



# Malnutrition

**Uganda Is Paying Too High a Price**

***Power Point presentation  
script***

# Malnutrition:

## Uganda Is Paying Too High a Price

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### *Power Point presentation script*

#### Introduction

Ladies and gentlemen, thank you for the opportunity to share our thoughts about the consequences of malnutrition in Uganda. We have made progress in reducing poverty and in other fronts over the years. But malnutrition still ravages our country, affecting millions of Ugandans. It especially kills women, babies, and children. It impairs educational achievement and economic productivity. It costs the government and families enormous amounts of money to treat related illnesses. The price of malnutrition is just too high to ignore.

#### SLIDE 2

##### NDP 2010-2015

In early 2010, we launched the National Development Plan for 2010-2015, which calls for reducing poverty from 31 percent in 2006 to less than 25 percent by 2015. The NDP identifies three overlapping strategies for achieving sustainable economic development in Uganda:

- Increasing agricultural productivity and value addition through the production chain
- Improving health and survival
- Improving human capacity development through education

#### SLIDE 3

##### Requirements for achieving NDP goals

Unfortunately, many of our people will be unable to contribute fully to reaching those

goals because of high levels of malnutrition and its devastating impact on productivity, health and educability. To achieve the NDP goals, Ugandans must be well cared for starting in childhood so we can attain our full potential.

#### SLIDE 4

##### Malnutrition among children under 5

Here is a look at the levels of malnutrition in Uganda. While some malnutrition levels among children under 5 declined over the past decade in terms of percentages, because of population growth, the numbers of children affected actually increased.

- For instance, the number of Ugandan children who were stunted—too short for their age—rose by about a third, from 2.93 million in 1995 to 3.89 million in 2009.
- Sad however, is the fact that about 1 in 10 children in Uganda is born already malnourished, either underweight, stunted, or both. The proportion of babies born underweight or with low birth weight (less than 2.5 kg) was unchanged.
- The MDG target for Uganda is to reduce underweight to 10 percent. But the rate of reduction of this indicator may not be enough to reach this goal.

#### SLIDE 5

##### Micronutrient deficiencies)

Deficiencies in vitamins and minerals—called micronutrients—increased in Uganda between 2001 and 2006.

- In 2006, Anaemia, often caused by

lack of iron, was rampant, affecting 73 percent of children, 49 percent of women, and about 28 percent of men.

- In 2006, about 20 percent of both women and children had vitamin A deficiency.
- Iodine deficiency was low, less than 10 percent in both children and adults. This is because iodized salt is used in almost all households in this country.

## SLIDE 6

### Vulnerability to malnutrition is higher in some regions

Malnutrition affects some regions more than others. SouthWest and North Uganda have consistently experienced higher rates of malnutrition.

- Ironically, malnutrition persists even in regions that are considered to be the country's food basket. Both wealthy areas and the poorest areas had high levels of malnutrition. In fact, economic gains have not had much impact on malnutrition. For example, while poverty declined 2 percent per year between 1995 and 2006, stunting declined only 0.6 percent.
- Micronutrient deficiencies were high in all regions in Uganda.

## SLIDE 7

### Impact of Malnutrition on the NDP

To help us look at how these high levels of malnutrition may affect the NDP, we used a computer programme called PROFILES. Using the program we used Uganda's national nutritional data and population patterns to estimate the impact of malnutrition on the three pillars of the NDP:

- Agricultural productivity and value addition

- Disease and survival
- Human capacity development

## SLIDE 8

### Impact on Agricultural Productivity and Value Addition

The agriculture sector employs 85 percent of Uganda's labour force. About 75 percent of the agriculture labour is provided by women on smallholder farms, where, according to the Agriculture Development Investment Plan, productivity is still a major challenge.

Physical productivity is critical to agricultural productivity, but it is weakened by malnutrition, especially iron deficiency anaemia in adulthood and stunting in early childhood.

## SLIDE 9

### IDA and agriculture

Uganda lost about US\$34 million worth of productivity in 2009 because of **iron deficiency anaemia** among adults. Women of reproductive age with anaemia accounted for 75 percent, or US\$25 million, of that loss. The total loss was estimated to about 0.4% of the GDP.

