

Health and Nutrition

■ Malnutrition is a major health challenge in Uganda

The effects of malnutrition on the health and survival of mothers and young children in Uganda are enormous.

- **Of the 17 women who die in childbirth every day in Uganda, about 4 die because of problems linked to preventable anaemia.**
- **Babies with low birth weight (less than 2.5 kg) are four times more likely to die within the first month of life than other babies.**
- **Underweight is linked to the deaths of 150 children every day, making it the key contributor to childhood deaths in Uganda.**

While Uganda has made great progress in reducing HIV, malaria, and tuberculosis between 1995 and 2006, the levels of malnutrition in women and young children have not improved. Anaemia, the most common type of malnutrition in Uganda, affected 3 of every 4 children under 5 and 3 of every 5 pregnant women, according to the 2006 DHS. The proportion of children diagnosed with anaemia jumped by about a third, while the proportion of women diagnosed with anaemia nearly doubled between 2001 and 2006. In addition, vitamin A deficiency affects about 20 percent of young children and women and remains a critical public health problem in Uganda.

Although the proportion of children under 5 who are underweight fell from 19 percent to 16 percent between 2001 and 2006, due to population growth, the ac-

tual number of underweight children did not change much: about 854,000 in 2006, down from 870,000 in 2001. In addition, the number of children who were severely malnourished and emaciated increased from 229,000 to 331,000 in the same period. And, though the proportion of children who were stunted (too short for their age) fell from 45 percent to 38 percent, due to population growth, the number of stunted children increased from 1.6 million in 1995 to 2 million in 2006.



Photo by: Biofresh/Uganda 2009

Malnutrition remains a persistent problem in Uganda partly because many infants are denied their fundamental right to human breast milk, the always available and most wholesome food for their age. Breast milk is the only food that babies under 6 months old need. But these infants are given other foods and fluids such as sugar water/glucose, juices, and porridge too soon, lowering their immunity and increasing their risk of malnutrition, diarrhoeal diseases, reduced physical and mental development. The proportion of infants under 6 months who were not exclusively breastfed increased from 30 percent to 40 percent between 2001 and 2006.¹ An infant under 6 months who is not breastfeeding exclusively is three times more likely to get diarrhoea than an infant who receives only breast milk. And, despite improved access to clean water

and sanitation in Uganda, the proportion of children who get diarrhoea has been increasing, partly because only 24 percent of children receive care in line with the infant and young child feeding practices recommended by the World Health Organization (WHO).

■ Increasing investment in nutrition can save lives and reduce health care costs

Every man, woman, and child in Uganda has a right to adequate food and adequate health services, which contribute to the health and well-being of society. The life of any Ugandan that *can* be saved by preventing malnutrition *should* be saved. Preventing malnutrition not only saves lives, it also can generate significant savings by reducing health care costs. The draft Health Sector Strategic Plan (HSSP) III includes nutrition goals that, if realised, will mean considerable health and economic benefits for Uganda (see table below).

Draft HSSP III targets for nutrition by 2015	Lives saved and other health benefits	Economic benefits
Reduce anaemia in women from 49% to 30%	6,000 maternal deaths and 60,000 perinatal deaths averted per year Women who are not anaemic will have healthier newborns with better brain development in infancy.	<i>US\$42 million in economic losses due to reduced productivity of women averted</i>
Reduce low birth weight (LBW) from 11% to 9%	7,000 neonatal and 5,000 postnatal deaths averted between 2006 and 2015 Long-term benefits from reduced chronic illnesses in adulthood	US\$1 million per year in health care savings associated with neonatal and postnatal care of infants US\$41 million saved in adult health care costs by 2015
Increase the proportion of infants who are exclusively breastfed in their first six months from 60% to 75%	Reduced illness, which will help prevent iron losses (and reduce childhood anaemia)	Over US\$51,500 saved on treating diarrhoea and acute respiratory illnesses per year Reduced costs (e.g. lost work time) associated with caring for the sick child
Reduce underweight from 16% to 10%	100,000 child deaths averted between 2006 and 2015	<i>Data not available</i>
Increase coverage of vitamin A supplements from 60% to 80%	37,000 child deaths averted by 2015	<i>Data not available</i>



■ Uganda's health sector is committed to improving nutrition . . .

