



OFFICE OF THE PRIME MINISTER

Multi-Sectoral Nutrition Action Planning Training Module **PARTICIPANT HANDBOOK**

September 2017

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Foreword

The Second National Development Plan (NDP II) recognises nutrition as a major driver to development. The NDP II is aligned to the different international and regional nutrition planning frameworks including the Sustainable Development Goals; World Health Assembly targets on nutrition for 2025; the Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016-2020); the UN Decade of Action on Nutrition 2016-2025 and Africa Agenda 2063.

The Uganda Nutrition Action Plan (UNAP) provides the overall policy and regulatory framework that guides nutrition planning and implementation of interventions specified in the NDP II.

Nutrition is a cross-cutting issue and implementation must take a multi-sectoral approach. The critical sectors are Health, Agriculture, Education, Gender and Social Development, Trade and industry, water and sanitation. Therefore, Ministries, Departments and Agencies (MDAs) at National and Local Government levels should address nutrition in their development plans. This planning module will guide local governments to develop Multi-Sectoral Nutrition Action Plans and budgets in line with the national nutrition planning frameworks to promote better nutrition outcomes.

I urge all stakeholders implementing nutrition interventions in local governments to support the development of Multi-Sectoral Nutrition Action Plans and ensure that programs are aligned to the Multi-Sectoral Nutrition Action Plans. The main aim of the module is to enhance alignment of multi-sectoral nutrition interventions within the existing development plans and budgets.



Christine Guwatudde Kintu
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Abbreviations and Acronyms

BCC	behaviour change communication
CAO	Chief Administrative Officer
DDP	District Development Plan
DNCC	District Nutrition Coordination Committee
FGD	focus group discussion
GMP	growth monitoring and promotion
LLG	Lower Local Government
M&E	monitoring and evaluation
MSNAP	Multi-Sectoral Nutrition Action Plan
NACS	nutrition assessment, counselling, and support
NDP II	Second National Development Plan 2015/16–2019/20
NPA	National Planning Authority
OPM	Office of the Prime Minister
POCC	potential, opportunity, challenges, and constraints
PPT	PowerPoint presentation
SSI	semi-structured interviews
SUN	Scaling Up Nutrition
UNAP	Uganda Nutrition Action Plan (2011–2016)

Introduction Unit

Purpose

Set the scene for the training, agree on norms and expectations for the week, and introduce training materials.

Objectives

- Understand the purpose and objectives of the training.
- Discuss expectations of the training and the facilitation team.
- Complete a self-assessment on knowledge of multi-sectoral planning for nutrition.

Sessions

- Session 0.1. Opening and Introductions
- Session 0.2. Expectations and Training Objectives
- Session 0.3. Introduction of Materials and Roles

Session 0.1: Opening and Introductions

Planning for nutrition should take place at both the district and lower local government (LLG) levels, with participation from communities. The purpose of this training is to guide districts/LLGs through the process of developing multi-sectoral nutrition action plans (MSNAPs).

Session 0.2: Training Objectives and Expectations

Training Objectives

- Develop a draft five-year Multi-Sectoral Nutrition Action Plan (MSNAP) tailored to the district/LLG context.
- Describe the nutrition situation within the district/LLG.
- Develop a multi-sectoral nutrition results framework and monitoring and evaluation (M&E) plan.
- Estimate required resources for implementation of nutrition strategies and activities.
- Understand the process of MSNAP finalisation and approval by the appropriate Council.

Table 1: Training Process Overview

Unit	Objective
Unit 1: Introduction to Nutrition Situation in Uganda	Understand the multi-sectoral causes and consequences of malnutrition in Uganda and the policy and planning frameworks around which this training is designed.
Unit 2: Nutrition Situation Analysis	Analyse the current nutrition situation in your district/LLG and identify the causes of malnutrition.
Unit 3: Nutrition Planning	Begin planning the response to the identified nutrition problems.
Unit 4: Monitoring and Evaluation	Plan how to track progress towards identified goals and objectives.
Unit 5: Identifying Resources	Estimate the resources required to implement planned strategies and activities.
Unit 6: Next Steps	Finish drafting the MSNAP and understand the next steps to have it approved and implemented.

Write three expectations you have for this training below. Check back on these at the end of the training to see if they were met.

1.

2.

3.

Session 0.3: Introduction of Materials and Roles

Participant Handbook: The Participant Handbook includes reference materials to support you throughout the MSNAP drafting process. The handbook outlines the purpose and objectives of each Unit, includes key definitions, session instructions, and most importantly, a place for you to record your reflections, observations, and ideas to be integrated into your MSNAP.

MSNAP template: The MSNAP template outlines the required content for the MSNAP, per the National Nutrition Planning Guidelines 2015. You and your team will work towards completing each section as the training sessions are completed. Time will be provided throughout the week for each team to draft their MSNAPs in this template.

MSNAP editor: You and your team will select an “editor” who will record material in the MSNAP template. It is important that the editor take careful notes, with the aid of the Participant Handbook. The editor will need regular access to a laptop computer for entering information into the MSNAP template. You can support your MSNAP editor by also taking careful notes in your Participant Handbook and by sharing your ideas throughout the drafting process.

Unit 1: Introduction to the Nutrition Situation in Uganda

Purpose

Understand the multi-sectoral causes and consequences of malnutrition in Uganda and the policy and planning framework around which this training is designed.

Objectives

- Understand the types of malnutrition, their causes and consequences, and the role of all sectors in improving nutrition.
- Understand the global, regional, and national nutrition policy and planning frameworks.

Sessions

- Session 1.1: Nutrition Situation Overview
- Session 1.2: Uganda Nutrition Policy and Planning Frameworks

Session 1.1: Nutrition Situation Overview

Key Concepts and Terms

Malnutrition: People are malnourished if their diet is not balanced with their nutritional needs. Malnutrition includes both undernutrition (stunting, wasting, underweight, and micronutrient deficiencies) and overnutrition (overweight and obesity).

Multi-sectoral approach: An approach to nutrition planning and programming in which different departments coordinate and collaborate to address both direct and underlying causes of malnutrition.

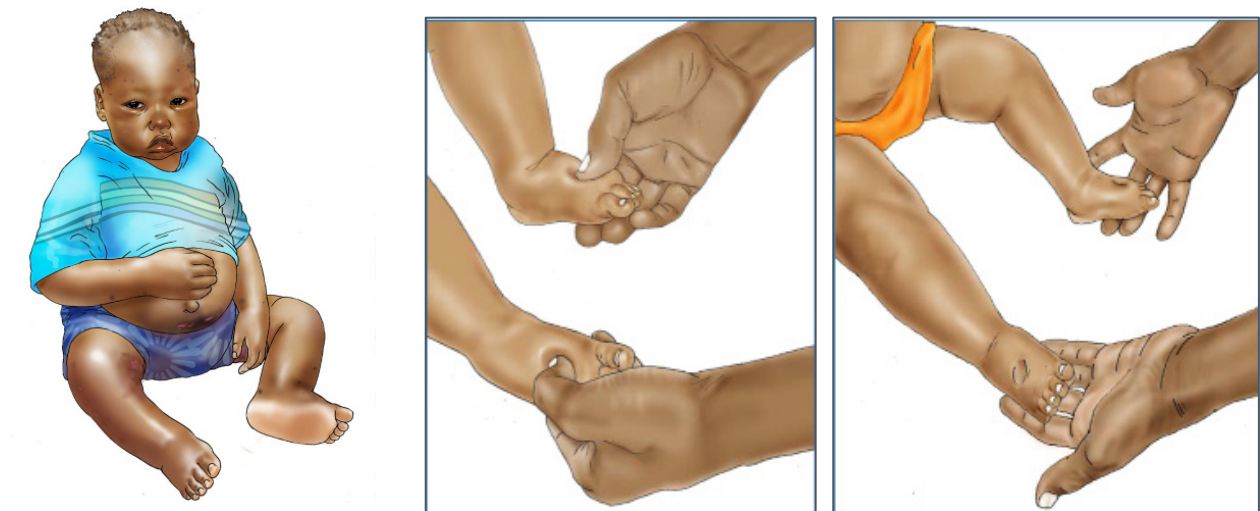
Obesity: Obesity is a range of weight that is much greater than what is generally considered healthy for a given height. For adults, obesity is having a body mass index (BMI) of 30 or higher. In children under 5, obesity is a BMI-for-age more than 3 standard deviations ($> +3$ SD) above the median of the WHO Child Growth Standards, and in children 5–19, obesity is a BMI-for-age more than 2 standard deviations ($> +2$ SD) above the median of the WHO Growth Reference (Figure 1).

Figure 1: Illustrations of Overweight and Obesity



Oedema (Bilateral pitting oedema): An excess accumulation of fluid that starts in both feet and can progress to other parts of the body. Also known as nutritional oedema or oedematous malnutrition, bilateral pitting oedema is a sign of severe acute malnutrition. It is verified when thumb pressure applied on the tops of both feet for three seconds leaves an indentation after the thumb is lifted (see Figure 2).

Figure 2: Illustrations of Oedema



Overnutrition: Overnutrition happens when a person's daily energy intake consistently exceeds energy requirements. If it continues over time, a person may become overweight or obese (see Figure 1).

Overweight: Overweight is a range of weight that exceeds what is generally considered healthy for a given height. For adults, overweight is having a BMI from 25 to 29.9. In children under 5, overweight is a BMI-for-age more than 2 standard deviations ($> +2$ SD) above the median of the WHO Child Growth Standards, and in children 5–19, overweight is a BMI-for-age more than 1 standard deviation ($> +1$ SD) above the median of the WHO Growth Reference (Figure 1).

Stunting: Stunting, or chronic malnutrition, occurs when a child fails to grow at a healthy pace and is shorter than expected for a healthy child of the same age. Stunting develops over a long period because of long-term inadequate nutrition (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated illness or infection. Stunted children have a higher risk of death from diarrhoea, pneumonia, and measles. Stunting is associated with poor cognitive and motor development and lower school achievement. In children under 5 it is defined as a height-for-age of more than 2 standard deviations below the median (< -2 SD) of the WHO Child Growth Standards (children under 5) (see Figure 3).

Figure 3: Illustration of Stunting



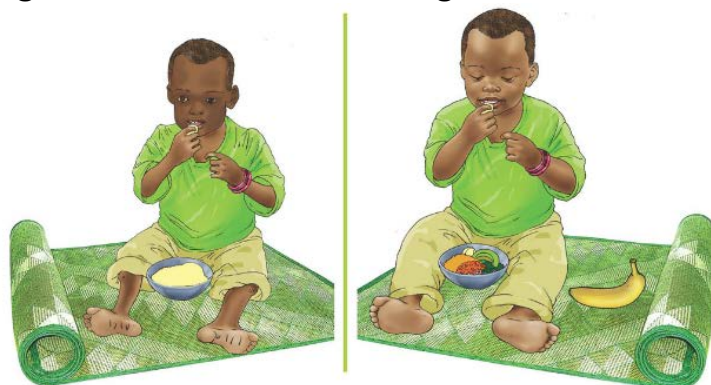
Both girls are the same age. The girl on the left is stunted—short stature for age.

Undernutrition: Undernutrition is a consequence of a deficiency in nutrient intake and/or absorption in the body. The different forms of undernutrition, which can appear alone or in combination, are acute malnutrition (bilateral pitting oedema and/or wasting), chronic malnutrition (stunting), underweight (combined form of wasting and stunting), and micronutrient deficiencies.

Underweight: A composite form of undernutrition that includes elements of stunting and wasting and is defined in children under 5 as a weight-for-age of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards. This indicator is commonly used in growth monitoring and promotion (GMP) and child health and nutrition programmes aimed at prevention and treatment of undernutrition.

Wasting: This occurs when an individual is very thin for his or her height. It happens when a person loses weight rapidly or a growing child does not gain adequate weight relative to their growth in height. Wasting may be caused by inadequate food intake, such as a drop in food consumption or sub-optimal infant and young child feeding practices; by disease or infection, including HIV or tuberculosis; or a combination. In children under 5 it is defined as weight-for-height of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards or MUAC under 125 mm. Wasting is one form of acute malnutrition (see Figure 4).

Figure 4: Illustration of Wasting



The child on the left is undernourished—wasting.

Vulnerable Groups

Children under 5

Children under five years are at high risk of malnutrition, particularly those under 2 because they're growing the fastest and they need adequate nutrition to grow and develop properly. Children who are malnourished are at greater risk of infections (such as diarrhoea and pneumonia), which in turn increases the risk of malnutrition. Malnourished children also have a greater risk of developing chronic diseases (such as diabetes and heart disease) in adulthood. In addition, low birth weight babies are four times more likely to die within the first month of life than other babies.

