

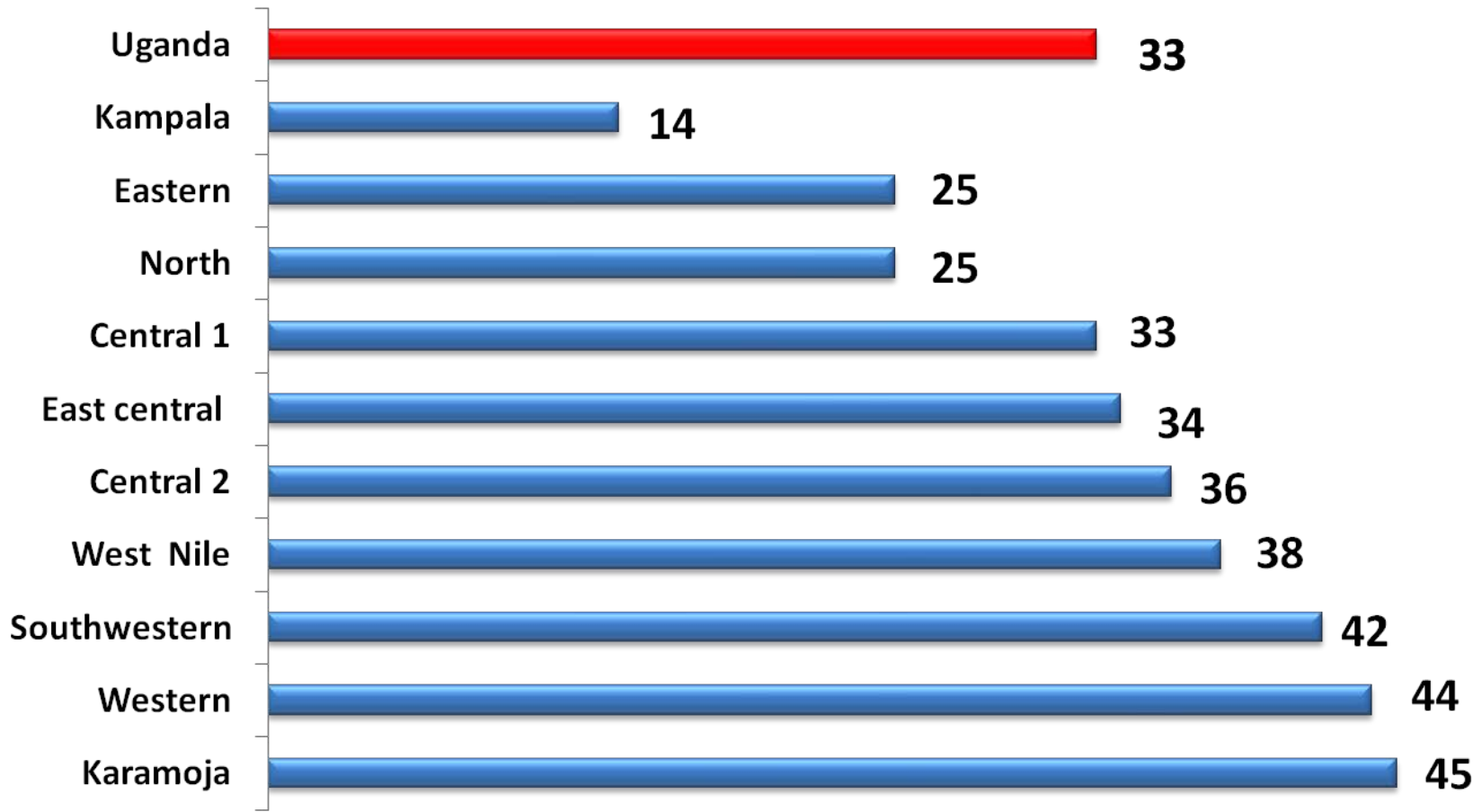
Scaling Up Nutrition Using A Multi-sectoral Approach: The Uganda Experience

