



Malnutrition Unit Report 2020

Family Clinic

Uganda

Malnutrition; fighting a worsening problem during the Covid 19 pandemic



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Malnutrition, a reality in Uganda

We are pleased to present to you the 2020 report for the malnutrition unit. A year that has had more challenges than ever before. A year that we had big plans for!

Because of corona, we had to re-strategize and consider how we could still help the children in our communities. Poverty has always been an issue in Uganda. When schools and other economic activities were stopped, even families that were thriving before struggled. Having one meal a day has not been an exception for many families, but now having a daily meal was no longer assured for a great number of families.

Many children and their families needed us with no means of transport to access the Health centre.

We have tried to support more families than ever before with food packages to avoid malnutrition. These were families known to us as being at risk from the previous years. We were able to restore hope.

With the current economic crisis, there are many more cases but just a hand full was able to reach us.

When the Uganda Government lifted the lock down towards the end of the year, our numbers increased.

We are pleased to share these stories with you, knowing that next year will even be more busy as the economical breakdown and corona persist.

Through your compassion and financial support, the malnutrition unit was operational at NAFC in 2020.

A statement from the founder

Dear All,

A Heart Break, Tears And Pain strike me every time I see and when we help the little ones.

In a world where people have lost hope for the future, limited freedom of movement and travel, we are fighting for the children that need our attention. We want to help, we have to help! Am crying out to God and to the readers of this report to provide us with the means in order to continue with our journey of giving hope in situations that seem hopeless. We for sure know that God wants these littleones to be born and therefore this verse in the Bible, Mathew 25:40. And the king shall answer and say unto them, verily I say unto you, in as much as did it unto one of my brethren, even this least, you did it unto me.

All this in honour of my dear wife Pita in whose arms this program started.

Right now, our medical team at Noah's Ark Family Clinic (a Health Centre III) are running this program headed by Dr. Tamar Waisswa Goossens.

Piet and Pita Buitendijk (Founders)



Nelima in Pita's hands before



Nelima's current picture

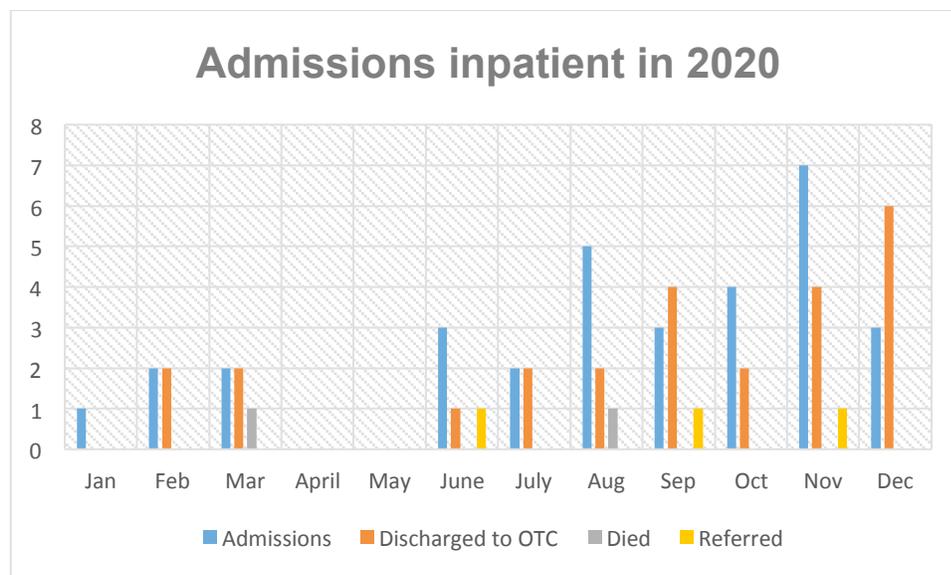
Evaluation 2020

Your support and donations treated 326 malnourished children in 2020. The inpatient department admitted 32 malnourished children, called back 200 former malnutrition beneficiaries for review and the outpatient catered for nutritional rehabilitation of 119 malnourished children. This was a lower number than expected, especially in comparison with the past years and the current situation, whereby families in Uganda are used to suffering and often keep silent. But the lower numbers can be attributed to the following:

