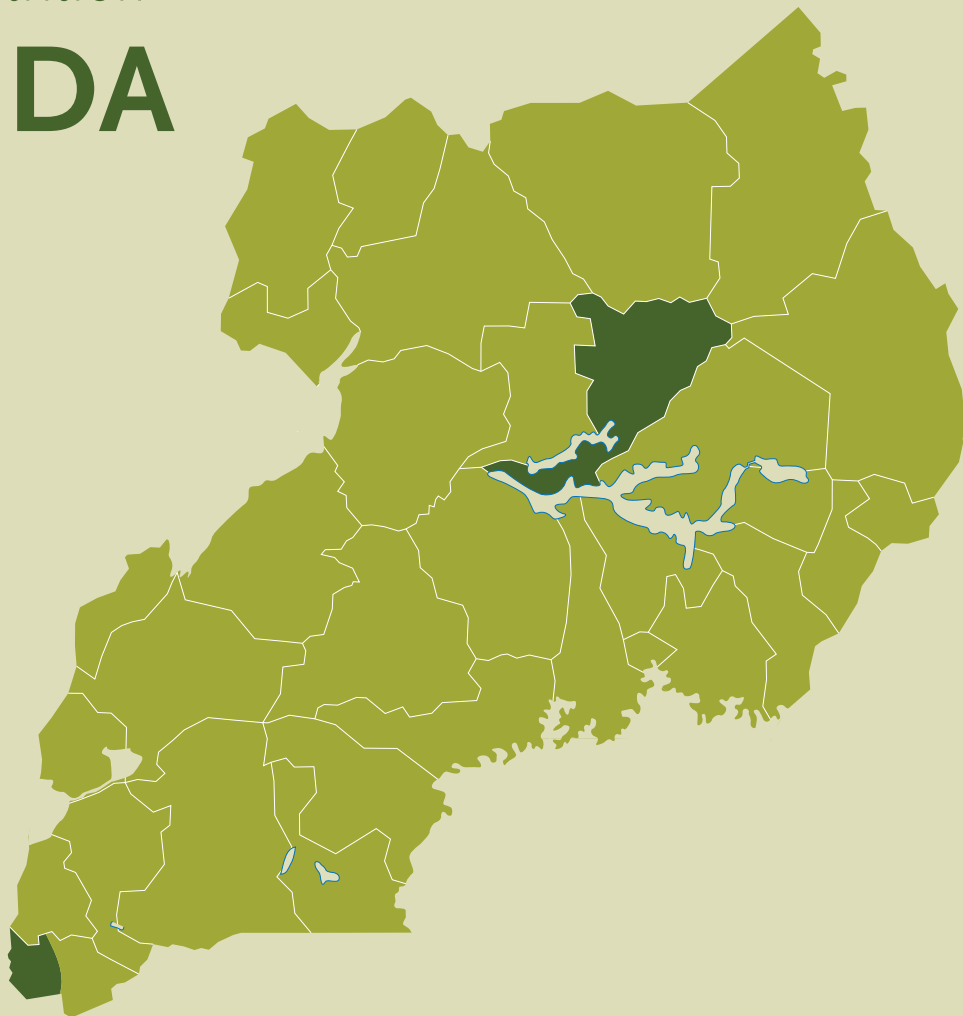


PATHWAYS TO BETTER NUTRITION
CASE STUDY EVIDENCE SERIES

Pathways to Better Nutrition
IN UGANDA

FINAL REPORT



JULY 2016



About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by the JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

Disclaimer

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Contents

Acronyms	v
Definitions	vii
Executive Summary	ix
Introduction	1
Methods	5
Findings	11
Understanding the UNAP	13
Drivers of Change	15
Prioritization	24
Funding	27
Discussion	35
Recommendations	41
References	47
Annex 1: Qualitative Methods Annex	51
Annex 2: Illustrative Change Framework	61
Annex 3: Budget Methods Annex	65
Annex 4: Snapshots of Nutrition in Uganda	81
Annex 5: Supplemental National Financial Figures	111
Figures	
Summary of Multi-sectoral Engagement across WHO Countries	2
UNAP Coordination Framework Structure.....	3
PBN Study Locations	6
PBN Study Team and Location.....	6
Study Timeline	7
Study Stakeholder Groups	8
Budget Analysis Methodology	9
Drivers of Change for Nutrition in Uganda	15
Total On- and Off-Budget Allocations for Nutrition, 2013-14 — 2015-16	28
2014–15 On-Budget Allocation for Nutrition, by Sector	29
On-Budget Ministry Allocation by UNAP Objective Areas.....	31

Total On- Budget Ministry Allocations and Expenditure for Nutrition, 2013–14 and 2014–15	33
Summary of SPRING’s Budget Methodology	68
SPRING’s Modified Analysis Approach	72
Illustrative Results Framework of Nutrition Plan Activities, Outputs, Outcomes, and Impacts	109
Costs per Objective Area, as Projected in UNAP for FY 2014–15.....	114
On-Budget Allocations per UNAP Objective Area, 2014–15.....	114
Off-Budget Allocations, 2013–14 to 2014–15	115

Tables

Change in Priority of Nutrition, by Sector.....	24
2014–15 Nutrition Allocations as a Percent of Total Ministry Allocation.....	31
Expenditure of Nutrition-Related On-Budget Allocations	33
Original UNAP Gap Analysis, Annotated with PBN Findings	38
Key Informant Interviews for PBN Case Study - National	54
Key Informant Interviews for PBN Case Study - Kisoro District	54
Key Informant Interviews for PBN Case Study - Lira District.....	55
Summary of News Article Collection for PBN Case Study – Aggregated by Month	57
Number of Validation Interviews Conducted and Budget Headings by Sector	70
Number of Validation Interviews and Reviews Conducted and Activities by Funder	70

Acronyms

CDO	community development officer
CMT	community mobilization team
CSBAG	Civil Society Budget Advocacy Group
CSO	civil society organization
DNAP	district nutrition action plan
DNCC	district nutrition coordination committee
DPIC	Department of Policy Implementation and Coordination
DSIP	Development Strategy and Investment Plan
DSW	<i>Deutsche Stiftung Weltbevoelkerung</i>
EDP	external development partner
EU	European Union
FANTA	Food and Nutrition Technical Assistance Project
GoU	Government of Uganda
HIV	human immunodeficiency virus
IFAD	International Fund for Agriculture Development
IRB	institutional review board
KI	key informant
KII	key informant interview
M&E	monitoring and evaluation
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MDG	Millennium Development Goal
MoESTS	Ministry of Education, Science, Technology and Sport
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MPS	Ministerial Policy Statement
MTIC	Ministry of Trade Industry and Cooperatives
MWE	Ministry of Water and Environment
NAADS	National Agricultural Advisory Services

NCC	Nutrition Coordination Committee
NDP	National Development Plan
NGO	nongovernmental organization
NNAP	national nutrition action plan
NPA	National Planning Authority
OPM	Office of the Prime Minister
PBN	Pathways to Better Nutrition
SNCC	Sub-County Nutrition Coordination Committee
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
U.S.	United States
UCCO-SUN	Uganda Civil Society Coalition on Scaling Up Nutrition
UGX	Ugandan shilling
UN	United Nations
UNAP	Ugandan Nutrition Action Plan
UNICEF	United Nations International Children’s Emergency Fund
USAID	United States Agency for International Development
USD	United States dollar
WASH	water, sanitation, and hygiene
WHO	World Health Organization

Definitions

Absorption: Funds spent as a proportion of the funds released from national government.

Allocations: Agreed-to and planned funds by the Ministry of Finance, Planning and Economic Development, or other national financial planning body.

Central transfers: This describes funds given by the national (central) government to sub-national governments with or without conditions.

Expenditures (Spending): Funds actually spent on planned activities by the ministry or implementing agency.

On-budget: Funds are managed through the Ugandan budget, either on- or off-Treasury. For donors, this means that their funded activity receives a GoU program or project code, and is included in sector planning and budget documents.

Off-budget: Funds are not included in the regular government budget; funds are managed outside the Ugandan Treasury.

Releases: Funds actually transferred from the national treasury (or other financial body) to the ministry to implement the activities.

Sector: Groups of institutions or parts of institutions that contribute to a common function, e.g., education

Supplementary budget: This is a midyear addition to an approved budget. This budget is also appropriated by Parliament during the course of the financial year.

Votes: These are institutions (ministries, departments, agencies and local governments) that are the basis of the annual budget and appropriations made by Parliament, and the basis for accountability, e.g., Ministry of Health.

Vote functions: These are groups of related services and capital investments delivered by a vote or on behalf of that vote by another institution, e.g., secondary education services.

SPRING's Pathways to Better Nutrition (PBN) Case Study Evidence Series reports on findings that emerged from this two-year, two-country, mixed-methods study on how nutrition-related activities are prioritized and funded. Please check the SPRING PBN webpage (<http://www.spring-nutrition.org/pbn>) for more information on the studies and other products in this series.

Executive Summary

A multi-sectoral approach is often thought to be the most effective way to address malnutrition.

With the renewed global attention on nutrition, supported by the Millennium Development Goals (MDGs) and the Scaling Up Nutrition (SUN) movement, a multi-sectoral approach to nutrition has returned to the forefront of nutrition activity (Levinson, Balarajan, and Marini 2013).

In 2011, Uganda developed and instituted a shining example of multi-sectoral policy to combat malnutrition. Developed within the context of national policy and legal frameworks, the *Uganda Nutrition Action Plan 2011–2016* (UNAP) engages multiple sectors in the Government of Uganda (GoU), as well as external partners such as donors, United Nations (UN) groups, civil society organizations (CSOs), academia, and the private sector (Government of Uganda 2011). UNAP calls on these stakeholder groups to implement activities in five objective areas to reduce malnutrition.

Poor nutrition poses a great risk to Uganda's development and the well-being and potential of its people. Nearly 50 percent of children are undernourished, despite improvements in the last decade and continued investment by the GoU and donors (Office of the Prime Minister and FANTA Project 2014c). Malnutrition will cost Uganda an estimated 19 trillion Ugandan shillings (UGX) (USD7.7 billion) in lost productivity by 2025. If additional investments for expanded nutrition activities are not made, an additional 840,000 Ugandan children's lives will be lost to stunting and wasting by 2025 (Office of the Prime Minister and FANTA Project 2014b). The good news is that for every USD spent on nutrition, Uganda can save USD30 through improved health and economic benefits (Office of the Prime Minister and FANTA Project 2014a). Increased nutrition financing, therefore, is a strong predictor of future improvements in malnutrition and mortality.

The UNAP policy signals commitment at the highest level and is an important first step in addressing the immediate, underlying, and basic causes of malnutrition (UNICEF 1990). However, if the activities proposed in the plan are to be completed, stakeholders must own and prioritize the UNAP. While some important research on translating nutrition policy to action has been conducted, there are still gaps in knowledge about how to achieve this.

The Pathways to Better Nutrition (PBN) study in Uganda (2013–2015) aimed to close this knowledge gap. The U.S. Agency for International Development's (USAID) Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project managed the PBN study, which was conducted in collaboration with the Office of the Prime Minister (OPM). Over two years, the PBN study collected qualitative and quantitative data on planning,

UNAP Objective Areas

Objective 1: Improve access to and utilization of services related to maternal, infant, and young child nutrition.

Objective 2: Enhance consumption of diverse diets, which comprehensively address food availability, access, use, and sustainability for improved nutrition.

Objective 3: Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status.

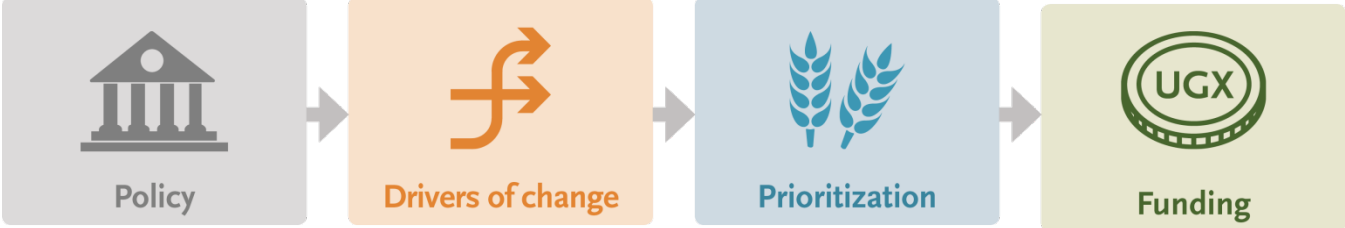
Objective 4: Strengthen the policy, legal, and institutional frameworks; and the capacity to effectively plan, implement, monitor, and evaluate nutrition programs.

Objective 5: Create awareness of and maintain national interests in and commitment to improving and supporting nutrition programs in the country.

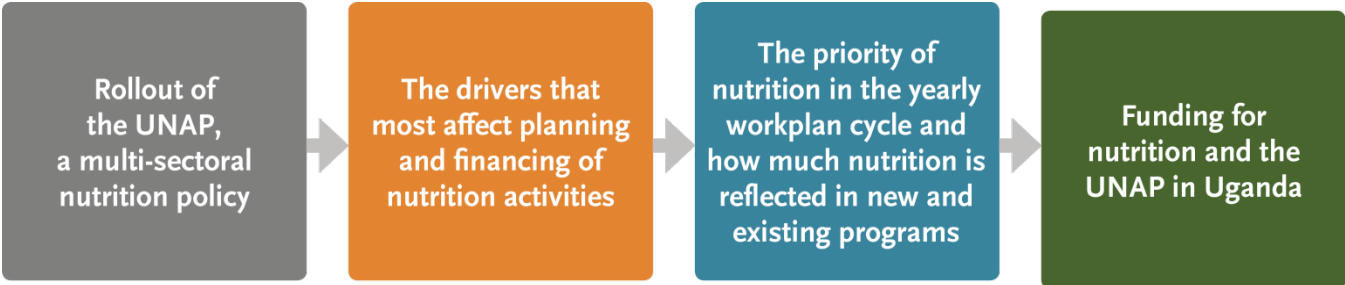
Source: Ugandan Nutrition Action Plan (GoU, 2011)

prioritizing, and funding processes related to nutrition-relevant activities within the context of the UNAP. Using a 360-degree view of the UNAP process, the PBN study interviewed stakeholders from the government, donors, UN groups, CSOs, the private sector, and academia at the national level and in two districts: Lira and Kisoro.

SPRING hypothesized that the **UNAP** would positively influence the **understanding of the policy, enabling processes and drivers, prioritization, and funding** for nutrition over the two years of the study.



To test this, SPRING's PBN study followed these four key study areas to assess—

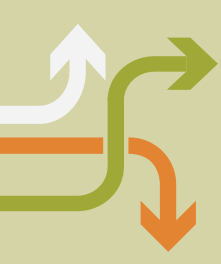


by asking the following questions –



These questions necessitated a longitudinal, mixed-methods approach.

The goal of this study was to document how nutrition is prioritized and how that prioritization, in turn, influences the funding of nutrition. The lessons from this study can help Uganda and similar countries further institutionalize nutrition into the regular policy and planning cycle.



PATHWAYS TO BETTER NUTRITION

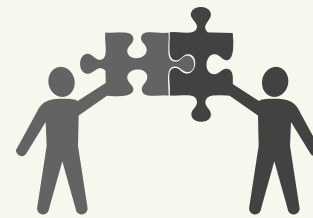
Uganda – Findings

For each study area, we assessed qualitative change by its intensity:



The results of the PBN study show that UNAP has played an important role in **increasing knowledge, perceptions, and behaviors** related to planning and financing for nutrition.

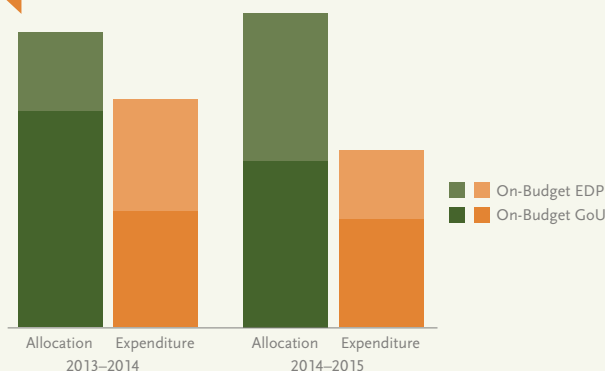
The study found positive changes in perceptions, behaviors, and structures for rolling out the UNAP. This has led to an increase in understanding and penetration of the UNAP into existing nutrition stakeholder organizations. Related to the UNAP rollout, knowledge of key nutrition messages also increased.



The study found six key drivers that the UNAP needs to affect to move prioritization forward. Of these, UNAP has made the most progress in positively affecting three of these drivers (coordination, advocacy, and adaptation to need), primarily by changing perceptions and behaviors, though some key structural and implementation changes occurred in the last six months of the study.

The UNAP has contributed to improved perceptions and behaviors of government, donor, and UN groups related to prioritization of nutrition (particularly within agriculture, gender, and health, and in Kisoro and Lira). While there were anecdotal increases in planned nutrition activities, no systematic increases in planned nutrition activities were found across UNAP stakeholders nationally.

Sector	Gov.	Kisoro & Lira	Donor	UN	Private
Agriculture	↑		↑	↑	
Education	→		↓		
Health	→		↑	↑	
Gender	↑				
Local Government	↑	↑			
Trade & Commerce	↑				→
WASH	N/A—WASH not covered at baseline. Academia and CSO could not be analyzed for change by sector.				



Although sector ministries and government planning agencies have begun to find ways to increase funding for nutrition, these efforts have not yet affected the budget—central ministry allocations for nutrition were flat (8 percent change after adjusting for inflation) between 2013–2014 and 2014–2015.



Relevance and Growth of Multi-sectoral National Nutrition Action Plans

A multi-sectoral approach is often thought to be the most effective way to address undernutrition. In the 1970s, many low- and middle-income countries established multi-sectoral national nutrition action plans (NNAPs) and agencies to coordinate efforts to reduce malnutrition, but these efforts were largely unable to develop permanent structures to sustain nutrition as the top priority (IBRD/IDA and World Bank 2013). Although there was a strong theoretical case for multi-sectoral actions, at the time there was little evidence about how to effectively plan, deliver, and sustain multi-sectoral nutrition programs (Levinson, Balarajan, and Marini 2013). As a result, interest in NNAPs declined and a more siloed approach to nutrition was taken in the 1980s and 1990s.

With the institution of the Millennium Development Goals (MDGs) and renewed global support for nutrition—most notably the Scaling Up Nutrition (SUN) movement¹—the multi-sectoral approach has returned to the forefront of nutrition activity (Levinson, Balarajan, and Marini 2013). Since 2010, a growing number of countries have moved back toward multi-sectoral nutrition approaches. Figure 1 shows a summary of the penetration of multi-sectoral approaches across World Health Organization member countries.

Although some important research has been conducted since the early days of multi-sectoral planning on translating nutrition policy to action—including the 2008 and 2013 series in *The Lancet*—gaps in knowledge on how a multi-sectoral approach can be implemented to effect change on nutritional outcomes remain.

Ugandan Nutrition Action Plan—A Shining Example

Uganda was one of the earlier adopters in the latest wave of multi-sectoral approaches to reduce malnutrition. Developed within the context of national policy and legal frameworks, the 2011–2016 Ugandan Nutrition Action Plan (UNAP) set its own goals for nutrition, which require engagement of multiple sectors from the Government of Uganda (GoU). The UNAP builds on previous national and regional policies, most notably the—

- African Regional Nutrition Strategy
- National Development Plan
- Uganda Food and Nutrition Policy (2003) and Strategy (2005)
- Nutrition-related sections of the Health Sector Strategic and Investment Plan, the Agricultural Sector Development Strategy and Investment Plan, and the Education Sector Investment Plan.

Internationally, Uganda is a signatory to the SUN movement and other relevant agreements, such as the MDGs, Sustainable Development Goals, and World Food Summit.

Figure 1. Summary of Multi-sectoral Engagement across WHO Countries



¹ <http://scalingupnutrition.org/> SUN, launched in September 2010, supports national efforts to address malnutrition by engaging across stakeholders, sectors, and levels.

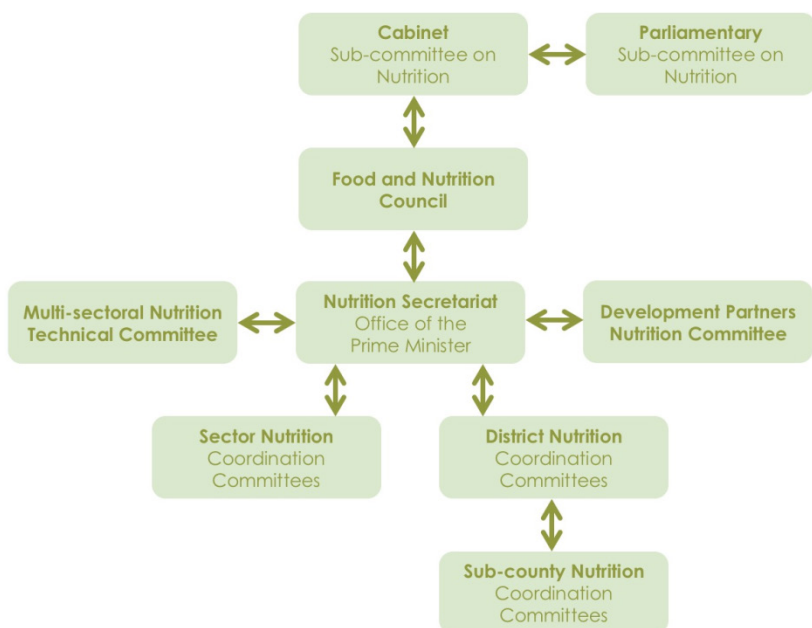
The main goal of the UNAP is to reduce malnutrition levels among women of reproductive age, infants, and young children, with a focus on the “1,000 days” window of opportunity. As described in the UNAP, their framework comprehensively addresses five objectives (Government of Uganda 2011):

- Objective 1: Improve access to and utilization of services related to maternal, infant, and young child nutrition.
- Objective 2: Enhance consumption of diverse diets.
- Objective 3: Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status.
- Objective 4: Strengthen the policy, legal, and institutional frameworks and the capacity to effectively plan, implement, monitor, and evaluate nutrition programs.
- Objective 5: Create awareness of and maintain national interests in and commitment to improving and supporting nutrition programs in the country.

An implementation matrix is included in UNAP’s first annex, and suggests nutrition activities that the government and partners should undertake to support each objective area (Government of Uganda 2011).

The UNAP coordination structure is linked vertically to the sub-county level via different platforms and committees, as shown in figure 2. The **nutrition secretariat** sits within the Office of the Prime Minister (OPM)’s Department of Policy Implementation and Coordination (DPIC) (Office of the Prime Minister 2013). In this role, OPM is responsible for convening the **multi-sectoral nutrition technical committee** and **development partners nutrition committee**. OPM also coordinates with other groups such as the health development partner group; civil society organizations (CSOs) who are members of various umbrella organizations, including the Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN); academia, whose representatives sit on various government committees; and the private sector, loosely organized by the Private Sector Foundation Uganda. OPM also oversees the **sector nutrition coordination committees** and **district nutrition coordination committees**.

Figure 2. UNAP Coordination Framework Structure

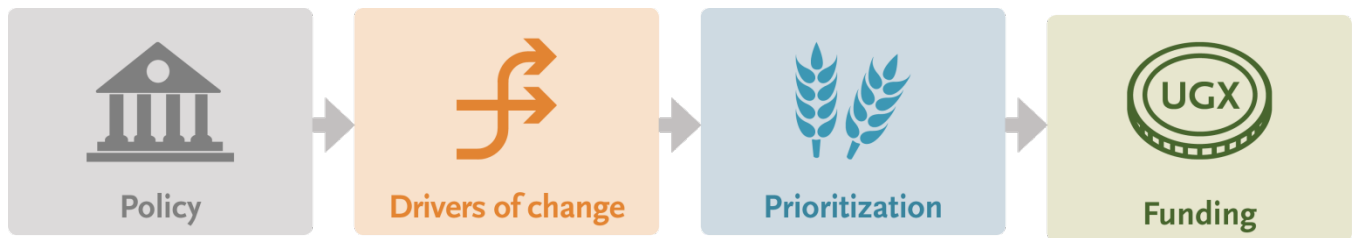


Horizontally, six line ministries—in addition to the Ministry of Finance, Planning, and Economic Development (MoFPED)—are signatories to the UNAP and sit on the multi-sectoral nutrition technical committee. Each sector is intended to have its own UNAP coordination committee.

Source: *The National Nutrition Planning Guidelines for Uganda 2015*

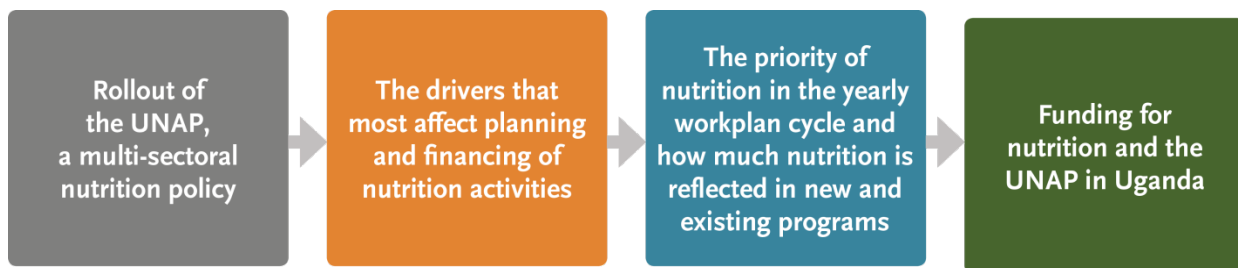
Pathways to Better Nutrition Study Objectives

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project began the Pathways to Better Nutrition (PBN) studies in Uganda in 2013 and in Nepal in 2014 to document the decision-making process for prioritizing and funding nutrition-relevant activities within the context of their national nutrition action plans (NNAPs). In each country, SPRING tracked change over a two-year period of time. In Uganda, we analyzed the UNAP's influence on four study areas: **understanding of the policy** (the UNAP) and of nutrition, enabling **drivers of change**, nutrition **prioritization**, and nutrition **funding**. Examining these four study areas can help with the efforts already underway to develop the plan or policy that will replace the UNAP.

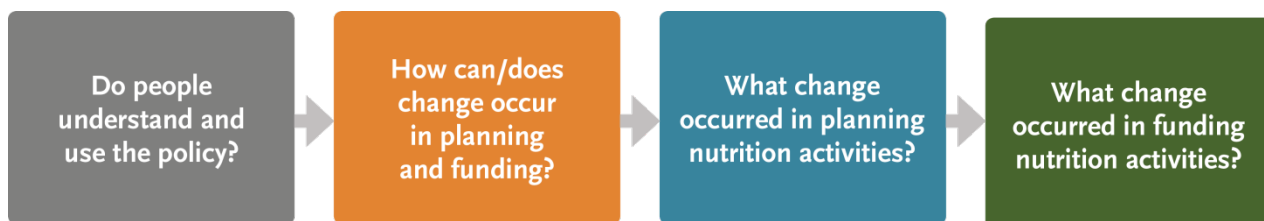


Study Hypothesis and Research Questions

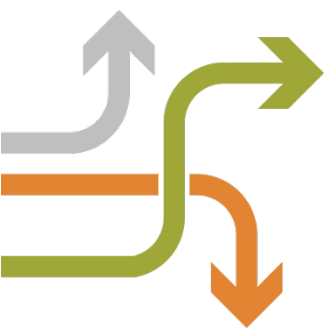
Our hypothesis, based on Uganda's documented political commitment to multi-sectoral nutrition and its positive track record for reducing undernutrition, was that the UNAP would improve the prioritization of nutrition during work planning, which will increase funding for nutrition over the course of the study's tenure. To test this, SPRING assessed –



This is important to test because more dollars for nutrition will turn into gains in healthy and productive life years. Uganda's Cost of Hunger study found that for every United States dollar (USD) spent on nutrition, Uganda can save USD30 through improved health and economic benefits (Office of the Prime Minister and FANTA Project 2014a). Funding levels for nutrition are also a tangible, quantifiable demonstration of increased priority for nutrition. Our research questions were:



These questions necessitated a longitudinal, mixed-methods approach. The details of this approach are covered in the next section.



Methods

Country and District Selection

Uganda was selected for this study through a rigorous “most different” case selection methodology (Seawright and Gerring 2008) to represent countries of different contexts that have similar nutrition goals.

Uganda is a country actively rolling out a multi-sectoral NNAP, with above-average performance on the World Health Organization (WHO) nutrition governance indicators and a reduction of stunting in the last 10 years. After the initial selection of Uganda, the study team entered into discussions with OPM and the USAID Mission to request permission to conduct the study and determine the scope of the research.

Two case study districts were selected to ensure we were able to explore the rollout of the UNAP at the level of implementation (see figure 3). These districts are **not** meant to be representative of the 111 districts in Uganda; rather they are examples of districts that have already begun the UNAP rollout process and are actively addressing malnutrition. In this way, Kisoro and Lira can be considered “high performers.”

Figure 3. PBN Study Locations

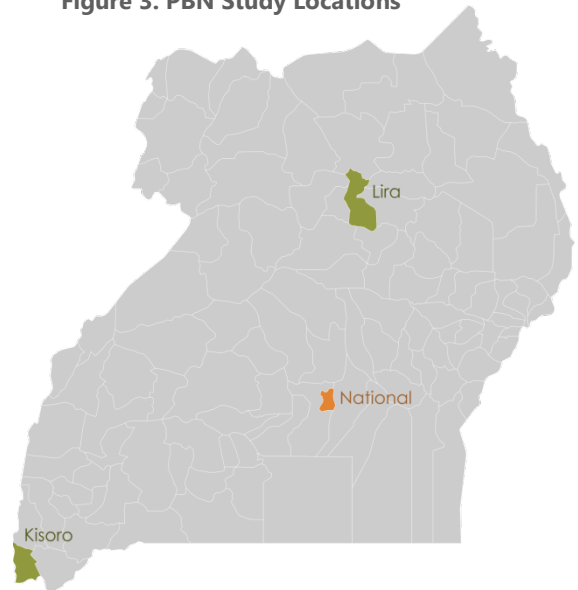
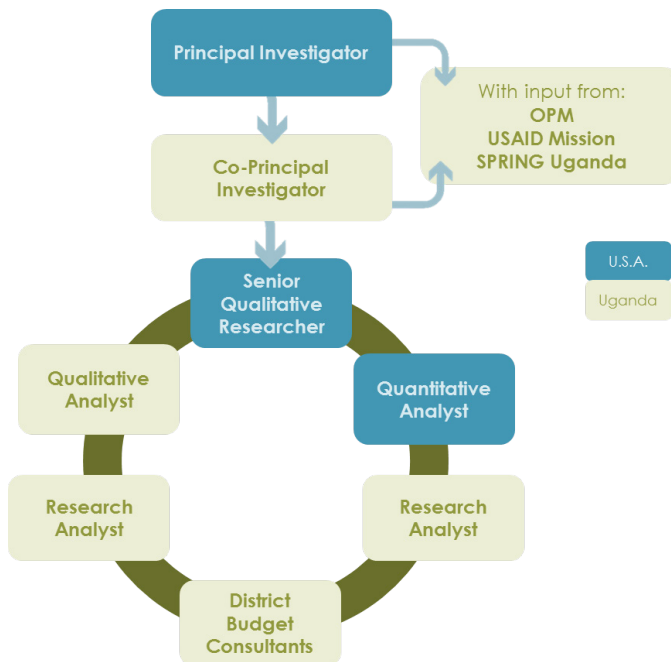


Figure 4. PBN Study Team and Location



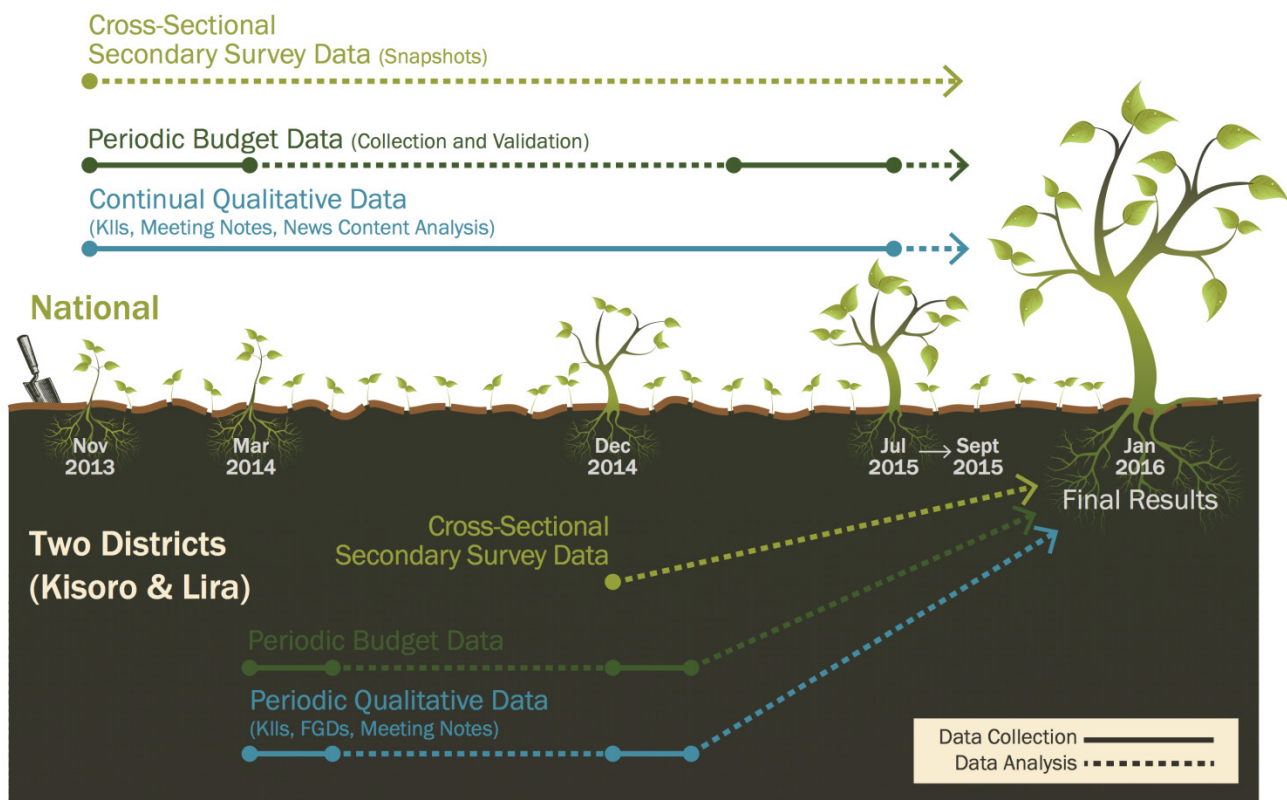
Study Team and Ethical Clearance

The study team was made up of two principal investigators with backgrounds in nutrition, economics, and health. The team also included a senior nutrition researcher trained in qualitative methods. All team members were registered on the Makerere University institutional review board (IRB) protocol, approved in November 2013. The study protocol was also cleared by the John Snow, Inc. IRB in Boston, Massachusetts. Figure 4 shows the team composition and their locations.

