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# Uganda: Nutrition Profile

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## Background

Uganda's strong economic performance — annual GDP growth averaged 7 percent in the 1990s and 2000s, well above the sub-Saharan average — has enabled substantial poverty reduction and progress toward reaching the Millennium Development Goals (MDGs). The number of people living in poverty declined from 56 percent in 1993 to 24.5 percent in 2010,<sup>1</sup> which means that Uganda has already met MDG 1, to cut poverty in half by 2015. However, conflict in the north has created regional disparities, with poverty levels in the north almost double the national average in 2010. Though GDP growth slowed in 2011 and 2012, the economy has recovered and future economic growth is on track. Focus on agricultural productivity will be key to accelerate and sustain this growth, because 70 percent of the labor force is involved in the agricultural sector, while only 20 percent of GDP is agriculture-related.<sup>2</sup> Uganda has also made remarkable progress to meet MDG 4, reducing child mortality, largely driven by the government's fight against malaria and dramatic improvements in the availability of essential drugs. However, progress on maternal health (MDG 5) and HIV/AIDS (MDG 6) remain stagnant.<sup>3</sup> Uganda's population is growing at the second highest rate in the world (3.2 percent), and half the population is under 15 years old, a demographic explosion that could further burden the health system.

## Nutrition Situation

Despite sustained economic growth and poverty reduction, the proportion of the population that is food insecure increased from 19 percent in 1992 to 21 percent in 2007.<sup>4</sup> Food and nutrition security remain the fundamental challenge to human welfare and economic growth, with almost 30 percent of households considered food insecure,<sup>4</sup> and chronic undernutrition in children a critical issue. One-third of children under 5 years old are stunted. Undernutrition is an underlying cause of 60 percent of deaths for children under 5.<sup>5</sup> Micronutrient deficiencies, including in vitamin A and iron, are highly prevalent in women and children. The causes of undernutrition vary by region but include availability and access to food, lack of dietary diversity, cultural and social traditions, and poverty levels. Producing more staple food does not guarantee improved nutrition, as seen in the southwest region, considered the "food basket" of Uganda, which has one of the highest prevalence rates of stunting in children under 5. Similarly, increasing income does not guarantee improved nutrition: Anemia, vitamin A deficiency and wasting in children are independent of wealth and affect all economic groups. Undernutrition disproportionately affects rural areas, where rates of stunting are over 36 percent compared to 19 percent in urban areas.<sup>6</sup>

Uganda Nutrition Data		
Population <sup>6</sup> (2011)	34.5 Million	
Population under 5 years of age (0-59 months) <sup>6</sup> (2011)	6.6 Million	
	<b>2005-06<sup>7</sup></b>	<b>2011<sup>6</sup></b>
Prevalence of stunting among children under 5 (0-59 months)	38%	33%
Prevalence of underweight among children under 5 (0-59 months)	16%	14%
Prevalence of wasting among children under 5 (0-59 months)	6%	5%
Prevalence of anemia among children aged 6-59 months	73%	50%
Prevalence of anemia among women of reproductive age (15-49 years)	42%	24%
Prevalence of thinness among women of reproductive age (15-49 years)	12%	12%
Prevalence of children aged 0-5 months exclusively breastfed	60%	63%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	11%	6%

### **National Nutrition Policies**

The National Development Plan and Agriculture Development Sector Investment Plan (DSIP) provide the framework for a strategic focus on nutrition and agriculture. USAID has worked with the Government of Uganda (GOU) to encourage other development partners and the private sector to align their efforts with government priorities to address nutrition, agriculture and food security. The GOU launched its multisectoral Uganda Nutrition Action Plan (UNAP) in November 2011. The nutrition interventions outlined in UNAP have a specific focus on women of reproductive age, with the aim of reducing undernutrition as well as the burden of care that malnourished children present to mothers. In December 2012, the Office of the Prime Minister organized the first national nutrition forum to take stock of how far the country has moved in the implementation of UNAP.

In March 2011, Uganda joined **Scaling Up Nutrition (SUN)**, 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 UNAP's implementation, while USAID is the SUN donor convener in Uganda.

The GOU has demonstrated commitment to agricultural development, signing a CAADP (Comprehensive Africa Agriculture Development Programme) Compact in 2010. 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.

## USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Uganda				
Project Name	Year Awarded	End Date	Objective(s)	Funding Stream(s)
Community Connector (CC)	2012	2017	<p>Reduce poverty by enabling vulnerable households in Uganda to achieve sustainable food and livelihood security through community-level action. This will be achieved through two intermediate results:</p> <ul style="list-style-type: none"> <li>• Improved nutritional status, especially of women and children.</li> <li>• Sustainable and equitable opportunities for improved livelihoods.</li> </ul>	Feed the Future
Production for Improved Nutrition (PIN)	2012	2017	<p>Reduce the burden of undernutrition in Uganda through production and distribution of therapeutic and supplementary foods to meet national and/or regional demand. The specific objectives are:</p> <ul style="list-style-type: none"> <li>• To improve food production, quality control and supply chain management for the distribution of therapeutic and supplementary foods.</li> <li>• To provide livelihood empowerment of small-scale rural farmers who will supply the raw materials for the production of therapeutic and supplementary foods.</li> <li>• To support households with vulnerable children in four selected districts.</li> </ul>	PEPFAR, Feed the Future, Nutrition
Northern Uganda Health Integration for Enhanced Services (NU-HITES)	2012	2017	<p>Ensure that quality primary health services are available, accessible and affordable at different levels of the health system in 15 districts of Northern Uganda. The specific objectives are:</p> <ul style="list-style-type: none"> <li>• To increase the use of people-centered integrated health services at facility and community level.</li> <li>• To strengthen systems for effective and sustainable delivery of quality health services.</li> </ul> <p>Nutrition interventions form part of the package of health service delivery at the health facility and community level.</p>	PEPFAR, Feed the Future, Nutrition

### **Feed the Future Progress**

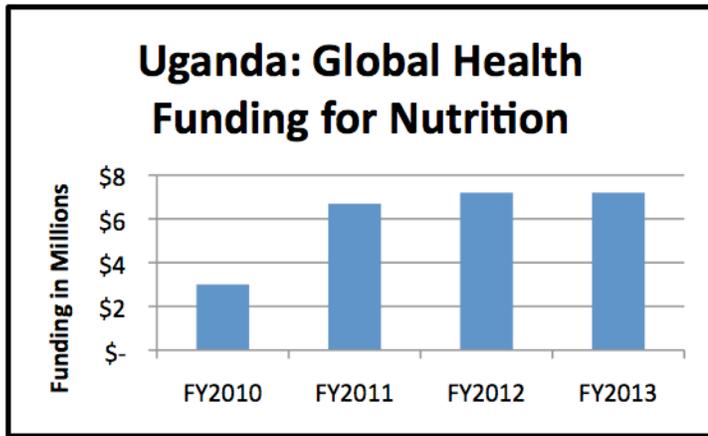
USAID is the lead agency implementing Feed the Future, the U.S. Government's global hunger and food security initiative, in 38 focus districts in three geographic areas of focus: Northern Uganda, the central "Maize Belt," and Southwest Uganda. The Feed the Future Uganda strategy focuses on three components: nutrition, agriculture, and connecting nutrition to agriculture. It identifies three value chains (maize, coffee and beans) for its agricultural component, facility- and community-based prevention and treatment of malnutrition for its 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 processors 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 agricultural and expenditure.<sup>8</sup>

#### **USAID/Uganda Feed the Future Targets for 2015**

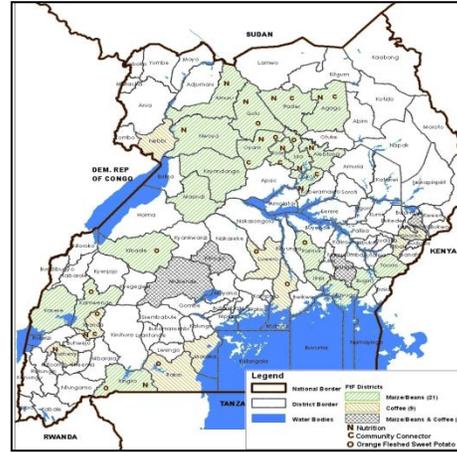
- Help 709,000 vulnerable Ugandan women, children and family members — mostly smallholder farmers — escape hunger and poverty.
- Reach more than 450,000 children with services to improve their nutrition and prevent stunting and child mortality.
- Achieve improved income and nutritional status for significant numbers of additional rural populations through strategic policy engagement and institutional investments.

