KABAROLE DISTRICT

NUTRITION ACTION PLAN

(KDNAP) FY 2020/21–2024/25

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(KDNAP) FY 2020/21–2024/25

Vision

"A well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Kabarole District"

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 District Council Minute Number: KABCOU:39/06/2020

26th June 2020

ACKNOWLEDGEMENT

I take this opportunity to thank the District council for their efforts in policy formulation and monitoring of the District programmes. I do acknowledge the efforts of the District Technical Planning Committee and the District Nutrition Coordination Committee for their tireless efforts in the formulation of this DNAP for Kabarole District as passed by the Council. The Government of Uganda is today focusing on Nutrition programmes that are aimed at improving livelihoods of the population. This DNAP will go a long way in enhancing the District's focus on address malnutrition concerns in the District.

I also extend my appreciation to Ministry of Agriculture Animal Industry and Fisheries (MAAIF), Office of the Prime Minister (OPM) and KRC Uganda for supporting the district technically and financially towards the development of this crucial document which will in turn set a pace for Multi-sectoral nutrition programing.

I acknowledge the cooperation we are enjoying with 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 to ensure that sustainable Nutrition security is registered. I call upon the District council, the District Technical planning committee together with our Development Partners to join efforts towards effective implementation of this DNAP.

Sanyu Phionah
Chief Administrative Officer, Kabarole District Local Government

FOREWORD

Kabarole District Local Government has made efforts in addressing the problem of malnutrition especially stunting in children under five years. The prevalence of stunting reduced from 45 .6 % in 2011 to about 40.6 % in in 20116 (UDHS, 2016). 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.

Kabarole district 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 District. 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 District Nutrition Coordination Committee analyzed the causes of malnutrition as they occur in the District.

The legal policy and planning context of this action plan is aligned to the 1995 Constitution of Republic of Uganda, Uganda Vision 2040, the second National Development Plan (NDPIII), 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), Kabarole District 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.

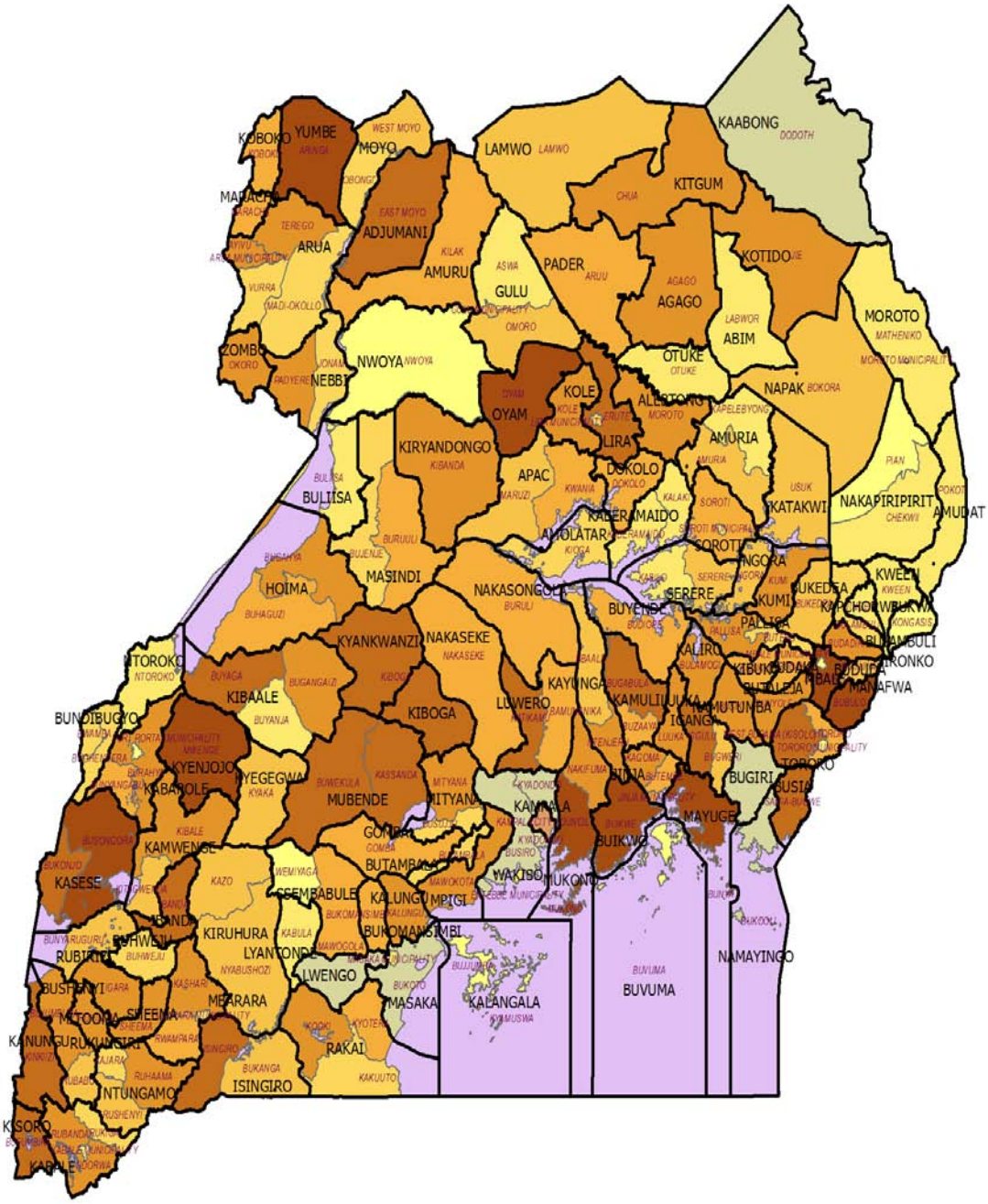
The implementation of this plan is hinged on using a multi-Sectoral convergent approach with common results to be delivered jointly by state and non-state actors in Kabarole District. The primary beneficiaries of this plan are children below age of five, pregnant and lactating women, adolescents and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

This action plan shows the necessity for and sincere efforts made by Kabarole district 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.

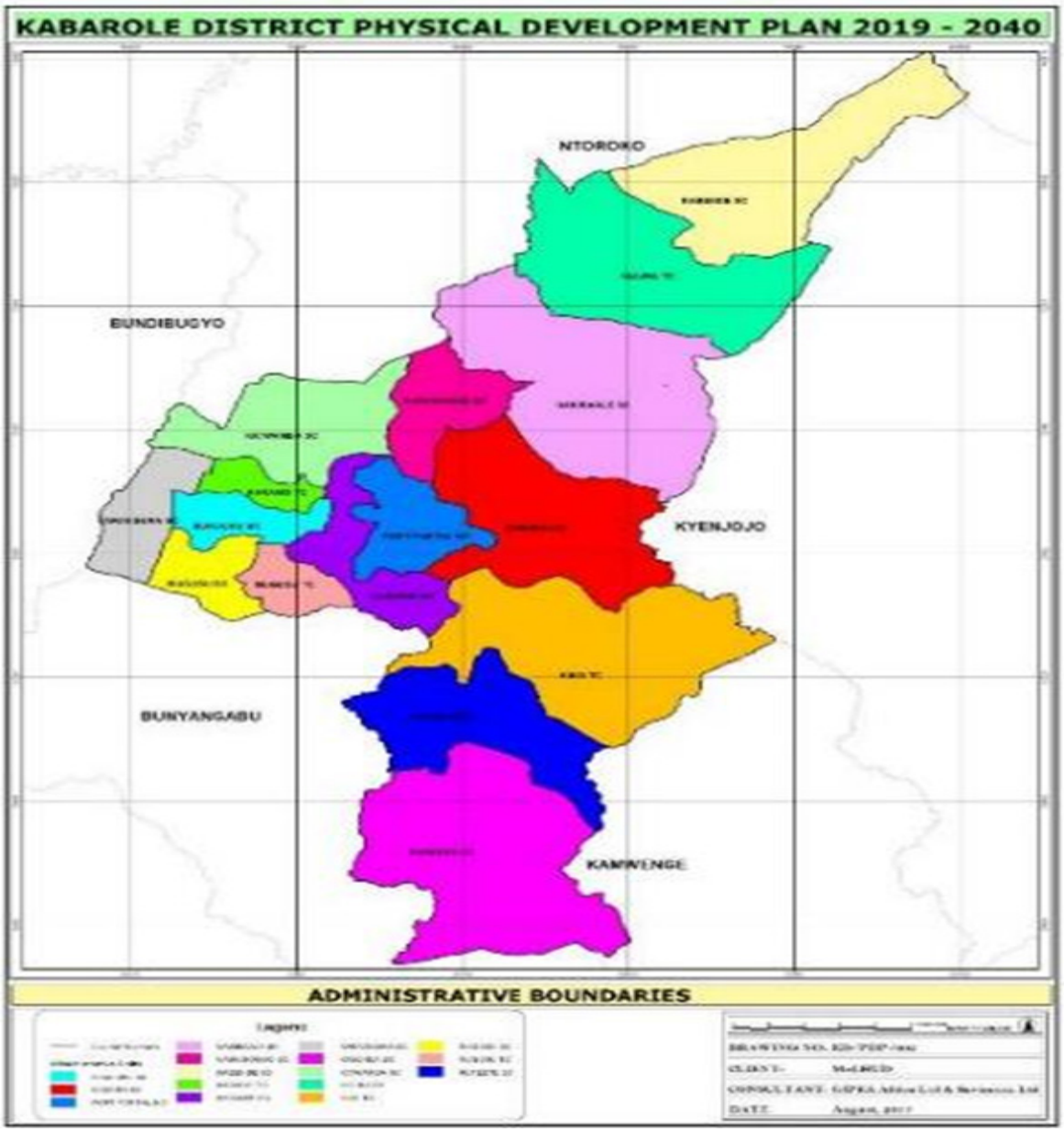
Hon. Richard Rwabuhinga

District Chairperson, Kabarole District Local Government

Map of Uganda showing the location of Kabarole District



Map Showing Kabarole District Boundaries and its Administrative Units



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ACRONYMS

BFHI	Baby Friendly Health Initiative
BFP	Budget Framework Paper
CAO	Chief Administrative Officer
CSO	Civil Society Organisation
DDP	District Development Plan
DNAP	District Nutrition Action Plan
DNCC	District 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 Organisation
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 Organisation

STATEMENT OF COMMITMENT

We, the Heads of department of Kabarole District Local Government, which constitutes the Technical Planning Committee of the District are:

Cognisant 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;

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.

Concerned that the double burden of malnutrition is emerging with diet-related non-communicable diseases (DRNCDs) increasing at a fast pace alongside high levels of under nutrition;

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;

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;

Understand that there is sufficient scientific evidence and experience in scaling up high impact nutrition specific and nutrition sensitive interventions;

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;

Recognise that the attainment of good nutritional status, especially among children and women of reproductive age, as both a marker and a maker of sustainable development;

Optimistic that this Nutrition Action Plan (NAP) adequately translates the Uganda Nutrition Action 2020-2025, the National Nutrition Policy 2020 and District 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 District frameworks;

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;

Accept that it is our common responsibility to accelerate progress in alleviating malnutrition as an important step towards realizing the district 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 DNAP through District Nutrition Coordination Committee, Technical Planning Committee, departmental platforms.

Actively participate in the implementation of the DNAP through the District 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 DNAP.