Timeline of Study

The PBN study used a one-to-many fully longitudinal mixed-methods design—meaning that both the qualitative and quantitative components ran over the same two-year period (Plano Clark et al. 2015). The quantitative data were collected yearly while the qualitative data were collected weekly. The study design depended on the interplay between these two data sources—the qualitative data provided insights into key events, successes, and barriers related to nutrition prioritization, as well as any new activities being planned; the yearly budget data confirmed which of those activities made it into work plans and received funding. Both data sources spurred questions for follow-up inquiry. Secondary analysis of survey data—done just once at the start of the study—was useful as a reference to the current status of UNAP indicators, targets, drivers, and barriers related to nutrition across the country. Figure 5 shows the flow of these various data streams over the course of the study.

Figure 5. Study Timeline



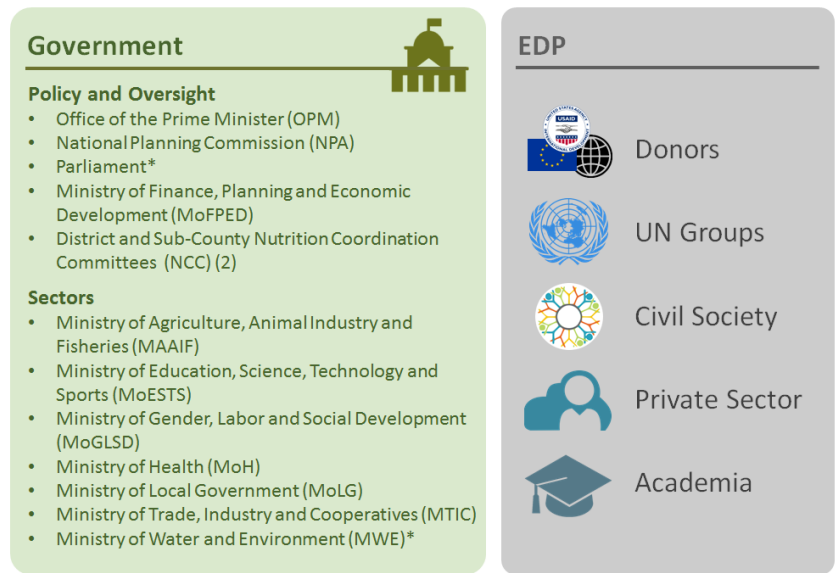
Description of Stakeholders

The unit of analysis for this work was the **stakeholder group**. National key informants (KIs) were selected to represent all key stakeholder groups named in the UNAP as implementers and participants, noted in figure 6. SPRING analyzed findings from government stakeholders by sector, with the exception of those involved in policy and oversight and who formed one group for analysis. The remaining external development partner (EDP) stakeholders were analyzed within the five groups listed in figure 6.

Participants within each group were selected if they met at least one of the following criteria at the time of the baseline:

- Were involved in developing the UNAP or well-versed on its objectives.
- Held a designated position in the UNAP structure within or beyond their specific organizational affiliations. If position holder left during the study, we included the new officeholder.
- Actively participated in or had significant influence on the implementation and financing of the UNAP.

Figure 6. Study Stakeholder Groups



Description of Data Collection and Analysis

Qualitative Data

Qualitative data were collected from *key informant interviews (KII)*, *UNAP-related meeting notes*, and *weekly news content analysis* (see annex 1 for full details of collection for each of these data sources). All data were merged and grouped by themes that were relevant to the four key study areas: understanding of the **UNAP**, **drivers of change**, nutrition **prioritization**, and **funding**.

Two Case Study Districts: Kisoro and Lira

The approach in the two case districts of **Kisoro** and **Lira** followed the same procedure for KI selection, recruitment, and ethical procedures for the data collection as the national study.

Qualitative and **budget data** were collected in two separate rounds—the first in early-to-mid 2014 and the second in early 2015. **Secondary survey data** were also used to create district snapshots.

All final data processing and analysis was done in Nvivo. Throughout the study, the case study team met weekly to discuss and analyze the data coming in from these qualitative sources, what new themes were emerging, how themes impacted questions for KIs, what UNAP meetings were being held, and to monitor staff/KI turnover.

To identify changes over time in the final analysis, we developed a grid-style template (provided in annex 2) that allowed qualitative data over multiple time points and relevant to each of the four key study areas. Within these areas, we acknowledged that change had occurred if evidence between two or more time points showed changes in—

- **perception** (stakeholders noted changes in their own or others' attitudes, opinions, or knowledge)
- **behavior** (stakeholders noted changes in their own or others' behavior in prioritization or budgeting)
- **structure** (documented policy or guideline change, political shifts, new positions, organizational change)
- **implementation** (documented change in activities or funding).

This list is in order of the relative intensity or significance—changes in perception and behavior can happen quickly but can also reverse later, while changes in structures and implementation take longer but are more permanent.

Budget Data

Figure 7 shows the overall methodology for the budget analysis (see annex 3 for details). The methodology follows the activities named in the UNAP implementation matrix— this means we searched for the same set of activities every year. Information from the KIIs supplemented this activity list. We searched for both “**on-budget**” (GoU and external partner funds run through the government budget) and “**off-budget**” (external partner funds run outside the government budget).

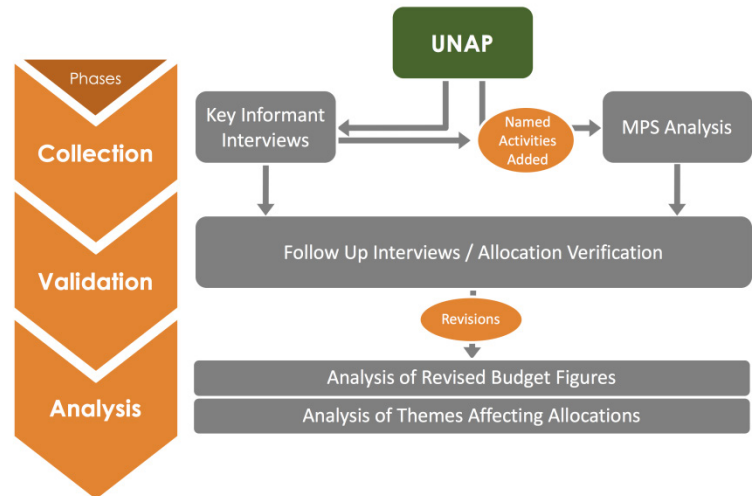
National on-budget data came from Ministerial Policy Statements (MPS), official estimates of revenue and expenditure, and work plans from the UNAP-related sectors. For national off-budget data, the best publicly available source was the “Summary of project support managed outside government systems”(MoFPED 2013). In Lira and Kisoro, on-budget data came from district development plans, approved budget estimates for revenues and expenditures, annual local governments work plans, sector work plans, approved budget performance reports, approved national government transfers, and Lira referral hospital work plans and budget. For off-budget district data, reports, work plans, and budgets were supplied by CSOs, donors, and United Nations (UN) projects operating in each district.

Analysis could not be completed without in-depth validation, so SPRING visited all relevant budget planning offices in the districts and at the national level as well as selected donors to confirm the following for each budget vote function item:

- relevance to nutrition and relationship to the UNAP objective areas
- percentage of the line-item that is nutrition-related
- nutrition-specific or nutrition-sensitive designation²
- objectives of the activities.³

The final validated figures were compared with the qualitative findings to identify reasons for any changes seen in allocations and expenditures.

Figure 7. Budget Analysis Methodology



² Nutrition activities were categorized as specific if they included one of the 10 *Lancet* nutrition-specific interventions. All other MSNP activities were considered nutrition sensitive. For further details, please see annex 3.

³ This was meant to help determine “sensitivity” weights, something suggested by the 3-Step Approach proposed by SUN (Fracassi and Picanyol 2015). However this concept was hard for stakeholders to understand and it did not appear to be information they wanted to use for budget estimation. SPRING has omitted all sensitivity weights from this analysis.

Secondary Survey Data

Publicly available survey data were used to create “snapshots” of nutrition across Uganda. These snapshots show the current status of the UNAP target indicators and selected indicators that describe each UNAP objective area. The snapshots were created for both the sub-regions across Uganda and for Kisoro and Lira districts. Descriptive analyses (weighted, as needed) were conducted to create the estimates. The sub-regional and district snapshots, and full description of the methods and data sources, are provided in annex 4.

Limitations

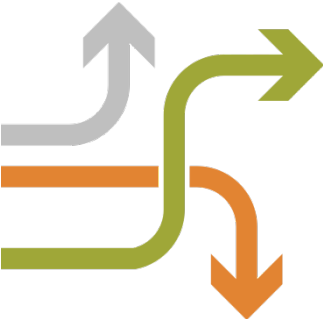
There were some changes in our stakeholder groups over time. Notably, at the request of OPM, the Ministry of Water and Environment (MWE)—not originally a signatory to the UNAP—and parliamentary representatives were added to our analysis after the baseline interviews. Within these groups, we did not have enough longitudinal data to assess change. Another time-related factor was that several staff positions changed occupants during the study, which meant a change of KIs. While we tracked the same positions over the entire study, if the individual changed, there may be some loss of continuity during the transition period.

SPRING encountered some non-response, which mostly affected the final round of qualitative district and national data collection. We were unable to schedule interviews with several KIs—primarily private sector—at endline. However, several private sector follow-up interviews were conducted in the months shortly before endline, which minimized the impact of the missing interviews. Also missing from the endline are academic KIs and the National Planning Authority (NPA), a key national policy-making ministry.

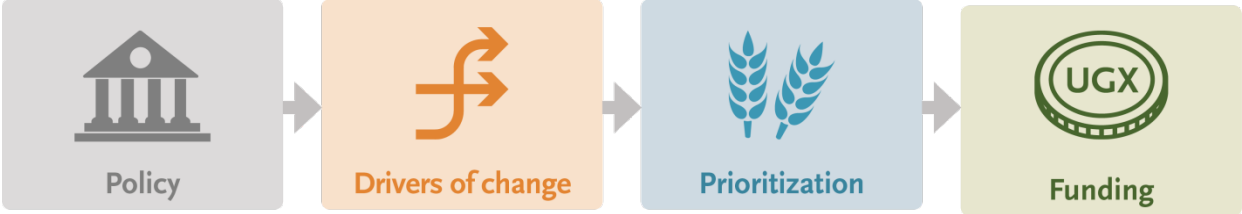
It was difficult to access off-budget data for the second year of the study, particularly from district-level donors and CSOs. Although these stakeholders were interviewed, they were unable to supply off-budget data for the latest fiscal year. Missing data also affected the national off-budget data—the MoFPED document detailing off-budget support is released up to two years after the fiscal year reported, meaning that expenditure data was not available. Commitments appeared to be average yearly figures rather than actual allocations, so donor sources had to validate these data.

Since continual data collection did not begin immediately after baseline, the implementation of this approach fell into a less-than-fully longitudinal design for the first six months of study (a description of this term can be found in Plano Clark et al. 2015).

Findings



This findings section is organized by the four key study areas already defined, and listed again below.



For each section, we summarized the evidence we found over the time period of the study. The evidence from each preceding key area fed the evidence for the succeeding key area, accumulating by the end to provide a full picture of what drives prioritization and funding for nutrition in Uganda, and UNAP’s role in that process.



Understanding the UNAP

A first step in implementing the UNAP was to make sure it was understood and used by all nutrition stakeholders in Uganda. This included not just an understanding of the purpose and content of the UNAP, but also of each stakeholder groups' roles and responsibilities for supporting the policy. In addition, it was important for the UNAP to expand or increase knowledge of nutrition to a more multi-sectoral, nutrition-sensitive definition.

Understanding: At the start of our study, the majority of respondents (with the exception of a few private-sector stakeholders and ministry staff newly appointed at the time of the interview) understood the objective(s) in the UNAP that they could help achieve. Many also recognized the importance of having the sectors integrate the UNAP into their regular planning processes.

In both Kisoro and Lira districts, government stakeholders showed a general understanding of nutrition that appeared to increase between the first and second district data collection rounds. Overall, the UNAP was understood as a strategic policy document intended to help the district nutrition coordination committees (DNCCs) in Kisoro and Lira address undernutrition.

Concept of Multi-sectoral Nutrition: Even in the early days of the study, there was overwhelming agreement across national groups on the importance of nutrition, which spread over the study time period to cover nearly every stakeholder in every group. Some of those who said they had a positive change in perception of nutrition within their own sector specifically credited the UNAP for this change. As for the concept of multi-sectoral nutrition, many stakeholders in various ministries (as well as some EDPs) appeared skeptical or confused about how multi-sectoral nutrition would work at the beginning of the study, but by the endline, the majority of sectors spoke more positively of the concept and how they were contributing.

*"Now everybody seems to appreciate that nutrition is multi-sectoral problem, it requires to respond calling for the different actors and from what I have seen so far every sector is playing its own role."
–National government stakeholder.*

In Kisoro and Lira, there was general understanding of the nutrition situation, but some local government stakeholders, CSOs, and development partners who we interviewed during the second round of data collection still believed nutrition to be a primarily health-related issue.

Roles and Responsibilities: Both national and district stakeholders—particularly those representing the sector ministries and local governments, private sector, and CSOs—were less sure of what the UNAP meant for planning and implementation, and how their roles were defined. Indeed, throughout the study, it was often mentioned that while UNAP provided good overall explanation of what each sector and district could address, they did not always know how to operationalize the suggestions.

"It is unclear what the implementation strategy is and how we can best support it. When we are considering activities from UNAP we just identify the listed activities that we can contribute to based on our existing plans." –National donor stakeholder.

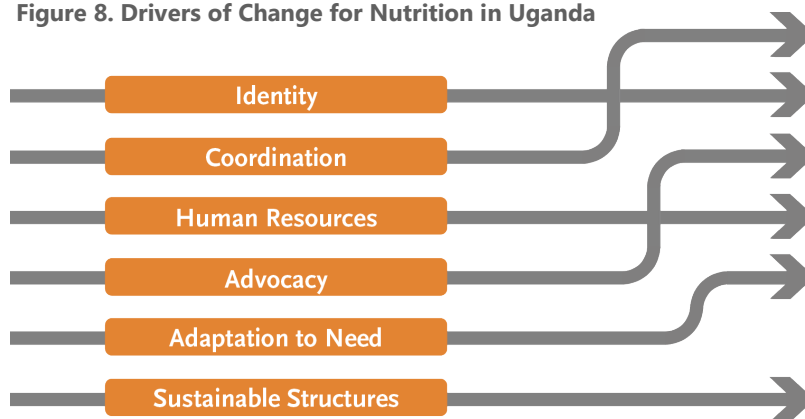
For government stakeholders, the release of a planning document to accompany the UNAP could resolve this particular issue. *The National Nutrition Planning Guidelines for Uganda* (National Planning Authority 2015) gives

comprehensive directions for both sector ministries and local government bodies to plan nutrition activities aligned with the UNAP, as well as *Uganda Vision 2040* and the Sustainable Development Goals. This document may offer a more practical understanding of what the UNAP means for planning and implementation.

Taken together, this evidence points to widespread improvement in understanding of the UNAP, and a positive shift in perceptions about multi-sectoral nutrition actions. Knowledge of roles and responsibilities for all stakeholder groups will need to continue to improve, which may be supported by the new planning guidelines.

Certain actions, or “drivers of change,” help or hinder the influence of the UNAP on nutrition prioritization and funding. In our qualitative data analysis, we considered reasons given for *why* the priority and funding of nutrition did or did not improve over time, as well as responses to specific questions about what challenges or enablers stakeholders faced in their efforts to conduct their nutrition activities.

Figure 8. Drivers of Change for Nutrition in Uganda



From these data, we identified a set of drivers that were most critical to prioritizing and funding nutrition in this context. In this section, we describe the weight of evidence for changes in each driver that were a result of the UNAP. Figure 8 summarizes the drivers and the direction of change we found for each.

While this list is not exhaustive, it highlights the primary enablers and barriers that effected stakeholders’ ability or desire to increase the priority and funds allocated to nutrition activities.

Identity

A clear identity for nutrition is critical to unify support for this cause. Unlike human immunodeficiency virus (HIV) or malaria, which are singular diseases with clear consequences, malnutrition comes in many forms and its effects are varied and sometimes subtle or delayed. This means champions need to find ways to define and “sell” nutrition as a critical and urgent need.

Multi-sectoral Coordination of Nutrition Activities

Coordination of nutrition planning, funding, and implementation across sectors, stakeholders, and government levels was also identified as critical to the scaling up of nutrition. This is a “soft” driver in that there may not be concrete signs of change, but changes in behaviors and perceptions as a result of coordination make a large difference when it comes to what is prioritized and funded.

Human Resources

Another important driver of change in how nutrition is prioritized and funded are human resources for nutrition. Human resources include all people involved in nutrition, including clinical and community providers, and clinical, policy management, and support staff at every level in every stakeholder group.

Advocacy for Nutrition

Advocacy for nutrition and UNAP is critical for convincing governments and EDPs to prioritize and allocate funds for nutrition.

Adaptation of the UNAP to Local Needs

For UNAP to have maximum impact, it must be tailored to each district's context prior to implementation. Because there is a wide variety in each district's needs and contexts, policymakers and program planners must understand and adapt to districts and sub-district administrative structures, and district and sub-districts will need to convey their needs, strengths, and barriers accurately.

Sustainable Structures

To maintain momentum, structures and processes for planning, funding, implementing, and monitoring nutrition activities must be in place. UNAP stakeholders have an important role in the difficult task of embedding nutrition into existing local and national policy and work planning structures, budgeting processes, and monitoring and evaluation (M&E) systems for the sustainability of commitment to nutrition.

Our evidence suggests that UNAP has had the most effect in improving coordination, advocacy, and adaptation to local needs. Details are provided below.

The UNAP's Influence on Drivers of Change

Unified Identity

Creation of a unified "identity" for nutrition emerged as a necessary driver of change, but we did not find notable improvements among stakeholders for this driver. An identity for nutrition began to be developed prior to the study, during UNAP launch. At the baseline and continuing throughout the study period, many government and nongovernment stakeholders mentioned the lack of a singular identity for nutrition in Uganda. They said it was a barrier to more concerted efforts for nutrition, both at the community-level—where it hinders partner buy-in—as well as at the national level, where it hinders awareness and advocacy.

One positive structural change in this area was the initiation of discussions within the Ministry of Health (MoH) to promote the nutrition unit to a division. This would help overcome the issue of segmentation of nutrition into smaller, less identifiable programs managed and advocated for separately by the nutrition unit, the reproductive health division, and the AIDS Control Program. Throughout the study, the National Planning Authority (NPA) and OPM maintained efforts to define nutrition as a unified issue at the national policy level, though it doesn't appear that the intensity of these efforts increased during the study period.

According to interviews conducted in 2013, lack of a unified identity complicated coordination and reduced the ability of several ministries to advocate for larger blocks of nutrition funding. Aside from improvements seen in MoH, by the end of the study there was still lack of a cohesive identity for how that ministry or sector was advancing the nutrition agenda. There are many multi-sectoral issues that demand resources in Uganda, which some stakeholders noted made it difficult for decision makers to prioritize nutrition.

"The multi-sectoral approach—there are so many of them going around on different topics so there is competition for time." –National UN stakeholder.

Some stakeholders suggested ways to learn from other efforts to build identity.

"Learn from AIDS...The strategy required each sector in the framework to develop their own, and we did well!" –National government stakeholder.

"When AIDS came, guidelines were given to encourage the business to develop a workplace policy." –National private sector stakeholder.

During the first and second rounds of district data collection, the DNCCs and implementers mentioned the importance of eliciting a sense of urgency to motivate community members to adopt healthier behaviors. One person in the second round of data collection likened nutrition to the peace process, suggesting that it may be helpful to convey the importance of the issue by defining its consequences.

"I think by talking about it, that the way we talk about peace, we tell them if you don't resolve this dispute, it will blow." –District government stakeholder.

Multi-sectoral Coordination of Nutrition Activities

We found significant improvement in multi-sectoral coordination of nutrition and UNAP activities in the latter half of the study, primarily in stakeholder behavior and implementation of new work to improve coordination.

At the beginning of the study, more than two-thirds of stakeholder groups seemed to understand UNAP as a theoretical framework only. There was also concern through the first year of the study on whether OPM was the most appropriate body to lead the coordination. But we recorded a shift in perceptions of the UNAP coordination structures, particularly among donor and UN groups, starting in the spring of 2015 through the end of data collection. This led to increased participation in the multi-sectoral coordination structure by donor and UN groups, and an increased inter-sectoral coordination within nearly all ministries, which they credited to the UNAP structure. (Due to limited data, we were unable to assess changes in coordination within the private sector and academia.) Specific examples from KIIs and news article analysis of improved coordination during the course of the study follow:

- The official UNAP working groups became more active with regular coordination meetings and there was greater participation of different sectors during the meetings.
- OPM's launched the National Partnership Forum in December 2014, which, while not specific to nutrition, supports alignment of donor and government priorities.
- Ministry of Trade Industry and Cooperatives (MTIC) coordinated with the World Food Programme to increase engagement by the sector on nutrition issues, noting UNAP's influence on this outcome.
- European Union (EU) was in the planning stages of providing monetary support for UNAP coordination structures.
- External partners were in discussions for the UCCO-SUN coalition for 3 more years.

In an area as complex as multi-sectoral coordination, there is always room for improvement. One of the barriers that remains is the need to better engage academia. We noted that other stakeholder groups rarely mentioned the influence of academia in relation to their coordination activities. While the few who spoke about academia acknowledged that they were well-positioned to provide research and an evaluation of UNAP activities—as well as technical advice to OPM—we found no active nutrition projects or activities directly linked to UNAP in which academia was engaged. However, there are a few examples of joint academic-government research studies that could contribute to UNAP outcomes (e.g., Mwesigye and Bangirana 2015; Kawuma 2014; Agaba 2014).

We also noted the lack of engagement of the private sector in coordination activities during the course of the study. Interviews at the national and district levels suggested that private-sector organizations and associations were interested in engagement but unaware of coordination activities. The private-sector stakeholders would like more specific implementation guidance and clear arguments for the added value of new nutrition activities. Our review of local Ugandan news provided several examples of public-private partnerships for better nutrition, but

they appear to be running outside the UNAP system (e.g., dairy cooperatives supplying schools, private fund drives for nutrition education in a few districts (Tibyangye 2014; Ragtrader 2015). The National Working Group on Food Fortification, led by the MoH, has also convened government, donor, UN, private sector, academia, and CSO partners to move forward on implementing the national mandatory fortification regulation. More effort is needed to link the private sector with government coordination structures—not just at the secretariat level, but in each sector. USAID and the United Nations International Children’s Emergency Fund (UNICEF), the two biggest donors to nutrition in Uganda, began efforts to encourage public-private partnerships in 2014. This could be a way to engage the private sector through the donor coordination platform. In addition, at the end of the study, there were questions from both national- and district-level stakeholders about how to improve vertical coordination between national ministries and districts.

Human Resources

When discussing challenges to prioritizing and funding nutrition in Uganda, stakeholders across sectors and groups said that to achieve UNAP goals human resources must be enhanced. This call for greater support did not change over the course of the study. Human resources for nutrition concerns coalesced around three topics: availability, capacity, and turnover of existing staff.

Availability and over-commitment of staff:

“Of course one of the most major challenges is that the staffing norms at the local government level, the number of commitments that [they] have to deal with, are a big challenge.” –National UN stakeholder.

Stakeholders called for additional nutritionists and nutrition technical staff at the following levels and for the following tasks:

- within ministries for planning and prioritizing projects
- within facilities to conduct nutrition-specific activities
- in districts and communities to advocate, plan, and implement nutrition-sensitive activities.

In some cases, particularly in sectors that do not traditionally provide nutrition services, one of the barriers to availability was that leadership did not recognize the need to hire nutrition-trained staff.

“[A challenge] is each and every service delivery has to have a specialist but we don’t have them in all. Let’s also look at the education centres—they can be a good point for nutritionists to be involved but we lack specialists to give right information.” –District government stakeholder.

The **capacity** of additional human resources for nutrition was another issue.

“There is need to build capacity of clinical and health workers since most of them are not trained in nutrition and nutrition interventions or treatment. They need to be trained or oriented in case identification and referral.” –District government stakeholder.

We did hear some positive change in this area, such as the development of a short course by academic stakeholders on nutrition for public health professionals, and district training and support, led by OPM, which was often cited as a positive outcome of UNAP. However the effect of these efforts on nutrition programming seemed minimal. Some DNCC members and staff still did not believe they had the breadth of technical nutrition knowledge to implement the UNAP, despite being oriented to their roles. This was also the case in sector

ministries that were newer to the UNAP structure. Nearly all sector ministries noted at least once during the study that financial constraints limited what they could do to address human resource capacity.

Finally, among UNAP focal positions, we found regular **turnover** of staff in key positions, sometimes leading to extended vacancies. Of the seven UNAP national focal positions that we followed through the study, three saw at least one turnover during the two years, and two were vacant at the time of the endline.

Level and Depth of Advocacy for Nutrition

Placement of the UNAP secretariat within the OPM initially signaled high-level government leadership. There has been continued improvement in this driver over the course of the study, coming from many behavioral and structural changes.

There was a shift in the prominence of nutrition as reflected in the National Development Plan (NDP) II (2015–16 and 2019–20). Advocacy efforts organized by OPM, NPA, and CSOs pushed nutrition to a higher priority in the NDP II than in the previous NDP. At the district level, we also heard that—at least within the health sector—staff have advocated to have nutrition included in the next district development plans. At the national ministry level and within CSOs, there appeared to be growing advocacy efforts to include nutrition into major projects, plans, and campaigns. CSO stakeholders in particular emphasized their role in advocating to leaders and political figures at the district and below to develop local-level champions for nutrition.

I think one of the most important changes is that people are positive about nutrition; they recognize the importance of nutrition. We see it getting higher on the national agenda.

—National UN stakeholder

Although occurring after the end of the official data collection for this study, a major development for advocacy was the launch of the Nutrition Advocacy and Communication Strategy by OPM at the sixth Africa Day for Food and Nutrition Security event. At the launch, the Prime Minister said, “As a country, through the Nutrition Advocacy and Communication Strategy, we shall cultivate awareness approaches to proper nutrition as required by the constitution.” (SPRING project 2015). This strategy addressed calls for guidance at both sector- and local-levels on how to better advocate for nutrition in the planning process. Other positive changes included the following actions:

- CSOs urged the GoU to increase attention on child development issues (including nutrition) in developing the national plan to meet the Sustainable Development Goals.
- The Ministry of Gender, Labour and Social Development (MoGLSD) successfully lobbied Parliament for a line-item in 2015 to support children. The majority of the funding will go to feeding.
- The anemia working group within the MoH advocated for nutrition across the ministry.

These efforts will need to continue and intensify to result in greater gains in prioritization and funding. Some stakeholders suggested that advocacy is most needed within the MoFPED because of the potential gains in nutrition status that could result from improved funding for wide-reaching nutrition-sensitive activities. A potential barrier was the limited spread of champions into the public realm: the only new or continuing champions noted in the interviews were individuals within the ministries who may not be as well-known outside their own sector, but who were convincing more people to support nutrition.

Adaptation of the UNAP to Local Needs

The study found moderate improvements (primarily behavioral change and implementation) in developing local capacity to assess nutrition needs, and in helping local stakeholders use this information during work planning to incorporate nutrition and adapt the UNAP guidance to their needs.

Although district stakeholders in Kisoro and Lira were not specifically asked about situation analyses, it came up that USAID's Community Connector project had supported an exercise like this in Kisoro and five other districts in 2012 and 2013. Beyond Lira and Kisoro, other districts may be moving toward improvements in assessing local nutrition needs.

"I can't speak to all of the districts... But yes, at least they have made a stride that [some] have done better situational analysis of nutrition and food security status... I can confidently say that I have seen a change. And over the next five years I think we will see even more of a change." – National UN stakeholder.

The purpose of such exercises is to ensure that current needs and gaps in coverage are identified.⁴ In both Kisoro and Lira districts, some gains were described between the first and second rounds of data collection—government officials were able to collect, review, and use nutrition indicators for planning—but sub-county government still faced challenges in this area.

"We have already [village health teams], we have [community development officers] and are working with the health units in those areas; they lack the feeling of understanding how to interpret UNAP indicators." – Kisoro district government stakeholder.

There were positive changes in building the capacity of local level stakeholders to use this information for nutrition work planning. In interviews conducted during the first year of the study, OPM, the Ministry of Education, Science, Technology and Sport (MoESTS), MoGLSD, and MoH were all said to have new projects in partnership with various donor and UN groups that supported capacity development for planning and implementation of nutrition-related activities at the district level. By the end of the study, there was increased national awareness and acknowledgement of the financial barriers that districts face when implementing nutrition across government sectors and donors. The National Nutrition Planning Guidelines for Uganda (National Planning Authority 2015) also provided the first concrete guidance to districts and below on how to assess and plan for nutrition activities. This greater capacity for work planning allows districts to tailor national funding and priorities to local barriers and solutions.

How many districts in the country have partners that can support nutrition? You may find that just a handful. So those districts that can, can start. Those districts that can have their plan, including nutrition, should be able to kick start. But the problem is how much of it can be done [without funding].

–National government stakeholder

In both Lira and Kisoro districts, we heard that OPM had trained and engaged the DNCCs, but that more work is needed to develop a true system of feedback for planning and reporting. The DNCCs were, in turn, working to engage sub-county nutrition coordination committees (SNCCs) and parishes in their planning processes by the second round of district data collection. They said this was necessary to take into account the needs of the

⁴ SPRING developed district snapshots for Kisoro and Lira that can be used to shape nutrition programming for the next planning cycle (Agaba, D'Agostino, and Pomeroy-Stevens 2015). Other efforts, such as by FAO, give examples of how to assess the areas of greatest need (Okello, Immink, and Mischler 2013).

community. However, DNCCs in these two districts mentioned that even when they were aware of local needs, they were not necessarily able to address them since the conditionality of national-level grants did not provide the flexibility to develop and implement targeted programs.

Sustainable Structures

Although our analysis found some positive changes (primarily related to planning), overall the evidence does not suggest major changes in this driver. One seemingly significant perception change was that by the endline, several donors and UN representatives had changed their opinion of what constitutes government buy-in for nutrition activities—they no longer thought political will for nutrition was enough. They thought that GoU also had to show commitment with resources (some mentioned human resources, others infrastructure, but many meant financial resources).

“When you look at the approach of the UNAP, it’s really the way to go for sustainability where the structure is within government, there people who are dedicated to support the coordination of the nutrition interventions with all these structures within the sectors and local government levels. Once those structures are in place, that’s the first step to sustainability.”

—National UN stakeholder

Planning Structures

Several positive changes in the planning structures of ministries and districts may improve the priority of nutrition. As mentioned in previous sections, just after the study period, NPA released nutrition planning guidance. Other tangible improvements include the following actions:

- OPM continued efforts to embed donors into the UNAP structure and the UNAP into donor work planning.
- The Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and MTIC was considering formal inclusion of nutrition in sector plans.

Most of this change represented nascent movement rather than full-fledged change in structures. We heard from most ministries at the time of the endline that there were still no clear ministry-wide rules or protocols in place for how to plan for nutrition. Going forward, it will be important to see that the new nutrition planning guidance is institutionalized into each nutrition-related ministry’s work planning cycle.

At the local government level, the nutrition planning structures (DNCCs and SNCCs) in both Kisoro and Lira were up and running by the end of the study. At the time of the follow up, Kisoro had also rolled out the multi-sectoral working group to the parish level with the formation of community mobilization teams (CMTs). These structures are meant to guide nutrition activity planning, implementation, and monitoring. We could not assess whether this had the intended effect of improving the priority of nutrition in these two districts.

