



THE REPUBLIC OF UGANDA



NATIONAL PLANNING AUTHORITY

UGANDA NUTRITION ACTION PLAN 2011–2016:

Malnutrition in Uganda

Uganda produces sufficient food nationally to meet the nutritional needs of its population and has experienced a significant reduction in poverty levels, from 39 percent in 2002 to 23 percent in 2009–2010. The country has also made significant progress in reducing HIV, malaria, and tuberculosis. However, the levels of malnutrition among women and young children have improved only minimally, and some indicators, like micronutrient deficiency, have not improved over the past two decades. Iron-deficiency anaemia remains a serious nutritional problem facing most Ugandan women and children.



Consequences of High Malnutrition in Uganda

A. Malnutrition kills many Ugandans each year

- Low birth weight is rampant in Uganda. More than 16,000 children who were born weighing less than 2.5 kg died in 2009. Other forms of malnutrition were associated with over 67,500 child deaths in 2009.
- Anaemia affects 49 percent of women and 73 percent of children under the age of 5 years. Without any intervention, 15,000 mothers will die of anaemia-related causes between 2006 and 2015.

B. Malnutrition significantly reduces agricultural productivity

- Uganda's main employer, the agriculture sector, lost more than US\$34 million worth of productivity in 2009 alone due to iron-deficiency anaemia in the adult population.



- Other losses to agriculture occurred as a result of time lost due to illnesses associated with malnutrition or time lost while dealing with family illnesses or deaths associated with malnutrition.

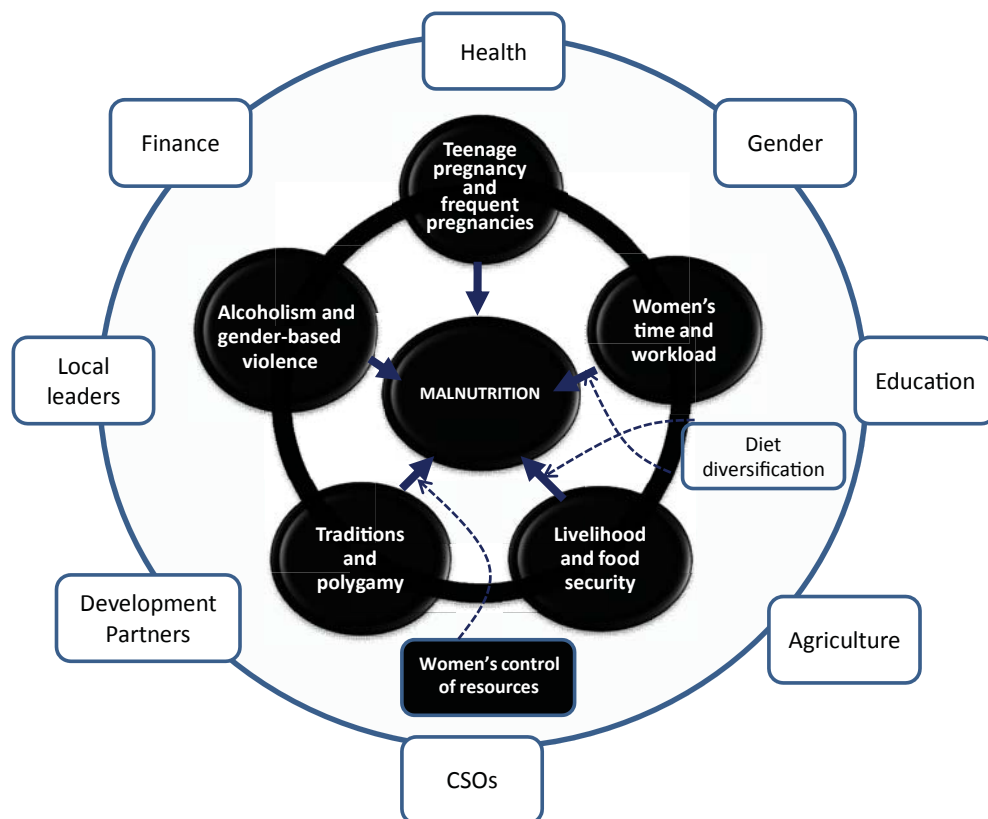
C. Malnutrition affects the education and intellectual potential of school children

- Between 2006 and 2015, iodine-deficiency disorder will cause 19,300 children to be born as cretins and 543,000 children to be born with mild or moderate mental disabilities.
- Stunting causes children to start school late because they look too small for their age. In 2006, one in four 7-year-olds had not started school, even with the Universal Primary Education programme.
- Malnutrition will also be a cause of absenteeism and repetition of school years.