Pregnant and Lactating Women

Pregnancy and lactation increase a woman's nutritional needs. Among women who are already malnourished, these increased nutritional needs present additional challenges. Women who are malnourished have a higher risk of dying from pregnancy-related causes; children born to undernourished women are more likely to be born premature and be small for gestational age/have low birth weight. This, in turn, leads to a higher risk of stunting, an increased risk of death within 1 month of birth, and future developmental challenges. In addition, overweight can increase pregnancy complications. Pregnant and lactating women are at risk, in part, due to high fertility rates. About 25 percent of births occur within 24 months of a previous birth, giving the mother little time to replenish her own body's nutrients. Women have increased nutritional needs during pregnancy to support growth of fetus; high fertility/frequent pregnancies prevent them from rebuilding nutritional stores between pregnancies. Birth spacing also has important nutritional consequences. Children conceived less than 24 months after the birth of the next older sibling have a greater risk of dying and becoming malnourished than children born farther apart.

In addition, childbearing begins early in Uganda. Twenty-four percent of women age 15–19 are already mothers or pregnant with their first child. This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished. Because of this, adolescent girls need to be the target of both family planning and nutrition interventions.

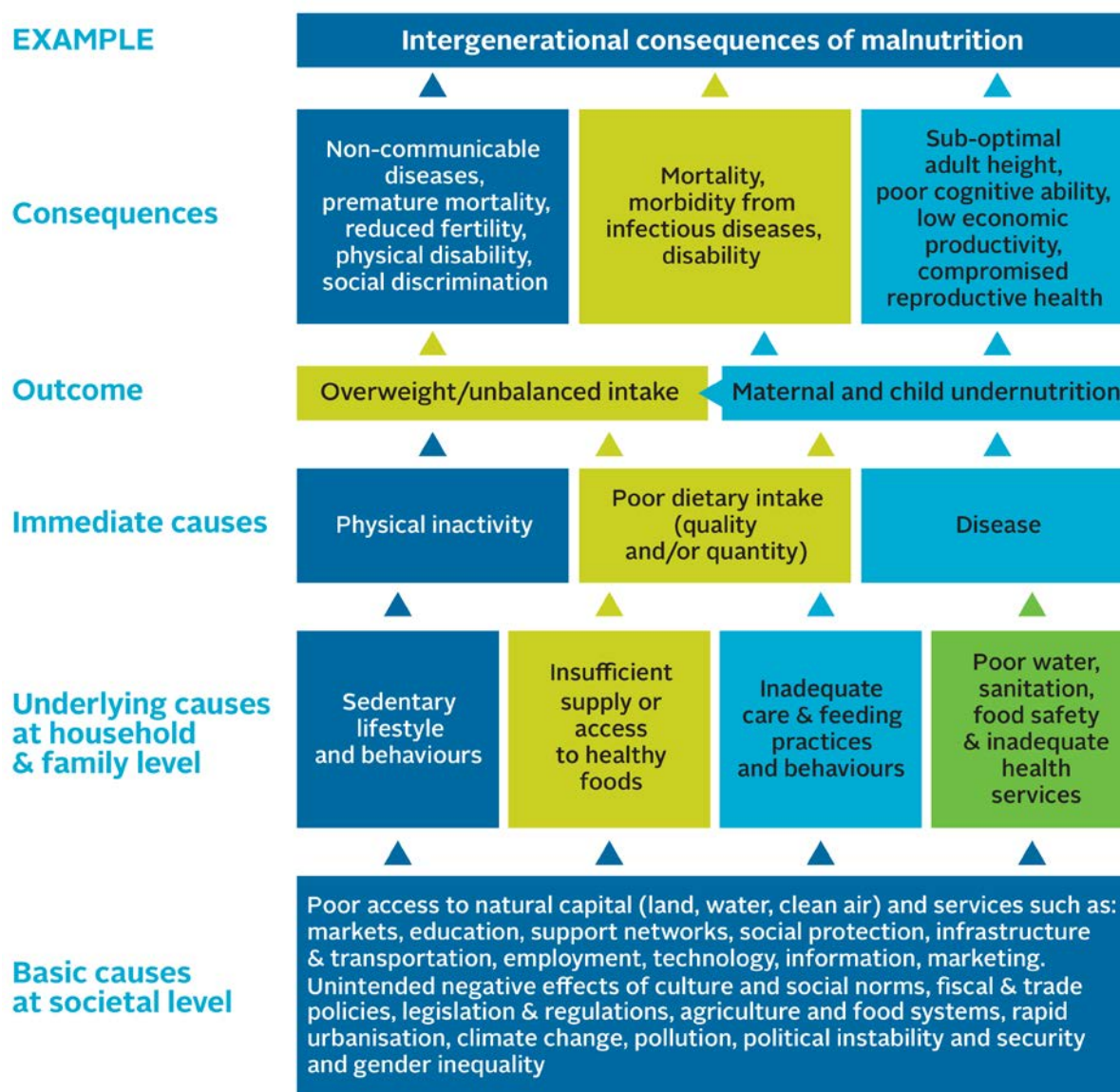
Adolescent girls and women of reproductive age

To ensure healthy pregnancy outcomes for both the mother and baby, it is important to target adolescent girls and women of reproductive age before they become pregnant. Adolescence is also a time of rapid growth and development. Girls need to be well nourished during this period to ensure they grow properly; women who are underweight and of short stature are more likely to have babies with low birth weight. Good nutrition beginning during the 1,000 days that also carries through to adolescence and can help to mitigate these nutritional complications. In addition, overweight is a problem during pregnancy so it is important to educate young girls about good diet. Coupled with access to family planning and efforts to retain girls in school, this age group is critical in breaking the cycle of malnutrition.

Individuals with infectious diseases

Finally, individuals with infectious diseases, such as HIV or TB, are more at risk for malnutrition due to the higher calorie and nutrient requirements as the body battles these conditions. Nutrition Assessment, Counselling, and Support (NACS) is an example of an intervention that targets these specific groups.

Figure 5: UNICEF Conceptual Framework of Malnutrition



Scaling Up Nutrition. 2016. Checklist on the Criteria and Characteristics of “Good” National Nutrition Plans.

What new things did you learn from the presentation? What surprised you? Do you recognise any of these situations or concepts from your experience in your district/LLG?

Do you have any questions or clarifications for the facilitator?

Session 1.2: Uganda Nutrition Policy and Planning Frameworks

Key Concepts and Terms

Nutrition-specific interventions address the immediate causes of malnutrition (e.g., inadequate dietary intake) and some of the underlying causes (e.g., feeding practices and access to food). See session 3.2 for examples.

Nutrition-sensitive interventions address some of the underlying and basic causes of malnutrition—such as food security; adequate caregiving resources at the maternal, household, and community levels; and access to health services and a safe and hygienic environment—and incorporate nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness. See session 3.2 for examples.

Nutrition governance represents actions taken to provide an institutional framework and systems to facilitate the institutionalization of nutrition in existing government structures, policies, and frameworks. Nutrition governance includes information management, coordination and partnership, advocacy, communication, and policy development and implementation.

Global, Regional, and National Frameworks

While multi-sectoral nutrition planning and programming is informed by the national development agenda, efforts have been made to align strategies and activities to the global and regional nutrition development agenda. Reference is made to the key global, regional, and national frameworks described below.

At the global level, the following frameworks were considered:

- Global Nutrition Targets 2025 (World Health Organisation) (see Figure 6)
- 2030 Agenda for Sustainable Development and the Sustainable Development Goals (see Figure 7)
- Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016-2020)
- United Nations Decade of Action on Nutrition 2016–2025 (see Figure 8)

Figure 6: Global Nutrition Targets and Diet-Related Global NCD Targets 2025

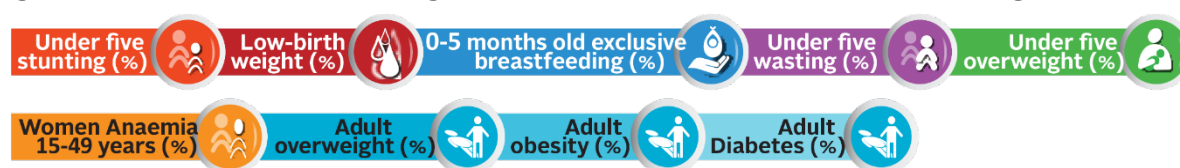


Figure 7: Nutrition and the SDGs



Figure 8: Six Pillars for Nutrition Action



WHO. 2017. "Decade of Action on Nutrition." Available at: http://www.who.int/nutrition/decadeof-action/information_flyer/en/; WHO and FAO.

The United Nations Decade of Action calls all Member States to act across these six pillars for nutrition action. They are based on the commitments of the Rome Declaration on Nutrition and the recommendations included in the Second International Conference on Nutrition (ICN2) Framework for Action.

At the regional level, reference was made to the following:

- African Union's Agenda 2063
- African Union 2003 Maputo Declaration on Agriculture and Food Security
- African Union 2014 Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods
- East African Community Agriculture and Rural Development Strategy (EAC-ARDS) 2005-2030

At the national level, this guide is in line with the following:

- 1995 Constitution of the Republic of Uganda; under the national objectives and directive principles of state policy requires the state to encourage and promote good nutrition to build a healthy Uganda.
- Uganda Vision 2040
- Second National Development Plan 2015/16–2019/20
- Local Government Development Planning Guidelines (2014), which highlight nutrition as a cross-cutting issue to be considered in planning.
- National Nutrition Planning Guidelines (2015), which provide comprehensive guidance on multi-sectoral planning for nutrition at the national and local government level.

The 1995 Constitution of the Republic of Uganda**Section XXII: Food security and nutrition**

The State shall:

- a) Take appropriate steps to encourage people to grow and store adequate food.
- b) Establish national food reserves; and
- c) Encourage and promote proper nutrition through mass education and other appropriate means in order to build a healthy state.

The Uganda Nutrition Action Plan 2011-2016 (UNAP) is the Government of Uganda's strategic multi-sectoral framework for scaling-up nutrition under the coordination of the Office of the Prime Minister. The UNAP has been extended to 31 December 2017 to allow finalization of the Multi-Sectoral Nutrition Policy and development of the Second Multi-Sectoral Nutrition Action Plan.

Key Nutrition Goals

Table 2 below highlights key nutrition goals, taken from a selection of the above-mentioned global, regional, and national frameworks.

Table 2: Key Nutrition Goals

Sustainable Development Goals (SDGs)

SDG 2 Target 2.1: by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round

SDG Target 2.2: by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons

Uganda Vision 2040

Reduce stunting among children under 5 from 33% to 0% by 2040

NDP II

Expected Results Related to Nutrition:

Reduce child stunting in children under 5 from 33% to 25%

Reduce the poverty rate from 19.7% to 14.2%

Increase access to safe water from 65% to 79% in rural areas and from 77% to 100% in urban areas

Increase the quantity of total national paved road network from 3,795 kilometres to 6,000 kilometres

Reduce the infant mortality rate per 1,000 live births from 54 to 44; reduce the under-5 mortality rate per 1,000 live births from 90 to 51; and reduce the maternal mortality ratio per 100,000 live births from 438 to 320/100,000

Reduce fertility from 6.2 to 4.5 children per woman

Increase primary to secondary school transition rate from 73% to 80% and net secondary completion from 36% to 50%

UNAP

Improve access and utilisation of material, infant, and young child nutrition (MIYCN) health related services

