The Milk and Medicine Program Evaluation: Lusaka, Zambia

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Abstract

The HIV and AIDS epidemic is sweeping through Zambia, Africa at an unsettling rate. This epidemic has a dramatic effect on the increase of orphans and vulnerable children. The Christian Alliance for Children in Zambia (CACZ), a faith-based, non-governmental organization implemented its Milk and Medicine Program in 2004. The program distributes formula, nutritional supplements, medicine, and limited social work support for those involved in the program. This research seeks to understand the efficacy of the Milk and Medicine Program. The purpose of this ongoing research, conducted annually through 2012, is to provide an understanding of the aggregate data to enable CACZ to improve services to orphans and vulnerable children so that they thrive. This particular study analyzed over ten variables that included weight and age comparisons to Zambian normal growth charts for a sample size of 118 children. It was found that upon admission to the program, 92 children were underweight. At the conclusion of the 2009 study period, 77 of the children remained underweight. The results demonstrated a relationship between length of time in program and weight gained and supported the case for long-term infant feeding programs for orphaned and vulnerable children.

Method

The milk and Medicine program has served approximately 300 children over the past five years, and has kept written records since 2004. In 2006, data went from being hand written to being recorded in Excel spreadsheets. The data is received from CACZ quarterly, reporting the children’s weights and food distribution. The research conducted was a quantitative data analysis that explored the statistical relationship between program services and child health and growth. The data set is composed of 118 children, 57 male and 61 females. The children who were selected for the sample had complete and correct records. It was crucial that the records included birth date, date of admission, weight on admission, and current weight. Currently, there are five sites for service delivery and distribution of the formula and medicine to the families and children.

Results

After analyzing the results of the study, recommendations for improvements have been made. In addition to weight, it would be beneficial to incorporate child length for more accurate measurement in order to better determine underweight, malnourished, or stunted growth to be consistent with the World Health Organization guidelines. The addition of nutritional supplements will be added for children over age one. Provisions and jobs programs have been added for caretakers, and these programs need to be sustained. Qualitative data will begin to be analyzed in order to better determine any possible causes of poor health.

Recommendations

After analyzing the results of the study, recommendations for improvements have been made. In addition to weight, it would be beneficial to incorporate child length for more accurate measurement in order to better determine underweight, malnourished, or stunted growth to be consistent with the World Health Organization guidelines. The addition of nutritional supplements will be added for children over age one. Provisions and jobs programs have been added for caretakers, and these programs need to be sustained. Qualitative data will begin to be analyzed in order to better determine any possible causes of poor health.

References