

Pediatric Nutrition Screening, Treatment and Management Program at Midland Doctors Medical Institute in Azad Jammu and Kashmir, Pakistan

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Background

Poor pediatric nutrition continues to be a major cause of neonatal and childhood mortality in Pakistan. According to the National Nutritional Survey, 15% of all children in Kashmir, Pakistan suffer from severe malnourishment. To address pediatric nutrition outcomes in Kashmir, a Canadian and UK based charity has developed a rigorous screening, treatment and management program for children 0-10 years of age at the Midland Doctors Medical Institute in Kashmir. The program aims to screen all children presenting to the clinic for malnutrition from July 2018-December 2018, treat and manage the most severely affected and provide ongoing training and material resources to hospital staff.

Methods

The goal of the program is to screen at least 1000 children for malnutrition over 6 months. During this period, approximately 5-10% of the most severely affected children will be enrolled into the treatment phase. Patients are screened based on anthropometric measures such as age, weight, height and mid-upper arm circumference. They are then categorized into risk groups based on their percentiles and z-scores on WHO growth charts and a personalized treatment plan is developed for each severely malnourished child. Treatment includes supplementary feeding formulas, supplementation for mineral and vitamin deficiencies and counselling from a dietician. To help sustain the program, ongoing training sessions are provided via Skype to the local pediatricians and nurses on clinical and public health topics such as growth monitoring, physical exam skills and prevention of malnutrition in the community.

Findings

Out of the 307 children screened to date, 55 (17.9%) children are severely malnourished. Furthermore, 103 (33.6%) and 84 (27.3%) children are categorized as moderate and mildly malnourished, respectively. Six (1.9%) children have been enrolled into the treatment arm of the program, but more are expected to be enrolled in the coming months.

Conclusions

Ongoing challenges include lack of human resources and funding to treat an adequate number of patients, geographic isolation of the hospital and remoteness of the surrounding patient population. As we are currently short on our goal to treat 5-10% of the patients, we may have to adjust our target and treat only the most severe cases.