- The government has integrated nutrition into the National Development Plan (2010-2015), which notes that improving nutrition is essential to reaching the health and development goals needed for socioeconomic transformation.
- Nutrition activities and goals are clearly described in the draft National Health Sector Policy and the draft Health Sector Strategic Plan III (HSSPI-III) of 2009.
- Uganda has a National Food and Nutrition Policy (2003) and a National Food and Nutrition Strategy (2005). In addition, a Food and Nutrition Bill has been submitted to the Cabinet, from which it will be tabled in the Parliament for enactment into law.



*Iron deficiency anaemia during pregnancy is associated with 24% of maternal deaths.
Photo by: Vicky Wandawa/New Vision*

- Guidelines have been developed and approved for infant and young child feeding, nutrition and HIV, maternal nutrition, integrated management of acute malnutrition (IMAM), and nutrition survey methodologies.
- The Ministry of Health (MOH) developed a five-year Maternal and Infant and Young Child Feeding Operational

Plan that defines strategies, activities, and the health sector's role in addressing nutrition for this age group.

- The MOH allocates human and financial resources for running the Nutrition Unit within the Division of Community Health. Each quarter, about US\$15,000 is allocated for the unit's operational costs. The health sector has also mobilised resources from development partners to support efforts to improve maternal and child nutrition.

. . . But more support is needed!

The resources invested in nutrition in Uganda are not enough to reduce malnutrition sufficiently to reach the Millennium Development Goal of reducing underweight among children to 10 percent. More resources are needed to address the following challenges:

- Only 11 of the 115 districts have a nutritionist.
- Only 1 percent of women access the recommended iron supplementation during pregnancy, and only 36 percent of children receive at least 1 dose of vitamin A supplementation at 6 months.
- The quality of nutrition services provided through the health sector needs improvement. Specifically, nutrition rehabilitation and therapeutic care services must be strengthened as an integrated component of the Minimum Health Care Package.
- In 2006, only 14 hospitals were certified as meeting the International Baby Friendly recommendations; in 2010 no health facility met the recommendations. It is critical for key officials to consider nationwide adoption of the Baby Friendly Hospital and Community Initiative as a sustainable means of addressing and mitigating the root causes of malnutrition and its impact on Uganda's health care system.
- No major hospital provides finances to buy therapeutic milk for treating chil-

- dren with severe acute malnutrition.
- The once popular community growth monitoring and nutrition promotion strategies have not been continued.

Urgent action is needed to address nutrition in the health sector

Reducing malnutrition in Uganda will go a long way toward reducing childhood and maternal illnesses as well as the deaths and severity of illnesses associated with malnutrition. It will also significantly reduce the costs of treating illnesses and costs to families and the nation from preventable maternal and child mortality. But to reduce malnutrition, the following urgent actions are required:

- Recruitment of a nutritionist by each district/local government.
- Commitment of additional resources to operationalise the nutrition activities laid out in the National Development Plan and the draft HSSPIII.
- Recognition by policy makers of nutrition's impact on health and survival and promotion of the Nutrition Unit to the level of a Division, with provision for direct budgeting by the government.
- Acceleration of the enactment of the Food and Nutrition Bill to facilitate establishment of a multisectoral or interagency working group that will coordinate nutrition efforts and development of a national nutrition programme.
- Development of long-term systems for responding to malnutrition that include nutrition surveillance and integrating nutrition in pre-service training (especially nursing, midwifery, and clinical officer training).
- Definition of the public and clinical nutrition (operational) research agenda in Uganda, in particular to test plausible models for addressing malnutrition in different parts of the country.

Sources

1. UBOS (2006). Uganda Demographic and Health Survey report. www.ubos.org.
2. Computation using the Uganda PROFILES based on 2006 UDHS data. For more information, contact UGAN.

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