



Advancing community health worldwide.

COVID Adaptations in the Management of Child Wasting: Reflections and Ways Forward

Hosted by CORE Group's Humanitarian Development Task Force and Nutrition Working Group

March 29, 2021

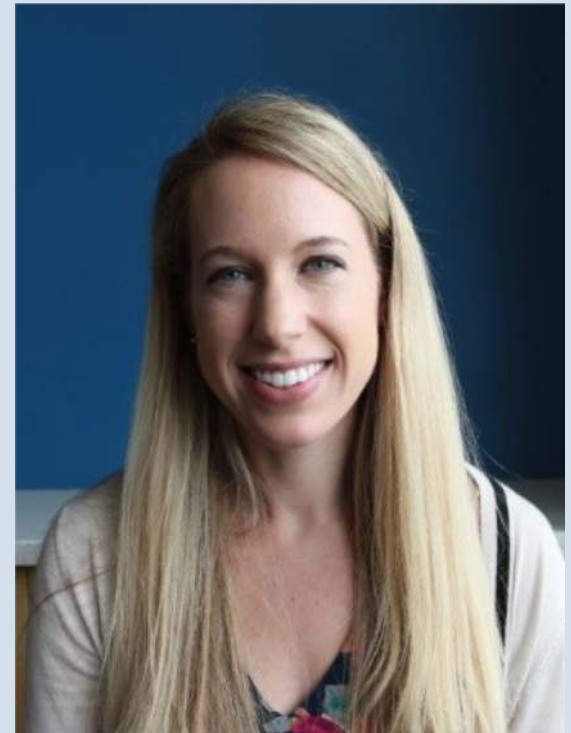
WORKING GROUP CO-CHAIR INTRODUCTIONS



Sarah Kellogg, HDTF Co-Chair



Susan Otchere, HDTF Co-Chair



Shelley Walton, Nutrition WG Co-Chair



ABOUT

*CORE Group convenes global community health professionals to **share knowledge, evidence, and best practices**, and then translates these into the real world with a **direct impact**.*

CORE Group's **Humanitarian-Development Health Task Force (HDTF)** aims to drive improved coordination, communication and collaborative learning across global health programming in emergency response, recovery, and development.

CORE Group's Nutrition Working Group underscores the critical role of nutrition in maternal and child survival and health through dissemination of state-of-the-art information and approaches essential for quality nutrition programming.



AGENDA

- Welcome
- Co-Chair Introductions
- Presentation on preliminary findings
- Brief Q&A
- Panel Discussion
- Participant Discussion
- Final Summary



