

Village Volunteer Runs Child Care Unit

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Few years ago the idea of hanging a baby weighing scale through a log in the porch roof of a village house in Northern Iraq would have been odd enough to be rejected instantly. But today Chom Haydar is only one of 170 villages supplied with child growth monitoring services through a simple system called Community Child Care Unit. The system is as simple, yet as effective as rural life requires. A distinguished volunteer will be given a training course by Department of Health with UNICEF support and necessary equipment for measuring weight of the children will be provided by UNICEF. "I had a training course for 10 days in Koya last autumn," said mullah Manaf, the bright 30-year-old volunteer in charge of the CCCU, who is at the same time *imam* of the village mosque.

Chom Haydar, a village out of more than 3000 in Northern Iraq, lies at the foot of a hill with its farmlands stretching down to the banks of the nearby lesser Zab river in Koya/ Erbil. More than 400 people, of whom 80 are children below 5 years of age, make up the population of about 80 families. "Every month I check all the 80 children," said mullah Manaf, showing me his register book. "You see it is the beginning of the month but I have seen 70 of them," he continued, "because this time of the year most families go down to the river side and reside by their fields. The village is almost empty."

The volunteer had a table where normal weight is written opposite to the corresponding ages for both boys and girls. Out of the 70 children under 5 monitored by the health worker, 3 were found to be malnourished. "Two of them were minus 2, which means moderate malnutrition, and one was minus 3, that is severe," said mullah Manaf. "I referred them to the health center in Taqtaq to be enrolled in the programme of supplementary feeding."

Nazaneen, a woman of 28, came to the porch with her 3 years old daughter. "I have brought Sana to see whether she has gained any weight," she said, "last month she was a bit low." Manaf opened his book, found her name. "She was minus one last time, let me see how she is now," he told the mother. The lovely girl did not show any resistance while they tried to put her into the scale's trousers. "She is 13.1 Kg, she has improved a bit but she is still minus one," said Manaf showing the scale reading and then the weight for age table. "It is a mild form of malnutrition, for which treatment is not needed, only follow up," he explained voluntarily. Besides Sana, Nazaneen has 4 other children; 3 sons and a daughter, aged 4 months, 5, 6 and 8 years. "I have given them my breast. Abdulla is only 4 months, some times I give him yogurt and *shekraw*," she said. Shekraw is Kurdish for home made sugar solution.

Eleven months aged Rebeen was less fortunate. When they first brought him to Manaf's house more than one month ago he was only 7.5 kilos and according to Manaf's table *minus 2*. "So I sent him to Taqtaq to get enrolled in the programme of supplementary feeding. They will be given high protein biscuits on weekly basis till they become normal," said Manaf. Rebeen's mother, Khuncha, has 7 children, eldest being 16 and second youngest 4 years. "Mullah sent me to Taqtaq health center. I went there for four consecutive weeks and they were giving me some biscuits. I gave all of it to my son. Last time they told me that he had improved and I need not take him any more," she said.

"Yes he is cured," said Manaf searching in his book. "Let me see, yes, when he came back last week he was 8.3 kilos, which is OK. Let me weigh him again." Then Rebeen was put in the scale, his weight was the same. "Now he is OK. No more biscuits. But the family will be given an extra ration from items of the WFP food basket like lentils and chickpeas, for 4 months."

The high protein biscuits and therapeutic milk are provided by UNICEF to Growth Monitoring Units and Nutrition Rehabilitation Centers, and the extra food is provided by WFP. If a child does

not improve in the first referral for the Growth Monitoring Unit he/she will be referred for admission to a Nutrition Rehabilitation Center, which is established in some hospitals with UNICEF support. But our small Rebeen was fortunate, he improved in the first intervention.

“ Why you think he became so weak?” I asked his mother. “ He had no appetite. He does not eat any food. And my milk is scanty, so I am giving him milk powder,” she said. “From which age?” I asked. “ Right from the beginning. My breast was not sufficient. So I started to give him milk powder,” she replied.

In rural areas almost all mothers breast-feed their babies but very few of them do it exclusively. The idea is deeply rooted that small babies need extra fluids especially in hot days. So they give them water and *shakraw*, to *relinquish their thirst* as they say. However in the last few years mixed feeding has increased since various milk formulas can be found abundantly and cheaply in the market, some brands can be bought for half a dollar per kilo.

“And why you are giving him this plastic nipple?” I asked Khuncha, pointing to a teat hanging down the neck of the baby. “ To keep him quiet. If you put this in his mouth he no longer cries,” she answered. “ But you don’t know that it can become dirty and cause diarrhea?” I asked. “ What can I do, he is used to it,” she replied.

“ It is an easy way to make the baby quiet,” noticed Manaf. “They start giving them the nipple from early age. They are busy, they have no time for their babies. And it is very difficult to convince them to abandon the habit. They tell you babies like it, it keeps them quiet,” he continued.

Apart from growth monitoring, the unit has another important function: counseling women about their health and health of their children, vaccination, pregnancy, personal hygiene and other health issues. “In the counseling sessions with women I talk to them about necessity of vaccination, breast feeding, cleanliness, diarrhea, and other issues like malaria, if there is. I also tell pregnant women to get vaccinated against tetanus, to take care, to have rest and eat better food,” explained Manaf. Being the religious *imam* of the village, his words will naturally be more impressive to the villagers.

Malnutrition of children under 5 years of age is one of the most alarming challenges for UNICEF and health authorities in Northern Iraq. According to a survey held in June 1999, 19% of the age group had chronic malnutrition (low height for age) and 15% were under weight (low weight for age). Such percentages make a substantial part of the under 5 population in the North which is supposed to be over half a million.

Limited health services, topographic barriers and poor resources make theses CCCUs a practical and effective way of monitoring the growth of children in villages of Northern Iraq. Since the establishment of the first community child care unit in 1998 by UNICEF and local health authorities much progress has been done. Today more than 170 such units are active, some of them providing services to nearby villages also, and more units are to be established this year. The system not only ensures follow up of the small children’s growth, it is also an awareness raising center to help villagers be more careful about their health and the health of their children.

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