

# NOMA DISCHARGE TOOLKIT - A PERSON-CENTRED APPROACH TO IMPROVE CONTINUITY OF CARE

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**Abstract language:** English

**Topic:** Neglected tropical diseases

**Background and aims:** The Noma hospital in Sokoto State, Nigeria, provides specialised care for noma, a rapidly progressive and often fatal necrotising bacterial disease, which continues to be neglected. This project was initiated and is led by the Noma project team in collaboration with the Sapling Nursery fund (MSF UK) who provide resources and support.

Through community-based exploratory assessments, it was found that caregivers do not have enough resources, knowledge and overall capacity to continue with the necessary treatment and care after discharge. Patients are too often re-admitted in worse condition than before. This highlights a serious gap in the continuity of care, which the Noma Discharge Toolkit (NDT) aims to improve.

**Methods:** Person-centered design methodologies aiming to improve quality of care were central to toolkit development. Individual interviews and group sessions led to the identification of needs and challenges, while also exploring potential solutions.

The resulting NDT contains four components to support care after discharge:

- Locally sourced food items (Kwash-pap) and RUTF (Plumpy-nut).
- Non-food items for hygiene and transport/storage
- Medication and treatment
- Knowledge/engagement booklet

The feasibility of the NDT was investigated using qualitative data collection methods to understand the perceived benefit by caregivers and hospital staff.

**Results:** The pilot is in an early stage and distribution data will be gathered and analysed in autumn 2022, but the NDT's preliminary results are promising. It has been welcomedly integrated within the team's regular processes. Initial feedback is positive, highlighting how the kit gives necessary resources, while increasing engagement, knowledge and focus on quality of care. For the upcoming distribution data collection and analysis, formal ethics approval will be sought.

**Conclusions:** The process is this project's strength - it demonstrates what can be accomplished when co-designing with community and hospital staff, while concretely showing the potential of person-centred design methodologies.

**This study is:** Other, please explain:

**Details:** This description of an innovation project does not include human participant data; the MSF Ethics Framework for Innovation was applied to help identify and mitigate potential harms.

**1. I confirm that the abstract and that all information is correct:** Yes

**2. I confirm that the abstract constitutes consent to publication:** Yes

**3. I confirm that I submit this abstract on behalf of all authors.:** Yes

**4. Selected for either oral or poster presentation.:** Yes

**Conflict of interest to declare?:** No