

# COVID-19 adaptations to outpatient nutrition programmes in East Africa

This is a summary of the following paper: *Shragai T, Talley L, Summers A et al (2022) Outcomes after Acute Malnutrition Program Adaptations to COVID-19, Uganda, Ethiopia, and Somalia. Emerging Infectious Diseases, 28, 13. <https://doi.org/10.3201/eid2813.212266>*

After the onset of the COVID-19 pandemic, guidance for Community-Based Management of Acute Malnutrition (CMAM) was released to support the continuity of services while mitigating the risk of COVID-19 transmission. In response, countries adopted a variety of programme adaptations, including family mid-upper arm circumference (MUAC), longer intervals between clinic visits and MUAC-only programming. However, while experiences and lessons learnt have been documented in Field Exchange issue 64 (Wrabel et al, 2021), there remains a lack of data on the impact of imple-

menting these adaptations at scale and as a part of routine programming.

The study reviewed here used routine CMAM programme data from Ethiopia (81 facilities), Somalia (12 facilities) and Uganda (five facilities) to evaluate changes in enrolment and treatment outcomes at facility level that corresponded with the implementation of COVID-19 programme adaptations (Table 1). In addition, eight facilities in Somalia provided child-level data for weight and MUAC at admission and discharge, and average length of stay (ALOS). The analysis adjusted for expected increases in enrolment due to seasonal

periods of increased food insecurity and for expected decreases due to national COVID-19 mitigation measures, such as travel restrictions.

The study found no statistically significant changes in total admissions, ALOS, total children screened for admission or recovery rates at facility level before and after adaptations. Although several facilities closed temporarily because of stock outages, these closures were short-term – upon reopening, admissions and the total number screened returned to pre-closure levels. MUAC and weight at discharge did not change meaningfully within the Somalia facilities that provided child-level data. However, the ALOS did significantly increase immediately after adaptations, but then decreased to pre-adaptation levels. The authors highlight four limitations to the study: its limited statistical power; challenges in isolating the effects of CMAM programme adaptations from other simultaneous COVID-19 mitigation efforts; the limited number of countries studied; and, finally, the fact that models do not capture the important qualitative experience of putting programme adaptations into practice.

Nevertheless, overall, the results provide initial evidence that adaptations to CMAM programmes did not significantly affect programme efficacy when adopted in the context of the COVID-19 pandemic. However, there is a need for further prospective studies with greater power to evaluate how the COVID-19 programme adaptations affected performance outcomes.

## References

Wrabel M, King S & Stobaugh H (2021) Adaptations to community-based acute malnutrition treatment during the COVID-19 pandemic. *Field Exchange* 64. <https://www.enonline.net/fex/64/covid19cmamadaptations>

**Table 1** Programme adaptations in Ethiopia, Somalia and Uganda

Country	Programme type	Dates data available date adaptations began	Programme adaptations
Uganda	Targeted supplementary feeding programme	Jan 2019–Dec 2020 Apr 2020	Family MUAC suspension of community screening reduced frequency of follow-up visits from weekly to every two weeks modified admission and discharge criteria from a MUAC threshold of 12.5 cm to 12.9 cm
Ethiopia	Outpatient therapeutic feeding programme	Jul 2019–Dec 2020 May 2020	Family MUAC suspension of community screening reduced frequency of follow-up visits from weekly to every two weeks
Somalia	Outpatient therapeutic feeding programme	Facility-level data: Nov 2019–Dec 2020 Mar 2020 Child-level data: Jan 2017–Nov 2020 Mar 2020	Family MUAC suspension of community screening reduced frequency of follow-up visits from weekly to every two weeks

# Building upon the Women's Empowerment in Agriculture Index

This is a summary of the following paper: *Heckert J, Martinez E, Seymour G et al (2022) Development and validation of a health and nutrition module for the project-level Women's Empowerment in Agriculture Index (pro-WEAI+HN). Maternal & Child Nutrition. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/mcn.13464>*

Improving gender equality and empowering women – who make up 49.58% of the global population, and whose agency has been impeded throughout much of human development – is a central component of the Sustainable Development Goals. Agricultural development projects readily target women by incorporating gender-sensitive objectives to address the underlying drivers of malnutrition. Great strides have been made in quantifying women's empowerment within this field, as seen by the development of the Women's Empowerment in Agriculture Index (WEAI) and the Women's Empowerment in Livestock Index, to name a few. Yet there remains no standardised measure of women's empowerment focusing on nutritional outcomes that is also validated in multiple contexts. Without such data, it is not possible to determine how nutrition-sensitive agriculture programmes contribute to women's empowerment.

In this paper, the researchers have developed a health and nutrition 'module' (questionnaire) for the project-level WEAI (pro-WEAI+HN) to measure health-related and nutrition-related agency. The study used data from six projects across two distinct regions: Bangladesh and Burkina Faso/Mali (n = 12,114). The module was designed to be administered to women participants and considered all three pillars of the food, health and care paradigm (nutritious foods, healthcare utilisation and caregiving practices, alongside agricultural production); key life stages (infancy, early childhood, and pregnancy and lactation); and animal-source food consumption (women often face barriers to accessing these nutrient-dense and often culturally valuable foods due to entrenched societal norms). Although integral components of a diverse diet, fruits and vegetables were not considered in the module as women do not face the same barriers when ac-

cessing this food group compared to animal-source foods.

The results highlighted seven indicators, covering a woman's decision-making ability in the areas of her own health and diet; her health and diet during pregnancy; her child's diet; breastfeeding and weaning; purchasing food and health products; and acquiring food and health products. The analysis indicated that this module (pro-WEAI+HN) measures aspects of decision-making that are distinct from the previously used questionnaire (core pro-WEAI), highlighting the increased value provided by this expanded methodology. This led the authors to conclude that uptake of these indicators when studying nutrition-sensitive agricultural development projects may in turn strengthen the evidence on how these programmes can enhance women's empowerment. Such empowerment can then serve as a vehicle to improve health and nutrition outcomes for both women and their children.

A detailed breakdown of the methodology used by the researchers is beyond the scope of this summary (although this can be accessed via the link provided at the top of this review), although both the process and findings were robust, with a clear breakdown of study limitations included in the discussion. The findings can therefore be interpreted with a high degree of confidence.