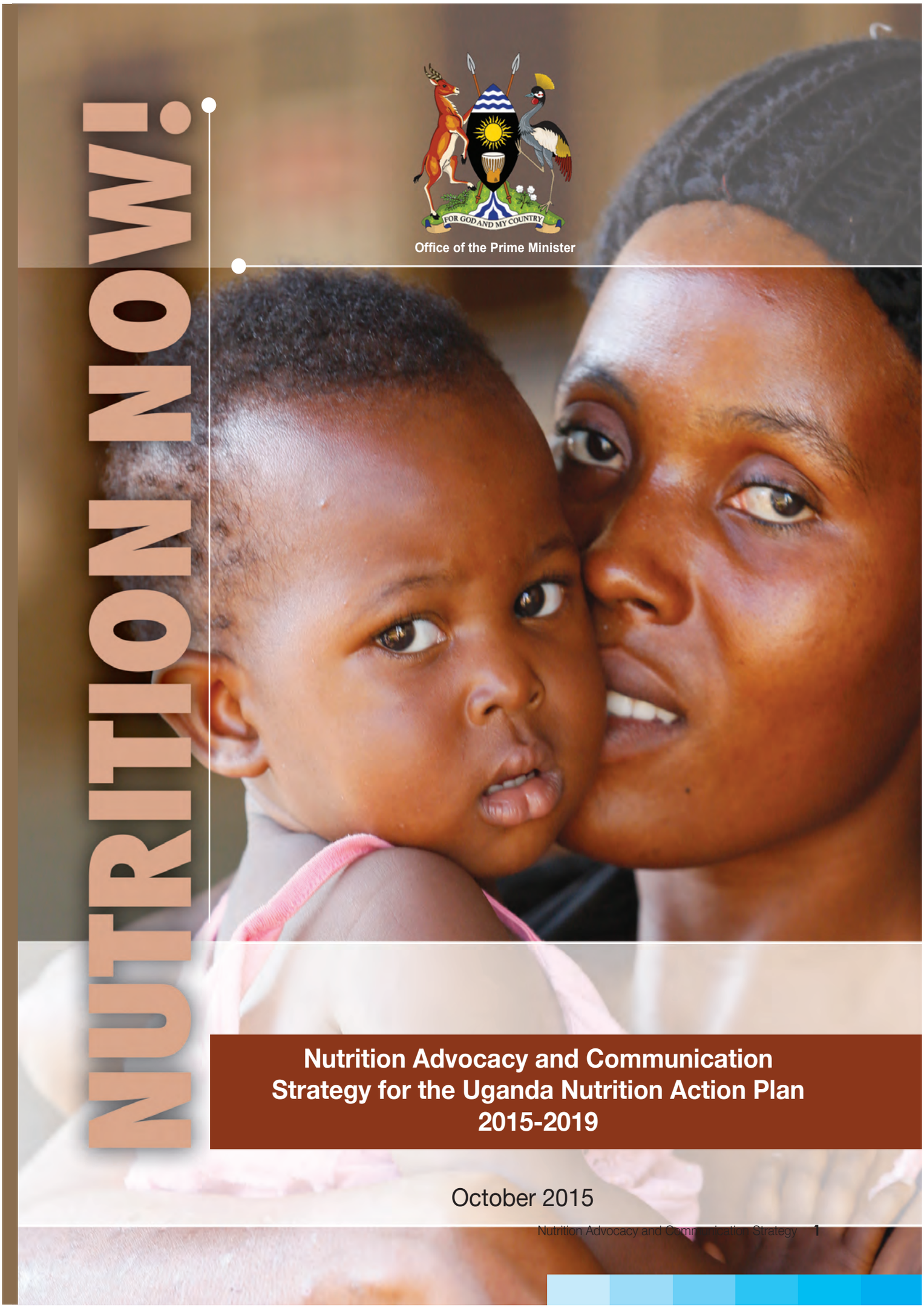


Office of the Prime Minister

Nutrition Advocacy and Communication Strategy for the Uganda Nutrition Action Plan 2015-2019

October 2015

Office of the Prime Minister

NUTRITION NOW!

Nutrition Advocacy and Communication Strategy *for the* Uganda Nutrition Action Plan 2015-2019

October 2015

FOREWORD

The Government of the Republic of Uganda recognizes malnutrition and stunting as a serious public health challenge. It is estimated that 54% of the working population in Uganda is stunted due to early childhood malnutrition (COHA, 2013).

According to the UDHS 2011, the common nutrition problems in the children (6 – 59 months) and women of reproductive age (15 – 49 years) include stunting (33%), underweight (12.1%), and wasting (4.7%). Micronutrient deficiencies in children under five years include vitamin A (38%) and 35% among women of the reproductive age (15 – 49 years) while for iron deficiency anemia (50.9 %) among the children under five years and 23.8% among the women of reproductive age.

The impact of chronic malnutrition (stunting) on child cognitive capacity, physical and mental development, with irreversible long term effect on health and child mortality, is well documented in the 2008 Lancet Series.

Accordingly, the Lancet Series recommended maximum investment in nutrition enhancing interventions in the first 1000 days[1] for maximum returns. It should be noted that 10% of Uganda's population (3,493,545 people) are children under age of 2 years.

As a country, through the Nutrition Advocacy and Communications Strategy (NACS); we shall create awareness to the population on approaches to proper nutrition as required of the state by the Constitution of the Republic of Uganda[2]. This is one of the efforts that we must invest if we are to meet the target set by the second National Development Plan. Further, the strategy actualizes Objective 5 of the Uganda Nutrition Action Plan (UNAP) (2011-2016) that enjoins government and its partners to create awareness on how to address problems and put in place mitigation measures of undernutrition among the under five children, pregnant and lactating mothers.

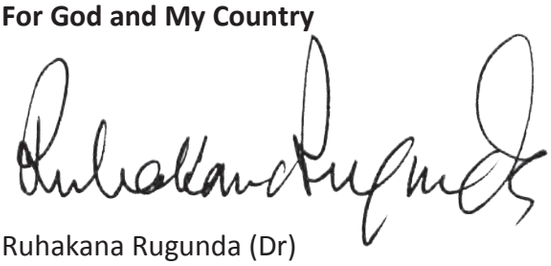
[1] The first 1,000 Days of a child's life run from conception to the second birth day of the child.
[2] National objectives and Directive Principles of State Policy XXII (c)

Based on the available evidence, the Government fully endorses the National Nutrition Advocacy and Communication Strategy as a National guideline to guide all stakeholders in an effort to mitigate the adverse effects of stunting and malnutrition among the infants (6 – 23 months).

In view of this, all key stakeholders are called upon to fully participate in its implementation in order to adequately reduce malnutrition in Uganda. This strategy highlights opportunities to advance the UNAP by strengthening coordination structures and systems at national, districts, and community levels.

It is gratifying to note that all stakeholders and cooperating partners have agreed to work together to support implementation of this strategy to eliminate all forms of malnutrition for the sake of the young and future generations.

For God and My Country



Ruhakana Rugunda (Dr)
PRIME MINISTER

ACKNOWLEDGEMENTS FOREWORD

The *National Nutrition Advocacy & Communication Strategy June 2015 – June 2018* was developed through a participatory and consultative approach under the auspices of the Nutrition Secretariat in the Office of the Prime Minister. Through a multi-sectoral taskforce, the following institutions provided technical oversight and systematically contributed to the content in this strategic plan:

i. Government Ministries and Agencies, including the Ministry of Health; Ministry of Agriculture, Animal Industry and Fisheries; Ministry of Education, Science, Technology and Sports; Ministry of Gender, Labour and Social Development; Ministry of Local Government; and National Planning Authority.

ii. U.N. agencies, including the World Food Programme (WFP), Food and Agricultural Organisation (FAO), World Health Organization (WHO), United Nations Children's Fund (UNICEF), and Renewed Efforts Against Child Hunger (REACH)

iii. United States Agency for International Development (USAID) implementing partners, including the Food and Nutrition Technical Assistance III Project (FANTA) and Strengthening Partnerships Results and Innovations in Nutrition Globally (SPRING), Communication for Healthy Communities (CHC)

iv. Civil society organizations, including the Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN), Uganda Action for Nutrition (UGAN), Uganda Health Communication Alliance (UHCA) and Communication for Development Foundation Uganda (CDFU).

v. Academic institutions, including Makerere University and Kyambogo University

This Nutrition Advocacy and Communication Strategy is a reflection of the collaboration and concerted effort required to effectively and sustainably implement the Uganda Nutrition Action Plan (UNAP), using the multi-sectoral approach.

Christine Guwatudde Kintu
PERMANENT SECRETARY
OFFICE OF THE PRIME MINISTER

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1 OVERVIEW

OVERVIEW

1.1 Purpose

The consequences of childhood malnutrition on an individual's physical and mental development and their subsequent school performance, adult productive capacity, and wage earning potential are well documented. The cumulative effect on a country's GDP when childhood malnutrition rates are high is significant. With 54% of the working-age population in Uganda estimated to be stunted due to early childhood malnutrition and 33% of today's children under the age of five classified as stunted or chronically malnourished, policy makers recognize that there is a problem which needs to be addressed to aid Uganda's future development prospects. In Uganda, malnutrition is not just a problem of the poor; it cuts across wealth quintiles and requires broad cross-societal measures to address, whilst poverty reduction strategies are simultaneously implemented. Recognizing the multiple and complex causes of poor growth in young children, the Government of Uganda (GoU) is currently implementing a society-wide action plan for scaling up nutrition, calling on most sectors, all types of non-governmental institutions, private sector and civil society, to engage in pro-nutrition planning and action. The Uganda Nutrition Action Plan is ambitious and lays out multiple objectives, one among them (#5) effective communication programming to support social and behavioral change.

A group of concerned stakeholders was formed by the OPM to draft the Nutrition Advocacy and Communication (NA&C) Strategy. The resulting plan outlines an approach and prioritizes actions for the next five years (2015-2019) to serve the objectives of the Uganda Nutrition Action Plan. The NA&C Strategy lays out how communication can provide a sense of urgency (Nutrition Now!) and serve as the thread that will weave a new understanding of nutrition; uniting partners in a common purpose with accountability, building bridges between institutional providers and users of services, rallying community members and leaders to join in a collective effort to strengthen nutritional well-being and, finally, forging new attitudes, family and community dialogue, and a sense of confidence on the part of caregivers in the practice of a basic set of pro-nutrition actions.

1.2 Critical Elements of the NA&C Strategy

This strategy focuses on communication activities related to the reduction of chronic under-nutrition (stunting). The strategy addresses improving nutrition for women and for children during the First 1,000 Days of a child's life, from the foetal stage through to the first two years after birth, when good nutrition has the greatest impact on future development and well-being. This 1,000 day period is known as the "window of opportunity".

With the First 1,000 Day period in mind, the primary audience for behavior change communication is made up of unmarried adolescents and young pregnant girls; pregnant women; mothers of infants and children from birth to 2 years of age; partners of either pregnant women or mothers of infants and young children under two; and mothers or mothers-in-law of these same women. Secondary and tertiary audiences have also been identified for the development of advocacy and communication.

Under the NA&C Strategy, a basic set of nutrition-specific and nutrition-sensitive broad actions or pro-nutrition behaviors have been prioritized for individuals or for their caregivers. Advocacy and communication will be developed to support achievement of these basic practices. Clearly, at this stage these practices are broad. The authors of this strategy recognize that during implementation the critical sub-behaviors under each broad theme will be determined for each priority audience. "Nutrition-specific" behaviors are separated from "nutrition-sensitive" behaviors to emphasize that the first set contributes directly to nutritional well-being, while the second set, necessary for achieving nutrition outcomes, may

rely on community actions, services, and guidance from societal and government institutions.

Care has been taken in this NA&C Strategy to build an enabling social environment for pro-nutrition actions to increase the sustainability of the practices. This supportive environment is at two main levels: the household and community level, as well as within institutions and among the various change agents whether they are in the public, private or traditional sectors. The Strategy addresses underlying socio-cultural values, building on them or using aspects of them that are readily identified and valued in one sphere to reinforce or shift perceptions. It also uses these values to help people understand how new behaviors fit with existing values and identities, or to shift values and identities to fit with new behaviors. Ten essential social change areas have been identified that seek to address critical social change needed to reach the broad behavioral objectives of the Uganda Nutrition Action Plan (UNAP).

Throughout the development of the strategy, the team focused on prioritizing and consolidating the many ideas and key actions suggested by those concerned with nutrition outcomes in Uganda. The team also needed to balance critical advocacy activities with social and behavior change programming and social mobilization efforts required to achieve broad social participation. In an effort to consolidate everyone's contributions, four strategic thematic pillars were developed to guide the NA&C during the 2015-2019 implementation period. The NA&C Strategy is organized around these pillars and provides details of each, indicating key outcomes and monitoring indicators, where the advocacy, social change and mobilization and behavior change communication activities may stand alone or when they intersect and, where possible, the positioning and tone of the communication proposed under each pillar are elaborated. The pillars are:

Pillar 1-- Protecting individuals during the First 1,000 Days: This pillar includes a heightened recognition of the problem of stunting in Uganda, including its causes and what needs to be done

to protect children from becoming stunted. It also includes most of the nutrition-specific behaviors.

Pillar 2-- Promoting healthy Ugandan diets: This pillar focuses on the recognition that families; including young children can be well-nourished with a diet of locally grown and produced foods—promoting the production and access to these foods and their use, and schemes to improve food storage and preservation.

Pillar 3-- Promoting positive role models: This pillar encompasses the use of evidence of people adopting the critical behaviors and changing their attitudes towards positive social practices, from individual caregivers, to communities, districts and national leaders. Pillar 3 will be cross cutting and will provide an important element of local appropriateness, accomplishment and ownership.

Pillar 4-- Accountability: Demonstrating that government, at the highest level, and a broad development partner group, are willing to reflect annually on their work and account to and with civil society on the progress made on child under-nutrition. The nation, not only politicians, is accountable for achieving nutrition goals.

The types of activities envisioned under this strategy range from national campaigns using radio and social media to promote core concepts and practices to more localized actions to create dialogue at the community and household levels. The strategy also proposes annual accounting for progress made and awards to the nutrition champions and role models at all levels.

1.3 Strategic Direction and Continuous Participant Input

While the NA&C Strategy provides a road map for advocacy and communication for the remaining period of the UNAP representing the thinking of the UNAP Secretariat (located within the OPM) and three of its major implementing partners[2], the intention is that this strategy is also a "living document" subject to change depending on carefully gathered information from communities and individuals for whom the advocacy and communications are intended to support. The UNAP Secretariat is charged with ensuring that implementation proceeds in a manner that is "on-strategy", but they also will review operations periodically to ensure that activities are relevant locally and cover the critical factors needed to make a difference. In fact, it will be necessary to update the strategy periodically, especially if initiatives are successful because as behavior and the social environment changes, so too must the advocacy and communication activities.

2 UNICEF, USAID/FANTA and USAID/SPRING contributed to the foundation documents that were merged into one Nutrition Advocacy and Communication Strategy

2 BACKGROUND

BACKGROUND

2.1 Uganda Nutrition Landscape

As countries including Uganda identify conditions holding back national development, the rate of early childhood stunting[2], the indicator of chronic under nutrition, has emerged as a critical factor. While there is growing understanding of the impact nutrition on health, education, and economic productivity; nutrition policies and programs are not prioritized among competing national development priorities. Without nutrition champions at multiple levels among opinion leaders and decision-makers, there will likely continue to be insufficient planning, financial and resource investments, multi-sectoral collaboration, and implementation at scale to have a national impact on malnutrition in Uganda.

Uganda is making progress in attaining the Millennium Development Goal (MDG) of reducing poverty, yet it is unlikely that the GoU will reach the target for halving hunger and malnutrition by 2015.

