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Community Feeding Programme for orang asli: an approach for a better tomorrow

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KELANTAN



Greetings in orang asli language (Temiar):

English	Orang asli (Temiar)
Good morning	Selamat yeh yah
Good evening	Selamat laerk
How are you?	Ilok gah
I am fine	Gah mej
Father	Apak
Mother	Ameek
Brother	Kelook



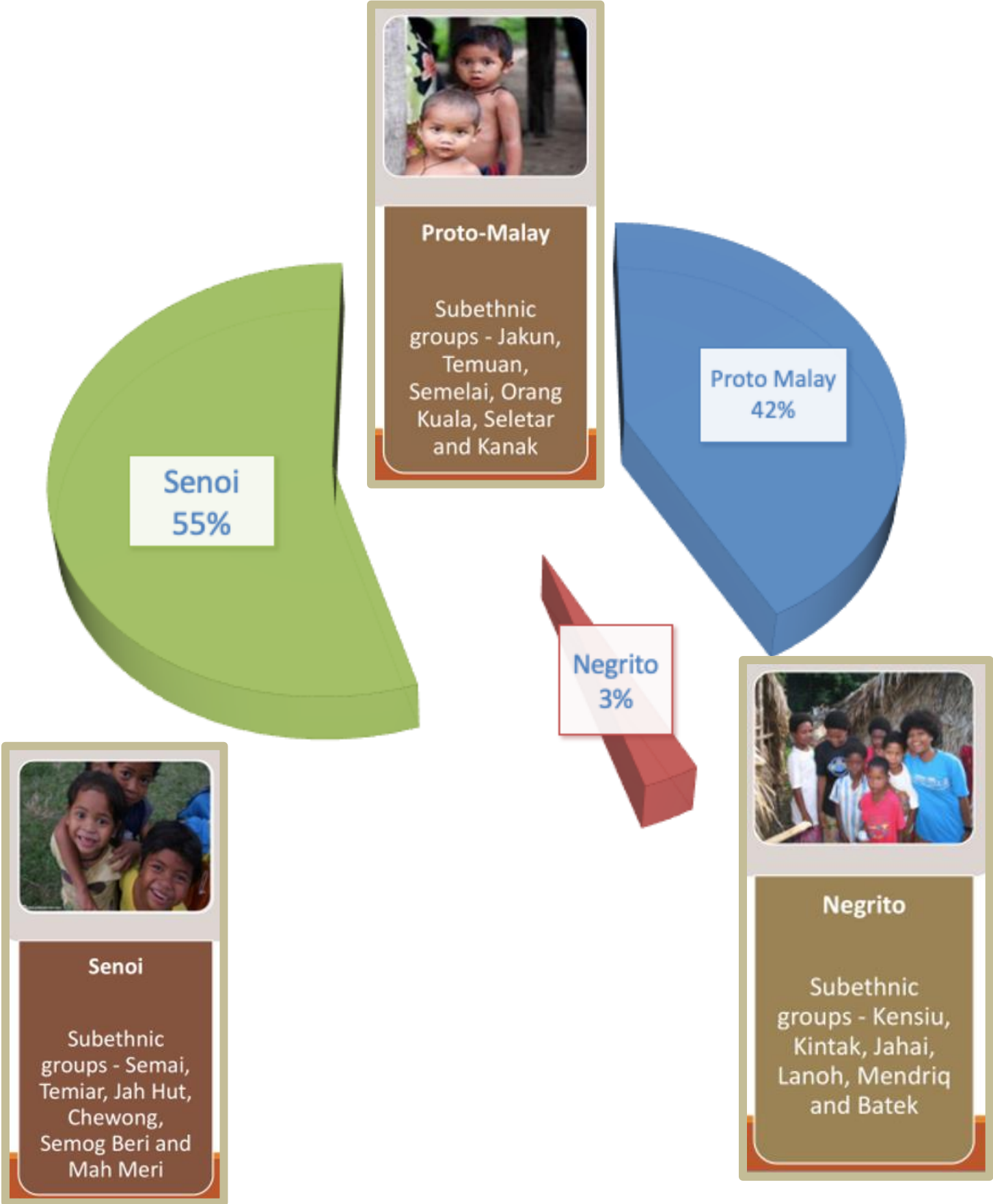
Outline of presentation

- Introduction of orang asli in Malaysia
- Childhood malnutrition amongst orang asli
- Components of Community Feeding Programme
- Challenges
- Way forward
- Conclusion



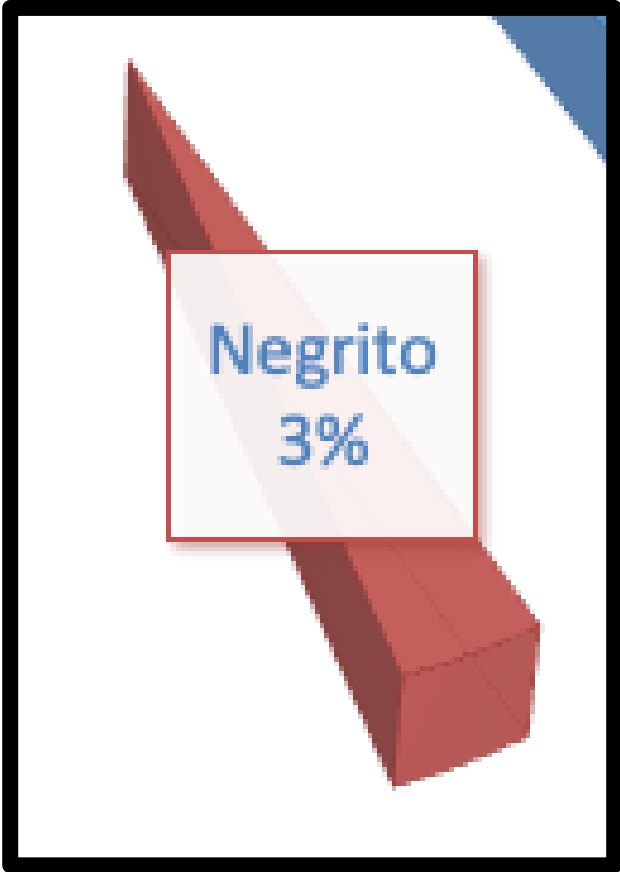
Source: Orang Asli Museum, Gombak

Introduction of orang asli in Malaysia



Source: Orang Asli Museum, Gombak

Introduction of orang asli in Malaysia (continued)





