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USING SIMPLIFIED APPROACHES IN EXCEPTIONAL CIRCUMSTANCES

WHAT ARE THE SIMPLIFIED APPROACHES?

The term “simplified approaches” refers to several modifications and simplifications to the existing national and global protocols for the treatment of child wasting. These modifications are designed to improve effectiveness, quality, coverage and reduce the costs of caring for children with uncomplicated wasting. The simplified approaches have also been used to maintain service availability and continuity in exceptional circumstances until standard programming can resume.

The simplified approaches are:

- 1) Family MUAC: Engaging family members to screen and refer their children
- 2) CHW-led treatment of wasting: Management of wasting by Community Health Workers (CHWs)
- 3) Reduced Frequency of Follow-up Visits
- 4) MUAC and oedema only: Admission, treatment, discharge based on Mid-upper arm circumference (MUAC) and/or oedema
- 5) Expanded admissions criteria: Systematic expansions of MUAC to include more children (e.g., 120mm or 125mm)
- 6) Use of a single treatment product: Use of ready-to-use food (RUF) for the treatment of all wasted children in need of treatment
- 7) Optimized Dosage: Treatment dosage of RUTF product modified over course of recovery

The final four simplifications are often used conjointly in what is known as the combined nutrition protocol.¹

The evidence base on simplified approaches is rapidly increasing with over 30 peer reviewed publications documenting outcomes on one or several of the simplified approaches. The most documented outcome has been effectiveness, followed by costing and coverage data. Several evidence reviews have been conducted bringing together this literature, in combination with stakeholder perspectives and operational documentation, notably;

- **Rapid Evidence Review of Simplified Approaches²**

- **State of the Evidence³**

Both reviews suggest that, in specific contexts, simplified approaches can contribute to an increased number of children identified and treated for wasting when using a modified dosing regimen that uses RUTF more efficiently and achieves high quality of care respecting international Sphere standards. Furthermore, particularly where treatment is decentralized to community health workers, coverage rates have improved.

As of 2021, WHO is in the process of revising the current treatment protocols. Several simplified approaches are being evaluated by the Guideline Development Group for possible inclusion in the new WHO Wasting guidelines. However, the use of simplified approaches are already deemed appropriate by WHO and UN agencies⁴ in exceptional circumstances where warranted, as a measure to ensure service continuity and availability.

WHAT INDICATES AN EXCEPTIONAL CIRCUMSTANCE?

Exceptional circumstances refer to a complex and/or challenging context resulting in negative effects on treatment services or the target population. These negative effects may be mitigated by adapting treatment services to include one or a combination of several simplified approaches. Whilst there is no specific set of criteria to determine an exceptional circumstance, the following questions may help to decide whether it is necessary to make adaptations to services to ensure continued availability and access.

- 1) Have health facilities recently closed (e.g., due to insecurity) or become inaccessible (e.g., due to a shock such as flooding or other contextual changes)?

- 2) Has the nutritional situation significantly deteriorated, leading to a sudden increase in rates of child wasting?
- 3) Are there foreseen or current pipeline breaks for essential treatment products?
- 4) Have there been gaps across the continuum of care for wasting?
- 5) Have health facility staff become unavailable (e.g., due to other health emergencies like COVID-19)?
- 6) Has coverage recently decreased in the area of intervention and/or is coverage considered to be excessively low?
- 7) Have there been sudden increases in defaulting or mortality rates?
- 8) Have community activities, particularly screening, decreased as a result of a change in context?

One example of a context considered to be experiencing exceptional circumstances is the Sahel region. Compared to 2021, 40% more people are predicted to face severe food insecurity. Additional circumstances are converging with this contextual shift, including armed conflict, an early lean season, and a limited RUTF supply.⁵ Given that this limited RUTF availability in the region will not be enough to cover treatment needs, nor to ensure the continuum of care of child suffering wasting, the use of one or some of these simplified approaches could therefore contribute to maintaining or increasing coverage of treatment services, particularly during the hunger gap.

