Working Together for a Better Future in Uganda

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Fighting Malnutrition: A Call to Action for Development Partners

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Despite continued investment by the Government of Uganda and donors, almost one-third of children in Uganda are still malnourished. Without improvement

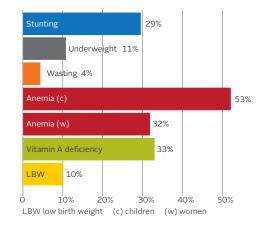
in nutrition, Uganda's Vision 2040 goal of a prosperous and modern Ugandan society cannot be achieved. Malnutrition in Uganda can take many forms, including chronic malnutrition (stunting or low height-for-age), underweight (low weight-forage), acute malnutrition (wasting or low weight-for-height), anaemia, Vitamin A deficiency, iodine deficiency, and low birth weight (less than 2.5 kg). Malnutrition in Uganda affects poor families more so than wealthy families: 32% of the poorest children under 5 are stunted. But even among wealthy families, 17% of children under 5 are stunted.¹

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}

But malnutrition is preventable and treatable. The children of Uganda can be free of all forms of malnutrition **if we act now**.

Prevalence of Malnutrition in Uganda¹



IQ Points Lost to Malnutrition⁵

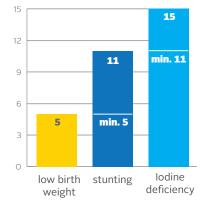




Photo credit: Basil Safi, Photoshare, 2012

Main data sources include: ¹Uganda Demographic and Health Surveys 2011 and 2016, ² Lancet Nutrition Series 2013, ³ The Cost of Hunger in Uganda Summary Report, ⁴ Reducing Malnutrition in Uganda: Estimates to Support Nutrition Advocacy – Uganda PROFILES 2013, and ⁵ "Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life" (Grantham-McGregor et al. 1999) and "Developmental potential in the first 5 years for children in developing countries" (Grantham-McGregor et al. 2007). All calculations of US\$ to Uganda Shillings are based on an exchange rate of US\$1 = 2504.60 Uganda Shillings.

What Can You Do As a Development Partner to Improve Nutrition?

- Continue coordination efforts among all development partners.
- Advocate for and assist the Government of Uganda to:

Focus direct nutrition interventions on four critical areas:

- Improving adolescent nutrition
- Improving maternal nutrition during pregnancy and the post-partum period
- Improving nutrition of children under 2
- Improving treatment and prevention of severe moderate acute malnutrition among children under 5

Advocate for and assist the Government of Uganda to support:

- Resource allocation at all levels for nutrition service delivery
- Multisectoral coordination across ministries and within local governments
- Capacity stregthening to ensure there are skilled staff to provide nutrition services
- Health system strengthening to ensure nutrition is effectively integrated
- Development and implementation of a strong supervision and monitoring system
- Community based organisations to create demand for nutrition services
- Integration of activities to improve nutrition within agriculture, education, water and environment, and community development sectors
- Strengthening programs on food safety and food handling practices

What are the gaps in nutrition programming?

- Lack of comprehensive nutrition services to communities across the country.
- Inadequate collaboration and coordination among and within health, agriculture, education, water and environment, food safety, and community development resulting in limited integration of services.
- Inadequate collaboration and coordination among government sectors and development partners, United Nations bodies, and international non-governmental organisations.
- Inadequate systems and staff capacity for nutrition service delivery.
- Limited linkage with the private sector in nutrition.
- Limited public awareness of malnutrition which impacts the demand for quality nutrition services to be provided in communities.
- Inadequate accountability and governance for nutrition in Uganda.
- Promotion of hand washing with soap before preparation of food and feeding a child
- Increased public-private partnerships to improve nutrition

Ensure food security through the following interventions:

- Food supplementation
- Ensure agriculture and community development programs are nutrition sensitive



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