Reducing the Frequency of Follow up and Task Sharing in the Treatment of Uncomplicated Severe Acute Malnutrition:

an evaluation of monthly visits and home-based surveillance for access-limited and high-burden settings

Sokoto, Nigeria

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Background

- Severe acute malnutrition (SAM) affects at least 19 million children, but it is estimated only 7-13% of these children receive treatment worldwide.
- **Community based management of SAM** (2007) has greatly increased access to care by allowing weekly outpatient management of uncomplicated cases, but the model remains impractical in some settings.
- More flexibility in the schedule of outpatient follow up is needed where weekly visits to a health facility are impractical due to difficult terrain (e.g. southern Chad), insecurity (e.g. Somalia), nomadic livelihoods (e.g. Kenya), or a high burden of cases (e.g. Nigeria).
- A reduced, monthly schedule of follow up can reduce the opportunity cost of caregivers seeking treatment, increase acceptability of care, and allow for more efficient delivery.
- Clear evidence is needed that such alternative strategies can be used safely and effectively while remaining acceptable to caregivers before wide application in programs.

Programmatic Implications and Impact

- Reliance on a weekly schedule of follow up limits operations to areas where access and frequent visits to a health facility where access and frequent visits to a health facility are possible and reduces the number of children receiving treatment.
- No program has implemented a reduced schedule of follow up and documented safety or efficacy. This will be the **first study** to report on the safety, effectiveness and cost-effectiveness of an alternative schedule of follow up.
- **Gold standard design** for evaluation, with results drawn from an ongoing nutritional program to be **directly generalizable** to other operational settings.
- Results will provide programs with greater flexibility to consider more innovative models of treatment and to extend operations into areas previously unsuitable for treatment programs, increasing coverage and the number of children receiving treatment.

Study Design

- Cluster randomized trial
- 10 health centers randomized in a 1:1 ratio to (1) standard weekly visits or (2) monthly visits with support for home-based surveillance by caregivers.
- Distribution of therapeutic foods and anthropometric/clinical surveillance will take place on a weekly or monthly basis according to the site assignment. Caregivers in the monthly visit group will receive additional education at admission to monitor the child's anthropometric status (MUAC) and clinical status at home in between scheduled monthly visits.
- Routine program data (anthropometric and clinical status) collected at scheduled follow-up visits until discharge. Additional home visits at 2 weeks from admission and 2 months post-discharge to assess the child's anthropometric and clinical status.

Study Outcomes

- Primary outcome: nutritional recovery
- Secondary outcomes: hospitalization, weight gain, program default, relapse after discharge, program coverage, and cost-effectiveness

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