The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.1
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.3

Where Does Uganda Stand?

- 38% of children under the age of five are stunted, 16% are underweight, and 6% are wasted.1
- 14% of infants are born with a low birth weight.2

As shown in Figure 1, although the prevalence of stunting and underweight have been decreasing over the past two decades, the rate of progress is insufficient to meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.4

**FIGURE 1 Uganda’s Progress Toward MDG1 is Insufficient**

As seen in Figure 2, Uganda displays higher prevalence of child stunting than several African nations with lower per capita incomes including Togo, Gambia, and Zimbabwe. This underscores that nutritional gains can be made despite low income.

**FIGURE 2 Uganda has Higher Rates of Stunting than Countries with Lower Per Capita Income**

Most of the irreversible damage due to malnutrition in Uganda happens during gestation and in the first 24 months of life.6

Annualy, Uganda loses $145 million to vitamin and mineral deficiencies.3 Scaling up core micronutrient interventions would cost less than US$19 million per year.

(See Technical Notes for more information)

**Key Actions to Address Malnutrition:**

- Increase nutrition capacity within the Ministries of Health and Agriculture.
- Improve infant and young child feeding through effective education and counseling services.
- Increase coverage of vitamin A supplementation for young children and iron supplementation for pregnant women.
- Achieve universal salt iodization.
- Improve dietary diversity through promoting home production of a diversity of foods, and market and infrastructure development.
Solutions to Primary Causes of Undernutrition

Poor Infant Feeding Practices
- Only 42% of all newborns receive breast milk within one hour of birth.  
- 40% of infants under six months are not exclusively breastfed.  
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, one-fifth of infants are not fed appropriately with both breast milk and other foods.

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.

High Disease Burden
- 15% of deaths among children under five are caused by diarrhea.  
- Undernutrition increases the likelihood of falling sick and severity of disease.  
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.  
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food
- 15% of households are food insecure, as defined as per capita access to calories.  
- Many more households likely lack access to diverse diets year round.  
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.  
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References

Vitamin and Mineral Deficiencies Cause Hidden Hunger
Although they may not be visible to the naked eye, micronutrient deficiencies impact well-being, and are widespread in Uganda, as shown in Figure 4.

- **Vitamin A:** 28% of preschool aged children and 23% of pregnant women are deficient in vitamin A.  
- **Iron:** 64% of preschool aged children are anemic, as are 41% of pregnant women. Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.  
- **Iodine:** While 96% of households consume iodized salt, 62,000 million infants remain unprotected from iodine deficiency disorders due to poor iodized salt coverage.  
- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition Related Activities in Uganda
The World Bank currently is not directly supporting nutrition activities. A US$130 million Uganda Health Systems Strengthening Project is under preparation and is scheduled for board submission in May 2010. It is aimed at delivering the Uganda Minimum Health Care Package with a focus on maternal health, neonatal care, and family planning.