PRESENTER



**Maria Wrabel, CMAM Adaptations Project
Officer for Action Against Hunger USA**



INNOVATIONS AND COVID-19 ADAPTATIONS IN THE MANAGEMENT OF CHILD WASTING

Maria Wrabel

CMAM Adaptations Project Officer

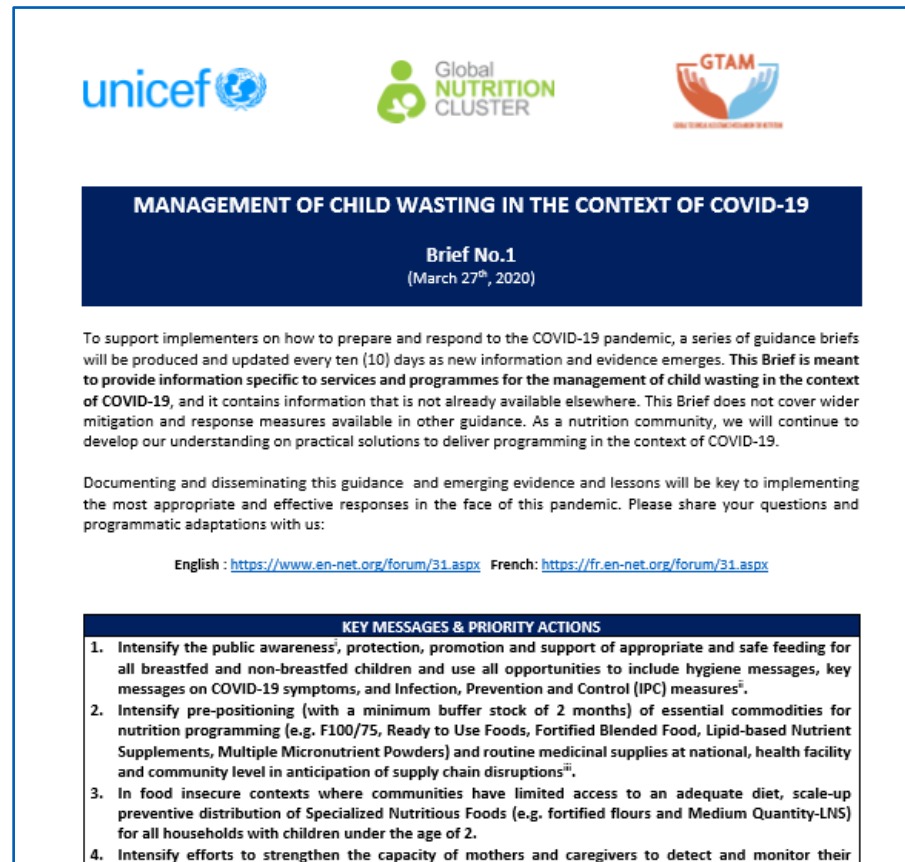
Action Against Hunger USA



GLOBAL RECOMMENDATIONS: ADAPTATIONS

Aim: Continue life-saving services, while reducing risk of transmission

March 2020



The cover of the brief features the UNICEF logo on the left, the Global Nutrition Cluster logo in the center, and the GTAM logo on the right. The title 'MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19' is displayed in white text on a dark blue background. Below the title, it is identified as 'Brief No.1' dated 'March 27th, 2020'. The main body of the cover is white with a dark blue footer containing key messages and priority actions.

MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Brief No.1
(March 27th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to services and programmes for the management of child wasting in the context of COVID-19, and it contains information that is not already available elsewhere. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19.

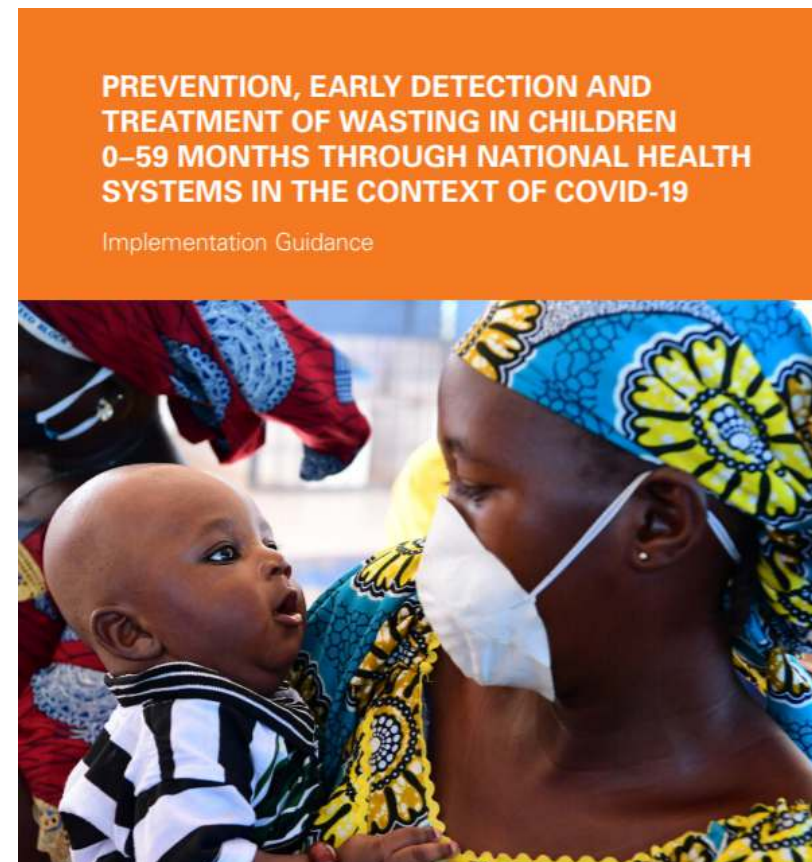
Documenting and disseminating this guidance and emerging evidence and lessons will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English : <https://www.en-net.org/forum/31.aspx> French: <https://fr.en-net.org/forum/31.aspx>