Negrito

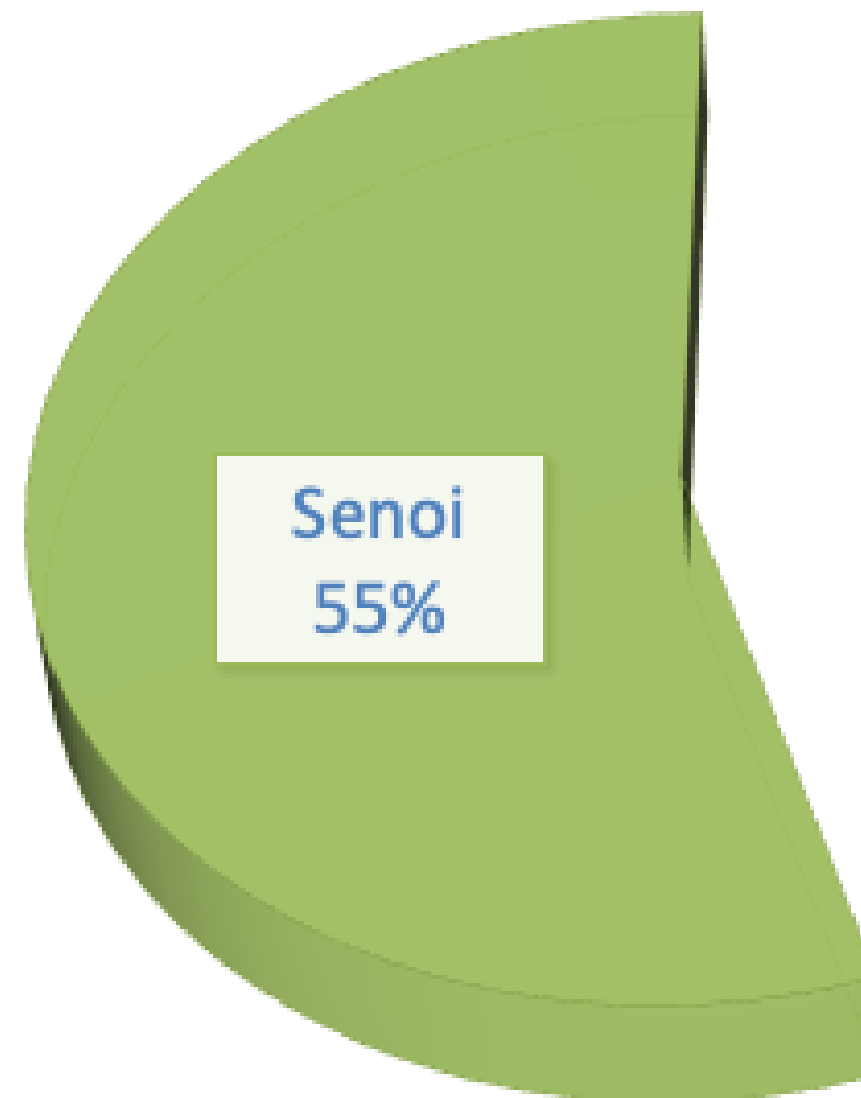
Subethnic groups - Kensiu, Kintak, Jahai, Lanoh, Mendriq and Batek



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Introduction of orang asli in Malaysia (continued)

