3. CMAM adaptations in the context of COVID-19 (SC, OTP, TSFP, OR) 22nd April - Version 1.0

There is a risk of skewing the COVID-19 response too heavily towards health, risk communication and IPC. Whilst measures here are obviously essential, we must be mindful that the risk of death or disability from existing morbidities, could potentially far outweigh the risks associated with COVID-19. As such CMAM programs, which are considered lifesaving and life sustaining, will need to be adapted and maintained throughout the COVID-19 response period, using simplified or modified protocols and platforms to maintain interaction. Note, key message dissemination (modified to the context) should be used to complement COVID-19 specific activities.

UNICEF and the Global Technical Mechanism (GTAM) have published a 'Management of child wasting in the context of COVID' March 27th (to be updated every ~10 days), hosted on the Global Nutrition Cluster Website, under the 'Nutrition in Emergencies & COVID-19' section. The primary message is **that regardless of mobility restrictions, continuity of Acute Malnutrition Services is essential**. In order to achieve this, we need **adequate preparation** including pre-positioning of stocks**, program adaptation (simplification), increasing program coverage** through engaging communities to self-identify and refer and/or using community based health workers to provide community level treatment for uncomplicated patients, **upscaling preventative actions** where possible and **strengthening real-time monitoring and surveillance.** There has also been a **Joint Statement by the United Nations Children's Fund and the Global Nutrition Cluster April 7th** calling countries to "1) **Intensify efforts to prevent child wasting** and 2)**Sustain and adapt existing services for the early detection and treatment of child wasting** to respond to anticipated increases in the prevalence of child wasting, due to the secondary socio-economic impact of COVID-19".

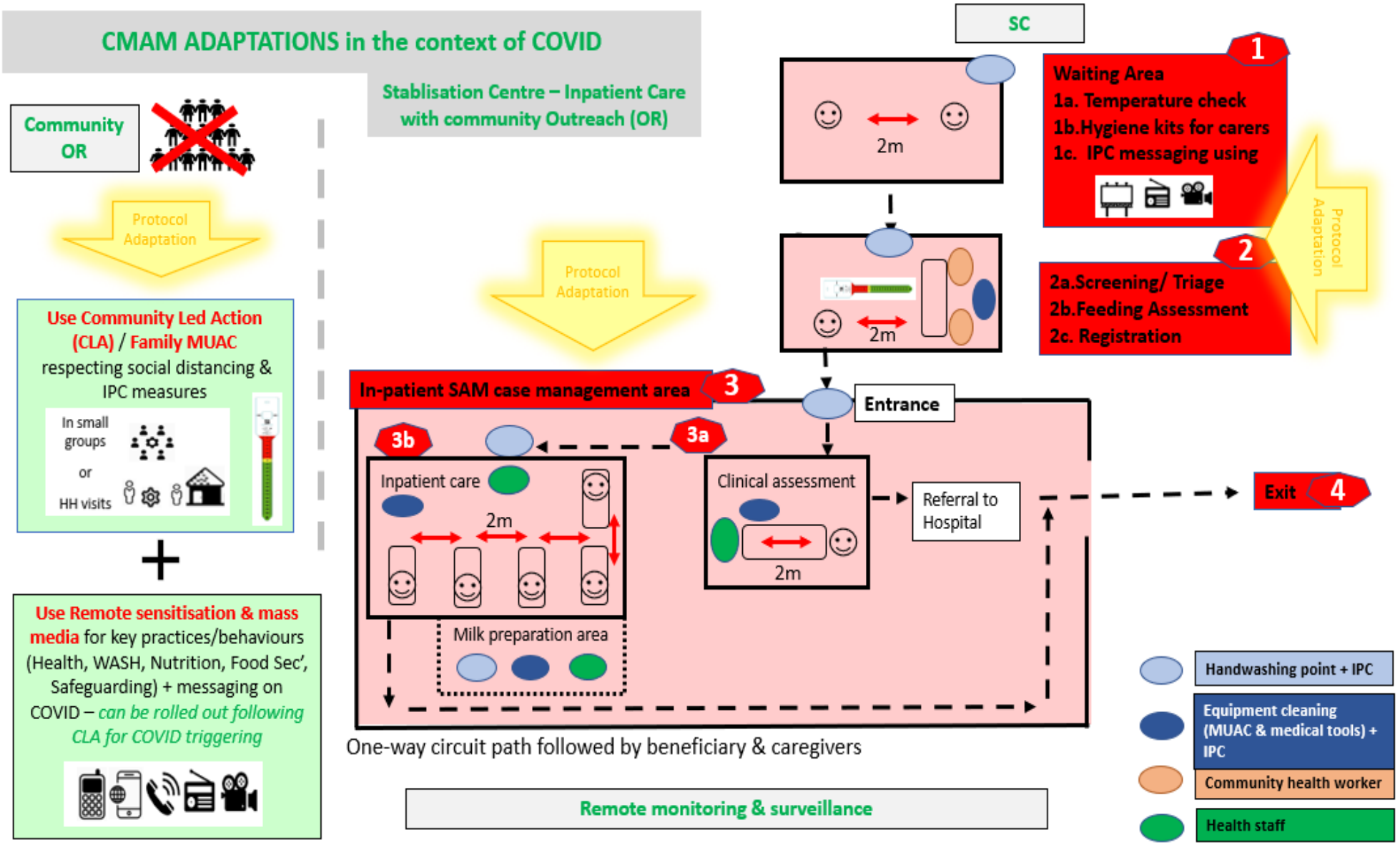
KEY MESSAGES & PRIORITY ACTIONS
1. Intensify the public awareness[i], protection, promotion and support of appropriate and safe feeding for all breastfed and non-breastfed children and use all opportunities to include hygiene messages, key messages on COVID-19 symptoms, and Infection, Prevention and Control (IPC) measures[ii].
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 disruptions[iii].
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 children's nutritional status using low-literacy/numeracy tools including Mid-Upper Arm Circumference (MUAC) tapes[iv,v].
5. Initiate necessary discussion with Ministries of Health and national coordination platforms/nutrition clusters on context-specific simplifications of treatment protocols for child wasting[vi], including simplifying anthropometric criteria, dosage and distribution schedules of Ready to Use Foods (RUFs) and other specialized nutrition foods, as well as potential adaptations to inpatient management for complicated cases in the context of COVID-19.
6. Initiate efforts to build capacity of community health workers (CHWs) to provide treatment for uncomplicated wasting at the community level[vii], including training on low/no-touch assessment, simplified treatment protocols, remote supervision and key messages on COVID-19[viii].
7. Strengthen real-time monitoring and surveillance systems for child wasting with the use of mobile technologies to inform response options and allocation of resources.

