

Ambulatory treatment of severely  
malnourished children:  
experience from Afghanistan (MSF-B)

Dublin CTC workshop

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# History of agency in the area

- MSF in Afghanistan since 1979 (North since 92)
- Since 97 in Faryab province

## Main focus :

- Primary Health care (support to 5 MoPH clinics) – special focus on Women and Children Health
- Emergency preparedness and assistance:
  - epidemics
  - internally displaced population
  - war wounded
  - nutrition rehabilitation.

# Food/nutrition context 2000-2003

Consecutive years drought+war

→ Food crisis

Food security deteriorated

→ Severe reduction food availability and accessibility

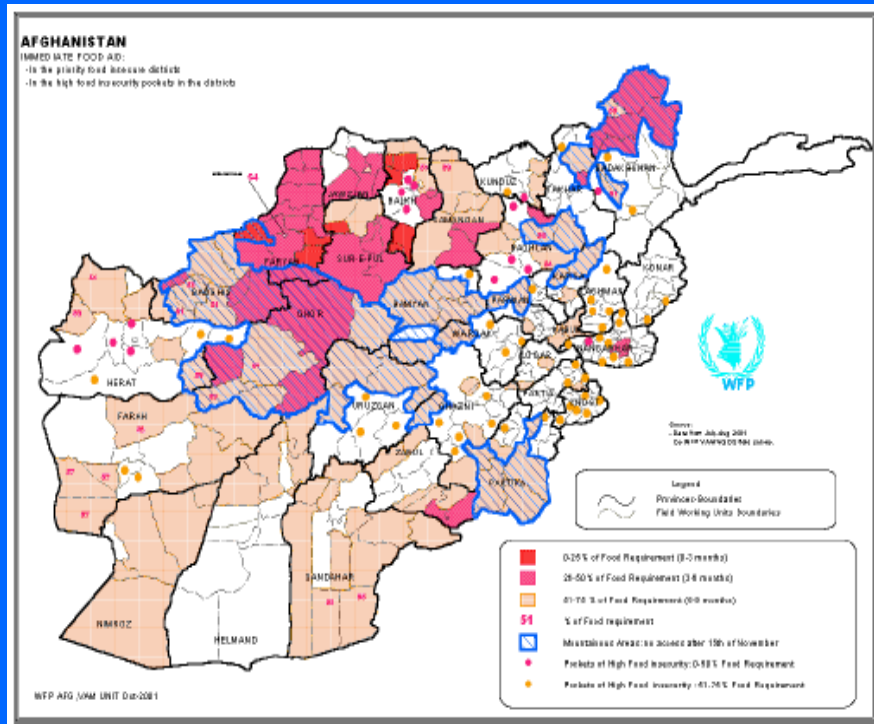
- Agriculture affected
- Inadequate food aid

→ Coping mechanisms threatening livelihood

- Loans, men migration,...

→ Water problem

North particularly affected (Faryab)



# Malnutrition



- Scurvy outbreaks (2000-2001)  
343 reported cases / 20000 pers  
(attack rate : 17.3 / 1000)
- Prevalence of acute malnutrition  
remain moderate

# Anthropometrics surveys Faryab province 2000 to 2003 (MSF-B)

	Sept 2000	August 2001	July 2002	May 2003
<b>Sites</b>	Qaisar / Daulatabad, Maimana / XSP	Almar / Qaisar	Almar / Qaisar	Almar / Qaisar / Maimana
<b>n</b>	<b>849</b>	<b>902</b>	<b>911</b>	<b>927</b>
<b>SAM</b>	<b>0.5 [ 0- 1.1]</b>	<b>0.8 [0.3-1.3]</b>	<b>1.3 [0.5-2.1]</b>	<b>0.8 [0.0 – 0.9]</b>
<b>GAM</b>	<b>7.1 [4.7- 9.5]</b>	<b>9.8 [7.0-12.5]</b>	<b>6.3 [4.4-8.1]</b>	<b>3.9 [2.4 – 5.3]</b>
<b>Oedemas</b>	<b>0</b>	<b>0</b>	<b>0.5 (0.0 –1.1)</b>	<b>0</b>

Severe acute malnutrition (SAM) = W/H < -3 z-score or presence of bilateral oedemas  
Global acute malnutrition (GAM) = W/H < -2 Z-score or presence of bilateral oedemas

# Faryab Province

Population +/- 1 million

- Qaisar: 149 000
- Maimana: 74 000
- Almar: 92 000

Surface: 22279 sq km



- Rural / traditional
- Low density
- Mountainous remote area (accessibility!)
- Few health structures  
1 hospital / 9 clinics
- Unstable security

