



# NEW APPROACHES IN CMAM PROGRAMMING

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TECHNICAL POSITIONING SUMMARY

JULY 2018



## INTRODUCTION

### DEAR ALL,

Action Against Hunger aims to promote effective, scalable, decentralised models of care for children suffering from acute malnutrition. As a leading technical organization in the prevention and treatment of acute malnutrition, Action Against Hunger is routinely requested to provide evidence-based advice and guidance on key technical, operational and policy related matters. We believe Action Against Hunger has a key role to play in shaping future debates on acute malnutrition policy and practice, as well as to ensure that programmatic and policy shifts are based on a robust body of evidence to improve the reach and effectiveness of existing treatment.

As part of this commitment, Action Against Hunger was instrumental in setting up the No Wasted Lives Coalition in 2016. Linked with our [SAM2020 Agenda](#), No Wasted Lives offers a valuable opportunity for Action Against Hunger to actively improve coordination across critical stakeholders working on acute malnutrition, including a particular focus on research and innovation, in order to achieve our ambitious aims.

We recognise that our role in both delivering services to vulnerable communities as well as influencing the research and policy approaches of the broader sector means that we must be in a position to simultaneously: 1) provide guidance to our operational programmes based on the current evidence available whilst; 2) driving critical research to answer outstanding questions and drive innovation.

To enable this, the purpose of this note is to introduce the Action Against Hunger's Technical Position on Acute Malnutrition and to highlight the interrelationship with the Action Against Hunger Research Strategy for 2016 -2020 and the No Wasted Lives Research Agenda for Acute Malnutrition for our work in 2018 and beyond.

### **ACTION AGAINST HUNGER'S TECHNICAL POSITIONING FOR ACUTE MALNUTRITION**

The following section of this document outlines the latest technical positioning issued by Action Against Hunger. This aims to facilitate a process to generate clear and common alignment across the Action Against Hunger network and to facilitate the promotion of the resulting vision in internal and external fora. It aims to clarify Action Against Hunger's technical positioning on these approaches and provide guidance for operational teams who may be interested in integrating them into their nutrition and health programming.

### **ACTION AGAINST HUNGER'S RESEARCH STRATEGY AND THE NO WASTED LIVES RESEARCH AGENDA FOR ACUTE MALNUTRITION**

Research is our primary means of assessing and improving the effectiveness, scalability, and sustainability of our actions; of learning how to respond better and faster to beneficiary needs and vulnerabilities, especially in times of crisis; and of leveraging evidence-based advocacy to produce the change we want to see in the world. Research in the treatment and prevention of severe acute malnutrition are two of the three priority areas outlined in the Action Against Hunger [Research Strategy for 2016 -2020](#).

As part of No Wasted Lives, Action Against Hunger facilitated a global research prioritisation exercise to achieve scale-up of management of acute malnutrition by 2020<sup>1</sup>. Action Against Hunger was the single largest organisational participant in this survey, reflecting the importance that our organisation

places on evidence generation to improve our programmes and practices. The findings of the survey resulted in the prioritisation of seven research areas with the highest potential impact towards the effective management of acute malnutrition. They were verified by 15 leading nutrition experts on the Council of Research & Technical Advice on Acute Malnutrition (CORTASAM) and compiled into the [Research Agenda for Acute Malnutrition](#). The NWL Secretariat, led by Action Against Hunger Staff, are actively supporting CORTASAM to progress this Research Agenda.

Many of the current research activities at Action Against Hunger are already striving to answer questions identified in the Research Agenda. We are committed to supporting the Research Agenda as a way to coordinate stakeholders in answering key outstanding questions in the prevention and treatment of acute malnutrition and in using the latest evidence across our programmes.

## **SYNERGIES ACROSS THE ACTION AGAINST HUNGER AND NO WASTED LIVES STATEMENTS**

These three documents are complementary and will serve to deliver high quality, effective, and safe programming at scale that is evidence-based. It is important for Action Against Hunger to have clearly articulated, and evidence-based, technical positions for our programmes while continuing to drive new evidence generation in the effort to answer critical outstanding questions relevant to the sector.

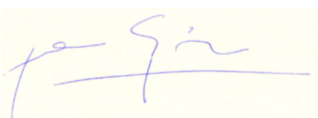
Across these documents there are four core areas of overlap. The current positions for Action Against Hunger operational programmes, based on the current available evidence, can be found in the technical statement. The Action Against Hunger Research Strategy and No Wasted Lives Research Agenda are more forward looking, outlining the outstanding questions where we urgently need more evidence to support new operational guidelines and policies in the future:

1. Simplified/protocols for the SAM and MAM treatment
2. Reduced dosage on therapeutic foods
3. Treatment in the community through integrated programmes (iCCM)
4. MUAC-only programming for detection, diagnosis, and treatment.

Our operational programmes and research are intrinsically linked, with research designed as an integral part of our programmes and with the explicit aim to generate new evidence that will inform our programmes at scale. We support evidence-based interventions whilst constantly testing adaptations and innovations to the way we work in order to generate the evidence we need to influence our approach at scale. This is with the aim to drive impact, reaching more children than we could before with safe and effective treatment. This is a constant feedback loop, as new evidence emerges, both the technical statements for Action Against Hunger's operational programmes and our research priorities will be reviewed and updated.

