise mix with the aim of ensuring frequent (daily, weekly and monthly) flow of household income for improved access to safe, diverse, nutrient dense foods.
- * Support the organization of farmers (especially women) to form groups or cooperatives to market nutrient dense foods.
- * Explore public private partnerships to scale up the production, processing and marketing of nutritious foods
- * Encouraging farmers to have the seed banks
- * Protection of natural environment for good ecosystems

4.5.8 Priority actions for strategy 2.3

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

4.5.9 Priority actions for strategy 2.4

- * Mainstream nutrition interventions into social protection programs and humanitarian assistance safety net programs.
- * Strengthen SGBV prevention and management.
- * Protect vulnerable children from abuse, exploitation, violence and neglect in homes.
- * Implement income generating activities targeting poor and vulnerable households and communities.
- * Support initiatives that provide adequate housing for populations living in slums and informal settlements.
- * Support activities that increase access to credit and financial services for women of reproductive age.
- * Empower women on rights, gender equality and their role in development among others.
- * Support initiatives that create an enabling environment for women to participate in development initiatives.

4.5.10 Priority actions for strategy 2.5

- * Promote integrated nutrition and Early Childhood Development (ECD) services at the household, community and institutional level.
- * Promote mobilization of parents to take and keep girls in school and provide skills and services to girls who are out of school.
- * Disseminate and monitor implementation and adherence to school feeding guidelines.
- * Support sensitization of parents at all levels on the importance of good nutrition of their children and the need for school feeding and other nutrition programs.
- * Support establishment and maintenance of school gardens and other school agricultural programs for education purposes and as source of nutrient dense diets in schools.
- * Develop and integrate knowledge and skills package on food and nutrition security in national curriculum and empower children as agents of appropriate behavior change.
- * Support public private partnerships, linkages and innovative school nutrition models for improved nutrition in schools and other institutions

4.5.11 Priority actions for strategy 2.6

- * Increase provision of adequate safe drinking/potable water sources in communities, institutions and public places.
- * Increase household and community access to sanitation and hygiene services.
- * Mobilize communities on sustainable use of WASH services.
- * Promote integration of messaging on hand washing, hygiene practices, safe food preparation and storage with MIYCAN sensitization.
- * Support provision of adequate water for production of nutrient dense and safe food

4.5.12 Priority actions for strategy 2.7

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

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

Strategy 3.1: Strengthen nutrition coordination and partnerships at all levels.

Strategy 3.2: Strengthen coherent policy, legal and institutional frameworks for nutrition.

Strategy 3.3: Improve planning, resource mobilization, financing and tracking of nutrition investments.

Strategy 3.4: Strengthen institutional and technical capacity for scaling up nutrition actions.

Strategy 3.5: Strengthen nutrition advocacy, communication and social mobilization for nutrition.

Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

4.5.13 Priority actions for strategy 3.1

- * Conduct comprehensive nutrition stakeholder and action mapping;
- * Scale up multi-sectoral and multi – stakeholder nutrition implementation convergence;
- * Establish and support functionality of Nutrition Coordination Committees functional at Sub County.
- * Regularly Assess the functionality of Nutrition Coordination Committees at all levels

4.5.14 Priority actions for strategy 3.2

- * Popularize the legal, policy and planning provisions relevant to nutrition at all levels

4.5.15 Priority actions for strategy 3.3

- * Develop Sub County Nutrition Action Plan;
- * Develop Sub County Annual Nutrition work plan;
- * Develop Sub County/ Town Council Nutrition action plans;
- * Develop Sub County /Town Council Annual Nutrition Work plans;
- * Conduct a Nutrition expenditure review;
- * Conduct detailed costing of SNAP;
- * Develop and implement resource mobilization and tracking plan for nutrition aligned to SNAP;
- * Procure and provide ICT equipment to enable staff Nutrition Focal Persons and committee members perform their related duties;
- * Develop and implement procurement plan including essential supplies and inputs for nutrition actions nutrition commodities;
- * Procure and provide transport equipment (at least a motor cycle at least to enable Sub County Level Nutrition Focal Persons perform well their support supervision functions.

4.5.16 Priority actions for strategy 3.4

- * Conduct comprehensive institutional and technical capacity assessment in line with SNAP II;
- * Build capacities of nutrition coordination structures MDAs to coordinate, plan, implement and monitor the implementation of nutrition programs;
- * Build capacities of nutrition coordination structures at local government to coordinate, plan, implement and monitor the implementation of SNAP;
- * Develop multi-sectoral Capacity Development Framework for nutrition covering relevant sectors at national and sub-national level;
- * Implement capacity development framework coordinated institutional and technical capacity building activities in line with Capacity Development Framework for nutrition;
- * Build capacity of Nutrition coordination structures at Sub County and lower local government levels on coordination, planning, and monitoring;
- * Build capacity of nutrition focal persons and nutrition programmers to make better use of nutrition data at Sub County and LLG levels

4.5.17 Priority actions for strategy 3.5

- * Implement relevant existing Nutrition Advocacy and Communication (NAC) strategy at Sub county
- * Generate nutrition Advocacy briefs for Sub County and administrative units;
- * Develop Technical briefs on nutrition for Sub County and LLGs;
- * Implement commitments scorecard targeting Sub Counties and LLGs;
- * Identify nutrition champions at Sub County and Lower levels;
- * Develop a Resource gap mobilization plan;
- * Conduct resource mobilization events using the resource gap mobilization plan

4.5.18 Priority actions for strategy 3.6

- * Establish functional nutrition database (nutrition dashboard) at Sub County level;
- * Conduct review meetings for SNAP implementation;
- * Conduct regular use data and evidence for nutrition planning especially at lower local government level;
- * Develop a functional nutrition database (nutrition dashboard) at Sub County level;
- * Conduct annual Food Security and Nutrition Assessment;
- * Conduct Nutrition Governance Assessments regularly
- * Develop Knowledge products for nutrition
- * Hold policy dialogues for evidence-based decision making for nutrition
- * Disseminate Learning and knowledge for nutrition at Sub county and lower levels
- * Conduct a Joint Annual Nutrition Review

4.6 Alignment to the Sub County Development Plan 2020/2021-2025

Health: Object 1; Strategy 1.1-1.5

- * Basic health care services
- * Health care management services including payment of salaries to health workers
- * Maternity ward construction and rehabilitation

Production Objective 2 Strategy 2.1; 2.2 and 2.3

Enhance Agricultural Production and Productivity; Ensure effective delivery of Advisory Services, Improved Technology; Control Pests, Diseases, Vectors and Evasive Plants; Enhance Productivity of Land through Sustainable Land Use and Management of Soil and Water Resources; Increase supply for Water for Agricultural Production (Irrigation, Livestock and Fisheries); Promote Labor Saving Technologies and Mechanization; Improved Access to High Quality Inputs, Planting and Stocking Materials Intervention Description.

Accelerate the Development of Selected Strategic Commodities (E.g. Tea, Coffee, Dairy, Poultry, Cereals (Maize & Rice), Horticulture (Pineapple, Garlic, and Apple), Apiary, Cassava and Bananas; Implement the Hunger Project – Epicenter Strategy (Model Village); Increase the Number of Functioning and Sustainable Farmer Organization involved in collective Marketing; Promote a sound and vibrant commercial base in the Sub County and Nature the private sector to improve competitiveness in the Sub County.

