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 policymakers in Uganda, where nationally, 33 percent of children under age five are stunted (have low height-for-age), while 4 percent are acutely malnourished or wasted (have low weight-for-height) according to the most recent Demographic and Health Survey (DHS) (UBOS and ICF 2018).

Background

Uganda's strong economic performance in the 1990s and 2000s—an annual gross domestic product (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. In October 2019, Uganda's economic structure was significantly changed following a rebasing of the national accounts, resulting in a significant change in the structure of the economy (World Bank 2020). A continued focus on agricultural productivity is critical to accelerate and sustain growth. Agriculture is the mainstay of the Ugandan economy, employing two-thirds of the labor force and providing approximately half of export earnings (USAID 2020). 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 (USAID 2020).

Currently, Uganda ranks 140th out of 162 countries in progress meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019). 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 2002/2003 to 35 percent in 2012/2013, representing one of the fastest reductions in poverty in Sub-Saharan Africa. Uganda has achieved remarkable results in reducing poverty over the past decades, mainly driven by the agriculture sector. From 1992 to 2013, the percentage of Ugandan households living in poverty was halved, but vulnerability to external shocks remains high; for every three Ugandans who get out of poverty, two fall back in. All Uganda's regions registered an increase in the number of poor persons, with the notable exception of the Northern region, which is the poorest, and where poverty decreased from 44 percent to 33 percent (World Bank 2020).

Uganda's population is growing at a rate of 3 percent a year and has 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 1.35 million, Uganda is currently hosting the largest number of refugees in Africa and the third-largest number in the world (World Bank 2020).

Nutrition and Food Security Situation

Almost one-third of children under five 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. The prevalence of stunting decreases with increasing levels of the mother's education. About four in ten children born to mothers with no education (37 percent) are stunted compared with one in ten (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.

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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 five years and one in three 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 five children, straining family resources. This is among the highest fertility rates in East and southern Africa. Childbearing begins early in Uganda. In 2016, by the age of 19, 54 percent of adolescent girls had begun childbearing. 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 zero to five months are exclusively breastfed, the percentage drops to 43 percent among children four to five months. Only 15 percent of breastfed children 6–23 months receive a minimum acceptable diet (UBOS and ICF 2018).

The causes of food insecurity in Uganda are multifaceted, often a result of poverty, landlessness, high fertility, natural disasters, high food prices, and a lack of education. Also, 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 stunting, as seen in the southwest region, considered the “food basket” of Uganda, which has one of the highest rates of stunting among children under five 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 2018 (UNICEF 2019)	42.7 million	
Population under 5 years (0–59 months) 2018 (UNICEF 2019)	7.5 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 61.7 percent in urban areas were fortified, and 57.9 percent of samples were fortified according to current national standards.*

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
2019	Ministry of Health and Partners Commit to Improving the Quality of Care for Reproductive, Maternal, Neonatal, Child, and Adolescent Health Services (RMNCAH) in Uganda	During the assembly held in August 2019—with the theme "Better accountability and coordination"—the Ministry of Health committed to scale up quality RMNCAH services, including nutrition to reach the most vulnerable populations. They committed to support a multi-sectoral approach, in addition to strengthening the existing community structure toward promoting maternal, child health, and nutrition.
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 (UNICEF 2017).
2011	Scaling Up Nutrition (SUN) Movement	This global movement 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, including stakeholders such as the trade industry and water departments at the local government level. The district level has 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 it is developing a coordinated action plan on nutrition (SUN 2017).
2010	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	This African-led program brings 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 development sector investment plan (New Partnership for Africa's Development 2009).

