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Better nutrition for children in Uganda: The policy makers role

Ibrahim Kasirye



The situation

Although Uganda has made tremendous progress in improving welfare outcomes in the past 20 years, some key welfare outcomes especially regarding nutritional status have performed dismally. For instance, the proportion of poor persons reduced from 56% in 1992 to 25% by 2010. Also, the infant mortality rate (IMR) reduced from 81 to 54 death per 1000 live birth during 1995-2011. Similarly, the HIV/AIDS prevalence rate reduced from 30% in the early 1990s to 6.7% by 2011. On the other hand, Uganda continues to maintain a large population of malnourished children and women and this dents the country's impressive human development record.

According to population based data from Uganda Demographic and health Surveys (UDHS) of 2006 and 2011, 2,314,620 children under the age of five are too short for their age (stunted). An estimated 250,000 children under the age of five suffer from severe acute malnutrition annually and are in need of medical treatment. However, the most recent estimates from the 2011 UDHS indicate that child stunting rates have declined in the past five years. The proportion of children aged below 5 years classified as stunted declined from 38% in 2006 to 33% by 2011 (Figure 1). Furthermore Figure 1 shows that Uganda has registered mixed progress regarding child nutritional health indicators and the country may not meet the Millennium Development Goal (MDG) 1 target of halving Uganda's underweight levels from 25% in 1990 to 12% by 2015. Worse still, Uganda appears to off the mark with regard to the target of halving the population below the minimum level of dietary energy consumption—the level of food insecurity has remained above the 60% mark since the 1990s.

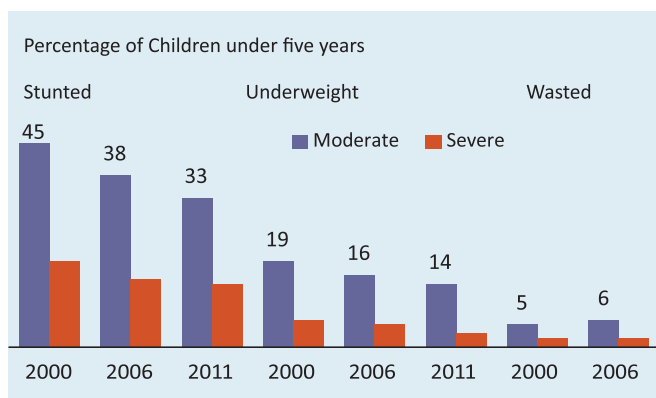
About 2.3 million children under the age of five are too short for their age

An estimated 250,000 children under the age of five suffer from severe acute malnutrition

About half a million pregnant and lactating women suffer from anaemia

In Uganda, 13 mothers die every day due to pregnancy related causes. Half of these are related to nutrition problems

An estimated 360 children below five years die daily in Uganda. Nutrition interventions can save at least 120 child lives every day.

Figure 1: Trends in nutritional status among infants, 2001-2011

Source: Uganda Bureau of Statistics and ICF International (2012)

Uganda also shows poor health status with regard to micronutrient intakes. For instance, at least half of all children aged 6-59 months are anaemic while 23% of women aged 15-49 years are anaemic (Uganda Bureau of Statistics and ICF International 2012)¹: an estimated 415,272 pregnant and lactating women (or every fifth pregnant/lactating woman) suffer from anaemia (lack of iron in blood which leads to prolonged bleeding in delivery). There are wide geographical differences in anaemia—with Karamoja and Eastern Uganda having highest anaemia rates in both children and women. In addition, other micro-nutrient deficiencies are rampant, including those from vitamins and zinc. On the other hand, the costs of malnutrition in Uganda in terms of lives lost is enormous. For instance, at least 360 infants die daily in Uganda and nutrition interventions can save 120 infants per day. At the same time, 13 mothers die every day and about half of these deaths are related to nutrition.

The causes

1. Poor feeding practices for pregnant and lactating mothers:

In Uganda, there is little positive change of feeding practices during pregnancy and lactation. Very few women add one meal to their daily diets or rest one hour at mid-day as per World Health Organization (WHO) recommendations. Uptake of highly effective remedies such as iron tablets and folic acid pills is virtually non-existent - less than 4% of women took iron pills for more than 90 days as recommended by WHO (Uganda Bureau of Statistics and ICF International, 2012) while data is not readily available on post-partum uptake of vitamin A.

Seriously compounding the maternal nutrition status are the early and frequent pregnancies not conducive of the women's recovery after pregnancy and lactation. By the age of 20 years, over 70 % of women are already married. Almost one fifth of all pregnancies in Uganda are happening among

women younger than 20 years of age which is way too early than the internationally recommended age of 20 years at first pregnancy. As a result, 12 % of women are considered too thin - a situation that increases risk for complications during birth and leads to low birth weight of babies at birth—up to 14 % of new-borns are of low birth weight. Tragically, the low weight at birth contributes to 34 % of all new-born mortality.

