HEALTHY MOTHERS HEALTHY BABIES

Country Profile: Uganda

Introduction

Uganda is a lower-middle-income country in East Africa with significant challenges in food and nutrition security, marked by a high prevalence of malnutrition among children, women of reproductive age, and pregnant women. Anemia in pregnant women is still a significant public health concern, with a prevalence of 35% in 2023,[1] while 10.84% of women were underweight in 2022.[2] Despite the high prevalence of anemia, the adherence to iron folic acid (IFA) supplementation tablets among pregnant women was quite low, with only 23%[1] who took at least 90 tablets or more during pregnancy in 2016.[3] Although the Uganda Demographic and Health Survey reported that 88% of women took iron-containing supplements during pregnancy in 2022, it does not specify the dose.[4] Thus, anemia during pregnancy is a major contributor to the country's adverse birth outcomes.

Improving maternal nutrition is a key pathway to preventing child undernutrition, including wasting, partly by reducing the incidence of low birth weight. An estimated 30 percent of all wasting in children-under-5 originates in utero, which highlights the importance of maternal nutrition before and during pregnancy. Data from the World Health Organization's Global Health Observatory shows that the prevalence of stillbirths was 14.55 per 1,000 total births in 2023,[5] while 9.96% of births were preterm in 2020.[6] Likewise, in 2022, Uganda's infant mortality rate was 27.56 per 1,000 live births.[7] The figures reveal that maternal health in Uganda is still deeply concerning, with poor birth outcomes and high rates of anemia persisting across the population.

Nutrition International's policy brief lays out a compelling investment case for the transition from IFA to Multiple Micronutrient Supplements (MMS). In Uganda, the transition from IFA to MMS is expected to avert 552,068 disability-adjusted life years (DALYs) over 10 years, prevent the deaths of an additional 6,778 children, and yield benefits that are 18 times the cost. The brief emphasizes that MMS is not only more effective than IFA in addressing micronutrient deficiencies but also highly effective with a high return on investment.[8]

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[1] Uganda DHS (2016) Table 11.14: Micronutrient intake among mothers

This country profile presents a concise overview of Uganda's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders on the current progress, challenges, and opportunities for scaling up MMS as a part of maternal nutrition and health strategies.

MMS Policy and Regulatory Status

The Government of Uganda has demonstrated strong leadership and commitment to transitioning to MMS by establishing a national MMS Advisory Group that provides strategic input and guides implementation research, ensuring an evidence-based and well-managed transition process. MMS is included in the key guidelines such as MYCAN, Essential Medicines List, and Primary Health Care data collection tools, including the antenatal care register. Further, the Ministry of Health is finalizing a five-year nutrition implementation plan and a costed MMS roadmap. However, the country has not yet included MMS in the recurrent government budget for routine procurement.[9]

Implementation Status

A landscape analysis was conducted, revealing strong government interest in transitioning to MMS and prompting implementation research to understand how antenatal MMS can be effectively implemented within the Uganda national health system to support improved maternal nutrition and birth outcomes. Formative research (phase 1) was conducted in 2023-2024 to understand the barriers and enablers to IFA uptake and adherence and to design implementation strategies to be tested during the delivery of an MMS intervention. In April 2025, Uganda initiated a 12-month, three-arm implementation research (phase 2) study across eight districts.

The objectives of this implementation research are to:

a. Describe the implementation of MMS intervention and explore acceptability, feasibility, fidelity, coverage, and potential for sustainability.
b. Determine the factors for MMS adherence and ANC attendance regarding packaging and dispensing MMS.
c. Determine the costs and budget for implementing MMS interventions integrated into the Ugandan ANC service delivery system.[11]

An examination of how an MMS program can be effectively introduced and scaled up within Uganda's health system will inform the government's ongoing exploration of adopting a national MMS policy as part of its health strategy.[9,12,13]

For the implementation research, MMS for pregnant women is delivered through ANC facilities (UNICEF NutriDash).[10] After the implementation research, the Ministry of Health plans for a phased rollout approach projected for around mid-2026.