Between 1995 and 2011, the prevalence of underweight declined from 27% to 17%, averaging less than 1% reduction per year. During this same period stunting fell from 40% to 33%, or only about a half a percent per year in spite of economic progress. The 2011 Uganda Demographic and Health Survey shows that micronutrient malnutrition remains a silent killer, especially anaemia (affecting 49 percent of children under five and 23 percent of women of reproductive age) and vitamin A deficiency, which affects four out of ten children under five years of age. Malnutrition is associated with about 47 percent of child deaths in Uganda and almost a quarter of all maternal deaths. The consequences of malnutrition, such as impaired mental development, affects school performance and reduces Uganda's ability to educate the next generation, contributing to low school completion rates[3]. Currently, Uganda's GDP is reduced by about 4% annually, indicating that an estimated $US310 million is lost each year due to poor nutrition. If under-nutrition could be reduced by half by 2025, an annual average saving of $US86 million could be realised[4].

In 1995, the government committed itself to ensuring food and nutrition security for all Ugandans, and in 2003 created a Food and Nutrition Policy recognizing adequate food for all as a human right. In 2010, Uganda became a signatory to the Scaling-Up Nutrition (SUN) Declaration. As one of fifty SUN countries, Uganda became committed to addressing all forms of under-nutrition, focussing on stunting reduction, and developing the Uganda Nutrition Action Plan (UNAP) 2011-2016 soon thereafter. The UNAP, agreed to at the highest levels of government and signed by the head of state and seven Ministers of the relevant ministries with responsibility for national food and nutrition security, is an ambitious plan that calls on all sectors to come together to reduce malnutrition among women and young children. The Office of the Prime Minister (OPM)'s Department of Monitoring and Evaluation has created a UNAP Secretariat, responsible for coordinating the implementation of the UNAP to achieve the following objectives:

1. Increasing access and utilisation of nutrition-related services;
2. Enhancing consumption of diverse diets;
3. Protecting households from the impact of shocks and other vulnerabilities;
4. Strengthening the various frameworks that support nutrition programming;
5. Creating and sustaining awareness and interest in nutrition.

The causes of malnutrition leading to stunting are many, from a family or caregiver's inadequate access to nutritious foods, safe water, and sanitation facilities, to a lack of prompt care and treatment of illness, to family discord or dysfunction. The restricted roles and low status of women/female caregivers and the insufficient support they receive, both within and outside

2 For description of chronic malnutrition and stunting, see Glossary, Appendix A

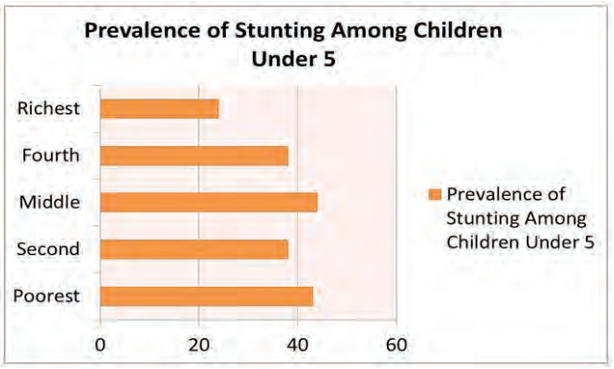
3 Profiles 2010,

4 For further information, refer to UNAP 2011-2016 document and Cost of Hunger Report, 2013.

the home are also critical determinants of under-nutrition.

As Figure 1 demonstrates, chronic malnutrition exists across all wealth quintiles in Uganda, demonstrating that malnutrition isn't only an economic issue. While a secondary analysis of DHS data from 1995-2006 shows that nutritional status is also related to household assets and level of education of mothers, effective communication and advocacy can help families reach better nutrition outcomes with the resources they have currently.

Figure 1: Prevalence of Stunting by Wealth Quintile[5]



Recognizing the multi-causal nature of malnutrition and the critical need for supporting Ugandan families to adopt improved nutrition behaviours to prevent stunting and excess mortality, the UNAP Secretariat has worked with partners to develop this Nutrition Advocacy and Communication (NA&C) Strategy. The NA&C Strategy complements the national roll-out of the UNAP, and contributes to achieving UNAP objectives. Included in the Strategy are:

1) An **advocacy programme** to create and maintain high level interest, critical policy initiatives, resource mobilisation, and accountability for reducing malnutrition at all levels of government;

2) Wide-scale **social mobilisation,** aimed at creating a movement for broad-based social change so that popular norms about health care,

5 Ref: WB Nutrition at a Glance; based on 2006 DHS 24%; 38%; 44%; 38%; 43% top to bottom

food, diets, family and gender relations, and the potential for public-private partnerships to improve Uganda's food and nutrition situation will shift and create a climate in which it is easier for families to adopt more pro-nutrition practices; and

3) A **behaviour change communication** programme that prioritises specific practices required to reduce stunting.

The envisaged outcomes of the NA&C Strategy include increased support and resources at the policy level for addressing malnutrition, increased popular awareness of the problem, and prominent nutrition champions in government, corporate, religious, and civil society sectors who keep nutrition high on the priority list. This heightened awareness and interest in resolving chronic malnutrition will be demonstrated by bold collective action and tangible changes in daily household behaviours leading to healthier, more productive Ugandans who are fulfilling their and their country's potential.

2.2 Leadership Roles and Coordination Structures for the NA&C Strategy

The effective operationalization of Uganda's NA&C Strategy requires support, participation, and involvement of leaders from the public and private sectors at the national and local levels as well as the active participation of leaders of such varied institutions as churches, traditional midwife associations, and local cultural counselors. Their role will be to ensure that activities and issues are adequately reflected in respective sectoral policies, related strategic plans of action, and legislation, regulations and within guidelines and activities that lie within their mandates.

UNAP section 6 highlights the implementation frame for the technical co-ordination of nutrition and NA&C Strategy implementation specifically that will be done through the Nutrition Multi - Sectoral Technical Committee. This will comprise of key technical experts from the government, development partners, the private sector, academia, and civil society. The committee, whose establishment and terms of reference will be defined during the plan period, will be led by the Food & Nutrition Council (FNC) chairperson and co-ordinated by the head of the secretariat.

At National Level:

UNAP Secretariat, Office of the Prime Minister:

The UNAP Secretariat leads the coordination, monitoring and evaluation of UNAP activities carried out through an Annual Operational Workplan involving multi-sectoral nutrition stakeholders and development partners. The UNAP Secretariat also serves as Uganda's Scaling-Up Nutrition (SUN) focal point, ensuring collaboration amongst the five SUN partner groups – government, donors, UN Agencies, Civil Society (UCCO-SUN) and Private Sector. The NA&C Strategy and accompanying Plan of Action will be managed and inputs coordinated by the UNAP Secretariat.

Specifically, their role shall be to:

- Ensure that capacity building in NA&C is well-planned and implemented at national, district and sub-country levels
- Coordinate the implementation of the NA&C Plan of Action as an integral part of all nutrition interventions across sectors, promoting coherence and synergy in the delivery of NA&C interventions
- Coordinate the implementation of the NA&C Plan of Action at all levels – from national to district and beyond, promoting coherence and synergy in the delivery of NA&C interventions
- Offer support and guidance to multi-sectoral stakeholders and partners when proposed activities are not aligned with the general NA&C implementation framework in an effort to ensure NA&C activities are "on-strategy"
- Ensure that adequate resources are available

to implementing government bodies and institutions, and CSO partner, so that NA&C activities can achieve measurable results

- Enhance coherence and synergy in the delivery of nutrition SBCC interventions through coordination at national levels and support to coordination at local government level.

Government of Uganda Line Ministries:

While the specific role of each involved Sector Ministry varies, each Ministry is responsible for the internal coordination of NA&C Strategy-related activities, for providing needed technical leadership and guidance on the development and implementation, and for monitoring and evaluation of the activities for which they assume a leading role. For some activities, one Ministry will take the lead, and coordinate the inputs of other Ministries for the implementation of an activity. For example, advocacy activities related to the promotion of breastfeeding might be led by the Ministry of Health (MoH) but involve the Ministries of Trade and Industry (MoTI), Gender and Social Development (MoGLSD) among others. MoH would assume a lead coordinating role, guiding the inputs of the other sectors. For other activities, such as the preparation of the National Nutrition Forum, a key advocacy event, implementation will be shared by all of the UNAP line Ministries, with a clear division of responsibilities and inputs, under the coordination of the UNAP Secretariat and the OPM.

UNAP NA&C Task Force (TF):

Reactivated in 2014 under the coordination of the UNAP Secretariat, and with facilitation and technical support from UN REACH, FAO, UNICEF, USAID/FANTA, USAID/SPRING, and WHO, the group will expand to include a broader group of multi-sectoral stakeholders.

The key tasks of NA&C TF members are to:

- Participate in the development of guidelines for, and provide ongoing guidance on, the design, development and dissemination

of consistent, effective NA&C messages, materials, tools and national documents

- Participate in monitoring, documenting and evaluating the results and impact of NA&C materials, messages, programmes and activities as regards objectives
- Review and validate NA&C materials
- Review and analyze nutrition issues and gather evidence of solutions, in order to design strategic, results-based communication messages
- Identify expertise among Multi-sectoral Stakeholders, Development Partners, CSOs, Donors and the Private Sector, to promote sharing knowledge and experience in support of NA&C functions
- Contribute to building/maintaining stronger national, regional and global partnerships and networks to share NA&C knowledge and experience
- Mobilize a broad range of Multi-sectoral Nutrition Stakeholders and Partners and available resources, to operationalize the NA&C Strategy through a NA&C Plan of Action
- Periodically review effectiveness of NA&C approaches vs. targets; report on results for wide-spread knowledge-sharing; and adjust the NA&C Strategy and Plan of Action, as living documents.

Political Leaders:

Whilst a wide array of political leaders are expected to actively support activities outlined in this strategy and may have specific responsibilities, overall the expectation of these individuals is that they will promote the NA&C Strategy and Plan of Action, understand the key concepts, advocate and positively influence opinions and attitudes regarding the importance of pro-nutrition change, and mobilize groups of people to pro-actively take up efforts outlined under this strategy.

Members of Parliament:

These individuals can play a critical role in creating an enabling pro-nutrition environment, a condition necessary for wide-spread social change, and the adoption of positive behaviors. Members of Parliament can:

- Promote the inclusion of pro-nutrition awareness creation and behavior change in political party manifestos
- Model positive nutrition behaviors during parliamentary sessions as well as in other forums and events, encouraging the adoption of good nutrition practices in their constituencies
- Improve their own knowledge and understanding of the nutrition situation in Uganda, in order to share accurate information, and to advocate effectively for needed change in legislation and regulations
- Participate in nutrition fora to positively influence decision-making on nutrition-specific and nutrition-sensitive issues
- Advocate for improved policies that promote optimal care behaviors for women and children and that promote local food production, preservation, storage, preparation and consumption
- Contribute to mobilizing human, technical and financial resources for the operationalization of the NA&C Strategy

At Decentralized Levels

District Nutrition Coordination Committees (DNCC):

DNCCs have been established and oriented in the previous year (2014). In order to fully involve Multi-sectoral Stakeholders, Development Partners, CSOs and the private sector at district level, local government officials will take on the following tasks:

- Identify technical capacity and gaps for operationalizing the NA&C Strategy and Plan of Action; Seek out appropriate technical support on NA&C to support nutrition stakeholders in need of capacity building
- Coordinate NA&C capacity-building activities; provide technical assistance to DNCC members on all interventions related to the NA&C Strategy
- Biannually, facilitate dialogue among various district stakeholders to update them on, and review NA&C activity implementation reports
- Identify and map existing district- and sub-district key NA&C stakeholders; establish a Nutrition Stakeholder and Activity Mapping data base, and regularly update inventories of key stakeholders involved in NA&C and related activities
- Identify a limited number of SMART indicators to monitor NA&C activities, and include NA&C monitoring in regularly-conducted, supportive supervisory visits to Sub-county and communities: Integrate NA&C indicators into supervisory checklists and UNAP reporting forms
- Ensure the collection of relevant district and sub-country data on NA&C activities and submit to the UNAP Secretariat in accordance with agreed-upon formats and schedules
- Develop comprehensive annual District-level NA&C plans, in line with the NA&C Strategy and NA&C Plan of Action, ensuring that interventions related to NA&C are planned, implemented, monitored, evaluated and reported on according to the agreed-upon schedules
- Oversee NA&C implementation quality assurance, in accordance with existing best practices, national guidelines, and approved strategies

Community Leadership:

At the community level, the NA&C Strategy and Plan of Action seeks to create an enabling environment, conducive to widespread social change and improvements in individual behaviors. The following tasks will be essential for community leaders to take up:

- Mobilize community members to take pro-nutrition action by identifying and addressing barriers at the household level
- Identify and promote pro-nutrition traditions and customs that contribute to optimal nutrition practices; Discourage/limit actions with negative impacts on nutrition
- Collaborate with CSOs implementing NA&C actions

Civil Society and Other Key Leaders of the NA&C Strategy and Plan of Action[6].

National and international NGOs, CBOs, FBOs, and political party leaders are present and influential at all level of society. Their role can include:

- Advocate for nutrition as a human development and a human rights issue,
- Provide technical and financial support to local government authorities in the implementation of NA&C Strategy, supporting them to develop strong capacity to design, manage and implement nutrition activities.
- Incorporate the promotion of pro-nutrition actions and interventions as a cross-cutting theme in community-based development programmes and services
- Ensure effective linkages to the healthcare system, agricultural extension system, and other relevant sector services
- Advocate for a positive enabling environment –socially, politically, and economically, to facilitate adoption of pro-nutrition behaviors.

6 Detailed lists of Key Contributors to the NAC Strategy and Plan of Action will be compiled and included in national and, eventually, district-level Plans of Action.

Institutions of Higher Learning:

Higher learning institutions in Uganda, both public and private, currently provide training in health, agriculture, community development and communication. These institutions are responsible for developing curricula and will be called upon to integrate NA&C in the undergraduate, postgraduate and continuing education programs to produce adequate numbers of agents of social and behavior change for improved nutrition status, with needed skills and qualifications.

Media:

The media are responsible for highlighting the problem of malnutrition, advocating for action, and reporting on progress and violation of child rights; supporting appropriate nutrition; and highlighting best practices, failures and successes in the alleviation of the problem.

Nutrition Champions, VIPs and Celebrities:

VIPs and celebrities generally command a following, and receptive constituents in all of the target audiences could emulate positive nutritional practices if they were promoted by these influential people. They will have to have the authority and moral standing.

Religious Sector:

Religious leaders are responsible for mobilizing their followers in taking actions to promote positive behavior change regarding nutrition and to support shifts in gender norms and social roles that are favorable to nutrition. The religious sector is responsible for advocating for social services and resource mobilization to implement the Strategy in line with laws, regulations and guidelines.

The Private Sector:

The private sector includes a broad range of possibilities with the potential to support the NA&C Strategy. Support may be financial or in-kind, through mechanisms for corporate social responsibility, for example. The private sector may partner in the design, dissemination or integration of pro-nutrition messages, media, or policies within ongoing private sector activities or become a partner in nation-wide campaigns.

Informal Sector:

What happens in informal institutions often shapes what happens later in formal ones. Including informal sector leaders whether big or small is critical to bringing many of ideas in the NA&C strategy to practice. Food vendors who sell processed and unprocessed food are a good example. Unlike standalone restaurants, food vendors often are part of a community and are making a living by filling a niche; they know the trends and can be quick to adapt. They are a good source of information and good sellers of ideas. They will be sought out as an entry point for NA&C messages and materials.

Traditional Sector:

The traditional sector uses approaches to health and well-being that belong to the traditions of each community and have met the needs of the local community for centuries. Traditional leaders (healers and midwives for example) and communicators will be included for their role in inspiring people and motivating social change, particularly in terms of serving as positive role models and promoting gender roles favorable to nutrition.

