

Somalia Nutrition Cluster

Standard Operating Procedures (SOP) for Activation of

Select Simplified Approaches

This Somalia SOP is adapted from the USING SIMPLIFIED APPROACHES IN EXCEPTIONAL CIRCUMSTANCE Guidelines Published by UNICEF Nutrition in collaboration with the global Simplified Approaches Working Group.

1. **Introduction**

Somalia has been experiencing recurrent severe drought since 2011, resulting in the chronic high prevalence of acute malnutrition among children and pregnant and lactating women (PLW). According to [Food Security and Nutrition Analysis Unit (FSNAU)](https://fsnau.org/analytical-approach/fsnau-food-security-analysis-system-fsnas) reports, the rates of global acute malnutrition (GAM) have been on a consistent rise since 2017 with the majority of the districts continually having GAM rates of above 15%. According to the FSNAU nutrition assessment conducted in the 2021 dry season (Oct-Dec) and follow-up assessment in April 2022, the overall National GAM rate was 14%. The majority of the districts (45 out of 74) had GAM rates of ≥15%. Further, the report projected that 1.5 million children under five years (45%) will be acutely malnourished in 2022, with 386,000 having severe malnutrition.

To address the chronic high GAM rates in Somalia, the government with support from UNICEF, WFP, and other partners have scaled up the treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) through the integration of management of acute malnutrition (IMAM) services in primary health care facilities and through outreach/mobile services. To provide quality IMAM services, children and PLW screened and admitted to nutrition treatment programmes should be treated to recovery or until a suitable outcome is achieved without breakages in the supply pipeline and by ensuring a continuum of care. However, this has not been achieved in Somalia.

To ensure that the increased number of acutely malnourished children continue to have access to lifesaving therapeutic and supplementary services and mitigate the effects of poor coverage and pipeline breaks occasioned by unforeseen circumstances, the Somalia Nutrition Cluster proposed a comprehensive strategy to guide the MOH, UN, and partners to scale up its acute malnutrition treatment interventions to address the gaps and improve management of both severe and moderate acute malnutrition for children under 5 years. This strategy includes the *Simplified Approaches.*

Scaling -up the treatment of both SAM and MAM during emergencies in Somalia is often a challenge due to limited resources and capacities. A review of existing data and dialogues with national partners highlighted circumstances where simplified protocols are critical and applicable based on the decision-making tool for simplified protocols. Some of the simplified protocols including Expanded Admission Criteria and Family are widely accepted in the country and have been implemented in some districts. Community health workers (CHW)-led treatment of uncomplicated wasting has been piloted by some partners in areas with functional community units and integrated community case management (iCCM).

1. **Standard Operating Procedure (SOP) Strategy**

This Standard operating procedure (SOP) is specifically designed to guide the rollout and implementation of the selected simplified approaches as agreed upon by the MoH, CLAs, and Nutrition cluster partners. The SOP provides detailed thresholds and criteria in the context of Somalia to guide the activation of the appropriate simplified approaches. Cluster partners who have the capacity to procure their own nutrition supplies should ALSO adopt and utilize this SOP within the Somalia context.

The timeframe to implement the simplified approaches is determined by consultations with CLA, WFP, MOH, and the Nutrition Cluster partners. The timeframe for implementation of the selected approaches is arrived at based on the type and evolution of the exceptional circumstances.  The nutrition cluster proposes that a given modification should not be implemented for more than 3 months with the exception of family MUAC and CHW-led treatment of wasting.

* *Note 1: This SOP goes into effect from August 2022 and is valid through to June 2023 unless extended through a consultative process.*
* *Note 2: The SOP is a living guide that will continue to be updated based on the lessons learned from the implementation of the simplified approaches in Somalia and context evolution.*

1. **Overall objective**

* To improve the quality and coverage of the management of uncomplicated acute malnutrition among children 6-59 months in critical contexts.

1. **Specific objectives**

* To increase the coverage of acute malnutrition treatment services among children 6-59 months in locations with GAM rates ≥ 10% in the presence of aggravating factors with neither OTP nor TSFP services.
* To provide a sustainable continuum of care for the treatment of acute malnutrition in locations with a GAM rate of ≥ 15% in the presence of aggravating factors where MAM and/or SAM treatment services are interrupted due to supply, financial or human resources limitations.

1. **Proposed Simplified Approaches in the Context of Somalia**

Simplified approaches refer to modifications and simplifications to existing national and global protocols for the treatment of child wasting1. These modifications are designed to improve effectiveness, quality, coverage and reduce the cost of caring for children with uncomplicated wasting. The Simplified Approaches can be used to maintain service availability and continuity in exceptional circumstances until standard programming is established or resumes.

