

Nutrition Survey: Rapid appraisal and assessment of the Nutrition situation in the targeted villages in Kakiri.

A number of households were visited and outreach clinics in order to identify malnourished children (6-59 months) and women of reproductive age. The activity was conducted by using interviews, observations and measurements which involve danthropometry (without measurements in some villages), clinical assessment, dietary

assessment, medical and family history etc. Due to lack of equipment, apart from Sentema where I had the MUAC tapes (for measuring the Mid Upper Arm Circumference, MUAC) only and Katiti where I had acquired the required equipment (weighing scale, measuring tape and MUAC tapes) measurements were not done in the other villages.

The table below shows the summary of the results of the survey

No.	Name of village	No. of HHs visited	Malnutrition cases identified		
			Severe malnutrition	Moderate malnutrition	Good nutritional status
1	Wagaba	7	1	2	Others
2	Lubbe	20	1	5	
3	Namagera	15	0	4	
4	Sentema	12	1	5	
5	Mukirundi	Clinic	0	2	
6	Katiti	10	1	6	

HHs stands for households.

They were 6 villages, 64 households and six outreach clinics considered. I did nutrition counseling including educating the mothers/caretakers how to make nutrient rich foods such as Kitoobero, High Energy Porridge, proper food preparation, hygiene and sanitation in all the households.

The main causes of malnutrition identified were as follows:

- Improper breastfeeding and weaning practices. For instance some mothers breastfed their children for only one month claiming they didn't have breast milk.
- Nutrient deficiencies such as protein deficiencies.
- Poverty.
- Inadequate food.
- Lack of knowledge about nutrition and the nutritious foods available in the community. (A high consumption of carbohydrates compared to other nutrients).
- Poor family planning leading to inadequate care for the children.

- Separation of parents (most of the households are headed by single parents especially mothers.)
- Poor hygiene and sanitation leading to diseases such as diarrhea and this affects food utilization, absorption.

N.B I advised the mothers/caretakers of those clients who were severely malnourished to take the patients to the nearest health Centre (SOS) from where they were to be referred to Mwana Mugimu nutrition unit, Mulago. They lacked transport and doctors' consultation fees. These were provided to 3 mothers by BKB.

Below are details of some of the cases identified:

Case I (from Wagaba village)

Name: Irene. N **Sex:** female **Age:** 18 years **Rank:** 5/5



The client was very skinny and bonny, weak, had pale pallor. Looks severely malnourished (underweight). Taken care of by a single mother who believed the daughter is being bewitched. She was among those given money to go to the hospital. Left is her picture.

Case 2 (from Wagaba village)

Sex: male **Age:** 2years **Rank:**5/5

The child had brown hair, pale pallor. He is raised by a single father (divorced). He is the father of the above client (Case I) too. He is catering for the four children and the wife took the girl first born in case I above.

Case 3 (from Wagaba village)

Sex: Male **Age:** 7 months **Rank:** 3rd born (3/3)

A single mother caters for three children with case 3 inclusive. Facing a challenge of acquiring adequate food for the children. The child had brown hair, wounds behind the ears, had cough and flue, a burn on the wrist. The child did not appear well nourished

Case 4 (Lubbe village)

Sex: Male

Age: 1½ years

The child is as shown in the pictures below. He has baggy pants as shown in the second picture below. He is so skinny (ribs showing) and cannot even crawl. The signs are those of Protein Energy Malnutrition (PEM), marasmus mainly due to low calorie/energy intake.

He is raised by a single mother (20 years old) who has three children, this one being the third born. She started delivering at the age of 14. The first siblings look fine and grow well according to the chronological stages.



Case 5 (from Sentema)

Name: Sewanyana H

Sex : Male

Age: 6 years

MUAC: 13.4 cm



The child has a moon face, brown silky hair, brown eye brows and eye lashes. Has oedematous lower limbs (oedema ++), high appetite, skin rash, ulcerations behind the ears, cough and flue. He was weak. Most of these are signs of Protein Energy Malnutrition: kwashiorkor due to protein deficiency. The child also has a z score of -1.14 for Weight. On the left is him and his sibling.

The child was being raised by a heavily pregnant mother and stepfather. She had four children but the first born died due to the same condition (kwashiorkor). The child's nutritional

status started deteriorating when the mother separated from the child's father. The

child has even been taken to Mwana Mugimu nutrition unit Mulago for the management of his condition (still kwashiorkor by then) and hence this is a relapse after about three months. The Mother was given money by BKB to take the child back to Mulago.

Case 6 (from Katiti village)

Name: Nakyeyune S **Sex:** female **Age:** 2 years and 8 months **Rank:** 5/5

Length: 60cm **Weight:** 5kg **MUAC:** 12cm (yellow)

I took the length instead of height because she could not stand on her own. The child's weight was obtained by first weighing the mother carrying the child and then weighed the mother without carrying the child and got the difference. The child has very low Weight for Age (underweight), low Height for Age (stunting).

Formula for obtaining the expected Weight for Age (WFA) is as below;

Expected weight = $2n + 8$ where n is the age in years

Therefore $2 \times 2 + 8 = 13.3\text{kg}$



The expected weight for that age is close to 13.5kg according to the WFA chart.

Case 6 is 8.5 kg less than the expected weight for her age. The child has a fungal infection in the head, scaly upper face. The child was breastfed for only one month, the mother says it was due to not having breast milk. The first picture shows the child, next was the mother and child's weight being taken and lastly the child's MUAC being taken.



Other activities:

- Some of the vegetables in the kitchen garden I constructed at the farm are already being harvested such as sukuma wiki.
- **Conducted the Nutrition education session about complementary feeding again at the clinic with part of the demonstration included for the mothers who had brought their children for immunization.**

Below are the photos I was able to get.



Measuring 1 palm of silver fish





Measuring 1 palm of maize



Adding salt



The beans, ground silver fish, flour and 1 mug of water were put in the saucepan ready for steaming though these photos were not obtained.

Since it was already immunization time the steaming could not be done but everything was taught.

**Marea Musubiku
Nutritionist (left)**

Challenges

- Lack of equipment at the beginning of the assessment however, they were acquired later.
- Taking photos: first was the person not using the camera properly in that nothing showed on the camera, and then the camera card got corrupted etc. So for most of the pictures, I used my phone.