

Improving early detection and treatment of children with malnutrition and access to nutritional services together with their mothers/caretakers using a community-based approach in Kawempe Division in Uganda

ABSTRACT

Introduction: Kawempe division is a slum settlement in Kampala city of Uganda with high malnutrition among children.

Goal: The goal of the project is to improve early detection and treatment of children with malnutrition and access to nutritional services together with their mothers/caretakers using a community-based approach

Outcomes: The outcomes include: Improved screening and identification of children with malnutrition, improved integration, coordination and linkage of nutrition care services with community livelihood and other basic nutrition service packages; enhanced capacity of the mothers/caretakers, CFU staff and local leaders in screening of children for malnutrition; Improved access to and utilization of quality nutrition services in management of acute malnutrition for children in Kawempe division. Awareness and skills will be given on the effects of malnutrition, identification of malnourished children using mid-upper arm circumference (MUAC) and referral of these children to care.

BACKGROUND AND JUSTIFICATION OF PROJECT

In Uganda, over two million children below five years have poor nutrition and close to 300, 000 are severely malnourished. Of these, only 20, 000 (6%) access treatment. Severely malnourished children develop and die of simple diseases which are treatable with simple medical care but the mothers/caretakers of such children in the community are not aware, and cannot easily reach the services. This has been aggravated by the government measures set to mitigate COVID-19 spread that has resulted in loss of livelihoods and escalated food insecurity especially in urban slum settlements.

Kawempe Division is the largest division in Kampala capital city, with an estimated population in excess of 338 665 according to the Uganda National Population and Housing census 2014. Kawempe Division has a high mortality and morbidity burden compared to the other four divisions in the city. Despite having over 50 private Clinics and health centers and various government health centers and hospitals, the state of health among the inhabitants of the Kawempe division is still low and malnutrition is a major burden of illness.

The nutrition insecurity among Uganda's children and their mothers has significant economic costs for the malnourished individuals, their households and communities, and the nation as a whole. Hungry and malnourished adults are unable to be fully productive workers and are more likely to be ill, increasing the strain on often overburdened health systems. Malnourished women give birth to low birth weight babies, transferring the broad economic disadvantages of malnutrition in their own lives to their children next generation. The aggregate costs of nutrition insecurity at the national level impose a heavy burden on efforts to foster sustained economic growth and improved general welfare.

In February 2016, Child and Family Foundation Uganda (CFU), a non-government organization in Kawempe division, started a Nutrition Program Outpatient Therapeutic Centre (OTC) and followed up 100 children on care for Malnutrition. This number is very small compared to the over 90% malnourished children that cannot access care. Our intervention will reach children of 0-5 years and their households in slum settlements of Kawempe Division.

OBJECTIVES / GOALS OF THE PROJECT

The goal of the project is to improve early detection and treatment of children with malnutrition and access to nutritional services together with their mothers/caretakers using a community-based approach

METHODOLOGY

CFU will identify 15 community health workers (CHWs) who will be trained on how to identify the signs and symptoms of malnutrition, screen for malnutrition and refer the victims to the CFU medical center

for treatment and rehabilitation. CHWs deliver basic health services and education at village level as part of the Uganda national community health worker program. The CHWs will then be sent to the villages of Kawempe North to screen, identify and refer malnourished children to CFU medical center. At the CFU medical center, the severely malnourished children will be treated medically and managed with supplementary feeding. On recovery, they will be given a food ration for two months. Mothers whose children present with moderate acute malnutrition will be given a food ration for three months to support them to recovery. At the clinic, we shall implement nutrition, maternal and child health workshops for increased awareness to 50 women per month from ten villages of Kawempe North. Awareness and skills will be given on the effects of malnutrition, identification using mid-upper-arm circumference (MUAC) and where to get care for malnourished individuals. These women will later be in position to refer identify and refer other malnourished children. With support of the agronomist, the mothers of the malnourished children, who are referred to the clinic, will also be organized into groups and taught how to prepare a kitchen garden and thereafter they will be supported to prepare their own kitchen gardens. These groups will also be supported with USD 27 deposited in the CFU SACCO to start up projects for sustainable income generation. The money will later be paid back after three months to support the other groups throughout the year. This will improve the livelihood and sustainability of their families after the project. The community health workers will follow up the children in the community to find out if they are recovering well as well as supervise the progress of the kitchen gardens. The CFU team will be responsible for the M&E of the project from the start to the end.

IMPLEMENTATION PLAN

Planning and coordination meetings, will be every month. In month one, CFU shall seek local approval, identify the CHWs, the coordinator and the agronomist. They will be orientated on the project activities. Information, education and communication materials will also be developed and translated in the first month. The pretest will be done in the month one and the posttest in the eleventh month to evaluate how much knowledge gain has taken place. Data will be collected using daily logs, these will be filled by the mothers on the different activities that they will be engaged in. Further, the mid upper arm

circumference (MUAC) measuring tapes, the data forms, referral notes to CFU will be distributed to the CHWs to start screening the community by the second month. The mothers/caretakers will have workshops for one and a half hours and then field work for at least 2 hours daily for the ten months of the project implementation. Field work involves establishing and managing a demonstration kitchen garden. The workshops will be designed to include identification of malnutrition, effects of malnutrition in children and women. Other themes will include: how to prepare a nursery bed, transplanting, crop production, harvesting, marketing and bookkeeping. Talk shows on the radio to increase awareness of the effect of malnutrition on women and how to prevent food insecurity by having a small kitchen garden at home will be aired once a week and will be delivered by women either from CFU or the project coordinator and others who will be identified from time to time. Monitoring of the activities will be done on a monthly basis and summarize the data and write quarterly reports and finally disseminate them in a workshop and website.

