

FRANCISCAN SISTERS OF ASSISI

MANAGEMENT OF ACUTE MALNUTRITION

SUPPLEMENTARY FEEDING WITH YOLA YOLI



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1.0 INTRODUCTION

The main causes of malnutrition include poverty, household food insecurity, unsanitary environment, illiteracy and social norms. The government through the ministry of health provides primary health care services to mitigate malnutrition. These services provided include among others things Growth Monitoring and Nutrition, Out Patient Therapeutic Program. Apart from the government partners like the Franciscan Sisters in Chililabombwe help in the fight against malnutrition. They provide Ready to Use Therapeutic Feeds which are locally made from Luanshya.

2.0 BACKGROUND

Zambia is one of the 22 African countries with the highest burden of under nutrition in children under the age of 5 years. Thousands of children suffer from one or more forms of malnutrition including low birth weight, stunting, underweight and micronutrient deficiencies. Deficiencies of a single nutrient are uncommon and multiple nutrient deficiencies are usually present in the same individual.

A child's nutrition status is influenced by 3 broad categories; food care and health. Adequate nutrition requires the presence of all three. Poor Infant and Young Child feeding practices due to lack of resources or knowledge of care givers along with illness such as Diarrhea, Pneumonia, Malaria and HIV/AIDS often exacerbated by internal parasites (worms) are the immediate causes of malnutrition.

The Out Patient Therapeutic Program is run at 6 out of the 7 government facilities. in Below is the report for quarter 1 and 2 of 2019. The data shows the plumpy nuts received and how they were distributed.

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3.0 MANAGEMENT OF ACUTE MALNUTRITION

A system of managing malnutrition in the community has been pioneered and the approach is called Community Management of Acute Malnutrition (CMAM).

(CMAM), has proved to be extremely effective, so much so that it is now becoming the preferred approach to tackling malnutrition. It used to be known as community therapeutic care or CTC, prior to 2011.

Before the development of CMAM, the traditional way of treating malnutrition was through therapeutic feeding centers: large centers where patients are admitted for an average of 30 days. Carers of malnourished children often have to travel long distances to access these centers, many having to leave the rest of their children at home for three weeks or longer.

4.0 TREATING PEOPLE IN THEIR OWN HOMES

The central principle of CMAM is to treat malnourished children in their homes. As a result, it inevitably reaches more people than the traditional centre-based schemes.

A recent survey in Malawi showed that Concern's CMAM programme reached three out of four people in need. A traditional feeding programme in an adjacent region only reached around one in four.

5.0 READY-TO-USE FOOD

Children who have been admitted to our programme are provided with weekly medical treatment and given one week's supply of therapeutic food to take home. This vitamin-enriched food, called ready-to-use-therapeutic-food, is the key to success.

As it is oil-based, it has a huge advantage over traditional water-based mixtures. Even someone with no access to clean water can use it to nurse a malnourished child back to health.

Table 1: Nutrition Situation – Copperbelt

INDICATOR	BASELINE 2018	TARGET 2019	TARGET 2020
Stunting (Under 5)	34%	33%	30%
Wasting (Under 5)	4%	3%	2%
Underweight (Under 5)	1%	1%	0%
Underweight –WCBA	8%	7%	6%
Over weight (WCBA)	21%	20%	20%
Infants breastfed within 1 hr of birth	88%	89%	90%
Infants exclusively breastfed up to 6 months	75%	77%	80%

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Table II: Admissions and Discharges Report

Age Group	New Admissions						Exit Criteria				
	Oedema	MUAC	BMI	Total	M	F	Cured	Deaths	Medical Transfer	Defaulters	Total
6 – 23 M	20	31	5	56	30	26	27	1	15	12	55
24 – 59 M	8	20	0	28	11	17	24	0	0	2	26
5 – 9 Yrs	0	11	0	11	6	5	8	0	1	2	11
10 – 14 Yrs	0	1	3	4	2	2	3	0	1	0	4
>14 Yrs	0	0	44	44	18	26	36	0	0	4	40
TOTAL	28	63	52	143	67	76	98	1	17	20	136

Table III: HIV Status

Age Group	HIV +	HIV -	Number Exposed	On ART
6 – 23 M	3	52	1	3
24 – 59 M	9	19	0	9
5 – 9 Yrs	11	0	0	11
10 – 14 Yrs	1	3	0	1
>14 Yrs	44	0	0	44
TOTAL	68	74	1	68

Table VI: Stock Monitoring

commodity	Unit	Beginning Stock	Stock Received	Total	Issued	Wasted	Stock at end
Plumpy Nuts	Sachets	0	6,900	6,900	5,413	0	1,487

6.0 SUCCESSES

The successes for this program are listed below;

1. Reduced number of malnutrition related deaths. Only one death was reported during the period under review.
2. High compliancy rate by the clients due to the availability of Yola-Yoli. It is loved by the children because of the taste.
3. Quick recovery by the clients. The parents are able to return to productive work in a shorter period.
4. Supply of the Yola-Yoli is consistent

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7.0 CONCLUSION

Liberato Zambia 2001 has been a very supportive partner in our fight against childhood malnutrition. They have given us a rare opportunity to tackle the problem of malnutrition in the District.



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