

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 wasting[[1]](#footnote-1). 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**

|  |  |  |
| --- | --- | --- |
| **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 |
| **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 |

**Important Notes**

*\*When there is a shortage of specialized nutritious foods, product substitution is recommended as a temporary measure. In the absence of RUTF, treatment of SAM and MAM can be done using RUSF or LNS-LQ and in the absence of RUSF, treatment of SAM and MAM can be done using RUTF*

*\*\*In the absence of RUSF, implementing partners should first enquire about the availability of other products that are designed for the treatment of moderate acute malnutrition e.g., CSB++”*

*Across all options, it is important that any changes to the national guideline is accompanied by messaging totargeted health workers and more importantly caregivers of children receiving a change in ration and communities. Protection and promotion of breastfeeding as well as messaging on appropriate complementary feeding for infant and young children should be emphasized at all stages.*

1. **Pregnant and Breastfeeding Women with Acute Malnutrition:**

Pregnant women and breastfeeding women with infants less than 6 months who are identified as being malnourished in normal programming are provided with super cereal (CSB+) and oil. In the event that there is a shortage of CSB+, it is recommended that malnourished PLWs are provided with CSB++ or other commodities as outlined in WFP’s global guidance on the substitution of SNFs. If none of these are available, it is recommended that malnourished PLWs are provided with a ration of cereals, oil, and pulses and/or enrolled into relief (either cash-based or in-kind). Messaging on the importance of dietary diversity in the stage of the lifecycle needs to be emphasized to support choices women make especially for cash-based transfers.”

1. **Process of Activation of The Simplified Approaches**

The initial trigger to implement simplified approaches is based on changes in the humanitarian context in terms of increased incidence of malnutrition and aggravating factors in the absence of treatment facilities and/or supplies. A joint task force will be formed to review the requests for activation of the Simplified Approaches.

The task force will comprise of, but is not limited to NCC, MoH, UNICEF, and WFP, and will lead a mapping exercise to identify probable locations for implementing Simplified Approaches and regularly update the matrix.

The activation should be done only if the humanitarian situation meets the exceptional circumstances scenarios defined and agreed upon by the task force. To facilitate the process of activation of the simplified approaches, the following steps will be undertaken with the leader of the nutrition cluster:

* Partner(s) to submit a request to the Nutrition cluster coordination desk (by completing a request form) detailing the situation, location, targets, and proposed approach based on results from the mapping and decision pathway.
* Task force to review the request, verify the need to activate the approach, then explore the feasibility of implementing the approach as requested.
* Joint task force approves the request communicated by the Nutrition cluster.
* Partner implements the simplified approaches
* Nutrition cluster coordination desk to monitor the implementation of Simplified approaches.
* Nutrition cluster to monitor the evolving context in locations where Simplified Approaches are being implemented, and when criteria have been met, recommend deactivation.

1. **Target Beneficiaries, Partner Selection, Areas of Implementation, and Caseload Calculation**

1. **Target beneficiaries**

The target for the prioritized *Simplified Approaches* is children 6-59 months in special contexts with uncomplicated acute malnutrition as per the criteria highlighted in the decision pathway. As such, UNICEF has committed to supporting treatment through the outpatient therapeutic programme (OTP) while WFP through targeted supplementary feeding programme (TSFP) as appropriate.

1. **Areas of Implementation**

The selected modifications will be implemented in locations with exceptional circumstances as defined in the decision pathway. The conditions of implementation will be updated regularly through joint consultation between UNICEF, WFP, MoH, the IMAM technical working group, and the Nutrition Cluster Coordination Desk.

1. **Partner selection**

There is no global guidance on which partner implements the simplified approaches, it’s the due diligence of the nutrition Cluster coordination and partners to make decisions. There are several factors including the role of the simplified approaches in the organization’s strategy or programs, the capacity, and resources among others that can help in deciding a partner’s capacity to implement a given simplification. To objectively guide the selection of partners, the Simplified Protocol task force will be guided by a checklist. The checklist includes various aspects of the organization’s capacity and experience among other factors (Annex 1).