2.3 Social Behavior Change and Communication Landscape

Past and current advocacy and communication activities have influenced the development of the NA&C Strategy and paved the way for what can be done in the coming three years. Reflection on past and current efforts points strongly to the tremendous need for an integrated NA&C strategy. Most efforts to date have been focussed on behaviour change communication for a given project or they have been limited advocacy events. There is little that has been done to build a movement that makes nutrition a popular concern and that raises the needed level of personal commitment and financial resource allocation to make a difference to a problem as multi-causal and pervasive as chronic malnutrition.

Past Social Behavioral Change Communication (SBCC) Programmes that offer formative research, communication materials and a wealth of lessons include the World Bank supported Nutrition and Early Childhood Development Program, UPHOLD's programme and counselling tools for Community-based Growth Promotion, and efforts by USAID's supported Nu-Life to provide counselling on HIV and nutrition. Joining these programs are several on-going NGO sponsored SBCC efforts including a radio campaign in northern Uganda supported by UNICEF focused on promoting best practices in nutrition, Harvest Plus's efforts to promote the adoption of OFSPs and high iron rich beans, STRIDES community nutrition communication program in east and central Uganda; World Vision's Child Health Now Campaign, the Community behaviour change communication video initiative supported by USAID/SPRING that helps Village Health Team (VHT) members use the community documentary to motivate family and community dialogue, and the Ministry of Health (MoH)'s counselling aides (How to have a Healthy Baby and Family) for VHT members, supported by WHO.

In addition to nutrition communication programs there are advocacy efforts on-going with Sector and District Nutrition Coordination Committees (DNCC) by different partners through Sectoral and District UNAP Orientations, Training sessions with journalists on how to objectively cover the nutrition initiatives supported by UNICEF and USAID/FANTA and mobilization of civil society actors under the Uganda Civil Society Coalition on Scaling Up Nutrition (UCCO-SUN) platform for joint national advocacy initiatives.

Finally, in Uganda there is a rich and varied media environment offering many possibilities to reach a wide variety of audiences. Uganda

has approximately 250 FM radio stations, 30 television channels, and 12 newspapers, in addition to social media. Relatively new initiatives such as U–Report: Mobile phone SMS service that engages the public to share their experiences offers many possibilities and was utilised during Uganda's celebration of Global Breastfeeding Week. And there are the corporate social responsibility Programmes of companies that offer many options such as the dissemination of health related SMS messages or ringtones to the 17 million subscribers, corporate employees – outreach activities, distribution of educational materials through their business outlets among others.

2.4 SBCC Underpinnings for the NA&C Strategy Development

A consultative process was adopted in the development of the Uganda NA&C Strategy, beginning with a review of evidence and experience regarding nutrition during the First 1,000 Days and agreement on the need to address three major communication components: Behavior Change Communication (BCC), Social Change and Mobilization (SCM), and Advocacy within the umbrella of the strategy.

In 2013, to jump-start the planning process, the UNAP Secretariat sought the assistance of three key stakeholders in gathering and synthesising a variety of background information and drafting each of three components of the comprehensive NA&C Strategy as follows: USAID/FANTA – Advocacy; USAID/SPRING – Social Change and Mobilisation; and UNICEF – Social and Behaviour Change Communication. The process included consulting resources on a broad range of nutrition topics, both from Uganda and abroad. Figure 1, presents the three components of the Nutrition Advocacy and Communication Strategy, and identifies the approaches/targets.

In Figure 2, the three NA&C components have been aligned with the Causal Framework for Malnutrition that outlines the key pathways to reduced under-nutrition. The alignment clearly demonstrates how the three spheres of communication overlap when

they are employed to address the distinct level of action required to address under-nutrition.

At times, for example, it is not possible to distinguish a clear separation between what might be a behaviour change or a social mobilisation activity, or between mobilisation and advocacy. Nonetheless, each sphere has a specific role to play and pathways to address. By carefully planning each communication sphere separately and then merging the critical activities in each, the Uganda NA&C Strategy offers nutrition stakeholders a comprehensive and strategic approach to communicating both broadly and specifically to a wide range of audiences.

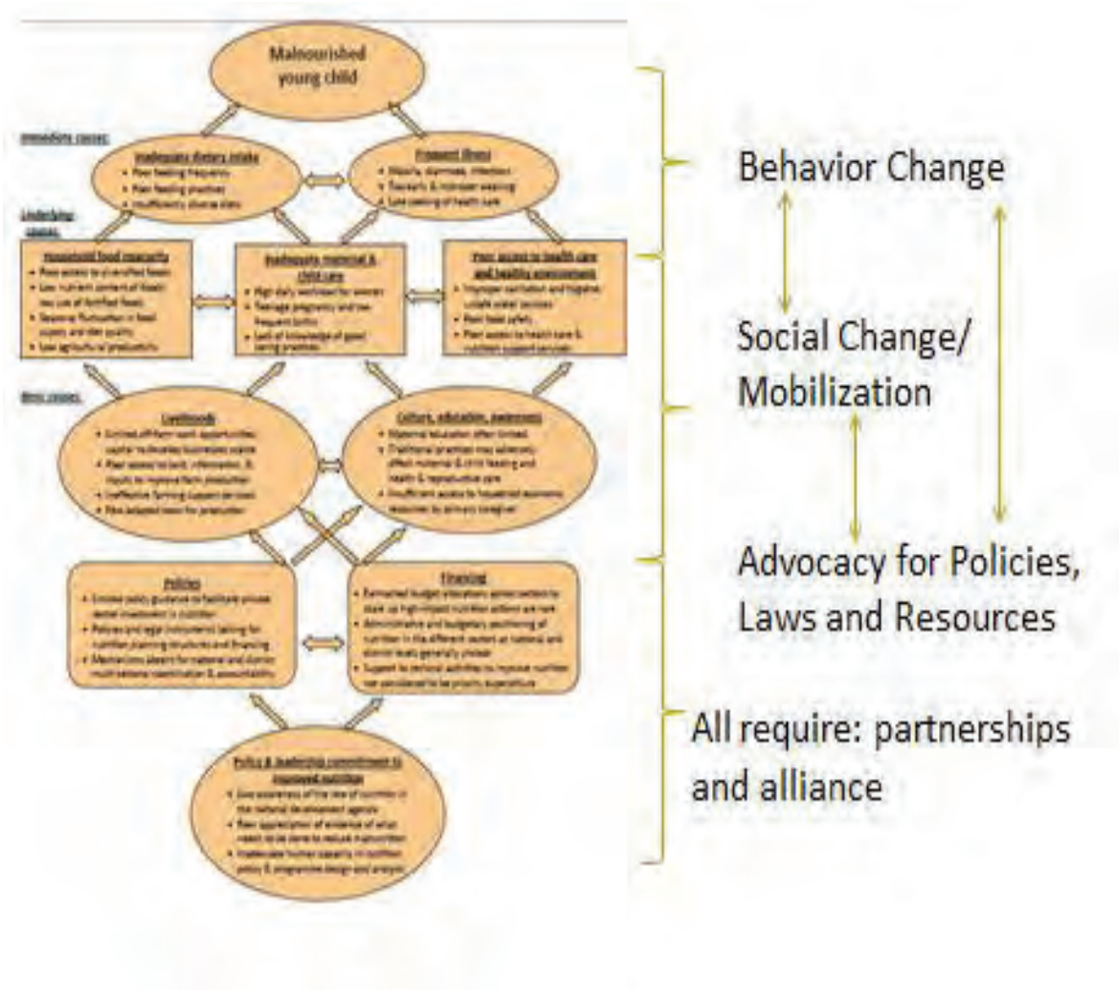
Figure 2: The three components of the Nutrition Advocacy and Communication Strategy

Once the teams had draft plans for each of the spheres and the consolidation process began, a few behaviour and social change theories and communication principles were used to help shape the resulting strategy. These are described below.

Theoretical basis for the Uganda NA&C Strategy

Two well-known and widely-accepted theoretical concepts underpin the NA&C Strategy: the Ecologic Model and the Diffusion of Innovations Theory. This combination of a model for behavior change and a theory behind the adoption of ideas and practices, acknowledges the importance of the following:

Figure 3: Causal Framework aligned with strategic communication purpose

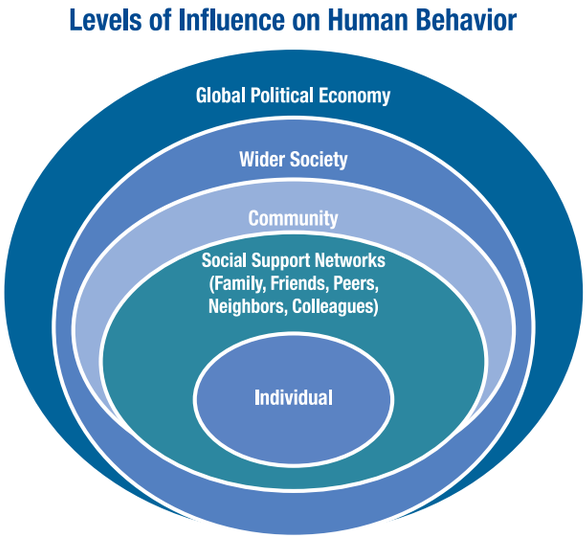


- A thorough understanding, on the part of those planning and implementing a Nutrition Advocacy and Communication Plan of Action, of the perspective of the target audiences, including their day- to-day lives, and use of this knowledge in the design of the approach, the selection of the medium and the expression of the message;
- The complementary and supportive roles of mothers/wives, fathers/husbands and grandmothers and other caregivers within the immediate family;
- The need to pay attention to peer-to-peer communication and social networks in facilitating the rapid diffusion and widespread adoption of nutrition behaviors and norms;

- The influence of broad social norms on nutrition behaviors.

The Ecologic Model, illustrated in Figure 3 below, acknowledges the importance of the interplay between the individual and the environment, and considers multi-level influences on behaviour. In this regard, the individual is considered important but not sufficient in the process of behaviour change: many other factors influence behaviour and must be addressed in their spheres of influence. These include:

Figure 4: Ecological Model



- *Intra-personal factors* (characteristics of the individual such as knowledge, attitudes, behaviour, self-concept and skills);
- *Inter-personal processes* such as formal and informal social networks and social support systems (including family, peers, friends, and colleagues);
- *Community factors* (relationships among organizations, institutions and informal networks within defined boundaries);
- *The wider society, including public policies and institutional factors* (e.g. government institutions and systems, social institutions, including religion, formal and informal rules and regulations for operation, national, regional and district laws and policies, etc.); and
- *The global* political economy (e.g. international trade laws, domestic and international value chains, foreign aid, import/export taxes for foods, etc.).

The Diffusion of Innovations (DI) theory[7] describes and typifies how new ideas, practices and innovations spread and become adopted widely. In DI, ideas, behaviors, or commodities must have the following qualities if they are to be widely diffused and adopted:

- Demonstrate relative advantages or benefits that are appealing and make sense from the audience's point of view;
- Be compatible with the existing values, practices and day-to-day lives of the audiences;
- Be simple and easy to adopt, maintain or use;
- Be easy to try out;
- Produce observable results, that is, people can see the knowledge, behavior, norm, roles, or commodities being practiced or used and can observe the impact;
- Be supported through peer-to-peer conversations and peer networks to ensure the spread of the idea, behavior or commodity.

Understanding the lives and daily needs of the targeted audiences is imperative for the successful diffusion and widespread adoption of nutrition behaviors and social change. Change requires negotiation and dialogue with audiences to identify and promote "do-able" nutrition behaviors rather than "ideal" nutrition behaviors, which may not make sense to the audience, or may not be feasible for them.

7 Everett M. Rogers, *Diffusion of Innovations*, Fifth Edition 2003, Free Press, New York, p221

2.5 Key communication principles

Key communication principles employed in the NA&C Strategy to support nutrition include: reach, frequency, and message salience, placing particular emphasis on cultural relevance and gender equality.

Reach:

The NA&C Strategy intends to reach every household, giving priority to those households with women of reproductive age and young children. Mass media, along with local health and community development workers and volunteers, will visit households to engage directly with household members. To do this, the cadre of community workers will need much more than just the "messages": they will need the ability to be good sales agents for the pro-nutrition ideas and practices, helping caregivers, including mothers, fathers, grandparents, and other household members, move through a chain of ever-more efficacious practices to reach those that are most at risk

"Reach" also includes providing the members of each community leadership group with information about the situation of the community and the changes that they can make together for the community to be a healthier place for women and children. The NA&C Strategy will encourage the leaders of community groups to strengthen links with the district authorities (and vice versa). Ideally, community interest and demand will serve to stimulate more district-level funding and attention to evidence-based health, agriculture, trade, gender and other nutrition-specific and nutrition-sensitive services.

Frequency:

Hearing about a practice from a variety of sources can elevate both the perceived importance of the practice and people's interest and ability to implement it. Mass media can provide information and general strategies; group activities can reinforce the social desirability of the practice; and interpersonal communication can assist the caregiver to find individualized strategies that assist him or her to carry out the practice as well as possible within her current constraints. The frequency of exposure to relevant communication will be based as much as possible on need. Accordingly, homes with a young child will receive more frequent communication if the child is sick or not growing well. A community with poor outcomes will be identified for more intense contact with community leaders, health facility staff, private traders, or agricultural extension workers, for example. Similarly, if a certain behavioral area appears particularly resistant to change, both the communication content will be tested and revised, using formative research, and also the frequency of exposure may increase. In all cases, multiple communication channels will be used to attain the desired message frequency.

Message importance/cultural relevance:

People can benefit from better understanding of basic health, gender, agriculture and trade information, yet it is unlikely that information alone will change many behaviors. The ultimate media content and messages for people who need them will be "packaged" with motivation to try resolving barriers that may be preventing action. To do this, preparatory activities for the NA&C Plan of Action will include working closely with participant groups for ideas and feedback on how they relate to new or modified practices and their willingness to change. This will ensure that their concepts of health, family, community, etc. are understood by communication specialists, and used to enhance message relevance. Care will be taken to ensure that behaviors and proposed changes are discussed and agreed upon within the local cultural context.

Additional tactics:

Strong evidence exists of the effectiveness of asking participant groups to commit to change. Through either verbal or written commitments, it is much more likely that people will at least *try* a new practice. Successful behavior change can be accomplished by building commitments to try new practices through routine counselling and then supporting a commitment by the person to think through exactly what steps s/he will follow to carry out the new practice. Building social proof that things can change is also essential. Evidence that people are practicing nutrition-promoting behaviors can be shared to influence others, for example, model communities, leaders, etc. The NA&C Strategy will reinforce these principles with two tactics to promote behavior change: 1) Asking people to commit to change and 2) Motivating people via monitoring and feedback and by offering social proof.

3

THE STRATEGY

THE STRATEGY

3.1 Reaching Every 'First 1000 Days' Household: The Road Map, Priority Audiences, Pro-nutrition Behaviors and Social Goals

To achieve the result of reducing chronic under-nutrition, the pregnant woman/lactating mother and caregiver for the child, and/or the couple must practice critical pro-nutrition behaviors virtually every day. The Nutrition Advocacy and Communication (NA&C) Strategy seeks to ensure that every family or household during the 'First 1,000 Days' is reached with appropriate frequency and relevance throughout that period to enable them to practice key pro-nutrition actions.

The NA&C Pathways of Influence

The NA&C Pathways in figure 4 aims to capture within the ecological model context the variety of paths or options available to reaching every household with information, skills and enabling technologies to help families achieve pro-nutrition practices contributing to the goal of healthy child growth and reduced chronic under-nutrition.