Education Department: Objective 2 strategy

Primary school services (UPE); Primary teaching services including payment of salaries to teachers; Classroom construction; Latrine construction and rehabilitation; Teacher house construction and rehabilitation; Provision of furniture to primary schools and Education and sports management

Works and Technical services: Objective 2 strategy:

Sub county roads maintenance, rural road construction and rehabilitation, Bridge construction; Supervision of all water works in the Sub County including promotion of community based management of sanitation and hygiene; Shallow well construction and Construction of piped water system

Natural Resources Department: Objective 2 Strategy feeds into tree planting and a forestation, Wetland management and Environment training and sensitization

Community Development Department: Strategy 2.4

Probation and welfare support; social rehabilitation services; community development services; adult learning; gender mainstreaming; children and youth services; Support to youth councils; Support to the disabled; Culture mainstreaming and Support to women councils.

Finance Objective 3 strategy

Ensuring that all Sub County funds are well managed and reported on accordingly; ensuring that plans and budgets are prepared in the required formats and implementation is based on council approved budget estimates and Promotion and enhancement of revenue collection

Council Object 3 strategy

Promoting good governance by emphasizing participation by all in decision making including payment of pensions to senior citizens; Monitoring of government expenditure and ensuring that approved projects and activities are implemented as planned and Scrutinizing and approving all Sub county and plans, budgets.

Planning Unit: Strategy 3.1 to 3.6

- * Management of Sub County planning office including payment of salaries
- * Preparation of development plans for both long term and medium term expenditure
- * Conducting monitoring and evaluation of all government programs, projects and activities implemented in the Sub County
- * Collection of reliable data and maintenance of the Sub county data base
- * Collaboration and coordination of development partners
- * Promotion and advocating of population issue including providing relevant and reliable data

Audit section: Strategy 3.1-3.6

- * Ensuring value for money on all government projects implemented in the Sub County
- * Conducting of audit exercise for Sub County departments, Lower local government, schools, health units and all other government institutions in the Sub County in addition to advising the entities on how best to implement government programs.

4.7 Cross Cutting Themes

4.7.1 Gender Equality

Ending discrimination against women and girls and empowering them is central towards achieving SNAP objectives. SNAP development process mapped out immediate and underlying gender based issues that affect nutrition status of all population groups with specific focus on women and girls. This is because women and girls are more vulnerable to malnutrition and are primary caregivers of infants and young children. The information was used to identify strategies to address gender-based gaps. Nutrition specific services under SNAP such as MIYCAN interventions put women and girls at the forefront while acknowledging men's and boy's role in ensuring optimal nutrition at the household level. Moreover, inclusion of nutrition sensitive actions in SNAP such as; empowering women and girls on gender equality and their rights, GBV prevention and management, scaling up women's role in development and supporting farmers to access gender sensitive labor saving technologies, are important in ensuring that gender transformative actions contribute to good nutrition. Lastly gender specific activities and outputs have been included in the M&E framework and will be tracked during SNAP implementation. Nutrition data will be disaggregated to allow for continuous analysis of and action to address gender disparities.

4.7.2 Climate Change

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

4.7.3 HIV/AIDS

The prevalence of HIV among adults aged 15-64 years according to the Uganda Population-Based HIV Impact Assessment (UPHIA) (2017) is 6.2%. This corresponds to approximately 1.2 million people aged 15-64 years living with HIV in Uganda. The prevalence is higher among females (7.6%) as compared to males (4.7%). The prevalence of HIV among children aged 0-14 years is 0.5% which corresponds to approximately 95,000 children living with HIV in Uganda. HIV has been identified as one of the leading causes of morbidity and mortality in Uganda. Since disease burden is an immediate cause of malnutrition, SNAP has prioritized integration of nutrition services in the prevention and treatment of HIV/AIDS. Nutrition messages and services especially MIYCAN and IMAM services will be included in HIV/AIDS awareness creation, psychosocial support, counselling, care and treatment services.

CHAPTER V: SNAP IMPLEMENTATION AND COORDINATION

5.1 SNAP Implementation and Coordination

5.1.1 Sub county Level Coordination

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

5.1.2 Sub County Nutrition Coordination Committee (SNCC)

The Sub County has a Nutrition Coordination Committee (NCC). Members are drawn from the relevant departments: Namely. Administration, finance, planning, health services, production, works and technical, natural resources; education services, community based services; commercial services department. It will also include NDPG, CSO, and private sector representatives. Senior Assistant Secretary (SAS) is the Chairperson of the SNCC. A Nutrition Focal Person is appointed by the SAS and works as a secretary to SNCC. The SNCC meets on a quarterly basis and reports to the Sub County Technical Planning Committee and subsequently to the Sub County Council.

5.1.3 Town Council Nutrition Coordination Committee (TNCC)

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

5.1.4 Sub County Nutrition Coordination Committee (SNCC)

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

5.1.5 Ward/ Parish Nutrition Coordination Committees.

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

5.2 Roles and Responsibilities of the Stakeholders.

5.2.1 Sub county Council

The Sub county Council will; Review and approve the Sub county Nutrition Action Plans (SNAP), budget and monitor the implementation of nutrition interventions; Facilitate identification of nutrition problems, challenges and solutions in the Sub county; Support the integration of nutrition activities into the Development Plans; Mobilize resources for implementation of nutrition activities; Support sub-county, parish, ward, village levels to integrate nutrition into their development plans, implement and monitor nutrition activities at their respective levels; Promote the implementation, monitoring and evaluation of nutrition interventions in the council in the context of the SNAP.

5.2.2 Sub county Technical Planning Committees

The Sub County Technical Planning Committee is expected to; Provide technical assistance to NCCs on nutrition interventions and relevant indicators within the development plans, annual work plans, and budgets; Develop annual work plans, budgets, and actions plans that support alignment of nutrition interventions across departments; Receive reports from the NCC and departments that implement nutrition interventions and; Provide supervisory oversight to all departments.

5.2.3 Sectoral Committees

The Sectoral Committees of the Sub County shall; Scrutinize departmental work plans and budgets to ensure nutrition interventions are planned and budgeted for, receive reports from departments on nutrition-related issues and ensure alignment/integration with development plans, SNAP, annual work plans, and budgets. Monitor the implementation of nutrition interventions across departments.

5.2.4. Sub county Executive Committee (DEC)

The Sub county executive committee shall; review budgets, work plans and report on progress of implementation of multi-sectoral nutrition interventions, provide policy direction for implementation of nutrition activities across departments and monitor the implementation of nutrition interventions across departments as part of the general political monitoring activities.

5.2.5 Development Partners, CSOs, NGOs, Private Sector and Non-State Actors in the Sub County

The development partners shall continue to play a critical role in implementation of this policy since they provide the much-needed technical and financial support. The Sub county shall however gradually increase its role in financing the implementation of the SNAP specifically alignment of resources within the Sub county budget to intentionally focus on the target groups of this SNAP at household level. The local government shall work with local and national CSOs and NGOs engaged in nutrition at all levels. Lessons from experiences working with other non-state actors including religious leaders, academia, and political leaders shall be critical in informing public sector responses to malnutrition in general.

5.2.6 Community Structures and Households

This SNAP focuses broadly on reaching communities and households. This is where the impact needs to be felt – at the grassroots. Significant resources including time and technical effort will be devoted to working with community-based and faith-based organizations, including cultural leaders, to promote nutrition at household level. Awareness creation will be a key focus of this policy in order to reach the grassroots with messages on what nutrient mix is required for expectant mothers, infants below 1,000 days, children under-5, youth, women of reproductive age; male and female adults, patients from a host of diseases, PWDs as well as older persons. The SNAP focus is on mind-set change at the household level on the type of foods that generate nutrients, which women can prepare for their households while involving men in the advocacy and behavior change campaigns.

