**Background:** Children hospitalised with severe anaemia in Africa are at high risk of readmission or death within 6 months after discharge. No strategy specifically addresses this post-discharge period. In Malawi, 3 months of post-discharge malaria chemoprevention (PMC) with monthly 3-day courses of Artemether-Lumefantrine (AL) in children with severe malarial anaemia prevented 31% of deaths and readmissions. There is now need to design and evaluate effective delivery strategy for PMC.

**Methods:** This is a cluster-randomized trial whose primary objective is to determine the optimum PMC delivery strategy by comparing community versus health facility-based strategies in order to inform policy. Convalescent children aged less than 5 years and weighing >5 kg admitted with severe anaemia and clinically stable are included. All children receive dihydroartemisinin - piperazine 2,6 and 10 weeks after discharge either: 1) at discharge with SMS Reminder; 2) at discharge without an SMS Reminder; 3) at discharge and community health worker Reminder; 4) at the hospital with an SMS Reminder; or 5) at the hospital without an SMS Reminder. The primary outcome measure is uptake of courses of PMC drugs. Children will be followed up for 15 weeks. The sample size is 75 children per arm (375 total).

**Results:** The study has nearly completed enrollment and preliminary data analysis is in progress. We expect to identify the most effective, cost-effective, acceptable and feasible strategy for delivering intermittent preventive therapy post discharge for management of severe anemia in under-five children.

**Conclusion:** The findings of this study will be presented at the forum and address the gap in knowledge about the potentially preventable component of the burden that occurs after discharge from hospital and inform the optimal delivery strategy PMC as an intervention that