

KUMI HOSPITAL

NUTRITION UNIT

GENERAL REPORT FOR MONTH OF JANUARY – MARCH 2024.

INTRODUCTION

Nutrition unit conducted all the planned activities successfully amidst all the challenges of fluctuating market prices some adjustments were considered to fit the budget.

AIM

To mobilize, strengthen and improve on the Nutritional service delivery through early identification, referral and management of already malnourished clients.

ACTIVITIES

Nutrition unit carried out different activities that included among others: -

- Nutritional Rehabilitation
- Community out reaches
- Nutritional counselling and screening.

OBJECTIVES

- To treat already malnourished clients both within and outside the hospital.
- To encourage community participation in management of malnutrition.
- To sensitize community members of child bearing age on preventive measures of malnutrition and encourage parents to seek health services early to avoid complications.
- To impart knowledge and skills on good nutritional practices at family level.

EXPENDITURE SUMMARY OF 8,192,900 /= RECEIVED

NO	ITEM	QUANTITY	RATE	FREQUANCY	AMOUNT
01	Posho	10 Bags	160,000/=	1	1,600,000 /=
02	Cooking oil	2 Jerrican	125,000/=	1	250,000 /=
03	Eggs	10 trays	13,500/=	1	135,000 /=
04	sugar	8 Bags	200,000/=	1	1,600,000 /=
05	Soap	10 Boxes	62,000/=	1	620,000 /=
06	Dish washing soap and vim	2 kg	36,000/=	1	36,000/=
07	Grinding	100 kgs	130/=	1	13,000 /=
08	Steel wool		6,000/=	1	10,000/=

09	Fruits		50,000/=	3	150,000/=
10	Millet				400,000/=
11	soya				450,000/=
12	G/nuts paste		50,300/=		50,300/=
Sub Total					5,314,300/=

COMMUNITY OUT REACHES

11	Fuel		90,000/=	6	600,000 /=
12	SDA	5 people	25,000/=		600,000 /=
13	Mobilization allowance	1 person	15,000/=	5x3	225,000 /=
Sub Total					1,425,000/=

OTHERS

14	Polyethene bags	12 packets		1	90,000 /=
15	Treatment		1,363,600/=		1,363,600/=
Sub Total					1,453,600 /=
GRAND TOTAL					8,192,900 /=

ACHIEVEMENTS.

- Admitted 19 patients contributing a total of 190,000 /=USHs.
- Assessed 843 children and 150 had malnutrition.
- Carried out Eight community out reaches as indicated below.

MONTH	ASSESED	REFER RED	ADMITTED	NO. OF OUT REACHES	NO. RECEIVING FOOD SUPPLEMENT	OTC	MAM	SAM	NO. IN ATTENDANCE
JANUARY	66	06	05	01	08	14	02	06	22
FEBUARY	22	08	08	01	14	01	06	08	14
MARCH	289	05	07	04	35	09	30	05	123
TOTAL	377	91	20	06	57	24	38	19	159

NUTRITIONAL REHABILITATION PROGRAM

BEFORE



AFTER



Ijomo 2-year-old boy with SAM with oedema grade three was referred from community outreach clinic stayed for period of three weeks on nutritional rehabilitation

BEFORE



AFTER

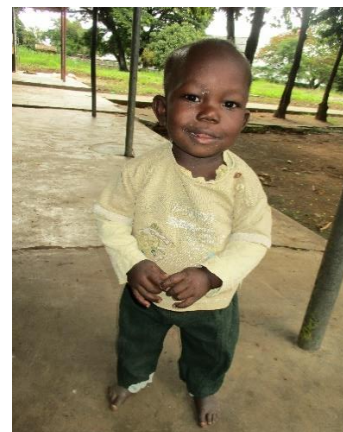


Okello mark 1 year 10-month-old boy was referred with SAM with oedema grade three by community mobiliser was treated and managed for period of 4 weeks.

BEFORE



AFTER



Nasur iwi Liba 2 years 1 month old boy with SAM with oedema grade three referral from community outreach clinic was treated of malaria and rehabilitated for period of one month.

BEFORE



AFTER



Elungat kelvin 2 years 7-month-old boy was referred with SAM with oedema grade three with diarrhoea in malaria by community mobiliser was treated and rehabilitated for period of three weeks.

BEFORE



AFTER



Akol Joseph 16-year-old boy with SAM without oedema, dermatosis in malaria was referred from outreach clinic got treated and rehabilitated for period of three weeks.

BEFORE



AFTER

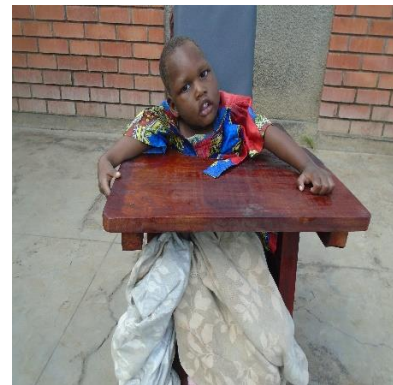


Apolot Martha 3 years 8 month was referred from community outreach clinic with SAM without oedema was treated and rehabilitated for period of 6 weeks.

BEFORE

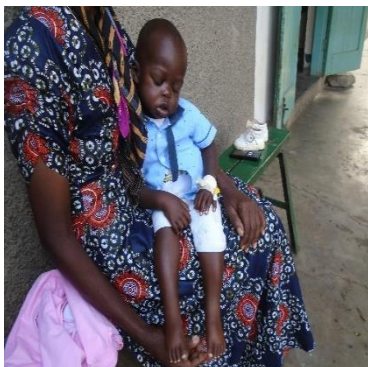


AFTER



Atai Jesca 3 year old girl was referred from the health centre four with SAM in cerebral palsy was treated of malaria rehabilitated for period of three weeks

BEFORE



AFTER



Okiror Julius 2 years-old boy was referred by community mobiliser with SAM with oedema in malaria was treated and managed in period of four weeks.

COMMUNITY OUTREACH

Outreaches were conducted in four different parishes of kamacha, ogooma, kolir and Oleicho. The targeted children with their mothers were mobilized by help of the community mobilisers.

Market food prices had reduced slightly we were able to save some money from food that was used for payment of treatment bills for the patients that needed support the adjustments were necessary; the purpose and objectives was maintained and achievements were realized.

Clients with severely Acute Malnutrition were referred to the hospital for intervention. Those with Moderately Acute Malnutrition were registered in both clinics, each client received food parcel that included: -

1 kilogram of sugar, 1/2 bar of soap and 4.5 kilograms of posho.

clients were enrolled on outpatient therapeutic care received additional food support.



Off-loading food



Packing parcel



Session on hygiene



Session on good balanced diet



Session on Maternal Nutrition



Session on Nutrition and family planning



Food parcels



Food Parcels

CONCLUSION

In conclusion therefore, good nutrition is essential to keeping current and future generation healthy across the lifespan and healthy diet helps children grow and develop properly and reduces risks to chronic diseases. Those who eat a healthy diet live longer and have a lower risk to complications. It's good to eat at least five portions of a variety of fruit and vegetables every day and learn to balance diet as key to stay healthy especially to improve infant, child and maternal health in order to strengthen the immune system

However, when healthy options are not available people may settle for foods that are higher in calories and lower in nutritional value especially low-income communities who often lack access to convenient places and healthier foods need continuous nutritional education in order to prevent malnutrition.

The quarter was successful, still many school going age children are having severe Acute Malnutrition.

The clients that had difficulties in clearing hospital treatment bills were helped since they needed support for treatment as the only way to be able to achieve positive results.

Compiled by.

Ademun Rose.