

## **Advocacy to Reduce Malnutrition in Uganda: Some Lessons for Sub-Saharan Africa**

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Brenda Shenute Namugumya

**T**here has been increasing recognition in Sub-Saharan Africa over the past decade of the significance of malnutrition as a brake on both human and economic development and a burden in the lives of many African households. Governments are taking measures to reduce the prevalence of malnutrition among their citizens, but the problem is serious: 57 million African children under five years of age suffer from chronic malnutrition, and 6 million of them are acutely malnourished (Black et al. 2008). More broadly, micronutrient deficiencies remain persistently high.

To combat this problem, a supportive environment is being created. Several global initiatives to address young child and maternal malnutrition are now engaging with national governments in Africa. During the past two years, the African Union has fostered efforts and provided leadership for countries seeking to eliminate or reduce food and nutrition insecurity.

However, there are still few effective actions at sufficient scale to address malnutrition. A 2009 report documented growing political commitment to address malnutrition in most affected countries but also observed that improving the operational capacity to address the problem at various levels remained a key challenge—as evidenced by remarkably low national budget support for nutrition action (Engesveen et al. 2009).

Drawing from the case of Uganda, this chapter develops a model showing how advocates for improved nutrition in the countries of Sub-Saharan Africa might engage with governments and communities and move from knowledge to commitment to action in order to sharply reduce the number of malnourished people.

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This chapter is based on the author's 2020 Conference Brief, *Advocacy to Reduce Malnutrition in Uganda: Some Lessons for Sub-Saharan Africa* (Washington, DC: International Food Policy Research Institute, 2011).

The focus here is on the use of advocacy to foster sustainable partnerships and implement nutrition strategies in Sub-Saharan Africa.

### **Nutrition Institutions and Policies in Uganda**

Uganda, like most countries with a high burden of malnutrition, has seen limited progress in reducing the levels of maternal and child malnutrition over the past two decades. In a 2010 report, FANTA-2 explains that the most common forms of malnutrition in Uganda were chronic malnutrition and micronutrient deficiencies—in particular, deficiencies in iron (prevalence of 73 percent among under-fives and 49 percent among women of reproductive age) and vitamin A (20 percent among under-fives). Although micronutrient deficiencies have a major impact on health, growth, and physical development, they rarely have visible symptoms; much of the malnutrition in Uganda is thus a hidden problem. Malnutrition is a key contributor to childhood mortality in Uganda, as an underlying cause of around 150 childhood deaths every day. The long-term economic impact of this level of stunting—coupled with high levels of iron-deficiency anemia, iodine-deficiency disorders, and low birth weight—is estimated at US\$310 million annually due to lost productivity, representing a 4.1 percent reduction in Uganda's gross domestic product (FANTA-2 2010).

Improving nutrition outcomes forms a core component in the health sector strategies highlighted in the Uganda National Minimum Health Care Package of the Health Sector Strategic Plan II (Ministry of Health 2005). Implementation of preventative approaches such as integrated management of childhood illness, immunization, health education, and promotion emphasizes control of communicable diseases and school and environmental health. This is reinforced by the range of nutrition initiatives funded by foreign donors either independently or through the sectors of health and agriculture. However, the scale of implementation and budget allotted is inadequate for sustainably impacting national indicators. Steps have been taken to create a policy environment conducive to addressing Uganda's nutrition and food security challenges. A review of several key policy documents setting the development priorities and strategies of the Government of Uganda—including the master development framework, the National Development Plan—shows that nutrition is included as a development concern. As in many other developing countries, however, the implementation of these strategic documents tends to be poor. There are several reasons for this, both general and nutrition-specific.

1. In Uganda there is no formal mechanism to coordinate nutrition activities among the various public and private entities that should be involved. Malnutrition is

seen as everyone's problem but no one's responsibility, resulting in a failure to take collective action.

