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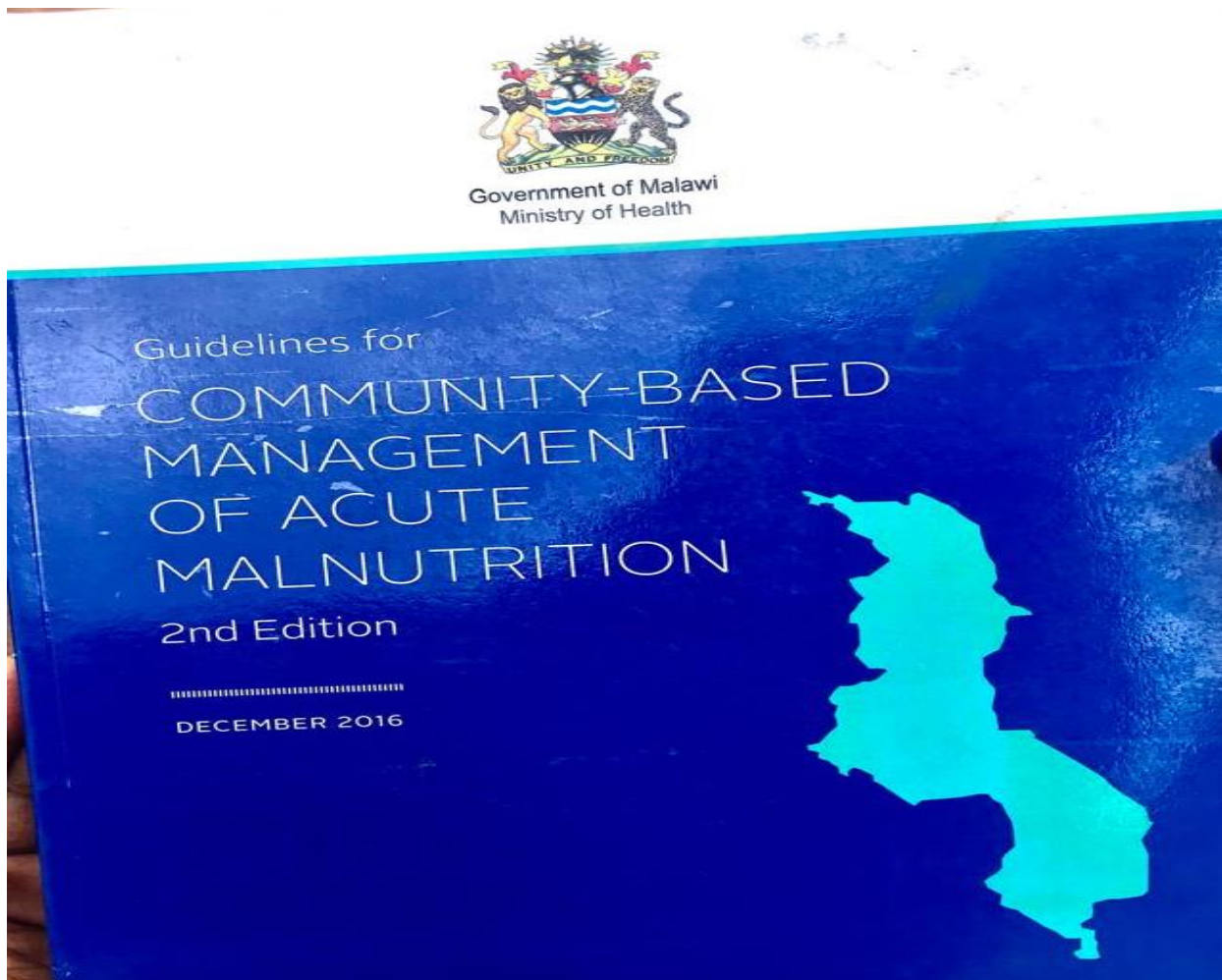
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**REPORT ON THE GROWTH MONITORING EXERCISE CONDUCTED AT TIYAMIKE  
CBCC IN MTIMA VILLAGE ON 4<sup>TH</sup> FEBRUARY 2025**

Date: 6<sup>th</sup> February, 2025

**TO: Dr. Hala Ghoson, UVGI Director, USA.**



*An approved Growth Monitoring handbook for health and nutrition personnel*

## Preamble

Here is a detailed report of the Growth Monitoring Exercise which we conducted at Tiyamike Community Based Childcare Centre in Mtima Village. The exercise was conducted on 4<sup>th</sup> February 2025 from 8:30 AM.

## Aims and Objectives of the Exercise

- To identify growth faltering.
- To measure the impact of nutrition/feeding programme.
- To educate the mothers on health and nutrition. They are taught how diet and illness can affect child growth and thereby stimulate individual initiative and improved nutrition and healthcare practices.
- To provide regular contact with primary health services.