Table 1: Names and signatures of the Heads of Departments who constitute the DNCC

S/N	Name	Department	Title	Sign
1	Kikwaya Alexandar	Management Support Services	Deputy Chief Administrative Officer	
2	Ruyonga Godfrey Miya	Natural Resources	District Natural Resources Officer	
3	Dr. Abigaba Salvatory	Production	District Production Officer	
4	Nkojo Robert	Finance	Chief Finance Officer	
5	Rwakaikara Patrick	Education	District Education Officer	
6	Dr. Richard Mugahi	Health	District Health Officer	
7	Patrick Kato Bashaboomwe	Planning Unit	District Planner	
8	Chris Monday	Community Based Services	District Community Development Officer	
9	Rwabuhoro Charles	Audit	District Internal Auditor	
10	Eng. Stephen Wakataama	Works and Technical services	District Engineer	
11	Smart Bwango	Statutory Bodies	Clerk to Council	
12	Musinguzi Danny Patrick	Trade & Local Economic Development	District Commercial Officer	

EXECUTIVE SUMMARY

Good nutrition is a catalyst for social and economic transformation and human development. Poor nutrition especially during the first 1,000 days, from conception to 2 years, causes irreversible cognitive and physical damage, with consequences affecting individuals, households, communities, and the nation at large. Despite continued investment by the Kabarole District, Development Partners, Civil Society Organizations and other actors, **41% of children under five are still stunted (UDHS, 2016)**. Without improvement in nutrition, the District development theme of Agro-Industrialization for Inclusive growth, Sustainable Wealth Creation, and Employment cannot be achieved.

The District Nutrition Action Plan (2020-2025), commonly referred to as UNAP II, addresses nutritional needs of all population groups in Kabarole but with a special focus on infants, young children, school age children, adolescents, women of reproductive age and other vulnerable groups. The plan has been developed in the context of existing legal and policy frameworks and initiatives at the global, regional, national and district level while recognizing the need for a strong multi-sectoral approach implementation and coordination of nutrition actions.

The process of developing the DNAP was led by the Office Prime Minister (OPM) through the department of **Strategic Coordination and Implementation (SCI), the Uganda Multi-sectral and Food Security Project and other implementing Partners including Kabarole Research Center** . The process involved extensive consultation of district departments, district Council, CSOs, private sector and the media.

The plan will function as the implementation strategy for the Third District Development Plan for Kabarole and the NDPIII generally. The plan targets political leaders who are makers and policy implementers who are responsible for coordination, planning, monitoring, implementation and allocating resources. It provides information on strategic priorities for scaling up nutrition actions in each department. At the operational level, the plan targets Lower Local Government, and communities, non-governmental actors (CSOs), private sector and faith-based organizations) responsible for nutrition programme implementation and service delivery. Joint efforts from all constituencies will ultimately ensure effective delivery, and utilization of nutrition services by all target groups.

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

Improvement of the current nutrition situation in the district requires a mix of nutrition specific and nutrition sensitive actions and enabling environment for scaling up nutrition actions. The DNAP Theory of Change acknowledges the current situation and assumptions that must hold true for DNAP goal to be achieved. It goes ahead to detail a set context specific strategies

which will result to achievement of intermediate outcomes, primary outcomes and ultimately the goal of DNAP. The DNAP has 18 strategies as outline below;

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

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

Strategy 1.2: Promote micronutrient intake among children, adolescent girls and women of reproductive age in stable and emergency situations.

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

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

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

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

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.

Strategy 2.4: Promote integration of nutrition services in social protection and Sexual and Gender Based Violence (SGBV) programmes.

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

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

Strategy 3.1: Strengthen nutrition 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.

Adequate financing is a key prerequisite for successful implementation of priority actions, and achievement of DNAP goal. The strategies and priority actions are spread across all the Departments and programmes namely; health, agriculture, education, Gender and community based services, water, and administration, commercial services, planning and finance and LLGs. This implies that these departments together with stakeholders supporting line ministries/ sectors have a role in financing the plan. Effective coordination, clarity of accountabilities and capacity to leverage resources is vital in ensuring that DNAP is adequately financed. The DNAP implementation is estimated to cost approximately **26,464,000,000** UGx across the 5-year implementation period. It is important to note that the estimated cost is only indicative of the resource requirements over the five years and included close to 80% of the already planned costs in the DDPIII under each department implementing the DNAP. For example, close to 60% of the required costs for implementing the activities under production is nutrition sensitive and 100% of the funds under water are nutrition sensitive. Accurate projections require comprehensive nutrition expenditure review and activity-based budgeting and costing. **The expenditure review and consequent costing and development of nutrition resource mobilization and tracking plan have been identified as a priority activity in DNAP implementation roadmap**.

The Monitoring, Evaluation and Learning (MEAL) framework for DNAP detailed in annex 2), is aligned with the NDP III, UNAPII, Sector Development Plans, Program Based Budgeting and Monitoring, Government of Uganda annual performance review systems among other frameworks. The MEAL framework is vital building evidence base for resources alignment, accountability, timely decision making, policy dialogue and learning at all levels. The MEAL framework details indicators that will track progress towards achievement of strategies and priority actions and track financial resources. The DNAP will also strive to identify and manage risks that may affect smooth implementation and achievement of results. The aim is to maximize on opportunities and minimise threats to the achievement of DNAP objectives.

Successful implementation of UNAP II is envisaged to **bolster common and coordinated multi-sectoral and multi-stakeholder efforts towards improving nutrition status** of children under five, school age children, adolescents, pregnant and lactating women and all other vulnerable groups in Uganda by 2025.

CHAPTER ONE: INTRODUCTION

This chapter highlights the district profile with reference to nutrition programming focus, underscores why Kabarole District needs to invest in nutrition, it outlines commitments, initiatives and frameworks at the global, regional, national and District level which guide DNAP. It also summarizes the DNAP development process.

1.1 District profile relevant to nutrition programming

Kabarole district with effective, from 1st July, 2020, will be composed of 15 LLGs that is; 10 sub counties of; Kasenda S/C Ruteete S/C, Mugusu S/C, Busoro S/C & Rwengaaju S/C, Karangura S/C, Kichwamba S/C, Kabende S/C, Hakibaale S/C and Harugongo S/C and 4 town councils of; Mugusu T/C, Kiko T/C, Kasenda T/C, Kibasi T/C and Kijura T/C. The total population of the district after separation from Fort Portal Tourism city will be established and used to estimate the number of Children Below 18 Years, Adolescents 10-24 years, Orphans <18 years, Infants <1 year; Children Under 5 years(0-4yrs); WRA 15-49 years and Pregnant Women Expected as shown in Table 1.1

Table 1.1 Demographic figures for nutrition programming

Total Population	**%**	**462,176**
Expected Number of Pregnancies	5%	23108.8
Expected Number of Live births	4.85%	22415.536
Infants below one year	4.30%	22415.536
Children below 5 years	17.70%	81805.152
Adolescents and youth (10-24 Years)	34.80%	160837.248
Women in Reproductive Age (15-49)	20.20%	93359.552
Orphan(children below 18 Years)	8.04%	37158.9504
Children below 18years	55.10%	254658.976
School Age Children (6-12 years)	20.50%	94746.08

1.2 Why invest in Nutrition.

Good nutrition is a catalyst for social and economic transformation: human development and wellbeing; buffer against infectious diseases and epidemics including COVID 19. Without improvement in nutrition, Uganda's Vision 2040 goal of a prosperous and modern Ugandan society cannot be achieved. Nutrition is a catalyst towards Vision 2040, Agenda 2063, 2030 Agenda and SDGs. Nutrition is core to the achievement of the human capital development program of the NDPIII.

Evidence shows that investing in nutrition in young children can: Prevent child deaths by more than one third per year; improve school attainment by at least one year; increase wages by 5-50%; reduce poverty as well-nourished children are 33% more likely to escape poverty as adults; empower women to be 10% more likely to run their own business and break the inter-generational cycle of poverty-make it a paragraph. When girls & women are well-nourished and have healthy newborn babies, Children receive proper nutrition and develop strong bodies & minds, Adolescents learn better & achieve higher grades in school, Young adults are better able to find work & earn more, Families & communities emerge out of poverty, Communities are productive & stable and the world is a safe, more resilient & stronger place.

1.3 Policy Context of Nutrition Action Plan

The policy context for the DNAP is informed by the Global, Continental, East African Community and National frameworks relevant to nutrition programming. The Global, Continental and East African Community frameworks which inform the strategic direction of the DNAP are outlined below:

Global frameworks relevant to nutrition: Lancet Series on Maternal Child and Nutrition 2008 (later updated in 2013); Scaling up Nutrition (SUN)Movement launched in 2010; 1,000 Days Initiative (2010); United Nations General Assembly on Non-Communicable Diseases (2011); New Alliance for Food Security and Nutrition for sustained agriculture led growth in Africa and Asia launched in G8 Summit (2012); World Health Assembly Resolution (2012) 65.6 Nutrition for Growth Summit (2013); Committee for World Food Security and Nutrition (CFS, 2013); Global Panel on Agriculture and Food Systems for Nutrition (GLOPAN) (2013); Global Nutrition Reports; 2nd International Conference on Nutrition (ICN2) (2015) Rome Declaration and Framework for Nutrition; Sustainable Development Goals (2015); UN Decade of Action on Nutrition (2016-2025);

Regional (Africa) nutrition declarations, commitments and initiatives are: African Union (AU) Agenda, 2063; Maputo Declaration, 2003; Grow Africa Initiative (AU & NEPAD) (2011); Malabo Declaration, 2014; Malabo Declaration on Nutrition, 2015; Africa Regional Nutrition Strategy (ARNS) (2015-2025); FAO Regional Initiative (RI) on Africa's Commitment to End Hunger by 2025; East and Southern Africa Regional Civil Society Nutrition Network, 2017; African Leaders for Nutrition Initiative (ALN), 2018; African Development Bank's Multi-sectoral Nutrition Action Plan (2018-2025); East Africa Community (EAC) Food and Nutrition Security Strategy (2018-2022); EAC Food and Nutrition Security Action Plan (2018-2023); Eastern African Parliamentary Alliance for Food Security and Nutrition (EAPA FSN), 2019.

The National legal, policy and planning framework of nutrition programming is derived from 1995 Constitution of Republic 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, encourage and promote proper nutrition through mass education and other appropriate means to build a healthy state." The following national policy documents have informed the action plan development.

The Corona Virus Disease (COVID-19) pandemic has brought to the fore the need to ensure adequate food and nutrition security. 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 programmes to ensure adequate sensitization and awareness of all Ugandans on the benefits of good nutrition for their health and wellbeing. I would like to encourage all Ugandans to embrace healthy living, wellness and productive life through good nutrition. 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).

One of the key results to be achieved under the **Human Capital Development Programme** over the next five years is reduced prevalence of under 5 stunting from 28.9percent to 19percent

Under Objective 1 of the HCD programme in the NDPIII which is to improve the foundations for human capital development the Nutrition intervention which has been included is to promote optimal Maternal, Infant, Young Child and Adolescent Nutrition practices. The key priority actions here are; (1) Strengthen the enabling environment for scaling up nutrition at all levels; (3) Promote consumption of fortified foods especially in schools with focus on beans,

rice, sweat potatoes, cooking oil, maize; (2) Promote dietary diversification and (4) Develop the national food fortification policy and law.

Under objective 4 of the HCD programme which is to improve population health, safety and management the following nutrition interventions has been highlighted: (1) Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups (2) Establish and operationalize a multi-sectoral home-grown school feeding initiatives

Food security is well captured under Agro-industrialization Programme as illustrated below

Objective 2: Improve post-harvest handling and storage

Establish post-harvest handling, storage and processing infrastructure including silos, dryers, warehouses, and cold rooms of various scale and capacities at Sub County, district and zonal levels

Establish regional post-harvest handling, storage and value addition facilities in key strategic locations;

Improve the transportation and logistics infrastructure such as refrigerated trucks and cold rooms for priority commodities.

Objective 3: Increase agro-processing and value addition

Establish eco-friendly fully serviced agro-industrial parks/export processing zones to stimulate and expand agro-processing.

Establish a strategic mechanism for importation of agro-processing technology a. Establish a scholarship and apprenticeship programme in strategic agroindustries b. Establish an exchange programme for practitioners in the agro-industry value chain with countries that have appropriate agro-processing technologies

Establish new and rehabilitate existing agro-processing industries to minimize negative environmental impacts for processing of key agricultural commodities

1.4 Purpose of the District Nutrition Action Plan

This DNAP provides a set of strategic objectives, strategies and actions to incorporate into development plans, 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. It is to be used as a guide to the District in providing oversight on the implementation of multi-sectoral nutrition actions at ward and village levels that are already planned and budgeted for within the various programmes, wards and village and household's levels.

