

The screening process involves an appetite test and weight checks to determine a child's condition.

BY JANE NAFULA

Every two weeks, Ms Miriam Amoiti Lapyem, a Village Health Team (VHT) member in Ogenko A Village, Dima Sub-county, Kiryandongo District, moves from household to household checking children's nutritional status.

Her routine visits take her to both refugee settlements and host communities, where she works closely with mothers to detect and manage malnutrition among children at an early stage.

The mothers have been equipped with Mid-Upper Arm Circumference (MUAC) tapes, simple but effective tools used to measure a child's nutritional status.

The MUAC tapes are colour-coded to indicate the severity of malnutrition. Red signals severe acute malnutrition, yellow indicates moderate malnutrition, while green means the child's nutritional status is normal.

"When a mother takes a MUAC measurement of her child at home and reports to me that the child is in the red zone, I re-screen the child. If I confirm that the child is severely malnourished but without complications, I enrol them in the community-led programme for managing malnutrition," Ms Amoiti explains.

"If the child has complications such as oedema (swollen feet), malaria or diarrhoea, I refer them to the nearest government health facility for further management," she adds.

Ms Amoiti is among hundreds of VHTs implementing the Integrated Community Case Management Plus (iCCM+), an expanded version of the traditional Integrated Community Case Management (iCCM) model spearheaded by the Government of Uganda with support from the United Nations Children's Fund (Unicef).

The programme is funded by the governments of the United Kingdom and Japan, as well as the European Commission Humanitarian Aid (ECHO) department, and targets improved child, maternal and adolescent health in refugee settlements and host communities.

At least 400 VHTs have been trained to screen for malnutrition.

Dr Harriet Bitimwine, a health officer

400 VHTs, caregivers tackle malnutrition



Miriam Amoiti, a VHT member (centre), and Gloria Logose, a health assistant nurse at Siima Health Centre III in Kiryandongo District (right), demonstrate how mothers are taught to assess malnutrition in children. PHOTO/JANE NAFULA

attached to Unicef's Arua office, said the standard iCCM programme focuses on treating common childhood illnesses such as malaria, pneumonia and diarrhoea at community level.

The enhanced iCCM+ model expands this approach by incorporating the screening and management of malnutrition.

"Under this programme, children are screened during household visits, community outreaches and at community health points," Dr Bitimwine says.

The screening process includes an appetite test and weight checks to determine whether a child can be managed within the community or requires referral to a health facility. Children who pass the appetite test are provided with age-appropriate therapeutic food supplements, and their caregivers receive guidance on proper feeding practices.

Caregivers are also trained to prepare nutritious meals using locally available foods, fruits and vegetables, as well as to maintain good hygiene to prevent

2.4 million

Prevalence. Records from Unicef show that about 2.4 million children under the age of five suffer from stunted growth/malnutrition in Uganda. This is due to chronic undernutrition, while approximately 300,000 children experience acute malnutrition annually.

infections such as diarrhoea, which can worsen malnutrition.

Ms Gloria Logose, a health assistant at Siima Health Centre III in Dima Sub-county, says the community-based approach has significantly reduced severe cases of malnutrition reaching health facilities.

"Children are managed at community level, but those who fail to improve are

referred to nearby health facilities for further care," she says.

However, she notes that such referrals have declined as caregivers have become more knowledgeable about child nutrition. "We rarely receive referrals nowadays. Mothers have learned how to care for their children, unlike in the past when we were overwhelmed with large numbers of severely malnourished children."

"In the past, some parents associated malnutrition with witchcraft and delayed seeking medical help," she adds.

The shift to community-based services has also made it easier for families to access care. Children are treated within their communities, sparing caregivers the cost and time of travelling long distances to health facilities.

During a recent monitoring visit by Unicef officials led by the Head of Communications, Advocacy and Partnerships, Mr Yves Willmot, and district leaders, they said there was progress made in addressing malnutrition.

Mr Michael Balimugulira, the Kiryandongo District nutrition officer, says the district had not recorded any deaths linked to malnutrition in health facilities for the past two years. However, he cautions that some deaths may still occur within communities where health-seeking behaviour remains low and reporting mechanisms are weak, particularly among refugees.

Kiryandongo District has a population of about 365,000 people and is one of Uganda's 13 refugee-hosting districts.

It currently hosts 165,945 refugees and asylum seekers, placing pressure on essential services such as land management, education, healthcare and social support for both refugees and locals.

Uganda hosts nearly two million refugees and asylum seekers, making it one of the largest refugee-hosting countries.

Dr Jane Nabaaka, the acting Kiryandongo District health officer, says the district's health system is overstretched due to the growing refugee population and declining donors. She says the district currently has only 38 percent of the required health workforce and about 30 percent of the needed nutritionists. She says programmes such as iCCM+ are critical in bridging the gap.

"At least Unicef has supported us to train 400 VHTs in health promotion and mass screening so that we can identify cases early and refer them for intervention," Dr Nabaaka says.

She notes that the programme has already yielded measurable results. "Our global acute malnutrition rate has dropped from 19 percent to 5.8 percent. If you look at severe acute malnutrition, the decline has been remarkable," she explains.

Previously, the district recorded moderate acute malnutrition at 15 percent among children aged six to 59 months and severe acute malnutrition at four percent, giving a global acute malnutrition rate of 19 percent. "The recommended threshold is less than five percent," Dr Nabaaka says.

Mr Willmot says Unicef is facing severe funding cuts, but adds the organisation remains committed to supporting Uganda in providing life-saving services to vulnerable populations. "As Unicef, we have just started a new cooperation programme with Uganda, which began on January 1 and will run until 2030," he says.

Global acute malnutrition combines both severe and moderate acute malnutrition. Experts attribute the problem to poor dietary diversity, low breastfeeding rates, recurring infections and widespread poverty.