



Malnutrition report 2021

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Malnutrition, a reality in Uganda

We are pleased to present to you the 2021 report for the malnutrition unit. A year whereby we have been able to give back hope to many in the community that had completely given up. Poverty has always been one of the contributing factors to the development of malnutrition. But people have been creative and knew how to sustain themselves. 2020 was hard, with the beginning of the pandemic. Lockdown came and it took many jobs away. Many in Uganda faced it rough. But the struggle was nationwide and people had hope that it was temporary. This year, as new lockdowns were implemented, many were ready to give up. Jobs have always been scarce in Uganda. Many people depend on small side jobs, such as digging or washing of clothes for others. But these jobs became non-existent as well, now that the people who used to pay them had no job either.

Many men ran away from their responsibilities and left the women to struggle alone with their children. Others left their children with the grandmothers in the village, without any support to provide for them. Once a child is sick and it needs more than the basic necessities that they can provide, children end up deteriorating day by day. A vicious cycle that is very discouraging to see for a parent. Combine that with the discouragement of the community, who does not believe your child is sick but thinks it's a cultural problem and people become desperate.

But it has been more than encouraging to see mothers and other caretakers get hope again, by helping them break that cycle. By providing that bit extra that they need at that time. And also to see, that once we stop providing, they are able to continue on their own again. Because they have found the energy to fight again, as their children are strong and healthy. Through your compassion and financial support, the malnutrition unit was able to provide that care that brought back hope at NAFC in 2021.



Evaluation 2021

Despite 2021 having many challenges such as new lockdowns, it has been a great year for the nutrition program. It is always bittersweet to talk about malnutrition. But knowing that there are more children with malnutrition around is than we are aware of, it's good to see the program grow. Every year the program grew, but last year due to challenges, patients weren't able to reach us and therefore we weren't able to help as many as we had wished for. This year, despite all the challenges, we have been able to reach out to more children than before. The program is not only growing in numbers, but also in ways how children are being helped. Patients are given free medical and nutritional care. In return we request our patients to pay it forward – when they come across another malnourished child, let them bring them to us too. So that not only their own children, but so that hopefully every child gets a fair chance to live. It is encouraging to see, that many of them do. Even a mother who lost her own child, was still so appreciative for our care that she brought several children to us.



Evaluation inpatient program

Sixty-one malnourished children with severe medical complications were admitted in the Noah's Ark family clinic for medical care and nutritional rehabilitation. This is a doubling of the number of admissions compared with last year.

The children that required admission can be divided into three main groups. The group of children below 6 months that had issues with breastfeeding or no access to breast milk at all. The second group is the children with underlying medical problems, such as HIV, tuberculosis, cerebral palsy etc. This group is frequently sick, demanding for a highly nutritious diet. But the extra requirements are frequently not met, leading to malnutrition. The average age in this group is markedly higher than the other two groups. Before the corona pandemic, things were fair for them and they managed to make ends meet. The third group is the group whereby the problem all began with an insufficient diet, resulting in poor growth and a poor immunity. The poor immunity causes them to fall sick frequently, making them lose appetite even more.

It has been a year whereby the majority of the children that were admitted were very sick, more than we saw in the previous years. At the same time, we get recognized more by surrounding hospitals that send children that they failed to help to us. As you can read in the story of Peter and Shakur. The biggest battle remains with people depending on traditional healers. Often these children have been malnourished for weeks or even months, are very sick and have underlying medical problems. Once a child does not recover within a few days, mothers get inpatient. At the same time, family puts pressure on them that most likely these children are not sick but have a cultural problem and therefore require a traditional healer. That's how two children were taken away from the ward by their own mothers. From one, we are not sure about the outcome, the other we got a message that she passed on. That's painful to hear, because her death was preventable.

