



FORT PORTAL HOSPITAL'S BACKYARD GARDEN SOLUTION TO MALNUTRITION

PHOTOS BY JONAH TUSINGWIRE



Kagoro showing the demonstration garden they set up at the facility. The garden serves as a practical learning site where mothers and caregivers are taught how to grow vegetables and prepare balanced meals using available foods in their homes



Senior nursing officer Annet Kagoro

What children eat in their earliest years shapes survival, learning and future productivity. Yet for many families, nutrition is constrained by habits, misinformation and limited choices. As Uganda confronts persistent malnutrition, there is growing recognition that change requires informed communities and stronger policies. Through a month-long campaign from April to May, *New Vision*, in partnership with UNICEF and the Ministry of Health, is spotlighting the challenges and solutions shaping children's diets and their chances of a healthy start.

By Jonah Tusingwire

Child malnutrition is a pressing challenge in Toro sub-region, where hospitals are struggling to cope with rising cases. At Fort Portal Regional Referral Hospital, health workers are responding with practical solutions that combine treatment, education and community outreach. One of their most visible efforts is the use of backyard gardens and food demonstrations, showing families how locally available foods can be used to improve nutrition and prevent illness.

Central to this effort is a demonstration garden known as *Omwana tarwara byosi* (a child should not suffer from malnutrition). Previously, it was called *Nyineka tanyata* (the head of the family should not eat without sauce), carrying a similar message that small gardens can provide a variety of crops.

The garden challenges long-held cultural beliefs about food, according to Annet Kagoro, the senior nursing

officer in the nutrition department at Fort Portal Regional Referral Hospital. Kagoro said families once believed vegetables such as eggplants and *dodo* were only for adults or the elderly, denying children access to nutrient-rich foods.

"People used to believe that children cannot eat eggplants and that *dodo* belongs to old people. But we are now telling parents that if they feed their children these vegetables, they will give nutrients to them," she said.

The garden serves as a practical learning site where mothers and caregivers are taught how to grow vegetables and prepare balanced meals using foods already available in their homes. During a recent visit, the garden contained eggplants, tomatoes, cabbage and onions.

Kagoro said they also conduct food demonstrations, showing mothers how to prepare meals while preserving their nutritional value.

"Sometimes people have these foods, but they do not know how to prepare them. We show mothers how they can make a nutritious meal for their children," she said.

One focus is improving staple foods such as cassava flour. Kagoro explained that families are taught how to enrich cassava flour by adding supplements and other foods to improve its nutritional value. However, she added that food demonstrations often depend on funding, making it difficult to sustain outreach activities. She said it is not always clear whether families apply the lessons at home.

GROWING NUTRITION BURDEN

The hospital's nutrition unit, designed to admit 16 patients, has in recent years been overwhelmed. In 2023, it

TAKING MESSAGE TO THE AIRWAVES

Beyond hospital-based care, Kabarole district health educators are increasingly using radio programmes to spread nutrition awareness.

Catherine Kemigabo, the Kabarole health educator, said the district is using government radio airtime to educate families on proper feeding practices and ways to prevent malnutrition.

"We have tried to intensify nutrition education by taking advantage of government hours on our radio stations. We always request that hour through the resident district commissioner to sensitise the community about how they can avoid malnutrition," she said.

Kemigabo explained that radio has become an important platform for reaching parents and caregivers across urban and rural communities with messages on breastfeeding, balanced diets, hygiene and child feeding practices.

admitted an average of 70 children every month. A 2022 report showed that malnutrition among children aged 0 to 59 months in Toro sub-region stood at 86.3% among those admitted to outpatient and therapeutic care.

Nadith Ampumuza, a senior nutritionist and head of the department at the hospital, said the facility receives about 50 children suffering from nutrition-related conditions every month.

Of these, 30 require admission while 20

are managed as outpatients. She added that the hospital also receives between 15 and 20 malnourished adults, most of whom suffer from conditions such as HIV, cancer, tuberculosis and diabetes that lead to body wasting.

TREATMENT BEYOND FEEDING

To give children a second chance at life, the hospital uses specialised treatment, therapeutic feeding and caregiver education. The process begins with nutritional assessment and immediate intervention for children showing signs of acute malnutrition or severe wasting.

Ampumuza stressed that treatment does not stop with feeding alone. Mothers and caregivers are guided on proper feeding practices to ensure recovery continues after discharge. "We teach mothers what to do in feeding the child because treatment must continue beyond the hospital," she said.

Ampumuza added that the hospital also investigates whether underlying

illnesses may be contributing to poor nutritional status.

Recovery does not end when children leave the nutrition ward. Ampumuza said the hospital has established a follow-up system that links families to lower health facilities for continued monitoring. Families able to return to the regional referral hospital are given review appointments every two weeks. "Those who are willing to come back here, we give them a return date every two weeks," she explained.

The hospital has also encouraged fathers to take part in food demonstrations and child feeding sessions.

"During food demonstrations, we also call men to take part so that it doesn't become a woman's show only," Ampumuza said.

CHALLENGES

Despite these efforts, cultural beliefs, poverty and limited funding remain major barriers. Ampumuza said cassava porridge, which is common in the region, is not nutritious, yet families continue to rely on it owing to tradition. She added that many mothers fail to return for review appointments because they cannot afford transport, affecting continuity of care. Funding gaps have limited nutrition support, specifically for host communities.

"Ninety per cent of our budget comes from donors who prioritise refugee support, leaving host communities with limited access to funding," Ampumuza said.

The government supplies have also been inconsistent. "There is a year we spent without any supply from the Government," she added.

LOOKING AHEAD

Child malnutrition continues to weigh heavily on families in Toro sub-region, yet the work at Fort Portal Regional Referral Hospital shows that practical solutions are possible.

From demonstration gardens to therapeutic feeding and radio education, health workers are proving that locally available foods and consistent caregiver support can make a difference.



Senior nutritionist Nadith Ampumuza