HI-MAM STUDY: TREATMENT OF HIGH-RISK MODERATE ACUTE MALNUTRITION USING EXPANDED ADMISSION CRITERIA, SIERRA LEONE

One of the best ways to combat severe acute malnutrition (SAM) and its associated risk is to intervene before children become severely malnourished in the first place. However, there are currently no clear international guidelines for how to support moderately malnourished children, and to stop their deterioration.

Project Summary

This project uses four “high-risk indicators”, which may signal that a child is about to deteriorate from moderate to severe acute malnutrition, and tests two different types of early intervention.

It assesses whether the treatment of high-risk moderately malnourished children using ready-to-use therapeutic food (RUTF) results in better survival, growth and brain development than providing nutrition education for mothers, delivered through “mother support groups”.

The project is taking place in Pujehun District in Sierra Leone, and plans to treat and follow up 800 moderately malnourished children.

Expected Impact

The intervention tries to find a practical programme design, which both streamlines treatment of SAM and MAM, requiring only one food product for all, while also only providing this expensive food intervention to those children most at risk. The research is expected to tell us whether the selected “high-risk” indicators are effective, and which MAM children can recover with nutrition counselling alone.

This should allow us to design the most effective and cost-effective treatment model for SAM and MAM, so we can increase treatment coverage, helping more children survive and thrive.

CONTACT:

Mark Manary, Principal Investigator
Dr Natasha Lelijveld, Lead Researcher

RESEARCH CATEGORY:
Simplified protocols for the treatment of acute malnutrition

INTERVENTION AREA:
Sierra Leone

DONOR:
the innocent foundation

PARTNERS:
Washington University School of Medicine;
Project Peanut Butter;
Centre for Global Child Health;
Hospital for Sick Kids, Canada

DATES RUNNING:
Date started: November 2018
Implementation period: 15 months
Results expected: Early 2020

December 2018