

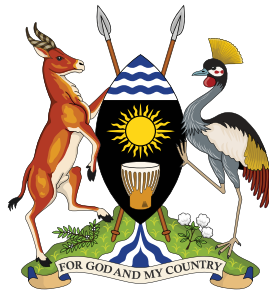


THE REPUBLIC OF UGANDA  
MINISTRY OF LOCAL GOVERNMENT

# A Handbook for Promotion of Nutrition Interventions through the Parish Development Model (PDM) in Uganda







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December 2024

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**A HANDBOOK FOR PROMOTION OF NUTRITION INTERVENTIONS THROUGH THE PARISH  
DEVELOPMENT MODEL (PDM) IN UGANDA**

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# Foreword

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Improving Food Security and Nutrition in Uganda is a Complex Challenge that demands a Multifaceted Approach, involving Interventions at Multiple Levels. The current Food and Nutrition Security Issues stem from several factors, including Low Food Production, Weak Post-Harvest Systems, Inadequate Dietary Intake, Frequent Illnesses and Poor Lifestyles, Limited Livelihoods, Lack of Employment Opportunities, Insufficient Household Purchasing Power, Inequitable Intra-Family Food Distribution, and Inadequate Responses to Natural Disasters, Civil Conflicts, and Other Emergencies.

Since FY 2020/21, Government has been implementing the Parish Development Model (PDM) as a 'Whole-of-Government' Strategy or Approach for accelerating Wealth Creation and Improving the Quality of life of Ugandans by delivering services closer to the Citizens/Wananchi, with the Parish as a centre of gravity for Economic Transformation.

Similarly, the Ministry of Local Government under the Second Uganda Nutrition Action Plan (UNAP II), is mandated to create an Enabling Environment for Scaling Up Nutrition Interventions at the Local Government Level. The implementation of the PDM serves as a Key Entry Point for Scaling Up Food Security and Nutrition Efforts across the Country.

This Handbook provides a Framework for integrating Nutrition Interventions at the parish through Identifying, Mapping and Emphasizing the Nutrition-related Interventions embedded within the Seven Pillars of The PDM. This serves as a strong foundation for scaling up nutrition in Uganda, with the parish serving as the primary platform for delivering these interventions.

It is expected that with this Handbook, the delivery of Multi-Sectoral nutrition services by Government and Non-State Actors will be better Coordinated and Harmonized. These efforts will target Citizens at the Parish, Village, and Household levels, using the PDM as the Central Mechanism for achieving better nutrition outcomes across the country.

I, therefore, urge all stakeholders involved in implementation to use this Handbook as a vital reference during Planning, Budgeting, Implementation, Monitoring, and Evaluation of the PDM, which is the last mile strategy for addressing the key questions of wealth creation and increased household incomes as a prerequisite for the targeted socio-economic transformation of our population.



**Permanent Secretary**

**MINISTRY OF LOCAL GOVERNMENT**

# Acknowledgements

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The development of this Handbook for Promotion of Nutrition Interventions through the Parish Development Model in Uganda was undertaken through a consultative process which involved national and local government stakeholders.

The Ministry of Local Government is greatly indebted to the Nutrition Coordination Committee, especially Mr. Galiwango Samuel (Nutrition Focal Person) and all those who participated in the development of this nutrition handbook.

Special thanks to the nutrition focal persons from the Office of the Prime Minister; Ministry of Agriculture, Animal Industry and Fisheries; Ministry of Trade, Industry and Cooperatives; Ministry of Water and Environment; Ministry of Health; Ministry of Gender, Labour and Social Development; Ministry of Finance, Planning & Economic Development; Ministry of Education and Sports; National Planning Authority; and Uganda Bureau of Statistics, for their valuable contributions.

Immense appreciation to the PDM Secretariat for providing the relevant reference materials that formed the foundation for this Handbook, as well as state and non-state actors who participated in the validation of the content. The Embassy of the Netherlands is highly appreciated for the support provided through the CASCADE Project towards the development of this Handbook.

The Ministry appreciates all representatives from various local governments especially parish chiefs who provided input which will facilitate effective promotion of nutrition interventions in local governments.

A handwritten signature in blue ink, appearing to be 'Galiwango Samuel', written in a cursive style.

**Chairperson, Nutrition Coordination Committee**  
**MINISTRY OF LOCAL GOVERNMENT**

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# Acronyms

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<b>AU</b>	African Union
<b>COHA</b>	Cost of Hunger in Africa
<b>GDP</b>	Gross Domestic Product
<b>FY</b>	Financial Year
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>MOLG</b>	Ministry of Local Government
<b>MSME</b>	Micro, Small and Medium Enterprises
<b>NDP</b>	National Development Plan
<b>PDM</b>	Parish Development Model
<b>PNCC</b>	Parish Nutrition Coordination Committee
<b>UDHS</b>	Uganda Demographic and Health Survey
<b>UNAP</b>	Uganda Nutrition Action Plan
<b>VSLA</b>	Village Savings and Loans Association
<b>SDG</b>	Sustainable Development Goal
<b>UN</b>	United Nations

# Introduction



### 1.1 BACKGROUND

Nutrition and human development are closely related. Nutrition is a critical component of development as it affects the survival, growth, learning, and participation of children and adults. Nutrition also influences the risk of disease and the longevity of people. Nutrition-focused interventions are required to improve the human development potential and benefit vulnerable individuals. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity. People with adequate nutrition are more productive and can create opportunities to gradually break the cycles of poverty, hunger and malnutrition.

The immediate determinants of nutrition, specifically for women and children, are diet and care, which influences each as follows: good diets are driven by adequate feeding and dietary practices to support good nutrition for children and women; good care is driven by adequate services; and adequate services support good nutrition for children and women. The underlying determinants of good nutrition are the food, practices and services available to/in households, communities and environments. The enabling determinants are (i) good governance which includes political, financial, social and public and private sector actions to enable the enjoyment of children and women's right to nutrition (ii) sufficient resources which include environmental, financial, social and human resources needed to enable children and women's right to nutrition (iii) positive norms which include gender, cultural and social norms and actions needed to enable children and women's right to nutrition.

In order to wholistically address nutrition issues, multiple interventions are required at different levels starting from the household. These interventions are planned and implemented by multiple actors and hence need to be well coordinated. To address nutrition issues in a multi-sectoral manner, Government has been implementing the Uganda Nutrition Action Plan (UNAP) as the country's strategic framework for scaling up nutrition. As per the UNAP II, the Ministry of Government (MOLG) is responsible for strengthening the enabling environment for effective multi-sectoral nutrition programming and implementation at local government level. The UNAP coordination framework provides for the parish as the first-level structure for coordination of nutrition.

Since FY 2020/21, Government has been implementing the Parish Development Model (PDM) as a 'Whole-of-Government' strategy or approach for accelerating wealth creation and improving the quality of life of Ugandans by delivering services closer to the citizens/ *wananchi* with the parish as a centre of gravity for economic transformation. The PDM is the Government of Uganda medium to long-term strategy under Vision 2040. In the short-term the PDM primarily targets transitioning the 39 percent population under subsistence economy into the money economy, across all parishes in Uganda, under the pillar of financial inclusion. It is important to appreciate that the PDM overall target is for all Ugandans since all the pillars are customized to implement the National Development Plan (NDP) through the parish. In the context of nutrition, while the 39 percent of the households in subsistence economy predominantly face the challenge of under nutrition, the 61 percent who are already in the money economy are facing the nutrition problem of diet and lifestyle-related non-communicable diseases, notably overweight, obesity, high blood pressure, diabetes and cancer among others.

At national level, the PDM nutrition-relevant framework is the National Constitution of the Republic of Uganda (1995) whose directives and objectives in Principle XXII provide for food security and nutrition as follows: (i) that the state will take appropriate steps to encourage people to grow and store adequate food (ii) that the state will establish national food reserves (iii) that the state shall promote proper nutrition through mass education and other means to build a healthy state. In support of this constitutional requirement towards food security and nutrition, a number of legal, policy and planning frameworks relevant to nutrition in the PDM have been put in place.

At the United Nations (UN) Sustainable Development Goals (SDG) mid-term review global summit held in September 2023 in New York, the PDM was recommended/adopted as one of the six key accelerators to Uganda's inclusive development. In scaling up nutrition through all the parishes in Uganda, the PDM gives assurance of leaving no one behind.

