KASENDA TOWN COUNCIL

NUTRITION ACTION PLAN

(KTNAP) FY 2020/21 - 2024/25

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(KTNAP) FY 2020/21 - 2024/25

Vision

"A well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Kasenda Town Council"

Goal

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

Approved under Sub County Council Minute Number: 2021

ACKNOWLEDGEMENT

I take this opportunity to thank Kabarole district Local Government, and Kasenda Town council for the efforts in TNAP formulation and monitoring of the Town council programmes. I do acknowledge the effort of the Town council Technical Planning Committee and the Town council Nutrition Coordination Committee for the tireless effort in ensuring that this TNAP is developed and approved for implementation.

I also take this opportunity to thank Kabarole Research Centre (KRC) and Kigezi Food and Nutrition Consulting Limited through the Executive Director by the names of Asiimwe Charles for particularly providing the technical assistance in the development of this Town council Nutrition Action Plan. I also want to acknowledge the cooperation from our Implementing partners in the implementation of the Nutrition and implementing partners.

Led and coordinated by Kabarole District Local Government, the development of this Nutrition Action Plan 2020-2025, involved extensive consultation process of various nutrition stakeholders. Those who made significant contributions are highly appreciated. This plan was prepared with financial and technical support from Kabarole Research Centre.

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OTAFIIRE ARIHO AMON
TOWN CLERK ADMINISTRATION OFFICER,
Kasenda town council Local Government

FOREWORD

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. Malnutrition contributes significantly to reduced maternal, neonatal, and child deaths. Malnutrition continues to affect vulnerable population groups especially children under five, school going children, adolescents, pregnant and lactating women. Adequate nutrition is of paramount importance for a healthy and productive life and is a major factor in healthcare as it reduces the burden of preventable diseases.

Good nutrition contributes significantly to reduced maternal, neonatal, and child deaths. Corona Virus pandemic has brought to the fore the need to ensure adequate food security and nutrition. The Town council is blessed with adequate rainfall and arable land which provides the necessary condition for agricultural production, adverse climatic conditions notwithstanding. His Excellency the President of the Republic of Uganda to be developed commercially 10 (maize, cassava, banana, beans, Irish potato, sweet potato, millet, cattle (beef), dairy and fish) contribute to household food security and nutrition. In order to improve Nutrition, the town council will implement programs to ensure adequate sensitization and awareness of all Ugandans on the benefits of good nutrition for their health and wellbeing.

As a Town council we shall encourage all people to embrace healthy living through nutrition, wellness and active living and place due emphasis on physical and mental activity by exercising regularly and making healthy choices of food, and by reading and writing. Our target is 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. By achieving the TNAP goal, we shall be on the journey to ensure a well-nourished, healthy and productive population effectively participating in the socio-economic transformation of the Town council

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BYAMUKAMA WILBER
TOWN COUNCIL CHAIRPERSON
KASENDA TOWN COUNCIL LOCAL GOVERNMENT

STATEMENT OF COMMITMENT

We, the Heads of department of the Town council Local Government, which constitutes the Technical Planning Committee of the are:

1. **Cognizant** to the fact that 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.
2. **Aware** that malnutrition contributes significantly to reduced maternal, neonatal, and child deaths.
3. **Concerned** that malnutrition continues to affect vulnerable population groups especially children under five, school going children, adolescents, pregnant and lactating women.
4. **Mindful** of the fact that adequate nutrition is of paramount importance for a healthy and productive life;
5. **Certain** that adequate nutrition is a major factor in healthcare as it reduces the burden of preventable diseases.
6. **Understanding that** good nutrition contributes significantly to reduced maternal, neonatal, and child deaths.
7. **In agreement** that the Corona Virus pandemic has brought to the fore the need to ensure adequate food security and nutrition.
8. **Recognising** that the town council is blessed with adequate rainfall and arable land which provides the necessary condition for agricultural production, adverse climatic conditions notwithstanding.
9. **Optimistic** that of the 14 value chains identified by His Excellency the President of the Republic of Uganda to be developed commercially 10 (maize, cassava, banana, beans, Irish potato, sweet potato, millet, cattle (beef), dairy and fish) contribute to household food security and nutrition;
10. **Confident** that 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.
11. **Well aware** that Government is encouraging all Ugandans to embrace healthy living through nutrition, wellness and active living.
12. **In acceptance** that 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
13. **We strive** through this TNAP 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
14. **And accept** that it is our common responsibility to ensure a well-nourished, healthy and productive population effectively participating in the socio-economic transformation of the town council.

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 TNAP through Town Council. Nutrition Coordination Committee, Technical Planning Committee, and departmental platforms

Actively participate in the implementation of the TNAP through the Town Council. 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 TNAP.

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

S/N	Name	Department	Title	Sign
1	Otafire Ariho Amon	Administration	Town Clerk	
2	Tusiime Monica	Physical Planning	Physical Planner	
3	Mpuuga Swithen	Production	Agriculture Officer	
4	Marunga Hilder Mary	Cbs	Cdo	
5	Ayesiga Herbert	Finance	Senior Accounts Assistant	
6	Kemigisa Gertrude	Industry And Trade	Information Technology Officer	
7	Muyonga Richard	Health	Health Inspector	
8	Arinaitwe Johnson	Works	Aeo (Civil)	
9	Isingoma Peter	Administration	Parish Chief	
10	Mutabazi John	Cultural And Traditional	Cultural And Traditional Leader	
11	Twinomujuni Richard	Religious	Religious Leader	
12	Katuramu Deus	Ngo		
13	Kiconco Miria	Private Sector		
14	Besigye George	Cbs		
15	Tumuhimbise Annet	Non State Actor		

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ACRONYMS

BFHI	Baby Friendly Health Initiative
BFP	Budget Framework Paper
CAO	Chief Administrative Officer
CSO	Civil Society Organization
DDP	District Development Plan
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
KFNC	Kigezi Food and Nutrition Consulting Ltd
KRC	Kabarole Research Center
LG	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
WDC	WARD Development Committees
PHHs	Post-Harvest Handlings
WNCC	WARD Nutrition Coordination Committee
PWD	Persons with Disability
SGBV	Sexual Gender Based Violence
TNCC	TOWN COUNCIL Nutrition Coordination Committee
SUN	Scaling Up Nutrition
TNCC	Town Council Nutrition Coordination Committee
UDHS	Uganda Demographic Household Survey
VHT	Village Health Team

EXECUTIVE SUMMARY

The TNAP define the nutrition problem in the Town council under the following three broad areas;

1. **Nutrition Specific problems in the town council;** These problems exist at individual level and can be addressed through effective behavior change communication actions. The 5 nutrition specific problems are; (i) Poor Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices; (ii) High burden of micro nutrient deficiencies among children, adolescent girls and women of reproductive age;(iii) Cases of acute malnutrition (iv) high burden of infectious diseases related to nutrition among children under 5 years and (v) Upcoming occurrences of Diet Related Non Communicable Diseases (DRNCDs).
2. **Nutrition Sensitive problems in the town council;** Low production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source food; Low coverage/ access to nutrition sensitive social protection; limited access to efficient and quality education and sports for improved nutrition; limited access to nutrition sensitive Water Sanitation and Hygiene (WASH) services and limited participation of trade, industry and investments actors in scaling up nutrition.
3. **Enabling environment problems in the town council;** Weak nutrition coordination and partnerships at all levels. Inadequate planning, resource mobilization, financing and tracking of nutrition investments; weak institutional and technical capacity for scaling up nutrition actions; weak nutrition advocacy, communication and social mobilization for nutrition; incoherent implementation of policy, legal and institutional frameworks relevant to nutrition and inadequate nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

The Vision: of the TNAP is a well-nourished, healthy and productive population effectively participating in the socio – economic transformation of the town council. The goal of the SNAP is to improve the nutrition status of children under 5 years, school age children, adolescents, pregnant and lactating women and other vulnerable groups by 2025. The TNAP goal and the vision will be realized through the following three strategic objectives; **Objective 1:** To increase access to and utilization of nutrition specific services by children under 5 years, school age children, adolescent girls, pregnant and lactating women and other vulnerable groups in the sub county; **Objective 2:** To increase access and utilization of nutrition sensitive services by children under 5 years, school age children adolescent girls, pregnant and lactating women and other vulnerable groups in town council and **Objective 3:** To strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive services in town council.

Achievement of the TNAP goal, objectives and strategies will be measured through a set of 15 intermediate outcomes measured through improved Infant and Young Child Feeding Practices (IYCF) and dietary intakes plus the drivers of nutrition which are embedded in sectors such as health, WASH, food systems, education, social protection and gender. The 15 indicators that define the attainment of desirable results of the TNAP implementation period over the period 2020-2025 are as follows; attainment of an 80% prevalence of babies exclusively breastfed for the first six months; attainment of an 80% prevalence of infants initiated on breastfeeding within one hour; achievement of a target of 40% children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD); achievement of a target of 50% of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD); achievement of the fruit and vegetable consumption, per capita per day of 400g among adult persons.