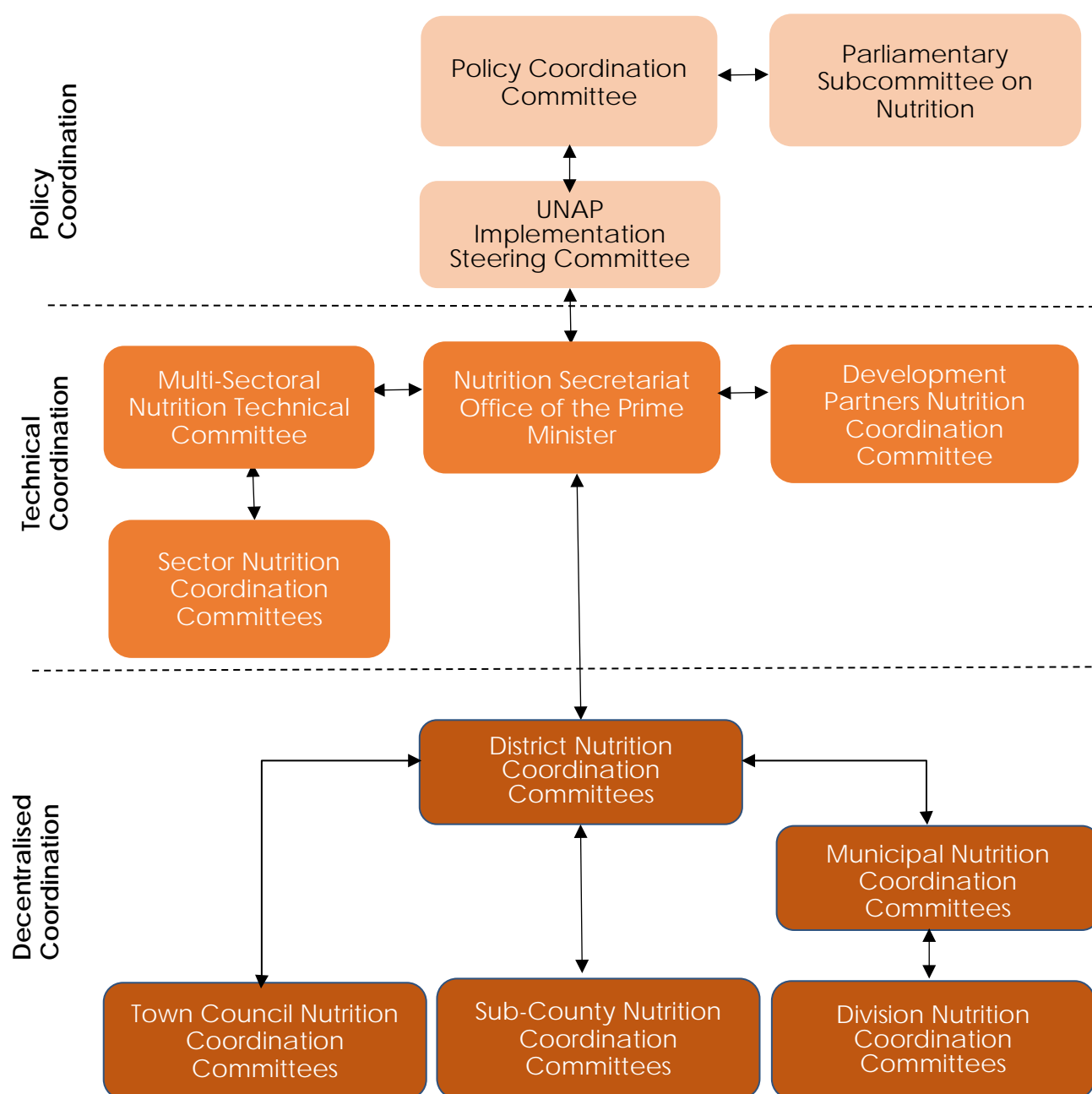
Enhance consumption of diverse diets

Protect households from the impact of shocks and other vulnerabilities that affect nutritional status

Strengthen the policy, institutional framework and capacity to effectively plan, implement and monitor nutrition

Create awareness, maintain interest and commitment to improve support for nutrition

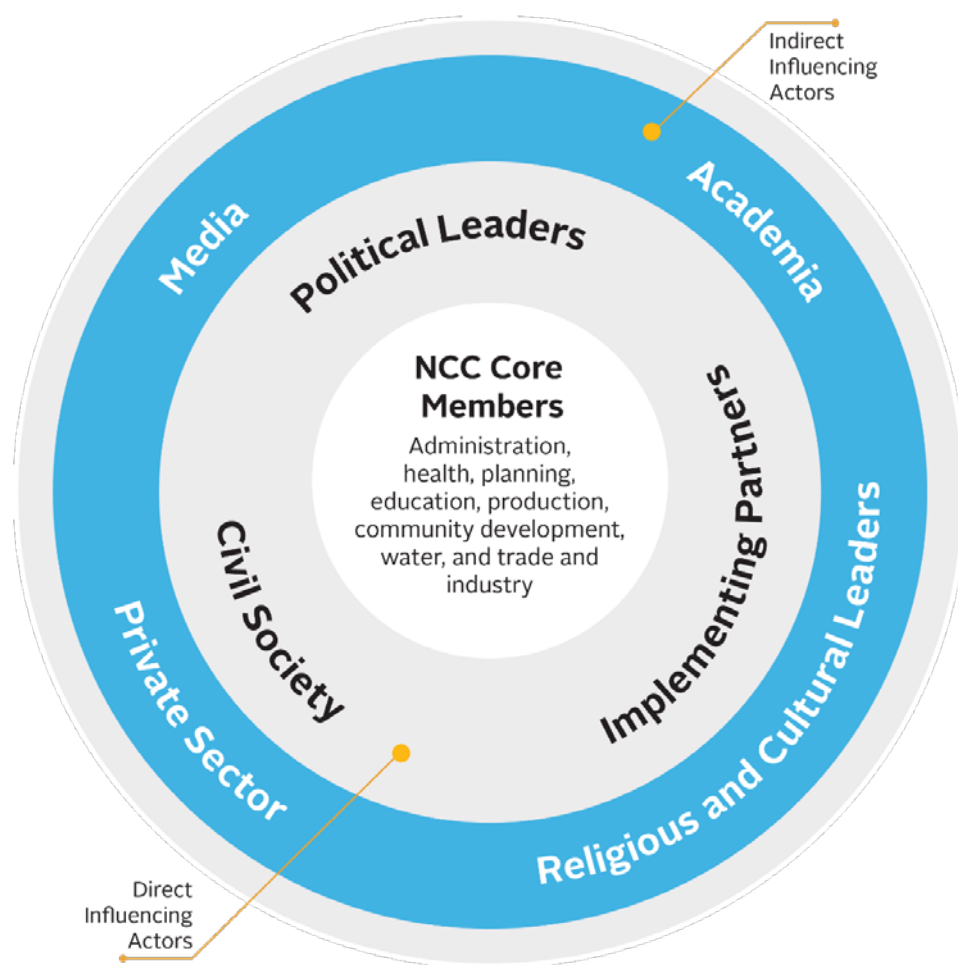
Figure 9: Uganda Multi-Sectoral Nutrition Coordination Framework



NCC Mandate

NCCs provide technical advice to technical planning committees and subsequently to the Council. The committees will also monitor and evaluate nutrition activities, carrying out reviews and providing technical advice to districts and lower local government levels. Nutrition focal persons will coordinate nutrition activities within their area of responsibility.

Figure 10: NCC Composition and Influencing Actors



NCC Roles and Responsibilities

- **Technical guidance:** NCCs provide nutrition technical guidance at all local government levels, including to departments, partners, technical planning committees, and councils to ensure proper nutrition planning and quality of service delivery. This also includes identification of capacity strengthening needs.
- **Coordination and partnership with nutrition stakeholders:** The NCC provides a platform through which nutrition stakeholders from all departments can share information and build consensus on how best to address nutrition problems, use available resources, and harmonise the implementation of nutrition activities in the district/LLG. NCCs also have the responsibility to identify and build partnerships with nutrition stakeholders who can contribute to district/LLG nutrition goals and objectives.
- **Monitoring and reporting:** NCCs conduct joint monitoring and support supervision visits to their lower local government NCCs, departments, and partners to provide oversight to activity implementation. NCCs are also responsible for submitting quarterly reports. Reporting requirements capture

progress on nutrition governance activities and on the implementation of activities in the multi-sectoral nutrition action plan.

- **Planning, budgeting, and resource mobilisation:** NCCs ensure integration and alignment of nutrition interventions in all local government development planning frameworks, including Development Plans, the MSNAP, annual work plans, and budgets. NCCs should also mobilise internal and external resources to address resource gaps (e.g., local revenues, partners, and through proposal development).
- **Advocacy:** NCCs should conduct advocacy to raise nutrition awareness among their district/LLG leaders. NCCs should also identify and work with nutrition champions to support advocacy efforts.
- **Nutrition behaviour change communication (BCC) and social mobilisation:** NCCs should utilise available platforms such as the media, community dialogue meetings (barazas), and community outreach to carry out behaviour change communication for nutrition. NCCs should also take the lead in ensuring that nutrition BCC messaging and social mobilisation efforts are harmonised across partners and lower local governments.

What new things did you learn in the presentation? What surprised you? Are these policies and frameworks being implemented by your district/LLG?

Do you have any questions or clarifications for the facilitator?

Reflection Questions for Unit 1

When you go back to your district/LLG and share what you have learned in this Unit, consider the following questions and follow-on steps:

What new understanding on nutrition issues and the causes of malnutrition did you acquire that you find important?

What is your view on how you can contribute within a multi-sectoral nutrition programme?

What could be a key contribution from your district/LLG that aligns with national nutrition priorities?

Is any information missing or unclear that you should check on when back in the district/LLG?

Unit 2: Nutrition Situation Analysis

Purpose

Analyse the current nutrition situation in your district/LLG and identify the causes of malnutrition. At the end of this unit you should be able to complete the Introduction and Implementation and Coordination sections of the MSNAP template.

Objectives:

- Understand the complexity of the nutrition situation in the district/LLG.
- Identify how the various departments programmes are linked to the nutrition situation.
- Identify nutrition stakeholders and their roles.
- Identify the nutrition challenges and opportunities in the district/LLG.

Sessions:

- Session 2.1: Understanding the Nutrition Situation
- Session 2.2: Prioritising Nutrition Challenges by Lower Local Government
- Session 2.3: Nutrition Timeline
- Session 2.4: Sharing the Nutrition Situation Analysis – Part 1
- Session 2.5: Nutrition Stakeholder Analysis
- Session 2.6: POCC Analysis
- Session 2.7: Problem Tree
- Session 2.8: Sharing the Nutrition Situation Analysis – Part 2

Session 2.1: Understanding the Nutrition Situation

Key Concepts and Terms

Nutrition situation: This describes the result of all the factors that contribute to the nutrition outcomes of the population. These include: the factors that cause malnutrition, the existing multi-sectoral nutrition-related interventions, the stakeholders, the food security situation, among others.

Rich Picture: A rich picture helps to think holistically about the nutrition situation in the district/LLG based on the idea that 'a picture is worth a thousand words'. It consists of pictures, text, symbols, and icons, which are all used to illustrate the situation. It is called a rich picture because it illustrates the richness and complexity of a situation and helps to identify relationships and connections that might otherwise be missed. The rich picture exercise helps to identify the linkages between and contributions from the different departments to the nutrition situation.

Group Work Instructions

- Nominate one person to facilitate the team work. All team members should participate in the discussion and drawing.

Each team will develop a rich picture that reflects the current nutrition situation in their district/LLG.

- First, draw the district/LLG boundaries on the flip chart.
- Start with a few physical elements of the district/LLG (roads, houses, mountains, forests, rivers, etc.).
- Draw the current nutrition situation and stakeholders (e.g., women growing crops; sick children in homes). You can use symbols or some words to indicate the nutrition situation, but avoid long sentences and too many words.
- Draw the environment and the causes and any other relevant social, economic, political, cultural, environmental features or issues that influence the nutrition situation within the district/LLG.
- While drawing, consider the following: Who is most affected? What are the causes of a poor nutrition situation? Who are the key stakeholders involved? How do the causes of malnutrition link/relate within the district/LLG? How are the people and situations in the picture linked?

Check!

Are all departments included in your Rich Picture?

- ☐ Health
- ☐ Education
- ☐ Production
- ☐ Community Development
- ☐ Water
- ☐ Trade and Industry

Reflect on what stands out in your Rich Picture. What are the **three key challenges**? Write the challenges identified by your team below:

Challenge 1:

Challenge 2:

Challenge 3:

Session 2.2: Prioritising Nutrition Challenges by Lower Local Government

Group Work Instructions

- Draw a map of the district/LLG on a flip chart, including LLG boundaries (e.g., LLGs, parishes, wards).
- Using the traffic light system, indicate on the map the nutrition situation in the LLGs.
 - The LLGs with a poor nutrition situation are coloured **RED**.
 - The LLGs with a moderate nutrition situation are coloured **ORANGE**.
 - The LLGs with a good nutrition situation are coloured **GREEN**.
- On a separate flip chart, group the LLGs by ranking and add notes on the following:
 - Explain the immediate and root causes that contribute to the nutrition situation (good, moderate, poor).
 - Who is the most affected by the nutrition problems and why?
 - What actions are needed to improve the situation for these groups?

Remember that you can refer to your district/LLG data to help you with this exercise.

Note the ranking of your LLGs and the causes of malnutrition in each category below:

Table 3: LLG Ranking

LLGs by ranking	Factors contributing to the nutrition situation
Good nutrition situation	
Moderate nutrition situation	
Poor nutrition situation	

Session 2.3: Nutrition Timeline

Group Work Instructions

Using flip chart paper and markers, draw a timeline across several pages of flip chart paper (about two meters in length). Agree on an appropriate starting point for the timeline; aim to cover approximately 5 years in the detailed timeline and include any major historical events further in the past that may still be contributing to the current nutrition situation.

Discuss the following questions to help build the timeline:

- What were the main events and what were the causes/factors responsible for what happened?
- What went well, what challenges were faced, what were lessons learned, what are the opportunities/factors/challenges responsible for what happened?
- How does each event link to/influence the current nutrition situation in the district/LLG?

Session Notes:

Session 2.4: Sharing the Nutrition Situation Analysis – Part 1

As you visit the work of other teams, take notes about what you want to share with your team members. If you are presenting your team's work, note down suggestions, questions, and comments you received from visitors and share these with your other team members. While visiting other teams, think about:

- What are the achievements and successes?
- Are some of the causes of malnutrition the same as in your district/LLG?
- Which lessons can you learn from other teams?

Session Notes

Session 2.5: Nutrition Stakeholder Analysis

Key Concepts and Terms

Stakeholder: an organisation, group, or individual who has a direct or indirect interest in the nutrition issues in the district/LLG; who affects or is affected positively or negatively by the implementation of nutrition activities and their outcomes.

