

Tackling uncomplicated severe acute malnutrition through a community-based outpatient therapeutic program evaluation

July 2022

What is the Community-based Outpatient Therapeutic Program?

The Community-based Outpatient Therapeutic Program (C-OTP) is recommended to manage uncomplicated severe acute malnutrition (SAM) by trained Health Extension Workers (HEWs). It is believed to be the most effective strategy in reaching large populations of children with SAM. Despite this, poor treatment outcomes and longer recovery times during treatment often remain pressing problems that may be associated with poor implementation and substandard quality of OTP services.

Objectives

To evaluate the implementation of C-OTP as management of uncomplicated SAM in Central Gondar Zone.

Methods

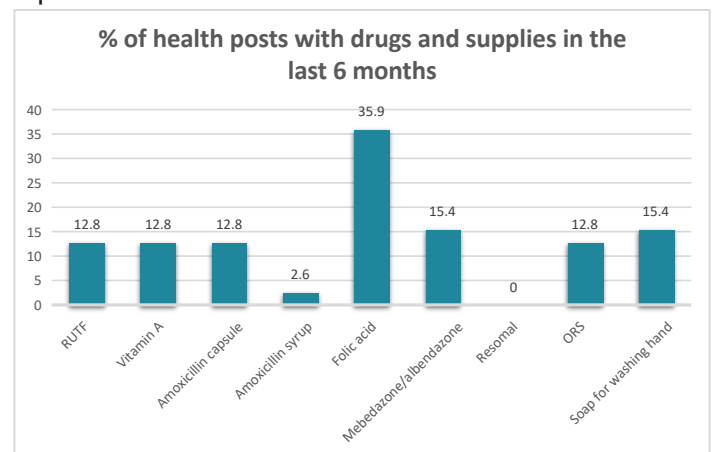
The research project had three components:

- 1) An evaluation using a concurrent mixed-methods design with a cross-sectional study component and a phenomenological study component),
- 2) The treatment outcome (a facility-based retrospective cross-sectional study among 349 children with SAM) and
- 3) Diagnosis and management capacity (a facility-based cross-sectional study among 86 HEWs). The study was conducted from January to May 2021. The elements of the implementation framework used for evaluation were availability, compliance and acceptability. Descriptive statistics and thematic content analysis were used for component 1, whereas binary logistic regression was applied for components 2 and 3.

Key findings

- About three in every four SAM children admitted into the OTP program had successful recovery.
- Breast feeding status (AOR=1.72; 95%CI: 1.05, 2.83), antibiotics (amoxicillin) provision (AOR=2.14; 95%CI: 1.07, 4.25), and vitamin A supplementation (AOR=1.93; 95%CI: 1.13, 3.30) were positively associated with OTP treatment outcome.
- 73.3% of HEWS made the correct diagnosis of SAM and 75.6% made the correct decision when to treat children with SAM.
- 85.8% (95%CI:78.9–92.5%) of the mothers/

- Twenty-one (53.85%) of health posts had two health workers who were trained on OTP. However, in 13 (33.3%) health posts, only one trained health worker was available and working at the OTP site. Health workers said that working so long without visible incentives was a reason for boredom during the program.
- Nearly 97% of the health posts had functional MUAC tape and in 32 (82.05%), functional weight scales were available. However, length board and standing meter was not available in 37 (94.87%) and 33 (84.62%) of the health posts, respectively.
- There was inequitable distribution and interruption of RUTF supply. There was a shortage of RUTF in some health posts whereas in others expired RUTF could be found.



Priority actions and interventions

- 1) Integrating the C-OTP with other routine health services
- 2) Periodical monitoring and evaluation
- 3) Working with NGOs specifically focusing on child nutrition
- 4) Working on the production and utilization of locally available foods

Program implications

Unless the healthcare sector expands the capacity of health extension workers and fully avails OTP materials and collaborative activities, the C-COTP as a program and children as a vulnerable population will continue suffering from the aforementioned challenges.

Acknowledgment

This issue brief was developed from the research work of Amare Demisie (University of Gondar) with support and close follow up by IPHC-E.