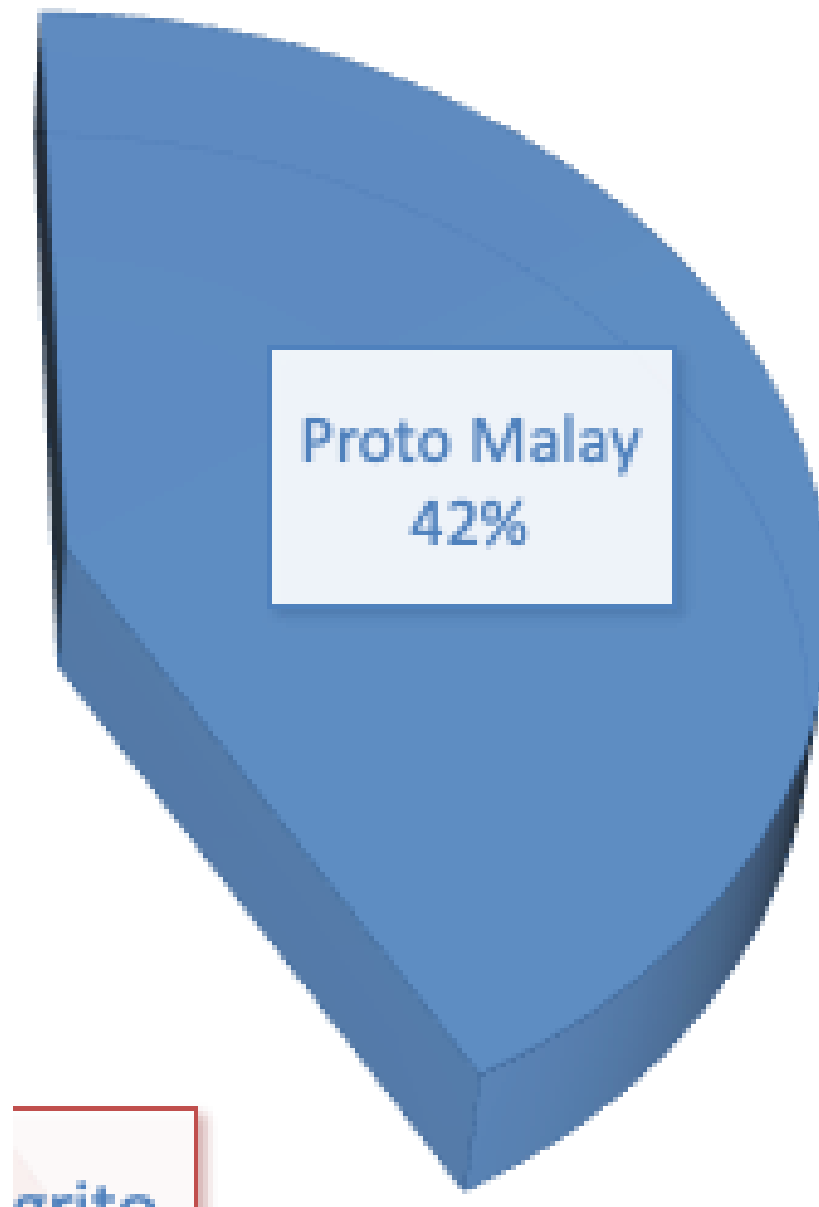




Senoi

Subethnic groups - Semai, Temiar, Jah Hut, Chewong, Semog Beri and Mah Meri

Introduction of orang asli