Financial Structures

While some tentative steps to embed nutrition financing into government structures were taken during the course of the study period, stakeholders noted little actual change. OPM did recommend including nutrition in ministry budgets in the same way that gender or climate change (and cross-cutting issues) are, but according to our evidence, these changes were not undertaken.

At various points across the study period several government stakeholders mentioned that it would be advantageous to have a dedicated budget item for nutrition.

“People have urged that we do not need special funding for nutrition, just make it an issue during your own normal work but my experience is that when you don't tag funds to something, it does not become an issue.” –District government stakeholder.

This feeling was echoed by stakeholders who thought the line-item should run through each ministry. They felt that without designation, nutrition activities will not get funded, even if they are planned.

There are additional barriers to sustainable financing that go beyond nutrition and affect all funding in Uganda. Among other areas noted in Pomeroy-Stevens et al. 2015, these barriers relate to:

- **Financial transparency and tracking systems.** Since the start of the study, GoU has made strides to build routine financial tracking systems for off-budget funding (MoFPED and Development Gateway 2014) and for maternal, newborn, and child health (Nassaka 2015). However, off-budget financial tracking continued to be an issue; we heard from MoFPED at the end of 2014 that off-budget reporting by EDPs was not mandatory. MoFPED was able to track 98 percent of on-budget EDP investments. Also, by the end of the study there was no formal system to track nutrition-related funding. Regarding transparency, we heard from a selection of government stakeholders that volatility of the cash budget and excessive use of supplementary budget requests destabilized the implementation of planned activities, making it hard to track what projects were in fact receiving funds each year.
- **Absorptive capacity of financial systems.** There were several news stories about low spending of both government and donor nutrition-related allocations (Emorut 2015; Civil Society Budget Advocacy Group 2014; Wandera 2015). Donor, UN, CSO, and ministry stakeholders confirmed these reports, providing examples of specific projects that did not spend their full allocation in 2013–14 or 2014–15. They cited either late release of funds or procurement delays as the primary causes. However, a news story in July 2015 noted that MOFPED had improved overall absorption capacity in ministries, agencies, and departments from 23 percent to 50 percent (Oketch 2015b).
- **Leakage in financial systems.** Leakage is an issue in nearly every country, and Uganda is no exception. An August 2015 news story noted that according to the World Bank, Uganda loses approximately USD 258.6 million (about UGX 853.4 billion) every year through procurement malpractices and corruption (Kayiwa 2015). To combat this, GoU launched the New Public Finance and Accountability Act in 2015, which mandated termination of employment for any finance officer who is found misusing funds.

Monitoring and Evaluation Structures

“For me the next phase of UNAP should focus on monitoring the performance, the progress that when we put situations in place to monitor progress, they will swing us into action, to do specific activities.” –National government stakeholder.

Little change to M&E structures was seen. At endline, we heard from many government stakeholder groups that there was an unmet need for guidance on UNAP monitoring and evaluation. At the same time, KIs from the MoH and MoESTS noted interministry efforts to include new or updated nutrition indicators into reporting systems, but we heard of no unified efforts across all nutrition-related sectors. Several ministry stakeholders called for guidance on how to go about this. OPM, with support from development partners, did develop the UNAP M&E framework in 2015, but it was still awaiting final approval in early 2016. In Kisoro and Lira, we heard in the 2014 and 2015 budget validation interviews that the Output-based Budgeting Tool did not include any nutrition indicators, which many stakeholders noted was a hindrance to budgeting for nutrition at the district level.

According to data collected through this study, these six key drivers of change affect how and why nutrition is prioritized and funded. The next two sections describe the shifts found in nutrition prioritization and funding.

Prioritization is the process of deciding which topics, programs, or activities are most important. Within any organization, prioritization helps administrators determine what will, and will not, be programmed and funded. The level of priority that nutrition receives relative to all other interests determines whether nutrition will receive any attention, and if so, if that attention and corresponding funding will be adequate.

We looked for the following evidence to determine the extent to which nutrition was prioritized by each sector and stakeholder group within a given sector:

1. Inclusion of nutrition as a named priority in the sector’s strategy documents (or organizational strategy and investment documents for EDPs).
2. Creation of a nutrition and/or food security unit, division, or department, or addition of a major nutrition initiative or program.
3. Creation of, or increased leadership role in, a nutrition review process within a sector.
4. Explicit discussion of or planning for nutrition that would imminently result in one of the above.

Table 1 summarizes the prioritization changes we found. We also noted the status of nutrition in each government sector strategy by the end of the study.

Table 1. Change in Priority of Nutrition, by Sector (direction of arrows indicates change, color of arrow indicates relative level of priority by endline)

Sector	Gov.	Kisoro & Lira	Donor	UN	Private
Agriculture	↑		↑	↑	
Education	→		↓		
Health	→		↑	↑	
Gender	↑				
Local Government	↑	↑			
Trade & Commerce	↑				→
WASH	N/A—WASH not covered at baseline. Academia and CSO could not be analyzed for change by sector.				

*EDPs work in multiple sectors, but for this analysis they were categorized into those for which they explicitly discussed their involvement in the work planning process. This means responses from some EDPs (such as USAID and the World Bank) are included in the group analysis for multiple sectors.

** WASH sector government and EDPs did not have sufficient longitudinal data to detect change.

Some groups, such as the MoH and UNICEF, identified nutrition as a high priority at the start of this study. Therefore, even though we did not see major change over time, they were continuing on a positive trajectory. While others did not identify nutrition as a priority for their group at the beginning of the study, responses from KIIs conducted toward the end of this study indicate improvements in prioritization for four of the seven ministries, including increased discussions of nutrition in sector planning meetings; spread of the UNAP usage beyond the focal person; and increased understanding and advocacy for nutrition by the planning offices. The 2015 planning guidance also includes some specific direction on where in the process more explicit planning for nutrition can be inserted, though it is yet to be seen how these are implemented (National Planning Authority 2015).

That said, even at the end of the study most ministries reported planning based on their development strategy and investment plans (DSIPs), which did not name nutrition as a priority. However, three ministries (MAAIF, MoH and MTIC) took steps in 2015 to explore doing so.

"[Leadership] are spearheading the whole of nutrition seeing how the Development Strategy and Investment Plan (DSIP) can integrate nutrition. So I have seen a deliberate move [...]and I believe that the next [agriculture] DSIP coming will have direct nutrition initiatives." –National government stakeholder.

Several donors, UN groups, and private-sector respondents still said they primarily followed internal planning and policy documents for funding decisions. The intention was to use the UNAP to update internal policies/strategies, but given the five-year life of many of these policies, it had not happened for most EDPs. Overall, most EDPs did note their activities were funded and planned in cooperation with the GoU, so national priorities were always considered (Nandudu 2015). However, by the end of the study, only one donor noted that the UNAP was in the top tier of national plans they consult when planning nutrition activities.

Within the EDPs allied to each sector, there was a generally positive view of how ministries were now discussing nutrition, although some mentioned they wanted to see greater government buy-in on key nutrition issues.

"As we think of the UNAP II, I think clarity in ministries' planning on nutrition issues and location of resources is going to be key because the amount of resources that is going to come from projects and so on is very minimal. So there has to be... planning for specific interventions on nutrition." – National donor stakeholder.

We found relatively little evidence of implementation of new nutrition projects explicitly developed to support UNAP activities, or of existing projects that have increased alignment with the UNAP. While a handful of new nutrition activities were implemented in most sectors during the time period of the study, we did not hear in our qualitative interviews or in our budget validation interviews that any were influenced or added to support the UNAP. If stakeholders were able to give a reason for why these were being implemented, it was usually because of existing EDP priorities, non-UNAP government plans or priorities, or requests by districts (which may or may not be because of the UNAP).

The last two years of the UNAP have been around either developing strategic documents to allow their operationalization of the UNAP... in terms of the actual implementation in the district, I must say that is a little bit limited.
–National UN stakeholder

In Kisoro and Lira, there was a modest increase in nutrition activities between the first and second rounds of interviews. By the second round, both districts were implementing nutrition promotion and community empowerment activities; they rolled out ready-to-use therapeutic food at the lower health centers for treating

acute malnutrition, directly influenced by the DNCC. Both districts developed a five-year costed district nutrition action plan (DNAP) with support from the USAID Food and Nutrition Technical Assistance Project (FANTA), although the DNAP was still waiting for funding for implementation at the end of 2015.

In sum, we saw positive changes in perception and behavior during the study period that led to more KIs in four of the seven sectors stating that nutrition was a priority. There appears to be a move toward inclusion of nutrition in several DSIPs, although, as of the end of the study, nutrition had not yet become a named priority for any sector. We found relatively little evidence of those priorities being put into action with the implementation of new nutrition projects. The next and final section of our findings describes funding totals and any changes seen in allocations and expenditures for nutrition.

“Our aim in whatever we do should be towards getting increasing funding to implement nutrition-related interventions. If the nutrition policy is the way to go that might get us to funds. So be it. But let us aim at finding ways of funding nutrition. With or without nutrition policy, it can happen but if the government sees that as a step towards increasing funding, that’s the way to go.” – National UN stakeholder.

After a new nutrition project is approved in a work plan, ministries and EDPs must ensure that funds are **allocated**. After allocation, funds must be **released** to each sector and sent to lower government, and these allocations must be spent (spending is otherwise known as **expenditure**). For each step, bottlenecks may reduce or even eliminate financial support for a given activity.

The **on-budget** process for government ministries in Uganda is consultative and decentralized, and EDPs who fund via the MPS largely budget within the government calendar and structure. Until 2015, planning and budgeting at the local level began in October and was finalized at the national level in June (Muwonge et al. 2011). This has recently been revised so that planning ends in April (Muhumuza 2015a, see a mapping of the budget process [here](#)). Each sector has a financial officer who helps the process advance. As one of these officers said, aside from checks on the figures to meet stated sector priorities and budget ceilings, they *“accept the budget as [sectors] have given them to us.”* Therefore, the prioritization phase is the best time to influence whether or not nutrition activities are funded. However, negotiation during budgeting can influence the amount of funding attached.

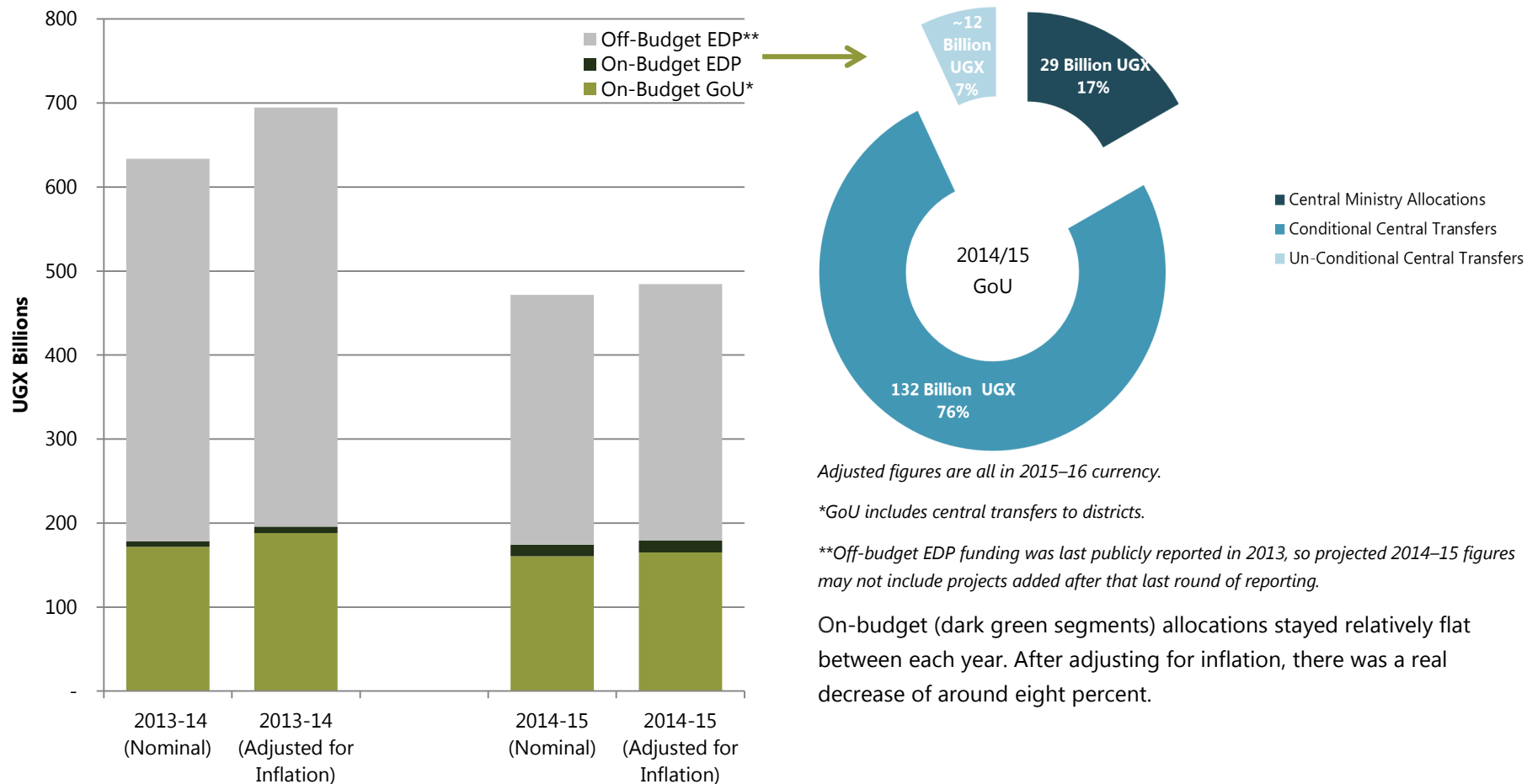
Off-budget activities—those planned by EDPs (donors, UN groups, CSOs, or even the private sector) outside the government budget structure—are supposed to be coordinated with MoFPED. The relevant sector ministry is supposed to design and implement the activity, but this is not mandatory; the process is primarily the responsibility of the EDP. Off-budget planning and budgeting may or may not align with the GoU budget calendar, and may in fact follow the fiscal calendar of the donor, UN group, or other EDP. As noted previously, there is less transparency in reporting those allocations and expenditures to GoU (both MoFPED and sector ministries). The recent launch of the Aid Management Portal should improve this reporting, but at the end of 2015, actual commitments and disbursements had not been included in the database for most projects (MoFPED and Development Gateway 2014). Our data for off-budget EDP funding were sourced from paper reports. This lack of timely data makes it difficult for related ministries to incorporate this information into their work planning and budget planning.

In this section, we report estimates of both on- and off-budget nutrition allocations and expenditures as well as the explanatory qualitative data.

Allocations

Figure 9 shows the total (on-budget and off-budget) allocations for the two years of data that could be validated during this study. Combined allocations for nutrition in 2014-15, using all available sources and adjusted for inflation to 2015-16 figures, totaled 472 billion Ugandan shillings (UGX) (USD 140 million).⁵

Figure 9. Total On- (Government and EDP) and Off-Budget (all other EDP) Allocations for Nutrition, 2013-14 — 2015-16



Adjusted figures are all in 2015-16 currency.

*GoU includes central transfers to districts.

**Off-budget EDP funding was last publicly reported in 2013, so projected 2014-15 figures may not include projects added after that last round of reporting.

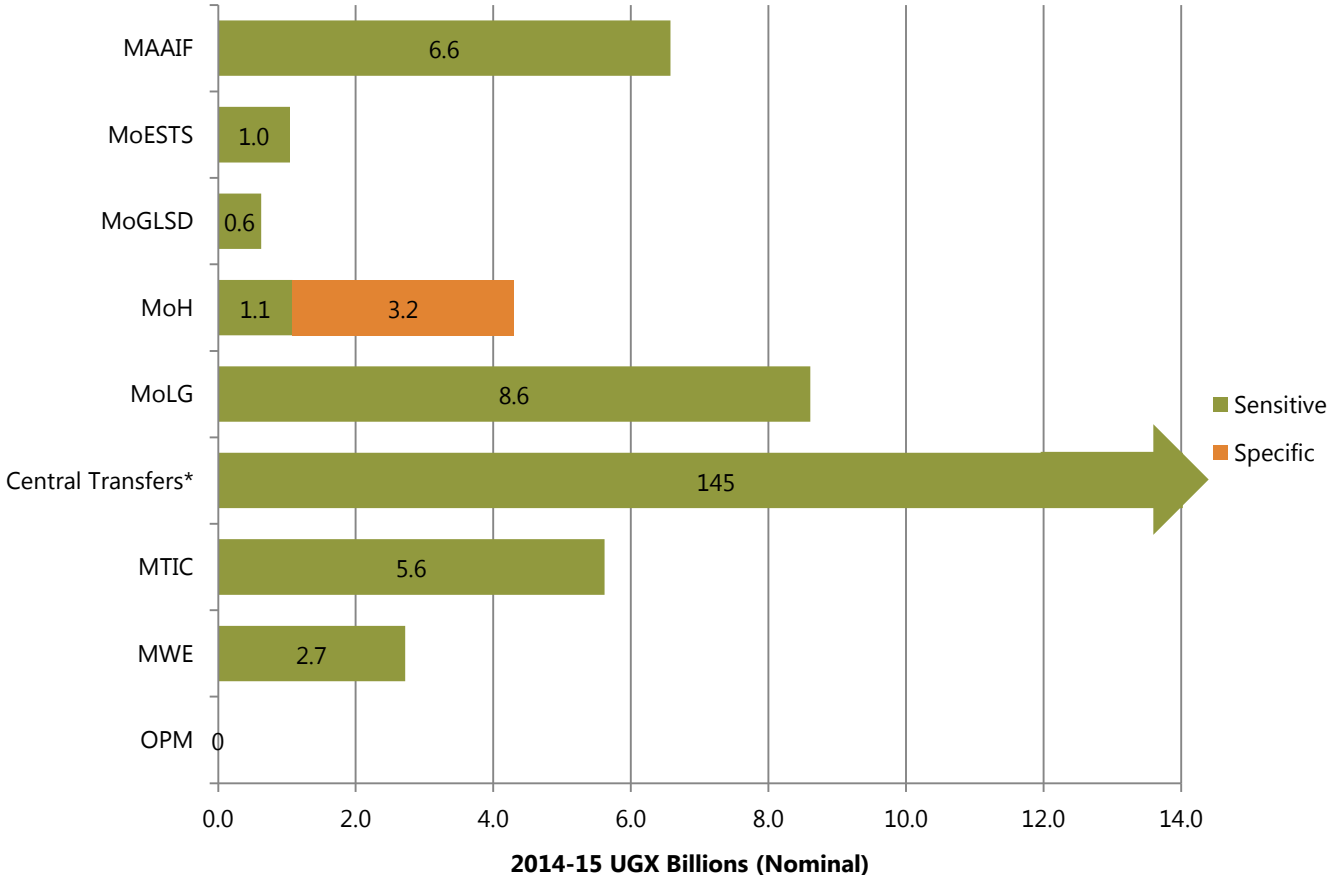
On-budget (dark green segments) allocations stayed relatively flat between each year. After adjusting for inflation, there was a real decrease of around eight percent.

⁵ Official average exchange rate for 2015-16 was 1 USD = 3442.96 UGX (Bank of Uganda 2016)

GoU (light green segments) funds made up about 35 percent of all nutrition allocations over time, but it is important to note that this amount will vary depending on how much of the MoLG transfers to districts count toward nutrition—these transfers make up 83 percent of all GoU nutrition-related funds (see lighter blue segments of inset pie chart).⁶ National ministry allocations (dark blue segment of pie) totaled about 29 UGX billion in both years once adjusted for inflation.

Off-budget funding (grey segment) also decreased between 2013–14 and 2014–15 (from about 450 to 300 UGX billion). Because the last publicly reported off-budget data only projected figures for 2014–15, this may not include projects added more recently. However, we did not hear of any new projects for 2014–15 in our validation interviews.

Figure 10. 2014–15 On- (Government and EDP) Budget Allocation for Nutrition, by Sector



*Nutrition activities categorized as specific if they included one of the 10 Lancet nutrition-specific interventions. All other UNAP activities were considered nutrition sensitive.

Central transfers to the districts were by far the largest contributor to total national GoU and on-budget allocations. In our detailed analysis of allocations in Kisoro and Lira, we found total district-level nutrition-related allocations for 2013–14 and 2014–15 were UGX 2.6 billion and UGX 1.6 billion, respectively in Kisoro; and UGX 5.3

⁶ Transfers were included after SPRING conducted nutrition budget analysis in Kisoro and Lira, and found that the majority of nutrition-related allocations in each district came from central transfers between 2013–14 and 2014–15 (Lukwago et al. 2016b; Lukwago et al. 2016a). We used the validated percentages for conditional transfers from these two districts to extrapolate how much of these transfers could be related to nutrition nationally. SPRING was unable to validate unconditional transfers, and therefore took the average of conditional transfers (13 percent) for these two line-items.

billion and UGX 4 billion, respectively in Lira (Lukwago et al. 2016a; Lukwago et al. 2016a). On-budget allocations made up just under two-thirds of total allocations in both years. Off-budget EDP funding (run through local NGOs) contributed the remaining funding. Conditional central transfers supplied about 70 percent of the on-budget totals, while unconditional (or discretionary) transfers contributed an additional 21 percent in Kisoro and 6 percent in Lira.

“The challenge ... is that the budget that we have as a district is funded by the [national] government. And up to 96 percent of [national] government budget are conditional grants. They come for specific departments, to do specific things and even if you see that there are pressing needs in this department and the grants are not that department, then your eyes are on and hands off.”
– District government stakeholder.

The decrease seen over the two years in both districts was associated with the suspension of the National Agricultural Advisory Services (NAADS) funding, as well as a drop in reporting of budget information by NMS and donors for off-budget funding in 2014–15. The elimination of NAADS also explained the overall drop in central transfers at the national level (from 151 billion to 145 UGX billion).

In 2014–15, the MoLG was the ministry with the highest allocations for nutrition, even when central transfers were split out. All of this was allocated to strengthening local service delivery and development. Allocations for this line-item increased 185 percent between 2013–14 and 2014–15, despite cuts in GoU funding of nearly 100 million UGX during this time. The increase was entirely funded by the International Fund for Agriculture Development (IFAD), which provided 8.5 billion UGX in 2014–15. Both GoU and IFAD funding for this project appear to end in 2015–16.

MAAIF followed next with 6.6 billion UGX, but MAAIF also saw the largest decrease in funding between 2013–14 and 2014–15. Nutrition-related MAAIF allocation decreased from approximately 13 billion UGX in 2013–14 to just less than 7 billion UGX in 2014–15. Adjusted for inflation, this represents a decrease of funding of nearly 50 percent. Three of the 14 nutrition-related programs ended in 2013–14, contributing to this decrease. In addition, there was a significant decrease in funding for the labor-saving technologies and mechanization for agricultural production enhancement project. MTIC provided the third-highest allocation for nutrition; allocations stayed relatively flat between 2013–14 and 2014–15. Nutrition-related projects primarily addressed value addition to fruit and vegetable production.

While the MoH’s allocations for nutrition was not as high as others’, they were the only allocations for nutrition-specific projects (orange bar)— all but one (Uganda Sanitation Fund Project) of the five MoH nutrition-related programs were nutrition-specific. Nutrition-related allocations made by the MoH increased by about 50 percent between the first and second year of this study, primarily due to a doubling of EDP funds for the Global Fund for AIDS, TB and Malaria program, and new funding from the GoU and the UN for the Uganda Sanitation Fund Project.

Often, advocacy groups will refer to the percentage of total ministry allocation as a benchmark for support to nutrition and other sub-sector priority areas. Table 2 provides these percentages for both years. No major patterns emerge, reflecting the somewhat unpredictable allocations for nutrition during this time. Among ministries, MTIC, MoLG, and MAAIF appear to have devoted a greater percentage of their total allocations to nutrition-related activities each year.

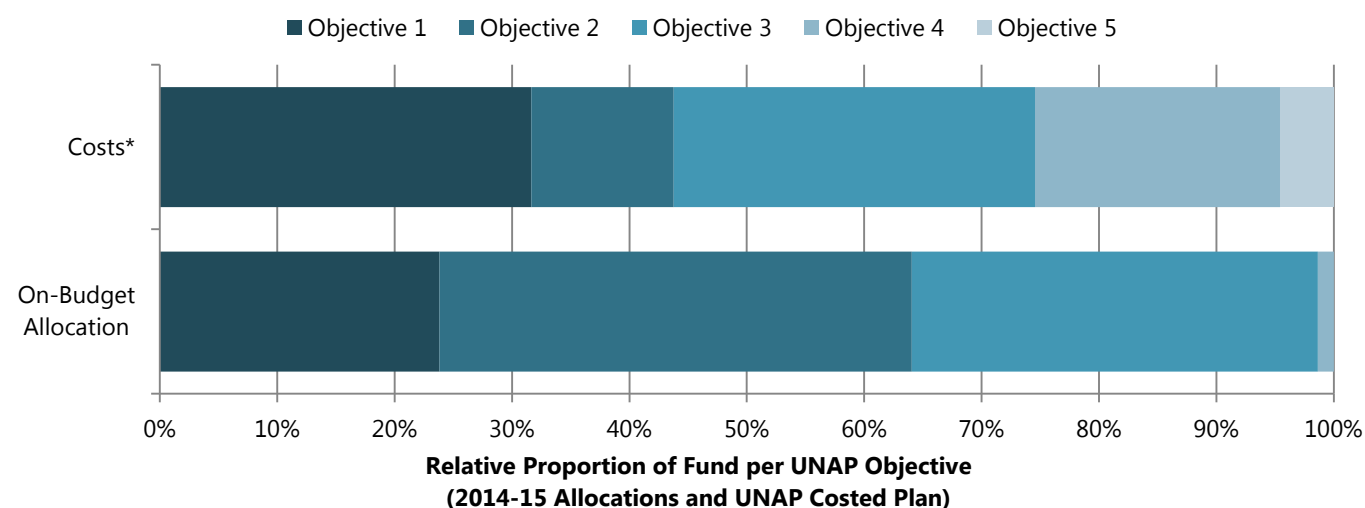
Table 2. 2014–15 Nutrition Allocations as a Percent of Total Ministry Allocation

Ministry	2013/14	2014/15
MAAIF	3.5%	1.4%
MoESTS	0.1%	0.05%
MoGLSD	1.0%	0.9%
MoH	0.2%	0.3%
MoLG	1.3%	3.8%
Central Transfers*	7.5%	7.0%
MTIC	10.6%	8.8%
MWE	0.2%	0.6%
OPM	0.0%	0.0%

For off-budget allocations, health contributed the most nutrition-related funding by far in both years; 311 and 175 billion UGX in 2013–14 and 2014–15, respectively. For 2014–15, this represents nearly two-thirds of total off-budget nutrition-related allocations. Approximately 26 percent of that total was for nutrition-specific activities (details provided in annex 5). USAID is the primary contributor to nutrition-related health funds, followed by UNICEF, United Nations Population Fund, and European donors such as IrishAid and Sweden. However, as one national government stakeholder noted after the end of data collection, *“there is more than meets the eye”* when it comes to off-budget funding. One example given was that sector ministries often supply human resources to off-budget EDP activities, effectively providing a cost-share on many activities. Because this labor is very hard to track, it is not reflected in the budget numbers presented.

As a final note on allocations, we explored the balance of funding by UNAP objective area (figure 11). This information can be used for planning purposes to ensure ministries and EDPs are aligning the priority activities with the UNAP. Overall, allocations for each objective area exceeded the projected cost for each year. For the last year we tracked, the UNAP projected that 42 UGX billion would be needed (around 50 UGX billion when adjusted for inflation). Comparing this to the 472 UGX billion allocated, there appears to be no gap in funding for UNAP.

Figure 11. On-Budget Ministry Allocation by UNAP Objective Areas



*Source for projected costs: Government of Uganda (2011)

However, this does not mean that allocations by UNAP objective area match the cost projections. Objective 2 was allocated nearly triple the amount projected in the costed plan. Conversely, for Objective 4, allocations were a much smaller percentage (or emphasis) than the amount included the costed plan. Objective 5 received no allocations despite an estimated cost of nearly 2 billion UGX.

When asked why or how they determined amounts allocated, a few KIs from donor and government stakeholders in the agriculture and gender sector mentioned advocacy to increase funding for nutrition activities, but these were not explicit UNAP activities. Also, donors and OPM have advocated for a nutrition line-item, but such a line-item was not included in any of the fiscal years examined.

Nonetheless, our findings indicate that allocations for nutrition were sufficient (as compared to the costed plan) and do not show any growth between years but rely heavily on off-budget EDP funding for some nutrition-related activities in the health sector. We saw no growth in nutrition-related allocations over the two years studied, and central transfers made up the majority of on-budget GoU funds.

Expenditures

As mentioned earlier, we did not have access to expenditure data for off-budget funding. Neither could we locate any publicly available data on 2014–15 expenditures for central transfers. As such, we present and discuss only changes in expenditures for **on-budget national ministry funding** (figure 12).

UNAP Objective Areas

Objective 1: Improve access to and utilization of services related to maternal, infant, and young child nutrition.

Objective 2: Enhance consumption of diverse diets, which comprehensively address food availability, access, use, and sustainability for improved nutrition.

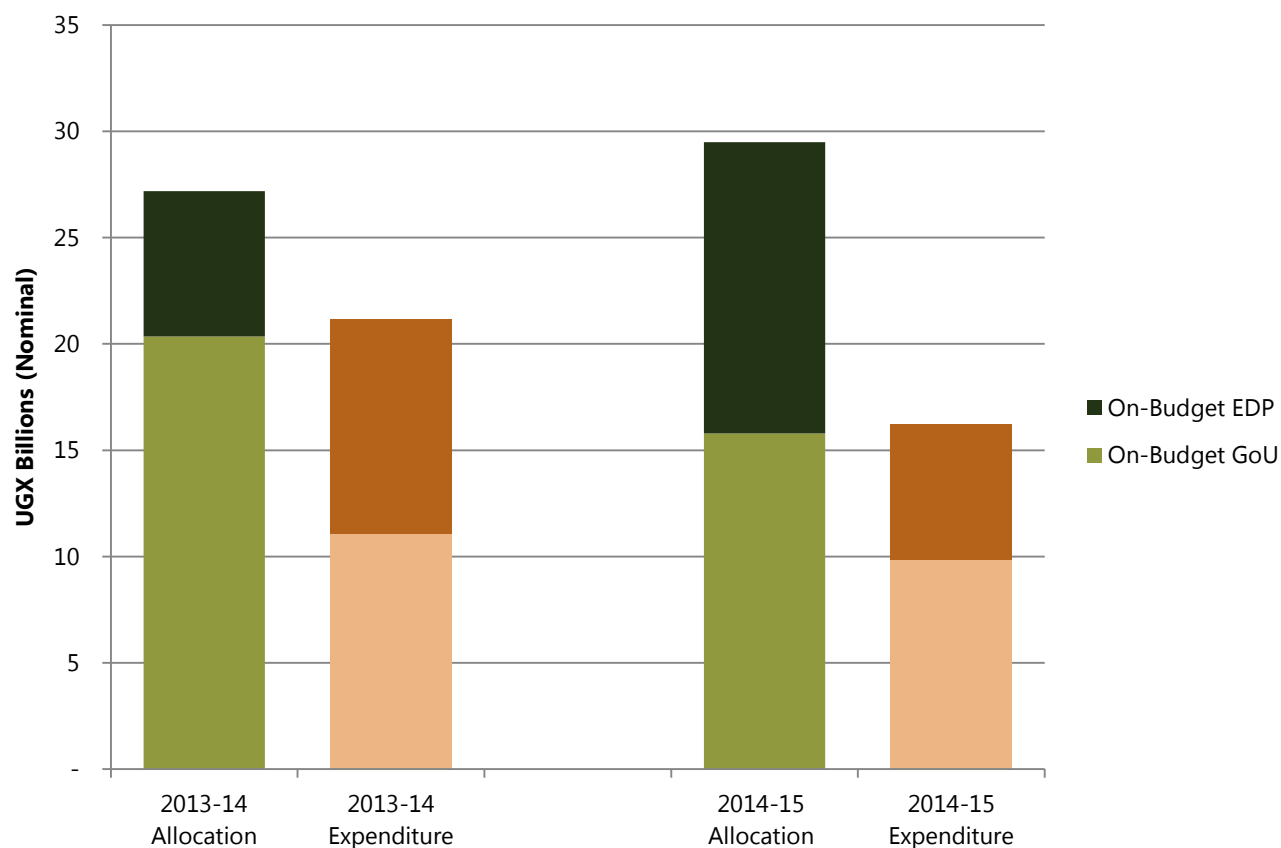
Objective 3: Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status.

Objective 4: Strengthen the policy, legal, and institutional frameworks; and the capacity to effectively plan, implement, monitor, and evaluate nutrition programs.

Objective 5: Create awareness of and maintain national interests in and commitment to improving and supporting nutrition programs in the country.

Source: Ugandan Nutrition Action Plan (GoU, 2011)

Figure 12. Total On-Budget (Government and EDP) National Ministry Allocations and Expenditure for Nutrition, 2013–14 and 2014–15



For the two years examined, average nutrition-related yearly GoU expenditures (lighter segments) were around 50–60 percent of the total amount allocated. EDP spending varied greatly and was heavily influenced by a large overspend of the health systems strengthening program in the MoH: it was overspent by 698 percent in 2013–14 and 472 percent in 2014–15. Without that program included, EDP spending for 2013–14 would have been closer to 80 percent, and dropped to 25 percent in 2014–15. A breakdown of all ministry spending appears in table 3.