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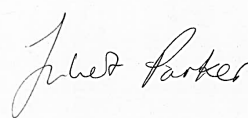
## **ACTION AGAINST HUNGER'S TECHNICAL INTERNATIONAL MANAGEMENT GROUP**



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**IT IS CURRENTLY ESTIMATED THAT, AT ANY ONE TIME, 17 MILLION CHILDREN UNDER THE AGE OF FIVE YEARS SUFFER FROM SEVERE ACUTE MALNUTRITION (SAM) [1].**

Over the past decade there has been a shift from an in-patient, hospital-based treatment approach for acute malnutrition to a decentralised model of care that has been instrumental in reducing child mortality and increasing access to treatment. Community-based management of acute malnutrition (or integrated management of acute malnutrition – IMAM, as it is known in some contexts) has increased the cost-effectiveness and coverage of acute malnutrition treatment. However, despite these gains, it is estimated that only 20% of SAM children are currently accessing treatment globally [2]. Distance and high opportunity costs have consistently been reported as the top barriers to access [3].

Action Against Hunger aims to promote effective, scalable, decentralised models of care for children suffering from acute malnutrition. In recent years a number of new programming approaches have been proposed to sustain and improve the scale-up and cost-effectiveness of acute malnutrition treatment. Many of these interventions/innovations have been born out of humanitarian environments, but are now increasingly being considered as programming options in more stable contexts. This summary aims to clarify Action Against Hunger's technical positioning on these approaches and provide guidance for operational teams who may be interested in integrating them into their nutrition and health programming. On a yearly basis, emerging evidence will be reviewed and considered and any adaptations to the statements below will be done.



# SIMPLIFIED/INTEGRATED PROTOCOLS FOR SAM AND MAM TREATMENT

Simplified/integrated protocols for SAM and MAM treatment may include a number of programming adjustments (MUAC-only admission and discharge, use of one therapeutic product for both SAM and MAM, reduced dosage of therapeutic food). These adjustments were born out of a desire to increase continuum of care along the SAM-MAM spectrum, given that the primary objective of MAM programming is to reduce the incidence of SAM as well as prevent mortality and morbidity.



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The Action Against Hunger network endorses the use of simplified/integrated protocols in certain emergency contexts with high infant mortality. Global guidance documents are available to support the decision of when to implement such simplified protocols. They include: Inter-Agency Guidance Note on Options for Exceptional CMAM Programming in Emergencies [4] and the ECHO Technical Issue Paper 2017 [5].

The Action Against Hunger network agrees that further evidence is required on the effectiveness, cost-effectiveness, coverage and impact on quality of care of simplified/integrated protocols in various settings, before broader scale-up of the simplified/integrated protocol approach in non-emergency contexts. In this respect Action Against Hunger is currently engaged in being a key player in the building and collating of evidence on the feasibility and impact of simplified/integrated protocols through the CompAS project [6] and the MANGO project [6]. Results for these studies are expected in 2018-2019 and will provide the basis on whether to advocate for this approach in non-emergency contexts where both OTP and SFP are operating independently.



## MUAC-ONLY PROGRAMMING

The use of MUAC as a diagnostic tool for acute malnutrition has significantly increased the reach of acute malnutrition case-detection. MUAC remains the most practical and scalable diagnostic tool at community level. At health facility level, WHO recommends that children aged between 6 to 59 months of age with a MUAC <115 mm OR a weigh-for-height Z-score <-3 OR with bilateral pitting oedema be admitted into a treatment programme for severe acute malnutrition. However, increasingly there has been a move in the nutrition community to use MUAC as a sole admission criterion for treatment. It is thought that this may help to simplify programme implementation and patient monitoring.

**At primary health care level, the Action Against Hunger network continues to support the use of both low weight-for-height and low MUAC (along with bilateral pitting oedema) as independent criterion for the detection and monitoring of acute malnutrition cases. MUAC-only programming may be considered at primary health care level in certain circumstances or locations where the use of WHZ is not operationally feasible. Action Against Hunger continues to support the use of MUAC for the detection, referral and monitoring of acute malnutrition cases at community level.**

The Action Against Hunger network continues to support and advocate for the inclusion of all three indicators (WHZ, MUAC, bilateral pitting oedema) in cross-sectional surveys to establish population-level prevalence of acute malnutrition (i.e. SMART surveys) and in classifications of vulnerability (e.g. Integrated Phase Classification and Cadre Harmonisé).

The Action Against Hunger network is currently engaged in developing and testing novel diagnostic methods for the identification of acute malnutrition, beyond WHZ and MUAC, for use at both facility and community levels. This evidence is being collated through the OPTIDIAG [7] and SAM Photo Diagnosis App research projects [8]. The OPTIDIAG project also seeks to investigate further the discrepancy between WHZ and MUAC diagnosis.

# INTEGRATED COMMUNITY CASE MANAGEMENT + SAM TREATMENT

The integration of SAM treatment into community case management (the iCCM approach) offers an opportunity to increase its accessibility and uptake by communities. This approach seeks to increase the coverage of SAM treatment, reduce opportunity costs to caregivers, decrease the burden of care at the health facility, decrease defaulting and reinforce programming links between community health and SAM treatment [9,10,11,12]. The approach is also an opportunity to strengthen the synergy between health and nutrition programming by ensuring childhood diseases and acute malnutrition are addressed together to maximise impact on child survival. It also seeks to strengthen health service delivery at community level by working with community health workers and integrate community health into a broader health system strengthening process.

The Action Against Hunger network supports the iCCM + SAM approach, contingent upon a rigorous analysis of the iCCM pillars, along with a consultative appraisal of the appropriateness of such an approach for specific contexts. Pilot studies for each context are recommended before scaling-up the approach more broadly within a country.

In this regard the Action Against Hunger network is in the process of developing a network iCCM strategy and has developed a matrix tool designed to analyse the baseline institutional and policy environment for iCCM in the countries where it operates. The Action Against Hunger network has also been involved in determining the impact of the iCCM approach on the effectiveness and quality of care of SAM treatment through the C-project [13].



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