Other indicators are ; achievement of the population intake of salt (sodium chloride) 2g per day in grams in persons aged 18+ years; achievement of a target of xx of the population consuming food that is fortified according to standard; reduction of prevalence of diarrhea in children under 5 years of age from xxx to

12%; reduction of the prevalence of malaria in children under 5 years of age from 01 to 05; attainment of a coverage 85% of population using safely managed drinking water Services; attainment of a coverage of 60% of population with access to basic handwashing facilities; attainment of a 51% target of dietary energy supply derived from non-staple foods (i.e. all food sources except cereals, roots and tubers); reduction of the proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18; Increased female secondary school enrollment rate to 65% and reduced proportion of children 2–14 years' old who experienced any violent discipline.

Outcomes for the TNAP at individual level (nutrition specific) are; Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices; Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age; Reduction of acute malnutrition; Reduction of infectious diseases related to nutrition among children under 5 years and Reduction of Diet Related Non Communicable Diseases (DRNCDs. These outcomes will be achieved through implementing the behavior change communication actions outlined in the Nutrition Advocacy and Communication Strategy for the second UNAP delivered through the health system.

Outcomes for the TNAP at household and family level (Nutrition Sensitive) are ; Increased production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source food; Increased access to nutrition sensitive social protection; Increased access to efficient and quality education and sports for improved nutrition; Increased access to nutrition sensitive Water Sanitation and Hygiene (WASH) services and Increased trade, industry and investments in scaling up nutrition. These outcomes will be achieved through implementing the social mobilization actions outlined in the Nutrition Advocacy and Communication Strategy for the second UNAP delivered through the agriculture, social development, education, water, trade, industry and cooperatives system.

Outcomes for the TNAP at community/ societal/organizational level (Enabling environment) are: strengthened nutrition coordination and partnerships at all levels; improved planning, resource mobilization, financing and tracking of nutrition investments; strengthened institutional and technical capacity for scaling up nutrition actions; strengthened nutrition advocacy, communication and social mobilization for nutrition; coherent policy, legal and institutional frameworks for nutrition and Improved nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

The outcomes of the TNAP will be achieved through implementing the following 18 strategies under the three TNAP objectives. Each of the 18 strategies has priority actions which are detailed under the chapter of strategic direction. Each priority activity defines the output that is linked to the cost as defined in the implementation matrix (Annex1).

Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices; Promote micronutrient intake among children, adolescents and women of reproductive age; Scale up coverage of management of acute malnutrition in stable and in emergency situations; Integrate nutrition services in prevention, control and management of infectious diseases; Integrate Nutrition services in prevention, control and management of non-communicable diseases.

Intensify production of diverse, safe and nutrient dense plant, fish and animal based foods at household level; promote access to diverse, safe and nutrient dense crop, fish and animal foods; Promote utilization of diverse, safe and nutrient dense crops, fish and animal foods; Integrate nutrition in social protection and SGBV programmes; Promote access to Integrated Early Childhood Development (IECD) services and quality education and sports for improved nutrition; Promote access to nutrition sensitive WASH services and Promote trade, industry and investments in scaling up nutrition.

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

Implementation of the TNAP is through the town council Nutrition Coordination Committee (TNCC) and Ward Nutrition Coordination Committees. The TNAP under chapter four outline the various stakeholders expected to participate in the TNAP implementation. Roles and Responsibilities of the Stakeholders in TNAP implementation are defined for; town council Council; Town council Technical Planning Committee; Sectoral Committees of Council; Town council Executive Committee (TEC); CSOs, NGOs, Private Sector and Non-State Actors in the town council; Community Structures and Households and Roles of Religious, Political, Traditional and Cultural Leaders.

The TNAP defines the Financing and Resource Mobilization arrangements which include; Resource mobilization; estimated financial requirements for implementing TNAP; Available financial resources and the funding gap and Resources Mobilization.

The TNAP includes the Monitoring, Evaluation, Accountability and Learning which detail the following areas; Overview of MEAL Framework; TNAP MEAL Arrangements; TNAP implementation Annual performance monitoring – Nutrition specific objective, strategies and priority actions implementation; Nutrition sensitive objective, strategies and priority actions implementation; Nutrition enabling environment objective, strategies and priority actions implementation; Quarterly and Annual Monitoring and Reporting (Refer to OPM SOP on reporting); Outcome Monitoring and Evaluation; Nutrition Impact indicators contributed to by the TNAP; Learning and Risks and Mitigation Measures.

CHAPTER ONE: INTRODUCTION

1.1 Town council profile relevant to nutrition programming

Kasenda Town council is located in Kabarole district in the South Western end of Uganda, approximately 29 kilometers from Fort Portal town. It is one of the Town councils in Burahya County. It borders Ruteete Sub County, Kasenda Sub County, Rwimi Sub County, and Kiyombya Sub County. The Town council has three Wards with 18 villages and a total population of 11329 people of whom, 5794 are males and 6431 are females (National Housing and Population Census, 2014). The Town council is generally mountainous whereby; almost 90% of the area is covered with mountain ranges of approximately 9,000 feet above sea level.

1.2 Why invest in Nutrition.

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

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

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

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

1.2 Policy Context

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

The interventions in this District Nutrition Action Plan (DNAP) are linked to the Uganda Vision 2040 and the National Development Plan III (NDP III. The Corona Virus pandemic has brought to the fore the need to ensure

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

1.3 Purpose of the Town council Nutrition Action Plan

This TNAP provides a set of strategic objectives, strategies and actions to incorporate into development plans, and work plans and budgets for consideration in negotiating projects and programs in order to achieve better nutrition for all in a more coherent, concerted and consistent manner. The TNAP is to be used as a guide to the sub county in providing oversight on the implementation of multi-sectoral nutrition actions at all levels that are already planned and budgeted for within in the various departments.

The TNAP was developed to address the lack of the comprehensive nutrition plan to coherently implement, monitor and report on various nutrition interventions by multiple actors at town council, ward and community level. The vision, mission, goal, objectives, strategies and priority actions are well aligned with the legal, policy and planning frameworks at national, district level and town council levels.

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

1.4 TNAP Preparation Process

The TNAP was developed by the town council Nutrition Coordination Committee (TNCC). The TNAP was presented to the town council Technical Planning Committee for technical review and alignment with the town council Development Plan 2020-2025 and subsequently to all sectoral committee of council for review. The TNAP was discussed by the Town council Executive Committee and subsequently presented to the town council, Council by the secretary finance, planning and administration for approval.

1.5 Structure of the TNAP

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

Chapter One	**Introduction -** This chapter underscores why the sub county needs to invest in nutrition. It also summarizes the TNAP development process.
Chapter Two	**Nutrition Situation Analysis** - This chapter outlines the current nutrition situation.
Chapter Three	**Strategic Direction -** This chapter describes TNAP Theory of Change, vision, goal, objectives, primary outcomes, intermediate outcomes, strategies and priority actions.
Chapter Four	**Implementation and Coordination Arrangements -** This chapter describes how TNAP implementation will be coordinated at the sub county and parish level.
Chapter Five	**Financing and Resource Mobilization -** This chapter outlines the rationale used to estimate resources required to implement TNAP. It proposes priority components and processes required to ensure that TNAP is successfully costed, resources are mobilized and commitments are tracked.
Chapter Six	**Monitoring, Evaluation, Accountability and Learning (MEAL) -** This chapter describes the common results, resources and accountability framework. It goes ahead to outline MEAL arrangements and risk analysis and mitigation measures.

1.6 Application of the TNAP and its target audience

The primary beneficiaries for the TNAP are children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups and their households. The TNAP applies to all government and non –government actors involved in scaling up nutrition interventions. All Town council departments, community-based organization, private sector, faith based organization and implementing partners partner involved in Scaling up Nutrition in the sub county MUST jointly plan, budget, implement, monitor and report on nutrition actions as outlined in this TNAP 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 TNAP

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

CHAPTER TWO: SITUATION ANALYSIS

2.1 Nutrition Specific problems in the Town council

These problems exist at individual level and can be addressed through effective behavior change communication actions. The 5 nutrition specific problems are; (i) Poor Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices; (ii) High burden of micro nutrient deficiencies among children, adolescent girls and women of reproductive age;(iii) Cases of acute malnutrition (iv) high burden of infectious diseases related to nutrition among children under 5 years and (v) Upcoming occurrences of Diet Related Non Communicable Diseases (DRNCDs).

