



Evaluating the Impact of a Community-Based Management Programme for Severe Acute Malnutrition with Ready-to-Use Therapeutic Food on Recovery Rates in Chad's Kanem Region

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Abstract

Severe acute malnutrition is a critical public health challenge in the Sahel. Chad's Kanem Region reports some of the highest global prevalence rates. Facility-based treatment has historically been limited by access and coverage barriers, prompting a need to evaluate community-based approaches. This study evaluated the impact of a community-based management programme for severe acute malnutrition using ready-to-use therapeutic food on recovery rates among children aged 6–59 months in the Kanem Region. A quasi-experimental design compared outcomes between intervention and control areas. Community health workers screened, diagnosed, and treated uncomplicated cases at home with ready-to-use therapeutic food. Routine monitoring data from a consecutive sample of enrolled children were analysed to determine recovery, default, and mortality rates against international SPHERE standards. The programme achieved a recovery rate of 81.4% in the intervention group, significantly higher than the 65.2% observed in the control group receiving standard care. The default rate was 11.6%, and the mortality rate remained below the 10% emergency threshold. The community-based management programme using ready-to-use therapeutic food significantly improved recovery rates for severe acute malnutrition in a high-prevalence, hard-to-reach setting. This model effectively overcame key barriers to treatment access. Scale-up of this community-based model is recommended across similar contexts in Chad. Integration into national health policy and strengthening of ready-to-use therapeutic food supply chains are essential. Further operational research should focus on improving coverage and reducing default rates. severe acute malnutrition, community-based

management, ready-to-use therapeutic food, recovery rate, Chad, child health This study provides original empirical evidence on the effectiveness of a decentralised, community-led model for managing severe acute malnutrition in a protracted crisis setting, informing policy and programme design.

Keywords: *severe acute malnutrition, community-based management, ready-to-use therapeutic food, Sahel, Chad, recovery rates, therapeutic feeding*

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