The DNAP was developed to coherently implement, monitor and report on multi-sectoral nutrition interventions by multiple actors in the District, Sub counties, Town Councils, wards, parishes and village levels. The DNAP vision, goal, objectives, strategies and priority actions are well aligned with the Uganda Vision 2040, National Development Plan **2020/21-2024/25** and Kabarole District Development Plan **2020/21-2024/25**

This DNAP therefore, will not be implemented as a standalone framework but it is a tool to facilitate the District to tease out activities from various programmes that contribute to nutrition out comes at individual, household and community levels and use them to generate annual work plans for implementation and reporting through the existing Government reporting arrangements in the District.

1.5 DNAP Preparation Process

The DNAP was developed by the District Nutrition Coordination Committee (DNCC) with the content flow following the second Uganda Nutrition Action Plan (2020-2025). The DNAP was presented to the District Technical Planning Committee for technical review and alignment with the District Development Plan 2020/21-2024/25 and subsequently to all the three Sectoral committees of District Council for scrutiny. The DNAP was discussed by the District Executive Committee and subsequently approved by the District Council under m

1.6 Application of the DNAP and its target audience

The primary beneficiaries for the DNAP are children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups and their households. The DNAP applies to all Government and Non–Government actors involved in scaling up nutrition interventions in the District. All District, Sub counties, Town Councils, wards, parishes and village -based organization, private sector, faith based organization and implementing partners involved in Scaling up Nutrition in the District **MUST jointly** plan, budget, implement, monitor, report and evaluate nutrition actions as outlined in this DNAP to ensure alignment and resource mobilization for increased coverage and effective results for sustainable nutrition outcomes as one team.

1.7 A call to stakeholders to support the DNAP

Having developed this DNAP with stakeholder consultation and made efforts to align interventions within the existing resources for the period 2020/21-24/2025 financial commitment from Central Government, Development Partners and District funded programmes and projects, Kabarole District leadership pledges continued political leadership and accountability in the fight against malnutrition and calls upon all actors to support implementation of this DNAP.

CHAPTER TWO: SITUATION ANALYSIS

2.1 Nutrition status outcomes among DNAP target groups

The nutrition outcomes for our district are not desirable; The prevalence of stunting in children under five years is at 41 %; 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%; 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 6.4 %; the proportion of obesity in adult men over 18 years is at 0.7%; the proportion of overweight in adolescents is above is Not known and, Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years is at 3.4% while the age-standardized prevalence of raised blood pressure in persons over 18 years is at 24%.

Table 2.1: Nutrition status Indicators for Kabarole (Tooro Sub Region Generally) compared to national level (UDHS, 2016)

Indicators	Regional	National
Prevalence of stunting in children under five years of age	40.6	29
Prevalence of low birth weight (<2500 g)	10.3	10
Prevalence of overweight in children under five years of age	5.3	4
Prevalence of wasting in children under five years	3.4	4
Prevalence of anaemia in women of reproductive age	29.4	32
Prevalence of anaemia in children 0-5 years	45.0	53
Proportion of overweight adult women aged 18+ years	19.0	16.5
Proportion of overweight adult men aged 18+ years	6.4	7.2
Proportion of obesity in adult women aged 18+ years	6.7	7.7
Proportion of obesity in adult men aged 18+ years	0.7	7.2
Proportion of overweight in adolescents	NA	10
Proportion of obesity in adolescents girls	NA	1
Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years	3.3	3.3
Age-standardized prevalence of raised blood pressure among persons aged 18+ years	24	24

2.2 Consequences of malnutrition

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.

2.3 Nutrition Specific problems:

The five key problems concerning access to and utilization of nutrition specific services are: MIYCAN, Micronutrient intake, Acute malnutrition, Nutrition in Infectious Diseases and Nutrition in Diet Related Non-Communicable Diseases. Paragraphs Below describe the indicators of how each of the 5 problems manifests themselves and hence giving an avenue for addressing them through the chapter of strategic direction.

Inappropriate Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices ie; Low proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD), Low proportion of children aged 6 to 23 months who receive minimum meal frequency, Proportion of children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD) are , High intake from food staples (indicator of dietary quality), Low Proportion of health facilities that are Baby Friendly Hospital Initiative (BFHI) certified; Low coverage of mothers of children 0–23 months receiving counseling, support or messages on optimal breastfeeding at least once in a year. Low initiation of BF in 1 hour and Low prevalence of EBF, low Proportion of babies' breastfed up to 2 years and low Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

Table 2.2: Infant and young child feeding (IYCF) practices for Tooro Sub region (Kabarole inclusive) (UDHS, 2016)

Maternal, Infant, Young Child Practices Indicators	%
Percentage of live birth children who start breastfeeding within 1 hour of birth	79.1
Percentage of 0-6 months children Exclusively breastfed in the first completed six months	66
Percentage among breastfed children age 6-23 months, fed on Minimum dietary diversity	19.5
Percentage among breastfed children age 6-23 months, with a Minimum meal frequency	39.5
Percentage among breastfed children age 6-23 months, fed-on a Minimum acceptable diet-	7.5
Percentage among youngest children age 6-23-month Percentage who consume d foods rich in vitamin A	54.3
Percentage among youngest children age 6-23 months who consume foods rich in iron-	30.3
Prevalence of persons aged 18+ years consuming less than 400 grams of fruit and vegetables per day	14

2.3.1 Micronutrient intake among children, adolescents and women of reproductive age

Inadequate intake of foods rich in vitamin A children age 6-23 months. Inadequate intake of foods rich iron among children age 6-23 months; low coverage of children 6–59 months receiving Vitamin A supplementation, low Proportion of adolescents' girls aged 10-19 years who consume iron rich foods; low Proportion of pregnant women receiving Iron and Folic Acid supplementation; low Proportion of adolescent girls receiving Iron and Folic Acid supplementation;

Table 2.3: Micronutrient intake among Women of Reproductive age and Children 0-5 years

Micronutrient intake	%
Percentage among all children age 6-59 months given vitamin A supplement	76.7
Percentage among all children age 6-59 months given deworming medication-	66.5
Percentage of Pregnant mothers who take iron tablets for 90+days' during pregnancy	25.8
Percentage of women who took deworming medication	63.3
Percentage among women with a live birth in the past 5 years, who during the pregnancy of their most recent live birth took iron tablets or syrup	86.7
Percentage among women with a live birth, who during the pregnancy of their live birth took intestinal parasite drug	63.2

2.3.2 Low access to management of acute malnutrition in stable and in emergency situations:

Low coverage of severe acute malnutrition treatment (Proportion of facilities providing IMAM services), low Proportion individuals (per age category) accessing nutrition assessment and screening services, low Percentage of individuals identified with malnutrition and referred for treatment, low Percentage of malnourished individuals receiving IMAM services and low Proportion of malnourished clients linked to support services at community level

2.3.3 Limited Integration of nutrition services in prevention, control and management of infectious diseases and epidemics:

High prevalence of diarrhea in children under 5 years of age; Low proportion of children under 5 years old with diarrhea receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) and zinc supplements; High prevalence of malaria in children aged less than 5 years, Low intake of 3+ doses of Fansider by women 15-49years of age taking, Low coverage of children 1 to 5years receiving two doses of deworming medication per year, low Proportion of children 5 to 14 years receiving two doses of deworming medication per year, low Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule, Low use of insecticide treated nets in women of reproductive age, Low use of insecticide treated nets in children aged 0–5 years, High Prevalence of ARI in children 0-5years, High prevalence of children 0-5years with fever, HIV/AIDs infection and Tuberculosis

Table 2.4 Prevention and Prevalence of common diseases

Indicators	%
Percentage of children 0-5 years with fever	24.0
Percentage of children 0-5 years with symptoms of ARI	13.2
Percentage of children 0-5 years with diarrhea	22
Percentage of children age 6-59 months classified as having malaria	18.3
Oral rehydration therapy, zinc, and other treatments for diarrhea ORS and zinc	36.6
Percentage U5 who sleep under an ITN	53.3
Percentage pregnant women who sleep under an ITN	60.2
Percentage of pregnant women who receive three or more doses of SP/Fansidar	20.8
Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule	60

2.3.4 Limited Integration Nutrition services in prevention, control and management of non-communicable diseases:

Low physical activity, low Proportion of households and communities sensitized on healthy eating and lifestyle, low Proportion of healthcare providers trained on DRNCDs at all levels, low Proportion of households and communities reached with DRNCDs prevention and control initiatives, low Proportion of public and private sectors, civil society and other stakeholders engaged in promoting healthy diets and lifestyles and mitigating DRNCDs-To get from monthly reports

2.4 Nutrition Sensitive problems

The seven key problems concerning access to and utilization of nutrition sensitive services are: inadequate production, access and utilization of diverse, safe and nutrient dense crop, fisheries and animal foods and inadequate integration of nutrition services in: Social Protection and SGBV programmes; Early Childhood Development (IECD) services, and quality education and sports; Water Sanitation and Hygiene (WASH) services and Trade, Industry and Investments.

2.4.1 Inadequate production of diverse, safe and nutrient dense crop, fisheries and animal foods

Low proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense food; low proportion of farmers provided with inputs and/or information for improved production of diverse, safe, nutrient dense food; low proportion of households supported to produce nutrient dense indigenous and underutilized plant fisheries and animal source food; low proportion of farmers adopting gender sensitive labour and energy saving technologies; low proportion of farming households producing bio-fortified foods and low proportion of MSME actors involved in production and processing of industrial fortified foods-from production departmental reports.

2.4.2 Inadequate access to diverse, safe and nutrient dense crop, fisheries and animal foods

Low proportion of actors involved in agro-processing and marketing of diverse, safe, nutrient dense plant and animal products; low percentage of farmers equipped with skills in postharvest handling technologies and value addition; low proportion of actors engaging in value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food; low proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food; low proportion of public private partnerships entities scaling up production, processing and marketing of nutrient dense plant, fisheries and animal source food and low proportion of farmers adopting agricultural enterprise mixes to ensure frequent (daily, weekly and monthly) flow of household's incomes and improved access to safe, diverse, nutrient dense foods.

2.4.3 Inadequate utilization of diverse, safe and nutrient dense crop, fisheries and animal foods

Low proportion of agricultural extension workers passing nutrition and information services in their routine services to households; low proportion of people reached with awareness campaigns aimed at ensuring food safety along the value chain; low proportion of people who are aware on the benefits of consuming bio and industrial fortified foods and low proportion of people sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources.

2.4.4 Inadequate integration of Nutrition Services in Social Protection and SGBV programmes

Reflected by low proportion of vulnerable populations covered by nutrition sensitive social protection programmes and humanitarian assistance safety net programmes; low proportion of vulnerable children protected from abuse, exploitation, violence and neglect in homes; **low** Proportion of vulnerable population covered by social protection programmes; **low** proportion of poor and vulnerable households and engaging in income generating activities; **low** proportion of households living in slums and informal settlements who access adequate housing; **low** proportion of women empowered on rights, gender equality and their role in the development among other topics **and low** proportion of women of women participating in development initiatives such as the Uganda Women Entrepreneurship Programme (UWEP) Fund.