in Malaysia (continued)





Proto-Malay

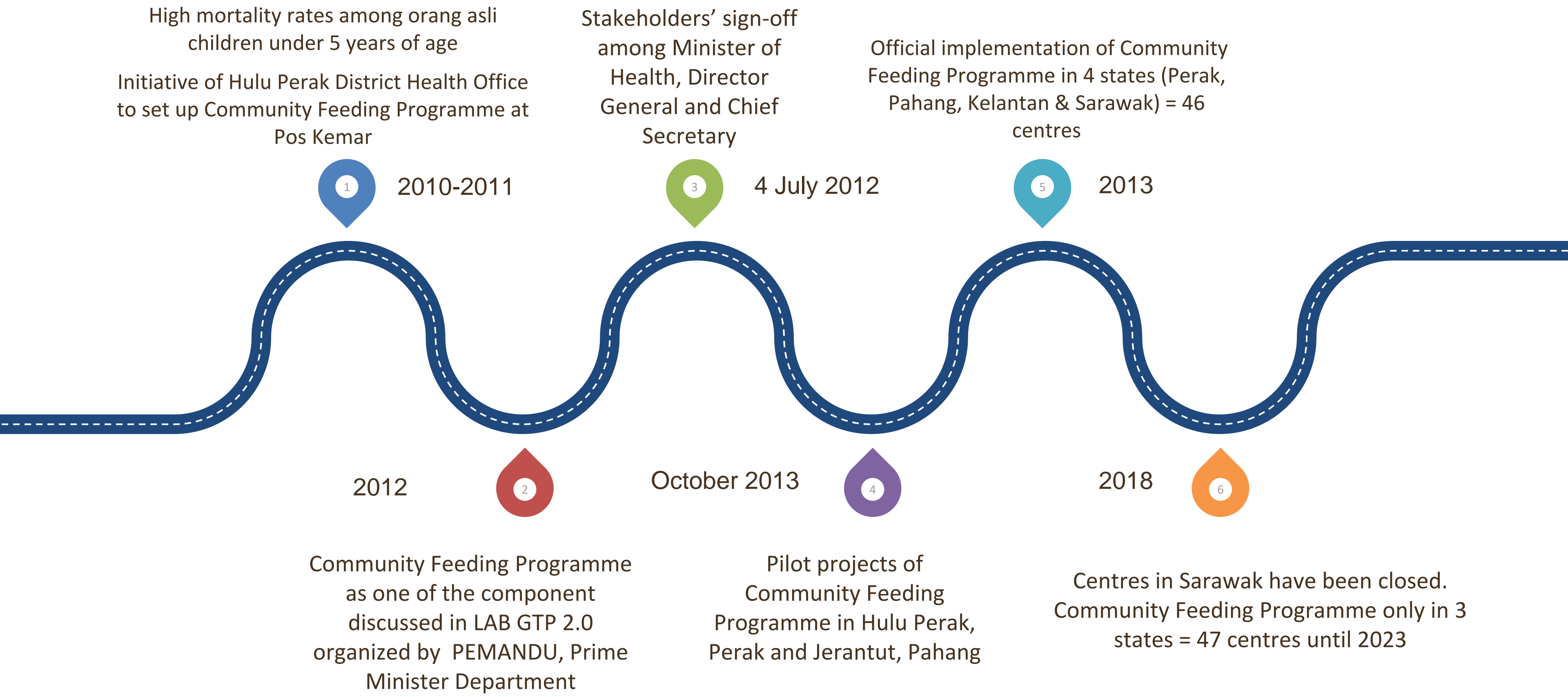
Subethnic groups - Jakun, Temuan, Semelai, Orang Kuala, Seletar and Kanak

