



DEFAULTING AND FACTORS AFFECTING TIME TO RECOVERY AMONG CHILDREN WITH SEVERE ACUTE MALNUTRITION RECEIVING OUTPATIENT THERAPEUTIC CARE NAKIVALE REFUGEE SETTLEMENT.

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AIM

- To determine the treatment outcomes of outpatient therapeutic care, factors affecting time to recovery and to explore factors influencing defaulting of children 6-59month with uncomplicated SAM in Nakivale refugee settlement, Southern western Uganda.

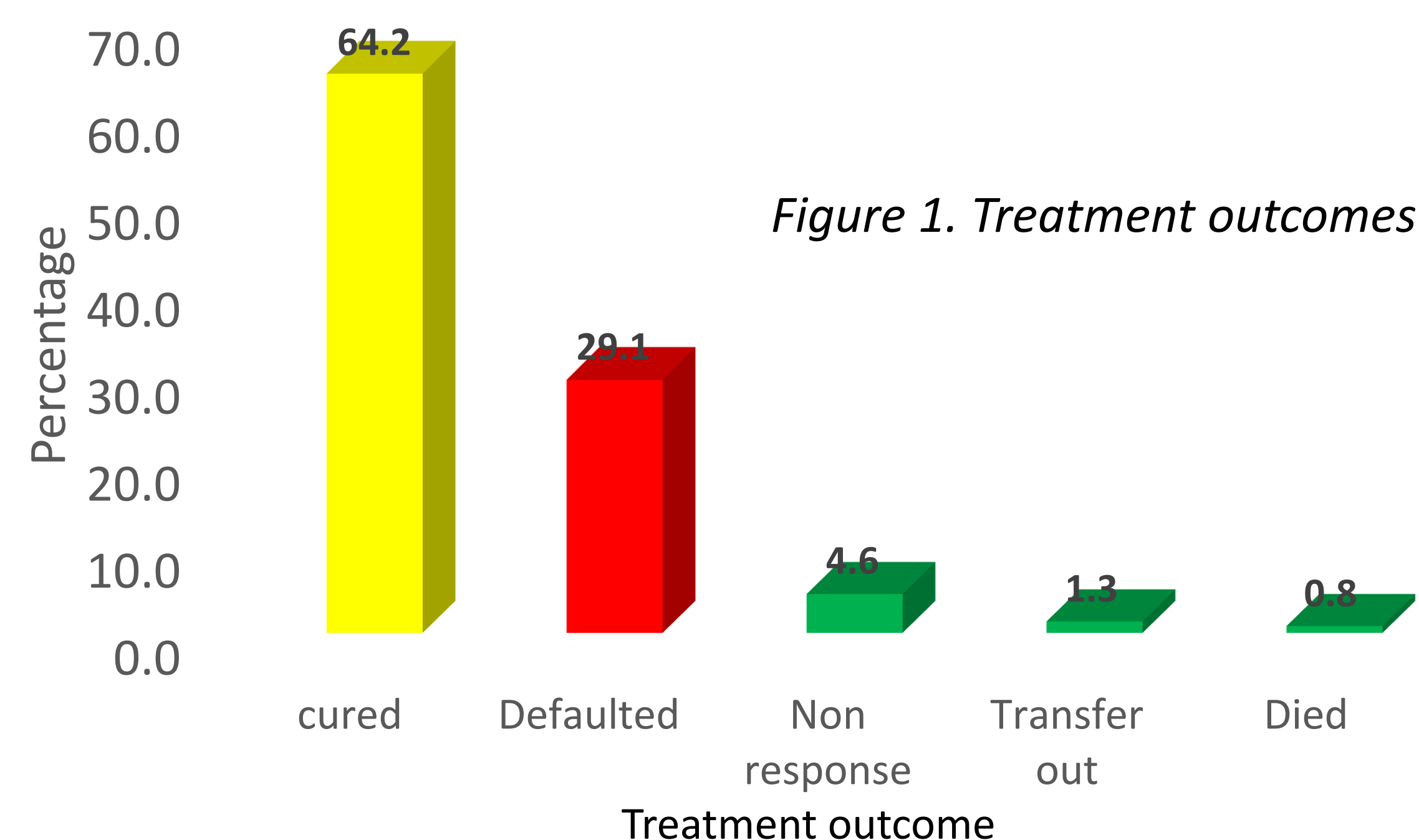
PROBLEM STATEMENT / GAP

- Outpatient therapeutic care (OTC) is critical in the management of children with uncomplicated severe acute malnutrition. Despite this intervention half the WFP and UNHCR nutritional standards are met, thus the need to determine treatment outcome and factors for time to recovery.

METHODS

- A mixed-methods sequential explanatory of 386 records collected using a pretested structured questionnaire.
- In-depth interviews from 10 mothers using a semi-structured interview guide.
- Data was entered into EPI-data version 4.4.2.1 and exported to Stata version 14.0 for analysis.
- Descriptive analysis was conducted using; mean, median, frequency, Kaplan Meir, and Cox proportional-hazard regression was used for factors associated.
- All statistical tests in this study were declared significant at p.value 0.05
- The interviews were translated, transcribed, and exported to open code software for analysis.

