Uganda: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Uganda, where 2.2 million children under 5 years (29 percent) suffer from stunting (low height-for-age), according to the most recent Demographic and Health Survey (DHS) (UBOS and ICF 2018). Stunting is the result of growing under limited provision of food, health, and care.

Background

Uganda's strong economic performance in the 1990s and 2000s–an annual GDP growth that averaged 7 percent–made it one of the fastest developing African countries. However, its economy has grown at a slower pace in recent years, reducing its impact on poverty. The economic slowdown was driven by unrest in South Sudan, private sector credit constraints, and the poor execution of public sector projects (World Bank 2017). A continued focus on agricultural productivity is critical to accelerate and sustain growth. Agriculture is the mainstay of the Ugandan economy, accounting for 24 percent of gross domestic product (GDP), and providing half of export earnings. With 84 percent of the population still living in rural areas, agriculture is the main source of income and the main pathway out of poverty for the majority of Ugandans. The majority of refugees also rely on agriculture for their livelihoods (USAID 2017).

Currently, Uganda ranks 129th out of 157 countries in progress in meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the Uganda Poverty Assessment, the proportion of the population living in extreme poverty (on less than US$1.90 a day) fell from 62 percent in 2002/03 to 35 percent in 2012/13, representing one of the fastest reductions in poverty in Sub-Saharan Africa. Good weather and favorable prices in international and regional markets increased real income from crops, with agricultural households accounting for up to 79 percent of the poverty reduction during this period. However, the likelihood of falling back into poverty is very high—for every three Ugandans who rise out of poverty, two fall back into it, demonstrating how fragile the gains can be. Extreme poverty is concentrated in the north and east of the country, accounting for 84 percent of those living below the national poverty line (World Bank 2017).

Uganda's population is growing at a rate of 3 percent a year and is experiencing one of the fastest growing refugee crises in the world. The country has received an average of 1,800 South Sudanese refugees daily since July 2016; with a total refugee population of more than 1.34 million, Uganda is currently hosting the largest number of refugees in Africa and the third-largest number in the world. In 2016, the country experienced an acute food shortage, with up to 1.6 million people food insecure and a further 9.3 million reported to be food stressed (World Bank 2017).

Nutrition and Food Security Situation

Almost one-third of children under 5 years in Uganda are stunted. Stunting increases with age, peaking at 37 percent among children 18-35 months. Stunting is greater among children in rural areas (30 percent) than urban areas (24 percent) with some regional variations. Stunting ranges from a high of 41 percent in Tooro sub-region to a low of 14 percent in Teso sub-region. The prevalence of stunting decreases with increasing levels of the mother's education. About 4 in 10 children born to mothers with no education (37 percent) are stunted compared with 1 in 10 (10 percent) of children born to mothers with more than a secondary education. Similarly, stunting decreases with increasing wealth quintiles, from 32 percent among children in the lowest wealth quintile to 17 percent of children in the highest wealth quintile. Prevalence of wasting (low weight-for-height) nationally is 4 percent but in the regions of Karamoja and West

Nile prevalence is 10 percent. Anemia, which reflects several micronutrient deficiencies, infections and, even genetic traits in malaria-endemic areas, affects more than half of children under 5 years and 1 in 3 women. Regional differences in anemia prevalence among women range from 17 percent in Kigezi sub-region to 47 percent in Acholi sub-region (UBOS and ICF 2018). Moreover, even though coverage of iron supplementation for pregnant women (for at least 90 days) increased from 4 percent in 2011 to 23 percent in 2016, anemia prevalence has increased in women from 23 percent in 2011 to 32 percent in 2016.

On average, Ugandan women give birth to 5 children, straining family resources. This is among the highest fertility rates in East and southern Africa. Childbearing begins early in Uganda. By the age of 19, 54 percent of adolescent girls had begun childbearing in 2016. While this represents a slight decrease from 58 percent in 2011, this has serious consequences because children born to very young mothers are at increased risk of malnutrition, illness and death than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of girls under 18 years, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Other drivers of malnutrition include lack of access to clean water and sanitation, high disease burden, especially childhood diarrhea and malaria, and poor infant and young child feeding practices. While 66 percent of children 0–5 months are exclusively breastfed, the percentage drops to 43 percent among children 4–5 months. Only 15 percent of breastfed children 6–23 months receive a minimum acceptable diet (UBOS and ICF 2018).