Evaluation outpatient program

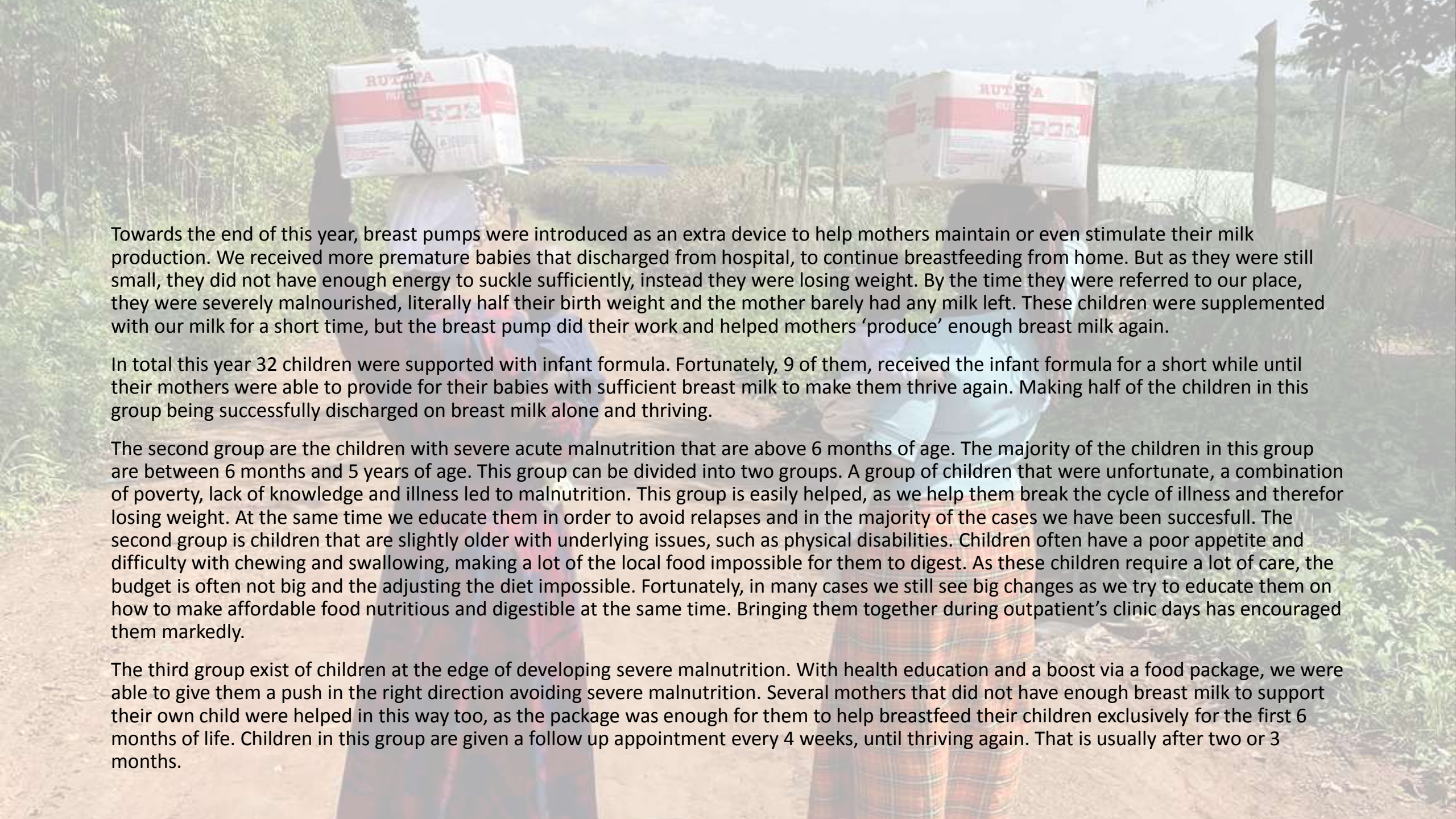
Since last year our outpatient program exists out of 3 different programs. A program focussed on children below 6 months of age with malnutrition, a program for children with severe acute malnutrition older than 6 months of age and a program for children with moderate malnutrition. It benefitted many children last year, and therefor was continued in the same style. In the year 2021, the outpatient program served 155 children, this were 22 children that were still in the program from last year and 133 newly enrolled children. This year the program has shown an increment of 30%. Two third of the children enrolled in the outpatient clinic are diagnosed with severe acute malnutrition, one third is enrolled when they are moderately malnourished and at risk of developing severe acute malnutrition.