5.2.7 Roles of Religious, Political, Traditional and Cultural Leaders

Political, traditional and cultural leaders command considerable audience and influence over peoples' attitudes and practices. The Sub County will work in close collaboration with traditional and cultural leaders, as well as politicians to advance and promote proper nutrition practices within various levels of governance. Key messages will be used to train and sensitize political and cultural leaders, so they effectively communicate the tenets of this policy while interacting with the public through the media and especially over local and national FM radios stations. The Sub County will also work with religious organizations, churches, mosques, and synagogues to ensure they are aware of this SNAP and can communicate messages that support its implementation at Sub County, Parish, Community and Household.

CHAPTER VI: SNAP FINANCING FRAMEWORK AND STRATEGY

6.1 Resource mobilization

The SNAP theory of change recognizes the need for adequate financial resources as a key prerequisite for successful implementation of priority actions and achievement of SNAP goal. The SNAP strategies and priority actions are spread across all the Sub county departments. This implies that all the departments together with stakeholders supporting the Sub County have a role in financing the SNAP. Harugongo Sub County Local Government, with support from Development Partners, CSOs, Private Sector, Academia and Research Institutions and other partners supporting nutrition programming in the Sub County will finance the SNAP 2020-2025. Effective coordination, clarity of accountabilities and capacity to complement and leverage resources is vital in ensuring that the SNAP is adequately financed. The SNAP strategic direction, implementation matrix (Annex 1) and the Program Based Monitoring (PBM) matrix that define each department priority actions, outputs and performance indicators help considerably in the process of estimating financial requirements to implement this SNAP.

6.2 Estimated financial requirements for implementing SNAP

All line departments together with stakeholders supporting departments have a role in financing Harugongo SNAP. Effective coordination, clarity of accountabilities and capacity to complement and leverage resources is vital in ensuring that SNAP is adequately financed. It is important to that that the estimated figures in the approved SNAP are only indicative of the resource requirements to implement SNAP. Accurate projections require comprehensive nutrition expenditure review and activity-based budgeting and costing. Development of nutrition resource mobilization and financial tracking plan has been identified as a priority activity in the UNAP II implementation roadmap. In order to come up with a realistic total cost, available and funding gap for the SNAP. The fall into four categories from a costing lens:

1. Nutrition specific actions that have already been costed by departments
2. Existing/ongoing costed nutrition sensitive actions into which nutrition will be integrated e.g. integration of essential nutrition actions in the prevention and management of infectious disease under the health department and integrating nutrition in extension under agriculture
3. New nutrition specific and nutrition sensitive priority actions that have not been costed
4. New nutrition specific and nutrition sensitive actions that have not been costed

Categorization of strategies and priority actions (as indicated above) help in ensuring targeted review of existing information sources and deriving of cost estimates at strategy level. It is important to note that the estimated figures are only indicative of the resource requirements to implement the SNAP. Accurate projections require a detailed nutrition expenditure review and activity-based budgeting and costing which has been included as part of the key actions once a nutrition expenditure review is undertaken, a detailed budgeting, costing and consequent development of nutrition resource mobilization and financial tracking plan for this SNAP will be a priority activity in the SNAP implementation roadmap. The following realities and assumptions guide the cost estimation process

- * National activities that will provide more information on costs and expenditures at Local Government level e.g. nutrition expenditure review exercise
- * Costing exercise will further breakdown and clarify the actual cost of SNAP priority actions that are already provided for in Sub County department budgets and implementing partner budgets
- * Ongoing nutrition programs and initiatives whose funding portfolio is already committed:

- * GAFSP UMSFSN Project (2015-2020)
- * Strategies and priority actions that have already been costed by departments are extracted from department documents.
- * Activity costs for new actions will be referenced to existing activity and output costs.

The following data sources are used to come up with SNAP cost estimates: Sub county Budget Framework Papers (BFP) 2018-2023; Sub county Development Plans (2020/21 – 2024/2025); Development Partners work plans 2020-2025. To maximize on leveraging and avoid duplication, costs for implementing ongoing indirect actions i.e. those that present a platform for integrating nutrition specific actions e.g. infectious disease prevention and management, should not be included in the overall cost estimates.

Table 3 below summarizes estimated cost of implementing the SNAP strategies across the three objectives.

Objective	Strategy	Estimated Budget (Millions UGX)	Lead Department	Potential Partnerships
1	1.1 Improve maternal, infant, young child and adolescent nutrition practices	5,500,000	Health	Production Commercial Services, DPS, CSOs
	1.2 Promote micronutrient intake among children, adolescents and women of reproductive age		Health	Production, Commercial Services, DPS, CSOS
	1.3 Increase coverage of management for acute malnutrition in stable and in emergency situations	7,000,000	Health	DPS, CSOs, PS
	1.4 Integrate essential nutrition actions in infectious disease prevention and management	8,000,000 15,000,000	Health	Works& tech Services, DPS, CSOS, PS
	1.5 Integrate essential nutrition actions in non-communicable disease prevention and management		Health	Production, MoTIC, DPS, CSOs, PS
Sub-total for objective 1		35,500,000		
2	2.1 Promote production of diverse, safe, nutrient dense crop and animal products at household level	10,000,000	Production	Works& tech Services, DPS, CSOS, PS
	2.2 Increase access to diverse, safe and nutrient dense crop and animal products	5,500,000	Production	Commercial Services, DPS, CSOS, PS
	2.3 Improve utilization of diverse, safe and nutrient dense crop, fish and animal products	10,500,000	Production	Health DPs, CSOs, PS

Objective	Strategy	Estimated Budget (Millions UGX)	Lead Department	Potential Partnerships
	2.4 Promote integration of nutrition services in social protection programs	5,000,000	Community Based services	Health, DPS, CSOS
	2.5: Promote access to IECD services and quality education and sports for improved nutrition.	4,000,000	Education,	Health, Production, DPS, CSOS
	2.6 Increase access to Water Sanitation and Hygiene services	15,000,000	Works& tech Services	Health DPS, CSOS, PS
	2.7 Increase trade, industry and investments in scaling up nutrition	7,000,000	Commercial Services,	Production, Health, DPs, CSOs, PS
Sub-total for objective 2		57,000,000		
3	Strategy 3.1: Strengthen coordination and partnerships at all levels	5,000,000	CAO`s Office; Planning	All line departments DPs, CSOs, PS
	Strategy 3.2: Strengthen coherent policy, legal and institutional frameworks for nutrition	6,000,000	CAO`s Office; Planning	All line departments DPs, CSOs, PS
	Strategy 3.3: Improve planning, resource mobilization, financing and tracking of nutrition investments.	8,000,000	CAO`s Office; Planning and Finance	All line departments DPs, CSOs, PS
	Strategy 3.4: Strengthen institutional and technical capacity for scaling up nutrition actions	12,000,000	CAO`s Office; Human Resource Unit	All line departments DPs, CSOs, PS
	Strategy 3.5: Strengthen nutrition advocacy, communication and social mobilization for nutrition.	7,000,000	CAO`s Office; Community based services	All line departments DPs, CSOs, PS
	Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management	8,000,000	CAO`s Office; Planning	All line departments DPs, CSOs, PS
Sub-total for objective 3		46,000,000		
GRAND TOTAL		138,000,000		

6.3 Available financial resources and the funding gap

The SNAP implementation is estimated to cost approximately UGX: 138,000,000 only across the 5-year implementation period. The projected available resources from 2020-2025 is UGX: 40,000,000 across which translates to 29%. This implies that UGX: 98,000,000, that is 71% will be raised to cover the funding gap. The expenditure review and costing exercise will determine the actuals.

