



# KIKO TOWN COUNCIL

## NUTRITION ACTION PLAN



(KTNAP) FY 2021/22 - 2025/26



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(KTNAP) FY 2021/22 - 2025/26

### **Vision**

"A well-nourished, healthy and productive population effectively participating in the socio-economic transformation of Kiko 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 2026"

**Approved under Town Council Minute No. 33/KTC/COU/03/2022**

# ACKNOWLEDGEMENT

I take this opportunity to thank Kabarole District Local Government, and Kiko Town council for the efforts in TNAP formulation and monitoring of the Town Council programs.

I acknowledge the effort of the Town Council Technical Planning Committee and the Town Council Coordination Committee for the tireless efforts in ensuring that this TNAP is developed and approved for implementation.

I recognize and highly appreciate the efforts of Kabarole Research Centre (KRC) and Kigezi Food and Nutrition Consultation Limited through the Executive Director, one Mr. Asiimwe Charles for particularly providing the technical assistance in the development of this Town Council Nutrition Action Plan.

I appreciate the efforts and cooperation of our Implementing partners in the implementation of the Nutrition plan 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 whose input I cannot just take for granted.

Those who made significant contributions are highly appreciated.

This plan was prepared with financial and technical support from Kabarole Research Centre.

**MWESIGE MICHAEL**

TOWN CLERK, KIKO 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.

Unfortunately, to date 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 maternal, neonatal, and child deaths.

Good nutrition contributes significantly to reduced maternal, neonatal, and child deaths. Corona Virus pandemic has brought to the forefront the need to ensure adequate food security and nutrition.

Kiko 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 named 10 commercially developed crops (maize, cassava, banana, beans, Irish potato, sweet potato, millet, cattle (beef), dairy and fish), which 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 commit ourselves in encouraging 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.

**TOWN COUNCIL CHAIRPERSON,**

KIKO TOWN COUNCIL

# STATEMENT OF COMMITMENT

We, the Nutrition Coordination Committee members of Kiko Town Council (**TNCC**),

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.

## **Commit ourselves to the following:**

1. To be Nutrition sensitive and Take practical steps through formulation of a Town council Nutrition Action plan in our department strategic programs.
2. To actively participate in planning, discussing, prioritizing and implementing nutrition issues in all the Town Council statutory committees and platforms
3. To make provisions of nutrition activities in the Town Council budget.
4. To make work plans
5. To follow up and evaluate implementation progress at agreed periodic intervals preferably on a quarterly basis and generate relevant action points for further improvement

6. To intensify sensitization about the nutrition noble cause among the target population and institutions (Schools, Health units, Community engagements, etc)

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

| S/N | NAME                   | Department         | Title                              | Sign |
|-----|------------------------|--------------------|------------------------------------|------|
| 1   | Mwesige Micheal        | Administration     | Town Clerk                         |      |
| 2   | Kabarangira Immaculate | CBS                | SCDO                               |      |
| 3   | Olimi Patrick          | Administration     | Principal Town Agent               |      |
| 4   | Katimbale Betty        | Senior Treasurer   | Senior Treasurer                   |      |
| 5   | Rwekamba Patrick       | Trade and Commerce | Assistant Commercial Officer       |      |
| 6   | Kankya Eddie           | Natural Resource   | Physical Planner                   |      |
| 7   | Kugonza Justus         | Production         | Assistant Animal Husbandry Officer |      |
| 8   | Kyomuhendo Deo         | Health             | Health Inspector                   |      |
| 9   | Murungi Norbert        | Works              | Engineering Assistant              |      |
| 10  | Muzoora Philly         | Production         | Assistant Agricultural Officer     |      |
| 11  | Kyosimire Clare        | Administration     | Assistant Town Clerk               |      |

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# ACRONYMS

|               |  |
|---------------|--|
| <b>BFHI</b>   | Baby Friendly Health Initiative                      |
| <b>BFP</b>    | Budget Framework Paper                               |
| <b>CAO</b>    | Chief Administrative Officer                         |
| <b>CSO</b>    | Civil Society Organization                           |
| <b>DDP</b>    | District Development Plan                            |
| <b>DNAP</b>   | District Nutrition Action Plan                       |
| <b>DNCC</b>   | District Nutrition Coordination Committee            |
| <b>DRNCDs</b> | Diet Related Non-Communicable Diseases               |
| <b>FAL</b>    | Functional Adult Literacy                            |
| <b>GBV</b>    | Gender Base Violence                                 |
| <b>IEC</b>    | Information, Education & Communication               |
| <b>IECD</b>   | Integrated Early Childhood Development               |
| <b>IMAM</b>   | Integrated Management Acute Malnutrition             |
| <b>IO</b>     | Intermediate Outcome                                 |
| <b>IPs</b>    | Implement Partners                                   |
| <b>IYCF</b>   | Infant Young Child Feeding                           |
| <b>KFNC</b>   | Kigezi Food and Nutrition Consulting Ltd             |
| <b>KRC</b>    | Kabarole Research Center                             |
| <b>LG</b>     | Local Government                                     |
| <b>LLGs</b>   | Lower Local Governments                              |
| <b>MAD</b>    | Minimum Acceptable Diet                              |
| <b>MIYCAN</b> | Maternal Infant Young Child and Adolescent Nutrition |
| <b>NGO</b>    | Non-Governmental Organization                        |
| <b>OPM</b>    | Office of Prime Minister                             |
| <b>PDC</b>    | Parish Development Committees                        |
| <b>PHHs</b>   | Post-Harvest Handlings                               |
| <b>PNCC</b>   | Parish Nutrition Coordination Committee              |
| <b>PWD</b>    | Persons with Disability                              |
| <b>SGBV</b>   | Sexual Gender Based Violence                         |
| <b>SNCC</b>   | Town Council Nutrition Coordination Committee        |
| <b>SUN</b>    | Scaling Up Nutrition                                 |
| <b>TNCC</b>   | Town Council Nutrition Coordination Committee        |
| <b>UDHS</b>   | Uganda Demographic Household Survey                  |
| <b>VHT</b>    | 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 behavioral 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 SNAP 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 SNAP 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 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 and

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

Achievement of the SNAP 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 SNAP 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 xxx to xxx; 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 hand washing 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 SNAP 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 SNAP 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 SNAP will be achieved through implementing the following 18 strategies under the three SNAP 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).

