

# SAM Photo Diagnosis App Project

<b>Submission date</b> 24/09/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol <input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results <input type="checkbox"/> Individual participant data
<b>Registration date</b> 29/10/2018	<b>Overall study status</b> Completed	
<b>Last Edited</b> 09/09/2020	<b>Condition category</b> Nutritional, Metabolic, Endocrine	

## Plain English summary of protocol

### Background and study aims

Action against Hunger (ACH) is an international humanitarian organization that fights against the causes and effects of hunger. We save lives of malnourished children and guarantee families access to safe water, food, training and basic health care. The SAM Photo Diagnosis App® project has developed an innovative easy-to-use smartphone tool which can quickly and accurately diagnose nutritional status in children aged 6-59 months by means of a photo (body shape analysis). Our innovation responds to the need to improve screening, diagnosis and management of malnutrition, providing a unique opportunity to address it at scale at community level.

Despite significant progress over recent decades, maternal and child undernutrition remains a significant problem throughout the developing world, with 45% of deaths of children younger than five years old attributed to malnutrition. Acute malnutrition (wasting) in children is the life-threatening result of hunger and/or disease. Children suffering from acute malnutrition face an increased risk of morbidity and mortality, and therefore require urgent treatment to survive. In 2016, over 52 million children under five years of age suffered from acute malnutrition, with almost 17 million of these children experiencing the most severe form. Only 3.2 million children were successfully diagnosed and treated in 2016, leaving over 80% of children in need but unable to access treatment. It is important that health centres are equipped with the tools and expertise they need to be able to diagnose and manage cases of acute malnutrition. By the same token, it's important that caretakers are also empowered to continue the treatment and regularly monitor the condition until the child is fully recovered.

Historically, two methods of anthropological measurement have been used for the diagnosis of moderate and severe acute malnutrition – weight-for-height (WHZ) and mid-upper arm circumference (MUAC). While these techniques provide an accurate diagnosis of acute malnutrition, there are still significant operational challenges for their use at scale. We have demonstrated that image-based techniques can be applied as an alternative diagnosis approach. This project reinforces decentralization and sustainability of community management of malnutrition by empowering caretakers to diagnose and monitor the nutrition status of their children. It also presents a great opportunity for governments and local health systems to revolutionize nutrition assessments and improve the impact and coverage of nutrition programs.

### Who can participate?

Children aged 6-59 months with severe acute malnutrition

What does the study involve?

Phase 1 is the pilot phase. This phase is complete and involved developing an innovative smartphone tool which could quickly and accurately diagnose nutritional status, by analysing the child's body shape registered in photos taken by the device. The development of the algorithm required taking photographs of a sample of well-nourished children in Spain and well-nourished and malnourished children in Senegal. The sample was composed of 107 Spanish children, 154 Senegalese well-nourished children and 142 Senegalese children with severe acute malnutrition. Overall, the Phase 1 project collected over 2,060 images across the sample of children in the study. These images captured the full body photos in different views and allowed the study of both the whole body and split body regions. These images provided the information needed to generate the templates used for diagnosis.

Phase 2 involves adapting the technology to the users. Here the aim is to reinforce both dimensions of the App as a research and diagnostic tool. At conception, it was recognised that a second phase of the project would be needed to further develop the tool and expand its use to different contexts and explore further use of the tool at scale. Thus, as both the programming of the App and the first preliminary results were being generated, new research questions and concerns were arising and opening-up potential future App functionality and usability paths to be developed.

Phase 3 will be a scaling up phase and is currently under development.

What are the possible benefits and risks of participating?

Both Spanish and Senegalese children receive a personalised report (written for Spanish children and both written and/or oral for Senegalese children) regarding their nutritional status, as well as important information related to health and nutrition care practices. All malnutrition diagnosis (both under and overnutrition) are reported directly to the families, informing them of next steps. In Senegal, when a MAM or SAM child is identified, they are immediately referred to the health system. All participants' families are informed of the associated technology that was going to be created and the important role they were carrying out for that population in risk or suffering malnutrition by allowing their children to participate. They are also informed that such technology would be available for free in the near future for everyone who wishes to use it. However, the possible risk is that children do not always wish to participate, even if their parents do, especially babies. Children may get tired during the sampling process.

Where is the study run from?

Action Against Hunger (Spain)

When is the study starting and how long is it expected to run for?

November 2015 to December 2021

Who is funding the study?