In March 2020 a total lockdown was announced, schools were closed, many businesses had to close and at the same time all means of transport were shut (both private and public means). It wasn't until June that some measures were relieved but still with strict rules. Taxi's were allowed to carry a reduced number of passengers and therefor all prices were hiked, making transport unaffordable for the majority of the population. Therefor for almost 2.5 months the program has barely been functional.

Evaluation inpatient program

Thirty-two severely malnourished children with severe medical complications were admitted in the Noah's Ark family clinic for medical care and nutritional rehabilitation. The main causes contributing to the situation of these children has been neglect of parents, grandparents not being able to provide adequate care and physical disabilities. Often children entered a vicious cycle, initially they would not get the food they need and subsequently they fall sick over and over again making them lose more weight. As their nutritional status deteriorates, their immunity drops markedly making them prone for more infections while losing the appetite. Due to poverty they are not able to get the right medical help to break that cycle. This year we had an enormous increase in the number of babies below the age of 6 months requiring admission for severe malnutrition as 8 (25%) of the admissions were children below the age of 6 months. 3 babies had lost their mother and therefor no access to breast milk. Their relatives tried with cow's milk, porridge, tea. But instead of gaining weight, the babies were just losing weight. Not only were they not thriving, but they were very sick upon arrival. The other 5 had several things in common with them, despite having access to breast milk they were also added other feeds as they had failed to gain weight on breast milk alone due to other problems such as congenital heart disease or HIV. Upon arrival they were also very sick. These 8 babies have caused more worries amongst our team than all other 24 children. Most of them were not only brought severely malnourished, but often nearly in shock, vomiting and with severe diarrhoea. Few hospitals and clinics have a nutrition unit providing therapeutic feeds as part of the treatment. That's where we make the difference as you can read in the story of Margaret. We are proud that more health workers in the community, police offices and other organisations are aware of our services and call upon us to help children in need.



Graph 1. Admission data inpatient program 2020 Admissions = all clients newly admitted on ward, discharged to OTC = all patients successfully discharged and enrolled in the outpatient program, died = when died on ward, referred = all patients requiring further investigations in the national referral hospital Mulago.

Facts about the inpatient program:

- 32 children were admitted, with 21 girls and 11 boys.
- 8 children were below the age of 6 months, 20 children between the age of 6 months to 5 years and 4 children were 5 years and older.
- 25 (78%) children were successfully treated, discharged and put in the outpatient program for further follow up.
- 2 children unfortunately reached our clinic too late and passed on, on ward.
- 3 children were referred to Mulago National Referral Hospital for further investigations or specialized treatment that we do not have in our clinic. One of them was later referred back to us to complete treatment from our ward and was successfully discharged and put in the outpatient program.

Evaluation Outpatient Program

In the year 2020 the outpatient program served 119 children, 15 children who were still in the program from last year and 104 children newly enrolled. This program is meant for children with severe acute malnutrition, a good appetite without medical complications requiring intensive care. The parents of these children usually get health education every time they come for their appointments at the malnutrition unit which is done after every two weeks. The children are weighed and given therapeutic feeds until they gained enough weight and are no longer considered malnourished.