# History of MSF nutrition program

- End 2000: Emergency preparedness and surveillance  
→ opening of SFP
- Beginning 2001: RTUTF given to severe cases (few)
- 11<sup>th</sup> September 2001 events → Evacuation team
- Return 11/01: programs running but signs of deterioration (increase number severe cases...)  
→ extension of program and re-inforce medical and nutritional follow-up of severe cases

# Strategy chosen: Ambulatory TFP

## Rationale

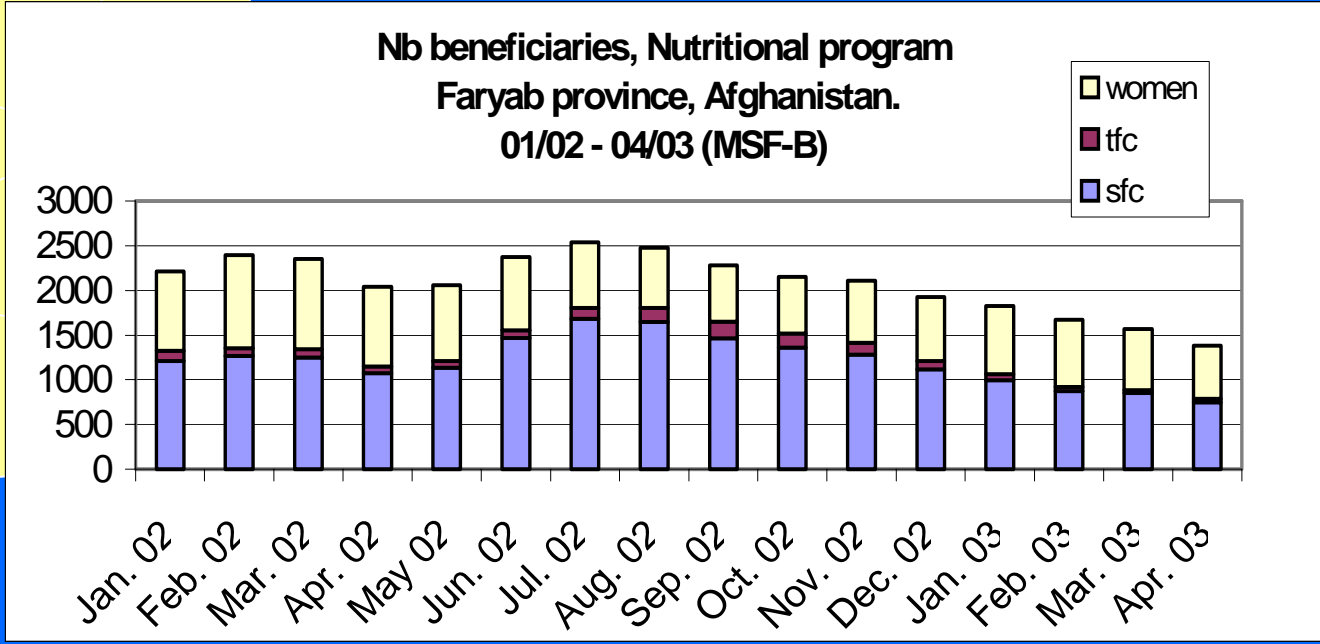
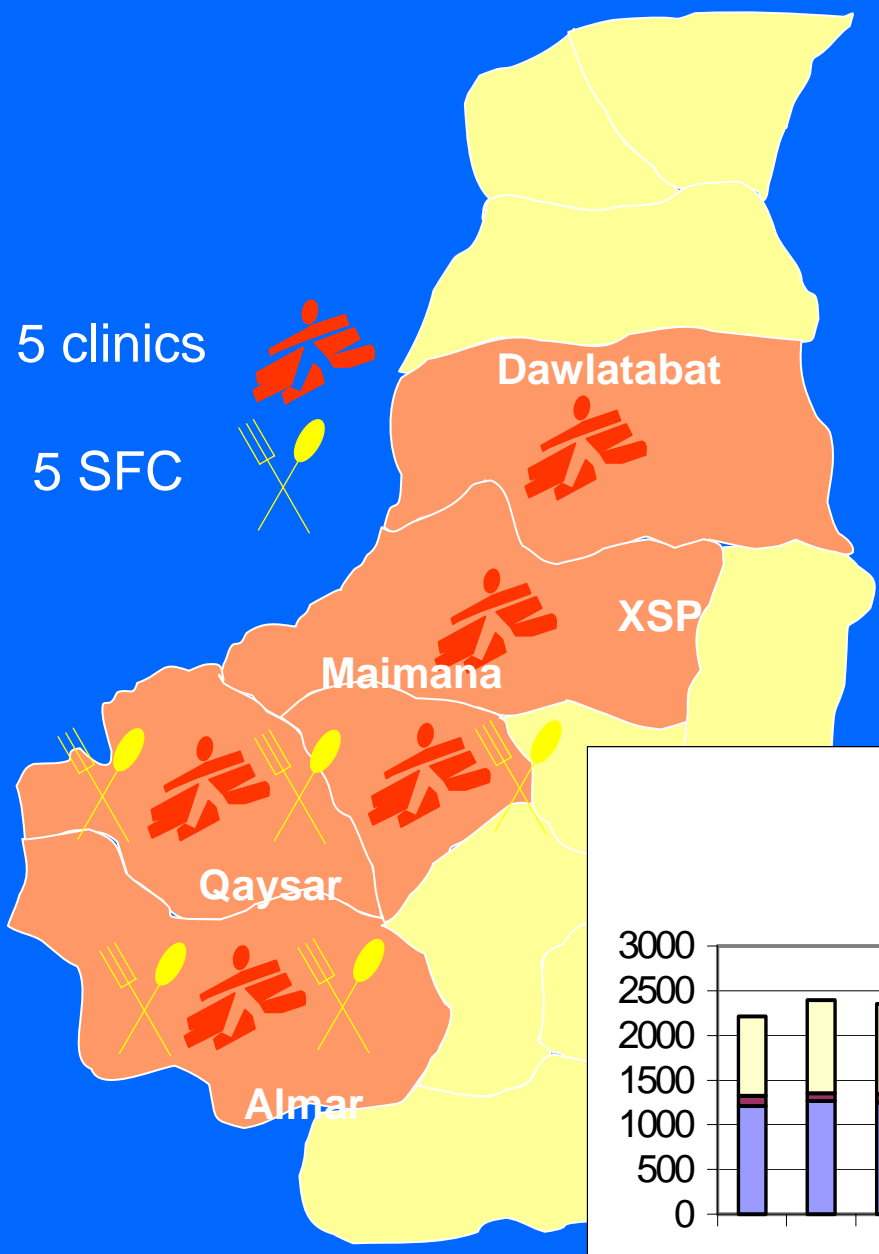
- Scattered population (few beneficiaries per site)
  - Cultural constraints:
    - Women are not allowed to spend a night outside
    - Difficult to employ women (not allowed to work outside)
- Impossible to set-up a traditional residential TFC