2.4.5 Inadequate integration of Nutrition in Early Childhood Development (IECD) services, and quality education and sports

Reflected by Low proportion of children aged 36-59 months who are developmentally on track in at least three domains of ECD; low Proportion of public and private institutions promoting Maternity and paternity protection for improved nutrition; low proportion of learners completing the education cycle by gender; low proportion of schools implementing school feeding guidelines; low proportion of parent sensitized on the importance of good nutrition of their children and the need for school feeding and other nutrition programmes.; low proportion of schools that have gardens and other school agricultural programmes for education purposes and as source of nutrient dense diets in schools; low proportion of school children sensitized on food and nutrition security and low proportion of public and private actors implementing innovative models for improved nutrition in schools and other institutions

Table 2.5: Early childhood development (ECD) related behavioral indicators

Early childhood development (ECD) related behavioural indicators	%
Proportion of children aged 36-59 months who are developmentally on track in at least three domains of ECD	63.3
Percentage of youngest children age 36-59 months attending early childhood education	35.0
Percentage of children 36-59 months with whom adult household members have engaged in four or more activities	59.8
Percentage of children3 6-59 months with whom biological father engaged in four or more activities	2.7
Percentage of children 36-59 months with whom biological mother engaged in four or more activities	19.8
Percentage of children living in households that have for the child having 3 or more children's books	1
Percentage of children 36-59 months who play with Two or more types of playthings	42.2
Percentage of children under age 5 left with inadequate care in a week	36
Percentage of children 36-59 months who are developmentally on track for indicated domains	58

2.4.6 Limited integration of Nutrition in Water Sanitation and Hygiene (WASH) services

is reflected by; low proportion of households with access to safe water sources; low proportion of households with access to sanitation and hygiene services; low Proportion of Communities mobilized on sustainable use of WASH services; low Proportion of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN and low proportion of households provided with water for production

Table: 2.6 Water, sanitation and Hygiene indicators

Water, sanitation and Hygiene indicators	%
% increase in safe and clean water access.	58
% Increase water functionality and sustainability	88
% increase in sanitation coverage (latrine coverage)	60
% increase in hand washing with soap after using the toilet.	10

Limited integration of Nutrition in Trade, Industry and Investments

Reflected by; low proportion of industries supplying fortified foods on the market; low Proportion of value added Nutritious foods; low Proportion of industries complying to Fortification of wheat flour, maize flour, edible oil enforcement; low Proportion of SMEs in the food system availing fortified foods on the market; low Proportion of traders and processors of foods forming viable cooperatives for trade in quality nutritious foods and low proportion of non-tariff barriers that affect food and nutrition that have been mitigated

2.5 Nutrition Enabling Environment problems

The six key problems concerning inadequate enabling environment for Nutrition are as follows:

Policy and legal frameworks implementation:

Documentation of the provisions in Legal and Policy framework relevant to nutrition do not exist/ are not popularized/ are not implemented. Nutrition strategies/ interventions are not integrated in Division Planning Frameworks.

Coordination and partnerships for nutrition:

NCC does not exist or is not fully composed or is non-functional. There exists no a functional NCC coordination platform for nutrition at the Division level. There is no periodic and updated stakeholder mapping for nutrition at district level. There are no adequately trained NCC members with skills and competences in nutrition governance.

2.5.3 Capacity development for MSN

Nutrition capacity assessment is not conducted in at Division level. Nutrition capacity gaps with in Division programmes/departments are not known/not prioritized. There is no capacity development plan to guide actors on capacity building priorities for implementation of DNAP. Division level and partners do not integrate nutrition capacity Development activities in annual work plans and budgets.

2.5.4 Nutrition information and knowledge management

Planning documents lack M & E framework for nutrition, and tracking of NAP targets is not done: There is no institutionalization & coordination of data. Division level assessment data from surveys, is not available or not used. Division level performance monitoring data from health facility-based nutrition services, nutrition programs and department information systems is not available/not used.

2.5.5 Nutrition Advocacy, SM and BCC.

There is no customization of NACSII at district level. High-level nutrition advocates are not mobilized. There exists no nutrition commitment scorecard for SBCC at DLG level. SBCC Campaigns are adhoc and not based on gaps at DLG level.

2.5.6 HRN and financing for nutrition:

There is no deliberate effort to plan for human resources for nutrition. There is no Division level nutrition expenditure review conducted. The funding gap for nutrition is not known, and resource mobilization is adhoc. No deliberate efforts are in place to undertake resource mobilization, financing and tracking of nutrition investments in the division.

2.6 Ongoing Nutrition sensitive programmes

Kabarole district is one of the 15 districts implementing the Uganda Multi-sectoral Food Security and Nutrition Project (UMFSNP). Kabarole was splited into 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 district 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:

The District Nutrition Coordination Committee was formed to deliberate on UMFSNP activities and it has Developed and overseen the DNAP containing the activities and budgets of the District Development Plan. It has ensured that the AWP/Budgets for the District incorporate those for the UMFSNP activities for the implementation of District Departments.

All the 217 government aided primary schools have established the school Nutrition committee is a sub – committee of the school management committee. The school management committee is responsible for the over roll 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.

The 127 primary schools have been able to develop (Primary School Nutrition Action Plan) PSNAP is 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 agriculture related activities

The primary schools have been able to select and form 2 parent groups, of members each with 60% composition women.

The 254 lead Farmers (LFs) 15,240 parents and communities in the vicinity of the primary schools that have been reached to participate in the Project. The selection process was organized and guided by the SMC with support from district PFPs, community facilitators, the as well as health workers from the nearest HCII and the VHTs working within the communities in the area.

381 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

The district managed to get seeds and seedlings from right source (NARO-stations of certified seed producers

Promote micronutrient crops –iron rich beans, orange fleshed sweet potatoes and other locally grown vegetables.

Labeling 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.

We have managed to train our Schools, lead farmers and PGs to apply proper agronomic practices to optimize yield of the crop.

We have done Nutrition assessment at schools & community level which has increased community awareness & appreciation of real nutrition challenges.

All the health facilities have been supported with Medical equipment's to enable regular & proper nutrition assessment.

2.7 Opportunities for DNAP implementation

The DNAP will harness the following opportunities: Government commitment to nutrition as stipulated in the National Constitution of 1995, Vision 2040 and NDPIII. Sustained political will to prioritize and scale up nutrition H.E. the President initiative on healthy eating and life styles. Nutrition a cross cutting issue in the NDP Planning Circular call and a development priority in the budget speech 19/20 and 20/21 customise the opportunities. Global AND Regional trends e.g. SDGs, 2063 Agenda, EAC, and Nutrition for Growth (N4G) and Synergies in the SUN movement and south to south cooperation. Coordination by an entity with convening power – (CAOs office).

CHAPTER THREE: STRATEGIC DIRECTION

3.1 Vision

A well-nourished, healthy and productive population that is participating effectively in the socio-economic transformation of the Division. The DNAP vision is in line with the NDPIII aspiration and Kabarole DDP 2020-2025.

3.2 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.

3.3 Objectives

The DNAP objectives are based on a holistic approach to nutrition, taking into account the all-encompassing global, continental, East African community and national trends and demands e.g. SUN, 2030 Agenda and SDGs, as well as the Vision 2040 aspirations operationalized in the NDP3. The focus areas – Nutrition Specific, Sensitive and enabling environment. The spirit of the objectives is to uphold a multi-sectorial approach to nutrition.

Objective1: To increase access to and utilization of nutrition specific services (address causes at individual level);

Objective2: To access and utilization of nutrition sensitive services (address causes at household and community level); and

Objective 3: To strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services. (address causes at organizational and society level).

The DNAP is based on the change theory (which defines the situation, strategies, intermediate outcomes, and primary and impact outcomes) (Annex 3)

3.4 Strategies for the DNAP 2020-2025

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 (Implemented by community health management)

Strategy 1.2: Promote micronutrient intake among children, adolescents and women of reproductive age (Implemented by community health management Strategy1.3: Scale up coverage of management of acute malnutrition in stable and in emergency situations (Implemented by community health management)

Strategy 1.4: Integrate nutrition services in prevention, control and management of infectious diseases and epidemics (Implemented by community health management

Strategy 1.5: Integrate Nutrition services in prevention, control and management of non-communicable diseases (Implemented by community health management

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 sustainable production of diverse, safe and nutrient dense plant and animal based foods at household level

Strategy 2.2: Promote access to diverse, safe and nutrient dense crop 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 programmes

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 (Implemented by Sanitation and environment

Strategy 2. 7: Promote trade, industry and investments in scaling up nutrition

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

Strategy 3.1: Strengthen nutrition 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 (all economic policy, monitoring and inspection);

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

Strategy 3.5: Strengthen nutrition advocacy, communication and social mobilisation for nutrition

Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making (economic policy, monitoring and inspection)

3.5 Priority actions under objective one

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.

Priority Actions for strategy 1.1

- Implement the Baby Friendly Initiatives in health facilities, communities and workplaces.
- Provide mothers of children 0–23 months with messages on optimal breastfeeding
- Integrate growth promotion and monitoring services at health facility and community level

Priority actions for strategy 1.2

- Provide Vitamin A supplementation for children 6-59 months during the April and October Child Health Day Plus and static clinics
- Provide de-worming medications to children above 1-14 years during the April and October Child Health Day Plus and static clinics
- Assess pregnant women to ascertain their Hb level at ANC 1st visit
- Assess pregnant women to ascertain their Hb level at ANC 4th visit
- Provide Pregnant women with Iron and Folic Acid supplementation at ANC 1st contact / visit
- Provide Pregnant women with Iron and Folic Acid supplementation at ANC after 36 weeks* of gestation.

Priority actions for strategy 1.3

Implement Integrated Acute Malnutrition management of acute malnutrition at Health Facility Level:

- Assesse for nutritional status among children (Boys and Girls) aged 0-59 months
- Assess for nutritional status among Children (Boys and Girls) aged 5-9 years
- Assess for nutrition status among Adolescents aged 10-19 years
- Assess for nutrition status among Adults aged >19 years
- Assess for nutrition status among Pregnant/Lactating Women (at ANC / Maternity / PNC)
- Assess Clients active on ART assessed for nutrition at their visit in quarter
- Admit new eligible Children (Boys and Girls) aged 0-59 months into ITC for care
- Admit eligible children (Boys and Girls) aged 0-59 months into OTC for care
- Admit eligible Children (Boys and Girls) aged 0-59 months' years into SFC for care
- Admit eligible Pregnant/Lactating Women into OTC and SFC for care
- Provide Malnourished (MAM+SAM) Clients active on ART who are at their last visit in the quarter with therapeutic/supplementary foods

Implement Integrated Acute Malnutrition management of acute malnutrition at Community Level

- Assess children under 5 years screened using MUAC in the community
- Screen pregnant/lactating women screened using MUAC in the community
- Screen children under 5 years with Oedema in the community
- Screen children under 5 years with Red MUAC in the community
- Screen children under 5 years with Yellow MUAC in the community
- Screen pregnant/lactating women with Red MUAC in the community
- Screen pregnant/lactating women with Yellow MUAC in the community
- Refer children under 5 years with Oedema, Red or Yellow MUAC to the health facility for care
- Refer pregnant/lactating women with Red or Yellow MUAC to the health facility for care
- Link and follow up referred children under 5 years with Oedema, Red or Yellow MUAC
- Link and follow up pregnant/lactating women with Red or Yellow MUAC

Priority actions for strategy 1.4

- Promote Use Oral Rehydration Solution (ORS) and Zinc in diarrhea treatment among children
- Distribute Insect treated nets to households of children under 5 years
- Distribute Insect treated nets to pregnant women
- Provide all 1-year-old children with appropriate doses of the recommended vaccines in the national schedule
- Treat children 0-5 years suffering from childhood diarrhea
- Treat children under 5 years of age suffering from malaria
- Treat children under 5 years of age suffering from Acute respiratory infections
- Treat children under 5 years of age suffering from fevers
- Provide nutrition services to Persons Living with HIV/AIDs
- Provide nutrition services to TB patients

Priority actions for strategy 1.5

- Implement the Presidential initiative on healthy eating and life styles
- Sensitize communities on healthy eating
- Sensitize communities on healthy lifestyle

3.6 Priority actions under objective two

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.

Priority actions for strategy 2.1

- Provide households with climate smart technologies aimed at increasing production of diverse, safe, nutrient dense food
- Provide households with inputs and/or information for improved production of diverse, safe, nutrient dense food
- Support households in production of nutrient dense indigenous and underutilized plant fisheries and animal resources
- Conduct awareness to farmers on use of gender sensitive labour and energy saving technologies
- Support farming households to produce bio-fortified foods

Priority actions for strategy 2.2

- Support farming households to undertake agro-processing and marketing of diverse, safe, nutrient dense crop and animal products
- Build capacity of farmer households on postharvest handling technologies and value addition
- Mobilize farmers to support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources
- Engage farmer groups (especially women groups) in marketing nutrient dense plant, fisheries and animal source food
- Support farmers in agricultural enterprise mixes to ensure frequent flow of household's incomes and improved access to safe, diverse, nutrient dense foods

Priority actions for strategy 2.3

- Conduct awareness campaigns aimed at ensuring food safety along the value chain
- Conduct household's awareness on the benefits of consuming bio and industrial fortified foods
- Sensitize households on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources

Priority actions for strategy 2.4

- Enroll women of reproductive age on UWEP with particular focus on nutrition sensitive projects.
- Deliberately target women in the youth age bracket benefiting to benefit from YLP

Priority actions for strategy 2.5

- Hold sensitization meetings for school stakeholders on School feeding and Nutrition
- Mobilize parents contribute to feeding and nutrition of their children in school
- Conduct Physical Education lessons in Primary school.

