### **MDF QUARTERLY NEWSLETTER ON NUTRITION**

January to March-2022

Nutrition Service Delivery through Community Health Workers (CHWs) in LHW-Uncovered Areas of District Hyderabad-AAP Health Project

#### **COMMUNITY OUTREACH SERVICES**

MDF is implementing a community nutrition outreach service delivery project in LHW-uncovered areas of district Hyderabad in partnership with "Accelerated Action Plan for Reduction of Stunting & Malnutrition in Sindh" Health Department, Govt. of Sindh. The project aims to reduce stunting and acute malnutrition among children under five years by increasing and expending services to community level to build strong coordination between community and health facility for early identification of Severe Acute Malnourished (SAM) children in community through CHWs and timely referral to Outpatient Therapeutic Program (OTP) sites for their treatment. MDF has hired 600 CHWs to provide community outreach services in 42% LHW-uncovered areas of district Hyderabad. CHWs conduct Mid Upper Arm Circumference (MUAC) of children 6-59 months & pregnant and lactating women (PLWs) for identification of malnutrition and their referrals to health facilities as per program protocols. CHWs also distribute Iron folic Acid (IFA) tablets among PLW and Adolescent girls, Micronutrient Powder (MNP) among 6-59 months children & deworming tablets among all target groups. CHWs are also involved in counselling of mothers/caretakers on health, hygiene & nutrition behavior change communication through Social & Behavior Change Communication (SBCC) toolkit presentation.



During the quarter, 3087 IYCF sessions conducted by CHWs in which 12905 PLW and other participants were engaged.

# Introduction



Management & Development Foundation (MDF), a non-political, non-profit making and organization non-governmental (NGO) recognized at the national level, was founded in September 21st 2010 and registered under the Societies Act XXI of 1860 Registration No: 6060. Management & Development Foundation (MDF) provides quality and standardized services to the marginalized and deprived community of Rural and Remote areas of Sindh. MDF strategy is village based, people-centered, action-oriented, self-reliant, environmentally sustainable integrated agricultural and rural development program to alleviate poverty and to improve the quality of life of the rural poor. MDF development initiated its journey from a small initiative, launched in concerned about depleting sources of livelihood and employment, increasing poverty and social deprivation in rural Sindh and propelled by its own vision of sustainable, equitable and just society, objective of providing integrated services to the most deprived communities in difficult to reach areas.







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# **CAPACITY BUILDING OF OUTREACH WORKERS**

MDF in collaboration with AAP-Health PMU and District Health officer-Hyderabad organized trickledown training for LHWs on Community Based Management of Acute Malnutrition (CMAM) and Infant Young Child Feeding (IYCF), in which 482 Govt. deployed Lady Health Workers (LHWs) were trained in 23 training batches of two days long, during the period of Jan-March, 2022. Overall, 994 LHWs and 600 CHWs have been trained on CMAM/IYCF who are currently working in covered and uncovered areas respectively. LHWs will focus on case identification, referrals and counselling of caretakers on health, hygiene & nutrition for target groups in covered areas while in uncovered areas CHWs were hired and trained on CMAM/IYCF by MDF and providing nutritional services since 2020. Besides of formal training program, on-job coaching sessions and one day orientation sessions are organized for CHWs & LHWs as per need, with support & coordination of program implementing partner PPHI, DoH and AAP-Health.



#### COORDINATION WITH STAKEHOLDERS AND MONTHLY PEFROMANCE REVIEW MEETINGS



It's an integral part of CMAM program to make close and strong coordination with other program components i.e., OTP, SFP & NSC implementing partners, and line departments to build community-facility linkages and successful treatment of SAM children and cross referrals. MDF ensures monthly coordination meetings are conducted regularly with partners, PPHI, Nutrition Focal Person DoH, NSC management-LUMHS, DNO AAP-Health, DLO AAP-Health and District Health Officer at district level to discuss outreach performance, issues/challenges, and way forward. However provincial level meetings are also conducted regularly and as per need. Besides, monthly performance review meetings are organized at MDF office on monthly basis to review monthly outreach progress against each performance indicator, where Taluka Health Supervisors (THSs) are also extensively engaged to review and present their progress. During Jan-Mar, 2022, 03 MRMs, 04 provincial and more than 10 district level meeting were conducted.







