CALL TO ACTION

NUTRITION GOVERNANCE ERA

Coordination and partnership:

- Limited participation of community members was noted and civil society as the key stakeholders were not involved in decisions that ensure full participation and accountability for improved nutrition

- Systems capacity building (functional, institutional and Human capacities)
  - Involvement of non-traditional departments of education, culture, community based services and Water & Nutrition coordination programming
  - Support to increase capacity of nutrition sensitive programming to subcounty level officers that oversee nutrition sensitive actions (community development officers, Agriculture, extension officers, Veterinary and health assistants, and partners)

Policy and legal framework

- Information management (monitoring, evaluation, surveillance and research)
  - Lack of means to collect, aggregate and disseminate nutritional information from DLG for planning decision
  - Limited Commitment by various departments/Partners

- Financial and resource mobilization
  - Lack of budgetary allocations for nutrition sensitive interventions
  - Limited budgetary allocations for nutrition sensitive interventions
  - Limited budgetary allocations for nutrition sensitive interventions

Information management (monitoring, evaluation, surveillance and research)

- Policy and legal framework

- Financial and resource mobilization

- Communication for nutrition behavior change and advocacy

- Community mobilization (nutrition behavior change and advocacy)
  - Limited participation of community members in nutrition activities across sectoral workplans
  - Limited participation of community members in nutrition activities across sectoral workplans

The publication was produced with the financial support of the European Union. Its contents are the sole responsibility of UNICEF and do not necessarily reflect the views of the European Union.
NUTRITION, WASH AND HEALTH STATUS OF THE DISTRICT

**NUTRITION STATUS**

<table>
<thead>
<tr>
<th>FSNA baseline (2018)</th>
<th>Desired situation (2025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding within 1 hour</td>
<td>Widow</td>
</tr>
<tr>
<td>Inadequate breast milk</td>
<td>Female</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>6-59 months</td>
</tr>
<tr>
<td>Breastfed children aged 12-59 months</td>
<td>6-59 months</td>
</tr>
</tbody>
</table>

**HEALTH INDICATORS**

<table>
<thead>
<tr>
<th>FSNA baseline (2018)</th>
<th>Desired situation (2025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Respiratory Infections</td>
<td>Malaria</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Wasting (3 - 24 mo)</td>
</tr>
<tr>
<td>Dehydration (3-5 mo)</td>
<td>Stunting (3-5 mo)</td>
</tr>
</tbody>
</table>

**MIN. ACCEPTABLE DIET**

- 46% had wasted bodies
- 40% lack enough blood (anaemic)

**INFANT AND YOUNG CHILD FEEDING PRACTICES**

Whereas most children are breastfed, 97 in 100 children do not get minimum acceptable diet (eat inadequate number of meals a day and less variety) for proper growth.

**WASH STATUS**

<table>
<thead>
<tr>
<th>FSNA baseline (2018)</th>
<th>Desired situation (2025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAVATORY IN WOMEN</td>
<td>LAVATORY IN CHILDREN</td>
</tr>
<tr>
<td>11%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**WASH INDICATORS**

<table>
<thead>
<tr>
<th>FSNA baseline (2018)</th>
<th>Desired situation (2025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrine Coverage</td>
<td>Safe Water Access</td>
</tr>
<tr>
<td>67%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**NUTRITION GOVERNANCE**

**WHAT IS NUTRITION GOVERNANCE AND WHY IT IS IMPORTANT FOR NUTRITION OUTCOMES?**

Governance can be defined with regard to institutional structures, relationships between actors and/or organizations, decision-making processes, and incentives. It involves the capacity to act, the power to act and the commitment to act. Good nutrition governance entails making adequate policy decisions in a timely manner, committing the necessary financial and organizational resources to their effective implementation, i.e. ensuring that benefits reach most of the population, preferably the most vulnerable. It also entails a sustained political commitment to ensure that nutrition programs and policies can withstand threats and constraints from changes in district leadership, political and socioeconomic upheavals (Solon 2007).

**NUTRITION GOVERNANCE FRAMEWORK**

<table>
<thead>
<tr>
<th>PILLARS OF GOVERNANCE</th>
<th>INTERVENTIONS TARGET GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy</td>
<td>Children 0-59 months, Pregnant women</td>
</tr>
<tr>
<td>2. Policy and legal frame work</td>
<td>Children 0-59 months, Pregnant women</td>
</tr>
<tr>
<td>3. Stakeholder and policy mapping</td>
<td>Adolescents</td>
</tr>
<tr>
<td>4. Sustainable Funding and Communication</td>
<td>Adolescents</td>
</tr>
<tr>
<td>5. Intersectoral Cooperation</td>
<td>Children 0-59 months, Pregnant women</td>
</tr>
</tbody>
</table>

**NUTRITION GOVERNANCE ACTIVITIES SUPPORTED IN THE DISTRICT**

- Diet therapy into routine disease therapy
- Children 12-59 months with special needs
- Scale up coverage of optimal breast feeding practices
- Pregnant and lactating women, Adolescents (Girls 10-19 yrs)

**NUTRITION SPECIFIC OUTCOMES**

- 100% ( Desired) - Malaria, Diarrhea
- 75% ( Desired) - TSNA baseline (2018)

**Acute Respiratory Infections**

- 3% ( FSNA baseline (2018))
- 10% ( Desired)

**Infant and Young Child Feeding Practices**

- 40% ( FSNA baseline (2018))
- 4% ( Desired)

**WASH Status**

- 50% ( FSNA baseline (2018))
- 15% ( Desired)

**Health Indicators**

- 45% ( FSNA baseline (2018))
- 11% ( Desired)

**Stunting**

- 80% ( FSNA baseline (2018))
- 100% ( Desired)

**Mortality**

- 90% ( FSNA baseline (2018))
- 90% ( Desired)

**FSNA baseline (2018)**

- Nutrition specific

**Source:** Nutrition Stakeholder Mapping for Uganda Report, 2018

**FSNA baseline (2019)**

- Nutrition specific

**Source:** Food Security and Nutrition Assessment for DNU districts, Final Report, September 2019, Makerere University School of Public Health.