The above problems are manifested through the following aspects that this TNAP must address;

1. Limited number of Women of reproductive age counselled on MIYCAN practice; Increased number of Women of reproductive age participating in community-based nutrition activities; Increased number of community members participating in cooking demonstrations carried out at community level; Increased number of households receiving improved nutrition services; Increased number of Under-2 children reached with Growth Monitoring services
2. Increased number of children 6–59 months receiving Vitamin A supplementation; Increased number of Adolescent girls receive Iron and Folic Acid supplementation; Increased number of Pregnant women receiving Iron and Folic Acid supplementation; Increased number of pregnant and lactating women accessing ANC services
3. Increased number of children 6-59 months accessing nutrition assessment services at HCIII, HCIIs and Community levels; Children 6-59 months suffering from Severe acute malnutrition without complications treated under Outpatient Care (OTC)
4. Limited number of Children under 5 years old with diarrhea receiving ORS and Zinc; limited number of children 1 to 4 years receiving two doses of deworming medication per year; limited number of children 5 to 14 receiving two doses of deworming medication per year; small number of children under 5 years using insecticide treated nets; small number of pregnant women using insecticide treated nets; limited number of 1-year-old children who receive the appropriate doses of the recommended vaccines in the national schedule; low number of Children 0-5 years suffering from childhood diarrhea who are treated ; low number of children under 5 years of age suffering from malaria who are treated ; low number of children under 5 years of age suffering from Acute respiratory infections treated ; limited number of children under 5 years of age suffering from Fevers in children under 5 years of age treated ; limited number of Persons known to be Living with HIV/AIDs who access nutrition services; low number of persons known to have TB accessing nutrition services.
5. Limited number of household's sensitization on the Presidential Initiative on Healthy eating and Lifestyle

2.2 Nutrition Sensitive problems in the Town council

Low production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source food; Low coverage/ access to nutrition sensitive social protection; limited access to efficient and quality education and sports for improved nutrition; limited access to nutrition sensitive Water Sanitation and Hygiene (WASH) services and limited participation of trade, industry and investments actors in scaling up nutrition.

As measured through;

1. Low number of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense food; Low number of farmers provided with inputs and/or information for improved production of diverse, safe, nutrient dense food; Low production of nutrient dense indigenous and underutilized plant fisheries and animal resources supported; low number of farmers who are awareness of gender sensitive labour and energy saving technologies; Low/lack of production of bio fortified foods and low production of industrial fortified foods.
2. Low number of actors participating in agro – processing and marketing of diverse, safe, nutrient dense plant, animal and fish products; low number of farmers who have skills in postharvest handling technologies and value addition; low number of actors engaging in value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food; low number farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food; low number of farmers adopting agricultural enterprise mixes to ensure frequent flow of household's incomes and improved access to safe, diverse, nutrient dense foods.
3. Low number of households reached with awareness campaigns aimed at ensuring food safety along the value chain; low number of households who are aware on the benefits of consuming bio and industrial fortified foods; low number of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources;
4. Low number of women of reproductive age covered by UWEP; low number of women in the youth age bracket benefiting from the YLP;
5. Low number of school stakeholders sensitized on School feeding and Nutrition; low number of parents contributing to feeding and nutrition of their children in school; low number of school children participating in Physical Education lessons for their wellbeing and number of school's vegetable gardens for both educational purposes and as a source of vital nutrients in school diet and Low number of children 36-59 months accessing ECD services;
6. Low number of households accessing adequate water for production of nutrient dense and safe food; low number of households with access to safe water sources; low number of households with access to sanitation and hygiene services; limited number of households mobilized on sustainable use of WASH services; low number of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN.
7. Limited engagement with the food business actors to scale up nutrition; effect of Covid – 19 on the food business; limited awareness on recommendations on donations, marketing and promotion of food items; limited awareness on food safety control recommendations among food producers/processors; Limited engagement with food business operators to provide advice to them ; low number of food stuff sellers involved in the selling of fruits and vegetables; limited number of food venders supplying fortified foods on the market; limited number of food store operators selling Fortified foods (wheat flour, maize flour, edible oil) and limited number of food traders and processors forming cooperatives for trade in quality nutritious foods.

Enabling environment problems in the Town council

Weak nutrition coordination and partnerships at all levels. Inadequate planning, resource mobilization, financing and tracking of nutrition investments; weak institutional and technical capacity for scaling up nutrition actions; weak nutrition advocacy, communication and social mobilization for nutrition; incoherent implementation of policy, legal and institutional frameworks relevant to nutrition and inadequate nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

The poor enabling environment is manifested through

1. TNCC established; non-functionality of the TSNCC; Inadequate planning for Nutrition; poor financing for nutrition;
2. limited capacity development for nutrition; failure to address capacity gaps; TNCCs members not trained on nutrition governance;

3. low level of implementation of Nutrition Advocacy and Communication strategy actions; limited use of existing delivery channels to promote Social Behaviour Change communication for nutrition; lack of Nutrition Advocacy briefs; low number of influential persons identified as nutrition champions;
4. lack of nutrition resource gap identification; low awareness of legal, policy and planning provisions relevant to nutrition among Town council leaders and staffs;
5. lack of MEAL for TNAP implementation; limited use of nutrition data; lack of identification and action on implementation gaps; limited nutrition knowledge management; incoherent policy implementation and limited land knowledge dissemination for nutrition TNAP implementation.

CHAPTER THREE: STRATEGIC DIRECTION

3.1 TNAP Theory of Change

The TNAP Theory of change provided the results chain taking into consideration of the following key elements (1) The current situation of: Nutrition specific, nutrition sensitive and enabling environment, nutrition outcome and causes of malnutrition at individual, household and community level (2) strategies (3) intermediate outcomes (4) primary outcomes (5) the Impact and (6) assumptions. The current nutrition situation in town council requires a mix of nutrition specific and nutrition sensitive strategies as well as strengthening the enabling environment for scaling up nutrition actions. It is important to note that enabling environment strategies such as strengthening nutrition governance, ensuring coherent policy, legal and institutional frameworks, and strengthening nutrition information and evidence for effective decision making, play a catalytic role in promoting implementation of nutrition specific and nutrition sensitive actions. TNAP will ensure that viable linkages between nutrition specific and nutrition sensitive strategies are established, since nutrition sensitive approaches act as delivery platforms for increased coverage of nutrition specific interventions.

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

3.2 TNAP Vision, Goal and Objectives

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

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

Objectives

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

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

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

3.3 Intermediate Outcome indicators

Achievement of the TNAP goal, objectives and strategies will be measured through a set of 15 intermediate outcomes. The intermediate outcomes for the TNAP will contribute the achievement The Infant and Young Child Feeding Practices (IYCF) and dietary intakes indicators plus the drivers of nutrition which are embedded in sectors such as health, WASH, food systems, education, social protection and gender. They More information on primary outcomes and targets is provided in chapter six.

1. Attain an 80% prevalence of babies exclusively breastfed for the first six months
2. Attain an 80% prevalence of infants initiated on breastfeeding within one hour
3. Achieve a target of 40% children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD)
4. Achieve a target of 50% of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD)
5. Achieve the fruit and vegetable consumption, per capita per day of 400g among adult persons
6. Achieve the population intake of salt (sodium chloride) 2g per day in grams in persons aged 18+ years
7. Achieve a target of xx of the population consuming food that is fortified according to standard
8. Reduce prevalence of diarrhea in children under 5 years of age from xxx to 12%
9. Reduce the prevalence of malaria in children under 5 years of age from xxx to
10. Attain coverage 85% of population using safely managed drinking water Services
11. Attain a coverage of 60% of population with access to basic handwashing facilities
12. Attain a 51% target of dietary energy supply derived from non-staple foods (i.e. all food sources except cereals, roots and tubers)
13. Reduce the proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
14. Increase the female secondary school enrollment rate to 65%
15. Proportion of children 2–14 years' old who experienced any violent discipline (psychological aggression and/or physical punishment)

3.4 TNAP Nutrition Intermediate Outcomes

3.4.1 Nutrition Specific Intermediate Outcomes

- Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices
- Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age
- Reduction of acute malnutrition
- Reduction of infectious diseases related to nutrition among children under 5 years.
- Reduction of Diet Related Non Communicable Diseases (DRNCDs).

3.4.2 Nutrition Sensitive Intermediate outcomes

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

3.4.3 Enabling environment intermediate outcomes

- Strengthened nutrition coordination and partnerships at all levels.
- Improved planning, resource mobilization, financing and tracking of nutrition investments.
- Strengthened institutional and technical capacity for scaling up nutrition actions.
- Strengthened nutrition advocacy, communication and social mobilization for nutrition.

- Coherent policy, legal and institutional frameworks for nutrition.
- Improved nutrition evidence and knowledge management along with multi-sectoral nutrition information system for effective decision making.

3.5 Strategies and priority actions per objective and strategy

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

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

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

Strategy1.3: Scale up coverage of management of acute malnutrition in stable and in emergency situations.

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

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

3.5.1 Priority Actions for strategy 1.1

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

3.5.2 Priority actions for strategy 1.2

- Provide Vitamin A supplementation for children 6-59 months
- Provide Iron folic acid supplementation for adolescent girls and pregnant women
- Promote access and utilization of Antenatal care (ANC) services

3.5.3 Priority actions for strategy 1.3

- Integrate routine screening, and timely management of acute malnutrition into routine health and community services

3.5.4 Priority actions for strategy 1.4

- Promote Use Oral Rehydration Solution (ORS) and Zinc in diarrhoea treatment among children
- Promote de-worming medications targeting children above 1-14 years receiving at two doses per year
- Integrate nutrition in actions that prevent and improve management of infectious diseases (diarrhoea, fevers, malaria, HIV/AIDS, TB and ARIs children under 5 years, pregnant women and lactating mothers
- Promote improved water, sanitation and hygiene practices

3.5.5 Priority actions for strategy 1.5

- Sensitize communities on healthy eating
- Sensitize communities on healthy lifestyle

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

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

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

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

Strategy 2.4: Integrate nutrition in social protection and SGBV 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: Promote trade, industry and investments in scaling up nutrition.

