Assessing the impact of blanket distributions on MAM prevention

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Blanket interventions for MAM prevention

• Blanket Supplementary Feeding Programs
  – A supplementary food ration often accompanied by a basic medical treatment and prevention package to a vulnerable population for a defined period in a defined geographic location

• Little strong evidence on the impact on rates of malnutrition and mortality

• Some guidance on monitoring and evaluation
Different Concepts

• Objective of MAM prevention is to
  – Reduce incidence of MAM
  – Reduce prevalence of MAM
  – Prevent MAM from becoming SAM
  – Reduce mortality

• Among
  – All children under 5
  – Most vulnerable

• For
  – Several months
  – A long period
Assessing impact

- Impact evaluation needed for accountability, program improvement, knowledge generation

- Effectiveness not straightforward to assess, and subject of debate
  - “Randomistas” with RCT as the gold standard
  - “Big numberists” prioritize program observations
  - Framing in this way prevents moving forward
3 examples from Niger

- High burden of malnutrition
- Peak during rainy season
- Children aged 6 to 23 months most vulnerable
- Multiple international and national NGO actors present
1. RUTF Trial (2006)

- 3 month RUTF distribution in villages
- Randomization by village (cluster)
- Inclusion
  - Children 6 to 60 months, open enrollment
  - WHZ > -2
  - Resident in study villages
- Outcomes
  - Incidence of global and severe wasting
  - Incidence of stunting and severe stunting
  - Mortality
- Monthly follow-up in each village, photo and individual file for each child (8 months)

Isanaka S et al. JAMA 2009
2. Observational Cohorts (2010)

- Blanket distribution of RUSF for 4 months
- All children in 20 villages in 2 districts
- Outcomes
  - Incidence of global and severe wasting
  - Incidence of stunting and severe stunting
  - Mortality
- Follow-up
  - Anthropometry at baseline and 2-weeks after each distribution
  - Sharing and remaining rations

Grellety et al. PloS One 2011
3. Pragmatic Trial (2012)

- Allocation of HQ-LNS, LQ-LNS, SC+ with and without household support (cash, food) and cash alone
- 48 rural villages
  - <10 km from MSF/FORSANI-supported health center
- Inclusion
  - Children 6 to 60 months, open enrollment
  - WHZ > -2
  - Resident in study villages
- Outcomes
  - Incidence of global and severe wasting
  - Incidence of stunting and severe stunting
  - Mortality
- Monthly follow-up, photo and individual file for each child

Langendorf et al. submitted
Lessons Learned

• All 3 studies had the same objectives in their protocols, but results valued differently
  – Effectiveness trial contributed the most towards the evidence-base
  – Cohorts addressed program concerns
  – Pragmatic trial helped to frame debate
• Consideration of state of policy discussion
  – Design, setting, products, partners, measurements
• Nested within large programs
• Well established research capacities
Ways Forward

• Rigorous research vital to evaluate the effectiveness in diverse settings
• Program evaluations also needed
• However, due to diversity of programs, contexts, populations
  – Process/delivery and effectiveness/impact are equally important
  – Combined approaches speak to the operational community