ADAPTATIONS IN THE MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID19

Case Study
Organization: ACTION AGAINST HUNGER
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CONTEXT OVERVIEW

In the context of the COVID-19 pandemic, Action Against Hunger USA in Ethiopia implemented adaptations to its nutrition programs within the host community, refugee settlements, and internally displaced persons (IDP) camps. These adaptations aim to minimize the risk of COVID-19 transmission while continuing services for the management of child wasting. In addition to infection prevention and control (IPC) measures, these adaptations included:

(1) Modified frequency of follow-up appointments during acute malnutrition treatment;
(2) Modified community-based screening using only mid-upper arm circumference (MUAC) rather than MUAC, weight, and height.

Conversations are currently underway regarding modifications to admissions and discharge criteria. The team in Ethiopia is also rolling out a Family MUAC pilot in the Gambella refugee settlement.

ADAPTATION IMPLEMENTATION

(1) Modified Frequency of Follow-Up Appointments

To reduce crowding at CMAM clinics, Action Against Hunger has reduced the frequency of scheduled follow-up visits for admitted children to be monitored and receive their next ration. This measure is mainly implemented in refugee camps where ACF is operating. Follow-up for children enrolled in both outpatient treatment programs (OTP) and supplementary feeding programs (SFP) has changed from weekly to biweekly, with the sizes of the rations distributed increasing to cover the additional time between visits. However, children whose malnutrition is very severe or those with underlying conditions may have a weekly follow-up visit during the first few weeks of their enrollment in OTP. Caregivers are also given a specific date and time to come to the clinic for a visit, and staff have increased the number of days that follow-up appointments and distributions are made.

These approaches have achieved their aim of reducing crowding at sites. However, it has faced several challenges. Program staff have reported anecdotally that caregivers were initially confused on the revised schedule and would bring their children to the sites on incorrect days. This may impact caregivers' willingness to come to the clinics for follow-up treatment. Also, because of the reduced frequency in visits, the ration size provided at each visit has doubled. Caregivers must therefore manage larger amounts of therapeutic or supplementary food over a longer period of time. Caregivers from refugee settlements were reluctant to come to the clinics less frequently and receive these larger rations, citing storage challenges. Reports have been made of increased sharing and selling of the rations, particularly among settlement

residents due to increased economic needs and limited alternative livelihoods options during the pandemic. Action Against Hunger has worked to address these reports through increased sensitization and frequent follow-up visits. Movement restrictions are also helping to reduce ration sales, as there is limited capacity for vendors to move between communities. Finally, additional staff and vehicles are needed to load, transport, unload, and guard nutrition supplies, as well as for follow-up visits. Staff are also now working in shifts to reduce crowding at sites, which may create additional workload for remaining staff.

Staff also discussed potential impacts of this adaptation on program outcomes. Caregiver hesitation and confusion may negatively impact admissions and adherence to treatment protocols. One staff member expressed concern that children were deteriorating or not recovering as quickly as expected due to the increased time between visits and ration sharing within the households.

(2) Modified Community-Based Screening

Prior to the COVID-19 pandemic, community-based screening was conducted in two stages: active case finding with MUAC, and then second stage screening with weight-for-height Z-scores (WHZ) at the facility level. Because of COVID-19, weight and height measurements were suspended to reduce contact during screenings. This has enabled community-based screening to continue. However, staff have reported that this modification has decreased community case detection as many children are admitted by WHZ, particularly in the settlements. Action Against Hunger and other partners are currently exploring two alternatives to address this challenge. Expanded MUAC ranges for screening and admissions may capture more at-risk children otherwise identified by WHZ. The United Nations High Commissioner for Refugees (UNHCR) conducted an analysis in April 2020 in consultation with the World Health Organization (WHO) and other partners to determine whether expanded cut-offs would be used, and conversations are currently underway to determine the way forward. Furthermore, Action Against Hunger is rolling out a pilot of Family MUAC in the Gambella refugee settlement. Family MUAC is an approach that trains caregivers to measure and monitor their child's MUAC at home. This is not yet implemented in Ethiopia.

LESSONS LEARNED

(1) Successes

- Modifications to follow-up schedules have reduced crowding and allowed for community-based screening and nutrition treatment programs to continue more safely throughout the pandemic.
- Close monitoring and rigorous follow-up is critical to ensuring that children are receiving optimal treatment despite coming to the sites less frequently in refugee settlements. This is particularly relevant for severe cases of SAM, who often still receive weekly follow-up visits. Community members have favorably received the continued engagement..
- Frequent sensitization has raised community awareness of the value of handwashing, which may have impacts on the severity of malnutrition cases. COVID-19 restrictions have also driven creativity in delivering behavior change communication messages. Staff report decreases in morbidity and medical complications among the children in the programs, potentially influenced by these improved sanitation measures.

(2) Challenges and Limitations

- Repeated sensitization and community engagement is necessary to minimize sale and sharing of nutrition supplies. More staff would alleviate the extra workload associated with this.
- Suspended use of weight and height measurements in community-based screening has anecdotally reduced admissions significantly. Action Against Hunger is therefore considering and advocating for the use of expanded MUAC ranges in community-based screening and admissions. Increased admissions due to expanded criteria may increase demand for nutrition supplies and staff workload.
- In addition to challenges specific to adaptations, staff working in camps and settlements have also reported additional resources necessary for transportation to adhere to social distancing measures.

Fewer staff are able to travel in a vehicle at once, which reduces the number of staff present at the clinics in the camps and therefore the number of patients they can serve. This has implications not only with nutrition program management, but also with management of child illness at health clinics. This could potentially drive morbidity and its impacts on child malnutrition.

- Staff have also proposed developing surge capacity to replace staff who may get sick and need to quarantine. This would enable clinics to continue providing services throughout the pandemic regardless of staff's personal health status.

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