

CSO POSITION PAPER
INTERGRATING NUTRITION
IN THE NATIONAL BUDGET
FRAMEWORK PAPER 2026/27

January, 2026



ACKNOWLEDGEMENT

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Nutrition remains a critical determinant of Uganda’s human capital development and long-term socio-economic transformation (UNAP II, 2025). Despite notable progress in policy and programming, the country continues to face a complex nutrition situation characterized by persistent undernutrition; high levels of stunting, micronutrient deficiencies, food insecurity and recent rise in overweight and obesity, particularly among children, adolescents, and women of reproductive age. This undermines health, learning outcomes, productivity, and resilience, with disproportionate impacts on poor, rural, and urban-informal populations.

Evidence from the Integrated Food Security Phase Classification (IPC) Acute Malnutrition and Acute Food Insecurity Analysis report continues to show persistent pockets of high acute malnutrition in several regions, driven by food insecurity, poverty, disease burden, climate shocks, and sub-optimal infant and young child feeding practices (FAO, 2025).

Good nutrition is therefore not only a health imperative but a strategic investment in Uganda’s future. Well-nourished children are more likely to survive, learn, and become productive adults, while healthy, nourished populations contribute to economic growth, reduced health care costs, and national competitiveness. As Uganda pursues the ten fold inclusive growth and structural transformation, prioritizing nutrition across food systems, social services, and development programmes is essential to unlocking the country’s demographic dividend and ensuring sustainable development for present and future generations.

The Fourth National Development Plan (NDP IV) sets out Uganda’s strategic direction for the period 2025/26 to 2029/30. A core programme of this plan is the Human Capital Development (HCD) Programme, which aims to achieve a healthy, knowledgeable, skilled, ethical, and productive population. Central to this is the strategic objective of Nutrition For All Ugandans.

Nutrition remains a critical foundation for Uganda's human capital development, economic productivity, and long-term structural transformation. Adequate nutrition underpins cognitive development, learning outcomes, labor productivity, and resilience across the life course. It is therefore central to the achievement of Uganda's National Development Plan IV (NDP IV) objective of accelerating socio-economic transformation through inclusive growth. Conversely, malnutrition continues to impose high social and economic costs on the country, undermining investments in health, education, and agriculture. Estimates indicate that malnutrition costs Uganda approximately 5.6 percent of its Gross Domestic Product annually (Brian, 2022), largely through lost productivity, increased healthcare expenditure, and reduced educational attainment, highlighting nutrition as not only a social concern but also a macroeconomic imperative.

The National Budget Framework Paper (NBFP) 2026/27 presents a critical opportunity to strengthen Uganda's response to malnutrition through more deliberate prioritization, coordination, and financing of nutrition-sensitive and nutrition-specific interventions. While nutrition is inherently multi-sectoral, cutting across health, agriculture, water and sanitation, education, and social protection, its financing remains fragmented across Ministries, Departments, and Agencies (MDAs), with limited visibility and predictability.

In the context of NDP IV and the Agro-Industrialisation Programme under the ATMS framework (Agro-industrialization, Tourism development, Mineral-based industrialization, and Science, Technology & Innovation), inadequate attention to nutrition risks weakens the human capital base required to support agricultural productivity, value addition, and inclusive economic growth. Ensuring that nutrition outcomes are explicitly integrated and adequately resourced within the medium-term expenditure framework is therefore essential for translating policy commitments into tangible results.

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PROGRESS MADE

We commend the Government of Uganda for, through the Fourth National Development Plan (NDP IV), strategically prioritizing nutrition by incorporating the objective of improving Health and Nutrition For All under the Human Capital Development (HCD) Programme, alongside the objective of enhancing Food Security For All under the Agro-Industrialization (AGI) Programme. This reflects a positive attitude towards investment in nutrition as a contribution to regional and global commitments.

