Presentation of the key note address by Mrs. Helen Obareki, The Coordinator, Office of the First Lady, Akwa Ibom State Nigeria.

A New Beginning for Nutrition Intervention in Akwa Ibom State

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Testimony

"I didn't know what to do, I thought I would lose her the same way I lost her brother two years ago." **– *Mother* Mrs Inemesit Inyang Udo, mother of 15-month-old Ekaette**

Ekaette being weighed on the first day enrollment at the OTP center – Model Primary Health Facility - Nsit-Atai. Photo Credit; Mary Atiata Local Government Nutrition Officer, Nsit-Atai LGA, Akwa Ibom State

National vs State Key Nutrition Indices – *NDHS 2023/2024*

	Stunting	Wasting	Underweight
	Short for their age (Low Height for Age)	Thin for their height (Low Weight for Height)	Thin for Age (Low Weight for Age)
Nigeria	40%	8%	27%
Akwa Ibom	24%	12%	23%

Integrated Management of Acute Malnutrition Programs

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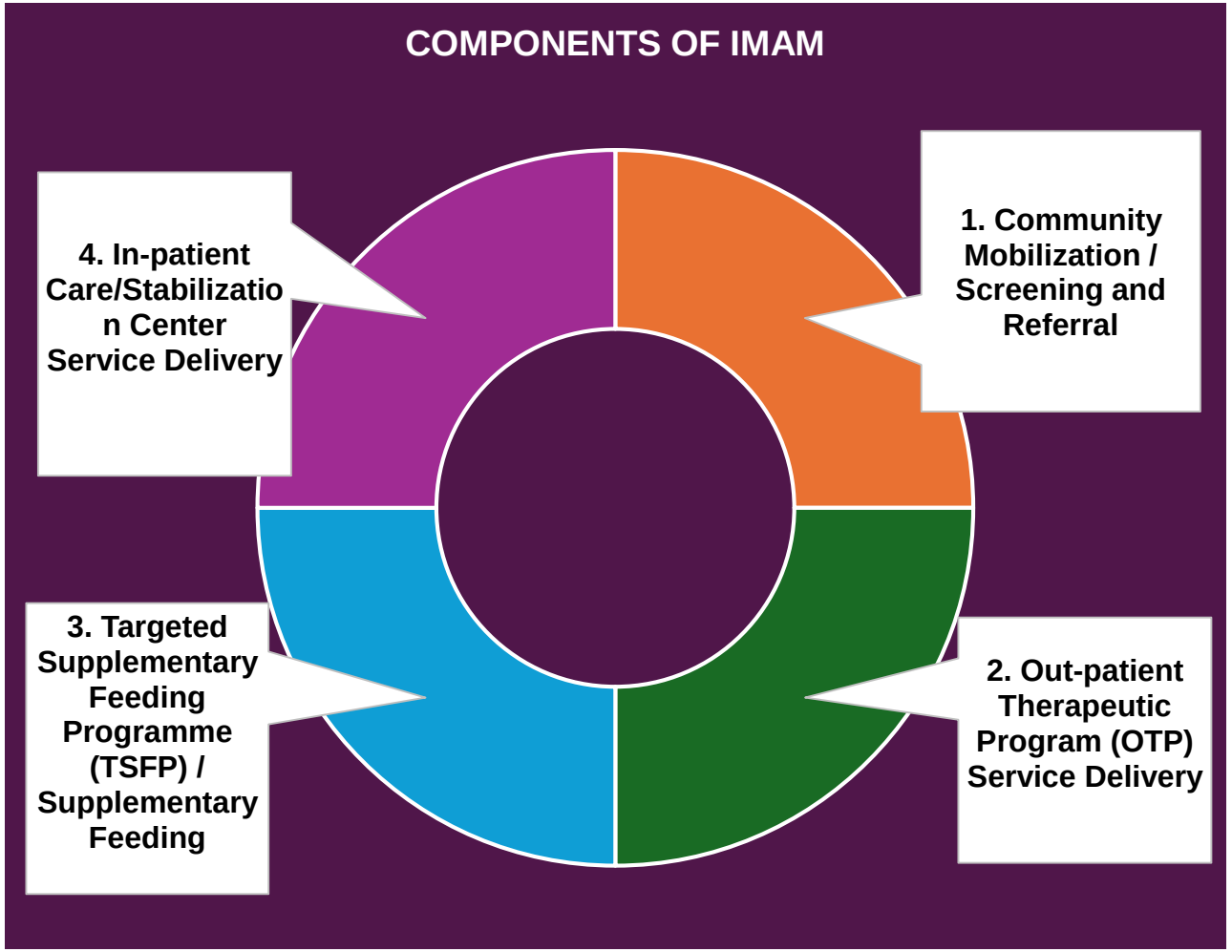

