

Background

Malnutrition is a major public health concern in Nigeria and a contributing factor to nearly half of all child deaths in the country. In 2014, up to one million children under five suffered from severe acute malnutrition (SAM) in Nigeria. The impact of malnutrition is exacerbated in Niger state, the largest in the country, by the fact that much of the population is widely dispersed and has limited access to healthcare.

Since 2013, Malaria Consortium has been implementing an integrated community case management (iCCM) project that trains community health workers (CHWs) in Niger state – known as community-oriented resource persons (CORPs) – to treat malaria, diarrhoea and pneumonia in children under five, and refer cases of SAM to health facilities. However, successfully referring SAM cases for treatment can be challenging as the few facilities in Niger state that offer specialised care are located far from rural communities.

Country

Nigeria

Donor

Eleanor Crook Foundation

Length of project

July – December 2017

Lead Partner

International Rescue Committee

Partners

Action Against Hunger Concern Worldwide Save the Children In countries such as South Sudan, which has a similarly dispersed population and high rate of SAM, Malaria Consortium implemented a community management of acute malnutrition (CMAM) approach (linked to iCCM). This sought to overcome the problems associated with outpatient therapeutic programme centres (whereby some families found it difficult to sustain having their children as inpatients for eight to 12 weeks). The International Rescue Committee also implemented a CMAM project in South Sudan in which they developed specialised tools for training CHWs with low levels of literacy to diagnose and treat SAM in children under five.

This successful use of CMAM in South Sudan suggests that a similar community care model could also be used to expand coverage of SAM treatment in Nigeria. The design of any such model, however, needs to reflect the fact that Nigeria's CORPs also often have low levels of literacy. This project will determine whether tools developed for CHWs in South Sudan can be adapted and used effectively to treat SAM at the community level in Nigeria.

Project outline and activities

Malaria Consortium is a part of an international collaboration that aims to determine whether integrating treatment for uncomplicated cases of SAM into pre-existing iCCM programmes can improve isolated Nigerian communities' access to and uptake of treatment.

The two-stage project is being conducted in Niger state, Nigeria. Firstly, innovative tools developed by the IRC for CHWs with low-levels of literacy in South Sudan will be adapted for use by CORPs in Nigeria, using a human-centred design process. [3] These tools include: a patient register, modified mid-upper arm circumference tape and weighing scales, and a dosage calculator.

Secondly, Malaria Consortium will train over 60 CORPs from two local government areas in Niger state to use these tools – expanding their roles from diagnosis and referral of SAM to treatment. Malaria Consortium will assess CORPs' performance and deploy high-performing CORPs to treat SAM cases in their home communities.

This study is funded by the Eleanor Crook Foundation through the International Rescue Committee and implemented in collaboration with the Federal Ministry of Health, Niger state.

Outcomes

The findings from this project will determine whether existing CMAM tools can be adapted for use by CHWs with low-levels of literacy in other countries. If effective, these findings could be used to build the capacity of CHWs to treat SAM in countries across the globe.

References

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- 3. Matheson, G. O., Pacione, C., Shultz, R. K., & Klügl, M. Leveraging human-centered design in chronic disease prevention. American Journal of Preventive Medicine. 2015. 48(4): 472-479.

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Cover image: Caregiver feeds malnourished child ready-to-use therapeutic food, Nigeria

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