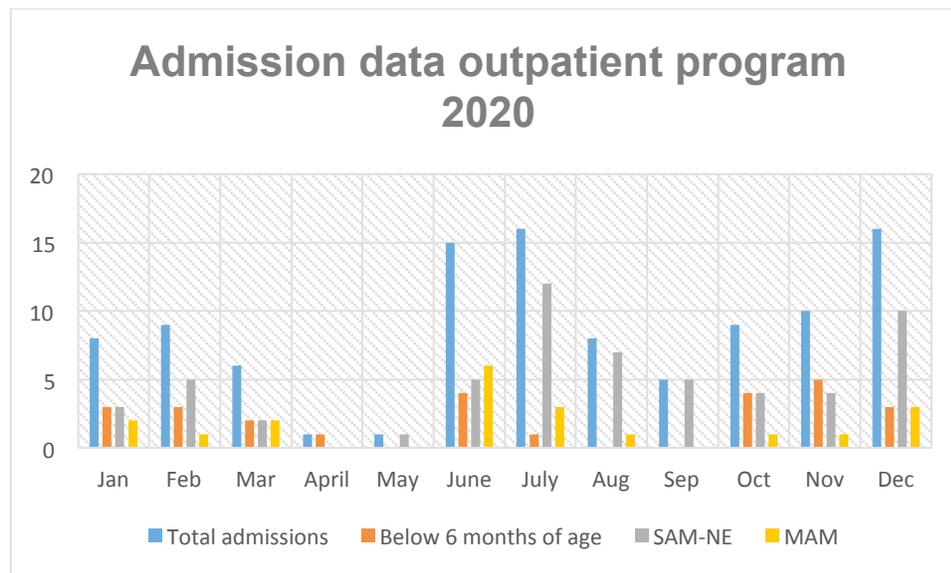
This year the outpatient group can be divided into three groups. The past years we have been struggling with children below the age of 6 months as they usually have a high demand for nutritious support, but all therapeutic feeds are focussed on and fit for children of 6 months and above. Our aim for all children below the age of 6 months is to re-lactate and discharge them when they are exclusively breastfed again, as this milk is the best for them. However this is not always possible, in cases where there is no mother, where children have a severe congenital heart disease making them unable to suckle sufficiently, in cases where the mother is HIV-positive and very sick herself or other cases with a medical contra-indication to breastfeed. Often the start of replacement feeding (cow's milk, soya porridge, tea) caused the malnutrition to worsen as children weren't tolerating the feeds.

If all other means have failed, these babies have been supported with infant formula until they are old and fit enough to continue on a normal family diet and the results are great as you can see in the stories of Jamila, Margaret and Francis. The group this year existed out of 29 children, whereby 16 children received infant formula.

The second group is the children with severe acute malnutrition but above 6 months of age, who are initiated on plumpynut. Plumpynut is a special therapeutic feed that is high in calories made out of peanut paste enriched with minerals and vitamins. This is not as a replacement of their daily meals, but as an addition to help them gain weight and recover all their deficiencies, as malnutrition is not about weight alone. Depending on the severity children are reviewed every two weeks for several weeks at times upto 3 months. During the corona lockdown, some children spend longer in the program, as they weren't able to return for their visits in time, but still needed the services. This group had in total 72 children.

The third group is for all children balancing on the edge of developing severe malnutrition. When qualified as moderately malnourished they do not qualify to receive the special therapeutic feeds. At the

same time, often only one episode of diarrhea is enough to make them lose that last bit of weight. Health education can do a lot, as there is a lot of misconception about the needs of young and sick children. But if you need more than just a basic diet to gain strength and poverty is part of the problem, it becomes very hard to recover. This became evident during the corona crisis, whereby even usual wealthy families were surviving on 1 meal a day. Families that had been struggling before would now survive on a cup of porridge. Children end up in a vicious cycle, poor meals makes them prone for infections. Infections take away their appetite and therefore they remain malnourished and sickly. Since 2020 special feeding packages have been designed that contain the basics and some extra source of protein for the children. Meanwhile parents are educated how to do some urban farming to provide for themselves some extra nutrients on a daily base. Children come back for review after 2-4 weeks. Most children tend to receive 2-3 packages. This group had 23 children this year.



Graph 2. Admission data outpatient program 2020 Total admissions = total children enrolled in the program in that month, Below 6 months of age = all children below 6 months that qualified as severe malnutrition SAM-NE = all children above 6 months of age that qualified as severely malnourished MAM = all children above 6 months of age qualified as moderately malnourished.