KEY MESSAGES & PRIORITY ACTIONS

1. Intensify the public awareness, protection, promotion and support of appropriate and safe feeding for all breastfed and non-breastfed children and use all opportunities to include hygiene messages, key messages on COVID-19 symptoms, and Infection, Prevention and Control (IPC) measures²¹.
2. Intensify pre-positioning (with a minimum buffer stock of 2 months) of essential commodities for nutrition programming (e.g. F100/75, Ready to Use Foods, Fortified Blended Food, Lipid-based Nutrient Supplements, Multiple Micronutrient Powders) and routine medicinal supplies at national, health facility and community level in anticipation of supply chain disruptions²².
3. In food insecure contexts where communities have limited access to an adequate diet, scale-up preventive distribution of Specialized Nutritious Foods (e.g. fortified flours and Medium Quantity-LNS) for all households with children under the age of 2.
4. Intensify efforts to strengthen the capacity of mothers and caregivers to detect and monitor their


September 2020



The cover features a solid orange background with white text. The title is 'PREVENTION, EARLY DETECTION AND TREATMENT OF WASTING IN CHILDREN 0-59 MONTHS THROUGH NATIONAL HEALTH SYSTEMS IN THE CONTEXT OF COVID-19'. Below the title, it is identified as 'Implementation Guidance'. The bottom half of the cover shows a photograph of a woman wearing a white face mask and a colorful patterned headscarf, looking at a young child.

PREVENTION, EARLY DETECTION AND TREATMENT OF WASTING IN CHILDREN 0-59 MONTHS THROUGH NATIONAL HEALTH SYSTEMS IN THE CONTEXT OF COVID-19

Implementation Guidance



GLOBAL RECOMMENDATIONS: ADAPTATIONS

ADAPTION	MOVING FROM	MOVING TO	COVID-19 AIM
1. Family MUAC	CHWs only	+ Caregivers	Continue detection of wasting; reduce physical contact
2. Simplified Admission Criteria	MUAC Edema Weight Height	MUAC Edema <i>(Expanded MUAC thresholds)</i>	Reduce physical contact
3. Simplified Dosage	Based on weight	2 sachets/day for SAM 1 sachet/day for MAM	Necessary if not collecting weight
4. Reduced Follow-up Visits	Weekly or bi-weekly	Bi-weekly or monthly	Reduce need to travel, Reduce crowd sizes at clinics
5. Treatment by CHWs	Health facility/clinic	CHWs in community	Reduce need to travel, Reduce crowd sizes at clinics

MIXED METHODS STUDY

Study Aim:

To systematically **document, analyze, and synthesize** information related to adaptations for **detection and treatment** of child wasting

Methods:

1. Survey:

- Track and map: Who? What? Where?

