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MotherCareTM

**The State
of Breastfeeding
in Uganda:**

**Practices
and Promotion**

Summary of the Final Report

Prepared for:
The U.S. Agency for International Development
by MotherCare/ John Snow, Inc., The Manoff Group
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***I**ntroduction*

In the 1990 Innocenti Declaration, the international health community recognized breastfeeding's critical role in the health of mothers and children and called for support of a global initiative to improve breastfeeding practices. Taking up this call, the U.S. Agency for International Development (A.I.D.) issued its Strategy for Breastfeeding. Activities included under the strategy are: the conduct of country-level assessments to document the current situation and serve as the basis for planning; the development of national infant feeding strategies and action plans; and the implementation and evaluation of national programs.

Purpose and Methodology

The Ugandan Ministry of Health (MOH), with support from USAID/Kampala, requested this assessment of the status of breastfeeding in Uganda, including identification of supportive factors and obstacles to reaching optimal breastfeeding and areas requiring immediate action that could be incorporated into a national child nutrition strategy.

Using the *Guide for Country Assessment of Breastfeeding Practices and Promotion* produced by MotherCare, an interdisciplinary team conducted the assessment in August and September 1992. Activities included:

- a literature review;
- interviews with health policy makers; managers of relevant programs, including the Uganda National Expanded Program on Immunization (UNEPI), Control of Diarrheal Diseases (CDD), and Health Education (HED); nongovernmental organizations (NGOs); public and private health facilities and training institutes; mothers; traditional birth attendants (TBAs); and market vendors and shopkeepers; and
- site visits to urban and rural public and private health care facilities, NGO project sites, health training institutes, maternity homes and teaching hospitals.

The methodology gives a relatively quick means to assess infant feeding practices and the status of programs and policies that affect infant feeding. The results described here can be used for program planning and also can serve as a baseline for assessing improvements in optimal breastfeeding practices.

Country Background

Located in East Africa, Uganda was formerly one of Africa's most prosperous states. The country now now struggles to recover from a 20-year period of intense civil and military unrest which has had a devastating impact on the economic, educational and health situation of Ugandans. Since 1986, when the National Resistance Movement took power, industry has grown by 20 percent and the overall deficit has declined. However, the inflation rate remains high (60 - 70 percent) and the per capita GNP is only \$250 (UNICEF, 1989). In 1983, 90 percent of the population resided in rural areas and 93 percent earned their livelihood from agriculture, relying on a favorable climate and rich soil to grow food and cash crops (Chowdhury, 1983).

Status of Women

- Women are isolated on small farms and produce 70 to 80 percent of Uganda's food (Jitta, 1992).
- Women work 15 hours daily on farming, household chores, carrying water, and seeking health care (Nalwanga-Sebina and Natukunda, 1988).
- Only 10 percent of women work outside their home (Jitta, 1992).
- Three-quarters of women surveyed in 1988 reported that they had been sick in the past two weeks (Nalwanga-Sebina and Natukunda, 1988).
- Female literacy is 62 percent and their access to and attendance in school is much lower than males'.
- Polygamy is accepted traditionally, although less common today except among older women in eastern Uganda (UDHS, 1989).

Uganda's Health-Related Statistics

Total population	17.5 million
Percent urban	10%
Total fertility rate	7.4 children
Percent of women using contraception	6%
Female literacy	62%
Per capita GNP	\$250 ¹
Women receiving prenatal care	87%
Deliveries by trained attendant	38%
Infant mortality rate (per 1000 live births)	101
Under 5 mortality rate (per 1000 live births)	180
Maternal mortality rate (per 1,000 "assisted" live births)	550 ²

Prevalence of undernutrition

Age	Wt/Age (undernourished)	Ht/Age (stunted)	Wt/Ht (wasted)
0-11 mos	13.6	21.3	0.6
12-23 mos	31.8	53.3	4.2
24-35 mos	26.4	52.3	1.4

Source: UDHS, 1989, except as follows:

¹UNICEF, 1989.

