MULTI-SECTORAL COORDINATION:

A STRONG NUTRITION FOUNDATION

FOR UGANDA

Presented at the
PBN Global Dissemination Event

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Presentation Outline

1. Background to the UNAP
2. Uganda’s Nutrition Status
3. UNAP Development Process
4. Multi-sectoral Nature of UNAP
5. UNAP Coordination Framework
6. Objectives of the UNAP
7. UNAP Key Indicators
8. UNAP Progress in Implementation
9. UNAP and the PBN Case Study
10. Lesson Learnt, Way Forward
11. Plans Beyond 2016
Background to the UNAP

• The Uganda Nutrition Action Plan (UNAP) is the country's strategy for scaling up nutrition.
• Uganda made a commitment to the Global Movement to Scale up Nutrition (SUN) during the UN General Assembly in September, 2010 in New York, focusing on the 1,000 days.
• Uganda was an Early Riser SUN Country.
• UNAP mainstreamed nutrition in the National Development Plan.
• Government recognizes Nutrition as a Human Rights and Equality Issue and is provided for in the Constitution.
Uganda's Nutrition Status

- Malnutrition still ravages our country.
- Devastates infants, children < 5 years, and women of reproductive age.
- Affects educational achievements and economic productivity.
- Will cost the GOU US$ 7.7 billion loss in productivity by 2025.
• After Uganda’s commitment at the UN Assembly Meeting in 2010, a Committee was set up by Cabinet to lead the development of the UNAP.

• The committee included:
  • Key government sectors
  • Academia & research Institutions
  • Civil Society Organizations
  • Development partners and donors
  • Private sector

• The Committee was chaired by the National Planning Authority.

• His Excellency the President of Uganda in November 2011 launched the UNAP.
Multi-sectoral Nature of UNAP

- The Cabinet tasked the Office of the Prime Minister (OPM) to coordinate implementation of the UNAP.
- Key sector players include:
  - Health
  - Agriculture
  - Education
  - Local Government
  - Gender Labour and Social Development
  - Trade Industry and Cooperatives
  - Finance
  - Water and Environment.
- Other key stakeholders include:
  - National Planning Authority,
  - Office of the Prime Minister
  - Academia & research institutions
  - Civil society organizations
  - Development partners
  - UN agencies
  - Donors
  - Private sector
The coordination of the UNAP is through the existing coordination framework.
Objectives of the UNAP

**Goal:** Improve the nutrition status of women of reproductive age, infants and young children

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

**Obj 2:** Enhance consumption of diverse diets.

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

**Obj 4:** Strengthen the policy, legal, and institutional frameworks and the capacity to plan, implement, monitor, and evaluate

**Obj 5:** Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programs
## UNAP Key Indicators

<table>
<thead>
<tr>
<th>No</th>
<th>Outcome indicator</th>
<th>Baseline(^1,2)</th>
<th>2010/11</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015/16 UNAP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stunting – prevalence in under-fives(^1)</td>
<td>38%</td>
<td>37%</td>
<td>35%</td>
<td>34%</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>2</td>
<td>Underweight – prevalence in under-fives</td>
<td>16%</td>
<td>15%</td>
<td>14%</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>Underweight women – non-pregnant women 15-49 years with BMI less than 18.5 kg/m(^2)</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>4</td>
<td>Iron deficiency anemia – prevalence in under-fives</td>
<td>73%</td>
<td>68%</td>
<td>64%</td>
<td>59%</td>
<td>54%</td>
<td>50%</td>
</tr>
<tr>
<td>5</td>
<td>Iron deficiency anemia – prevalence among women aged 15-49 years</td>
<td>49%</td>
<td>45%</td>
<td>41%</td>
<td>38%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>6</td>
<td>Vitamin A deficiency – prevalence in under-fives</td>
<td>19%</td>
<td>18%</td>
<td>17%</td>
<td>15%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>7</td>
<td>Vitamin A deficiency – prevalence among women aged 15-49 years</td>
<td>20%</td>
<td>18%</td>
<td>17%</td>
<td>15%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>8</td>
<td>Low birth weight - newborns less than 2.5 kg</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>9</td>
<td>Exclusive breastfeeding to 6 months, percent of infants</td>
<td>60%</td>
<td>63%</td>
<td>66%</td>
<td>69%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>10</td>
<td>Dietary diversification index, percent calories consumed from foods other than cereals &amp; starchy roots</td>
<td>57%</td>
<td>61%</td>
<td>64%</td>
<td>69%</td>
<td>71%</td>
<td>75%</td>
</tr>
<tr>
<td>11</td>
<td>Calorie consumption (avg. daily energy intake per capita)(^2)</td>
<td>2,220 Kcal</td>
<td>2,276 Kcal</td>
<td>2,332 Kcal</td>
<td>2,388 Kcal</td>
<td>2,444 Kcal</td>
<td>2,500 Kcal</td>
</tr>
</tbody>
</table>
Key Achievements:

- Put in place a nutrition legal, policy and planning frameworks (constitution, NDP, UNAP and sector plans- to guide nutrition programming).
- Established and oriented coordination committees at national*, sector, district and sub-county levels with participation of CSOs, DPs, Private Sector-Strengthening Coordination and Governance.
- Established partnership fora (the National Partnership Forum) to strengthen collaboration with CSOs, private sector, development partners.
- Implementation of key nutrition service delivery interventions: promotion of antenatal care, exclusive breastfeeding, increased micronutrient supplements and food fortification.
- Increased advocacy and communication, community based approaches etc

Challenges:

- Cultural and mindset change
- Inadequate research and data to prompt evidence based policy decisions
UNAP and the PBN Case Study

- SPRING began discussions with OPM in June 2012 to document evidence on the process of rolling out UNAP.
- OPM supported:
  - Development of the scope and data collection
  - Consultative meetings with the multi-sectoral nutrition technical committee from baseline to end line of the study (2013-2015)
  - National and districts dissemination of the PBN results
Lessons Learnt, Way Forward

- The value of strong political commitment
- The value of inclusive participatory partnerships with Local Governments, non-state stakeholders eg, CSOs, Private Sector, Parliament, Cultural Institutions (*Leave nobody behind*)
  - Allies in Advocacy, Budget push, other negotiations in funding
- Promotion of indigenous nutritious diets respecting existing structures (cultural…)
- Finally, Uganda is committed to scaling up nutrition and the aspiration of the Decade of Action on Nutrition 2016-2025.
Plans Beyond 2016

• Approve and operationalize the National Nutrition Policy and Strategy
• Operationalize and roll out the National Advocacy and Communications Strategy
• Strengthen nutrition monitoring and evaluation, produce and disseminate regular nutrition assessment reports at national and district levels.
• Strengthen partnerships and consensus building with non-state actors through effective engagement and follow up of agreed decisions
• Promote indigenous nutritious diets using existing structures “BRING TRADITIONAL FOODS BACK TO THE TABLE”
THANK YOU FOR YOUR KIND ATTENTION