



Mothers First
Fieldwork and Advocacy for
Maternal Nutrition

About Mothers First

Mothers First is a community based targeted nutrition project in India. Its mission is to provide nutrition to malnourished pregnant mothers and their children, breaking the cycle of malnutrition in communities. It advocates for the inclusion of maternal nutrition in global nutrition policy and global targets. It was established in 2004 as the Varanasi Children's Hospital. Mothers First is a registered charity, number CHY 19325.

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Virtual assessment of Soni, 9 month old baby in Kukban Camp Syria 12 October 2020 by Mothers First.

Pat Mc Mahon 12 October 2020

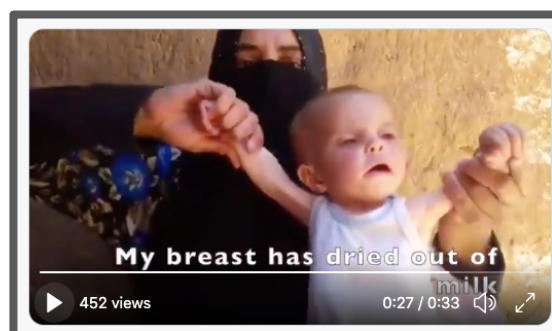
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What the picture and video tell us about Soni's past and future?

This assessment is based only on this picture and her story outlined in [this short video](#). It is based on Mothers First experience on the ground for over 15 years dealing with cases just such as this.

Soni is 9 months old and severely malnourished. We know this by observing the thinness of her



upper arm. This is called Mid Upper Arm Circumference (MUAC) We would estimate her MUAC is 7.5 cm. A normal MUAC for her age is

12 cm. Accordingly we would estimate her current weight is approx 5.5 kg which is 3 kg less than she should be. This shows us that she is not only malnourished but that she is severely malnourished. As such she is in need of immediate treatment. Her skin is indicative of current dehydration. This is suggestive that she recently has had diarrhoea or is currently experiencing it. The combination of these two conditioning means that she is at high risk of mortality in the immediate future.

The mother would have noticed her cry gradually becoming weaker in the past 4 months. She has gradually lost her curiosity. Given the current situation in the camp her chance of dying in the next 12 months are very high if her circumstances do not significantly change.

What would treatment consist of?

If Soni is currently dehydrated she needs oral rehydration using clean water and a WHO formula. Cost 10 cents a day for 2 days.



Soni then needs a specialised food intervention called Ready to eat Therapeutic Food (RUTF) The cost of this food is approx. 40 cents requiring 2 packets/day



Using this food we would expect to see a weight gain of 5g/kg/day. In Soni's case given her current condition weight gain will be a modest 10g per day. After 10 days we will see a marked improvement. She will have regained a lot of her energy.

The most notable change however will be seen in her increased curiosity and actively seeking eye contact with her parents and loved ones. Treatment duration 6 to 8 weeks. Discharged to a criteria that is considered normal for her age. This is her future with treatment.

Their past without emergency food interventions

She was born malnourished with a birth weight less than 2.5 kg. Due to difficulties in breastfeeding the child would have been given some type of milk such as cow milk which she was unable to digest. This has started a cycle of recurrent diarrhea and further loss of weight and failure to thrive.

Her future if her overall circumstances improve.

Due to malnutrition that most likely had its origins in utero her cognitive ability will have been affected. This cognitive loss could range anywhere from 2 to 7 IQ points. Due to poor gut flora resulting from poor breastfeeding and sprite diet particularly in the first 6 months she will likely suffer from digestive disorders in life. Lack of nutrition even at this stage will have affected her growth by as much as 5 to 7 cm in adulthood.

Soni's Mother

A central cause of low birth weight is maternal nutrition statues of the mother before and during pregnancy.

Given the current nutrition stays of the child and her inability to breastfeed we can ascertain that she has anaemia and micro and macro nutrient differences due to long term food shortages. This has resulted in the mother herself experiencing malnutrition. With a Body Mass Index of 17.5 kg/m² and a weight of 37 kg.

If the situation remains unchanged Soni's Mothers anaemia will worsen. If she enters another pregnancy severely anaemic to risk mortality in childbirth is greatly increased. Given her excitant condition birth complications are highly likely which may require caesarean sections to save their lives.

Next steps.

The story of Rukban camp must be told and can be told in a way that can be understood. Document everything. Around this documentation you create the story. Make it real to us in the west.

Mothers First can teach you how to carry out nutrition assessments of the entire camp. We will enable you to quantify the average caloric intake and what exactly is the nutritional lack.

Based on your data we can empower you to create a costed humanitarian action plan and what that plan will achieve. We can also help build scenarios if the situation in your camp remains unchanged.

Which interventions to whom, rationale for targeting pregnant and lactating mothers and children with additional programs. You yourselves can come up with this humanitarian plan by the people and for the people. When you have the plan then you tell your people's stories. With this you can go to the multitude of agencies involved. If the people of Rukban camp are interested please contact us.