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HOW NUTRITION CARE GROUPS ARE FIGHTING MALNUTRITION IN KYEGEGWA

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.

PHOTOS BY JONAN TUSINGWIRE

Children in Kyaka II Refugee Settlement in Kyegegwa district. Nutrition care groups are helping refugees to improve their feeding practices and strengthening early detection of malnutrition

By Jonan Tusingwire

Last year, Mwamin Hakiza's two-year-old son was diagnosed with acute malnutrition. His hair had turned thin, scanty, and brown, his stomach was swollen, and his small body had become severely wasted.

Hakiza, a refugee from the DR Congo living in Kyaka II Refugee Settlement in Kyegegwa district, says her son was constantly sick, making hospital visits part of her daily life.

Like many mothers in refugee and host communities, she struggled with limited access to nutritious food and little information on proper child feeding.

"At first, I didn't know what to do. A friend told me there was an NGO that could help me," Hakiza says.

Through the World Food Programme's Operational Research Programme, her son was enrolled for nutrition support.

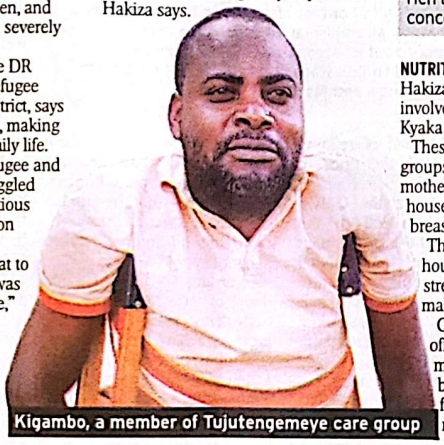
She began receiving protein-rich foods, including silver fish and other supplements, to improve her child's diet.

But beyond food assistance, they equipped Hakiza with knowledge that would transform how she cared for her child.

Health workers trained her on proper feeding practices, preparing balanced meals, and combining locally available foods to improve child nutrition.

"I am now planning on growing my own food that I can always feed him," she says.

Today, her son's health has significantly improved. "He is fine now and his health has greatly improved," Hakiza says.



Kigambo, a member of Tujutengemeye care group

WHY ARE THE NUMBERS HIGH?

Caroline Uwera, a nutrition officer at KRC Uganda, says the causes of malnutrition are deeply rooted in poverty and food insecurity.

"The figures are high because these communities have larger household members, coupled with limited land. This creates an imbalance when it comes to food security," she says.

Large families often compete for limited food, while small plots of land reduce agricultural productivity.

Poor nutrition knowledge also worsens the problem. "Some families lack nutrition knowledge, food diversity and even how to prepare food," Uwera adds.

Low household incomes make it difficult for families to afford protein-rich and diverse foods. Poor breastfeeding practices are another concern, exposing infants to malnutrition early in life.

Nutrition officer Uwera

NUTRITION CARE GROUPS' IMPACT

Hakiza is one of several mothers involved in Nutrition Care Groups in Kyaka II.

These are community-based support groups led by trained volunteer mothers who teach neighbouring households about health, hygiene, breastfeeding and child nutrition.

Their goal is to improve household feeding practices and strengthen early detection of malnutrition.

Caroline Uwera, a nutrition officer at KRC Uganda, says members are trained in exclusive breastfeeding, complementary feeding, hygiene, sanitation and recognising warning signs of malnutrition.

"Their primary focus is to promote better maternal, infant and young child nutrition practices, while strengthening early detection of malnutrition within communities," Uwera says.

An October 2025 assessment found that 55.8% of households in Kyaka II were participating in Nutrition Care Groups. Participation was highest in Kakoni (80.9%), followed by Sweswe (80.6%), Bwiriza (69.6%), Buliti (68%) and Runyege (65.5%).

The report found that these groups played a key role in mass nutrition screening by mobilising families, raising awareness, and encouraging early referrals.

For members like Pole Pole Kigambo, the impact has gone beyond nutrition education.

Since joining the Tujutengemeye Nutrition Care Group, he grows tomatoes, onions, cabbage and other vegetables.

"These vegetables have helped my children and I to get vitamins. They are no longer falling sick every time," he says.

Bijooe Towale, the chairperson of the same 11-member group, says the intervention transformed community attitudes.

"In our nutrition care group, we also rear goats and run a savings and loans group. Before, we did not know how to prepare nutritious foods for our children," she says.

Bijooe says KRC Uganda's support helped families understand that malnutrition is a health issue, not witchcraft. "Now, when a child is malnourished, we take them to health centres," she says.

Today, members are passing this knowledge to neighbours, creating a ripple effect across communities. Uwera says so far, 10 nutrition care groups have been created in the district.

A GROWING MALNUTRITION BURDEN

Despite progress, malnutrition remains a serious challenge in the district.

KRC Uganda and partners continue carrying out door-to-door nutrition screening to identify children and pregnant mothers at risk.

"We move house to house because some mothers do not know their children are malnourished. We screen children under five and pregnant mothers," Uwera explains.

A recent 14-day mass screening exercise revealed troubling findings in Bwiriza catchment zone.

By day six alone, health workers had identified 11 severely malnourished children and 20 moderately malnourished children. "These were only discovered in Bwiriza catchment zone," Uwera says.

The October 2025 mass screening also showed wider nutrition concerns. The report found that 37.9% of children were stunted. A total of 62 children were diagnosed with severe acute malnutrition and urgently enrolled in outpatient therapeutic care.

Another 359 children were found with moderate acute malnutrition and enrolled under the targeted supplementary feeding programme.

Under this programme, clinic days are held every Tuesday at Bwiriza Health Centre III, where malnourished children are treated and monitored.

Moderate cases receive ready-to-use supplementary foods, while severe cases are given therapeutic nutritional support.