Figure 5: The NA&C Pathways of Influence

The NA&C Pathways focus on the interaction between the individual/family, the immediate community, the broader environment and the institutions that operate there which can influence pro-nutrition practices. It also recognizes that some institutions or channels must mediate their influence on the family through processes and programmes and agents, while others can act more directly. Mass media channels for example, reach directly into the home. Interaction with markets can also take place without an intermediary.

The NA&C Strategy addresses the need to communicate as directly as possible with household members, while recognizing that changes in the environment in which people live, including institutions with which they interact, are critical in order to sustain improved practices and to bring about social or cultural shifts.

What follows are a series of tables that describes the critical building blocks of the strategy:

- Table 1--the conceptualization of the key audiences
- Table 2--the key behaviors
- Table 3--the fundamental social changes
- Table 4--summarizes a generic advocacy plan with activities that will support every piece of the strategy.

The final section of the strategy describes in detail the 4 Pillars that have been developed to integrate the major priority behaviors and objectives.

Critical Audiences of the NA&C Strategy

The audiences of the NA&C Strategy are to be found at three levels: Primary, Secondary and Tertiary. The Primary audience includes the families or households with members falling within the First 1,000-Day period, or those with a pregnant woman or women, and caregivers of infants/children under two years of age. Other people who comprise the family unit are included in this audience, as described in Table 1 A, below:

Table 1A: NA&C Primary Audience [2]

Primary Audience Members	Audience Description
Unmarried adolescents and youth and young pregnant women (prima-gravidas)/ young mothers of infant under 2 years; aged from 14 to 18 years; living in rural or poor urban areas with no income; drop out of primary school	• Driven by discovery, basically values new experiences and self-satisfaction. She is searching for identity, influenced by peer pressure, finds friends more important than family, and takes the unconventional route. • Holds a sensation lifestyle – no comprise, energetic, daring, snacks/ and craves for snacks, cool drinks, mouth feel, new tastes, impact, fast food, light alcohol. • Has an attitude that is freedom-oriented; is attracted to risk, self – expressive, emotional not rational. • Engages in experimental or experiential activities. The hobbies are adventurous
Pregnant woman /mother of infant under 2 years: aged from 18 to 40 years; married/ cohabiting; living in rural or poor urban areas with a low income; has some primary school education; is highly religious	• Engages in petty trade or subsistence farming or provide causal labor such as digging on other people's gardens. • Has high radio listenership • Engages in hobbies that are comfort driven, such as meeting family and friends • Participates in community meetings such as weddings, religious gatherings, market days or local drama shows. • Has purchase habits that are price–oriented with a major focus on purchasing staples, daily shopping, purchase of small units products; values "expert testimonials" and old brands, or even opts for barter trade. Is the person in charge of day-to-day running of the home, in terms of digging, cooking, searching for fuel • Is highly motivated to ensure the survival of infants and children.
Spouse of pregnant woman/ father of infant under 2 years; aged 17 to 55+ years; married/ cohabiting; living in rural or poor urban areas.	• Values 'luck and chance' so often engaged in lottery games or sports betting; driven by discounts or promotional offers • Possibly has high alcohol consumption • Holds improvement as a primary goal; has a constrained lifestyle such as temporary housing/ slums dwelling. • Has an 'early start–late finish' lifestyle, with long travel to place of work; Work is usually physical (causal laborers, street vendors, taxi/ boda boda touts, amongst others). • Has an aggressive attitude that lacks direction or sense of goal other than escape, breaking rules; 'rough on the outside but soft on the inside', and is superstitious. Hobbies are live action– centred, such as local football or the English Premier League matches in local cinemas, boxing or wrestling. • Has purchasing habits that are impact-driven, such as the presence of loud music on the streets, second-hand goods or flashy clothes • Finds pregnancy of spouse/partner and raising children under 3 years demanding and stressful.

2 Audience Analysis and Profiling, adopted from Ayton Young & Rubicam Cross Cultural Consumer Characterization Model

Grandmother and other caregiver of children under 2 years of age; Various age range, from 8-12 to 20; or 50 and up, single, widowed or married; resides in rural or urban areas.	• Experiences a “vicious cycle”, in terms of offspring living the same difficulties ; Depends on other family members for survival; • Holds traditional and cultural values in regards to role of women and raising of children • Is motivated to break the cycle of poverty, hopes for improvement in the lives of family members;

The Secondary Audience is comprised of those who have contact with the Primary Audience and can be mediums or channels for the NA&C pillars as shown in Table 1B:

Table 1B: NA&C Secondary Audience

Secondary Audience Members	Audience Description
Healthcare provider, teacher, agricultural extension worker, community development officer; between age 25 – 65; married/cohabiting; attained at least secondary education; lives mainly in rural areas with a preference for peri – urban or urban areas, work station might be linked to rural areas	• Works in white collar job in public sector or traditional industries (both husband and wife employed) • Values security (community/social approval of family, friends and neighbors). Stores for emergencies, has no access to credit; Savings are important • Has a family – oriented lifestyle, work provides for the family; Makes sacrifices in order to support society as reflected in passive/ obedient attitude and conformity to the rules of society and country (Don’t rock the boat!) • Has hobbies that are communal in nature; high television consumption and mobile phone usage, religious gatherings, family visits, school events or gardening; Purchase items based on trust; shops for big/well-known brands/ brand loyalty/ high national pride/ family pack/value for money; is slow to take up new trends.
Religious leaders, business owners/traders; local council leaders and other decision-makers and opinion-leaders at community, sub-county and district levels (age and social background may vary widely, may or may not be a gender-balanced group	• Recognizes s/he holds a position of respect and influence in the community, sub-county, or district; Values capacity to problem-solve/ contribute to improving conditions or addressing social concerns; • Serves as entry point for information flow from the outside to communities, sub-counties, and districts. • Holds a certain amount of control, power and authority over constituents, i.e. may hold loans or provide credit to individuals • Is inclined to give information/commands to community members, but may not listen or request feedback from constituents on his/her performance • Is a strong mobiliser, able to influence people to take action and/or express opinions publicly

Secondary Audience Members	Audience Description
Media provider and practitioner, Civil society member; aged 25 – 60 years, with a Diploma, employed as activist or change agent, lives in peri – urban or urban areas.	• Values enlightenment in addition to self-esteem and social altruism; Desires freedom from societal restrictions including freedom of expression, freedom of movement, free speech, inner peace, hopes for a better world. • Hold attitudes that are independent and progressive focusing on personal growth, curious and enquiring; enjoys debate • Has hobbies that are related to personal growth – creative past-times, enjoys art, cultural events, is involved in voluntary services, reads widely, enjoys wine and music. • Has purchasing habits that are intrinsically driven: looks at expiry dates, shops for high quality basic ingredients, including whole/health foods; supports homemade/ unadulterated, fair trading practices, likes unpretentious brands.

The NA&C Tertiary Audience, described in (Table 1C), is comprised of actors who can influence the policy environment and who affect the level of society-wide commitment and resources available. This audience is the primary target of advocacy activities.

Table 1C: NA&C Tertiary Audience

Tertiary Audience Members	Audience Description
Head of the business sectors, government executive, line ministry, departments and agency professional, development partner agency head and technical staff member, Member of Parliament between ages 30 – 75 years; with at least attained a first degree; lives in urban area	• Values stability and recognition, which entails leadership, financial success; is goal–oriented, demands high service standards • Works to shape the destiny of corporations, constituencies; aims to distinguish him/herself from the masses, is optimistic, competitive and controlling of others (“deserves the very best”), • Has hobbies of family travel, playing golf, enjoying top restaurants; Purchase habits include buying the ‘very best’ (prestigious and name brands known for performance)

Prioritized Behaviors and Social Changes

The behaviors listed in Table 2 are classified into Nutrition-specific and Nutrition-sensitive. These behaviors are those that have been shown to have a direct effect on child growth, particularly linear growth. Clearly there are many sub-behaviors that are required for each of the broad behaviors to be accomplished. Part of the implementation of this strategy will be the specification of the sub-behaviors and identifying the priorities for local areas of Uganda.

Table 2. Priority Behavior Changes

	Nutrition-specific Home/Self-care behaviors	Nutrition-sensitive Home/Self-care behaviors
BEHAVIOR CHANGE	• Couples discuss, agree and grow and/or buy nutrient-rich foods: animal- source foods, fruit and vegetables • Mothers initiate exclusive breastfeeding within the first hour of delivery and continue providing only breast milk on demand, day and night, for 6 months • Mothers, fathers and other caregivers initiate age-appropriate complementary feeding at 6 months, ensuring food diversity (including animal source foods), sufficiently nutrient-dense preparations, and adequate quantity and feeding frequency, while continuing to breastfeed until 24 months and beyond	• Women and infants/young children sleep under a long-lasting insecticide treated bed net every night • Family members protect pregnant women and children from HH smoke • Girls delay sexual debut until after 18 and women space births at least 36 months apart through use of modern family planning methods • Family members treat, store, and retrieve water safely (follow Nat'l Water Treatment programme guidelines) • Families and communities create clean, safe living areas and play spaces for children free of animal faeces, pests and rubbish.
	• Mothers feed children appropriately and increase breastfeeding and care during and following illness episodes, including giving ORS (and zinc) for diarrhoea • Pregnant and lactating women eat a more diverse daily diet that includes animal-source foods and micronutrient-rich fruits and vegetables • Pregnant and lactating women rest when they can and seek help with heavy, labor intensive chores/work • Pregnant women and postpartum women (first 6 months) take daily iron foliate supplement • Parents and other family members wash hands with soap before preparing food and feeding /eating • Family members have and maintain a grain storage facility • Parents and family members prepare and/or purchase snacks from locally grown products at the market rather than sugary drinks, sweets or biscuits • Parents and other caregivers comply with scheduled clinic visits and medical advice, both preventive and curative	• Parents seek monthly growth monitoring and promotion services for children in first two years of life • Parents immunize infants and children at or near ideal schedule through local health services • Couples prepare and follow plan in the mother's antenatal passport (includes 4 ANC visits, skilled attendant at birth, emergency delivery plan): take malaria prophylaxis, de-worming, TT, iron-foliate tablets • Parents and other caregivers seek health care services immediately after noticing child- health/ nutrition danger sign(s) example: if fever persists for 24 hours • Couples and family members seek health care services immediately after noting maternal-health danger sign(s), including signs of infection or bleeding • Parents and family members seek agriculture extension services, and learn about nutrient-dense varieties of fruits and vegetables and optimal growing/harvest/post-harvest processing for them

Essential social change to support reaching behavioral objectives

	Household and Family	Community, District, National
SOCIAL CHANGE	• Families prioritize Ugandan foods as "nutritious" and seek, grow and/or purchase high value, "growth-promoting" foods such as animal-source foods and nutrient-dense fruits and vegetables • Families value the notion of "protecting" individuals within the first 1,000 days of life • Women's/family's perceptions of self- efficacy are strengthened: they demonstrate confidence that they can improve maternal and child nutrition • Family members, including husbands, provide support and engage increasingly • in intra-family dialogue. Family exhibits E confidence that together, by creating a fathers and grandmothers; community harmonious family environment, they can champions—traditional and non -traditional; raise a healthy, happy child champion or model communities; pro-growth champions whose positive behavior has been	• Nutrition and other service providers demonstrate heightened cultural/social/class/ gender sensitivity to support vulnerable families to overcome barriers facing them in practicing pro-nutrition behaviors: they believe that vulnerable families CAN and WANT TO make changes to protect women and children. • District government staff give higher priority for programming to reduce stunting: District officials enact programme to "protect" individuals in the First 1000Day period • Individuals, families and communities are provided with "proof" that the situation can change by observing model families—mother, identified and rewarded. • Communities demonstrate a heightened sense of community responsibility for child growth outcomes: Together with community leaders, government development officers implement scheme for monitoring key practices at the family, community and district levels and for tracking stunting • Communities demonstrate a strengthened sense of partnership with agriculture, health, gender, trade, and other development services offered through government and NGO through community social audits of performance and through community action planning that lets agencies know community needs • A Civil Society Organization (CSO) is charged with holding the Government of Uganda (GoU) accountable for achieving its goal of reducing stunting and implementing the key actions required, resulting in a heightened sense of accountability on the part of the GoU

Table 3: **Advocacy should support the following changes:**

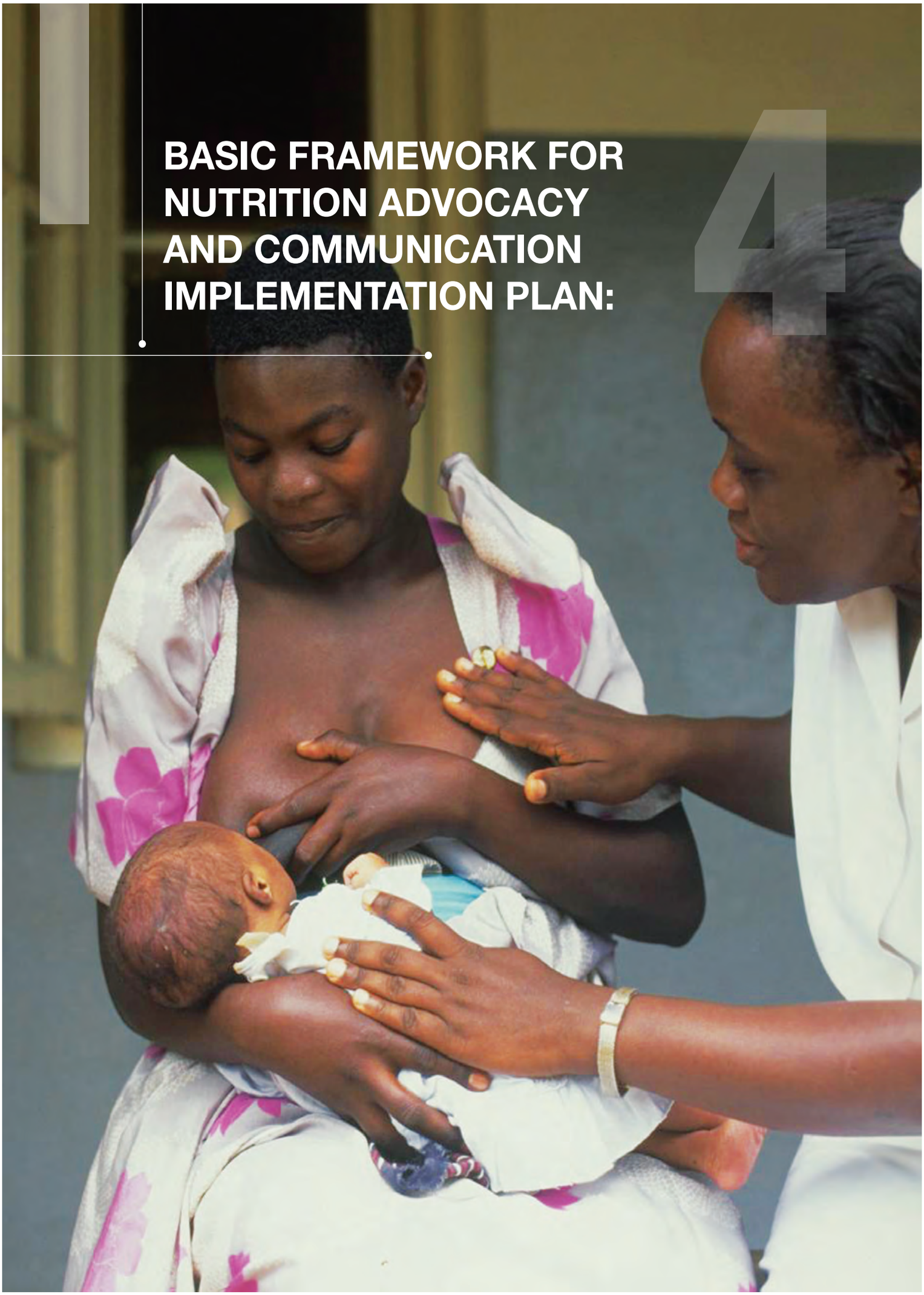
a) Increased financial and human resource investment in all relevant sectors for nutrition b) Adequate institutional structures to scale up nutrition, including staffing, placement, reporting, and supervision c) A wide social movement to rally support for nutrition services among the public and stakeholders d) Nutrition champions who take action to support nutrition at the national, regional, and local levels e) Strengthened coordination among stakeholders and harmonization of messages (i.e., "one voice" on nutrition) f) An enabling legal and policy framework for nutrition	
Strategic Approach/ Framing	The cross-cutting advocacy is to build support for an enabling environment for nutrition targeting members of media, Parliamentarians, local government, development partners, civil society, the private sector, and MDAs and the Cabinet. The additional two components within social and behaviour change communication—social mobilization and behaviour change communication—will focus on igniting change at the community, household, and individual levels. Together these components will build on existing interventions that target those most affected by the problem of malnutrition as well as those who directly influence them.
General Advocacy Activities and Materials	• Information kits and other print materials • Presentations/guides and training modules • Workshops, seminars, and trainings with commitment to action • One-on-one meetings Video documentary • Media outreach and press briefings (with TV, radio, and print coverage as an outcome)
By Audience:	
MEDIA	Increase the amount of consistent quality media reports on nutrition. By the end of 2015, the number of media houses and practitioners with adequate information, skills, and understanding of nutrition and the consequences of malnutrition in Uganda will increase **Advocacy activities** 1. Conduct baseline media monitoring. 2. Establish relationships with power holders in media houses. Hold one-on-one meetings with top management (e.g., editors-in-chief, station managers, editorial directors, managing editors). Hold workshops and dialogues with middle managers (e.g., sub-editors, page editors and producers, operational staff). 3. Provide support to media practitioners. Conduct trainings with media practitioners based on priority areas in the UNAP. Develop mentorship programs with awards for practitioners (with categories including TV presenters, newspaper reporters, and TV and radio talk shows). **Advocacy materials** Media training modules; media kit in electronic and print formats in appropriate local languages (thematic briefs, fact sheets, case studies and testimonies, links and contact lists for media); advocacy videos

