

Somalia Nutrition Cluster

Expanded Admission Criteria for MAM cases into OTPs

October, 2018

Amman, Jordan



unite for
children



**PROGRESS ON THE IMPLEMENTATION OF THE
EXPANDED ADMISSION CRITERIA OF
MODERATE ACUTE MALNUTRITION TO THE
OUTPATIENT THERAPEUTIC PROGRAM IN
SOMALIA**



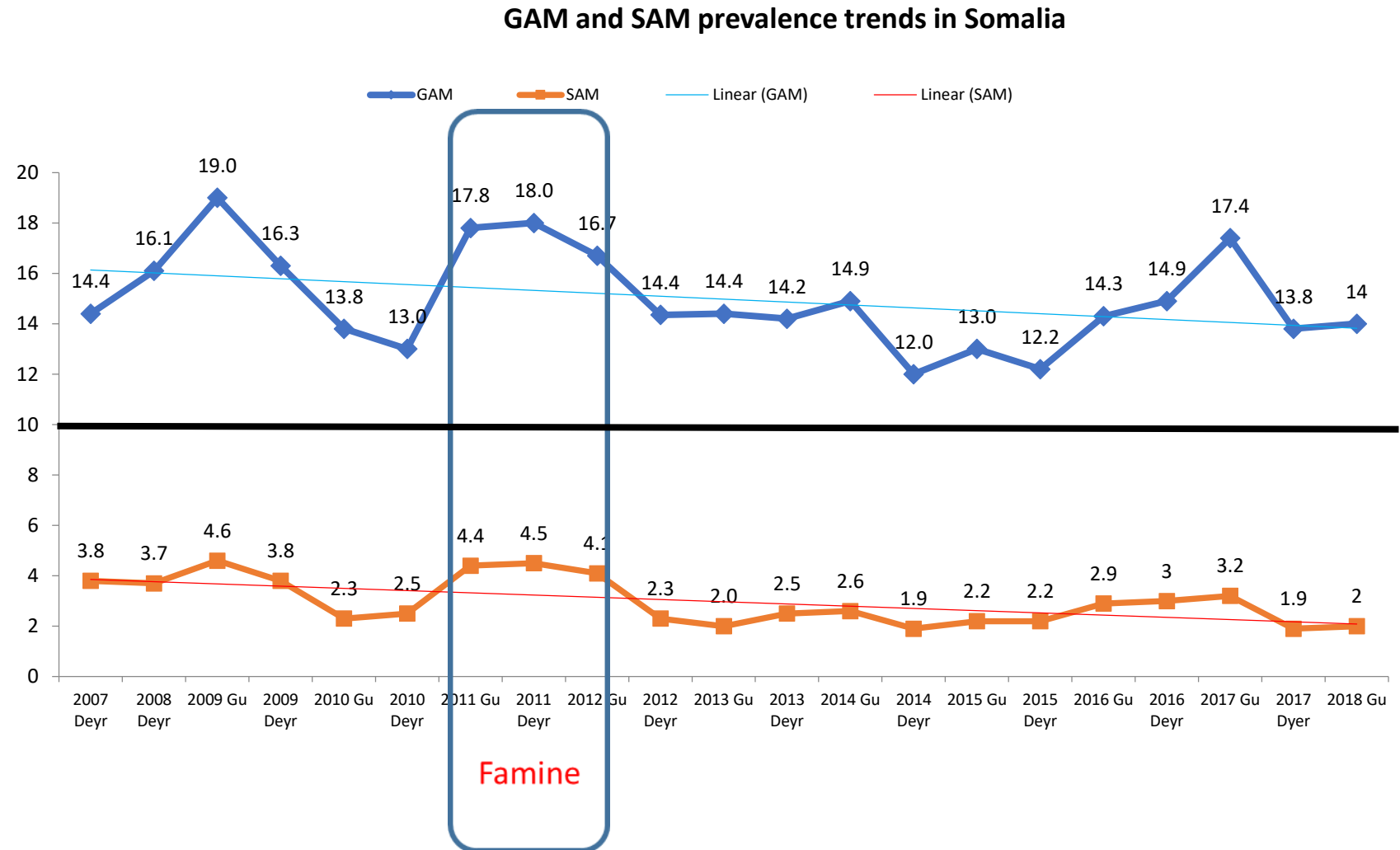
Integrated Management of Acute Malnutrition (IMAM) Programing in Somalia