Preparatory measures for child wasting and PLW malnutrition management programs are essential. Additional measures need to be discussed with cluster coordination mechanisms as mobility restrictions are applied.

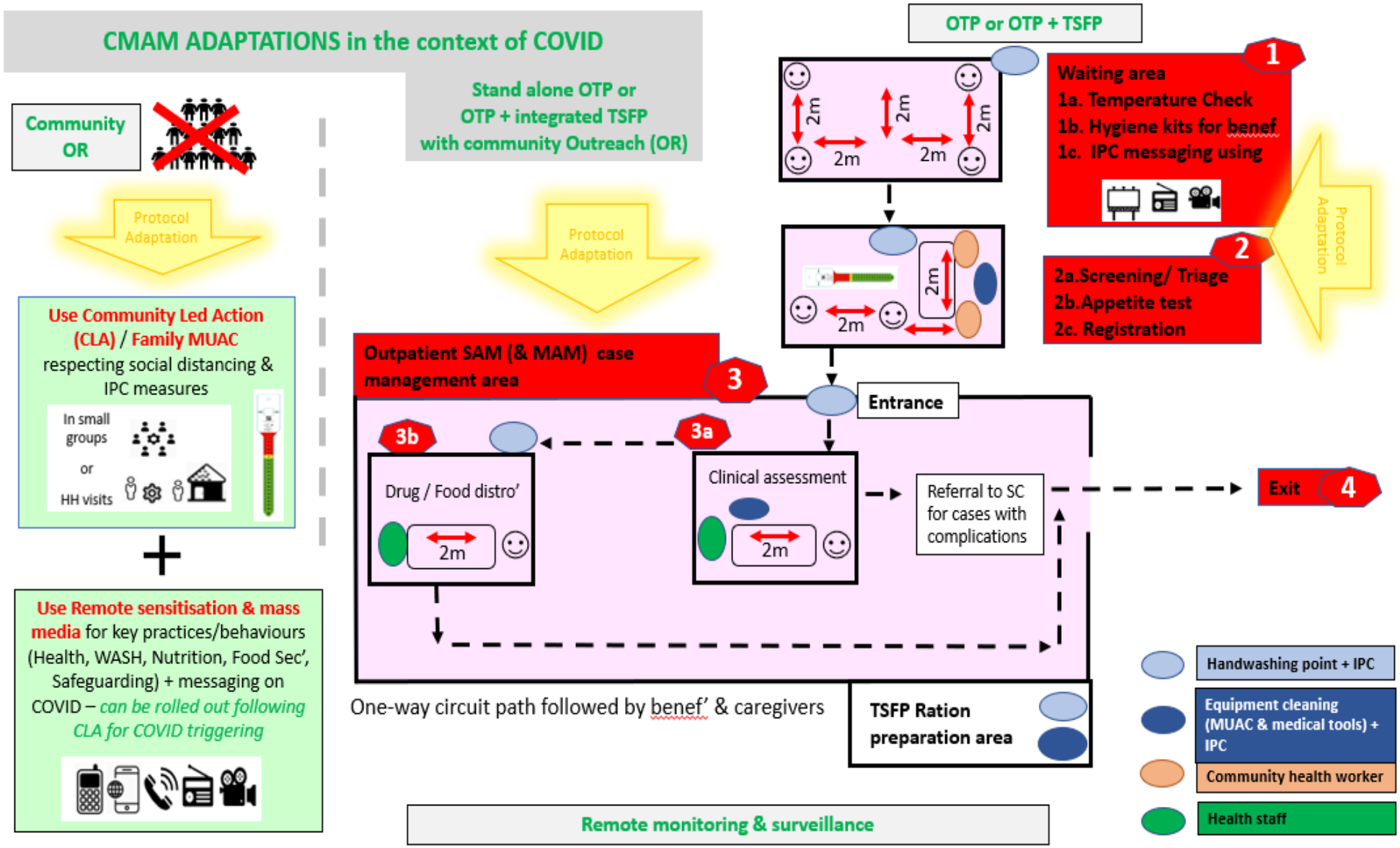
Additional Measures Recommended	
Inpatient services for complicated SAM (SC)	• **Step 1 SC: Ensure strict adherence to recommended hygiene and safety measures** in Stabilization Centres/Wards, including enforcing strict staff sickness policy, screening and triage procedures, identification of isolation areas, limiting contact with multiple healthcare workers, and strict cleaning protocols (e.g. disinfecting scales between measurements), in line with WHO guidance. • **Step 2 SC: Emphasize strong hygiene standards of mothers**, all those handling infants under six months, and of feeding equipment, while actively supporting skin to skin contact and breastfeeding. • **Step 3 SC: Increase physical space to at least two (2) metres** between beds in Stabilization Centres. • **Step 4 SC: Reduce family member visits** to primary caregiver only. • **Step 5 SC:** Whenever possible, **separate patient areas** for suspected/confirmed COVID-19 cases from non-cases and apply recommended IPC measures. • **Step 6 SC: Adapt the MEAL plan and tools for remote monitoring**. Agree on activities to be monitored and key indicators to be used (refer to GOAL COVID-19 indicator bank).
Outpatient & community-based services for uncomplicated SAM / MAM (OTP / TSFP)	• **Step 1 All Activities: Minimize the risk of infection for staff** working in outpatient nutrition centres and CHWs, applying recommended IPC measures in line with WHO guidance. • **Step 2 OTP: Reduce overcrowding** through more frequent provision of services (e.g. from 1 to 3 outpatient days per week) or through delocalization of services to the community. • **Step 3 OTP: Include provision of hygiene kits** for children and PLWs with IPC messaging • **Step 4 OTP:** If feasible, **initiate on-the- job training for Community Health Workers (CHWs)** to treat uncomplicated wasting including introduction to simplified treatment protocols and approaches. Then at the appropriate time, shift service delivery for uncomplicated SAM to