3.5.6 Priority actions for strategy 2.1

- Support access to improved technologies; including climate smart ones to increase production of diverse, safe, nutrient dense food
- Support farmers to access critical farms inputs for improved production of diverse, safe, nutrient dense food
- Support production of nutrient dense indigenous and underutilized crop, fisheries and animal source food
- Create awareness and support farmers to access and use gender sensitive labour and energy saving technologies
- Promote production of bio fortified foods
- Promote production of industrial fortified foods

3.5.7 Priority actions for strategy 2.2

- Support agro-processing and marketing of diverse, safe, nutrient dense plant, animal fisheries and animal source foods
- Build capacity farmers on postharvest handling technologies and value addition
- Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food
- Support organization of farmers (especially women) to form groups or cooperatives to market nutrient dense plant, fisheries and animal source food
- Support agricultural enterprise mixes to ensure frequent flow of household's incomes and improved access to safe, diverse, nutrient dense foods

3.5.8 Priority actions for strategy 2.3

- Support technologies and awareness campaigns aimed at ensuring food safety along the value chain
- Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods
- Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources

3.5.9 Priority actions for strategy 2.4

Mainstream nutrition interventions into social protection programmes and humanitarian assistance safety net programmes

3.5.10 Priority actions for strategy 2.5

- Implement the school feeding and Nutrition Guidelines of 2013
- Promote physical and mental activity by exercising regularly at school

- Establish and maintain vegetable gardens for both educational purposes and as a source of vital nutrients in school diet
- Promote integrated nutrition and early childhood development (ECD) services

3.5.11 Priority actions for strategy 2.6

- Provide water for production of nutrient dense and safe food.
- Provide safe water sources in communities, institutions and public places
- Provide sanitation and hygiene services to households in the community
- Mobilize households on sustainable use of WASH services
- Provide messages on handwashing, hygiene practices, safe food preparation and storage with MIYCAN sensitization.

3.5.12 Priority actions for strategy 2.7

- Conduct a stakeholder mapping to know who is doing what in the food business
- Assess the impact of the COVID-19 pandemic on food businesses (Trade, transport, processing and consumer)
- Sensitize the food business operators on the continuity of MOH food safety and nutrition regulations during and post COVID-19 period
- Organize food business operators into a network to promote food business for improved nutrition

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

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

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

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

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

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

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

3.5.13 Priority actions for strategy 3.1

- Establish and support functionality of the town council Nutrition Coordination Committees (SNCC)
- Regularly Assess the functionality of Nutrition Coordination Committees at all levels

3.5.14 Priority actions for strategy 3.2

- Develop the Town Council Nutrition Action Plans
- Develop the Town Council Annual Nutrition Work plan
- Conduct an Annual Nutrition Expenditure Review
- Develop a resource mobilization plan for nutrition

3.5.15 Priority actions for strategy 3.3

- Conduct a Nutrition Capacity Assessment
- Provide actions to the capacity gaps identified

3.5.16 Priority actions for strategy 3.4

- Implement relevant Nutrition Advocacy and Communication strategy actions
- Use existing delivery channels to promote Social Behaviour Change communication for nutrition
- Generate nutrition Advocacy briefs for use in advocacy
- Identify nutrition champions
- Conduct resource mobilization events using the resource gap mobilization plan

3.5.17 Priority actions for strategy 3.5

- Popularize the legal, policy and planning provisions relevant to nutrition among town council leaders and staffs

3.5.18 Priority actions for strategy 3.6

- Implement the Monitoring Evaluation Accountability and Learning framework for the nutrition action plan

CHAPTER FOUR: IMPLEMENTATION AND COORDINATION

4.1 TNAP Implementation and Coordination

4.1.1 Town council Nutrition Coordination Committee (TNCC)

The town council has Town council Nutrition Coordination Committee (TNCC). The TNCC members are drawn from all Town council departments and CSO and private sector representatives. The Chairperson of the town council Nutrition Coordination Committee is the Town clerk. A Nutrition Focal Person has been assigned by the Assistant Agriculture officer to work as secretary to the TNCC. Terms of Reference for the TNCC were developed by OPM and will be used to guide the TNCC members in conduction the coordination function.

4.1.4 Ward Nutrition Coordination Committees.

The National Community Development Policy for Uganda (2015) recognizes ward Development Committees (WDCs) as channels of service delivery at community level. This TNAP encourages using WDCs as last mile channels for reaching the households and communities with nutrition services. WDCs will be strengthened to effectively oversee planning, implementation and monitoring of nutrition actions at the Parish level. This TNAP will support actions aimed at re-activating dormant WDCs and establishing them where they are non-existent. The Principal town agents will be the Nutrition Focal Persons of WDCs.

4.2 Roles and Responsibilities of the Stakeholders in TNAP implementation

4.2.1 Town council

The Town Council will; review and approve the town council Nutrition Action Plans (TNAP), budget and monitor the implementation of nutrition interventions; facilitate identification of nutrition problems, challenges and solutions in the town council; support the integration of nutrition activities into the development plan; mobilize resources for implementation of nutrition activities; support town council, ward and 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 TNAP.

4.2.2 Town council Technical Planning Committee

The Town council Technical Planning Committee is expected to; provide technical assistance to TNCCs 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 TNCC and departments that implement nutrition interventions and; Provide supervisory oversight to all departments.

4.2.3 Sectoral Committees of Council

The Sectoral Committees of the town council 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, TNAP, annual work plans, and budgets. Monitor the implementation of nutrition interventions across departments.

4.2.4. Town council Executive Committee (TEC)

The town council 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 CSOs, NGOs, Private Sector and Non-State Actors in the town council

The implementing 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 TNAP specifically alignment of resources within the district budget to intentionally focus on the target groups of this TNAP 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 TNAP 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 TNAP focus is on mind-set change at the household level on the type of foods that generate nutrients, which women can prepare for their households while involving men in the advocacy and behavior change campaigns.

4.2.7 Roles of Religious, Political, Traditional and Cultural Leaders

The Political, traditional and cultural leaders command considerable audience and influence over peoples' attitudes and practices. The town council 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. The town council will also work with religious organizations, churches, mosques, and synagogues to ensure they are aware of this TNAP and can communicate messages that support its implementation at town council, ward Community and Household.

CHAPTER FIVE: FINANCING AND RESOURCE MOBILIZATION FOR THE TNAP

5.1 Resource mobilization

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

5.2 Estimated financial requirements for implementing TNAP

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

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

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

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

- Strategies and priority actions that have already been costed by departments are extracted from department documents.
- Activity costs for new actions will be referenced to existing activity and output costs.

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

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

Objective	Strategy	Estimated budget (Millions UGX)	Lead department	Potential partnerships
1.	1.1 Improve maternal, infant, young child and adolescent nutrition practices		Health	Production Commercial Services, IPS, CSOs
	1.2 Promote micronutrient intake among children, adolescents and women of reproductive age	Leveraged within existing sector budgets	Health	Production, Commercial Services, IPS, CSOS
	1.3 Increase coverage of management for acute malnutrition in stable and in emergency situations		Health	DPS, CSOs, PS
	1.4 Integrate essential nutrition actions in infectious disease prevention and management		Health	Works & tech Services, DPS, CSOS, PS
	1.5 Integrate essential nutrition actions in non-communicable disease prevention and management		Health	Production, Trade , IPS, CSOS, PS
Sub-total for objective 1				

Objective	Strategy	Estimated budget (Millions UGX)	Lead department	Potential partnerships
2.	2.1 Promote production of diverse, safe, nutrient dense crop and animal products at household level		Production	Works& tech Services, DPS, CSOS, PS
	2.2 Increase access to diverse, safe and nutrient dense crop and animal products		Production	Commercial Services, DPS, CSOS, PS
	2.3 Improve utilization of diverse, safe and nutrient dense crop, fish and animal products		Production	Health DPs, CSOs, PS
	2.4 Promote integration of nutrition services in social protection programmes		Community Based services	Health, DPS, CSOS
	2.5: Promote access to IECD services and quality education and sports for improved nutrition.		Education,	Health, Production, DPS, CSOS
	2.6 Increase access to Water Sanitation and Hygiene services		Works& tech Services	Health DPS, CSOS, PS
	2.7 Increase trade, industry and investments in scaling up nutrition		Commercial Services,	Production, Health, DPs, CSOs, PS
Sub-total for objective 2				
3	Strategy 3.1: Strengthen coordination and partnerships at all levels		Admin	All line departments DPs, CSOs, PS
	Strategy 3.2: Strengthen coherent policy, legal and institutional frameworks for nutrition		Admin	All line departments DPs, CSOs, PS
	Strategy 3.3: Improve planning, resource mobilization, financing and tracking of nutrition investments.		Admin	All line departments DPs, CSOs, PS
	Strategy 3.4: Strengthen institutional and technical capacity for scaling up nutrition actions		Admin	All line departments DPs, CSOs, PS
	Strategy 3.5: Strengthen nutrition advocacy, communication and social mobilisation for nutrition.		Admin	All line departments DPs, CSOs, PS
	Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management		Admin	All line departments DPs, CSOs, PS
Sub-total for objective 3				
GRAND TOTAL				

5.3 Available financial resources and the funding gap

The TNAP implementation is estimated to cost approximately UGX xxxx only) across the 5-year implementation period. The projected available resources from 2020-2025 is UGX: xxxxx across which translates to XX%. This implies that UGX: xxxxxxxxx, that is XXX% will be raised to cover the funding gap. The expenditure review and costing exercise will determine the actuals.

