##

## OPERATIONAL GUIDANCE

## EXPANDED CRITERIA FOR CMAM IN SOUTH SUDAN

**SUMMARY OF EXPANDED CRITERIA**

The expanded criteria is proposed to reduce mortality associated with malnutrition by ensuring early detection and treatment of malnutrition, prevent cases of children with moderate acute malnutrition from deteriorating to severe and scale up coverage of treatment services.

In the proposed expanded criteria both MAM and non-complicated SAM are treated using the same product (RUTF/RUSF). While the use of RUTF has been shown to have better outcomes in the treatment of children with MAM, RUSF, at similar dose of RUTF, has the potential to avert deaths in SAM children when RUTF is not available. Children with severe (+++) oedema and/or other medical complications will be referred for treatment in stabilization centres.

In addition to the weekly ration of RUTF, medication will be provided in accordance with the national protocol where OTP services are fully operational.

All efforts will be made by WFP and UNICEF to ensure that plumpysup and plumpynut are available to implementing partners for the treatment of MAM and SAM. The expanded criteria is proposed as an interim measure where either SAM or MAM services are not available.

**TREATMENT PROTOCOL**

**NB: It should be noted that CMAM TWG recommended that the Expanded Criteria should be applied for a maximum of TWO months after which the partner should introduce OTP/TSFP for standard management of acute malnutrition treatment.**

**Option 1: Where there is an Outpatient Therapeutic Program (OTP) but no Targeted Supplementary Feeding Program (TSFP)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Children < 11.5cm and/or grade + or grade ++ oedema** | **Children 11.5 - < 12.5 without medical complications** | **Grade +++ and/or children with other medical complications****Infants <6 months and infants >6months <4 kg** |
| **Ration/Nutritional therapy given** | As per national protocol – based on weight of the child | RUTF: 7 sachets/per child/week (1 per day) | Refer to stabilization center |
| **Medical interventions** |  |  |
| Vitamin A | **When:** On week 4 or upon discharge**How Much:** *Children with bilateral pitting oedema should not be given vitamin A until discharged.* *In case there are signs of vitamin A deficiency, children are referred and treated in inpatient care* | **When:** On week 4 or upon discharge**How Much:** *Children with bilateral pitting oedema should not be given vitamin A until discharged.* *In case there are signs of vitamin A deficiency, children are referred and treated in inpatient care* |
| < 6months | 50,000 IU |  |  |
| 6-12 months | 100,000 IU | 6-12 months | 100,000 IU |
| >12 months | 200,000 IU | >12 months | 200,000 IU |
| Deworming | **When:** On week 4 or upon discharge**How Much:** After 1 week. *If signs of re-infection appear, an anthelminthic drug can be given again after three months.* | **When:** On week 4 or upon discharge**How Much:** After 1 week. *If signs of re-infection appear, an anthelminthic drug can be given again after three months.* |
|  | **Albendazole** | **Mebendazole** |  | **Albendazole** | **Mebendazole** |
| <12 months | Not recommended |  | <12 months | Not recommended |
| <10kg | 200 mg | 250 mg | <10kg | 200 mg | 250 mg |
| >10Kg | 400 mg | 500 mg | >10Kg | 400 mg | 500 mg |
| Amoxicillin | **When:** On Admission**How Much:** 50-100 mg/kg bodyweight/day | **When:** On Admission**How Much:** 50-100 mg/kg bodyweight/day |
| <12months or <10Kg | 125mg or 5ml | <12months or <10Kg | 125mg or 5ml |
| 1-<10 years or 10-30Kg | 250mg or 10ml | 1-<10 years or 10-30Kg | 250mg or 10ml |
| 10 years+ or >30Kg | 500mg | 10 years+ or >30Kg | 500mg |
| **Dose:** 3 times a day for 5 days | **Dose:** 3 times a day for 5 days |
| Others[[1]](#footnote-1) | *Where qualified staff are present, measles vaccination and malarial treatment should be done in line with the national guideline* | *Where qualified staff are present, measles vaccination and malarial treatment should be done in line with the national guideline* |
| **Discharge criteria** | -MUAC >115mm for two consecutive measurements -Clinically well-Minimum stay of 8 weeks-No oedema for 1 week | -MUAC >125mm for two consecutive visits -Clinically well-Minimum stay of 8 weeks |

**\*** Admissions can also be based on Weight-for-height (< -3zscores) wherever this is being done. The use of MUAC alone is for simplification when the use of WFH is not feasible.

