The Combined Protocol for Acute Malnutrition Study (ComPAS) aims to assess the recovery rates of a combined protocol for treating uncomplicated severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in children 6-59 months in a cluster-randomised controlled non-inferiority trial in South Sudan and Kenya.

To better inform policy, there is also a need to understand what happens to children treated with this protocol using ready to use therapeutic food (RUTF) once they are discharged from the programme. By following up with the children at this point, the study aims to see if the treatment is sustainable, and is able to prevent relapse, and if children treated with RUTF are at an increased risk of health issues related to high-fat and high-sugar food. Differentiation by food security context is a novel addition to MAM treatment research, and may be the key to the debate regarding food interventions vs nutrition-sensitive interventions for MAM.

### Project Summary

The project will be assessing the children in the ComPAS trial four months after they have been discharged from treatment. Assessments will include weight, height, mid-upper arm circumference (MUAC), breastfeeding status, and basic medical history. We will also be adding the collection of body composition indicators and food security measures to improve the breadth of findings at 4 months after discharge.

The first objective is to quantify differences in body composition between acute malnutrition survivors treated with RUTF using the combined protocol compared to those treated with standard protocol. Body composition will be assessed using Bioelectrical impedance analysis (BIA) and skinfold thicknesses. The second objective is to assess differences in recovery, relapse, growth, body composition, and morbidity, between survivors from food secure vs food insecure households using FAO Food Insecurity Experience Scale (FIES).
Expected Impact

It is expected that the findings will add significant value for policy-makers in their consideration of how best to manage MAM. As well as measuring growth and relapse rates, any immediate negative consequences of RUTF on body composition will be detected by this study design, and the addition of food security measures will allow for further clarity as to which children could most benefit from an RUTF intervention. These issues have been highlighted by key stakeholders as desirable in order to strengthen the evidence from the ComPAS study and inform subsequent policy decisions about the use of ready-to-use foods to treat MAM.

These results will be disseminated along with the ComPAS study main findings to the No Wasted Lives Coalition and the Council of Research & Technical Advice on Acute Malnutrition (CORTASAM) and key stakeholders. The results could also inform the sample size and logistics of a future, longer-term follow-up study which will further assess these outcomes at 1 or 2 years post-discharge, if results indicate a need.

CONTACT:

Dr Natasha Lelijveld, Principal Investigator