PARLIAMENT	Prioritize nutrition and influence increased allocation of resources for nutrition. By the end of 2015, among Parliamentarians, there will be an increase in the understanding and appreciation of the effect of malnutrition on national development in Uganda. **Advocacy activities** Develop orientation guides on key nutrition issues. Identify champions for nutrition (including the President, Prime Minister, First Lady, and individual committee members). Conduct orientation for Parliamentary committees on nutrition issues (1-day workshop or breakfast meeting), including education, health, agriculture, gender, and social development and finance. Establish a Parliamentary Committee on Nutrition, which engages multiple sectors. Organize the commemoration of nutrition events by parliamentarians. **Advocacy materials** Memos and letters of nomination; orientation guide; PowerPoint presentations; policy briefs and testimonials, parliamentarians tool kit, advocacy video testimonials, parliamentarians tool kit, advocacy video
MDAS and CABINET	Increase resources for nutrition, especially for monitoring and evaluation, and institute a conducive legal and policy framework. By the end of 2015, through strengthening leadership and coordination mechanisms, there will be an increase in MDA and Cabinet members' understanding of the essential role nutrition plays in development. **Advocacy activities** Hold meetings or workshops to identify and orient champions/sector nutrition coordination committees. Map out advocacy opportunities. Conduct a stakeholder analysis. Arrange excursions to field sites (with the media). Create a presence in radio/TV talk shows. Organize the commemoration of national nutrition-related days Hold meetings with the Ministry of Finance, Planning and Economic Development and the Ministry of Local Government and key ministries to include nutrition as a cluster of cross-cutting issues **Advocacy materials** Information kits (including technical and policy briefs and testimonials; talking points; mapping guide)

DEVELOPMENT PARTNERS Bank, EU)	Increase integration of nutrition objectives into funding policies and agendas, and harmonize messages on nutrition so that development partners are speaking with 'one voice'. By the end of 2015, increase in the awareness of the central role of nutrition in development outcomes among key donors and harmonized messages on nutrition among the CSO community **Advocacy activities** Conduct a baseline of development partners' initiatives in nutrition. (including U.N. Establish relationships with power holders among development partners through one-agencies, on-one meetings/dialogues with top management to identify champions and as an USAID, World advocacy channel. Establish mechanisms for regular information and knowledge sharing on nutrition issues. **Advocacy materials** Mapping framework; talking points to be used by development partners to the Government of Uganda; fact sheets; Op-Ed from development partners for daily newspapers; technical briefs
LOCAL GOVERNMENT (Districts, Municipal, Sub-County, Town Councils)	Prioritize nutrition and budget for nutrition interventions. By the end of 2016, there will be an increase in the understanding and appreciation among local government leaders on the effects of malnutrition in their communities and on the integration of nutrition issues in work plans and budgets Advocacy activities Conduct partner/stakeholder mapping of those implementing nutrition services in local government. Identify nutrition champions in the districts, sub-counties and communities (including religious and cultural leaders). Arrange an orientation of district leaders and district nutrition committees on UNAP. Organize the commemoration of nutrition events/days by Local Governments. Conduct an orientation of district nutrition coordination committees on their roles. Conduct a workshop on planning and budgeting for nutrition by district technical planning committees and sub-county technical planning committees. Disseminate terms of reference for district nutrition coordination committees. Conduct orientation of the sub-county nutrition coordination committees Advocacy materials (To be translated into local languages) Mapping framework; PowerPoint presentations; letters of nomination and circulars; UNAP orientation guide, planning and budgeting guide; policy and technical briefs and testimonials

4

BASIC FRAMEWORK FOR NUTRITION ADVOCACY AND COMMUNICATION IMPLEMENTATION PLAN:



4 BASIC FRAMEWORK FOR NUTRITION ADVOCACY AND COMMUNICATION IMPLEMENTATION PLAN:

4.1 Four Key Pillars of the NA&C Strategy

The NA&C Strategy Task Force took a broad look at what needs to be accomplished in a short period of time and realized that one important aspect of a national strategy is to integrate many initiatives into a larger whole. In order to build an integrative framework that would permit inclusion of the many critical behaviors, the needed social changes, and the important social mobilization and advocacy actions required to reduce levels of chronic malnutrition in Uganda, the NA&C Strategy is constructed around four thematic Pillars:

1. **Protecting the First 1,000 Days:** recognition of the problem of stunting, its causes and what needs to be done to protect children from becoming stunted and to promote healthy growth during this period.

2. **Promotion of healthy Ugandan diets:** recognition that families, including young children can be well-nourished with a diet of local foods—promoting the production and access to these foods and their use, and schemes to improve food storage and preservation.

3. **Promotion of positive role models:** evidence of people adopting the critical behaviors and changing their attitudes toward particular social practices, from individual caregivers, to communities, districts and national leaders. Pillar 3 will cross cut Pillars 1 & 2 and will also have stand-alone aspects.

4. **Accountability:** demonstration by the Government of Uganda, at the highest level, and a broad development partner group, of an annual accounting to civil society on the progress made on child under-nutrition. The nation, not only politicians, are accountable for achieving nutrition goals.

The following section presents details and a framework for implementing each pillar. For each pillar the primary objective with illustrative indicators are enumerated. For each pillar, key behaviors, along with known resistances/barriers and any facilitating factors favoring their adoption and practice were reviewed (see the appendices) and the plan for immediate communication is outlined. Each plan attempts to bring together under one strategic theme integrated behavior change, social change and advocacy objectives, audiences and potential activities.

Pillar 1: Protecting the First 1,000 Days

Pillar 1: Protecting the First 1,000 Days

The First 1000 days, from conception to two years of life, is a critical window of opportunity for promoting optimal growth and development of young children.

Every Ugandan child has the right to achieve his/her growth potential. Achieving healthy growth for every Ugandan child during the First 1,000 Days is an important family and national goal

Priority behaviors in Pillar 1 are most of those highlighted in Table 1 above that lists the priority behaviors for the NA&C Strategy. These behaviors are those that have been shown to have a direct effect on child growth, particularly linear growth. They can be divided between: Maternal Nutrition and Care; Infant and Young Child Nutrition and Care, and Generalized Family Care— including hygiene-related actions. The full listing of these behaviors and barriers and motivators tied to achieving their practice is found in Appendix E. Clearly, there are many sub-behaviors that are required for each of the broad behaviors to be accomplished. Part of the implementation of this strategy will be the specification of the sub-behaviors and identifying the priorities for Uganda as the various campaigns and local initiatives go forward to address Pillar 1 priorities. Objectives of Pillar 1 efforts are grouped below into Behavior Change Communication; Social Change and Mobilization, and Advocacy, with the understanding that many will overlap.

Strategic Channels and Activities: Protecting the First 1,000 Days

Strategic Channels and Activities: Protecting the First 1,000 Days
Behavior Change Communication Objective: By the end of 2019, pro-nutrition actions at family and household level will reflect the understanding and belief that the best start in life for a child begins with support of the mother, from the onset of pregnancy and continuing with the involvement of male and female caregivers, through the child's first two years of life.
Illustrative Indicators Increase in % of Women of Reproductive Age who consumed more than 4 food groups in the previous day Increased in % of Women of Reproductive Age who take malaria prophylaxis and 90+ IFA tablets during pregnancy Increase in % of children less than 6 months of age who are exclusively breastfed Increase in % of children between 6 and 23 months of age who had a minimum acceptable diet the previous day Increase in % of sick children (in the last week) who received increased breastfeeding and/or maintained their foods/liquid intake Increase in % of children between 0 and 23 months who were taken to growth monitoring/ promotion or well child visit in the last month Increase in % of children between 0 and 23 months who attend the child day plus promotions monitoring/ promotion or well child visit in the last month Increase in % of children between 0 and 23 months who attend the child day plus promotions Note: These indicators are beyond the scope of the NA&C Strategy alone. The NA&C Strategy will contribute toward achieving these indicators in the context of the UNAP implementation

Audience	Channels	Proposed Activities
Women (pregnant, lactating mothers of children under 2 years Fathers/Spouses of children under 2 years Grandmothers/grandparents of children under 2 years	Generic Mass Media (Radio Support)	Production and broadcasting of 26 episodes of a radio drama series on maternal and child care diet practices with the theme of protecting women and children during the first 1000 days. Tone will be positive, reinforcing that improvements/changes are possible and that many have accomplished them. (tie-in with My First Centimeter Campaign—see below) Design and broadcasting Presenter Mentions on national radio stations reinforcing specific aspects of the campaign including 1) High quality of maternal and child diets 2) Importance of breastfeeding 3) Link between hygiene practices and healthy children. (Apply the continuity media strategy)
Primary Audience: Women (pregnant, lactating mothers of children under 2 years) Fathers/Spouses of children under 2 years Grandmothers/grandfathers of children under 2 years	Interpersonal Communication (Focus on 15 'Early Riser' districts)	Printing and dissemination of 'job aids' that provide an opportunity for community-based workers to discuss essential nutrition actions with families, assisting them to guide and strengthen outreach and counselling sessions. Discussions can take place during well- baby clinics and growth promotion sessions in the community. Home visit structure should be established.
Secondary Audience: Extension Workers (MoH - Village Health Team members, MAAIF (Agriculture Extension workers) and MoGLSD – (Community Development Officers)		Production and dissemination of pro – nutrition visuals (photos and videos) depicting the best practices within communities. Support to VHT members to use the visuals to engage community members, to initiate discussions aimed at promoting the adoption of best practices.— Videos may also be used for 'film vans' or screened in local cinemas, for example, during the screening of the International League football games
MoGLSD – Community Development Officers & MoH – Community Health Workers	Traditional Media (Focus on the 15 early raiser districts)	Training and empowering community- based extension workers (VHT Members, Agriculture Extension workers, Community Development Officers) to support info-drama and community theatre, and other experiential activities during festivals, market days and other community/district events.

Audience	Channels	Proposed Activities
Social Change Communication Objectives **By the end of 2019;** • Families with children under 24 months and other community members will be aware of the problem and repercussions of stunting as well as opportunities and actions to improve growth potential • Key stakeholders including decision-makers will acknowledge the importance of nutrition; the consequences of malnutrition among women and young children; and the prioritization of pro-nutrition actions and behaviors		
Illustrative Indicators • Increased awareness of the link between a mother's health and well-being, before, during, and after pregnancy, and the healthy growth of her children up to 2 years of age • Increased awareness of what stunting is, that it can only be corrected during the 1,000 days, and that it has serious repercussions for Ugandans and Uganda • Caregivers report increased support from decision makers at household and community level for prioritizing nutrition practices, expenditures, and care seeking		
Advocacy Communication Objectives By the end of 2019: • Government of Uganda will establish/activate/promote policies that support behavioral and social changes required to improve women and children's access to and consumption of nutrient-rich foods and improved care behaviors. • Both national and local governments will allocate sufficient resources to nutrition-sensitive and nutrition-specific actions. • Health, agriculture and other services will have the staff and supplies to deliver needed interventions, and communities will have access to needed products and support for food-based, healthcare and hygiene activities.		
Illustrative Indicators: • Food and Nutrition Policy approved • BFHI policy approved or enacted/funded • Maternity/paternity protection policy approved or enacted/funded • % of budgets related to nutrition at different levels • % of key nutrition positions at District level staffed • % of key nutrition positions at health facility level staffed • % of health facilities with stock outs of IFA, MNP, therapeutic food **Note:** Some of these indicators are beyond the scope of the NA&C Strategy alone. The NA&C Strategy will contribute toward achieving these indicators in the context of the UNAP implementation.		

Audience	Channels	Activities
MoLG, – Local Council Leaders; MoH – Health facility In – Charges, VHT members, District Health Teams; MoGLSD – Community Development Officers	Strategic Meetings and Mapping of Stunting	In order to measure children's height/length systematically, introduce length determination for stunting at community level by printing and disseminating length mats (District Level) and a tool to capture and visualize chronic undernutrition status by community Adapt and introduce a "pathway tool" for communities to become aware of the pathways that lead to nutritional problems or can resolve problems leading to undernutrition so that they develop their own adapted solutions.
Primary Audience: Women (pregnant, lactating and mothers of Children under 2 years) Fathers/Spouses of children under 2 years Grandmothers/ grandfathers of children under 2 years	Thematic Mass Media Campaign 'My First Centimeter' or a First 1000 Day Campaign	Produce and Broadcast a 45-second radio jingle and 30- second television advertisement (national level). Practice 'burst media strategy' with an average of 7 – 10 inserts on selected radio stations.
MoES – Teachers; MGSD – Religious leaders and Traditional Leaders MoLG – Local Council Leaders	Print Materials (First centimeter/ First 1000 Day) Campaign	Produce and disseminate reminder materials for the school teachers, religious and traditional leaders (national level, through the local government structures).
MoH in conjunction with the Uganda Media Center – Media Engagement	Capacity Building	Conduct one – on – one orientation meetings, workshops and dialogues with media on quarterly basis.

Pillar 2: Promoting Healthy Ugandan Diets

Pillar 2: Promoting Healthy Ugandan Diets

- Households have the knowledge and capacity to ensure that young children and mothers can be well-nourished with a diet of local foods.
- Households, communities, government and stakeholders can contribute to the production and post-harvest management of local foods, improving access to and consumption of healthy Ugandan diets.