5.4 Resources Mobilization

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

CHAPTER SIX: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

6.1 Overview of MEAL Framework

The MEAL framework ensures systematic tracking of progress and achievement of results; aligning resources and actions; enhancing evidence-based policy dialogue and retaining institutional memory. The TNAP 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 on a quarterly, bi-annual, annual and fiver year basis. It also includes the risks and mitigation measures

6.2 TNAP MEAL Arrangements

Office of the Town clerk in collaboration with town council departments and relevant stakeholders will monitor and evaluate progress towards achievement of TNAP 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 TNAP will be done through regular progress reviews (quarterly and annually) of annual work plan developed to implement TNAP in line with implementation matrix (annex 1) and the annual program based implementation matrix (Annex 2).

Level of implementation of the Nutrition specific, nutrition sensitive and enabling environment objective, strategies and priority actions in the TNAP will be monitored using the indicators that are linked with the outputs reflected in the annual work plan. Achievement of the TNAP goal, objectives and strategies will be measured through a set of 15 intermediate outcomes. The intermediate outcomes for the TNAP will contribute the achievement The Infant and Young Child Feeding Practices (IYCF) and dietary intakes indicators plus the drivers of nutrition which are embedded in sectors such as health, WASH, food systems, education, social protection and gender.

6.3 TNAP implementation Annual performance monitoring

6.3.1 Nutrition specific objective, strategies and priority actions implementation

Level of implementation of the Nutrition specific objective, strategies and priority actions in the TNAP will be monitored using the following indicators that are linked with the outputs reflected in the annual work plan;

1. Proportion of women of reproductive age counselled on MIYCAN practices; Percentage of women participating in community-based nutrition activities; Proportion of households participating in cooking demonstrations carried out at community level; Proportion of households receiving improved nutrition services (disaggregated by gender and age); Proportion of under-2 children reached with Growth Monitoring services
2. Proportion of children 6–59 months receiving Vitamin A supplementation; Proportion of adolescent girls receiving Iron and Folic Acid supplementation; Proportion of Pregnant women receiving Iron and Folic Acid supplementation and Proportion of pregnant women accessing ANC services
3. Proportion of number of children 6-59 months accessing nutrition assessment; Proportion of Children 6-59 months suffering from Severe acute malnutrition without complications treated under OTC.
4. Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc; Proportion of children 1 to 4 years receiving (two doses per year); Proportion of children 5 to 14 years receiving two doses of deworming medication per year; Proportion of children aged 0–5years using insecticide treated nets; Proportion of pregnant women using insecticide treated nets; Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national

schedule; Proportion of children 0-5 years suffering from childhood diarrhea who are treated; Proportion of children under 5 years of age suffering from malaria who are treated; Proportion of children under 5 years of age suffering from Acute respiratory infections treated; Proportion of children under 5 years of age suffering from Fevers in children under 5 years of age treated; Proportion of known Persons Living with HIV/AIDs who access nutrition services and Proportion of known TB patients accessing nutrition services

5. Proportion of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle

6.3.2 Nutrition sensitive objective, strategies and priority actions implementation

The Level of implementation of the Nutrition sensitive objective, strategies and priority actions in the TNAP will be monitored using the following indicators that are linked with the outputs reflected in the annual work plan;

1. Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products; Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production; Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources; Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided ; Proportion of farming households producing bio-fortified foods and Proportion of business actors involved in industrial fortified foods production.

2. Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products; Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built; Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources ; Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food; Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households' incomes and improved access to safe, diverse, nutrient dense foods

3. Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain; Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods; Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources

4. Proportion of women of reproductive age covered by UWEP and Proportion of women in the youth age bracket benefiting from the YLP

5. Proportion of school stakeholders sensitized on School feeding and Nutrition ; Proportion of parents contributing to feeding and nutrition of their children in school; Proportion of learners benefiting from the school feeding and nutrition program; Proportion of school children participating in Physical Education lessons for their wellbeing; Proportion of schools with Vegetable gardens established for both educational purposes and as a source of vital nutrients in school diets and Proportion of children 36-59 months accessing ECD services

6. Proportion of households provided with water for production; Proportion of rural and trading center households with access to safe water sources; Proportion of people accessing safely managed sanitation services; Proportion of households mobilized on sustainable use of WASH services and Proportion of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN

7. Mapping report for food business actors ; Report indicating potential, challenges, constraints and challenges to food business ; Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items; Proportion of food business actors sensitized on food safety control recommendations among food producers/processors ; Proportion of food business actors given advice ; Proportion of food stuff sellers involved in the selling of fruits and vegetables ; Proportion of food venders supplying fortified foods on the market; Proportion food store operators selling Fortified

foods (wheat flour, maize flour, edible oil) and Proportion of traders and processors forming cooperatives for trade in quality nutritious foods

6.3.3 Nutrition enabling environment objective, strategies and priority actions implementation

Level of implementation of the enabling environment objective, strategies and priority actions in the SNAP will be monitored using the following indicators that are linked with the outputs reflected in the annual work plan;

1. List of TNCC membership , Percentage overall TNCC functionality score; Implementation status of the Town council Nutrition Action Plan; Implementation status of the town council Annual Nutrition Work plan; town council Annual Nutrition Expenditure Review report ; Percentage budget spending for nutrition interventions for the town council ; Implementation status of the resource mobilization plan for nutrition ; town council Nutrition Capacity Assessment report ; Implementation status of the sub count nutrition capacity gaps; Proportion of TNCCs members trained on nutrition governance.
2. Status of implementation of the NACS actions ; Proportion of existing delivery channels used to promote Social Behaviour Change communication for nutrition in the town council; Number of Nutrition Advocacy briefs generated for the sub count council; Proportion of nutrition influential persons instituted as nutrition champions for the town council; Proportion of identified nutrition resource gaps filled; Proportion of town council leaders and staffs aware of the legal, policy and planning provisions relevant to nutrition.
3. MEAL framework for SNAP implementation reports ; Excel sheet of nutrition indicators for the sub county nutrition action pan ; town council Department review meeting action matrix ; Number of town council Joint Annual nutrition review conducted; Number of knowledge products for nutrition developed for the town council technical planning committee's attention ; Number of town council policy dialogues for nutrition held and number of Learning and knowledge dissemination for nutrition TNAP implementation organized.

6.4. Quarterly and Annual Monitoring and Reporting (Refer to OPM SOP on reporting)

The TNAP 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 TNAP milestones/ Intermediate Outcomes (IOs). Annual progress reports will provide narrative for each TNAP 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.

6.5 Outcome Monitoring and Evaluation

The Infant and Young Child Feeding Practices (IYCF) and dietary intakes indicators plus the drivers of nutrition which are embedded in sectors such as health, WASH, food systems, education, social protection and gender constitute the outcome indicators for the SNAP which will ultimately contribute to the improved nutrition status for the sub county. The outcome indicators to be monitored over the five-year period are;

1. Proportion of babies exclusively breastfed for the first six months of birth
2. Proportion of infants initiated on breastfeeding within one hour
3. Proportion of children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD)
4. Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD) acceptable
5. Adult fruit and vegetable intake level (g per capita per day)
6. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years

7. Percentage of the population consuming food that is fortified according to standards
8. Prevalence of diarrhoea in children under 5 years of age
9. Prevalence of malaria in children under 5 years of age
10. Proportion of population using safely managed drinking water Services
11. Proportion of population using a safely managed sanitation service
12. Prevalence of undernourishment
13. Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
14. Female secondary school enrolment rate
15. Proportion of children 2–14 years' old who experienced any violent discipline (psychological aggression and/or physical punishment

6.6 Nutrition Impact indicators contributed to by the TNAP

Implementation of the three strategic objectives, 18 strategies and respective priority actions will ultimately lead into improved nutrition status of children under 5 years, school age children, adolescents, pregnant and lactating women and other vulnerable groups by 2025. Which is the ultimate goal this TNAP. The improved nutrition status will be reflected by the following; Attaining a prevalence of stunting in children under five years of less than 20 %; prevalence of wasting in children under five years of 3%; prevalence of overweight in children under five years of 3%; prevalence of low birth weight (infants born <2500 of 7%; prevalence of anaemia in children under five years at 25%; anaemia prevalence in women of reproductive age at 12%; proportion of overweight in adult women over 18 years at 13% ; proportion of obesity in adult women over 18 years at 5.2%; having the proportion of overweight in adult men over 18 years at 3.7%; proportion of obesity in adult men over 18 at 0.4%; age-standardized prevalence of raised blood glucose/diabetes in persons over 18 years at 2.1% and age-standardized prevalence of raised blood pressure in persons over 18 years at 20% by 2025.

6.7 Learning

The TNAP 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. Continuous documentation and dissemination of lessons learnt through formal and informal learning, experience sharing (positive and negative) and reflection involving of all stakeholders will be encourage during the period of implementation.