1. 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.
2. 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.
3. 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 SNAP is through the Town Council Nutrition Coordination Committee (SNCC) and Parish Nutrition Coordination Committees. The SNAP under chapter four outline the various stakeholders expected to participate in the SNAP implementation. Roles and Responsibilities of the Stakeholders in SNAP implementation are defined for; Town Council Council; Town Council Technical Planning Committee; Sectoral Committees of Council; Town Council Executive Committee (SEC); 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 SNAP defines the Financing and Resource Mobilization arrangements which include; Resource mobilization; Estimated financial requirements for implementing SNAP; Available financial resources and the funding gap and Resources Mobilization

The SNAP includes the Monitoring, Evaluation, Accountability and Learning with detail in the following areas; Overview of MEAL Framework; TNAP MEAL Arrangements; SNAP 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 SNAP; Learning and Risks and Mitigation Measures.

### **Town Council profile relevant to nutrition programming**

Kiko Town Council is one of the Town councils in Kabarole district, Burahya county which started its operations as a lower local government on 1st July 2011.

It borders with Busoro Subcounty in the North, Ruteete Subcounty in the South, Buheesi and Karambi sub counties in the West and Kibale National park in the east.

The town council is approximately 11kilometres from Fort Portal Town with its headquarters on the right hand side along fort portal Kasese road.

The Town Council is comprised of 4 wards with 11 cells and a total population of 11,543 people of whom 5,847 are male and 5,696female and 2,957 households (Source; The National Housing and Population census 2014).

The administrative units of the town council are as here under:

| <b>WARD</b> | <b>CELLS</b>                          |
|-------------|---------------------------------------|
| Kiko        | Kanyambeho A<br>Kanyambeho B<br>Kiko  |
| Kasiisi     | Kimuhonde<br>Kigarama<br>Kasiisi      |
| Kyanyawara  | Kasojo<br>Makoby A<br>Makoby B        |
| Nyabubaale  | Nyabubaale<br>Kitabonwa<br>Nyabinamba |

The Town Council is generally predominantly a plateau approximately 7,000 feet above sea level comprising of fertile volcanic soils which favour the growth of tea.

The population of the town council mainly derive their means of livelihood through both subsistence and commercial agriculture.

The main crops engaged in include but not limited to Bananas, ground nuts, vegetables, beans, sweet potatoes, cassava, millet, and sorghum.

Other economic activities through which the community supplements its livelihood include; Tourism, retail trade, firewood and brick making, mining, quarrying and fishing

# CHAPTER ONE: INTRODUCTION

## 1.1 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 behavior 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 ischemic 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 SNAP provides a set of strategic objectives, strategies and actions to incorporate into development plans, and work plans and budgets for consideration in negotiating projects and programs in order to achieve better nutrition for all in a more coherent, concerted and consistent manner. The SNAP is to be used as a guide to the Town Council 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 SNAP was developed to address the lack of the comprehensive nutrition plan to coherently implement, monitor and report on various nutrition interventions by multiple actors at Town Council, parish 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 SNAP 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 Town Council through the existing reporting arrangements.

### 1.4 SNAP Preparation Process

The SNAP was developed by the Town Council Nutrition Coordination Committee (SNCC). The SNAP 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 SNAP was discussed by the Town Council Executive Committee and subsequently presented to the Town Council by the secretary finance, planning and administration for approval.

### 1.5 Structure of the TNAP

TNAP has been organized into seven chapters as shown in Table1.1below

|                      |   |
|----------------------|---|
| <b>Chapter One</b>   | <b>Introduction</b> - This chapter underscores why the sub county needs to invest in nutrition. It also summarizes the TNAP development process.  |
| <b>Chapter Two</b>   | <b>Nutrition Situation Analysis</b> - This chapter outlines the current nutrition situation.  |
| <b>Chapter Three</b> | <b>Strategic Direction</b> - This chapter describes TNAP Theory of Change, vision, goal, objectives, primary outcomes, intermediate outcomes, strategies and priority actions.  |
| <b>Chapter Four</b>  | <b>Implementation and Coordination Arrangements</b> - This chapter describes how TNAP implementation will be coordinated at the sub county and parish level.  |
| <b>Chapter Five</b>  | <b>Financing and Resource Mobilization</b> - 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. |
| <b>Chapter Six</b>   | <b>Monitoring, Evaluation, Accountability and Learning (MEAL)</b> - 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 SNAP are children under 5 years of age, adolescent girls, pregnant and lactating women and other vulnerable groups and their households. The SNAP applies to all government and non-government actors involved in scaling up nutrition interventions. All Town Council departments, community-based organization, private sector, faith based organization and implementing partners partner involved in Scaling up Nutrition in the Town Council **MUST jointly** plan, budget, implement, monitor and report on nutrition actions as outlined in this SNAP to ensure alignment and resource mobilization for increased coverage and effective results for sustainable nutrition outcomes as one team.

## 1.7 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 SNAP. The resource mobilization plan to be developed will call for more actors already implementing to fill the gaps. With this support, the SNAP will be effectively implemented in a coherent and harmonized manner, enable implementation and its targets hopefully achieved. Being the first of its kind, lessons learnt will generate a good foundation for development of a more comprehensive SNAP for 2020-2025 a period for which the realization of the global nutrition target is the point of focus

# CHAPTER TWO: 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 SNAP 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. limited number of children 6-59 months accessing nutrition assessment services at HCIII, HCII 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

### 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 aware

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.

### 2.3 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 poor enabling environment is manifested through

1. TSNCC established; non-functionality of the TNCC; inadequate planning for Nutrition; poor financing for nutrition;
2. limited capacity development for nutrition; failure to address capacity gaps; TNCCs/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 Behavior 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 behaviors 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

**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 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 SNAP goal, objectives and strategies will be measured through a set of 15 intermediate outcomes. The intermediate outcomes for the SNAP 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 for 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.

