

Working Together for a Better Future in Uganda

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Fighting Malnutrition: A Call to Action for Community-Based Services Officers December 2017

Today in Uganda, almost one-third of children are malnourished. Despite government efforts to make nutrition services more available, malnutrition remains a serious problem. Your community needs your help to overcome malnutrition.

Malnutrition in Uganda can be seen in many ways. Malnourished children may be shorter than healthy children their age because long-term malnutrition hurt their growth, or they may be too thin because of severe, short-term malnutrition, or they may be both short and thin. Malnutrition starts early—even babies in the womb can become malnourished if their mother is not able to eat well before and during pregnancy. Young children are at great risk and malnutrition in childhood can affect them for their entire life.

Why does this matter?

- Malnourished children are more likely to get sick and die than healthy children.^{2,3}
- Because malnourished children get sick more often, parents miss more days of work and have more of their income going toward medicine and doctor's bills than those of healthy children.^{2,3}
- Malnourished children are more likely to develop diseases later in life such as diabetes and heart disease.²
- Malnutrition slows growth and brain development, lowering intelligence, and making it harder for children to succeed.^{2,3,4,5}
- Malnourished children under 2 years learn to sit, stand, and walk later than their well-nourished peers. Malnourished children enrol in school later, have more days out of school due to illnesses, perform worse in school, and complete fewer years of schooling. Because of this, malnourished children become adults who earn less money compared to those who are well-nourished and better-educated as children.^{2,3,4,5}



Photo credit: Heather A. Lawrence, Photoshare, 2005

Why are so many Ugandans malnourished?

- Many do not eat a wide enough variety of foods (including fruits and vegetables of many different colours, and eggs, fish and meat once a day when possible) to provide all the nutrition their body needs.
- Some do not eat enough food or enough times a day to meet their body's needs.
- Illnesses such as diarrhoea that do not allow food to be absorbed and used by the body can also cause malnutrition.
- How women and children are cared for can contribute to malnutrition, including feeding (such as giving children food or liquid other than breastmilk before 6 months of age) and gender-based violence.
- On average, Ugandan women give birth to 5 children, often close together, not giving the mother's body enough time to recover and build up enough nutrients for another pregnancy, and puts a strain on family income.¹
- Giving birth begins early in Uganda. By the age of 19, more than half of adolescent girls have given birth or are pregnant. This causes serious problems because children born to very young mothers are at increased risk of illness and death.¹
- Four of 10 women in Uganda do not make the 4 recommended visits to health facilities while pregnant where support is given for the health and nutrition of both mother and baby.¹
- Food taboos and low male involvement in decisions on health also contribute to malnutrition.

From birth to 2 years is the time in a child's life when they are most likely to become malnourished. We as a community must do everything we can to ensure that caregivers of young children have the knowledge, time, and resources to make sure our children are well fed and nurtured. This also means that men must respect their partners and make them feel safe and protected.

What Should I Share with My Community?

- Those most at risk of malnutrition are adolescents, pregnant and breastfeeding women, and children under 2. Every family member has a responsibility to ensure the nutritional needs of these vulnerable groups are met.
- We must improve the nutritional status of our adolescent girls, and delay first pregnancy past the age of 19. This will have a huge impact on improving child nutrition and survival.
- Make sure children are born at least 2 years apart, which will improve the health of mothers and babies.
- A pregnant woman should visit a health facility as soon as she knows she is pregnant and eat a balanced diet with at least one extra meal a day.
- Breast milk is the best food for a baby during the first 6 months of life and is all that is needed for a baby to grow and develop. It is important that women are given support to breastfeed their baby. This means other family members need to help her with chores and ensure she is eating a wide variety of foods.
- After 6 months, breast milk alone is not enough for infants. They should also start to eat semi-solid foods rich in nutrients and protein 2-4 times a day, depending on age, and given a small snack as needed while continuing to breastfeed. By 12 months a baby needs 3 meals and 3 small nutritious snacks a day in addition to continued breastfeeding.
- All households should use a latrine, and treated drinking water that is stored in a covered container for preparing meals. All family members should wash their hands with soap under poured/flowing water after handling soiled nappies, using the latrine, and before preparing or serving food.
- If you grow food or raise animals to sell, first keep enough to feed your family, or buy a healthy variety of foods for the family.
- Visit your health centre or talk to your community resource person for more information on the best nutrition for you and your family and to make sure your baby is growing properly.

What Can You Do As a Community-Based Services Officer to Improve Nutrition?

- Include nutrition in annual plans and budgets for sub-counties and communities.
- Mobilize communities to identify and address nutrition issues and their underlying social causes by developing a community action plan.
- Support and scale up community-based nutrition initiatives.
- Advocate and seek solutions for reducing workload for all women, especially pregnant and lactating women.
- Address detrimental food taboos and norms in the community that impair nutrition.
- Integrate nutrition messages in community mobilization activities.
- Establish community-based forums to facilitate dialogue and provide information to community members on nutrition. This information can be obtained at the local health centre.
- Engage men in accessing family health services, household food production, and supporting women with the time and resources needed to make sure children are well fed and nurtured.
- Ensure nutrition issues are discussed and recorded during participatory planning processes.
- Engage with other groups involved with community-based work including religious groups/leaders, village health teams, child protection committees, networks of people living with HIV and adult literacy groups, for example.