## Details of the Exercise

The exercise was facilitated by a joint team comprising Health personnel, Social Welfare staff and us from the UVGI.

In growth monitoring, there are three main activities that are conducted subsequently on the child. These are: MUAC, Height Measurement and Weight Measurement.

1. **MUAC:** This is an acronym in the health circle for Mid-Upper Arm Circumference. A child is measured on the middle of the upper arm using a recommended Measuring Tape (that is made available through UNICEF) to identify malnutrition. This is a simple tool for screening nutritional status in children from 6 months up to 5 years. In reference to the *Guidelines for Community-Based Management of Acute Malnutrition* handbook, the health and social welfare personnel conducting the exercise check and take record of the actual circumference of the child's middle upper arm. The readings are in three colours: **green, yellow and red**.



**A Government social worker (in green T-shirt) administering MUAC**

According to Joyce Mussa, a Community Nurse who led the facilitation team in this exercise, when a child's MUAC readings are in **green**, that one is automatically growing well. And when the child's MUAC readings are in **yellow** (i.e. between 115mm and 125mm), it identifies moderate acute malnutrition and the child needs to be provided with Likuni porridge so that he/she can quickly pick up. And if/when the child's MUAC readings are in **red** (i.e. below 115mm), that determines severe acute malnutrition and the child is automatically referred to their nearby health facility to be on nutritious diet treatment so that their health must pick up.

- 2. Height measurement:** In health, there is a Height Measuring Board which is found at every health facility. In some other health facilities, there are even more than one height measuring board recommended by the Ministry of Health, the World Health Organization (WHO) and UNICEF. On this board, there are readings in *Centimetres* and *Millimetres*. To measure the height of a child, the board is set upright and the child steps/stands straight on the foot of the board. And the health officer will read the centimetres of the height of the child—the readings at the top-end of the child's head. For a health child, his or her height is supposed to progress

periodically; and if it becomes static, then it means that there's something wrong with his/her growth.



*Health workers conducting height measurements in both pictures*

- 3. *Weight measurement:*** This is the third and last activity that is carried out during growth monitoring. They use a *Weighing Scale* to measure the weight of the child. The weight of a normal child is supposed to progress periodically. Sometimes it remains the same as the previous time and this is normal; but it must never go down. If it does, then it tells you that the health status of the child/person has a problem which must be corrected.