This program has several different programs, whereby children are supported with therapeutic feeds such as plumpynut, others are provided with a food package and some children receive infant formula. In other cases mothers are supported with a breast pump to stimulate their milk production.

The children diagnosed with severe acute malnutrition are divided over two groups. The children that can benefit of plumpynut – a special therapeutic feed designed for children above 6 months and the children that are below 6 months and require special support, to help them thrive on breast milk again. In some situations, when all other support has failed, children are initiated on infant formula.

The group of children below 6 months is markedly growing and is with 48 almost a third of the program. Once breast milk is available and given in the right way, it's rare for children to develop malnutrition unless the child has other underlying problems. But if children are not provided with breast milk, many children tend to lose weight and fall sick because they are not given the right alternative feeds. Tea, glucose or diluted cow's milk are frequently used. But none of them provides the right nutrients for an infant. Our aim is to help mothers get enough breast milk again, as breast milk is not only nutritious, but also protects children from falling sick via the immunity of their mother and is great for bonding between mother and child.

Unfortunately that is not always possible, at times children are in the hands of their grandmothers. Other reasons are children with neurological problems whereby children do not have a suckling reflex or mothers who are very sick or even malnourished and therefor do not have milk.

The background image shows two women walking away from the camera on a dirt path. They are carrying large white boxes with red and black text on their heads. The boxes are labeled 'RUTOPA' and 'MILK POWDER'. The woman on the left is wearing a blue and red patterned dress, and the woman on the right is wearing a blue and white patterned dress. The background is a rural landscape with green hills and trees under a cloudy sky.

Towards the end of this year, breast pumps were introduced as an extra device to help mothers maintain or even stimulate their milk production. We received more premature babies that discharged from hospital, to continue breastfeeding from home. But as they were still small, they did not have enough energy to suckle sufficiently, instead they were losing weight. By the time they were referred to our place, they were severely malnourished, literally half their birth weight and the mother barely had any milk left. These children were supplemented with our milk for a short time, but the breast pump did their work and helped mothers 'produce' enough breast milk again.

In total this year 32 children were supported with infant formula. Fortunately, 9 of them, received the infant formula for a short while until their mothers were able to provide for their babies with sufficient breast milk to make them thrive again. Making half of the children in this group being successfully discharged on breast milk alone and thriving.

The second group are the children with severe acute malnutrition that are above 6 months of age. The majority of the children in this group are between 6 months and 5 years of age. This group can be divided into two groups. A group of children that were unfortunate, a combination of poverty, lack of knowledge and illness led to malnutrition. This group is easily helped, as we help them break the cycle of illness and therefore losing weight. At the same time we educate them in order to avoid relapses and in the majority of the cases we have been successful. The second group is children that are slightly older with underlying issues, such as physical disabilities. Children often have a poor appetite and difficulty with chewing and swallowing, making a lot of the local food impossible for them to digest. As these children require a lot of care, the budget is often not big and the adjusting the diet impossible. Fortunately, in many cases we still see big changes as we try to educate them on how to make affordable food nutritious and digestible at the same time. Bringing them together during outpatient's clinic days has encouraged them markedly.

The third group exist of children at the edge of developing severe malnutrition. With health education and a boost via a food package, we were able to give them a push in the right direction avoiding severe malnutrition. Several mothers that did not have enough breast milk to support their own child were helped in this way too, as the package was enough for them to help breastfeed their children exclusively for the first 6 months of life. Children in this group are given a follow up appointment every 4 weeks, until thriving again. That is usually after two or 3 months.

Evaluation Outreach Program

Since October 2021 the outreach program was resumed like we had it before. Weekly visits to the community to educate the community about signs and symptoms of malnutrition in combination with screening of all children with a MUAC (mid upper arm circumference) tape. Those identified as malnourished were supplied with therapeutic feeds and invited to the clinic for follow up and further investigations so that they are not only treated symptomatically, but also the root cause is addressed.