Childhood malnutrition amongst orang asli

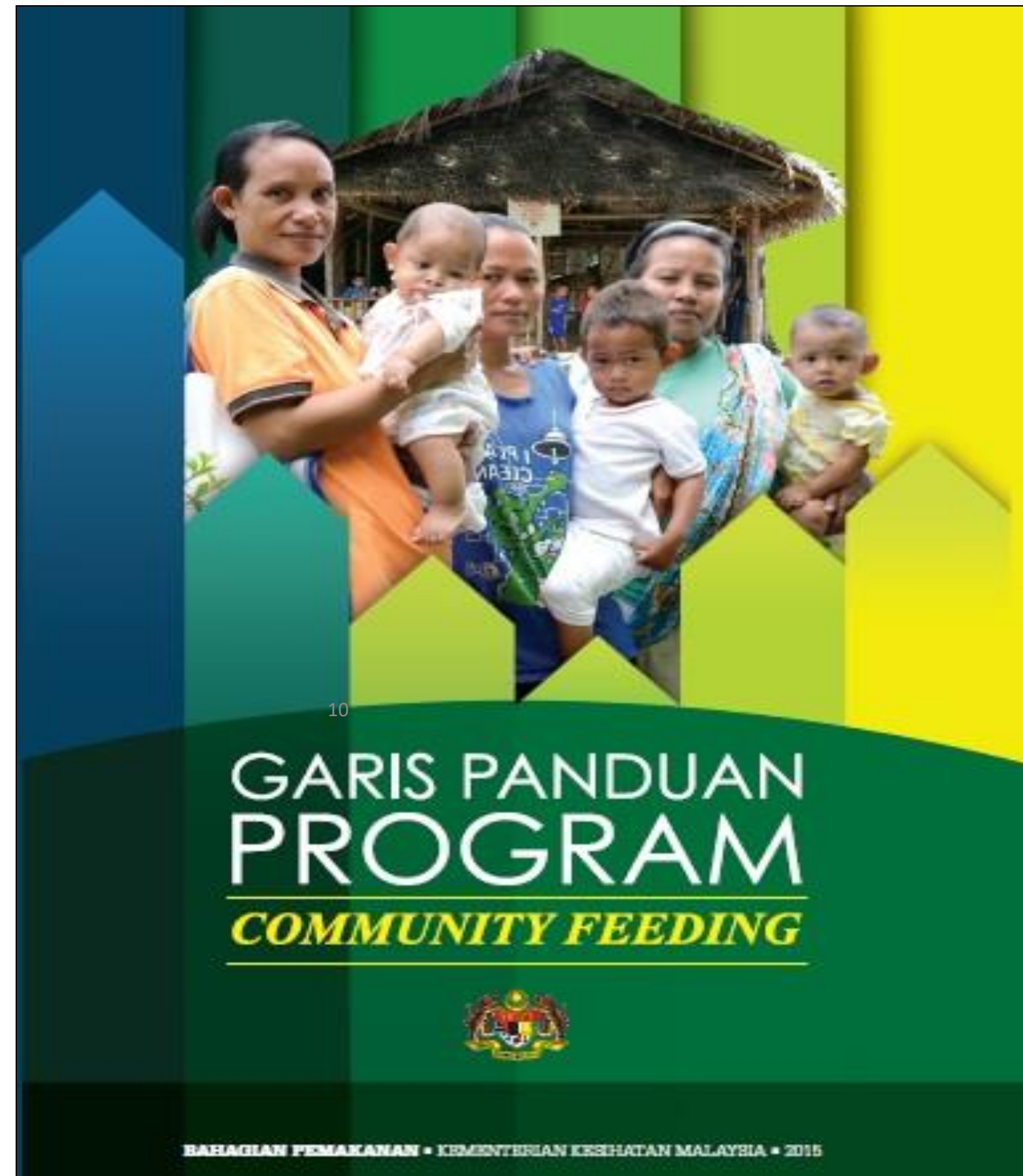
Year of publication	Study setting	Age group	No. of children	Nutritional status
2022	7 districts in Perak	<24 months	797	UW: 35.5%
2021	Kuala Berang, Terengganu	7 & 12 years	77	UW: 42.3%, ST: 76.0%, W: 17.0%, mean Hb: 10.6 g/dL, low urinary iodine level: 40.3%
2019	2 districts in Negeri Sembilan	2-6 years	269	UW: 27.7%, ST: 35.6%, W: 6.0%
2018	Temerloh, Pahang	<5 years	363	UW: 49%, ST: 64%, W: 14%
2018	Negeri Sembilan	2-6 years	533	Anaemia : 22%
2001	Hulu Langat, Selangor	<5 years	64	UW: 87.6%, ST: 87.5%, W: 40.6%