# Faryab nutrition programs

5 clinics



5 SFC



# Description of the strategy

- Children seen on a weekly basis (outpatient)
- Treatment:
  - ✓ Medical
  - ✓ Nutritional
  - ✓ Individual follow-up
  - ✓ Health education
- Staff: (same SFP)
  - Expatriate: 1 nurse
  - National: 1 MD + 70 persons part time (= +/- 30 full time).



# Medical treatment



- Complete physical examination by a doctor (from July 2002)
- Systematic treatment (AB, antihelminths, vit A, measles vaccination...)
- Specific treatment prescribed by MD

# Nutritional treatment

- F-100 milk / RTUTF on site
- RTUTF to take home
  - ✓BP 100®
  - ✓Plumpy-Nut®
- Family support ration
- Infant: food for mothers



# Individual follow-up and health education



- Anthropometric measures
- «TFC room» some hours
  - Observation: F100 milk/RTUF
  - Drugs administration
  - ORS corner
- Health education
  - breast-feeding
  - weaning practices
  - basic hygiene rules...
  - use of specialised food

# Clinical records of 756 severely malnourished children (01/02-05/03)

- Admission criteria:
  - W/H < 70 % : 344 (46 %)
  - Muac < 110 mm (>75cm) : 117 (15 %)
  - Bilat. Oedemas : 82 (11 %)
  - Others : 206 (27 %)
- Sex ratio F/M: 1.2
- Age estimation: Majority young children
  - 87.2 % (n=659) length 60 - 85 cm
  - 7.4 % (n= 56) with length < 60 cm