6.8 Risks and Mitigation Measures

The TNAP 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 TNAP objectives. This involves identifying and analyzing risks through systematic use of available information with the aim determining the likelihood of specified events occurring. It also involves determining the magnitude and consequences of risks and prioritizing risks from the most critical to least critical. Risk mitigation involves the process of coming up with strategies to reduce the likelihood that a risk event will occur and/or reduce the effect of a risk event if it does occur. Risk analysis will be undertaken from time to time during the period of implementation, since this TNAP is a living document. Various risks are anticipated during the course of TNAP implementation. It is therefore important to prioritise risks based on the likelihood of occurrence and impact using the risk prioritization matrix below:

Table 5: TNAP risk prioritisation matrix

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

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

No.	Risk	Risk level	Risk Mitigation
1	Emphasis on delivering general departments mandates may compromise programming for delivery of nutrition sensitive outcomes	Moderate	Align and use nutrition-sensitive indicators at all levels to ensure that program activity implementation is nutrition-sensitive.
2	Low institutional capacity (functional and technical) to lead and manage the multi-sectoral action plan	Moderate	Enhance the capacities of departments and parish chiefs to effectively lead, coordinate and manage implementation of the TNAP. Conduct a stakeholder and action mapping, capacity assessment for the TNP Address the identified capacity gap, stakeholder overlaps, duplication of efforts and coverage issues
3	Inadequate and low skilled human capacity especially at community level to deliver multi-sectoral nutrition services e.g. VHTs, WDCs, 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 for town council staffs and none state actors. 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.

No.	Risk	Risk level	Risk Mitigation
5	Low commitment and collaboration by some key stakeholders (movers, floaters, Blockers)	Medium	Strengthen Multi-Sectoral Nutrition engagements at parish and village levels to ensure that the sub county and parish wealth creations plans are in alignment with the TNAP. Establish the town council nutrition forum chaired by the town council chairperson. Conduct stakeholder mapping and identify the possible movers, floater and blockers Reach to blockers and floater and engage tem using the SUN principles of engagement
6	Fading of political will and Commitment.	Medium	Organize regular nutrition advocacy meetings with town council, ward and village councils including members of the security committee among others. Hold meeting for community bases actors the town council Continue keeping nutrition high on the town council development agenda through holding regular Nutrition Forum at the town council, ward 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, contagious disease)	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 plan
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, the town council 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.

ANNEXES

ANNEX 1: TOWN COUNCIL NUTRITION ACTION PLAN IMPLEMENTATION MATRIX 2020-2025

Priority Action	Output
Objective 1: To increase access to and utilization of nutrition specific services by children under 5 years, school age children, adolescent girls, pregnant and lactating women and other vulnerable groups	
Intermediate outcome 1.1 Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices	
Strategy 1.1: Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices in emergencies and stable situation	
Implement the Baby Friendly Initiatives at HCIII	Increased number of Women of reproductive age counseled on MIYCAN practices
Promote optimal breastfeeding and optimal complementary feeding practices	
Promote healthy eating and lifestyle practices among adolescent girls, women of reproductive age and pregnant and lactating mothers	Increased number of Women of reproductive age participating in community-based nutrition activities
	Increased number of community members participating in cooking demonstrations carried out at community level
	Increased number of households receiving improved nutrition services
Integrate growth promotion and monitoring services at health facility and community level.	Increased number 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	
Provide Vitamin A supplementation for children 6-59 months	Increased number of children 6–59 months receiving Vitamin A supplementation
Provide Iron folic acid supplementation for adolescent girls and pregnant women	Increased number of Adolescent girls receive Iron and Folic Acid supplementation
	Increased number of Pregnant women receiving Iron and Folic Acid supplementation
Promote access and utilization of Antenatal care (ANC) services	Increased number of pregnant and lactating women accessing ANC services
Intermediate outcome 1.3: Reduction of acute malnutrition in stable an emergency situations	

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Proportion of women of reproductive age counseled on MIYCAN practices		2,500,000	2500,000	2,500000	2500000	10,000,000
		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Percentage of women participating in community-based nutrition activities		1550,000	1,550,000	1,550,000	1,550,000	6,200,000
Proportion of households participating in cooking demonstrations carried out at community level		320,000	320,000	320,000	320,000	1,280,000
Proportion of households receiving improved nutrition services (disaggregated by gender and age)		560,000	560,000	560,000	560,000	2,240,000
Proportion of under-2 children reached with Growth Monitoring services		500,000	500,000	500,000	500,000	2,000,000
Proportion of children 6–59 months receiving Vitamin A supplementation		500,000	500,000	500,000	500,000	2,000,000
Proportion of adolescent girls receiving Iron and Folic Acid supplementation		500,000	500,000	500,000	500,000	2,000,000
Proportion of Pregnant women receiving Iron and Folic Acid supplementation		500,000	500,000	500,000	500,000	2,000,000
Proportion of pregnant women accessing ANC services		500,000	500,000	500,000	500,000	2,000,000

Priority Action	Output
Strategy 1.3: Increase coverage of integrated management of acute malnutrition in stable and emergency situations	
Integrate routine screening, and timely management of acute malnutrition into routine health and community services	Increased number of children 6-59 months accessing nutrition assessment services at HCIII, HCIIs and Community levels
	Children 6-59 months suffering from Severe acute malnutrition without complications treated under Outpatient Care (OTC)
Intermediate Outcome 1.4: Reduction of infectious diseases related to nutrition among children under 5 years.	
Strategy 1.4: Integrate nutrition services in prevention, control and management of infectious diseases	
Promote Use Oral Rehydration Solution (ORS) and Zinc in diarrhoea treatment among children	Increased number of children under 5 years old with diarrhea receiving ORS and Zinc
Promote de-worming medications targeting children above 1-14 years receiving at two doses per year	Increased number of children 1 to 4 years receiving two doses of deworming medication per year
	Increased number of children 5 to 14 receiving two doses of deworming medication per year
Integrate nutrition in actions that prevent and improve management of infectious diseases (diarrhoea, fevers, malaria, HIV/AIDS, TB and ARIs children under 5 years, pregnant women and lactating mothers	Increased number of children under 5 years using insecticide treated nets
	Increased number of pregnant women using insecticide treated nets
	Increased number of 1-year-old children who receive the appropriate doses of the recommended vaccines in the national schedule
	Increased number of Children 0-5 years suffering from childhood diarrhea who are treated
	Increased number of children under 5 years of age suffering from malaria who are treated
	Increased number of children under 5 years of age suffering from Acute respiratory infections treated

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Proportion of number of children 6-59 months accessing nutrition assessment		2,350,000	2,350,000	2,350,000	2,350,000	9,400,000
Proportion of Children 6-59 months suffering from Severe acute malnutrition without complications treated under OTC		1,250,000	1,250,000	1,250,000	1,250,000	5,000,000
Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of children 1 to 4 years receiving (two doses per year)		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of children 5 to 14 years receiving two doses of deworming medication per year		1,000,0000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of children aged 0–5years using insecticide treated nets		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of pregnant women using insecticide treated nets		1,120,000	1,120,000	1,120,000	1,120,000	4,480,000
Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule		500,000	500,000	500,000	500,000	2,000,000
Proportion of children 0-5 years suffering from childhood diarrhea who are treated		500,000	500,000	500,000	500,000	2,000,000
Proportion of children under 5 years of age suffering from malaria who are treated		600,000	600,000	600,000	600,000	2,400,000
Proportion of children under 5 years of age suffering from Acute respiratory infections treated		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000

Priority Action	Output
	Increased number of children under 5 years of age suffering from Fevers in children under 5 years of age treated
	Increased number of Persons Living with HIV/AIDs who access nutrition services
	Increased number of TB patients accessing nutrition services
Promote improved water, sanitation and hygiene practices	Increased number of households practicing optimal WASH practices
Intermediate Outcome 1.5: Reduction of Diet Related Non Communicable Diseases (DRNCDs).	
Strategy 1.5: Integrate nutrition services in prevention, control and management of non-communicable diseases	
Sensitize communities on healthy eating	Increased number of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle
Sensitize communities on healthy lifestyle	
Objective 2: To increase access and utilization of nutrition sensitive services by children under 5 years, school age children adolescent girls, pregnant and lactating women and other vulnerable groups	
Intermediate Outcome 2.1: Increased production, access and consumption of safe, diverse and nutrient dense plant, fisheries and animal source food	
Strategy 2.1: Intensify production of diverse, safe and nutrient dense plant, fisheries and animal source food at household level	
Support access to improved technologies; including climate smart ones to increase production of diverse, safe, nutrient dense food	Increased number of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense food
Support farmers to access critical farms inputs for improved production of diverse, safe, nutrient dense food	Increased number of farmers provided with inputs and/or information for improved production of diverse, safe, nutrient dense food
Support production of nutrient dense indigenous and underutilized crop, fisheries and animal source food	Increased production of nutrient dense indigenous and underutilized plant fisheries and animal resources supported
Create awareness and support farmers to access and use gender sensitive labour and energy saving technologies	Increased number of farmers who are awareness of gender sensitive labour and energy saving technologies