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) II (2020/2021–2024/2025)
- National Development Plan III (2020/2021–2024/2025)
- Health Sector Development Plan (2015/2016–2019/2020)
- Food and Nutrition Policy Draft (Revised 2019, Draft)
- Integrated Management of Acute Malnutrition Guidelines (2019)
- Policy Guidelines on Infant and Young Child Feeding (IYCF) (2007)
- National Nutrition Advocacy and Communication Strategy II (2020/2021–2024/2025)
- Maternal Infant and Young Child and Adolescent Nutrition Guidelines (2021)
- Food Fortification Policy (2005)
- Local Government Planning Guidelines (2014)
- Sector Development Planning Guidelines (2015)

The Government of Uganda launched its multi-sectoral UNAP in November 2011 and the next iteration of the UNAP II is near completion. In addition, the development of the multi-sectoral national nutrition policy is nearly complete. USAID continues to work with the government and 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

The US Government selected Uganda as one of 12 Feed the Future target countries for focused investment under the new US Government Global Food Security Strategy (GFSS). USAID is the lead agency implementing Feed the Future, the US 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. Uganda's GFSS Country Plan adopts a market systems approach to improve the functioning of the agricultural market to sustainably reduce hunger, malnutrition, and poverty, as well as to increase the resilience of people and systems. Feed the Future targets three types of value chains: (1) nutritious foods, commodities, and staples as the agricultural component, (2) facility- and community-based prevention and treatment of malnutrition as the nutrition component, and (3) a community-level integrated approach to connect the two. The Global Food Security Country Plan 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.

As of April 2020, the following USAID programs with a focus on nutrition were active in Uganda:

Selected Projects and Programs Incorporating Nutrition in Uganda		
Name	**Dates**	**Description**
Agriculture Research Activity	2019–2024	USAID, working with the Consultative Group on International Agricultural Research centers, is facilitating the release and commercialization of key food security crop varieties (banana, maize, and beans) and increased adoption of bio-fortified and nutritionally enhanced crops.
Communication for Healthy Communities (CHC)	2014–2020	CHC supports the government of Uganda and partners to design and implement quality health communication interventions that will help reduce HIV infections, total fertility, maternal and child mortality, malnutrition, malaria, and tuberculosis (TB).
Bureau for Humanitarian Assistance (BHA)	Ongoing	BHA is collaborating with Catholic Relief Services and Mercy Corps to assist food-insecure Ugandans using multi-year development activities in Karamoja. BHA also partners with the AVSI Foundation to help extremely vulnerable refugee and Ugandan host-community households in southwestern Uganda's Kamwenge district "graduate" from conditions of food insecurity and fragile livelihoods to self-reliance and resilience. Additionally, BHA partners with Innovations for Poverty Action to evaluate the graduation activity to assess the impact and cost effectiveness of this activity. BHA also supports the UN World Food Program (WFP) to distribute locally and regionally procured emergency food assistance—such as beans, maize, and sorghum—to refugees and asylum-seekers in Uganda. Purchasing food locally and in neighboring countries enables BHA to rapidly deliver food assistance to populations in need while simultaneously strengthening regional economies. BHA enables WFP to provide cash transfers for food to refugees in some areas, depending on local market conditions, empowering vulnerable people to purchase their choice of foods.
HarvestPlus Meals for Nutrition in Uganda (MENU)	2016–2021	MENU will increase 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 at least 25 districts, will plant and consume biofortified crops.
Inclusive Agriculture Markets (IAM)	2019–2024	This activity works with agro-industry, Government of Uganda institutions, and private sector organizations to help the agriculture market system work more effectively and benefit more market actors, such as youth and women. While IAM works throughout the Feed the Future zone of influence, it emphasizes Karamoja and the refugee-hosting districts of Lamwo, Isingiro, and Kamwenge.
Integrated Community Agriculture and Nutrition (ICAN)	2018–2023	ICAN works with community groups to maximize economic opportunities for vulnerable households, stabilize their access to and consumption of diverse and nutritious diets, and increase social capital by reinforcing relationships among formal governance systems and communities. ICAN's mother care groups and adolescent girls' camp participants receive instruction on pregnancy prevention, child spacing, and nutrition. In building household resilience, through community platforms and models, ICAN mobilizes women and adolescents and delivers community services that contribute to improved maternal child health; family planning; water, sanitation, and hygiene (WASH); and nutrition outcomes.

