



COMMUNITY POT

NSC

NUTRITION  
SUPPLEMENT  
CENTRE

# Pilot program close out report IBNW





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# NSC Pilot Program Close-out Report

February – December 2025

Location: Ibadan NorthWest LGA, Ibadan

## 1. INTRODUCTION

The Nutrition Support Center (NSC) was implemented to address child malnutrition, strengthen community-based nutrition awareness, and provide continuous support to vulnerable households in communities.

Between February and December 2025, the pilot program focused on nutrition screening, household engagement, health education, and strengthening community structures that support maternal and child well-being in Ibadan North West LGA.

*This report provides an overview of the program, its reach, achievements, challenges, and recommendations.*

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## 2. PROGRAM OVERVIEW

The program aimed to improve the nutritional status of children under five by:

- Conducting regular MUAC screening and early detection of MAM/SAM.
- Providing individualized caregiver counselling and household follow-up.
- Strengthening community awareness on feeding, hygiene, and childcare.
- Coordinating with community structures and LGA health authorities for continuity.

Core components included community screenings, market outreaches, facility-based engagements, growth monitoring follow-ups, and endline assessments.

## 3. PROGRAM ACTIVITIES (FEBRUARY – DECEMBER)

- **Community Outreach (2)**
  - Number of children screened - 125
  - Number of malnourished children identified - 46
- **Door to door outreaches (5)**
  - Number of children screened - 87
  - Number of malnourished children identified - 6
- **Market outreaches:** conducted nutrition screening and behaviour change sensitization in Agbaje market
  - Number of children screened - 9
  - Number of malnourished children identified - 0







## ▪ Health facility partnership

- Behaviour change communication (BCC) sessions were held in partner health facilities to improve sensitization on topics such as breastfeeding, complementary feeding, hygiene practices, food diversification and malnutrition prevention.
- Nutrition assessments were also conducted in these facilities to identify and refer malnourished children to the NSC kiosk.
- Number of nutrition education sessions held - 17
- Number of beneficiaries reached - 546

## ▪ Treatment protocol

- In line with the WHO protocol for CMAM and National protocol for the management of malnutrition, an NSC treatment protocol was developed using pre-tested therapeutic foods.
- Ready to use therapeutic food (RUTF) was provided to SAM & MAM cases based on appetite test results.
- In addition, fortified peanut butter & Micronutrient powder was included in the treatment protocol to boost nutrient uptake and recovery rate.
- Supplements were distributed according to MUAC status and monitored during follow up visits.
- Follow up visits: beneficiaries were placed on bi-weekly visits for SAM/MAM cases; monthly for recovering cases.





## ▪ Endline & exit activities

- Endline assessments completed with selected beneficiaries
- Results showed significant improvement in nutrition practices, including a 100% increase in meal frequency and continued breastfeeding among 50% of the children. All caregivers expressed strong interest in complementary feeding, and all children showed improved energy levels.
- Exit outreaches were held between October & November across 4 wards & 17 settlements.
- Supportive counselling and transition steps provided.

## ▪ Data Management

- Specialized Arc-gis form was used for data collection & management
- Bi-weekly MUAC, weight, attendance and follow-up records documented and digitised.
- Coordination with volunteers & NSC reps for tracking and reporting of nutrition education sessions at facilities.





## Implementation Report

(March -  
December)

### OVERALL REACH

- Total children screened: 136
- Total malnourished children identified: 59

### CHILDREN FOLLOWED UP: 59

- SAM: 18
- MAM: 22
- Borderline: 19
- Recovered/discharged: 15
- Still in treatment: 27 (those with single records, with baseline MUAC <12.5cm and no confirmed recovery)
- Dropout: 17 (28.8%)





