

# Malnutrition in Uganda

## We've Already Paid Too High a Price

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### Education and Nutrition Fact Sheet

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**Education is a key element in Uganda's Vision 2040 for a prosperous and modern country.** But malnutrition is holding Uganda back. Malnutrition in children, especially during the critical 1,000-day period from pregnancy through a child's second birthday, affects their ability to learn by delaying and impairing cognitive development, contributing to poor school performance and resulting in a less productive population.

- Uganda's loss in human capital is due to overlapping forms of malnutrition, including **chronic malnutrition** (stunting, or low height-for-age), **underweight** (low weight-for-age), **acute malnutrition** (wasting, or low weight-for-height), **anaemia**, **vitamin A deficiency**, **iodine deficiency**, and **low birth weight** (< 2.5 kg), decreasing the potential of the country's children.<sup>1</sup>
- **About 3 of 10 children under 5 are stunted in Uganda.**<sup>1</sup> Children who are stunted learn to sit, stand, and walk later; have poorer cognitive function; enrol in school later; perform worse in school; are more likely to repeat grades; miss more days of school due to illness; and are more likely to drop out of school than well-nourished children.<sup>2,3,4,5</sup>
- On average, stunted children lose 3–4 grade equivalents more than children who were never undernourished.<sup>3</sup>
- **10% of children weigh less than 2.5 kg at birth**, a weight that is linked to poor cognitive development during infancy.<sup>1,2</sup>
- **Anaemia affects more than half of children under 5 and vitamin A deficiency affects 30% of children under 5.**<sup>1</sup> This can impair cognitive development and worsen school absenteeism by increasing the likelihood and severity of infections.<sup>2,3,4</sup>



Photo credit: Alex Mokori, RCQHC, 2010

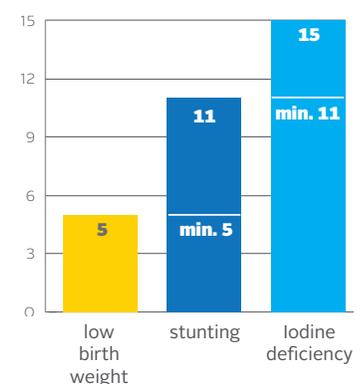
Uganda's Vision 2040 objectives on human capacity development may not be realized because of high malnutrition levels in Uganda

### Malnutrition is *preventable and treatable*.

**Increasing and sustaining commitment to and investment in nutrition now is crucial for Uganda for the decades to come.**

- By 2025, investment in proven, effective, and quality nutrition interventions implemented at scale will improve child development, cognitive function, and school performance. Improved nutrition would:<sup>3,4</sup>
  - Prevent permanent brain damage in about 236,000 children and increase the average child's IQ by 13.5 points through prevention of iodine deficiency
  - Improve cognitive development in children by preventing and treating iron deficiency anaemia
  - Result in earlier school enrolment, children staying in school longer, and better performance in school – by 2025, this would total 19.8 million equivalent school years of learning gained related to a reduction in stunting alone
  - Strengthen future intellectual and productive capacity of Ugandans

IQ Points Lost to Malnutrition<sup>5</sup>



**Improving nutrition improves education outcomes. The education sector can support improved nutrition in Uganda by:**

- Providing strong technical and political leadership and commitment within the Ministry of Education and Sports, to coordinate nutrition interventions in education.
- Supporting and expanding early childhood development programmes that work in tandem with nutrition programs to promote optimal cognitive development.
- Supporting nutrition early in life for children's cognitive development, so that they have the best chance to perform well in school.
- Promoting the completion of secondary education for boys and girls to improve nutrition for the next generation of children.
- Developing a comprehensive nutrition curriculum for tertiary institutions, including teacher training, nursing, agriculture, and social development colleges.

**People with higher levels of education have better health outcomes than those with less education. Some nutrition-related activities to improve learning and school performance include:**

- Updating education sector policies and strategies that are relevant to nutrition
- Endorsing and operationalising the draft National School Health Policy
- Finalising and disseminating the School Feeding guidelines
- Supporting implementation of mandatory food fortification regulation by promoting use of fortified foods in schools and biofortified staples (e.g. iron-rich beans and orange sweet potatoes) in school feeding programmes
- Organising mass de-worming
- Supporting water and sanitation initiatives
- Educating children on positive health and nutrition practices



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