We commend the Government of Uganda for the increased financial allocation to the Parish Development Model (PDM), which is strategically positioned to improve nutrition outcomes among vulnerable populations within the subsistence economy. In FY 2025/26, the government allocated approximately UGX 1.097 trillion to the PDM (Republic et al., n.d.) under the national budget to support the Parish Revolving Fund and other core implementation components at the parish level. This allocation provides a critical financing framework for the effective planning and execution of PDM interventions, including the capitalization of parish SACCOs and support for grassroots wealth-creation enterprises, which have direct implications for household food and nutrition security.

In addition, we acknowledge the Ministry of Local Government (MoLG) for the rollout of A Handbook for Promotion of Nutrition Interventions through the Parish Development Model (PDM) in Uganda across nine District Local Governments in the Karamoja, Acholi, and Tooro sub-regions. The targeted technical capacity-building provided to district and lower local government stakeholders strengthens their ability to promote and prioritize nutrition-sensitive enterprises, thereby enhancing the contribution of PDM interventions to improved food security, nutrition outcomes, and sustainable livelihoods at the local level.

We commend the Ministry of Health for the progress made in developing the Nutrient Profiling Model. This model will thus provide a foundation for subsequent regulatory frameworks on specific aspects of healthy diets, including the restriction of marketing for ultra-processed foods and sugar-sweetened beverages in the country. Its adoption will therefore suggest that specific regulations be developed to operationalize the model at different implementation and monitoring levels. Additionally, we commend the ministry for its efforts in implementing the Mother-Baby Hospital Initiative, which restricts the marketing and access to breastmilk substitutes for mothers, thereby encouraging breastfeeding as the safest mechanism for both babies and mothers.

We commend the Government of Uganda for prioritizing school feeding as a strategic intervention under the National Development Plan IV (Human Capital Development Programme), the Education Sector Strategic Plan, and Uganda's commitments within the Global School Meals Coalition. These programmes directly confront hunger and malnutrition, while simultaneously improving attendance, concentration, and academic performance. They also reduce dropout rates, particularly among disadvantaged learners, and strengthen resilience by integrating nutrition with education and agro-industrialisation. Providing at least one nutritious meal per day in targeted districts is expected to boost enrollment, retention, and learning outcomes, while advancing gender equity in education. Furthermore, by sourcing food from local farmer cooperatives, school feeding initiatives reinforce the Agro-Industrialization Programme, stimulate rural economies, and promote climate-resilient food systems.

3.1 Limited prioritization of Human Resources for Nutrition.

The limited prioritization of human resources for nutrition poses a serious challenge to nutrition service delivery. Currently, the nutrition sector has a staffing gap of 85% (46 out of the 426 nutrition staff at the different levels) of the approved staffing structure, severely undermining the capacity to deliver essential nutrition services across different levels of government (Auditor General, 2025).

Nutrition Staffing Gap



The nutrition sector faces a severe staffing shortage, with a vast majority of positions unfilled.

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Under the NDP IV, Human Capital Development Program Objective 3 on improving population health, safety, and management; access to safe water, sanitation, and hygiene services, the government committed to improving the functionality of

the health system to deliver quality and affordable preventive, promotive, curative, and palliative health care services. In line with this commitment, the Government undertook to ensure the availability of adequate human resources for health at all levels.

Although the Ministry of Public Service approved a scheme of service for nutrition cadres in the financial year 2022/2023 and directed local governments to utilize available wage provisions to recruit staff, subsequent budget analyses for the financial years 2023/2024 and 2024/2025 reveal that no wage provisions were made for the recruitment of nutrition personnel. According to the First Budget Call Circular FY 2025/26, the Ministry of Finance notified votes that recruitment would continue to be “on a replacement” basis. This negatively affects nutrition, which historically had huge shortfalls in staffing with literally nothing to replace. The absence of adequate human resources jeopardizes efforts to combat all forms of malnutrition, exacerbates the rise of diet-related diseases, and contributes to preventable mortality and other associated impacts, thereby weakening national commitments to health, equity, and sustainable development.

Recommendation

1. The Ministry of Public Service should collaborate with MoLC to expedite the implementation of the approved nutrition structure by allocating a wage bill with a target focus on Health center IVs.

