

ABSTRACT

Globally, undernutrition accounts for half of deaths among children aged below five years. Although malnutrition trends in Kenya have been decreasing, the Millennium Development Goals have not been achieved. Current efforts in community screening for malnutrition have not been effective. The aim of this study was to screen for malnourished children, establish the adequacy of nutrient intake by the children and to establish feeding centres for targeted food supplementation. Moderately malnourished children aged 6 - 36 months were identified through door - to - door screening and active case finding. Children enrolled to other food supplementation programmes were excluded. Chronically sick, severely wasted and severely anaemic children were referred to Thika Level 5 Hospital. Dietary intake was assessed using a 24 - hour recall questionnaire. Feeding centres were established considering the accessibility to mothers and availability of clean water and environment. A total of 377 children were identified, 363(96.3%) were moderately wasted, severely wasted (2.1%) and severely anaemic (1.6%). Over 86.7% of the children met their protein requirements with daily intakes ranging from 21.7 to 28.6g in the age categories 6 - 8 months, 9 - 11 months, 12 - 23 months and 24 - 36 months. Caloric intake was adequate for over 61.5% of children in the 6 - 8 month age category and less than 54.6% of the children aged above 9 months met the RDA for energy intake. The mean daily intake of iron ranged from 5.5 - 8.2 mg and was inadequate for over 92.1% of the children in the age categories. The mean daily intake of zinc ranged from 1.1 - 1.5 mg with over 93.2% of the children not meeting the RDA. A total of 16 feeding centres were established. Presence of aggravating factors for malnutrition such as poverty, food insecurity and poor sanitation calls for frequent screening of children in slum populations. Due to sub - optimal nutrient intake among malnourished children, food supplementation is recommended