- Establish Vegetable gardens for both educational purposes and as a source of vital nutrients in school diets
- Mobilize Parents to enroll 33-59 months' children to enroll for ECD

Priority actions for strategy 2.6

- Provide with water for production
- Provide rural and trading center households with safe water
- Sensitize households with access to sanitation and hygiene services
- Mobilize households for sustainable use of WASH services
- Sensitize households on hand washing, hygiene practices, safe food preparation and storage and MIYCAN

Priority actions for strategy 2.7

- Conduct a mapping exercise on food business actors
- Conduct an assessment of the impact of Covid -19 on the food business
- Hold meetings to create awareness on recommendations on donations, marketing and promotion of food items
- Sensitize Business actors on food safety control recommendations among food producers/ processor
- Hold meetings for food stuff sellers involved in the selling of fruits and vegetables
- Mobilize food vendors to support the sale of fortified foods on the market
- Mobilize food store operators to sell Fortified foods (wheat flour, maize flour, edible oil)
- Form cooperatives for trade in quality nutritious foods

3.7 Priority actions under objective three

Priority actions for strategy 3.1

Establish Functional DNCC

- Establish the DNCC as per TOR
- Train the DNCC members on nutrition governance
- Assess the functionality of the DNCC
- Promote effective coordinate nutrition actions in the district
- Hold quarterly DNCC meetings
- Develop the schedule of work
- Promote effective Partnership and engagement for nutrition in the district
- Conduct the stake holder mapping

Priority actions for strategy 3.2

- Integrate nutrition into Planning Frameworks
- Develop and implement the DNAP aligned to the UNAP
- Develop and implement an annual Nutrition Joint Work plan derived from the DNAP
- Hold an annual review for Nutrition
- Track and mobilize Financing for Nutrition
- Conduct an expenditure review on previous five year
- Develop a resource mobilization plan
- Hold Nutrition stakeholders and partners to review and update nutrition investment plans.

Priority actions for strategy 3.3

- Nutrition Capacity Gaps Assessment
- Conduct Capacity Assessment
- Nutrition Capacity Development Planning
- Prepare a capacity development plan
- Human resources for Nutrition
- Trainings staffs on nutrition for non-nutritionists
- Competencies (numbers and skills) for nutrition
- Conduct staffing gap analysis for nutrition

Priority actions for strategy 3.4

- Nutrition advocacy communication strategy
- Develop technical briefs on nutrition
- Implement the Social Behaviour Change Communication for nutrition
- Nutrition communication for the media
- Implement SBCC campaigns
- Hold SBBCC implementation review meetings

Priority actions for strategy 3.5

- Legal and policy frameworks implementation
- Policy, legal and planning frameworks analysis to document nutrition relevant provisions
- Hold sessions to disseminate and popularize the Policy, legal and planning frameworks for implementation

Priority actions for Strategy 3.6

- Generate and use Commitment and Enabling Environment for Nutrition Data from available Sources of information
- Use commitment and Enabling Environment for Nutrition Data from available Sources of information inform and improve nutrition programming
- Generate and use Assessment Data using available data sources
- Use Assessment Data using available data sources inform and improve nutrition programming
- Generate and use Performance Monitoring Data from available sources
- Use Performance Monitoring Data from available sources to inform and improve nutrition programming

3.8: Cross Cutting Themes

3.8.1 HIV and AIDS:

Kabarole district has established HIV preventative strategies to address the transmission of HIV from positive clients using the guidance of HIV/AIDs and Multi-sectoral mainstreaming, all depts. participating in the implementation of this DNAP, have outlined and costed their HIV/AIDS related activities for FY 2019 -2020. These activities include psychosocial support, counselling, care, treatment, awareness creation campaigns, etc. the implementation of these HIV related activities within these departments is expected to address directly the effect of HIV/AIDS on food security and nutrition.

3.8.2 Climate Change:

There is continuous decline in forest cover, generally in the country, the forest cover has been declining and this decline is attribute to heavy deforestation, which is a leading driving factor of climate change (Characterized by prolonged drought and rainfall patterns) Climate change

is one of the identified basic causes of malnutrition. Depts. implementing this DNAP have mainstreamed environment issues in their plans, programs and budgets in order to address major climatic change and environment issues. The department of natural resources will take lead in ensuring that climate change and environment issues affecting food security and nutrition issues are addressed.

3.8.3 Population and Urbanisation:

Being a fast growing district`s rapid population is a big threat to economic growth with many youthful populations leading to under development and other current economic challenges. Like other parts of the country the district today is experiencing a sharp population drift from rural to urban areas. Under the department of Community Based Services interventions to address youth unemployment, interventions to improve the capacity of youth to harness their potential, and increase self-employment, have been prioritized. Such activities include the Youth Livelihoods Program. During the implementation of this DNAP, efforts will be made to reach out to non-state stakeholders to mobilize resources to improve the programs coverage. The district will invest in training youth to acquire skills for job market, link the youth not in formal employment through funding them for self-job creation and employ others.

3.8.4 Gender and equity:

Some of the gender issues include limited access and control of valuable resources by women, limited entrepreneurship skills, no participation in decision making and GBV. Through the Community Based Services department, Interventions to address these issues are available in the DDPs and work plans. Trade and Industry will also ensure that women are engaged in registered businesses. Health department will provide adequate access to health services, maternal mental health. Women council committees will also support in handling public health issues of women.

CHAPTER FOUR: COORDINATION ARRANGEMENTS

4.1 DNAP Implementation and Coordination

4.1.1 District Level Coordination

Coordination of nutrition programming at Sub-national level will be effected through the following Local Governments and Administrative Units: Districts; 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.

4.1.2 District Nutrition Coordination Committee (DNCC)

The district 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. Chief Administrative Officer (CAO) is the Chairperson of the DNCC. A Nutrition Focal Person is appointed by the CAO and works as a secretary to DNCC. The DNCC meets on a quarterly basis and reports to the District Technical Planning Committee and subsequently to the District Council.

4.1.3 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 the Principal Township Officer to work as secretary to the TNCC.

4.1.4 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.

4.1.5 Ward/ Parish Nutrition Coordination Committees.

The Ministry of Local Government (MoLG) developed guidelines for Parish Development Committees in 2020. The PDC Guidelines provide for functionalization of PDCs which respond to implementation of the Parish Model. The PDC bring together key actors for decision making and ownership of Programmes and project the in the parish through implementation of the Parish Model using the Parish Wealth Creation Work plan for which nutrition actions are part and parcel. In line with the UNAP II, the DNAP will use the structure of the PDCs as last mile channels for reaching the households and communities with nutrition services.

The TORs of reference for PDC to work as the Parish Nutrition Coordination Committees have been developed by Government and this DNAP will support establishment of PDCs which will subsequently work as Parish Nutrition Coordination Committees (PNCCs). The Parish Chiefs/Town Agents will work as the Chairperson of the Parish Nutrition Coordination Committee (PNCC). PDCs will be strengthened to effectively oversee planning, implementation and monitoring of nutrition actions at the Parish level.

4.2 Roles and Responsibilities of the Stakeholders.

4.2.1 District Council

The District Council will; Review and approve the District Nutrition Action Plans (DNAP), budget and monitor the implementation of nutrition interventions; Facilitate identification of nutrition problems, challenges and solutions in the District; 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 DNAP.

4.2.2 District Technical Planning Committees

The District 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.

4.2.3 Sectoral Committees

The Sectoral Committees of the District 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, DNAP, annual work plans, and budgets. Monitor the implementation of nutrition interventions across departments.

4.2.4. District Executive Committee (DEC)

The District 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.

4.2.5 Development Partners, CSOs, NGOs, Private Sector and Non-State Actors in the district

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 district shall however gradually increase its role in financing the implementation of the DNAP specifically alignment of resources within the district budget to intentionally focus on the target groups of this DNAP 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.

4.2.6 Community Structures and Households

This DNAP 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 DNAP 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 behaviour change campaigns.

4.2.7 Roles of Religious, Political, Traditional and Cultural Leaders

Political, traditional and cultural leaders command considerable audience and influence over peoples' attitudes and practices. The district 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 district will also work with religious organizations, churches, mosques, and synagogues to ensure they are aware of this DNAP and can communicate messages that support its implementation at Sub County, Parish, Community and Households.

CHAPTER FIVE: DNAP FINANCING AND RESOURCE MOBILIZATION

5.1 Total resource requirement for the DNAP 2020-2025

The total resource requirement is **26,464 Million Uganda Shillings (26.464 Billion)** for the entire period of five years and covers resources from both Government and non-government. This is an average of **5,293,000,000 (5.293 billion)** per year. The indicative figures arrived at based on existing budget provisions and extrapolated over the implementation period). The projected resources for DNAP include: resources already available in the budgets for line programmes and ongoing projects and programmes. Implementation is will be mainstreamed in existing department, programs and project work plans and budgets.

Table 5.1: Below summarizes estimated cost of implementing the DNAP

	Strategy	Estimated budget (Millions UGX)	Lead Sector	Potential partnerships
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				
1	1.1 Improve maternal, infant, young child and adolescent nutrition practices	7,119	MoH	MAAIF, MOTIC, DPS, CSOS
2	1.2 Promote micronutrient intake among children, adolescents and women of reproductive age	4,467	MoH	MAAIF, MOTIC, DPS, CSOS
3	1.3 Increase coverage of management for acute malnutrition in stable and in emergency situations	789	MoH	DPS, CSOS, Private sector
4	1.4 Integrate essential nutrition actions in infectious disease prevention and management	1	MoH	MOWE, DPS, CSOS, PS
5	1.5 Integrate essential nutrition actions in non-communicable disease prevention and management	4702	MoH	MAAIF, MoTIC, DPS, CSOS, Private sector
	Sub-total for objective 1	12,845		
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				
1	2.1 Promote production of diverse, safe, nutrient dense crop and animal products at household level	3270	MAAIF	MOWE, DPS, CSOS, Private sector

1 No additional costs since nutrition actions will be integrated in ongoing programmes which are already budgeted by MoH
2 The costs are low since majority of nutrition actions will be integrated in ongoing programmes which are already budgeted by MoH

	Strategy	Estimated budget (Millions UGX)	Lead Sector	Potential partnerships
2	2.2 Increase access to diverse, safe and nutrient dense crop and animal products	552	MAAIF	MOTIC, DPS, CSOS, PS
3	2.3 Improve utilization of diverse, safe and nutrient dense crop, fish and animal products	310	MAAIF	MoH, DPs, CSOs, Private sector
4	2.4 Promote integration of nutrition services in social protection programmes	2519	MGLSD	MoH, MoFPED, DPS, CSOS
5	2.5: Promote access to IECD services and quality education and sports for improved nutrition	2021	MoES,	MoH, MAAIF, DPS, CSOS
6	2.6 Increase access to Water Sanitation and Hygiene services	572	MoWE	MoH, DPS, CSOS, Private sector
7	2.7 Increase trade, industry and investments in scaling up nutrition	144	MoTIC	MAAIF, MoH, MoFPED DPs, CSOs, Private sector
	Sub-total for objective 2	**9,388**		
Objective 3: To strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services				
1	Strategy 3.1: Strengthen coordination and partnerships at all levels	164	CAO LLGs	All line ministries, DPs, CSOs
2	Strategy 3.2: Strengthen coherent policy, legal and institutional frameworks for nutrition	137	CAO	All line ministries, DPs, CSOs, Private sector
3	Strategy 3.3: Improve planning, resource mobilization, financing and tracking of nutrition investments.	273	CAOMo	All line ministries, DPs, CSOs, Private sector
4	Strategy 3.4: Strengthen institutional and technical capacity for scaling up nutrition actions	331	CAO	All line ministries, DPs, CSOs, PS
5	Strategy 3.5: Strengthen nutrition advocacy, communication and social mobilisation for nutrition.	71	CAO	All line ministries, DPs, CSOs, Private sector
6	Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management	1,140	CAO	All line ministries, DPs, CSOs
	Sub-total for objective 3	**4,231**		

	Strategy	Estimated budget (Millions UGX)	Lead Sector	Potential partnerships
	GRAND TOTAL			

5.2 Available financial resources and the funding gap

The DNAP implementation is estimated to cost approximately **26,464,000,000 UGx across** the 5-year implementation period. Of the 48,465,447,250, 000 budget for Production, over the 5-year period of DDPIII, 29,750,942,250,000 will support Objective 2 strategies 2.1, 2.2, 2.3 and 2.7 of the DNAP 2020-2025 which is 61% of the Production Planned expenditure in the DDPIII. The projected available resources from 2020-2025 is **UGX: 6,616,000,000** across which translates to 25%**.** This implies that **UGX: 19,848,000,000**, that is **75%** will be raised to cover the funding gap.

