



# Mapping of Counter-referrals and Support Systems to Prevent Relapse among Children Treated for Wasting (Severe Acute Malnutrition).

*By Pauline Adah- MIYCN Advisor USAID  
Advancing Nutrition*

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Photo credit: Grace Nachiola /U.S. Embassy

# Presentation Outline

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# Background

Children in Nigeria with severe wasting (severe acute malnutrition) and who have no apparent health complications are treated through outpatient therapeutic programs (OTP).

*Discharged as cured - after presenting a middle upper arm circumference (MUAC) measurement of  $>125$  mm/ 12.5 cm for two consecutive weeks.*

A recent cohort study found that 24% of a sample of children discharged from OTP treatment experienced a relapse (to SAM) within two months, (52% in 6 months) indicating the need for a post-discharge follow-up protocol to mitigate the relapse risk to include follow-up care and integration with other preventive services (Adegoke, O, et al, 2020).

# Objectives



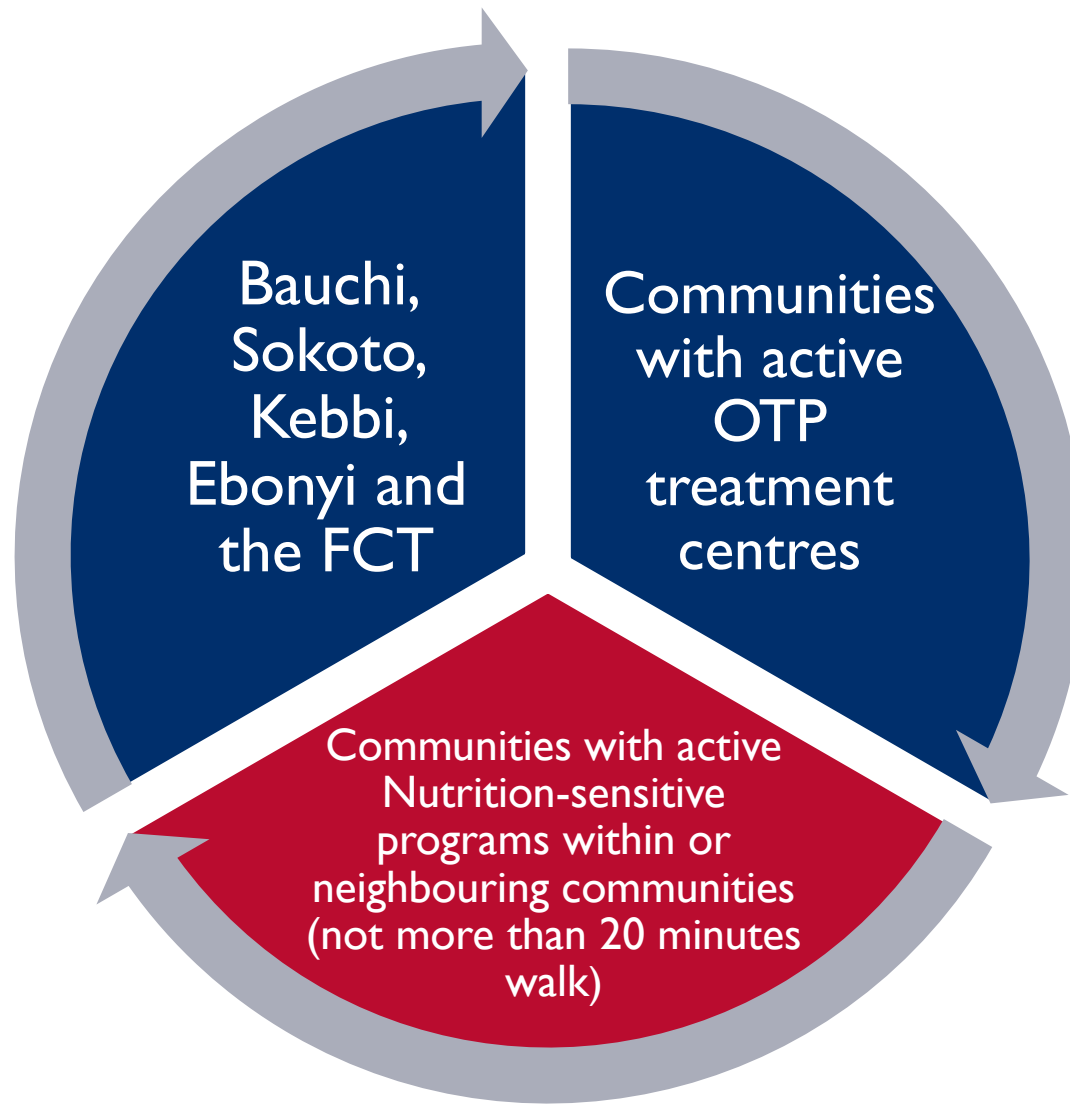
1.