Table 3. Expenditure of Nutrition-Related On-Budget (GoU and EDP) Allocations

2013–14	External %	GoU %	2014–15	External %	GoU %
MAAIF	105	24	MAAIF	59	38
MoESTS	N/A	80	MoESTS	N/A	54
MoGLSD	N/A	81	MoGLSD	N/A	46
MoH	341	65	MoH	150	40
MoLG	63	30	MoLG	0	24
Central transfers	N/A	66	Central transfers*	No data	No data
MTIC	N/A	97	MTIC	N/A	88
MWE	101	106	MWE	123	72
Avg. national expenditure rate for nutrition allocations	152%	69%	Avg. national expenditure rate for nutrition allocations	83%	52%

*No expenditure data for this year.

Nutrition-related funding in MoESTS, MoGLSD, MTIC, and all central transfers were entirely GoU funded for these years. Within GoU funds in 2014–15, expenditure rates varied from 24 percent for MoLG to 88 percent for MTIC. External funding for nutrition appears to be overspent for MoH (as previously noted) and MWE, while being fairly underspent for MAAIF and MoLG, at least in 2014–15.

Our interviews and news content analysis indicated two primary reasons for under-spending of on-budget funds in these two fiscal years:

- *Delayed release of funds:* Prior to 2015, tax proposals and allocations were debated well into the start of the financial year, delaying release of funds (Muhumuza 2015). Also, because Uganda’s budget is a cash budget, based on projections of what will be collected, there is some volatility with the actual amount of funds that are released. This destabilizes the budget process.

“The workplan is one thing and the providing of money is another thing, you can just have your workplan well prepared and then even the funds you put them there but sometimes they don’t release that money to you, so it also a problem but we pray that what is the workplan the money is there and it is released.” –National government stakeholder.

In May 2015, the Public Financial Management Act was passed, and with it MoFPED enacted an accelerated budget calendar to improve management of cash flow and reduce delays (Oketch 2015a).

- *Procurement delays:* The bidding process for commodities, capital investments, building projects, and engineering works were stated as a major delay and a hindrance to the sector’s ability to “absorb” or process and disburse new funds. (Wandera 2015; Munghinda 2015; Rwothungeyo 2015). Red tape was named as a primary culprit for these delays.

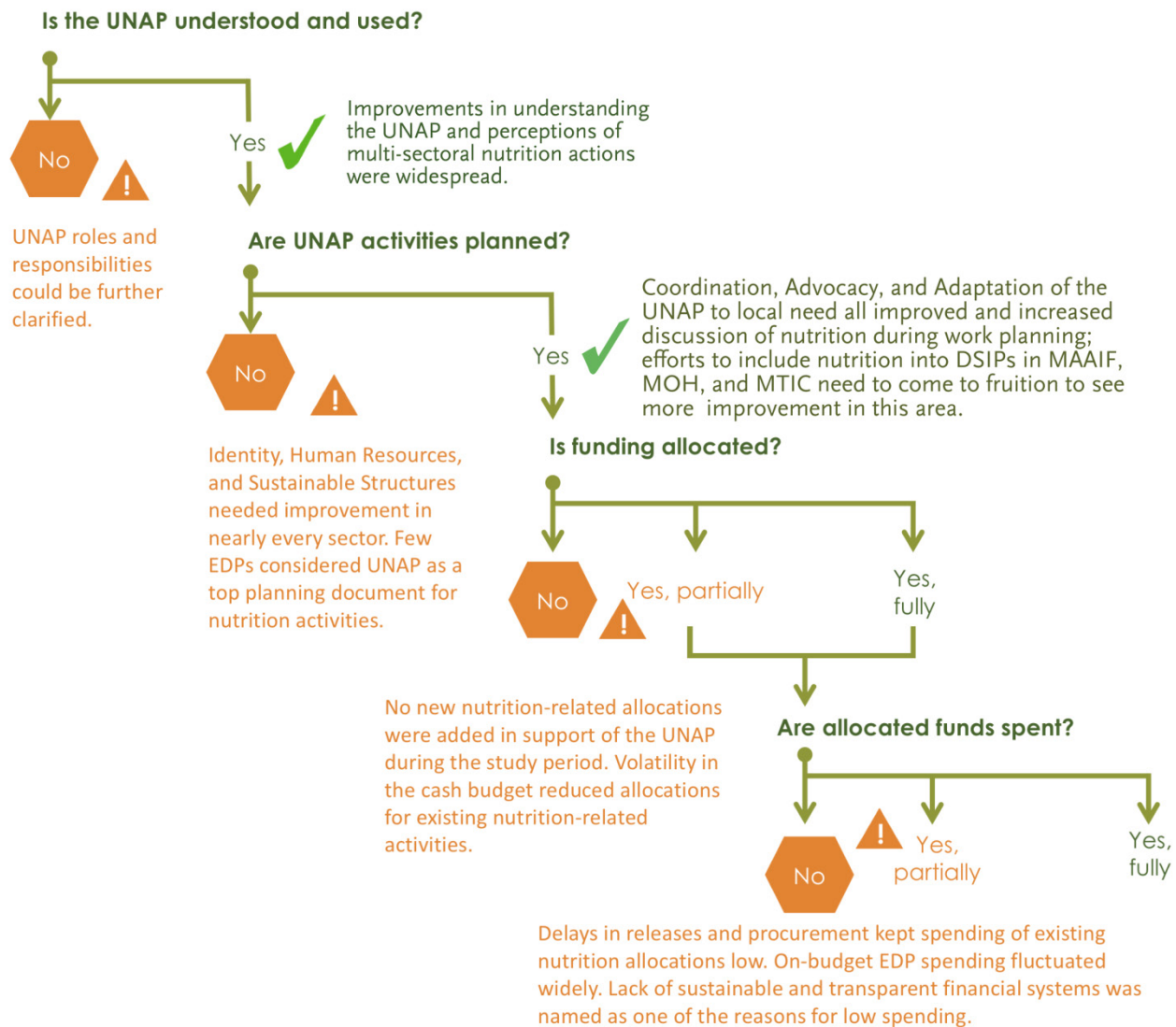
“Procurement is a major problem in absorption capacity” –National government stakeholder.



Discussion

This study found that the UNAP has improved understanding of multi-sectoral nutrition and played an important role in catalyzing planning for nutrition.

Looking across the two years of evidence in this study, a key lesson is that even the most well-written multi-sectoral nutrition strategy will create improvements in prioritizing and funding nutrition activities only by influencing the key drivers of change. The framework below depicts where bottlenecks can occur between the development of a plan and service delivery. We summarize where UNAP stakeholders have overcome these bottlenecks (✓), and where areas for improvement remain (⚠).



Most of the success in overcoming barriers occurred in the first two steps: understanding of the UNAP increased and there were notable improvements in multi-sectoral coordination, advocacy, and adaptation of the UNAP to local needs in the districts and below. In four of the seven ministries, we found KIs more likely to identify nutrition as a priority at the end of the study compared to the beginning, and by the end of the study three of those ministries were considering including nutrition as a named priority in their primary sector strategy documents.

The remaining areas for improvement shown here (summarizing findings already presented) largely prevented new UNAP-related activities from being planned or funded for the two years studied. These include a need for clarification of UNAP roles and responsibilities; improved identity, human resources, and sustainable structures for nutrition; addressing volatility and delays in funding releases; and addressing reasons for low spending of nutrition allocations. It was difficult to draw any direct connections between the UNAP and its influence on funding for nutrition; we were unable to identify any new nutrition projects or budget allocations that could be attributed to the UNAP. GoU and partners should continue to track planning and funding for the UNAP for the remaining two fiscal years of the plan's tenure (2015–16 and 2016–17) to see if this situation changes.

While we saw no increases in nutrition financing, current levels appeared adequate as compared to the projected costs. However, it is important to note that having adequate allocations is a necessary but not sufficient condition to increase nutritional program coverage—the funds then need to be spent efficiently and effectively. We see from our analysis that more work is needed to close the spending gaps in many sectors. We did not assess the efficiency or effectiveness of expenditures. If the next UNAP costing is done in a way that makes it easier to match costs with expenditures (i.e., including all management and district-level costs), a more accurate investment case to be made for UNAP objective areas. The original UNAP costing exercise that produced the figures in the plan was supported by UNICEF (and a follow-on was done by the World Bank) but no documentation of the methods were found, making it harder to compare these figures.

The UNAP is the first major multi-sectoral nutrition plan the GoU has implemented. Other SPRING work on scaling up national nutrition plans found that it may be unrealistic to see major increases in implementation of nutrition activities within just five years, precisely because of the need to strengthen the underlying drivers of change before scaling up interventions (Pomeroy et al. 2014). Indeed, when comparing our findings to the original gap analysis that stakeholders developed for the UNAP in 2011 (Government of Uganda 2011), we see progress on some key areas they noted, many of which align with our identified drivers of change. The final column in table 4 distills our findings from the drivers of change and prioritization sections into 'yes,' 'no,' or 'some' (or not assessed) designations to indicate if our analysis identified an improvement. These improvements do not mean that implementation of nutrition interventions has been scaled up, but they do mean a stronger foundation has been laid for scaling up in the future.

Table 4. Original UNAP Gap Analysis, Annotated with PBN Findings

Gaps listed in UNAP	Performance in 2011 (taken directly from UNAP)	Improvement noted in PBN (2013–2015)?
Weak advocacy for nutrition at all levels	Limited recognition by government and general population of the centrality of improved nutrition to development	Yes
	Low prioritization of nutrition in government and implementers	Yes
	Weak leadership for nutrition across all sectors	Yes
	Limited advocacy skills among nutrition stakeholders	Yes
	Lack of commitment to achieve national agenda	Yes
	No communication strategy for nutrition	Yes
	Inadequate number of nutrition activists	Yes
Weak infrastructure to support quality nutrition programming at all levels, including lack of equipment and skilled human resources	Nutrition inadequately mainstreamed into existing sectoral programs	Some
	Poor appreciation of centrality of nutrition to development	Yes
	Low recruitment, poor professional growth opportunities, and poor retention of nutritionists	Not assessed by PBN
	Lack of a comprehensive nutrition curriculum and training plan for in-service capacity strengthening of personnel who do not specialize in nutrition	No
	Lack of incentives for nutrition personnel in all sectors	No
Weak coordination and inadequate implementation of policy guidelines	Lack of coordination structure to link sectors on nutrition programming	Yes
	Lack of a national nutrition agenda to act as a reference point for implementers	Yes
	Existing food and nutrition policy and other guidelines not adequately implemented and disseminated	Some
Weak system for information management and limited research on changing innovations in nutrition	Lack of a national nutrition database and information system	No
	Lack of standardized data collection and analytical tools	No
	Low demand for nutrition information	Yes
	Weak coordination, information sharing, and adaptation of promising practices	Some
	Lack of national nutrition research agenda	No
Low involvement of communities in nutrition	Curative health services seen as more important than preventive	Not assessed by PBN
	Nutrition activities that often do not promote community involvement; few good models for community engagement	Not assessed by PBN
	Inadequate public knowledge on importance of good nutrition	Not assessed by PBN
	Few community organizations involved in nutrition	Not assessed by PBN
	No regular incentives in place for community nutrition volunteers	Not assessed by PBN
Low coverage of	High dependence on development partners	Not assessed by

Gaps listed in UNAP	Performance in 2011 (taken directly from UNAP)	Improvement noted in PBN (2013–2015)?
nutrition services at all levels, particularly in the private sector		PBN
	Inadequate knowledge about food supplementation	Not assessed by PBN
	Limited data on nutrition needs	Not assessed by PBN

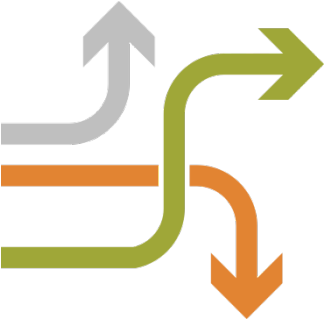
Adapted from (Government of Uganda 2011).

This comparison of the identified gaps in 2011 and our analysis of drivers of change ending in 2015 highlights the major progress Uganda has made on advocacy and coordination for nutrition, as well as the ongoing barriers to be overcome in systems (structures) and human resources.

During the national dissemination event for this study in January 2016, several stakeholders told us that additional improvements have occurred since the study ended. MoH noted that the new Health Sector Development Plan 2015-2020 was recently instituted, and now lists food and nutrition services as a strategic intervention under Objective 2 (Ministry of Health 2015). In addition, the World Bank’s Multisectoral Food Security and Nutrition Project⁷ was funded in the 2015–16 fiscal year and allocates USD 27.6 million over five years to link agriculture, nutrition, health, and education through school-based demonstration gardens and nutrition education. This is the first major multi-sectoral nutrition project to receive funding in Uganda under the UNAP. While no new activities were noted during the district dissemination events in Kisoro and Lira, we heard that in Kisoro the resident district commissioner would offer free airtime for nutrition advocacy to sensitize communities, while in Lira the PBN study results prompted the chief executive officer to pledge to tap more funds for allocation to nutrition apart from the funds given to URA (Uganda Revenue Authority).

We cannot say whether the changes documented here will be enough to meet the UNAP goals and targets set for 2016. It does appear that UNAP efforts over the last few years have built a base of support among multi-sectoral stakeholders and have created momentum to position Uganda for gains during the next nutrition action policy or plan.

⁷ <http://www.gafspfund.org/content/uganda>



Recommendations

To capitalize on the positive influence of the UNAP and move toward increased development, funding, and implementation of nutrition activities, we recommend the following actions. SPRING based these recommendations on the findings in this study and refined them by incorporating feedback from stakeholders during national and district dissemination events.

#1 All nutrition stakeholders should **take the long view of scale-up** when planning the next UNAP.



Policy

The evidence indicated that national stakeholders strongly respect the goals of the UNAP and its role in scaling up nutrition in Uganda. Several stakeholders mentioned how important it is to sustain commitment to scaling up nutrition and noted that it may take until the end of the second or even the third iteration of UNAP before large-scale changes in undernutrition status are evident.

These observations suggest that nationwide scale-up of nutrition programs will take longer than the full tenure of the next five-year nutrition plan. The GoU should set longer-term goals and targets (e.g., over 15–20 years) for how and when to fully scale up nutrition programs. The next UNAP can take these into account and set intermediate goals for quarterly and yearly progress.

#2 Coordination is not easy. The UNAP Secretariat may want to **consider alliances across stakeholder platforms** to support the UNAP.



Drivers of change

At the beginning of the study, stakeholder groups seemed to view UNAP as a theoretical framework only. By the end of data collection, that perception shifted and the UNAP coordination structures appeared to have motivated government and donor stakeholders to participate and collaborate. However, although leadership and participation in coordination have clearly improved, some areas still need improvement. In particular, there was some confusion about how to coordinate UNAP target monitoring and reporting. In addition, at the end of the study, there were questions about how to improve vertical coordination between the national ministries and the districts. District Nutrition Coordination Committee (DNCC) members in the two study districts were well aware of the UNAP's structures and goals, but wanted more nutrition understanding to fulfill their coordination role at the community level.

Coordination between sectors, stakeholders, and government levels is critical to scaling up nutrition. The UNAP Secretariat can better utilize technical partners from academia or strategic partners, such as parliament or CSO representatives, to encourage advocacy and help develop the identity of nutrition in Uganda. These partners can also be leveraged by sector ministries to improve the evidence base (academia) and develop local demand for implementing nutrition activities (CSOs).

#3

GoU should deliberate on **increasing financial resources for nutrition human resources** and UNAP support structures.



Drivers of change

UNAP support structures—such as the secretariat in OPM, technical and coordination committees, and UNAP focal positions within ministries—are essential for oversight and management of nutrition planning in Uganda, from the national to the sub-county level. Lack of human resources was mentioned as a barrier to the full functionality of this support structure. Although improvements were made through increased district training and capacity building by OPM, other human resource challenges across time, sector, and level of government continued to be mentioned, including—

- lack of availability and over-commitment of staff
- inadequate capacity of human resources for nutrition
- high turnover of UNAP focal positions.

To improve the staffing of the UNAP structure in a sustainable way, more government funding to cover the necessary human resources must be dedicated. This will provide a consistent resource envelope for these positions and, by demonstrating GoU's commitment to nutrition activities, may attract more external funding to fund human resources for nutrition.

#4

UNAP stakeholders should **cultivate a mix of high-level, mid-level, and grass-roots advocates** for nutrition who are well versed in the UNAP.



Drivers of change

The Prime Minister is a highly influential champion for nutrition in Uganda; however, in the first year of the study, a number of national-level government stakeholders noted the need to broaden the base of higher-level advocacy to others inside and outside of government. CSO stakeholders emphasized their role in advocating to local leaders and political figures to develop champions for nutrition at that level. In Kisoro and Lira districts, lack of engagement of local political leaders was seen as a missed opportunity to champion the cause of nutrition. Although it occurred after the end of official data collection for this study, a major development that demonstrated the engagement of multiple advocates for nutrition was the launch of the Nutrition Advocacy and Communication Strategy by OPM, USAID, and UNICEF at the 6th Africa Day for Food and Nutrition Security event.

To ensure sustainable commitment to nutrition, advocacy networks must be developed at every level of the system. At the highest level, UNAP stakeholders should educate parliamentarians and other high-level leaders about the importance of nutrition and how the UNAP is helping to reduce malnutrition. Within sectors and external partners, basic nutrition should be incorporated into training packages to win mid-level advocates. At the grass-roots level, investments should be continued to increase awareness of multi-sectoral nutrition through multiple channels—radio, TV, print, etc.—for all target groups. UNAP stakeholders should develop the nutrition awareness of local policy and decision makers to help them understand the importance of nutrition across sectors, especially as it relates to urban development and education. This increased capacity will help generate demand for nutrition activities.

#5

The UNAP secretariat should **approve and implement the UNAP monitoring and evaluation framework** as soon as possible.



Drivers of change

Government stakeholders noted that the MoH has been developing a set of nutrition indicators for the health management information system, and the MoESTS has added some nutrition-sensitive indicators to its information system. However, during the course of the study, there were no coordinated efforts to collect or evaluate these indicators to track the progress of the UNAP. In Kisoro and Lira, no nutrition-related indicators had been included in the Output-based Budget Tool by the end of the study. These issues prompted OPM, with support from development partners, to develop the UNAP M&E framework in 2015, but this framework was not approved by the end of the study.

The ability to show what Uganda has accomplished in funding for nutrition and improved nutritional status is one of the most important ways to keep this varied and busy group of stakeholders motivated. Final approval and institutionalization of the new M&E framework should take place as soon as possible. The UNAP secretariat should include clearly defined instructions for district and sub-counties on what data to collect and how often to collect it. If possible, the M&E framework should include nutrition financing indicators to improve sustainable tracking systems for financing data and provide benchmarks for allocations and spending for nutrition activities.

#6

UNAP Ministries and EDPs need to **strengthen communication between nutrition focal points and planning offices** at the national and district levels.



Prioritization

When comparing in-depth interviews among nutrition focal persons to the validation interviews with the sector planning (budgeting) offices and departments, it appears that improved communication between these groups could have strengthened planning for nutrition funding. UNAP focal persons are the most appropriate people to lead reporting, decision making, and advocacy for nutrition—but they need support from their planning and budgeting offices to utilize budget data in their regular nutrition work-planning activities. Another consistent finding over the period of the study at both the national and district levels was a lack of routine information systems that would allow UNAP focal persons to compare information on nutrition outcomes to inform funding.

UNAP Ministries and EDPs should increase opportunities for government nutrition and budget staff to communicate (at the national level, within sectors, and at the district level) to ensure that nutrition focal persons can use regular sector ministry budgets to guide their work planning. It would also be helpful to link routine information system data on nutrition-related indicators (once they are included in these systems) to the Output-based Budgeting Tool at the district level and to MoFPED expenditure tracking at the national level. This will help ensure that adequate resources in support of key nutrition activities are allocated.

#7

UNAP Ministries and EDPs need to **strengthen capacity for local-level planning processes** to better match funding to needs.



Prioritization

The official launch of the *National Nutrition Planning Guidelines for Uganda* (National Planning Authority 2015) signaled an effort to strengthen capacity for sector and local-level planning. This document calls for local governments' needs to be incorporated into sector plans (after local governments have identified and prioritized them). Findings from Kisoro and Lira indicated that the ability to collect, review, and use nutrition indicators for planning improved between the first and second rounds of data collection, but at the sub-county level and below (lower-level local government) these tasks were still challenging. DNCCs present an opportunity to strengthen these processes, but more work is needed to develop a true system of feedback for planning and reporting.

Building on the progress made through district-level UNAP training, further technical support is needed to ensure that district staff and lower-level local government staff have tools to assess and prioritize community needs and authority to fund them. Funding to support the full institutionalization of the new planning guidelines for nutrition should be made available at the local level in support of this goal. In the meantime, EDPs should consider how to support local data collection and situation analyses, as well as planning activities.

#8

EDPs should **align planned activities and funding to UNAP objectives**.



Prioritization

Since the start of the study, several donors and UN groups have increased their alignment with GoU policies (not just UNAP). Nevertheless, at the national level, nearly all external partners still looked to their own internal work plans and strategies before reviewing the UNAP (as did sector ministries and the private sector). The timing of work planning and priority setting varied by agency, and differences in priority-setting cycles often made it difficult for UN groups in particular to be responsive to new GoU priorities on a yearly basis. This also affected alignment of nutrition activities in the two districts SPRING studied.

Given the large amount of donor and UN funding that comes from outside the government budget, external partners should make concerted efforts to ensure that the activities they fund are in line with UNAP goals and objectives, even if planning cycles do not align. Other external partners with greater flexibility (such as CSOs and private sector) should work together with GoU to define a time during the planning cycle to discuss where their help is most needed to support UNAP objectives. For all external funders, timely reporting of plans, allocations, and expenditures to GoU is critical to improve coordination of the nutrition effort.

#9 Include nutrition in each sector's investment and development plans.



We saw tangible markers of improvement over the course of the study in prioritization of nutrition during sector ministry planning, including greater discussion of nutrition in planning meetings, greater use of the UNAP, and greater understanding and advocacy for nutrition. Nevertheless, most sectors still started each planning cycle from their own sector investment plans. The more policies and plans that list nutrition as a priority, the more likely that greater funding for new activities will be allotted. Efforts are already underway in the agriculture and health sectors to include nutrition as a priority in the next sector investment and development plans.

Commitment to nutrition can be accelerated and sustained within the ministries if nutrition is included as a priority in each sector's investment and development plans, and within each district's development plans.

#10 GoU may want to consider options to **institutionalize funding for nutrition.**



Financing is the ultimate demonstration of commitment to nutrition. However, tracking nutrition funding is difficult because it runs through multiple sectors, and is often funded as one component of larger, integrated vote functions. These challenges mean that the GoU and its partners must make a conscious effort to institutionalize budget and financial tracking systems for nutrition (Pomeroy-Stevens et al. 2015). Dedicated tracking systems will also help GoU identify bottlenecks in disbursement and spending. In the two districts SPRING studied, we heard that some dedicated mechanism for funding nutrition at the district and sub-county levels was needed to ensure effective operation of the nutrition coordination committees. Currently, these two districts rely almost entirely on national government transfers and partner funding for nutrition-related activities.

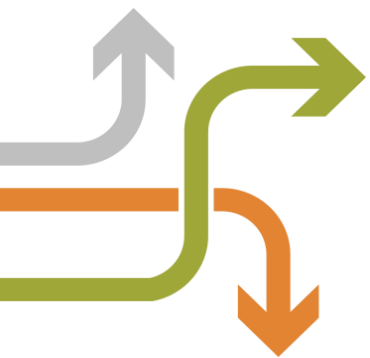
The study findings suggest several options for institutionalizing funding for nutrition. A first step should be to push for inclusion of the new nutrition planning guidelines in the budget-call circulars each year. Another is to establish a specific budget line-item—although this is a heavily debated option (Lydon et al. 2008)—or apply a tracking code across sectors, as used to track funding related to gender. Sector ministry staff also suggested setting targets for the percentage of a sector's yearly budget that should go toward nutrition. Sector ministries, the MoFPED, and OPM will need to discuss which options would work best with the existing budget tracking and funding systems.

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ANNEX 1

SPRING Pathways to Better
Nutrition Qualitative Methods
Uganda

Methods

The Pathways to Better Nutrition (PBN) case study is a mixed-method, prospective study. A Grounded Theory Approach was used to identify key themes (drivers of change) across all qualitative data (key informant interviews and focus groups discussions, weekly news content, and meeting notes). Changes in these key themes, as well as changes in understanding of the UNAP, prioritization, planning, and financing were assessed using an innovative longitudinal grid analysis for each stakeholder group.. This approach was designed to obtain a thorough understanding of the issues stated in the aforementioned objectives, as well as the following key domains of inquiry of the overall case study (below) over time. These domains cut across the following objective areas:

- Learning, adaptation, and evidence on scale-up
- Adaptation of innovations/interventions to local context(s)
- Financing of nutrition-sensitive (sector level) and -specific (within sector) activities
- Long-term planning for sustainability

Sources

Data for the qualitative data stream primarily come from three sources:

- **Key Informant Interviews (KIIs):** in-depth interviews were conducted at the baseline and endline of the study, with shorter follow-up interviews occurring in between as prompted by current events. In the districts only, **focus group discussions (FGDs)** were used for follow up.
- **News Content Analysis:** news articles were collected from seven major Ugandan news outlets on a weekly basis.
- **Meeting notes and reports:** notes and/or reports were collected from most official UNAP meetings and other notable nutrition gatherings in Uganda.

Key Informant Interviews

Recruiting Key Informants

National Level

Individuals had to meet at least one or more of the following criteria to be considered KIs:

- They were involved in developing UNAP or were well versed in its objectives if not previously involved.
- They had designated roles in the rollout of UNAP within or beyond their specific institutional affiliations.
- They actively participated in or had significant influence in the implementation of UNAP.

In addition, potential KIs needed to be affiliated with the key nutrition stakeholder institutions in Uganda. SUN categorized these institutions into six groups (SUN 2010):

- Government
 - Office of the Prime Minister
 - National Planning Authority
 - Parliament

- Ministry of Agriculture, Animal Industry and Fisheries
 - Ministry of Education, Science, Technology and Sports
 - Ministry of Finance, Planning and Economic Development
 - Ministry of Gender, Labor and Social Development
 - Ministry of Health
 - Ministry of Local Government
 - Ministry of Trade and Industry and Cooperatives
 - Ministry of Water and Environment (only included at endline)
- Donor agencies (bilateral and multilateral aid agencies)
 - Civil society organizations (CSOs)
 - Business/private sector
 - United Nations (UN) groups
 - Academic/research institutions

Sampling was purposive, and the sample for KIs included representatives of all six key stakeholder groups. The final list of KIs was determined through an iterative process between the case study team members in the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Home Office (HO) and country office.

SPRING staff made phone calls and visits to the offices of the final list of KIs to schedule interviews. An introduction letter from SPRING and support letter from the Office of the Prime Minister (OPM) were delivered to the KIs to invite them to participate in the study.

District Level

The selection of district-level KIs aimed to have representatives from the six key stakeholder groups noted in the national section. A few modifications in the recruitment process were made to accommodate circumstances at the district level. First, all members of the District Nutrition Coordination Committee (DNCC) were included as KIs. Second, since few donor and UN agencies have representation at the district level, representatives of key projects funded by these agencies that operate in the selected case study districts were included as KIs for these groups. Third, community-level opinion leaders (religious leaders, elders, formal and informal practitioners and service providers and members of the private sector) as well as community-based organizations (CBOs) that may potentially influence district-level UNAP rollout were also included.

SPRING case study district research leads and short-term consultants paid an initial visit to the office of the Chief Administrative Officer (CAO) and his technical team in both case study districts (Kisoro and Lira) to present the support letter from OPM and introduce the case study. The district research leads also presented the proposed KI list to the CAO's office and requested its support to approach and invite the respective KIs, especially those affiliated with the district government, to participate in the interviews. The CAO's office and the DNCC focal person were also requested to advise on the existing nutrition partners/stakeholders in the district and how to contact them.

Basic Information of Key Informants

National Level

Continual data collection was used for national interviewing. A total of 23 national-level KII were conducted during the case study's baseline, and the numbers of individuals tracked increased to 26 by the end of the study. Follow-up interviews were triggered by information in the weekly news analysis and meeting notes. Due to changes of personnel in the government and other stakeholder groups, some KIs who had been interviewed in the baseline did not serve the same role throughout the course of this prospective study. Therefore, the case study followed the incumbents of the "positions," not the individual KIs. The number of in-depth and follow-on interviews over the course of the study are shown in Table 1.

Table 1. Key Informant Interviews for PBN Case Study - National

	Government sector	Donor agency	UN group	CSO	Private sector	Research	Total
Baseline Interviews	11	2	6	2	1	1	23
Follow Up (Q1)		1	2	2			5
Follow Up (Q2)		1					1
Follow Up (Q3)	6						6
Follow Up (Q4)	5	2	3				10
Follow Up (Q5)	3	3				2	8
Follow Up (Q6)				1	2*		3
Endline Interviews	16	5	4	1	0	0	26

* Full KII Tool used for these interviews, in lieu of endline interviewing.

District Level

Periodic data collection was used in the districts, due to human and financial resource limitations. A total of 31 and 16 interviews were conducted in the first round in Lira and Kisoro districts, respectively. The difference in the numbers was due to the large presence of partners in Lira compared to Kisoro district. Eleven KIIs and 3 FGDs (with district and subcounty NCCs) were conducted in the follow-up period. The questions followed the same themes as the baseline, with some adjustments to reflect current events. Table 2 shows the breakdown by group and time in Kisoro district, and Table 3 shows this breakdown for Lira district.

Table 2. Key Informant Interviews for PBN Case Study - Kisoro District

	Government sector	Donor agency	UN group	CSO/CBOs	Private sector	Research	Total
First round	11	0	0	5	0	0	16
Second round*	1 FGD (9), 3 KII	0	0	1 (in FGD)	0	0	13

* One additional FGD and 4 KIIs were done in Murumba and Chahi subcounties during follow up.

Table 3. Key Informant Interviews for PBN Case Study - Lira District

	Government sector	Donor agency	UN group	CSO/CBOs	Private sector	Research	Total
First round	16	0	2	10	2	1	31
Second round	1 FGD (6), 3 KII	0	0	1 (in FGD)	0	0	10

Interview Tools

National Level

The national KII guide for baseline data collection was developed to capture information related to the objectives section above. The national KII guide included three sections: knowledge, understanding and current responsibilities related to UNAP rollout; processes and rationales to identify and budget for selected priority activities to implement UNAP; and perceptions of scaling up nutrition and its realization in Uganda through UNAP. Due to the differences in the functions that each stakeholder group assumes in support of UNAP, a core body of questions was developed that applies to all groups. Specific questions were developed to ask each group of stakeholders for their unique contribution to UNAP. Eventually six sets of the KII guide were developed following a similar structure.

The draft KII guide went through several rounds of deliberations and revisions among the case study team and the consultants. It also was pilot-tested with a national nutrition leader in-country to assess the clarity and appropriateness of the questions, as well as the time required to complete all the questions. The KII guide was then finalized after the inputs and feedback from the pilot test were incorporated.

For follow-up interviewing, we follow a semi-structured approach with usually 3–5 questions on a current event or budget activity. The design of the KII tool at endline followed a reiterative process, similar to that in the baseline, to ensure that the questions asked are relevant to KIs from all stakeholder institutions and tightly built around the overall research questions of the case study; additional questions about specific events or themes identified throughout the case study for particular sectors were added to the KII guide at endline.

District Level

At the district level, the first round KII tool adopted the overall structure of and many questions in the national KII tool. Modifications were made to bring UNAP and SUN closer to the local context. The first section of the district KII tool asked KIs' perceptions of the nutrition situation in their districts. Similarly, the last section of questions on the perceptions of scale-up and rollout of UNAP also focused KIs' attention on the district where they reside and work. Because each UNAP "early riser" district is required to establish a DNCC to lead the rollout, the questions regarding the prioritization and funding of the key UNAP-related activities centered on how those decisions were made (or to be made) by the DNCC. Therefore, most questions in this section were designed in a way that can be applied to various stakeholder groups in the district. A set of questions was directed specifically to government-sector KIs concerning their relationships with their ministerial counterparts in terms of setting priorities and negotiating budgets. The intention is to establish critical linkages between the national and district levels in UNAP implementation. The tool developed for the second round followed the same themes as the baseline, with some adjustments to reflect current events. Both national- and district-levels KIIs are supported by the OPM. The

research protocol and the national KII tool were approved by the Institutional Review Board (IRB) of John Snow, Inc. (JSI) in the USA and the IRB of Makerere University School of Public Health in Uganda.

News Content Analysis

A set of media/news sources were searched retrospectively each week using a set of search terms to follow the same stakeholder groups, related organizations, and events. Six **primary news sources** were searched:

- Daily Monitor
- New Vision
- Devex News
- Office of the Prime Minister (OPM) News Archive
- Google News
- Uganda National NGO Forum

The **search terms** used to find relevant articles were at minimum: Nutrition, Health, Population, Agriculture, Water and Sanitation, Education, Gender, Labour, Social Development, Local government, Office of Prime Minister (OPM), Budget, Finance, Donor, Trade, Lira District, Kisoro District. For global media sources these search terms were combined with "Uganda and." If, in the weekly research meetings, specific projects or events were mentioned, those titles were also used in that weeks' search.

