

Malnutrition in Uganda

We've Already Paid Too High a Price

For more information, contact:
The Permanent Secretary, Office of the Prime Minister, Uganda, ps@opm.go.ug

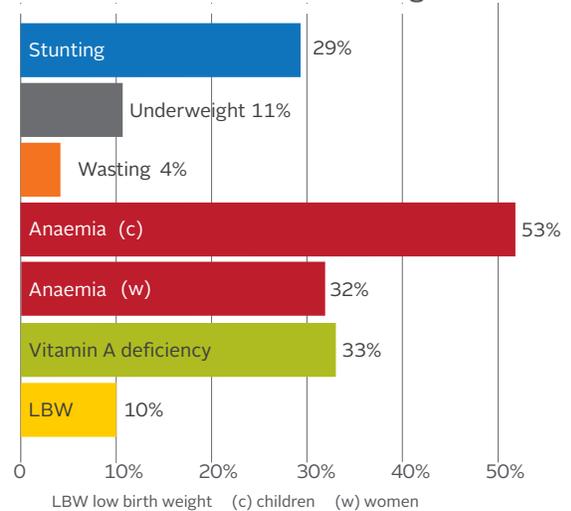
Health and Nutrition Fact Sheet

December 2017

While Uganda has made great strides in reducing poverty, the rates of malnutrition in children and mothers are still unacceptably high, compromising their health and survival.

- Malnutrition in Uganda can take many forms, 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).^{1,2}
- Rates of anaemia are especially alarming, affecting half of children under 5 and 1 of 3 women.¹ Of the 17 women who die in childbirth every day in Uganda, about 4 die as a result of problems linked to anaemia.²
- Children who are malnourished are at greater risk of infections (such as diarrhoea and pneumonia), which in turn increases the risk of malnutrition. Malnourished children also have a greater risk of developing chronic diseases (such as diabetes and heart disease) in adulthood.^{2,3}
- Low birth weight babies are four times more likely to die within the first month of life than other babies.²
- On average, Ugandan women give birth to 5 children, straining family resources. This is among the highest fertility rates in East and southern Africa.¹
- About 25% of births occur within 24 months of a previous birth, giving the mother little time to replenish her own body's nutrients.¹ Children conceived less than 24 months after the birth of the next older sibling have a greater risk of dying and becoming malnourished than children born farther apart.⁵
- Childbearing begins early in Uganda. By the age of 19, more than half of adolescent girls are already mothers or pregnant with their first child. This has serious consequences because children born to very young mothers are at increased risk of illness and death.¹

Prevalence of Malnutrition in Uganda¹



Malnutrition is preventable and treatable.

The 1995 Uganda Constitution guarantees all people the right of access to basic health care services, as well as to food and nutrition security. Increasing and sustaining commitment and investment for nutrition now is crucial for the health and well-being of the Ugandan population in the decades to come.

If there is no change in nutrition by 2025⁴

568,000

lives of children under 5 will be lost related to **stunting**

almost **15,000**

mothers' lives will be lost related to **maternal anaemia**

82.1 million

equivalent school years of learning will be lost related to **stunting**

1.1 million

children will be born with **irreversible brain damage** with a **decrease in IQ** related to **maternal iodine deficiency**

272,000

lives of children under 5 will be lost related to **wasting**

221,000

lives of children under 5 will be lost related to **vitamin A deficiency**

363,000

lives of children under 2 will be lost related to **poor breastfeeding practices**

- By investing in proven, effective nutrition interventions implemented at scale, hundreds of thousands of lives will be saved and improved by 2025.⁴
- Progress in nutrition would result in children staying in school longer and performing better in school. People with higher levels of education have better health outcomes than those with less education.^{1,3,4}

Scale-up of proven, effective, and quality nutrition services that range from prevention to treatment of malnutrition in Uganda is urgently needed.

- Improved nutrition will require:^{3,4}
 - Strong political leadership, commitment at the highest levels, and adequate budget allocation to implement the Uganda Nutrition Action Plan (UNAP) and to ensure that nutrition is integrated into the programmes of relevant ministries and local governments.
 - Implementation of comprehensive nutrition services throughout the country and adequate institutional structures to scale up nutrition.
 - Implementation of family planning services throughout the country to promote smaller family size, adequate birth spacing (at least 2 years), and delayed marriage and first pregnancy until after the adolescent years.
 - Strong multi-sectoral coordination amongst relevant government ministries, along with local governments, the private sector, and civil society organisation partners.
 - Prioritisation and implementation of multi-sectoral interventions to improve nutrition.
 - Informing the public about malnutrition, its dangers, the benefits and access points of nutrition services.
- The health sector can support improved nutrition in Uganda by:
 - Committing and allocating additional funding for nutrition at all levels.
 - Integrating nutrition and family planning into departmental plans, sectoral strategic plans, and district development plans.
 - Strengthening intra- and inter-sectoral partnerships and coordination in design and implementation of nutrition programmes, including ensuring that nutrition is integrated into health sector programmes and formulating partnerships for implementation of the mandatory fortification regulation.

Some Proven, Effective Interventions to Improve Nutrition

- Promotion of optimal breastfeeding
- Promotion of appropriate complementary feeding
- Improved hygienic practices
- Vitamin A supplementation
- De-worming
- Iron-folic acid and calcium supplements for pregnant and lactating women
- Family planning to promote smaller family size, increase birth spacing, and delay first pregnancy until after the adolescent years
- Promotion of good nutrition for adolescent girls and pregnant and lactating women
- Salt iodisation
- Industrial fortification and biofortification of staple foods
- Multiple micronutrient powders
- Prevention of chronic malnutrition*
- Treatment of severe acute malnutrition* with special foods, such as ready-to-use therapeutic foods

* Multiple forms of malnutrition exist, but treating and preventing them require different approaches.

- Strengthening nutrition in the Uganda National Minimum Health Care Package, specifically for nutrition commodities and supplies.
- Ensuring that structures are in place to provide nutrition services at the facility level and in communities, including recruitment of nutritionists at the district/local level with adequate monitoring and supervision.
- Integrating nutrition in outreach services, including those focused on immunisations and prevention and treatment of malaria and HIV, to increase their use at the community level.
- Putting in place a monitoring and evaluation framework to track implementation of nutrition interventions at health facility, district, and sectoral levels to inform planning and decision making.
- Developing long-term systems for responding to malnutrition that include nutrition surveillance and integrating nutrition in pre-service training curriculum.



THE REPUBLIC OF UGANDA



Food and Agriculture Organization of the United Nations



World Vision



Obulamu?



This brief is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), and USAID/Uganda, under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.