Established Akwa Ibom's first IMAM-OTP services

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In collaboration with the FMOHSW, NPHCDA, and SMOHSW and SPHCDA,

- Supported the identification, assessment, and establishment of facilities to conduct IMAM services
- Established state pool of IMAM master trainers through 7 days State Training of Trainers (ToT) and targeted training for six main PHCs across 6 LGAs, comprising of different cohorts - facility health workers, community volunteers, storekeepers, and M&E personnel.
- Established the First IMAM-OTP Services in Akwa Ibom State Outpatient Therapeutic Program (OTP) services in **5** facilities (3 main PHCs – Etinan, Nsit-Atai and Mbo LGAs- and 2 outreach sites – Ibedu and Uruefon).
- Scaled up with **17** facilities across **12** LGAs

Program Achievements for IMAM Program

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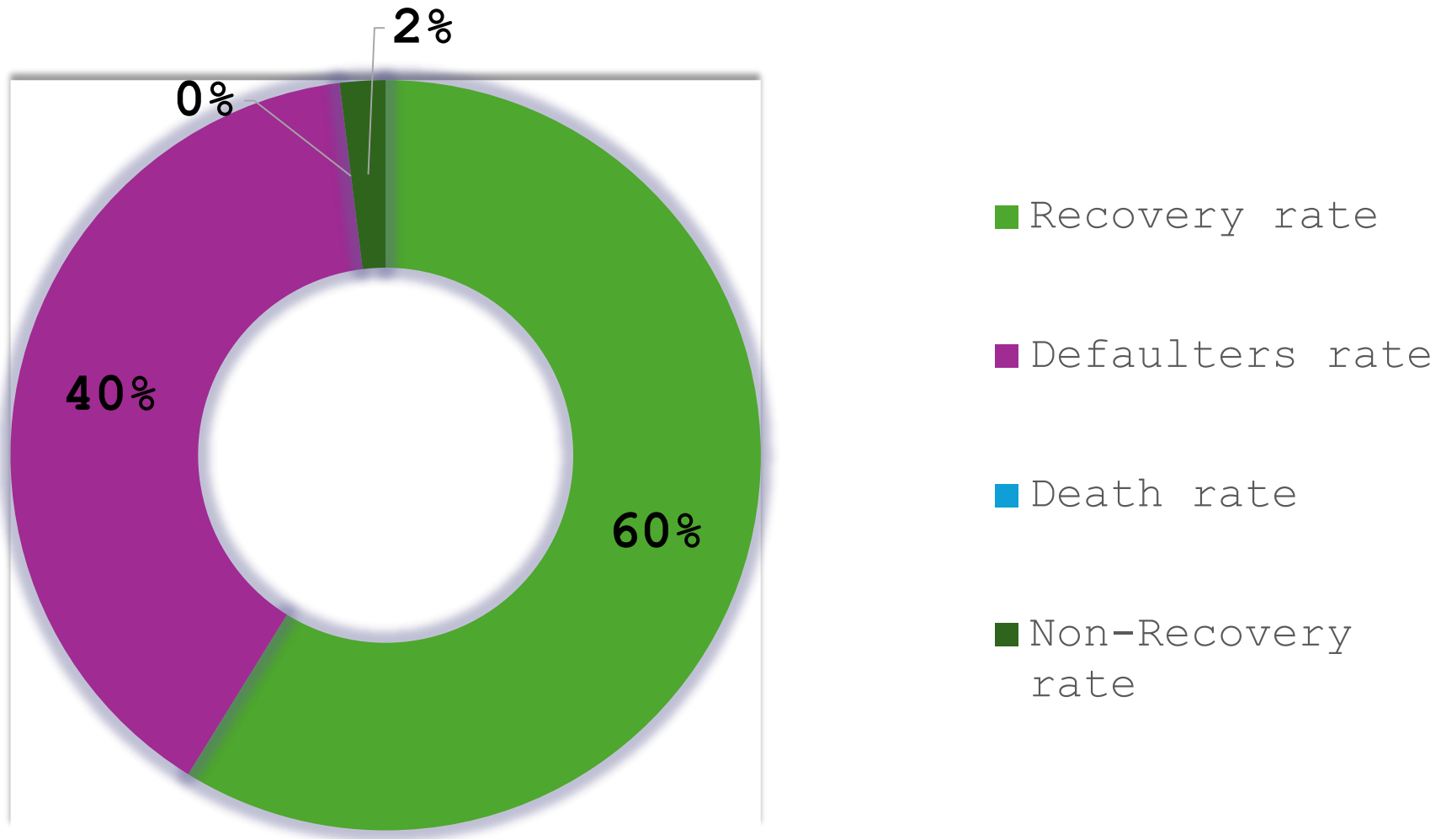
Malnutrition Screening and Treatment

