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The Milk and Medicine Program Evaluation: Lusaka, Zambia

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Milk and Medicine Program Evaluation

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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 on going 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.

Literature Review

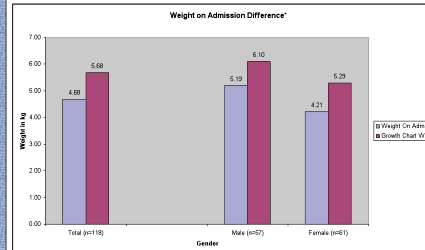
The impact of HIV/AIDS has connected continents globally, where related nutritional programs have received much needed attention. A study of HIV in children (Tsertsvadze et al., 2008) described infant formula as an integral component in the national program for prevention of mother-to-child transmission. The transmission of HIV from mother-to-child is of substantial concern in Sub-Saharan Africa, which leads the globe in the impact of HIV/AIDS. Of the 33.4 million total cases, 22.4 million are mother-infant cases (UNAIDS, 2009: 11). Approximately 390,000 new infant HIV infections were recorded in the region in 2008 (15), representing 91% of the new infections among children globally (21). In addition, roughly 3 million children have contracted the infection from their mothers during birth or breastfeeding. Specifically in the Zambian population, according to the Zambian Country Report on HIV/AIDS (Chandang'oma, et al., 2010) over 900,000 people are living with HIV/AIDS (xiii-xiv). Of the 900,000 infected people, 95,000 are children under the age of 14 years (UNAIDS, 2008). AIDS is closely associated with infant malnutrition and death. A 2006 government statistic reported that 54.2% of Zambian children aged three to 59 months were underweight (Central Statistical office Zambia, n.d.).

Method

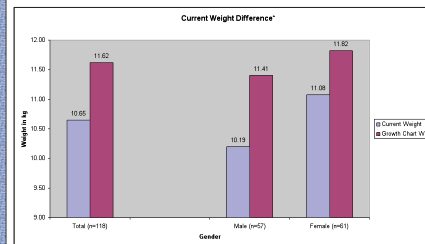
The milk and Medicine program has served approximately 300 children over the past five years, and has kept written records since 2004. In 2006, data went from being hand written to being recorded in Excel spreadsheets. The data is received from CACZ quarterly, reporting the children's weights and food 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.



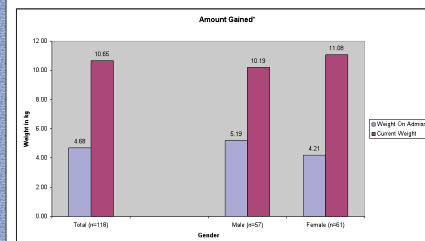
Results



The average weight on admission for the group is 1.00 kg below the average growth chart weight. The average weight on admission is .91 kg below for males and 1.08 below for females.



The average current weight for the group is .97 kg below the average growth chart weight. The average current weight is 1.21 kg below for males and .74 kg below for females.



The average weight gained for the group is 5.97 kg, which is statistically significant. The average weight gained for males is 5.00 kg and 6.87 kg for females.

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.



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