3.2 Limited consumer awareness and conscientization on food and nutrition.

In line with Objective XXII of the Constitution of the Republic of Uganda, the Government is mandated to encourage and promote proper nutrition through mass education and other appropriate means to build a healthy population (Uganda, 1995). This constitutional obligation is operationalized through national development frameworks, including the Parish Development Model (PDM), whose mindset change pillar emphasizes increased awareness and adoption of healthy dietary practices, prioritization of nutrition-sensitive enterprises, and improved household decision-making regarding food consumption, care practices, hygiene, and the use of income.

Despite these strong constitutional and policy commitments, the implementation of nutrition promotion efforts has been constrained by inadequate financial investment, particularly in consumer awareness, nutrition education, and empowerment initiatives. As a result, large segments of the population remain insufficiently informed and unable to demand nutritious, safe, and diverse foods effectively.

Evidence indicates that the status of nutrition awareness in Uganda remains uneven and incomplete, characterized by both opportunities and significant gaps in public knowledge and practice (Asiimwe et al., 2021). Empirical studies demonstrate wide disparities in nutritional knowledge across geographical locations and education levels. Urban populations generally exhibit higher awareness of healthy eating concepts due to better access to education, media, and structured nutrition programs. In contrast, many rural communities display limited understanding of basic nutrition concepts, including food group identification and the importance of dietary diversity, largely due to restricted access to formal education and reliable nutrition information sources (Fongar et al., n.d.)

Therefore, strategic investment in community sensitization, capacity building, and behavior change communication is essential. Strengthening consumer knowledge and agency will enable households to make informed nutrition choices and to actively demand nutritious foods, thereby advancing national nutrition goals and fulfilling the Government's constitutional mandate.

Recommendation

1. The Ministry of Health should allocate a dedicated budget for food safety and nutrition awareness, with mass education campaigns targeting rural communities, adolescents, and caregivers.

3.3 Limited capacity among local government structures to Plan, budget, implement and monitor nutrition-sensitive government programmes

While the Government of Uganda has increased financial allocations to the Parish Development Model (PDM) through the Parish Revolving Fund to support household economic transformation, and has formally adopted the Nutrition Integration

Handbook for application within government programmes such as PDM, limited resources have been dedicated to building the capacity of stakeholders to effectively operationalize nutrition integration across these programmes. In practice, despite the Ministry of Local Government (MoLG) adopting the handbook as a national tool for integrating nutrition into PDM, the orientation and capacity-building sessions for implementers and PDM monitoring teams in the nine District Local Governments (DLGs) reached to date have been largely financed by civil society organizations. While undertaking the orientation sessions, it was evident that the capacity of stakeholders at Lower Local Governments (LLG) is significantly low in different government programmes, including PDM. Given the total number of local governments in Uganda, coverage of only nine DLGs is insufficient to generate meaningful and system-wide improvements in nutrition integration across government programmes.

Recommendations

1. The Government of Uganda, through the Ministry of Local Government, should allocate a significant percentage of the PDM funding for structured capacity-building on nutrition integration across government programmes, with particular emphasis on scaling up training, mentorship, and monitoring support within the Parish Development Model.
2. The Ministry of Local Government (MoLG), in collaboration with the Ministry of Health, MAAIF and National Planning Authority (NPA), should institutionalize regular training and mentorship on nutrition-sensitive programming for district and sub-county technical staff, political leaders, and programme implementers.

3.4 Limited resource allocation for cold chain systems to prevent food loss and wastage

Food loss and wastage in Uganda occurs at multiple stages of the food system and represent a significant drain on food availability, farmer income, and natural resources. Post-harvest losses are particularly high due to inadequate storage, poor drying practices, pest infestations, and limited value-addition infrastructure (Journal & Issn, 2023). Studies suggest that Uganda loses 30–50 % of its food production before it reaches consumers, with grain losses alone estimated at around 17.6 %, about 2.8 million metric tons annually for cereals such as maize, millet, and rice (Mutambuka & Male, 2024).

