

ADAPTING IN TIMES OF CRISIS TO DETECT MATERNAL MALNUTRITION

ZALINGEI PROJECT, DARFUR,
SUDAN MISSION. OCBA

Presented by Precious Domsel



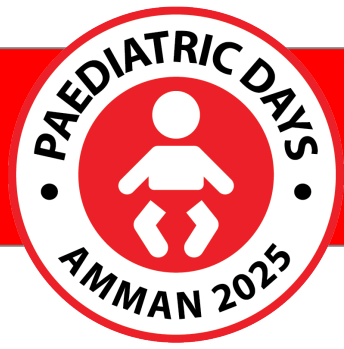


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Maternal nutrition

Effects of malnutrition during pregnancy:

Mother

- Anemia
- Preeclampsia
- Gestational diabetes
- Preterm labor
- Increase risk of mortality
- Post partum: postpartum depression, impaired lactation

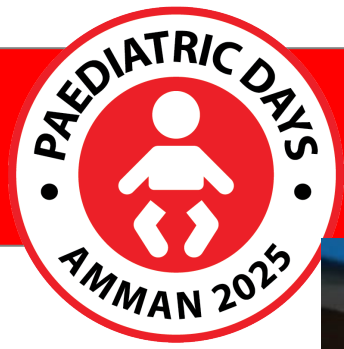
Newborn

- Low birth weight & IUGR
- Congenital anomalies link to micronutrients deficiency

➤ **MUAC screening is simple & cost effective**

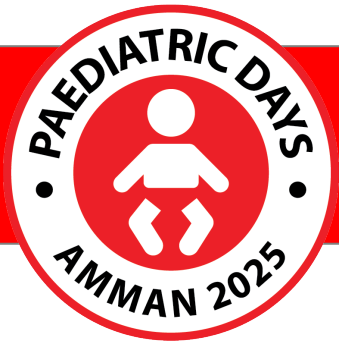
➤ **Nutritional supplements improves maternal, fetal & newborn outcomes.**





Zalingei Hospital Darfur Sudan





Maternal care at Zalingei Hospital

- Maternity CEmONC 28 beds
- Around 300 deliveries/ month
- ANC, PNC and FP and nutritional supplementation for all pregnant and breastfeeding women and girls (PBWG) supported by IMC in the OPD **until dec 2024**

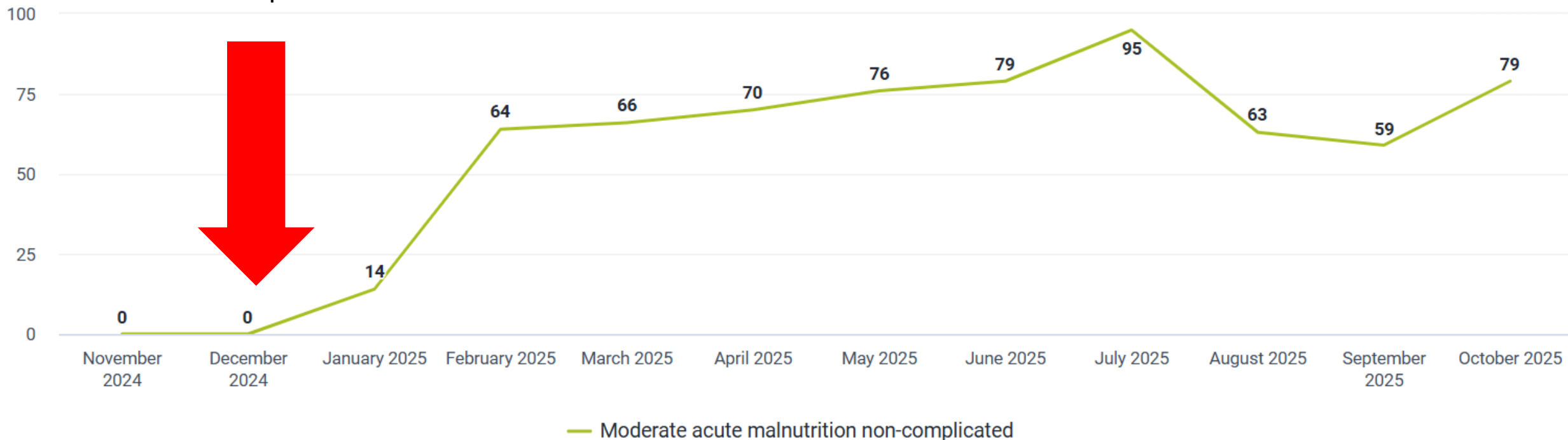
The departure of IMC resulted in **poor ANC coverage and high increase of maternal Moderate Acute Malnutrition.**

