

CMAM 2021

22-25 March

VIRTUAL CONFERENCE

Adaptations to CMAM – an overview

Where are we now?

Grace Funnell, UNICEF

CONCERN
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1. Adaptations to optimize and simplify treatment services

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The Simplified Approaches are...



adaptations to existing national and global protocols and programs for the community-based management of wasting that are designed to improve coverage and reduce the costs of caring for children with uncomplicated wasting, while maintaining quality.

What are the different adaptations included in the “Simplified Approaches”?

MODIFICATION

DEFINITION

Family MUAC

Training **caregivers to monitor their children at home frequently using MUAC tapes** so wasting is detected early and more frequently.

Treatment by
Community
Workers

Moving treatment services closer to home by engaging **community-based workers to deliver treatment.**

Reduced
Frequency

Decreasing the **frequency of trips** to the health facility for caregivers and their children to facilitate adherence to treatment



What are the different adaptations included in the “Simplified Approaches”?

MODIFICATION

Modified Dosage of RUTF

Single Product

MUAC and Oedema only admissions

Modified cut-offs for admissions

Combined Nutrition Protocol

DEFINITION

Simplifying and optimising the dosage of RUTF to reduce costs and make services easier to implement.

Shifting from multiple treatment products to a **one treatment product** for all wasted children in need.

Using simpler tools to admit children for treatment, like **MUAC or edema screening**.

Expanding cut-offs to include more high-risk children for treatment.

Monitoring the location and type of adaptations to optimize and simplify services

Since 2018, UNICEF has been monitoring the location and type of adaptations to optimize and simplify services for the early detection & treatment of child wasting.

40 studies and projects in 17 countries

These included different combinations of the simplifications, and ranged from randomized control trials to operational responses.

National Protocols

● (Blank)
 ● CHW Treatment
 ● MUAC only <115mm
 ● Simplified Protocol for Emergencies
 ● Standard CMAM



Studies, Pilots & Projects

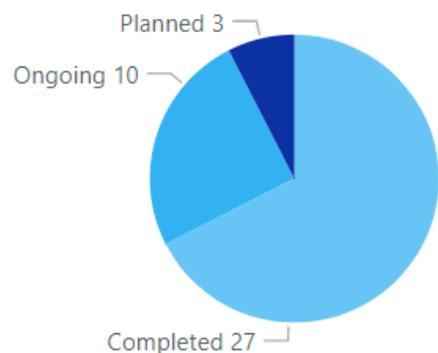
Year

All

Region

All

Status of Studies



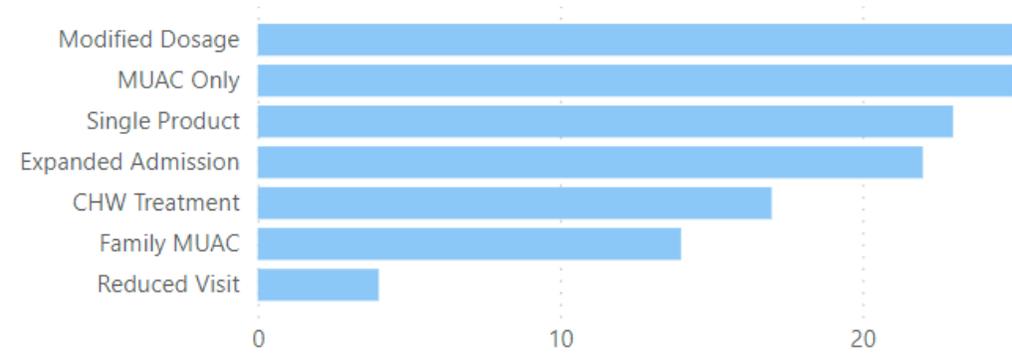
Number of Studies, Pilots & Projects

40

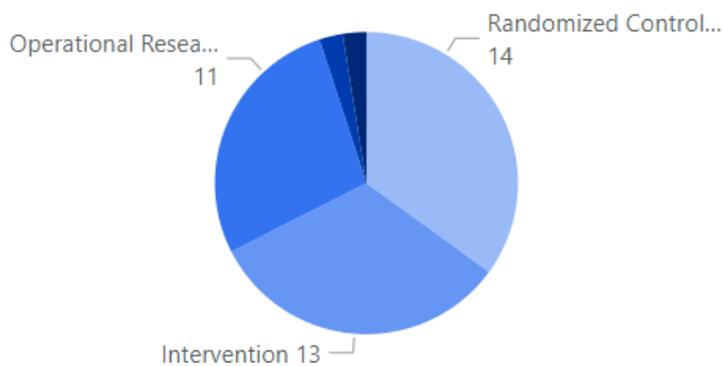
Number of Children Enrolled

146K

Number of Studies, Pilots & Projects by Modification



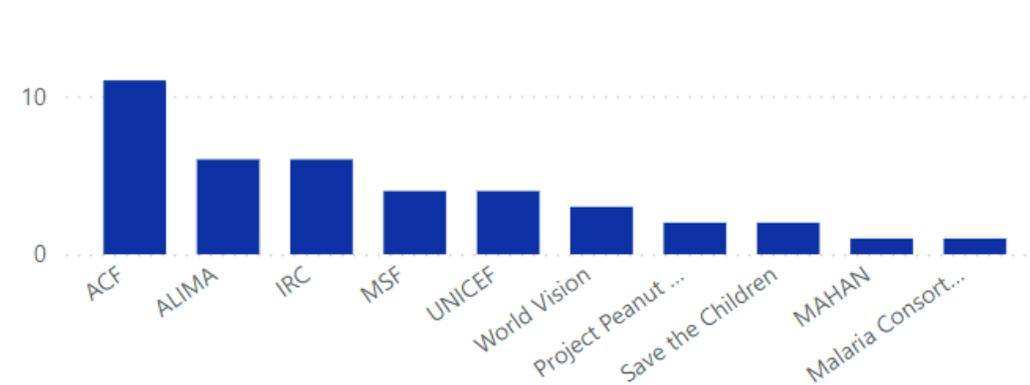
Intervention Design



Project by Donor



Number of Studies, Pilots & Projects by Lead Organisations



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2. Continuum of care for wasting


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Continuum of care for wasting

Management of small and nutritionally at-risk infants under six months and their mothers (MAMI)

The original CMAM model did not include strategies to ensure that infants under six months could access the care they needed. Due to the work of a number of organizations leading in this space, there is now an approach to support at-risk mothers and infants under 6 months that promotes the continuum of care across the life cycle and across health services.

Linking to services for moderate wasting

While moderate wasting is already included in the CMAM model, the more we learn about it, the more we understand that wasting itself is a continuum. How do we ensure that care for this cadre of children is integrated into the health system and reflected in other adaptations?

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3. Integrated and responsive nutrition services


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Integrated and responsive nutrition services

CMAM Surge

This adaptation is designed to support health systems and empower health workers to better anticipate, prepare for and manage fluctuations, such as seasonal peaks, in the demand for wasting treatment services.



Integrating wasting treatment into health systems

The only way to truly reach scale on any of these adaptations is the integration of wasting services into existing national health systems and platforms. Every step we take to integrate further into a country's health system is an adaptation in itself...

Thank You!!



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