



Dear readers,

Welcome to the 67th edition of Field Exchange which we are excited to announce includes a special subsection on the relationships between wasting and stunting (WaSt) featuring an insightful collection of content with its own dedicated editorial (page 49) by members of the Wasting and Stunting Technical Interest Group (WaSt TIG). It is the fruit of a collaboration with the WaSt TIG, an established collective coordinated by ENN since 2014, that comprises experts in the fields of child growth, health, nutrition and epidemiology from the research, policy and programme arenas. In the subsection you will find 14 pieces (spanning country examples, views pieces, research summaries and snapshots) that add to our understanding of the often complex associations between wasting and stunting and what this means for policy and programming. In their reflections, the WaSt TIG note a relative lack of WaSt programming examples at country level. This perhaps reflects that while there has been immense progress in generating evidence for and heightening awareness of the need to address wasting and stunting together, concerted effort is now needed to figure out how to enable this and how to do this in practice. We encourage you to share experiences and developments with us in this space, however small or inconsequential you may think they are (they are not).

Moving onto the rest of issue, this edition features a rich set of contributions with some key themes featuring throughout this diverse collection. One such theme is the importance of data and information systems. Health management information systems are a critical source of routine nutrition data that can provide sub-national data more frequently than national household surveys. However, their use is not without challenges, as highlighted by Abduwahab et al who share their experiences of using routine data to develop the Nigeria Nutrition scorecard (page 26) and provide recommendations for the improvement in the quality of routine data. Kureishy et al (page 33) also describe the use of data in the development of a nutrition hotspot analysis tool. Again, although challenges persist, the development and use of this scoring tool is improving nutrition surveillance and the prioritisation of interventions in six Sahelian countries.

Also on the theme of data and assessment, we feature three articles on Link NCAs (Nutrition Causal Analysis) from different contexts. An article from Somalia (page 53) on a study of risk factors for wasting and stunting found that risk factors are context-specific, with some that overlap between the two forms of undernutrition but not consistently so. They conclude that incorporating community perspectives to further understand the underlying context and to develop more appropriate programme priorities is critical. This is echoed in an article that analysed all Link NCA studies carried out in Africa (page 79) to identify



Checking for bilateral pitting oedema at Camp 8W Integrated Nutrition Facility, Cox's Bazar, Bangladesh

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the extent wasting could be explained by the underlying causes of malnutrition and/or contextual factors. This synthesis revealed that wasting prevalence was not associated with many commonly used indicators of governance, crises and food security. The authors suggested placing more attention on improving methodologies to gain an understanding of the context-specific risk factors rather than trying to aggregate the data at a higher level in order to predict risk factors. These two articles therefore document the importance of listening to community voices to better understand and account for context in programming approaches.

However, an article by Fabregat et al (page 17) based on the analysis of more than 40 Link NCAs studies to date, found that while the Link NCA methodology adopts a participatory approach, more than half of the studies did not incorporate community recommendations and/or did not highlight these within the main report narrative (e.g., they were recorded in annexes). Furthermore, community perspectives often differed to the recommendations made by the analysts. This illustrates a paradox between what is a participatory approach alongside, as yet, a limited incorporation of these community perspectives within emerging programming actions. These findings highlight the need to unpack what 'participation' really means in practice, not only for Link NCAs but more broadly; participation needs to adopt a true commitment to listen to people, reflect thoroughly on what is being said including what might be uncomfortable or challenging to hear. It is to these communities that we are ultimately accountable and we have so much to learn from them on how programmes can best be adapted to local needs and opportunities.

We feature several articles from India in this issue sharing important initiatives towards more effective management of wasting including at community level. The first (page 6) shares headlines from a national consultation on acute malnutrition which demonstrates the high priority given to management at government level, examples of strong leadership, progress being made in generating evidence and the encouraging improvement

in case prevention and management across states. A second (page 88) article summarises the findings of an analysis of the burden of wasting and its associated risk factors among children under five in India. This analysis found an overall high prevalence of wasting, with the highest burden of wasting and severe wasting occurring in the first six months of life compared to older age groups. In line with other studies, the factors associated with wasting included lower maternal education, maternal underweight, Caesarean section, low birthweight and being a male child. Both reports highlight the need to intensify efforts around strengthening the prevention and management of growth faltering in infants under six months of age, alongside active growth monitoring activities for the early identification and timely management of children with wasting, all supported with stronger coordination, capacity building, regular monitoring and by adopting a multi-sector approach. The importance of pregnancy and pre-pregnancy interventions to reduce the high burden of wasting was also strongly emphasised.

A research snapshot (page 77) outlines the protocol for a study looking at the effectiveness of locally produced, nutrient-dense food supplements with different energy densities and nutrient compositions in different Indian states rolling out community-based management of wasting services. It is hoped that this study will contribute to the evidence on effective strategies to manage children with uncomplicated severe wasting in India.

Also from India, we draw readers' attention to a case study (page 43) of three COVID-19 positive children presenting with generalised oedema but without other signs of malnutrition whose oedema appeared to resolve with therapeutic feeding (F75). A postscript to this article highlights that as the understanding of preventive and therapeutic interventions to manage kwashiorkor evolves, it is helpful to observe that mechanisms in kwashiorkor have much in common with the phenomena of oedema associated with other conditions. It would be interesting to hear from readers if similar cases have been seen across other programmes.