6.4 Resources Mobilization

Development of financial tracking and resource mobilization plan has been included as a key activity in the SNAP implementation roadmap. The estimated available resources and the funding gap in section 5.3 together with nutrition expenditure review and SNAP costing and budgeting, will provide crucial.

CHAPTER VII: SNAP MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

7.1 Overview of MEAL Framework

The MEAL framework ensures systematic tracking of progress and achievement of results; aligning resources and actions; enhancing evidence-based policy dialogue and retaining institutional memory.

SNAP as the CRF for nutrition identified results expected upon full implementation of the action plan, together with indicators that will measure the progress of achievement of the strategies and priority actions outlined. It also covers: quarterly and annual monitoring and reporting, learning and risks and mitigation measures.

7.2 Common Results, Resources and Accountability Framework (CRRAF)

The MEAL framework for SNAP is aligned with the WHA targets, SUN MEAL Framework, National standards indicator framework (NSI), NDP III, Sector Development Plans, Program Based Budgeting and Monitoring, the Government of Uganda annual performance review systems among other frameworks. The SNAP as the Common Results Framework for nutrition in the Sub County has identified results expected upon full implementation of the action plan, together with indicators that will measure the progress of achievement of the strategies and priority actions outlined.

This SNAP is the CRF for nutrition and identifies results expected upon its full implementation and provide indicators that will measure the progress of achievement of the strategies and priority actions outlined. It also covers: quarterly and annual monitoring and reporting, learning and risks and mitigation measures. The MEAL framework: comprise of; Nutrition output, outcome and impact indicators; Baseline in 2019/2020; Annual indicators; Data sources; Frequency of data collection and Responsibility centers. This SNAP has identified 15 nutrition impact targets that constitute the CRAF their achievement will contribute significantly to the desired change. The MEAL framework provides an excellent starting point for development of multi-sectoral nutrition information system for nutrition evidence generation, knowledge management and effective decision making.

Table 4: SNAP outcome indicators baseline and targets 2025

	Impact outcomes	Indicators	Baseline 2019/2020	Target
1.	40% reduction in the number of children under-5 who are stunted by 2025	Prevalence of stunting in children under five years of age		29.2
3.	30% reduction in low birth weight	Prevalence of infants born with low birth weight (<2500 g)		8.9
		Prevalence of overweight in children under five years of age		1.2
3.	Reduce and maintain childhood wasting to less than 3%;	Prevalence of wasting in children under five years		3
4.	50% reduction of anaemia in women of reproductive age by 2025	Prevalence of anaemia in women of reproductive age		16

	Impact outcomes	Indicators	Baseline 2019/2020	Target
5.	Reduce anaemia levels in children 0-5years to less than 40 based on trends	Prevalence of anaemia in children 0-5 years		62
6.	No increase in the prevalence of obesity	Proportion of women aged 15–49 years with low body mass index (BMI)		5
		Proportion of overweight adult women aged 18+ years		17
		Proportion of overweight adult men aged 18+ years		7.7
		Proportion of obesity in adult women aged 18+ years		5.2
		Proportion of obesity in adult men aged 18+ years		0.2
		Proportion of overweight in adolescents		6
		Proportion of obesity in adolescents		4.3
7.	No increase in the prevalence of diabetes	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years		3

7.3 SNAP MEAL Arrangements

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

Closer monitoring of implementation of the SNAP will be done through regular progress reviews (quarterly and annually) of annual work plans developed to implement SNAP, SNCC Functionality Assessments, Food and Nutrition Security Assessments, department administrative assessments, thematic research and studies will assist in providing additional information.

7.4. Quarterly and Annual Monitoring and Reporting

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

The annual and bi-annual reports will be used to report progress in achieving on key SNAP milestones/ Intermediate Outcomes (IOs). Annual progress reports will provide narrative for each SNAP objective and strategy. The report will cover milestone achievement, variance and correctional measures, risks, sustainability, lessons learned, best practices, budgetary commitments and spending and plans for the next reporting cycle.

7.5 Learning

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

7.6 Risks and Mitigation Measures

The SNAP will strive to identify and manage risks that may affect smooth implementation and achievement of results. The aim is to maximize on opportunities and reduce threats to the achievement of SNAP objectives. This involves identifying and analyzing risks through systematic use of available information with the aim determining the likelihood of specified events occurring. It also involves determining the magnitude and consequences of risks and prioritizing risks from the most critical to least critical. Risk mitigation involves the process of coming up with strategies to reduce the likelihood that a risk event will occur and/or reduce the effect of a risk event if it does occur. Various risks are anticipated during the course of SNAP implementation. It is therefore important to prioritize risks based on the likelihood of occurrence and impact using the risk prioritization matrix below:

Table 5: SNAP risk prioritization matrix

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

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

No.	Risk	Risk level	Risk Mitigation
1	Emphasis on delivering general departments mandates may compromise programming for delivery of nutrition sensitive outcomes	Moderate	Align and use nutrition-sensitive indicators at all levels to ensure that program activity implementation is nutrition-sensitive.
2	Low institutional capacity (functional and technical) to lead and manage the multi-sectoral action plan	Moderate	Enhance the capacities of departments and LLGs to effectively lead, coordinate and manage implementation of the SNAP. Conduct a stakeholder and action mapping, capacity assessment Develop a capacity development plan with M&E aligned to existing frameworks

No.	Risk	Risk level	Risk Mitigation
3	Inadequate and low skilled human capacity especially at community level to deliver multi-sectoral nutrition services e.g. VHTs, PDCs, FAL, HUMAC, SMCs farmer groups, water user committees, women council committees, all community-based groups, VSLA	Moderate	Human resource development in multi-sectoral nutrition services delivery and allocate adequate number of skilled staffs to implement the plan at all levels especially at Sub county and parish level through the existing structures under the Local Governments Map out all community structures
4	Inadequate funding and limited resource mobilization for the gaps in the action plan.	Medium	Prioritize intervention activities and develop a funding mobilization strategy. Conduct a funding gap analysis which is nutrition specific, sensitive and with nutrition governance. Prepare a resource mobilize plan to the identified stakeholders.
5	Low commitment and collaboration by some key stakeholders (movers, floaters, Blockers)	Medium	Create and strengthen Multi-Sectoral Nutrition Platforms at Sub county, Sub county, parish and village levels to ensure that sectoral and development partner policy, strategies and plans on nutrition are in alignment with the SNAP. For example; -Network of CSOs -Network of business community trade and services in the food sector -Network of private school owners -Network implementing partners Establish the Sub county and Sub county nutrition forum chaired by the Sub county chairperson. Conduct stakeholder mapping and identify the possible movers, floater and blockers Reach to blockers and floater through inn

No.	Risk	Risk level	Risk Mitigation
6	Fading of political will and Commitment.	Medium	<p>Organize regular nutrition advocacy meetings with Sub county and Sub county councils including members of the security committee among others.</p> <p>Hold meeting for implementing partners.</p> <p>Continue keeping nutrition high on the Sub County development agenda through holding regular Nutrition Forum at the Sub County, Sub County, and parish and village levels.</p> <p>Monitor and track inclusion of nutrition objectives in the political agenda of local politicians.</p>
7	Occurrence of natural and man-made Disasters (e.g. Floods, drought, deforestation, Earthquake)	Medium	<p>Need to monitor all possible disasters closely and respond appropriately.</p> <p>Prioritize areas historically known to suffer from emergencies and prepare emergency/disaster response plans</p> <p>Assess and act on the early detected signs</p> <p>Update the disaster preparedness plans at LLG levels.</p>
8	Climate change and environment deterioration	High	Foster the adoption of sustainable farming practices (climate smart agriculture) that also contribute to the resilience of agro-ecosystems, efficient water and energy management techniques.
9	COVID – 19 : The Corona Virus pandemic has brought to the fore the need to ensure adequate food security and nutrition	High	In order to improve Nutrition, HARUGONGO SUB COUNTY will aggressively implement programs to ensure adequate sensitization and awareness of all Ugandans on the benefits out of good nutrition for their health and wellbeing.

