

# Ethiopia Refugee Program Nutrition Harmonization Guidance Note: Revised July 2013

## Management of Severe Acute Malnutrition Admission & Discharge criteria at Stabilization Center

Target group	Admission criteria	Treatment products	Amount	Follow Up	Discharge criteria from SC	Comment
<p><b>Infants less than 6 months (0-5.99m)</b></p> <p><b>The objective of therapeutic feeding for infants under 6 months of age is to ensure survival through adequate weight gain on breast milk alone.</b></p>	<p>Severe wasting as identified as identified Weight-for-Length (WFL)&lt; -3 z-scores of the WHO Growth Standards</p> <p>The infant is too weak or feeble to suckle effectively (independently of his/her weight-for-length)</p> <p>The mother reports breastfeeding failure and the infant is not gaining weight at home</p> <p>Presence of bilateral pitting oedema</p>	<p>Breastfeeding</p> <p>F-100 diluted if child without oedema. (Full strength F-100 should never be used for feeding infants )</p> <p>F-75 with oedema in the absence of F-100</p> <p>BMS</p>	<p>130ml/kg/day distributed 8 feeds per day.</p>	<p>Frequent weight measurement and follow-up for weight gain.</p> <p>Check Oedema</p> <p>Maintain good suckling.</p> <p>Ensure continuous breastfeeding</p> <p>Maintain good attachment and positioning.</p>	<p>With prospects of breast feeding (weight gained on breast milk alone and no medical complications )</p> <p>With no prospects of breast feeding (WFL &gt;-2 Z score and switched to formula milk under supervision)</p> <p>Refer to growth monitoring program for regular weight monitoring</p>	

<b>Children age: 6 to 59 months</b>	<p>WFH &lt; -3 z-score and/or</p> <p>MUAC &lt;11.5cm and/or Presence of bilateral pitting oedema +++, or +, ++ with one of the following</p> <ul style="list-style-type: none"> <li>- Anorexia</li> <li>- Not Alert- Medical Complication e.g.</li> <li>- LRTI</li> <li>- High fever</li> <li>- Severe dehydration</li> <li>- Hypoglycaemia</li> <li>- Severe Anaemia</li> </ul>	<p>F-75 milk</p> <p>Transition Phase (F100)</p> <p>Plumpy nut</p> <p>Routine drugs according to the national and the UNHCR/WFP CMAM guidelines</p>	<p><b>Phase I</b></p> <p><b>Transition Phase</b></p> <p><b>Phase II</b></p> <p>As per the corresponding weight standard</p>	<p>Take weight measurement Everyday 24 hour follow up on recommended amount of milk taken test and medical complication</p> <p>Check vital sign (temperature, RR, PR)</p>	<p>Weight gain <math>\geq 8\text{g/kg/day}</math></p> <p>Bilateral pitting oedema decreasing (+)</p> <p>Medical complications resolved</p> <p>Passes appetite test</p> <p>No open skin lesions</p> <p>Refer to OTP</p>	
-------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

### Management of Severe Acute Malnutrition Admission & Discharge criteria at Outpatient Program

Target group	Admission criteria	Treatment products	Amount	Follow Up	Discharge criteria from OTP	Comment
<b>Children between 6 months and 59 months</b>	<p>WFH &lt; -3 z-score and/or</p> <p>MUAC &lt; 11.5cm</p> <p>and/or</p> <p>Presence of bilateral pitting oedema +, ++ without medical complication and appetite test passed.</p>	<p>Plumpy nut</p> <p>Routine drugs according to the national and the WHO/UNICEF/UNHCR/WFP CMAM guidelines</p>	<p>Sachets (92gm) as per the recommended body weight</p>	<p>Check for weight gain</p> <p>MUAC weekly</p> <p>W/H measurement on weekly basis and height measurement on monthly basis</p>	<p>WHF <math>\geq -2</math> Z score for two consecutive visits for those admitted by WFH Z-score</p> <p>MUAC <math>\geq 11.5</math> cm for those admitted by MUAC Oedema resolved for 2 consecutive visits</p> <p>Discharge to TSFP program</p>	