community care via CHWs using a limited/no touch simplified treatment approach. Programmatic modifications should consider: - Using **simplified admission criteria** (e.g. MUAC and oedema only) - Using **expanded admission criteria** (<120mm or <125mm MUAC and/or oedema) - **Reduce frequency of follow-up** visits to once per month for children with uncomplicated SAM by increasing take-home rations for all commodities. In the event of any program suspensions, distribute all commodities for up to 2 months (8wks). - Adopt **simplified RUF dosage** (e.g. 1 sachet/day for uncomplicated moderate wasting, and 2 sachets/day for uncomplicated severe wasting) - **Appropriate remuneration of CHWs** • **Step 5 OTP/TSFP:** Reduce exposure by **shifting to MUAC only for anthropometric measurements** in children. Increase therapeutic coverage of OTP and/or TSFP by initiating or intensifying trainings for caregivers on the Family MUAC approach, encouraging caregivers to carry out regular MUAC and oedema assessments at home for children and PLWs. Provide tapes for all HH with U5s or PLWs. • **Step 6 TSFP:** Where services are available, **maintain provision of treatment for moderate wasting**. Reduce the frequency of follow-up visits to 1 every 4 weeks for children by increasing the take home ration of specialized nutrition foods (e.g. RUFs, Super Cereal+). • **Step 7 TSFP: Include provision of hygiene kits** for children and PLWs with IPC messaging. • **Step 8 OTP/TSFP: Adapt the MEAL plan and tools for remote monitoring**. Agree on activities to be monitored and key indicators to be used (refer to GOAL COVID-19 indicator bank).

Graphic representations of how adapted Stablisation Centres (SC), Outpatient Therapeutic Programs (OTP), Therapeutic Supplementary Feeding Programs (TSFP) and Outreach (OR) Services have been created to help staff visualise how adaptations might be realised. Options are provided for standalone services, SC, OTP or TSFP or for combined services, where OTP and TSFP may be provided together – select whichever is appropriate to your context.

Infographic 1: SC with Outreach



Infographic 2: Standalone OTP with Outreach / or OTP combined with TSFP and Outreach



Infographic 3: Standalone TSFP with Outreach