News articles were captured by the qualitative analyst if they met specific inclusion criteria. These articles were summarized and presented for discussion with the entire case study team on a weekly basis. Based on inclusion criteria, context, and consensus from the study team news articles were included in the master NVivo file for analysis and/or marked for use to guide follow-up with KIIs.

Inclusion criteria:

- Mentions anything about the UNAP
- Mentions nutrition in any of the official policy or annual/multi-year plan for one of the key study sectors
- Mentions nutrition-related initiatives in one of the sectors above, or a major shift in ministry priorities
- Mentions developments in national (government-wide) budgets/finances concerning each of the above areas by the key study sectors
- Mentions flow of funding from national level to regions/districts/localities
- Mentions any major event that may have an impact on the budget or priorities of one of the sectors listed above (examples include nationwide bandhs, rare natural events impacting food, agriculture, or access to public services)

Table 4 shows the tallies of the news articles included in the final analysis, broken down by month and related stakeholder group. A total of 262 articles were included. Staffing issues affected data collection in the first six months of the study.

Table 4. Summary of News Article Collection for PBN Case Study – Aggregated by Month, with Relevant Stakeholder Groups Starred.

	Government sector	Donor agency	UN group	CSO/CBOs	Private sector	Research	Total
January 2014				*	*	*	3
February 2014				*		*	1
March 2014							0
April 2014	*		*	*	*	*	6
May 2014							0
June 2014							0
July 2014	*	*	*		*		8
August 2014	*	*		*		*	14
September 2014	*		*	*			21
October 2014	*	*	*	*	*	*	37
November 2014	*	*	*	*	*	*	29
December 2014	*	*	*	*			12
January 2015	*	*		*			16
February 2015	*	*	*	*	*		13
March 2015	*		*	*	*	*	17
April 2015	*		*	*	*		11
May 2015	*	*	*	*	*	*	32
June 2015	*		*	*		*	14
July 2015	*	*	*	*			25
August 2015	*				*		3
Total							262

Meeting Note and Document Analysis

Three types of documents, in addition to published news, were collected and used to identify context changes regarding UNAP implementation and to provide guidance for follow-up with KIs.

- Meeting notes: Official meeting notes were collected for UNAP-related meetings, including regular technical working group meetings, stakeholder discussion meetings, and consultative meetings.
- Key policies/plans/guidance documents: New and/or modified documents of UNAP-related strategies and implementation plans were obtained.
- Events: Case study staff took personal notes at various events involving UNAP sectors, including workshops, conferences, discussion meetings, and fora held that discuss UNAP. At times, personal notes were used in lieu of official meeting notes when they were not able to be collected.

The SPRING in-country research team participated in these events, collected or took personal notes, and emailed the notes with their direct observations to the entire team. Documents were summarized and presented at weekly staff meetings; inclusion of documents was agreed upon using the same inclusion criteria as the news content listed above. In total, 22 documents were included from this data stream.

Data Collection, Processing, and Analysis

Collection

SPRING conducted the baseline national interviews in November 2013 in Kampala. The baseline district interviews were collected in Kisoro in May 2014 and in Lira in July–August 2014. Follow-up interviews were scheduled throughout the case study timeline at the national level; a second round of data collection was collected at the district level in February 2015 for both Kisoro and Lira. Endline interviews were conducted at the national level between July and October 2015.

All national- and district-level KIIs were scheduled to occur in the KI's office and lasted for 30 to 80 minutes. The support letter from the OPM was presented to every KI at the initial meeting. Each KI was requested to sign a written informed consent form to give the case study team permission to ask the KI questions and record the conversation. All KIs agreed to be interviewed, and all but three declined to be recorded. All signed consent forms were kept in a safe place and submitted to the IRB of Makerere University upon the completion of the data collection.

When permission was granted, the interviews were recorded with a Sony MP3 Portable Digital Voice Recorder (Model ICD-PX333 and 312) or an iPhone, when the digital voice recorder was not available. In addition, notes were taken by the case study team and consultants. All interviews were carried out and all notes were taken in English.

Processing

Notes from KIIs were reviewed on the same day of the interviews. All hand notes were typed up within days of the interviews. The full notes were then produced based on the transcripts of the digital recordings in the following months. Each KI was assigned a code in the full notes. The recordings were erased from the recorder once they had been transferred to a computer for transcription. The file was permanently deleted from the computer once the transcription of notes was completed. The codes and the full notes are stored in a folder on the SPRING project's central portal, which is only accessible to authorized case study team members. The full notes were verbatim transcription and prepared in Microsoft Word documents.

News sources and documents were copied and pasted into Microsoft Word documents, when possible (if a PDF or PowerPoint document this was not possible). Each news source or document was identified by date published or of personal communication; and, if available, a URL link to the original source was provided. All news sources and documents are stored in a folder on the SPRING project's central portal.

Transcripts, news sources, and documents were uploaded and processed in NVivo 10 (QSR International, Australia).

Analysis

SPRING adopted a Grounded Theory Approach to allow the key themes to emerge from the interview notes (Lingard, Albert, and Levinson 2008). During the initial review of the notes, special attention was made to

emerging themes that were most aligned with the case study's primary concerns on the prioritization and funding of activities for the rollout of UNAP, as well as the key domains of the case study.

Initial codes (i.e., master nodes for coding in NVivo 10) were first identified after the baseline KI notes were reviewed. The case study co-leads then discussed and determined the key themes of the technical briefs for the case study, which informed the additional codes created for analysis, including sub-nodes. These additional codes and sub-nodes were developed according to either the existing conceptual framework or emerging themes from the data. Additional codes and sub-nodes were added based on emerging themes from the data; codes and sub-nodes were only added after discussion and consensus across the qualitative research team. All codes and sub-nodes were defined in the case study team's code book.

All data sources were coded based on the defined codes in Nvivo 10. Due to the desire for preliminary analysis of the baseline data, some of the early coding was done in Microsoft Word; but, after all data collection concluded, all data was re-coded and cross-validated by a second analyst in Nvivo. The coding was performed by a research analyst and reviewed by the qualitative lead of the case study team.

Strengths and Limitations

Qualitative research methods have unique strengths and are appropriate to study a small number of cases in depth. They are also appropriate to describe and explain a complex process, such as implementing a country's scale-up nutrition plan. For a longitudinal case study, qualitative methods have the flexibility to be responsive to changes in the field contexts, improving the utility of the findings and recommendations through adaptation of data collection instruments and analysis. Asking the same questions to different individuals helps to detect discrepancies on accounts of facts and sequences, triangulate information to reach a consensus, and collect views and opinions, which could be potentially divergent, on the implementation of national rollout. Such an exercise will reveal insights into why things are moving or not, and potential resolutions to challenges in the rollout.

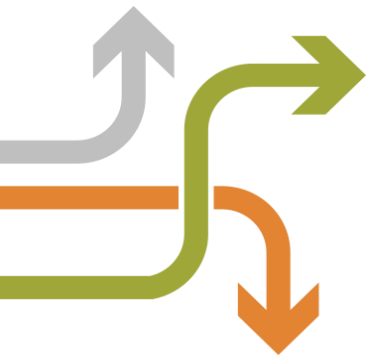
Some general weaknesses of qualitative research also apply in this case study, namely that it has a small sample size and is relatively resource intensive. Related to samples size, while we were able to get a fairly representative sample of organizations at the beginning of the study, we lost some academic and private sector KIs to follow up, and were unable to interview one key government policy and oversight organization at the endline. In addition, across all three data streams, we had less than ideal saturation and data flow in the first six months of the study due to staffing issues.

Strengths and limitations of the quantitative portion of this study are addressed in the Budget Methods Annex and Snapshot Methods Annex.

References

Lingard, Lorelei, Mathieu Albert, and Wendy Levinson. 2008. "Grounded Theory, Mixed Methods, and Action Research." *BMJ* 337: a567. doi:10.1136/bmj.39602.690162.47.

SUN. *A Road Map for Scaling-Up Nutrition (SUN): First Edition*. September 2010: SUN.
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ANNEX 2

Illustrative Change Framework

Step 1. Sort your Data by Each Sector/Data Group

Sample list of groupings, to be adjusted according to context in each country

- ✓ Government: Ministry Of Health
- ✓ Government: Ministry of Education
- ✓ Government: Ministry of Agriculture
- ✓ Government: Ministry of Gender (Uganda) or Women, Children and Social Welfare (Nepal)
- ✓ Government: Ministry of Trade (Uganda only)
- ✓ Government: Ministry of Urban Development (Nepal only), Water and Environment (Uganda only)
- ✓ Government: Ministry of Local Government (Uganda) or Federal Affairs and Local Development (Nepal)
- ✓ Government: Ministry of Finance
- ✓ Government: OPM, NPA, parliament (Uganda); or NPC, NNFSS, parliament (Nepal) *include anyone in the nutrition coordination structure
- ✓ Academia
- ✓ Private sector
- ✓ CSO: Implementing community-based organizations
- ✓ CSO: Organizational bodies (CSANN and UCCO-SUN)
- ✓ Donors and UN groups combined, minus USAID and UNICEF and World Bank (Nepal only)
- ✓ Donors subgroup: USAID
- ✓ UN Groups subgroup: UNICEF
- ✓ Donors subgroup: World Bank

Step 2. Use the top row of the table below to make your timeline for each group. Be sure to note:

Date: Date of collection or publication for interview, news or notes

Data Type: National interview; district interview; news; meeting notes; budget validation

Data Source: If it is an interview, note the key informant code. Since several of these are mixed groups, it is also helpful to note which organization (e.g., FAO, WFP, if in UN group).

We need to identify *problem* timelines, where:

1. We have data only at the beginning or the end, even if there are multiple time points condensed into one of those periods
2. Position holders have changed multiple times (more than once for two or more of the group key informants)
3. We have two or fewer time points

Timeline for XX (group name from step 1)	Time point 1 (date) (Data Type) (Data source)	Time point 2 (date) (Data Type) (Data source)	Time point 3 (date) (Data Type) (Data source)	Time point 4 (date) (Data Type) (Data source)	Time Point n (date) (Data Type) (Data source)	
--	--	--	--	--	--	--

Timeline can be done in Excel or in Word (Step 3).

Step 3. Analyze each timeline for change:

Once you have filled in the white boxes from Nvivo, this will give you an idea of which themes have data across the timeline, and then you can evaluate for change.

Use the green boxes to code for change in Nvivo. These should be a synthesis of the data (analysis) over the time points, not copying and pasting of data. Use the bottom row to note most marked change, and also whether you see gradual change over multiple time points, or one big change at one time point (also known as a turning point). Please note where on the timeline this change occurred. If no changes seem to be occurring, note this in the box.

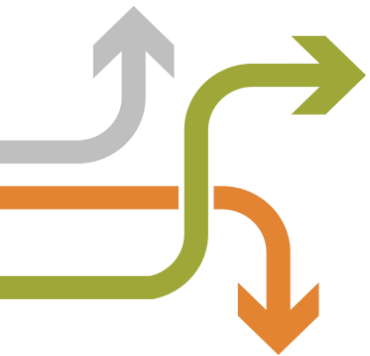
With any theme, consider the following questions to determine if change occurred:

- Has any change occurred, even subtle change?
- What change occurred?
- How and through what mechanisms has changes occurred?
- Why has change occurred?*

Change Codes
<ul style="list-style-type: none"> • perception (stakeholders noted changes (or we note very clear changes) in their own or others attitudes, opinions, or knowledge) • behavior (stakeholders noted changes in their own or others behavior in prioritization or budgeting) • structure (documented policy or guideline change, political shifts, new positions, organizational change) • implementation (documented change in activities or funding).

*Nepal—add child nodes to “Earthquake.”

PULL FROM TIMELINE TABLE (STEP 2) Timeline for XX (group name from STEP 1)	Time point 1 (date) (Data Type) (Data source)	Time point 2 (date) (Data Type) (Data source)	Time point 3 (date) (Data Type) (Data source)	Time point 4 (date) (Data Type) (Data source)	Time Point n (date) (Data Type) (Data source)	
Theme	Time Point 1	Time Point 2	Time Point 3	Time Point 4	Time Point 5	Describe change type
Prioritization	<i>Include reference to relevant quotes and text in Nvivo</i>					(use codes)
Financing						
Scale-up						
Coordination						
Sustainable Structures						
Advocacy						
Adaptation						
Other emergent themes 1–n						
Structural change outside of themes (has KI left position, office reorganized, etc.)						
Analysis of most significant change across interview/time point (Pick the strongest area of change from above, or note any marked change in attitude, etc. IF THERE DOES NOT SEEM to be notable change anywhere, leave blank.)						



ANNEX 3

SPRING Pathways to Better
Nutrition Budget Methods
Uganda

Budget Analysis for the Ugandan Context

Political will for nutrition must be reflected through financial support at the national and sub-national level (USAID 2014). There are several steps involved in tracking financing support, including costing, budget analysis, expenditure analysis, and expenditure tracking. SPRING's efforts, and this guidance document, focus on budget analysis: estimating what funding is allocated to implement the nutrition activities in the UNAP.

Budget analysis can be defined as applied analysis of government and donor budgets with the explicit intention of impacting a policy debate or furthering policy goals (International Budget Project 2001) and includes efforts to improve budget literacy of policymakers, program planners, and other key stakeholders. SPRING's budget analysis is meant to better inform the stakeholders advocating for the UNAP of their available resources. This can lead, in turn, to more effective advocacy for greater nutrition funding, more transparency in how those funds will be spent, and clearer negotiation for donor funding.

Where data were available, SPRING also conducted an **expenditure analysis** to look at what percentage of funds were spent for nutrition activities.

In conducting its budget analysis for nutrition in Uganda, SPRING adhered to three key principles:

1. **Data are both taken from and defined by local documents**, relying on the UNAP activity matrix to define areas of analysis and local budget documents as primary data sources, with a preference for government documents for all data including off-budget funding.
2. **All analysis assumptions were developed from existing resources but then adapted and validated for the Ugandan context**, based on feedback from nutrition stakeholders in Uganda.
3. **Data collection, validation, and analysis are broken down by UNAP objective areas** to assist the Office of the Prime Minister (OPM) and sectors in using it for future planning.

The UNAP contains an explicit implementation matrix (Annex I of the UNAP) that defines the interventions in support of the UNAP, expected outputs, the government agency responsible for leading each activity, and other participants. An approximate cost assigned to each activity is also included in Annex II of the UNAP. By using the UNAP as the basis for this methodology, activities are set for the five-year period of the UNAP, allowing SPRING to follow the same set of activities over the study. It also allowed for comparing estimated financial allocation and expenditures to the costed plan. Finally, by having both the qualitative and budget research teams work from the same document, the budget analysis was aligned with the qualitative assessment of prioritization.

Methods

The PBN case study was a prospective, mixed-methods study. Budget analysis was an integral part of the study design. There were no standard documented methods for extracting budget data, especially for a subsector such as nutrition. For our methodology for extracting nutrition-specific and nutrition-sensitive funding data from donor and government budget documents, SPRING adapted guidance from several sources:

- SUN donor network guidance for tracking global investments in the Development Assistance Committee (DAC) database (SUN Donor Network 2013)
- The International Budget Partnership's "A Guide to Budget Work for NGOs" (The International Budget Project 2001)
- Documentation of the SUN 3-step process (SUN n.d.)

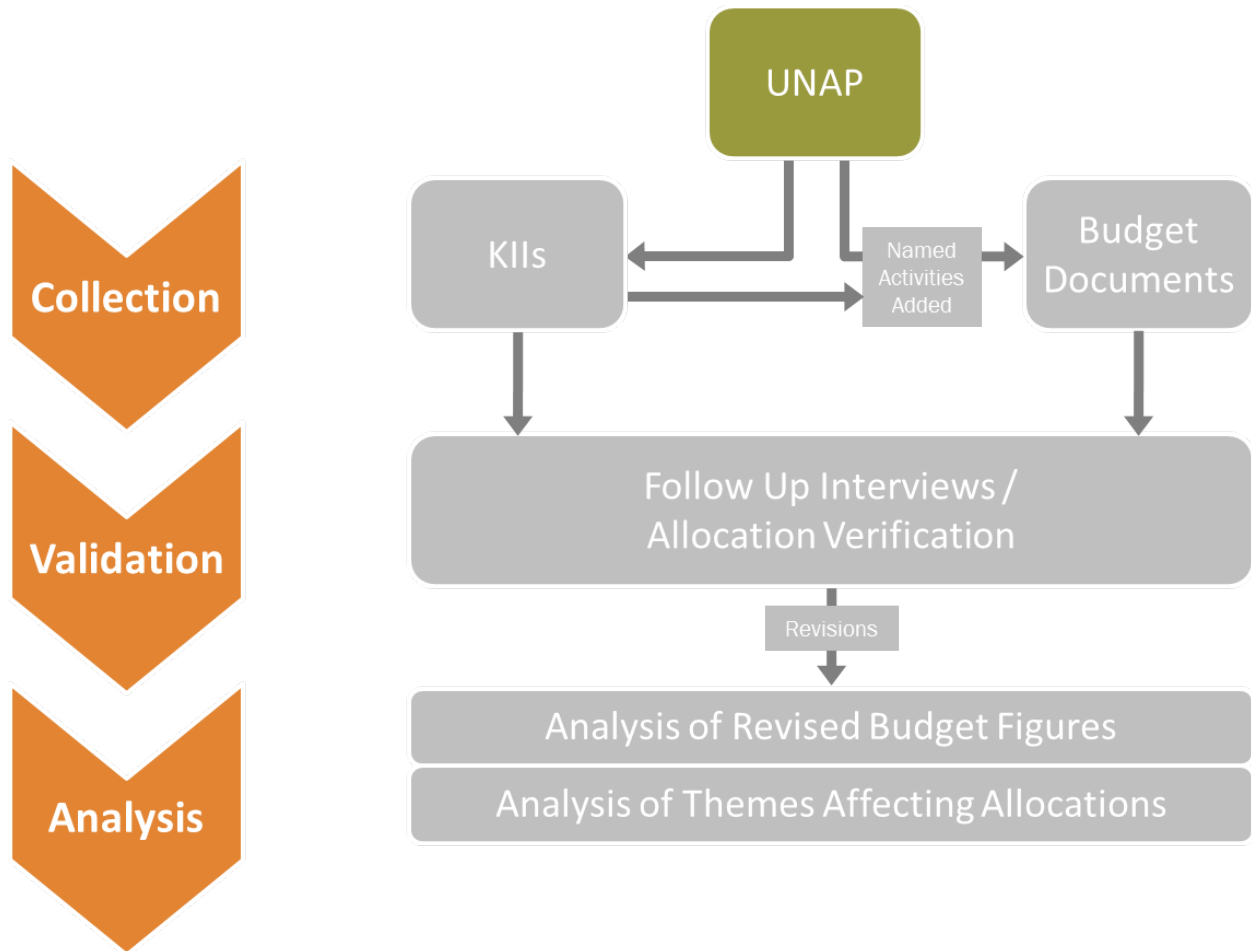
- Examination of the UNAP implementation matrix (Government of Uganda 2011)
- Advice on local budgeting procedures from SPRING's in-country partner, Deutsche Stiftung Weltbevölkerung (DSW), which has experience conducting cross-sector budget analysis in Uganda and elsewhere in sub-Saharan Africa (Sizomu, Brucker, and Muwonge 2014)
- Consultation with the Ugandan Government ministries and key donors

SPRING collected and analyzed budget data for **two budget cycles**: 2013–2014 and 2014–2015. Preliminary data were also collected for 2015–2016, but validation was not completed for this year, and so it is not included in final reports for the study. Data were collected at the national level for government, donor, and UN groups, and in two districts for government, donor, UN groups, and civil society organizations (CSOs).

Throughout the analysis, SPRING utilized our in-country partner, DSW for guidance on interpretation of budget documents and findings. DSW has decades of experience in budget analysis, both in Uganda and elsewhere, and provided SPRING with essential insight into local context of the budget process. They also adapted their community-led process for district-level budget analysis to align with SPRING's national-level methodology to provide comparable data in the two study districts (Lira and Kisoro).

The process for data extraction and analysis described below was used to address Objectives 1 and 2 of the budget analysis. SPRING documented this process and developed tools to help others replicate this analysis to meet Objective 3. Figure 1 lays out the main steps for the process SPRING has undertaken, which fall mainly under three areas: data collection, data validation, and data analysis. Further information on each area is included below. For additional detail on how to carry out a budget analysis activity, please see also SPRING's *Budget Analysis Tool and User's Guide* (SPRING 2015).

Figure 1. Summary of SPRING’s Budget Methodology



Data Collection

SPRING took the following steps to ensure that all relevant data were collected for use in the budget analysis process:

1. Regular group extraction meetings to ensure all members of the PBN team understand the budget analysis process
2. Feedback on ambiguous terms to nutrition stakeholders for guidance
3. Notation and documentation in extraction sheets
4. Cross-referencing figures from multiple sources, where available

At both the national and district levels, SPRING worked primarily with government budget documents to ensure that data were recognizable to the stakeholders who will be using the data. SPRING (and, in the districts, DSW) used available documents to compile a preliminary list of budget lines that are nutrition-relevant from key informant interviews (KIIs), where nutrition focal persons often identified nutrition-relevant activities during the qualitative data collection. These activities were shared with PBN analysts who used that information and the UNAP activity matrix to identify budget lines that may include nutrition-relevant funding and extracted the information into an Excel file for the validation phase.

While it can be difficult to identify nutrition-relevant funding from the budget documents alone, PBN analysts focused on any budget lines that have objectives, outputs, or other descriptions that could align with one of the activities from the UNAP activity matrix. This broad collection of budget vote functions was validated by nutrition stakeholders within the relevant ministry in budget validation meetings and triangulated with the information from qualitative interviews. The process was very similar at both the national and district levels, but relied on slightly different documents and stakeholders.

National Level

National-level data were gathered during baseline data collection in November 2013 and again in July 2014. The team conducted qualitative and budget interviews with stakeholders from the six key groups named by SUN for scaling up nutrition activities:

Government

- Office of the Prime Minister (OPM)
- National Planning Authority (NPA)
- **Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)**
- **Ministry of Education, Science, Technology and Sports (MoESTS)**
- Ministry of Finance, Planning and Economic Development (MoFPED)
- **Ministry of Gender, Labor and Social Development (MoGLSD)**
- **Ministry of Health (MoH)**
- **Ministry of Local Government (MoLG)**
- **Ministry of Trade and Industry and Cooperatives (MTIC)**
- **Ministry of Water and Environment (MWE)**

External Development Partners (EDPs)

- Donor agencies
- CSOs (at the national level, only the organizing body for CSOs, as more in-depth interviewing of this group occurs at the district level)
- Business/private sector
- UN groups
- Academic/research institutions

SPRING requested budgets, supplemental documents, work plans, and any other documents needed to identify nutrition funding for each of the groups **bolded** from the above list. For the other groups, SPRING inquired about approximate funding for their nutrition work and source of funding but did not pursue the full budgeting exercise.

On-Budget

For on-budget data (which include all from government funds, as well as some from external sources), data collection focused on budgets published in the Ministerial Policy Statements (MPS) or more detailed sector or ministry work plans, when they were available.

For validation, SPRING requested contacts for the planning office related to all the line items identified. In each validation meeting with these planning offices, a questionnaire (included at the end of this annex) was used to help ensure thorough review of the data. Table 1 describes the breakdown of validation interviews for on-budget funding.

Table 1. Number of Validation Interviews Conducted and Budget Headings by Sector

	On-Budget	
	Interviews	Line Items
MAAIF	1	7
MoESTS	2	4
MoGLSD	1	2
MoH	1	4
MoLG	1	2
MTIC	1	2
MWE	1	5
Totals	8	26

Off-Budget

Figures for off-budget data (all other EDP activities) come from the MoFPED's "Summary of Project Support Managed Outside Government Systems" in its "Report on Loans, Grants and Guarantees for Financial Year 2012/13." (MoFPED 2013). As with on-budget data, off-budget data were supplemented by responses from the qualitative interviews.

These data are collected and reported very differently than the on-budget data. Initial extraction returned 354 entries. Given the large number of EDPs with at least one project, however, only the most active were contacted for in-depth data validation, while the others were contacted via email. We also utilized the extensive project documentation required for nearly all EDP projects and conducted validation by reviewing every project's relevance, dates, objectives, outcomes and indicators, as well as any financial data available, including total project commitments.

Table 2. Number of Validation Interviews and Reviews Conducted and Activities by Funder

	Off-Budget		
	Validation Interviews	Validation via Email or Documents	Activities
Donor	4	29	57
UN	2	27	43
CSO, Private, or Other	0	0	0
Totals	3	56	100

District Level

SPRING and subcontractor DSW conducted qualitative and budget interviews in April–August 2014 in the districts of Lira and Kisoro. DSW led the budget-related interviews and collected key documents, as was done by SPRING at the national level.

The following groups participated in the budget interviews:

- Government (National Medical Stores, Lira referral hospital, and district officers of Kisoro and Lira)
- Donor agencies (if local office was in place)
- CSOs (all that operate nutrition-related projects in the two districts)
- UN groups (if local office was in place)
- Private sector

SPRING and DSW collected and reviewed district development plans, sector work plans, budget performance reports, CSO budget reports and work plans, hospital budgets and work plans, and local government work plans from both districts (the full list of district-level documents reviewed is provided at the end of this document). The PBN analysts relied on these documents, as well as information regarding funding and nutrition activities collected in qualitative interviews to identify all budget lines related to develop a preliminary list of budget line items that were a potential match for any UNAP activities, as described in the UNAP activity matrix.

Data Collection Examples

- a. The MPS describes a budget line as including funds for “mentoring on household food security.”
- b. A key informant mentions in the interview that her organization plans to implement a nutrition awareness day.

Both would be added to a budget extraction sheet.



Data Validation Process

National and District Levels

After developing a preliminary list of nutrition-relevant budget lines, SPRING validated the extracted ministry and EDP budget data through meetings with the key informants for the respective ministry or EDP. Every effort was made to also cross-validate data with the sector focal point at MoFPED. This validation looked not only at whether the data were relevant to nutrition, but also whether it was correctly categorized for data analysis (see data validation interview tool at end of this annex). See below for more detail on data analysis classifications, but key informants were asked to validate whether the budget line should be categorized as: 1) stand-alone or integrated, 2) specific or sensitive, 3) dominant or partial.

Any projects, programs, or activities that could not be validated by the country or global team (for EDPs) or line ministry or OPM (for government) was dropped from the analysis. In this validation step, we researched and included projects identified by key informants to ensure that supplemental documentation allowed it to be correctly added to the analysis.

Data Validation Example

- a. Nutrition and budget staff within the ministry were asked to review the budget line that includes “mentoring on household food security.” They confirm that it is a nutrition-related activity that is **integrated, sensitive, and dominant** (based on definitions presented below). It remains in the budget extraction sheet.
- b. During a validation meeting, the donor budget officer said that the nutrition awareness day was not included in the final official budget for the organization. The activity is marked as “unfunded” in the budget extraction sheet and not included in subsequent analysis.

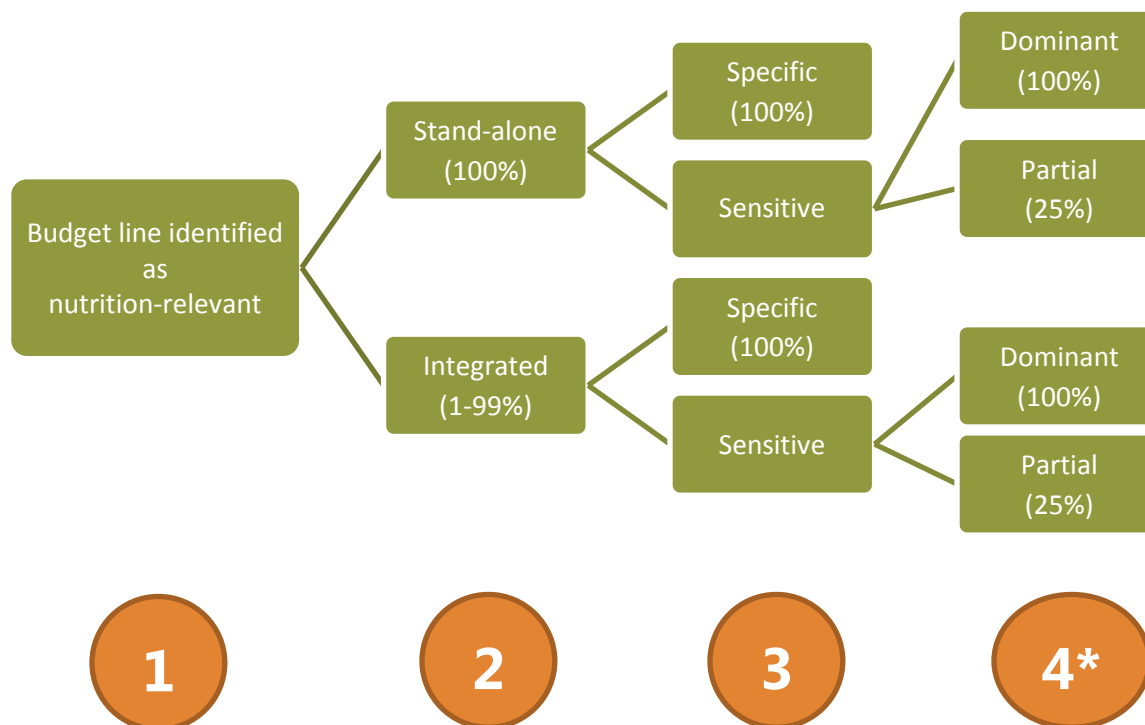


Data Processing and Analysis

National and District Levels

We based our budget analysis process on budget data **collected** from documents and key informant interviews and **validated** through additional meetings and emails. From this point, data were analyzed according to a simple formula. This process is outlined in Figure 2. SPRING’s approach is informed by the SUN 3-step approach and the International Budget Partnership’s “Guide to Budget Work for NGOs”, but some modifications have been made to make it more specific to the Ugandan context (SUN Donor Network 2013; The International Budget Project 2001).

Figure 2. SPRING’s Modified Analysis Approach



*Not included in final analysis

1. As described above, during the data **collection** and **validation** phases, PBN analysts used Excel data extraction sheets to collect relevant data, including budget codes and other identifying information, budget line descriptions, allocations, expenditures (if available), references to the UNAP activity matrix, and other clarifying notes. If during either the collection or validation phase, it was discovered that the activity or budget

line was not actually relevant to nutrition (i.e., did not match an activity from the UNAP activity matrix, did not have a nutrition objective), it was not included in the analysis.

2. **Integrated** means that the budget line included a number of activities and the nutrition-relevant activity was only a portion of the total amount reflected in the budget line. In contrast, **stand-alone** budget headings included only nutrition-relevant activities (i.e., nutrition-relevant activities make up 100 percent of the budget heading). This classification was determined based on the available information in the budget, key informant interviews, and validation meetings. SPRING tried to work with the following budget documents to determine these breakdowns accurately:

- Sub-heading budgets
- Budget line work plans or activity reports

Data Validation Example

If totals could still not be ascertained, then integration percentages were determined based on SUN guidance or best guesses by key informants. The examples below illustrate some of the various ways that this classification could be made:

- a. *A budget line is described as a “food security and nutrition survey.” This is an example of a budget line where all of the funding is relevant to nutrition because all of it is going to support the nutrition activity. One hundred percent of the funding is used for the data analysis process.*
- b. *A budget line lists a number of community-level activities unrelated to nutrition along with a nutrition sensitization event. No further information from the budget describes how much funding goes to the nutrition-relevant portion of the activity. In a validation interview, the budget officer confirms that an amount of money equal to 40 percent of the budget line is related to the nutrition sensitization event. This 40 percent is used for the data analysis process.*

3. As described above, nutrition activities can be classified as **specific** or **sensitive**. For this analysis, the UNAP activity matrix defined the scope of programming that counted as nutrition-relevant, but this additional classification described the activity’s effect on improving nutrition outcomes. PBN analysts used the definitions below sourced from internationally recognized guidance.

Nutrition-specific interventions: Directly address the immediate causes of malnutrition, including care, health, and feeding practices. These activities are often (but not always) addressed within the health sector.

Nutrition-sensitive interventions: Indirectly address the underlying and basic causes of malnutrition, which could include food security/availability, resources for feeding and caregiving, or access to health services, among others. These activities are most often addressed in non-health sectors such as agriculture, education, gender and social development, trade and industry, and water and environment.

Those nutrition-relevant activities that fell within the scope of the UNAP but were not nutrition-specific are classified as nutrition-sensitive. The examples below illustrate some of the various ways that this classification could be made.

- a. *A donor has budgeted for a vitamin A supplementation activity. This is on the list of nutrition-specific activities and included under UNAP strategy 1.1, and would therefore be classified as nutrition-specific.*

- b. *A ministry budget includes a community messaging campaign to address a local food taboo that impairs the nutrition of pregnant women. This addresses UNAP strategy 1.2, but it does not fit in the list of nutrition-specific activities, so it is categorized as nutrition-sensitive.*
 - c. *A CSO is implementing a plan to improve girls' attendance at school. Some global actors consider this activity to be nutrition-sensitive, but it is not addressed in the UNAP activity matrix. This budget line will not be included in the final analysis.*
4. For nutrition-sensitive activities only, the SUN Donor Network and 3-step approach have encouraged the use of weights to adjust final estimates to account for the activity's contribution to the nutrition outcomes, in effect reducing the influence of activities that were not explicitly planned to improve nutrition. In practice, this effort has been difficult to apply. The SUN Donor Network admits that "although partially mitigated by a detailed methodology with stringent criteria for inclusion, the approach is subjective" (SUN 2013). Given the subjectivity of the weights, SPRING presents all final results **unweighted** in the main report, but with annex 5 of this report provides weights if a country chooses to use them.