5.3 Resources Mobilization

Development of financial tracking and resource mobilisation plan has been included as a key activity in the DNAP implementation roadmap. The estimated available resources and the funding gap in section 5.2 together with nutrition expenditure review and DNAP costing and budgeting will provide crucial.

CHAPTER SIX: DNAP MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

This chapter gives a highlight on the Primary and intermediate outcomes of the DNAP, Monitoring, Evaluation, Accountability and Learning arrangements for the DNAP.

6.1 Primary Outcomes and indicators

The DNAP Goal, Objectives, Strategies and priority actions define the scope of Monitoring, Evaluation, Accountability and Learning on the primary, intermediate and output indicators. The overall Impact of the DNAP is improved nutrition status of children under 5 years, school age children, adolescents, pregnant, lactating women and other vulnerable groups by 2025. The nutrition status of the targeted beneficiaries for the DNAP will be assed based on the following **14** primary outcome indicators.

Table 6.1 DNAP Primary Outcome Indicators

Impact outcomes	Baseline (%) 2016	Target 2024/2025 (%)
Prevalence of stunting in children under five years of age	40.6	25%
Prevalence of low birth weight (<2500 g)	10.3	7
Prevalence of overweight in children under five years of age	5.3	2
Prevalence of wasting in children under five years	3.4	2
Prevalence of anaemia in women of reproductive age	29.4	20
Prevalence of anaemia in children 0-5 years	45.0	35
Proportion of overweight adult women aged 18+ years	19.0	13
Proportion of overweight adult men aged 18+ years	6.4	4
Proportion of obesity in adult women aged 18+ years	6.7	5
Proportion of obesity in adult men aged 18+ years	0.7	0.4
Proportion of overweight in adolescents	10	6
Proportion of obesity in adolescents girls	1	1
Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years	3.3	2.1
Age-standardized prevalence of raised blood pressure among persons aged 18+ years	24	20

6.2 DNAP Nutrition Intermediate Outcomes

Realization of the **14** primary outcome indicators will be determined by the extent to which the Nutrition Specific, Nutrition Sensitive and enabling environment Intermediate Outcomes will have been achieved;

Nutrition Specific intermediate outcomes

The five DNAP Nutrition specific outcomes are (1) Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices in stable and emergency situations (2) Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age in stable and emergency situations(3) Reduction of acute malnutrition in stable and emergency

situations(4) Reduction of infectious diseases related to nutrition among children under 5 years and (5) Reduction of Diet Related Non Communicable Diseases (DRNCDs). Under each of the five nutrition specific intermediate outcomes indicators have been detailed in the Monitoring and Evaluation Framework (Annex 2).

6.2.2 Nutrition Sensitive Intermediate Outcomes

The four DNAP Nutrition sensitive outcomes are: (1)Increased production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source foods (2) Increased access to nutrition sensitive social protection and GBSV programmes (2)Increased access to efficient and quality education and sports for improved nutrition (3)Increased access to nutrition sensitive Water Sanitation and Hygiene (WASH) services and (4)Increased trade, industry and investments in scaling up nutrition.

6.2.3 Enabling environment intermediate outcomes

The DNAP Nutrition enabling environment outcomes are: (1) Strengthened nutrition coordination and partnerships at all levels(2) Improved planning, resource mobilization, financing and tracking of nutrition investment (3) Strengthened institutional and technical capacity for scaling up nutrition actions(4) Strengthened nutrition advocacy, communication and social mobilization for nutrition(5)Coherent policy, legal and institutional frameworks for nutrition and (6)Improved nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

6.3 Overview of MEAL Framework for the DNAP

The MEAL framework for DNAP 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 DNAP 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. This DNAP has identified 14 nutrition impact targets that constitute the CRAF their achievement will contribute significantly to the desired change.

6.3 DNAP MEAL Arrangements

Office of the Chief Administrative Officer (CAO) - Kabarole in collaboration with line ministries and relevant stakeholders will monitor and evaluate progress towards achievement of DNAP 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 DNAP will be done through regular progress reviews (quarterly and annually) of annual work plans developed to implement DNAP, DNCC Functionality Assessments, Food and Nutrition Security Assessments, department administrative assessments, thematic research and studies will assist in providing additional information.

6.3.1. Quarterly and Annual Monitoring and Reporting

The DNAP 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 DNAP milestones/ Intermediate Outcomes (IOs). Annual progress reports will provide narrative for each DNAP objective and strategy. The report will cover milestone achievement, variance and correctional measures, risks, sustainability, lessons learned, best practices, budgetary commitments and spending and plans for the next reporting cycle.

6.4 Learning

The DNAP 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.

6.5 Risks and Mitigation Measures

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

Table 6.2 : DNAP 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.

Table 6.3: Risks, Risk level and mitigation measures for the DNAP implementation

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.

No.	Risk	Risk level	Risk Mitigation
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 DNAP. Conduct a stakeholder and action mapping, capacity assessment Develop a capacity development plan with M&E aligned to existing frameworks
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 District 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 District, District, parish and village levels to ensure that sectoral and development partner policy, strategies and plans on nutrition are in alignment with the DNAP. 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 District and District nutrition forum chaired by the District 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	Organize regular nutrition advocacy meetings with District and District councils including members of the security committee among others. Hold meeting for implementing partners. Continue keeping nutrition high on the District development agenda through holding regular Nutrition Forum at the District, District, and parish and village levels. Monitor and track inclusion of nutrition objectives in the political agenda of local politicians.
7	Occurrence of natural and man-made Disasters (e.g. Floods, drought, deforestation, Earthquake)	Medium	Need to monitor all possible disasters closely and respond appropriately. Prioritize areas historically known to suffer from emergencies and prepare emergency/disaster response plans Assess and act on the early detected signs Update the disaster preparedness plans at LLG levels.
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, Kabarole District will aggressively implement programmes to ensure adequate sensitization and awareness of all Ugandans on the benefits out of good nutrition for their health and wellbeing.

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Annex 1: KABAROLE NUTRITION ACTION PLAN IMPLEMENTATION MATRIX 2020-2025

DNAP 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	Activity	Output	Output Indicator
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 Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) interventions	Provide mothers of children 0–23 months with messages on optimal breastfeeding	Increased number of Women of reproductive age counselled on MIYCAN practices	Proportion of women of reproductive age counselled on MIYCAN practices
	Engage mothers to initiate breast feeding within 1st hour after delivery	Percentage of mothers initiating breast feeding within 1st hour after delivery	Percentage of mothers initiating breast feeding within 1st hour after delivery
	Engage mothers of HIV exposed infants reported to practice exclusively breastfed for the first 6 completed months	Percentage of HIV exposed infants reported to have been exclusively breastfed for the first 6 completed months	Percentage of HIV exposed infants reported to have been exclusively breastfed for the first 6 completed months
	Engage mothers of HIV exposed infants to breastfed up-to 1 year	Percentage of HIV exposed infants who were reported to be breastfed up-to 1 year	Percentage of HIV exposed infants who were reported to be breastfed up-to 1 year
	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 1.2: Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age in stable and emergency situations			
Strategy 1.2: Promote micronutrient intake among children, adolescent girls and women of reproductive age in stable and emergency situations			

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
Implement actions to address Micronutrient deficiencies of concern among children, adolescents and women of reproductive age	Provide Vitamin A supplementation for children 6-59 months during the April and October Child Health Day Plus and static clinics	Increased number of children 6–59 months receiving Vitamin A supplementation	Percentage of Children (Boys and Girls) aged 6-59 months who received Vitamin A supplements (Static + Outreach)
	Provide de-worming medications to children above 1-14 years during the April and October Child Health Day Plus and static clinics	Increased number of Children (Boys and Girls) aged 12-59 months or 1-4 years who receive Deworming tablets (Static + Outreach)	Percentage of Children (Boys and Girls) aged 12-59 months or 1-4 years who received Deworming tablets (Static + Outreach)
		Increased number of children 5 to 14 years who receive two doses of deworming medication per year	Proportion of children 5 to 14 years receiving two doses of deworming medication per year
	Assess pregnant women to ascertain their Hb level at ANC 1st visit	Increased number of pregnant women with Hb level diagnosed at ANC 1st visit	Percentage of pregnant women with Hb diagnosed with at ANC 1st visit
	Assess pregnant women to ascertain their Hb level at ANC 4th visit	Increased number of pregnant women with Hb level assessed at ANC 4th visit	Percentage of pregnant women with Hb level assessed at ANC 4th visit
	Provide Pregnant women with Iron and Folic Acid supplementation at ANC 1st contact / visit	Increased number of Pregnant women receiving Iron and Folic Acid supplementation at ANC 1st contact / visit	Percentage of pregnant women receiving at least 30 tablets of Folic Acid and Iron Sulphate at ANC 1st contact / visit
	Provide Pregnant women with Iron and Folic Acid supplementation at at ANC after 36 weeks* of gestation	Increased number of Pregnant women receiving Iron and Folic Acid supplementation at ANC after 36 weeks* of gestation	Percentage of pregnant women receiving at least 30 tablets of Folic Acid and Iron Sulphate at ANC after 36 weeks* of gestation

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	**21/22**	**22/23**	**23/24**	**24/25**	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
Intermediate outcome 1.3: Reduction of acute malnutrition in stable an emergency situations			
Strategy 1.3: Increase coverage of integrated management of acute malnutrition in stable and emergency situations			
Implement Integrated Acute Malnutrition management of acute malnutrition at Health Facility Level	Assesse for nutritional status among children (Boys and Girls) aged 0-59 months	Increased number of Children (Boys and Girls) aged 0-59 months assessed for nutritional status	Percentage of Children (Boys and Girls) aged 0-59 months assessed for nutritional status
	Assess for nutritional status among Children (Boys and Girls) aged 5-9 years	Increase number of Older Children (Boys and Girls) aged 5-9 years assessed for nutritional status	Percentage of Older Children (Boys and Girls) aged 5-9 years assessed for nutritional status
	Assess for nutrition status among Adolescents aged 10-19 years	Increased number of Adolescents aged 10-19 years assessed for nutritional status	Percentage of Adolescents aged 10-19 years assessed for nutritional status
	Assess for nutrition status among Adults aged >19 years	Increased number of adults aged >19 years assessed for nutritional status	Percentage of Adults aged >19 years assessed for nutritional status
	Assess for nutrition status among Pregnant/Lactating Women (at ANC / Maternity / PNC)	Increased number of Pregnant/Lactating Women assessed for nutritional status (at ANC / Maternity / PNC)	Percentage of Pregnant/ Lactating Women assessed for nutritional status (at ANC / Maternity / PNC)
	Assess Clients active on ART assessed for nutrition at their visit in quarter	Increased number of Clients active on ART assessed for nutrition at their visit in quarter	Percentage of Clients active on ART assessed for Malnutrition at their visit in quarter
	Admit new eligible Children (Boys and Girls) aged 0-59 months into ITC for care	Increased number of eligible c Children (Boys and Girls) aged 0-59 months admitted into ITC for care	Percentage of Children (Boys and Girls) aged 0-59 months newly admitted into ITC for care
	Admit eligible children (Boys and Girls) aged 0-59 months into OTC for care	Increased number of eligible children (Boys and Girls) aged 0-59 months newly admitted into OTC for care	Percentage of Children (Boys and Girls) aged 0-59 months newly admitted into OTC for care