1. Children's Investment Fund Foundation (UK)
2. World Food Programme (Italy)
3. Grand Challenges Canada (GCC, Canada)
4. Agencia Española de Cooperación (AECID, Spain)

Who is the main contact?

Laura Medialdea Marcos, Principal Researcher  
lmedialdea@accioncontraelhambre.org

## Contact information

**Type(s)**

Scientific

**Contact name**

Ms Laura Medialdea

**Contact details**

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Madrid

Spain

28003

+34913915300, ext. 1345

lmedialdea@achesp.org

**Additional identifiers**

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

ES/SAMphotoD/01

**Study information****Scientific Title**

Severe Acute Malnutrition (SAM) Photo Diagnosis Application Project for nutritional assesment

**Acronym**

SAMphotoD

**Study objectives**

The starting hypothesis this project was that it is possible to develop an innovative smartphone tool which can quick and accurately diagnose nutritional status, by analysing morphometrically the child's body shape, registered in photos taken by the device.

Once this hypothesis was verified, a second phase of the project was designed in order to answer the following hypotheses:

1. Shape variations between this two-extreme nutritional status are also measurable if considering Moderate Acute Malnutrition (MAM) and underweight
2. Children's body shape with SAM present homogeneous growth and body shape pattern among populations with different contexts and culture
3. Chronic malnutrition approach is possible using SAM Photo Diagnosis® methodology
4. A user centred design is possible for addressing community management of malnutrition

**Ethics approval required**

Old ethics approval format

Ethics approval(s)

1. Clinical Research Ethical Committee, San Carlos Clinical Hospital, Madrid, Spain, 15/01/2016, reference number: C.P. CMAM 2.0 - C.I. 16/013-E
2. National Ethics Committee for Health Research, Dakar, Senegal, 23/11/2016, reference number: SEN16/35

## **Study design**

Observational epidemiological study with pilot phase and validation phase

## **Primary study design**

Observational

## **Secondary study design**

Epidemiological study

## **Study setting(s)**

Other

## **Study type(s)**

Diagnostic

## **Participant information sheet**

See additional files (available in Spanish and French)

## **Health condition(s) or problem(s) studied**

Acute and chronic malnutrition in children aged 6-59 months

## **Interventions**

Current intervention as of 07/09/2020:

Phase I of this study was the pilot phase, with the following objectives:

1. Validate geometric morphometric (GM) techniques for use in children under 5 years of age
2. Validate the use of a morphometric model to diagnose severe acute malnutrition (SAM) in a high-prevalence context
3. Document the lessons and knowledge on the application and its use as a diagnostic tool to inform future operational and research use

The development of the algorithm required taking photographs of a sample of well-nourished children in Spain and well-nourished and malnourished children in Senegal. Overall, 2,060 images were collected across the sample of 450 children in the study. These images captured the full body photos in different views and allowed the study of both the whole body and split body regions. These images provided the information needed to generate the templates used for diagnosis. According to bioethical considerations as well as personal data protection policies (Senegalese 2008/12 and European GDPR 16/679), all health data, including images, were treated under a high-level data protection framework. Furthermore, required ethical clearances and consent forms were obtained prior to data collection. Regarding the app development, since the images of body regions are used to diagnose malnutrition with SAM Photo Diagnosis App®, children will not be identifiable from the photos taken and all images will be deleted from mobile devices once the diagnosis has been provided.

Phase II is the validation phase, with the following objectives:

1. Technical validation of SAM Photo Diagnosis App in two selected pilot countries, Senegal and Guatemala
2. Integration of machine learning technology to allow automated diagnosis of malnutrition

### 3. Validation of a user-centered design approach in pilot countries

Pictures of body regions are being taken with SAM Photo Diagnosis App®, applying the same ethical considerations used in Phase I. Surveys are being conducted to legal guardians of participants to assess nutritional, familiar and context information related to undernutrition and provide useful information for final users. Focal groups are being constructed to carry out workshops and get useful feedbacks to develop the app's interface.

Phase III is the scaling up phase is still under ideation. One of the main objectives in this stage is to create a platform where SAM Photo Diagnosis App® is integrated with national health systems to provide a holistic community-based management of malnutrition.