If you choose to use weighted results: To reduce subjectivity as much as possible, the PBN analysts used the following definitions to classify nutrition-sensitive activities. Keep in mind that SUN guidance on what weights to use for each type of activity is rapidly evolving, so countries should refer to SUN's latest guidance before using.

Dominant nutrition activities (either in a stand-alone budget heading or as an integrated portion): If the stated primary objective, results, outcomes, and indicators of the project have a direct effect on nutrition-sensitive activities. These budget headings are counted at 100 percent.

Partial nutrition activities (either in a stand-alone budget heading or as an integrated portion): If only secondary objectives, results, outcomes, and indicators of the project have an indirect effect on nutrition-sensitive activities. These lines are counted at only 25 percent. The reason for this suggested weighting is to avoid overcounting those activities with only a distant effect on nutrition outcomes. For example, a large-scale project that provides social transfers to vulnerable households and communities often has only secondary nutrition-related goals, despite being included in the UNAP.

This distinction was made during data validation interviews, with PBN analysts asking respondents whether the nutrition goals for an activity were the primary goals or if they were only of secondary (or lesser) importance. The examples below illustrate some of the various ways that this classification could be made:

- a. *A community-led value-addition activity lists improving nutrition of smallholder farmers as an explicit goal in the budget document. This budget line is classified as nutrition-sensitive **dominant** and counted at 100 percent.*
- b. *Funding provided to an agricultural production activity has a primary goal of increasing crop yields. Additional documentation and interviews reveal that there is a secondary goal of improving and promoting local food processing at the household and community levels. This budget line is classified as nutrition-sensitive **partial** and counted at 25 percent.*

Once the budget line was classified according to these breakdowns, a simple formula was applied to obtain analysis results:

- For **unweighted estimates**, simply calculate the *amount of funding relevant to nutrition*:
 - This is the full budget line for stand-alone budget lines.

- For integrated budget lines, the nutrition-related funding amount is “allocated budget” multiplied by the integration percentage.

Note: While unweighted results do not differentiate between nutrition-specific and -sensitive amounts, it can still be illustrative to look at the results separately for each group.

- To obtain **weighted estimates**, multiply the *amount of funding relevant to nutrition* by:
 - 25 percent for budget lines classified as nutrition-sensitive-partial
 - 100 percent for budget lines classified as nutrition-specific or nutrition-sensitive-dominant

Note: These weighted results **should not** be used for routine accounting or M&E purposes. They are most useful for advocacy campaigns and for reporting to SUN.

District Level

District-Level Considerations

At the district level, nutrition activities were integrated into broader, layered budgets. For this and a variety of other reasons, district planners had a more difficult time approximating percentages. Thus, a modified methodology was required to: a) identify budget lines that relate to nutrition activities and b) estimate the amounts dedicated to nutrition.

For each sector, relevant budget lines were identified through key informant interviews, the Output Budgeting Tool (OBT), and work plans. In the baseline round, district officials were asked to identify nutrition-relevant activities from the OBT and work plans, substantiate their activities by providing examples and relating the budget line to UNAP strategic areas, and estimate how much funding was reserved for the nutrition activity.

Whenever possible, PBN analysts relied on the expert knowledge of nutrition and budget staff in the districts to provide percentage estimates of nutrition budget lines. Unfortunately, not all key informants or data validators were able to provide a specific funding amount or percentage of funding relevant to nutrition. In those cases where such data were not available, SPRING and DSW worked with district stakeholders to transfer narrative into quantitative data.

CSO District-Level Budgets

Many CSOs were reluctant to give detailed project work plans and budgets to SPRING/DSW. Therefore, a short questionnaire was developed to provide summarized budgets and project information for a given CSO, similar to the national validation tool.

Additional Considerations for Data Analysis

Exchange Rates

MoFPED reports off-budget donor funding in current-year U.S. dollars (USD). However, all ministry budget data are reported in current-year Ugandan shillings (UGX). SPRING reported final estimates in both USD and UGX. Interbank exchange rates from the Ugandan Central Bank were used for the conversions, using official average mid-rates for each financial year.

Deflation/Inflation Rates and Base Year

National-level analysis began at 2013–2014. For final reporting, nominal values were used for current year estimates. For any discussion of the change over time, the figures were inflated to 2015–2016 dollars. Inflation rates were averaged over the fiscal year using the Ugandan Central Bank rates.

Tracking Overlapping Donor Funds

Funding lines in some groups overlapped, particularly for donor and UN agencies. Many bilateral donors provided funding to UN agencies and to the Government of Uganda (GoU). When funding UN agencies, bilaterals rarely identified the funding as nutrition, which meant that the UN agency decided how to allocate those funds within the larger category of giving. SPRING chose to follow donor and UN funds at the project level, rather than starting from the top (i.e., global allocation level), which meant that these funds counted as UN funds.

Limitations

Data Quality

The MoFPED document detailing off-budget support was released two fiscal years after the data were reported, so these data were largely projections for the fiscal years of analysis. This meant we relied on validation to provide accurate figures - when respondents could not provide these data during validation interviews, SPRING imputed the missing data from the total project commitment figure divided by the number of project years.

For on-budget figures, most respondents to SPRING's requests for information were unaware of the budget analysis methodology in the first round of data collection, which complicated efforts to appropriately identify and categorize relevant funds. Where possible, this challenge was overcome by capacity development of these respondents, who were better able to answer requests during the second round of data collection.

Subjectivity of “Sensitive”

Defining “nutrition-sensitive” can be complicated. Changes have occurred in the designation of nutrition-sensitive categories and how to weight them at the global level—SUN now has draft guidance that has moved away from set weights for nutrition-sensitive activities, and has added some new categories. Using the UNAP activity matrix allowed us to maintain a standard set of activities to track over time. In addition, since we did not use any weights in our final analysis, these changes did not affect the main results. However, the supplementary weighted figures were affected and may not align with the latest global set of weighting. We have provided a breakdown of funding by dominant and partial in Annex 5 of this final report that allows GoU and others to change weights as needed.

Evolution of Nutrition Designation

We based this analysis on what was included in the UNAP. However, during the period of the study, the Ministry of Water and Environment became a party to the UNAP. In response to a request from the OPM, SPRING included the MWE in data collection efforts. This final analysis reflects this addition.

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- The International Budget Project. 2001. "A Guide to Budget Work for NGOs." Washington, D.C.: Center on Budget and Policy Priorities. www.internationalbudget.org.
- USAID. 2014. "Multi-Sectoral Nutrition Strategy 2014-2025." http://www.usaid.gov/sites/default/files/documents/1867/USAID_Nutrition_Strategy_5-09_508.pdf.

District-Level Documents Reviewed

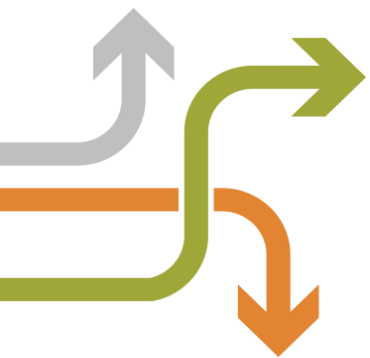
District development plan FY 2010/11–2014/15	Detailed sector work plan planning and monitoring (P&M) FY 2011–12
District development plan FY 2011–12–2015/16	Detailed sector work plan P&M FY 2012–13
District development plan FY 2012/13–2016/17	Detailed sector work plan P&M FY 2013–14
District development plan FY 2013–14–2017/18	Detailed sector work plan health FY 2011–12
Approved budget estimates for revenues and expenditures (central government vote) FY 2011–12	Detailed sector work plan health FY 2012–13
Approved budget estimates for revenues and expenditures (central government vote) FY 2012–13	Detailed sector work plan health FY 2013–14
Approved budget estimates for revenues and expenditures (central government vote) FY 2013–14	Detailed sector work plan education FY 2011–12
Annual local government work plan FY 2011–12	Detailed sector work plan education FY 2012–13
Annual local government work plan FY 2012–13	Detailed sector work plan education FY 2013–14
Annual local government work plan FY 2013–14	Detailed sector work plan water FY 2011–12
Summary sector work plan P&M FY 2011–12	Detailed sector work plan water FY 2012–13
Summary sector work plan P&M FY 2012–13	Detailed sector work plan water FY 2013–14
Summary sector work plan P&M FY 2013–14	Detailed sector work plan CBS FY 2011–12
Summary sector work plan health FY 2011–12	Detailed sector work plan CBSFY 2012–13
Summary sector work plan health FY 2012–13	Detailed sector work plan CBS FY 2013–14
Summary sector work plan health FY 2013–14	Approved budget performance report FY 2011–12
Summary sector work plan education FY 2011–12	Approved budget performance report FY 2012–13
Summary sector work plan education FY 2012–13	Approved central government transfers and Lira referral hospital work plans and budget
Summary sector work plan education FY 2013–14	CSO reports, work plans, and budgets
Summary sector work plan water FY 2011–12	
Summary sector work plan water FY 2012–13	
Summary sector work plan water FY 2013–14	
Summary sector work plan community-based services (CBS) FY 2011–12	
Summary sector work plan CBS FY 2012–13	
Summary sector work plan CBS FY 2013–14	

Example: Sample Data Validation Tool

This sample data validation tool includes some of the possible questions that would be asked in data validation meetings, depending on previous rounds of data collection and validation.

INTERVIEWER STEP 1: CIRCLE THE LINE ITEM YOU ARE GOING TO DISCUSS BELOW—only fill in answers for that ONE line item in this sheet. Please print enough questionnaires for each line item in this list.

Vote XX, VF XX, Programme XX XXX, Output XX: [Description]		
[additional budget lines as necessary]		
Q#	Question (INTERVIEWER: FILL OUT IN ENTRY FORM ONLY FOR CIRCLED LINE ITEM)	Answer
1	In the FY 13/14, did the budget line item listed have any component related to nutrition? What about 14/15? (If no, show UNAP activity matrix. If still no, move to next budget line.)	13/14: YES or NO 14/15: YES or NO
2	We would like to estimate what part of this budget line item is related to nutrition (what percentage, 1-100) for each year. Can you share with us a work plan or breakdown of this line item to identify this percentage? (If no, then ask them to estimate percentage.)	13/14: YES or NO Document: _____ Or estimated %: _____% 14/15: YES or NO Document: _____ Or estimated %: _____%
3	(If no work plan, or confusion) As compared to the UNAP Activity Matrix , can you describe for us what within this line item is related to these UNAP activities, and approximately what the budget was for? _____	Estimated Amount: _____ UGX (13/14 or 14/15) _____ UGX (13/14 or 14/15) _____ UGX (13/14 or 14/15)
4	Among the activities in this project, were any “nutrition-specific” (see list at back)? If yes, which ones (specify year)? _____	13/14: YES or NO 14/15: YES or NO
5	For nutrition sensitive activities, does this nutrition activity have a primary (is the main objective of this work to improve nutrition) or a secondary outcome of improving nutrition?	13/14: PRIMARY or SECONDARY 14/15: PRIMARY or SECONDARY
6	Will you continue the nutrition activities in this line item for next year (2015/16)?	15/16: YES or NO



ANNEX 4

Snapshots of Nutrition in Uganda

“Snapshots of Nutrition” Reader’s Guide

These snapshots are intended to present the diversity of factors affecting malnutrition in the country based upon the dimensions outlined by the Ugandan Nutrition Action Plan (UNAP). Best read alongside other evidence from SPRING’s “Pathways to Better Nutrition” (PBN) Case Study Series, the snapshots can be used in the following ways:

- By nutrition program planners in Uganda to help inform what weaknesses are, and are not, modifiable in their subregion; what new interventions to plan and advocate for in next year’s workplan; and what aspects of current interventions may need revision in order to meet the 2016 UNAP targets.
- By nutrition policy makers in Uganda at the national and local level to prioritize plans and funding for activities tailored to improve the indicators furthest from the national average or UNAP targets.
- By nutrition monitoring and evaluation officers both in Uganda and elsewhere to use as a data point to work from in planning their evaluation of the effectiveness of the UNAP from 2011 onward.

In addition to the subregion snapshots, SPRING is endeavoring to complete snapshots for Lira and Kisoro, the two districts where other PBN data collection is occurring. Once complete, SPRING can share templates and guidance on how others can create these snapshots for their district’s planning purposes.

Snapshots of Nutrition in Uganda: Lira District

These district snapshots have been constructed as part of the “Pathways to Better Nutrition” (PBN) case study evaluations implemented by the USAID-funded SPRING project, focusing on two case study districts where SPRING and its partners have done extensive data collection. Using key indicators and objectives named in the *2011 Uganda Nutrition Action Plan* (UNAP), these snapshots present the diversity of factors affecting malnutrition in the country. These district snapshots are best interpreted in conjunction with other SPRING PBN products, including the *Factors Affecting Nutrition around Uganda* (Pomeroy and D’Agostino 2014) set of subregional snapshots and the technical brief *Summary of Kisoro and Lira Districts 2014 Baseline Study* (Adero et al. forthcoming).

These snapshots assess what objectives or set of constraints are most pressing in each district. The contextual factors that will affect subnational implementation of national nutrition policy may vary across regions and districts.

SUMMARY OF KEY UNAP INDICATORS FOR LIRA DISTRICT

Indicator	Level in Lira District	UNAP National Target (2016)
Any anemia, children 6-59 months	58.8%	50.0%
Any anemia, women of reproductive age	29.4%	12.0%
Exclusive breastfeeding, under 6 months	69%	75.0%
Minimum dietary diversity, children 6-23 months	4.3%	*
Overweight, non-pregnant women	7.9%	No target
Stunting, children under 5 yrs.	19.2%	32.0%
Underweight, children under 5 yrs.	9.7%	10.0%
Underweight, non-pregnant women	11.4%	8.0%
Wasting, children under 5 yrs.	6.8%	5.0%

Sources: Feed the Future Innovation Laboratory for Collaborative Research on Nutrition Africa (2013)

*The UNAP provides a national target for a dietary diversity index of 75, but this measure is unavailable for Uganda’s districts, so we use minimum dietary diversity.

DESCRIPTION OF LIRA DISTRICT CHARACTERISTICS (IN COMPARISON TO NATIONAL STATISTICS)

Refugee population level:
Low

Location:
Peri-Urban

Poverty Headcount:
Above Average (55%)

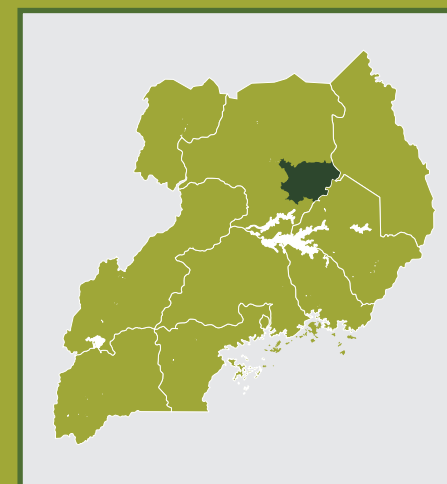
Adult Literacy Level:
Average (66%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

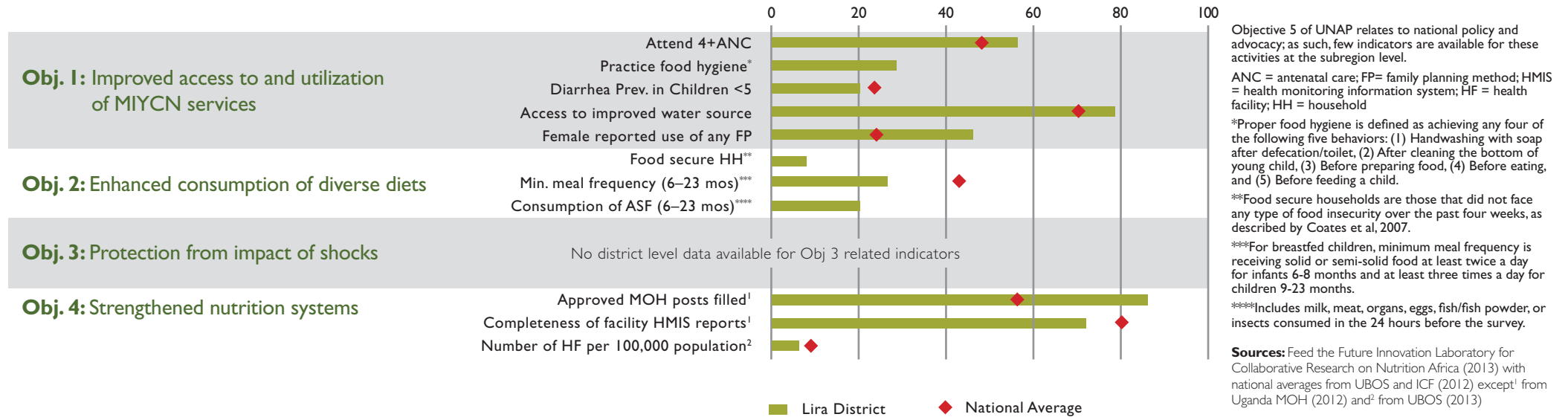
Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UBOS 2013, UNHCR 2013.



IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



Sources:

Adero, Nancy, Abel Muzoora, Hannah Foehringer Merchant, Edgar Agaba, Alexis D'Agostino, Amanda Pomeroy-Stevens. Forthcoming. *Summary of Kisoro and Lira Districts 2014: Baseline Study*. Arlington, VA. USAID/SPRING Project.

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Snapshots of Nutrition in Uganda: Kisoro District

These district snapshots have been constructed as part of the “Pathways to Better Nutrition” (PBN) case study evaluations implemented by the USAID-funded SPRING project, focusing on two case study districts where SPRING and its partners have done extensive data collection. Using key indicators and objectives named in the *2011 Uganda Nutrition Action Plan (UNAP)*, these snapshots present the diversity of factors affecting malnutrition in the country. These district snapshots are best interpreted in conjunction with other SPRING PBN products, including the *Factors Affecting Nutrition around Uganda* (Pomeroy and D’Agostino 2014) set of subregional snapshots and the technical brief *Summary of Kisoro and Lira Districts 2014 Baseline Study* (Adero et al. forthcoming).

These snapshots assess what objectives or set of constraints are most pressing in each district. The contextual factors that will affect subnational implementation of national nutrition policy may vary across regions and districts.

SUMMARY OF KEY UNAP INDICATORS FOR KISORO DISTRICT

Indicator	Level in Kisoro District	UNAP National Target (2016)
Any anemia, children 6-59 months	55%	50.0%
Any anemia, women of reproductive age	18.2%	12.0%
Exclusive breastfeeding, under 6 months	78.6%	75.0%
Minimum dietary diversity, children 6-23 months	3.7%	*
Overweight, non-pregnant women	13.6%	No target
Stunting, children under 5 yrs.	51.4%	32.0%
Underweight, children under 5 yrs.	14.2%	10.0%
Underweight, non-pregnant women	2.0%	8.0%
Wasting, children under 5 yrs.	3.4%	5.0%

Sources: Feed the Future Innovation Laboratory for Collaborative Research on Nutrition Africa (2013)

*The UNAP provides a national target for a dietary diversity index of 75, but this measure is unavailable for Uganda’s districts, so we use minimum dietary diversity.

DESCRIPTION OF KISORO DISTRICT CHARACTERISTICS (IN COMPARISON TO NATIONAL STATISTICS)

Refugee population level:
Moderate/High

Location:
Peri-Urban

Poverty Headcount:
Average (44%)

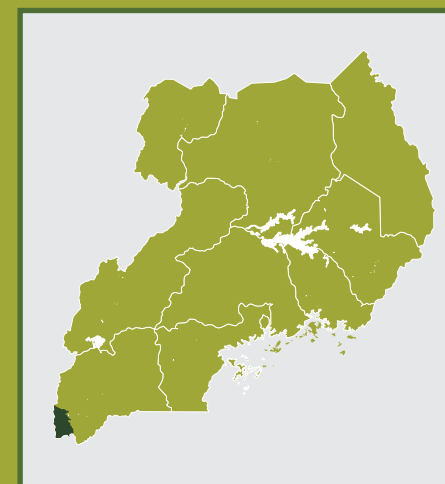
Adult Literacy Level:
Below Average (51%)

Notes:

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

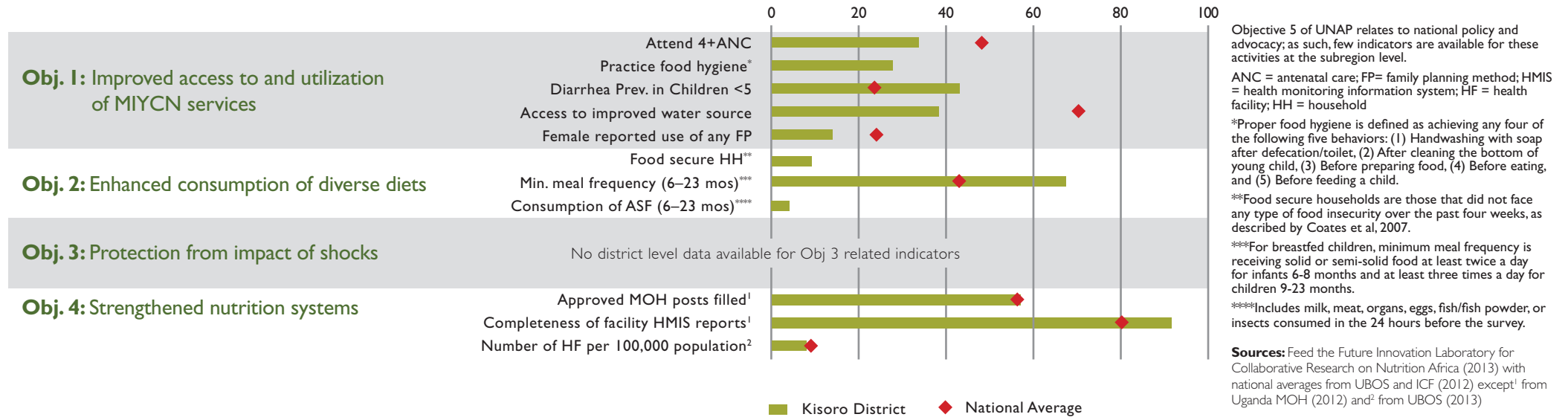
Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UBOS 2013, UNHCR 2013.



IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



Sources:

Adero, Nancy, Abel Muzoora, Hannah Foehringer Merchant, Edgar Agaba, Alexis D'Agostino, Amanda Pomeroy-Stevens. Forthcoming. *Summary of Kisoro and Lira Districts 2014: Baseline Study*. Arlington, VA. USAID/SPRING Project.

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Snapshots of Nutrition in Uganda: Central 1 Subregion

SUMMARY OF KEY UNAP INDICATORS FOR CENTRAL 1 SUBREGION

Indicator	Level in Central 1	UNAP National Target (2016)
Any anemia, children 6–59 months. ¹	56.8%	50.0%
Any anemia, WRA ¹	23.5%	12.0%
Calorie consumption (average calories) ³	1998 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	58.8%	75.0%
Low birthweight (<2.5kg) ¹	14.4%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	4.4%	*
Overweight, children under 5 yrs. ¹	4.3%	No increase**
Overweight, non-pregnant women ¹	23.3%	No target
Stunting, children under 5 yrs. ¹	32.5%	32.0%
Underweight, children under 5 yrs. ¹	12.9%	10.0%
Underweight, non-pregnant women ¹	7.3%	8.0%
Vitamin A deficiency, children 6-59 months ²	29.1%	13.0%
Vitamin A deficiency, WRA ²	32.7%	12.0%
Wasting, children under 5 yrs. ¹	5.8%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP, for these the SUN/WHO target for 2025 is given.

DESCRIPTION OF CENTRAL 1 CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

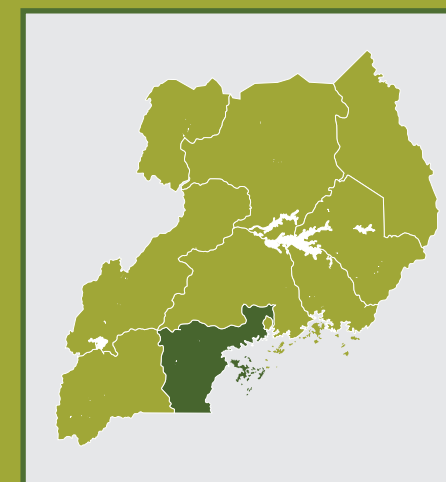
Location: Rural

Households in lowest national wealth quintile*:
Below Average (6%)

Households reporting conflict or raiding as an issue: Below Average (0%)

Literacy rate for women of reproductive age (WRA):
Above Average (80%)

Refugee population level:
Low



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

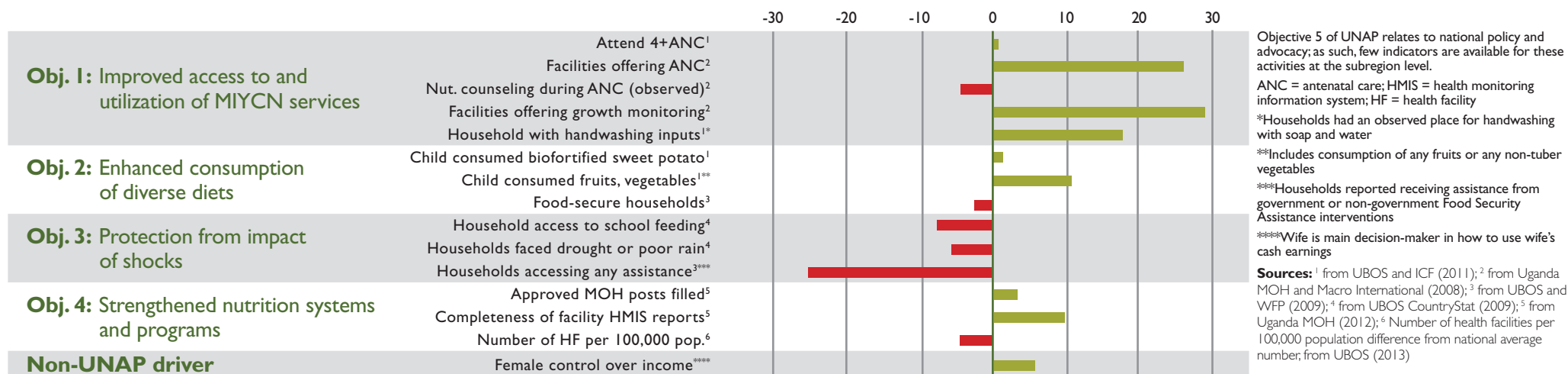
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountryStat 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Matooke	31.4%	41%	54%	5%
2	Cereals	24.6%			
	Rice		94%	0%	6%
	Maize-Grain		35%	55%	10%
	Maize-Flour		81%	16%	3%
	Bread		94%	0%	5%
	Millet		77%	18%	4%
	Sorghum		100%	0%	0%
3	Roots and Tubers	20.1%			
	Sweet potatoes		29%	66%	6%
	Cassava-Fresh		26%	69%	5%
	Cassava-Flour		73%	23%	5%
	Irish potatoes		74%	22%	4%
4	Legumes and Pulses	10.7%			
	Fresh beans		27%	62%	11%
	Dry beans		46%	51%	3%
	Groundnuts		83%	13%	4%
	Peas		97%	3%	0%

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

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Uganda Bureau of Statistics (UBOS). 2006. *2002 Uganda Population and Housing Census: Analytical Report. Population Size and Distribution*. Kampala, Uganda: UBOS.

UBOS. 2013. *District profiles by selected indicators*. Data received: 7 February 2013.

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UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: Ministry of Health.

UBOS and United Nations World Food Programme (WFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.

Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: Ministry of Health and Macro International Inc.

United Nations High Commissioner for Refugees (UNHCR). 2013. "2013 UNHCR country operations profile-Uganda." Accessed August 22, 2013: <http://www.unhcr.org/pages/49e483c06.html>.

Source: Ssewanyana & Kasirye (2010)

Snapshots of Nutrition in Uganda: Central 2 Subregion

SUMMARY OF KEY UNAP INDICATORS FOR CENTRAL 2 SUBREGION

Indicator	Level in Central 2	UNAP National Target (2016)
Any anemia, children 6–59 months ¹	54.2%	50.0%
Any anemia, WRA ¹	30.9%	12.0%
Calorie consumption (average calories) ³	1850 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	71.8%	75.0%
Low birthweight (<2.5kg) ¹	12.5%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	8.2%	*
Overweight, children under 5 yrs. ¹	4.8%	No increase**
Overweight, non-pregnant women ¹	20.4%	No target
Stunting, children under 5 yrs. ¹	36.1%	32.0%
Underweight, children under 5 yrs. ¹	11.4%	10.0%
Underweight, non-pregnant women ¹	8.2%	8.0%
Vitamin A deficiency, children 6-59 months ²	21.7%	13.0%
Vitamin A deficiency, WRA ²	29.8%	12.0%
Wasting, children under 5 yrs. ¹	5.3%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF CENTRAL 2 CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

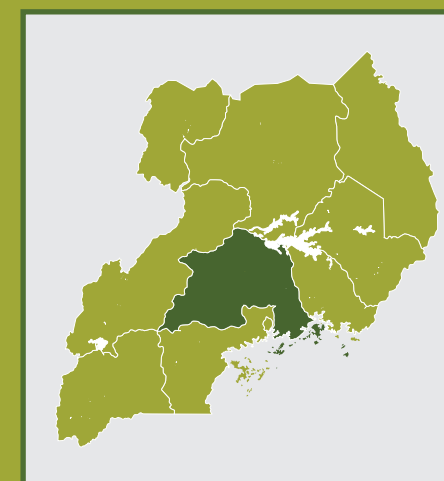
Location: Rural

Households in lowest national wealth quintile*:
Below Average (8%)

Households reporting conflict or raiding as an issue: Below Average (0%)

Literacy rate for women of reproductive age (WRA):
Above Average (75%)

Refugee population level:
Low



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

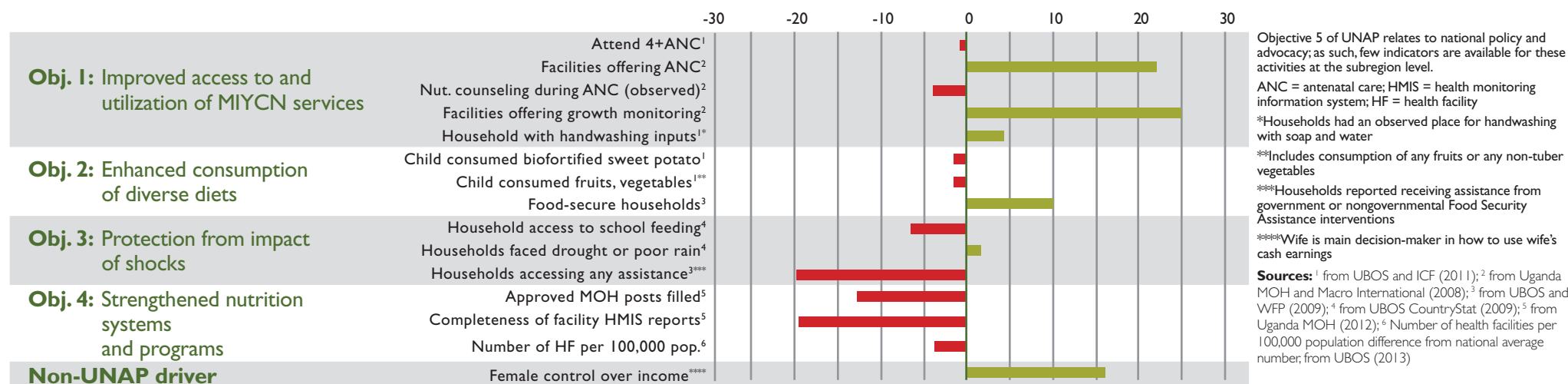
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



Objective 5 of UNAP relates to national policy and advocacy; as such, few indicators are available for these activities at the subregion level.

ANC = antenatal care; HMIS = health monitoring information system; HF = health facility

*Households had an observed place for handwashing with soap and water

**Includes consumption of any fruits or any non-tuber vegetables

***Households reported receiving assistance from government or nongovernmental Food Security Assistance interventions

****Wife is main decision-maker in how to use wife's cash earnings

Sources: ¹ from UBOS and ICF (2011); ² from Uganda MOH and Macro International (2008); ³ from UBOS and WFP (2009); ⁴ from UBOS CountryStat (2009); ⁵ from Uganda MOH (2012); ⁶ Number of health facilities per 100,000 population difference from national average number, from UBOS (2013)

PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Roots and Tubers	30.3%			
	Sweet potatoes		21%	74%	5%
	Cassava-Fresh		25%	70%	5%
	Cassava-Flour		57%	42%	1%
	Irish potatoes		60%	32%	8%
2	Cereals	23.9%			
	Rice		94%	2%	4%
	Maize-Grain		19%	71%	10%
	Maize-Flour		76%	21%	3%
	Bread		95%	1%	4%
	Millet		65%	30%	5%
	Sorghum		36%	52%	12%
3	Matooke	19.7%	36%	57%	7%
4	Legumes and Pulses	12.5%			
	Fresh beans		22%	70%	9%
	Dry beans		44%	53%	4%
	Groundnuts		80%	17%	3%
	Peas		87%	13%	0%

Source: Ssewanyana & Kasirye (2010)

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre. Research Series No. 70*. July 2010.

