

REVIEWER'S REPORT

Manuscript No.: IJAR-59147

Title: Provenance géographique et déterminants de la mortalité hospitalière des enfants admis pour malnutrition aiguë sévère à N'Djamena (Tchad) : une étude de cohorte rétrospective.

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision YES

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		YES		
Techn. Quality			YES	
Clarity			YES	
Significance		YES		

Reviewer's ID: JPR- 148

Detailed Reviewer's Report

Overall assessment: This is a relevant retrospective cohort study addressing severe acute malnutrition (SAM) mortality in N'Djamena. The 796-child cohort, geographic recruitment analysis, reporting of 95% confidence intervals, and multivariable analysis are useful strengths. The manuscript also distinguishes individual-level clinical risk from the ecological pattern of recruitment, which is potentially valuable for programme planning.

Major revisions required:

1. Ethics and governance: State the ethics committee/institutional approval, approval number/date where applicable, and how confidentiality of retrospective records was protected. If informed consent was waived, report the basis for the waiver.

2. Study population and data quality: Define inclusion/exclusion criteria explicitly, explain whether 796 represents all eligible admissions, and describe missing data and how missing values were handled. Clarify the seven outcomes not accounted for by the reported 691 recovered, 67 deaths and 31 discharges against medical advice.

3. Statistical methods: Provide the exact software and version used. Explain the exact test used for the multi-category provenance analysis and report its exact p-value; the manuscript notes that most expected counts were below five, making reliance on the chi-square statistic difficult to interpret. Describe model diagnostics, variable coding, assessment of multicollinearity, and the rationale for selecting variables using $p < 0.20$.

4. Geographic/coverage inference: The classification of districts as covered or not covered by community screening is described as approximate, but the data source and operational definition of coverage are not provided. This should be documented and the ecological finding should not be presented as proof that lack of screening caused late presentation or mortality. Statements about absent supplies,

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staffing, referral failure and the ambulatory system need supporting data or should be framed as hypotheses.

5. Clinical interpretation: The manuscript should distinguish association from causation throughout, especially regarding traditional practices and antibiotic regimen. The five-child septic-shock subgroup is appropriately described as exploratory; this caution should be maintained consistently.

6. Reproducibility: Give clearer definitions for sepsis/septic shock, anaemia, lower respiratory infection and severity of wasting, and indicate the WHO criteria/version applied. Explain how neighbourhoods were classified into the four geographic zones and how unknown residence was treated in analyses.

Recommendation: Accept after major revision. The study has a potentially publishable question and useful data, but the above methodological and reporting issues should be addressed before the manuscript can be reliably evaluated for publication.