Over seven in 10 refugee households have reduced meal frequency

KIRYANDONGO TACKLES NUTRITION CRISIS

BY NELSON KIVA

When 19-year-old Jovia Kawembe arrived at a community nutrition outreach in Kiryandongo Refugee Settlement, she carried more than her baby on her back.

She carried the anxiety shared by many young mothers living in one of Uganda's largest refugee-hosting districts about how to keep a child healthy amid hunger, poverty and shrinking humanitarian support.

"As a young mother, I wanted to do the best for my child, but I didn't always know how. Now, I have learned how to feed my child well and check her nutrition so she can grow healthy," Kawembe says.

For health workers in Kiryandongo district, such small victories are becoming increasingly important in a growing refugee crisis and worsening food insecurity.

MELTING POT

Often described as the "United States of Africa," Kiryandongo is home to more than 365,000 Ugandans and about 165,000 refugees from South Sudan, Sudan, Eritrea, the DR Congo, Burundi, Tanzania and other countries.

Every week, district authorities say, another 400 to 500 refugees arrive after fleeing violence and instability across the region.

Uganda remains Africa's largest refugee-hosting country, sheltering nearly two million refugees and asylum seekers, according to the Office of the Prime Minister.

However, humanitarian agencies warn that Uganda's internationally praised open-door refugee policy is facing growing pressure as global donor funding declines sharply.

The World Food Programme (WFP) says food insecurity among refugees in Uganda has more than tripled in just one year following major humanitarian funding cuts.

It is estimated that about 65% of refugees now lack sufficient food, while more than seven in 10 refugee households have reduced the number of meals they eat daily.

The WFP indicates that one in four refugee families has reportedly withdrawn children from school because of hunger and poverty.

The agency also warns that acute malnutrition among children under five is rising, while anaemia among refugee children has reached emergency levels in some settlements.

Despite the strain, a quiet but determined nutrition response is unfolding, led by communities, health workers and village health teams (VHTs) with support from Unicef and other international donors.

At the centre of the response is Panyadoli Health Centre IV, the district's main referral facility serving both refugees and the host community.

The health facility serves more than 284,000 people and receives between 400 and 600 new patients every week, many arriving from Sudan and South Sudan.

SOCIAL PRESSURE

The Kiryandongo chief administrative officer, Anslem Kyaligonza, says the district is struggling to balance humanitarian response with mounting social and economic pressure.

"The major objective is to give someone another life and then look for other things later," he says.

Kyaligonza adds that prolonged poverty and idleness inside refugee settlements have contributed to rising teenage pregnancies, expanding household sizes and worsening food insecurity.

Health officials say these social pressures are directly affecting child nutrition.

Despite Uganda's agricultural potential, the WFP still classifies the country's hunger situation as "serious".

In Kiryandongo, however, health officials say community-based interventions are beginning to show results.

TURNAROUND

The acting district health officer, Dr Irene Nabiraka, says acute malnutrition rates in the district have dropped from as high as 19% in previous years to about 7% today.

"Strengthening community action is key to tackling malnutrition. Continuous community screening, trained health workers and strengthened nutrition services have helped us detect cases early," Nabiraka says.

The district officials say Unicef-supported interventions such as therapeutic nutrition commodities including ready-to-use therapeutic food, F-75 and F-100 therapeutic milk formulas supported by the UK and Japan are now reaching more vulnerable children.

One of the district's most important interventions, officials added, has been the rollout of the Integrated Community Case Management Plus programme introduced last October.

Under the programme, about 400 VHTs across eight sub-counties were trained to identify and manage uncomplicated severe acute malnutrition at the community level.

The VHTs were equipped with mid-upper arm circumference tapes, referral forms, counselling materials and treatment supplies.

They conduct door-to-door household visits to screen children under five, provide therapeutic foods and refer severe cases to health facilities.

In Ogengo village, Diima sub-county, VHT member Michael Cwinyaai says the programme has transformed community healthcare.

"I appreciate the governments of Japan, the UK and Unicef for supporting us," Cwinyaai says.

"Apart from providing medicines, the training gave us knowledge on how to carry out our work effectively."

According to district data, more than 5,896 children under five and 3,113 newly arrived refugee children have already been screened through the programme.

In seven sub-counties alone, health workers identified 236 cases of moderate acute malnutrition, 83 cases of severe acute malnutrition and 319 cases of global acute malnutrition.

However, health experts say long-term progress depends not only on treatment, but also on changing household behaviour around nutrition.

In Panyadoli refugee settlement, MI-YCAN Mother Care Groups are training families on breastfeeding, hygiene, balanced diets and preparation of enriched foods using locally available ingredients.

Yves Willemot, Unicef Uganda's chief of communication, advocacy and partnerships, says: "Ensuring children have access to nutritious diets early in life is one of the most powerful investments a society can make."



PHOTO BY NELSON KIVA

A Unicef official engages a member of a refugee-hosting community in Kiryandongo on food safety. WFP says Uganda's hunger situation is serious

500

THE ESTIMATED NUMBER OF REFUGEES ARRIVING IN KIRYANDONGO EVERY DAY.

CHILDREN'S PLIGHT

Health workers in Kiryandongo say severely malnourished children often arrive late and in critical condition.

Some suffer from severe acute malnutrition complicated by infections, dehydration and sepsis. Others arrive after caregivers first sought help from traditional healers.

"Traditional treatments, such as cutting the skin, lead to infections and sepsis, causing children to arrive late and in worse condition," one health worker explained.

The delays reflect a deeper challenge facing nutrition programmes in refugee and rural communities. Malnutrition is not only driven by hunger, but also by poverty, misinformation, disease, cultural beliefs and limited access to healthcare.

The district nutritionist, Michael Balimugulira, says many households survive largely on maize meal or *posho*, something that provides calories but lacks nutrients needed for child growth and development.

"Sometimes families have food but lack information on proper feeding practices. Children need food from different food groups to grow well," Balimugulira said.

Globally, the nutrition crisis is worsening as humanitarian financing shrinks. The WFP estimates that more than 343 million people worldwide currently face acute hunger, while 58 million remain at immediate risk of starvation.

In Uganda, funding shortages have already forced the WFP to reduce the number of refugees receiving food assistance from 1.6 million people to about 662,000.

The district leaders in Kiryandongo warn that such cuts are threatening gains already made in nutrition and healthcare.

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