During lockdowns where gathering larger crowds was not allowed, our reach out to the community was through other organisations. Several children, especially those with disabilities, had no ways to reach the facility. In cooperation with other organisations we were able to make therapeutic feeds reach and provide medical advice and support from a distance, with great success.



Evaluation Targets 2021

1. Expanding the program to much rural villages.

Target was partly achieved with the support of other organisations who have been reaching there. But was not achieved in the way we wanted it, because of the recurrent lockdowns and the limitations of movements.

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

Target was achieved, as only 4.5 % did not return for follow up.

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

Target achieved, with the supply of feeding packages many children with MAM have been supported and recovered.



TARGET 2022

1. Building an educational kitchen

To train parents how to prepare kitobeero – a highly nutritious food for children.

2. Training healthworkers in Nakifuma and Kisoga in detection of malnutrition

These are two areas with many malnourished children who often reach our facility with very severe malnutrition.



Stories of hope and encouragement

The first time Peter's mother arrived in our clinic, she was in tears and barely able to speak. Her 1 year old son had been in poor health for almost a year, and she could see that without extreme help, in a few days she would lose him forever. Peter's health problems began when he was 5 months old. His mother sought help from both clinics and traditional healers. Though she spend all her money on the healers and gave Peter all the herbs they suggested, he continued to lose weight and his arms and feet would periodically swell. They finally went to a hospital where he was diagnosed with TB and severe acute malnutrition. They told his mother that without admission and proper treatment of his malnutrition, Peter would not survive. His mother heard only the last part – 'He will not survive'. When Peter came to us, he was irritable, crying all day and night and refusing to eat. We gave a nasogastric tube for feeding and after a few days of special therapeutic milk the changes were already visible. Two-and-a-half weeks later, we were able to discharge him from the ward in good condition. When his mother brought him back for review in our outpatient clinic, this time she was all smiles. 'Doctor, I don't know how I can thank you all enough', she said. 'When I came here I did not know I would ever smile again.'



Nakato and Babirye

The twins spent the first two months of their lives crying. Their mother was determined to breastfeed them exclusively, but when she lost her income because of the corona lockdown even she did not have enough to eat, let alone produce enough breastmilk for two growing babies. Still, she tried. Tirelessly, day and night, she breastfed her babies until she had nothing left to give, but it was never enough.

When she took Nakato and Babirye for immunization, a concerned healthworker saw they were malnourished and referred them to our clinic. It was a great advantage that their mother was committed to breastfeeding, as that is the safest and healthiest option for children in Uganda. With the support of a food package from our clinic, their mother was able to regain her strength and produce enough breastmilk for her two girls.

When the twins came back for review they were transformed. Rather than irritable, hungry babies, we saw two content and healthy girls. Their mother was beyond excited that with help she was able to support her own children in the best way possible.



Shakur

Shakur came into the world unexpectedly early, when his mother was only seven months pregnant. He weighed a mere 1.7 kilograms. He was immediately admitted into the neonatology unit, but his family could not afford that for long and he was discharged earlier than medically advisable. Fortunately, at the time he was breastfeeding well and clinically stable. Unfortunately, that did not last long.

Shakur did not have the energy to continue breastfeeding sufficiently, so when he came back to the hospital for review, his weight had dipped to 1.1 kilograms. He was now officially malnourished. That is when the hospital called upon us to join his battle. Our approach was twofold—a nasogastric tube for Shakur and a breast pump for his mother. The mother used the pump to stimulate her breastmilk production, and Shakur was given her milk through the tube. A month later, he was discharged from the unit. He had surpassed his birthweight and was steadily gaining with breastmilk given through a bottle. When they came back for review two weeks later, he was still doing very well.



Emma

As a parent, it can be agonizing when your child falls sick—even more so if there is nothing you can do to alleviate his suffering. Emma's mother was all too familiar with the feeling.

Time and time again, Emma would fall sick, but his mother had no idea what was wrong with her child. As a single mother, she did not have the means to go to the hospital for thorough investigations. In her love for Emma, she treated each illness to the best of her limited ability—a tablet to reduce his fever, medicine to stop his diarrhea. Yet little by little he kept losing weight. This boy, who was once a chubby baby, had wasted away to skin and bones.

