

FoodLAND Project Reveals Nutritional Recommendations for Addressing Malnutrition in Uganda

Over the past four years, the FoodLAND project has worked diligently to address the pressing issue of malnutrition in six African countries in Northern and Eastern regions, namely Morocco, Tunisia, Ethiopia, Kenya, Uganda, and Tanzania. The project's efforts culminated in a comprehensive set of nutritional recommendations aimed at combating the diverse forms of malnutrition prevalent in each of these areas, ultimately contributing to the fulfilment of the Sustainable Development Goals, particularly target 2.2, which calls for the significant reduction of all forms of malnutrition.

Decades of shifts in food systems have led to a concerning rise in specific forms of malnutrition, juxtaposing issues like stunting and wasting with escalating rates of obesity and overweight. In African nations, these challenges manifest uniquely across different regions. Uganda, like many developing countries, is faced with the triple burden of malnutrition including under-nutrition, micronutrient deficiencies and increasing levels of over-nutrition. According to the 2016 Uganda Demographic and Health Survey, 42% of the children below five years of age are underweight and 53% are anaemic. The significance of over-nutrition and associated non-communicable diseases in the country has also become apparent in recent years with the prevalence of obesity among women rising from 17% in 2006 to 24% in 2016.

For a long time, Uganda has had interventions targeting under-nutrition and nutritional deficiencies, with particular attention to children below 5 years and women of reproductive age. The country has dietary guidelines for the feeding of infants, children, pregnant and breastfeeding mothers. Recent dietary guidelines also address adolescents. However, less attention has been paid to adults (males and females that are neither pregnant nor breastfeeding) and the elderly. Considering the widespread food insecurity in the country, this population is also at risk of undernutrition and micronutrient deficiencies.

Adults and the elderly also face the risk of over nutrition and associated non-communicable diseases. The nutritional recommendations put forward by FoodLAND aim to address the needs of adults and the elderly. The project nutrition working group worked with three key information sources for the development of the recommendations. These included an extensive desk review focused on the more recent scientific literature as well as surveys conducted in both urban and rural settings. The process also considered inputs from key nutrition stakeholders who were involved in the validation of the recommendations generated.

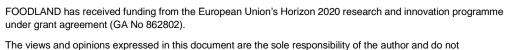
Recommendations for adults and the elderly population

necessarily reflect the views of the European Commission.

The FoodLAND nutrition working group generated 30 nutritional recommendations for adults and the elderly in Uganda. It was noted that diets in Uganda are mainly composed of starchy staples, especially cereals, roots, tubers and bananas, with legumes constituting the main protein source. Consumption of animal source protein is low. Intake of micronutrient-rich foods is also low, despite various interventions to promote consumption of fruits, vegetables as well as biofortified and fortified foods.

Based on gaps identified, the FoodLAND nutrition working group formulated guidelines for adults and the elderly. Overall, the guidelines recommend a daily consumption of

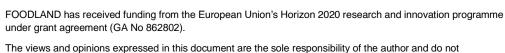






locally available fruits and vegetables, whole starchy staples, and protein-rich foods; including beans, peas, nuts, fish, eggs, and meat. These recommendations are complemented with health practices that should be embraced, including limiting the consumption of fried foods, salt, alcohol, and sweetened beverages; keeping the body hydrated with fluids, preferably water; regularly engaging in moderate-intensity physical activity like brisk walking, digging, swimming, aerobics, and cycling; as well as undertaking medical examination at intervals of no longer than 6 months to facilitate timely detection and treatment of ailments like diabetes, hypertension, high plasma cholesterol and cancers.





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