

**EVALUATION OF THE OUTPATIENT THERAPEUTIC CARE PROGRAMME FOR  
THE MANAGEMENT OF SEVERE MALNUTRITION IN CHILDREN IN GULU  
DISTRICT**

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## ABSTRACT

**Introduction:** ACF-USA and UNICEF implemented community-based treatment care (CTC) programme for malnourished children in Gulu District since 2004. The CTC approach aimed at increasing coverage and access, timeliness in reporting, management of malnutrition and utilization of appropriate care for as long as needed. The 3-year Outpatient Therapeutic Programme in Gulu ended in December 2008; however, neither ACF-USA nor UNICEF conducted an evaluation. This evaluation covered only the OTP.

**Objective:** To evaluate the ACF implemented outpatient therapeutic programme for the management of Severe Acute Malnutrition in children in Gulu District so as to document lessons learnt.

**Methodology:** A cross-sectional study that retrospectively analyzed treatment data for 725 children aged 6 – 59 months admitted to the five OTPs in Gulu district between January 2006 and December 2007. The children either had marasmus, marasmic kwashiorkor or kwashiorkor. Outcomes were mortality, default, discharges from programme, rate of weight gain and length of stay. Seven key informant interviews and eight focus group discussions were administered to caretakers, DHO, health personnel and community leaders to evaluate the community's awareness and response to the programme.

**Results:** 511 (83%) of the children recovered, three died (0.5%), 73 (12%) defaulted and 27 (4.4%) did not recover. The median time to discharges was 43 days, days to death 22 and days to default 37. The average rate of weight gain was 5.1g/kg/person/day; majority of the caretakers could still recall the concepts of malnutrition.

**Conclusion:** The study showed that outcomes from the OTP met international Sphere standard indicators of <10% mortality and >75% recovery.

**Recommendation:** Additional inputs such as VHT involvement to improve patient compliance, child care practices and reduce sharing of ration are needed.