Content featured from the Global Nutrition Cluster (GNC) highlights new online resources

including the GNC mentoring programme, GNC Learn, and various online tools and guidance to support emergency preparedness. The experiences of the first GNC Technical Alliance support to a local NGO in Somalia (ARDI) highlights a situation true of many local NGOs that not only have technical needs but also seek support on programme management, financial management and resource mobilisation. The Alliance is looking at forging links with other entities who have the expertise to provide such support.

Whilst a strong focus of Field Exchange content is (quite rightly) on community-level prevention and treatment of wasting, in this edition we feature a field article from Zimbabwe by Austin et al (page 30) that highlights the effectiveness of establishing a specialist multidisciplinary unit for the inpatient treatment of complicated wasting, dramatically bringing mortality rates down from nearly 46% to 14% in these vulnerable children. The article describes the journey of the Sally Mugabe Children's Hospital, Zimbabwe in its quest to improve the quality of care for wasted children by becoming a National Centre of Excellence for wasting management, providing valuable lessons for others embarking on the same goal.

Another article from the field by Rahimov et al (page 22) describes an often discussed but less often implemented approach of nutrition service rationalisation to tackle an important issue of duplication, double counting and gaps in service provision by multiple partners in Cox's Bazar, Bangladesh. The article highlights how bringing integrated nutrition services together under one roof for a 'one stop shop' improved programme coverage and service quality for Rohingya refugees after one year. Such an exercise was, of course, not entirely straightforward but resulted in extremely important benefits including a more streamlined approach that supported the continuation of services during the COVID-19 pandemic. A more comprehensive evaluation, including qualitative aspects is planned, the results of which will be featured in a future issue.

Finally, two recent reports from UNICEF/WHO describe the impact of the harmful marketing practices of the food industry on the health and nutrition of infants, children and women. A views piece (page 20) by Desplats draws on these two recent reports that highlight the scale and tactics of the food industry in the promotion of breastmilk substitutes and foods that contribute to unhealthy

diets and the need to strengthen efforts to protect infants, children and their mothers from harmful marketing practices. One shocking statistic revealed is that the formula milk industry spends more in one year on marketing than the entire two-year operations budget of the World Health Organization. In the face of the industry's ever more pervasive and persuasive tactics, we, as public health professionals, all need to act in more strategic ways to ensure women are supported to choose how to feed their infants and children based on informed choice and free from commercial influence.

There you have it – happy reading and please do continue to share your reactions and experiences with us. And just to whet your appetite for what's coming, we are planning a special Field Exchange series (online, print and podcasts) on complementary feeding in emergencies this year in collaboration with UNICEF. We'll be issuing a call for content soon – watch this space.

Marie McGrath (*Editor*)
Nicki Connell (*Editor*)
Anne Bush (*Editor*)
Philip James (*Editor*)

Dr Ferew Lemma 1961 - 2021



Dr Ferew Lemma, friend, colleague and ENN Board of Trustees member, died unexpectedly on Christmas Day. This is a huge loss for his family and friends, for Ethiopia and for the global nutrition community.

Dr Ferew was a public health physician with a PhD in Public Health Nutrition from the London School of Hygiene and Tropical Medicine. He had a long and illustrious career working in various capacities in higher education teaching/learning, health service delivery and management as well as research. He started his career with government service in the Regional Health Bureau and as a faculty member of Jimma University School of Public Health before moving to the UK in 1998 to study for his PhD. Upon its completion, he worked at London's South Bank University for eight years as a Senior Research Fellow then relocated back to Ethiopia in 2010 to act as Senior Nutrition Advisor to the Minister for Health, including serving as an advisor to the (former) First Lady of Ethiopia. As testament to how much he was respected on the international stage, he also occupied many important advisory positions such as being a member of the Independent Expert Group of the Global Nutrition Report.

ENN's partnership with Dr Ferew started in 2010 as we embarked on the year-long process of organising the CMAM conference in Addis Ababa, held in November 2011. The aim of this conference was to provide the space for government voices and experience to be front and centre – something that had not been done in previous international CMAM meetings. Dr

Ferew immediately saw the potential and became our key partner – helping us to navigate all the many hurdles we needed to jump to deliver this large, reputation-making event and he was integral to its success. His blend of knowledge and experience, spanning both the Ethiopian and the global context, meant that he instinctively understood what the crucial elements to success were, who it was critical to engage with and how to navigate the many different organisations, agendas and priorities. Among his many other duties he continued to be closely involved in the rollout of CMAM in Ethiopia where millions of severely wasted children have been successfully treated over the past decade, more about which can be read here.

Dr Ferew continued to be a great friend to ENN and we were thrilled when he agreed to join our Board of Trustees just over a year ago. He brought depth and gravitas to the position, along with the much-needed country-level perspective. He was always so willing to help us – our 'go-to' person for anything – no matter the subject, always the first person that we thought to ask. For all his immense experience and knowledge, no question or topic was ever too small for him; a truly humble giant of nutrition. He was proud to be associated with ENN and we can safely say that our growth over the past decade has in no small part been due to his substantial contributions.

What a privilege it has been to have his support and friendship. We send our deepest condolences to his family. May he rest in peace.

Emily Mates (*ENN Technical Director*)