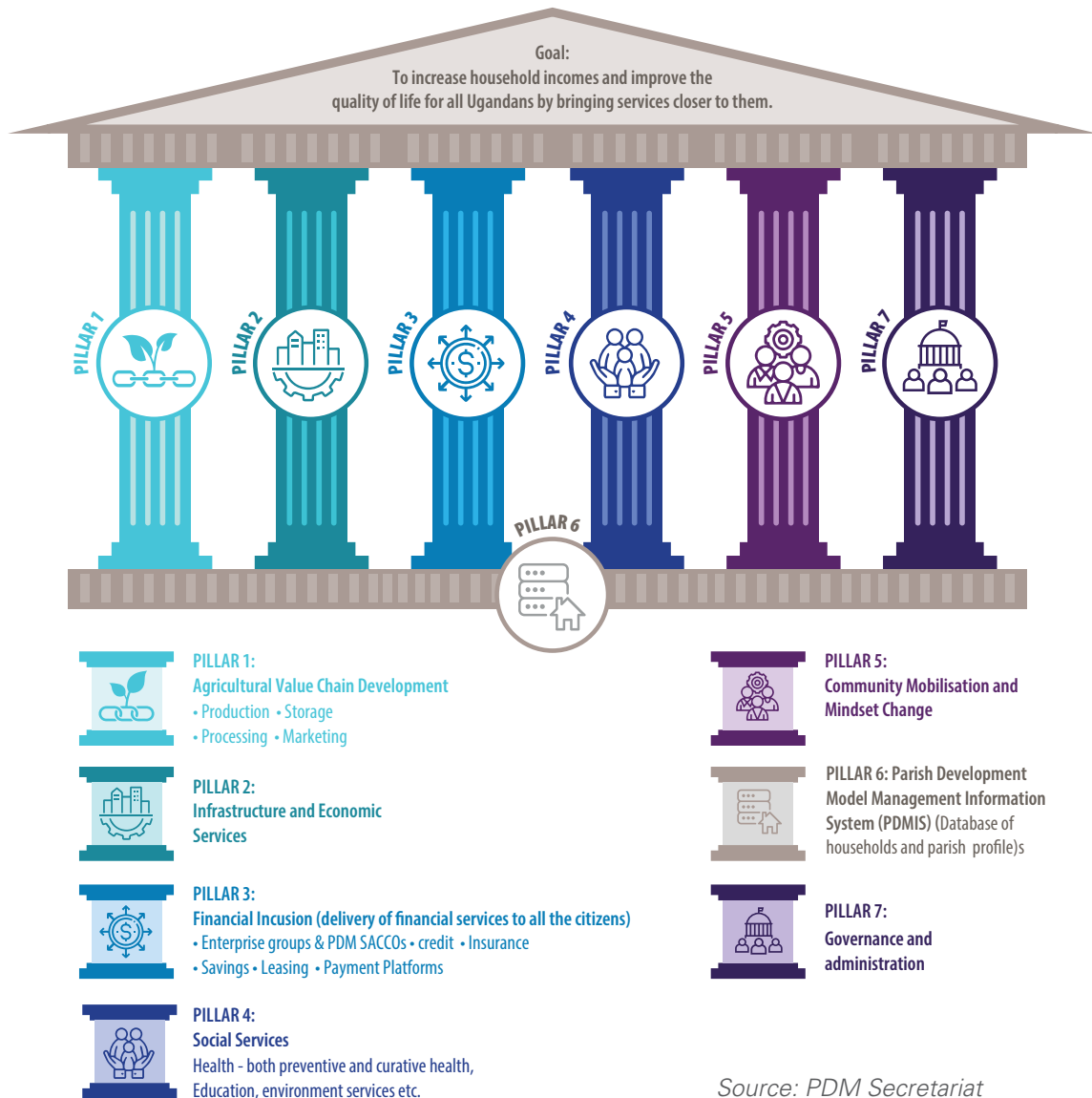
The goal of the PDM is to increase household incomes and socio-economic transformation. In the context of nutrition, income security has a big contribution to affordability of a safe, healthy and nutritious diet. Given the fact that food security is among the PDM objectives, this handbook has provided priority interventions for assuring food security and better nutrition for all as per the UNAP.

The PDM is premised on a house analogy for the seven mutual pillars which contribute to improved nutrition outcomes based on the conceptual frameworks for nutrition and food systems (*see Figure 1*). Under each of the seven pillars, priority actions that fit in the nutrition pathway (immediate, underlying and basic determinants of good nutrition) have been mapped as derived from the UNAP. The PDM has good will, is

practical on commitments and emphasizes synergy as the means through which state & non-state actors collaborate for increased production, value-addition/ processing along the value-chain nodes. The MOLG recognizes opportunities available through the PDM as a key entry point for leveraging nutrition action by all in Uganda. It is against background that the Ministry, with financial and technical support from Food Rights Alliance, developed this simplified handbook for promotion of nutrition interventions through the PDM in Uganda.

**FIGURE 1**

**THE SEVEN MUTUAL PDM PILLARS**



**1.2 WHY INVEST IN NUTRITION**

Good nutrition is a catalyst for social and economic transformation and human development. Nutrition is essential particularly in the first 1,000 days, from conception to two years i.e. the nine months of pregnancy and the first two years of childhood. Poor nutrition, specifically child stunting causes irreversible cognitive and physical damage, with consequences for individuals, households, communities and the nation. According to the Global Nutrition Report (GNR) (2018), malnutrition is responsible for more ill-health than any other cause, therefore good health is impossible without good nutrition. The same report highlights that undernutrition can be attributed to approximately 45 percent of deaths among children under five.

The Cost of Hunger in Africa (COHA) Study in Uganda (2013) established that malnutrition is associated with 15 percent of all under-five deaths, The total losses in productivity attributed to childhood malnutrition is estimated at UGX 1.9 trillion, which represents 5.7 percent of the nation’s gross domestic product (GDP). In terms of education, 7 percent of all grade repetitions in school are associated with a higher incidence of stunted children. Based on this study, it is overly clear that the benefits of investing in nutrition far outweigh the costs, making it one of the most astute investments for Uganda’s economic development and prosperity.

### 1.3 NUTRITION SITUATION IN UGANDA

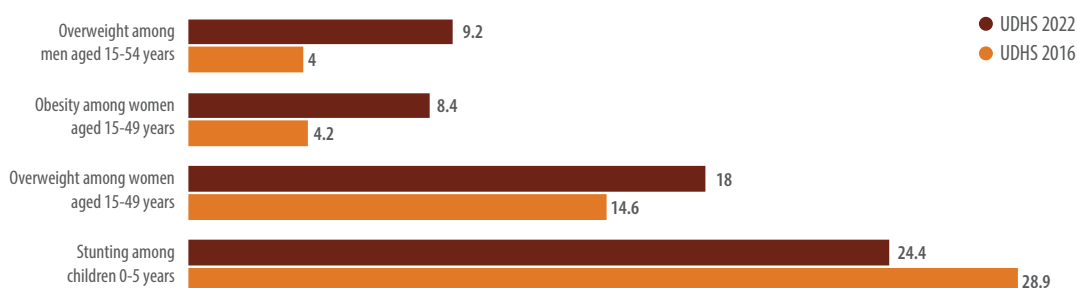
#### 1.3.1 Nutrition Indicators of Critical Concern

One the key nutrition outcomes in Uganda’s development agenda is child stunting, with the target to achieve 0% prevalence by 2040 as stipulated in the Uganda Vision 2040. Stunting is an outcome of chronic or repeated malnutrition, which is frequently associated with poverty, poor maternal health and nutrition, frequent sickness or inappropriate feeding and care at the early childhood stages. Stunting prevents children from reaching their physical and cognitive potential. Over the last 20 years, Uganda has made progress in the fight against stunting among the under-fives. Stunting prevalence among children aged 6-59 months has decreased over the last 20 years, from 45% in 2001, to 38% in 2006, 33% in 2011, 29% in 2016, and 26% in 2022. In order to achieve the Uganda Vision 2040 target, urgent measures especially at household and community level are more necessary now than ever before.

Among women of reproductive age (15-49 years), 14.3% are over-weight while 6.2% are obese. For the men (15-54 years), 6.8% are overweight while 0.6 % are obese (see Figure 2). Generally, women with higher levels of education are likely to be overweight or obese compared to women with no or less formal education. In addition, the proportion of women who are overweight or obese rises with increased education and wealth. Among men, obesity or overweight is higher among men living in urban areas compared to those in rural areas. Like women, overweight increases with education level, and males who have attained above secondary education are seven times more overweight than those with no formal education.