2. Interviews:

- Document lessons learned on operational implications, strengths and challenges

3. Secondary Data Analysis:

- Trends, impact on programmatic outcomes



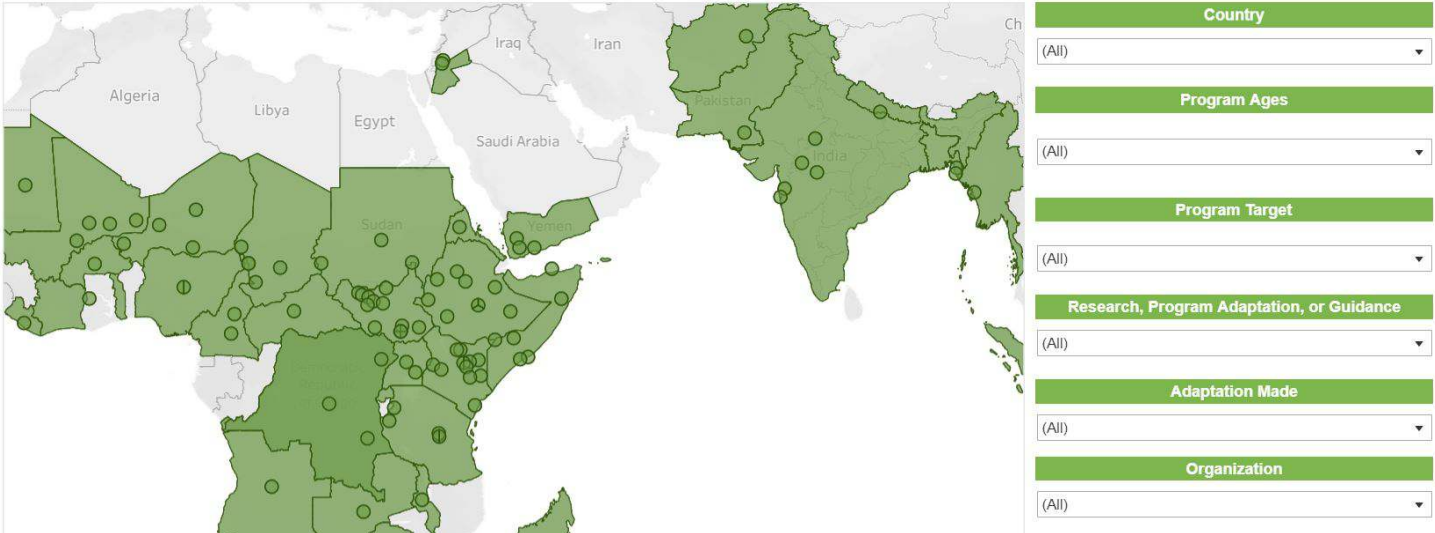
DISSEMINATION

State of Acute Malnutrition Website

- COVID-19 adaptations tracker/mapping
- Collation and creation:
 - 10 country case studies
 - Relevant tools and guidance

The State of Acute Malnutrition Tracker: COVID-19 Adaptations in the Management of Acute Malnutrition

DATA RESOURCES NEWS & EVENTS RESEARCH LANDSCAPE COVID-19 ADAPTATIONS COPS



The screenshot displays the website's interface. At the top, a dark navigation bar contains the title 'The State of Acute Malnutrition' and a menu with options: DATA, RESOURCES, NEWS & EVENTS, RESEARCH LANDSCAPE, COVID-19 ADAPTATIONS (highlighted), and COPS. Below the navigation bar, a world map is shown with numerous green circular markers indicating data points across various countries. To the right of the map is a sidebar with six filter categories, each with a dropdown menu set to '(All)': Country, Program Ages, Program Target, Research, Program Adaptation, or Guidance, Adaptation Made, and Organization.

www.acutemalnutrition.org

DISSEMINATION

ENN Field Exchange Article (January 2021)



Case Studies:

- Using Family MUAC for continued screening and surveillance in Kenya: Action Against Hunger USA, Kenya Red Cross, National Drought Management Authority (NDMA)
- Modified frequency of follow-up appointments in Ethiopia: Action Against Hunger USA
- Modified admissions criteria to reduce risk of COVID-19 transmission in Uganda: Action Against Hunger USA
- Continuing treatment of acute malnutrition when facilities are inaccessible in Nepal and India: Action Contre la Faim (ACF), Action Against Hunger India