## CAREGIVER COMPLIANCE PATTERNS

- **Good Compliance:** Regular follow-ups, faster recovery (5 children)
- **Moderate Compliance:** Long gaps, returning when supplements finished (10 children)
- **Poor Compliance:** single visits or only attending during community outreaches
  - **Reasons for dropout (CMAM patterns)**
    - Distance to the NSC facility or work schedule
    - Business/work clashes with appointment times
    - Perception that child has improved

## PATTERNS ACROSS COMMUNITIES

- **Communities with strong follow-up:** Children with multiple follow-up dates show better engagement. They are likely areas with strong community mobilizers.
- **High dropout clusters:** Many children from February registration (Ayeye community outreach) never returned. This indicates poor health-seeking behavior or distance challenges
- **Inconsistent tracking:** Many children had weight updates but no MUAC indicating that such children were above the 2 year age range for MUAC assessment, making it difficult to track progress due to the type of products given.





## VOLUNTEER PARTICIPATION

Programming was strengthened with volunteer participation. With the help of partners and social media, we were able to mobilize 90 volunteers, recording about 53% participation rate. They assisted in:

- Conducting kiosk follow-ups
- Translating BCC messaging
- Assessment of children during follow ups and counselling

## KEY ACHIEVEMENTS

- **Program delivery**
  - 90% screening coverage within program area
  - Timely identification and referral of MAM and SAM cases.
  - Regular follow-ups ensured closer monitoring of growth and recovery
  - Personalized support delivered through house-to-house visits and follow-up sessions.

### Community Response

- Stronger relationships with caregivers and community members.
- Improved caregiver knowledge of proper nutrition, hygiene, and feeding practices.
- Successful implementation of the exit plan, with positive feedback from participants.





## SYSTEM STRENGTHENING

- Enhanced collaboration with LGA health authorities, ensuring alignment with community nutrition goals and reporting standards
- Active volunteer participation, leading to faster screening, quality data collection, and improved crowd control.
- Consistent use of MUAC tapes, weighing scales and digital data entry improved program organization.

## CHALLENGES

- **Caregiver -related**
  - Irregular follow-up attendance and long gaps between visits
  - Late presentation of children already in severe malnutrition stages.
  - Community misconceptions about malnutrition, requiring extended counselling time and additional mobilization efforts.
- **Operational/Logistics**
  - Long distance from the house to the centers
  - Weather disruptions
- **Data & record management**
  - Inconsistent weight entries
  - High dropout rate, particular in health facilities
- **Health-related**
  - Illness affected MUAC progression for some children





## MALNUTRITION FINDINGS:

### NFCMS VS COMMUNITY POT (NSC PILOT)

The NFCMS 2021 reports wasting among children under five in the South-West at 6–7%, using anthropometric indicators. In contrast, the Community Pot NSC pilot in Ibadan North-West LGA, using MUAC screening in targeted communities, identified malnutrition in 43.4% of children screened (59 of 136), including 18 SAM and 22 MAM cases.

While these figures are not directly comparable due to methodological differences, they highlight that community-based MUAC screening detects a far higher concentration of acute malnutrition cases than population-level surveys, reinforcing the need for targeted screening and intervention in high-risk communities.







## 7. RECOMMENDATIONS

- Conduct follow-up visits for unavailable beneficiaries to ensure full coverage.
- Engage community volunteers as beneficiary managers to support continuous household monitoring.
- Increase sensitization activities to sustain nutrition awareness after program exit.
- Establish a referral linkage system with nearby healthcare facilities for timely interventions.
- Provide data quality checks at every visit
- Provide transport support for outreach staff to reduce dropouts
- Strengthen community follow-up to reduce dropouts

## CONCLUSION

The Ayeye Community Program recorded significant progress in addressing childhood malnutrition and promoting nutrition awareness from March to December 2025. Through consistent screening, targeted follow-ups, and strong community engagement, the program strengthened early detection and improved caregiver nutrition practices. Continued monitoring and collaboration with community structures will help sustain the gains achieved and promote long-term child health and nutrition in Ibadan North West LGA.

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