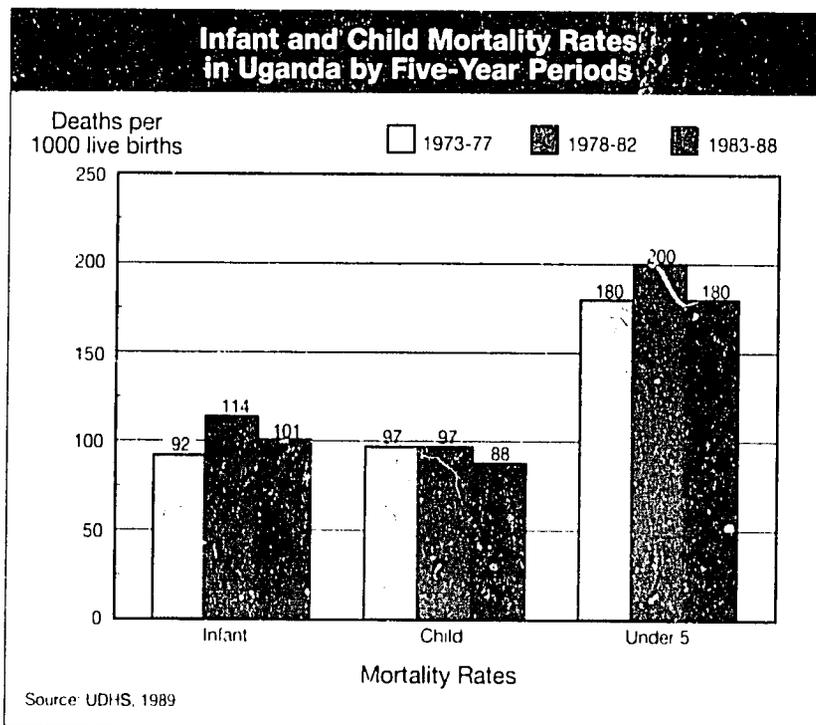
²World Bank, World Development Report, 1993.

Morbidity and Mortality

The destruction of the health infrastructure during the 1970s and early 1980s resulted in an increase in infant and child mortality rates, as shown in the graph below.

The leading causes of childhood mortality and morbidity are diarrhea and malaria. The UDHS reports that almost half of children 6-11 months old had diarrhea in the previous two weeks. The third leading cause of morbidity is acute respiratory infections, which also kill many children, particularly in rural areas. Tetanus and anemia mortality rates are higher in the urban area (UDHS, 1989).

Human immunodeficiency virus (HIV) has been a growing public health problem since the 1980s, with 21,719 cumulative adult AIDS cases reported at the end of 1990. The number of pediatric AIDS cases is increasing, and UNICEF predicts that AIDS may become the leading killer of children. Women appear to be infected at younger ages than men and their infection rates are higher. In 1989, the prevalence of HIV infection in pregnant women in Kampala was 24.3 percent (U.S. Bureau of Census, 1990).