**Bakunzi Maureen, Office of the Prime Minister,
Uganda.**

Structure of presentation

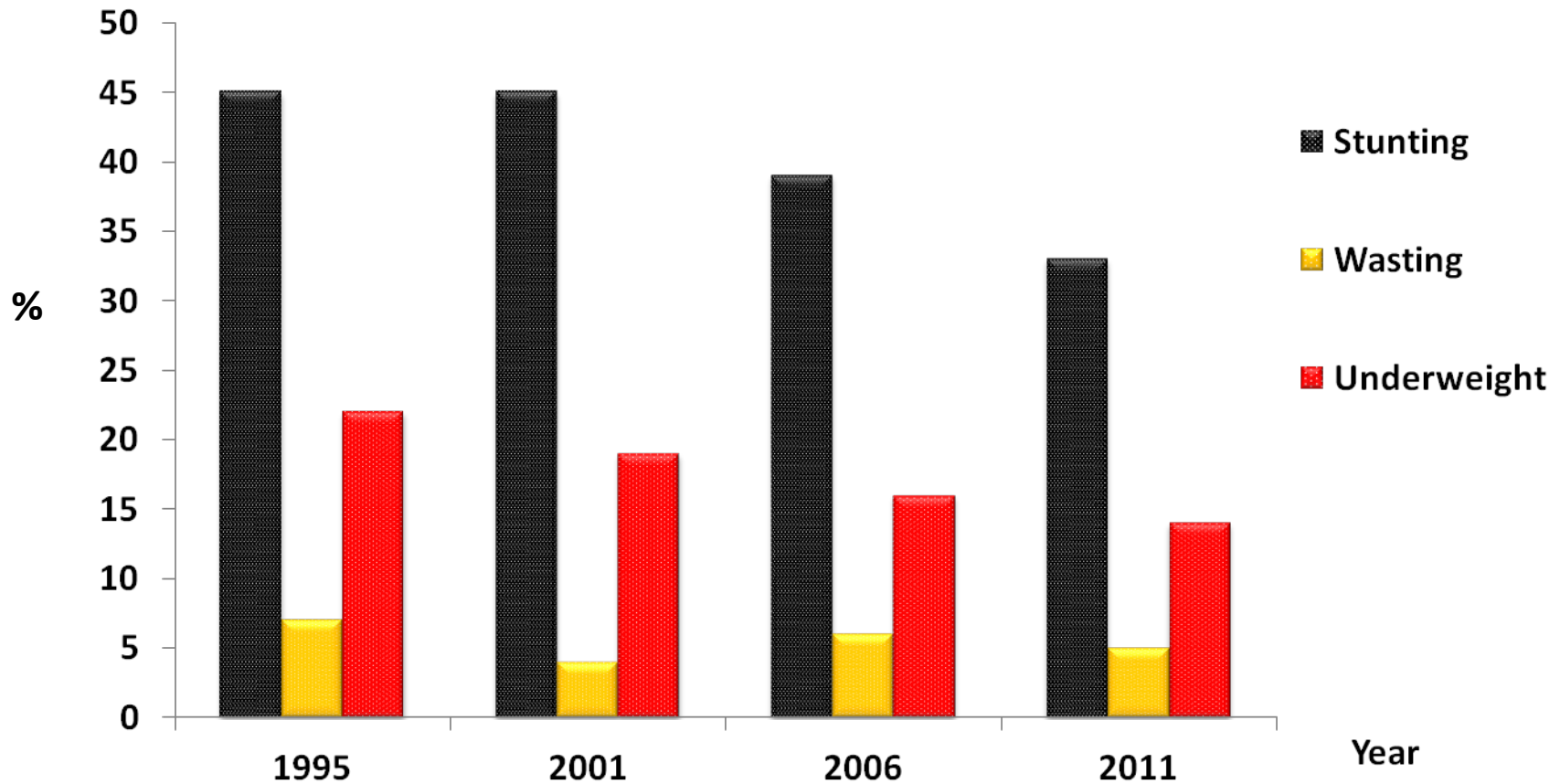
- Status of nutrition in Uganda- some statistics
- The UNAP- a multi sectoral approach
- The UNAP coordination framework in Uganda
- Some of the lessons learnt
- Some recommendations

Stunting: Percent of children under age 5



Note: Vulnerability varies from region to region

Distribution of stunting, wasting and underweight in under-fives DHS 2011



Stunting 33.4%; Underweight 16%; & Wasting 5%

TARGETS

- Iron deficiency anemia in under-5s,
Baseline (2006) - 73%
Target(2016) - 50%
- Iron deficiency anemia in women age 15-49,
Baseline (2006)- 49%
Target (2016)- 30%
- Stunting in U5 to 27%, Under weight to 10% and excl.
BF up to 6months – 75% all by 2016

THE UNAP

- Uganda's Strategy for SUN, the 1000 days as a window of opportunity
- **Goal:** to reduce malnutrition levels among women of reproductive age, infants and young children from 2011 through 2016 and beyond.
- **Focus:** National efforts & public resources to improve infant & maternal nutrition outcomes through scale – up of proven interventions