**Strategy 1.3:** Scale up coverage and 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 diarrhea 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 (diarrhea, 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 (TNCC)
- 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 Behavior 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 a 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 Town Clerk 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 conducting the coordination function.

### 4.1.4 Parish Nutrition Coordination Committees.

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

## 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, parish 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 (SEC)

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 theTown 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 behaviour 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, Parish, 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 NAP. 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 SNAP 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 SNAP 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 TNAP priority actions that are already provided for in Town Council 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                        | 420,000                                  | Health                   | Production Commercial Services, IPS, CSOs  |
|                                  | 1.2 Promote micronutrient intake among children, adolescents and women of reproductive age          | 320,000                                  | Health                   | Production, Commercial Services, IPS, CSOS |
|                                  | 1.3 Increase coverage of management for acute malnutrition in stable and in emergency situations    | 140,000                                  | Health                   | DPS, CSOs, PS                              |
|                                  | 1.4 Integrate essential nutrition actions in infectious disease prevention and management 5.5       | Leveraged within existing sector budgets | Health                   | Works& tech Services, DPS, CSOS, PS        |
|                                  | 1.5 Integrate essential nutrition actions in non-communicable disease prevention and management     | 100,000                                  | Health                   | Production, Trade , IPS, CSOS, PS          |
| <b>Sub-total for objective 1</b> |   |  |                          |  |
| 2                                | 2.1 Promote production of diverse, safe, nutrient dense crop and animal products at household level | 120,000                                  | Production               | Works& tech Services, DPS, CSOS, PS        |
|                                  | 2.2 Increase access to diverse, safe and nutrient dense crop and animal products                    | 100,000                                  | Production               | Commercial Services, DPS, CSOS, PS         |
|                                  | 2.3 Improve utilization of diverse, safe and nutrient dense crop, fish and animal products          | 100,000                                  | Production               | Health DPs, CSOs, PS                       |
|                                  | 2.4 Promote integration of nutrition services in social protection programmes                       | 140,000                                  | Community Based services | Health, DPS, CSOS                          |
|                                  | 2.5: Promote access to IECD services and quality education and sports for improved nutrition.       | 70,000                                   | Education,               | Health, Production, DPS, CSOS              |
|                                  | 2.6 Increase access to Water Sanitation and Hygiene services  | 50,000                                   | Works & tech Services    | Health DPS, CSOS, PS                       |
|                                  | 2.7 Increase trade, industry and investments in scaling up nutrition                                | 35,000                                   | Commercial Services,     | Production, Health, DPs, CSOs, PS          |

| Objective                        | Strategy  | Estimated budget (Millions UGX) | Lead department | Potential partnerships             |
|----------------------------------|---|---------------------------------|-----------------|------------------------------------|
| Sub-total for objective 2        |   |                                 |                 |                                    |
| 3                                | Strategy 3.1: Strengthen coordination and partnerships at all levels                                    | 40,000                          | Admin           | All line departments DPs, CSOs, PS |
|                                  | Strategy 3.2: Strengthen coherent policy, legal and institutional frameworks for nutrition              | 35,000                          | Admin           | All line departments DPs, CSOs, PS |
|                                  | Strategy 3.3: Improve planning, resource mobilization, financing and tracking of nutrition investments. | 50,000                          | Admin           | All line departments DPs, CSOs, PS |
|                                  | Strategy 3.4: Strengthen institutional and technical capacity for scaling up nutrition actions          | 40,000                          | Admin           | All line departments DPs, CSOs, PS |
|                                  | Strategy 3.5: Strengthen nutrition advocacy, communication and social mobilisation for nutrition.       | 40,000                          | Admin           | All line departments DPs, CSOs, PS |
|                                  | Strategy 3.6: Strengthen and institutionalize nutrition evidence and knowledge management               | 50,000                          | Admin           | All line departments DPs, CSOs, PS |
| <b>Sub-total for objective 3</b> |   |                                 |                 |                                    |
| GRAND TOTAL                      |   |                                 |                 |                                    |

### 5.3 Available financial resources and the funding gap

The TNAP implementation is estimated to cost approximately UGX 40,000,000 (only) across the 5-year implementation period. The projected available resources from 2020-2025 is UGX: 40,000,000 across which translates to 100%. This implies that UGX: 40,000,000, that is 100% 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 mobilization plan has been included as a key activity in the SNAP implementation roadmap. The estimated available resources and the funding gap in section 5.3 together with nutrition expenditure review and TNAP 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 five year basis. It also includes the risks and mitigation measures

### 6.2 TNAP MEAL Arrangements

Office of the Town Council Chief 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 of 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

### 6.2.3 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 Behavior Change communication for nutrition in the Town Council; Number of Nutrition Advocacy briefs generated for the Town 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 TNAP implementation reports ; Excel sheet of nutrition indicators for the Town Council 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 TNAP which will ultimately contribute to the improved nutrition status for the Town Council. 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 anemia in children under five years at 25%; anemia 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 maximize 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 of 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 prioritize risks based on the likelihood of occurrence and impact using the risk prioritization matrix below:

**Table 1:** SNAP 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 Town Agents chiefs to effectively lead, coordinate and manage implementation of the TNAP.<br><br>Conduct a stakeholder and action mapping, capacity assessment for the TNAP<br><br>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, PDCs, FAL, HUMC, 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.<br><br>Conduct a funding gap analysis which is nutrition specific, sensitive and with nutrition governance.<br><br>Prepare a resource mobilize plan to the identified stakeholders.  |
| 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 Town Council and parish wealth creations plans are in alignment with the TNAP.<br><br>Establish the Town Council nutrition forum chaired by the Town Council chairperson.<br><br>Conduct stakeholder mapping and identify the possible movers, floater and blockers<br><br>Reach to blockers and floater and engage tem using the SUN principles of engagement |