Strategic Channels and Activities: Promoting a Healthy Ugandan Diet

Strategic Channels and Activities: Promoting a Healthy Ugandan Diet
Behavior Change Communication Objectives **By the end of 2019** • Women's/Families' sense of self – efficacy, in terms of their ability to take small actions to protect pregnant and lactating women and their children, will be heightened. • Individuals, families, communities and the nation will value locally available foods, repositioning them as an optimal option for the health and wellbeing of women and children.
Illustrative Indicators • Increased belief that everyone can take action to prevent stunting, even vulnerable or poor or food insecure groups • Increased belief that stunting can be prevented by choosing healthy, locally available, foods for women and children less than two. • Increased awareness that pre-packaged, processed snack foods and drinks do not represent good value or good nutrition.

Audience	Channels	Activities
Primary Audience: Women (pregnant, lactating and mothers of children under 2 years Fathers/ Spouses of children under 2 years Grandmothers of children under 2 years	Mass Media— Radio (STAR/ PLUS Foods or "Healthy Diet") Campaign	Produce and disseminate the testimonial (30 – 45 second spots) supporting the consumption of a few key foods "targeted" as important dietary additions. (Potential to identify STAR or PLUS foods. Produce and broadcast Radio Spots – promoting the consumption of the local nutrient-rich foods (Drip Media Strategy applied with an average of at least 7 – 10 inserts on selected radio stations) Produce and broadcast radio and television talk show programmes that provide an opportunity for questions and answers on the promotion of the local nutrient-rich foods
MAAIF – Agriculture Extension Workers, MoH – Health Assistants and VHT members	Capacity- building (STAR/ Foods or "Healthy Diet") Campaign on the raiser districts)	Train extension workers on the promotion of the local food options for consumption, and their preservation and storage, if appropriate. Train health workers and community development workers to promote local fields, including trials of foods.
Primary Audience: Women (pregnant and lactating and mothers of children under 2 years Fathers/Spouses of children under 2 years Grandmothers/grandfathers of children under 2 years Secondary Audience: MoGLSD – Community Development Officers, Religious Leaders	Interpersonal Communication (STAR/ PLUS Foods or "Balanced Diet") Campaign (Focus on the Early Riser Districts)	Coordinate and implement home visits by Extension Workers/VHT members or community volunteers, for example, — demonstrating the preparation of improved complementary foods. Support community gardens and hold monthly food preparation and food preservation demonstrations using STAR food recipes, involving religious leaders/ church groups, women's groups, and others.

Audience	Channels	Activities
Primary Audience: Women (Lactating and Mothers of Children under 2 years Fathers/ Spouses of children under 2 years Grandmothers of children under 2 years Secondary Audience: Ministry of Trade, Industry & Cooperatives – Private Sector players MoLG – Trading centers and markets.	Outdoor Media (STAR/ PLUS Foods or "Balanced Diet") Campaign	Point – of – Purchase advertising: print and distribute signage for market places, small shops

Social Change and Mobilization Objectives

By the end of 2019;

- Family members will recognise that pregnant and lactating women and infants and young children from birth to 24 months have exceptional nutrient needs due to their physiological status and rapid rates of growth and development
- Child caregivers and others that hold the resources that influence them will believe that local Ugandan foods are nutritious and can be combined to offer women and young children a healthy diet that meets their needs for healthy growth and development.
- Child caregivers and others that hold the resources that influence them will believe that combining animal-source foods and vegetables and fruits with staple foods results in a healthy diet.
- Families will prioritise obtaining local foods, or consuming foods they produce for their expectant and lactating women and young children.

Illustrative Indicators

- Increased awareness that mothers and children up to 2 years of age have special nutrition needs that require special attention, support, and contributions from all family members
- Increased awareness of what stunting is, that it can only be corrected during the 1,000 days, and that it has serious repercussions for Ugandans and Uganda
- Increased belief that stunting can be prevented by choosing healthy, locally available, foods for women and children less than two
- Increased % of caregivers who report receiving support from decision makers at household and community level for nutrition practices and expenditures

Audience	Channels	Activities
Primary Audience: Women (pregnant and lactating mothers of Children under 2 years Fathers/ Spouses of children under 2 years Grandmothers of children under 2 years	Mass Media	Produce and disseminate radio and television spots promoting the idea of eating locally- produced foods —comparing a few of the STAR/PLUS foods with those imported or other foods that are often chosen (Apply the continuity Media Strategy with an average of 3 – 5 inserts on each of the selected radio stations). Ensure television placements during the first advertisement break on news bulletins
MOLG – Local Council leaders	Interpersonal Communication	Hold local council dialogue meetings aimed at developing and implementing action plans for the promotion of the local foods /discouraging sale of non-nutritious foods.
MoES – Teachers and Pupils	Community Outreach activations	Involve school children in a variety of activities, including debates, poems, songs and skits about eating healthy foods
MAAIF/MoH	Social Media	Engage the public through various the social media platforms—for example “What have you cooked today?”

Advocacy Communication Objectives

By the end of 2019,

- The number of private sector players engaged in activities aimed at scaling-up nutrition and promoting the consumption of local Ugandan foods will have doubled.
- the Government of Uganda will provide incentives or resources to assist producers at all levels to scale up and market local Ugandan foods

Illustrative Indicators

- % of private players supported to acquire equipment and/or linked with financial or capacity building resources to process, package, market, and distribute local foods—including small, medium, and large scale enterprises
- % of private public partnerships for improved food processing and storage of local foods % of private public partnerships to produce, market, and distribute fortified foods

Note: Some of these indicators are beyond the scope of the NA&C Strategy alone. The NA&C Strategy will contribute toward achieving these indicators in the context of the UNAP implementation.

Audience	Channels	Activities
Government Ministries, Departments and Agencies	Capacity Building	Hold dialogue meetings with local government, agriculture, gender and community development sectors to introduce concepts of high nutrient- value foods and the need for food storage and processing schemes in communities
MAAIF	Interpersonal Communication	Hold meetings and workshops for media providers and practitioners to gain their buy– in to publish articles about the benefits of consuming Ugandan foods of high nutrient value and to discourage the consumption of junk foods
Ministry of Trade, Industry & Cooperatives	Interpersonal Communication	Hold consultative meetings to explore ways to promote nutrition through the private sector Hold meetings with private sector to introduce nutrition and its potential and the consequences of undernutrition to the development of the private sector in Uganda
Uganda Media Center	Press Briefings/ Social Media	Provide articles and statements to the press that profile private sector companies currently engaged in activities to scale up nutrition as well as with potential to engage in activities to scale up nutrition
Ministry of Trade, Industry & Cooperatives	Print Materials	Provide a mapping guide, talking points and information kit for engagement on nutrition with the private sector
Ministry of Trade, Industry & Cooperatives	Events	Ensure private sector representatives' engagement and participation in nutrition activities. Identify nutrition champions among the private sector to play a leading role in the strengthening of the engagement of the private sector for nutrition improvement. Organize district and national events that promote the consumption of Ugandan Nutrient-rich diets for the First 1000 Days

Pillar 3: Promoting Positive Role Models

Pillar 3: Promoting Positive Role Models

- **People adopt the critical behaviors and changing their attitudes toward particular social practices can provide a role model for others of positive nutrition change.**

Pillar 3 promotes positive role models, ranging from community members, to business leaders; from food vendors to nurses or school teachers, to individual mothers to political and social leaders – by recognizing individuals, communities and districts that are successful in achieving pro-nutrition behaviors the sense is created that everyone can and should follow.

Possible examples of the Positive Role Models:

- A mother who has successfully breastfed her baby exclusively for the first 6 months.
- Businesses (formal & informal) that have policy, gender-sensitive space and flextime for mothers to breastfeed --- Parliament, hospital, markets, schools, gardens, etc.
- Leaders (political, technical, cultural, religious, etc.) who always talk about or address nutrition issues.
- Prominent personalities --- Entertainers who include nutrition support messages in their songs, drama, etc.

Strategic Channels and Activities: Promoting Positive Role Models

Behavior Change Communication Objectives

By the end of 2019,

- Families will increase 'inter – family dialogue' on the importance of nutrition and pro-nutrition behaviors and in particular specific, positive male roles and actions required to protect women and young children during the first 1000 days;
- Men and women will discuss and identify issues of household food security, care and support of women, and infant and young child care and take decisions on pro-nutrition action based on knowledge and skills;
- Men and women will discuss the availability and access to health and hygiene/sanitation services;
- Men and women will identify obstacles to optimal household food security, and the optimal care of women and children, and implement appropriate actions to address identified issues.

Illustrative Indicators

- Increased % of men report having a conversation with their wives about nutrition during the 1,000 days (or to prevent stunting, or to promote healthy growth) during the last week
- Increased % of women report having a conversation with their husbands about nutrition during the 1,000 days (or to prevent stunting, or to promote healthy growth) during the last week
- Increased % of men reporting discussing a barrier to good nutrition for their wives and healthy growth for their children in the last week.

Increased % of women reporting discussing a barrier to good nutrition for their wives and healthy growth for their children in the last week.

Audience	Channels	Approaches (Activities)
Primary Audience: Women (Pregnant lactating mothers of Children under 2 years Fathers/Spouses of children under 2 years Grandmothers of children under 2 years	Mass Media – Radio	Produce and broadcast woman and child focused radio magazine and other programmes and radio spots (creation of children centred programmes on the weekends especially Saturday morning) Series of How We did it…

Audience	Channels	Approaches (Activities)
Primary Audience: Women (Pregnant and lactating mothers of children under 2 years Fathers/ Spouses of children under 2 years Grandmothers and grandfathers of children under 2 years Secondary Audience: MoH – Health Assistants, Health Facility in – charges and Village Health Team Members MoES – Teachers;	Interpersonal Communication	Conduct home visits by community leaders to create dialogue opportunities in order to influence household dynamics
Headmasters/mistresses Social Change and Mobilization Objective: By the end of 2016, family members will acknowledge that it is within their capacity to make small positive changes and/or to take actions within daily routines to improve the nutrition and well -being of pregnant women, lactating mothers, and infants and young children during the first 1000 days, and take		
action to do so. Illustrative Indicators • Increased awareness of what stunting is, that it can only be corrected during the 1,000 days, and that it has serious repercussions for Ugandans and Uganda • Increased awareness that mothers and children up to 2 years of age have special nutrition needs that require special attention, support, and contributions from all family members • Increased belief that stunting can be prevented by choosing healthy, locally available, foods for women and children less than two • Increased belief that everyone can take action to prevent stunting, even vulnerable or poor or food		

Audience	Channels	Activities
Primary Audience: Women (pregnant and lactating mothers of children under 2 years Fathers/ Spouses of children under 2 years Grandmothers of children under 2 years	Mass Media	Produce and Broadcast Testimonial radio spots of the local champions (VOX Pops of the champions placed using the drip media strategy) promoting healthy, happy and harmonious families for the local cinema
Primary Audience: Women (pregnant and lactating mothers of children under 2 years Fathers/ Spouses of children under 2 years Grandmothers and other caregivers of children under 2 years	Print Materials	Produce and display posters with a testimonial look and feel of recognized local champions In partnership with the private sector, include key messages on labels of various products (not necessarily food related) to promote optimal care for women and children and pro-nutrition actions (i.e. messages on commonly used product labels such as bottled water, etc.).
Primary Audience: Women (pregnant and lactating mothers of children under 2 years Fathers/ Spouses of children under 2 years Grandmothers and other caregivers of children under 2 years Secondary Audience: MoLG – Local Council Leaders, MGSD – Community Development Officers, MAAIF – Agricultural Extension Workers	Community Outreach	Hold community events with opportunities for the model men to be recognized and also share their testimonials
Primary Audience: Women (pregnant women and lactating mothers of children under 2 years Fathers/Spouses of children under 2 years Grandmothers and other caregivers of children under 2 years Secondary Audience: MoLG – Local Council Leaders, MGSD – Community Development Officers, MAAIF – Agricultural Extension Workers	Traditional Media	Create and implement Live Drama shows aimed at modelling of positive intra – household dialogue

Advocacy Communication Objectives

By the end of 2019,

- Leaders in Communities, Districts and at National level will guide the people they serve to protect mothers and young children during the first 1000 days; acknowledging their role and taking actions that will make a difference and demonstrate change
- Local Government leaders (Districts, Municipalities, Sub – County, Town Councils) will acknowledge their responsibility for ensuring resources and conditions for their constituents to achieve optimal nutrition and well-being, and recognise that they have both the tools and the authority needed to make positive changes

Illustrative Indicators

- Communities and local governmental units will display their progress and be able to talk about how progress was achieved

Audiences	Channels	Approaches (Activities)
MoLG – CAOs, District Health Team, Production Departments, Water & Sanitation, Finance & Planning Departments among others	Capacity Building	Hold workshops to develop and strengthen the nutrition advocacy and communication capacity of District Nutrition Coordination Committees
Cabinet and Parliamentarians	Direct Communication	Send e-mails or letters in hard copy to Members of Parliament to provide updates on required pro – nutrition actions for their constituencies
Private Sector Leaders, Executive and Parliamentarians	National Events	Hold the Ownership of Sponsorship Property (Event) to create opportunities for modelling small changes that are making a big difference – shows breadth of actions required to reduce stunting: “I did it, you can do it too” Together with National Football team, demonstrate what families across Uganda can do: modelling small changes that are making a big difference—shows breadth of actions required to reduce stunting: “I did it, you can do it”…

Pillar 4: Accountability

Pillar 4: Accountability

The nation, not only politicians, is accountable for achieving nutrition goals.

- To increase the participation and accountability of the national and local government, parliament and civil society including the International NGOs and grassroots organizations to annually track the progress made on reducing under-nutrition and provide evidence on an annual basis.
- To develop communication and accountability lines with all the relevant government agencies through close collaboration with the UNAP, in order to yield inclusive, effective and efficient coordination tools to facilitate and balance the verification activities under the Nutrition Action Plan by 2019

Strategic Channels and Activities: Accountability

Strategic Channels and Activities: Accountability		
Behavioral Change Communication Objectives By the end of 2019, • Leaders will demonstrate a heightened sense of responsibility and accountability to protect women and children during the first 1000 days • Individuals and communities will be involved in pro-nutrition actions, and hold decision makers and leaders accountable for providing support and resources		
Illustrative Indicators • # of DNCCs with resourced plans for preventing stunting • Communities and local governmental units will display their progress and be able to talk about how progress was achieved		
Audiences	**Channels**	**Approaches (Activities)**
Ministries, Departments and Agencies, literate urban dwellers	Direct Communication	Hold Meetings and send letters/ emails to update the key stakeholders on nutrition trends and required actions Publicize UNAP report as a tool to capture the public views on nutrition expected actions from the decision makers
Ministries, Departments and Agencies, Literate urban dwellers	Print Media	Write, publish, and disseminate bulletins/ brochures/ newspaper articles to provide up–to–date information on the results and impact of pro-nutrition actions
Social Change and Mobilization Communication Objectives • By the end of 2016, the UNAP Secretariat in the OPM will be equipped with tools, an M&E Framework, and resources and carry out monitoring exercises to follow progress on stunting reduction; • By the end of 2016, the GoU will ensure that critical actions and needed resources are in place for stunting rates to decline. • By the end of 2015, UGOSUN will be strengthened to lead on ensuring accountability of the movement among all stakeholders.		

Illustrative Indicators

- A non-governmental, civil society group is established and active.
- Number of annual government report card issued by the OPM holding the committed sectors accountable.
- Food and Nutrition Policy approved
- BFHI policy approved or enacted/funded
- Maternity/paternity protection policy approved or enacted/funded
- % of budgets related to nutrition at different levels
- % of key nutrition positions at District level staffed
- % of key nutrition positions at health facility level staffed
- % of health facilities with stock outs of IFA, MNP, therapeutic food

Note: Some of these indicators are beyond the scope of the NA&C Strategy alone. The NA&C Strategy will contribute toward achieving these indicators in the context of the UNAP implementation.

