Collaborating to improve the management of acute malnutrition worldwide

Lessons learned from CMAM in different contexts

Nicky Dent Co-facilitator CMAM Forum
Vienna, May 2014
Contents:
CMAM in different contexts

- Specific contexts
- Common challenges
- Summary
Community engagement

**ACUTE MALNUTRITION**

- Inpatient care for SAM with complications
- Outpatient care for SAM without complications
- Outpatient care for MAM without complications

*Linked with maternal-child health, water & sanitation, food security and other community initiatives*
60 countries
>2.6 million SAM admissions
>4.6 million MAM admissions

no one context!

Emergency / nonemergency

Socio-economic / livelihood: rural, urban, pastoralist...

Populations: Africa, Asia...

2012

Disease burden: HIV, TB, malaria, diarrhoea...
### Country objective ("stage")

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<tr>
<th>Country SAM service objective</th>
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*Global SAM management update. Summary of findings. Sept 2012. UNICEF 2013*
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- Similar picture for MAM, countries at different stages
- Acute malnutrition small part of health & nutrition agenda
- Consistent financial support & political commitment crucial

*Global SAM management update. Summary of findings. Sept 2012. UNICEF 2013*
Increasing integration into routine health services...

- Emergency NGO-implementation => NGO-support, MOH-led
- Emergencies => additional expertise and resources to build capacity; raise profile
- Emphasis on « integration » into the health sector

- «Surge» model for recurrent peaks (seasonal variations, emergencies): optimising roles & responsibilities

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Hailey P, Tewoldeberha D. Suggested new design framework for CMAM programming. Field Exchange 2010
Meeting peaks in demand for nutrition services through government health systems:......Concern Kenya’s surge model ... 2013
Increasing urbanisation (peri-urbanisation)...

- Low prioritisation to intervene (absolute numbers vs malnutrition rates)

- Different issues:
  - Overcrowding/pop. density
  - TB, HIV, hygiene & sanitation
  - Food access not availability
  - Opportunity costs

http://esa.un.org/unup/Analytical-Figures/Fig_3.htm
Increasing attention on Asia...

- **27.8 million** in South Asia
- **5.2 million** in Southeast Asia
- **3.7 million** in East Asia
- **13.2 million** in Sub-Saharan Africa

*ACF 2014*
Common challenges. Lessons learned....
Sustainable programming....

- Avoid stop-start funding
- Costed plans and financing mechanisms that suit each country *(linked with SUN work)*
  - pooled funding
  - matched funding (governments mirror donor spending)
  - long-term phasing out with increasing government expenditure

- Requires donor vision => role as strengthening national nutrition governance
Community engagement

- What does the « C » in CMAM stand for?

- Evidence that investment into community => higher coverage and outcomes

- Coverage surveys => low awareness of programme / recognition of malnutrition

- Very context specific

Source: Valid, ACF Int, 2013)
“...lack of agreement on the best approach to address MAM has contributed to inconsistency among countries for MAM management and concomitantly, prevention of SAM.”

separate guidelines=> “the preventive linkages among community outreach, MAM and SAM are weakened”
Knowledge sharing: Capacity strengthening by making information accessible

- Guidance to relevant resources
- « Simplified » practical tools
- Audiovisuals, social media
- Translation: 
  Guideline: Updates on the management of severe acute malnutrition in infants and children  WHO 2013
  Lancet series……
  (French <10%; Arabic <1% existing resources)

Manque de matériel en français
Summary

- Huge advances, still issues with quality, coverage, equity, sustainability
- Community engagement is the fundamental component
- «Integration» supports scale up and sustainability for SAM, but is this appropriate or possible for MAM without imbalancing the health sector?
- Require public health approach (*simple tools / guidance, cost effective*)

*Translate meeting output into French!*
Thank you

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