2. Poor feeding practices for children:

Not initiated early to breastfeeding: In Uganda, only 52 % of new-borns are breastfed in the first hour of life (Uganda Bureau of Statistics and ICF International, 2012), thus, a large proportion of new-borns miss out on the disease-protective benefits of colostrum ("first" milk, of yellowish colour).

Not exclusively breastfed: In Uganda, 63% and 41% of children under the age of 6 months and aged 4-5 months respectively are exclusively breastfed as recommended by Ministry of Health. The introduction of solid foods and liquids takes place much earlier than the recommended age of 6 months and which exposes infants to infections and poor digestion as their stomachs cannot take food other than maternal milk. Some 16% of new-borns are introduced to foods other than breast milk from the first day of life with the number doubling for those of 2 months age.

Not being properly fed when sick: When sick, children in Uganda receive less food and liquids which is against Ministry of Health's recommendations of feeding sick children more frequently while also practicing a more responsive and supportive feeding given the special feeding needs of sick children.

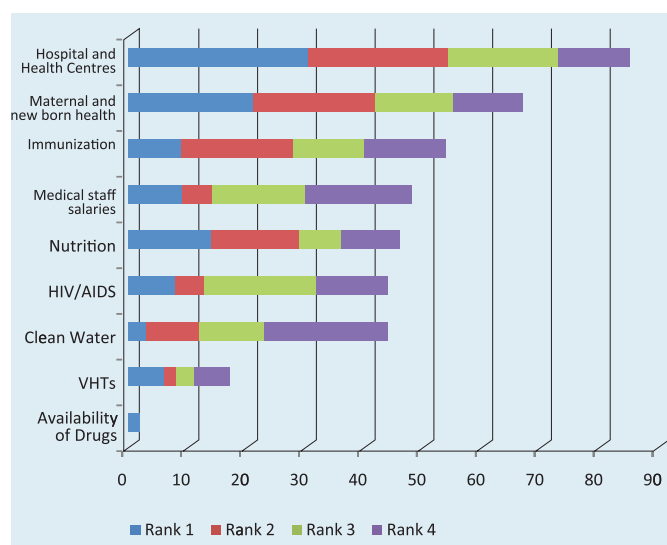
Not given quality solid foods after the age of 6 months: The foods provided complementarily (additionally) to breast milk mostly consist of cereals or vegetables (such as maize/posho or matooke) and are lacking in protein, fat and vitamins. Just one-quarter of Ugandan children aged 6-23 months are fed in accordance with the minimum WHO standard of feeding (continuous breastfeeding, 3+ meals per day composed of 3+ food groups each (Uganda Bureau of Statistics and Macro International, 2007).²

Not receiving supplements, such as vitamin A, and de-worming: just 54% of children under the age of five in Uganda receive at least one dose of vitamin A and de-worming annually.

Not weighed regularly to monitor the weight gain: less than one fifth of children under the age of two in Uganda are regularly weighed in line with Ministry of Health recommendations

There is also limited appreciation of the devastating impacts of malnutrition—even among policy makers. In 2012 UNICEF sampled 150 Members of Parliament (MPs) to establish the most important issues affecting children in Uganda. MPs were asked to rank the top four most important issues within the health sector and nutrition issues were ranked lowly by most MPs (UNICEF, 2012).³ MPs considered hospitals and health centre infrastructure (84%); maternal and new born health (66%); immunization (53%); and medical staff salaries (47%) as more important than nutrition (45%). Figure 2 shows how MPs ranked different issues within the health sector and it is evident that nutrition is not ranked among the top four issues overall. MPs considered hospitals and health centre infrastructure (84%); maternal and new born health (66%); immunization (53%); and medical staff salaries (47%) as more important than nutrition (45%). Furthermore, more than two thirds of the MPs were unaware of the allocations for nutrition interventions within the health sector budget. Consequently, it is important that MPs know more about the adverse impacts of malnutrition as well as the policy challenges faced is addressing this important issue.

Figure 2: MPs Prioritization of issues within the Health sector



Source: Children's Issues in Parliament, UNICEF 2012

The Solution

I. What every mother and family with young children must know and practice: "Nutrition Messages for Ugandan families"

When pregnant/lactating:

1. Take an additional meal during pregnancy and lactation
2. Rest 1 hour during mid-day to preserve and gain energy for the daily chores and the baby's growth

3. Consult the health worker about the body weight gain to ensure good growth to the foetus and good start in life for the new-born take Iron and folic acid tablets for more than 90 days during pregnancy and lactation/ breastfeeding
4. **After birth put the baby immediately to breast** and breastfed within first hour of child's life. Early initiation of breastfeeding is one of the most effective interventions for child health: It provides nutrients, warmth, and immunological protection for the baby; promotes bonding between mother and child; and reduces post-delivery bleeding in mothers.

