



## Nutrition: A path way to reducing maternal and child mortality that must be strengthened

### Overview

Uganda faces various nutrition challenges. Today 29% of Uganda's children aged 6-59 months are stunted (short for their age), 4% are wasted (thin for their height), 11% are under weight (low weight for their age) and another 4% over weight (high weight for their age), according to the 2016 Uganda Demographic Health Survey.

Adequate nutrition is a prerequisite for human development and socio-economic wellbeing. Optimal maternal nutrition is an important contributor to the survival of both the mother and child, and promotes women's overall health, productivity, and well-being.

This policy brief highlights the progress made by the health sector in addressing malnutrition, identifies the gaps and what needs to be done to overcome them. The analysis reviews available literature on nutrition and government policy documents such as the second National Development plan.

### Introduction

The government of Uganda through the second National Development Plan (NDP II) proposed an end to all forms of malnutrition by 2030. This includes achieving by 2025 the internationally agreed targets on preventing stunting and wasting in children under five years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

The government developed and launched a five year Uganda Nutrition Action Plan (UNAP) in 2011. This

### Key Issues

- There is increasingly low priority given to nutrition activities within the Ministry of Health.
- Nutrition Interventions are largely not costed within the health sector
- There is limited mass sensitization about nutrition which limits improvements in nutritional status.
- There is limited coordination of multi-sectoral strategies, policies and guidelines to improve nutrition in the general population.

aimed at reducing levels of malnutrition among women of reproductive age, infants, and young children by ensuring that all Ugandans are properly nourished.

Through the Nutrition Division in the Community Health Department at the Ministry of Health (MoH), the Government has continued the fight against malnutrition. The division contributes to improvement of the nutritional status of the general population through intensified services to a level that is consistent with good health.

### Progress made towards addressing Nutrition Interventions

At the national level, the Uganda Nutrition Action Plan (UNAP) was developed to



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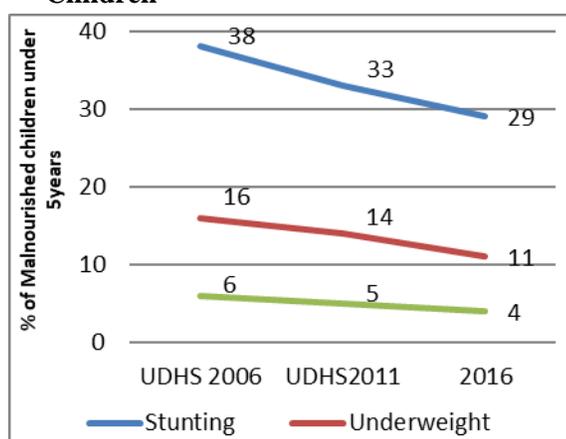
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promote multi-sectoral engagement, with Office of the Prime Minister playing the coordination role. The Ministry of Health has upgraded the Nutrition Unit into the Nutrition Division in the Department of Community Services aimed at strengthening nutrition policy issues.

Other nutrition interventions have been supported by donors such as the World Food Programme interventions in Karamoja and Western Uganda, and the USAID nutrition interventions implemented under Regional Health Integration to Enhance Services (RHITES) in 38 districts.

There have been improvements in nutrition as shown by the performance indicators (figure 1).

**Figure 1: Trends in Nutritional Status of Children**



Source: UDHS 2016

Notwithstanding the above achievements, the progress towards achieving the set targets remains slow. The levels of stunting among children remain a public health issue, while prevalence of anemia is unacceptably high at 53% and 32% among the 0-59

months and women of reproductive age respectively.

The year 2016 marked the end of the Uganda Nutrition Action Plan, at which time, the efforts made by government in achieving the set targets was low (table1).