GAM prevalence persistently above 10 percent (serious) with episodes of above emergency threshold

Hard to access, socially marginalized and minorities including IDPS are disproportionately affected

Institutional capacity to lead and own IMAM scale up still weak

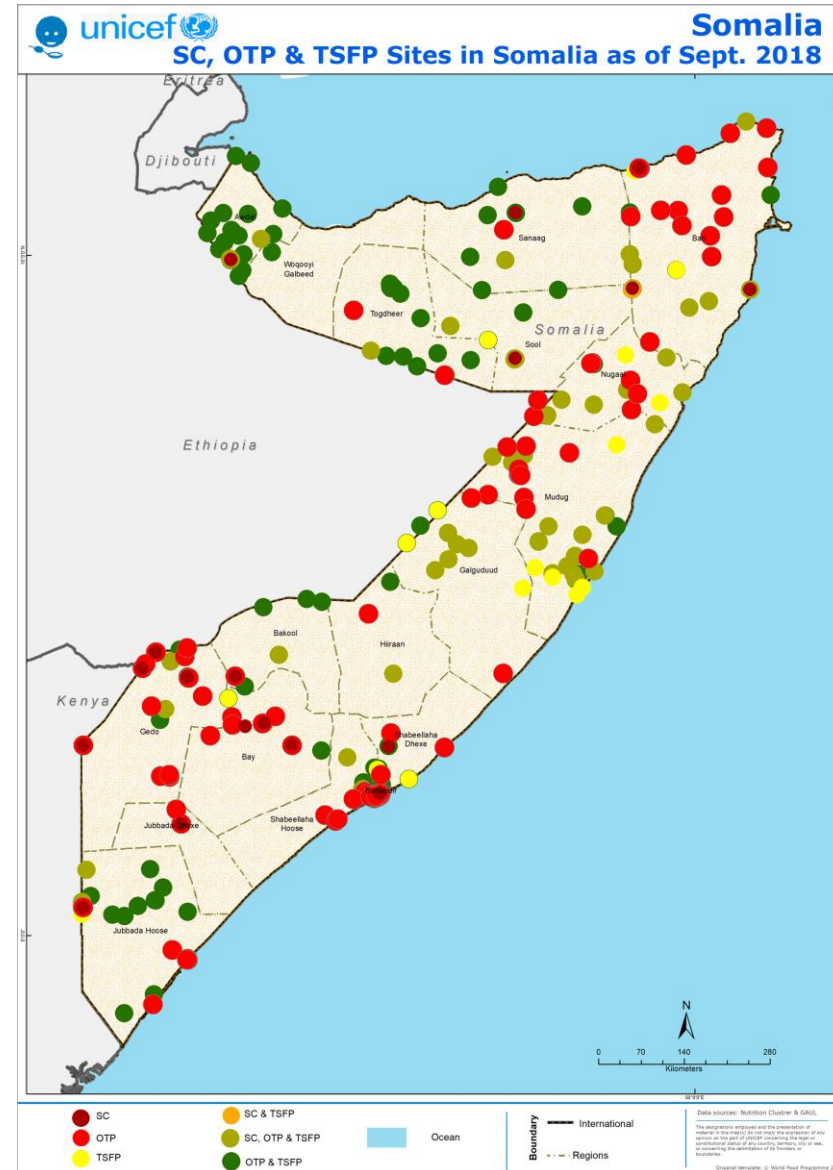
More needs to be done to achieve WHA targets of reducing and maintaining wasting below 5 percent



Source: FSNAU

- Prevent excess mortality and morbidity,
- Reduce the incidence of SAM

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MODERATE ACUTE MALNUTRITION: A DECISION TOOL FOR EMERGENCIES



TABLE 3 UNICEF and WFP memorandum of understanding (2011):
Except from the technical annex for nutrition