Audiences	Channels	Approaches (Activities)
Line Ministries, Departments and Agencies	Print Materials	Develop and implement OPM Monitoring tools
Civil Society Organizations	Capacity Building	Issue reports periodically to spur action and to inform Civil Society on progress.
Civil Society, Media and Urban Literate Dwellers	Social media participation	Engage CSO and public in general in discussions on the issues raised in annual accountability reports
Private Sector, Civil Society Organizations, Ministries, Departments & Agencies	Recognition events/opportunities	Establish certificates/Letter of Acknowledgement/ Prizes to highlight excellent work and progress.

Advocacy Communication Objectives:

- By the end of 2019, Stakeholders will demonstrate interest in and momentum in supporting the pro–nutrition activities for the first 1000 days
- By the end of 2019, a vibrant and well-coordinated CSO platform will engage actively in advocacy for nutrition.
- By the end of 2016, annual events will be created and held to disseminate progress in nutrition, and national dialogues will take place on the development of the future generation.

Illustrative Indicators

- CSO accountability group issues an annual report and hold an event rewarding the biggest contributors from national leaders to local groups and parents.
- # of annual events held to disseminate progress in nutrition

Audiences	Channels	Approaches (Activities)
Parliamentarians, Cabinet Private Sector, Civil Society Organizations, Ministries, Departments & Agencies	Print Media	Prepare a report that will be shared each year at the 2nd National Nutrition Forum, in addition to periodical press releases and summaries.
Parliamentarians, Cabinet, Private Sector, Civil Society Organizations, Ministries, Departments & Agencies	Direct Communication/ Print Media	Prepare and disseminate information kits (including technical and policy briefs fact sheets and testimonials; talking points, mapping guide/framework for the Development partners and Government MDAs
Cabinet and MDAs	Interpersonal Communication	Hold meetings or workshops with the MDAs and Cabinet to identify and orient champions/ sector nutrition committees
Media, Parliamentarians, Cabinet, Private Sector, Civil Society Organizations, Ministries, & Departments Agencies	Press Briefing	Organize the commemoration of national nutrition-related days. Prepare and publish an Op-Ed from Development Partners for daily newspapers. Ensure media coverage of events and issues raised in annual reports.

APPENDICES

APPENDICES

5.1 Appendix A

Table 4: Glossary[3] of NA&C Terms

TERM	DESCRIPTION
Advocacy	A continuous and adaptive process for gathering, organising, and formulating information into an argument to be communicated through various inter-personal and media channels for raising resources or gaining political and social leadership acceptance and commitment for a development programme and preparing society for its acceptance.
Attitude	Personal dispositions towards a particular subject or situation. It is how one *feels* about a particular situation.
Audience	People for whom a particular communication is developed. Audience is also used to describe the total number of readers, listeners or viewers reached by a particular communication message or campaign.
Audience Segmentation	The division of a large audience group (e.g. mothers) into subgroups that share similar qualities or characteristics, such as demographics (first time mothers), similar residence (mothers residing in urban areas), experience (mothers who regularly use health services) or psychographic traits (mothers who feel powerless to change their "fate"). Audiences may be segmented into primary and secondary audiences with the primary audience being the people who typically practice a behavior of interest (mothers) and the secondary audience is made up of the people who influence the decision making or practices of people in the primary audience (mothers-in-law).
Behavior Communication (BCC)	An evidence-based, consultative process for developing communication programming that supports and influences practices that promote more productive and healthier lives. BCC focuses on behaviors and the strategic communication required helping people to change or maintain their behaviors. The BCC process includes identifying, understanding, and segmenting audiences and providing them with relevant communication through well-defined strategies using appropriate mix of inter-personal, group, and media channels including interactive methods.
Behaviors	Actions or response of an individual or group to the environment, the actions of another person, or other stimuli.
Behavior Barrier	A difficulty or obstacle that people face that prevents them from practicing a more desired behavior. Such barriers can be perceived or, part of a person's worldview such as a feeling of personal risk in trying a behavior, or they can be physical such as lack of transportation or financial resources to accomplish an action.
Behavior Motivators	A factor influencing individuals to attend to and act upon information and knowledge. Motivations may be intangible as with changes in social status or they may be tangible such as financial incentives linked to certain practices.

3 Adapted from The Manoff Group for the TZ strategy document

Channels	A medium through which a message is transmitted to its intended audience, e.g. print media or electronic media.
Chronic Malnutrition	Rreflects the cumulative effects of insults, even small, to healthy infant and child growth. It is detected by looking at the level of retardation in a child's linear growth: length/height. If a child is significantly shorter than the healthy growth standard they are

	"stunted." The early stages of chronic malnutrition or stunting are seen even during foetal development. If undernutrition is not prevented or corrected by the time the child is two years of age, the damage to organ development, including the brain, resulting from long-term nutritional deprivation may be irreversible. Stunting in young children often goes undetected because of its gradual development and, because even significant shortness is not considered a problem. The consequences of chronic malnutrition can be serious for the individual, the community and the nation. Chronically malnourished children are less able to fight and recover quickly from infections; stunted adults are more at risk for non-communicable diseases. Depending on the length and severity of the condition, chronic malnutrition may affect children's mental development and their subsequent performance in school, limiting, in the longer term, their ability to be productive and contributing members of society.
Diffusion of Innovations	A process by which innovations (services, products, best practices, behaviors) are spread in a given population over time. There is often a "tipping point" that defines the diffusion process as starting among a few people and becoming widely accepted and a part of standard practice.
Ecologic Model	A framework that describes the relationships between individuals and their environments. It views individual behavior as a product of multiple, overlapping individual, social, and environmental influences. This model shows the relationship and influence between individual change and the social context in which the individual operates.
Formative Research	A general term for the investigations conducted for programme planning and design. Methods used in formative research may be qualitative or quantitative. Formative research for behavior change programming seeks to provide insight into the what, how and why of current and prospective practices.
Gender	A term used to not only differentiate the sex (male/female) of an individual, but also to describe the roles and relationships ascribed to individuals based on their sex as well as their age, social identity or status, civil status, or sexual orientation.
Gender Roles	Social roles that are considered by most members of a society to be appropriate and expected for males and females; these roles often may vary by sex (male/female), age, social identity or status, civil status, and sexual orientation.
Information, Education and Communication (IEC)	A combination of communication approaches and methods provide people with knowledge, information and skills, using approaches that focus on individuals and is based on the assumption that individuals have substantial control over their behaviors and practices.
Marketing, Marketing Communications or Advertising	Informing the public or a specific audience (consumers) about a concept, product or services in a way that compels them often by using emotional appeals to try what is offered, and employing consumer research and specific techniques, including persuasion, to make the concept, products, or services desirable, and attractive. Marketing also includes making concepts, products or services more accessible and at a price that the consumer is willing to pay.

Mass Media	Media having capacity to reach masses of people simultaneously (e.g. radio, television, cell phones, newspapers). Mass media usually target large and diverse audiences rather than specific groups or communities, although there are exceptions (e.g. special programs on the radio targeting a specific audience segment; SMS campaigns targeting specific segments who register to receive messages).
Material	A format in which the communication or message is conveyed through a specific channel or medium. This may be a print format used in interpersonal communication (e.g. a counseling card), or for mass distribution (a pamphlet, or visual for either a newspaper, magazine), or audio for radio or audio/visual for TV (e.g. testimonials, song, music, sermons, speeches, SMS, video, comics).

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Media	Or a medium. Media or a medium is the same as a communication "channel: it is the avenue by which the communication is provided to the audience. Media may be print (e.g. leaflet, flyer, brochure, poster, and book), audio (e.g. song, music, sermons, speeches, voice, and radio), visual (e.g. television, video, and film), audio-visual, etc. Or a communication channel may be a person (e.g. a nurse, a minister, or a field worker) or it may be "mass media" (e.g. a newspaper, brochure, poster, book, radio, television) or mobile media (e.g. cell phone) or digital media (e.g. DVD, iPhone, Internet), or social media (e.g. Internet applications such as Facebook, YouTube, and Twitter).
Media Mix	The use of more than one medium for communication purposes. The specific combination or mix is determined by the characteristics of the audience.
Message	A communication transmitted from sender to receiver that relays meaning. A message may be verbal or non-verbal, written, audio, or visual. A message may transmitted by voice, music, facial expressions, odor or nearly any possible media. Messages may be overt or subtle. A message is not a statement of a behavior, or an instruction: it has elements that define the behavior and who it is for, resolve barriers, and offer a motivation, usually with an emotional appeal.
Positioning	Positioning means creating an image and perception in the mind of the audience. The image should be distinctive, recognizable and familiar to each target audience through consistent tone and brand. Thus, nutrition, nutrition behaviors, nutrition gender roles, nutrition social norms, nutrition services and nutrition commodities should be positioned to be meaningful, appealing to the audiences and to evoke the emotions and aspirations of the audience. The values chosen for the concept, product or service should be distinctive and meaningful to each target audience. In the NA&C Strategy, targeting breastfeeding mothers, the behaviors of giving colostrum and exclusively breastfeeding for the first six months may be positioned as: (a) an act of love (e.g. "feeding colostrum is a gift of love"), or (b) as responsible parenting, or (c) as a sign of a woman's empowerment.
Positive Role Model	Someone who is respected and revered such that an individual would be willing to patterns one's behavior by following their example.
Public Relations	The management of public relations is a function that strives to help communicate, shape and maintain the philosophy, position, and favorable image of an organization, program or famous person with its constituency. Public relations monitors public opinion and helps the organization, program or person address and adapt to any significant shifts in public opinion in order to maintain a positive image and relationship with the public.

Social and Behavior Change Communication (SBCC)	SBCC is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving a specific outcome. To achieve social and behavior change, SBCC is driven by epidemiological evidence and audience perspectives and needs. SBCC is guided by the comprehensive Ecologic Model that incorporates change at the individual level as well as at broader environmental and structural levels. Thus, it works at one or more levels: the behavior or action of an individual, supportive behaviors and actions by social networks (families, friends, and peers), collective actions taken by groups or communities, social and cultural structures, policies, laws and the broader socio-political or global environment.
Social Marketing	A strategic communication approach that uses consumer marketing approaches that are for the benefit of society or the public. Social marketing approaches begin with evidence-based audience research to help position a product or an idea or behavior, and to strategically design communication and packaging to make it appealing and desirable. Social marketing also determines the “price”, distribution, and sales strategy of the product or idea.
Self-Efficacy	The belief and confidence in one’s ability to do something successfully. Self-efficacy requires self-esteem and is facilitated by an enabling environment.
Social Media	A set of media tools, mainly using Internet, cell phone and other Information and Communication Technologies (ICT) to foster interaction, discussion and the establishment of social networks and communities. Social media allow people to rapidly build relationships and share information. Examples of social media are Facebook, LinkedIn, YouTube, Twitter, Blogs, Podcasts, and Tweets.
Social Norms	Rules that a group uses to discriminate between appropriate and inappropriate values, beliefs, attitudes and behaviors – the do’s and don’ts of society. They can be explicit or implicit. Failure to conform to norms can result in social sanctions and/or social exclusion.
Social Networks	The web of social relationships that surround and influence individuals. Certain network characteristics, network functions and types of social support make a network effective. Characteristics of networks include: the degree of homogeneity among members, resource exchange, emotional closeness, formal roles, and knowledge, interaction among members, and power and influence among members.
Stunting	A physiological adaptation to chronic malnutrition, reflecting the negative effects of nutritional deprivation on a child’s potential growth, over time. Stunting can occur when a child suffers from long-term nutrient deficiencies and/or chronic illness, so that not only weight gain but height is affected. It can also be an outcome of repeated episodes of acute infections, or acute malnutrition. Stunting is classified by low height-for-age, indicating a restriction of potential linear growth in infant and children. Because it negatively and often irreversibly affects organ growth, stunting is strongly linked to cognitive impairment.

Tone	Represents the “personality” of a message, material, commodity service or campaign. For example, a tone can be friendly, caring, authoritative, helpful, empowering, optimistic, comforting, reassuring, humorous or joyful. All of these are examples of possible tones for nutrition communication messages, media or campaigns. While tone may change depending on the behavior, audience and messages, it should be consistent within a given campaign, strategy or set of messages or materials that focus on the same audiences or behaviors. The tone of a message is what is perceived by the head and felt by the heart.

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5.3 Appendix C: Experiences and Lessons Learned from NA&C in Uganda

Recent SBCC programs and campaigns in Uganda, which have resulted in individual and social change leading to improved outcomes, whether in nutrition and health or other sectors, have several features in common. Partners and stakeholders agree on priorities, goals, and actions at multiple levels from individual to national level. There is mutual accountability for reaching the agreed goals, and mechanisms for coordination and communication are established and maintained to keep things moving forward. Programmes make success visible to all stakeholders, creating a positive feedback loop of social proof and increasing transparency and ownership. Effective program designs deliver mutually re-enforcing interventions to increase impact, for example building livelihood skills among adolescent girls at the same time as training them about reproductive health and gender based violence, allowing them to avoid negative health outcomes long enough to benefit from the skills they are using.

In order to raise the priority of nutrition during the first 1,000 days on the national agenda, and to implement effective SBCC interventions at scale, it is important to be creative about mobilizing partners and resources. Potential groups to work with include literacy groups; programs for OVC and out of school adolescents; programs supporting livelihood skills and economic opportunity; private sector actors; civil society and professional associations; and consumer advocacy groups and accountability organizations. Private sector groups in particular are pursuing expanding Corporate Social Responsibility activities—an ideal match for nutrition SBCC and Advocacy activities. This would require partnering with government and civil society organizations to put CSR friendly policies in place and build capacity for designing, implementing, and disseminating information about CSR.

The Uganda Food and Nutrition policy states that insufficient knowledge on food and nutrition issues in Uganda is widespread, despite existing channels of communication through which target audiences are provided with nutrition information. Evidence suggests that the efforts of a multitude of organizations involved in the development of Information-Education- Communication materials, dissemination tools, and messages on nutrition are poorly coordinated. As a result, conflicting messages are developed and sent through various channels that confuse rather than educate the target audiences.[11]
The Ministry of Health (MoH) and key stakeholders should work together to develop training curricula and job aids to strengthen health workers' nutrition counselling and support skills. It is important to adapt and develop training manuals that are grounded in adult learning principles to help health workers to actively listen and appropriately address mothers' concerns and situations, provide support, and discuss and negotiate improved feeding practices. During the training, health workers should be encouraged to reflect on their own beliefs and how those influence their interactions with women and other target audiences. Such training should ideally emphasize practical exercises and role plays and include facility and community practicum components.

VHTs are indispensable partners in implementing nutrition SBCC and Advocacy in Uganda, given the many tasks they perform. Where they exist; the VHTs are trusted, their messages are simple and clear, benefits are well-communicated, they are premised on emotional appeal and they have a clear call to action. However, VHTs are not operational in all villages in the country. It is therefore important for the government to spearhead the drive to activate this essential health care structure in each and every village. Secondly, it is necessary to work through other existing groups like villager farmer groups, agriculture extension workers and community development officers and their assistants in promoting nutrition because it is not merely a health issue alone.

[11] Uganda Nutrition Action Plan. Scaling Up Multi-Sectoral Efforts to establish a strong Nutrition Foundation for Uganda's Development

Village Health Teams (VHT), community development officers, village farmer groups and other community workers need sustained training in nutrition aspects like child growth monitoring, child weighing and the promotion of good feeding. In view of the low levels of staffing in health facilities, there is need for government and development partners to recruit and train nutrition promoters in communities. Since preventing malnutrition is a priority issue, community leaders can serve as champions for maternal and child nutrition.

Ownership of change is essential to maintaining it. Many behavior change projects tend to have an interventionist outlook and be project-based, with relatively short term objectives and plans, and limited focus on capacity building or systems strengthening. Successful long-term nutrition change management needs to be institutionalized in government programs.

