

PAKISTAN

Giving severely malnourished children a chance

Eighteen-year-old Nagina is holding her daughter Sakeeba with utmost care. With a weight hardly reaching 2.1 kg when she was admitted for treatment, seven-month-old Sakeeba was well below the standards for her age. She should at least be 7 kg.

“At first Sakeeba was unable to breastfeed,” says Nagina. “So I decided to bottle-feed her. But then she started vomiting, her stomach was swollen. I did not know what was wrong with her. I did not know she had diarrhoea. I was scared.”

Nagina asked her uncle to take the baby to a nearby health unit. The child was diagnosed as severely malnourished. “The specialist told my uncle that Sakeeba had to be taken urgently to Muzaffarabad’s therapeutic feeding centre where she would get treatment and nutritious food. I understood that her life was at risk,” adds Nagina.

Sakeeba was admitted at the UNICEF-supported therapeutic feeding centre in Muzaffarabad, in Pakistan-administered Kashmir. For babies in her condition, a month stay is recommended so that they can gain weight and strength. The centre was opened on 23 February 2006, five months after the devastating earthquake of October 2005, which killed over 73,000 people and affected 3.5 million people in northern Pakistan. The centre is the first of this kind for severely malnourished children in the region.

Although exacerbated by the earthquake, resulting displacements and scarcity of food, malnutrition was already existent in northern Pakistan before the disaster. For UNICEF and its partners, the earthquake provided an opportunity to acknowledge long-existing health issues in these remote, high-altitude regions, and tackle for the first time chronic problems like malnutrition.

At the Muzaffarabad therapeutic feeding centre, medical staff treats children who suffer from acute malnutrition (they weigh less than 70 per cent of the average weight for their height). UNICEF provides the salaries of the centre’s personnel and supplies food items like fortified and enriched flour (UNIMIX) and therapeutic milk. More than 180 children have been admitted so far. Most of them come from the nearby Muzaffarabad and Neelum Districts.

“Today I understand the reasons why my daughter could not grow,” says Nagina. “I receive advice from the doctor here on how to prepare nutritious food for my child with the resources that are available at home every day. Now I know how to cook porridge for Sakeeba once she gets a little bit older and stronger.”

Nagina was only 16 years old when she got married. A few weeks later, the earthquake struck her village, destroying her house and taking the life of her sister. “We are now living in a temporary shelter. My husband is a tailor. He managed to find work after the earthquake, but his earnings are small and it is difficult to make ends meet.”

Nagina is herself anaemic: like many women in the region, because of lack of resources, her diet is not balanced. “She uses staple food such as rice or wheat for nearly all her meals, which does not fulfil the iron needs of her body,” explains UNICEF’s Health Officer Riaz Nasrullah.

“Another problem is that many mothers refuse to breastfeed, and bottle-feeding is not prepared hygienically,” adds Riaz Nasrullah. “Mothers do not wash hands and the bottle is usually not cleaned properly or boiled. To save money they often dilute milk with water. This triggers diarrhoea, loose motions as well as loss of weight and appetite for babies. This is when the vicious cycle starts: once the child gets sick, his or her immune system is weakened and he becomes more prone to other diseases and infections, all leading to malnutrition.”

Repeated infections, lack of awareness about nutrition and healthy habits, scarcity of food, poor sanitation, and unsafe water – these are the contributing factors to malnutrition. “

As part of its recovery strategy for quake-affected areas, UNICEF set up a network of community-based outreach workers that are on the frontline of its plans to sensitize communities in rural areas about health care and hygiene. Right after the earthquake UNICEF and its local partners recruited and trained about 2,100 community health workers in basic first aid, health monitoring and the provision of essential health services in the home, such as vaccine and basic medicament administration, and newborn care.

“Through these activities, community health workers are becoming agents of change, promoting hygienic practices, breastfeeding and healthy food so that, in the long run, we keep malnutrition at bay,” says Riaz Nasrullah.