**FIGURE 2**

#### NUTRITION INDICATORS OF CRITICAL CONCERN

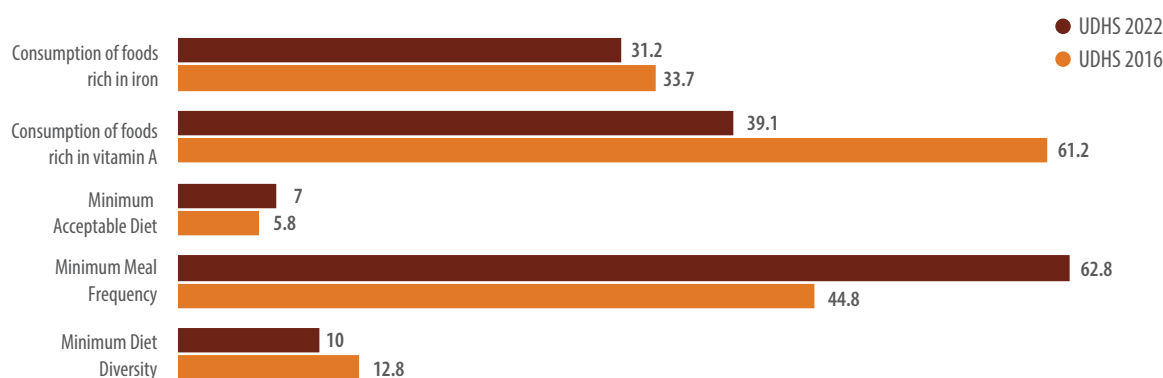


Without adequate meal diversity and frequency, infants and young children are vulnerable to undernutrition, stunting and micronutrient deficiencies, and to increased morbidity and mortality. Minimum dietary diversity for children 6-23 months of age is a proxy for adequate micronutrient density of foods. Minimum dietary diversity means feeding the child food from at least four food groups. The cutoff of four food groups is associated with better-quality diets for both breastfed and non-breastfed children. Consumption of food from at least four groups means that the child has a high likelihood of consuming at least one animal source of food and at least one fruit or vegetable in addition to a staple food (grains, roots, or tubers) (WHO 2008). The four groups should be derived from a list of seven food groups: grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and liver/organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

According to the Uganda Demographic and Health Survey (UDHS) 2022, the percentage of children age 6-23 months meeting their minimum diet diversity was at 10% having reduced from 12.8% in 2016. This implies that 90% of these children are not accessing the required diversity despite production of a diversity of foods in Uganda. Another indicator of nutrition concern is minimum meal frequency for children aged 6-23 months of age. Minimum meal frequency for 6-23-month-old children is a proxy for a child's energy requirements. The UDHS 2022 report indicates that almost 6 in 10 (58.8%) are fed according to the minimum meal frequency requirement. According to UDHS 2022, an average of 5.9% of the children aged 6-23 months are served a minimally acceptable diet. Almost 4 in 10 (42.4%) of children aged 6-23 months consume foods rich in vitamin A, and 3 in 10 (33.0%) consume foods rich in iron (UDHS 2022) (see Figure 3).

**FIGURE 3**

### INFANT FEEDING PRACTICES AMONG CHILDREN 6-23 MONTHS



#### 1.4 THE PROBLEM TO BE ADDRESSED THROUGH THIS HANDBOOK

The actions to address determinants of malnutrition at all levels are known, and numerous legal, policy and planning frameworks to address them are in place including the PDM. Despite this, gaps still exist especially at the parish level in terms of alignment, imbalances in resource allocation and manpower capacities. Such gaps lead into duplication of effort and limited coverage thereby impacting negatively on the realization of the desired nutrition targets.

Using the PDM, the government aims to restructure its service delivery systems to specifically target households that are currently trapped in the subsistence economy, by using the parish as the lowest unit for planning, budgeting, and delivery of interventions for socio-economic transformation. Hence, the PDM provides a strategic system through which food security and nutrition can be scaled up in communities and households for better nutrition outcomes. However, most actors in the delivery of the PDM lack clarity on which nutrition-relevant actions can promote nutrition. This handbook provides clarity on potential food security and nutrition interventions across different pillars of the PDM thus facilitating a comprehensive understanding on existing priority nutrition actions and activities.

This handbook has been designed to support the delivery of multi-sectoral nutrition services by state and non-state actors as well as all citizens at parish, village and household level in Uganda using the PDM as an entry point. This handbook will act as a reference for reporting food security and nutrition results through the PDM Results Framework.

The purpose of this handbook is to:

- (i) Provide clarity on existing nutrition activities under each PDM pillar for state and non-state actors in PDM implementation so as to promote planning, budgeting, implementation, monitoring and evaluation at the parish level.
- (ii) Support the delivery of multi-sectoral nutrition services by Government, non-state actors and all citizens at parish, village and household level in Uganda using the PDM as an entry point.

## SECTION TWO

# Unpacking Nutrition Under Each Pillar of the PDM



Identification of nutrition actions and activities to be promoted under PDM are guided by the strategic direction the UNAP II (2020/21-2024/25), relevant programme implementation action plans for the NDP III (2020-2025), the approved NDP IV (2025/26-2029/30) strategic direction and the National Resistance Movement Manifesto 2021-2026.

### 2.1 AGRICULTURAL VALUE-CHAIN DEVELOPMENT (PILLAR 1)

The mission of this pillar is to sustainably transition subsistence households into the money economy. The goal of this pillar is to catalyse sustainable and equitable community development through participative interventions, innovations, technology and institutional development for socio-economic transformation of subsistence households. The objective is to sustainably increase the efficiency, productivity and profitability of subsistence households.

The components are: Community Mobilization & Organization; Business Development Services and Financial Literacy; and Market Linkages. Services to be delivered under Pillar 1 are: Knowledge/Extension Services: for crop, animal husbandry and fisheries; Inputs: seed, fertilizers, acaricides, drugs, pesticides, feeds; Certification and Regulation: for standards and safety etc; Storage and Bulking Facilities: for fresh and dry goods; Value Addition Facilities: cleaning, sorting, drying, packaging and primary processing; as well as Water: for domestic use and production. A mapping of the four components of Pillar 1 of the PDM indicate that all four fit well into the component of production supply chain.

Through input production and supply, i.e.: animal feed, seeds, seedlings, fertilizers, agro-chemicals, machinery, irrigation schemes, finance institutions, the rural households should increase supply of the nutrition sensitive value chains through the 'four-acre model' applied as follows (see Figure 4):

- (i) First acre for clonal coffee;
- (ii) Second acre for fruits (passion fruit, mangoes, oranges and pineapples);
- (iii) Third acre for pasture for dairy cattle (eight of them); poultry for eggs in the backyard; piggery; and fish farming along the edges of the wetlands (not in the centre);
- (iv) Fourth acre for food crops for the family (cassava, bananas, upland or irrigation rice, irish potatoes, sorghum or millet).