Facts about the outpatient program

- 119 children were treated, 69 boys and 50 girls.
- 97 children had severe acute malnutrition and 22 children had moderate acute malnutrition.
- 29 children were below the age of 6 months, whereby 16 have been supported with infant formula
- 57 children were between 6 months and 5 years of age
- 33 children were older than 5 years, these have been children at risk of malnutrition due to chronic diseases such as HIV, TB, sickle cell anaemia or disabilities often related to cerebral palsy.
- 3 children died in the outpatient program due to other comorbidities (hydrocephalus, hip fracture and cerebral palsy related condition).
- 1 child was re-admitted in the inpatient program
- 70 (71%) children recovered fully
- 7 (7%) children were not brought back for follow up
- 21 (21%) children are still in the program by 2021
- 3 of the children passed away but it wasn't nutrition related.
- 23 of the children were MAM (Moderately Acute Malnutrition) got health education and a feeding package

Evaluation of the outreach program

The outreach program has played a very significant role in Nutrition assessment, education and awareness in the surrounding communities of Noah's Ark Family Clinic over the past years. The outreach program is conducted every Friday of the week and runs throughout the year. This has helped us identify and treat malnourished children within the community hence reducing the rate of malnourished children around the community that the clinic is located. During each outreach we have been gathering a group of parents and elderly, not only to educate about the needs of children but also to create awareness and make sure the community is aware of where they can get support if a child tends to develop malnutrition. We had great plans for this year, unfortunately as the year had just begun the corona pandemic also hit Uganda and all big gatherings were prohibited. Therefore this year the outreach program has not taken place as expected.

However we changed the outreach format and reached out to all families known to us who have ever dealt with malnutrition before in our program and other families at risk. In small groups they were requested to come to our health facility for a check-up of their children as we also had a special feeding package. We called them back during the festive season for a Christmas basket to boost them during these hard days. A few children were newly enrolled in the nutrition program, as for the others we have been able to help them avoid malnutrition. In total we were able to support over 200 families this way.



Beneficiaries with their food packages above.

Evaluation targets 2020

1. Expanding the program to deeper villages.

Unfortunately this target has not been met due to strict rules given from the government to control the corona pandemic.

2. Reduction in the number of children who drop out of the program due to lack of transport and ignorance.

This has been partly met as we have tried to support families from their places if possible, as transport wasn't always available. But it was a complicated target to work on when for more than 2.5 months there was no transport available at all and afterwards transport prices had increased remarkably.

3. Keep looking for more financial means to sustain and as well to increase the number of beneficiaries.

This target has also partly been achieved. We meant to increase the number of children with severe acute malnutrition to be increased in the programs as this is a sign that there is more awareness around us. That has failed as you could read above, however we have been able to reach out to many to avoid children from developing malnutrition and therefore we still have been able to make many more children benefit from the nutrition program this year.

4. Develop a nutrition help line that will be on 24/7 for all nutrition clients (Give advice, direct contact with a medical worker and encouragement) – separate line from the clinic general one.

This target has partly been met as many patients have tried to reach through our personal lines and the Health centre general line.

Targets 2021

1. Expanding the program to much rural villages.

2. Reduction in the number of children who drop out of the program due to lack of transport and ignorance to less than 5%.

3. Starting a supplementary feeding program for Children with Moderate acute malnutrition

Stories of hope and encouragement

Jamila



During one of the outreaches we were approached by the Village leader to have a look at a baby of 2 months old. Her mother was only 17 years old, had epilepsy and a mental retardation. She was brought by the grandmother, who now had to look after her daughter and granddaughter. Jamila, a product of rape due to the condition of the mother was born prematurely, following a convulsion of the mother. As a peasant farmer, the grandmother would dig on peoples land to get a little income to provide for her family. Depending on whether she would earn something, there would be a meal for them and milk for the baby. Unfortunately the income was not steady and especially cow's milk was expensive for them. Several days Jamila would only take tea with a little bit of sugar in it, or porridge just like the rest of the family.