| No. | Risk  | Risk level | Risk Mitigation   |
|-----|---|------------|---|
| 6   | Fading of political will and Commitment.  | Medium     | <p>Organize regular nutrition advocacy meetings with Town Council, parish and village councils including members of the security committee among others.</p> <p>Hold meeting for community bases actors the Town Council</p> <p>Continue keeping nutrition high on the Town Council development agenda through holding regular Nutrition Forum at the Town Council, parish and village levels.</p> <p>Monitor and track inclusion of nutrition objectives in the political agenda of local politicians.</p> |
| 7   | Occurrence of natural and man-made Disasters (e.g. Floods, drought, deforestation, Earthquake, contagious disease )   | Medium     | <p>Need to monitor all possible disasters closely and respond appropriately.</p> <p>Prioritize areas historically known to suffer from emergencies and prepare emergency/disaster response plans</p> <p>Assess and act on the early detected signs</p> <p>Update the disaster preparedness plan</p>   |
| 8   | Climate change and environment deterioration  | High       | <p>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.</p>  |
| 9   | Covid -19 : The Corona Virus pandemic has brought to the fore the need to ensure adequate food security and nutrition | High       | <p>In order to improve Nutrition, the Town Council will aggressively implement programs to ensure adequate sensitization and awareness of all Ugandans on the benefits out of good nutrition for their health and wellbeing.</p>  |

## ANNEXES

### ANNEX 1: TOWN COUNCIL NUTRITION ACTION PLAN IMPLEMENTATION 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

| Priority Action   | Output  | Output Indicator  |
|---|---|---|
| Implement the Baby Friendly Initiatives at HCIII  | Increased number of Women of reproductive age counselled on MIYCAN practices  | Proportion 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                     | Percentage of women participating in community-based nutrition activities   |
|   | Increased number of community members participating in cooking demonstrations carried out at community level            | Proportion of households participating in cooking demonstrations carried out at community level                     |
|   | Increased number of households receiving improved nutrition services  | Proportion of households receiving improved nutrition services (disaggregated by gender and age)                    |
| Integrate growth promotion and monitoring services at health facility and community level.  | Increased number of Under-2 children reached with Growth Monitoring services  | Proportion of under-2 children reached with Growth Monitoring services  |
| Provide Vitamin A supplementation for children 6-59 months  | Increased number of children 6-59 months receiving Vitamin A supplementation  | Proportion 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  | Proportion of adolescent girls receiving Iron and Folic Acid supplementation  |
|   | Increased number of Pregnant women receiving Iron and Folic Acid supplementation  | Proportion 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   | Proportion of pregnant women accessing ANC services   |
| 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, HCIIIs and Community levels  | Proportion of number of children 6-59 months accessing nutrition assessment   |
|   | Children 6-59 months suffering from Severe acute malnutrition without complications treated under Outpatient Care (OTC) | Proportion of Children 6-59 months suffering from Severe acute malnutrition without complications treated under OTC |

| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 67,334           | 73,394  | 80,000  | 87,200  | 95,048  |
| 193,586          | 211,009 | 230,000 | 250,700 | 273,263 |
| 202,003          | 220,183 | 240,000 | 261,600 | 285,144 |
|                  |         |         |         |         |
|                  |         |         |         |         |
| 185,170          | 201,835 | 220,000 | 239,800 | 262,382 |
| 151,502          | 165,138 | 180,000 | 196,200 | 213,858 |
| 151,502          | 165,138 | 180,000 | 196,200 | 213,858 |
|                  |         |         |         |         |
| 84,168           | 91,743  | 100,000 | 109,000 | 118,810 |
| 67,334           | 73,394  | 80,000  | 87,200  | 95,048  |
|                  |         |         |         |         |

| Priority Action  | Output   | Output Indicator   |
|--|--|--|
| Promote Use Oral Rehydration Solution (ORS) and Zinc in diarrhea treatment among children  | Increased number of children under 5 years old with diarrhea receiving ORS and Zinc  | Proportion of children under 5 years old with diarrhea (in last two weeks) receiving oral rehydration salts (ORS) and Zinc     |
| Promote de-worming medications targeting children above 1-14 years receiving at two doses per year   | Increased number of children 1 to 4 years receiving two doses of deworming medication per year                                 | Proportion of children 1 to 4 years receiving (two doses per year)   |
|  | Increased number of children 5 to 14 receiving two doses of deworming medication per year                                      | Proportion of children 5 to 14 years receiving two doses of deworming medication per year                                      |
| Integrate nutrition in actions that prevent and improve management of infectious diseases (diarrhea, fevers, malaria, HIV/AIDS, TB and ARIs children under 5 years, pregnant women and lactating mothers | Increased number of children under 5 years using insecticide treated nets  | Proportion of children aged 0–5years using insecticide treated nets  |
|  | Increased number of pregnant women using insecticide treated nets  | Proportion 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 | Proportion of 1-year-old children who have received the appropriate doses of the recommended vaccines in the national schedule |
|  | Increased number of Children 0-5 years suffering from childhood diarrhea who are treated                                       | Proportion of children 0-5 years suffering from childhood diarrhea who are treated   |
|  | Increased number of children under 5 years of age suffering from malaria who are treated                                       | Proportion of children under 5 years of age suffering from malaria who are treated   |
|  | Increased number of children under 5 years of age suffering from Acute respiratory infections treated                          | Proportion of children under 5 years of age suffering from Acute respiratory infections treated                                |
|  | Increased number of children under 5 years of age suffering from Fevers in children under 5 years of age treated               | Proportion of children under 5 years of age suffering from Fevers in children under 5 years of age treated                     |
|  | Increased number of Persons Living with HIV/AIDS who access nutrition services   | Proportion of known Persons Living with HIV/AIDS who access nutrition services   |
|  | Increased number of TB patients accessing nutrition services   | Proportion of known TB patients accessing nutrition services   |
|  | Promote improved water, sanitation and hygiene practices   | Increased number of households practicing optimal WASH practices   |
| Sensitize communities on healthy eating  | Increased number of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle                       | Proportion of households sensitized on the Presidential Initiative on Healthy eating and Lifestyle                             |
| Sensitize communities on healthy lifestyle   |  |  |



| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 176,753          | 192,661 | 210,000 | 228,900 | 249,501 |
| 143,086          | 155,963 | 170,000 | 185,300 | 201,977 |
| 134,669          | 146,789 | 160,000 | 174,400 | 190,096 |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
| 126,252          | 137,615 | 150,000 | 163,500 | 178,215 |
| 58,918           | 64,220  | 70,000  | 76,300  | 83,167  |
| 50,501           | 55,046  | 60,000  | 65,400  | 71,286  |

| Priority Action  | Output  | Output Indicator  |
|--|---|---|
| Support access to improved technologies; including climate smart ones to increase production of diverse, safe, nutrient dense food                 | Increased number of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense food                     | Proportion of households adopting climate smart technologies aimed at increasing production of diverse, safe, nutrient dense crop and animal products |
| Support farmers to access critical farms inputs for improved production of diverse, safe, nutrient dense food                                      | Increased number of farmers provided with inputs and/or information for improved production of diverse, safe, nutrient dense food                           | Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production                                  |
| Support production of nutrient dense indigenous and underutilized crop, fisheries and animal source food   | Increased production of nutrient dense indigenous and underutilized plant fisheries and animal resources supported  | Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources                  |
| 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   | Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided                |
| Promote production of bio fortified foods  | Increased production of bio fortified foods   | Proportion of farming households producing bio-fortified foods  |
| Promote production of industrial fortified foods   | Increased production of industrial fortified foods  | Proportion of business actors involved in industrial fortified foods production   |
| Support agro-processing and marketing of diverse, safe, nutrient dense plant, animal fisheries and animal source foods                             | Increased number of actors participating in agro- processing and marketing of diverse, safe, nutrient dense plant, animal and fish products                 | Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products                             |
| Build capacity farmers on postharvest handling technologies and value addition   | Increased number of farmers who have skills in postharvest handling technologies and value addition   | Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built   |
| Support value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food                       | Increased number of actors engaging in value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal source food | Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources   |
| Support organization of farmers (especially women) to form groups or cooperatives to market nutrient dense plant, fisheries and animal source food | Increased number farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food                                   | Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food                                |

| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 168,336          | 183,486 | 200,000 | 218,000 | 237,620 |
| 168,336          | 183,486 | 200,000 | 218,000 | 237,620 |
| 193,586          | 211,009 | 230,000 | 250,700 | 273,263 |
| 67,334           | 73,394  | 80,000  | 87,200  | 95,048  |
| 84,168           | 91,743  | 100,000 | 109,000 | 118,810 |
| 84,168           | 91,743  | 100,000 | 109,000 | 118,810 |
| 210,420          | 229,358 | 250,000 | 272,500 | 297,025 |
| 193,586          | 211,009 | 230,000 | 250,700 | 273,263 |
| 168,336          | 183,486 | 200,000 | 218,000 | 237,620 |
| 168,336          | 183,486 | 200,000 | 218,000 | 237,620 |

| Priority Action  | Output  | Output Indicator  |
|--|---|---|
| Support agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods | Increased number of farmers adopting agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods | Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods |
| Support technologies and awareness campaigns aimed at ensuring food safety along the value chain   | Increased Number of households reached with awareness campaigns aimed at ensuring food safety along the value chain   | Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain   |
| Intensify awareness campaigns on the benefits of consuming bio and industrial fortified foods  | Increased number of households who are aware on the benefits of consuming bio and industrial fortified foods  | Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods  |
| Intensify awareness campaigns on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources  | Increased number of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources                   | Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources                       |
| Mainstream nutrition interventions into social protection programmes and humanitarian assistance safety net programmes                         | Increased number of women of reproductive age covered by UWEP,  | Proportion of women of reproductive age covered by UWEP,  |
|  | Increased number of women in the youth age bracket benefiting from the YLP  | Proportion of women in the youth age bracket benefiting from the YLP  |
| Implement the school feeding and Nutrition Guidelines of 2013  | Increased number of school stakeholders sensitized on School feeding and Nutrition  | Proportion of school stakeholders sensitized on School feeding and Nutrition  |
|  | Increased number of parents contributing to feeding and nutrition of their children in school   | Proportion of parents contributing to feeding and nutrition of their children in school   |
|  |   | Proportion of learners benefiting from the school feeding and nutrition program   |
| Promote physical and mental activity by exercising regularly at school   | Increased number of school children participating in Physical Education lessons for their wellbeing   | Proportion of school children participating in Physical Education lessons for their wellbeing   |
| Establish and maintain vegetable gardens for both educational purposes and as a source of vital nutrients in school diet                       | Increased number of schools vegetable gardens for both educational purposes and as a source of vital nutrients in school diet   | Proportion of schools with Vegetable gardens established for both educational purposes and as a source of vital nutrients in school diets                                 |
| Promote integrated nutrition and early childhood development (ECD) services  | Increased number of children 36-59 months accessing ECD services  | Proportion of children 36-59 months accessing ECD services  |

| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 185,170          | 201,835 | 220,000 | 239,800 | 261,382 |
| 134,669          | 146,789 | 160,000 | 174,400 | 190,096 |
| 101,002          | 110,092 | 120,000 | 130,800 | 142,572 |
| 126,252          | 137,615 | 150,000 | 163,500 | 178,215 |
| 117,835          | 128,440 | 140,000 | 152,600 | 166,334 |
|                  |         |         |         |         |
| 117,835          | 128,440 | 140,000 | 152,600 | 166,334 |
|                  |         |         |         |         |
|                  |         |         |         |         |
| 67,334           | 73,394  | 80,000  | 87,200  | 95,048  |
| 84,168           | 91,743  | 100,000 | 109,000 | 118,810 |
| 67,334           | 73,394  | 80,000  | 87,200  | 95,048  |

