Short Guidance for Activating an Interim Operational Protocol for

Community Based Management of Acute Malnutrition in Exceptional Circumstances

Introduction & Rationale:
In order to address shortfalls in the continuum of care for children with acute malnutrition in emergencies, UNICEF, WFP and six other agencies[1] with input from technical experts developed an interim operational guidance to be applied in exceptional circumstances. These protocol options for Community-based Management of Acute Malnutrition (CMAM) in exceptional circumstances support life-saving measures in acute crisis situations in the absence of either an Outpatient Therapeutic Program (OTP), a Targeted Supplementary Feeding Program (TSFP) or both. The revised protocols deviate from the standard CMAM protocols in terms of using RUSF to treat SAM and RUTF to treat MAM when there are no other alternative programmes available. Ultimately, the recommendations provide options for agencies operating in emergencies when the risk of inaction is greater than the risk of action in terms of avoidable mortality risk.

The interim operational guidance is intended to provide short term solutions to support immediate assistance to populations in critical need during the period before a more full scale response is launched. All efforts should be made to be able to implement standard protocols for SAM and MAM treatment. It is not intended to replace the standard CMAM protocols that have informed national protocols and are based on the global knowledge and research defining best practices to date.

UNICEF and WFP have agreed in principle that in exceptional circumstances, the need to implement the interim operational protocol as part of the nutrition response can be discussed and supported, so long as the supply chains and capacities of the two agencies and partners are able to address the needs for which the products are intended.

Approach to Utilizing the Revised Protocols:
The need to apply the interim operational guidance should be identified through the existing coordination mechanism for nutrition- either cluster or sector if the cluster has not been activated. Use of a revised protocol must meet the requirements defining an *exceptional circumstance*, including use on a temporary basis with a plan in place to transition back to the national/standard protocols. Use must also be approved by the nutrition coordination body active in the concerned country.

Defining Exceptional Circumstances that justify use of a Revised Protocol:
- *Basic – target populations must have*:
    - Demonstrated high needs and high mortality
    - A sudden increase in rates of acute malnutrition that requires immediate action
- *Triggers – circumstance must include 1 of the following:*
    - Lack/delay of financial resources that prevent use of the standard CMAM protocol (for ex. inability to purchase RUTF[2] for treatment of SAM but ample stock of RUSF available that can be used following a revised protocol)

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[1] International Rescue Committee (IRC), Action Contre la Faim (ACF), USAID/Office of Foreign Disaster Assistance (OFDA), Centers for Disease Control and Prevention (CDC), International Medical Corps (IMC), and Save the Children
''[2] Ready-to-use Therapeutic Food (RUTF) for treatment of severe acute malnutrition (SAM); Ready-to-use Supplementary Food (RUSF) and Super Cereal Plus for treatment of moderate acute malnutrition (MAM).

- o Supply issues related to RUTF or RUSF/Super Cereal+ that result in the inability to treat severe or moderate acute malnutrition based on the CMAM protocol
  - o Technical/logistic capacity of partner or UN agency (if low capacity, a single commodity/agency approach may allow for quicker scale up until capacities are in place)
  - o Access challenges, settings that endanger personnel/assets and result in minimal staffing (may lead to restricted movement of commodities and staff)
- *Caveats – circumstances must fulfil ALL of the following:*
  - o Time frame (temporary) with exit strategy in place
  - o Targeted priority geographic area (specific area selected based on high needs and relevant triggers)
  - o Choice, ration, and availability of RUTF, RUSF/Super Cereal+ (must have adequate stocks of available commodity to cover the expected caseload based on use of a revised protocol until a transition plan is implemented)
  - o Acting agency has the capacity to manage additional caseload and logistical operations to adequately implement, monitor, and report on expanded programme

If an agency identifies an exceptional circumstance requiring action, the next step is presenting the case to use a revised protocol to the nutrition coordination body that is in place, such as the nutrition cluster. The purpose and importance of this step is to ensure that nutrition responses continue to employ standards, remain well-coordinated and are endorsed by government partners. To expedite the decision making process, it is recommended that the revised protocols are reviewed and discussed as part of ongoing emergency preparedness and response planning.

There are still some outstanding issues related to the use of this interim operational guidance:
- Performance statistics need to track these cases separately and there are no performance standards defined. It is suggested that Sphere standards be also applied.
- In order to provide adequate technical support and learning, UNICEF and WFP regional and HQ (nutrition in emergency teams) and the GNC-CT (in clusterized countries) should be notified of the plan to implement.
- As part of the learning agenda, country cluster coordinators will monitor the implementation of the interim operational guidance with support of the GNC, UNICEF and WFP, to contribute to global operational evidence on the use of the interim guidance. UNICEF and WFP headquarters agree to keep overall track of where amended protocols are being implemented, in collaboration with the Global Nutrition Cluster Coordination Team, Helpdesk and GNC partners.

The full documentation can be found on (http://nutritioncluster.net/?s=decision+tool) as Annex D in the GNC MAM Decision Tool.

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