**FIGURE 4**

**'FOUR- ACRE MODEL' APPLIED TO FOOD AND NUTRITION**

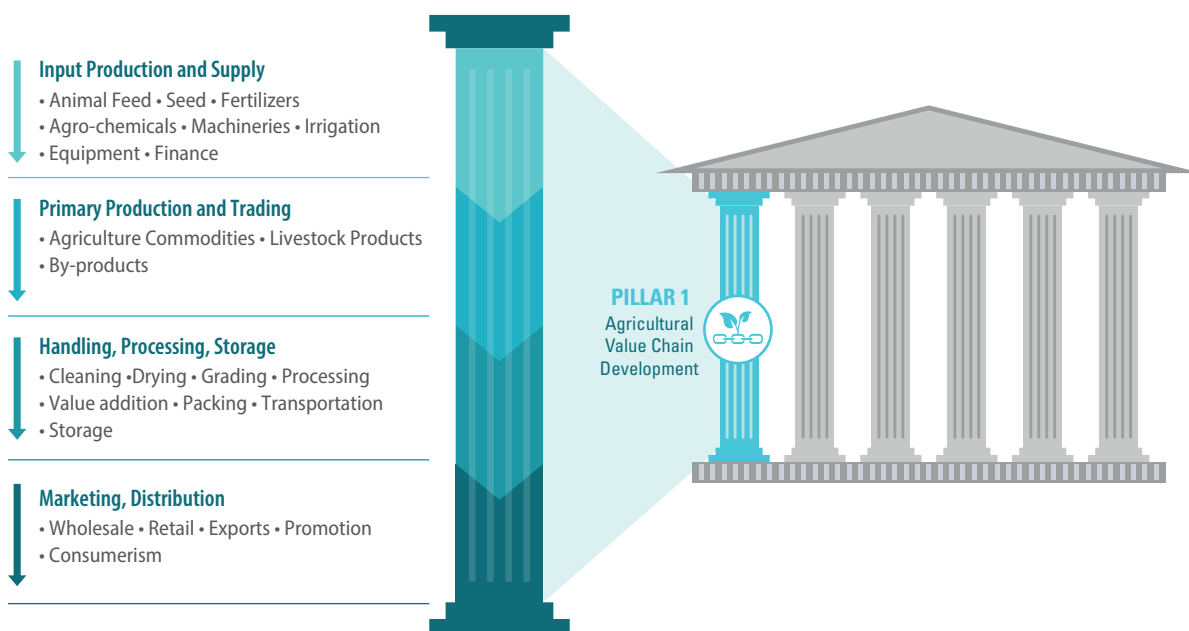


It is important to note that coffee growing/value chain development and consumption is very nutrition-sensitive because of its potential inclusive effect, resilience and on-farm enterprise integration (can easily fit into an agro-ecology farm model), and proven nutraceutical<sup>1</sup> properties.

Pillar 1 is a key entry point for nutrition interventions as it combines science & business to jointly drive transformation (see Figure 5).

**FIGURE 5**

### THE KEY COMPONENTS OF AGRICULTURAL VALUE-CHAIN DEVELOPMENT (PILLAR 1)



It is important to increase the production, access and utilization of the value food chains already prioritized/ eligible for support under the PDM<sup>2</sup> to ensure food security, income and nutrition security. The priority actions and activities provided under section 3.2.1 of this handbook should be implemented to deepen nutrition at the parish under agricultural value-chain development. The Pillar 1 operational manual developed by the Ministry of Agriculture, Animal Industry and Fisheries provides a list of priority commodities as selected by each local government. Of the existing 32 value chains, 24 food value chains can be leveraged on to improve diet diversity for children 6-23 months and women of reproductive age in addition to household diversity score. The 26 out of 32 priority enterprises under the PDM fall under nine food groups for promotion of dietary diversity, and thus responsible officers should prioritize them due to their nutritional value. Based on food groupings, the 24 value chains have been classified as follows:

**FOOD GROUP 1: GRAINS, WHITE/PALE STARCHY ROOTS, TUBERS AND PLANTAINS.** This group is sometimes also called starchy staples.

The PDM promotes maize, millet, rice (upland or irrigated rice), sorghum, irish potatoes, bananas and cassava under PDM Pillar One as sources of energy with varying amounts of micronutrients. These value chains therefore contribute to dietary energy. A value chain product such as millet is a rich source of iron and can therefore address the problem of anaemia as a major nutrition problem.

**FOOD GROUP 2: PULSES** include members of the plant family Fabaceae (alternate name Leguminosae), such as iron-rich beans, peas, lentils and soy beans.

1 Nutraceutical is a term derived from the words 'nutrition' and 'pharmaceutical' and could be defined as any substance that is a food or a part of a food and provides medical or health benefits, including the prevention and treatment of diseases.

2 Maize, rice, sorghum, cassava, millet, beans, mushrooms, irish potatoes, bananas, fish, cattle, pigs, poultry, fruits and vegetables; oil palm, oil seed, avocados, cashew nuts, macadamia nuts, shea nut, mangoes, oranges, onions, passion fruit, pineapples, tomatoes.

The PDM prioritizes beans as an important protein source in plant-based diets and among populations where animal-source foods are largely unaffordable. Proteins are responsible for body building.

**FOOD GROUP 3: NUTS AND SEEDS.** PDM prioritizes cashew nuts, macadamia nuts and shea nut. These value chains are rich in unsaturated fatty acids, vegetable protein, fibre, minerals, tocopherols, phytosterols and phenolic compounds all of which contribute to good nutrition.

**FOOD GROUP 4: DAIRY PRODUCTS.** PDM prioritizes dairy cattle for increased milk supply. Milk is an excellent source of vitamins and minerals, particularly calcium. It has an important role in bone health. Nutritionists recommend that people consume milk and other dairy products, such as yoghurt and cheese every day, as part of a balanced diet.

**FOOD GROUP 5: FLESH FOODS (MEAT, FISH, POULTRY, ORGAN MEATS).** All flesh foods are important sources of high-quality protein and bioavailable micronutrients, notably iron, zinc and vitamin B12 (the last is available only from animal-source foods).

**FOOD GROUP 6: EGGS:** This group includes eggs from any type of bird (domesticated poultry and wild birds). Availability of eggs in food supply is a precursor to consumption of eggs. Eggs are rich in essential fatty acids and bioavailable micronutrients, including vitamins A and B12, iron, zinc, and iodine. Egg consumption has been associated with improved growth among young children.

**FOOD GROUP 7: VITAMIN-A RICH FRUITS AND VEGETABLES.** The PDM prioritises mangoes, passion fruits and tomatoes, whose nutritious value is described below: (i) **Mangoes** are rich in vitamins, minerals, and antioxidants, and have been associated with many health benefits, including potential anticancer effects, as well as improved immunity, and digestive and eye health. (ii) **Passion fruits** are an excellent source of vitamin C which boosts the immune system, and vitamin A, which boosts vision, fights infections and keeps the skin healthy. (iii) **Tomatoes** offer several research-backed benefits including brain, heart, and gut health. Sometimes considered a vegetable, tomatoes also are a source of nutrients like vitamin C, potassium, and antioxidants.

**FOOD GROUP 8: OTHER FRUITS.** This group includes most fruits, excluding vitamin A-rich fruits. Health effects of diets rich in fruits and vegetables are noted above. Under the PDM value chain, foods that fit in this group are: oranges, pineapples and avocado. **Oranges** are a good source vitamin C which helps in formation of blood vessels, muscles, cartilage, and collagen in the bones. In addition, vitamin C fights inflammation and can reduce the severity of conditions like asthma, rheumatoid arthritis, and cancer. It also boosts the body's immune system. **Pineapples** contain nutrients and beneficial compounds such as vitamin C, manganese, and enzymes which aid digestion. Eating pineapple may also help boost immunity, lower cancer risk, and improve recovery time after surgery. **Avocado** provides folate, which helps produce healthy red blood cells. It also is a source of magnesium, which helps regulate blood sugar levels and blood pressure. Besides unsaturated fats, avocado is high in fibre and vitamins C, E and K.

**FOOD GROUP 9: OTHER VEGETABLES.** The PDM prioritises onions and mushrooms. Onions are high in vitamin C, which may help regulate immune health, collagen production, and iron absorption. It's also a powerful antioxidant. Onions are rich in B vitamins, including folate and vitamin B6. Mushrooms contain high amounts of selenium, vitamin D, and vitamin B6. Selenium can help prevent cell damage in our bodies, vitamin D helps with cell growth, and vitamin B6 helps our bodies form red blood cells. All of these nutrients in mushrooms help to maintain a healthy immune system.

In urban areas, priority is given to enterprises in value addition, input supply, as well as the buying and selling of produce in any of the recommended production lines in order to enable the subsistence households in urban areas set up enterprises/projects that have a high multiplier effect on jobs and wealth creation. The farming of high value agricultural commodities (e.g. like poultry, pigs, dairy, mushrooms, vegetables, fish) is also supported. Having mapped out the 26 value chains along the food groups that promote dietary diversity among children 6-23 months and women of reproductive age, actors in the second component of Pillar 1 could invest in adding value to these nutrition-sensitive value chains.

**VALUE CHAIN ACTIONS WHICH NEED TO BE MADE NUTRITION-SENSITIVE THROUGH** nutrition education for communities growing tea, coffee, sugar cane, cocoa and cotton. Though not food in nature, these contribute to food and nutrition security if actors are provided with nutrition education to use the resulting income to access nutritious foods. To emphasize the deepening of nutrition sensitivity, this handbook, under the section of planning for nutrition at the parish, has provided guidance on which priority actions and activities based on the UNAP within the guiding framework of PDM.

## 2.2 INFRASTRUCTURE AND ECONOMIC SERVICES (PILLAR 2)

This pillar aims at ensuring reliable transport and economic services for production and marketing, leading to improved infrastructure for enhanced marketing of farm produce both in raw and processed form. It includes ensuring reliable transport, and water to support crop and animal production; enhancing ICT services for information delivery; provision of and access to power; and establishing and managing markets.