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UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: Ministry of Health.

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Snapshots of Nutrition in Uganda: East Central Subregion

SUMMARY OF KEY UNAP INDICATORS FOR EAST CENTRAL SUBREGION

Indicator	Level in East Central	UNAP National Target (2016)
Any anemia, children 6–59 months ¹	67.5%	50.0%
Any anemia, women of reproductive age ¹	29.9%	12.0%
Calorie consumption (average calories) ³	1756 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	56.1%	75.0%
Low birthweight (<2.5kg) ¹	11.9%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	0.9%	*
Overweight, children under 5 yrs. ¹	2.1%	No increase**
Overweight, non-pregnant women ¹	15.7%	No target
Stunting, children under 5 yrs. ¹	33.5%	32.0%
Underweight, children under 5 yrs. ¹	16.7%	10.0%
Underweight, non-pregnant women ¹	11.9%	8.0%
Vitamin A deficiency, children 6–59 months ²	39.7%	13.0%
Vitamin A deficiency, WRA ²	40.9%	12.0%
Wasting, children under 5 yrs. ¹	5.0%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF EAST CENTRAL CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location: Peri-Urban with Urban Center

Households in lowest national wealth quintile*: Below Average (12%)

Households reporting conflict or raiding as an issue: Below Average (0.8%)

Literacy rate for women of reproductive age (WRA): Average (58%)

Refugee population level: Low

Notes:

*Considered a measure of poverty.

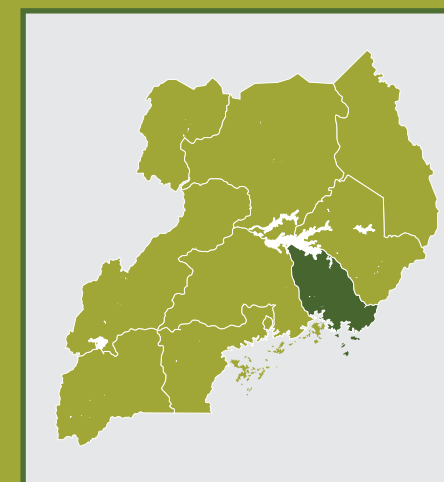
Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

Households reporting conflict or raiding based on national average of 1%

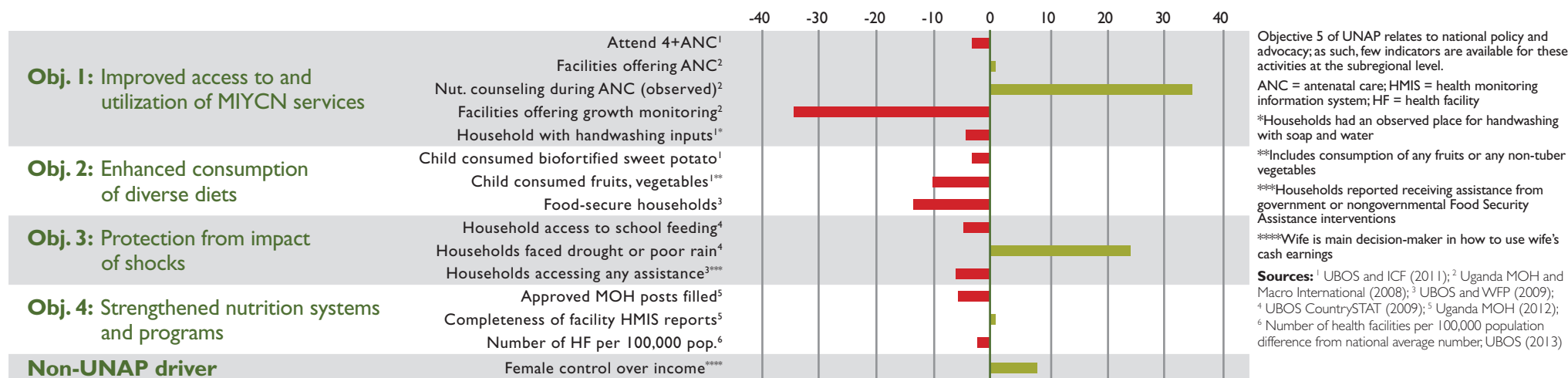
Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.



IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Roots and Tubers	43%			
	Sweet potatoes		21%	74%	5%
	Cassava-Fresh		25%	70%	5%
	Cassava-Flour		57%	42%	1%
	Irish potatoes		60%	32%	8%
2	Cereals	32.1%			
	Rice		94%	2%	4%
	Maize-Grain		19%	71%	10%
	Maize-Flour		76%	21%	3%
	Bread		95%	1%	4%
	Millet		65%	30%	5%
	Sorghum		36%	52%	12%

Source: Ssewanyana & Kasirye (2010)

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre. Research Series No. 70*. July 2010.

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Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: Ministry of Health and Macro International Inc.

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Snapshots of Nutrition in Uganda: Eastern Subregion

SUMMARY OF KEY UNAP INDICATORS FOR EASTERN SUBREGION

Indicator	Level in Eastern	UNAP National Target (2016)
Any anemia, children 6–59 months ¹	54.6%	50.0%
Any anemia, WRA ¹	27.9%	12.0%
Calorie consumption (average calories) ³	1880 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	62.6%	75.0%
Low birthweight (<2.5kg) ¹	6.8%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	8.3%	*
Overweight, children under 5 yrs. ¹	2.5%	No increase**
Overweight, non-pregnant women ¹	9.2%	No target
Stunting, children under 5 yrs. ¹	25.3%	32.0%
Underweight, children under 5 yrs. ¹	10.0%	10.0%
Underweight, non-pregnant women ¹	20.0%	8.0%
Vitamin A deficiency, children 6–59 months ²	42.4%	13.0%
Vitamin A deficiency, WRA ²	51.2%	12.0%
Wasting, children under 5 yrs. ¹	4.8%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

*UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

**Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given instead.

DESCRIPTION OF EASTERN CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

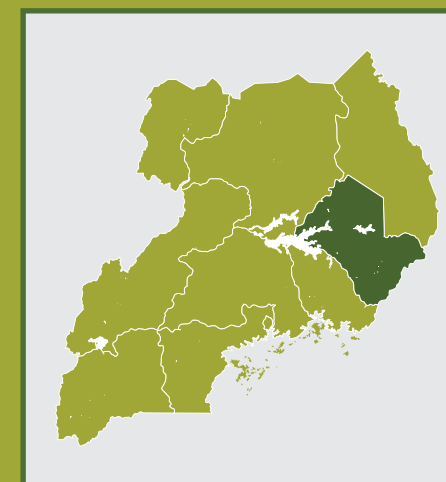
Location: Rural

Households in lowest national wealth quintile*:
Above Average (33%)

Households reporting conflict or raiding as an issue: Average (0.4%)

Literacy rate for women of reproductive age (WRA):
Below Average (49%)

Refugee population level:
Low



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

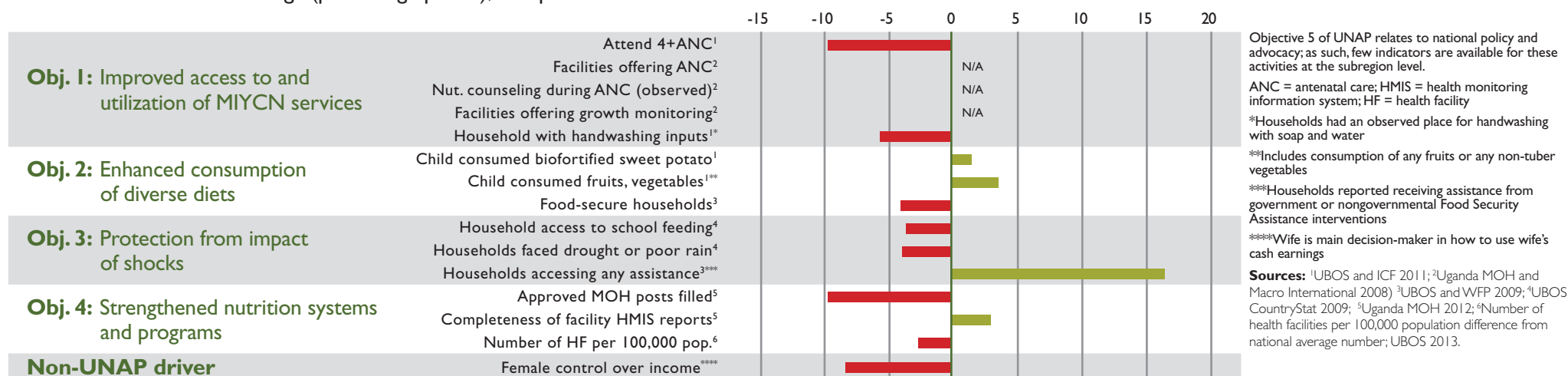
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Cereals	35.3%			
	Rice		85%	9%	6%
	Maize-Grain		13%	75%	11%
	Maize-Flour		54%	42%	4%
	Bread		97%	0%	3%
	Millet		21%	71%	8%
	Sorghum		36%	60%	4%
2	Roots and Tubers	32.4%			
	Sweet potatoes		20%	73%	7%
	Cassava-Fresh		24%	62%	14%
	Cassava-Flour		39%	58%	4%
	Irish potatoes		91%	9%	0%
3	Matooke	14.5%	28%	67%	5%
4	Legumes and Pulses	10.2%			
	Fresh beans		24%	70%	6%
	Dry beans		49%	49%	3%
	Groundnuts		62%	32%	5%
	Peas		50%	45%	6%

Source: Ssewanyana & Kasirye (2010)

Sources:

- Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.
- Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.
- Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre. Research Series No. 70*. July 2010.
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- UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
- Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: MOH.
- UBOS and United Nations World Food Programme (UNWFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.
- Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: MOH and Macro International Inc.
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Snapshots of Nutrition in Uganda: Kampala Subregion

SUMMARY OF KEY UNAP INDICATORS FOR KAMPALA SUBREGION

Indicator	Level in Kampala	UNAP National Target (2016)
Any anemia, children 6-59 months ¹	39.8%	50.0%
Any anemia, WRA ¹	19.6%	12.0%
Calorie consumption (average calories) ³	1645 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	43.6%	75.0%
Low birthweight (<2.5kg) ¹	10.5%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	15.6%	*
Overweight, children under 5 yrs. ¹	3.5%	No increase**
Overweight, non-pregnant women ¹	40.4%	No target
Stunting, children under 5 yrs. ¹	13.5%	32.0%
Underweight, children under 5 yrs. ¹	5.7%	10.0%
Underweight, non-pregnant women ¹	7.7%	8.0%
Vitamin A deficiency, children 6-59 months ²	27.9%	13.0%
Vitamin A deficiency, WRA ²	29.7%	12.0%
Wasting, children under 5 yrs. ¹	4.4%	5.0%

Sources: 1UBOS and ICF (2011), 2UBOS and ICF (2012), 3UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF KAMPALA CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

Location: Urban

Households in lowest national wealth quintile*:
Below Average (0%)

Households reporting conflict or raiding as an issue: n/a

Literacy rate for women of reproductive age (WRA):
Above Average (91%)

Refugee population level:
Low



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

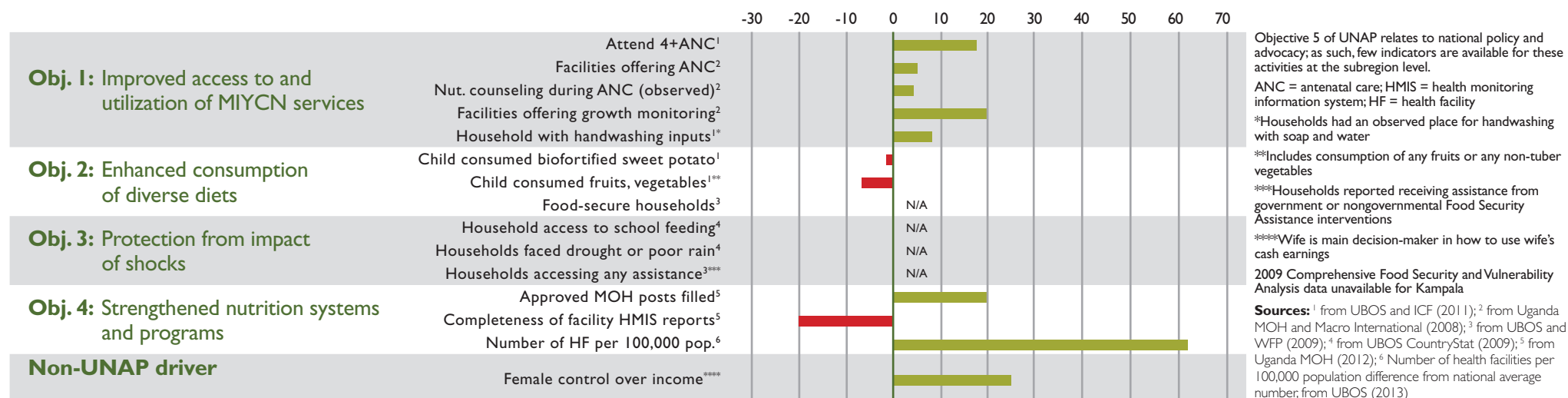
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift	
1	Cereals	29.9%				
	Rice		99%	1%	0%	
	Maize-Grain		100%	0%	0%	
	Maize-Flour		98%	1%	2%	
	Bread		99%	0%	1%	
	Millet		82%	4%	14%	
	Sorghum		100%	0%	0%	
2	Matooke	20.3%	95%	1%	4%	
	3	Roots and Tubers	13.7%			
		Sweet potatoes		93%	4%	2%
		Cassava-Fresh		86%	6%	6%
		Cassava-Flour		81%	0%	19%
Irish potatoes		98%	1%	1%		
4	Sugar	13.5%	99%	0%	0%	
5	Legumes and Pulses	12.2%				
	Fresh beans		84%	6%	10%	
	Dry beans		99%	1%	1%	
	Groundnuts		99%	1%	0%	
	Peas		100%	0%	0%	

Source: Ssewanyana & Kasirye (2010)

Sources:

- Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.
- Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.
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- UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
- UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
- Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: MOH.
- UBOS and United Nations World Food Programme (UNWFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.
- Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: MOH and Macro International Inc.
- United Nations High Commissioner for Refugees (UNHCR). 2013. "2013 UNHCR country operations profile-Uganda." Accessed August 22, 2013: <http://www.unhcr.org/pages/49e483c06.html>.

Snapshots of Nutrition in Uganda: Karamoja Subregion

SUMMARY OF KEY UNAP INDICATORS FOR KARAMOJA SUBREGION

Indicator	Level in Karamoja	UNAP National Target (2016)
Any anemia, children 6-59 months ¹	69.5%	50.0%
Any anemia, WRA ¹	43.3%	12.0%
Calorie consumption (average calories) ³	1470 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	82.2%	75.0%
Low birthweight (<2.5kg) ¹	9.8%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	2.2%	*
Overweight, children under 5 yrs. ¹	0.1%	No increase**
Overweight, non-pregnant women ¹	1.0%	No target
Stunting, children under 5 yrs. ¹	45.0%	32.0%
Underweight, children under 5 yrs. ¹	31.9%	10.0%
Underweight, non-pregnant women ¹	32.8%	8.0%
Vitamin A deficiency, children 6-59 months ²	22.1%	13.0%
Vitamin A deficiency, WRA ²	15.6%	12.0%
Wasting, children under 5 yrs. ¹	7.1%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF KARAMOJA CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

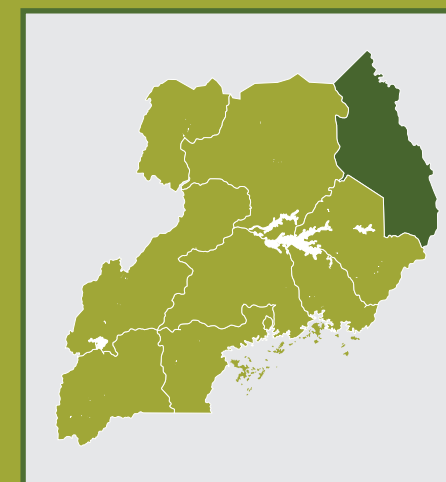
Location: Rural

Households in lowest national wealth quintile*:
Above Average (79%)

Households reporting conflict or raiding as an issue: Above Average (13%)

Literacy rate for women of reproductive age (WRA):
Below Average (23%)

Refugee population level:
Low



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

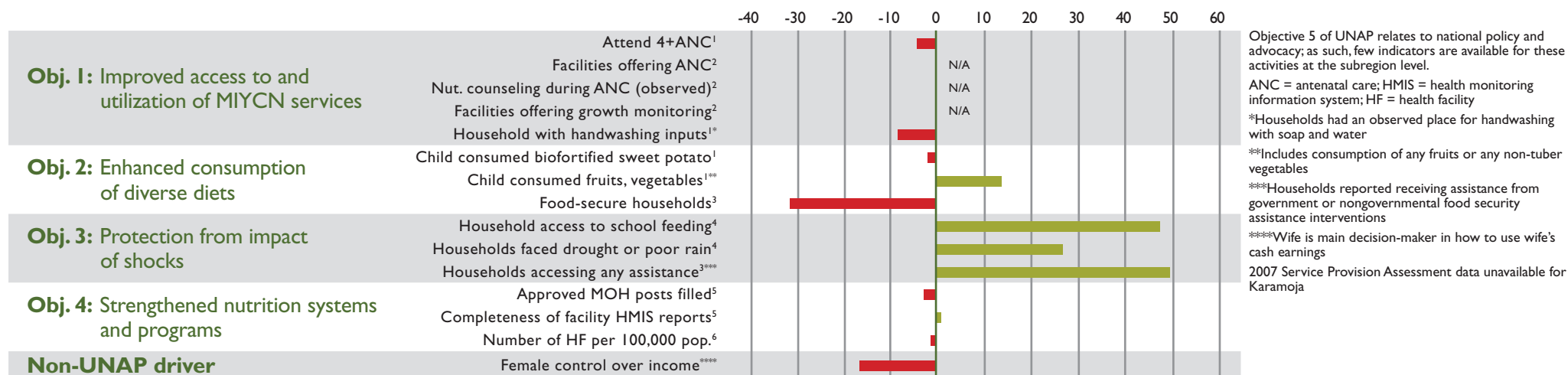
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

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Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: MOH and Macro International Inc.

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Snapshots of Nutrition in Uganda: North Subregion

SUMMARY OF KEY UNAP INDICATORS FOR NORTH SUBREGION

Indicator	Level in North	UNAP National Target (2016)
Any anemia, children 6–59 months ¹	34.0%	50.0%
Any anemia, WRA ¹	13.1%	12.0%
Calorie consumption (average calories) ³	1470 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	72.0%	75.0%
Low birthweight (<2.5kg)	11.4%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	2.7%	*
Overweight, children under 5 yrs. ¹	4.1%	No increase**
Overweight, non-pregnant women ¹	7.2%	No target
Stunting, children under 5 yrs. ¹	24.7%	32.0%
Underweight, children under 5 yrs. ¹	12.3%	10.0%
Underweight, non-pregnant women ¹	16.3%	8.0%
Vitamin A deficiency, children 6–59 months ²	29.3%	13.0%
Vitamin A deficiency, WRA ²	27.4%	12.0%
Wasting, children under 5 yrs. ¹	3.4%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF NORTH CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

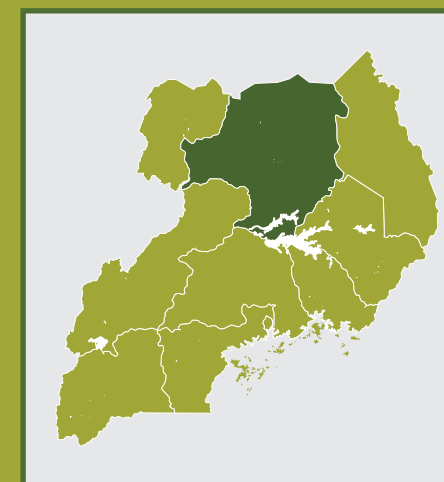
Location: Rural

Households in lowest national wealth quintile*:
Above Average (41%)

Households reporting conflict or raiding as an issue: Average (0.5%)

Literacy rate for women of reproductive age (WRA):
Below Average (49%)

Refugee population level:
Low



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

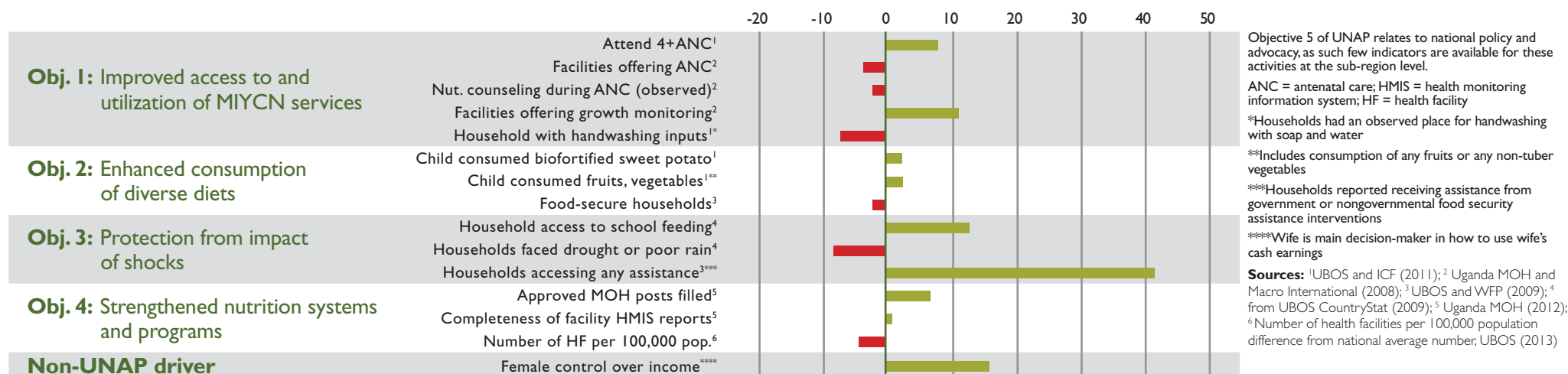
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Cereals	45.4%			
	Rice		86%	7%	6%
	Maize-Grain		34%	32%	34%
	Maize-Flour		37%	17%	46%
	Bread		96%	0%	0%
	Millet		32%	57%	11%
	Sorghum		41%	27%	31%
2	Roots and Tubers	28.5%			
	Sweet potatoes		32%	59%	9%
	Cassava-Fresh		41%	51%	7%
	Cassava-Flour		63%	34%	3%
3	Legumes and Pulses	20.2%			
	Fresh beans		15%	70%	15%
	Dry beans		50%	33%	17%
	Groundnuts		63%	28%	9%
	Peas		28%	20%	52%

Source: Ssewanyana & Kasirye (2010)

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre, Research Series No. 70*. July 2010.

Uganda Bureau of Statistics (UBOS). 2006. *2002 Uganda Population and Housing Census: Analytical Report. Population Size and Distribution*. Kampala, Uganda: UBOS.

UBOS. 2013. *District profiles by selected indicators*. Data received: 7 February 2013.

UBOS CountrySTAT Database (object name CFSVA2009); accessed January 14, 2014, <http://countrystat.org/home.aspx?c=UGA&tr=231>

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: MOH.

UBOS and United Nations World Food Programme (WFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.

Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: MOH and Macro International Inc.

United Nations High Commissioner for Refugees (UNHCR). 2013. "2013 UNHCR country operations profile-Uganda." Accessed August 22, 2013: <http://www.unhcr.org/pages/49e483c06.html>.

Snapshots of Nutrition in Uganda: Southwest Subregion

SUMMARY OF KEY UNAP INDICATORS FOR SOUTHWEST SUBREGION

Indicator	Level in Southwest	UNAP National Target (2016)
Any anemia, children 6–59 months ¹	24.6%	50.0%
Any anemia, WRA ¹	11.4%	12.0%
Calorie consumption (average calories) ³	2599 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	51.9%	75.0%
Low birthweight (<2.5kg) ¹	7.9%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	4.7%	*
Overweight, children under 5 yrs. ¹	5.8%	No increase**
Overweight, non-pregnant women ¹	23.0%	No target
Stunting, children under 5 yrs. ¹	41.7%	32.0%
Underweight, children under 5 yrs. ¹	5.1%	10.0%
Underweight, non-pregnant women ¹	4.8%	8.0%
Vitamin A deficiency, children 6–59 months ²	35.4%	13.0%
Vitamin A deficiency, WRA ²	38.0%	12.0%
Wasting, children under 5 yrs. ¹	4.0%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF SOUTHWEST CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

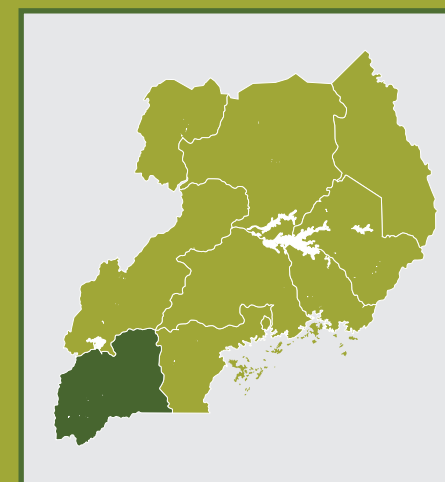
Location: Rural with Peri-Urban Center

Households in lowest national wealth quintile:*
Below Average (6%)

Households reporting conflict or raiding as an issue: Average (0.6%)

Literacy rate for women of reproductive age (WRA):
Above Average (76%)

Refugee population level:
Moderate/High



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

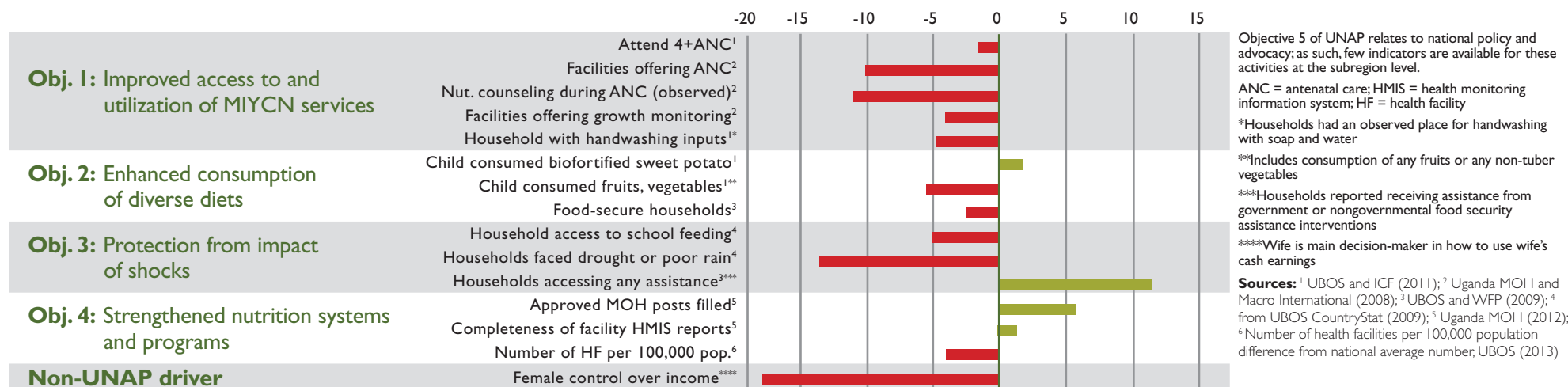
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Matooke	49.1%	21%	73%	6%
2	Cereals	17.7%			
	Rice		85%	10%	5%
	Maize-Grain		25%	71%	3%
	Maize-Flour		81%	17%	2%
	Bread		95%	1%	2%
	Millet		26%	69%	5%
	Sorghum		30%	65%	6%
3	Roots and Tubers	14.6%			
	Sweet potatoes		18%	76%	6%
	Cassava-Fresh		18%	79%	4%
	Cassava-Flour		45%	55%	0%
	Irish potatoes		25%	72%	4%
4	Legumes and Pulses	13.1%			
	Fresh beans		11%	85%	5%
	Dry beans		32%	65%	3%
	Groundnuts		58%	38%	5%
	Peas		38%	57%	5%

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre. Research Series No. 70*. July 2010.

Uganda Bureau of Statistics (UBOS). 2006. *2002 Uganda Population and Housing Census: Analytical Report. Population Size and Distribution*. Kampala, Uganda: UBOS.

UBOS. 2013. *District profiles by selected indicators*. Data received: 7 February 2013.

UBOS CountrySTAT Database (object name CFSVA2009); accessed January 14, 2014, <http://countrystat.org/home.aspx?c=UGA&tr=231>

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: MOH.

UBOS and United Nations World Food Programme (UNWFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.

Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: MOH and Macro International Inc.

United Nations High Commissioner for Refugees (UNHCR). 2013. "2013 UNHCR country operations profile-Uganda." Accessed August 22, 2013: <http://www.unhcr.org/pages/49e483c06.html>.

Source: Ssewanyana & Kasirye (2010)

Snapshots of Nutrition in Uganda: West Nile Subregion

SUMMARY OF KEY UNAP INDICATORS FOR WEST NILE SUBREGION

Indicator	Level in West Nile	UNAP National Target (2016)
Any anemia, children 6–59 months ¹	64.4%	50.0%
Any anemia, WRA ¹	32.3%	12.0%
Calorie consumption (average calories) ³	1778 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	65.1%	75.0%
Low birthweight (<2.5kg) ¹	10.6%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	4.5%	*
Overweight, children under 5 yrs. ¹	2.2%	No increase**
Overweight, non-pregnant women ¹	4.5%	No target
Stunting, children under 5 yrs. ¹	37.8%	32.0%
Underweight, children under 5 yrs. ¹	17.9%	10.0%
Underweight, non-pregnant women ¹	20.9%	8.0%
Vitamin A deficiency, children 6–59 months ²	28.8%	13.0%
Vitamin A deficiency, WRA ²	35.9%	12.0%
Wasting, children under 5 yrs. ¹	6.2%	5.0%

Sources: 1UBOS and ICF (2011), 2UBOS and ICF (2012), 3UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF WEST NILE CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

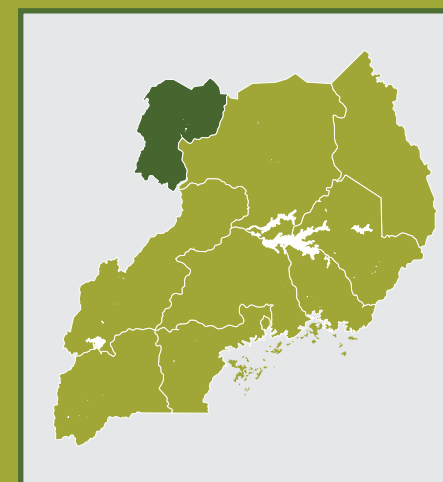
Location: Rural

Households in lowest national wealth quintile:
Above Average (41%)

Households reporting conflict or raiding as an issue: Average (1%)

Literacy rate for women of reproductive age (WRA):
Below Average (45%)

Refugee population level:
Moderate/High



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

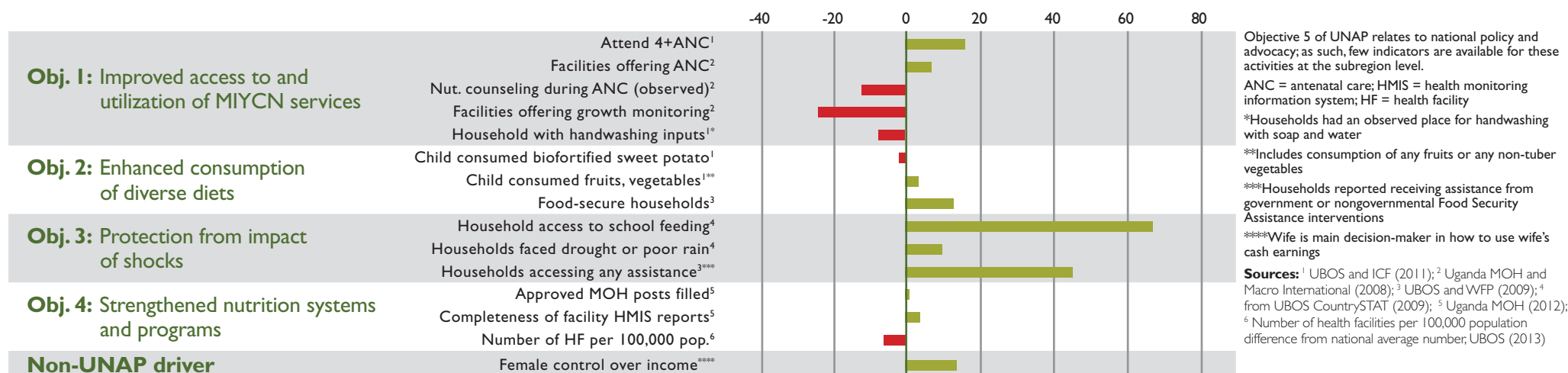
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountryStat 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Roots and Tubers	60.6%			
	Sweet potatoes		44%	49%	8%
	Cassava-Fresh		56%	40%	3%
	Cassava-Flour		47%	49%	4%
	Irish potatoes		100%	0%	0%
2	Legumes and Pulses	18.6%			
	Fresh beans		37%	63%	0%
	Dry beans		73%	25%	2%
	Groundnuts		61%	36%	3%
	Peas		47%	50%	3%
3	Cereals	15%			
	Rice		80%	14%	6%
	Maize-Grain		47%	41%	10%
	Maize-Flour		73%	22%	5%
	Bread		100%	0%	0%
	Millet		38%	60%	3%
	Sorghum		53%	46%	1%

Source: Ssewanyana & Kasirye (2010)

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre. Research Series No. 70*. July 2010.