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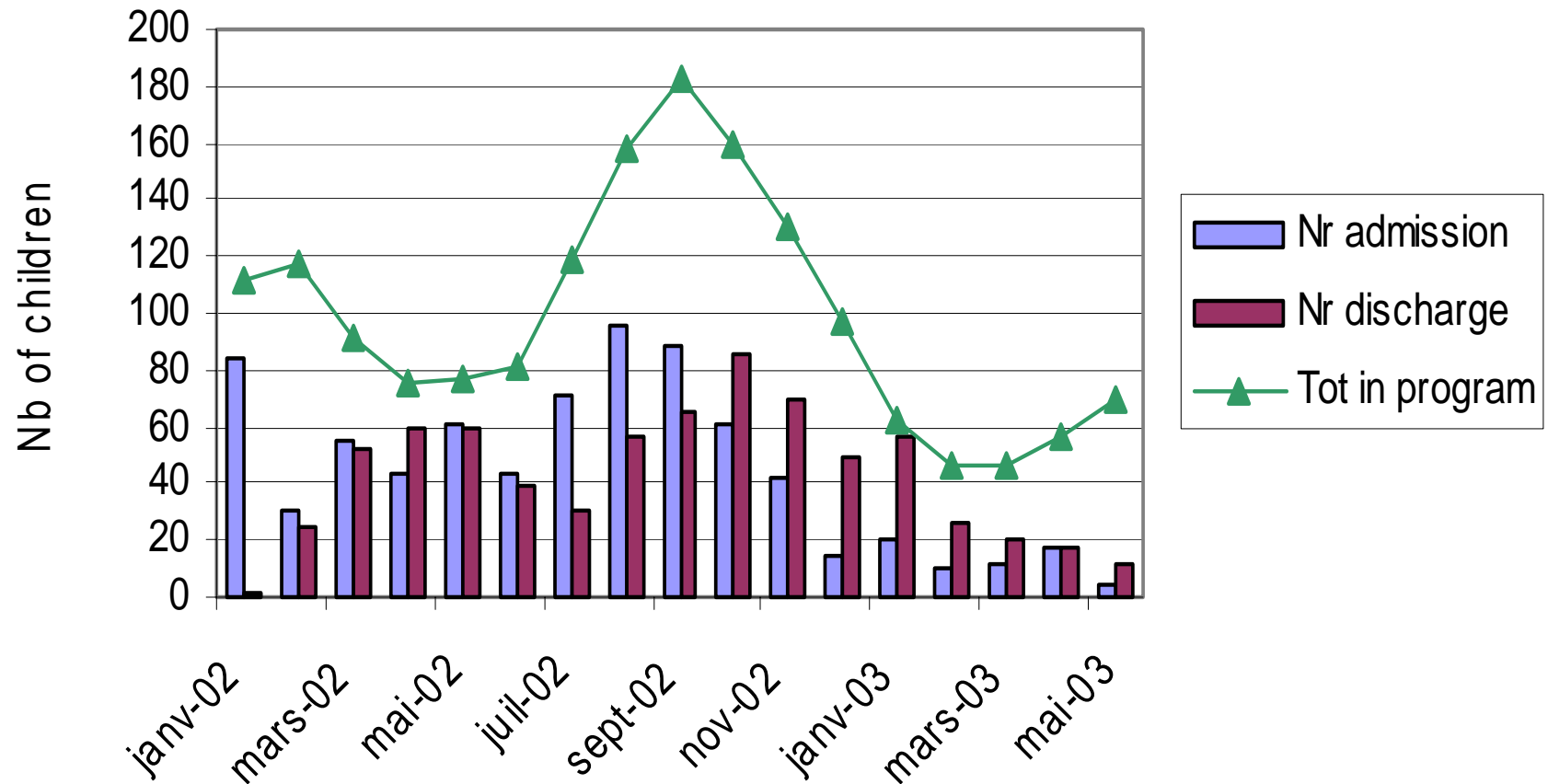
- Origin:

- < 2 km: 29.6 % (n=224)
- 2 – 5 km: 15.6 % (n=118)
- > 5 km: 54.7 % (n = 414)

- Remark:

- Distance between each centre is +/- 20-30 km.
- Distance must be translated in “hours of walk” or donkey

# ATFP beneficiaries movements, Faryab province, Afghanistan (01/2002-05/2003)



# Process data (n = 726)

Cured	63% (n=459)
Deaths	6% (n=46)
Defaulters	22% (n=157)
Others	9% (n=64)

Average weight gain	<b>5.6gr/kg/day</b>
Average length of stay	<b>66.3 days</b>
Coverage	<b>Low</b>

# Discussion

- Majority of young children (6-18 months)
  - ➔ Inadequate caring practices / diseases

- Important defaulter rate (22%)

Investigation (10 days): 29 children

- Illness mothers/child: 10 (34%)
- Busy agriculture: 7 (24%)
- Others problems: 7 (24 %)
- Died: 5 (17 %)

# First appreciation

- Good acceptability of the program
  - ✓ RTUTF appreciated by most of the children
  - ✓ Mothers generally satisfied and motivated
- Accessibility / coverage remain limited (same health services)
  - ✓ Impossibility to search defaulters
  - ✓ Difficult to evaluate coverage
  - ✓ Community approach difficult to implement in emergency

# Difficulties / Weaknesses

- Medical care necessary for many children
- Some critical cases, impossible to manage properly in outpatient
- Complex origin of the malnutrition – education necessary +++
- Infants? (7.6 %)
- Lack female staff



# Conclusions

- In this situation: new approach essential
- Results not completely satisfactory
- Programs indicators encouraging
- Medical care remain necessary