As Emma's mother watched him deteriorate day by day, she became desperate. The community was the first to offer a diagnosis: The boy was bewitched. His mother, not so eager to accept such a dismal prognosis, sought more professional medical advice. She soon discovered that the underlying problem was sickle cell anemia. What a relief, after such a futile struggle to get him to good health, to finally have a way forward.

We immediately began treating both his sickle cell anemia (this I am assuming, but change if it's not accurate!) and his malnutrition. Plumpynut, the nutrient-rich paste we feed to children to boost their weight and health, worked miracles on his little body. Within two weeks, Emma had recovered from his malnutrition and was ready to go home.



Jesca

Jesca did not enter the world to the sight of bright hospital lights, the sound of beeping heart monitors or the sight of a paper-gowned medical team. She was born in her mother's home with no electricity and with only the help of a few neighbors for the delivery. From the beginning, no one had much hope that Jesca would survive. She was not well, but they did not have the money to treat her. They had no option but to stay home.

When Jesca did manage to survive her first four weeks, her family brought her to our clinic for free immunizations. She weighed only one kilogram. On the one hand, her tiny body was weak and fragile. On the other hand, it had taken great strength for her to survive so long on her own. She was too weak to suckle well, and because she was not breastfeeding very much, her mother's milk supply was also dwindling. In order to grow, Jesca needed frequent feeding, so the breastmilk was supplemented with infant formula for premature babies.

Today, Jesca is still small for her age, but the contrast is astounding. Her parents are grateful that through the extra milk they were given, their daughter was blessed with a true chance at life.



Unfortunately not all stories end the way we want to...

Zahara never got to know the love of her mother, as her mother passed away just a few weeks after giving birth. Her aunt took her in with love, but no amount of love could seem to keep Zahara healthy. In her first year, she fell sick time and time again. Finally, after her first birthday, she was diagnosed with HIV and TB.

Zahara successfully completed her treatment for TB, but the HIV medication was another story. She kept vomiting the medication. No matter how hard her aunt tried, giving the medicine was a struggle, and help was hard to come by. They lived deep in the village, and the clinic that was treating them was unaware of nutrition programs that could help bring Zahara back to good health. Eventually the situation escalated enough that the clinic intensified their search and discovered our program.

It was a three-hour drive from their village to our clinic. Zahara's aunt, who was pregnant with her own child, held the girl tightly as they bumped along dusty roads and swerved around potholes, daring to hope that the help they needed was within reach.

Initially, Zahara's situation looked promising. She gained weight and became playful. Yet each time we thought there was a breakthrough she would fall sick again and we needed to start over. The cycle continued long enough that we referred her to the main hospital for more extensive treatment. By then, her immunity had disintegrated and she contracted infection after infection. A month after being admitted in the hospital, she died as a result of complications from AIDS. Help had come too late to save her life.

When Melvin's mother brought him to our nutrition program, we recognized her as a familiar face. Three years ago, she had brought another son, who was diagnosed with HIV and later passed on. Because of the cultural stigma against HIV, she had never shared her diagnosis with her family, so when she delivered another son who also contracted HIV, she did not share the truth with them. By the time she brought Melvin to us, he was seven months old and still below his birthweight. Once we put him in the nutrition program, however, he began to gain weight and looked promising.

Melvin's mother had accepted her HIV-positive status and initiated treatment for herself and her son, but she still hid the truth from her family for fear of their reaction. Melvin was responding well to treatment from our program, but before he had fully recovered, his family called the mother and demanded that she take Melvin to a traditional healer instead. She was put under a lot of pressure to do the right thing according to our clinic staff or according to her family, and had to make a choice. Her family, unaware of Melvin's HIV status, assumed his malnutrition was the result of a cultural problem and that a traditional healer would have the answers for which they were looking. Clinics and hospitals have no place in such matters, they believed.

Despite our efforts to keep Melvin in our program, the family could not be convinced. His mother had already lost one son because of the cultural stigma against HIV, and now she is in danger of losing a second one in the same tragic way.