Group Work Instructions

Complete the Partner mapping analysis matrix; think through the following questions for each column:

First identify all key stakeholders:

- Who are the key stakeholders that should be involved in this process of improving nutrition outcomes in the district/LLG?
- Be specific—which organisation/stakeholder precisely?
- Remember to include stakeholders from government departments; civil society organisations and partners; private sector; media, academia, religious institutions, and individuals like youth and mothers.
- Include both current and **potential** stakeholders.

Then for each stakeholder, analyse the following:

- **Interest**
 - o What is the interest the stakeholder has in the envisioned nutrition changes?
 - o What are the incentives that drive the stakeholder for this change?
- **Roles and responsibilities**
 - o What are the stakeholder's roles and responsibilities related to nutrition?
- **Capacity**
 - o What is the current capacity of stakeholders to understand nutrition issues and to implement nutrition activities? Capacity includes not only financial resources but also technical capacity such as knowledge and skills.
 - o Give level (none, limited, adequate, good) and an explanation.

- **Operation**
 - o How do stakeholders operate on a day-to-day basis?
 - o With whom do they interact and collaborate?
 - o Where do you see very little or no collaboration?
- **Resources**
 - o What are the available resources and how can these resources be mobilised for nutrition?

Table 4: Stakeholder Analysis Matrix

Name of organisation/stakeholder	Intervention/program area	Duration of project	Start date	Coverage	Target group and Estimated population	Implementation mode (complete all applicable columns)			Estimated annual support to District/LLG
						Technical Assistance	Direct	In-kind	
WASH Project	Water, sanitation, and hygiene	2 years	May 2015	Mbarara - Kakoba	Households with children under 2, 1,500 households		UGX 250,000	Drilling of boreholes UGX 500,000	UGX 750,000

Session Notes

[illegible]

Session 2.6: POCC Analysis

Key Concepts and Terms

POCC: Potentials, Opportunities, Challenges, and Constraints.

- **Potentials** refer to *internal* factors, advantages, and resources that can enable the district/LLG to enhance its chances of achieving the selected goal and objectives.
- **Opportunities** are the *external* factors (beyond the district/LLG) that positively influence development in the district/LLG to enhance its chances of achieving the selected goal and objectives.
- **Challenges** are the *external* factors or obstacles (outside the district/LLG) that may hamper smooth development efforts.
- **Constraints** are the disadvantages emanating from *internal* factors that hinder the district/LLG from achieving the selected development goal and objectives.

Group Work Instructions

Duplicate the POCC matrix on a flip chart and complete the table (see Table 5 for the template and an example). List at least four items under each category and be sure that each item included can be linked back to nutrition. Be sure to think about all departments during your analysis.

Table 5: POCC Analysis Matrix

Potentials	Opportunities
1. Well-established mother's groups could be used as a platform for sharing nutrition messages. 2. 3. 4.	1. Private sector investment in agriculture. 2. 3. 4.
Challenges	Constraints
1. Unpredictable weather patterns. 2. 3. 4.	1. Limited land available for farming by households. 2. 3. 4.

Session 2.7: Problem Tree

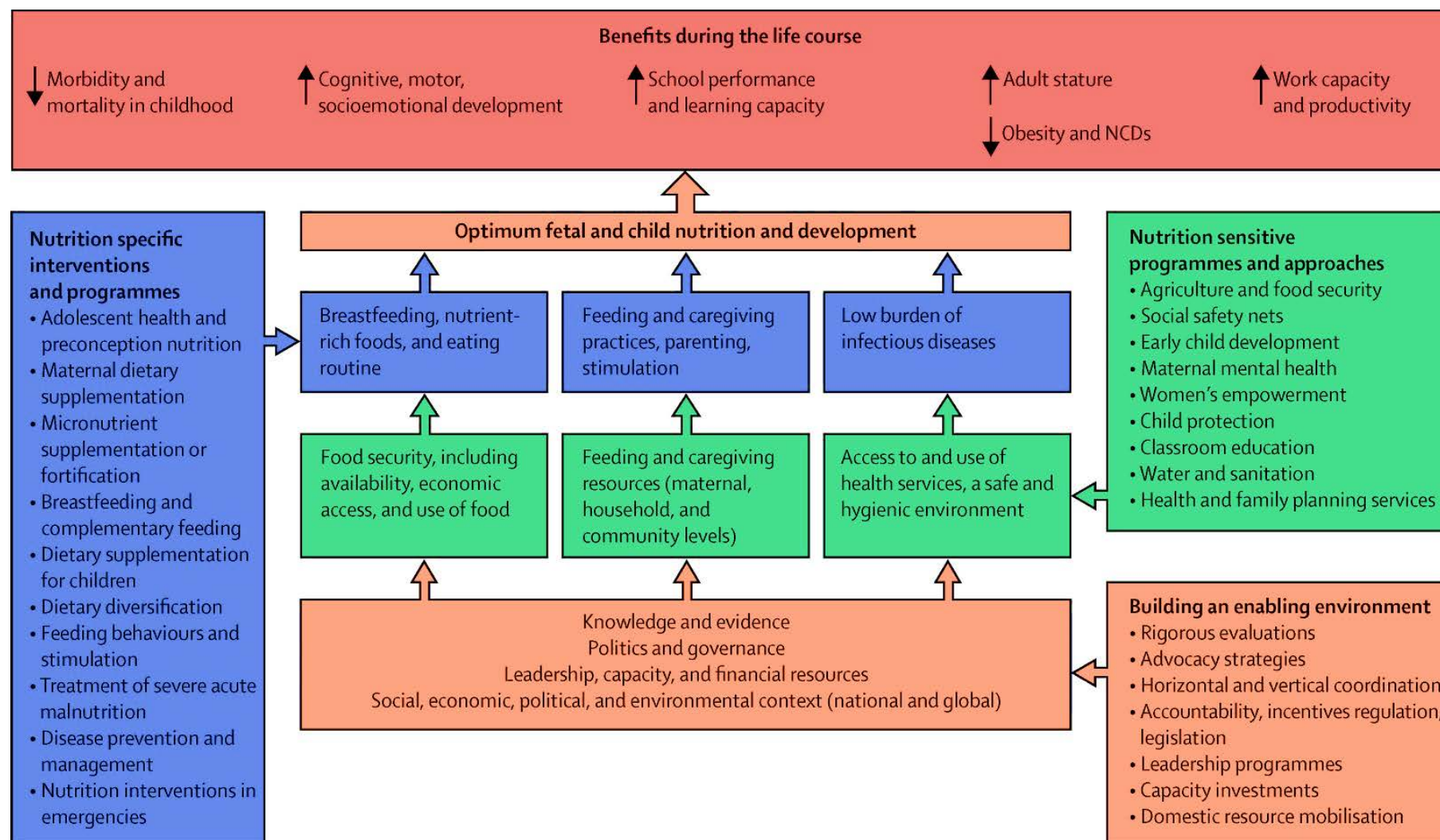
Key Concepts

The Conceptual Framework for Undernutrition (Figure 11) illustrates the types of strategies and activities required to address the immediate, basic, and underlying causes of malnutrition. Strategies and activities fall under three main objective areas:

- Nutrition-specific, which address the immediate causes of malnutrition (the blue boxes)
- Nutrition-sensitive, which address the underlying causes of malnutrition (the green boxes)
- Nutrition governance, which address the basic causes of malnutrition (the orange boxes)

When creating your problem tree, try to identify a problem that is linked to each of these objective areas to ensure that you can create a comprehensive plan to improve nutrition in your district/LLG.

Figure 11: Conceptual Framework for Undernutrition



Source: Black et al. 2013. "Maternal and child undernutrition and overweight in low-income and middle-income countries." *The Lancet*: 382.

Group Work Instructions

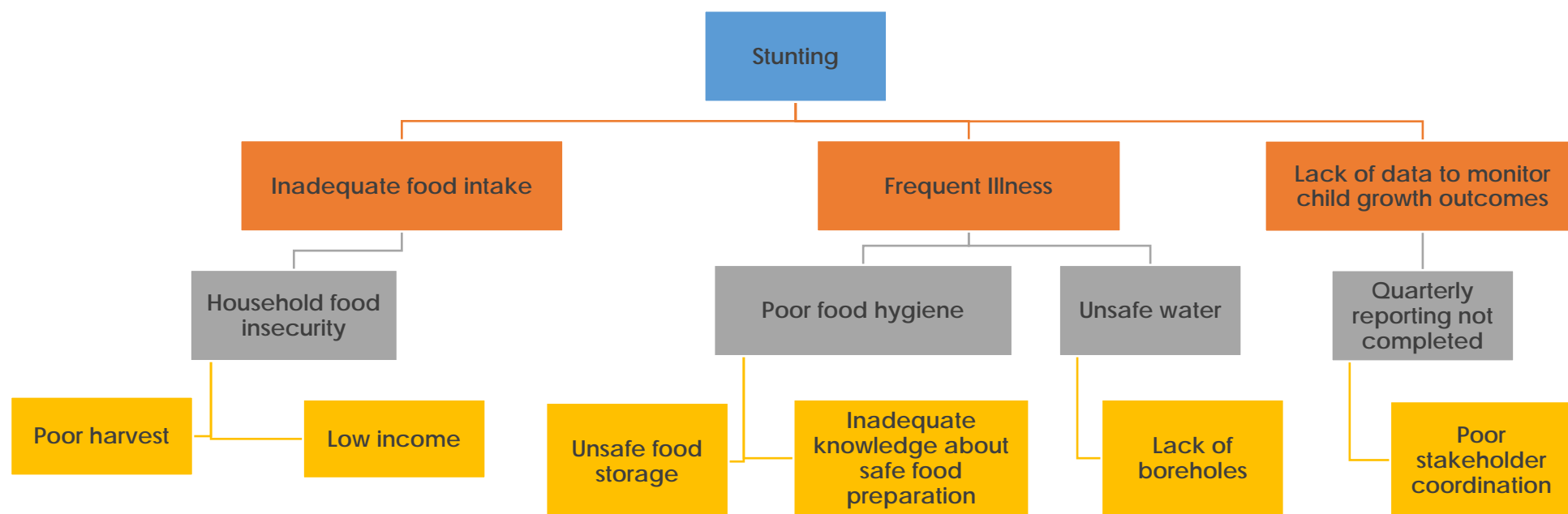
- Write the main nutrition problem facing the district/LLG (e.g., stunting) at the top of a flip chart.
- Identify the problems that are causing or contributing to your main nutrition problem, and write them on cards and place them below.
- Brainstorm the causes of the next set of problems and write them on cards. Put only one problem per card. Place these cards under the corresponding problem to which they are contributing or causing.
- Repeat this process until the root causes of the main nutrition problem are identified.
- Use the following questions to help you identify the problems:
 - o Are the economic, political, and socio-cultural dimensions of the problem considered?
 - o Which causes are already being addressed and which causes need more attention? Focus on causes that need more attention to uncover their root causes.
- Refer to the UNICEF Causes of Malnutrition Framework (Figure 5), presented in Session 1.1 and the Conceptual Framework for Undernutrition (Figure 11) to ensure you have identified at least one problem that is nutrition-specific, one problem that is nutrition-sensitive, and one problem related to nutrition governance that are contributing to your main nutrition problem.

Check!

Are all departments included in your problem tree?

- ☐ Health
- ☐ Education
- ☐ Production
- ☐ Community Development
- ☐ Water
- ☐ Trade and Industry

Figure 12: Example Problem Tree



Session Notes

[illegible]

Session 2.8: Sharing the Nutrition Situation Analysis – Part 2

Before visiting other teams, identify as a team three areas where you would like to strengthen your nutrition situational analysis and display these areas next to your work. Your team's host should collect feedback on these three areas from visiting teams.

As you visit the work of other teams, take notes about what you want to share with your team members. If you are presenting your team's work, note suggestions, questions, and comments you received from visitors and share these with your other team members.

Session Notes

Reflection Questions for Unit 2

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

The Rich Picture ended with three key challenges. Do you need to share and explore these challenges more with your NCC colleagues and other nutrition stakeholders? If yes, which ones and why?

The traffic light situation in your district/LLG shows poor-average-good LLGs in terms of nutrition situation. Reflect on what you would like to do in terms of prioritising LLGs and where you will implement your MSNAP activities: How many LLGs and which LLGs? Would it be helpful to make links between the green and red LLGs for learning? Please discuss this with your NCC colleagues.

From the nutrition timeline in the district/LLG: Which element or event you were not aware of and you like to have more details on? What can you learn from your history to inform future planning?

From the stakeholder analysis: Which stakeholders do you need to make more contact with for nutrition collaboration after returning in the district/LLG? What new stakeholders would you like to bring on board?

POCC analysis: What new insights did you obtain? How can you make better use of your opportunities and better deal with your constraints?

Unit 3: Nutrition Planning

Purpose

Begin planning the response to the identified nutrition problems. By the end of this Unit you should be able to complete the Multi-Sectoral Nutrition Results Framework section of the MSNAP template.