**Option 2: When there is TSFP but no OTP**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Children < 115mm and/or grade + or grade ++ oedema and without medical complications**  | **Children 115mm - < 125mm without medical complications** | **Grade +++ oedema and/or children with other medical complications****Infants <6 months and infants >6months <4 kg** |
| **Ration/Nutritional therapy given** | RUSF: 14 sachets/per child/week (2 per day) | As per national protocol  | Refer to stabilization center, or nearest pediatric ward |
| **Medical interventions** |  |  |
| Vitamin A | **When:** On week 4 or upon discharge**How Much:** *Children with bilateral pitting oedema should not be given vitamin A until discharged.* *In case there are signs of vitamin A deficiency, children are referred and treated in inpatient care* | **When:** On week 4 or upon discharge**How Much:** *Children with bilateral pitting oedema should not be given vitamin A until discharged.* *In case there are signs of vitamin A deficiency, children are referred and treated in inpatient care* |
| < 6months | 50,000 IU |  |  |
| 6-12 months | 100,000 IU | 6-12 months | 100,000 IU |
| >12 months | 200,000 IU | >12 months | 200,000 IU |
| Deworming | **When:** On week 4 or upon discharge**How Much:** After 1 week. *If signs of re-infection appear, an anthelminthic drug can be given again after three months.* | **When:** On week 4 or upon discharge**How Much:** After 1 week. *If signs of re-infection appear, an antihelminthic drug can be given again after three months.* |
|  | **Albendazole** | **Mebendazole** |  | **Albendazole** | **Mebendazole** |
| <12 months | Not recommended |  | <12 months | Not recommended |
| <10kg | 200 mg | 250 mg | <10kg | 200 mg | 250 mg |
| >10Kg | 400 mg | 500 mg | >10Kg | 400 mg | 500 mg |
| **Discharge criteria** | MUAC >115mm and minimum stay of 8 weeks | MUAC >125mm and minimum stay of 6 weeks |

**Option 3: When there is no OTP or TSFP (No implementing partners)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Children < 115mm and/or grade + or grade ++ oedema and without medical complications**  | **Children 115mm - < 125mm without medical complications** | **Grade +++ oedema and/or children with other medical complications****Infants <6 months and infants >6months <4 kg** |
| **RUTF Ration** | RUTF/RUSF: 14 sachets/per child/week (2 per day) | RUTF/RUSF: 7 sachets/per child/week (1 per day) | Refer to stabilization center, or nearest pediatric ward |
| **Systematic treatment**  | None (until CMAM services are set up and implemented as per national protocols) | None (until CMAM services are set-up and implemented as per national protocols) |
| **Discharge criteria** | MUAC >125mm and minimum stay of 4 weeks | MUAC >125mm and minimum stay of 4 weeks |

NB: During RRM missions, the therapeutic rations is given for at least 4 weeks to the beneficiaries

**Follow Up**

A weekly follow up is recommended for all children enrolled in the program. During the follow up visit, appetite test should be conducted and appropriate action taken if the child fails the test, MUAC measurement done, medication provided in line with the table above and RUTF/RUSF provided based on the ration indicated above.

**LOCATIONS**

The locations for the application of the expanded criteria should be based on the 10 priority locations selected by the Cluster. Prior discussion to be held with Nutrition cluster and pipeline managers before implementation of expanded criteria in the identified locations.

In locations where there are no partners on ground, the rapid response mechanism (RRM) mission would provide immediate assistance using the third option. Efforts will be made to identify local NGOs and provide training to ensure continuity of services.

The approach should be used in both fixed posts as well as in mobile sites in the locations identified.

*The expanded criteria will be put in place (maximum 2 months) while UNICEF/WFP work with potential partners to establish OTP/TSFP in the identified locations.*

**REPORTING**

Treatment of MAM children with RUTF

With the expanded criteria, all admissions of children <12.5cm, but >11.5cm without medical complications will be registered as special MAM cases. All children should be provided with a treatment card with a note made of all the anthropometric indices, RUTF and other medication provided on admission and during the follow up. Program performance will be assessed using the standard MAM indicators (cure rate, defaulter rate, death rate) used for monitoring TSFP performance.

Treatment of SAM children with RUSF

With the expanded criteria, all admissions of children <11.5cm will be registered as SAM cases in a separate register from the MAM cases. All children should be provided with a treatment card with a note made of all the anthropometric indices, RUSF and other medication provided on admission and during the follow up. Program performance will be assessed using the standard SAM indicators (cure rate, defaulter rate, death rate) used for monitoring OTP performance.

**EXIT STRATEGY**

1. In locations where partners are present:
	1. OTP present, but no TSFP: Once RUSF supplies have been received, new admissions with SAM (MUAC <11.5cm) should receive a ration based on the weight of the child in accordance with the national protocol. New MAM admissions (MUAC 11.5 - <12.5cm without medical complications) should receive the RUSF not based on weight and counselling should be provided to caregivers. Children should continue to receive 1 sachet/day.
	2. TSFP present, but no OTP: Once RUTF supplies have been received, new admissions with MAM (MUAC 11.5 - < 12.5cm without medical complications) should receive a ration based on the weight of the child in accordance with the national protocol. New SAM admissions (MUAC <11.5cm) should receive the RUTF and counselling should be provided to caregivers.
2. In locations where there are no partners present: The expanded criteria will continue to be used until a suitable partner is identified by WFP or UNICEF for both SAM and MAM treatment. All cases already enrolled would be transferred to the partner including the register. The transferred children and all new SAM and MAM admissions would receive rations based on the weight of the child in accordance with the national protocol (take into consideration the minimum stay before discharge for SAM and MAM as per national protocol).
1. The expanded criteria takes into account scale up to the locations without partners and also weak partner capacity in implementing the full OTP protocol. For the longer term, implementing actors are encouraged to staff OTPs and TSFP adequately to provide the full range of services in line with the national guideline [↑](#footnote-ref-1)