### SERVICES FOR CHILDREN UNDER FIVE YEARS

#### Screening of 6-59 months children

Every child from 6-59 months is screened by CHWs in their respective catchment areas through Mid Upper Arm Circumference (MUAC) tape and oedema check. After MUAC screening target group children are classified as Severe acute Malnourished (SAM-MUAC <11.5 cm), Moderate Acute Malnourished (MAM-MUAC 11.5 to <12.5 cm), and Normal child MUAC reading >12.5 cm. During Jan-Mar, 2022 quarter, total 111540 children were screened by CHWs out which 90409 were rescreening and 21131 were screened first time. Screening results depicted the status of children as 92% normal (102709), 08% MAM (7825), and 1006 SAM children which is 01% of total screening.



### **Referral of Children to OTP Sites for Treatment and EPI for Vaccination**

After classification of malnourishment SAM children are referred to nearest OTP site for their treatment. SAM children treated with Ready-to-use Therapeutic Food (RUTF) as per CMAM guideline and treatment protocols. However, SAM children with any medical complication are referred to Nutrition Stabilization Center (NSC) for inpatient care. During Jan-March, 2022, a total of 1006 SAM children were referred to different OTP sites for treatment. Under five children are also referred with referrals slips to nearest health facilities for immunization. From Jan to March, 2022, 12911 children were referred for vaccination by CHWs from LHW-uncovered areas. Follow-up meetings with health facility staff MOs/FMOs are also conducted to ensure that referrals are being entertained in well manners at health facility.



### **Micronutrient Supplementation and Deworming of Children**



- Normal children aged 6-23 months and MAM from 6 to 59 months are provided Micronutrient Powder (MNP) sachets as preventive measures from malnutrition. Every child of above-mentioned age group is provided 90 sachets of MNP with dosage of one sachet daily for consecutive 03 months. During Jan-March, 2022, 13962 children were provided MNP for 03 months period.
- Children from >12 months to 59 Months are dewormed every six month. Every child is provided 5 Mebendazole tablets as per protocol. During Jan-Mar, 2022, 48255 children were dewormed by CHWs in their respective catchment areas.







# SERVICES FOR PLW AND ADOLESCENT GIRLS

### **Screening and Referral of Pregnant & Lactating Women**



### Iron Folic Acid Supplementation and Deworming of PLW & Adolescents

Iron deficiency is one of the most prevailing micronutrient deficiencies among **PLW** and adolescents. According to NNS-2018, 61.2 % adolescent girls and 45.3 % women of reproductive age are anemic in Sindh. To eradicate anemia IFA tablets are distributed among pregnant women for whole pregnancy period and lactating mothers up to six months with monthly follow-ups. Adolescent girls are also given IFAs for 03 consecutive months in a year as anemia preventive measure. During Jan-Mar, 2022, 04 PLW & 154 Adolescent girls were provided IFAs as per protocol, due to shortage of stock remaining have been registered and will be provided in next quarter on availability of stock.

Deworming program also decreases the prevalence of anemia among PLW and adolescents and will contribute in reduction of anemia in community at large. During Jan-Mar-2022, 12708 PLW & 34223 Adolescents were dewormed with six-month interval.

- Besides of other intervention, CHWs also provide (as per need & availability) PWs Safe Delivery Kits (SDKs) and Chlorohexidine gel (for umbilical cord) to safe and sound deliveries, and due counselling is done to ensure institutional deliveries.
- To eliminate IDD salt tests are conducted at household level with RTKs by THSs & CHWs in coordination with Nutrition International (NI). During the quarter 573 tests were conducted where only four household found with zero iodine consumption in salt.

PLW are screened every 03 month by CHWs to assess their nutritional status. PLW <21 cm MUAC are referred to nearest health facility for further medical assessment. During the period of Jan-Mar, 2022, 25574 PLW were screened out of which, 7530 were first time and 18044 were rescreened after 03-month interval.

PLW are also referred to nearest health facilities to avail antenatal & postnatal care (ANC, PNC), and family planning (FP) services, and TT vaccination. During the quarter 23168 PLW were referred for ANC, TT vaccination, PNC, & FP.

#### Success Story of SAM child



Ramesh, 15 m, is an only child of Mr. Popat who lives in a village of Union Council Sanwan Gopang, taluka Hyderabad Rural, district Hyderabad. Mr. Popat is daily wage labor who hardly earns bread & butter to feed his family, due to imbalance diet and improper care his son was acquired with severe acute malnutrition. Ramesh was identified by CHW Ms. Nighat during screening in her catchment area with severe acute malnutrition (SAM), his MUAC was 8.5 cm. CHW referred Ramesh to nearest OTP site and he was enrolled there for treatment with RUTF. After 02 months continues treatment Ramesh was successfully cured with MUAC 12.5 cm, and now he lives a healthy life. CHW still conducts regular follow-up visits to Mr. Popat's home and providing due counselling on health, hygiene and nutrition to make sure Ramesh grows well-nourished and healthy.

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