Objectives

- Identify the goal for the MSNAP and ensure it is aligned to national priorities and the DDP.
- Develop a results framework to address identified nutrition problems.
- Identify linkages between the district/LLG and other actors (e.g., CSOs, private sector, media) working together towards their common MSNAP nutrition goal.

Sessions

- Session 3.1: Identifying Solutions to Nutrition Problems
- Session 3.2: Developing the Multi-Sectoral Nutrition Results Framework
- Session 3.3: Results Framework Gallery Walk

Session 3.1: Identifying Solutions to Nutrition Problems

Group Work Instructions

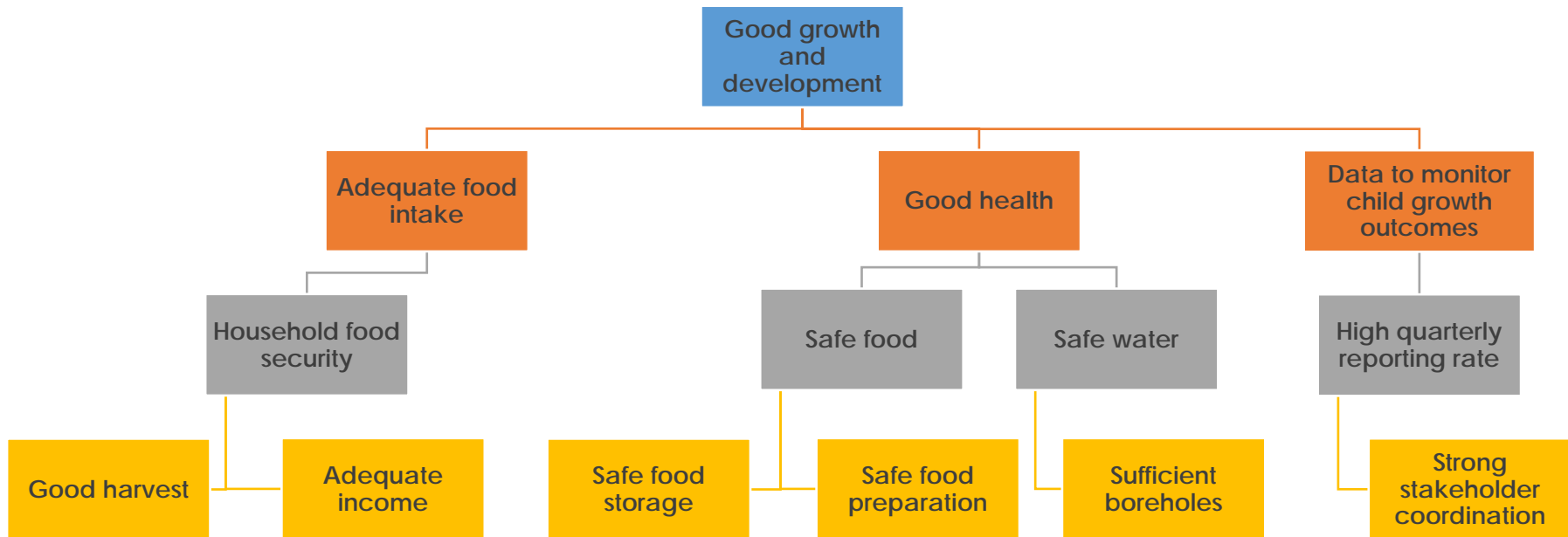
- Turn the problems on each card in your problem tree into positive statements.
- Organise these cards on a new flip chart so that they mirror the arrangement of your problem tree.
- As you work, check to see that if the underlying causes are turned in solutions, that the causes higher up are also solved, or are more solutions needed? If there are any missing steps in the problem tree, these should be added to the solutions tree.

Check!

Are all departments included in your solutions tree?

- ☐ Health
- ☐ Education
- ☐ Production
- ☐ Community Development
- ☐ Water
- ☐ Trade and Industry

Figure 13: Example Solutions Tree



Session Notes

[illegible]

Session 3.2: Developing the Multi-Sectoral Nutrition Results Framework

Key Concepts and Terms

Results Framework: An illustration of how a goal will be achieved. The flow of the results framework should reflect cause and effect relationships. Components of a results framework include: a goal, objectives, strategies, and activities.

Objective: A measurable step along the way to achieving a goal. The MSNAP should have at least one objective under each of the following areas:

- **Nutrition-specific**, to address the immediate causes of undernutrition.
Examples: Adolescent, preconception, and maternal health and nutrition; maternal dietary or micronutrient supplementation; promotion of optimum breastfeeding; complementary feeding and responsive feeding practices and stimulation; dietary supplementation; dietary diversification; micronutrient supplementation or fortification for children; treatment of severe acute malnutrition; disease prevention and management; nutrition in emergencies
- **Nutrition-sensitive**, to address the of the underlying causes of malnutrition.
Examples: Diversified food production; family planning; production of nutrient-dense food crops; food stamps; early child development; primary and secondary education for girls; maternal mental health; support for women's economic activities; child protection; education; water, sanitation, and hygiene; health and family planning services
- **Nutrition governance**, to address the basic causes of malnutrition and to strengthen processes and frameworks to promote the institutionalization of nutrition into existing government systems.
Examples: information management, coordination and partnership, advocacy, communication, human resource capacity strengthening, identification and securing of resources, and policy development and implementation
- **Strategy:** An approach taken to achieve an objective.
- **Activities:** The practical actions needed to ensure a strategy is implemented. Activities are also sometimes referred to as interventions.

Group Work Instructions

Refer back to the solutions tree. Look at the solution at the top of the tree. Does the statement at the top of the tree align with your DDP and national-level nutrition priorities? If not, rework the statement and turn it into a goal statement. To turn this statement into a goal, it should be 'SMART'. SMART stands for:

- **S**pecific: indicates exactly what needs to be achieved and for whom
- **M**easurable: includes a change that can be seen or quantified
- **A**chievable: can be realistically completed by the stakeholders
- **R**elevant: addresses key nutrition issues important for the target group
- **T**ime-bound: identifies the period by when the action should be achieved

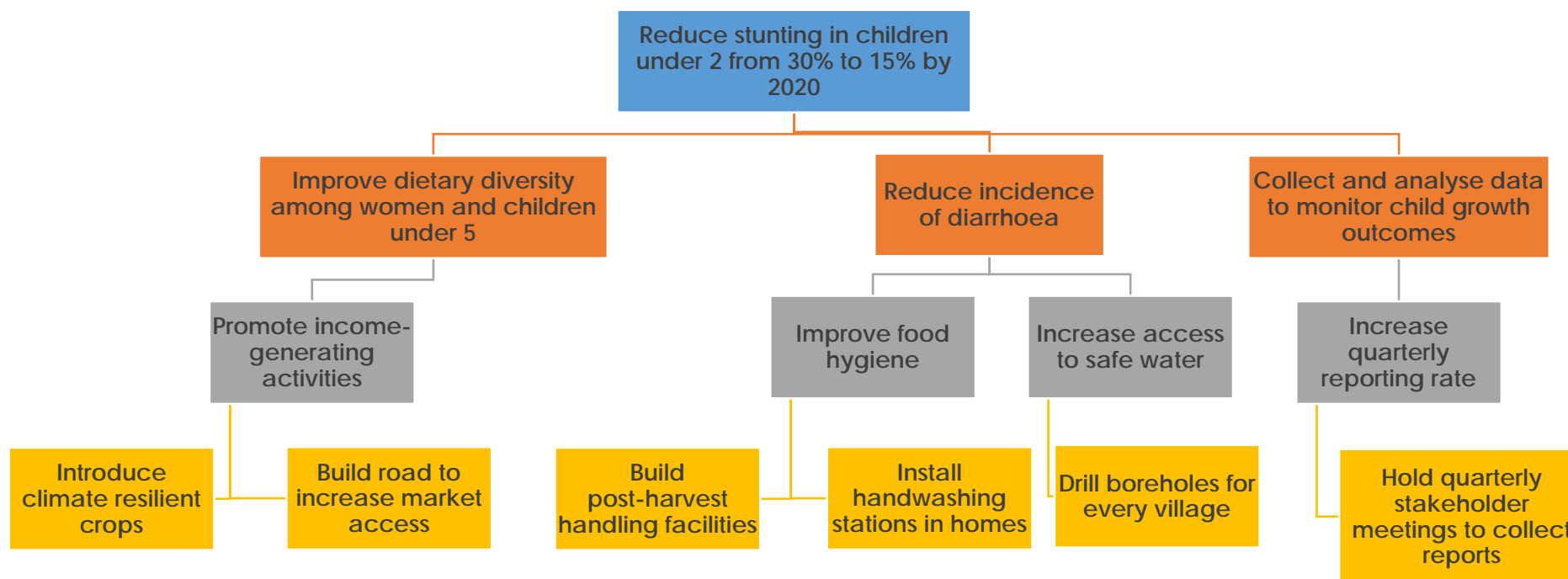
An example of a smart goal is: *Uganda will reduce stunting from 33 percent to 25 percent by 2020.*

Record your team's SMART goal:

- Complete the results framework by identifying your set of objectives, strategies, and activities:
- First, select at least three main objectives from the tops of the branches in your solutions tree. You should have at least one nutrition-specific objective, one nutrition-sensitive objective, and one nutrition governance objective.
 - o Check if it is true that if these objectives are reached, your MSNAP goal will be reached as well.
 - o Ensure that all departments can contribute to selected objectives.
- Divide the team so that some team members work on each identified objective.
- Identify the necessary strategies and activities required to achieve their objective.
 - o You should be able to find these in the lower levels of your solutions tree.
- Write your strategies and activities on cards and arrange them under the appropriate objective.
- At the end, add arrows to show the overall flow of the results framework: activities → strategy → objective → goal.

- As you move down your results framework, each box should answer the question “how?” For example, if the goal is to reduce stunting, ask “how?” The next box, which is an objective, should answer this question: “by improving dietary diversity among women and children under 5.”

Figure 14: Example Results Framework



Session 3.3: Results Framework Gallery Walk

As you visit the work of other teams, think about:

- Are the Results Frameworks logical (activities leading to strategies leading to objectives)?
- Can all departments contribute?
- What other actors are involved?

Take notes about what you want to share with your team members. What did you find interesting? What new insights did you gain? If you are presenting your team's work, note down suggestions, questions, and comments you received from visitors and share these with your other team members.

Check!

Are all departments included in the Results Framework of other teams? If not, give them feedback to improve.

- ☐ Health
- ☐ Education
- ☐ Production
- ☐ Community Development
- ☐ Water and Environment
- ☐ Trade and Industry

Reflection Questions for Unit 3

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

How can you use the MSNAP goal to advocate for your sector department to begin implementing activities to support improved nutrition?

Note how your department or NCC team is contributing to the MSNAP objectives.

Note to which strategies and activities your department or NCC team is contributing.

Unit 4: Monitoring and Evaluation

Purpose

Plan how to track progress towards the identified goal and objectives. Information generated in the chapter will be used to complete chapter 4 of the MSNAP template.

Objectives

- Identify indicators for nutrition objectives, strategies, and activities.
- Develop an M&E framework and communication plan for monitoring nutrition strategies and activities in the district/LLG

Sessions

- Session 4.1: Developing the M&E Framework
- Session 4.2: M&E Gallery Walk

Session 4.1: Develop the M&E framework

Key Concepts and Terms

Indicator: A quantitative or qualitative variable that provides a valid and reliable basis for assessing or measuring achievement, performance, or change resulting from a strategy or activity. Data or statistics that describe a person, place, or an event and/or the changes in it.

Quantitative Indicator: Data in numerical form that can be put into categories, ranked, or measured.

Example: Number of health facilities built in the past 12 months

Methods/sources: routine programme data, closed questionnaires (yes/no), observation

Qualitative Indicator: Descriptive information that examines beliefs, perceptions, and behaviours.

Example: What are the causes of poor nutrition in the community?

Methods/sources: focus group discussions (FGDs), semi-structured interviews (SSIs), observations

Output indicator: Measures the quantity of goods and services produced and the efficiency.

Example: Number of boreholes constructed during Q1

Can be used to measure progress of strategies and activities

Outcome indicator: Measures the broader results achieved through the provision of goods and services, such as a change in behaviour.

Example: Increase in exclusive breastfeeding rates among children 0–6 months from 40 percent to 60 percent within 5 years

Can be used to measure objectives and goal over the long term

Monitoring and Evaluation (M&E): Monitoring is the routine tracking of a programme's activities by measuring on a regular, ongoing basis whether planned activities are being carried out. It is used to track changes in programme performance over time. Evaluation measures the extent to which change occurs consistent with programme objectives.

Baseline: A measure taken before an intervention or activity has started against which progress can be measured.

Target: Also called 'milestones', targets tell us what we plan to achieve at specific points during projects or programmes.