Programme area	WFP commitments	UNICEF commitments	Joint principles and action
Management of SAM UNICEF will coordinate and support treatment programmes that follow established and agreed upon UN protocols, such as CMAM	To seek food for the recovery phase of therapeutic feeding and for family members of children suffering from SAM. In cases where UNICEF is unable to support therapeutic feeding, WFP may provide support after discussion with UNICEF at country level. If no arrangement can be made, agreements will be made at regional or headquarters level.	To take the lead in supporting and coordinating the organization of therapeutic feeding programmes and interventions in communities and health facilities. To mobilize resources and ensure the availability of RUTF and other supplies and products required for the treatment of children suffering from SAM. To support the training of health staff on SAM. In case WFP is unable to provide SFP, UNICEF may do so after discussion with WFP at country level. If no arrangement can be made, agreements will be made at the regional or headquarters office level.	To assist governments in adopting SAM treatment protocols in collaboration with WHO. To explore and promote local production of therapeutic food. To seek programme synergies for mobilizing and screening children and assigning them to the appropriate treatment, together with partners. To aim for joint training of staff on management of SAM.

March 4th, 2018

Francesco Branca, World Health Organization
Victor Aguayo, UNICEF
Lauren Landis, World Food Programme (WFP)

Re: Statement on simplifying and integrating the management of severe and moderate acute malnutrition (SAM and MAM)

Dear Colleagues,

With the number of children with acute malnutrition remaining persistently high, funding streams consistently stretched and less than 20% of all acutely malnourished children accessing treatment in any given year, these are exceptional times calling for exceptional measures.



Global
NUTRITION
CLUSTER

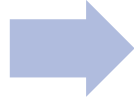
MAM Task Force

Updated March 2017

EAC Roll Out Process

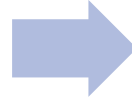
October-December
2017

- WFP, UNICEF and Cluster Technical mapping and gap analysis
- WFP/UNICEF Senior Management engagement and Agreement



January-March
2018

- Fundraising
- Technical consultations with UNICEF Regional Office on project design
- Procurement of supplies



April-June 2018

- Development of EAC guidance note and tools for IPs
- Contracting of Implementing Partners (IPs)