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Proportion of children under 5 years of age suffering from Fevers in children under 5 years of age treated		500,000	500,000	500,000	500,000	2,0000000
Proportion of known Persons Living with HIV/AIDs who access nutrition services		500,000	500,000	500,000	500,000	2,000,000
Proportion of known TB patients accessing nutrition services		2,000,000	2,000,000	2,000,000	2,000,000	8,000,000
Proportion of households practicing improved water, sanitation and hygiene		2,500,00	2,500,000	2,500,000	2,500,000	10,000,000
Proportion of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle		500,000	500,000	500,000	5,00,000	2,000,000
		500,000	500,000	500,000	500,000	2,000,000
Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production		500,000	500,000	500,000	500,000	2,000,000
Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources		1,300,000	1,300,000	1,300,000	1,300,000	5,2000,000
Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided		500,000	500,000	500,000	500,000	2,000,000

Priority Action	Output
Promote production of bio fortified foods	Increased production of bio fortified foods
Promote production of industrial fortified foods	Increased production of industrial 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	Increased number of actors participating in agro – processing and marketing of diverse, safe, nutrient dense plant, animal and fish products
Build capacity farmers on postharvest handling technologies and value addition	Increased number of farmers who have skills in postharvest handling technologies and value addition
Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food	Increased number of actors engaging in value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food
Support organization of farmers (especially women) to form groups or cooperatives to market nutrient dense plant, fisheries and animal source food	Increased number farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food
Support agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods	Increased number of farmers adopting agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods
Strategy 2.3: Improve utilization of diverse, safe and nutrient dense plant, fisheries and animal source food	
Support technologies and awareness campaigns aimed at ensuring food safety along the value chain	Increased Number of households reached with awareness campaigns aimed at ensuring food safety along the value chain
Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods	Increased number of households who are aware on the benefits of consuming bio and industrial fortified foods
Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	Increased number of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources
Intermediate outcome 2.2: Increased access to nutrition sensitive social protection programmes	

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Proportion of farming households producing bio-fortified foods		400,000	400,000	400,000	400,000	1,600,000
Proportion of business actors involved in industrial fortified foods production		2500,000	2500,000	2500,000	2500,000	10,000,000
Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products		700,000	700,000	700,000	700,000	2,800,000
Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built		600,000	600,000	600,000	600,000	2,400,000
Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources		500,000	500,000	500,000	500,000	2,000,000
Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food		500,000	500,000	500,000	500,000	2,000,000
Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods		500,000	500,000	500,000	500,000	2,000,000
Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain		500,000	500,000	500,000	500,000	2,000,000
Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000
Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000

Priority Action	Output
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	Increased number of women of reproductive age covered by UWEP,
	Increased number 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	Increased number of school stakeholders sensitized on School feeding and Nutrition
	Increased number of parents contributing to feeding and nutrition of their children in school
Promote physical and mental activity by exercising regularly at school	Increased number of school children participating in Physical Education lessons for their wellbeing
Establish and maintain vegetable gardens for both educational purposes and as a source of vital nutrients in school diet	Increased number of schools vegetable gardens for both educational purposes and as a source of vital nutrients in school diet
Promote integrated nutrition and early childhood development (ECD) services	Increased number 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.	Increased number of households accessing adequate water for production of nutrient dense and safe food
Provide safe water sources in communities, institutions and public places	Increased number of households with access to safe water sources
Provide sanitation and hygiene services to households in the community	Increased number of households with access to sanitation and hygiene services

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Proportion of women of reproductive age covered by UWEP,		500,000	500,000	500,000	500,000	2,000,000
Proportion of women in the youth age bracket benefiting from the YLP		500,000	500,000	500,000	500,000	2,000,000
Proportion of school stakeholders sensitized on School feeding and Nutrition		1,500,000	1,500,000	1,500,000	1,500,000	6,000,000
Proportion of parents contributing to feeding and nutrition of their children in school		500,000	500,000	500,000	500,000	2,000,000
Proportion of learners benefiting from the school feeding and nutrition program		1,500,000	1,500,000	1,500,000	1,500,000	6,000,000
Proportion of school children participating in Physical Education lessons for their wellbeing		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of schools with Vegetable gardens established for both educational purposes and as a source of vital nutrients in school diets		2,500,000	2,500,000	2,500,000	2,500,000	10,000,000
Proportion of children 36-59 months accessing ECD services		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000
Proportion of households provided with water for production		2,000,000	2,000,000	2,000,000	2,000,000	8,000,000
Proportion of rural and trading center households with access to safe water sources		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000
Proportion of people accessing safely managed sanitation services		1,200,000	1,200,000	1,200,000	1,200,000	4,800,000

Priority Action	Output
Mobilize households on sustainable use of WASH services	Increased number of households mobilized on sustainable use of WASH services
Provide messages on handwashing, hygiene practices, safe food preparation and storage with MIYCAN sensitization.	Increased number of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN
Intermediate outcome 2.5: Increased trade, industry and investments in scaling up nutrition	
Strategy 2. 7: Increase trade, industry and investments in scaling up nutrition	
Conduct a stakeholder mapping to know who is doing what in the food business	Improved engagement with the food business actors to scale up nutrition
Assess the impact of the COVID-19 pandemic on food businesses (Trade, transport, processing and consumer)	Improved understanding of the effect of Covid – 19 on the food business
Sensitize the food business operators on the continuity of MOH food safety and nutrition regulations during and post COVID-19 period	Increased awareness on recommendations on donations, marketing and promotion of food items
	Increased awareness on food safety control recommendations among food producers/processors
	Increased engagement with food business operators to provide advice to them
Organize food business operators into a network to promote food business for improved nutrition	Increased number of food stuff sellers involved in the selling of fruits and vegetables
	Increased number of food venders supplying fortified foods on the market
	Increased number of food store operators selling Fortified foods (wheat flour, maize flour, edible oil)
	Increased number of food traders and processors forming cooperatives for trade in quality nutritious foods

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Proportion of households mobilized on sustainable use of WASH services		2,500,000	2,500,000	2,500,000	2,500,000	10,000,000
Proportion of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN		1,000,000	1,000,000	1,000,000	1,000,000	4,000,0000
Mapping report for food business actors		2,500,000	2,500,000	2,500,000	2,500,000	10,000,000
Report indicating potential, challenges, constraints and challenges to food business		2,200,000	2,200,000	2,200,000	2,200,000	8,800,000
Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of food business actors sensitized on food safety control recommendations among food producers/processors		2500,000	2500,000	2500,000	2500,000	10,000,000
Proportion of food business actors given advice		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of food stuff sellers involved in the selling of fruits and vegetables		500,000	500,000	500,000	500,000	2,000,000
Proportion of food venders supplying fortified foods on the market		500,000	500,000	500,000	500,000	2,000,000
Proportion food store operators selling Fortified foods (wheat flour, maize flour, edible oil)		800,000	800,000	800,000	800,000	3,200,000
Proportion of traders and processors forming cooperatives for trade in quality nutritious foods		700,000	700,000	700,000	700,000	2,800,000

Priority Action	Output
Objective 3: To strengthen the enabling environment for scaling up nutrition specific and nutrition sensitive service	
Intermediate Outcome 3.1: Strengthened nutrition coordination and partnerships at all level	
Strategy 3.1: Strengthen nutrition coordination and partnerships at district and LLG levels	
Establish and support functionality of the Town council Nutrition Coordination Committees (TNCC)	TNCC established
Regularly Assess the functionality of Nutrition Coordination Committees at all levels	Increased TNCC functionality
Intermediate Outcome 3.2: Improved planning, resource mobilization, financing and tracking of nutrition investment	
Strategy 3.2: Improve planning, resource mobilization, financing and tracking of nutrition investments	
Develop the Town Council Nutrition Action Plans	Improved planning for Nutrition
Develop the Town Council annual Nutrition Work plan	
Conduct an Annual Nutrition Expenditure Review	Improved financing for nutrition
Develop a resource mobilization plan for nutrition	
Intermediate Outcome 3.3: Improved institutional and technical capacity for scaling up nutrition actions	
Strategy 3.3: Strengthen institutional and technical capacity for scaling up nutrition actions	
Conduct a Nutrition Capacity Assessment	Improved capacity development for nutrition
Provide actions to the capacity gaps identified	Capacity gaps addressed
	TNCCs members trained on nutrition governance
Intermediate Outcome 3.4: Strengthened nutrition advocacy, communication and social mobilization for nutrition	
Strategy 3.4: Strengthen nutrition advocacy, communication and social mobilization for nutrition	
Implement relevant Nutrition Advocacy and Communication strategy actions	Increased level of implementation of Nutrition Advocacy and Communication strategy actions
Use existing delivery channels to promote Social Behaviour Change communication for nutrition	Increased use of existing delivery channels to promote Social Behavior Change communication for nutrition

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
List of membership(15 Members)		2,500,000	2,500,000	2,500,000	2,500,000	10,000,000
Percentage overall TNCC functionality score		1,800,000	1,800,000	1,800,000	1,800,00	7,200,000
Implementation status of the Town Council Nutrition Action Plans		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Implementation status of the Town Council annual Nutrition Work plan		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Annual Nutrition Expenditure Review report		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Percentage budget spending for nutrition interventions		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Implementation status of the resource mobilization plan for nutrition		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Nutrition Capacity Assessment report		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Implementation status of the Capacity gaps		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of TNCCs members trained on nutrition governance		2,600,000	2,600,000	2,600,000	2,600,000	10,400,000
Status of implementation of the NACS actions		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Proportion of existing delivery channels used to promote Social Behavior Change communication for nutrition		500,000	500,000	500,000	500,000	2,000,000

