COVID-19 Learning Series

In 2021, ENN embarked on a COVID-19 Learning Series[1] that aimed to complement existing COVID-19 learning initiatives within the nutrition sector, including through the Global Nutrition Cluster Technical Alliance, capitalising on our rich network and fora. A key focus of the series was on capturing the field-level experiences of those operating within the context of the COVID-19 pandemic. ENN wanted the series to contribute to understanding the impacts of COVID-19 on undernutrition and nutrition issues in local communities as well as the challenges that COVID-19 presents for implementing nutrition services.

To ensure that ENN was complementing, rather than replicating, existing learning efforts, ENN initially embarked on a survey of needs that was intended to inform the selection of topics and contacts for case studies. This survey was designed to collect information from our network on the topics that they felt were still underrepresented within the existing information pool regarding COVID-19 and nutrition programming/services in low- to middle- income countries.

These survey results are now published[2] and they were used to inform the subsequent work in the series. ENN then produced four case studies and a synthesis document focusing on the role of entrepreneurs in supporting nutrition and health services during the pandemic:

- **Case study 1: Western Stone Enterprise**, a woman-led business that produces peanut paste, sesame paste and other value-added agricultural products in Kenya.
- **Case study 2: A deck Juice Bar,** an all-natural smoothie bar run by a young entrepreneur in Dar es Salaam, Tanzania.
- **Case study 3: Sky Brands**, a food processing company specialising in biofortified products in Zimbabwe.
- **Case study 4: Solvoz**, an open-access digital procurement platform connecting humanitarian organisations and local suppliers.
- **Synthesis report:** a short summary of the key learnings from the four case studies relevant to nutrition practitioners.

Finally, ENN also produced a report on practitioners' experiences of the impact of the COVID-19 pandemic on the number and demographics of those people accessing nutrition services in low- and middle-income countries.[3] This was a qualitative synthesis of perspectives shared with ENN over several online interviews representing organisations from across the world.

We trust that this Learning Series offers an interesting snapshot of stories and experiences on the topics requested by our network and hope that FEX readers will enjoy exploring these resources to guide their respective organisations on relevant topics.

[1] https://www.ennonline.net/c19learningseries
[2] https://www.ennonline.net/c19learningseries/scopingsurvey
[3] https://www.ennonline.net/c19learningseries/practitioner_survey

State of the evidence: Simplified approaches

This is a summary of the following report:
Action Against Hunger USA. (2021). State of the Evidence 2021: Modifications Aiming to Optimize Acute Malnutrition Treatment in Children Under Five. New York.
https://www.actionagainsthunger.org/publication/2021/08/state-evidence-2021-modifications-aiming-optimize-acute-malnutrition-management

While community-based management of acute malnutrition (CMAM) has increased programme coverage and access to treatment, significant challenges remain in meeting the needs of all malnourished children worldwide. Simplified approaches are a range of modifications and innovations to standard CMAM protocols that aim to simplify and streamline operations, maximise coverage, reduce overall costs, and optimise cost-effectiveness. This report assesses the current state of evidence of six modifications based on a review of peer-reviewed publications and grey literature resources, including operational data and case studies.

1. **Family mid-upper-arm circumference (MUAC)** is one of the most widely implemented approaches. It aims to improve early detection and referral by empowering caregivers to detect acute malnutrition in their own children, at the household level, by measuring MUAC and assessing oedema themselves. However, robust evidence is lacking regarding programme effectiveness and cost-effectiveness on improving early treatment, identifying and referring clinical danger signs, handling moderate acute malnutrition (MAM) cases if treatment is unavailable, and best practices to ensure an effective programme design.

2. **Reduced frequency of follow-up visits** aims to increase access to services and uptake by reducing the travel burden for caregivers, while prioritising resources for high-risk children who may return for more frequent visits. While this approach is widely implemented, evidence is limited. Available evidence indicates adequate MUAC and weight gain.

3. **Modified admissions and discharge criteria** includes a range of modifications to admissions and discharge protocols. The most common modification is using only MUAC and oedema for admissions and discharge criteria, which often includes an increase in MUAC thresholds for admissions to capture children otherwise admitted by weight-for-height z scores (WHZ). MUAC- and oedema-only programming is based on the suggestion that an increased MUAC threshold is more appropriate than combining MUAC and WHZ to identify children at the highest risk of death, given the associations between MUAC and mortality and the operational simplicity of MUAC. There is a large body of evidence for MUAC- and oedema-only programming, with more limited evidence for expanded MUAC thresholds within this approach.

4. **Combined treatment/protocol for severe acute malnutrition (SAM) and MAM** incorporates treatment across the full spectrum of acute malnutrition via one unified programme in one location. This approach can (but does not always) use one nutritional product. The evidence base consists of several studies with varied research designs which, to date, indicate that combined protocols are non-inferior to standard protocols, are more cost-effective, and may enable earlier treatment.

5. **Modified or reduced dosage of therapeutic or supplementary foods** aims to optimise the dosage for recovery to improve cost-effectiveness, programme coverage, impact, and efficiency. The evidence base comprises a few studies with varying degrees of rigour. The existing evidence largely finds that overall programme recovery rates using modified dosages were non-inferior to those using weight-based dosages. However, some secondary outcomes and sub-analyses found differences across groups.

6. **Acute malnutrition treatment by community health workers (CHW)** shifts most or all treatment components for children with acute malnutrition (without medical complications) to a community setting to improve programme coverage and early access to treatment, lower default rates, and to reduce treatment-seeking costs for caregivers. There is a robust evidence base supporting CHW-led SAM treatment. However, questions remain regarding the effectiveness of CHW-led MAM treatment, cost-effectiveness, long-term quality of care, and optimal training and incentives.