## SLIDE 10

### Stunting and agriculture

- **Stunting** in early childhood affects productivity in adulthood. For every 1 percent that the height of a child under 2 is below the norm, the child's productivity from manual labour as an adult declines 1.4 percent. In 2009, Uganda lost about US\$210 million in future productivity from childhood stunting

These two conditions alone (IDA and stunting) are associated with productivity loss of about US\$290 million per year. When low birth weight and iodine deficiency disorders are included, the loss grows to US\$310 mil-

lion per year, or 4.1% of the GDP. And this does not even include the productivity lost when agriculture workers take time off to deal with malnutrition-related illnesses or deaths in their families. Clearly, the costs of malnutrition are just too high for the agriculture sector to ignore.

## SLIDE 11

### Impact on Disease and Survival

Malnutrition kills, causes disease, and makes disease even more severe. The high levels of malnutrition in Uganda cost the government and families millions of dollars per year to treat diseases that are preventable.

Let's look at how specific types of malnutrition—low birth weight, vitamin A deficiency, underweight, and iron deficiency anaemia—affect the health and survival of Uganda's children and mothers. We will also examine the health and economic benefits of breastfeeding.

## SLIDE 12

### Impact of low birth weight in 2009

Malnutrition in Uganda starts in the mother's womb. More than **170,000 babies** were born with **low birth weight**—meaning they weighed less than 2.5 kg—in 2009. This puts them at higher risk of malnutrition, disease, and death. Children with low birth weight are four times more likely to die in the first month of life than other children.

Had all these children been born in government facilities, it would have cost the government and families about **US\$5.8 million** to keep them alive. Unfortunately, most children are not born in health facilities and so do not receive specialised, life-saving care. About **16,000 children** with low birth weight died in Uganda in 2009. Most of these children were born to teenage mothers or mothers who have births too close together. Most of these mothers were malnourished or sickly during pregnancy.

## SLIDE 13

### Impact of vitamin A deficiency in 2009

**Vitamin A deficiency**, which affects mainly women and children in Uganda, increases the risk of blindness and the risk and severity of disease, mainly diarrhoea and acute respiratory infections in children. Children with vitamin A deficiency are 1.4 times more likely to die of these and other childhood illnesses than ones who are not deficient: 15,800 children died because of vitamin A deficiency in 2009.

## SLIDE 14

### Impact of underweight

In Uganda, **underweight** contributes to 43 percent of the deaths of children under 5. In 2009, 51,300 children died because of underweight, about 140 deaths each day.

## SLIDE 15

### Malnutrition's tragic toll: 83,300 children in 2009

Malnutrition in all its forms is linked to 60 percent of the deaths of children in Uganda. Every day, some **230** families lose a child because of low birth weight, vitamin A deficiency, or underweight.

## SLIDE 16

### Malnutrition's toll on mothers

The women of Uganda contribute significantly to the economic and social well-being of our country. But women are also very vulnerable to malnutrition. Nearly 12 percent of women were underweight in 2006. Mothers in particular are highly vulnerable.

- Seventeen mothers die every day in Uganda, and four of these deaths are associated with iron deficiency anaemia.

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- Between 2006 and 2015, iron deficiency anaemia will kill about **15,000** mothers, many of whom will leave behind orphaned children who are vulnerable to death and disease.

## SLIDE 17

### Economic benefits of breastfeeding

- Despite the health benefits of breastfeeding children from birth to 24 months, the average duration of breastfeeding in Uganda fell to 19.6 months in 2006 from 22.6 months in 2000-2001. This decline indicates that infants and young children are not receiving breast milk as they should and/or that families have to spend scarce resources to buy substitute foods for their children.
- Breastfeeding also has economic benefits: Breastfeeding children from birth through 24 months save Uganda US\$1.1 billion every year.

## SLIDE 18

### Impact on Human Capacity Development

Quality human capacity is essential to economic development in Uganda, and the NDP noted the importance of strengthening the education sector to improve our economic productivity and quality of life. However, malnutrition undermines our efforts to improve education in Uganda—as well as the intellectual potential of our children. For example:

- Children who are malnourished from an early age have slower brain growth, lower IQ, learning difficulties or delays, and less success in school.
- Children with growth retardation tend to enrol in school late. They also are more likely to drop out of school and less likely to continue with higher education.
- Malnutrition contributes to Uganda's poor primary school completion rate, which was only 56 percent in 2008.

Iodine deficiency disorder, growth retardation, and iron deficiency anaemia are the main culprits.