- To understand the availability and utilization of complementary services, support systems, and referral systems for children discharged from SAM treatment

2.

- To provide local decision-makers with information relevant to strengthening both the complementary services and the referral systems in Bauchi, Sokoto, Kebbi, Ebonyi States and the Federal Capital Territory.

# SCOPE of the Study



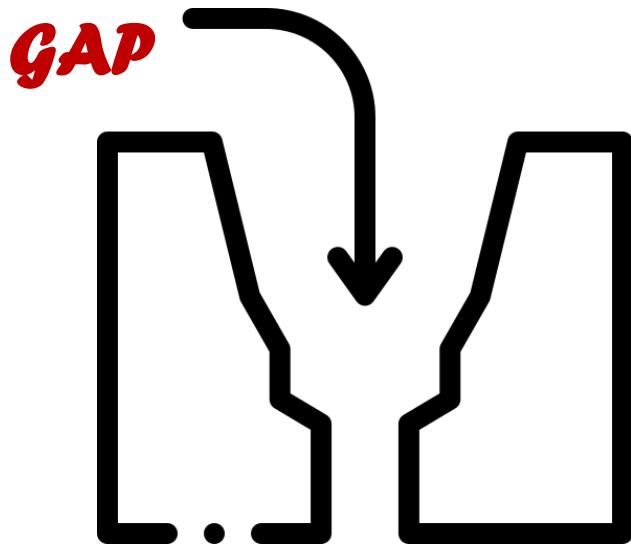
# Methodology & Sampling Technique

- A descriptive study design was adopted for this study.
  - key informant interviews (18 OTP facility staff and nutrition-sensitive program staff).
  - IDI – 46 SCFN stakeholders and Caregivers
  - The Referral Systems Assessment (RSA) tool adapted from MEASURE Evaluation was implemented with the facility in-charge/OTP supervisors in 12 OTP centers -nutrition-specific & Nutrition sensitive – 32.
- The non-probability purposeful sampling technique
  - Presence of an active OTP center, Security clearance to visit the center, Accessibility of the OTP center, Presence of nutrition-sensitive facilities/multi-sectoral programs within the same LGA.



# RESULTS AND DISCUSSION

- ❑ There is an existing gap in the referral system between OTP centers and nutrition-sensitive facilities.
- ❑ No referrals made from OTPs to access other essential services
- ❑ Ongoing referrals are mainly from the community to the OTP centers, or OTP centers to secondary health facilities.



# Conclusion and Recommendations

- ❑ A continuum of care for children discharged from SAM treatment as cured is essential for sustained recovery and to minimize the burden of SAM treatment on the health system.
- ❑ Caregivers or households must be supported with relevant services according to their capacity to prevent relapse, such as nutrition education through support groups to promote optimal maternal infant and young child feeding (MIYCN), income-generating activities, food security and livelihood programs.
- ❑ State government ministries and development agencies must align economic and livelihood programs with nutrition services to refer discharged children from SAM treatment for continued care and include them in annual nutrition operation plans.







Photo credit: USAID's Nigeria's MARKETs program

# THANK YOU



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IMPLEMENTED BY:

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4<sup>th</sup> Floor

Arlington, VA 22202

Phone: 703-528-7474

Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)

Internet: [advancingnutrition.org](http://advancingnutrition.org)

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