

## Nutrition Outreach Project

### E.C. support to the nutrition rehabilitation units in the southern region of Malawi

C Walford

**The Nutrition Outreach Project provides the Nutrition Rehabilitation Units (NRUs), situated at hospitals and health centres throughout the Southern Region, with staff training, inputs and support so they can more effectively treat the many children suffering from severe malnutrition that present at these facilities.**

#### Goal

To reduce mortality and morbidity due to malnutrition in infants and children

#### Aims

To improve the effectiveness of treatment available for malnutrition

To reduce the length of hospital or health-centre stay of malnourished children

To initiate their nutritional rehabilitation.

#### Specific objectives

To introduce and implement effective, phased treatment for severe malnutrition in all NRUs located in the Southern Region.

#### Funding

The project is based in the Paediatric Annex of the College of Medicine at Queen Elizabeth Central Hospital in Blantyre. Originating in 1997, the project was funded by the Clothworkers' Guild (UK), and then supplemented by the European Commission to Malawi, Food Security and Food Aid Programme. Two Land Rovers, essential for outreach work, were donated by the Bush Hospital Foundation, a UK-based charity which specialises in supplying reconditioned ex-military vehicles to medical projects in Africa.

#### Staff and activities

The project's team consists of a nutritionist, two nurses experienced in the treatment of malnutrition and two drivers. They visit the hospitals and health centres, both MOHP and CHAM, which have in-patient facilities for the treatment of severely malnourished children. A survey of present treatment is conducted (with agreement of the medical officers in charge) and a date fixed for in-service training on the treatment of severe malnutrition.

The training consists of the diagnosis of the type of malnutrition, the clinical management, followed by an explanation of the phased feeding that will be implemented. Preparation and administration of the therapeutic feeds and the use of micronutrient supplements are demonstrated. The

various inputs the project supplies (milk powder, multivitamin syrup, minerals, measuring jugs etc) are issued. The food commodities needed (dried skimmed milk, likuni phala, sugar and vegetable oil) are supplied by the World Food Programme: Aid to Malnourished Groups Programme. The staff are encouraged to implement in their own way, following the recommended protocol, feed formulations and clinical treatment.

#### Evaluation

The team then returns, unannounced, two weeks later for a follow-up visit. Thereafter, the interval between visits varies from three to six weeks, according to the success of the implementation and the understanding of the staff. At every visit, the progress is monitored using a standard form. Problems are solved, questions answered, additional training given as required and a report submitted to the MCH co-ordinator, Matron and DHO. Supplies are issued as required. The reports are studied by the nutritionist and discussed with the nurse responsible for the visit. Decisions are made on the understanding, management and implementation of the treatment protocol by the NRU staff and the actions that need to be taken by the project team for improvement.

#### Analysis

Admission and outcome data are collected from all sites on an annual basis (i.e. monthly figures over the year) for analysis, particularly mortality rates. These are difficult to quantify owing to the many confounding factors affecting prevalence and severity of malnutrition in the under-five children in any given year. The inadequate supply and irregular distribution of the therapeutic food commodities by the WFP also impacts on the effectiveness of the treatment and therefore the mortality.

#### IEC

The health facility staff also give health talks to the mothers who are with their children in the NRU. Once therapeutic treatment has been successfully implemented, training is given on the teaching of adults with the aid of posters and in achieving a balanced diet in Malawi. Poster sets are left and the NRU staff encouraged to use them in their teaching sessions. On subsequent visits to the NRU, mothers and staff are separately questioned, using simple standard questionnaires to assess the implementation and impact of the training. Again, these are analysed and further necessary actions discussed and implemented.

#### Retraining

As with any training programme, there needs to be regular refresher sessions, particularly in the MOHP facilities where staff turnover is generally quite high. These are held as and when deemed necessary from the monitoring and evaluation, or at the request of the hospital management.

**Progress to date**

Treatment has been implemented at 30 of the 31 Nutrition Rehabilitation Units in the Southern Region of Malawi, since the start of the project in 1997. The effectiveness depends on the availability and adequacy of the correct food commodities from the WFP for the therapeutic feeding, and of the medications necessary for the clinical treatment. The ultimate goal of reducing mortality and shortening length of stay effective therapeutic protocols for malnourished children

remains to be proven, as many confounding factors exist. However, the objective of this present phase, the introduction and implementation of more throughout the Southern Region, is being achieved.

**The future**

A proposal for the expansion of the project nationwide, over a three-year period, has been submitted to the European Union in Brussels for consideration. The decision is expected shortly.

**Guidelines for authors**

Please submit your manuscript on diskette. If this is not possible, two copies of a typed version will be acceptable.

Contributions do not have to fall within the following categories- innovations are welcomed. The following will be regular features and contributions to these sections should conform to the following guidelines:

**Editorial:** an overview of a topic or theme. 400 - 600 words, can include both fact and reflection. Illustrations and diagrams are welcome. Editorials may be commissioned or or submitted for consideration.

**Research paper:** a report of research work done. This will normally describe work done in Malawi, or work of relevance to Malawi. Include an unstructured summary (<1500 words), Introduction, Methods, Results, Discussion. Total up to 2000 words.

**Short report:** 400-600 words. A concise report of a research study or audit, without Summary. Maximum of two tables/ figs in total; up to five references.

**Quarterly clinic (case report):** 200 - 600 words. Same requirements as short report. Please divide the case report into : a first section ending in questions for the reader and a second section with discussion of the case.

**View point:** 200 - 800 words. This allows personal views or reflections that will not necessarily be shared by all. May be controversial.

**Letter to Editor:** 50-500 words

We also welcome contributions to the following sections:

Quarterly proverbs

Interview

Glossary items

Poems / short stories

medical Images - photograph, drawing or Xray with brief annotation

Malawi snapshot- a brief description or picture of something peculiarly Malawian

Front Cover picture- a photograph or painting with a Malawi theme.

Contributions should be given or sent to:

The Secretary, MMJ,

P/ Bag 360, Blantyre, Malawi

Tel: 671 911 ext 204; fax + 265 674 774

or send by e-mail to: mmolyneux@malawi.net