

## MANGO PROJECT

### RANDOMIZED CONTROL TESTING IN NON-INFERIORITY

**Where:** 10 health centers in the district of Fada N'Gourma, Burkina Faso

**When:** 2015-2020

**Who:** 801 children aged 6 to 59 months  
 SAM according to WHZ < -3 and/or MUAC < 115mm with appetite

**What:** To prove under ideal conditions the efficacy of a reduced dose of RUTF compared to a standard dose during the treatment of uncomplicated Severe Acute Malnutrition in children aged 6-59 months.



Standard Dose  
 n=399



Reduced Dose  
 n=402

Reduced dose from 3rd week onward, according to the child's weight.

#### Scientific Partners and Funders :

CIFF, ECHO, HIF- ELRHA, AAH Foundation  
 Univ. of Copenhagen, Centers for Disease Control and Prevention, (CDC, USA)

## AVAILABILITY, CONSUMPTION AND PERCEPTION OF RUTF PRESCRIBED TO SAM CHILDREN AT THEIR HOME

### Data collection

In-depth individual interviews with caregivers at 1 month (4 weeks) and 2 months (8 weeks) of treatment. The aim was to assess perceptions of caregivers, availability (% of children having RUTF available until the end of the week with or without leftovers) and consumption of the nutritional product. A questionnaire was carried out at the 6th week on sharing, ways of consumption and potential side effects related to the product.

### Results

RUTF was available in both groups of children at the time of interviews.

At the end of the treatment, the reduced dose group consumed 82.9% (i.e. 97/117) of the sachets prescribed during the treatment, compared with 81.7% (i.e. 143/175) for the standard dose group. These results may explain the differences in energy intake of the RUTF according to the dose (see article *Energy and Nutrient intakes*).

93% of the caregivers in the reduced dose group and 97% in the standard dose one considered the amount of RUTF sufficient.

Side effects (diarrhea and/or vomiting) were reported in both groups: 18% in the reduced dose group and 24% in the standard dose one.

More than 40% of the children in the reduced dose group consumed the product at least 3 times a day compared to 82% in the standard dose group. This can be explained by a higher consumption of supplementary and family food by children receiving the reduced dose (see article *Energy and Nutrient intakes*).

80% of the children eat the product directly from the sachet and 18% consume it mixed with porridge. 99% of the children declared not sharing it.

Availability, consumption and perceptions according to the dose of RUTF

	Reduced dose n=243	Standard dose n=273
<b>RUTF availability during week</b>		
RUTF available (%)	95,4	99,2
Week with remains (%)	6,2	10,5
Week without remains (%)	89,2	88,7
Finished before visit (%)	4,6	0,8
<b>RUTF quantity per week</b>		
Prescribed, in sachets (n)	10,0	17,6
Consumed, in sachets (n)	9,3	15,9
Consumption rate (%)	95,0	92,8
<b>RUTF frequency of consumption</b>		
Once a day (%)	10,4	0
Twice a day (%)	47,0	17,3
Three times or more a day (%)	42,6	82,7
<b>Perception on RUTF prescribed</b>		
RUTF at least sufficient* (%)	92,3	97,7
More than desired (%)	1,5	7,5
Enough (%)	90,8	90,2
Less than desired (%)	7,7	2,3

\*At least sufficient = More than desired + Enough

⚠ Significant difference (p<0.05)

### Key takeaways

The reduced dose does not affect the **availability of the product**. Children from the reduced dose consume the product less frequently. There are few leftovers sachets of RUTF in reduced dose group.

### GLOSSARY

<b>MUAC</b>	Mid Upper Arm Circumference
<b>RUTF</b>	Ready-to-Use Therapeutic Food
<b>SAM</b>	Severe Acute Malnutrition
<b>WHZ</b>	Weight For Height Z-score