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SIMPLIFIED APPROACHES FOR THE MANAGEMENT OF WASTING

FREQUENTLY ASKED QUESTIONS

PREFACE

This FAQ is part of the Simplified Approaches Toolkit, developed by UNICEF and partners of the Global Working Group on Simplified Approaches. For further details on the complete Toolkit, please use the following link: www.simplifiedapproaches.org. This

FAQ draws on questions collated from recent webinars, existing online Q&A spaces, and general technical enquiries into simplified approaches for the management of wasting. This FAQ is designed for a broad audience, technical and non-technical.

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DEFINITION

What is the definition of simplified approaches for the management of child wasting?

The term “simplified approaches” refers to a number of adaptations to the existing national and global protocols for the management of child wasting and are designed to improve effectiveness, quality, coverage and reduce the costs of caring for children with uncomplicated wasting. These simplifications seek to improve the continuum of care for wasting treatment, and also contribute to Universal Health Coverage Goals.

What are the most common simplified approaches?

There is no singular simplified protocol but rather a set of simplified approaches which may be used individually or in combination depending on the context. The most implemented and researched simplified approaches:

- 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;
- 3. Reduced Frequency of Follow-up Visits;**
- 4. MUAC and oedema only:** Admission, treatment, discharge based on MUAC and/or oedema;
- 5. Expanded admissions criteria:** Systematic expansions of MUAC to include all children <125mm;
- 6. Use of a single treatment product:** Use of RUTF for the treatment of all wasted children in need of treatment;
- 7. Reduced Dosage:** Treatment dosage of RUTF product modified over course of recovery.

IMPLEMENTATION

Where have simplified approaches been implemented?

Simplified approaches have been implemented in a variety of contexts both in research trials and operational responses. These projects have been implemented across countries in Sub-Saharan Africa and South Asia. Projects have taken place predominantly in Sahel countries in West Africa. Most projects come from rural contexts in both humanitarian and development contexts. For a comprehensive overview of what has taken place where, please visit the [Simplified Approaches Dashboard](#).

In what contexts are simplified approaches appropriate?

Simplified approaches may be relevant in both development contexts and contexts undergoing humanitarian crises or emergencies. The main objective of modifying wasting detection and treatment services is to ensure improved access and uptake of services to provide life-saving treatment to highly vulnerable children. As such, in emergency contexts, certain modifications may be implemented as a response to ensure children continue to receive treatment despite dramatic changes to the context. In development settings, modifications may respond to more structural barriers linked to the health systems and costs of treatment.

Which stakeholders have been implementing the simplified approaches?

ACF, ALIMA, IRC, MSF, and UNICEF account for over 80% of the projects worldwide. ACF have focused predominantly on the treatment of wasting by CHWs. ALIMA, IRC and MSF have investigated modifications of

dosage and admissions criteria. UNICEF has supported a variety of different simplifications. ECHO, ELHRA and BHA are the most frequent donors. National ministries have also engaged in simplified approaches, from adapting national protocols to integrating modifications into routine services.

Can simplified approaches be implemented in non-research settings?

Yes, depending on the specific modifications selected by the implementing organizations. Not all simplifications require experimental research prior to operational implementation, particularly those which do not deviate from global or national normative guidance (i.e. are operational in nature). Training caregivers to screen for wasting, also known as the Family MUAC approach, is one such example. It is important also to check what existing trials or studies are underway in country, to determine the need for a research vs. implementation approach. For details, please visit the [Simplified Approaches Dashboard](#). Where a proof of concept has already been implemented, it is likely that organisations can move ahead with operational implementation. In all cases, it is essential to consult with ministries and administration at national and subnational levels to ensure coherence with national strategies and approaches.

Where simplifications will be implemented operationally, it is important to establish a robust monitoring approach. Close monitoring is necessary in any novel approach to ensure the intervention is implemented as planned. For monitoring tools, please visit the [Implementation Toolkit](#).

How do I select simplifications to implement?

There is no singular simplified protocol, but rather a series of modifications. It is important that any modifications to existing services are made based on contextual issues and barriers identified. Existing bottleneck analyses can be an informative source, alongside routine monitoring data and evaluations. Stakeholder consensus is also an important step in implementing any modifications to existing services, particularly amongst national ministries and implementing partners.

How much does it cost to implement simplified approaches?

Costs of implementing simplified approaches will vary depending on scale and approach. For research trials,

a large cost driver will be the research itself, given the need for extremely robust data collection systems and associated HR. These costs can be high, so research should be considered carefully. Whether in the context of a study or implementation, any new activity will require training of health personnel or community members. As such, start-up training costs are important to consider. Given that simplified approaches aim to increase coverage, it is likely that admissions would increase needing an increase in supplies. Furthermore, costs associated to strengthen monitoring and supervision in the initial stages should also be considered.



FINDING OUT MORE...

Where can I find out more about simplified approaches?

For further details, please visit the [Simplified Approaches Community of Practice](#) hosted by the State of Acute Malnutrition.

Where can I ask questions on simplified approaches?

Please post any questions on the dedicated [en-net forum for simplified approaches](#). This forum is frequently moderated by technical experts and your questions will be swiftly answered.

Whom can I contact?

A global working group is jointly coordinated by UNICEF and IRC. Please contact: simplifiedapproaches@unicef.org