- Procured and distributed 800 cartons of Ready-to-Use Therapeutic Food (RUTF) across Akwa Ibom, states, providing life-saving treatment for children with severe acute malnutrition.

- **15,553 (F -8223, M-7,330)** children screened for malnutrition; of these:
  - **925 (M-384, F-541)** children have been enrolled and receiving

  - **219 (M-94, F-125)** children have been successfully treated and discharged as cured.
  - Collaboration and paqrtnership with PATH Global

OPT Performance Indicators



Program Achievements: SQ-LNS – Supplementation Program

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- **Support state-level and facility-level training for service providers on SQ-LNS**
- **Procured and distributing 846 cartons** of SQLNS to supplement **2,820** vulnerable children age 6 -23 months (prioritizing 6-11 months) in target communities across Akwa
- **2,680 (M-1,342, F-1,338)** enrolled into program

Program Achievements: Systems Strengthening

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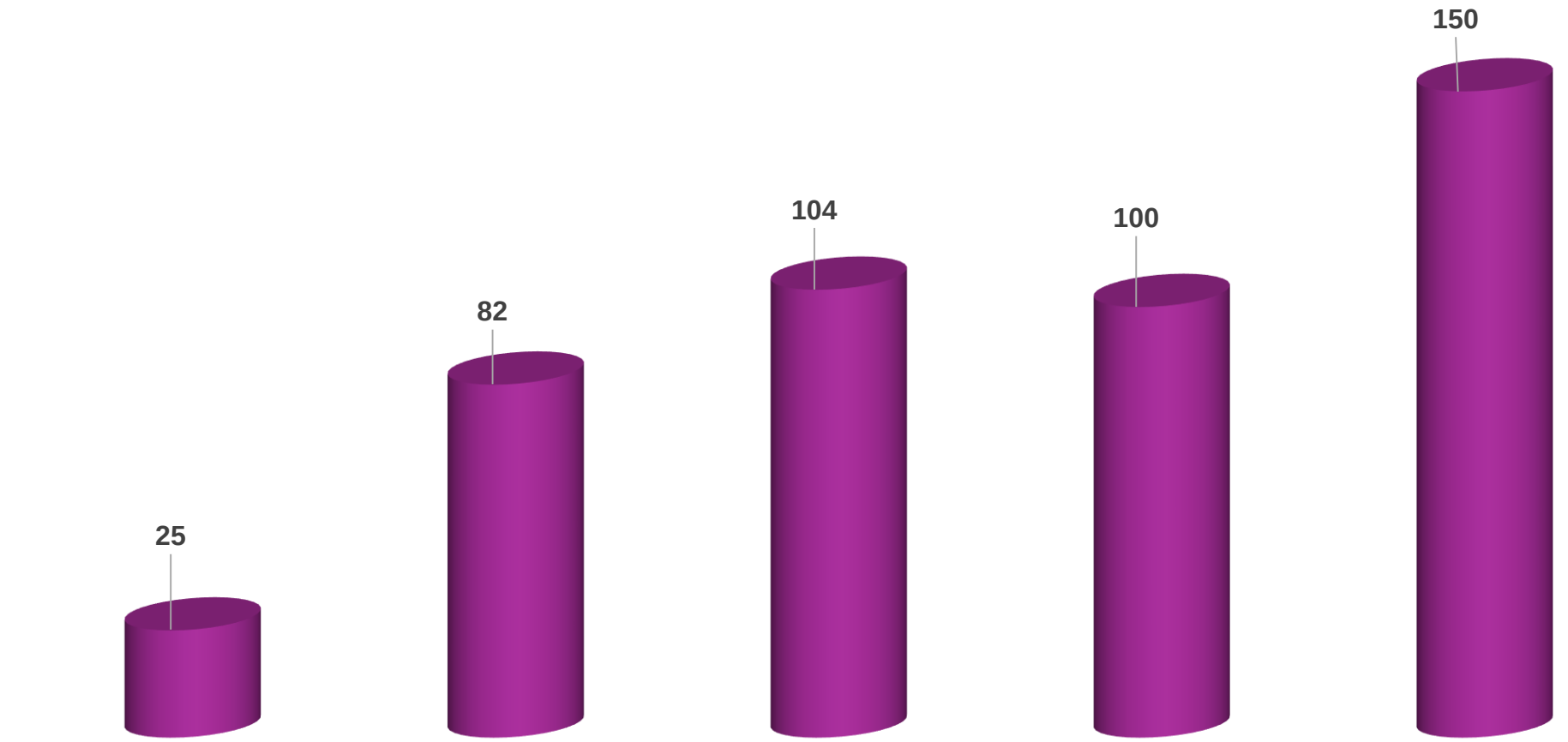
System Strengthening and Capacity Building



At least total of 461

Challenges

- Program acceptance prioritization and adherence to protocol by both HWs and caregivers
  – *Peculiar to new program*

- High defaulter rates
  - *High cost of transportation within communities*
  - *Frequently wet Weather conditions*
  - *Incessant cultural activity dates and time involving caregivers*

- Caregiver acceptance of SQLNS was lower compared to RUTF, indicating a preference for RUTF among caregivers.

- Inconsistent monthly follow-up visits for the expected length of stay -SQLNS

- Health workers are faced with demands for commodity from caregivers of children with MAM.
- Poor social protection service for vulnerable families

Actions/Recommendation

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- Conduct advocacy visits to the **State Ministry of Health and Social Welfare (SMOHSW)** to promote increased nutrition investment and leverage the **UNICEF Child Nutrition Fund** for sustainability.
- Strengthen continuous community mobilization and engagement with key community stakeholders.
- Conduct weekly supportive supervision at both community and health facility levels.
- Provide on-the-job training and carry out routine data validation exercises to improve service quality.
- Establish outreach services to reduce travel distances and improve access to treatment.
- Support caregivers with free transportation through Community Volunteers (CVs) to enhance treatment adherence.
- Integrate **Maternal, Infant and Young Child Nutrition (MIYCN)** counselling, including a sustainable food systems approach, to improve household livelihoods and nutrition outcomes.
- Advocate to relevant state agencies to provide relief support for vulnerable families, helping to sustain treatment outcomes and reduce the risk of relapse.

THANK YOU

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Ekaette (happy and smiling), joyfully playing outside her home
Photo Credit; Pauline Adah / Helen Keller