RESULTS

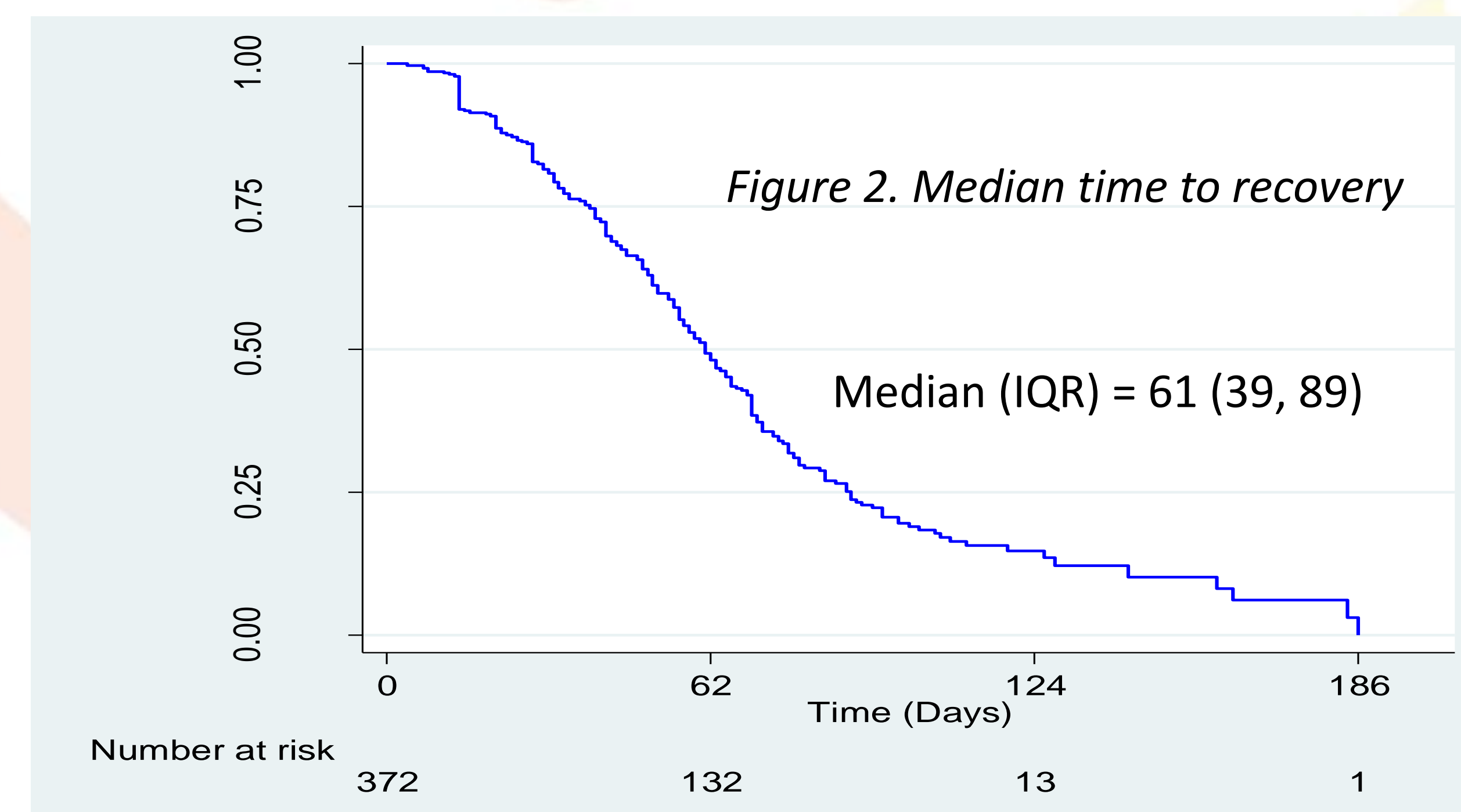


RESULTS

Table 1: The comparison of the outcome with the International sphere standard

Indicators	Results	The Sphere project reference values (SPHERE, 2015)	
		Acceptable	Alarming
Recovery rate	64.2%	>75%	<50%
Death rate	0.80%	<10%	>15%
Non-response	4.55%	<10%	>10%
Default rate	29.14%	<15%	>25%
Mean rate of weight gain	3.5	>=8 g/kg/day	< 8 g/kg/day
Length of Stay	8.7week(61 days)	4-6 weeks	>6 weeks

8.6 weeks (60 days)*



Tab 2: Multivariate analysis of factors affecting time to recovery from OTC.

Characteristic	Adjusted HR	95% CI	P-value
Client follow up			
Yes	2.79	(1.14-6.83)	0.025
No	1.00		
Type of the health facility			
Health Centre II	1.00		
Health Centre III	0.47	(0.33-0.61)	<0.001
Baseline MUAC	1.26	(1.08-1.47)	0.003

RESULTS

Factors that influenced defaulting included;

- Irregular availability of therapeutic rations and drugs,
- Sharing and selling of therapeutic food for exchange of non food items
- The long distance to the facility for therapeutic food and follow-up

CONCLUSIONS

- The default rate and length of stay of children with SAM on the program were higher than the acceptable cutoff, this means that many children are likely to die at home
- Baseline MUAC, facility type, and routine follow-up of children with SAM were significantly associated with time to recovery. This means that there gaps in the implementation
- Irregular availability of therapeutic rations and drugs, the long distance to facility, sharing and selling of therapeutic food, contributes significantly to defaulting

LESSONS LEARNT

- Un monitored nutritional program results into poor treatment outcome.
- Sharing of therapeutic ration and long distances to facility facilitated defaulting.

RECOMMENDATION

- Robust interventions that address follow up, community linkage system, and facility integrated outreaches, to increase access to services.
- Regular monitoring and evaluation of outpatient therapeutic program to create uniformity in the management of children with uncomplicated SAM
- Health centre ii in the settlement should be empowered to uniformly manage children with uncomplicated severe acute malnutrition.
- Further studies need to reveal the treatment situation at home level

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