Nutritional Status

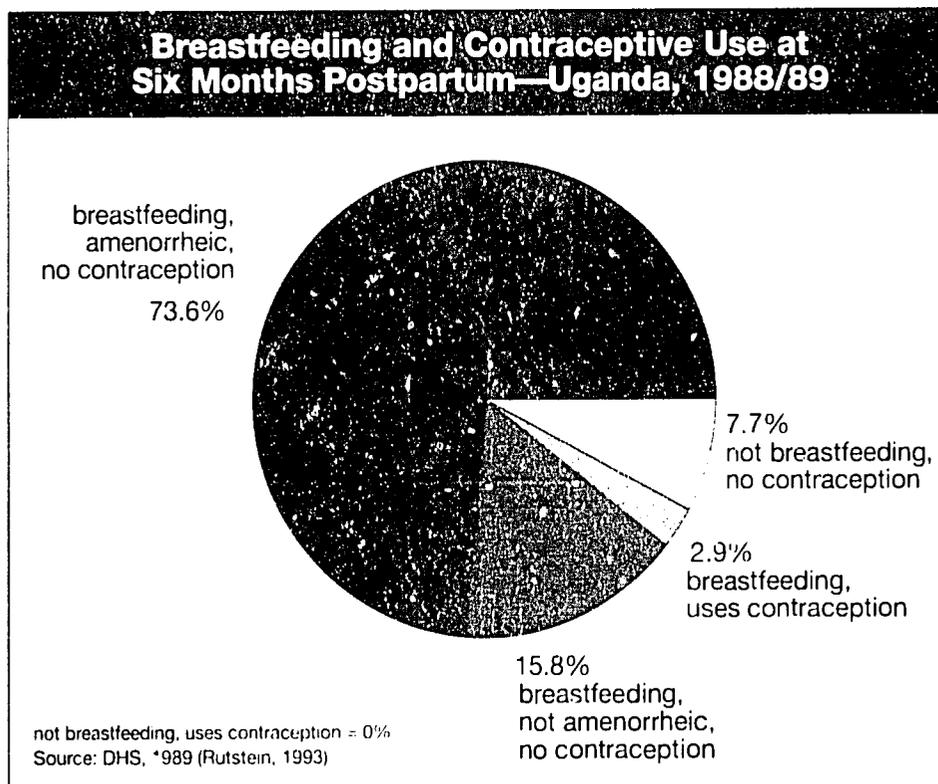
Forty-five percent of children under five years old are chronically undernourished or stunted and nearly 20 percent are severely stunted. The most critical period for stunting is from four to 18 months of age. However, less than two percent of these children are wasted or show signs of acute malnutrition (UDHS, 1989). Micronutrient deficiencies are common. Goiter was visible in 40 percent of primary school children, and the goiter rate was 75 percent for four districts studied (Kakitahi & Olico-Okui, 1991). A dietary intake survey estimates that 50 percent of children were at risk for vitamin A deficiency in one district (Kawuma & Sserunjogi, 1992).

Fertility and Contraception

Ugandan women desire large families (6.5 children) and have a total of 7.4 children in their lifetime. Practices affecting this include:

- The median age of marriage for rural women is 17 years and 18 years for urban women.
- On average, women are 18 years old when they first give birth, and most believe it advantageous to have their children young.
- Only six percent of all women use a contraceptive.

Postpartum amenorrhea from breastfeeding accounts for much of the existing birth spacing. The average duration of delay in return of menses is 13 months. This is due to relatively strong breastfeeding practices (frequency and duration). As seen in the graph below, nearly three-quarters of Ugandan women are amenorrheic at six months postpartum.



Current Breastfeeding Practices

Breastfeeding Practices Merit Strong Support

- All but two percent of Ugandan infants initiate breastfeeding and continue to breastfeed through their first four months of life.
- Approximately 70 percent of infants less than four months old are exclusively breastfed.
- Eighty-six percent of infants are breastfed for one year and 39 percent for two years.
- Bottle feeding of infants less than four months old is non-existent.

Detrimental Practices May Be Increasing

- Detrimental practices are most common in urban areas but may be spreading to rural areas.
- Thirty percent of infants less than four months old are not exclusively breastfed. Giving water does not seem to be the problem as much as solids. Almost 25 percent of infants under four months receive solids.
- Regarding the introduction of liquids and foods, the patterns vary considerably by region and merit investigation.

WHO Indicators on Breastfeeding in Uganda

<u>WHO Indicator</u>	<u>Percent of Children</u>
Ever breastfed	98
Exclusively breastfed 0-3.9 months	70
Predominately breastfed 0-3.9 months (with or without water)	75
Still breastfed 0-3.9 months	98
Complementary foods 6-9 months and breast milk	67
Bottle fed 0-3.9 months	0
Breastfed 12-15 months (1st yr of life)	86
Breastfed 20-23 months (2nd yr of life)	39
Median duration (months)	19