1. **Expected Caseload**

The overall expected caseload will be determined by the nutrition cluster coordinator based on reports and information received from partners. Once triggered, the simplified approaches will aim to benefit all the children with uncomplicated acute malnutrition in that specific location. The caseload figures are to be calculated using the simplified approaches Caseload-target-and-supplies-calculator (refer to Annex 2) and will be reviewed regularly based on context changes. Factors to consider:

* UNICEF’s RUTF pipeline capacity to support the expected caseload.
* WFP’s RUSF pipeline capacity to support the expected caseloads.
* The overall nutritional situation and needs e.g., the number of districts with GAM ≥10% in the presence of aggravating factors (FSNAU estimation)
* Expected duration of implementation of the simplifications (weeks or months).

1. **Roles & Responsibilities of All Stakeholders During Implementation of the *Simplified Approaches***

The existing stakeholders in nutrition remain the same when implementing Simplified Approaches. These are the MoH and other government ministries, UNICEF, WFP, and Nutrition Cluster partners including local/national and international NGOs and the community. Responsibilities include:

1. **Nutrition Cluster Coordination Desk**

* Overall coordination of the Simplified Approach implementation (protocol, guidelines development)
* Regularly map areas that meet the exceptional circumstances scenarios
* Orientation of implementing partners on the new SOP and Simplified Approaches
* Overall monitoring of the nutrition situation
* Regular updates of partners on the current implementation of the Simplified Approaches
* Dissemination of the lessons learned
* Programme, GAM rate, and geographical coverage data

1. **UNICEF:**

* Supplies procurement and prepositioning of RUTF as the pipeline and resources allow
* Logistical support to partners.
* Technical backstop support on Simplified Approaches
* Knowledge management including documentation of learnings with the support of the coordination desk and partners on the shift from normal programming to Simplified Approaches for a global audience and potential research.

1. **WFP:**

* Supplies procurement and prepositioning of RUSF as the pipeline and resources allow
* Data on TSFP response matrix (coverage, plans etc.)
* Logistical support to partners
* Technical backstop support Knowledge management including documentation of learnings with the support of the coordination desk and partners on the shift from normal programming to simplified approaches for a global audience and potential research.

***Note on Role of UN agencies: This is based on the programme missing - OTP or TSFP***

*In several areas, WFP and UNICEF are working with the same implementing/cooperating partner. In this situation, the change of use of commodities will be done as outlined in the SOP with advance notice for changes to be made to Field Level Agreements or Programme Documents with WFP and UNICEF respectively. In the areas where WFP and UNICEF have different partners, a referral mechanism needs to be put in place so that children with SAM in the OTP sites that have RUTF shortfalls receive treatment in the TSFP sites using RUSF in line with the guidance outlined in this SOP. The reverse applies – where children with MAM in TSFP sites that have a RUSF/CSB++ shortfall receive treatment in the OTP sites that have sufficient stock of RUTF in line with the guidance outlined in this SOP.*

1. **Ministry of Health**:

* Orientation of frontline workers on the SOP
* Implementation in MoH-managed facilities
* Monitoring and reporting
* Sharing lessons learned and feedback on the simplified approaches-implementation process, and outcomes.
* Overall monitoring

1. **Implementing Partners:**

* Support the Nutrition Cluster Coordination Desk in the mapping of areas that meet the exceptional circumstances scenarios.
* Orientation of frontline workers on the SOP
* Implementation of the simplified approaches
* Monitoring and reporting
* Sharing lessons learned and feedback on the simplified approaches-implementation process, and outcomes.
* Key Operational instructions and recommended actions

1. **Duration of Simplified Approaches Implementation and Deactivation/Exit Strategy:**

The implementation of the selected Simplified Approaches is a temporary strategy to save lives in response to the worsening/deteriorating humanitarian crisis. Partners will implement the various Simplified Approaches for 3 months or over time depending on the needs in the affected areas and the evolution of the context. Resuming normal programming is dependent on the deactivation criteria mentioned in the decision pathway and both activation and deactivation should be done in consultation with the task force through the cluster.