UW: under weight, ST: stunting, W: wasting, Hb: haemoglobin

Chronology of implementation



Guideline of Community Feeding Programme



Components of Community Feeding Programme

Supplementary Feeding Programme

What are the initiatives?

- To provide a glass (~250 ml) of milk, carbohydrate based food (biscuits/ breakfast cereals and etc), protein based food (fish/chicken & etc) and multivitamin or/ and fish oil 5x times/week.

Why is it important?

- Direct consumption by the child with strict local village health volunteer supervision.
- Recommended daily important nutrient intake through supplemented foods given to the child.

What is the deliverable?

- Improved growth.
- Inculcation of milk drinking habit to meet the recommendation based on the Malaysian Food Pyramid.

What are the resources?

- Milk
- Multivitamin or/and fish oil
- Carbohydrate based food
- Protein based food



Ready to Use Therapeutic Food (RUTF)

What are the initiatives?

- To give the children RUTF until rehabilitated (3times/ week).
- Criteria for selection:** i. High prevalence of underweight amongst children under 6 years ii. Hard core poor families iii. Accessibility to community feeding centre.

Why is it important?

- To reduce malnutrition amongst children by at least 30%.
- To improve and sustain nutritional status of children.
- To assist children attain optimal growth.

What is the deliverable?

- Establishment of feeding centre, elimination of food sharing and community empowerment to health care.
- OA children from 6 months to 6 years old for fast improved weight gain.
- OAs are more responsible for their children nutritional status.

What are the resources?