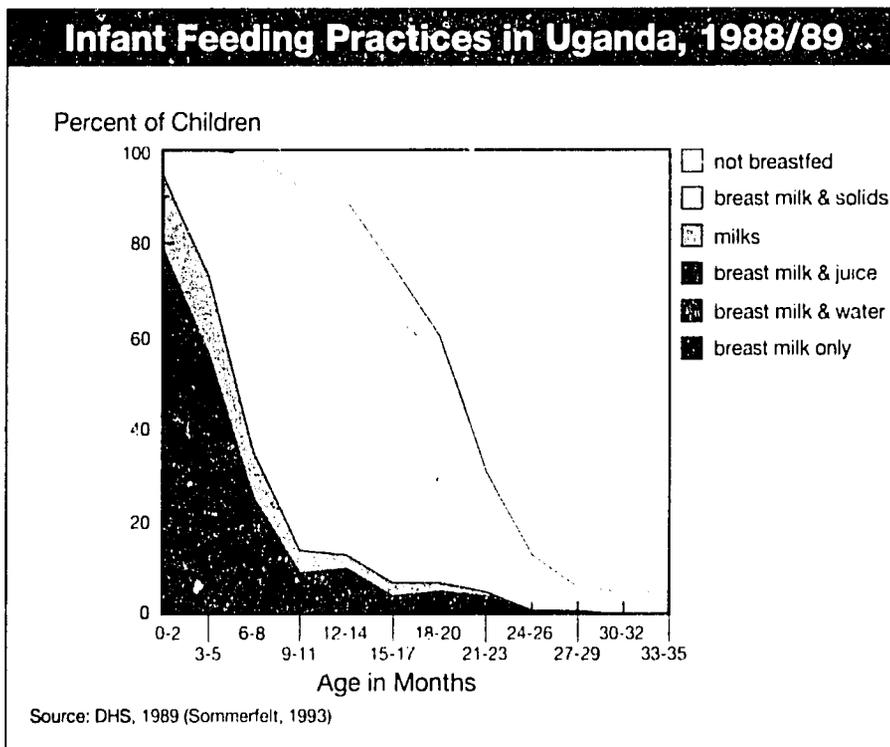
Source: UDHS, 1989.

NB: Percentages calculated from previous day's intake for children currently in age categories.

Knowledge and Attitudes of Mothers

Mothers' knowledge, attitudes, and even practices are poorly documented and need further exploration. Following are indications from qualitative studies of what seem to be prevailing attitudes and practices.

- A pregnant woman's diet does not differ much from the family diet with the exception of taboos against chicken, eggs, and fish.
- Special foods may be served to a women following delivery.
- The initiation of breastfeeding is often delayed, and prelacteal feeds are commonly continued for several days until the mother's milk "comes in." Mothers and health workers believe much of the newborn's crying is due to hunger.
- Colostrum is universally given because of a belief that if breast milk drops on the ground it will cause the death of the baby and will cause the milk to disappear.
- Mothers limit breastfeeding during the day to store enough breast milk for the night. Many women use cow's milk during the day to make up for the reduced breastfeeding.



- The most common reason for supplementing is "insufficient milk." Mothers try to breastfeed exclusively until the infant can eat a suitable, soft, family diet of bananas or some other staple. Cow's milk, the most commonly mentioned supplement, is considered very expensive. Families that own cows add diluted cow's milk to the infant's diet.
- Other reasons for stopping breastfeeding include baby's age, sick baby, pregnancy, sick mother, working mother, and a prolonged separation (more than 24 hours) between the mother and baby because it is believed the baby will get sick from the milk.
- Women working outside the home tend to exclusively breastfeed for a shorter period, introducing other liquids during the second month of life.
- Bottles are not used, but sometimes a cup with holes in the spout or a cup and spoon are used.
- HIV-positive mothers are encouraged to breastfeed, although some do not because they want to conserve their own energy.
- Fathers may play an important role in advising on infant feeding and purchasing special foods such as breast milk substitutes.

***B**reastfeeding Promotion and Support*

The Political, Legal and Financial Context

The Food and Nutrition Policy and Strategy for Uganda, drafted in June 1992, mentions breastfeeding only briefly. A companion piece, drafted by ULMET (Uganda Lactation Management and Education Team), National Policy on Mother and Child, emphasizes optimal breastfeeding. At this point, there is no one approved policy for breastfeeding. There are guidelines for the management of diarrhea and breastfeeding and HIV infection and breastfeeding. There is no policy to guide breastfeeding and family planning programming, although a few family planning programs include training on the lactational amenorrhea method.

Uganda has no committee or coordinator for breastfeeding activities. ULMET functions as a coordinator on an ad hoc basis.