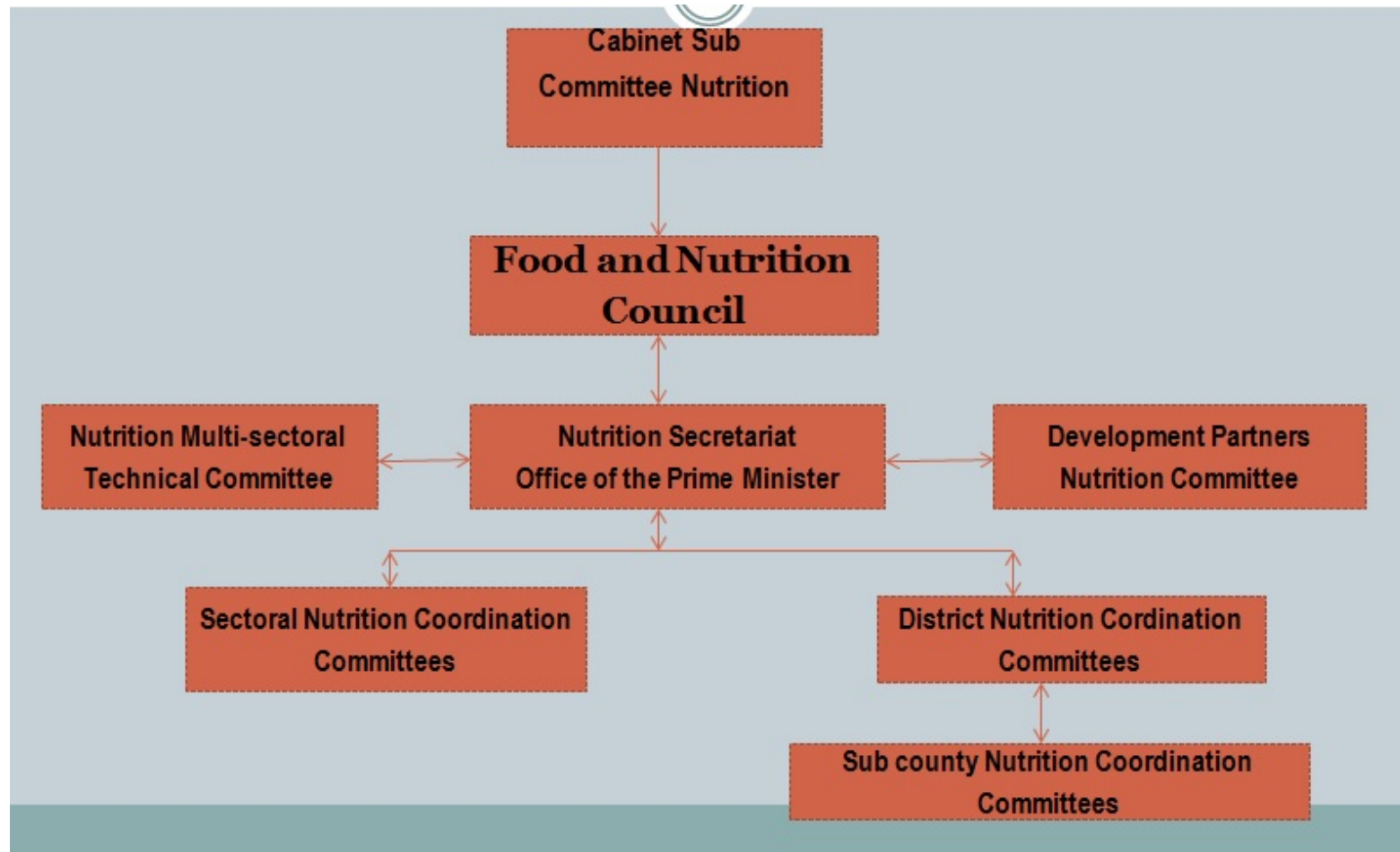
THE UNAP

- **Target:** Young children and women of reproductive age
- Prescribes a multi-sectoral approach
- Launched by the President of Uganda in November 2011
- Coordinated by the Office of the Prime Minister

UNAP : strategic objectives

1. Improve access to and utilization of maternal, infant and young child nutrition health related services
 2. Enhance consumption of diverse diets
 3. Protect households from the impact of shocks & other vulnerabilities that affect nutritional status
 4. Strengthen the policy, legal, institutional framework & capacity to effectively plan, implement, monitor & evaluate nutrition programmes
 5. Create awareness & maintain national interest & commitment to improve & support for nutrition
- Each Objective has corresponding Strategies

Coordination Framework for the UNAP



Key Lessons

- a) Need political commitment and ownership
- b) Multi-sectoral approach is not easy to implement
- c) Advocacy is imperative- government, partners, communities- a case for nutrition
- d) Building and strengthening linkages between key sectors/ and Agencies in both the public and private arenas
- e) Strengthen coordination, and collaboration to facilitate adequate nutrition advocacy, effective programming, and M&E

Lessons Cont' d

- f) Must implement and scale up proven high-impact interventions
- g) Ensure production of and access to nutritious food, nutrition care within the household
- h) Promote public health, and livelihood support
- i) Nutrition sensitive policies and programmes

Some recommendations

1. Enabling **policy framework**
2. Effective **partnerships**, common results framework
3. **Resources** to implement the necessary interventions/ programmes effectively and coordinate the implementation at all levels; tracking
4. **Capacity Building**- financial, human, technical- for effective nutrition governance
5. **Information** generation, utilisation and management, surveillance+ **evidence**

Recommendations cont'd

5. **Awareness and prioritisation** at both sector and district level for proper planning and budgeting for nutrition actions.
6. **Community approach**
7. Evidence and prioritisation based on vulnerability
9. Both N/D and N/S approaches- mix
10. **Sharing of best practices, harmonisation**
Mutual accountability

FORUM ON

STUNTING REDUCTION

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Addis Ababa, October 24-25, 2013



Thank you!