3rd World Congress on

PUBLIC HEALTH AND NUTRITION

February 26-28, 2018 London, UK

AN ASSESSMENT OF THE COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION PROGRAMME IN THE UNICEF CAN CAMP CLINIC, MAIDUGURI, NIGERIA

Ahmed D Balami^a, Muhammad Dungus^b and Abubakar J Ardo^c ^aUniversiti Putra Malaysia, Malaysia ^bThe University of Maiduguri, Nigeria ^cModibbo Adama University of Technology, Nigeria

Statement of the Problem: Community Management of Acute Malnutrition (C-MAM) centres have been widely established in north-eastern Nigeria following the alarming rate of malnutrition in the region, due to the Boko Haram crisis. Treatment is provided on an out-patients basis to children with Severe Acute Malnutrition (SAM); the treatment course of which is designed to last for 10 weeks. There have however been no studies to assess the effectiveness of this programme in terms of compliance, and treatment outcomes.

Methodology & Theoretical Orientation: The study was conducted in the CAN camp clinic in Maiduguri, the Borno state capital, which serves the inhabitants of the camp (most of whom are internally displaced persons Gwoza local government area of Borno state), and people in the neighborhood. A total of 281 case notes of SAM patients were randomly selected from the records and their data was extracted using a standardised pro forma. The data was then analysed using SPSS version 22 descriptively, and using survival analysis. Findings: Their ages ranged from 6 to 48 months with Median+IQR of 13+13 months. There were an equal number of males and females (39.9% each), though 20.3% had no gender reported on their case notes. No death was recorded, and only 27.4% had gotten recovered and discharged, while 19.6% had defaulted. There was also no difference by gender in their treatment outcome (χ 2=5.96; df=2; p=0.051). There was also no difference between the median ages of those who recovered, those who defaulted and those who were still on treatment (χ 2=2.48; df=2; p=0.290). The Kaplan-Meier survival curve is presented in Figure 1. The median age of recovery and discharge was 10 (9.92-10.08) weeks.

Conclusion & Significance: These findings point to the need to improve record keeping through trainings and supervision, and also the need to improve compliance and retention rate to maximise recovery. There is also the need to conduct qualitative studies to determine the associated factors and reasons for this high rate of default among the patients.

Biography

Ahmed Dahiru Balami is a medical doctor and currently a PhD student of Epidemiology and Biostatistics at the Universiti Putra Malaysia. He holds a Master of Public Health. He presently works as a medical doctor with the Federal Government of Nigeria's Health and Nutrition Emergency Response Project in Borno State. He is a Fellow of the Royal Society for Public Health. He has also published several research papers in both local and international journals.

ahdahiru@yahoo.com