- RUTF (specially prepared).
- Local village health volunteer.
- Utensils for preparation/cooking.



Implementing Food Basket (Option 13) to interior OA malnourished children from hard core poor families

What is the initiative?

- To provide special milk powder and multivitamin for the malnourished children monthly.
- Only for underweight children from 6 months to 6 years old from poor and hardcore poor family was selected into the programme.
- Considered as a priority case and need to be monitored closely.
- Food baskets is given until rehabilitated.

Why is it important?

- To reduce 50% of malnourished children by year 2015
- Improve health status of targeted children.
- Milk is a nutrient dense food and easily consumed.
- Targeted to children, thus, reducing the possibility of food sharing within family members and OA communities.

What is the deliverable?

- Targeted children with improved weight gain.

Where /How to obtain resources?

- Procurement of milk and multivitamin.

Components of Community Feeding Programme

COMMUNITY EMPOWERMENT PROGRAMME IN JERANTUT



COMMUNITY EMPOWERMENT PROGRAMME IN GUA MUSANG



Cooking Demonstration



Health and hygiene education

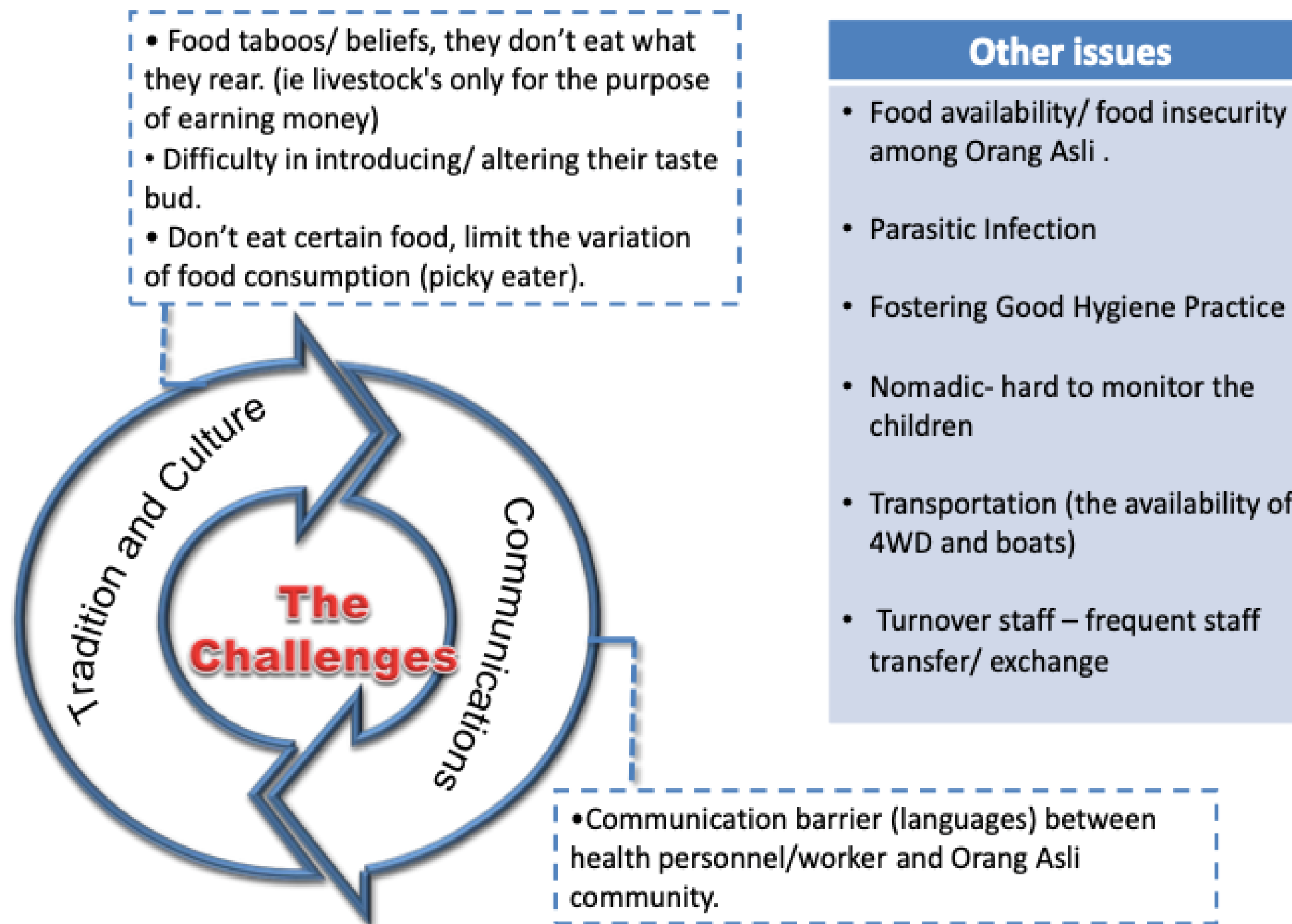
COMMUNITY EMPOWERMENT PROGRAMME IN ROMPIN