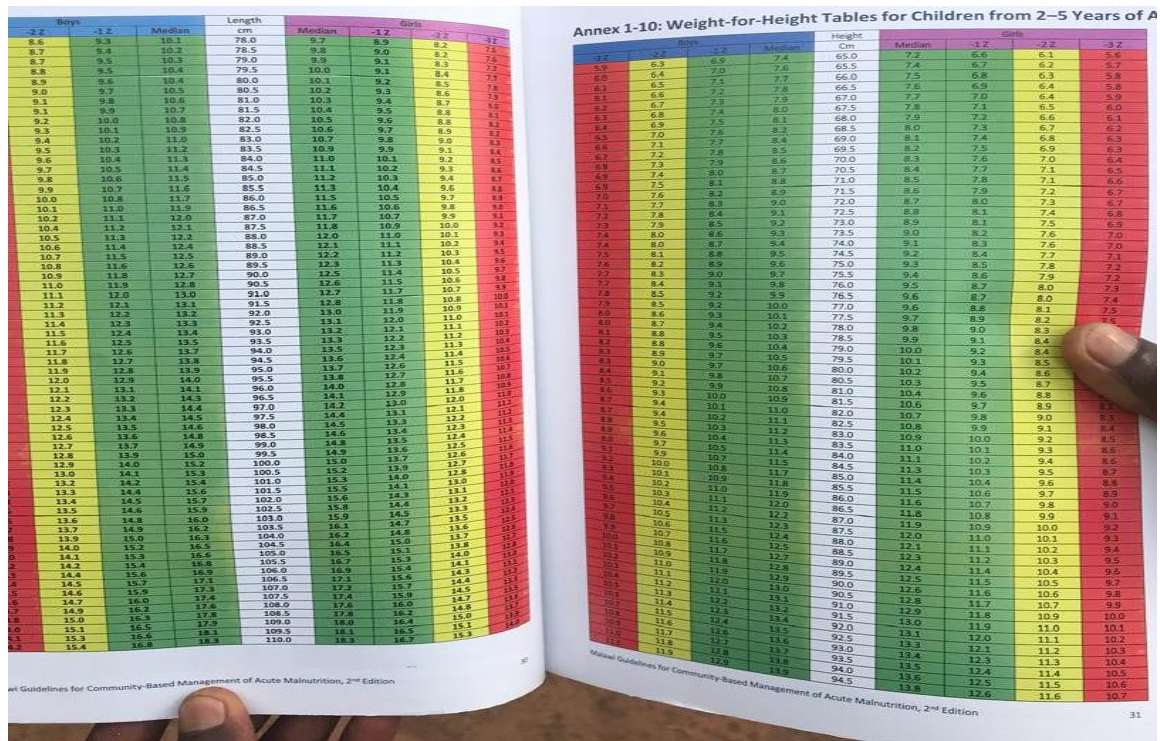


*A child on a Weighing Scale*

### **Findings of this Growth Monitoring Exercise**

- ❖ The health status of 38 out of the 40 child was progressively well. This represents 95% of the total number of the children at Tiyamike CBCC. The health and social welfare personnel attributed this high percentage of children in good health to the feeding programme which is supported by the UVGI. The government team commended UVGI for their consistent support for the children and further urged the organization to continue with its support.
- ❖ Only two children—representing 5% of the entire CBCC—were found to be in poor health. One was identified as being in **moderate acute malnutrition (in yellow)** while the other one in **severe acute malnutrition (in red)**. The one in severe acute malnutrition was immediately referred to Naisi Heathe Centre for further help.

However, the government (health and social welfare) team also recommended to UVGI to apply some more groundnuts and soya in the porridge flour. They also recommended that if funds can be available, the organization can also be providing some chiponde and milk to the most affected children. They made this recommendation considering the fact that in most cases such nutritious food items are not readily available in public health facilities unless Government has received a donation.



An open page for the MUAC reference readings shaded in green, yellow and red

### Challenges registered during this exercise

- i) The amount of groundnuts and soya in the porridge flour is insufficient as discovered by the expert health and social workers.
- ii) Lack of supplementary rich-in-nutrients food items for the children.
- iii) The children seem to be living in hunger crisis in their homes during the lean season (October-March), a thing that is seriously affecting their health.
- iv) There is no involvement of a nutritionist during growth monitoring.
- v) Caregivers at the CBCC are not trained for their day-to-day work.
- vi) The CBCC has no in-door and out-door playing materials.
- vii) The CBCC building is too small as compared to the number of children enrolled.

## Recommendations

The Government (health and social welfare) team recommended as follows:

1. That the porridge flour that we are using to make porridge for the children is supposed to have additional groundnuts and soya to improve the nutrients in it.
2. That we should consider providing supplementary rich-in-nutrients food items such as 'chiponde' (a peanut-based nutrition supplement) and milk to the children at the CBCC periodically.
3. That we should consider supporting the children through their mothers with some dry maize for them to be preparing staple food locally known as '*nsima*' for their children at home, especially during the lean season (from October to March) when most families stay without eating the staple food the whole day. They observed that this can affect the health status of our children.
4. That there is need to also involve the nutrition expert from government each time we are conducting growth monitoring exercise. That one will always recommend how our caregivers should be making the porridge be more nutritious. They will also recommend various local foods that are rich in nutrients so that our children should maintain their good health status.
5. That we should consider organizing a training for the caregivers of our CBCC. This will help them to be conducting their work properly in accordance with the provisions of the Early Childhood Education policy.
6. That the CBCC needs both in-door and out-door playing materials.
7. That in due course, we should consider constructing a more spacious CBCC that will be well ventilated and can accommodate the children and more others better.

## Special Requests

- We do not have a good camera or phone with high definition camera for high quality pictures and video recordings. The phone that we were using previously broke down. So, we would like to request you, Dr. Hala, to assist us with one (either a phone or camera) in order for our work to run smoothly.
- We also need to have our own growth monitoring tools: the MUAC measuring tapes, a height measuring board and a weighing scale.
- And to improve our health, it will be nice if we can also have gloves and chlorine.

## WORD OF APPRECIATION

We would like to express our profound appreciation for your donation of a laptop. This is a very important device in our day-to-day operations especially now that we have started our project on the ground. It will help us keep our reports safe and all other information that are private and confidential. Borrowing from friends hasn't been good

at all to us as an organization because sometimes we would find the owner using it, or we have at times lost data and even get our stolen for other uses. So, once we get that donation, all these problems will be a thing of the past. We certainly thank you so much.

## **CONCLUSION**

The growth monitoring exercise was very successfully done. We have seen and have the records of how CBCC children's health is faring. The exercise has proved to us the importance of our feeding programme where we have seen for ourselves that the programme is very beneficial to the health of the children. The exercise has also helped us in taking note of the recommendations made by the public health and social welfare officers who facilitated the activity. If each one of those recommendations is keenly considered, our CBCC will outshine the others in the surrounding community.

Many thanks to Dr. Hala Ghoson for your continued support towards TiyaMike CBCC in Mtima Village. We look forward to your visit to Malawi this year, so that you can see the children for yourself and appreciate both their health and their environment.

**End of Report**

**Compiled by Brown Masingati and Dafter Molande (UVGI Malawi)**