Under this pillar, public and private institutions provide a range of infrastructure and economic services. This pillar has nutrition relevance by contributing to the agricultural infrastructure index which is one of the key food supply chain indicators for a food sustenance system for improved diet and nutrition. Agricultural infrastructure index is a composite indicator that measures the ability to store and transport crops to markets based on assessment of a country's road, rail, port, air transport and irrigation infrastructure, as well as investment in crop storage facilities. A higher score indicates more developed infrastructure. In this context, the ability to store and transport food to markets especially in a typical Ugandan parish based on the road network, irrigation infrastructure, as well as investment in storage facilities there by constraining food access.

According to the Economist Global Food Security Index Database of the Food and Agriculture Organization (FAO) of the United Nations, the Agricultural Infrastructure index for Uganda was at 41.7% in 2023 an increase from 19% in 2021. The implementation of this pillar is expected to increase this further. Agricultural infrastructure is key to minimizing food losses along supply chains which ultimately negatively impacts on nutrition outcomes. Improved agricultural infrastructure may also enable diversification of food production into perishable foods, such as fruits and vegetables. Common food losses of nutrition concern are in cereal, fruit, vegetable and pulses. Quantities of crops lost along the food supply chain from post-harvest up to, but not including, retail as a percentage of domestic supply in 2023 was 3% for cereals, 2% for fruits, 10% for vegetables and 6% for pulses (FAO). Food losses affect the quantity and quality of food that is available for consumption, and may compromise gains in production that would otherwise improve food security and nutrition outcomes, as well as the incomes of farmers and other value chain actors. Hence investment in parish-level agricultural infrastructure with a deliberate focus on minimizing food loss under the pillar of infrastructure and economic services is paramount.

To deepen nutrition sensitivity under this pillar, the following key interventions should be given priority during planning and budgeting:

1. Promotion and investment in renewable solutions like solar and wind-powered installations e.g. water heaters, dryers, cookers, and pumps.
2. Access to clean/safe and sufficient water for all.
3. Integration of e-services in food and nutrition.
4. Infrastructure for physical activity especially in urban and peri-urban areas.
5. Construction and maintenance accessible of community roads.
6. Improving choke points/bridges on community roads.
7. Upgrading of community local markets.
8. Extension of safe water facilities for domestic use and production.
9. Small-scale water for production facilities.
10. Storage facilities for cereals and pulses.
11. Cold chains for fruits and vegetables.

### 2.3 FINANCIAL INCLUSION (PILLAR 3)

The PDM Financial Inclusion Pillar seeks to support the effective transformation of subsistence households into the country's money economy by banking the unbanked, securing the unsecured, financing the unfinanced and serving the financially unserved and underserved areas. Income inequality can be both a driver and a consequence of malnutrition. As a driver, inequality can play into food production systems, the food environment, and individual factors that influence access to food. Low income is associated with poor-quality dietary intake. Compared to those with higher income, lower income individuals consume fewer fruits and vegetables, more sugar-sweetened beverages and have lower overall diet quality.

Regarding access to finance, subsistence households are less likely to lose valuable months of operation resultant from such external shocks, which could reduce availability of food. Wealth also increases purchasing power, which enables people afford basic needs such as food.

It is key to note that over time, statistics have indicated that the prevalence of anaemia in children in Uganda age 6-59 months reduces with increasing household wealth and vice versa (UDHS 2011, 2016 & 2022). Hence using the PDM to promote value chains that are a good source of iron is a critical undertaking in reducing anaemia in children and women of reproductive age. Household food purchases may be an important intervention target to improve diet quality among low-income populations.

The 39% of Ugandan households outside the money economy are more likely to suffer unaffordability of a healthy diet hence the pillar of financial inclusion provides a strategic intervention to address the problem. However, there must be a deliberate effort in nutrition education to ensure that once the money is available then the households will make the right food choices and right food preparation among others. While it is important to move to the money economy, the businesses need to understand the value of nutrition and invest in nutritional products and services, which when available and accessible to consumers will lead to improved diets.

In urban areas, priority enterprises in value addition, input supply, as well as the buying and selling of produce in any of the recommended production lines are food value chains. This will enable the subsistence households in urban areas set up enterprises/projects that have a high multiplier effect on jobs and wealth creation, there by being able to access food using incomes generated. Farming of high-value agricultural commodities (like poultry, pigs, dairy, mushrooms, vegetables, fish) is also supported.

### 2.4 NUTRITION UNDER SOCIAL SERVICES (PILLAR 4)

This consolidates delivery of these services at the grassroots level i.e. education interventions, health interventions, water and environment interventions. existing nutrition-relevant actions under the Social Services Pillar are:

- Education: Universal access to public primary education; access to early childhood care in education (ECD); gender equality and social inclusion; adult literacy; and community education.
- Health: community health service delivery; community health workforce; community health management information systems (HMISs); community health supply chain; community health financing; and community health participation, leadership and governance.
- Water and Environment: water, sanitation and hygiene (WASH); water for production; water resources management; environment and natural resources.

Details of priority actions and activities to deepen nutrition through the Social Services Pillar are provided under section 3.2.

## **2.5 NUTRITION UNDER COMMUNITY MOBILIZATION AND MINDSET CHANGE (PILLAR 5)**

The right mindset, integrated community mobilization and paying attention to crosscutting issues are prerequisite for a successful achievement of the results sought by PDM implementation. The right mindset can also empower families and communities to understand nutrition and its importance in their lives, as well as understand the importance of productivity in eliminating the vicious cycle of poverty. Existing relevant-to-nutrition actions are:

1. Undertake sensitization and mobilisation programmes
2. Implement home and village improvement campaigns

## **2.6 NUTRITION PROGRAMMING IN THE PARISH-BASED MANAGEMENT INFORMATION SYSTEM (PILLAR 6)**

In line with nutrition programming, under UNAP II, the MOLG is responsible for strengthening and institutionalization of nutrition evidence and knowledge management along with a multi-sectoral nutrition information system for effective decision making. The Parish-Based Management Information System (PBMIS) Pillar is consistent and coherent with this MOLG function under UNAP II. It defines the roles of MOLG as follows: Set up and coordinate the PBMIS; coordinate effective implementation of the PBMIS; rollout the PBMIS across all local governments in the country; and provide technical support to the parishes to ensure effective data collection.

Under this pillar, the parish chiefs are the primary data collectors under PBMIS, and coordinate the community groups, and non-governmental and civil society organizations to provide operational data relevant to PDM. With reference to the UNAP Monitoring, Evaluation, Accountability and Learning (MEAL) Framework, nutrition-relevant indicators to track and report on progress should be linked to appropriate outcomes and indicators at the parish and household level. Key activities to ensure deepening integration of these UNAP II MEAL Framework, SUN MEAL and the Food System Indicator Framework in the PBMIS are provided under section 3.3.

## **2.7 NUTRITION IN GOVERNANCE AND ADMINISTRATION (PILLAR 7)**

### **2.7.1 Leveraging for nutrition through the Ward/Parish Development Committee**

There is a Ward/Parish Development Committee (W/PDC) set-up in each parish to supervise the implementation of the PDM. The W/PDC has seven members drawn from the parish/ward. The W/P Nutrition Coordination Committee (NCC) provides technical oversight and leadership of the implementation of multi-sectoral nutrition interventions in the parish/ward. The roles of the W/PDC as an NCC are:

- Advocacy, planning, budgeting, and resource mobilisation.
- Coordination and partnerships.
- Nutrition behaviour change communication and social mobilisation.
- System capacity building and strengthening for nutrition interventions.
- Parish programmes and project implementation and dissemination.
- Monitoring, evaluation, accountability and learning of the implementation of the parish wealth creation plan for which nutrition actions have been integrated.

The parish chief/ward agent is the nutrition focal person. The roles of parish chief/ward agent as a nutrition focal person are:

- Maintain the schedule of W/PNCC field support supervision visits and meetings on a quarterly basis.
- Prepare the agenda for W/PNCC meetings in consultation with the parish chief/ward agent.
- The ward/parish nutrition focal person should ensure that the business is guided by the nutrition actions within the Parish/Ward PDM Annual Work plan.