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#### Previous intervention:

Phase I of this study was the pilot phase, with the following objectives:

1. Validate geometric morphometric (GM) techniques for use in children under 5 years of age
2. Validate the use of a morphometric model to diagnose severe acute malnutrition (SAM) in a high-prevalence context
3. Document the lessons and knowledge on the application and its use as a diagnostic tool to inform future operational and research use

The development of the algorithm required taking photographs of a sample of well-nourished children in Spain and well-nourished and malnourished children in Senegal. Overall, 2,060 images were collected across the sample of children in the study. These images captured the full body photos in different views and allowed the study of both the whole body and split body regions. These images provided the information needed to generate the templates used for diagnosis. According to bioethical considerations as well as personal data protection policies (Senegalese 2008/12 and European GDPR 16/679), all health data, including images, were treated under a high-level data protection framework. Furthermore, required ethical clearances and consent forms were obtained prior to data collection. Regarding the app development, since the images of body regions are used to diagnose malnutrition with SAM Photo Diagnosis App®, children will not be identifiable from the photos taken and all images will be deleted from mobile devices once the diagnosis has been provided.

Phase II is the validation phase, with the following objectives:

1. Technical validation of SAM Photo Diagnosis App in two selected pilot countries, Senegal and the Democratic Republic of the Congo
2. Creation of a platform where SAM Photo Diagnosis App(R) is integrated integration for holistic community-based management of malnutrition
3. Integration of machine learning technology to allow automated diagnosis of malnutrition
4. Validation of the approach in pilot countries

Pictures of body regions were taken with SAM Photo Diagnosis App(R), and the same ethical considerations applied in Phase I were applied to Phase II. Surveys were conducted to assess nutritional, familiar and context information related to undernutrition and provide useful information for final users.

Phase III is the scaling up phase and has not yet been designed.

#### **Intervention Type**

Device

#### **Primary outcome measure**

Current primary outcome measures as of 07/09/2020:

1. Anthropometric measurements:

1.1. Weight (kg), assessed using a portable electronic scale (phases I & II)

1.2. Height (cm), assessed using (phases I & II):

1.2.1. Portable infantometer for children under 87 cm

1.2.2. Anthropometer GPM for children over 87 cm

1.3. Mid-upper arm circumference (MUAC, cm), assessed using a self-retracting flat metal tape with a blank lead-in strip (phases I & II)

1.4. Sitting height (cm), assessed using (phase I):

1.4.1. Portable infantometer for children under 87 cm

1.4.2. Anthropometer GPM for children over 87 cm

1.5. Cephalic perimeter (cm), assessed using a self-retracting flat metal tape with a blank lead-in strip (phase I)

2. Determination of which photographic angles would provide better image information regarding body shape, assessed through anatomically identifying and marking 68 points on the child's body and analysing the images (phase I)

3. Information regarding the health, nutrition and origin of the child participating in the study, assessed using a survey completed by the parents (phases I & II)

4. Feedback obtained in user-centered design activities carried out with focal groups (phase II)

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Previous primary outcome measures:

1. Anthropometric measurements, taken during phase I of the study:

1.1. Weight (kg), assessed using a portable electronic scale

1.2. Height (cm), assessed using:

1.2.1. Portable infantometer for children under 87 cm

1.2.2. Anthropometer GPM for children over 87 cm

1.3. Mid-upper arm circumference (cm), assessed using a self-retracting flat metal tape with a blank lead-in strip

1.4. Sitting height (cm), assessed using:

1.4.1. Portable infantometer for children under 87 cm

1.4.2. Anthropometer GPM for children over 87 cm

1.5. Cephalic perimeter (cm), assessed using a self-retracting flat metal tape with a blank lead-in strip

2. Determination of which photographic angles would provide better image information regarding body shape, assessed through anatomically identifying and marking 68 points on the child's body and analysing the images. This was done during phase I of the study

3. Information regarding the health, nutrition and origin of the child participating in the study, assessed using a survey completed by the parents at the point of photographs being taken (during phase I)

**Secondary outcome measures**

N/A

**Overall study start date**

16/11/2015

**Completion date**

31/12/2021

# Eligibility

## Key inclusion criteria

Current participant inclusion criteria as of 07/09/2020:

Phase I

1. Aged 6-59 months
2. Normal weight: p30 - p70 weight-for-height Z-score (WHZ) or mid-upper arm circumference Z-score (MUACZ)
3. Severe acute malnourishment (WHZ and MUACZ <-3 SD)

Phase II

1. Aged 6-59 months
2. Any nutritional condition estimated by WHZ and MUACZ following WHO criteria

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Previous participant inclusion criteria:

1. Aged 6-59 months
2. Normal weight: p30 - p70 weight-for-height Z-score (WHZ) or mid-upper arm circumference Z-score (MUACZ)
3. Severe acute malnourishment (WHZ and MUACZ <-3 SD)

## Participant type(s)

Mixed

## Age group

Child

## Lower age limit

6 Months

## Upper age limit

59 Months

## Sex

Both

## Target number of participants

Phase I: n= 450. 2 countries (150 Spain, 300 Senegal), nutritional status (normalweight: 150 Spanish, 150 Senegalese; SAM: 150 Senegalese). Phase II: n=1800 (1200 Senegal, 600 Guatemala), Senegal= 4 nutritional conditions described by WHO (25% each), Guatemala= wasting (presence/absence) + stunting (presence/absence) equally distributed. Phases I & II: 2 sexes (50% each group), 2 age groups (50% each group)

## Key exclusion criteria

Current participant exclusion criteria as of 07/09/2020:

1. No signed consent
2. Bilateral oedema.
3. Unwilling to participate
4. Health complications other than malnutrition

## 5. Morphological abnormalities

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Previous participant exclusion criteria:

1. No signed consent
2. Unwilling to participate
3. Health complications
4. Morphological abnormalities

**Date of first enrolment**

01/02/2016

**Date of final enrolment**

31/12/2020

## Locations

**Countries of recruitment**

Guatemala

Senegal

Spain

**Study participating centre**

**Action against Hunger HQ in Madrid, Complutense University of Madrid, schools and nurseries in Madrid, Casse de tous petites in Senegal, community level at Senegal and Guatemala.**

AAH, HQ Madrid: C/ Duque de Sevilla 3

Madrid

Spain

28003

**Study participating centre**

**CEIP San Juan Bautista**

Calle Sorzano 1

Madrid

Spain

28043

**Study participating centre**

**CEIP Amorós**

Calle Gómez de Arteché 31

Madrid

Spain

28044



**Study participating centre**  
**CEIP Lorenzo Luzuriaga**  
Calle Valencia de Don Juan 19  
Madrid  
Spain  
28034

**Study participating centre**  
**Guardería Cuatro Pecas**  
Calle Capitán Salazar Martínez 9  
Madrid  
Spain  
28005

**Study participating centre**  
**Guardería Escuela el Girasol**  
Calle del General Aranzaz 54  
Madrid  
Spain  
28027