| Priority Action  | Output  | Output Indicator  |
|--|---|---|
| Provide water for production of nutrient dense and safe food.  | Increased number of households accessing adequate water for production of nutrient dense and safe food                                | Proportion of households provided with water for production   |
| Provide safe water sources in communities, institutions and public places  | Increased number of households with access to safe water sources  | Proportion of rural and trading center households with access to safe water sources   |
| Provide sanitation and hygiene services to households in the community   | Increased number of households with access to sanitation and hygiene services   | Proportion of people accessing safely managed sanitation services   |
| Mobilize households on sustainable use of WASH services  | Increased number of households mobilized on sustainable use of WASH services  | Proportion of households mobilized on sustainable use of WASH services  |
| Provide messages on handwashing, hygiene practices, safe food preparation and storage with MIYCAN sensitization.                     | Increased number of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN | Proportion of households sensitized on integrated hand washing, hygiene practices, safe food preparation and storage and MIYCAN |
| Conduct a stakeholder mapping to know who is doing what in the food business   | Improved engagement with the food business actors to scale up nutrition   | Mapping report for food business actors   |
| Assess the impact of the COVID-19 pandemic on food businesses (Trade, transport, processing and consumer)                            | Improved understanding of the effect of Covid -19 on the food business  | Report indicating potential, challenges, constraints and challenges to food business  |
| Sensitize the food business operators on the continuity of MOH food safety and nutrition regulations during and post COVID-19 period | Increased awareness on recommendations on donations, marketing and promotion of food items  | Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items            |
|  | Increased awareness on food safety control recommendations among food producers/processors  | Proportion of food business actors sensitized on food safety control recommendations among food producers/processors            |
|  | Increased engagement with food business operators to provide advice to them   | Proportion of food business actors given advice   |
| Organize food business operators into a network to promote food business for improved nutrition                                      | Increased number of food stuff sellers involved in the selling of fruits and vegetables   | Proportion of food stuff sellers involved in the selling of fruits and vegetables   |
|  | Increased number of food venders supplying fortified foods on the market  | Proportion of food venders supplying fortified foods on the market  |
|  | Increased number of food store operators selling Fortified foods (wheat flour, maize flour, edible oil)                               | Proportion food store operators selling Fortified foods (wheat flour, maize flour, edible oil)                                  |
|  | Increased number of food traders and processors forming cooperatives for trade in quality nutritious foods                            | Proportion of traders and processors forming cooperatives for trade in quality nutritious foods                                 |

| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 50,501           | 55,046  | 60,000  | 65,400  | 71,286  |
| 235,670          | 256,881 | 280,000 | 305,200 | 332,668 |
| 58,918           | 64,220  | 70,000  | 76,300  | 83,167  |
| 151,502          | 165,138 | 180,000 | 196,200 | 213,858 |
| 151,502          | 165,138 | 180,000 | 196,200 | 213,858 |
| 67,334           | 73,394  | 80,000  | 87,200  | 95,048  |
| 117,835          | 128,440 | 140,000 | 152,600 | 166,334 |
| 109,418          | 119,266 | 130,000 | 141,700 | 154,453 |
|                  |         |         |         |         |
|                  |         |         |         |         |
| 84,168           | 91,743  | 100,000 | 109,000 | 118,810 |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |

| Priority Action  | Output  | Output Indicator  |
|--|---|---|
| Establish and support functionality of the Town Council Nutrition Coordination Committees (SNCC)                 | TNCC established  | List of membership  |
| Regularly Assess the functionality of Nutrition Coordination Committees at all levels                            | Increased SNCC functionality  | Percentage overall TNCC functionality score   |
| Develop the Town Council/ Town Council Nutrition Action Plans  | Improved planning for Nutrition   | Implementation status of the Town Council/ Town Council Nutrition Action Plans                              |
| Develop the Town Council /Town Council annual Nutrition Work plan  |   | Implementation status of the Town Council /Town Council annual Nutrition Work plan                          |
| Conduct an Annual Nutrition Expenditure Review   | Improved financing for nutrition  | Annual Nutrition Expenditure Review report  |
| Develop a resource mobilization plan for nutrition   |   | Percentage budget spending for nutrition interventions  |
| Conduct a Nutrition Capacity Assessment  | Improved capacity development for nutrition   | Implementation status of the resource mobilization plan for nutrition                                       |
| Provide actions to the capacity gaps identified  | Capacity gaps addressed   | Nutrition Capacity Assessment report  |
|  | TSNCCs/TNCCs members trained on nutrition governance  | Implementation status of the Capacity gaps  |
| Implement relevant Nutrition Advocacy and Communication strategy actions   | Increased level of implementation of Nutrition Advocacy and Communication strategy actions                              | Proportion of TNCCs/TNCCs members trained on nutrition governance   |
| Use existing delivery channels to promote Social Behavior Change communication for nutrition                     | Increased use of existing delivery channels to promote Social Behavior Change communication for nutrition               | Status of implementation of the NACS actions  |
| Generate nutrition Advocacy briefs for use in advocacy   | Nutrition Advocacy briefs generated   | Proportion of existing delivery channels used to promote Social Behavior Change communication for nutrition |
| Identify nutrition champions   | Increased number of influential persons identified as nutrition champions   | Number of Nutrition Advocacy briefs generated   |
| Conduct resource mobilization events using the resource gap mobilization plan                                    | Reduced nutrition resource gap  | Proportion of nutrition influential persons instituted as nutrition champions                               |
| 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 | Proportion of identified resource gaps filled   |



| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 252,504          | 275,229 | 300,000 | 327,000 | 356,430 |
| 218,837          | 238,532 | 260,000 | 283,400 | 308,906 |
| 336,672          | 366,972 | 400,000 | 436,000 | 475,240 |
| 50,501           | 55,046  | 60,000  | 65,400  | 71,286  |
| 151,502          | 165,138 | 180,000 | 196,200 | 213,858 |
|                  |         |         |         |         |
| 84,168           | 91,743  | 100,000 | 109,000 | 118.810 |
| 101,002          | 110,092 | 120,000 | 130,800 | 142,572 |
| 151,502          | 165,138 | 180,000 | 196,200 | 213,858 |
|                  |         |         |         |         |
| 202, 003         | 220,183 | 240,000 | 261,600 | 285,144 |
| 101,002          |         | 120,000 | 130,800 | 142,572 |
| 117,835          | 128,440 | 140,000 | 152,600 | 166,334 |
| 235,670          | 256,881 | 280,000 | 305,200 | 332,668 |
| 202,003          | 220,183 | 240,000 | 261,600 | 285,144 |
| 193,586          | 211,009 | 230,000 | 250,700 | 273,263 |