Group Work Instructions

Using flip charts:

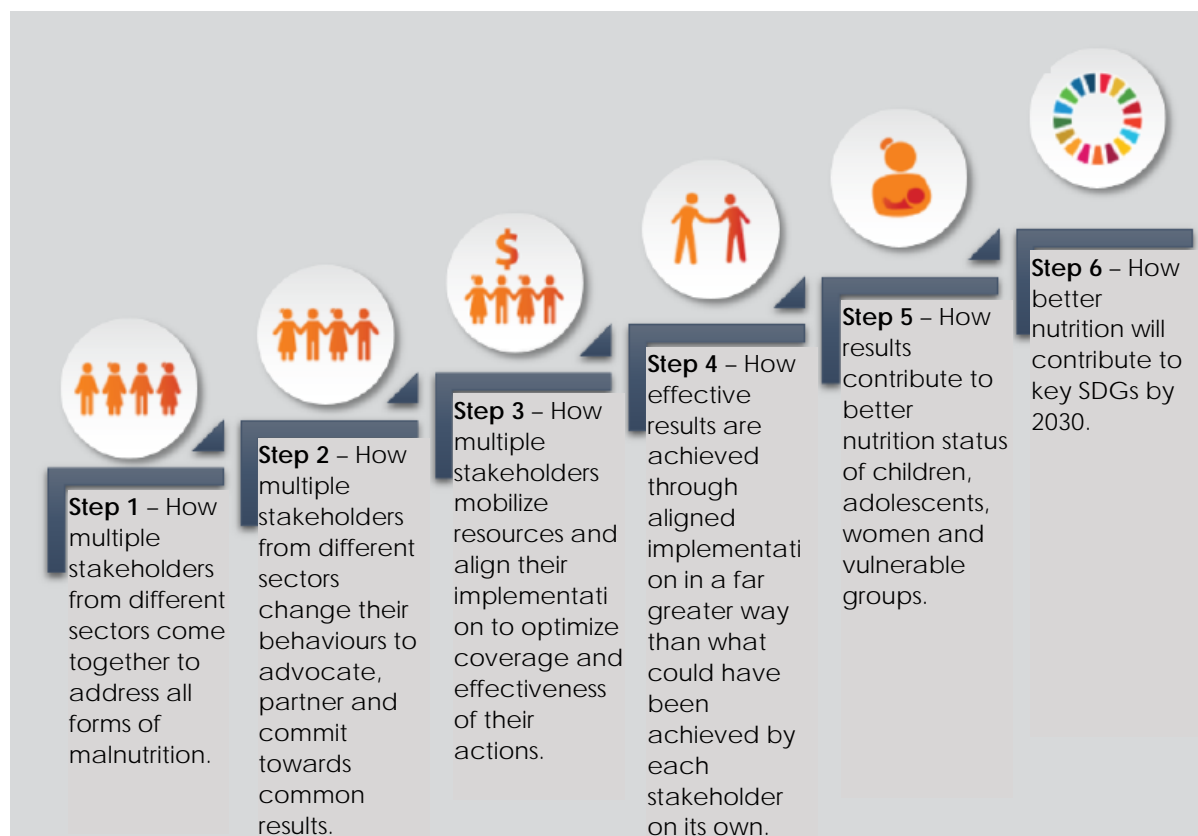
- Complete your M&E Framework using the template in Table 6.
 - Identify at least 1 indicator for each item in your Results Framework.
 - If you have time, begin working on setting targets.
- Ensure that the indicator numbering matches the numbering in the results framework so that the indicators can be linked to specific objectives, strategies, and activities. Develop an M&E Communication Plan.
 - Who are the main M&E data users?
 - What are their data needs?
 - Who collects and analyses the data?
 - How will the data be communicated to stakeholders? Through what specific means?
 - How will lessons learned be identified and shared?

Table 6: Example M&E Framework

Sn	Indicator	Data collection method	Frequency of collection	Department/ partner responsible for collection	Baseline	Annual Targets					Total Target
						Year 1	Year 2	Year 3	Year 4	Year 5	
1	% of children under 5 who had diarrhoea in the past 2 weeks	Household survey	Annually	Health	25%	23%	15%	10%	7%	5%	5%
1.1	% of households in coverage area access water from village borehole	Household survey	Annually	Water	17%	15%	25%	50%	75%	100%	100%
1.1.1	% of villages with borehole	Observation/ administrative records	Quarterly	Water	12%	10%	25%	50%	80%	90%	100%

Remember, your MSNAP will help contribute to global targets. Uganda, as a SUN country, is assessed using a common results framework (Figure 15). Think about how your plan contributes.

Figure 15: The six steps of the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) results framework



Source: The six steps of the Monitoring, Evaluation, Accountability and Learning (MEAL) results framework based on the vision of the SUN Movement in the SUN Movement Strategy and Roadmap (2016–2020).

Session Notes

[illegible]

Session 4.2: M&E Gallery Walk

As you visit the work of other teams, think about:

- Were any of your indicators similar?
- Did you see new indicators or ideas that could be added to your M&E Framework or Communication Plan?

Take notes about what you want to share with your team members. If you are presenting your team's work, note down suggestions, questions, and comments you received from visitors and share these with your other team members.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Reflection Questions for Unit 4

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

What are the key nutrition indicators for which your unit will contribute?

How will you contribute to MSNAP data collection, processing, analysis, and documenting?

Unit 5: Identifying Resources

Purpose

Estimate the resources required to implement planned strategies and activities. Begin to complete, as available information allows, the Financing and Resource Mobilisation section of the MSNAP template.

Objectives:

- Estimate costs of MSNAP implementation.
- Identify potential sources of funding and other resources.

Sessions:

- Session 5.1: Identifying Resources

Session 5.1: Identifying Resources

Why budget?

- The budget guides implementation of activities. Planning and monitoring your budget will help you identify wasteful expenditures and achieve your financial goals.
- It formalises the coordination of activities between stakeholders while aligning these activities to the bigger picture: district/LLG plans and national plans.
- The budget acts as a resource mobilisation tool.
- It can improve performance evaluations, providing a common base for discussion on whether goals were met and whether they stayed on budget (or why they did not).

Steps in Budgeting

- Refer back to the Results Framework.
 - What are you hoping to achieve?
- Identify resources.
 - What funds are available and where are they coming from?
- Prioritise expenditures.
 - Where are the funds going? To which activities?
- Summarise and review.
 - Is the budget realistic given the available funds? Is more prioritisation needed?

Group Work Instructions

Work alongside your MSNAP editor to contribute to the development of your MSNAP budget.

- Reference your DDP budget and other district/LLG resources to check your estimates.
- Remember:
 - Consider all possible sources, e.g., government grants, partners, locally generated funding.
 - Not every activity needs a new budget or additional funding; consider what activities are already covered in existing sector

budgets and note them. In-kind support can also be included and planned.

- Always include budget notes that explain what is included in the figures and how estimates were made.
- Check the numbering of activities so you can easily link the budget to the other sections of the MSNAP.

Table 7: Example budget

Action	UGX millions						Source of Funding
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
Objective 1: Improved Nutrition Sensitive Outcomes							
Activity 1.1.1: Drill boreholes	50,000	60,000	60,000	30,000	30,000	230,000	Water grant, local revenue
Activity 2.1.1: Handwashing stations	10,000	10,000	10,000	10,000	10,000	50,000	Implementing partner

Reflection Questions for Unit 5

Are there any figures you need to check on when you return to your district/LLG?

What can you do to secure additional funds for nutrition activities?

Unit 6: Next Steps

Purpose

Finish drafting the MSNAP and understand the next steps to have it approved and implemented.

Objectives:

- Complete a draft MSNAP to bring back to the district/LLG for additional feedback.
- Understand the next steps to finalise and approve MSNAPs.
- Understand annual planning requirements, based on the approved MSNAP.

Sessions

- Session 6.1: Review Draft MSNAPs
- Session 6.2: Next Steps
- Session 6.3: Closing

Session 6.1: Review Draft MSNAPs

To help with your review of other teams' MSNAPs, keep in mind the 10 Principles of Engagement that guide all SUN countries (Figure 16). Also refer to the Checklist of Criteria for Good Nutrition Plans in Annex 1.

Figure 16: 10 Principles of Engagement



Scaling Up Nutrition. 2016. Checklist on the Criteria and Characteristics of "Good" National Nutrition Plans.

[illegible]

Session 6.2: Next Steps

This training is only the first step in developing your MSNAP. Figure 17 summarises the planning process for nutrition in the district/LLG.



Steps to Finalise the MSNAP

- Form a MSNAP task force to support the finalisation and subsequent presentation of the MSNAP to relevant council committees for review.
- Present the draft MSNAP to the Technical Planning Committee (TPC) and request department support to finalise.
- With the departments:
 - Check that all departments are well represented in the plan.
 - Gather data and cost information you did not have access to this week.
- Request technical support from implementing partners and collect feedback for improvements
- Present the completed MSNAP to the TPC

Steps for MSNAP Approval

Once the MSNAP is reviewed by the TPC, the TPC seeks approval by the Council, through the relevant sectoral committee.

Annual Planning and Budgeting Requirements

NCCs complete the following types of annual plans, based on the approved MSNAP:

- Annual Coordination Work Plan
 - This plan details the NCC activities on an annual basis, based on the six NCC roles and responsibilities. These activities should align with the activities identified under the governance objective in your results framework. Guidance to develop this plan is provided in Annex 3.
- Annual Multi-Sectoral Implementation Work Plan and Budget
 - This plan details the MSNAP activities, targets, and budgets on an annual basis. The template for this plan is provided in Annex 4.

These activities should align with the activities identified under the nutrition-specific and nutrition-sensitive objectives in your results framework.

Table 8: Next Steps

Next Steps/Activities	Responsible	Timeline	Approach/Methodology
Complete MSNAP Budget	District/LLG Planner	2 weeks after MSNAP training (September 16, 2017)	Obtain input from each department on activity costs

Session Notes

[illegible]

Reflection Questions for Unit 6

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

In Session 6.1 feedback from others was received and included in the draft MSNAP. Note any feedback you received that you found important to include, but were not able to process yet.

In Session 6.2 follow-on action points were identified. What immediate follow-on actions do you need to take when you return to the district/LLG?

[illegible]

Annex 1: Checklist of Criteria for Good Nutrition Plans

This checklist has been adapted from the SUN Movement Checklist on the criteria and characteristics of 'good' national nutrition plans. It is meant to be used by NCC members and their stakeholders during the development and review of their MSNAPs. NCC members do not need to include each element of the checklist in their plans, but should determine which elements are relevant to the district/LLG context and in alignment with Uganda's national planning frameworks.

AREA 1 - Situation analysis and policy and programming review: Clarity and relevance of priorities, goals, objectives, interventions and programming strategies selected, based on a sound situation analysis	
Criterion 1	The MSNAP provides a situation analysis of the nutrition context at the district/LLG (including political, social, cultural, gender-based, epidemiological, legal, governance, and institutional issues).
Criterion 2	The MSNAP sets out goals and objectives, which are associated with SMART nutrition impact targets and results for target populations that are consistent with human rights standards and international recommendations and contribute to improving equity in achieving nutrition impacts.
Criterion 3	The MSNAP provides clear links to other nutrition-relevant sectoral strategies, plans and financing arrangements.
Criterion 4	The MSNAP describes the planned priority actions aimed at achieving nutrition impacts for all forms of malnutrition and are feasible, sustainable, locally appropriate, based on evidence and good practice, and are in line with human rights priorities.
Criterion 5	The MSNAP includes an analysis of risks and proposed mitigation strategies including measures to address emergency needs.
Criterion 6	The MSNAP describes governance, accountability, management and coordination mechanisms.
AREA 2 – Stakeholders' engagement and high-level political commitment processes: Soundness and inclusiveness of the development and endorsement processes for the MSNAP	
Criterion 7	The MSNAP describes the multi-sector and multi-stakeholder involvement in the development of the final document.
Criterion 8	The MSNAP has clear indications on the high-level political commitment to the endorsement and the implementation of the plan.
AREA 3 - Costs and budgetary framework: Soundness and feasibility of the financial framework for the MSNAP	
Criterion 9	The MSNAP sets out a financial framework that includes a comprehensive budget/costing of planned actions for the district/LLG and demonstrates efficiency and effectiveness of the included programmes and interventions.

Criterion 10	The MSNAP includes a financing analysis. If the plan is not fully financed, it highlights agreed priority options for the achievement of the set nutrition impact targets and associated results.
Criterion 11	The MSNAP describes the mechanisms to allow the tracking of budget and expenditure data for nutrition across departments and partners for decision making, oversight and analysis on nutrition finances.
Criterion 12	The MSNAP describes how funds and resources will be deployed to department budget holders and partners.
AREA 4 - Implementation and management arrangements: Soundness of arrangements and systems for implementing and managing actions contained in the MSNAP	
Criterion 13	The MSNAP describes the operational framework which includes the implementation arrangements, with detailed roles and responsibilities of the district/LLG and partners.
Criterion 14	The MSNAP describes the individual, organisational and institutional capacities (both functional and technical) required to implement planned actions and spells out how capacities will be strengthened.
AREA 5 - Monitoring, evaluation, operational research and review: Soundness of review, accountability, learning and evaluation mechanisms and how results are used	
Criterion 15	The MSNAP includes a monitoring and evaluation (M&E) framework that is sound, draws from departments' M&E systems and includes core indicators; sources of information; methods and responsibilities for ethical data collection, management, analysis, quality assurance, learning and communication.
Criterion 16	The MSNAP describes the mechanism for joint periodic performance reviews on nutrition to present programmatic and financial progress and for discussion on the findings for decision making and actions.
Criterion 17	The MSNAP sets out the processes and institutional arrangements for operational research (OR) and for the rigorous documentation and dissemination of good practices and lessons learned (including both successes and failures).

