

Outpatient Therapeutic Program

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Abstract

One strategy for treating acute malnutrition in the community is the outpatient therapeutic program (OTP), which involves the community involvement, providing children with good appetites and management of uncomplicated severe acute malnutrition among children of 6–59 months old by providing them ready-to-use therapeutic food at home along with standard medical care. Approximately 85%–90% of kids with severe acute malnutrition are effectively treated at home in OTP by coming in frequently till they become well. With OTP, severe acute malnutrition management services are offered closer to the community at primary healthcare institutions, where children with simple severe acute malnutrition get varying amounts of ready-to-use therapeutic food such as Plumpy' Nut sachets depending on their body weight. OTP are a vital component of the global effort to address malnutrition in children. These programs typically involve providing nutrient-dense therapeutic foods to children, along with regular medical checkups and counseling for caregivers on feeding practices and nutrition. Studies have shown that OTPs can lead to significant improvements in weight gain, recovery rates, and reduction in mortality among children with severe acute malnutrition. OTPs have also been found to be cost-effective and can be scaled up to reach a large number of children. OTPs can provide life-saving treatment to children suffering from SAM and help prevent the long-term consequences of malnutrition.

Keywords:

Outpatient therapeutic program, ready, severe acute malnutrition-to-use therapeutic food

Background

One method of community-based management of acute malnutrition (CMAM) is the outpatient therapeutic program (OTP), which involves community involvement and mobilization for the outpatient management of mild-to-moderate severe acute malnutrition (SAM) in children 6–59 months of age who have a good appetite while also providing them with routine medical care.^[1,2] Children with SAM are effectively treated at home in OTP at regular intervals (often once a week) until they recover in approximately 85%–90% of cases (usually a 2-month period). The program is carried out independently by mobile teams or at health facilities, through the weekly or biweekly delivery of ready-to-use therapeutic food (RUTFs) and common medications, as well as the monitoring

of health and nutrition. Children treated might be admitted to SFP after recovery and discharge to avoid recurrence with supplemental nutrition.^[3,4] By providing treatments at decentralized locations inside primary healthcare settings, OTP brings the management of SAM closer to the community.^[5,6] When children are recovering from SAM, RUTFs, which are highly fortified, energy-dense pastes, are intended to completely meet all of their nutritional demands.

By providing the necessary facilities and programs in more places, the outpatient treatment of SAM programs seeks to increase access to treatment for all people.^[7] Millions of children are being treated for SAM each year as a result of the tremendous global growth of community-based treatment programs.^[8] Children with simple SAM who get community treatment often have a CFR of less than 5%.^[9] Children who are uncomplicatedly extremely malnourished

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