ANNEXES

The following annex will be appended to the SNAP

ANNEX 1: Subcounty Program Based Nutrition Implementation Matrix (Aligned To Pbb) 2020-2025

ANNEX II: Sub County Monitoring, Evaluation, Accountability and Learning Matrix for the FY 2020/2025.

ANNEX III: SNAP Monitoring, Evaluation, Accountability and Learning (Meal) Framework

ANNEX 1: Sub County Nutrition Action Plan Implementation Matrix 2020-2025

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

Priority Action	Output	Output Indicator	20/21	21/22	22/23	23/24	24/25	Total 5 YR (UGX)
Objective 1: To increase access to and utilization of nutrition specific services by children under 5 years, school age children, adolescent girls, pregnant and lactating women and other vulnerable groups								
Intermediate outcome 1.1 Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices								
Strategy 1.1: Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices in emergencies and stable situation								
Implement the Baby Friendly Initiatives at HCIII	In-creased number of Women of reproductive age counselled on MIYCAN practices	Proportion of women of reproductive age counselled on MIYCAN practices	1,100,000	1,100,000	1,100,000	1,100,000	1,100,000	5,500,000
Promote optimal breast-feeding and optimal complementary feeding practices								

Priority Action	Output	Output Indicator	20/21	21/22	22/23	23/24	24/25	Total 5 YR (UGX)
Promote healthy eating and lifestyle practices among adolescent girls, women of reproductive age and pregnant and lactating mothers	Increased number of Women of reproductive age participating in community-based nutrition activities	Percentage of women participating in community-based nutrition activities						
	Increased number of community members participating in cooking demonstrations carried out at community level	Proportion of households participating in cooking demonstrations carried out at community level						
	Increased number of households receiving improved nutrition services	Proportion of households receiving improved nutrition services (disaggregated by gender and age)						
Integrate growth promotion and monitoring services at health facility and community level.	Increased number of Under-2 children reached with Growth Monitoring services	Proportion of under-2 children reached with Growth Monitoring services						
Intermediate outcome 1.3: Reduction of acute malnutrition in stable and emergency situations								
Strategy 1.3: Increase coverage of integrated management of acute malnutrition in stable and emergency situations								

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Integrate routine screening, and timely management of acute malnutrition into routine health and community services	In-creased number of children 6-59 months accessing nutrition assessment services at HCIII, HCIIIs and Community levels	Proportion of number of children 6-59 months accessing nutrition assessment	1,400,000	1,400,000	1,400,000	1,400,000	1,400,000	7,000,000
	Children 6-59 months suffering from Severe acute malnutrition without complications treated under Out-patient Care (OTC)	Proportion of Children 6-59 months suffering from Severe acute malnutrition without complications treated under OTC						
Intermediate Outcome 1.4: Reduction of infectious diseases related to nutrition among children under 5 years.								
Strategy 1.4: Integrate nutrition services in prevention, control and management of infectious diseases								

Priority Action	Output	Output Indicator	20/21	21/22	22/23	23/24	24/25	Total 5 YR (UGX)
Promote Use Oral Rehydration Solution (ORS) and Zinc in diarrhea treatment among children	Increased number of children under 5 years old with diarrhea receiving ORS and Zinc	Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc						
Promote de-worming medications targeting children above 1-14 years receiving at two doses per year	Increased number of children 1 to 4 years receiving two doses of de-worming medication per year	Proportion of children 1 to 4 years receiving (two doses per year)						
	Increased number of children 5 to 14 receiving two doses of deworming medication per year	Proportion of children 5 to 14 years receiving two doses of deworming medication per year						
Integrate nutrition in actions that prevent and improve management of infectious diseases (diarrhea, fevers, malaria, HIV/AIDS, TB and ARIs) children under 5 years, pregnant women and lactating mothers	Increased number of children under 5 years using insecticide treated nets	Proportion of children aged 0-5 years using insecticide treated nets	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	8,000,000
	Increased number of pregnant women using insecticide treated nets	Proportion of pregnant women using insecticide treated nets						

Priority Action	Output	Output Indicator	20/21	21/22	22/23	23/24	24/25	Total 5 YR (UGX)
	Increased number of 1-year-old children who receive the appropriate doses of the recommended vaccines in the national schedule	Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule						
	Increased number of Children 0-5 years suffering from childhood diarrhea who are treated	Proportion of children 0-5 years suffering from childhood diarrhea who are treated						
	Increased number of children under 5 years of age suffering from malaria who are treated	Proportion of children under 5 years of age suffering from malaria who are treated						
	Increased number of children under 5 years of age suffering from Acute respiratory infections treated	Proportion of children under 5 years of age suffering from Acute respiratory infections treated						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
	Increased number of children under 5 years of age suffering from Fevers in children under 5 years of age treated	Proportion of children under 5 years of age suffering from Fevers in children under 5 years of age treated						
	Increased number of Persons Living with HIV/AIDs who access nutrition services	Proportion of known Persons Living with HIV/ AIDs who access nutrition services						
	Increased number of TB patients accessing nutrition services	Proportion of known TB patients accessing nutrition services						
Promote improved water, sanitation and hygiene practices	Increased number of households practicing optimal WASH practices	Proportion of households practicing improved water, sanitation and hygiene						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Intermediate Outcome 1.5: Reduction of Diet Related Non Communicable Diseases (DRNCDs).								
Strategy 1.5: Integrate nutrition services in prevention, control and management of non-communicable diseases								
Sensitize communities on healthy eating	Increased number of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle	Proportion of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
Sensitize communities on healthy lifestyle								
Objective 2: To increase access and utilization of nutrition sensitive services by children under 5 years, school age children adolescent girls, pregnant and lactating women and other vulnerable groups								
Intermediate Outcome 2.1: Increased production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source food								
Strategy 2.1: Intensify production of diverse, safe and nutrient dense plant, fisheries and animal source food at household level								
Support access to improved technologies; including climate smart ones to increase production of diverse, safe, nutrient dense food	Increased number of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense food	Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
Support farmers to access critical farms inputs for improved production of diverse, safe, nutrient dense food	Increased number of farmers provided with inputs and/or information for improved production of diverse, safe, nutrient dense food	Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Support production of nutrient dense indigenous and underutilized crop, fisheries and animal source food	Increased production of nutrient dense indigenous and underutilized plant fisheries and animal resources supported	Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	1,100,000	1,100,000	1,100,000	1,100,000	1,100,000	5,500,000
Create awareness and support farmers to access and use gender sensitive labor and energy saving technologies	Increased number of farmers who are awareness of gender sensitive labor and energy saving technologies	Proportion of farmers whose awareness and support farmers to access gender sensitive labor and energy saving technologies is provided						
Promote production of bio fortified foods	Increased production of bio fortified foods	Proportion of farming households producing bio-fortified foods						
Promote production of industrial fortified foods	Increased production of industrial fortified foods	Proportion of business actors involved in industrial fortified foods production	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	10,500,000