Annex 2: MSNAP Template



[Name of the District Local Government or Lower Local Government (LLG)]

Multi-Sectoral Nutrition Action Plan 20[XX]–20[XX]

District/LLG Vision

[District/LLG vision goes here]

District/LLG Mission

[District/LLG mission goes here]

[Month] [Year]

Contents

Map of [Name of District/LLG]

[Insert map of the district/LLG showing its location in Uganda.]

Foreword

[Add foreword signed by District/LLG Chairperson.]

Acknowledgements

[Add acknowledgments signed by the Accounting Officer.]

Acronyms

[Add acronyms and abbreviations as appropriate.]

BCC	behaviour change communication
DC	District Council
DNCC	District Nutrition Coordination Committee
DTPC	District Technical Planning Committee
DiNCC	Division Nutrition Coordination Committee
LLG	Lower Local Government
M&E	monitoring and evaluation
MNCC	Municipal Nutrition Coordination Committee
MSNAP	Multi-Sectoral Nutrition Action Plan
POCC	Potential, Opportunity, Challenges, and Constraints Analysis
SNCC	Sub-Country Nutrition Coordination Committee
TNCC	Town Council Nutrition Coordination Committee

Glossary of Terms

[Add terms and definitions as appropriate.]

Executive Summary

[Not to exceed 2 pages.]

Chapter 1: Introduction

1.1 District/LLG Profile

The introduction to the MSNAP should include a district/Lower Local Government (LLG) profile that includes information on location, land area, population, administrative units, and map of the district.

The profile should also provide demographic data for the following categories:

- Children under 18 years
- Adolescents/youth 10–24 years
- Orphans
- Infants less than 1 year
- Children under 5
- Women of reproductive age
- Expectant pregnant women

If the demographic information is not available for the district/LLG, the following percentages can be used to calculate estimates based on total district/LLG population: children under 18 years: 55.1 percent; adolescents/youth 10–24 years: 34.8 percent; orphans: 8.04 percent; infants less than 1 year: 4.3 percent; children under 5: 17.7 percent; women of reproductive age: 20.2 percent; expectant pregnant women: 5 percent. (Uganda Bureau of Statistics 2014, Population census.)

1.2 Nutrition Situation Analysis

This section describes the nutrition situation in the district/LLG, including the magnitude of malnutrition and its causes and consequences. Identify the vulnerable groups and LLGs that are most affected and describe the reasons for the vulnerability and actions to be taken. Summarize this information Table 1, Vulnerability Analysis Matrix.

Table 1. Vulnerability Analysis Matrix

Nutrition Problem Identified	Immediate Causes	Root Causes	Groups Most Affected	Reasons for Group Vulnerability	Mitigation/Action Needed

1.3 Multi-Sectoral Nutrition Stakeholder Analysis

This section provides a description of the district/LLG nutrition stakeholders, their interests, and possible contributions to improve nutrition in the district. Documentation of these details serves to strengthen effective coordination of partner support.

This information should be summarized in Table 2, Stakeholder Analysis Matrix. When completing specific sections of the table, take into account the following guidance:

- **Duration and start date of project:** if a project is anticipated to end during the MSNAP period, consider plans to identify and fill any potential resource gaps.
- **Coverage:** this should note the LLGs where the partner is operating. It can also include specific sites (e.g., communities, facilities, schools) as appropriate to the activity.
- **Implementation mode:** A distinction should be made between partners that are providing direct financial support and those providing in-kind support (which includes technical assistance or the provision of other goods or services). Whenever possible, monetize and capture in-kind support in Table 2.

Table 2. Stakeholder Analysis Matrix

Name of Organization/Stakeholder	Intervention/Program area	Duration of Project	Start Date	Coverage	Target Group and Estimated Population	Implementation Mode (complete all applicable columns)			Estimated Annual Support to District/LLG
						Technical Assistance	Direct	In-kind	

1.4 Potentials, Opportunities, Challenges, and Constraints (POCC) Analysis

Using the information from Table 2, Stakeholder Analysis Matrix, summarize the district/LLG's potentials, opportunities, challenges, and constraints (POCC) in addressing the problems identified in Table 1, Vulnerabilities Analysis Matrix. Complete Table 3, POCC Analysis Matrix, using the guidance below:

- **Potentials** refer to *internal* factors, advantages, and resources that can enable the district/LLG to enhance its chances of achieving the selected goal and objectives.
- **Opportunities** are the *external* factors (beyond the district/LLG) that positively influence development in the district/LLG to enhance its chances of achieving the selected goal and objectives.
- **Challenges** are the *external* factors or obstacles (outside the district/LLG) that may hamper smooth development efforts.
- **Constraints** are the disadvantages emanating from *internal* factors that hinder the district/LLG from achieving the selected development goal and objectives.

Table 3. POCC Analysis Matrix

Potentials	Opportunities
1.	1.
2.	2.
3.	3.
4.	4.
Challenges	Constraints
1.	1.
2.	2.
3.	3.
4.	4.

1.5 Alignment with Existing Legal and Policy Frameworks

Describe the MSNAP's linkages to the national/district policies and planning frameworks as they relate to nutrition (e.g., District Development Plan, National Development Plan, Uganda Nutrition Action Plan).

Chapter 2: Multi-Sectoral Nutrition Results Framework

The results framework presents the strategies that will be used to achieve the goal and objectives. In this section, describe the nutrition problem to be addressed in the results framework and the logic of the goal, objectives, strategies, and activities (e.g., how activities contribute to strategies, how strategies support objectives, and how objectives lead to the achievement of the overall goal). The objectives, strategies, and activities should then be summarized in Table 4, Multi-Sectoral Nutrition Results Framework.

2.1 MSNAP Goal

List the goal and describe the main nutrition problem in the district/LLG to be addressed.

2.2 MSNAP Objectives (Governance, Nutrition specific, Nutrition Sensitive)

List the objectives and describe how they will help to achieve the MSNAP goal.

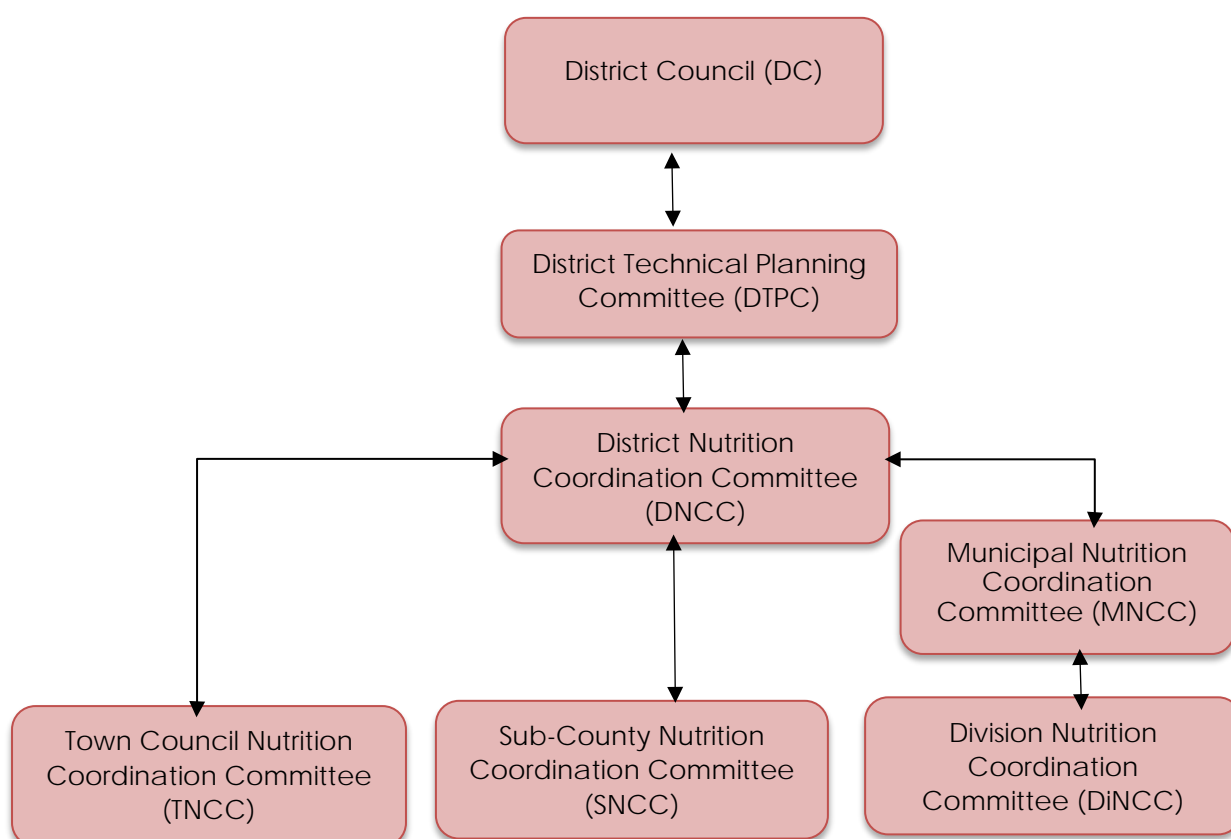
Table 4. Multi-Sectoral Nutrition Results Framework

Objective 1:			
Strategies	Activities	Outputs	Responsible Department
1.1.	1.1.1		
	1.1.2		
1.2	1.2.1		
	1.2.2		
Objective 2:			
Strategies	Activities	Outputs	Responsible Department
2.1	2.1.1		
	2.1.2		
2.2	2.2.1		
	2.2.2		
Objective 3:			
Strategies	Activities	Outputs	Responsible Department
3.1.	3.1.1		
	3.1.2		
3.2	3.2.1		
	3.2.2		

Chapter 3: MSNAP Implementation and Coordination

This section of the MSNAP provides an overview of how the plan will be implemented and coordinated at the district/LLG level to achieve its goal and objectives. Consider each stakeholder's role, both governmental and non-governmental, and the linkages (see Figure 1, below) between the levels of government and various district/LLG committees.

Figure 1: Linkages between LLG Nutrition Coordination Committees (NCCs) and the District



Chapter 4: Financing and Resource Mobilisation

Because nutrition is not funded through a particular central government grant, nutrition activities need to be budgeted for within individual department budgets. Implementing partners and other stakeholders may also have monetary or in-kind contributions (review available stakeholder resources in Table 2, Stakeholder Analysis Matrix).

Once the budget is completed, complete a resource gap analysis to assist with developing a plan to mobilise additional resources.

Complete Table 5, Budget Template, including any needed budget notes for each line item.

Table 5: Budget Template

	UGX millions						Source of Funding
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
Objective 1:							
Strategy 1.1							
Activity 1.1.1							
Activity 1.1.2							
Objective 2:							
Strategy 2.1							
Activity 2.1.1							
Activity 2.1.2							
Objective 3:							
Strategy 3.1							
Activity 3.1.1							
Activity 3.1.2							

Budget notes:

Chapter 5: Monitoring and Evaluation (M&E) Plan

Developing an M&E plan ensures that planned activities are measured on an ongoing basis, determines its performance over time, and measures the extent to which change occurs that is in support of the selected goal and objectives. Consider the data requirements for the selected MSNAP activities before developing a data collection and analysis plan. Also consider how information will be shared with stakeholders. Finally, complete Table 6, the Multi-Sectoral Nutrition M&E Framework, which shows how progress towards the achievement of objectives, strategies, and activities will be monitored. It includes the indicators that will be used for monitoring and assessing results at output, outcome, and impact levels, as well as the annual and total targets. When developing the M&E plan, remember that targets and intermediate milestones need to be consistent with the MSNAP implementation timeframe. As much as possible, try to identify indicators that can be collected as part of routine programme implementation.

5.1 Data Requirements and Purpose

Describe the M&E data users and their data needs.

5.2 Data Collection and Analysis Plan

Identify stakeholders involved in data collection, the frequency of collection, and the type of analysis required.

5.3 Data Communication and Dissemination Plan

Describe how the data will be used and shared with stakeholders at various levels (e.g., community, parish, sub-county, town council, municipality, district, national).

5.4 M&E Framework

Summarize the M&E plan in Table 6, the Multi-Sectoral Nutrition M&E Framework.

Table 6: Multi-Sectoral Nutrition M&E Framework

Sn	Indicator	Data Collection Method	Frequency of Collection	Department/Partner Responsible for Collection	Baseline	Annual Targets					Total Target
						Year 1	Year 2	Year 3	Year 4	Year 5	

Note: Indicator numbering must match the numbering in the results framework so that the indicators can be linked to specific objectives, strategies, and activities.