Priority Action	Output
Generate nutrition Advocacy briefs for use in advocacy	Nutrition Advocacy briefs generated
Identify nutrition champions	Increased number of influential persons identified as nutrition champions
Conduct resource mobilization events using the resource gap mobilization plan	Reduced nutrition resource gap
Intermediate Outcome 3.5: Coherent policy, legal and institutional frameworks for nutrition.	
Strategy 3.5: Strengthen coherent policy, legislation and institutional frameworks for scaling up nutrition	
Popularize the legal, policy and planning provisions relevant to nutrition among town council leaders and staffs	Improved awareness of legal, policy and planning provisions relevant to nutrition among town council leaders and staffs
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.	
Implement the Monitoring Evaluation Accountability and Learning framework for the nutrition action plan	Improved MEAL during for TNAP implementation
	Improved use of nutrition data
	Improved identification and action on implementation gaps
	Improved nutrition knowledge management
	Coherent policy implementation
	Improved Learning and knowledge dissemination for nutrition TNAP implementation

Output Indicator	20/21	Annual Budget (UGX)				Total 5 YR (UGX)
		21/22	22/23	23/24	24/25	
Number of Nutrition Advocacy briefs generated		1,500,000	1,500,000	1,500,000	1,500,000	6,000,000
Proportion of nutrition influential persons instituted as nutrition champions		500,000	500,000	500,000	500,000	2,000,000
Proportion of identified resource gaps filled		1,200,000	1,200,000	1,200,000	1,200,000	4,800,0000
Proportion of town council leaders and staffs aware of the legal, policy and planning provisions relevant to nutrition		600,000	600,000	600,000	600,000	2,400,000
MEAL framework for TNAP implementation reports		2,000,000	2,000,000	2,000,000	2,000,000	8,000,000
Excel sheet of nutrition indicators		1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Department review meeting action matrix		500,000	500,000	500,000	500,000	2,000,000
Number of Joint Annual nutrition review conducted		1,800,000	1,800,000	1,800,000	1,800,000	7,200,000
Number of knowledge products for nutrition developed		500,000	500,000	500,000	500,000	2,000,000
Number of policy dialogues for nutrition held		600,000	600,000	600,000	600,000	2,400,000
Number of Learning and knowledge dissemination for nutrition TNAP implementation organized		700,000	700,000	700,000	700,000	2,800,000

ANNEX 2: TOWN COUNCIL NUTRTION ACTION PLAN PROGRAM BASED MONITORING (PBM) MATRIX 2020-2025

TNAP 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

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

TNAP 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.

TNAP Objectives

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

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

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

Performance Indicators	Baseline	Performance Targets				
	19/20	20/21	21/22	22/23	23/24	24/25

Department: Health Services

Responsible Officer: **Health Center III In-charge**

Strategies

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

Strategy 1.2: Promote micronutrient intake among children, adolescent girls and women of reproductive age

Strategy 1.3: Increase coverage of integrated management of acute malnutrition

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

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

Intermediate Outcomes

1. Improved Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) practices
2. Reduction of micro nutrient deficiencies among children, adolescent girls and women of reproductive age.
3. Reduction of acute malnutrition in stable and emergency situations.
4. Reduction of infectious diseases related to nutrition among children under 5 years.
5. Reduction of Diet Related Non Communicable Diseases (DRNCDs).

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

Nutrition Sensitive Performance	Baseline	Annual targets				
	19/20	20/21	21/22	22/23	23/24	24/25

Department: Production

Responsible Officer: Agriculture Officer, Veterinary officer and Fisheries Officer

Strategies

Strategy 2.1: Intensify production of diverse, safe and nutrient dense plant, fisheries and animal source food at household level.

Strategy 2.2: Increase access to diverse, safe and nutrient dense plant, fisheries and animal source food.

Strategy 2.3: Improve utilization of diverse, safe and nutrient dense plant, fisheries and animal source food.

Intermediate Outcome

Increased production, access and consumption of diverse, safe and nutrient dense plant, fisheries and animal source food.

Performance indicator	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products	No data	44	46	48	50	52
Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production	No data	46	53	60	67	74
Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources	No data	30	35	40	45	50
Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided	No data	36	40	43	46	49
Proportion of farming households producing bio-fortified foods	No data	40	43	46	49	52
Proportion of business actors involved in industrial fortified foods production	No data	40	43	46	49	52
Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products	No data	40	43	46	49	52
Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built	No data	60	65	70	80	90
Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources	No data	60	65	70	80	90
Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food	No data	40	60	65	70	80
Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods	No data	60	65	70	80	90

Performance indicator	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain	No data	60	65	70	80	90
Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods	No data	60	65	70	80	90
Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources	No data	60	65	70	80	90

Department: Community Based Services

Responsible Officer: Community development Officer

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

Intermediate Outcome: Increased access to nutrition sensitive social protection programmes.

Performance Indicators	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of women of reproductive age covered by UWEP,	No data	14	16	18	20	22
Proportion of women in the youth age bracket benefiting from the YLP	No data	14	16	18	20	22

Department: Education

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

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

Intermediate outcome

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

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

Department: Works and Technical services

Responsible Officer: Health Inspector

Strategy: Promote access to nutrition sensitive WASH services.

Intermediate outcome: Increased access to nutrition sensitive Water Sanitation and Hygiene services.

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

Department: Trade, Industry and Cooperatives

Responsible Officer: Commercial officer

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

Intermediate outcome: Increased trade, industry and investments in scaling up nutrition.

Performance indicators	19/20	20/21	21/22	22/23	23/24	24/25
Mapping report for food business actors	1	1	1	1	1	1
Report indicating potential, challenges, constraints and challenges to food business	1	1	1	1	1	1
Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items	No data	5	15	20	25	30
Proportion of food business actors sensitized on food safety control recommendations among food producers/processors	No data	5	15	20	25	30
Proportion of food business actors given advice	No data	5	15	20	25	30
Proportion of food stuff sellers involved in the selling of fruits and vegetables	No data	5	15	20	25	30
Proportion of food venders supplying fortified foods on the market	No data	10	12	14	16	18
Proportion food store operators selling Fortified foods (wheat flour, maize flour, edible oil)	No data	100	100	100	100	100
Proportion of traders and processors forming cooperatives for trade in quality nutritious foods	No data	10	15	20	25	30

Enabling Environment performance Indicators	Baseline	Performance Targets				
	19/20	20/21	21/22	22/23	23/24	24/25

Departments: All TNAP Implementing departments

Responsible Officers: Heads of department

Strategies

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

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

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

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

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

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

Intermediate outcomes

1. Strengthened nutrition coordination and partnerships at all levels
2. Improved planning, resource mobilization, financing and tracking of nutrition investments.
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.
6. Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for effective decision making.

Performance Indicator	19/20	20/21	21/22	22/23	23/24	24/25
Full membership as per TORs	0	15	15	15	15	15
Percentage overall TNCC functionality score	No data	25	50	75	100	100
Implementation status of the Town Council Nutrition Action Plans	No data	20	40	60	80	100
Implementation status of the Town Council annual Nutrition Work plan	No data	50	60	70	80	100
Annual Nutrition Expenditure Review report	No data	1	1	1	1	1
Percentage budget spending for nutrition interventions	No data	5	7	9	10	12
Implementation status of the resource mobilization plan for nutrition	No data	20	40	60	80	100
Nutrition Capacity Assessment report	No data	1	1	1	1	1
Implementation status report of the Capacity gaps	No data	1	1	1	1	1
Proportion of TNCCs members trained on nutrition governance	No data	20	25	30	35	40
Status of implementation of the NACS actions for TNAP	No data	60	90	100	100	100

Performance Indicator	19/20	20/21	21/22	22/23	23/24	24/25
Proportion of existing delivery channels used to promote Social Behaviour Change communication for nutrition	No data	60	90	100	100	100
Number of Nutrition Advocacy briefs generated	No data	2	4	4	4	4
Proportion of nutrition influential persons instituted as nutrition champions	No data	50	100	100	100	100
Proportion of identified resource gaps filled	No data	50	100	100	100	100
Proportion of town council leaders and staffs aware of the legal, policy and planning provisions relevant to nutrition	No data	50	100	100	100	100
MEAL framework for TNAP implementation reports	No data	1	1	1	1	1
Excel sheet of nutrition indicators	No data	1	1	1	1	1
Department review meeting action matrix	No data	1	1	1	1	1
Number of Joint Annual nutrition review conducted	0	1	1	1	1	1
Number of knowledge products for nutrition developed	No data	2	4	4	4	4
Number of policy dialogues for nutrition held	No data	2	2	2	2	2
Number of Learning and knowledge dissemination for nutrition TNAP implementation organized	No data	1	1	1	1	1
Number of Joint Annual nutrition review conducted	No data	1	1	1	1	1

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

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

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

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