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Strategy 2.2: Increase access to diverse, safe and nutrient dense plant, fisheries and animal source food								
Support agro-processing and marketing of diverse, safe, nutrient dense plant, animal fisheries and animal source foods	Increased number of actors participating in agro-processing and marketing of diverse, safe, nutrient dense plant, animal and fish products	Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products						
Build capacity farmers on postharvest handling technologies and value addition	Increased number of farmers who have skills in postharvest handling technologies and value addition	Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built						
Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food	Increased number of actors engaging in value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food	Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Support organization of farmers (especially women) to form groups or cooperatives to market nutrient dense plant, fisheries and animal source food	Increased number farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food	Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food						
Support agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods	Increased number of farmers adopting agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods	Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods						
Strategy 2.3: Improve utilization of diverse, safe and nutrient dense plant, fisheries and animal source food								
Support technologies and awareness campaigns aimed at ensuring food safety along the value chain	Increased Number of households reached with awareness campaigns aimed at ensuring food safety along the value chain	Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods	Increased number of households who are aware on the benefits of consuming bio and industrial fortified foods	Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods						
Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	Increased number of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources						
Intermediate outcome 2.2: Increased access to nutrition sensitive social protection programs								
Strategy 2.4: Promote integration of nutrition services in social protection and Sexual and Gender Based Violence (SGBV) programs								
Mainstream nutrition interventions into social protection programs and humanitarian assistance safety net programs	Increased number of women of reproductive age covered by UWEP, Increased number of women in the youth age bracket benefiting from the YLP	Proportion of women of reproductive age covered by UWEP, Proportion of women in the youth age bracket benefiting from the YLP	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Intermediate outcome 2.3: Increased access to efficient and quality education and sports for improved nutrition								
Strategy 2.5: Promote access to Integrated Early Childhood Development (IECD) services, and quality education and sports for improved nutrition								

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Implement the school feeding and Nutrition Guidelines of 2013	Increased number of school stakeholders sensitized on School feeding and Nutrition	Proportion of school stakeholders sensitized on School feeding and Nutrition						
	Increased number of parents contributing to feeding and nutrition of their children in school	Proportion of parents contributing to feeding and nutrition of their children in school						
		Proportion of learners benefiting from the school feeding and nutrition program						
Promote physical and mental activity by exercising regularly at school	Increased number of school children participating in Physical Education lessons for their wellbeing	Proportion of school children participating in Physical Education lessons for their wellbeing						
Establish and maintain vegetable gardens for both educational purposes and as a source of vital nutrients in school diet	Increased number of schools vegetable gardens for both educational purposes and as a source of vital nutrients in school diet	Proportion of schools with Vegetable gardens established for both educational purposes and as a source of vital nutrients in school diets						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Promote integrated nutrition and early childhood development (ECD) services	Increased number of children 36-59 months accessing ECD services	Proportion of children 36-59 months accessing ECD services	800,000	800,000	800,000	800,000	800,000	4,000,000
Intermediate outcome 2.4: Increased access to nutrition sensitive Water Sanitation and Hygiene (WASH) services								
Strategy 2.6: Promote access to nutrition sensitive WASH services								
Provide water for production of nutrient dense and safe food.	Increased number of households accessing adequate water for production of nutrient dense and safe food	Proportion of households provided with water for production						
Provide safe water sources in communities, institutions and public places	Increased number of households with access to safe water sources	Proportion of rural and trading center households with access to safe water sources	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
Provide sanitation and hygiene services to households in the community	Increased number of households with access to sanitation and hygiene services	Proportion of people accessing safely managed sanitation services						
Mobilize households on sustainable use of WASH services	Increased number of households mobilized on sustainable use of WASH services	Proportion of households mobilized on sustainable use of WASH services						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Provide messages on handwashing, hygiene practices, safe food preparation and storage with MIYCAN sensitization.	Increased number of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN	Proportion of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN						
Intermediate outcome 2.5: Increased trade, industry and investments in scaling up nutrition								
Strategy 2. 7: Increase trade, industry and investments in scaling up nutrition								
Conduct a stakeholder mapping to know who is doing what in the food business	Improved engagement with the food business actors to scale up nutrition	Mapping report for food business actors	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
Assess the impact of the COVID-19 pandemic on food businesses (Trade, transport, processing and consumer)	Improved understanding of the effect of Covid -19 on the food business	Report indicating potential, challenges, constraints and challenges to food business						
Sensitize the food business operators on the continuity of MOH food safety and nutrition regulations during and post COVID-19 period	Increased awareness on recommendations on donations, marketing and promotion of food items	Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items	1,400,000	1,400,000	1,400,000	1,400,000	1,400,000	7,000,000

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
	Increased awareness on food safety control recommendations among food producers/processors	Proportion of food business actors sensitized on food safety control recommendations among food producers/processors						
	Increased engagement with food business operators to provide advice to them	Proportion of food business actors given advice						
Organize food business operators into a network to promote food business for improved nutrition	Increased number of food stuff sellers involved in the selling of fruits and vegetables	Proportion of food stuff sellers involved in the selling of fruits and vegetables						
	Increased number of food venders supplying fortified foods on the market	Proportion of food venders supplying fortified foods on the market						
	Increased number of food store operators selling Fortified foods (wheat flour, maize flour, edible oil)	Proportion food store operators selling Fortified foods (wheat flour, maize flour, edible oil)						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
	Increased number of food traders and processors forming cooperatives for trade in quality nutritious foods	Proportion of traders and processors forming cooperatives for trade in quality nutritious foods						
Objective 3: To strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive service								
Intermediate Outcome 3.1: Strengthened nutrition coordination and partnerships at all level								
Strategy 3.1: Strengthen nutrition coordination and partnerships at district and LLG levels								
Establish and support functionality of the Sub county Nutrition Coordination Committees (SNCC)	SNCC established	List of membership(15)	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	8,000,000
Regularly Assess the functionality of Nutrition Coordination Committees at all levels	Increased SNCC functionality	Percentage overall SNCC functionality score						
Intermediate Outcome 3.2: Improved planning, resource mobilization, financing and tracking of nutrition investment								
Strategy 3.2: Improve planning, resource mobilization, financing and tracking of nutrition investments								
Develop the Sub county/ Town Council Nutrition Action Plans	Improved planning for Nutrition	Implementation status of the Sub county/ Town Council Nutrition Action Plans	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	8,000,000
Develop the Sub county /Town Council annual Nutrition Work plan		Implementation status of the Sub county /Town Council annual Nutrition Work plan						
Conduct an Annual Nutrition Expenditure Review	Improved financing for nutrition	Annual Nutrition Expenditure Review report						

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
		Percentage budget spending for nutrition interventions						
Develop a resource mobilization plan for nutrition		Implementation status of the resource mobilization plan for nutrition						
Intermediate Outcome 3.3: Improved institutional and technical capacity for scaling up nutrition actions								
Strategy 3.3: Strengthen institutional and technical capacity for scaling up nutrition actions								
Conduct a Nutrition Capacity Assessment	Improved capacity development for nutrition	Nutrition Capacity Assessment report	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	12,000,000
Provide actions to the capacity gaps identified	Capacity gaps addressed	Implementation status of the Capacity gaps						
	SNCCs/TNCCs members trained on nutrition governance	Proportion of SNCCs/TNCCs members trained on nutrition governance						
Intermediate Outcome 3.4: Strengthened nutrition advocacy, communication and social mobilization for nutrition								
Strategy 3.4: Strengthen nutrition advocacy, communication and social mobilization for nutrition								
Implement relevant Nutrition Advocacy and Communication strategy actions	Increased level of implementation of Nutrition Advocacy and Communication strategy actions	Status of implementation of the NACS actions	1,400,000	1,400,000	1,400,000	1,400,000	1,400,000	7,000,000