Annex 3: Annual Nutrition Coordination Work Plan Guidance

The annual coordination work plan tracks specific nutrition governance activities to be undertaken by the NCC over the course of the year, planned by quarter. It should include items from the six NCC role and responsibility areas. The list below provides sample items for consideration. The template is provided in Table 1. Guidance on activities to include in the plan is provided in Table 2.

Technical Guidance: Nutrition guidance provided by the NCC to departments and partners, including capacity strengthening activities; issues presented to the Technical Planning Committee (TPC) during the quarter and the resulting actions.

Coordination and Partnerships with Nutrition Stakeholders: Number of coordination meetings and joint activities conducted with stakeholders, detailing those involved and platforms used; results of stakeholder coordination efforts; and planned next steps.

Planning, Budgeting, and Resource Mobilisation: Efforts made to align department and partner plans with MSNAP activities; challenges implementing plans; budgetary challenges; and resource mobilisation activities.

Monitoring and Reporting: Frequency and types of data provided to the NCC by departments and partners; description of supervision activities undertaken; actions taken as a result of monitoring, supervision, and reporting.

Advocacy: Advocacy efforts undertaken by the NCC during the quarter and actions taken by stakeholders as a result of advocacy efforts. NCCs should also refer to their advocacy implementation plan when completing this section.

Nutrition Behaviour Change Communication (BCC) and Social Mobilisation: Messages shared and platforms used; efforts undertaken or needed to harmonize BCC messaging and social mobilisation activities within the district/LLG.

Table 1: NCC Annual Coordination Work Plan and Budget Template

DNCC CORE RESPONSIBILITY AREA	Planned Activities	Quarterly Targets				Annual Target	Department/ partner responsible for collection	Quarterly Budget				Cumulative budget
		Q1	Q2	Q3	Q4			Q1	Q2	Q3	Q4	
Technical Guidance												
Coordination and Partnerships with Nutrition Stakeholder												
Planning, Budgeting, and Resource Mobilization												
Monitoring and Reporting												
Advocacy												
Nutrition Behaviour Change Communication and Social Mobilization												

Table 2: Sample activities for annual coordination work plan

Role	Activities	Indicator (s)	Target	Means of Verification
1. Technical guidance	Present nutrition issues to the TPC	# of TPC meetings attended in which nutrition issues are presented	3 per quarter (at each monthly TPC meeting)	Action memo from TPC on nutrition issues
	Present nutrition issues to the Council	# of Council meetings attended in which nutrition issues are presented	3 per quarter (at each monthly Council meeting)	Council minutes with nutrition issues
	For DNCCs and MNCCs: Form and orient LLG NCCs	# of LLG NCCs formed # of LLG NCCs oriented	100% 100%	<ul style="list-style-type: none"> • Circular on formation of committees • Copies of assignment letters • Orientation reports
	Provide technical guidance to departments and partners on nutrition	Set based on MSNAP activities	Set based on MSNAP activities	Set based on MSNAP activities
2. Coordination and partnership with nutrition stakeholders	Develop annual coordination work plan	Annual coordination work plan	1	Approved annual coordination work plan
	Hold nutrition coordination meetings	# of nutrition coordination meetings held	1 meeting held quarterly	Minutes and action memo
	Map and update nutrition partners in the district/LLG	Updated nutrition partners database	Updated database	Updated database
	<ul style="list-style-type: none"> • Identify platforms for sharing nutrition information in the district/LLGs • Participate in multi-sectoral nutrition information sharing events 	<ul style="list-style-type: none"> • # of platforms for sharing nutrition information identified • # of multi-sectoral nutrition information sharing events that NCC members participated in 	Update list of available platforms 3 events per quarter	<ul style="list-style-type: none"> • List of platforms • Summary of talking points/presentations • Minutes
4. Planning, budgeting, and resource mobilisation	Develop a 5-year MSNAP	% of local governments with approved MSNAP	100%	Approved MSNAP
	For DNCCs and MNCCs: Provide technical assistance to LLG NCCs to ensure nutrition issues are extracted and included in MSNAPs	% of LLGs that received technical guidance from the DNCC or MNCC	100%	Approved MSNAP
	Generate annual multi-sectoral nutrition implementation work plan based on MSNAP	% of local governments with annual multi-sectoral nutrition	100%	Approved Annual multi-sectoral nutrition implementation work plans

Role	Activities	Indicator (s)	Target	Means of Verification
		implementation work plans		
	Identify resource gaps for multi-sectoral nutrition interventions and advocate for support	% resource gap Number of advocacy meetings/events conducted	Less than 20% of budget As needed	Budget and NCC quarterly reports
3. Monitoring and reporting	Conduct joint support supervision and provide feedback to LLGs	# of support supervision visits conducted	1 per quarter	Support supervision reports and action points
	Compile and submit quarterly nutrition coordination reports	# of nutrition coordination reports submitted	1 for each NCC per quarter 1 consolidated report from the DNCC to OPM per quarter	A copy of coordination reports
5. Advocacy	Develop nutrition advocacy implementation plans aligned with National Advocacy and Communication Strategy for the Uganda Nutrition Action Plan	Approved advocacy implementation plan	Approved advocacy implementation plan	Approved advocacy implementation plan
	Identify nutrition champions at district/LLG level	# nutrition champions identified	At least 5 per district/LLG	Database of nutrition champions
6. Nutrition behaviour change communication and social mobilisation	Undertake and coordinate nutrition behaviour change communication and social mobilisation activities	Set based on MSNAP activities	Set based on MSNAP activities	Set based on MSNAP activities

Annex 4: Annual Multi-Sectoral Nutrition Implementation Work Plan and Budget Template

The Annual Multi-Sectoral Nutrition Implementation Work Plan and Budget Template should detail which MSNAP activities will be undertaken by the local government during the year. Updates on progress should be made on a quarterly basis. The template is provided in Table 1.

Table 1: Annual Multi-Sectoral Nutrition Implementation Work Plan and Budget Template

Sn	Activities	Indicator	Quarterly Targets				Annual Target	Department/ partner responsible for collection	Quarterly Budget				Cumulative budget
			Q1	Q2	Q3	Q4			Q1	Q2	Q3	Q4	
1.0	Objective 1												
1.2													
1.3													
2.0	Objective 2												
2.1													
2.2													
3.0	Objective 3												
2.3													
3.1													

Annex 5: Glossary of Terms

Baseline	A measure taken before an intervention or activity has started against which progress can be measured.
Challenges	Challenges are the <i>external</i> factors or obstacles (outside the district/LLG) that may hamper smooth development efforts. This is part of a POCC analysis.
Constraints	Constraints are the disadvantages emanating from <i>internal</i> factors that hinder the district/LLG from achieving the selected development goal and objectives. This is part of a POCC analysis.
Indicator	A quantitative or qualitative variable that provides a valid and reliable basis for assessing or measuring achievement, performance, or change resulting from an intervention. Data or statistics that describe a person, place, or an event and/or the changes in it.
Malnutrition	People are malnourished if their diet is not balanced with their nutritional needs. Malnutrition includes both undernutrition (stunting, wasting, underweight, and micronutrient deficiencies) and overnutrition (overweight and obesity).
Monitoring and Evaluation (M&E)	Monitoring is the routine tracking of a programme's activities by measuring on a regular, ongoing basis whether planned activities are being carried out. It is used to track changes in programme performance over time. Evaluation measures the extent to which change occurs consistent with programme objectives.
Multi-sectoral approach	An approach to nutrition planning and programming in which different departments coordinate and collaborate to address both direct and underlying causes of malnutrition.
Nutrition governance	Nutrition governance represents actions taken to provide an institutional framework and systems to facilitate the institutionalization of nutrition in existing government structures, policies and frameworks. Nutrition governance includes: information management, coordination and partnership, advocacy, communication, and policy development and implementation.
Nutrition situation	This describes the result of all the factors that contribute to the nutritional outcomes of the population. These include: the factors that cause malnutrition, the existing multi-sectoral nutrition-related interventions, the stakeholders, the food security situation, among others.

Nutrition-sensitive interventions	Nutrition-sensitive interventions address some of the underlying and basic causes of malnutrition—such as food security; adequate caregiving resources at the maternal, household, and community levels; and access to health services and a safe and hygienic environment—and incorporate nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.
Nutrition-specific interventions	Nutrition-specific interventions address the immediate causes of malnutrition (e.g., inadequate dietary intake) and some of the underlying causes (e.g., feeding practices and access to food).
Obesity	Obesity is a range of weight that is much greater than what is generally considered healthy for a given height. For adults, obesity is having a body mass index (BMI) of 30 or higher. In children under 5, obesity is a BMI-for-age more than 3 standard deviations ($> +3$ SD) above the median of the WHO Child Growth Standards, and in children 5–19, obesity is a BMI-for-age more than 2 standard deviations ($> +2$ SD) above the median of the WHO Growth Reference.
Objective	A measurable step along the way to achieving a goal.
Oedema (Bilateral pitting oedema)	An excess accumulation of fluid that starts in both feet and can progress to other parts of the body. Also known as nutritional oedema or oedematous malnutrition, bilateral pitting oedema is a sign of severe acute malnutrition. It is verified when thumb pressure applied on the tops of both feet for three seconds leaves an indentation after the thumb is lifted.
Opportunities	Opportunities are the <i>external</i> factors (beyond the district/LLG) that positively influence development in the district/LLG to enhance its chances of achieving the selected goal and objectives. This is part of a POCC analysis.
Outcome indicator	Measures the broader results achieved through the provision of goods and services, such as a change in behaviour.
Output indicator	Measures the quantity of goods and services produced and the efficiency.
Overnutrition	Overnutrition happens when a person's daily energy intake consistently exceeds energy requirements. If it continues over time, a person may become overweight or obese.

Overweight	Overweight is a range of weight that exceeds what is generally considered healthy for a given height. For adults, overweight is having a BMI from 25 to 29.9. In children under 5, overweight is a BMI-for-age more than 2 standard deviations ($> +2$ SD) above the median of the WHO Child Growth Standards, and in children 5–19, overweight is a BMI-for-age more than 1 standard deviation ($> +1$ SD) above the median of the WHO Growth Reference.
Potentials	Potentials refer to <i>internal</i> factors, advantages, and resources that can enable the district/LLG to enhance its chances of achieving the selected goal and objectives. This is part of a POCC analysis.
Qualitative Indicator	Descriptive information that examines beliefs, perceptions, and behaviours.
Quantitative Indicator	Data in numerical form that can be put into categories, ranked, or measured.
Results Framework	An illustration of how a goal will be achieved. The flow of the results framework should reflect cause and effect relationships. Components of a results framework include: a goal, objectives, strategies, and activities.
Rich Picture	A Rich Picture helps to think holistically about the nutrition situation in the district/LLG based on the idea that ‘a picture is worth a thousand words’. It consists of pictures, text, symbols, and icons, which are all used to illustrate the situation. It is called a Rich Picture because it illustrates the richness and complexity of a situation and helps to identify relationships and connections that might otherwise be missed. The Rich Picture exercise helps to identify the linkages between and contributions from the different departments to the nutrition situation.
Stakeholder	An organisation, group, or individual who has a direct or indirect interest in the nutrition issues in the district/LLG; who affects or is affected positively or negatively by the implementation of nutrition activities and their outcomes.
Strategy	An approach taken to achieve an objective.

Stunting	Stunting, or chronic malnutrition, occurs when a child fails to grow at a healthy pace and is shorter than expected for a healthy child of the same age. Stunting develops over a long period because of long-term inadequate nutrition (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated illness or infection. Stunted children have a higher risk of death from diarrhoea, pneumonia, and measles. Stunting is associated with poor cognitive and motor development and lower school achievement. In children under 5 it is defined as a height-for-age of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards (children under 5).
Target	Also called 'milestones', targets tell us what we plan to achieve at specific points during projects or programmes.
Undernutrition	Undernutrition is a consequence of a deficiency in nutrient intake and/or absorption in the body. The different forms of undernutrition, which can appear alone or in combination, are acute malnutrition (bilateral pitting oedema and/or wasting), chronic malnutrition (stunting), underweight (combined form of wasting and stunting), and micronutrient deficiencies.
Underweight	A composite form of undernutrition that includes elements of stunting and wasting and is defined in children under 5 as a weight-for-age of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards. This indicator is commonly used in growth monitoring and promotion (GMP) and child health and nutrition programmes aimed at prevention and treatment of undernutrition.
Wasting	This occurs when an individual is very thin for his or her height. It happens when a person loses weight rapidly or a growing child does not gain adequate weight relative to their growth in height. Wasting may be caused by inadequate food intake, such as a drop in food consumption or sub-optimal infant and young child feeding practices; by disease or infection, including HIV or tuberculosis; or a combination. In children under 5 it is defined as weight-for-height of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards or MUAC under 125 mm. Wasting is one form of acute malnutrition.

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