MMS Coverage and Utilization

Antenatal care (ANC) coverage in Uganda was 73% in 2016, with pregnant women receiving at least four ANC visits (UDHS 2016). By 2022, this rate had declined to 68% (UDHS 2022, Figure 9.1)[2].[4] To raise awareness and support the scale-up of MMS programs, UNICEF NutriDash data identified three key strategies (UNICEF NutriDash).[10]

- Demand creation through advocacy, communication, and social mobilization (ACSM),
- Engagement of community and social influencers on MMS and maternal nutrition, and
- Meetings, seminars, and/or workshops on MMS and maternal nutrition.[10]

It is important to expand coverage of ANC services during pregnancy, as the ANC platform is the primary delivery approach for MMS in Uganda. Through the implementation study, the Ministry of Health (MOH) is supporting eight study districts with Multiple Micronutrient Supplementation (MMS), reaching pregnant women in both study and non-study facilities. In addition, the Government of Uganda received more MMS than originally planned for these study districts. To prevent the supplements from expiring, the Ministry of Health expanded MMS coverage to selected high-volume health facilities outside the study districts, but still within the same region. These additional facilities include regional referral hospitals, general hospitals, and Level IV health centers.

Key Program Actors and Partners

The Ugandan Ministry of Health is leading the program to implement and scale up MMS in Uganda. In addition, UNICEF NutriDash data showed that the Ugandan government and/or partners have a coordination mechanism that supports the planning and implementation of the MMS program and activities in Uganda (UNICEF NutriDash).[10]
The list of all partners collaborating in Uganda to implement and scale up MMS is provided in the table below. Currently, the government of Uganda has identified partners of two interests; 1 – Evidence-based generation and 2 – scale-up, as shown in the table below.

[2] Uganda Demographic and Health Survey 2022, volume 1, Figure 9.1: Trends in antenatal care coverage

Table 1: List of National and International Partners

National Partners	International Partners
Child Family Foundation Uganda (CFU)	Clinton Health Access Initiative (CHAI)
Makerere University (MUK)	Kirk Humanitarian
Ministry of Health (Uganda)	The Hunger Project Uganda
	UNICEF Uganda Country Office
	Vitamin Angels
	Johns Hopkins Bloomberg School of Public Health (JHBSPH)

Supply Chain

MMS's supply chain system has been integrated into the national routine supply chain system. However, there are some supply chain and health system barriers constraining Uganda's transition to MMS, including bureaucracy in the importation and clearing, storage issues at the health facility level, timely and costly "Last Mile" delivery – stockouts, knowledge gaps among providers and communities, and a limited government budget for maternal nutrition programming.[12] To address these issues, local manufacturing of MMS is being explored, aiming to reduce reliance on imports and improve long-term sustainability[9,12]Additionally, UNICEF is engaging and supporting the country with innovative financing modalities, including technical support to the government to access the Child Nutrition Fund for MMS. Finally, implementation research is investigating strategies for addressing barriers such as knowledge gaps and system issues that constrain supply.

Monitoring, Evaluation, and Research

The Ministry of Health, in collaboration with partners, is conducting implementation research to assess how antenatal MMS can be effectively delivered within Uganda's health system. This research aims to generate evidence on feasibility, acceptability, and impact to inform national policy decisions and scale-up strategies. [12-13]

Additionally, the Ministry revised Micronutrient Supplementation indicators to include MMS while maintaining IFA for specific conditions. Furthermore, the Ministry has revised and digitalized data collection and reporting tools at all levels.

Building capacity for health workers under this component is ongoing across the country in a phased approach, depending on the rollout.

Challenges and Next Steps/Opportunities

Uganda's MMS implementation faces several systemic challenges as follows:

- Sustainable UNIMMAP MMS availability
- Sustainable funding for the procurement of available MMS on the market
- Limited resources to support the scale-up plan (e.g., capacity building, supply chain, monitoring and evaluation, demand generation, etc.)
- Low early antenatal care attendance
- Poor adherence to micronutrient supplementation (e.g., MMS and IFAS)
- Frequent stock-outs
- Knowledge gaps among providers and communities

These challenges have underscored the importance of early stakeholder engagement and the necessity of developing a costed roadmap to guide scale-up. There is a need for strong policy frameworks to support the successful integration of MMS into national health systems. [9,13]

The next steps include:

a) Finalize and disseminate the MMS implementation research
b) Strengthen national-level and multisectoral coordination
c) Disseminate the "Costed MMS Roadmap"
d) Advocate for local funding to support MMS scale-up
e) Integrate MMS into the national-level procurement plans
f) Ongoing discussions of leveraging CNF to unlock domestic resources for MMS rollout
g) Building capacity for health care providers

MMS Tools and Resources

Costing and Economic Analysis Tools

These resources guide policymakers and health program managers considering a transition from IFA to MMS. They offer practical tools and costing aids to support effective decision-making and planning.

a. A tool to aid decision-making transitioning from IFAS to MMS
b. Policy Brief: Uganda | Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, October 2019
c. Results for Development: "Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool."

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The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions, contact us at HMHB@micronutrientforum.org.

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