At two months of age, Jamila weighed only 2.3 kilograms and was severely wasted. The best for her would have been to be admitted on ward, but the grandmother wasn't able to stay as she also had her own daughter who cannot look after herself and she was worried she might be raped again.

Their house is roughly 10 kilometers away from our clinic. But this grandmother was very committed and would bring Jamila in the beginning weekly and after that every two weeks for review, even when she had no money for transport. During their visits, Jamila would be weighed and given a health check up. Her progress was slow but steady. At the age of 9 months we confidently let them go as Jamila had started thriving on their daily meals and the grandmother had learned enough about the special needs of infants.



Francis and his mother



A phone call from a neighboring hospital, during the beginning of the corona lockdown, brought the situation of Francis and his mother under our attention. They had no nutrition program, but their situation was worrying them. Francis was losing weight instead of gaining and was feeding on tea only. His mother's situation was worse. They were both diagnosed with TB and the mother was severely malnourished, with only 32 kg. They were both put on strong medication, but there was no food for either one of them. Usually they would be helped by her elder brother who



is a driver, but due to the complete lockdown he had no job and therefore the family had no income.

Francis was supported with infant formula, the mother with several food packages that we would deliver at their place, as the transport was not available. The difference in 4 months' time was significant. Francis became a happy thriving baby, his mother was able to go back in the garden and dig for her family as she had gained 20 kilograms. The combination of nutritious meals and medicine saved her life.



Left, Francis with the quantity of milk he consumed. Right, Francis Family with milk and food items on one of the deliveries.

Ashraf – living the life of a goat



Ashraf at the initial assessment above.

Despite most patients not being able to reach us, in very extreme situations our partners in the community knew how to call upon us for help. During the lockdown the community came to realize that in between the goats and chicken a child was locked and that he was only released once a day for a small meal. As they weren't able to reach us, we decided to go and visit him at the place where he was now kept safely. Ashraf has a mental retardation and therefore was hidden by his family. The cage he was hidden in was at the height of goats, he was unable to stand upright. We usually use a MUAC (Mid upper arm circumference) tape for screening, that is specifically designed for children below the age of 5. If the upper arm circumference is below 11,5 cm and thus in the red zone the child is severely malnourished. At the age of 23 years, as Ashraf was, even below 19 cm would qualify him as severely malnourished.



Shockingly, his upper arm circumference was only 11,3 cm. Initially he was supported with plumpynut as good Samaritans had taken over care and later on with food packages. His mother claimed that he had an abdominal problem and that they would feed him well, but that he wasn't able to gain weight. In a few months we have been able to prove the opposite. A marked change was seen both in his physical situation as well as in his psychological situation. He no longer fears people, but can walk again, laughs and is able to express when he wants to go to the toilet or is hungry.

Gaby



Gaby before

Gaby and her mother went to a hospital in a nearby district. Her mother wanted to ease herself and asked the lady next to her in the queue to hold her baby for her for a minute. However, after that her mother was not seen again and Gaby was brought to police.

Police gave us a phone call to help out as they had a small baby in need. According to their story it sounded like a very young baby of a few months .

However upon arrival, it became clear that this little girl was rather too small than young. And more importantly, very sick. At the police post first aid was given and afterwards we continued to rush her to a bigger hospital for a very urgent blood transfusion. Fortunately there, the Doctors also saw the urge in the situation and gave her first priority.

It took a few weeks, before Gaby became a healthy thriving toddler again. But currently nothing shows, that she was once malnourished.



Gaby after

Kamiyat



Kamiyat before

When Kamiyat was referred to us, the family had not realized that her situation was that bad. Kamiyat had the type of malnutrition whereby you retain fluids and in their eyes she looked fairly well. Kamiyat's mother was sick too and 8 months pregnant. Kamiyat had stopped breastfeeding a long time ago because of that and the diet at home was not sufficient for her. Her parents had 4 elder children, all below the age of 6 years. Their parents were peasant farmers, but with Kamiyat's mother being sick besides being pregnant, she was not able to do much.