2. There is low awareness among the relevant stakeholders of the roles and responsibilities they should take in implementing nutrition policies.
3. The general low awareness of the significance of malnutrition for Uganda's development has led to poor prioritization of nutrition issues and, in turn, low investment of financial and human resources for sustainable and broad-scale nutritional improvement.

Despite these reasons, the level of political commitment to address malnutrition in Uganda has been improving over the past three years, and the change is in part attributable to aggressive advocacy campaigns.

Building consensus among stakeholders around the nutrition issues in African countries is a key step to successful resource mobilization and to implementation of strategies and programs. Uganda's steady scaling-up of efforts to address malnutrition can serve as a model for this advocacy approach.

### **Recent Nutrition Advocacy in Uganda**

The ministries—health, agriculture, education, gender, trade and industry, finance, and local government—that can play a role in reducing malnutrition in Uganda have not made the issue a high priority. There is no national nutrition plan and only limited human and financial capacity committed to implementation. Political leaders have little interest in or understanding of the need for nutrition activities. Indeed, until quite recently, implementation of initiatives to address malnutrition in Uganda has depended on donor-driven agendas. In 2008, however, leadership for nutrition was strengthened in both the health and agricultural sectors. Both sectors began campaigns to strengthen capacity at the central level to provide leadership for efforts to address malnutrition, and both sectors committed increased financial resources for nutrition activities. Several notable activities have resulted.

1. The health sector convened a national nutrition stakeholder forum, with several objectives: (a) to provide an opportunity for information dissemination; (b) to initiate coordination between health and agriculture sector activities; and (c) to offer a mechanism for designing improved nutrition programming. Initially external development agencies and civil society organizations (some external while others are domestic but funded mostly by external donors) contributed most of the technical and financial support for the forum; currently leadership

and budget allocation is integrated in the health sector plan for institutionalization. The forum meets on a quarterly basis with more than 70 participants from public, private, and civil society, and development partner agencies. A central objective of the forum is to develop a strong nutrition policy framework across all of the relevant sectors in order to generate better and more effective programming to address malnutrition. Similar forums at the regional level have since been organized, for planning district-level nutrition and food security activities.

2. In recent strategic planning exercises of both the health and agriculture sectors, their nutrition-focused mandates were reviewed and nutrition activities were incorporated into new sector development strategies. Various stakeholders were engaged in this consultative process, equally supported by both the health and agriculture sectors and external development agencies.
3. During the drafting of the National Development Plan and at the invitation of the National Planning Authority, a multisectoral, interagency approach successfully incorporated strategies related to nutrition and food security into five sections: health, agriculture, education, gender, trade, and finance. Nutrition-related activities were included in the Plan's investment portfolio, which prioritizes activities to receive financial support from the government or its development partners.

The aim of these advocacy efforts is to expand the set of public and private sector actors involved beyond the health and agriculture sectors. This enlarged set of stakeholders is expected to address a broader range of factors that contribute to malnutrition. Table 1 suggests benchmarks that could be applied to monitor the effectiveness of these nutrition advocacy efforts.

As part of this effort, in early 2009 a nutrition advocacy technical working group was formed for Uganda. In addition to the health and agriculture sectors, the working group participants included representatives of the education, gender, and population sectors, public agencies responsible for statistics and standards, development partners, civil society organizations, the media, and academia. The working group studied all the available data on nutrition for Uganda, developing evidence to demonstrate the need for increased public investment in improved nutrition in Uganda. The working group then developed a nutrition advocacy presentation as well as four educational briefs on the impact of nutrition on agriculture, health, education, and economic development (UGAN 2010).