	SC transfers  Re-admission (returned within 30 days )  Transfer from another program, such as another OTP site					
--	-------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--

### Malnourished other categories

5-10 years	<-3WHZ z-scores	Plumpy'nut Medical treatment	Sachets (92gm) as per the recommended body weight  Medical treatment as per medical personnel recommendation	weekly weight gain	≥ -3 z-scores for 2 consecutive weeks (Discharge to TSFP)	National MAM Guideline 2012: ENCU/EWRD/MOARD: Addis Ababa, Ethiopia e-mail: isaackm@dppc.gov.et
11-18 years	BMI based on the WHZ scores (<-3WHZ z-scores)			weekly weight gain	≥ -3 z-scores for 2 consecutive weeks (Discharge to TSFP)	
Adults	BMI≤16			weekly weight gain	BMI>16 (Discharge to TSFP)	
PLWs	MUAC≤ 21 cm			weekly weight gain	MUAC >21cm (Discharge to TSFP)	

### Targeted Supplementary Feeding program: Treatment of moderate acute malnutrition

Target group	Admission criteria	Treatment products	Amount	Follow Up	Discharge criteria from TSFP	Comment
<b>Children age: 6 to 59 months</b>	W/H ≥-3 and <-2 z-score without severe medical complications,  OTP referrals	Plumpy sup (RUSF )  Or Super cereal plus (CSB++)  Or	Pre-mix: (200gm super cereal+ 20gm sugar + 25gm vegetable oil)	WH every week,  Height on 4 <sup>th</sup> week	W/H ≥ -2 z-score  MUAC ≥12.5 cm on 2 consecutive visits  Children discharged from therapeutic	

	Transfer from another SFP site  MUAC $\geq 11.5$ and $< 12.5$ cm  No bilateral pitting oedema  Good appetite	Take home premix-(Super cereal{CSB+} + Oil + Sugar)  Routine drug according to the national and/or WHO/UNICEF/UNHCR/WFP CMAM guidelines	200gr/person/day  92gm/day/person (1= sachet)  As per medical personnel advise	MUAC every week	feeding should stay in SFP at least for 2 months  (Discharge to BSFP)	
<b>Malnourished other categories</b>						
5-10 years	$< -3$ WHZ and $< -2$ z-scores	<b>Plumpy sup (RUSF)</b>  or  CSB++  or  Premix	2 sachets/person/day  200gm/person/day  200gm super cereal +20g sugar+25g vegetable oil	WH every week and height on the 4th week	W/H $\geq -2$ z-score for two consecutive weeks	National MAM Guideline 2012: ENC/UEWD/MOARD: Addis Ababa, Ethiopia e-mail: isaackm@dppc.gov.et
11-18 years	BMI based on the WHZ scores ( $< -3$ WHZ and $< -2$ z-score)	Take home premix (Super cereal +Oil+ Sugar	200g CSBplus+20g Sugar+ 25g Vegetable oil	Weekly	BMI based on the W/H $\geq -2$ z-score for two consecutive weeks	
Adults	BMI $> 16$ and $\leq 17$				BMI $\geq 18$ for 2 consecutive visits	
PLWs	MUAC $> 21$ cm and $< 23$ cm				MUAC $\geq 23$ cm  (Discharge to BSFP)	

**Note:**

**Admission (using MUAC/WHZ):** Use a two-stage screening process.

**MUAC screening in the community:** If a child measures MUAC <11.5cm admit to OTP directly; if  $\geq 11.5$  and <12.5 cm, admit to TSF directly. For children with MUAC  $\geq 12.5$  & <13.5 (at risk group), refer to be checked again using WHZ. Any children found with WHZ <-3 z-score should be admitted to the OTP and those found with  $\geq -3$  and <-2 z-score should be admitted to TSF.