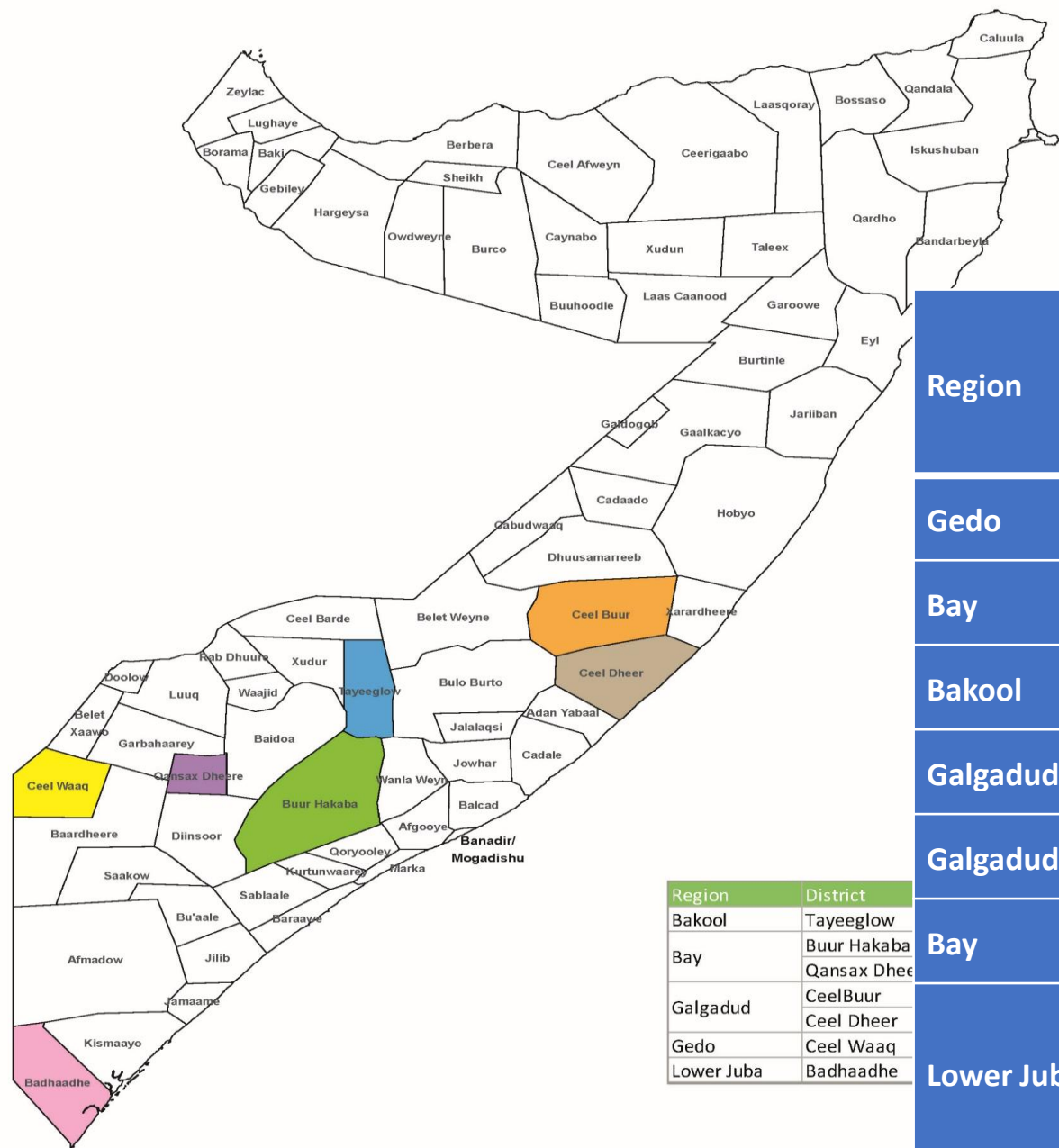


July 2018

- Inception workshop with IPs
- EAC Implementation roll out



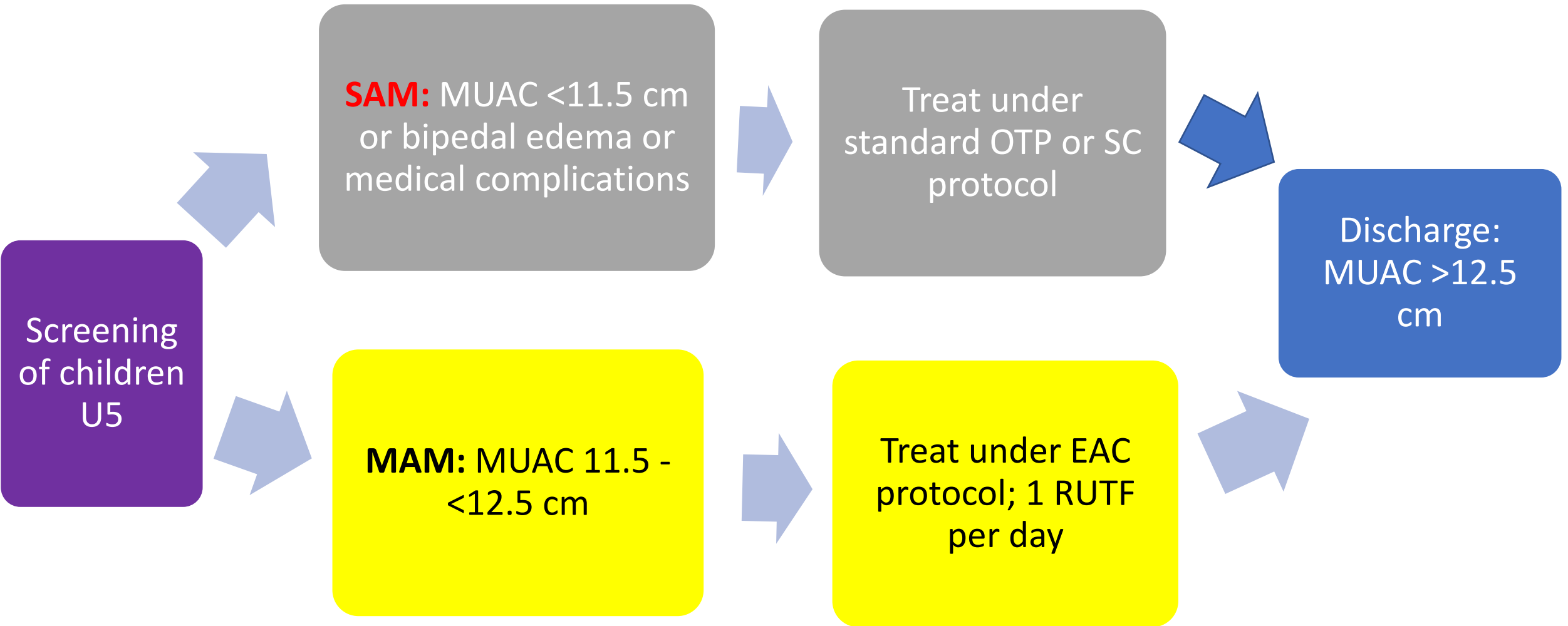
EAC Regions and Districts



Region	District
Bakool	Tayeeglow
Bay	Buur Hakaba
	Qansax Dheere
Galgadud	Ceel-Buur
	Ceel Dheer
Gedo	Ceel Waaq
Lower Juba	Badhaadhe

Region	District	Implementing Partner	MAM target
Gedo	Ceel Waaq	GEWDO	2,349
Bay	Buur-Hakaba	BTSC	8,198
Bakool	Tayeeglow	GRRN	6,858
Galgadud	Ceel-Buur	KAAH and DEH	11,309
Galgadud	Ceel-Dheer	CISP and SRC	10,439
Bay	Qansax-Dheere	URRO	6,116
Lower Juba	Badhaadhe	Somali Aid	3,719