A draft proposal on Marketing of Infant and Child Foods was written in 1984 and revised in 1992. It requires Ministry of Health approval before the Justice Department can make it into law. Several brands of infant formulas, bottles, and nipples are sold in urban and rural stores. However, infant formulas are not provided in hospitals, maternity homes or promoted by the media.

Women are allowed 45 days maternity leave. However, laws protect few women because there are so few in the organized work force.

Prior to the recent establishment of a nutrition office in the Ministry of Health, there was no focal point for assistance on breastfeeding within the government. Most breastfeeding activities were implemented and supported by ULMET through members' dues, volunteers' time, and a few activity-specific grants. The type of activities funded through ULMET gives an idea of the level of support to date for breastfeeding-specific efforts:

- A.I.D. funded 11 Wellstart trainees, including one Wellstart Senior Fellow.
- Save the Children Fund (SCF/UK) has supported a seminar, newsletter production, and conference participation for ULMET.
- The International Baby Food Action Network supported conference participation, a study, and World Breastfeeding Week activities.
- UNICEF has recently begun supporting a variety of activities and is interested in developing a Baby Friendly Hospital Initiative in Uganda.

Activities for Support of Breastfeeding

<u>Activity</u>	<u>Level</u>
National Breastfeeding Policy	No
National Breastfeeding Committee/ Coordinator	No
Comprehensive National Breastfeeding Program	No
Significant National Allocations for Breastfeeding Promotion	Few
Health Services	
Hospitals with rooming-in	Majority
Supplies given to mothers	None
National Code of Marketing	Draft, 1984 Revised, 1992
Companies Distributing Breast Milk Substitutes	Nestlé, Kenya
Companies Advertising Breast Milk Substitutes	Not done in mass media
Breast Milk Substitutes in Hospitals	None
Programs Providing Milk Supplements to Infants under 6 months	Distributed only to orphanages
Number of Professionals Trained in Lactation Management	11 Wellstart 3 Baby Friendly Hospital Initiative
Breastfeeding Support Programs	Kawempe Health Clinic Kansanga Support Group
Support for Working Women	Maternity leave (45 days)
Communications Program to Improve Practices	No coordinated efforts

Formal Health Services

Ugandan women have a number of contacts with formal health sector services that provide opportunities for the promotion of optimal breastfeeding.

- Over 75 percent of women receive prenatal care. Visits include health education talks, although infant feeding is rarely discussed. At least one tetanus toxoid injection was given to 56 percent of the women (UDHS, 1989).
- In contrast with the high rates of prenatal care, only 38 percent of infants are delivered by trained health workers. Urban mothers are much more likely to deliver their babies with assistance from a trained health worker (80 percent).
- A six-week postpartum check-up for mothers is advised and procedures for follow-up on breastfeeding are included in the protocol. However, it is not known what percent of mothers seek postpartum care -- possibly less than half.

Many hospital practices as well as health workers' attitudes relating to breastfeeding are positive.

- Babies are given to the mothers shortly after delivery and bathing the baby often takes place after the initiation of breastfeeding.
- "Bedding-in" (having the baby in bed with the mother) is the norm in Ugandan hospitals.
- Colostrum is given to the baby when mothers initiate feeding; however, prelacteal feeding of water or glucose water is almost universal.
- Health center staff discourage bottle feeding and do not allow bottles on the premises. Some staff even confiscate bottles.

Ten Steps to Successful Breastfeeding in Maternities

1. Have a written breastfeeding policy.
2. Train all health care staff in necessary skills.
3. Inform all pregnant women.
4. Initiate breastfeeding within a half-hour.
5. Show mothers how to breastfeed.
6. Give newborn infants no food or drink.
7. Practice rooming-in.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers.
10. Refer mothers to breastfeeding support groups.

Source: WHO/UNICEF

Encouraging mothers to breastfeed is not commonly done, however, because health workers simply assume it will be done.

- Low birth weight babies (approximately 20 percent of deliveries in hospitals) breastfeed if they are strong enough. Those too small or weak are given expressed breast milk. However, several large hospitals and health centers separate premature or sick babies from mothers, allowing feeding only every three hours.
- Most hospital diets and supply of fluids for postpartum women are inadequate in quantity and quality.
- No infant formula is allowed in any hospital or maternity.