Priority Action	Output	Output Indicator	20/21	21/22	22/23	23/24	24/25	Total 5 YR (UGX)
Use existing delivery channels to promote Social Behavior Change communication for nutrition	Increased use of existing delivery channels to promote Social Behaviour Change communication for nutrition	Proportion of existing delivery channels used to promote Social Behaviour Change communication for nutrition						
Generate nutrition Advocacy briefs for use in advocacy	Nutrition Advocacy briefs generated	Number of Nutrition Advocacy briefs generated						
Identify nutrition champions	Increased number of influential persons identified as nutrition champions	Proportion of nutrition influential persons instituted as nutrition champions						
Conduct resource mobilization events using the resource gap mobilization plan	Reduced nutrition resource gap	Proportion of identified resource gaps filled						
Intermediate Outcome 3.5: Coherent policy, legal and institutional frameworks for nutrition.								
Strategy 3.5: Strengthen coherent policy, legislation and institutional frameworks for scaling up nutrition								
Popularize the legal, policy and planning provisions relevant to nutrition among sub county leaders and staffs	Improved awareness of legal, policy and planning provisions relevant to nutrition among sub county leaders and staffs	Proportion of sub county leaders and staffs aware of the legal, policy and planning provisions relevant to nutrition	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	6,000,000
Intermediate Outcome 3.6: Improved nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making								
Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.								

Priority Action	Output	Output Indicator						Total 5 YR (UGX)
			20/21	21/22	22/23	23/24	24/25	
Implement the Monitoring Evaluation Accountability and Learning framework for the nutrition action plan	Improved MEAL during for SNAP implementation	MEAL framework for SNAP implementation reports						
	Improved use of nutrition data	Excel sheet of nutrition indicators						
	Improved identification and action on implementation gaps	Department review meeting action matrix						
		Number of Joint Annual nutrition review conducted						
	Improved nutrition knowledge management	Number of knowledge products for nutrition developed						
	Coherent policy implementation	Number of policy dialogues for nutrition held						
	Improved Learning and knowledge dissemination for nutrition SNAP implementation	Number of Learning and knowledge dissemination for nutrition SNAP implementation organized						

ANNEX 2: SUB COUNTY NUTRITION ACTION PLAN PROGRAM BASED MONITORING (PBM) MATRIX 2020-2025

The Enabling Environment for Nutrition, Finance for nutrition, Interventions and food supply and policy implementation indicators constitute the annual program based monitoring matrix. The Program Based Monitoring (PBM) matrix defines department performance indicators to be monitored on an annual basis in order to clearly define the accountability expectations for each department.

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

SNAP Objectives

Objective 1: To increase access to and utilization of nutrition specific services by children under 5 years, school age children, adolescent girls, pregnant and lactating women and other vulnerable groups.

Objective 2: To increase access and utilization of nutrition sensitive services by children under 5 years, school age children adolescent girls, pregnant and lactating women and other vulnerable groups.

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

Performance Indicators	Baseline	Performance Targets				
	19/20	20/21	21/22	22/23	23/24	24/25
Department: Health Services						
Responsible Officer: Health Center III In-charge						
Strategies						
Strategy 1.1: Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices						
Strategy 1.2: Promote micronutrient intake among children, adolescent girls and women of reproductive age						
Strategy 1.3: Increase coverage of integrated management of acute malnutrition						
Strategy 1.4: Integrate nutrition services in prevention, control and management of infectious diseases.						
Strategy 1.5: Integrate nutrition services in prevention, control and management of non-communicable diseases						
Intermediate Outcomes						
1. Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices						
2. Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age.						
3. Reduction of acute malnutrition in stable and emergency situations.						
4. Reduction of infectious diseases related to nutrition among children under 5 years.						
5. Reduction of Diet Related Non Communicable Diseases (DRNCDs).						

Performance indicators	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of women of reproductive age counselled on MIYCAN practices	No data	50	60	70	80	80
Percentage of women participating in community-based nutrition activities	No data	50	60	70	80	80
Proportion of households participating in cooking demonstrations carried out at community level	No data	50	60	70	80	80
Proportion of households receiving improved nutrition services (disaggregated by gender and age)	No data	50	60	70	80	80
Proportion of under-2 children reached with Growth Monitoring services	No data	50	60	70	80	80
Proportion of children 6–59 months receiving Vitamin A supplementation	No data	80	85	90	100	100
Proportion of adolescent girls receiving Iron and Folic Acid supplementation	No data	80	85	90	100	100
Proportion of Pregnant women receiving Iron and Folic Acid supplementation	No data	80	85	90	100	100
Proportion of pregnant women accessing ANC services	No data	80	85	90	100	100
Proportion of number of children 6-59 months accessing nutrition assessment	No data	60	70	80	90	100
Proportion of Children 6-59 months suffering from Severe acute malnutrition without complications treated under OTC	No data	60	70	80	90	100
Proportion of children under 5 years old with diarrhea receiving oral rehydration salts (ORS) and Zinc	No data	44	58	72	86	100
Proportion of children 1 to 4 years receiving (two doses per year)	No data	68	76	84	92	100
Proportion of children 5 to 14 years receiving two doses of deworming medication per year	No data	68	76	84	92	100
Proportion of children aged 0–5years using insecticide treated nets	No data	65.6	69.2	72.8	76.4	80
Proportion of pregnant women using insecticide treated nets	No data	67.2	70.4	73.6	76.8	80
Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule	No data	58	61	64	67	70
Proportion of children 0-5 years suffering from childhood diarrhea who are treated	No data	80	80	80	100	100

Proportion of children under 5 years of age suffering from malaria who are treated	No data	80	80	80	100	100
Proportion of households practicing improved water, sanitation and hygiene	No data	80	80	80	100	100
Proportion of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle	No data	80	80	80	100	100
Nutrition Sensitive Performance	Baseline 19/20	Annual targets				
		20/21	21/22	22/23	23/24	24/25
Department: Production						
Responsible Officer: Agriculture Officer, Veterinary officer and Fisheries Officer						
Strategies						
Strategy 2.1: Intensify production of diverse, safe and nutrient dense plant, fisheries and animal source food at household level.						
Strategy 2.2: Increase access to diverse, safe and nutrient dense plant, fisheries and animal source food.						
Strategy 2.3: Improve utilization of diverse, safe and nutrient dense plant, fisheries and animal source food.						
Intermediate Outcome						
Increased production, access and consumption of diverse, safe and nutrient dense plant, fisheries and animal source food.						
Performance indicator	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	No data	44	46	48	50	52
Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production	No data	46	53	60	67	74
Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	No data	30	35	40	45	50
Proportion of farmers whose awareness and support farmers to access gender sensitive labor and energy saving technologies is provided	No data	36	40	43	46	49
Proportion of farming households producing bio-fortified foods	No data	40	43	46	49	52
Proportion of business actors involved in industrial fortified foods production	No data	40	43	46	49	52

Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products	No data	40	43	46	49	52
Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built	No data	60	65	70	80	90
Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	No data	60	65	70	80	90
Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food	No data	40	60	65	70	80
Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods	No data	60	65	70	80	90
Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain	No data	60	65	70	80	90
Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods	No data	60	65	70	80	90
Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	No data	60	65	70	80	90
<p>Department: Community Based Services</p> <p>Responsible Officer: Community development Officer</p> <p>Strategy: Promote integration of nutrition services in social protection and Sexual and Gender Based Violence (SGBV) programs.</p> <p>Intermediate Outcome</p> <p>Increased access to nutrition sensitive social protection programs.</p>						
Performance Indicators	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of women of reproductive age covered by UWEP,	No data	14	16	18	20	22
Proportion of women in the youth age bracket benefiting from the YLP	No data	14	16	18	20	22

Department: Education

Responsible Officer: Primary School Head Teacher, Primary School Head Teachers Association

Strategy: Promote access to Integrated Early Childhood Development (IECD) services, and quality education and sports for improved nutrition.

