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Scaling up Community Management of Acute Malnutrition and Scaling up Nutrition (SUN)

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SUGGESTED NEW DESIGN FRAMEWORK
FOR CMAM PROGRAMMING
SUGGESTED NEW DESIGN FRAMEWORK FOR CMAM PROGRAMMING

Introduction

• Milestones that led to CMAM rollout
  • Better understanding of the pathophysiology
  • Treatment protocols
  • RUTF
  • Outpatient strategy

• CMAM still emergency intervention only?

• There is a need to bridge the gap between the current progress on CMAM scale up and integration with the way it is wrongly perceived as humanitarian intervention only
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Start-Stop model for decision making on the initiation and duration of ‘emergency’ MSAM- Conventional Perspective
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Start-stop Model Actual situation

Nut survey and decision for intervention

Nutrition survey and decision for closure

Graph showing SAM prevalence over time with labels for NGO Support, SAM Prevalence, and SAM threshold level.
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Reality Model

[Diagram showing a graph of SAM prevalence over time with labels for assessment-intervention lag time, start-stop cycle overlap, and minimal support after phase-out. Legend includes colors for different variables such as unreachable cases, local government capacity, NGO support, overshooting of capacity, SAM prevalence, and SAM threshold.]
Thresholds and Government Capacity Analysis

- The evidence base of fixed thresholds
- The importance of thresholds
  - To demonstrate that the situation has passed a critical point
  - To allow decisions on needed actions
- In the current context, there is a need for analysis of:
  - Caseload
  - Capacity of the health system to cope with the caseload
Pyramid model for required level of external support

- Direct Implementation
- Mentoring, supplies and temporary staff support
- Mentoring and supplies support
- Mentoring
Bridging Emergency and Development – Disaster Risk Reduction

• The intermittent nature of external support to CMAM is due to separation of emergency and development activities
• More value for money could result from integration of the two
• DRR

“The concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment and improved preparedness for adverse events.”
A new Framework

![Graph showing caseload over time with different capacity levels and thresholds.]

- Surge Capacity Required
- Capacity Gap
- Local treatment capacity
- Caseload
- Threshold for decision (caseload)
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DRR Framework

- Surge capacity required
- Local treatment capacity
- Disaster Risk Reduction through bridging the gap
- Example Capacity based threshold
Conclusion

• The classic conceptual model (the start-stop model) used for external support of CMAM is now out-dated and needs to change in order to fit the development in CMAM landscape.

• The unrealistic conceptual model coupled with the use of prevalence thresholds for action has resulted in contradictions and distortions between what is said and what is done. Agencies have failed to take into account that while their own intervention might have a stop date, the need for CMAM is continuous.

• Instead of using a single prevalence-based threshold to decide on when to start and stop an intervention, a series of existing capacity based thresholds should be used (combined with prevalence estimates or not).
Conclusion

• The role of partners should be redefined to fit the current reality in the CMAM landscape.

• Capacity building should receive due attention as CMAM is rolled out at scale using the public health system.
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