## SLIDE 19

### Iodine deficiency and education

- **Iodine deficiency disorder**, or IDD, is the single most common cause of preventable mental retardation, brain damage, and physical disabilities among children in Uganda. Women with IDDs give birth to children with reduced ability to learn, lower school performance, higher rates of school-year repetition, and poor speech and hearing ability. What is especially tragic is that the effects of iodine deficiency are permanent.
  - Because of IDD, in 2009 alone:
    - 2,100 children were born as cretins in Uganda and likely will require 100% care their entire lives.
    - 59,000 children were born with mild or moderate mental disabilities.
    - Uganda lost US\$8.6 million in productivity.
  - In addition, between 2006 and 2015, 19,300 children will be born as cretins and 543,000 will be born with mild to moderate forms of mental retardation.
  - Most of these children are from the mountainous parts of the country. There are many homes in some parts of western Uganda where households do not use iodized salt and instead use local mined salt. More awareness is still needed in these areas.

## SLIDE 20

### Growth retardation (stunting) and education

- **Growth retardation in early childhood, especially stunting**, is directly or indirectly associated with lower grade per-

formance and repetition of school years. These effects are over and above those of poverty and lack of food at older ages.

- Stunted children are more likely to enter school later than other children because they look too short for their age. Children should start school by age 6, but about 30 percent of them start school late, despite the availability of free primary education through the Universal Primary Education programme.
- Stunted children also have higher rates of absenteeism and school-year repetition.

## SLIDE 21

### IDA and education

- **Iron deficiency anaemia** during infancy and early childhood impairs the cognitive abilities of about 8.8 million school-age children in Uganda. The number of affected children jumped from 5 million in the past decade due to an increase in anaemia cases and population increase in the country. Specifically, anaemia affects:
  - Ability to learn new concepts
  - Concentration in school
  - Retention rates
  - School performance
  - Speech and hearing

In addition, other forms of malnutrition, like vitamin A deficiency, worsen school absenteeism by increasing the risk and severity of the infectious diseases that keep children out of the classroom.

**Malnutrition and disease reduce the time children are in school and impair their learning when they are in school. This has major implications for Uganda's education effort and the investments we are making in it.**

## SLIDE 22

### We can change the situation!

We have seen the terrible toll that malnutrition has taken in terms of productivity, disease and survival, and human capital in Uganda. But there is good news: We can change the situation!!! Just as we as a nation reduced poverty, curbed HIV, and mainstreamed gender in our development agenda, we can reduce malnutrition in Uganda.

## SLIDE 22

### Benefits to the poor and to the nation

Investing in the fight against malnutrition will not only save lives but will also yield high returns for Uganda: **Every dollar we invest in nutrition results in economic benefits worth six times more.** These gains mainly benefit the poor and most disadvantaged, as they spend less money on treating malnutrition-related disease and increase their productivity, reaping sustainable economic benefits.

As Ugandans, we all must do what we can in this fight. So we are asking you to support:

- Quick enactment of the Food and Nutrition Bill, which will establish an institution to coordinate different nutrition partners and ensure accountability in reaching the objectives of both the NDP and the proposed National Nutrition Action Plan.
- Increased commitment of resources and expertise to scale up high-impact programmes and policies to prevent and control malnutrition. Specific needs are:
  - A dedicated budget for nutrition in the different sectors at national and district levels so that they can carry out the nutrition efforts in their strategic plans and in the national nutrition plan of action
  - Policies that encourage the private sector to invest in nutrition
  - Support from our development partners in designing and imple-

- menting integrated community-based nutrition programmes for prevention and treatment in areas with high levels of malnutrition (mainly the North, East, and some parts of Southwest; such programmes for the urban poor are also needed)
- Resources to conduct social and behaviour change communication through mass media to create awareness, promote proven high-impact nutrition practices and services, and conduct social marketing of nutritionally rich products

## **SLIDES 24-25**

### **Improved ability to compete in the world/Fewer child/maternal deaths**

Together, we can equip our children to reach their full potential so they can compete in the world and be proud to be Ugandans. We can save lives, reduce disease, and strengthen our nation.

## **SLIDE 26**

### **A price too high to ignore**

But we must act now. Our actions will send a message to the children and women of this country that Uganda will not stand by while its people are ravaged by malnutrition. Truly, the price of malnutrition in Uganda today is too high to ignore.

Thank you for your time.



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