COMMUNITY PATRERS

We shall work with CFU organization which has a community health facility where treatment and management of malnutrition is offered. However, because of the stigma associated with malnutrition, individuals fear to come to the facilities for care. Our project seeks to bridge this gap by using a community based approach. We shall identify some mothers from those attending the CFU malnutrition clinic. These would be the ones the project would start working with to do different activities including screening mothers and referring them for further management at CFU medical center. The project will have signed MOU with CFU to streamline roles and responsibilities. CFU will be very helpful at community entry since it already works in this community. This will ease identification of the different groups of people to work with. The staff employed by the project director will assist with coordinating the project. CFU will support at the initiation stages in organizing women, community village leaders, village health team and expert client's sensitization meetings.

CFU works in the communities of Kawempe Division and partners with CHWs locally known as voluntary village health teams (VHTs). The organization will receive referrals for management and will work with lead VHTs to ensure consistent follow up visits are done. CFU will be responsible for the overall coordination of the project and will lead the initial stages in mobilizing local leaders' support and sensitization.

MONITORING AND EVALUATION

CFU will do the project monitoring and evaluation since there is a data department. Further, CFU has space for the training and education services and we shall leverage on the nutrition information, education and communication materials that is already available at CFU. Part of the mission of CFU is to strengthen programs on health, social enterprise to enhance sustainable livelihoods and improved health outcomes of women. Central to the project is the organizing and training of the mothers/caregivers, village health teams and local leaders. These VHTs and leaders have a very influential role in the community. This is likely to increase turn up of community members for health services.

The project will be evaluated by project staff and participants to measure the effectiveness of the workshops and training using a combination of methods:

- Structured questions will provide outcome data including pre-and post-tests at the end of each training to measure the degree of knowledge retained
- We shall organize focus groups to provide qualitative data and enrich the evaluation.
- Staff will keep track the number of women completing workshop and training, the number of women seeking access to health services, and the number of cases treated and improved. The statistics will help gauge the level of impact on participants.
- Self-reported indicators of health education on nutrition and kitchen garden preparation and management will be collected

- Progress review meeting with stake holders will be held twice a year in the grants periods to obtain feedback, review goals, setbacks and accomplishments for the remaining time.
- Performance indicators will be gathered as part of a final assessment to obtain overall success.
 - Numbers of children screened and referred
 - Number of children whose lives have been transformed (who recover)
 - Number of mothers/caregivers completing workshops
 - Mothers/caregivers completing training modules offered through the workshop
 - The findings shall be shared with traditional authorities and key stake holders in a workshop in last month of the project.

EXPECTED RESULTS OF THE PROJECT

1. Reduction in the prevalence of malnutrition among children.
2. In addition, increase the willingness of women to prepare their small home kitchen gardens where they get themselves fruits and vegetables.
3. Further, increase in access to child maternal and health services.
4. The project anticipates an overall change in behaviors (adopting/practicing good nutrition practices), attitudes and social cultural norms around food and women.

PROJECT SUSTAINABILITY

There are plans to keep the clinic education session open after the grant period ends with the support of CFU staff. Women will continue to have access to monthly meetings designed to educate them on malnutrition and its effects and responsible for introducing new members to the group. The veterans of the classes and workshops will share in the responsibility of training new members. Interested local leaders will continue to be provided with information they need to refer children to CFU clinics. In the long run, we expect to sustain our work through other grants and funding opportunities.

BUDGET

CFU Nutrition Program Kampala City in Slums					
Item	Unit Cost \$	Number	Monthly Amount \$	Annual Total \$	Justification remarks
Community mobilization	26	1	26	312	Community mobilization will involve announcements, information materials and engagement with leaders
Stakeholder meeting	88	1	88	88	An Initial meeting with community and district leaders will be done
Medicines and laboratory tests	14	50	700	8400	Each child will have medical tests done and treatment
Transport for care	3	50	150	1800	Transport will support poor mothers to reach treatment clinic for initial month of treatment
Community health workers	5	20	100	1200	Community health workers will report monthly to account for activities done, children screened and for trainings
Peer mothers	5	20	100	1200	Peer mothers will be mobilized and trained in screening together with community health workers
Materials for community screening of children	10	60	600	600	Measuring materials for screening such weighing scales will be purchased
Transport for support supervision	3	20	60	720	CFU staff will mentor, supervise and coach community health workers monthly
Health education and food demonstration materials	20	4	80	960	Mothers will be taught and shown demonstrations for good nutrition to practice at home
Nutrition rations	30	50	1500	18000	Each household with malnourished children will receive dry food rations for the first month before graduating to income generation activities
Saving and Credit	16	50	800	9600	Mothers will be trained in entrepreneurship skills to develop income generation activities, saving and credit access in groups

Monthly training meetings for mothers	20	4	80	960	Four trainings will be conducted per months to train new mothers per months
Backyard garden materials and seedlings	20	5	100	1200	Each month 5 groups of mothers will be supported to develop village demonstration gardens to peer train others
Fertilizers and pesticides	30	5	150	1800	Each month 5 groups of mothers will be supported to develop village demonstration gardens to peer train others
Honoraria for trainers in agriculture and nutrition	25	2	50	600	One technical facilitator in agriculture and nutrition will be engaged to technical skills and training of community health workers and CFU staff
Project coordination	50	1	50	600	One CFU staff will provide percentage effort to support coordination of the project activities
Accounts assistant	50	1	50	600	One CFU staff will provide percentage effort to support accounts and finance of the project activities
Administrative expenses	30	1	30	360	Administrative expenses will include computer and printer, stationery, photocopying, printing, and report writing
Annual celebration and advocacy meeting	1000	1	1000	1000	
Total			5,600	50,000	