

ELEVATOR PITCH

UPSCALING CMAM PROGRAMS

TO INCLUDE INTERVENTIONS FOR MOTHERS



Within 28 days Mothers First has the capacity and expertise to adapt any Community Management of Acute Malnutrition (CMAM) program regardless of context to include nutrition specific interventions targeting malnourished pregnant mothers (CMAM+1)



What Platform?

In 2001 treatment of acute malnutrition (wasting) left the therapeutic feeding centres to the community in a program called Community Management of Acute Malnutrition (CMAM) The approach generally centres around the targeted distribution of Ready to Use Therapeutic Food (RUTF) to children above 6 months.

The delivery mechanism for CMAM is well established and has a rigid set of protocols with well trained staff. We know that they are well trained because the operation of a CMAM program needs logistical skill in determining demographic areas of operations, case finding, identification and monitoring protocols. A percentage of children suffering from wasting will be medically compromised which adds an extra care dimension to case finding protocols as well as a more detailed referral mechanism.



The Intervention Keys



The intergenerational reality of malnutrition which has its origins in maternal and fetal nutrition and continues through the life cycle of the child means that where there are malnourished children they will be malnourished mothers. This is an important point because it means that existing CMAM intervention areas that UNICEF and partner agencies and governments operate in for children will also have a high rate of maternal malnutrition. UNICEF has committed to treating 5.5 million children through CMAM Programming in 2020. This is the scale of the opportunity for incorporating the treatment of malnutrition during pregnancy to CMAM programmes (CMAM+1).

The Piggy Back

In 2015 Mothers First successfully 'piggy backed' its existing CMAM programs to include malnourished pregnant mothers. We have called this program CMAM+1 to take note of the extra nutrition recipient on the program. We added an extra module to the Training Guide for Community-Based Management of Acute Malnutrition. The extra module took 4 hours to deliver in a classroom setting and was sufficient to upscale the program to CMAM+1.

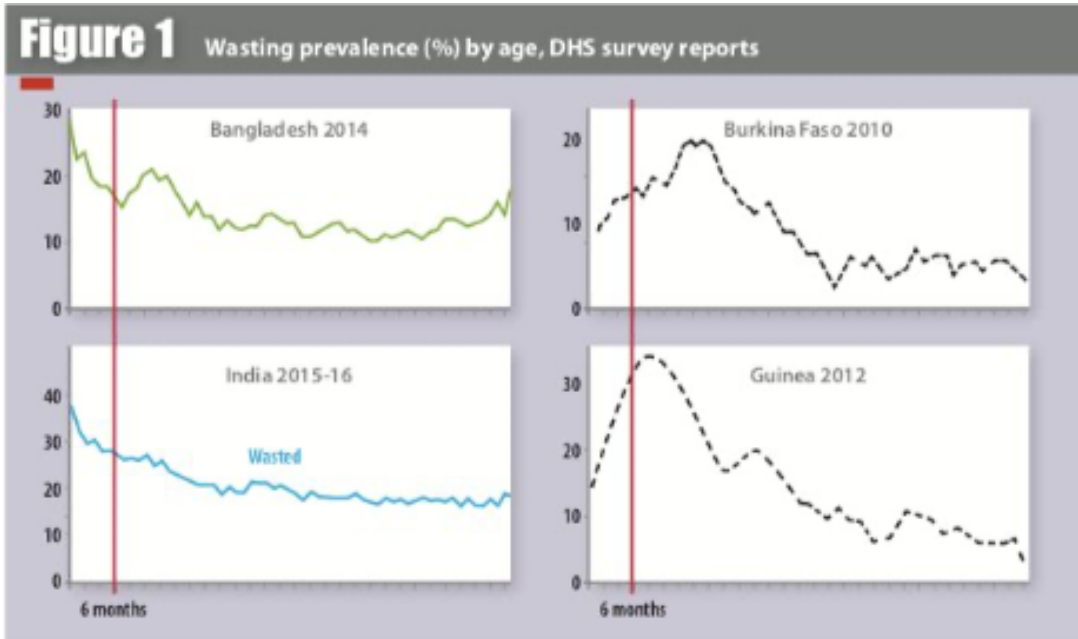
The inclusion of pregnant mothers into the delivery model of CMAM fitted very easily into the underlying principles of the CMAM framework and training guide. Of particular help with up scaling to CMAM+1 is the additional antenatal services in place for pregnant mothers which support identification and referral procedures. The maternal component of CMAM+1 delivers nutrition specific actions which are recommended by the Lancet and the World Health Organisation (WHO). These interventions have not been scaled out with low to non-existent coverage rates. In conjunction with the local Indian government we are piloting CMAM+1 in 30 villages. An added benefit that we have found was that quality of the intervention using local food as a main component facilitated both high coverage rates as well as regular attendance to antenatal services.

Intervention	Coverage Rates	Notes
Energy Protein Supplementation	0%	Using local foods
Iron and Folic Acid	26%	
Multiple Micronutrients	0%	
Calcium	0%	
Presumptive Treatment of Malaria	29%	Malaria endemic areas



Why scale up to CMAM+1?

Because of the life-long influences on reproductive outcomes, including inter-generational ones, both clinical and public health measures need to ensure adequate nutrition during pregnancy. The first 1000 days, especially the period from conception through birth (approximately the first 280 days), is a critical window for growth. Despite the substantial evidence base that exists on the impact targeting this group would have on Low Birth Weight, Stunting and wasting in children these interventions have not been scaled up. This is surprising because the interventions formed a package of Essential Nutrition Actions recommended in 2008 by the Lancet Nutrition Series. The Lancet further outlined how these interventions had a sufficient evidence base to be scaled up in 36 countries. The Emergency Nutrition Network in 2019 outlined how prevalence at wasting at birth ranged between 30 to 38% of all births in Asia and 10 to 14% of births in Africa. This publication is an important contribution to the nutrition community and is available [here](#). Despite this biological imperative, the bulk of resources allocated to maternal and child health have been directed towards the child with little attention to a woman's nutritional status prior to or during pregnancy.



Who can scale up to CMAM+1?

UNICEF Executive Director Henrietta H. Fore in her forward to the 2019 State of The World's Children showed their commitment to maternal nutrition during pregnancy "I want to emphasize again my commitment, and the commitment of UNICEF, to use all of these opportunities to work for better nutrition for every child, especially in the crucial first 1,000 days – from conception to age two years – and during adolescence, the two unparalleled windows of opportunity"

Given UNICEF double barrel commitment of treating wasting in children through (CMAM) and to work for better nutrition for every child from conception CMAM+1 offers an unparalleled opportunity for scale up.

Conclusion

CMAM+1 is a framework for action that offers immediate scale up potential to deliver targeted Essential Nutrition Actions during pregnancy. These interventions are proven to impact the intergenerational cycle but have not scaled up. This elevator pitch has sought to answer the how, why and who of this scale up.

Mothers First is a community based targeted nutrition project in India. Its mission is to provide nutrition to malnourished pregnant mothers and their children, breaking the cycle of malnutrition in communities. It advocates for the inclusion of maternal nutrition in global nutrition policy and global targets. The past 15 years have led to a natural progression from a therapeutic feeding centre to CMAM and then recognizing the program gap and its implications for malnutrition during pregnancy to CMAM+1. Mothers First is a registered charity, number CHY 19325.