Government IEC departments, where they exist, should be utilized for promoting awareness through the mass media. It is important to provide information and develop skills to promote proper food and nutrition practices in both rural and urban communities. This can be realized through developing and coordinating coherent food and nutrition IEC materials, mobilizing communities to identify and solve their food and nutrition problems and establishing food and nutrition information systems.

5.4 Appendix D: Positive Behaviors; Facilitators and Barriers to Change

Pillar 1: Key Behaviors

Maternal Nutrition and Care

Nutrition Specific- Home or Self-Care Behaviors	Nutrition Sensitive- Home or Self-Care Behaviors
• Adolescent girls eat iron rich foods and take iron foliate supplements	• Girls delay sexual debut until after 18 and women space births at least 36 months apart through use of modern family planning methods
• Pregnant and lactating women eat more diverse foods (energy body building, and protective)	• Pregnant women attend 4 ANC visits, deliver in health facility by skilled attendant, take malaria prophylaxis, De-worming, TT
• Pregnant and lactating women rest when they can and seek help with heavy, labor intensive chores/work	• All pregnant mothers should take the recommended doses for iron and foliate tablets • Family members seek care immediately after noting maternal-health danger sign(s), including signs of infection or bleeding • Family members support pregnant and lactating women to reduce heavy, labor intensive chores/work
• Pregnant women and postpartum women (first 6 months) take daily iron foliate supplement	• Parents and other caregivers comply with scheduled clinic visits and medical advice, both preventive and curative
Infant and Young Child Nutrition and Care	
Nutrition Specific- Home or Self-Care Behaviors	**Nutrition Sensitive- Home or Self-Care Behaviors**
• Mothers initiate breastfeeding within the first hour of delivery, and exclusively breastfeed for 6 months and continue up to 2 years • Mothers and other caregivers initiate age-appropriate complementary feeding months ensuring diversity/ quality, quantity, frequency, • Mothers feed children appropriately and increase breastfeeding and acting feeding during illness • Parents should ensure children receive vitamin de-worming as scheduled • Care givers should ensure consumption of fortified including MNPs • Caregivers should embrace use of zinc/ORS for treatment of diarrhoea and dehydration	• Parents complete immunization by end of children by the end of first year • Parents seek monthly growth monitoring and promotion services for children in first two years of life • Parents and other caregivers seek care immediately after noting child-health/nutrition danger sign(s) example: if fever persists for 24 hours • Women and infants/young children sleep under a lasting insecticide treated bed net every night • Family members treat, store, and retrieve water (follow Nat'l program on water treatment) • Parents and other family members wash hands with soap before preparing food and feeding /eating • Parents and other caregivers dispose of all faeces, including infant faeces, safely. • Families and communities create clean, safe living areas and play spaces for children free of animal faeces, pests and rubbish
Care of Women and Children Feeding; Psychosocial care; Breast-feeding, Food preparation; Hygiene, Health-seeking and Healthcare	
Nutrition Specific- Home or Self-Care Behaviors	Nutrition Sensitive- Home or Self-Care Behaviors

• Mothers initiate exclusive breastfeeding within the first hour of delivery and continue providing only breast milk on demand, day and night, for 6 months • Mothers and other caregivers initiate age-appropriate complementary feeding at 6 months, ensuring food diversity (including animal source foods), sufficiently nutrient-dense preparations, and adequate quantity and feeding frequency, while continuing to breastfeed until 24 months and beyond • Mothers feed children appropriately and increase breastfeeding and care during and following illness episodes, including giving ORS (and zinc) for diarrhoea. • Pregnant and lactating women eat a more diverse daily diet that includes animal-source foods and micronutrient-rich fruits and vegetables • Pregnant women postpartum women months) take daily iron foliate supplement	• Couples discuss, agree and grow and/or buy nutrient-rich foods: animal-source foods, fruit and vegetables • Family members have and maintain a grain storage facility • Parents and other family members wash hands with soap before preparing food and feeding /eating • Family members have and maintain a grain storage facility • Parents and family members prepare and/or purchase snacks from locally grown products at the market rather than sugary drinks, sweets or biscuits • Parents and other caregivers comply with scheduled clinic visits and medical advice, both preventive and curative • Pregnant and lactating women rest when they can and seek help with heavy, labor intensive chores/work • Women and infants/young children sleep under a long-lasting insecticide treated bed net every night • Family members protect pregnant women and children from HH smoke • Girls delay sexual debut until after 18 years • Women space births at least 36 months apart through use of modern family planning methods • Family members treat, store, and retrieve water safely (follow National programme on water treatment) • Families and communities create clean, safe living areas and play spaces for children free of animal faeces, pests and rubbish. • Parents immunize infants and children at or near ideal schedule • Parents seek monthly growth monitoring and promotion services for children in first two years of life • Couples prepare and follow plan in the mother antenatal Passport (includes four ANC visits, skilled attendant at birth, emergency delivery plan): take malaria prophylaxis, de-worming, TT, iron-foliate tablets • Parents and other caregivers seek care immediately after noting child-health/nutrition danger sign(s) example: if fever persists for 24 hours • Couples and family members seek care immediately after noting maternal-health danger sign(s), including signs of infection or bleeding • Parents and family members seek agriculture extension services, and learn about nutrient-dense varieties of fruits and vegetables and optimal growing/harvest/post-harvest processing for them • Parents and other care givers provide infants and children with adequate affection and warmth demonstrating responsiveness to the child, and encouraging autonomy and exploration.

Access to Safe Water Sanitation and Hygiene Parents and other caregivers wash hands with soap before preparing food and feeding/eating	
• Families set up hand washing stations at the latrine and the kitchen (a place with stored water that can be poured and soap or ashes). Individuals do not use the same water others use. • Mothers wash hands before eating, breastfeeding the baby or feeding the baby. • Caregivers wash baby's/child's hands before eating. • Individuals wash hands with soap or ash and run water over hands • After rinsing, individuals shake water off and let hands dry in the air	• Parents and other caregivers treat, store, and retrieve water safely (follow the national programme on water treatment) • Parents faeces, including infant faeces, safely. • Families seek agriculture extension services to learn about nutrient-dense varieties of fruits and growing/harvest/post-harvest processing for them.

Pillar 1: Facilitators and Barriers- Behavior Change

Key Facilitators of Change	Barriers to Change
ü Family members are generally supportive, but in some areas are passive, for example, not helping women with chores, to allow mothers more time or lighten their heavy workloads. • Family members try new foods, but need specific support and they can do means. • Feeding frequency unless the mother is very busy in the field and separated from her infant or young child. • Parents and want their infants/children to be content, crying less, and playing and sleeping more. • Mothers notice improvement in breast milk production and the baby's increased when they fed for more time per session	Families located far from health facilities and healthcare providers; Lack of transport and money are obstacles to utilizing services. • Families do not appreciate, understand or feel able to alter buying, cooking or eating patterns during pregnancy, breastfeeding and complementary feeding periods. • Women do not feel well enough early in pregnancy to eat well; fear of delivering a large baby and of having a difficult delivery result in decreased food consumption. • Families feel there is not enough food or money to implement recommendations related to improving diet diversity or eating more food during pregnancy and lactation. • Mothers are concerned about the ability to produce enough breast milk and fear they are not meeting the nutritional needs of their infants and young children • Mothers feel they do not have the time to breastfeed or to prepare food for their young children. • Mothers' feeding styles vary, but many practice passive rather than responsive feeding, and do not encourage their child to eat, and believe that he/she knows what and how much it wants. • Family members' do not know the importance of hygiene and do not practice hygienic behaviors— lack basic facilitators. • Families hold myths and misconceptions about new technologies and solutions to problems. Some do not trust modern healthcare and agricultural methods and/or service providers and do not follow advice. • Families are dysfunctional
Community level; policy makers and programmers	

• Village Health Teams (VHTs) are available and ready for strengthening with new knowledge and skills to pass on to communities and families. Agricultural extension workers working within the communities are new avenues for nutrition knowledge and skills.	• Chronic undernutrition is not considered a vital issue in need of an urgent solution, since stunting is "invisible" and short stature is considered normal, shortness is not seen as a threat to health and well-being. • Underlying development problems resulting from stunting, and of the causes and conditions that perpetuate the condition of chronic undernutrition are poorly understood. Gender-based disparities and the diversion of family-produced food resources to purchase other services and goods other than those intended to improve family nutrition or health care contribute to chronic undernutrition. • Many believe that little or nothing can be done to improve the nutrition situation: there is a perception of futility and acceptance of the way things are, and/or notion that the problem is so large that it must be addressed by someone else. • There is poor accountability for pro-nutrition actions for optimal maternal and child health outcomes.

Pillar 2: Key Behaviors

The priority behaviors under Pillar 2 address household food security and promote the consumption of a diverse, nutritious diet using local foods.

Nutrition-specific:	Nutrition– sensitive
• Household plant or rear to get foods with high nutrient value. • Households discuss and decide what they will grow and/or buy to ensure access to nutrient – rich foods for women and children during the First 1,000 Days: animal – source foods, vegetables and fruit Households support mothers and infants to breastfeed, acknowledging breast milk as the optimal food exclusively for infants up to six months, and with complementary food, for children to two years and beyond Households procure and consume foods of high nutrient value: they include a high nutrient value food in every meal and an animal source food once a day. • Households try new foods or combinations of foods. • Households prepare high nutrient snacks at home from local ingredients, or purchase local snacks at the market, rather than poor nutrient, imported snacks (sugary drinks or biscuits) • Agricultural households have and maintain a grain storage facility	• Households preserve and or store foods for the "lean season". • Households and communities use labor-saving technology for food processing • Households and community leaders develop plans to increase/ensure access to nutrient rich foods by vulnerable individuals, families and those residing in food insecure communities. • Private sectorand MoTI support promotion of local nutrient-rich foods food products in the market, to save labour and meet dietary needs of Uganda women and children during the first 1000 days

While barriers or psychological resistances to change will be explored in greater depth when the NA&C Plan of Action is implemented, some of the barriers that communication will need to address, along with some of the facilitators or motivational forces that are in place, are presented below:

Pillar 2: Facilitators and Barriers of behavior change

Key Barriers

• Caregivers desire to prepare a variety of nutritious foods; to ensure that women and young children "eat better." • Families and communities link healthy eating and health outcomes. • Families' strong desire for inexpensive, nutritious and convenient food could be a positive for community development. • Families and communities have options for improving nutrient intakes for all 1,000 day participants, even if achieving the optimal intakes is not possible • Private sector has business opportunities with the endorsement of the MoTI • Collaboration bodies such as the Uganda Manufacturers Association and Private Sector Foundation of Uganda provide opportunities for support food diversity.	• Individuals believe that locally-available foods are insufficient to fulfil nutrient needs. • Families and communities lack sufficient resources to raise animals and grow nutrient – rich foods or purchase them in local markets • Women's heavy workload limits their time to prepare and serve optimal foods for young children. • Families' desire to please the child leads to use of nutrient – poor foods. • Male family members dominate decision-making on household resource allocation, and place low value on expenditures for high nutrient foods for women, infants and young children. • Private sector has inadequate information on the consequences of malnutrition or benefits of nutrition, limiting their involvement in producing and marketing nutritious foods and food products.

Pillar 3: Key Behaviors

- Women's/ family's perceptions of self – efficacy improved: they believe they can improve maternal child nutrition
- Women of child-bearing age understand the importance of good nutrition and practice positive behavior in maternal, infant and young child feeding practices within their homes.
- Husbands/spouses and other family members support for women's and young child nutrition, and intra-family dialogue is strengthened. Families believe that by promoting nutrition during the First 1000 Days, they can raise a healthy, happy child
- Increased support of partners/spouses, family members and communities to encourage mothers and caregivers to practice appropriate/positive nutrition behavior within their households.
- Increased family dialogue on positive nutrition behaviors. Men jointly support and contribute time and resources to caring for infants and young children.
- Exemplary on positive nutrition & food security behaviors e.g. kitchen gardens, WASH facilities,
- Service providers' cultural/social/class sensitivity heightened to supporting vulnerable families to overcome barriers facing them in practicing pro-nutrition behaviors: they believe that vulnerable families CAN and WANT TO make changes to protect women and children.
- Members discourage and demystify myths and taboos that do not promote optimal nutrition practices. (e.g. naming culture, pre-lacteals,
- Promote cultural practices that encourage optimal feeding practices e.g. diet of pregnant, breastfeeding mothers, etc.
- Positive change through model families—mother, fathers and grandmothers; community champions— traditional and non-traditional; champion or model communities; pro-growth and pro-nutrition champions.
- Higher priorities for programming to reduce stunting, by district governments: Districts enact programme to "protect" individuals in First 1000 Day period
- Prioritize nutrition actions and budget for nutrition interventions
- Integrate nutrition interventions and initiate functional coordination committees at all levels

Pillar 3: Facilitators of Change and Barrier

	Key Barriers
• Individual and families desire a harmonious happy home. • People take pride in their family –especially their children— and its members' health and happiness.	• Men and older family members dominate decision-making and control resources: Younger women and mothers of children under two are disenfranchised within the household • Gender-based violence and discordant relationships between couples and daughters in law and mothers in law create an environment that prevents optimal pregnancies and healthy child growth • Men and other family members are uncertain what they can do to help and support women and young children within their means • Models are not available and positive actions are not always rewarded. • Families, communities and decision-makers at all levels have limited knowledge, information and documentation on nutrition, pro-nutrition actions, and the causes and consequences of poor nutrition.

Pillar 4: Key Behaviors

- Community has a heightened sense of responsibility for Child Growth outcomes: Implements scheme for monitoring key practices at the family, community and district levels and for tracking stunting
- Local governmental units are accountable to government and display their progress, are able to articulate how progress was achieved and are accountable to communities served
- Members of Parliament prioritize nutrition and influence increased allocation of resources for nutrition
- GoU increases resources for nutrition, especially for monitoring and evaluation, and institutes a conducive legal and policy framework
- GoU strengthens sense of partnership between community and agriculture, health and development services offered through government and CSOs through community social audits of performance and through community action planning to better understand community needs
- A special "nutrition working committee" with clear terms of reference is established within the OPM nutrition secretariat to track progress, both governmental and non-governmental, to reduce stunting. The group will issue an annual report and hold an event rewarding the biggest contributors from national leaders to local groups and parents.
- Development partners increase integration of nutrition objectives into funding policies and agendas, and harmonize messages on nutrition so that the development partners are speaking with "One Voice".
- Development partner's account for the percentage of funds allocated to nutrition
- Office of the Prime Minister, via UNAP Secretariat, issues an annual government "Report Card" of progress, aimed at holding the sectors accountable.

Pillar 4: Key Facilitators and Barriers for Change

Key Barriers

• Government and partners are promoting nutrition activities that could serve as a model for nutrition • All five SUN networks (Government, Donors, UN, CSO, Private Sector) have been created under the UNAP Secretariat through SUN movement • Government and partners committed to support nutrition accountability activities e.g. the UN will support nutrition policy revision and strategy development and training in 2014, • Government and partners provide support to information-sharing and knowledge management • UCCO-SUN platform undertaken policy dialogues to engage parliamentarians and government to prioritize nutrition	• Insufficient human and financial resources – competing demands for limited resources • Inadequate knowledge on the extent and consequences of malnutrition and/or limited awareness of benefits of nutrition on individual and national development • Nutrition capacity gaps in leadership • Weak enforcement of existing policies and legal frameworks • Nutrition not an "undertaking" by various sectors due to low prioritization • Potential difficulties for NGOs to monitor and report on GoU implementation of nutrition actions • Competition for donor funding amongst CSOs and implementing partners • Weak planning and coordination platforms and information-sharing mechanisms at all levels • Differing priorities and objectives amongst all actors • Low access to timely evidence based nutrition information (Demographic surveys are for five years) • Annual UNAP work plan not finalized to hold players accountable • UNAP costing not done across all sectors

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