Though the working group was spearheaded by the health sector, it relied heavily on financial support from external development partners and civil society organizations (all reliant on external funding) for all activities undertaken. Resources

**TABLE 1** Benchmarks for monitoring nutrition advocacy

Short term	Medium term		Long term
Create evidence base for decisionmaking	Increase demand	Change in stunting (points per year)	Better diets (calories, proteins, fats)
<ul style="list-style-type: none"> <li>• More professional dialogues on addressing malnutrition at various forums</li> <li>• More operational research addressing how barriers to nutrition programming can be overcome</li> <li>• Contextual and evidence-based media coverage on nutrition issues</li> <li>• Formation of multisectoral working groups to draft action plans</li> <li>• Participatory, multisectoral, and budgeted strategic plans</li> <li>• Advocacy tools developed specific to nutrition—for example, the Uganda nutrition advocacy package</li> </ul>	<ul style="list-style-type: none"> <li>• Critical mass of high-level nutrition advocacy champions—politicians, country directors, cultural and religious leaders</li> <li>• Increase in forums on need to address malnutrition at all levels</li> <li>• Nutrition included in central and district annual development plans</li> <li>• Increase in contextual evidence-based media coverage on nutrition issues</li> <li>• Increase in multisectoral demand-driven professional capacity-building forums</li> <li>• Resource reallocation at all levels to support nutrition</li> <li>• Review and update institutional curriculum to include nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional restructuring to integrate nutrition in other sectors at all levels</li> <li>• Establishment of institution for multisectoral coordination of nutrition interventions</li> <li>• Review and development of cross-cutting policies and guidelines with nutrition content</li> <li>• Community empowerment to foster demand for nutrition programs</li> <li>• Specific resource allocation—both human and financial—for nutrition at all levels</li> <li>• High-level policy champions regularly speak about nutrition</li> <li>• Scale up nutrition interventions to achieve national coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Increased budget allocations specifically for nutrition at all levels</li> <li>• Accountability forums for nutrition expenditures with high-level participation</li> <li>• Strong national coordination, monitoring, and evaluation for nutrition resources</li> <li>• Strong decentralized response capacity in place to address malnutrition</li> </ul>

Source: Author.

for supporting advocacy activities were planned under the five-year Maternal Infant and Young Child Nutrition Plan and operational strategy. However, putting this goodwill into action remains a challenge. The meager budget allotted to the sector's nutrition unit is inadequate to support the advocacy activities. Being a multisectoral group, power struggles among sectors and inadequate ownership of developed materials tainted the working group. This is partly attributable to the failure of the health sector to raise funds for the working group.

## **Champions for Nutrition Advocacy**

Nutrition advocacy champions, with both political and technical backgrounds, are needed at all levels to create effective political demand for better nutrition. This was a primary goal in engaging the Uganda Action for Nutrition Society and the Uganda Dietetic Association. Both associations have multisectoral membership, including high-profile professional participants like the first lady of Uganda and the vice president.

More significantly, high-level individual champions have raised the profile of nutrition in various policy forums. Such champions are able to deliver advocacy messages on the impact of malnutrition on Ugandan development in an easy and innovative manner that is understood by nonprofessionals. They have been successful both in influencing nutrition-related decisionmaking and, importantly, in breaking the silence in the political arena on nutrition issues.

Media engagement forms part of the advocacy campaign. The working group conducted a gap analysis to learn why reporting on nutrition is given low priority in Uganda; it developed a partnership with the Uganda Health Communication Alliance (an association of health journalists) to facilitate reporting on nutrition stakeholder discussions and to enable journalists to visit programs implementing nutrition interventions. Media representatives have also participated in various advocacy forums on nutrition, including activities associated with World Breastfeeding Week and workshops on the links between agriculture and nutrition.

The working group also drafted a statement to obtain public commitment to nutrition from the major candidates for Uganda's 2011 presidential election. These pledges are currently being collected, and the group will ensure that local media give significant coverage to these signed pledges. A rise has been noted in the number of stories on nutrition and food security topics in the print media and on local television. By engaging actively with journalists, nutrition advocacy efforts in Uganda are reaching large audiences at a relatively low cost.