D. Malnutrition constrains our vision of prosperity for all Ugandans

- Uganda loses US\$310 million worth of productivity per year due to the high levels of stunting, iodine-deficiency disorders, iron deficiency, and low birth weight.
- Malnutrition is expensive to treat. For instance, treating severe acute malnutrition costs more than US\$120 per child.
- Malnutrition contributes to a loss of about 4.1 percent of the gross domestic product (GDP) per year in Uganda.

Underlying causes of malnutrition





The causes and consequences of malnutrition are multi-dimensional and interconnected. The causes range from policy issues and immediate household conditions to underlying community and cultural situations. The immediate causes of child malnutrition in Uganda are twofold: inadequate dietary intake resulting from suboptimal maternal and infant feeding practices and the high disease burden resulting from malaria, diarrhoeal diseases, acute respiratory infections, and worm infestations. The underlying causes range from traditions that influence food intake and health-seeking behaviour, care for women and women empowerment in decision making at the household level, teenage pregnancies and frequent short-spaced pregnancies, increasing alcoholism and related gender-based violence, and lack of livelihood options and skills to withstand the effects of national and community shocks.

Effectively addressing malnutrition requires an integrated approach with broad cross-sectoral political support. While cross-sectoral coordination increases the challenges in implementing effective programmes, these challenges are not insuperable, particularly if there is effective leadership at national and district levels.

The Uganda Nutrition Action Plan

The Uganda Nutrition Action Plan (UNAP) provides strategies and interventions to comprehensively address malnutrition in Uganda, especially targeting children and women. The objectives of the UNAP are:

1. Improve access to and utilisation of services related to maternal, infant, and young child nutrition
2. Enhance consumption of diverse diets, especially by using locally available foods
3. Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status, such as drought
4. Strengthen the policy, legal, and institutional frameworks and the capacity to effectively plan, implement, monitor, and evaluate nutrition programmes
5. Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programmes in the country

To achieve these objectives requires a multi-sectoral approach. Key sectors that should work together at national and district levels include local government, health, agriculture, education, and community development.



Whereas the national-level actors will work to put in place enabling policy, legal, and institutional frameworks, as well as resource mobilisation, districts have the responsibility of delivering nutrition services to the population.

Actions that urgently need to be undertaken by districts

1. Establish a multi-sectoral nutrition coordination committee to ensure effective planning and budgeting for nutrition programmes, coordination of the different related implementers in the district, and monitoring of the agreed plans and activities. The Chief Administrative Officer should take the lead in convening nutrition coordination committees and ensuring that they are functional.
2. Ensure that the districts develop nutrition plans and budget frameworks to support UNAP activities and include these plans and budgets in the annual district development plans.
3. Initiate community-led programmes targeting interventions to promote diet diversity, backyard gardening, integrated farming, post-harvest food handling, school nutrition, water and sanitation, and child spacing. Agriculture extension needs to be strongly supported as the entry point for scaling up nutrition investment.
4. Establish disaster preparedness and relief committees and prepare plans and strategies to reduce nutrition challenges associated with external shocks and disasters.
5. Strengthen the participation of civil society, the private sector, and development partners on the multi-sectoral coordination and monitoring frameworks for improved nutrition to ensure participation and accountability.
6. Employ and deploy nutritionists to participate and coordinate the implementation of nutrition activities in the district.
7. Use the powers outlined in the Local Government Act to establish ordinances and by-laws to support food and nutrition security in the district.

For more details about UNAP, contact

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