PRELIMINARY RESULTS

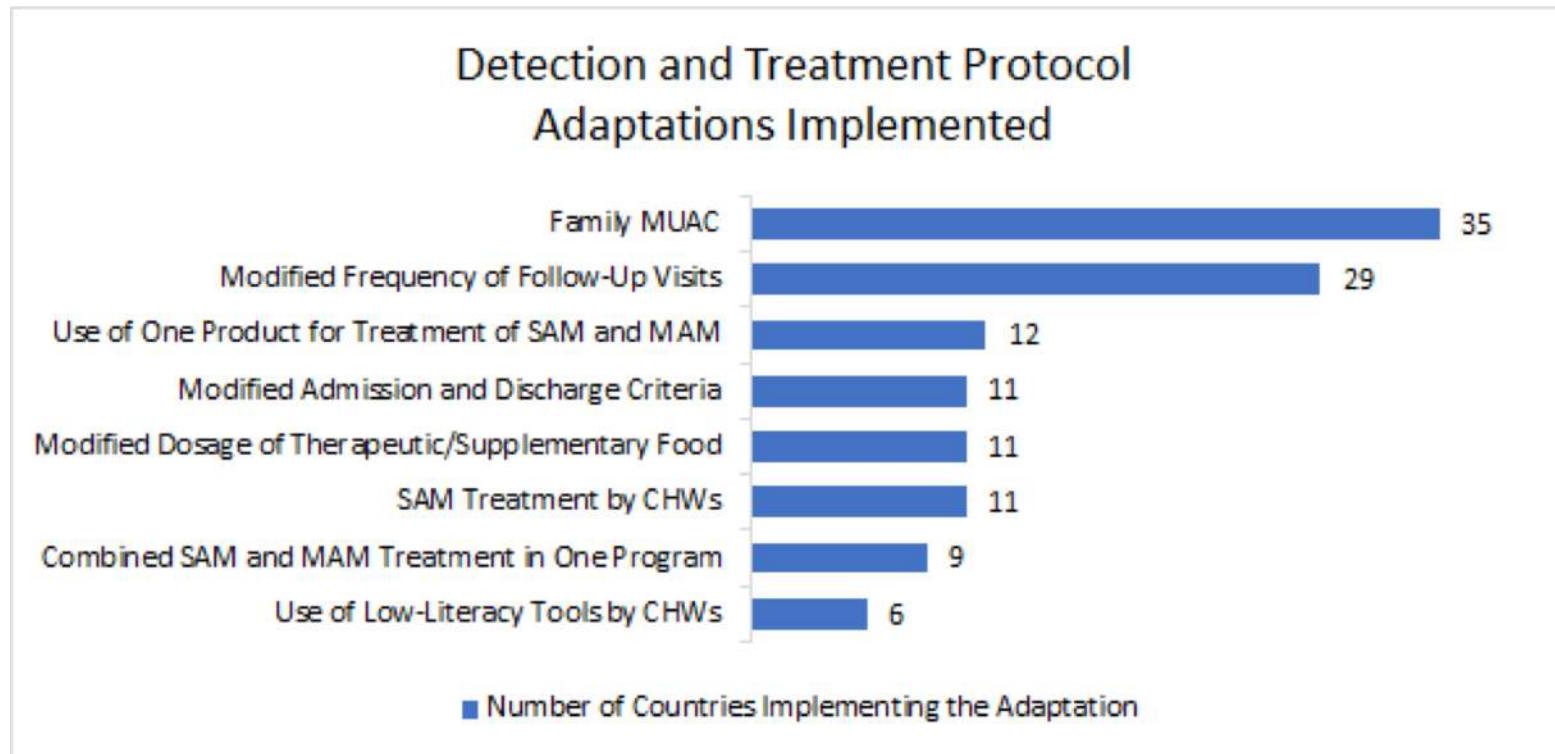
Data represents malnutrition treatment conducted by



18 organizations



42 countries



PRELIMINARY RESULTS



Qualitative Observations

Reported decrease in CMAM admissions

- Fear of visiting clinics
- Suspension of screenings and surveillance
- Travel restrictions

Most adaptations have been:

- Not complicated to implement
- Accepted well by communities

Protocol simplifications

- Reduced workload for staff
- Improved caregiver understanding of treatment procedures

PRELIMINARY RESULTS (CONT.)

Qualitative Data/Observations

Challenges:

- Lack of implementation guidance
- No standard M&E tools, indicators
- Insufficient MUAC tapes to scale up **Family MUAC**
- Concerns and confusion around **admission eligibility criteria**
 - Enables program continuity, reduces contact
 - Possible exclusion or miscategorization of at-risk children
- Reduced frequency of **follow-up visits**:
 - Anecdotal observations of selling and sharing RUTF
 - Decreased rate of weight gain, increased LOS (mixed evidence)



QUESTIONS?



MODERATOR AND PANELISTS



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THANK YOU