WHAT SIMPLIFIED APPROACHES SHOULD I USE IN EXCEPTIONAL CIRCUMSTANCES?

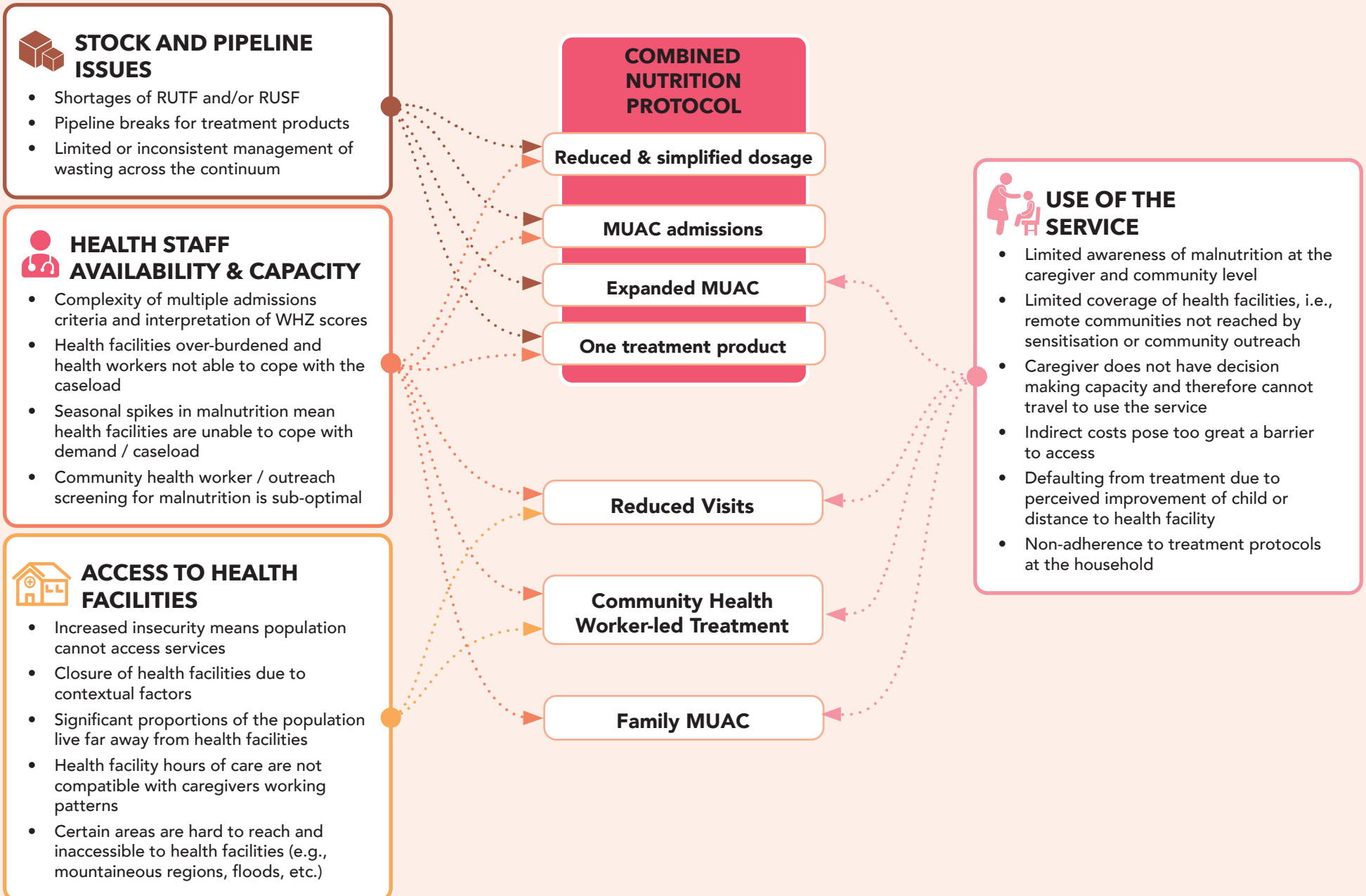
When implementing simplified approaches in exceptional circumstances, it is important that the context plays a key role in determining the simplifications to be implemented. Common supply and demand barriers are aggravated by exceptional circumstances resulting in treatment services becoming unavailable or inaccessible. Linking the barriers to the simplified approaches is one way to determine whether specific simplifications may be adapted to the context. The image below links common barriers to potential solutions.