About 40% of the food produced in Uganda especially the perishable foods like vegetables, fruits, and fish is not consumed due to food losses and waste at the different nodes of the value chain (Juliet et al., 2019). This is partly associated with inadequate infrastructure including the cold chain infrastructure. These losses not only reduce available food but also contribute to environmental impacts, including wasted water and greenhouse gas emissions, highlighting the need for coordinated action on post-harvest management, improved storage, supply chain efficiency, and consumer-level awareness. However, there is limited investment in cold chain facilities thus the need for government to expedite the process of establishing cold chain facilities across the country.

Recommendation

1. Government to allocate funds for operationalization of the cold chains systems in the regional and district markets

3.5 Limited funding for nutrition Commodities

Uganda continues to suffer from persistent drug stockouts across the country. This is largely on account of the limited allocation of resources for nutrition commodities and over-reliance on external financing. According to the Integrated Quantification Report for Essential Medicines and Health Supplies, the funding gap for Essential Medicines has increased from 387,628,132 in 2022/23 FY to 967,228,604 in 2025/26 FY (MOH, 2025). Funding requirements are projected to increase over the years. This is mainly attributed to the expected population increase, increase in coverage for health service delivery, as well as rise in disease burden. There is a corresponding increase in the funding gap because of a decrease in donor funding, hence the need for increased health commodity financing from the Government of Uganda.

Nutrition is one of the least funded programs in the health sector, with 95% of the quantified need unfunded. In Uganda, the Nutrition commodities used in preventing and managing malnutrition are largely donor-funded (95%). Investing in nutrition therapeutic supplies is crucial for addressing and treating malnutrition-related health issues, promoting public health resilience, improving overall well-being, and reducing healthcare costs associated with increased disease burden due to compromised nutrition in the general population

Aggregate funding landscape for Nutrition Commodities

Nutrition Commodities Funding Landscape - National (USD)				
	FY22/23	FY23/24	FY24/25	FY25/26
Total Commodity Need	\$ 66,247,846	\$ 68,614,615	\$ 70,494,144	\$ 75,253,961
Less projected Carry Over stock	\$ -	\$ -	\$ -	\$ -
Total procurement need	\$ 66,247,846	\$ 68,614,615	\$ 70,494,144	\$ 75,253,961
Government of Uganda (USD)	\$ 1,400,000	\$ 1,400,000	\$ 5,000,000	\$ 4,000,000
UNICEF (USD)	\$ 1,600,000	\$ 1,648,000	\$ 1,697,440	\$ 1,748,363
UNICEF Matching Fund (USD)	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
WFP	\$ 1,000,000	\$ 1,030,000	\$ 1,060,900	\$ 1,092,727
Nutrition International	\$ 782,262	\$ 805,965	\$ 830,385	\$ 855,546
World Health Organization	\$ 1,463,922	\$ 1,508,279	\$ 1,553,980	\$ 1,601,065
Total commitments Available	\$ 7,246,184	\$ 7,392,244	\$ 12,142,705	\$ 12,297,701
Funding Gap	\$59,001,662	\$ 61,222,371	\$ 58,351,439	\$ 62,956,260

Figure 1 Adopted from the Ministry of Health
budget allocations FY 22/23-25/26

3.6 Delayed approval of the Food and Nutrition Policy

From 2023, the Government of Uganda, through MAAIF, has embarked on the review of the Food and Nutrition Policy of 2003 through a participatory process. While the policy was finalized and submitted to the top policy management of MAAIF in 2025, the approval process has not been finalized. Without finalized and operationalized instruments such as comprehensive food and nutrition legislation, nutrition interventions remain fragmented, underfunded, and weakly enforced. Approval of this framework law will ensure that nutrition commitments translate into results, improve accountability for public resources, and secure sustained progress in reducing malnutrition in all its forms.

Recommendation

1. MAAIF to expedite the approval process for the revised Food and Nutrition Policy and ensure its timely submission to Cabinet for consideration and approval.