**Study participating centre**  
**Guardería Coco**  
Calle de Monseñor Oscar Romero 72  
Madrid  
Spain  
28025

**Study participating centre**  
**Guardería Diabolo**  
Calle de Cáceres 8  
Madrid  
Spain  
28045

**Study participating centre**  
**Guardería EL Arlequín**  
Calle los Yébenes 69

Madrid  
Spain  
28047

**Study participating centre**  
**Guardería el Arullo**  
Calle de Montes de Barbanza  
Madrid  
Spain  
28031

**Study participating centre**  
**Guardería Los Nanos Chiflados**  
Calle de Marcenado 46  
Madrid  
Spain  
28002

**Study participating centre**  
**Universidad Complutense de Madrid**  
Av. Séneca 2  
Madrid  
Spain  
28040

**Study participating centre**  
**Diela**  
Kanel  
Matam  
Diela  
Senegal  
N/A

**Study participating centre**  
**CTP - Kanel**  
Kanel  
Matam  
Senegal  
N/A

**Study participating centre**

**Danthiady**

Kanel

Matam

Senegal

N/A

**Study participating centre**

**Douloul**

Kanel

Matam

Senegal

N/A

**Study participating centre**

**Orndolde**

Kanel

Matam

Senegal

N/A

**Study participating centre**

**Ounare**

Kanel

Matam

Senegal

N/A

**Study participating centre**

**Polel Diaoube**

Kanel

Matam

Senegal

N/A

**Study participating centre**

**Sinthiou Bamambe**

Kanel

Matam  
Senegal  
N/A

**Study participating centre**

**Sinthiou Garba**

Kanel  
Matam  
Senegal  
N/A

**Study participating centre**

**Wodabéré**

Kanel  
Matam  
Senegal  
N/A

**Study participating centre**

**Younouferé**

Kanel  
Matam  
Senegal  
N/A

**Study participating centre**

**Bockisabundu**

Matam  
Matam  
Senegal  
N/A

**Study participating centre**

**Boinadji**

Matam  
Matam  
Senegal  
N/A

**Study participating centre**

**CTP - Matam**

Matam

Matam

Senegal

N/A

**Study participating centre**

**CTP - Sedo Sebe**

Matam

Matam

Senegal

N/A

**Study participating centre**

**CTP Fété Niébé**

Matam

Matam

Senegal

N/A

**Study participating centre**

**Diamel**

Matam

Matam

Senegal

N/A

**Study participating centre**

**Maternelle - Gourel Sérigne**

Matam

Matam

Senegal

N/A

**Study participating centre**

**Maternelle - Matam 1**

Matam

Matam

Senegal

N/A

**Study participating centre**  
**Maternelle - Ndouloumadji**  
Matam  
Matam  
Senegal  
N/A

**Study participating centre**  
**Ogo**  
Matam  
Matam  
Senegal  
N/A

**Study participating centre**  
**Oourossogui**  
Matam  
Matam  
Senegal  
N/A

**Study participating centre**  
**Soubalo**  
Matam  
Matam  
Senegal  
N/A

**Study participating centre**  
**Badagor**  
Ranerou  
Matam  
Senegal  
N/A

**Study participating centre**  
**CTP - Ranerou**  
Ranerou

Matam  
Senegal  
N/A

**Study participating centre**

**Fourdou**

Ranerou  
Matam  
Senegal  
N/A

**Study participating centre**

**Louguéré Thiolly**

Ranerou  
Matam  
Senegal  
N/A

**Study participating centre**

**Loumbol Samba Abdoul**

Ranerou  
Matam  
Senegal  
N/A

**Study participating centre**

**Mbem mbem**

Ranerou  
Matam  
Senegal  
N/A

**Study participating centre**

**Nawré**

Ranerou  
Matam  
Senegal  
N/A

**Study participating centre****Salalatou**

Ranerou

Matam

Senegal

N/A

**Study participating centre****Thionokh**

Ranerou

Matam

Senegal

N/A

**Study participating centre****Velingara**

Ranerou

Matam

Senegal

N/A

**Study participating centre****Guardería Projardín Praga**

Calle de Antonio López 67

Madrid

Spain

28019

**Study participating centre****Guardería Projardín Delicias**

Paseo de las Delicias 65

Madrid

Spain

28045

**Sponsor information****Organisation**

Children's Investment Fund Foundation



**Sponsor details**

7 Clifford Street  
London  
United Kingdom  
W1S 2FT

**Sponsor type**

Charity

**Website**

<https://ciff.org/>

**ROR**

<https://ror.org/00jfgrn87>

**Funder(s)****Funder type**

Charity

**Funder Name**

Children's Investment Fund Foundation

**Alternative Name(s)**

CIFF

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**Location**

United Kingdom

**Funder Name**

United Nations World Food Programme

**Funder Name**

Grand Challenges Canada

**Alternative Name(s)**

Grands Défis Canada, GCC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

Canada

**Funder Name**

Agencia Española de Cooperación

## Results and Publications

**Publication and dissemination plan**

Current publication and dissemination plan as of 07/09/2020:

We have produced a promotional video of the project (<https://www.youtube.com/watch?v=y0VLLxYKpZY&feature=youtu.be>) and a general diffusion article (<https://www.enonline.net//fex/57/samphotodiagnosisapp>).

A manuscript is under review with the American Journal of Physical Anthropology.

We aim to prepare another two manuscripts to be sent to peer-reviewed journals in December 2020 and March 2021

Previous publication and dissemination plan:

We have produced a promotional video of the project (<https://www.youtube.com/watch?v=y0VLLxYKpZY&feature=youtu.be>) and a general diffusion article (<https://www.enonline.net//fex/57/samphotodiagnosisapp>).

A manuscript is under review with the American Journal of Physical Anthropology.

We aim to prepare another two manuscripts to be sent to peer-reviewed journals in December 2018 and March 2019

**Intention to publish date**

31/12/2020

**Individual participant data (IPD) sharing plan**

The data sharing plans for the current study are unknown and will be made available at a later date

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>		18/10/2018	02/04/2019	No	Yes
<a href="#">Participant information sheet</a>		18/10/2018	02/04/2019	No	Yes
<a href="#">Results article</a>	results	01/04/2019	09/07/2019	Yes	No

