SESSION 4: COMBINED NUTRITION PROTOCOL

Martha Nakakande, Global Nutrition Cluster TA-TST
International Medical Corps
Bethany Marron, International Rescue Committee

16 DECEMBER 2021
8.00 – 9.30 EST
Presenters and Panelists

Martha Nakakande, GNC-TA CMAM Advisor, IMC
Dr. Salimou Dembele, Health & Nutrition Coordinator, IRC-Mali
Dr. Rosette Tshiende, Nutrition Officer, Emergency, UNICEF-RDC
Dr. Kalil Sagno, Coordonnateur du cluster Nutrition, UNICEF RDC
Sophie Woodhead, UNICEF HQ Nutrition Division
Agenda

- Introduction - what, why, where?
- State of the evidence
- Icebreaker: mentimeter poll
- Country example: DRC feasibility assessment
- Country example: Mali implementation
- Joint Q&A panel
- RUTF calculator tool
- Concluding remarks
What is a (simplified), combined nutrition protocol?

1. MUAC and/or edema only
2. Expanded admissions criteria
3. Use of a single treatment product
4. Reduced dosage
Why a (simplified), combined protocol?

- **Coverage**: treatment is made available (SAM + MAM)
- **Continuity of care**: treatment is harmonized across the continuum of care (SAM → MAM)
- **Quality**: treatment is provided at dosages that align with energy needs (e.g. 2: 1 RUTF)
- **Cost-effectiveness**: cost savings are achieved from a unified, streamlined treatment program
State of the evidence (1)

- **Non-inferior recovery**: the simplified, combined protocol is as effective as the standard treatment protocol
- **No evidence of a difference in secondary outcomes** (non-response, defaulting, length of stay, or average daily weight gain and average daily MUAC gain)
- **Similar mortality** (<2%)
- **Similar time to recovery** (median 10 weeks)
- **Cost-effective**: the simplified, combined protocol costs $123 less per child recovered
State of the evidence (2)

MUAC and/or edema only

- MUAC identifies children at highest risk of mortality
- MUAC gain mirrors weight gain during treatment and both are affected similarly by acute illness

Expanded admission criteria

- In Sierra Leone, children who received an integrated protocol using RUTF had improved recovery, increased program coverage and lower therapeutic food costs compared to standard care (RUTF+CSB)
- In Burkina Faso, children <125mm who received a graduated dose of RUTF based on weight and MUAC, had recovery in line with sphere standards
State of the evidence (3)

Use of a single treatment product

- Lipid-based nutrient supplements with dairy protein may be the most effective to treat MAM
- Treatment with RUTF compared to RUSF may increase MAM recovery
- MAM children treated with RUTF in place of RUSF did not have significant difference in body composition 4 months post treatment

Dosage

- Rate of weight and MUAC gain is most rapid during the earliest stages of treatment. As children recover, their rate of weight and MUAC gain slows
- In children with a MUAC<125mm, energy needs were met or exceeded with 1,000 kcal/day.
Where is (simplified) combined protocol?

SIMPLIFIED APPROACHES
ICEBREAKER EXERCISE

What is your current knowledge, perception and experience with simplified, combined protocol?

Website: https://www.menti.com
Code: 1591 8455

Or

Direct link in chat!