- Take minutes of every meeting and follow-up the implementation of agreed actions.
- In consultation with the W/PDC Chairperson, make arrangements for the meetings of W/PNCC by invitation in writing, at least a week before the date of the meeting.
- Mobilize effectively for the W/PNCC meetings and ensure meeting quorum is realized, being two-thirds of the appointed committee members during each of the meetings.
- Follow-up members who absent themselves for meetings without permission from the Chairperson to ascertain any challenges.
- The nutrition focal person shall work with the W/PDC Chairperson, and other actors in the parish to identify opportunities for skills enhancement for the W/PNCC members, infrastructural support for the proper functioning of the W/PNCC and financial support for the funding gaps identified during implementation.
- The P/WNCC shares information in the W/PDC based on the PDM monitoring and evaluation framework on a quarterly basis (& as and when the need arises) and subsequently to the parish council.
- Function as point of call for development structures at the village level (i.e. village council, executive committee (VEC) and project management committees) in the parish, maintaining an active link between LCI chairpersons, chairpersons of project management committees (water, education, road, health, production, community-based service) and members of the PDC/WDC on matters of nutrition programming.
- Provide supervision and mentorship in the area of nutrition governance.
- Support the parish to prepare annual parish nutrition coordination work plans in support of parish/ward nutrition action plan (NAP) implementation.
- Facilitate the PNCC/WNCC to undertake regular support supervision to households, health facilities, schools and programme sites in the parish.
- Prepare quarterly progress reports on P/WNAP implementation, stakeholder and resource mapping, including implementation tracking.
- Generate programme briefs for the LCII Chairperson through the parish chief.
- Contribute to parish/ward advocacy, knowledge-sharing and learning events and visits.

### **2.7.2 Leveraging for nutrition through multi-purpose SACCOs at the parish level**

At every parish there exists a multi-purpose SACCO with an executive committee comprising the following; 1 Chairperson, 1 Vice Chairperson, 1 Secretary, 1 Treasurer, Publicity Committee Members (Each village with one representative from the remaining seconded members). The Executive Committee of the PDM SACCO plays an oversight role in the implementation of support provided to the parish-based common enterprise groups by various state and non-state actors.

As per the PDM guidelines, subsistence households are encouraged to choose from the 32 identified enterprises which have higher returns per acre, per annum. In urban areas, priority shall be given to enterprises in value addition, input supply, as well as the buying and selling of produce in any of the recommended production lines, in order to enable the subsistence households in urban areas set up enterprises/projects that have a high multiplier effect on jobs and wealth creation. However, farming of high value agricultural commodities (like poultry, pigs, dairy, mushrooms, vegetables, fish) is also supported.

Given that majority of the eligible enterprises have a direct contribution to improved nutrition and food security, it is important to ensure that flagship projects that benefit all interested subsistence households are selected with deliberate focus on nutrition. The Commercial Officer, Community Development Officer and relevant sector experts during identification and selection by the parish residents in a participatory manner, should use this handbook to provide information on the nutrition and food security benefits in addition to the primary goal of income security.

## SECTION THREE

# Planning and Budgeting for Nutrition at Parish Level



### 3.1 OVERVIEW

Uganda has 176 local governments with 135 districts, 11 cities and 31 municipalities. There are 25 city divisions, 89 municipal divisions, 1,496 sub counties, 580 town councils and 10,717 parishes/wards. As per the UNAP coordination framework, all districts/cities, sub-counties/towns/municipalities and parishes/wards are expected to implement nutrition in alignment with the NDP and PDM. All these structures need to be engaged, inspired and invested in to ensure better food security and nutrition for all. The parish, which is the lowest administrative unit of the Government of Uganda, serves as the epicentre for planning, budgeting and service delivery. All local governments are expected to align nutrition interventions to their development plans. Having the parish as an entry point for implementation of the PDM will enhance visibility an impact of nutrition actions. Efforts should be made by state and non-state actors to plan and budget for the nutrition-relevant activities that have been mapped out in this handbook to deliver multi-sectoral services closer to the people.

The UNAP II (2020/21-2024/25) provides clarity on priority actions that promote better nutrition for all. In addition, the approved strategic direction for NDP IV (2025/26-2029/30) provides guidance on strategic interventions for (i) Better nutrition for all and (2) Better food security for all. In light of these two frameworks, actions applicable at parish level for PDM implementors to plan, budget and implement have been provided. The Results Framework of the PDM and UNAP will be the basis for monitoring and evaluation for deepening nutrition at parish level.

While a number of interventions which contribute to food security and better nutrition for all exist across the PDM pillars, efforts have been made to further detail priority actions and activities which should be deliberately implemented if nutrition is to be deepened at parish level. Through this handbook, non-state actors will also align their programmes, projects and budgets to PDM implementation in order to avoid duplication of effort. The available planning and budgeting templates as provided by National Planning Authority should be used in the planning and budgeting process to come up with a Ward/Parish NAP.

### 3.2 PRIORITY ACTIONS AND KEY ACTIVITIES TO DEEPEN NUTRITION PLANNING AND BUDGETING

Wards and parishes should prioritize the interventions provided in this handbook in their plans and budgets.

#### 3.2.1 Priority actions and activities to be promoted under Agricultural Value-Chain Development (PDM Pillar 1); Infrastructure & Economic Services (PDM Pillar 2); and Financial Inclusion (PDM Pillar 3)

The nutrition actions under the PDM Pillar 1: Agricultural Value-Chain Development, Pillar 2 Infrastructure & Economic Services and Pillar 3 Financial inclusion to promote nutrition are delivered from strategies of the UNAP II (2020/21-2024/25) as outlined below:

**Strategy 2.1:** Increase the production of diverse, safe and nutrient-dense foods at the household level from plant, fisheries and animal sources.

**Strategy 2.2:** Increase access to diverse, safe and nutrient-dense food from plant, fisheries and animal sources.

**Strategy 2.3:** Increase the utilization of diverse, safe and nutrient-dense food from plant, fisheries and animal sources.

**Strategy 2.7:** Increase the participation of trade, industry and investment actors in scaling up nutrition.

#### PRIORITY ACTION 1

#### Increase the production of diverse, safe and nutrient-dense food at the household level from plant, fisheries and animal sources.

The parish/ward should:

- Increase the production and supply of the food value chains.
- Promote agro-ecology to mitigate climate change a way of reducing emissions, recycling resources and prioritizing local supply chains.
- Promote profitable farming models for local chicken and undertake market development for local chicken value chains for resource-poor households.
- Increase production of the following five food value chains i.e. fruits and vegetables, pulses, eggs, meat and fish as a way of improving diet quality.
- Increase yield of the value chain through improved use of inputs to enhance agricultural output.

## **PRIORITY ACTION 2**

### **Increase access to diverse, safe and nutrient-dense foods at household level**

The parish/ward should:

- Strengthen food safety infrastructure (cold storage and distribution, labs, and equipment, transportation and handling).
- Develop improved food-based commodity markets for improved access to food.
- Construct and equip storage facilities.
- Promote adoption and uptake of improved post-harvest technologies that mitigate food loss.
- Create mass awareness on the mitigation of food wastage.
- Scale-up value addition, agro-processing and marketing of the food value chains promoted under PDM.
- Build capacity of farmers on post-harvest handling technologies and value addition.
- Construct community drying yards.
- Support farmer groups with post-harvest handling equipment.
- Rehabilitate, equip and operationalize existing agriculture processing facilities.
- Supply small scale agro-processing facilities to parish-based groups.
- Develop community-owned cottage value addition enterprises per parish with capacity to export products in the region/and in overseas market (based on cooperatives).
- Promote value addition technologies that produce marketable nutritious foods e.g. baked bread products with composite flours of orange-fleshed sweet potatoes, amaranth seeds etc., packed flours of ready-to-use iron-rich beans and indigenous vegetables etc.

## **PRIORITY ACTION 3**

### **Increase utilization of diverse, safe and nutrient-dense food**

The parish/ward should:

- Promote the consumption of fresh fruits and vegetables as a source of micronutrients through awareness campaigns and community dialogues.
- Empower consumers to make informed food choices in the consumption of healthy diets.
- Support investment in technologies and infrastructure development for food safety along the agricultural value chain.
- Intensify awareness on benefits of consuming diverse, safe and nutrient-dense diets.
- Implement actions that reduce toil for women at household level including food preparation activities and release time for effective family care/ happy living for both women and men.