Intermediate outcome

Increased access to efficient and quality education and sports for improved nutrition.

Performance Indicators	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of school stakeholders sensitized on School feeding and Nutrition	No data	60	70	80	90	100
Proportion of parents contributing to feeding and nutrition of their children in school	No data	60	70	80	90	100
Proportion of school children participating in Physical Education lessons for their wellbeing	No data	60	70	80	90	100
Proportion of learners benefiting from the school feeding and nutrition program	No data	60	70	80	90	100
Proportion of schools with Vegetable gardens established for both educational purposes and as a source of vital nutrients in school diets	No data	60	70	80	90	100
Proportion of children 36-59 months accessing ECD services	No data	40	45	50	55	60

Department: Works and Technical services

Responsible Officer: Health Inspector/Assistant

Strategy: Promote access to nutrition sensitive WASH services.

Intermediate outcome

Increased access to nutrition sensitive Water Sanitation and Hygiene services.

Performance Indicators	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of households provided with water for production	No data	5	6	7	8	10
Proportion of rural and trading center households with access to safe water sources	No data	98	99	100	100	100
Proportion of people accessing safely managed sanitation services	No data	50	60	70	80	100
Proportion of households mobilized on sustainable use of WASH services	No data	50	60	70	80	100

Proportion of households sensitized on integrated hand washing, hygiene practices, safe food	No data	50	60	70	80	100
Department: Trade, Industry and Cooperatives						
Responsible Officer: Commercial Services						
Strategy; Increase trade, industry and investments in scaling up nutrition.						
Intermediate outcome: Increased trade, industry and investments in scaling up nutrition.						
Performance indicators	19/20	20/21	21/22	22/23	23/24	24/25
Mapping report for food business actors	1	1	1	1	1	1
Report indicating potential, challenges, constraints and challenges to food business	1	1	1	1	1	1
Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items	No data	5	15	20	25	30
Proportion of food business actors sensitized on food safety control recommendations among food producers/processors	No data	5	15	20	25	30
Proportion of food business actors given advice	No data	5	15	20	25	30
Proportion of food stuff sellers involved in the selling of fruits and vegetables	No data	5	15	20	25	30
Proportion of food venders supplying fortified foods on the market	No data	10	12	14	16	18
Proportion food store operators selling Fortified foods (wheat flour, maize flour, edible oil)	No data	100	100	100	100	100
Proportion of traders and processors forming cooperatives for trade in quality nutritious foods	No data	10	15	20	25	30
Enabling Environment performance Indicators	Baseline	Performance Targets				
	19/20	20/21	21/22	22/23	23/24	24/25

Departments: All SNAP Implementing departments

Responsible Officers: Heads of department

Strategies

Strategy 3.1: Strengthen nutrition coordination and partnerships at all levels.

Strategy 3.2: Improve planning, resource mobilization, financing and tracking of nutrition investments.

Strategy 3.3: Strengthen institutional and technical capacity for scaling up nutrition actions.

Strategy 3.4: Strengthen nutrition advocacy, communication and social mobilization for nutrition.

Strategy 3.5: Strengthen coherent policy, legal and institutional frameworks for nutrition.

Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

Intermediate outcomes

- * Strengthened nutrition coordination and partnerships at all levels
- * Improved planning, resource mobilization, financing and tracking of nutrition investments.
- * Strengthened institutional and technical capacity for scaling up nutrition actions.
- * Strengthened nutrition advocacy, communication and social mobilization for nutrition.
- * Coherent policy, legal and institutional frameworks for nutrition.
- * Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for effective decision making.

Performance Indicator	19/20	20/21	21/22	22/23	23/24	24/25
Full membership as per TORs	0	15	15	15	15	15
Percentage overall SNCC functionality score	No data	25	50	75	100	100
Implementation status of the Sub county/ Town Council Nutrition Action Plans	No data	20	40	60	80	100
Implementation status of the Sub county /Town Council annual Nutrition Work plan	No data	50	60	70	80	100
Annual Nutrition Expenditure Review report	No data	1	1	1	1	1
Percentage budget spending for nutrition interventions	No data	5	7	9	10	12
Implementation status of the resource mobilization plan for nutrition	No data	20	40	60	80	100
Nutrition Capacity Assessment report	No data	1	1	1	1	1
Implementation status report of the Capacity gaps	No data	1	1	1	1	1
Proportion of SNCCs/TNCCs members trained on nutrition governance	No data	20	25	30	35	40

Status of implementation of the NACS actions for SNAP	No data	60	90	100	100	100
Proportion of existing delivery channels used to promote Social Behaviour Change communication for nutrition	No data	60	90	100	100	100
Number of Nutrition Advocacy briefs generated	No data	2	4	4	4	4
Proportion of nutrition influential persons instituted as nutrition champions	No data	50	100	100	100	100
Proportion of identified resource gaps filled	No data	50	100	100	100	100
Proportion of sub county leaders and staffs aware of the legal, policy and planning provisions relevant to nutrition	No data	50	100	100	100	100
MEAL framework for SNAP implementation reports	No data	1	1	1	1	1
Excel sheet of nutrition indicators	No data	1	1	1	1	1
Department review meeting action matrix	No data	1	1	1	1	1
Number of Joint Annual nutrition review conducted	0	1	1	1	1	1
Number of knowledge products for nutrition developed	No data	2	4	4	4	4
Number of policy dialogues for nutrition held	No data	2	2	2	2	2
Number of Learning and knowledge dissemination for nutrition SNAP implementation organized	No data	1	1	1	1	1
Number of Joint Annual nutrition review conducted	No data	1	1	1	1	1

ANNEX 3: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK 2020-2025

The Infant and Young Child Feeding Practices (IYCF) and dietary intakes indicators plus the drivers of nutrition which are embedded in sectors such as health, WASH, food systems, education, social protection and gender constitute the MEAL framework for the SNAP,

	Indicators	Baseline 19/20	Target 2025
1	IYCF and DIETARY INTAKE INDICATORS		
1.1	Proportion of babies exclusively breastfed for the first six months of birth	No Data	80
1.2	Proportion of infants initiated on breastfeeding within one hour	No Data	80
1.3	Proportion of children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD)	No Data	40
1.4	Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD) acceptable	No Data	50
1.5	Adult fruit and vegetable intake level (g per capita per day)	No Data	≥400 g
1.6	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	No data	Less than 2g per day
1.7	Percentage of the population consuming food that is fortified according to standards	No Data	80
2.0	Water, Sanitation and Hygiene		
2.1	Prevalence of diarrhea in children under 5 years of age	No Data	
2.2	Prevalence of malaria in children under 5 years of age	No Data	
2.3	Proportion of population using safely managed drinking water Services	No Data	
2.4	Proportion of population using a safely managed sanitation service	No Data	
3	Food systems		
3.1	Prevalence of undernourishment	No Data	
4	Gender		
4.1	Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	No Data	
5.0	Education		
5.1	Female secondary school enrollment rate	NA	
6.0	Child protection		
6.1	Proportion of children 2–14 years old who experienced any violent discipline (psychological aggression and/or physical punishment)	No Data	

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