| Priority Action   | Output  | Output Indicator   |
|---|---|--|
| Implement the Monitoring Evaluation Accountability and Learning framework for the nutrition action plan | Improved MEAL during for SNAP implementation                                    | MEAL framework for TNAP implementation reports   |
|   | Improved use of nutrition data  | Excel sheet of nutrition indicators  |
|   | Improved identification and action on implementation gaps                       | Department review meeting action matrix  |
|   |   | Number of Joint Annual nutrition review conducted  |
|   | Improved nutrition knowledge management   | Number of knowledge products for nutrition developed                                       |
|   | Coherent policy implementation  | Number of policy dialogues for nutrition held  |
|   | Improved Learning and knowledge dissemination for nutrition TNAP implementation | Number of Learning and knowledge dissemination for nutrition TNAP implementation organized |

| Total 5 YR (UGX) |         |         |         |         |
|------------------|---------|---------|---------|---------|
| 20/21            | 21/22   | 22/23   | 23/24   | 24/25   |
| 252,504          | 275,229 | 300,000 | 327,000 | 356,430 |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |
|                  |         |         |         |         |

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

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

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<br>19/20 | Performance Targets |       |       |       |       |
|------------------------|-------------------|---------------------|-------|-------|-------|-------|
|                        |                   | 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    |

| Performance indicators   | 19/20   | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|--|---------|-------|-------|-------|-------|-------|
| 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   |

| Performance indicators  | 19/20                 | 20/21                 | 21/22        | 22/23        | 23/24        | 24/25        |
|---|-----------------------|-----------------------|--------------|--------------|--------------|--------------|
| <b>Nutrition Sensitive Performance</b>  | <b>Baseline 19/20</b> | <b>Annual targets</b> |              |              |              |              |
|   |                       | <b>20/21</b>          | <b>21/22</b> | <b>22/23</b> | <b>23/24</b> | <b>24/25</b> |
| <b>Department: Production</b>   |                       |                       |              |              |              |              |
| <b>Responsible Officer:</b> Agriculture Officer, Veterinary officer and Fisheries Officer   |                       |                       |              |              |              |              |
| <b>Strategies</b>   |                       |                       |              |              |              |              |
| <b>Strategy 2.1:</b> Intensify production of diverse, safe and nutrient dense plant, fisheries and animal source food at household level.             |                       |                       |              |              |              |              |
| <b>Strategy 2.2:</b> Increase access to diverse, safe and nutrient dense plant, fisheries and animal source food.                                     |                       |                       |              |              |              |              |
| <b>Strategy 2.3:</b> Improve utilization of diverse, safe and nutrient dense plant, fisheries and animal source food.                                 |                       |                       |              |              |              |              |
| <b>Intermediate Outcome</b>   |                       |                       |              |              |              |              |
| 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               | 50                    | 65           | 80           | 95           | 110          |
| Proportion of farmers provided with inputs and/or information to access critical farm inputs for improved production                                  | No data               | 60                    | 85           | 100          | 120          | 140          |
| Proportion of households supported in production of nutrient dense indigenous and underutilized plant fisheries and animal resources                  | No data               | 40                    | 55           | 65           | 80           | 95           |
| Proportion of farmers whose awareness and support farmers to access gender sensitive labour and energy saving technologies is provided                | No data               | 45                    | 65           | 85           | 100          | 120          |
| Proportion of farming households producing bio-fortified foods  | No data               | 50                    | 65           | 80           | 96           | 120          |
| Proportion of business actors involved in industrial fortified foods production   | No data               | 55                    | 60           | 95           | 120          | 135          |
| Proportion of persons involved in agro-processing and marketing of diverse, safe, nutrient dense crop and animal products                             | No data               | 10                    | 25           | 36           | 40           | 50           |
| Proportion of farmers whose capacity on postharvest handling technologies and value addition has been built   | No data               | 60                    | 75           | 95           | 105          | 125          |
| Proportion of farmers supporting value addition and marketing of nutrition dense indigenous and underutilized plant, fisheries and animal resources   | No data               | 80                    | 120          | 150          | 165          | 200          |

| Performance indicators  | 19/20   | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|---|---------|-------|-------|-------|-------|-------|
| Proportion of farmer groups (especially women groups) marketing nutrient dense plant, fisheries and animal source food  | No data | 55    | 65    | 85    | 105   | 130   |
| Proportion of farmers supported in agricultural enterprise mixes to ensure frequent flow of households incomes and improved access to safe, diverse, nutrient dense foods | No data | 60    | 65    | 70    | 80    | 90    |
| Proportion of households reached with awareness campaigns aimed at ensuring food safety along the value chain   | No data | 60    | 65    | 70    | 80    | 90    |
| Proportion of households who are aware on the benefits of consuming bio and industrial fortified foods  | No data | 60    | 65    | 70    | 80    | 90    |
| Proportion of households sensitized on the benefits of consuming nutrition dense indigenous and underutilized plant, fisheries and animal resources                       | No data | 60    | 65    | 70    | 80    | 90    |

**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,             | 20    | 35    | 40    | 55    |       | 15    |
| Proportion of women in the youth age bracket benefiting from the YLP | 60    | 45    | 15    | 15    | 15    | 15    |

**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                  | 40    | 60    | 70    | 80    | 90    | 100   |
| Proportion of parents contributing to feeding and nutrition of their children in school       | 20    | 60    | 70    | 80    | 90    | 100   |
| Proportion of school children participating in Physical Education lessons for their wellbeing | 70    | 80    | 1000  | 1500  | 1800  | 20000 |

| Performance indicators  | 19/20 | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|---|-------|-------|-------|-------|-------|-------|
| Proportion of learners benefiting from the school feeding and nutrition program   | 500   | 100   | 700   | 800   | 900   | 1000  |
| Proportion of schools with Vegetable gardens established for both educational purposes and as a source of vital nutrients in school diets | 03    | 03    | 03    | 03    | 03    | 03    |
| Proportion of children 36-59 months accessing ECD services  | 120   | 40    | 200   | 250   | 300   | 360   |

