Key Messages:

- When referring the patient from the ITFC to the ATFC:
 - Explain that the patient is not yet recovered from the malnutrition and that they must continue the treatment at the ATFC until they are fully recovered. Pay special attention to the patients that are referred to a centre that is not supported by MSF, ensure they understand the next steps for them.
 - o Explain the functioning of the ATFC and what to expect.
 - Information about the follow up visits at the ATFC and the date of their next appointment at the ATFC
 - o Explain how to give the RUTF to their child at home
 - o Ensure enough **RUTF** is **given** until the first ATFC appointment
 - For infants <6 months explain that the infant will not receive RUTF and that the goal of treatment is to get the infant back on effective exclusive breastfeeding. For non-breast-fed infants, ensure a caretaker is identified and trained regarding the safe preparation of breast-milk substitutes
- At discharge from the nutrition programme (ATFC):
 - Vaccination status should be up to date, if not caregivers should be notified of all incomplete vaccine series and of the need for followup appointments. For measles, a second dose is given at discharge, with a minimum interval of 4 weeks since the admission dose. Ensure that the patient has a vaccination card.
 - In some settings, an exit ration for the patient (RUTF) and a
 discharge ration (e.g. Fortified Blended Flour (FBF) and oil) for all
 the family members are given at discharge from the nutrition
 programme to prevent relapse.
 - For infants <6 months: Explain that the infant will be discharged from the programme and followed until the age of 6 months for growth monitoring, support for the mother/caretaker and the provision of BMS if needed.
- For all type of discharges (cured, defaulter, transfer, death), **patient files must be kept** at the centre discharging the child. All patients must be given a comprehensive **exit/discharge summary** to take away with them.