## **PRIORITY ACTION 4**

### **Increase nutrition action by business actors in food value chains**

The parish/ward should:

- Build capacity of PDM enterprise groups, micro, small and medium enterprises (MSMEs) in the food value chains with compliance to quality and standards.
- Build capacity of agro-processing MSMEs/produce cooperatives to attain and comply with market requirements and standards.
- Engage with business actors already in the money economy to invest in food value chains by forming viable cooperatives with intention of scaling up nutrition.
- Mobilize the PDM SACCOs and enterprise groups to invest in improved business practices that contribute to better nutrition outcomes in the parish.
- Provide appropriate agricultural insurance products.

- Ensure targeted programmes include families with nutritionally vulnerable groups (single mothers, families with children below five years, the youth etc).
- Deepen nutrition awareness in financial inclusion.

### 3.2.2 Priority actions and activities to be promoted under Social Services (PDM Pillar 4); and Community Mobilization and Mindset Change (PDM Pillar 5)

The proposed nutrition actions are delivered from four strategies of the UNAP II (2020/21-2024/25). These strategies are:

**STRATEGY 1.1:** Promote optimal maternal, infant, young child and adolescent nutrition practices in emergencies and stable situations

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

**STRATEGY 1.3:** Increase coverage of the management of acute malnutrition in stable and emergency situations.

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

**STRATEGY 1.5:** Integrate nutrition services in the prevention, control and management of diet-related non-communicable diseases.

**STRATEGY 2.4:** Promote the integration of nutrition services in social protection programmes.

**STRATEGY 2.5:** Promote access to nutrition services through integrated early childhood development (ECD) services and quality education and sports.

**STRATEGY 2.6:** Increase access to nutrition-sensitive water, sanitation and hygiene (WASH) services.

#### PRIORITY ACTION 1

##### Promote optimal maternal, infant, young child and adolescent nutrition practices

The parish/ward should:

- Promote exclusive breastfeeding for the first six months.
- Train peer's mothers to mobilize & sensitize breastfeeding mothers to adopt optimal breastfeeding and complimentary feeding practices.
- Promote complementary feeding for children aged 6-23 months.
- Promote and support growth promotion and monitoring services at health facilities and in villages.
- Conduct nutrition education on balanced diets, food preparation, and the importance of nutrition, especially for children and pregnant women.

#### PRIORITY ACTION 2

##### Promote optimal micronutrient intake among children, adolescent girls and women of reproductive age

The parish/ward should:

- Mobilize parents to take their children 6-59 months to receive vitamin A Supplementation during Integrated Child Health Days in April and October.
- Promote the consumption of fresh fruits and vegetables as a source of micronutrients through awareness campaigns and community dialogues.
- Mobilize all pregnant women to attend antenatal care for uptake of iron and folate supplementation.

### **PRIORITY ACTION 3**

#### **Increase coverage of the management of acute malnutrition in stable and emergency situations**

The parish/ward should:

- Promote nutrition assessment, counselling and support at health facility and community levels.
- Link acutely malnourished clients to support services at the community levels

### **PRIORITY ACTION 4**

#### **Integrate nutrition services in the prevention, control and management of infectious diseases and epidemics**

The parish/ward should:

- Increase access to immunization against childhood diseases.
- Provide de-worming medications targeting children 1-14 years receiving at least two doses per year.
- Reduce the burden of communicable diseases, focusing on high burden diseases (malaria and diarrhoea) related to malnutrition through the primary health care approach.

### **PRIORITY ACTION 5**

#### **Integrate nutrition services in the prevention, control and management of diet-related non-communicable diseases**

The parish/ward should:

- Commemorate the National Physical Exercise Day at parish level.
- Empower consumers to make informed food choices in the consumption of healthy diets.
- Develop social behaviour change communication on feeding habits and behaviour.
- Sensitize households and communities on healthy eating and lifestyles using the Presidential Initiative on Healthy Eating and Lifestyles message booklet.
- Engage public and private actors, civil society, and other stakeholders to promote healthy diets and lifestyles.

### **PRIORITY ACTION 6**

#### **Promote establishment of social safety nets for vulnerable populations in the parish/ward**

The parish/ward should:

- Work with special interest groups benefiting from financial inclusion to make their enterprises nutrition relevant.
- Link food-based enterprises to insurance schemes.
- Link food-based enterprises to credit and financing.

### **PRIORITY ACTION 7**

#### **Implement school feeding programmes with parents at the centre of the intervention**

The parish/ward should:

- Mobilize parents to provide meals to school-going children as per the 2013 School Feeding Policy guidelines.
- Ensure the establishment of school gardens for food.

### **PRIORITY ACTION 8**

#### **Increase access to nutrition-sensitive water, sanitation and hygiene (WASH) services.**

The parish/ward should:

- Increase access to inclusive, safe water supply in all villages.
- Increase access to inclusive sanitation and hygiene services in all villages.

### 3.2.3 Priority Actions and activities to be promoted under Parish-Based Management Information System (PDM Pillar 6); and Governance and Administration (PDM Pillar 7)

**STRATEGY 3.1:** Strengthen nutrition coordination and partnerships at all levels

**STRATEGY 3.2:** Improve the planning, resource mobilization, financing and tracking of nutrition investments

**STRATEGY 3.3:** Strengthen institutional and technical capacity for scaling up nutrition actions

**STRATEGY 3.4:** Strengthen nutrition advocacy, communication and social mobilization for nutrition

**STRATEGY 3.5:** Strengthen coherent policy, legal and institutional frameworks for nutrition

**STRATEGY 3.6:** Strengthen nutrition evidence and knowledge management for effective decision making

#### PRIORITY ACTION 1

##### **Strengthen nutrition coordination and partnerships in the parish/ward**

The parish/ward should:

- Conduct nutrition stakeholder and action mapping.
- Establish and maintain a functional ward/parish Nutrition Coordination Committee.

#### PRIORITY ACTION 2

##### **Improve the planning, resource mobilization, financing and tracking of nutrition investments in the parish/ward**

The parish/ward should:

- Develop a parish-level annual nutrition work plan based on the PDM workplan
- Undertake resource mobilization for nutrition activities that are not funded through the mainstream PDM budget for the parish.

#### PRIORITY ACTION 3

##### **Strengthen institutional and technical capacity for scaling up nutrition actions in the parish/ward**

The parish/ward should:

- Conduct a simple nutrition capacity assessment among the W/PNCC members to identify their nutrition capacity gaps.
- Out of the capacity gaps, develop a nutrition capacity development framework for the W/NCC to guide harmonized capacity development for nutrition in the parish.
- Partner with non-government organizations to access technical assistance in form of resources, knowledge, and expertise for nutrition in the parish/ward.

#### PRIORITY ACTION 4

##### **Strengthen nutrition advocacy, communication and social mobilization for nutrition**

The parish/ward should:

- Institute nutrition advocates to actively advance the nutrition agenda in the parish/ward.
- Develop simple nutrition advocacy talking points for use by ward/ parish-based stakeholders to use during various platforms.
- Build capacity of community-based structures to trigger and deliver community-based advocacy, social mobilization and behavioural change communication on nutrition interventions.

- Undertake campaigns to reduce teenage pregnancy, gender-based violence and other harmful practices that result in poor nutrition.
- Mobilize and engage state and non-state actors for evidence-based advocacy, capacity enhancement and stimulation of community actions towards scaling up nutrition.
- Build capacity of the mass media through training media personnel including awarding reporters who promote positive nutrition advocacy aimed at influencing mindset change.

#### **PRIORITY ACTION 5**

##### **Coherent policy, legal and institutional frameworks for nutrition**

The parish/ward should:

- Disseminate the Nutrition Handbook for PDM to all villages, PDM SACCOs and enterprise groups.
- Implement the School Feeding Policy Guidelines, 2013, in support of parent-led school feeding.
- Develop and implement by-laws that promote food security and nutrition at household level.