**Department: Works and Technical services**

**Responsible Officer:** Engineer Assistant Health Inspector/Assistant/

**Strategy:** Promote access to nutrition sensitive WASH services.

**Intermediate outcome**

Increased access to nutrition sensitive Water Sanitation and Hygiene services.

| Performance Indicators   | 19/20   | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|--|---------|-------|-------|-------|-------|-------|
| Proportion of households provided with water for production                                  | No data | 00    | 01    | 03    | 03    | 05    |
| Proportion of rural and trading center households with access to safe water sources          | 90      | 98    | 99    | 100   | 100   | 100   |
| Proportion of people accessing safely managed sanitation services                            | 100     | 150   | 200   | 250   | 300   | 400   |
| Proportion of households mobilized on sustainable use of WASH services                       | 300     | 60    | 360   | 400   | 450   | 500   |
| Proportion of households sensitized on integrated hand washing, hygiene practices, safe food | 100     | 120   | 300   | 350   | 400   | 450   |

**Department: Trade, Industry and Cooperatives**

**Responsible Officer:** Commercial Services

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

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

| Performance indicators   | 19/20   | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|--|---------|-------|-------|-------|-------|-------|
| Mapping report for food business actors  | 4       | 4     | 4     | 4     | 4     | 4     |
| Report indicating potential, challenges, constraints and challenges to food business                                 | 4       | 4     | 4     | 4     | 4     | 4     |
| Proportion of food business actors sensitized on recommendations on donations, marketing and promotion of food items | No data | 2     | 4     | 6     | 10    | 12    |
| Proportion of food business actors sensitized on food safety control recommendations among food producers/processors | No data | 2     | 4     | 8     | 10    | 12    |
| Proportion of food business actors given advice  | No data | 2     | 4     | 8     | 10    | 12    |
| Proportion of food stuff sellers involved in the selling of fruits and vegetables                                    | No data | 5     | 10    | 15    | 20    | 25    |
| Proportion of food vendors supplying fortified foods on the market   | No data | 10    | 12    | 14    | 16    | 18    |



| Performance indicators  | 19/20           | 20/21                      | 21/22        | 22/23        | 23/24        | 24/25        |
|---|-----------------|----------------------------|--------------|--------------|--------------|--------------|
| Proportion of 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         | 5                          | 5            | 10           | 10           | 15           |
| <b>Enabling Environment performance Indicators</b>  | <b>Baseline</b> | <b>Performance Targets</b> |              |              |              |              |
|   | <b>19/20</b>    | <b>20/21</b>               | <b>21/22</b> | <b>22/23</b> | <b>23/24</b> | <b>24/25</b> |

**Departments: All SNAP Implementing departments**

**Responsible Officers:** Heads of department

**Strategies**

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

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

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

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

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

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

**Intermediate outcomes**

Strengthened nutrition coordination and partnerships at all levels

Improved planning, resource mobilization, financing and tracking of nutrition investments.

Strengthened institutional and technical capacity for scaling up nutrition actions.

Strengthened nutrition advocacy, communication and social mobilization for nutrition.

Coherent policy, legal and institutional frameworks for nutrition.

Mechanism for nutrition evidence and knowledge management along with multi-sector nutrition information system strengthened and institutionalized for effective decision making.

| Performance Indicator   | 19/20   | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|---|---------|-------|-------|-------|-------|-------|
| Full membership as per TORs   | 0       | 15    | 15    | 15    | 15    | 15    |
| Percentage overall TSNCC functionality score  | No data | 25    | 50    | 75    | 100   | 100   |
| Implementation status of the Town Council/ Town Council Nutrition Action Plans      | No data | 20    | 40    | 60    | 80    | 100   |
| Implementation status of the Town Council / 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    |

| Performance indicators   | 19/20   | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
|--|---------|-------|-------|-------|-------|-------|
| Status of implementation of the NACS actions for TNAP  | No data | 40    | 60    | 90    | 95    | 100   |
| Proportion of existing delivery channels used to promote Social Behaviour Change communication for nutrition           | No data | 60    | 90    | 100   | 100   | 100   |
| Number of Nutrition Advocacy briefs generated  | No data | 2     | 3     | 3     | 4     | 4     |
| Proportion of nutrition influential persons instituted as nutrition champions  | No data | 50    | 70    | 80    | 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    | 60    | 80    | 95    | 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 | 4     | 4     | 4     | 4     | 4     |
| Number of Joint Annual nutrition review conducted  | 0       | 1     | 1     | 1     | 1     | 1     |
| Number of knowledge products for nutrition developed   | No data | 2     | 3     | 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     | 2     |
| Number of Joint Annual nutrition review conducted  | No data | 1     | 1     | 1     | 1     | 1     |

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

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

|     | Indicators   | Baseline 19/20 | Target 2025          |
|-----|--|----------------|----------------------|
| 1   | IYCF and DIETARY INTAKE INDICATORS   |                |                      |
| 1.1 | Proportion of babies exclusively breastfed for the first six months of birth   | No Data        | 500                  |
| 1.2 | Proportion of infants initiated on breastfeeding within one hour   | No Data        | 200                  |
| 1.3 | Proportion of children aged 6 to 23 months who receive a Minimum Acceptable Diet (MAD)   | No Data        | 90                   |
| 1.4 | Proportion of children aged 6 to 23 months who receive a Minimum Diet Diversity (MDD) acceptable                                   | No Data        | 70                   |
| 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        | 300                  |
| 2.2 | Prevalence of malaria in children under 5 years of age   | No Data        | 500                  |
| 2.3 | Proportion of population using safely managed drinking water Services  | No Data        | 400                  |
| 2.4 | Proportion of population using a safely managed sanitation service   | No Data        | 700                  |
| 3   | Food systems   |                |                      |
| 3.1 | Prevalence of undernourishment   | 35%            | 5%                   |
| 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        | 200                  |
| 5.0 | Education  |                |                      |
| 5.1 | Female secondary school enrollment rate  | No Data        | 300                  |
| 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        | 300                  |





## Contact

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