When feeding young children:

1. **Feed the baby breastmilk only up to the age of 6 month:** Exclusive Breastfeeding is the best way to meet the nutritional needs of infants. No additional food or drink is needed before the six months of a child's life. Exclusive breastfeeding limits exposure to virulent microorganisms and reduces infants' risk of infection (particularly diarrheal diseases) and provides all the nutrients that a baby requires. Even if the mother is HIV positive, she should exclusively breastfeed her baby and take ART drugs to prevent mother-to-child HIV transmission.
2. **After six months give adequate complementary solid food** to the baby: give daily breast milk as baby desires or if not breastfeed, any animal milk coupled with 2-3 meals daily prepared from 3 - 4 types of foods (for example: posho or matooke cooked on milk or soup of vegetables or meat if available. Greens and groundnut sauce added with oil or butter should also be mixed in; if available, boiled egg or small piece of fish or meat; for snacks - small pieces of fruits and vegetables).
3. **When baby is sick ensure Proper nutrition** and care: secure their early treatment and give adequate food and liquids including breast milk and extra feeding for a week after recovery.

The 1000 days window of opportunity to address long term malnutrition

The above solutions summarize the 1000 days window of opportunity between pregnancy and a child's first two years and this presents the best prospect for supporting a child's nutritional health. Proper nutrition during pregnancy—especially micronutrient intake during pregnancy (e.g. vitamins and minerals) is critical for brain development of the child. After birth, exclusive breast feeding is critical in the first 6 months while the nature and preparation of

The **Strengthening Institutions to Improve Public Expenditure Accountability** research project (2008-2013) supported by GDN, helped build research capacity in the analysis and monitoring of public expenditures in 15 selected countries and improve development outcomes by increasing the effectiveness with which governments allocate and use their resources. It aims to draw on the insights into public spending on social sectors the sectors from program budgeting, benefit incidence analysis, cost effectiveness analysis and policy simulations. The project, funded by the UK's Department for International Development (DFID), covers three key social sectors: education, health and water. The 15 countries are – Argentina, Armenia, Bangladesh, Ghana, Guatemala, India, Indonesia, Kenya, Mexico, Nepal, Nigeria, Peru, Philippines, Tanzania and Uganda.

Other Research under the GDN project

- a. "Cost effectiveness of malaria control programmes in Uganda: The case study of long lasting insecticide treated nets (LLINs) and indoor residual spraying" Gemma Ahaibwe and Ibrahim Kasirye
- b. "Public spending in the water sub-sector in Uganda: Evidence from program budget analysis" James Wokadala, Nyende Majidu, Madina Guloba, and Mildred Barungi
- c. Cost benefit analysis of the Uganda post primary education and training expansion and improvement (PPETEI) project" Sarah Ssewanyana, Geoffrey Okoboi and Ibrahim Kasirye
- d. "Causes of health inequalities in Uganda: Evidence from the demographic and health surveys" Sarah Ssewanyana and Ibrahim Kasirye, African Development Review, 2012 Vol 24, No.4: 327-341

About the Authors

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complementary foods introduced after 6 months protects the child from stunting.

What can be done now?

Legislation: Members of Parliament (MPs) should follow up the passage of the food and nutrition bill. The proposed legislation reaffirms Ugandan's right to food and the role of public authorities in protecting and fulfilling this right to food. In addition, the bill proposes to establish the Uganda Food and Nutrition Council whose major objective is to ensure that to Uganda meets its national and international obligations on the right to food and to ensure food security and adequate nutrition for all. Finally, the bills also propose to establish the Food and Nutrition Committees at each district and sub county to monitor the food and nutritional status within the locality.

Budget: Address the low budget for nutrition interventions. For instance, within the health sector, acute malnutrition is not treated as a disease and there is no budget

for treatment. Related, MPs should inquire why locally produced therapeutic nutritional supplements are not publicly procured to support the treatment of acute malnutrition among children.

Oversight: Ensure that malnutrition is not only a health sector issue and as such is addressed through a multi-ministry approach as outlined in the Uganda Nutrition Action Plan (UNAP).

Representation: Some of the feeding practices of mothers and their children are deeply entrenched by Ugandan culture. As such, MPs need to be champions in their communities especially in addressing the stigmatization relating to malnutrition. Even well-to-do families are challenged by malnutrition. Increased sensitization of communities about the facts regarding malnutrition could go some way in reversing the negative perceptions regarding openly discussing malnutrition.

Endnotes

- 1 Uganda Bureau of Statistics and ICF International (2012). Uganda Demographic and Household Survey 2011. Kampala, Uganda and Calverton, Maryland, USA.
- 2 Uganda Bureau of Statistics and Macro International (2007). Uganda Demographic and Household Survey.

Kampala, Uganda and Calverton, Maryland, USA.

- 3 UNICEF (2012) Children's Issues in Parliament: A Baseline Study to Establish Ugandan Parliamentarians' Knowledge and Priorities on Children's Issues.

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