

## Previous Field Exchange content on continuum of acute malnutrition care

**C**ontent previously published in *Field Exchange* is also relevant to this issue's focus on continuity of care for acutely malnourished children.

You can search online at

[www.ennonline.net/fex](http://www.ennonline.net/fex). Below is a selection of relevant articles from previous editions:

*Phase 1 study results of the COMPAS trial and a summary of the study protocol for the economic evaluation:*

Jeanette Bailey, Rachel Chase, Marko Kerac, André Briand, Mark Manary, Charles Opondo, Maureen Gallagher and Anna Kim (2016).

Combined protocol for SAM/MAM treatment: The CompAS study. *Field Exchange* 53, November 2016. p44.

[www.ennonline.net/fex/53/thecompasstudy](http://www.ennonline.net/fex/53/thecompasstudy)

The "ComPAS" trial combined treatment model for acute malnutrition: study protocol for the economic evaluation. *Field Exchange* 58, September 2018. p10.

[www.ennonline.net/fex/58/compastrial](http://www.ennonline.net/fex/58/compastrial)

*Research on integrating treatment in community health worker in Bangladesh:*

Community case management of severe acute malnutrition in southern Bangladesh. *Field Exchange* 42, January 2012. p11.

[www.ennonline.net/fex/42/community](http://www.ennonline.net/fex/42/community)

*IRC research on low-literacy tools in South Sudan:*

Naoko Kozuki, Casie Tesfai, Annie Zhou and Elburg van Boetzel (2019). Can low-literate community health workers treat severe acute

malnutrition? A study of simplified algorithm and tools in South Sudan. *Field Exchange* 59, January 2019. p30.

[www.ennonline.net/fex/59/samtoolssudan](http://www.ennonline.net/fex/59/samtoolssudan)

*MSF experiences on treatment admission simplification:*

Kevin PQ Phelan, Candelaria Lanusse, Saskia van der Kam, Pascale Delchevalerie, Nathalie Avril and Kerstin Hanson (2015). Simplifying the response to childhood malnutrition: MSF's experience with MUAC-based (and oedema) programming. *Field Exchange* 50, August 2015. p108. [www.ennonline.net/fex/50/msf-muacprogramming](http://www.ennonline.net/fex/50/msf-muacprogramming)

*Research on preventing malnutrition in sick children:*

Does nutritional supplementation for two weeks prevent malnutrition in ill children? *Field Exchange* 55, July 2017. p36.

[www.ennonline.net/fex/55/doesnutritional-supplementation](http://www.ennonline.net/fex/55/doesnutritional-supplementation)

Susan Shepherd (2018). TreatFOOD study in Burkina Faso. *Field Exchange* 57, March 2018. p73. [www.ennonline.net/fex/57/treatfoodstudyin-burkinafaso](http://www.ennonline.net/fex/57/treatfoodstudyin-burkinafaso)

*Risk of relapse following moderate acute malnutrition treatment:*

Heather Stobaugh and Mark Manary (2018). Relapse after treatment for moderate acute malnutrition: Risk factors and interventions to prevent it. *Field Exchange* 57, March 2018. p64. [www.ennonline.net/fex/57/malnutriskfactor-sandinterventions](http://www.ennonline.net/fex/57/malnutriskfactor-sandinterventions)

*WHO's role in acute malnutrition management:* Zita Weise Prinzo, Adelheid Onyango, Dr Ferima-Coulibaly Zerbo, Hana Bekele, Dr Ngoy Nsenga and Adelheid Marschang (2017). Nutrition in health response in emergencies: WHO perspectives and developments. *Field Exchange* 56, December 2017. p89.

[www.ennonline.net/fex/56/nutrition-healthresponsewho](http://www.ennonline.net/fex/56/nutrition-healthresponsewho)

*Experiences of an adapted (reduced RUTF) protocol by ACF in Myanmar (a precursor to the MANGO study highlighted in Field Exchange 60):* Naomi Cosgrove, Jane Earland, Philip James, Aurélie Rozet, Mathias Grossiord and Cecile Salpeteur (2012). Qualitative review of an alternative treatment of SAM in Myanmar. *Field Exchange* 42, January 2012. p6.

[www.ennonline.net/fex/42/qualitative](http://www.ennonline.net/fex/42/qualitative)

*Review of CMAM innovations by Save the Children:*

Anne Marie Kueter, Claudine Prudhon, Emily Keane and Megan Gayford (2018). Report on innovations in CMAM. *Field Exchange* 58, September 2018. p41. [www.ennonline.net/fex/58/reportoninnovationsincmam](http://www.ennonline.net/fex/58/reportoninnovationsincmam)

*RUTF supply:*

Jan Komrska (2012). Increasing Access to Ready-to-use Therapeutic Foods (RUTF). *Field Exchange* 42, January 2012. p46.

[www.ennonline.net/fex/42/access](http://www.ennonline.net/fex/42/access)

Local versus offshore costs of RUTF and LNS. *Field Exchange* 54, February 2017. p36.

[www.ennonline.net/fex/54/costrutfandlms](http://www.ennonline.net/fex/54/costrutfandlms)

*RUTF formulations:*

Comparison of milk free v milk containing RUTF in SAM treatment in Zambia. *Field Exchange* 47, April 2014. p17.

[www.ennonline.net/fex/47/comparison](http://www.ennonline.net/fex/47/comparison)

Marta Ortiz Nunez (2010). Impact of local RUTF manufacture on farmers' incomes in Malawi. *Field Exchange* 38, April 2010. p17.

[www.ennonline.net/fex/38/impact](http://www.ennonline.net/fex/38/impact)

## Consultation on wasting in Asia to build the evidence base

**F**ield Exchange 59 featured headlines from a consultation on wasting in Asia, organised in support of the No Wasted Lives Coalition mission and priorities. A report on the proceedings is now available online. Participants concluded that there are unique characteristics to wasting in South Asia (high wasting prevalence at birth and in the early months of life, lower associated mortality with wasting, persistent wasting, and lower and slower response to treatment) that need closer examination. Emerging government approaches to community-based management of acute malnutrition and country-level adaptations are look-

ing to build on the relatively strong community platforms for early case detection, community-based management and referral in India. The Indian government is seeking sustainable and scalable solutions that focus on both the prevention and treatment of wasting, including during the first six months of life. As this evolves, there is an opportunity for a strong learning agenda. Finally, research in South Asia can contribute to global and regional efforts in optimising and innovating care and treatment approaches for children with severe wasting. Areas of research include modifications in the quantity, duration and formulation of ready-to-use therapeutic

food used in nutrition rehabilitation; the use of home-based foods or home-augmented foods to treat severe wasting; and transitioning from treatment foods to family diets.

Identified ways forward include the need for a new narrative on wasting in South Asia (and globally) that positions prevention as a priority, ensures that children have access to treatment when prevention fails, links wasting with stunting, and frames the functional consequences of wasting on cognition and learning, as well as the mortality risks.

*Wasting in South Asia: Consultation on building the evidence base on the policy and programme response.* *Field Exchange* 59, January 2019. p8.

[www.ennonline.net/fex/59/wastinginsouthasia](http://www.ennonline.net/fex/59/wastinginsouthasia)

UNICEF (2018). *Wasting in South Asia: Consultation on Building the Evidence Base for the Policy and Programme response.* UNICEF Regional Office for South Asia: Kathmandu, Nepal.

[www.unicef.org/rosa/reports/no-time-waste](http://www.unicef.org/rosa/reports/no-time-waste)