



## **Treating and preventing malnutrition in Malawi**

**Proposal:** The project consists of using an innovative approach called Community Therapeutic Care to treat acute malnourished children in Malawi. We will also train district health office staff to manage this treatment, and train community based organisations to help prevent malnutrition in the first place.

**Need:** As in many other countries in southern Africa, multiple and complex factors, both food related and non-food related, have resulted in the high rates of malnutrition in Malawi. These factors include the high prevalence of chronic illness such as TB and HIV & AIDS, recurrent climatic shocks impacting on the country's agriculture productivity and food security, poor farming methods, low literacy levels among women, as well as abject poverty. The 2004 Demographic Health Survey indicated a high prevalence of acute malnutrition in Malawi. It is estimated that there are close to 250,000 acute malnourished children aged under five across Malawi. The nutritional situation in Dowa and Nkhhotakota districts in Central Region of Malawi where this programme is being implemented is appalling.

**Project Description:** Concern is implementing Community Therapeutic Care (CTC), an innovative approach to treat acute malnourished children, in Dowa and Nkhhotakota districts in Malawi. Traditionally the strategy for treating severe acute malnutrition is to treat the children as inpatients in the Nutrition Rehabilitation Units (NRUs). It has been estimated that only 20% of those who require treatment reach this type of facility. In addition, this approach needs mothers and children to stay away from their homes and families for longer periods of time. On the other hand, the CTC approach treats the majority of severe acute malnourished children at home and focuses on outreach and community mobilisation to promote participation and behavioural change. Central to the home-based care of the severely acutely malnourished is the provision of appropriate foods containing the right mix of nutrients that will aid in treatment and rehabilitation. Ready to Use Therapeutic Foods (RUTF) have been specially designed for this purpose.

In Malawi, RUTF is a peanut paste-like food made from peanut butter, vegetable oil, dried milk powder, sugar, minerals and vitamins. It is specially designed to treat acute malnutrition and is water-free and so is less likely to be contaminated by water. It is distributed ready prepared and the mother or caregiver can feed the child, or the child can even feed themselves.

The main beneficiaries of CTC are children aged under five suffering from severe acute malnutrition. It has been estimated that the programme will treat 4,500 severely acute malnourished children each year. Other beneficiaries include the staff of Dowa and Nkhhotakota District Health Offices as well as the staff of other organisations in these districts who will be trained to implement this CTC approach.

The government of Malawi has adopted this approach as its national strategy for treating severe acute malnutrition and is scaling up throughout the country with



support from Concern and other stakeholders. Concern provides support to the Ministry of Health to roll out this approach in all the districts. In addition, Concern provides direct support to four District Health Offices (DHOs) including Dowa and Nkhotakota to treat children following CTC approach.

In May 2007 a number of UN bodies including the World Health Organisation, the World Food Programme, the UN Standing Committee on Nutrition and UNICEF adopted Community Therapeutic Care, which Concern, in association with Valid International, had pioneered and tested over the past seven years, as the international best practice approach to dealing with acute malnutrition.

**Objectives:** The wider objective of the project is to contribute to the reduction of the number of people suffering from severe acute malnutrition as well as the mortality associated with severe acute malnutrition.

The immediate objective of the project is to increase the ability of nutrition practitioners to treat and prevent malnutrition utilising Community Therapeutic Care.

The main aims of this project are:

- District Health Offices can effectively manage the treatment of severe acute malnutrition using CTC methods. To help us achieve this we will train of District Health Office staff and train volunteers and support volunteer networks to identify malnourished children in the community.
- District Health Offices have the systems and logistical know-how to facilitate the effective use of CTC. We aim to achieve this by supplying stocks of Ready to Use Therapeutic Food, upgrading of storage facilities for RUTF and essential medicines and training to DHO staff on logistic management
- Community based organisations and other institutions have undertaken sustainable initiatives to prevent severe acute malnutrition. We will achieve this by supporting local partners to increase awareness of malnutrition in the communities, as well as promoting appropriate feeding practices, crop diversification and food processing.
- District Health Offices are able to effectively budget and access funds from the Ministry of Health for CTC in the districts.
- Experience is well documented and disseminated so that successful methods can be used again within Malawi and other countries, while mistakes are not repeated.

Following the programme we would expect that the overall capacity of the health system in the districts where we work is strengthened to improve and maintain their children's nutritional status.

**Budget:** In this proposal, Concern is requesting €100,000 a year for three years to support this programme. The sample budget is as follows:

Description	Proposal Request €
Training of district health office staff to use CTC methods	20,000
Supply of Ready to Use Therapeutic Food	40,000
Initiatives to prevent acute malnutrition	12,000
Training of district health office staff to access funds for CTC	3,000
Documentation and dissemination of lessons learnt	3,000
Training partner organisations	5,000
Transport costs	8,000
Administration and overheads	9,000
<b>Total</b>	<b>€100,000</b>

### Case Study – Dorice Thom: Benefiting from CTC

In Nkhotakota District Concern operates a CTC programme in conjunction with the Ministry of Health. The emphasis for the Concern staff here is still on direct implementation, in cooperation in the nurses and Health Surveillance Assistants (HSAs).

Capiri Health Centre in Nkhotakota is one of the 14 Outpatient Therapeutic Programme (OTP) centres in the district. Every Monday morning the mothers and children vie for space with the other health centre attendants and their families for a place on the shady porch. This is where the weighing and measuring takes place.

One of the patients waiting for her turn is 20-month-old Dorice Thom. Her 18-year-old sister, Salome Thom, accompanies her. Dorice is doing much better now after being initially treated at an NRU and then received RUTF for 5-6 weeks.



*Shalome Thom feeding her young sister, Dorice, with RUTF*

Shalome explains why Dorice became malnourished: “Our mother died in September. She had been breastfeeding Dorice and I think the lack of milk really affected her.”

“After our mother passed away it was hard to care for Dorice, we have so little food to give her. She just started losing weight and then her feet started to swell. The HSA, Mr Maulidi, came to our house on his regular village visit and when he examined Dorice he told me to take her to Capiri Health Centre. When we came Dorice was referred to the NRU in Alinafe.”



“When we went to Alinafe I was not scared, I was happy that I could do something that could make Dorice better. We stayed for only nine days. I was surprised to see how quickly Dorice recovered. Since then we have been going to Capiri every Monday to receive the food and to weigh and measure Dorice.”

During the visits, Shalome attends health education sessions. She says, “I’ve learnt a lot in the health education sessions. We talked a lot about hygiene, how to ensure the house is clean, how to wash all clothes well, wash hands frequently, wash all utensils before cooking. I also learnt how to make maize porridge with groundnut flour and soya flour porridge. And I know how to examine Dorice to see if she gets oedema [the build up of fluid in the body caused by malnutrition] again.”

“I am very happy what Concern has done for us, and for Dorice. I was very worried about her and I am grateful that she’s better now.”