The agreed-upon Simplified Approaches herein interchangeably called the simplifications or modifications for Somalia nutrition cluster partners to adapt immediately are:

**The Expanded Admission Criteria and Treatment using a Single Product:**

Expanded admission criteria will be adopted in Somalia to scale up coverage of uncomplicated acute malnutrition services for children 6-59 months where either OTP or TSFP services are available in the absence of the other.

In summary:

* Increasing MUAC and weight for height z score cut-offs for admission and treatment in OTP to <125mm and <-2.0 Z score in cases where OTP services are available but no TSFP. Further, children with SAM should be treated as per the national protocol with the dosages based on weight while children with MAM get one sachet of RUTF per day.
* Treating all cases of uncomplicated acute malnutrition (based on bilateral pitting oedema grade 1 and 2, MUAC <125 mm and <-2.0 weight for height z score) in children 6-59 months in TSFP where TSFP services are available but no OTP. The children with SAM receive 2 sachets of RUSF irrespective of weight per day for one week while MAM cases receive one sachet per day for two weeks.
* *Operationally, this implies that all 6-59 months with uncomplicated acute malnutrition will be treated under one program with the same product in different dosages. No distinction between SAM and MAM except in dosages, routine medication given, and frequency of follow-up and reporting. Routine medication will be provided as per the Somalia national guidelines for treating acute malnutrition.*

**Other *Simplified Approaches* that can be adapted include:**

1. **Reduced frequency of follow-up treatment:** This refers to the reduction of the number of times the child is supposed to be brought to the nutrition clinic for follow-up by giving a double ration for treatment of SAM or MAM. When implementing this approach, it is important to link the beneficiaries with CHWs for close monitoring at the community level through home visits. Higher-risk children for example relapses and non-respondents should also be closely monitored by increasing the frequency of follow-up compared to lower-risk children. This will apply in areas with good access and coverage of CHWs
2. **CHW-led treatment of non-complicated wasting:** This refers to having community health workers manage uncomplicated wasting in children 6-59 months at the community level. In Somalia, this is already being implemented by several partners but is not streamlined through the nutrition cluster.
3. **Family MUAC:** which is also referred to as “Mother MUAC” is a strategy that has been adopted globally and aims at engaging family members to screen and refer their own children. This is done by training and providing families with MUAC tapes to assess children 6 to 59 months for acute malnutrition. Family MUAC promotes early case identification and referral of cases of acute malnutrition and promotes ownership. In Somalia, the MoH, UN agencies, and partners are actively promoting the use of Family MUAC as a cross-cutting approach in all contexts.

*Note on use of MUAC-only modification. As per analysis of anthropometric data from population-representative nutritional SMART surveys led by CDC/ACF France, 34 % of malnourished children will be excluded from treatment in Somalia using a MUAC-only approach. Nonetheless, a SQUEAC survey conducted by Save the Children identified Family MUAC as one of the key drivers in accessing nutrition treatment services.*

1. **Decision Pathway to Activate and Deactivate the Simplified Approaches**

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| **Exceptional Circumstances** **Scenarios for activating the use of the Simplified Approaches**  | **Simplified Approaches to be Adopted**  | **Deactivation Criteria**  |
| **Scenario 1:** Current national/regional pipeline break of nutrition supplies\* for the treatment of MAM\*\* or SAM for more than 2 months. or absence of either OTP or TSFP services **AND** District with a GAM rate of ≥ 10% with aggravating factors.   |  * Expanded Admission Criteria and Use of a Single Product for treatment of all uncomplicated cases of acute malnutrition in either OTP or TSFP
* Family MUAC

      |  * National commodity pipeline breaks are resolved, and supply availability at the country level and is assured for more than 3 months.
* Establishment of either OTP or TSFP sites in locations where expanded criteria were triggered as a result of an absence of either.
* GAM rates have reduced to <10% without aggravating factors
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| **Scenario 2** Hard-to-reach and inaccessible locations **AND** Lack of either SAM or MAM treatment services. **AND**  Locations with a GAM rate of ≥ 15% with aggravating factors.   |  * Expanded Admission Criteria and Use of a Single Product for treatment
* Reduced frequency of follow-up treatment:
* Family MUAC

OR * CHW-led treatment of wasting (integrated into iCCM)
 |  * Area has become accessible.
* OTP and or TSFP established and operational for at least 3 months
* GAM rates have reduced to 10-14% without aggravating factors
* GAM rates have reduced <10% with aggravating factors

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**Important Notes**