Positive steps toward the promotion of optimal breastfeeding are being made.

- The Mulago Hospital, which is the national referral center and the teaching institution for Makerere University Medical School, is looked upon as the model hospital for Uganda. Mbarara Hospital is following in Mulago's footsteps. Wellstart associates, certified Baby Friendly Hospital Initiative trainers, and ULMET members are working to establish several activities in these hospitals to promote breastfeeding:
 - holding antenatal classes;
 - assisting new mothers to initiate breastfeeding;
 - counselling mothers in postnatal wards;
 - developing a lactation clinic;
 - fostering the establishment of mother-to-mother support groups;
 - undertaking IEC activities, including limited media programs and a quarterly newsletter;
 - conducting research; and
 - training.
- An action plan for converting six hospitals to Baby Friendly status is being developed.

Traditional Health Care

Of the 60 percent of Ugandan babies who are born outside the formal health sector, more than half are delivered by a relative. Almost one-fifth of Ugandan mothers deliver their babies unassisted. Lastly, about six percent are assisted by a TBA. TBAs expect mothers to breastfeed and therefore do not offer counselling, although they are supportive of breastfeeding.

Training Programs for Health Care Providers

A number of training activities are currently being carried out in Uganda. Training capabilities in Uganda are strong, but training could be more effective if based on a training needs assessment and health workers' KAP study.

- Formal pre-service and in-service training for physicians and nurses in breastfeeding is underway, although it needs to be updated and made more practical.
- The Manpower Development Center in Mbale trains district health team members and mid-level operational staff. The "Breastfeeding and Weaning" section of the manual needs improvement.
- The Mulago Teaching Hospital offers nurses' training in nutrition and training at the twice-weekly lactation clinic.
- The diarrhea/lactation management training course began in 1992. This 10-day course devotes 3 1/2 days to breastfeeding management and has a component on communication.
- Uganda has 11 Wellstart associates and one Wellstart senior fellow as well as a few IBFAN trainers.
- Some midwives are being trained in the lactational amenorrhea method.
- The well-established training program for TBAs could be enhanced with a stronger breastfeeding curriculum.
- A cadre of extension workers, home economists, family planning motivators and field educators should be trained to promote breastfeeding in communities, industries and agricultural estates.

Groups Active in Breastfeeding Support

- Uganda Lactation Management and Education Team (ULMET)
- CARE
- Breastfeeding Mothers' Support Groups
 - Kansanga Kawempe Health Clinic
 - Makerere University
- SALEM

Women's Support Systems

Adequate child care is an issue of growing importance in Uganda. The few day care centers or creches in Kampala are well-patronized. The mothers of infants reportedly breastfeed during their breaks. It is rare that employers allow mothers breastfeeding breaks.

The Ministry of Women in Development, Culture and Youth works to raise the status of women and advance policies that promote women's economic independence. Approximately 20 percent of women belong to a women's group, mostly in urban areas. These church-related, professional, or educational associations and mothers clubs organize activities to educate their members. The National Council of Women is an umbrella organization for women's groups.

Information, Education and Communication

There has been no coordinated effort to promote breastfeeding through communication activities. Therefore, there is inconsistency in the messages given to mothers and a lack of emphasis on what practices are important for them to change.

- There has been virtually no qualitative research that can serve as a basis for the development of specific messages to address women's breastfeeding problems.
- The Health Education Division (HED) has included some general breastfeeding messages among its *Basic Health Messages*. Poster boards designed by HED are used by health workers to address optimal breastfeeding. As HED's staff gain experience, they will gradually become more capable of managing a well coordinated effort. HED has recently been strengthened and expanded from three to 120 staff. HED produces a half-hour TV program nightly, a page in the daily newspaper, and a quarterly newsletter for health educators and NGOs.
- ULMET conducts twice-weekly radio programs and activities during World Breastfeeding Week.
- Interpersonal counselling between health workers and families is very poor.
- The integration of diarrhea and breastfeeding management in training will soon be expanded into IEC.