The first days were a struggle due to the excess fluids in her body it was hard to find intravenous access, making treatment for her even more complicated. Her appetite was poor and she was very irritable. At the age of two she could only sit, but was not able to crawl or stand.

As she started losing all the excess fluids in her body, her parents started realizing how badly off she had been and became more cooperative. Three weeks later Kamiyat was ready for discharge and both recognizing that there had been a problem, they became our ambassadors for our nutrition program and faithfully brought Kamiyat back for review even shortly after she had given birth.



Kamiyat after

Lakeri – the power of grandmothers

Without grandmothers in this society many children would not be alive today. Lakeri is a great example of that. Her mother abandoned her with the father, who instantly took the child to his mother. Lakeri was sick the day she was brought there, the grandmother is old and has no constant income, which made it hard to seek medical attention.

With drug shops on every corner, she would buy each time a few tablets for diarrhea, a few capsules against cough. But never was the child seen by a doctor, and never was a full dose taken. Simply because her finances did not allow.

Lakeri ended up in a vicious cycle due to being sick constantly. She had no appetite and would lose weight because of not eating. She was more prone to falling sick week after week. By the time she brought her to a real health center, Lakeri was severely malnourished and referred to us by a village clinic.

She spent 3 weeks on our ward and showed a great improvement. Afterwards she was followed up in the outpatient program and given some extra support due to the corona lockdown to avoid her going back in the same condition as she came.



Margaret

“Better hurry to Noah’s Ark, cause she won’t have more than 20 minutes to live”. These were the words that Margaret’s mother was told as they were referred to our clinic. Margaret was severely malnourished and severely dehydrated almost going into shock. For over a week she had diarrhea and refused to drink. According to her mother, she had not passed any urine for 1.5 days.

The situation was indeed worrying, though we tried to give the mother some hope. The biggest challenge is to rehydrate malnourished children as their heart is also weak and a little bit excessive fluids can also kill her. Fortunately, after passing an nasogastric tube, we could feed her every 30 minutes and she tolerated the feeds.

None of the medical team was sure if she was going to make it through the night. But she did! She responded well to the

treatment, her diarrhea reduced and after two days there was even a little smile visible. Though her journey was still long, she would start drinking a little. But it took almost 3 weeks before she was able to take in enough orally and after more than a month we believed she was doing well enough to go back home.

We were worried to discharge her. They came from far and it was the situation at home that had led to this condition. Two weeks after discharge, she came back for review and her mother was more than proud to show that she had gained a kilogram at home and was really able to sit now. Now we no longer need to convince Margaret's mother that there is still hope for Margaret, as she happily shares with us the plans she has for Margaret when she has grown up.



Unfortunately even this year not all stories ended the way we would like....

Louis



Louis has been a known client in the nutrition program. Poverty, neglect are often common factors why children end up in the program. Since the age of 9 months he has been on and off in the program. He would improve and be discharged, then fall sick again and relapse. Louis had down syndrome and therefore was very floppy and prone to infections. His parents had seen several Doctors, did all kind of tests and would follow every advice given. Despite that, Louis failed to thrive. This year he was

admitted for the third time on ward since the age of 9 months. He frequently had aspiration pneumonia and so he had this time.

Initially he responded well to the treatment, he recovered from the pneumonia and started to be a bit more active. His main problem remained his appetite and therefore he was fed by nasogastric tube. Despite him being 2.5 years old, it was the first time he finally gained some weight and even made it up to 9 kilograms. But even though there was a great change, we couldn't say he was thriving well. Out of the blue, without any clear sign, one night he did not wake up. It was time for his milk again, as all children on ward feed according to a 3-hourly schedule day and night. As the mother tried to wake him up, we realised Louis had left us. Losing a child is always hard, but losing Louis was even harder. We had known him for almost 2 years.