**Table 1: Progress towards achieving Nutrition Targets under UNAP (2011-2016)**

Indicator	UDHS 2011	Target 2016	UDHS 2016
Prevalence of stunting among children under 5 years (0–59 months)	33%	32%	29%
Prevalence of underweight among children under 5 years (0–59 months)	14%	10%	11%
Prevalence of wasting among children under 5 years (0–59 months)	5%	na	4%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	10%	9%	10%
Prevalence of anemia among children 6–59 months	49%	50%	53%
Prevalence of anemia among women of reproductive age (15–49 years)	23%	30%	32%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	57%	na	62%
Percentage of children 6–59 months living in households with iodized salt	99%	na	99%
Percentage of Infant exclusively breastfed for the first 6 months of life	62%	75%	66%

Source: 2011, UDHS 2016 and UNAP 2011-2016

na-not available

Virtually all targets set under the plan, were not achieved, although there were some improvements. This points to limited implementation of the agreed interventions by the sectors and the poor inter-sectoral linkages that are very critical.



## Gaps in implementation of the nutrition policy

**Low levels of prioritization:** There is increasing low priority given to nutrition activities within the Ministry of Health as reflected from the budgetary allocations (Table 3). This makes it difficult for the ministry to adequately play its roles of; developing the strategy, policy and guidelines, setting standards, capacity building and development; monitoring and evaluation; and quality assurance among others. The inadequate allocation of resources makes it difficult for the government hospitals to adequately manage cases of severe malnutrition of patients that are admitted. Even where the interventions are implemented, there are no explicit budgets provided to cater for such. Much of the funding comes from development partners, and this poses challenges of standardization.

**Table 3: MoH Budgetary Allocation to Nutrition Activities**

Financial year	Annual Budgetary Allocation**
2015/16	68,000,000
2016/17	68,000,000
2017/18	68,000,000
2018/19	41,457,294
2019/20 (projected)	41,457,294

Source: MoH Planning Unit

\*\*Excluding medicines

**Interventions not costed:** Although the nutrition action plan was developed, it was not costed. This made sectoral planning and budgeting very difficult and has resulted in difficulties during

implementation. Many agencies consider nutrition as a cross cutting issue, but there is no proper planning for the interventions considering the inter-sectoral linkages.

**Inadequate human resources:** Whereas the Ministry of Health established the positions of nutrition personnel within the staffing structure in the sector, and elevated the nutrition unit into a division, the number of personnel filled in those positions is still very low. For example, at MoH headquarters, the position of Assistant Commissioner and Principal Nutritionist in the Nutrition Division had not been filled. Furthermore, a review of the staff list on the Programme Based System at the Ministry of Finance, Planning and Economic Development for FY 2018/19 revealed that only 39% of positions in the sector are filled at that level.

**Limited coordination of multi-sectoral strategies, policies and guidelines:** Many agencies consider nutrition as not directly contributing to their sector outputs and outcomes, therefore do not directly allocate resources to nutrition specific interventions by treating it as a cross cutting issue. In addition, much of the implementation is by donors which is not holistic. This makes leverage of inter-sectoral linkages very difficult.

**Low levels of mass sensitization:** Due to inadequate budgetary allocations, there are low levels of mass sensitizations for the general public about nutrition issues and their effects on health. This leaves them without knowledge on how to address nutrition issues in their homesteads. Education on the proper dietary intake is key in reducing malnutrition in both children and mothers of reproductive age.



## Conclusion

Optimal maternal and child nutrition is important for the survival of both mother and the child. It promotes the overall health of the mother, and increases her productivity. It can also reduce the money spent by government in treating conditions related to anemia, severe malnutrition, and frees resources to other sector priorities.

However, progress towards achieving set targets is low and slow. There is therefore need to address the existing gaps which include low prioritization, inadequate human resources, and low levels of sensitization in the sector. In doing so, nutrition will act as a pathway to reducing maternal and child mortality.

## Policy Recommendations

- i. The MoH should invest in the fight against malnutrition by prioritizing it through increased budgetary allocation for the agreed interventions within the sector.
- ii. The Office of the Prime Minister should strengthen the inter-sectoral collaborations of all stakeholders and government agencies in addressing malnutrition and ensuring that sectors explicitly allocate direct resources towards addressing malnutrition.
- iii. The MoH should increase the social mobilization through mass media campaigns about the basic nutrients for both the children and women of reproductive age.

- iv. The Office of the Prime Minister and MoH should review the nutrition policy to compel all sectors/agencies involved in addressing nutritional issues in the country to adhere to nutritional programming within their sectors. This will ensure that there is intra and inter sectoral prioritization of nutrition interventions and also promote coordination and utilization of available resources.

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