**Treatment product:** All food products listed above can be used based on availability. Younger children are given priority for more nutritious foods.

**Discharge:** When children 6-59 months and PLW discharged from TSF admit to BSFP.

## Blanket supplementary Feeding

6-23.99 months children	<p>Priority will be given for this age group</p> <p>All children not in MAM or SAM program</p> <p>Children discharged from MAM and SAM program</p>	Super cereal plus	200 gm/day/person	Recommended weekly follow-up, if not every fifteen days	Children reaches age above 5 years	
24-59 months children	<p>All children not in MAM or SAM program</p> <p>Children discharged from MAM and SAM program</p>	<p>Super cereal, oil and sugar</p> <p>Or</p> <p>Super cereal plus when available</p>	<p>Pre-mix: (200gm super cereal + 20gm sugar + 25gm Vegetable oil)</p> <p>200 gm/day/person</p>		When blanket program phase-out	
Pregnant and Lactating women	<p>All pregnant that are not in MAM and SAM program</p> <p>Pregnant: Referral from ANC (from the</p>	CSB+, oil and sugar	Pre-mix: (200gm CSB-plus + 20gm sugar + 25gm Vegetable oil)		<p>Pregnant: On delivery transfer to Lactating</p> <p>Lactating: When child becomes 6 months old</p> <p>Note: A woman</p>	

	time of pregnancy detected)				admitted during pregnancy continues in the program as lactating after delivery. (length of stay in the program might takes 10-13 months)	
	All Lactating but not in MAM and SAM program Lactating: Referral from Delivery		Pre-mix: (200gm CSB-plus + 20gm sugar + 25gm Vegetable oil)			
Others	Medical decision such as Confirmed TB cases on treatment and PLWHA on ART treatment.	CSB+, oil and sugar	Pre-mix: (200gm CSB-plus + 20gm sugar + 25gm Vegetable oil)		Completion of the treatment and medical complication resolved.	

## Outreach Activities

Thematic area	Key activities	Structure	Selection criteria	Working Hour	Key areas of priority and messages	Comment
Nutrition	Mass sensitization of various topics, e.g. use of nutritional products	1 CHW to 50 HH	From respective living zone		Community Mobilization for EPI, ANC/PNC etc.  Initiation of EBF/ optimal complementary feeding.	
	Active case findings and Nutritional screening at community and facility level.		At least 50% constitute female members	At least 6 hour / day	Personal hygiene and environmental sanitation  Demonstration of cooking and utilization of nutrition products.	
	Home-to-home visits, defaulter tracing key message delivery etc.	Refer the December 2011 ARRA strategy for the reduction of malnutrition in Dollo	50-50 male to female ratio	# House visit per day determined at camp level (8-10 houses	Healthy child feeding	

				recommended)	practices	
	Community mobilization		Selected by block/Zone community members	An average of 20 minute /HH	Food handling & hygiene	
	Conduct regular growth monitoring as per the schedule and convey key messages.				Follow-up on proper use of ITN introduction and service delivery	

### Infant and Young Children Feeding Practices (IYCF)

Target Groups	Means of service delivery		Staffing		Key areas of priority and messages	
Children 0-23.99 months	Establish baby-friendly space and equip with appropriate materials at nutrition center		IYCF supervisor  IYCF/councilor facilitators		Note: Follow IYCF guideline for the IYCF interventions	
Pregnant and Lactating women	Establish mother-to-mother support group at community level					
	Use IYCF IEC/BCC materials					

### Coordination and networking

Coordination meetings	Networking/coordination				
-----------------------	-------------------------	--	--	--	--

	with thematic areas				
Outreach coordination meeting camp/zone level (Bi-weekly/ Monthly)	EPI, MCH, U5 clinic, GFD, WASH, GBV, Protection etc.				
Health and Nutrition coordination meeting (bi-weekly/ Monthly)					