More than 30 percent of the total population faces some level of chronic food insecurity (USAID 2017). The causes of food insecurity in Uganda are multifaceted, often a result of poverty, landlessness, high fertility, natural disasters, high food prices, lack of education, and the fact that a majority of Ugandans depend on agriculture as a main source of income. Gender inequality worsens food insecurity and poverty. Producing more staple food does not guarantee less stunted children, as seen in the southwest region, considered the "food basket" of Uganda, which has one of the highest rates of stunting among children under 5 years in the country. Pastoralists have been forced to settle in concentrated areas, leading to overgrazing and ecological degradation, which is undermining their livelihoods and their ability to cope with droughts and other climate-related disasters (FAO et al. 2017).

Uganda Nutrition Data (DHS 2011 and 2016)		
Population 2016 (UNICEF 2017)	41.5 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	7.7 million	
	DHS 2011	DHS 2016
Prevalence of stunting among children under 5 years (0–59 months)	33%	29%
Prevalence of underweight among children under 5 years (0–59 months)	14%	11%
Prevalence of wasting among children under 5 years (0–59 months)	5%	4%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	10%	10%
Prevalence of anemia among children 6–59 months	49%	53%
Prevalence of anemia among women of reproductive age (15–49 years)	23%	32%
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m^2)	12%	9%
Prevalence of thinness among adolescent girls (15–19 years)	14%	13%
Prevalence of children 0–5 months exclusively breastfed	63%	66%
Prevalence of children 4–5 months exclusively breastfed	41%	43%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	53%	66%
Prevalence of children who receive a pre-lacteal feed	41%	27%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	6%	15%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	3%	4%

Prevalence of overweight/obesity among women of reproductive age (15–49 years)	19%	24%
Coverage of iron supplementation for pregnant women (for at least 90 days)	4%	23%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)*	57%	62%
Percentage of children 6–59 months living in households with iodized salt	99%	99%

NA: Not Available

** In addition to the vitamin A supplementation program, Uganda has had ongoing vitamin A fortification of vegetable oil since 2005. According to a GAIN study in 2017, 85.6 percent of oil samples nationally, 85.1 percent in rural areas and 85.8 percent in urban areas were fortified, and the proportion of samples fortified according to current national standards was 57.9% (GAIN 2017).*

Global and Regional Commitment to Nutrition and Agriculture

Uganda has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Preventing Child and Maternal Deaths: A Promise Renewed	Uganda pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The Office of the Prime Minister is the convening body for SUN and coordinates the Uganda Nutrition Action Plan's (UNAP) implementation, while USAID is the SUN donor convener in Uganda and current chair of the Nutrition Development and Donors' Partners Group. Uganda's multi-sectoral platform meets regularly, convened by the Office of the Prime Minister and has expanded at both national and district levels, with the inclusion of stakeholders such as the trade industry and water departments at the local government level. At the district level, there are 10 approved multi-sectoral nutrition action plans, with 45 in progress. Ten districts have also developed nutrition advocacy plans. A parliamentary forum on nutrition was formed and is in the process of developing a coordinated action plan on nutrition (SUN 2017).
2010	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Uganda is the first country to have a CAADP Compact tied directly to its donor-approved DSIP.

National Nutrition Policies/Legislation, Strategies, and Initiatives

Uganda's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's Vision 2040:

- Uganda Nutrition Action Plan (UNAP)
- National Development Plan II (2015/16-2019/20)
- Health Sector Development Plan (2015/16-2019/20)
- Food and Nutrition Policy (2003)

- National Agriculture Policy (2013)
- National Agriculture Extension Policy (2016)
- National Nutrition Planning Guidelines (2015)
- Local Government Planning Guidelines (2014)
- Sector Development Planning Guidelines (2015)
- Integrated Management of Acute Malnutrition Guidelines (2016)
- Policy Guidelines on Infant and Young Child Feeding (IYCF) (2015)
- Guidelines on School Feeding and Nutrition Intervention Programme in Universal Primary Education (UPE) and Universal Post-Primary Education and Training (UPPET) (2013)
- National Nutrition Advocacy and Communication Strategy (2015–2019)
- Multi-Sectoral Nutrition Action Planning Training Module (2017)
- Multi-Sectoral Nutrition Coordination Committee Orientation Package (2017)

The Government of Uganda launched its multi-sectoral Uganda Nutrition Action Plan (UNAP) in November 2011 and the next iteration of the UNAP is in development. In addition, the development of the multi-sectoral national nutrition policy is nearly complete. USAID has worked with the government to encourage other development partners and the private sector to align their efforts with government priorities to address nutrition, agriculture, and food security.