3.7 Fast-track the finalization of the Nutrient Profiling Model to address the marketing of unhealthy foods and front-of-the-pack labelling of foods

Addressing the marketing of unhealthy foods is increasingly recognized as a priority action within food systems transformation agendas, national nutrition policy frameworks, and global commitments such as Nutrition for Growth (N4G). Effective regulation of food marketing is essential for creating healthier food environments that enable informed consumer choices and improved nutrition outcomes.

In Uganda, the marketing of foods high in added sugars, salt, unhealthy fats, and ultra-processed ingredients has emerged as a significant public health and food environment concern, particularly due to its disproportionate influence on children, adolescents, and urban populations (Buyinza et al., 2025). These products are extensively promoted through multiple channels, including radio and television, outdoor advertising, retail outlets, kiosks located near schools, and increasingly through digital and social media platforms. Commonly marketed products include sugar-sweetened beverages, packaged snacks, confectionery, fried foods, and fast foods, with promotional messages emphasizing affordability, convenience, and lifestyle appeal rather than nutritional quality.

Sustained exposure to such marketing is contributing to dietary transitions, especially in urban and peri-urban areas, where traditional and diverse diets are being progressively replaced by energy-dense, nutrient-poor foods. Children and adolescents are particularly vulnerable due to targeted marketing in school settings, sports sponsorships, and entertainment media, increasing their risk of overweight, obesity, and diet-related non-communicable diseases (NCDs). The prevalence of overweight and obesity is estimated at 3% among children under five years, 11% among adolescents aged 15–19 years, 26% among women of reproductive age (15–49 years), and 5% among adult men (UDHS, 2022). These trends reflect Uganda's growing double burden of malnutrition, particularly in rapidly urbanizing settings.

Despite this emerging evidence, regulation of unhealthy food marketing remains weak, with significant gaps in child-focused protections, nutrient profiling standards, front-of-pack labeling, and marketing restrictions in and around schools.

Strengthening policy and regulatory frameworks is therefore critical to safeguarding vulnerable populations and advancing healthier food environments in Uganda

Recommendations

1. The government of Uganda to allocate funds to MOH to fast track the finalization of the Nutrient Profiling Model to inform other regulations such as Front of the Pack Warning Labeling and restrictions on the marketing of ultra-processed and sugar-sweetened beverages.
2. The Uganda Communications Commission (UCC), in collaboration with the Ministry of Health to integrate nutrition standards into advertising approval processes, require health and nutrition disclaimers for food advertisements and monitors and sanction non-compliant advertising, including on digital and social media platforms

3.8 Adjust and align Taxation and budget levers to support nutrition outcomes

Uganda's fiscal policy landscape shows limited alignment with nutrition objectives, with current tax structures mostly geared toward general revenue generation rather than promoting healthy diets or supporting nutrition outcomes. Uganda's current tax treatment of specialized nutrition products undermines national health and nutrition objectives. Essential commodities including therapeutic foods for Severe and Moderate Acute Malnutrition, medical nutrition for HIV and TB patients, hospital meals, and food fortification premixes are routinely subjected to VAT, import duties, withholding tax, and other levies under general tax frameworks. This fails to recognize their life-saving medical role and significantly raises the cost of care for hospitals, humanitarian agencies, and households. As a result, access to critical nutrition support is constrained, particularly for vulnerable populations such as malnourished children, people living with HIV or TB, refugees, and patients in public hospitals, weakening recovery outcomes and increasing preventable health expenditure.

The cost of a fiscal policy environment that is weakly aligned to nutrition outcomes is substantial and multidimensional, with consequences for public finances, human capital, health systems, and long-term economic growth. It leads to higher and avoidable health expenditures, losses in human capital and productivity, translates

into slower economic growth, lower tax revenues, and higher dependency ratios, and causes inefficient use of public investments and increased inequality. In essence, the cost of inaction is paying more every year for worse outcomes, financially, socially, and economically.