## **Lessons Learned**

Box 1 lists some of the recent successes with advocacy for increased public investment in nutrition in Uganda. More broadly, the agenda for action for improved nutrition has been advanced in Uganda through a range of engagements and interventions, including

- recognizing opportunities for advocacy and education in the policy landscape (for example during high-level public events and the election cycle, when the policy direction changes and creates a need for new information and strategies);

**BOX 1 Recent Opportunities for Nutrition Advocacy in Uganda**

- In August 2009, a workshop sponsored by the Uganda Academy of Sciences reached agreement on the need for increased investment in nutrition, sustainable implementation of community-based nutrition initiatives, and harmonized coordination of nutrition activities, particularly involving the agricultural sector.
- The first opportunity to use new educational materials and to exploit new media relationships arose during the July 2010 African Union Summit in Kampala. At a side event on food and nutrition, presentations on the importance of nutrition for socioeconomic development in Uganda were made and official assurances were obtained to speed up the endorsement of the pending Uganda Food and Nutrition Bill.
- Finally, at the UN Summit on the Millennium Development Goals held in September 2010, the representative of the Government of Uganda committed to reduce malnutrition in the country substantially and sustainably, under the global Scaling-Up Nutrition Initiative. This provided an opportunity for multisectoral interagency collaboration to design a Uganda National Nutrition Action Plan, focusing on young children and their mothers. Following consultations with implementers, the plan will be submitted to the Government of Uganda's cabinet for official adoption.

- drafting speeches for senior government officials that incorporate nutrition messages;
- responding to requests for presentations and documentation on improving nutrition by providing materials that demonstrate its importance to Uganda's human, social, and economic development; and
- proactively engaging with Uganda's media to ensure that messages on improved nutrition reach the target audiences, including policymakers.

Identifying and exploiting opportunities requires adequate financial resources. It was a lack of resources, in fact, that hampered the working group's efforts to promote malnutrition reduction. There were notable missed opportunities related to Global Handwashing Day, World Food Day, and World AIDS Day, as well as

the Uganda Health Partners' review meetings and the political parties' planning workshops prior to the countrywide election.

Nevertheless, there is a lot of goodwill to reduce malnutrition in Uganda and Sub-Saharan Africa. Governments and their development partners have designed numerous broad programs to assist Africa's development, including improving the nutritional well-being of its citizens. However, there often is little direction for converting this goodwill into action. Thus a coordinated system for scaling up proven nutrition-improvement practices in and across each country is vital. A necessary component of such a system is careful engagement with and investment in advocacy at all levels to create demand for improved nutrition and build sustainable private and public partnerships for nutrition action.

Malnutrition is a result of failures by many different sectors in a country; combating it requires professionalism as well as a passion for attaining significant sustainable results. Change is needed in order for Uganda and other countries in Sub-Saharan Africa to reduce child and maternal malnutrition to levels where stunted children are a rarity in African communities. Advocacy is an essential tool to foster sustainable partnerships across agencies and, ultimately, to improve the performance of the sectors concerned.

The achievements realized in Uganda in recent years point to four key factors for successful nutrition advocacy.

1. Strategic networking is essential to create strong linkages and foster effective, coordinated action by the relevant agencies. Funding is required for materials and activities to sustain the network and make it effective.
2. Nutrition champions are needed at all levels and multiple sectors to promote nutrition agendas and actions. These champions should be located strategically, as indicated by an analysis of the current nutrition situation, its determinants, and its impact on health and development.
3. Stakeholder consensus is vital for successful advocacy. Ensuring that partners understand and agree with the nutrition improvement agenda is an essential first step in providing an environment conducive to resource mobilization and implementation.
4. All available nutrition advocacy opportunities must be seized. Malnutrition in Sub-Saharan Africa generally affects populations that do not vote, so the political process is unlikely to generate public investments to meet their nutritional needs. Advocates need to identify and utilize opportunities provided by national

events and high-profile meetings in order to gain policymakers' support for taking action to address malnutrition.

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