Although many breastfeeding practices in Uganda are better than in most countries, the situation is not optimal and a program is not in place to halt the worsening trend. Uganda received 56 out of 135 points on a scale to measure practices and programs. On the positive side, there are a group of individuals in Uganda who can play a catalytic role in breastfeeding promotion and support.

Supportive Factors for Breastfeeding

- The positive attitude toward breastfeeding as reflected in good, although suboptimal, practices.
- High level of attendance in prenatal care.
- ULMET's direction and commitment.
- Most hospitals practice bedding-in.
- Mulago Hospital provides a model for good hospital practices.
- Strong interest by the donor community to support child feeding activities.
- Diarrhea/breastfeeding management training that can be a model for integration of breastfeeding with other programs.
- Trend toward integrated health services should reinforce messages.
- Well established training capabilities for formal and traditional health workers.
- Active and recently strengthened Health Education Division.
- High potential for mass media education.

Constraints to Breastfeeding

- Absence of a National Breastfeeding Policy.
- Absence of a National Breastfeeding Committee or Coordinator.
- Code on Marketing of Breast Milk Substitutes has not yet become a law.
- Prelacteal feeds are universal.
- Common belief that mothers do not have enough milk to breastfeed exclusively beyond 3 months.
- Women's heavy work loads may prevent optimal breastfeeding.
- Understaffed hospitals reduce staff/patient contact and counselling.
- Lack of breastfeeding support for new mothers.
- Breastfeeding is not perceived to be a problem by health workers.
- Lack of qualitative research for development of communication campaigns.
- Lack of a concerted communication effort in breastfeeding.

Recommendations

Priority Recommendations

The following recommendations are considered urgent to get the rudiments of a breastfeeding program underway.

Coordination of Infant Nutrition Activities

- A National Breastfeeding and Weaning Coordinator and district coordinators are needed to ensure consistency of messages, protocols and procedures, particularly for:
 - a multi-agency strategy,
 - the integration of breastfeeding in maternal and child health services,
 - revision of curricula in training institutions for pre- and in-service training,
 - assisting interested persons in government and nongovernmental programs and health services,
 - the collection of information relevant to breastfeeding programs, and
 - outreach to other programs that could carry the breastfeeding message.

Policy Formulation and Implementation

- Using results of the breastfeeding assessment, the Ministry of Health should draw up a specific implementation plan for breastfeeding activities with the following priorities: (1) making into law the Uganda Code of Marketing for Breast Milk Substitutes and (2) developing a breastfeeding policy to provide the foundation for the development of written protocols.

Training

- Immediately begin training for hospitals that will participate in the Baby Friendly Hospital Initiative. This training can be expanded later to include other public and private sector health care professionals.
- Breastfeeding and weaning should be incorporated into the training of extension workers, community and development workers, TBAs and home economists at the district levels.

Research

- Qualitative research to understand breastfeeding attitudes and practices should be done to facilitate the development of sound communication and counselling materials.
- Research on Ugandan women's ability to exclusively breastfeed their children for six months should be undertaken to counter "rumors" on this point.

Longer-Term Recommendations

These recommendations consider what will be needed to institutionalize and sustain optimal breastfeeding behaviors.

Women's Support

- Maternity leave should be extended from 45 to at least 90 days.
- Existing women's groups should be investigated to determine if they are an appropriate venue to support breastfeeding women.
- The Department of Women in Development should work to explore ways to educate employers about the benefits of having creches at work places or setting up alternative child care schemes.
- Programs need to include men to sensitize them to the needs of women and children.

Information, Education and Communication

- Develop consistent messages and materials to train health and extension workers as well as mothers and family members. Funding for communication efforts is needed.

Health Services

- Sensitize policy-makers and program managers in all health-related areas to the need to integrate optimal breastfeeding messages and assist them in doing this.
- Design and implement a strategy for community health workers to support optimal breastfeeding within their existing activities.

- Train private midwives to promote optimal breastfeeding, offer counselling, and develop support networks among their clients.
- Consider training volunteers to help mothers with breastfeeding in the hospitals that are understaffed.

Monitoring

A health information system should include breastfeeding activities. However, in the absence of a monitoring system, an indicator, such as exclusive breastfeeding at six months, should be selected and be monitored at selected locations, perhaps as part of community-based growth monitoring.

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