1. **Monitoring and Reporting**

* The Nutrition Cluster Coordination will integrate the reporting of the number of children reached through the Simplified Approaches in the existing OTP/TSFP reporting tools and as per the reporting frequency and procedures.
* Nutrition Cluster to develop an information management system to track locations implementing the Expanded Admission Criteria, this is to ensure the number of children admitted through the approach is documented and lessons learned are captured.
* The Nutrition cluster ONA reporting template will be modified to capture MAM cases treated with RUTF/UNICEF partners.
* Data should disaggregate data by MAM and SAM. All admissions of children with MUAC ≥-11.5cm to <12.5cm OR Height for Weight Z-score ≥-3 but <-2, and without medical complications will be registered as MAM cases.
* Data collected should disaggregate data by MAM and SAM. All admissions of children with MUAC <11.5cm, Height for Weight Z-score <-3 and/or bilateral pitting oedema grade one and two without medical complications will be registered as SAM cases.
* All children admitted should be provided with a treatment card with a note made of all the anthropometric indices, RUTF or RUSF and other medication provided on admission and during the follow-up as in the protocol attached (Annex 3).
* Program performance will be assessed using the standard MAM/SAM indicators (cure rate, default rate, death rate) used for monitoring OTP/TSFP performance.

**Annexes**

**Annex 1: Partner’s Selection Guide**

| **Aspect** | **Definition** |
| --- | --- |
| Government/Local/national NGO | Health facility run by the MoH or a local/national NGO |
| Functional OTPs | Key OTP activities are implemented (screening, health education, treatment, referral, follow-up, reporting) and have supplies |
| Functional TSFPs | Key TSFP activities are implemented (screening, health education, treatment, referral, follow-up, reporting) and have supplies |
| The sole provider of services in the area | Is the organisation the only service provider in that area |
| High geographical coverage | MoH/Organisation supporting many health facilities/communities in the selected locations (to be determined by UNICEF/WFP)/likely to reach more beneficiaries |
| Sufficient human resources | Sufficient staff as per the Somali IMAM guidelines, capacity to increase the number of staff (3) including incentives where applicable |
| Capacity to orient staff on the SOPs | Have the financial and human resources required to orient the staff on the SOPs and the simplified approaches in general. |
| Safe and efficient supplies management | Capacity to ensure the safety of supplies in transit and at health facility level, reporting, and proper storage at the facility level. |
| Capacity to outsource nutrition supplies | Capacity to outsource nutrition supplies from other providers other than UNICEF and WFP |
| International NGO/UN | International NGO/UN |
| Strong community health workers/volunteers platform | MoH/Organisation has a sufficient number of CHWs that are active, committed, perform activities, report, support the OTPs and TSFPs etc |
| Physical infrastructure to accommodate increased caseload. | Existing spaces/structures assigned for OTP and TSFP activities, presence of physical infrastructure to accommodate increased caseload and/or willingness to avail space/structure. |
| Partners’ current OTP performance | Performance indicators as per sphere standards, timely and complete reporting, timely request for supplies etc |
| Partners’ current TSFP performance | Performance indicators as per sphere standards, timely and complete reporting, timely request for supplies etc |
| Organizational experience with simplified approaches | Does the organisation have internal experience with simplified approaches from other countries |
| Implementation sites | Health facilities include health centres of all levels, hospitals and outreach/mobile sites. |

Annex 2: Caseload-target-and-supplies-calculator



Annex 3: Routine medications and treatment for SAM and MAM without medical complications



1. UNICEF, Simplified Approaches Working Group. 2022. Available from: https://www.simplifiedapproaches.org/\_files/ugd/2bbe40\_4d267de66e5d4af3a43cb799fc2b466d.pdf [↑](#footnote-ref-1)