Nutrition Surveillance	2018–2022	The Uganda National Panel Survey (UNPS) is a multi-topic household survey that produces annual estimates in key policy areas and provides a platform for experimenting with and assessing national policies and programs. A nutrition model was added onto the UNPS to increase the availability of timely, high-quality performance and impact data for large-scale nutrition-specific programs in the country for program improvement, policymaking, accountability, advocacy, and global reporting. With this data, the Government of Uganda can better track program performance and make needed adjustments, and examine patterns and indicators of nutritional status in relation to other health.
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 and AIDS; TB; 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 and AIDS, family planning, TB, 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.
Regional Health Integration to Enhance Services in North Acholi (RHITES-NA)	2015–2021	This activity supports the implementation of a district-based, integrated package of quality maternal and child health, HIV and AIDS, TB, nutrition, and WASH interventions in targeted districts. Three main areas will be prioritized: scaling-up and strengthening implementation of the high impact evidence based packages; strengthening community-level interventions to increase demand and uptake of MNCH services; and strengthening the health system to improve MNCH services. Major activities include capacity building through on-the-job training and mentorship; promoting evidence-based decision-making at the district, facility, and community level; leveraging other health and non-health platforms to increase coverage and diversify audiences, particularly targeting young people and women groups; strengthening supply chain management at the facility level for effective use of commodities; and improving quality of care through application of continuous quality improvement approaches to improve health outcomes and patient safety.
Regional Health Integration to Enhance Services in North Lango (RHITES-NL)	2018–2023	USAID's RHITES-NL prioritizes three main areas: scaling-up implementation of high impact evidence based packages; strengthening community-level interventions to increase demand and uptake of MNCH, family planning, and TB services; and strengthening the health system to improve MNCH, family planning, and TB services. Major activities include capacity building through on-the-job training, coaching, and mentorship; promoting evidence-based decision-making at district, facility, and community level; leveraging other health and non-health partners to increase coverage and diversify audiences; strengthening supply chain management for effective use of commodities; supporting effective use of human resources for health for quality services; and applying continuous

		quality improvement approaches to improve health outcomes and patient safety.
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.
Social and Behavior Change Activity (SBCA)	2020–2025	The purpose of the activity is to transform households, communities, and systems for improved health and development outcomes through social and behavior change. The vision is a Uganda where individuals and communities are not just healthy, but resilient, supported by strong and adaptable systems and institutions to lead productive lives. To improve adoption of priority behaviors, this activity will work with the Government of Uganda, implementing partners, and stakeholders to design, implement, and scale-up SBC interventions, including improved nutritional status.
Strategic Information Technical Support Project (SITES)	2017–2022	The SITES mechanism will facilitate, promote, and enhance evidence-based programming and reporting in Uganda's health system, with a particular focus on the National HIV and AIDS and family health responses, including nutrition. For example, strengthening host country institutions to deliver on their health information mandates; conducting assessments, evaluation, operations research; and strengthening analytical capacity to inform policy and decision-making; supporting monitoring and reporting systems and processes to avail timely and quality data; and mentoring and training partners at the level of implementation to strengthen skills and competences in evidence-based programming and reporting.
Uganda Health Systems Strengthening Project (UHSSP)	2019–2024	The activity will work with the national and regional levels to strengthen health financing; key systems, like human resources for health; and the private sector and community health systems.
USAID Maternal Child Health and Nutrition (USAID MCHN) Activity	2020—2024	The MCHN Activity improves maternal, newborn, child health, and nutrition outcomes in Uganda through strengthening leadership and governance, the rollout of national strategies and programs, and coordination and cooperation across stakeholders. It seeks to enhance learning and sharing of lessons and best practices, facilitates improvements to governance and cooperation processes and structures, builds leadership capacity, and enhances private sector engagement.

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