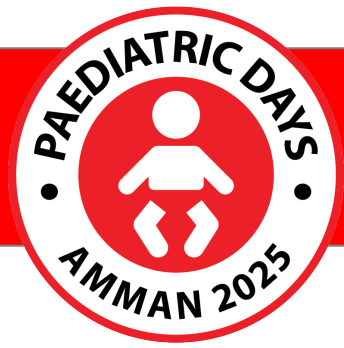


Cases of Malnutrition in Zalingei maternity 2025

Gyn/Obs Ward - ZALINGEI HOSPITAL

IMC departure

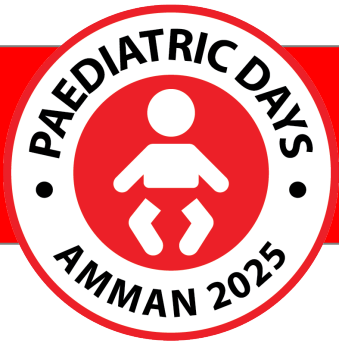




MSF INTERVENTIONS TO ADDRESS MALNUTRITION AMONG PLWG

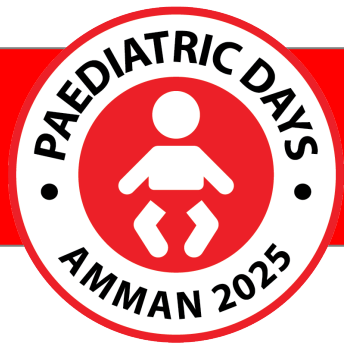
In addressing the gaps created by IMC exit in the hospital, MSF initiated the following:

- **Routine MUAC screening** for all pregnant women at the time of admission into the maternity ward and extended to lactating mothers with neonates admitted into the neonatology ward.
- **Supplementary food BP5 given** to malnourished women.
- **Mobile clinic started** in community providing OPD including ANC,PNC services.
- **Advocacy** for other organizations to take over and sustain these community-based services.



HOW WAS THE INTERVENTION ACHIEVED?

- **Capacity Building:** Midwives and Nurses were trained on proper MUAC measurement technique, classification criteria and how to give the supplementary feeds.
- **A focal point** (midwife supervisor) is responsible for ensuring that all admitted women are screen daily and nutritional support given accordingly.
- **Protocol** paced in the maternity and neonatology department for supplementary feed.
- **Pharmacy** requisition done for supplementary feed.
- **Community engagement strategy:** training was done for CE team on creating awareness about the importance of prompt visit to the hospital for PBWG.
- Results were recorded in a patient file and register to ensure **data** consistency.



CHALLENGES OF THE INTERVENTION

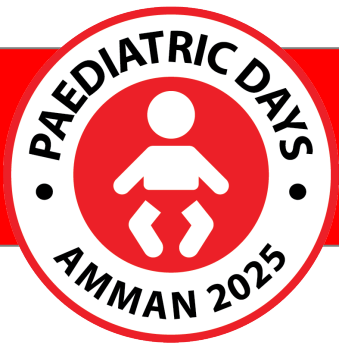
1. Inadequate Resources:

- Absence of outpatient services, restricting the capacity to follow up and provide nutritional support after discharge and instability of supply by other NGOs.

2. Withdrawal of actors from Zalingei hospital and PHCCs in the area:

- Limited capacity from MoH to cover IMC gap → NO existing nutritional support to ANC and PNC mothers.
- Other actors in the community supporting the PHCCs do not offer nutritional support either.

3. **Mobile clinics** are done once a week due to the distance; Mobile clinic site is far from the hospital.



SUCCESES/LESSONS LEARNED OF THE INTERVENTION:

- 1. Early identification of malnutrition systematic MUAC screening** for all pregnant and lactating mothers admitted in the maternity/neonatology.

- 2. Enhanced community awareness on maternal care:** the intervention included a training to all CHWs. These increased community understanding of the importance of maternal and newborn health concerns: malnutrition, routine ANC visit, timely arrival to the hospital, early decision-making regarding health-related complications for PBWG.



OPERATIONAL RECOMMENDATION

Frontline staff

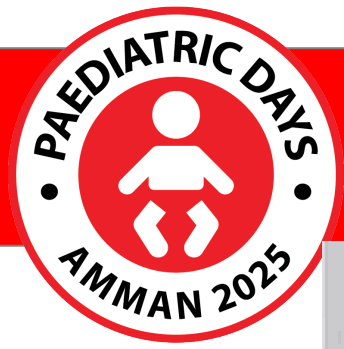
- **Regular refresher trainings.**
- **Increase community awareness.**
- **Regular Cluster meetings.**
- **Clear referral link with other actors that can provide Nutritional support.**

Managers & coordination

- **Ensure maternal nutrition is discussed as part of neonatal health improvement strategies.**
- **Advocate with other actors.**
- **Include ANC as key intervention.**
- **Ensure nutritional supplies available for PBWG.**
- **Share lessons learned.**

Technical support

- **Regular visits to the field to identify gaps, support and recommend actions.**
- **Review and update training manuals, job aids and data collection tools to maintain accuracy and consistency.**



THANK YOU
FOR
LISTENING