SIMPLIFIED APPROACHES

SUPPLY BARRIERS

SIMPLIFICATIONS

DEMAND BARRIERS



Prior to implementing any simplification, it is important to consider the relevance and feasibility of simplifications.

RELEVANCE

- Are the simplifications responding to issues or barriers identified at local level?
- Are the simplifications appropriate for the context?
- Have all relevant local stakeholders been consulted, and their inputs integrated?

FEASIBILITY

- Are national and local health authorities engaged?
- Are there sufficient resources (financial and human resources) to implement these simplifications for the desired timeframe?
- Is there the operational and technical capacity within the health system to implement these simplifications? If not, can support be provided by partner NGOs to build capacity?

- Are essential supplies (i.e., RUTF, RUSF, MUAC tapes etc) available and is the supply chain adapted for any changes?
- Are these changes temporary or long-term?
- Is enough product available for an expanded admissions criteria and can teams forecast for the anticipated caseload? If not, what alternatives can be offered for nutritionally vulnerable children?
- Are the necessary data collection mechanisms available or can they be put in place to ensure outcomes are accurately recorded?

In addition to the above considerations, each simplification comes with their own specific operational considerations. For example, moving towards a combined nutrition protocol may have implications on the supply needs. When decentralizing treatment to community health workers consideration must be paid to existing community platforms and capacity of community workers.



For a more comprehensive explanation of the operational considerations and revised inputs needed, please refer to this [decision making tool](#). Additional technical information on each simplification can also be found [here](#).



NOTES

- 1 UNICEF. What are the simplified approaches. Simplified Approaches [Internet]. United Nations Children's Fund; 2021 [cited 27 March 2022]. Available from: <https://www.simplifiedapproaches.org>
- 2 UNICEF. Treatment of wasting using simplified approaches 2019. A rapid evidence review. [cited 28 mars 2022]. Available from: https://www.simplifiedapproaches.org/_files/ugd/92555b_d90fba7e4cf04ca0b57d133c12aa6ce8.pdf
- 3 USAID, Action against Hunger. State of the evidence 2021. [cited 28 March 2022]. Available from: https://www.simplifiedapproaches.org/_files/ugd/2bbe40_e6f97d74cdbc437aa7662ea55da78457.pdf
- 4 UNICEF, UNHCR, WFP, WHO, Joint UN Communique: Simplified approaches for the treatment of child wasting, 2019. Available from: <https://www.who.int/news-room/events/detail/2019/03/26/default-calendar/simplified-approaches-for-the-treatment-of-child-wasting>
- 5 UNICEF. Press release. 6 April 2022. "Urgent action needed to holistically address child malnutrition in West and Central Africa" [cited 18 april 2022]. Available from: <https://www.unicef.org/wca/press-releases/urgent-action-needed-holistically-address-child-malnutrition-west-and-central-africa>
- 6 GNC, MAM Decision Tool. 2017. Available from: https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2021-01/DECISION-TOOL-FOR-MAM_w-exceptional-cicumstances_May-2017-update-final1.pdf

This document was developed by UNICEF Nutrition in collaboration with the global **Simplified Approaches Working Group**. For any queries, please contact: simplifiedapproaches@unicef.org