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
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40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
	Admit eligible Children (Boys and Girls) aged 0-59 months' years into SFC for care	Increased number of eligible Children (Boys and Girls) aged 0-59 months' admitted into SFC for care	Percentage of Children (Boys and Girls) aged 0-59 months' years newly admitted into SFC for care
	Admit eligible Pregnant/Lactating Women into OTC and SFC for care	Increased number of eligible Pregnant/ Lactating Women into OTC and SFC for care	Percentage of Pregnant/ Lactating Women newly admitted into OTC and SFC for care
	Provide Malnourished (MAM+SAM) Clients active on ART who are at their last visit in the quarter with therapeutic/ supplementary foods	Increased number of Clients active on ART who are Malnourished (MAM+SAM) at their last visit in the quarter who receive therapeutic/ supplementary foods	Percentage of Clients active on ART who are Malnourished (MAM+SAM) at their last visit in the quarter who receive therapeutic/supplementary foods
Implement Integrated Acute Malnutrition management of acute malnutrition at Community Level	Assess children under 5 years screened using MUAC in the community	Percentage of children under 5 years screened using MUAC in the community	Percentage of children under 5 years screened using MUAC in the community
	Screen pregnant/ lactating women screened using MUAC in the community	Percentage of pregnant/lactating women screened using MUAC in the community	Percentage of pregnant/ lactating women screened using MUAC in the community
	Screen children under 5 years with Oedema in the community	Percentage of children under 5 years with Oedema in the community	Percentage of children under 5 years with Oedema in the community
	Screen children under 5 years with Red MUAC in the community	Percentage of children under 5 years with Red MUAC in the community	Percentage of children under 5 years with Red MUAC in the community
	Screen children under 5 years with Yellow MUAC in the community	Percentage of children under 5 years with Yellow MUAC in the community	Percentage of children under 5 years with Yellow MUAC in the community

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	**21/22**	**22/23**	**23/24**	**24/25**	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
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40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
	Screen pregnant/ lactating women with Red MUAC in the community	Percentage of pregnant/lactating women with Red MUAC in the community	Percentage of pregnant/ lactating women with Red MUAC in the community
	Screen pregnant/ lactating women with Yellow MUAC in the community	Percentage of pregnant/lactating women with Yellow MUAC in the community	Percentage of pregnant/ lactating women with Yellow MUAC in the community
	Refer children under 5 years with Oedema, Red or Yellow MUAC to the health facility for care	Percentage of children under 5 years with Oedema, Red or Yellow MUAC referred to the health facility for care	Percentage of children under 5 years with Oedema, Red or Yellow MUAC referred to the health facility for care
	Refer pregnant/ lactating women with Red or Yellow MUAC to the health facility for care	Percentage of pregnant/lactating women with Red or Yellow MUAC referred to the health facility for care	Percentage of pregnant/ lactating women with Red or Yellow MUAC referred to the health facility for care
	Link and follow up referred children under 5 years with Oedema, Red or Yellow MUAC	Percentage of referred children under 5 years with Oedema, Red or Yellow MUAC followed up and were linked to care	Percentage of referred children under 5 years with Oedema, Red or Yellow MUAC followed up and were linked to care
	Link and follow up pregnant/lactating women with Red or Yellow MUAC	Percentage of referred pregnant/lactating women with Red or Yellow MUAC followed up and were linked to care	Percentage of referred pregnant/lactating women with Red or Yellow MUAC followed up and were linked to care
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			
Implement actions that prevent and control infectious diseases that have a direct impact on nutrition status of 5 years, pregnant women and lactating mothers	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
	Distribute Insect treated nets to households of children under 5 years	Increased number of children under 5 years using insecticide treated nets	Proportion of children aged 0–5years using insecticide treated nets

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
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					203,569,203
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Priority Action	Activity	Output	Output Indicator
	Distribute Insect treated nets to pregnant women	Increased number of pregnant women using insecticide treated nets	Proportion of pregnant women using insecticide treated nets
	Provide all 1-year-old children with appropriate doses of the recommended vaccines in the national schedule	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
	Treat children 0-5 years suffering from childhood diarrhea	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
	Treat children under 5 years of age suffering from malaria	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
	Treat children under 5 years of age suffering from Acute respiratory infections	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
	Treat children under 5 years of age suffering from fevers	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
	Provide nutrition services to Persons Living with HIV/AIDs	Increased number of Persons Living with HIV/AIDs who access nutrition services	Proportion of known Persons Living with HIV/AIDs who access nutrition services
	Provide nutrition services to TB patients	Increased number of TB patients accessing nutrition services	Proportion of known TB patients accessing nutrition services

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
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			
Implement the Presidential initiative on healthy eating and life styles	Sensitize communities on healthy eating Sensitize communities on healthy lifestyle	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
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	Provide households with climate smart technologies aimed at increasing 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
Support farmers to access critical farms inputs for improved production of diverse, safe, nutrient dense food	Provide households with inputs and/ or information 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
Support production of nutrient dense indigenous and underutilized crop, fisheries and animal source food	Support households in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	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

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
Create awareness and support farmers to access and use gender sensitive labour and energy saving technologies	Conduct awareness to farmers on use of gender sensitive labour and energy saving technologies	Increased number of farmers who are awareness of gender sensitive labour and energy saving technologies	Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided
Promote production of bio fortified foods	Support farming households to produce bio-fortified foods	Increased production of bio fortified foods	Proportion of farming households producing bio-fortified foods
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	Support farming households to undertake agro-processing and marketing of diverse, safe, nutrient dense crop and animal products	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	Build capacity of farmer households 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	Mobilize farmers to support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	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

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
Support organization of farmers (especially women) to form groups or cooperatives to market nutrient dense plant, fisheries and animal source food	Engage farmer groups (especially women groups) in marketing 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	Support farmers in 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	Conduct 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
Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods	Conduct households awareness 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

Annual Budget (UGX)					Total 5 YR (UGX)
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40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	Sensitize households 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 programmes			
Strategy 2.4: Promote integration of nutrition services in social protection and Sexual and Gender Based Violence (SGBV) programmes			
Mainstream nutrition interventions into social protection programmes and humanitarian assistance safety net programmes	Enroll women of reproductive age on UWEP with particular focus on nutrition sensitive projects.	Increased number of women of reproductive age covered by UWEP,	Proportion of women of reproductive age covered by UWEP,
	Deliberately target women in the youth age bracket benefiting to benefit from YLP	Increased number of women in the youth age bracket benefiting from the YLP	Proportion of women in the youth age bracket benefiting from the YLP
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			
Implement the school feeding and Nutrition Guidelines of 2013	Hold sensitization meetings for school stakeholders on School feeding and Nutrition	Increased number of school stakeholders sensitized on School feeding and Nutrition	Proportion of school stakeholders sensitized on School feeding and Nutrition
	Mobilize parents contribute to feeding and nutrition of their children in school	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

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
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Priority Action	Activity	Output	Output Indicator
Promote physical and mental activity by exercising regularly at school	Conduct Physical Education lessons in Primary 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	Establish Vegetable gardens for both educational purposes and as a source of vital nutrients in school diets	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
Promote integrated nutrition and early childhood development (ECD) services	Mobilize Parents to enroll 33-59 months children to enroll for ECD	Increased number of children 36-59 months accessing ECD services	Proportion of children 36-59 months accessing ECD services
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.	Provide with water for production	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	Provide rural and trading center households with safe water	Increased number of households with access to safe water sources	Proportion of rural and trading center households with access to safe water sources
Provide sanitation and hygiene services to households in the community	Sensitize households with access to sanitation and hygiene services	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	Mobilize households for 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

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20/21	21/22	22/23	23/24	24/25	
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
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40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203
40,713846	40,713846	40,713846	40,713846	40,713846	203,569,203

Priority Action	Activity	Output	Output Indicator
Provide messages on handwashing, hygiene practices, safe food preparation and storage with MIYCAN sensitization.	Sensitize households on hand washing, hygiene practices, safe food preparation and storage and MIYCAN	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 2.7: 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	Conduct a mapping exercise on food business actors	Improved engagement with the food business actors to scale up nutrition	Mapping report for food business actors
Assess the impact of the COVID-19 pandemic on food businesses (Trade, transport, processing and consumer)	Conduct an assessment of the impact of Covid -19 on the food business	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	Hold meetings to create awareness on recommendations on donations, marketing and promotion of food items	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
	Sensitize Business actors on food safety control recommendations among food producers/processor	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

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
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Priority Action	Activity	Output	Output Indicator
Organize food business operators into a network to promote food business for improved nutrition	Hold meetings for food stuff sellers involved in the selling of fruits and vegetables	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
	Mobilize food vendors to support the sale of fortified foods on the market	Increased number of food venders supplying fortified foods on the market	Proportion of food venders supplying fortified foods on the market
	Mobilize food store operators to sell Fortified foods (wheat flour, maize flour, edible oil)	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)
	Form cooperatives for trade in quality nutritious foods	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			
Strategy 3.1: Strengthen nutrition coordination and partnerships			
Establish Functional DNCC	Establish the DNCC as per TOR	NCC is fully established and fully functional with stakeholders from departments and implementing partners coming together regularly (quarterly)	Nutrition Coordination Committee Functionality Score
	Train the DNCC members on nutrition governance		
	Assess the functionality of the DNCC		
Promote effective coordinate nutrition actions in the district	Hold quarterly DNCC meetings	Mechanisms for engagement or contribution to the stakeholders' platform are in place	
	Develop the schedule of work		
Promote effective Partnership and engagement for nutrition in the district	Conduct the stake holder mapping	Periodic nutrition stakeholder meetings take place and partners' lists are reviewed and updated routinely	

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
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Priority Action	Activity	Output	Output Indicator
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			
Integrate nutrition into Planning Frameworks	Develop the DNAP aligned to the UNAP	Nutrition strategies/ interventions are fully integrated in District Development Planning framework.	•
	Develop and implement an annual Nutrition Joint Work plan derived from the DNAP	Annual Nutrition Joint Work plan derived from the DNAP developed	
	Hold an annual review for Nutrition	The planning frameworks are routinely reviewed by stakeholders and DLG to suit the changing nutrition landscape	
Track and mobilize Financing for Nutrition	Conduct an expenditure review on previous five year	DLG investments for nutrition are disaggregated by specific or sensitive, types of programmes, department sources of funding, allocations expenditures or years.	
	Develop an resource mobilsation plan	There exists a resource tracking mechanism for the nutrition investments.	
	Hold Nutrition stakeholders and partners to review and update nutrition investment plans.	Nutrition stakeholders and partners routinely review and update nutrition investment plans.	