Jennifer

Jennifer was referred to us from an HIV clinic, where she had been diagnosed a week ago, with the request if we could supply her with the therapeutic plumpynut paste. As Jennifer arrived, we realised that her condition was bad and that she would not qualify to enter the outpatient program instantly. Fortunately her mother accepted to be admitted. Jennifer's mother tested HIV positive during her pregnancy, but denied her diagnosis and never took a single tablet, neither did she have Jennifer tested. Now Jennifer was making 2 years old and weighing only 6 kilograms. Her mother finally accepted Jennifer to be started on medication, but had not yet started by herself and still wasn't willing to start medication.

We believed Jennifer had a chance, but also knew it was gonna take a long time. She was very sick, with a very poor appetite and without any immunity left. At the same time, the mother did not believe her child was really sick and claimed this was just for a short time.

Several team members in the clinic had counselling sessions with her about her and her child's condition, so that she would not give up and even start

medication herself too.

Finally one day, her mother requested to go to a Government Hospital to start her medication from there, as that would be a bit nearer for her from her home and thus easier to access transportwise. We prepared the therapeutic milk for Jennifer so that she could continue feeding her there, in case she had to wait to be attended to. It reached 6 pm, when they still hadn't returned. Government hospitals usually have a long line, but this was beyond their working hours. Finally at around 7 pm another attendant that had been with them came, entered the ward, picked their things and left. She had no reason as to why they didn't come back. Later, other patients told us that they had heard them speak about traditional healers several times. They believe Jennifer's problem isn't medical and she won't recover from our Health centre.

Unfortunately, they switched off their phones from the moment they left. So we don't know how she is and how she will be. Despite us winning ground in this battle versus local beliefs, every year we still lose a few children as their parents are convinced by relatives that they won't be helped by doctors, but need traditional solutions.

Finances 2020.

<i>Income:</i>	<i>Donations 2020 for the benefit of malnutrition unit from Holland</i>	<i>8,000 Euros</i>
	<i>Income from Germany</i>	<i>15,000 Euros.</i>
	<i>Income from Well-wisher Holland</i>	<i>875 Euros</i>
	<i>Income from The Rob foundation</i>	<i>3,800 Euros</i>
	<i>Total</i>	<i>27,675 Euros</i>
	<i>Euros exchange rate to USD = 1.12 =27,675 x 1.12 = 30,996 USD</i>	

Expenses:	Costs inpatient program: \$ 315 USD/ child. 32 Children:	\$ 10,080 USD
	Costs outpatient program; \$ 92 USD/ patient. 104 Children:	\$ 9,568 USD
	Feeding packages	\$ 4,256 USD
	Other costs:	\$ 4,416 USD

Income 2020 : \$30,996 USD
Expenses 2020: \$ 28,320 USD
Balance: \$ 2,676 USD

Budget for the year of 2021 in US Dollar.

No.	Project	USD Amount
1	70 patients in the inpatient care (315USD/child) <i>Covers medical care, accommodation, therapeutically feeds, other supplements and food for patients and caretakers.</i>	22,050
2	150 patients in the outpatient care (92 USD/child) <i>Covers medical care and therapeutic feeds.</i>	13,800
3	Education materials and sensitization	250
4	Supplementary feeding program 50* 80 usd @child * 3 times	4000
	Total	40,100

Conclusion:

In the past 8 years that our malnutrition program has been running a big progress is seen. However this has been a year of struggles. We struggled to find different means to still be able to support the children in our area who needed our help more than ever before. Families were stranded and there was no simple solution as the whole world has been struggling, though each at its own level.

We realised more than ever before that people here are used to suffer a bit more and do not easily ask for help. At the same time it has been good to see that we have built up a network in the communities surrounding us that tried to stand with us so that together we got still help the most vulnerable children.

The year 2020 came to an end, unfortunately the corona pandemic and all the consequences that came along with it have not yet come to an end. Towards the end of the year our numbers have been growing in

the program again and as many people are still without work and as many children that were not in school got pregnant we expect the need to be even higher next year. But we won't give up and will continue fighting malnutrition and to reach out to all those children in need. Will you join us in that fight again this year?

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