HEALTH COMMUNITY PROGRAMME RPS KEMAR



The Challenges



Way forward

Short term

1) To expand Community Feeding Programme to other orang asli settlement

2) To ensure the malnourished children in existing Community Feeding Programme rehabilitated and able to sustain their nutritional status

3) Integrate agriculture component into Community Feeding Programme as stipulated in the mid-term review of NPANM III

Long term

1) To enable the orang asli community to inculcate elements emphasized in the community empowerment into their daily life

2) To get involvement from multi agencies to improve economic status, educational level and food security

Conclusion



Community Feeding Centres provide dietary diversity to the children

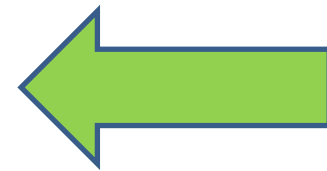


Community Feeding Centres empower community on health-related behaviours



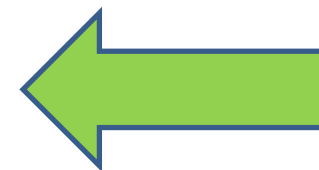
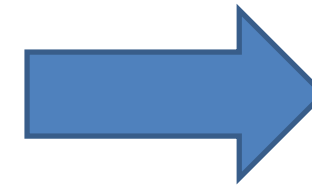
Further studies need to be carried out to look for the effectiveness of this programme in term of nutritional status and how to strengthen this programme

Snapshots of Community Feeding Programme



Hand washing activity
lead by community
volunteers

Volunteers will provide syrup/
tablet multivitamin



Active feeding. Mothers/ caregivers
will monitor their children during
feeding session

Balai PCF Kg. Jentong, Batang Padang



Balai Terapung PCF Kg. Sungai Kejar
Hulu Perak

32 centres In Perak



Balai PCF Kg. Kaku, Perak Tengah



Balai PCF Pos Slim, Kinta

Balai PCF Kg. Cheros, Pos Telanok
Cameron Highlands



Balai PCF Kg Pagar, Kuala Lipis



Balai PCF Sg. Tiang, Jerantut

8 centres
In
Pahang



Balai PCF Sop, Kuala Lipis

Balai PCF Kg. Ayong, Pos Pasik, Gua Musang



Balai PCF Kuala Koh, Gua Musang

7 centres In Kelantan



Balai PCF Kg. Sungai Rual, Jeli



Balai PCF Kuala Betis, Gua Musang



"It takes a village to raise a child"

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KEMENTERIAN KESIHATAN MALAYSIA
BAHAGIAN PEMAKANAN



NutritionistKKM

<http://nutrition.moh.gov.my/>

Thank you
‘Cok barok moy-moy, terbuk wel’