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
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Priority Action	Activity	Output	Output Indicator
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			
Nutrition Capacity Gaps Assessment	Conduct Capacity Assessment plan	Nutrition capacity gaps identified and prioritized for action	
Nutrition Capacity Development Planning	Prepare a capacity development plan	All departments and partners integrate and implement nutrition capacity Development activities in annual work plans and budgets	
Human resources for Nutrition	Trainings staffs on nutrition for non-nutritionists	Nutrition relevant positions are integrated into human resource plans and routinely reviewed and updated.	
Competencies (numbers and skills) for nutrition	Conduct staffing gap analysis for nutrition	Performance based appraisals and reviews for DNCC members are regularly conducted to update gaps in the training manuals	
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			
Nutrition advocacy communication strategy	Develop technical briefs on nutrition	Nutrition advocacy communication strategy fully implemented	Status of implementation of the NACS actions
Implement the Social Behaviour Change Communication for nutrition	Nutrition communication for the media	Partners and stakeholders show commitment to nutrition commitment scorecards for SBCC at DLG level.	
	Implement SBCC campaigns	SBCC campaigns held	
	Hold SBBCC implementation review meetings	Review meetings for SBCC held regularly	

Annual Budget (UGX)					Total 5 YR (UGX)
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Priority Action	Activity	Output	Output Indicator
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			
Legal and policy frameworks implementation	Policy, legal and planning frameworks analysis to document nutrition relevant provisions	The Legal and Policy framework relevant to nutrition exist, are fully popularized to increase awareness, fully implemented and are regularly reviewed	
	Hold sessions to disseminate and popularize the Policy, legal and planning frameworks for implementation	Hold sessions to disseminate and popularize the Policy, legal and planning frameworks for implementation	
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.			
Generate and use Commitment and Enabling Environment for Nutrition Data from available Sources of information	Use commitment and Enabling Environment for Nutrition Data from available Sources of information inform and improve nutrition programming	Data on commitment and enabling environment are used to inform and improve nutrition programming	
Generate and use Assessment Data using available data sources	Use Assessment Data using available data sources inform and improve nutrition programming	Data from surveys is used and partners to inform and improve nutrition programming	
Generate and use Performance Monitoring Data from available sources	Use Performance Monitoring Data from available sources to inform and improve nutrition programming	Programmes performance monitoring data from health facility-based nutrition services, nutrition programs & sectoral information systems is available and used to inform and improve nutrition programming	

Annual Budget (UGX)					Total 5 YR (UGX)
20/21	21/22	22/23	23/24	24/25	
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ANNEX 2: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) FRAMEWORK FOR KABAROLE DNAP 2020-2025

UNAPII MEAL Outcomes and Targets for 2025			
Impact outcomes	**Base-line (%) 2016**	**Target 2024/2025 (%)**	**Data Source / Respon-sibility Centre**
Prevalence of stunting in children under five years of age	40.6		UDHS/ UBOS
Prevalence of low birth weight (<2500 g)	10.3	7	UDHS/ UBOS
Prevalence of overweight in children under five years of age	5.3	2	UDHS/ UBOS
Prevalence of wasting in children under five years	3.4	2	UDHS/ UBOS
Prevalence of anaemia in women of repro-ductive age	29.4	20	UDHS/ UBOS
Prevalence of anaemia in children 0-5 years	45.0	35	UDHS/ UBOS
Proportion of overweight adult women aged 18+ years	19.0	13	UDHS/ UBOS
Proportion of overweight adult men aged 18+ years	6.4	4	UDHS/ UBOS
Proportion of obesity in adult women aged 18+ years	6.7	5	UDHS/ UBOS
Proportion of obesity in adult men aged 18+ years	0.7	0.4	UDHS/ UBOS
Proportion of overweight in adolescents	10	6	UDHS/ UBOS
Proportion of obesity in adolescents girls	1	1	UDHS/ UBOS
Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years	3.3	2.1	UDHS/ UBOS
Age-standardized prevalence of raised blood pressure among persons aged 18+ years	24	20	UDHS/ UBOS
Nutrition Specific Outcome Indicators	**Base-line (%) 2016**	**Target 2024/2025 (%)**	**Data Source**
Coverage of nutrition specific interventions,			
Percentage among all children age 6-59 months given vitamin A supplement	76.7	80	
Percentage among all children age 6-59 months given deworming medication-	66.5	80	

Percentage of Pregnant mothers who take iron tablets for 90+days' during pregnancy	25.8	80	
Percentage of women who took deworming medication	63.3	80	
Percentage among women with a live birth in the past 5 years, who during the pregnancy of their most recent live birth took iron tablets or syrup	86.7	100	
Percentage among women with a live birth, who during the pregnancy of their live birth took intestinal parasite drug	63.2	80	
Prevention and Prevalence of common diseases			
Percentage of children 0-5 years with fever	24.0	10	
Percentage of children 0-5 years with symptoms of ARI	13.2	10	
Percentage of children 0-5 years with diarrhea	22	10	
Percentage of children age 6-59 months classified as having malaria	18.3	10	
Oral rehydration therapy, zinc, and other treatments for diarrhea ORS and zinc	36.6	80	
Percentage U5 who sleep under an ITN	53.3	80	
Percentage pregnant women who sleep under an ITN	60.2	80	
Percentage of pregnant women who receive three or more doses of SP/Fansidar	20.8	80	
Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule			
Infant and young child feeding (IYCF) practices;			
Percentage of live birth children who start breastfeeding within 1 hour of birth	79.1	100	
Percentage of 0-6 months children Exclusively breastfed in the first completed six months		70	
Percentage among breastfed children age 6-23 months, fed on Minimum dietary diversity	19.5	30	
Percentage among breastfed children age 6-23 months, with a Minimum meal frequency	39.5	60	
Percentage among breastfed children age 6-23 months, fed-on a Minimum acceptable diet-	7.5	40	
Percentage of women 15-49 years of age meeting the Minimum dietary diversity	-	40	

Percentage among youngest children age 6-23-month Percentage who consume d foods rich in vitamin A	54.3	80	
Percentage among youngest children age 6-23 months who consume foods rich in iron-	30.3	80	
Prevalence of persons aged 18+ years consuming less than 400 grams of fruit and vegetables per day	14	20	UDHS/ UBOS
IMAM			
Cure Rate (OTC)	-	85	
Nutrition Sensitive Outcome Indicators	**Baseline (%) 2016**	**Target 2024/2025 (%)**	**Data Source**
Food Security			
Percentage of HH who were classified as food secure based on the CARI console	-	TBD	
Percentage of HHs that consumed different food groups over the previous seven days	-	TBD	
Percentage of HHs with food security using food expenditure share	-	TBD	
Percentage of HHs with food security using livelihood coping strategies,	-	TBD	
Sources of household food stock	-	TBD	
Availability of food stock at households and projected duration	-	TBD	
Household livestock ownership	-	TBD	
Household ownership of backyard or kitchen garden Crops commonly cultivated by household (Among households that cultivated crops, percentage that cultivated: Maize Beans Cassava Millet Sorghum Potato Bananas Rice Groundnuts Simsim Soya	-	TBD	
Proportion of population able to meet the required daily dietary intake		**TBD**	
Extent of hunger in the population (percent)		TBD	
Prevalence of undernourishment (share of the population with insufficient caloric intake below 2,200 kcal)		TBD	
Contribution of staples to daily caloric intake		TBD	
Proportion of households chronically undernourished		TBD	
Dietary Diversity Score		TBD	

Population experiencing acute food insecurity (Millions)		TBD	
Percentage increase in production volumes of priority food commodities	3.8% annual increment	6% annual increment	UBOS, MAAIF
Percentage increase in production volumes of bio-fortified staple food commodities	-	30	MAAIF, UBOS
Proportion of food based MSMEs in food processing and value addition	-	30	UBOS, MTIC
Proportion of eligible population with access to social care services	-	15	MoGLSD
Proportion of small holder farmers covered by social assistance, social protection programmes	-	30	ESPP Reports
Proportion of uptake of nutrition services at community level	-	65	MoGLSD
Proportion of school going children having meals at schools	-	54	UNPS
Early childhood development (ECD) related behavioural indicators			
Proportion of children aged 36-59 months who are developmentally on track in at least three domains of ECD	63.3	73	UDHS/ UBOS
Percentage of youngest children age 36-59 months attending early childhood education	35.0		
Percentage of children 36-59 months with whom adult household members have engaged in four or more activities	59.8		
Percentage of children3 6-59 months with whom biological father engaged in four or more activities	2.7		
Percentage of children 36-59 months with whom biological mother engaged in four or more activities	19.8		
Percentage of children living in households that have for the child having 3 or more children's books	1		
Percentage of children 36-59 months who play with Two or more types of playthings	42.2		
Percentage of children under age 5 left with inadequate care in a week	36		
Percentage of children 36-59 months who are developmentally on track for indicated domains	58		

% increase in safe and clean water access.	58	95	UDHS/ MoWE
% Increase water functionality and sustainability	88	100	UDHS/ MOWE
% increase in sanitation coverage (latrine coverage)	60	90	UDHS/ MoWE
% increase in hand washing with soap after using the toilet.	10	70	UDHS/ MoWE
Enabling Environment for Nutrition Indicators			
Functionality score of the DNCC	-	80	CAO / MoLG
Percentage of Functional sub county and town council NCC	80	100	CAOs Office
Status of implementation of the DNAP	-	80	CAOs Office
Status of implementation of the District Annual Nutrition Work plans			CAOs Office
Status of implementation of the Sub county and Town Council Annual Nutrition Work plans			CAOs Office
Proportion of Wards with Wealth Creation Plans integrating NAP actions	-	80	CAOs Office
Proportion of Public resources allocated to nutrition interventions			CAOs Office
Implementation status of resource mobilisation and tracking for nutrition	-	80	CAOs Office
Status of implementation of the Nutrition Advocacy and Communication activities applicable at District level			CAOs Office
Status of implementation of the Capacity Development plan for Nutrition	-	80	CAOs Office

ANNEX 3: DNAP ROLLOUT AND IMPLEMENTATION ROAD MAP

Activity	Timeline							Output	Responsibility	Potential partnerships
	2019	2020	2021	2022	2023	2024	2025			
Validation and approval DNAP								Approved DNAP	CAO Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO, NI and CSOs
Production of a simplified reader friendly version of DNAP								2000 copies printed and circulated	CAO Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO and CSOs
High level launch of DNAP at the district level								Government and non-governmental leaders are aware of DNAP and commit to support its implementation	DNCC Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO and CSO, UMSFNP
disseminate standard operating procedures for nutrition coordination structures aligned to UNAP II								National and LLG actors are sensitised on the standard operating procedures nutrition	DNCC Secretariat	UNICEF, USAID, DFID, EU, WHO, FAO and CSOs
Conduct a stakeholders mapping and capacity assessment and design a capacity development framework								A catalogue of UNAP-II Stakeholders, GIS maps, Capacity gaps and a capacity development	DNCC Secretariat and line ministries	UNICEF, EU and CSOs

Activity	Timeline							Output	Responsibility	Potential partnerships
Support the establishment and functionality of nutrition coordination structures at LLG level								Functional DNCCs and SNCC in all districts	CAO	NDPG and implementing CSO partners
Nutrition expenditure review Conduct detailed costing of DNAP and resource mobilization, financing and tracking plan for DNAP Develop nutrition investment case								Functional resource mobilization and tracking plan for DNAP with clear commitments and accountabilities	DNCC Secretariat and line ministries	NDPG and implementing CSO partners
Develop the NACS strategy for DNAP in line with NACS national and disseminate at district LLG level								Revised NACS	CAO relevant line dept	NDPG and implementing CSO partners
Provide technical support to LLGs to develop Nutrition Action Plans aligned to DNAP								15 DNAPs produced	CAO relevant line dept	Implementing partner CSOs

Activity	Timeline							Output	Responsibility	Potential partnerships
Conduct sensitization/ orientation/ dissemination workshops and DNAP at national the district and in LLGs								Oriented and sensitized DNCCs	CAO	NDPG and implementing CSO partners
Orient All District and LLGs Local Councils (5 & 3) on DNAP and SNAPs								DNAPs are aligned to the DDPs and allocated funds in the district budget	DLG, LLG	NDPG and implementing CSO partners
Provide technical and advisory support to CSOs								SUN networks are established and are functional	DNAP Secretariat	NDPGs, implementing partners/ CSOs
Conduct annual regional and national DNAP progress review fora								Progress reports on DNAP implementation	DNFP	NDPGs, implementing partners/ CSOs
Conduct annual District nutrition reviews								Progress reports and renewed stakeholder Commitments	CAO relevant line dept	NDPGs, implementing partners/ CSOs
Midterm evaluation and review of DNAP								Summative evaluation report	CAO	NDPGs, implementing partners/ CSOs
Summative evaluation for DNAP								Summative evaluation report	CAO	NDPGs, implementing partners/ CSOs

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