MODELLING THE IMPACT OF A PSYCHOSOCIAL INTERVENTION ON SEVERELY ACUTE MALNOURISHED CHILDREN IN NEPAL

Action Against Hunger | ACF International, Nepal

The Challenge

Undernutrition and limited psychosocial stimulation both contribute to inadequate growth and development in children. In Nepal, the acute malnutrition prevalence has remained at 11% for over a decade; and 2.6% of children under five suffer from severe acute malnutrition (SAM).[1] This can lead to reduced cognitive development, lower school performance and decreased economic productivity in adulthood. Recent studies demonstrate the positive impact of combining nutrition and psychosocial care for undernourished children because it enhances benefits for both nutrition and child development.[2]

The Intervention

Action Against Hunger | ACF International's Follow-Up of Severely Malnourished Children (FUSAM) project provided community-based management of acute malnutrition (CMAM) for children aged 6 to 24 months who were randomly selected to be either in the intervention or control group. Both groups received the standard nutrition treatment for uncomplicated SAM (medical consultation, ready-to-use therapeutic food and antibiotics), and the intervention group received additional psychosocial support. The psychosocial component included five counselling sessions with mothers and their children, focused on childcare practices, for an easy integration into their daily life activities.

The Evaluation

The cluster randomised controlled trial was conducted in 12 outpatient therapeutic programmes (OTP) in the Saptari district of Nepal over two years. Six OTP were included in the intervention group and six were included in the control group. The aim was to assess the effectiveness and cost-effectiveness of a combined nutrition and

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psychosocial intervention compared to a stand-alone nutritional treatment. Field data collection for cost-effectiveness intended to identify and collect all costs associated with the relevant activities of FUSAM trial. Methods of data collection included focus group discussions and key informant interviews.

The Results

Focus group discussions with the beneficiaries were held at eight OTPs. They generated beneficiary data on programme adherence and satisfaction, waiting time, transport and opportunity costs for themselves and their companion. A total of 25 key informant interviews were held at the same OTPs with the nutrition focal person, the health post officer in charge, auxiliary health worker, auxiliary nurse midwife and psychosocial worker. The data from interviews allowed for the assessment of time allocation and resource use in the nutrition programme and the psychosocial support. The FUSAM intervention did not show the level of effectiveness on nutrition

outcomes compared to the control arm as expected for a cost-effectiveness study. Therefore, it was not possible to conclude whether the psychosocial component led to significant improvement in nutrition outcomes, or that the trial was not able to assess it due to external constraints. For those reasons, the cost-effectiveness analysis (CEA) was transformed into a modelling study, which can be a useful tool to assess "what might have been" outside challenging conditions, and how further implementation of this type of intervention could be optimised.

The Lessons Learnt

The study was meant to be a CEA, but logistical complications and delays made it implausible to carry out the analysis. In order to conduct a cost effectiveness analysis, future programmes should ensure that the CEA expert is involved at all stages of the underlying trial—from design to recommendations—and ensure the trial is demonstrating the required level of effectiveness before deciding to conduct a CEA. Future programmes should also fully explore the relevance for conducting a CEA and be ready to conduct an alternate study when effectiveness does not meet expectations.

Looking Ahead

This modelling study has the potential to guide further research assessing the impact of a psychosocial intervention and help build evidenced-based advocacy for the integration of a psychosocial intervention into the current nutrition protocol to treat SAM. More integrated interventions should be assessed and nutrition-sensitive research projects integrating such psychosocial components should be promoted as more evidence is needed for family and community interventions.

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References

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