The Feed the Future flagship project, **Community Connector (CC)**, began in January 2012 in nine districts and will phase up to 15 districts. CC implements activities from UNAP and works with District Nutrition Coordination Committees and Village Health Teams in improving the nutritional status of women and young children and the livelihoods of vulnerable populations. Additional projects include **Production for Improved Nutrition (PIN)**, which is designed to source quality ingredients from indigenous farmers and build the capacity of local industries to manufacture and distribute therapeutic and supplementary foods, and **The Northern Uganda Health Integration for Enhanced Services (NU-HITES) Project**, which aims to increase the use of quality health services and to strengthen systems for the delivery of quality health services in northern Uganda, with the overall aim of improving the health and nutrition status of the population in Northern Uganda through a district-based integrated package of quality health services that includes nutrition. Coordination of Feed the Future activities and partners at the national level is facilitated through USAID's investments through the nutrition secretariat at the Office of the Prime Minister, in liaison with other non-U.S. Government partners like the U.N. and within the framework of SUN.

During FY2012, USAID support directly benefited over 100,000 households involved in production and marketing of coffee, maize and beans. Nearly 65,000 farmers, almost 30,000 of whom are women, applied new technologies. USAID also supported on-farm trials to evaluate four vitamin A-enriched varieties of sweet potatoes and 25 high-iron varieties of beans. The improved varieties of sweet potatoes were disseminated to more than 20,000 households, enabling over 55,000 children to have access to better nutrition.<sup>9</sup>



**Uganda: Feed the Future Zones of Influence**



**Active Global Nutrition Mechanisms**

**Food and Nutrition Technical Assistance (FANTA) III:** The FANTA III project supports the GOU’s national nutrition priorities in the following areas: A. collaborating with stakeholders to develop and implement a national nutrition advocacy strategy; B. developing nutrition assessment, counseling and support (NACS) training materials; C. training nutrition service providers; D. strengthening the health system’s implementation of nutrition services; E. managing and implementing the Uganda Nutrition Fellowship to develop skilled nutrition practitioners; F. developing nutrition programming to address Uganda’s social development goals and agricultural challenges and opportunities; and G. collaborating with the Uganda Partnership for HIV-Free Survival to accelerate adoption of the 2010 World Health Organization guidelines on prevention of mother-to-child transmission and on HIV and infant feeding.

**Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING):** The SPRING project’s vision is to reduce undernutrition, including anemia, and prevent stunting. The project will revive, refocus and strengthen nutrition treatment and prevention capacity at the facility level, especially integrated management of acute malnutrition and NACS. Additionally, building on the achievements of the just-ended **Global Alliance for Improved Nutrition**, which helped expand fortification of cooking oil in the country to over 90 percent of the market, SPRING will provide technical assistance to support and implement national-level activities and policies related to food fortification and other micronutrient initiatives.

**Other USAID Nutrition-Related Development Assistance**

Under **PEPFAR**, USAID’s investment in the provision of therapeutic and supplemental feeding to malnourished people living with AIDS has been expanded under the **Production for Improved Nutrition** project that now cover 104 health facilities. PEPFAR support for nutrition is also being executed by the SPRING and FANTA III projects, which are both implementing the NACS program in HIV and antenatal clinics for adults, children and pregnant woman.<sup>10</sup> Additional PEPFAR support is provided through the **Sustainable Responses for Improving the Lives of Vulnerable Children and their Households (SCORE)** project that aims to decrease the vulnerability of critically vulnerable children and their households. Specific objectives include A. improve the socioeconomic status of vulnerable children’s households; B. improve the food security and nutrition status of VC and their household members; C. increase the availability of protection and legal services for VC and their household members; D. increase the capacity of vulnerable women and children and their households to access, acquire or provide critical services.

A **Food For Peace 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 programs complement the GOU’s Karamoja Integrated Development Plan and Karamoja Action Plan for Food Security.

**STRIDES**, the Mission maternal and child health (MCH) flagship project, aims to increase the use of quality reproductive health/family planning and child survival services at the facility and community levels in 15 selected districts in Uganda. Through integrated MCH service delivery, nutrition interventions are implemented through facility- and community-level programs.

Uganda joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and 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.

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