

SIMPLIFIED APPROACHES FOR THE PROVISION OF CARE TO CHILDREN WITH WASTING AND OTHER FORMS OF ACUTE MALNUTRITION

The objective of the simplified approaches is to improve the provision of care for wasted children so that barriers to access and uptake of quality services can be effectively and sustainably addressed by health systems around the world. UNICEF continues to support WHO and other partners in reviewing the emerging evidence while also supporting countries in the implementation of additional operational studies and pilots to not just build the body of global evidence, but to also respond to specific and immediate contextual challenges and opportunities.

Now, more than ever, UNICEF and partners remain committed to supporting governments in delivering new and better solutions to care for children with wasting.

Simplified approaches refer to a number of adaptations to the existing national and global protocols and are designed to improve coverage and reduce the costs of caring for children with uncomplicated wasting while maintaining quality. The most commonly implemented and researched simplifications are listed in the table below.

What we are moving from	What we are moving to
MUAC screening conducted by Community Health Workers and other health center staff	MUAC by Caregivers: caregivers are trained to screen their own children for malnutrition by measuring Mid-Upper Arm Circumference. ^{1,2}
Current treatment models propose two different but very similar products to treat SAM (RUTF) and MAM (RUSF).	Treating of wasted children, without complications, with the one product – RUTF in one harmonised programme with one associated data collection mechanism. ^{3,4,5}
Under current protocol RUTF dosage increases over the course of treatment and is based on weight.	2 sachets/day for uncomplicated severe wasting and 1 sachet/day for uncomplicated moderate wasting as determined by MUAC or oedema status. ^{6,7}
Current treatment protocol calls for weekly follow-up visits for children receiving treatment.	Reducing the regularity of follow-up visits for wasted children admitted into treatment from weekly to bi-weekly or monthly. ⁸
Admissions criteria by MUAC and/or oedema and/or weight for height.	Use of a single anthropometric criteria (<120mm or <125mm MUAC and/or oedema) to define and facilitate the enrollment and follow-up of children suffering from wasting and other forms of acute malnutrition in need of treatment. ^{9,10,11,12}
Treatment of children with uncomplicated wasting takes place in a health facility.	Enabling and empowering community health workers (CHWs) to treat uncomplicated wasting in the communities. ^{13,14,15,16}

ENDNOTES

- 1 Blackwell, N. et.al. (2015) Mothers Understand And Can do it (MUAC): a comparison of mothers and community health workers determining mid-upper arm circumference in 103 children aged from 6 months to 5 years.
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