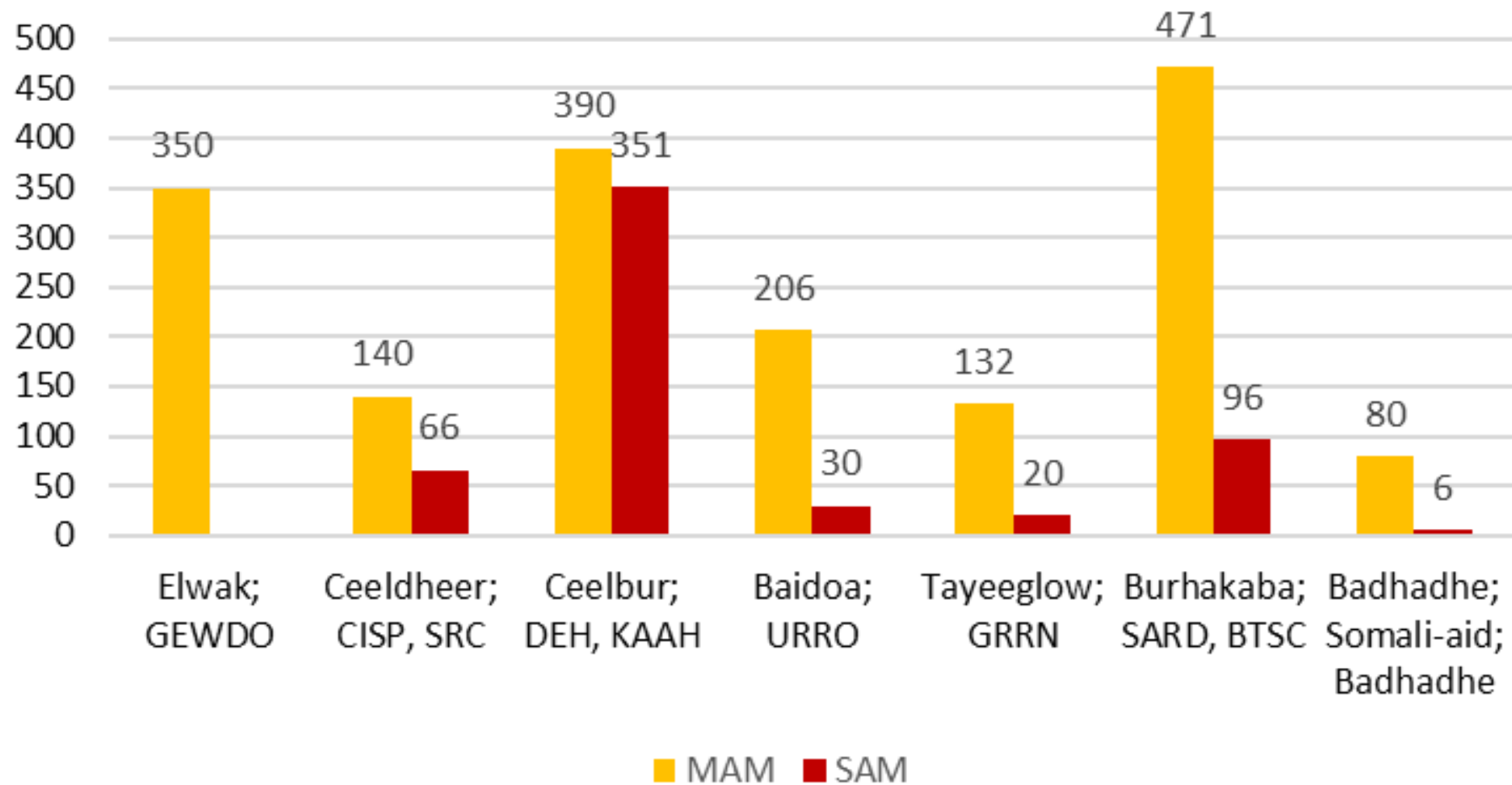
EAC patient flow



Protocol for management of SAM and MAM in out-patient therapeutic program

Program type	SAM	Expanded Admission Criteria for MAM (EAC)
Admission criteria (children aged 6 to 59 months)	MUAC <11.5 cm or bipedal edema or medical complications	MUAC \geq 11.5 and <12.5 cm
Therapy/Food given	RUTF (as per IMAM guidelines)	RUTF (1 sachet per day)
IYCF	Individual and group counselling	Individual and group counselling
Medical Interventions	Vitamin A and Amoxicillin at admission Albendazole (week 2) Measles vaccination (week 4)	Vitamin A, Albendazole and Measles vaccination at admission
Follow up	Weekly	Weekly
Cured discharge criteria	MUAC \geq 12.5 cm without edema on two consecutive weekly visits	MUAC \geq 12.5 cm on two consecutive weekly visits

MAM & SAM Children Treated Under EAC



What has worked

- Presence of UNICEF IPs with capacity & knowledge of the local context
- Pre-existing good collaboration with WFP
- Existence of global guidance
- Timely response from donors (ECHO, DFID, USAID)
- Availability of simplified and contextualized EAC protocol leading to smooth implementation and needs estimations per IP

Next steps

1. Continue the implementation, monitoring for quality assurance and analysis
2. Operational research, documentation of lessons learnt for future guidance.
3. Working towards a single protocol
4. What research questions would you like to be addressed?

Challenges

- Volatile security situation and access and the use of TPM
- Limited literature on EAC

References

- ¹ WHO (2017) [Guideline: assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition. Updates for the Integrated Management of Childhood Illness \(IMCI\)](#). Geneva: World Health Organization; 2017. Licence:CC BY-NC-SA 3.0 IGO.
- ² Briend A, Mwangome MK, Berkley JA. [Using Mid-Upper Arm circumference to Detect High-Risk Malnourished Patients in Need of Treatment](#) V.R. Preedy, V.B. Patel (eds.), Handbook of Famine, Starvation, and Nutrient Deprivation, DOI 10.1007/978-3-319-40007-5_11-1
- ³ Dale, N. et.al. (2013) [Using Mid-Upper Arm Circumference to End Treatment of Severe Acute Malnutrition Leads to Higher Weight Gains in the Most Malnourished Children](#)
- ⁴ Alé FG, et al. [Mothers screening for malnutrition by mid-upper arm circumference is non-inferior to community health workers: results from a large-scale pragmatic trial in rural Niger](#). Arch Public Health. 2016 (74:38). DOI: 10.1186/s13690-016-0149-5.
- ⁵ Bailey, J. et.al. [Combined protocol for SAM/MAM treatment: The ComPAS study](#)
- ⁶ Maust, A. et.al (2015) [Severe and Moderate Acute Malnutrition Can Be Successfully Managed with an Integrated Protocol in Sierra Leone](#)

Thank you