#### **PRIORITY ACTION 6**

##### **Strengthen nutrition evidence and knowledge management for effective decision making**

The parish/ward should:

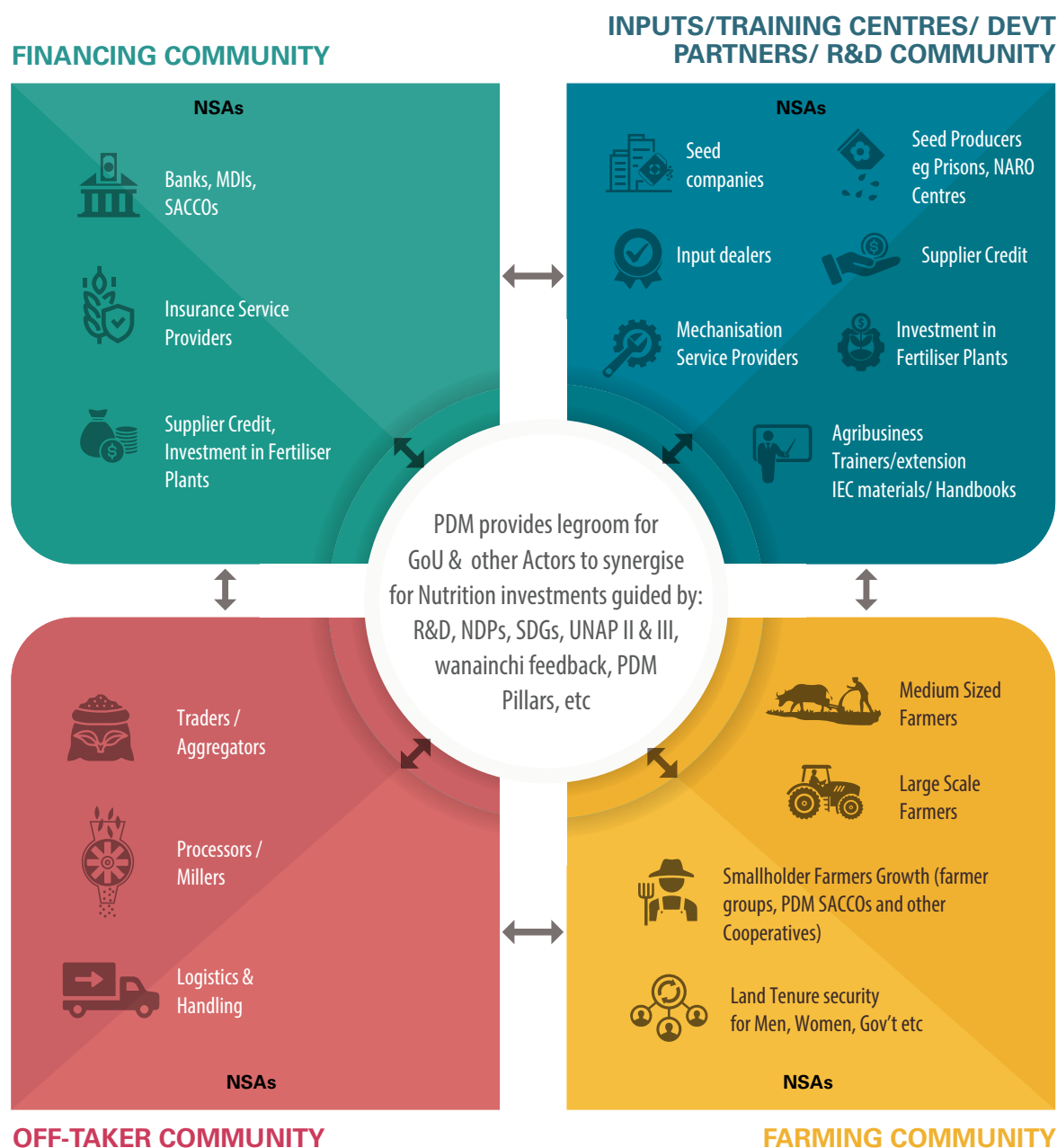
- Develop & implement a MEAL plan for the ward/parish Nutrition Action Plan.
- Disseminate relevant information from early warning systems, surveys and surveillance on food and nutrition in the parish.
- Develop capacity of the parish chiefs/ward agents to undertake parish/ward-level nutrition monitoring within the PDMIS, in order to track progress in meeting parish-level nutrition targets and investments.
- Build the capacity of P/WNCC to make better use of evidence and data to design and implement nutrition actions across the PDM pillars.
- Implement appropriate food security and nutrition surveillance including food balance sheet information, food safety surveillance within the digital platform construction proposed under PDM.

### **3.3 LEVERAGING FOR NUTRITION ON NON-STATE ACTORS FOR PROMOTION OF NUTRITION INTERVENTIONS THROUGH THE PARISH DEVELOPMENT MODEL**

The PDM provide a space for Government and other actors to synergize for nutrition investments guided by research and development, NDPs, SDGs, UNAP II & III, *Wananchi* feedback, and PDM Pillars. The parish, which is the lowest administrative unit of the Government of Uganda, serves as the epicentre for planning, budgeting and service delivery. A number of multiple actors can work together through the parish to implement nutrition actions if well-coordinated and organized (*see Figure 6*). Resource providers of finance, expertise and other strategic resources; beneficiaries of Government efforts can create an enabling environment under which the non-state actors (NSAs) can provide capacity development through information and knowledge sharing; non-state actors can initiate reforms in adapting business models through corporate social responsibility to enhance development impact; community mobilisers to implement social and economic programmes and impart skills which are critical to the PDM; and participants in policy dialogues and multi-stakeholder initiatives on development-related issues.

**FIGURE 6**

**POSSIBLE SYNERGIES FOR NUTRITION INVESTMENTS AT PARISH-LEVEL**



Source: PDM Secretariat, MOLG

Non-state actors play a role in local economic development through the following: Supporting the mobilisation and formation of cooperatives and farmer groups; Training and capacity building of cooperatives and farmer groups; Supporting infrastructure development services such as construction of community access roads, housing, renewable energy, etc; Provision of capital and loanable funds; Provision of technical services such as extension, maintenance of boreholes, etc; Provision of off-take opportunities for the citizens, markets, etc.; Provision of employment; and Supporting the piloting of the PBMIS in their areas of operation.

Non-state actors are champions of household food security and nutrition, with respect to: food production, processing, storage and marketing (area-based commodity value chains); setting up post-harvest handling infrastructure; construction and management of market structures; and establishment and maintenance of community water facilities.

Non-state actors are well known for supplementing Government effort in better health and education services by: construction and maintenance of health facilities; establishing and carrying out sensitization on water and sanitation facilities; and construction and maintenance of pre-primary, primary and secondary schools.

Non-state actors play a role sustainable environment and natural resource management through the following: investing in value-addition and modern environment and natural resources products and services e.g., production of environmentally-friendly cooking stoves; increasing awareness on sustainable use and management of environment and natural resources; promoting local community-based eco-tourism; and mobilising farmers and farmer groups to employ sustainable farming practices.

Farmers and farmer organizations support nutrition through: farmer-to-farmer peer extension services; procuring multiplication seeds, planting materials and stocks; undertaking innovation in farming and resource mobilization; institutional development in liaison with the PDC, extension staff and parish chiefs; record keeping and provision of agricultural data; farmer group formation; providing market information and sourcing; and supporting farmer access to credit.

The private sector/ non-governmental, community-based and civil society organisations undertake other complementary activities that support value chain development; such as storage, transport, drying, marketing, training for skills development and information services; harmonizing their interventions to the PDM at all levels and participating in planning, monitoring and evaluation of PDM pillar activities; mobilizing resources for agricultural and non-agricultural services; providing private extension services; supplying quality agricultural inputs; supporting post-harvest handling, storage and processing activities; providing transport, trade and marketing services; engaging in public-private partnership at community level; training and creating awareness on PDM pillar implementation.

Educational institutions attach trainees to communities to support extension to farmers and monitor their performance in the field; support appropriate innovation and technology transfer to farmers and service providers, such as transportation, silos, weather forecasts, etc; study the processes and draw lessons for learning and curriculum review; provide expertise drawn from past experience with different enterprises.

### **3.4 THE PARISH THAT WE WANT IN UGANDA**

The desired parish in Uganda (*see Figure 7*) is expected to have all Government services, including the following:

- a. Security
- b. Law and order i.e. Police, village courts
- c. Education: kindergarten, primary, secondary and technical schools
- d. Extension, commercial, and community development services: by crop, livestock, fisheries; business development, etc.
- e. Health care: public and private healthcare centres
- f. Roads: district, urban and community roads
- g. Food safety & storage: fresh goods and dry goods
- h. Environmental services
- i. Processing: cleaning, sorting, drying, packaging and milling
- j. Energy: for cooking, lighting and industry
- k. Information and communication technology: last mile connectivity infrastructure
- l. Water: for domestic use and for production
- m. Financial services: savings, credit, insurance, grants, leasing, digital payment platforms.

All these services contribute to better nutrition for all people in the parish..

**FIGURE 7**

THE PARISH THAT WE WANT IN UGANDA, WITH ALL SERVICES AVAILABLE, ACCESSIBLE AND AFFORDABLE



Source: PDM Secretariat

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