Recommendations

1. **Zero-Rate or Exempt Essential Nutrition and Therapeutic Products from Taxes.** Treat these products as essential medical commodities, not commercial goods, to lower the cost of care and improve access for vulnerable populations.
2. **Amend VAT schedules and import duty provisions to zero-rate or exempt:**
 - Therapeutic foods (RUTF, F-75, F-100).
 - Medical nutrition products (enteral and parenteral feeds).
 - Hospital meals and nutrition premixes.
 - Raw materials for food fortification and local manufacture of therapeutic foods.

3.9 Uncoordinated funding for school feeding programmes

Millions of children in Uganda attend school each day without having a meal (approximately 8-12 hours without any food). The hunger they experience becomes a significant obstacle to effective learning. Approximately 70% of pupils go hungry at school (MoFPED, 2019). This is particularly pronounced in rural areas, where fewer children receive school meals compared to urban areas (Vincent & Faridah, 2025). It undermines learners' ability to concentrate, absorb knowledge, and participate fully in classroom activities. Children who go hungry throughout the school periods are prone to be affected by nutrition deficiencies leading to stunting and underweight growth, cognitive delays affecting brain development etc. This also increases health burdens, which affect life expectancy weakening Uganda's long term development trajectory.

Under the Uganda Education Act, 2008, parents and guardians are entrusted with the responsibility of ensuring their children are well-fed at school; however, this was not fully adopted by all schools in Uganda. Many schools lack adequate facilities for preparing and serving meals. Only 40% of schools in the Parent Led School Feeding Program have on-site kitchens. Climate change affects crop yields, impacting parents' ability to contribute food. Additionally, economic instability makes it difficult for families to support school feeding programs. A significant portion of funding for school meals comes from international donors and organizations, which highlights the need for sustainable, locally-driven solutions (Global Child Nutrition Foundation, 2022). Food ration deductions in refugee response areas.

To address this, in 2024 the Ministry of Education through its Minister Hon Janet Kataha Museveni committed to resume feeding of learners in the FY 2025/26, however this has not been prioritized in the funding budgets in this period.

Additionally, the NDP IV emphasizes "school feeding linked to the local economy" as a high-impact intervention; however, the reduction in agricultural funding suggests a potential struggle to scale these community-based nutrition models.

Recommendations

1. Government to invest and implement the school feeding programmes in tandem with the Ministerial Directive in FY 2025/26 of feeding all learners to accelerate progress toward SDGs on education, nutrition, and poverty reduction.
2. In line with the fourth National Development Plan (NDP IV, 2025/26–2029/30), the government / Ministry of Education should prioritize the expansion of school feeding programmes as a strategic intervention under the Human Capital Development Programme.
3. The Ministry of Education and Sports should fast track- and approve the National School Feeding Policy. This policy will guide the planning, implementation, and monitoring of school feeding programmes nationwide, ensuring the provision of nutritious meals to students.

In conclusion, the National Budget Framework Paper (NBFP) presents a critical opportunity to strengthen Uganda's commitment to improved nutrition outcomes by translating policy intent and commitments into adequately financed and well-coordinated actions. While progress has been made in integrating nutrition into national development frameworks and flagship programmes, persistent gaps in prioritization, capacity, and financing continue to undermine impact at scale. Addressing these gaps through targeted investments, strengthened institutional capacity, and accountability for nutrition-sensitive spending will be essential to achieving sustainable improvements in food and nutrition security. Prioritizing nutrition within the NBFP is therefore not only a social obligation but also a strategic investment in Uganda's human capital, productivity, and long-term development trajectory.

The NDP IV presents a noble vision for a well-nourished Uganda, moving beyond just "feeding" to "quality nutrition" through fortification and school-based programs. However, the NBFP FY 2026/27 shows a misalignment between these aspirations and financial reality.

While the increase in the health budget is a win for treating malnutrition, the funding cuts in Agro-Industrialisation threaten the very foundation of the NDP IV's nutrition strategy preventative food security. To truly "humanize" the development agenda, the budget must shift from merely treating the sick to fueling the healthy through consistent investment in the food systems that sustain them. The budget favors clinical health outcomes (treatment and infrastructure) over the preventative, food-based nutrition strategies outlined in the HCD programme.

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