Uganda Bureau of Statistics (UBOS). 2006. *2002 Uganda Population and Housing Census: Analytical Report. Population Size and Distribution*. Kampala, Uganda: UBOS.

UBOS. 2013. *District profiles by selected indicators*. Data received: 7 February 2013.

UBOS CountrySTAT Database (object name CFSVA2009); accessed January 14, 2014, <http://countrystat.org/home.aspx?c=UGA&tr=231>

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: Ministry of Health.

UBOS and United Nations World Food Programme (WFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.

Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: Ministry of Health and Macro International Inc.

United Nations High Commissioner for Refugees (UNHCR). 2013. "2013 UNHCR country operations profile-Uganda." Accessed August 22, 2013: <http://www.unhcr.org/pages/49e483c06.html>.

Snapshots of Nutrition in Uganda: Western Subregion

SUMMARY OF KEY UNAP INDICATORS FOR WESTERN SUBREGION

Indicator	Level in Western	UNAP National Target (2016)
Any anemia, children 6–59 months. ¹	38.6%	50.0%
Any anemia, WRA ¹	17.3%	12.0%
Calorie consumption (average calories) ³	2261 calories	2500 calories
Exclusive breastfeeding, under 6 months ¹	68.5%	75.0%
Low birthweight (<2.5kg) ¹	8.3%	9.0%
Minimum acceptable diet (MAD), children under 2 yrs. ¹	5.9%	*
Overweight, children under 5 yrs. ¹	3.2%	No increase**
Overweight, non-pregnant women ¹	22.9%	No target
Stunting, children under 5 yrs. ¹	43.9%	32.0%
Underweight, children under 5 yrs. ¹	15.5%	10.0%
Underweight, non-pregnant women ¹	7.8%	8.0%
Vitamin A deficiency, children 6–59 months ²	30.4%	13.0%
Vitamin A deficiency, WRA ²	27.8%	12.0%
Wasting, children under 5 yrs. ¹	2.7%	5.0%

Sources: ¹UBOS and ICF (2011), ²UBOS and ICF (2012), ³UBOS (2006)

* UNAP provides a target for a dietary diversity index of 75, but this measure is unavailable for Uganda's subregions.

** Overweight indicators are not given targets by UNAP; for these, the SUN/WHO target for 2025 is given.

DESCRIPTION OF WESTERN CHARACTERISTICS (IN COMPARISON TO OTHER SUBREGIONS)

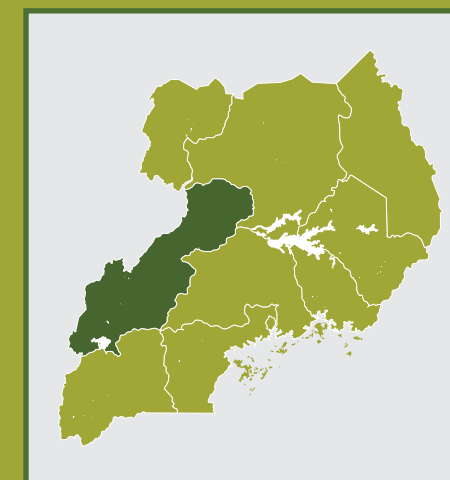
Location: Rural

Households in lowest national wealth quintile*:
Below Average (14%)

Households reporting conflict or raiding as an issue: Average (1.2%)

Literacy rate for women of reproductive age (WRA):
Average (63%)

Refugee population level:
Moderate/High



Notes:

*Considered a measure of poverty.

Location definitions are derived from the number of population living in the following categories: >500 persons per sq km=Urban, >300 persons per sq km=Peri-Urban, <300 persons per sq km=Rural.

Average literacy and wealth index quintiles defined from the national average of UDHS 2011 indicators.

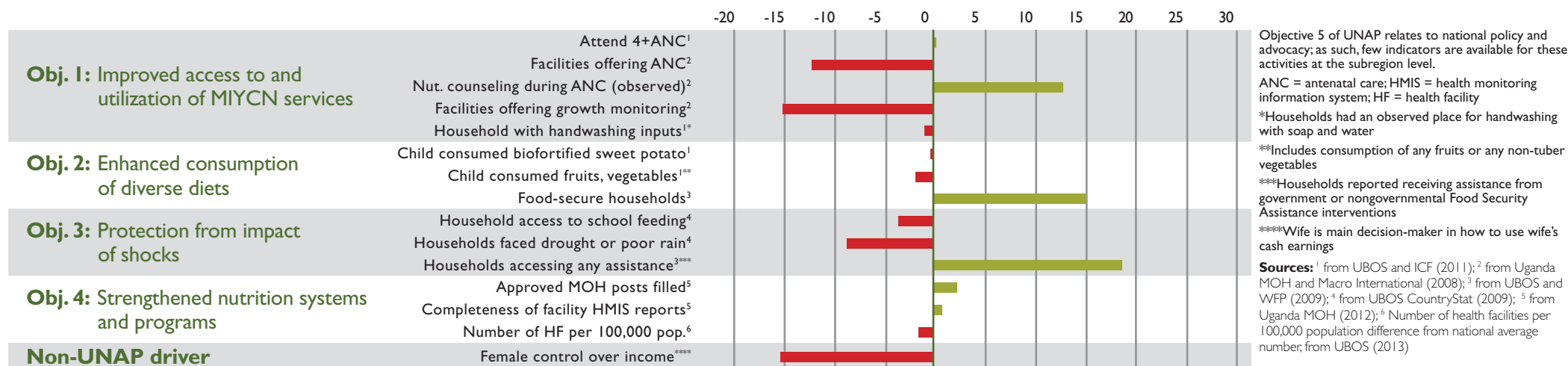
Households reporting conflict or raiding based on national average of 1%

Refugee population measured by existence of: no refugee settlements=Low, one refugee settlement=Medium, more than one refugee settlement=Moderate/High

Sources: UNHCR 2013, UBOS CountrySTAT 2009, UBOS & ICF 2011, UBOS and WFP 2009.

IDENTIFIED BARRIERS AND DRIVERS OF BETTER NUTRITION, BY SELECTED UNAP OBJECTIVE AREAS

Difference from national average (percentage points), except where noted below.



Objective 5 of UNAP relates to national policy and advocacy; as such, few indicators are available for these activities at the subregion level.

ANC = antenatal care; HMIS = health monitoring information system; HF = health facility

*Households had an observed place for handwashing with soap and water

**Includes consumption of any fruits or any non-tuber vegetables

***Households reported receiving assistance from government or nongovernmental Food Security Assistance interventions

****Wife is main decision-maker in how to use wife's cash earnings

Sources: ¹ from UBOS and ICF (2011); ² from Uganda MOH and Macro International (2008); ³ from UBOS and WFP (2009); ⁴ from UBOS CountryStat (2009); ⁵ from Uganda MOH (2012); ⁶ Number of health facilities per 100,000 population difference from national average number; from UBOS (2013)

PRIMARY FOODS EATEN (GREATER THAN 10% OF DIET), BY RANK AND SOURCE

Rank	Food Type	Contribution to Caloric Intake	Amount Purchased	Amount Grown	Amount as Gift
1	Roots and Tubers	30.1%			
	Sweet potatoes		22%	72%	7%
	Cassava-Fresh		19%	76%	5%
	Cassava-Flour		41%	57%	2%
	Irish potatoes		28%	62%	10%
2	Matooke	27.6%	29%	65%	7%
3	Legumes and Pulses	18.3%			
	Fresh beans		28%	64%	8%
	Dry beans		38%	59%	3%
	Groundnuts		57%	39%	5%
	Peas		23%	76%	1%
4	Cereals	16%			
	Rice		93%	5%	3%
	Maize-Grain		15%	69%	13%
	Maize-Flour		54%	41%	5%
	Bread		97%	2%	1%
	Millet		45%	51%	4%
	Sorghum		21%	76%	3%

Sources:

Africa Health Workforce Observatory. 2009. *Human Resources for Health Country Profile: Uganda*. World Health Organization.

Government of Uganda. 2011. *2011-2016 Uganda Nutrition Action Plan: Scaling Up Multi-Sectoral Efforts to Establish a Strong Nutrition Foundation for Uganda's Development*. Kampala, Uganda: Government of Uganda.

Ssewanyana, Sarah and Ibrahim Kasirye. 2010. "Food Insecurity in Uganda: A Dilemma to Achieving the Hunger Millennium Development Goal." *Economic Policy Research Centre. Research Series No. 70*. July 2010.

Uganda Bureau of Statistics (UBOS). 2006. *2002 Uganda Population and Housing Census: Analytical Report. Population Size and Distribution*. Kampala, Uganda: UBOS.

UBOS. 2013. *District profiles by selected indicators*. Data received: 7 February 2013.

Uganda Bureau of Statistics CountrySTAT Database (object name CFSVA2009); accessed January 14, 2014, <http://countrystat.org/home.aspx?c=UGA&tr=231>

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

UBOS and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011: Vitamin A Addendum*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Uganda Ministry of Health (MOH). 2012. *Annual Health Sector Performance Report: Financial Year 2011/2012*. Kampala, Uganda: MOH.

UBOS and United Nations World Food Programme (UNWFP). 2009. *Comprehensive Food Security & Vulnerability Analysis (CFSVA): Uganda*. Kampala, Uganda: UBOS and UNWFP.

Uganda MOH and Macro International Inc. 2008. *Uganda Service Provision Assessment Survey 2007*. Kampala, Uganda: Ministry of Health and Macro International Inc.

United Nations High Commissioner for Refugees (UNHCR). 2013. "2013 UNHCR country operations profile-Uganda." Accessed August 22, 2013: <http://www.unhcr.org/pages/49e483c06.html>.

Source: Ssewanyana & Kasirye (2010)

Selection of Indicators in Uganda Subregion Snapshots

This document provides an explanation of what indicators are included in the SPRING “Pathways to Better Nutrition” (PBN) country subregional snapshots. It also provides the methodology for attachment of indicators to the activities named in the national nutrition plans. While this Annex discusses Uganda specifically, the same methods were used for the snapshots in both case study countries (See SPRING’s website for further details on the Nepal PBN Case Study).

Description of Characteristics

The first set of indicators in the snapshots was chosen to give a very brief insight into the variation of context across sub-regions. In consultation with experts, review of situation analyses, and review of the CIA country profiles for Uganda, SPRING found facets of variation that cannot be easily modified but can affect nutritional status and programming. The following facets appeared to be important:

- Urbanicity⁸
- Poverty level
- Literacy
- Refugee population
- Recent conflict (household reported conflict or raiding as an issue)

Other factors that were considered included religious or ethnic populations; significant differentials in geography; occurrence of natural disasters; and political affiliations.

Summary of Key Plan Indicators

The snapshots next provide a summary table of the key indicators for Uganda, taken directly from the target indicators given in the Uganda Nutrition Action Plan (UNAP). See the UNAP for the details on these indicators. The one exception is the inclusion of overweight. This has become a consideration in some of the subregions, and SPRING considered it useful to include alongside other anthropometric indicators.

Generally speaking, the key indicators in this summary table correspond to higher level results in the illustrative results framework in Figure 1 (at end of this document), which SPRING developed to show logical pathways to the key indicators affecting nutrition status in Uganda (and in Nepal, see the Nepalspecific case study work for further details). The indicators in this first summary table line up temporally with “late” outputs and beyond in the framework. Late outputs include behavioral results; “early” outcomes are non-anthropometric conditions that directly affect “late” outcomes, which in turn consist of anthropometric prevalence.⁹

Selected Barriers and Drivers of Better Nutrition, by Selected UNAP Objective Areas

SPRING has provided a set of indicators to represent the objective areas in the UNAP. These indicators link to specific activities named in the plan to overcome barriers and drive improvement in nutrition, but they were not

⁸ The degree to which a geographical unit is urban – <http://www.urbanicity.us/Urbanicity.html>

⁹ Final impacts are on mortality and long-term morbidity, however none of the analyzed national plans address these, and as such they are not included in the snapshots.

specifically given by the UNAP. SPRING has defined a methodology for selection that is meant to provide a representative selection of indicators.

Given the correspondence of the UNAP key indicators to late outputs and outcomes in the results framework in Figure 1, SPRING considered activities up to and including “early” outputs for inclusion as “drivers or barriers”, as they precede, and can potentially affect, the key indicators.

Using this framework as a starting point, SPRING examined the detailed implementation matrix in each plan to attach indicators to the listed interventions, as one would for a performance monitoring plan (PMP). The team checked the main compendiums for nutrition and nutrition-sensitive indicators to find measurable indicators that could be attached.¹⁰ Some of these sources are:

- WHO infant and young child feeding indicator compendium
- CORE Group essential nutrition actions trilogy
- Measure DHS reproductive health compendium
- USAID review of health systems strengthening measures
- USAID feed the future indicator list
- JMP water and sanitation measures
- UNDP gender-sensitive service delivery indicator guide
- DHS guide to statistics

From the final set of standardized indicators, one to four indicators per objective were chosen to represent the barriers and drivers in each subregion. Selected indicators were chosen to provide a diversity of information from both the supply and demand side, and from the individual, household and system level. The final set of indicators was also evaluated by the following criteria:

1. Representativeness of activity for objective theme
2. Global relevance
3. Availability of indicator in existing data collection mechanisms (surveys, HIS, etc.)
4. Variation across subregions

Where possible, SPRING ensured data availability did not have undue influence over the other criteria. For some, an indicator was disqualified because it was not linked to an activity that is useful to report below national level, for instance most of the activities in UNAP objective area 5.

To get a sense of what barriers and drivers transcended country context, SPRING also conducted a crosswalk of the Uganda implementation plan with the other PBN country, Nepal, for similar action areas. Indicators for activities that overlapped were prioritized for inclusion in the snapshots.

¹⁰ Every attempt was also made to standardize use of indicators for similar activities across the two countries, Uganda and Nepal.

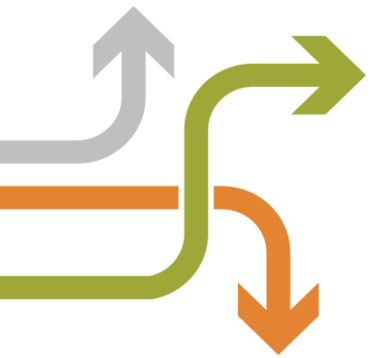
Primary Foods Eaten Table

The final table in the snapshot describes the type and source of foods most eaten in each subregion. These data cannot be evaluated as other drivers and barriers would, against the national average. However, this information is still useful for the planning of nutrition interventions in Objective 2 related to local foods, access to markets, and/or agricultural production.

Figure 1 gives a general overview of SPRING’s arrangement of some of the key activities proposed over the course of a results framework.

Figure 1. Illustrative Results Framework of Nutrition Plan Activities, Outputs, Outcomes, and Impacts

	Inputs	Process	Early Intermediate Outputs	Late Intermediate Outputs	Early Outcomes	Late Outcomes	Impacts	
			Increasing Coverage of:	Increasing Behaviors of:	Decreased Prev. of:	Decreased Prev. of:		
Nutrition (Specific) Interventions	Improve political advocacy for nutrition Strengthen commodity delivery/infrastructure & human resources Improve coordination & implementation of policies Strengthen IS and research in nutrition innovation \$/Funding Strengthen community involvement Improve government & private sector coverage of nutrition services	Financing Mechanisms Hiring/Training/Retention Policy and Governance Strategies (NPA, other) Community Engagement Changes to Supply Chain Changes to other Service Infrastructure Changes to nutrition & food security surveillance systems Aid interventions aimed at decreasing household shocks Agricultural training on practices and productivity	IFA tablets/ANC	IFA compliance	Maternal anemia	Stunting/low birthweight	Child Mortality Nutrition-related Morbidity	
			Counseling	Exclusive/appropriate breastfeeding				Stunting/underweight
				Diversified eating	Maternal/child anemia	Stunting/underweight/low birthweight		
			Zinc	Appropriate treatment of diarrhea	Diarrhea	Stunting/underweight		
			Handwashing commodities (soap, tippy tap, latrines)	Use of handwashing commodities	Diarrhea	Stunting/underweight		
Nutrition (Sensitive) Interventions			Deworming commodities	Appropriate treatment with dewormer	Diarrhea	Stunting/underweight		
			Inputs for and knowledge of biofortification	Consumption of biofortified foods	Maternal/child anemia, micronutrient deficiencies	Stunting/underweight/low birthweight		
			Food-secure households		Wasting/micronutrient deficiencies	Stunting/underweight/low birthweight		
			Food production	Diet diversity	Wasting/micronutrient deficiencies	Stunting/underweight/low birthweight		
			Food storage					
Country Context: Sociodemographics, Epidemiology/nutritional status at baseline, cultural norms, and existing systems								



ANNEX 5

Supplemental National Financial Figures

These figures provide further detail on our “Pathways to Better Nutrition” (PBN) analysis of Uganda’s national nutrition funding.

On-Budget Allocations

Summary of On-Budget Nutrition Allocations over Time

Unweighted:

	2013–14 Allocations			2014–15 Allocations		
000s, UGX	Sensitive-Partial	Sensitive-Dominant	Specific	Sensitive-Partial	Sensitive-Dominant	Specific
Subtotals	19,386,565	5,398,824	2,396,305	19,462,120	6,811,199	3,219,986
Total			27,181,694			29,493,305

Taking into account integration percentages, the 2014–15 total is **approximately 29.5 billion UGX (USD 11 million)**. Activities that are “sensitive-dominant” and “specific” are planned explicitly to improve nutrition outcomes. Those that are “sensitive-partial” are UNAP activities but do not include nutrition as an explicit objective, outcome, or indicator.

To use these figures for global SUN reporting, the sensitive-partial activities need to be weighted to 25 percent of their value to reflect their less-direct effect on nutrition outcomes. The next table provides these weighted estimates.

Weighted:

	2013–14 Allocations			2014–15 Allocations		
000s, UGX	Sensitive-Partial	Sensitive-Dominant	Specific	Sensitive-Partial	Sensitive-Dominant	Specific
Weight (%)	25	100	100	25	100	100
Subtotals	4,846,641	5,396,305	2,396,305	4,865,530	6,811,199	3,219,986
Total			12,641,770			14,896,715

Applying sensitivity weights to the figures above changes the 2014–15 total to **approximately 15 billion UGX (USD 5.7 million)**. This weighting applies a standard 25 percent discount to those sensitive-partial activities. To apply weights that vary by activity, use the SPRING nutrition budget analysis tool.

Summary of On-Budget Nutrition Allocations by Sector

Unweighted:

000s, UGX	2013–14 Allocations			2014–15 Allocations		
	Sensitive-Partial	Sensitive-Dominant	Specific	Sensitive-Partial	Sensitive-Dominant	Specific
MAAIF	9,618,925	3,668,346	0	3,491,270	3,084,932	0
MoESTS	554,337	753,647	0	635,840	407,671	0
MoGLSD	237,693	223,800	0	0	625,816	0
MoH	191,400	0	2,396,305	1,082,400	0	3,219,986
MoLG	2,829,883	61,533	0	8,529,883	80,000	0
MTIC	5,836,675		0	5,617,227	0	0
MWE	117,652	691,498	0	105,500	2,612,780	0
OPM	0	0	0	0	0	0

Weighted:

000s, UGX	2013–14 Allocations			2014–15 Allocations		
	Sensitive-Partial	Sensitive-Dominant	Specific	Sensitive-Partial	Sensitive-Dominant	Specific
Weight (%)	25	100	100	25	100	100
MAAIF	2,404,731	3,668,346	0	872,817	3,084,932	0
MoESTS	138,584	753,647	0	158,960	407,671	0
MoGLSD	59,423	223,800	0	0	625,816	0
MoH	47,850	0	2,396,305	270,600	0	3,219,986
MoLG	707,471	61,533	0	2,132,471	80,000	0
MTIC	1,459,169	0	0	1,404,307	0	0
MWE	29,413	691,498	0	26,375	2,612,780	0
OPM	0	0	0	0	0	0

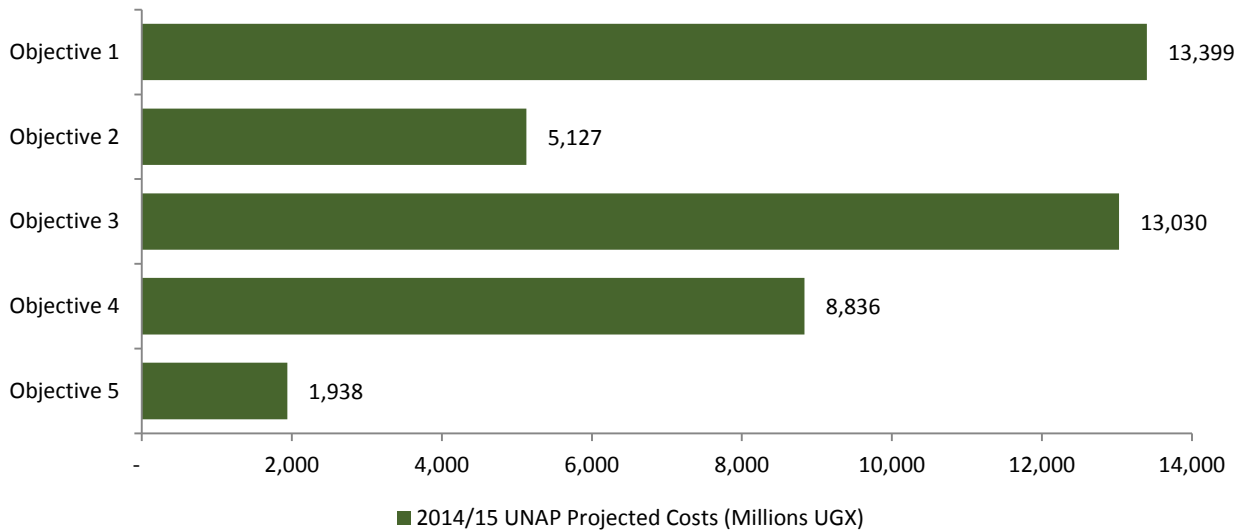
Applying sensitivity weights most affects:

- MAAIF
- MTIC
- MoLG

These sectors comprise sensitive-partial activities primarily or exclusively.

Summary of Allocations by UNAP Objective/Activity Areas

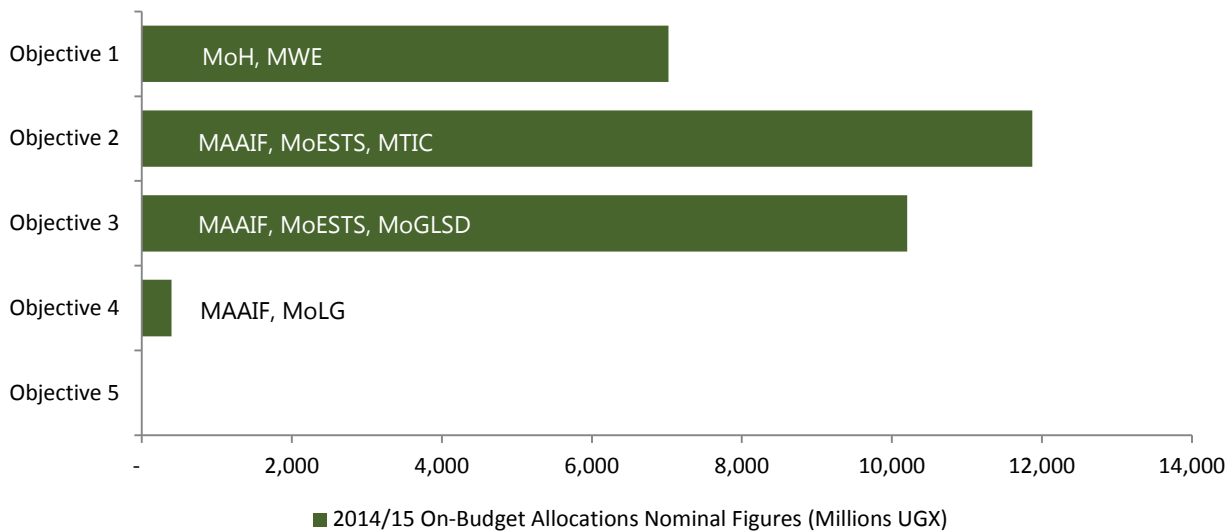
Figure 1. Costs per Objective Area, as Projected in UNAP for FY 2014–15



Source: UNAP Annex II: Implementation Cost Matrix

The estimated cost of implementing UNAP nutrition activities was included in the UNAP in 2011. Figure 1 provides these costs by UNAP objective area. The numbers in this graph are nominal; when adjusted for inflation, the 2011 costs total 60.5 billion in 2014–15 UGX.

Figure 2. On-Budget Allocations per UNAP Objective Area, 2014–15



* Sums do not include central transfers, which could not be assigned UNAP areas. We were unable to locate any OPM funding.

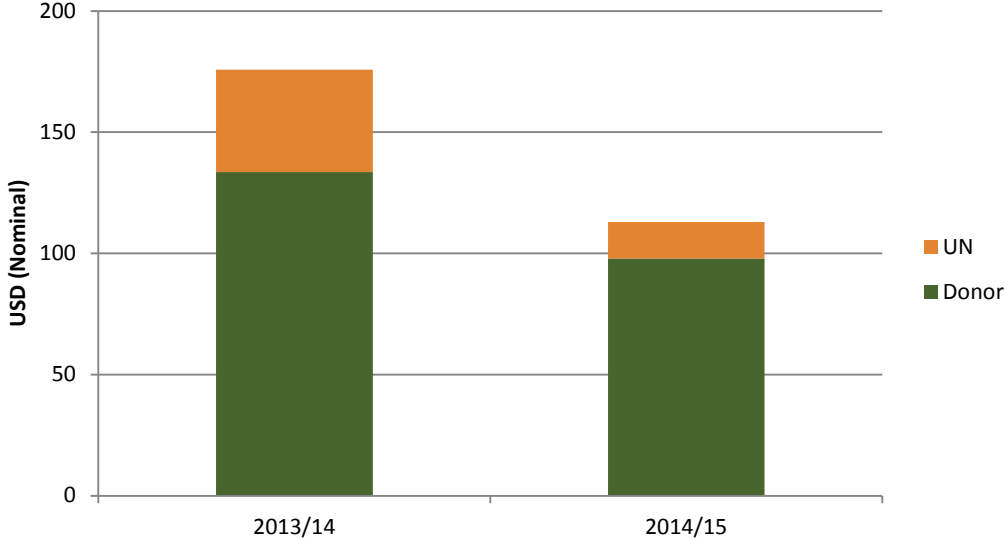
Figure 2 shows the same breakdown, but of 2014–15 allocations. Relative to other objective areas, objectives 2 and 3 have the most related allocations in 2014–15. However, objective 1 had the most project/headings related to it, with 29 projects from MoH and MWE. Objectives 2 and 3 also had many projects (16 and 13, respectively) and support from three ministries.

These figures are not exact and do not include off-budget activities such as USAID-funded SPRING and FANTA projects.

Off-Budget Allocations

Summary of Off-Budget Nutrition Allocations over Time

Figure 3. Off-Budget Allocations, 2013–14 to 2014–15 (Unweighted)



Off-budget funding appears to have decreased in real terms by 40 percent over the year (see figure 3 above), but since the source document for these numbers is from 2013, we are missing data on new projects in 2014–15. It is unclear if the gap would actually be this large if new projects were included.

The majority of off-budget funds came from donor projects (dark green), such as SPRING, Northern Uganda Agriculture Livelihoods Recovery Program and the Maternal Health Voucher Program. UN groups (orange), such as the Food and Agriculture Organization, the World Food Programme, and UNICEF had numerous activities listed, but few had complete commitment data so totals are likely higher than what we see here.

Summary of Nutrition-Related Off-Budget Allocations

Unweighted:

000s UGX	2014–15 Allocations		
	Sensitive-Partial	Sensitive-Dominant	Specific
Subtotals	196,339,076	54,047,813	46,949,440
Total			297,336,330

Taking into account integration percentages, the 2014–15 total is **approximately 297 billion UGX (USD 113 million)**.

Weighted:

000s Rs	2015–16 Allocations		
	Sensitive-Partial	Sensitive-Dominant	Specific
Weight (%)	25	100	100
Subtotals	49,084,769	54,047,813	46,949,440
Total			150,082,023

Applying sensitivity weights to the figures above changes the 2014–15 total to **approximately 150 billion UGX (USD 57 million)**.

Key Funders

(Unweighted figures)

Off-Budget Donor and UN

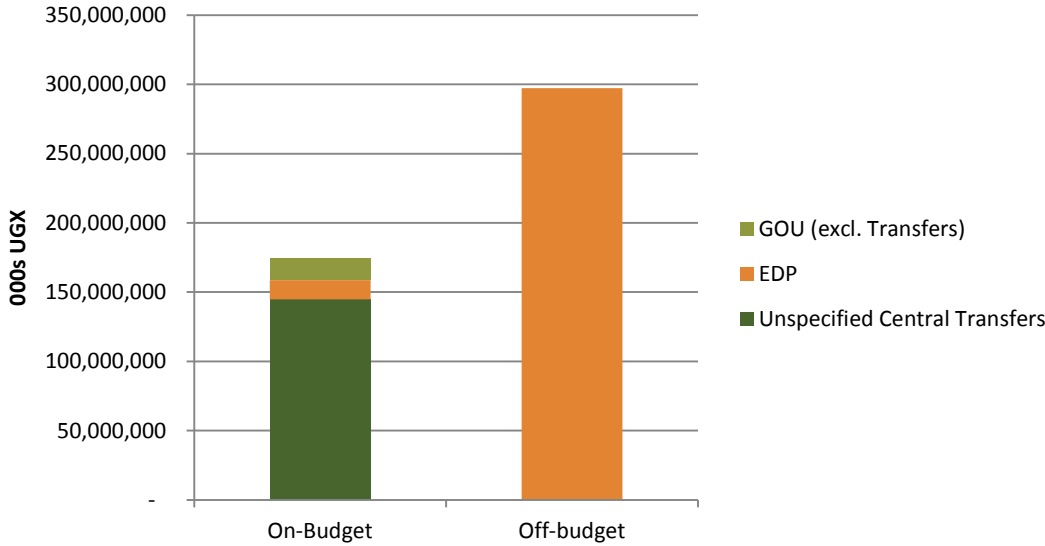
Funder	Projects	2015—16 Commitment (USD Millions)	Sector
USAID	22	67.6	agriculture, health, nutrition
EU	11	10.03	agriculture, education, nutrition, water, and sanitation
UNICEF	9	8.58	agriculture, education, health, nutrition, social development
Sweden	3	7.72	health, social development
Germany (GIZ)	2	6.12	social development, water, and sanitation
UNFPA	9	5.71	health, social development

The profile of missing data in the AMP is as follows:

- 15 percent of nutrition-relevant 2013–14 activities had a reported 2013–14 commitment of USD 0/no entry.
- 30 percent of nutrition-relevant 2014–15 activities had a reported 2014–15 commitment of USD 0/no entry.

The AMP contains both on- and off-budget funding. Although we only report off-budget estimates from this source, we were able to use the on-budget AMP data to compare to the more reliable Ministerial Policy Statement figures. We found many disparities in the totals reported. In addition, we held validation interviews for the off-budget funds from USAID, UNICEF, and UNFPA, and their accounting differs from the totals in the AMP.

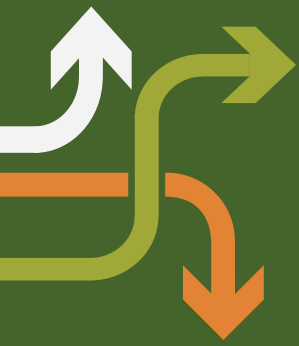
Role of Subnational Grants



There are no clear global guidelines on how to handle national grants and transfers. The most accurate way to handle is a survey of districts, but this isn't practical. A detailed budget analysis in two districts (Lira and Kisoro) found around 10–15 percent of national transfers were nutrition-related, but we know that percentage will vary widely by district. As examples, we have included the approximate percentage of each from Lira and Kisoro in the table below (keep in mind these may be higher than the average Ugandan district's outlays on nutrition). These percentages were used to approximate nutrition funding through national transfers in the rest of Uganda's 111 districts.

Grants/Releases	Nutrition Percentage: Kisoro	Nutrition Percentage: Lira
A. Unconditional grant	dependent on the year	dependent on the year
B. Equalization grant	Not calculated	Not calculated
C. Graduated tax compensation	Not calculated	Not calculated
D. Conditional grants		
Agriculture & production-related	0-50 depending on output	0-10 depending on output
Social development-related	0-10 depending on output	0-10 depending on output
Community services-related	0-10 depending on output	0-10 depending on output
Education-related	0-10 depending on output	0-10 depending on output
Health-related	0-50 depending on output	0-50 depending on output
Water & sanitation-related	0-10 depending on output	0-10 depending on output
Other	Not calculated	Not calculated

Categories as defined in the 2014/15 MOLG MPS. Grants and Releases also found in vote function 501-851 in originating ministry MPS.



ADDITIONAL PBN DOCUMENTS

To access the full complement of PBN reports, briefs, and snapshots, please go to www.spring-nutrition.org/pbn

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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