Passion Aid Foundation Africa

Health Screening Report

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BACKGROUND:

The Long-protracted insurgency perpetuated by the LRA in Northern Uganda for 25 years, left a devastating mark on the lives of the community. Whereas the guns felt silent after the war, the war disorganized community social and economic infrastructure.

The young people who grew up in the internally displaced people's camps were exposed to lifestyle's which was contrary to the traditional rural lifestyle. Many teenage girls became exposed to sexual abuse, phonography and poverty also pushed them to sex in exchange for livelihood. These led to high levels of teenage pregnancies resulting to child mothers, contraction of diseases such as HIV/AIDS and others, domestic violence and child headed families. These youth also have a negative attitude to work, and many have adopted anti-social behaviors like use of drugs, alcohol and robbery as a survival mechanism.

School dropout rates remain high in the region, only 60% of children who enter the school system complete primary cycle. Only 77.5% of children who complete primary transition to secondary levels largely due to poverty.

A recent medical outreach conducted in Kole district, one of the most affected districts showed that: (250 children were screened)

- Majority of children (80%) had communicable and preventable diseases such as worms, malaria, flue, cough, fungal skin infections among others.
- Poor health seeking behaviors such that a number of children with corrective and chronic conditions have never been taken for healthcare (birth abnormality like clubfoot, cryptorchidism, sickle cell diseases among others).
- 8.2% of children screened had positive history of sickle cell disease in their families.
- Low level of school attendancy, this is because of high leverl of vulnerability, frequent sickness, increasing orphanhood, and child neglect.

Nutrition & Child Health in Uganda:

- **Stunting in Children (under 5): 28% (chronic malnutrition) (UDHS, 2022)**
- **Wasting (acute malnutrition): 3.5%**
- **Exclusive Breastfeeding (0–6 months): 66%**

Senior health technical Advisor:
Miss Joan Akullo

"Every child we screened had a unique story. Outreach isn't just about treating illnesses; it's about early detection, diagnosis and prompt treatment besides restoring hope and dignity through compassionate care."

Recommendations:

- Formulate referral directory and strengthen referral pathways.
- Provision of support to children who need physical and mental rehabilitation.
- Identify, train and work with volunteers who will facilitate follow-ups, home visit, and referral.
- Provide educational opportunities to vulnerable children for easy access.
- Awareness creation/sensitization on personal hygiene, malaria prevention, importance of immunization and deworming children.
- Regular health screening for preventable diseases and prompt treatment which facilitates better outcomes.
- Health education of participants on key health issues such as mental health, nutrition according to the feeding recommendation, having toilet and hands washing facilities to reduce worm infestation. Worm infestation leads to mal absorption of nutrients and mal absorption of iron leading to malnutrition and anemia.

Disease Burden in Uganda:

- **Infant Mortality Rate (IMR):** 54 deaths per 1,000 live births (Northern region, UDHS 2016)
- **Malaria**: **30% of outpatient visits**, ~12 million cases annually (Uganda Malaria Indicator Survey, 2023)
- **Under-5 Mortality Rate (U5MR):** 85 deaths per 1,000 live births (Northern region, UDHS 2016)
- **Non-Communicable Diseases (NCDs)**: Rising rates of diabetes (1.4% prevalence) and hypertension (26% in adults) in Uganda.

Dr. Rachel Asasira

"The screening activities was a humbling experience to me. The opportunity to provide care to underserved communities reminds us of the importance of having regular health checks through which children with health problems are linked to care via right refaral pathways."