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Uganda. The U.S. Government selected Uganda as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy. USAID is the lead agency implementing Feed the Future, the U.S. Government's global hunger and food security initiative. In Uganda, Feed the Future is in 38 focus districts in four geographic areas: northern Uganda, Karamoja, southwest Uganda, and eastern Uganda. The Feed the Future Uganda strategy focuses on three main components: nutrition, resilience and agriculture. It includes three value chains (maize, coffee, and beans) as the agricultural component, facility- and community-based prevention and treatment of malnutrition as the nutrition component, and a community-level integrated approach to connect the two. The Feed the Future strategy also incorporates a strong gender focus, recognizing women as caregivers and producers and processers of food. Approximately 70 percent of smallholder farmers are women, but they own only 8 percent of farming land and largely do not participate in decision making related to agriculture.

Selected Projects and Programs Incorporating Nutrition in Uganda

Name	Dates	Description
Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E)	2017–2022	The USAID-funded RHITES-E aims to support the health sector to sustain higher service utilization by supporting quality integration of services including HIV/AIDS; tuberculosis; maternal, newborn and child health (MNCH); reproductive health (RH); nutrition; and malaria.
Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC)	2016–2021	USAID's RHITES-EC key result areas include: increased availability and accessibility of health services (malaria, MNCH, HIV/AIDS, family planning, tuberculosis, nutrition, WASH); improved quality of health services; increased availability of resources for public sector health; improved organization and management of service delivery; and increased adoption of healthy behaviors and positive child development practices by communities in focus areas and target population groups.
HarvestPlus Meals for Nutrition in Uganda (MENU)	2016–2021	MENU will result in an increase in production and consumption of high-yielding iron-rich beans, orange sweet potato, orange maize, and iron-rich pearl millet that will increase farmers' income, improve livelihoods, and contribute to improved nutrition in rural households, particularly for women and children. It is expected that over the life of the activity up to

		420,000 new households in not less than 25 districts will be planting and consuming biofortified crops.
Regional Health Integration to Enhance Services in Southwest Uganda (RHITES-SW)	2015–2020	USAID's RHITES-SW key result areas include: increased adoption of healthy behaviors and positive child development practices by communities in focus areas and target population groups, and increased utilization of health services in 14 districts in southwest Uganda by: • Increasing availability of and accessibility to health services • Improving the quality of health services • Increasing availability of resources for public sector health services • Improving organization and management of service delivery
Communication for Healthy Communities (CHC)	2014–2019	CHC supports the government of Uganda and partners to design and implement quality health communication interventions that will contribute to a reduction in HIV infections, total fertility, maternal and child mortality, malnutrition, malaria, and tuberculosis.
Strengthening Human Resources for Health Activity	2014–2019	The objective is to strengthen local capacities to effectively and efficiently plan and manage the health workforce in Uganda for improved health, HIV/AIDS and nutrition services, and better health outcomes.
Food and Nutrition Technical Assistance III (FANTA) Project	2012–2018	FANTA supports the government of Uganda's national nutrition priorities by creating awareness through advocacy, improving service delivery by building technical and leadership capacity, and coordinating knowledge-sharing among stakeholders.
Advocacy for Better Health (ABH)	2014–2018	The objective of ABH is to foster the Ugandan citizen's voice and the capacity of civil society organizations to demand improved government responsiveness and accountability in service delivery, including nutrition.
Sustainable Comprehensive Responses for Vulnerable Children and Their Families (SCORE)	2011–2018	The aim of SCORE is to decrease the vulnerability of critically vulnerable children and their households; specifically, strengthen food security and nutrition by increasing household food production, improving food utilization, and referring vulnerable households to agricultural, nutritional, and health services.
Food for Peace (FFP)	Ongoing	An FFP Title II program is active in Uganda, and is designed to reduce food insecurity among chronically food insecure households in the Acholi and Karamoja regions, which contributes to the program goal of ensuring that vulnerable households in targeted areas build and sustain food security. The Title II program also contributes to objectives in the government of Uganda's Karamoja Integrated Development Plan and Karamoja Action Plan for Food Security. FFP also has a pilot project in Kamwenge (southwest region) to strengthen livelihoods of refugees.

Other USAID Nutrition-Related Development Assistance

PEPFAR support for nutrition is being executed by the integrated regional RHITES programs, which implements nutrition assessment, counseling, and support (NACS) programs in HIV and antenatal clinics for adults, children, and pregnant woman. Other PEPFAR-related support focuses on improving availability of nutrition commodities and promotion of nutrition services through the private sector.

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