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# NUTRITIONAL PROTOCOLS FOR THE TREATMENT OF WASTING USING SIMPLIFIED APPROACHES

## EXAMPLES FROM RESEARCH TRIALS AND PROJECTS

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### INTRODUCTION

This document compiles nutritional protocols from previously implemented trials and projects testing simplified approaches for the treatment of wasting. There are 7 common modifications that have been recorded to date, listed below.

- Family MUAC
- CHW-led treatment of wasting
- Reduced Frequency of Follow-up Visits
- MUAC and oedema only
- Expanded admissions criteria
- Use of a single treatment product
- Reduced Dosage

This document compiles information from the most commonly implemented protocols to facilitate understanding on the similarities and differences across different projects. Included below are links to the published findings and a detailed table outlining the nutritional protocols implemented as part of these projects.

## 1. COMPAS PROTOCOL

This protocol was initially implemented in one health district in Kenya and one health district in South Sudan by the International Rescue Committee and Action Against Hunger.

- Combined Protocol for Acute Malnutrition Study (CompPAS) in rural South Sudan and urban Kenya: Study protocol for a randomized controlled trial

This same protocol has subsequently been implemented by various partners in subsequent research trials or interventions. The CompPAS protocol includes the following simplifications:

- MUAC and oedema only
- Expanded admissions criteria
- Use of a single treatment product
- Reduced Dosage

<b>Screening</b>	<ul style="list-style-type: none"> <li>• Active screening by community health workers</li> <li>• Passive screening at health facility</li> </ul>
<b>Organization</b>	Treatment at health facility level
<b>Admissions Criteria</b>	<125mm MUAC, AND/OR bipedal oedema (+/++), AND clinically uncomplicated (i.e. passes appetite test, no Integrated Management of Childhood Illness (IMCI) danger signs/no serious medical complications)
<b>Treatment Frequency</b>	<ul style="list-style-type: none"> <li>• &lt;115mm: Weekly</li> <li>• 115-&lt;125mm: Bi-weekly</li> </ul>
<b>Dosage (RUTF)</b>	<ul style="list-style-type: none"> <li>• &lt;115mm and/or oedema (+/++): Two 92g sachets RUTF/day (1000 kcal/day)</li> <li>• 115-&lt;125mm: One 92g sachet RUTF/day (500 kcal/day)</li> <li>• Transition period: Two consecutive weekly measurements at or above 115mm and no oedema</li> </ul>
<b>Cured</b>	≥125mm for 2 consecutive measurements and no oedema, with 3-week minimum stay
<b>Default</b>	Absent for 3 consecutive visits
<b>Non-recovered</b>	Has not achieved discharge criteria within 16 weeks
<b>Discharge Procedure</b>	Discharge ration of 7 RUTF sachets
<b>Routine medical treatment</b>	<p>For all children with MUAC &lt;115mm and/or oedema (+,++) on admission:</p> <ul style="list-style-type: none"> <li>• Amoxicillin: Give first dose at health facility and then give remainder to caretaker with instructions to give twice daily for 7 days</li> </ul> <p>For all children with MUAC &lt;125mm and/or oedema (+,++) on admission:</p> <ul style="list-style-type: none"> <li>• Malaria: according to national protocol</li> <li>• Measles: one vaccine on 4th visit (4th week) (children &gt;6 months) (unless already vaccinated)</li> <li>• Deworming: one dose (albendazole or mebendazole) on the second visit (children &gt;1 year)</li> </ul>
<b>Referral Procedures</b>	<p>Any child who develops medical complications and/ or is not responding to treatment will be referred for a medical evaluation and/or to the Stabilization Center.</p> <p>'Not responding to treatment' will be defined in the following way:</p> <ul style="list-style-type: none"> <li>• Failure to gain any weight (non-oedematous children)</li> <li>• Failure to start to lose oedema</li> <li>• Oedema still present</li> <li>• Weight loss since admission to program (non oedematous children)</li> <li>• Failure of appetite test</li> <li>• Weight loss of 5% of body weight</li> <li>• Weight loss for two successive visits</li> </ul>

## 2. OPTIMA PROTOCOL

This protocol was implemented in one health district in Burkina Faso by ALIMA (The Alliance for International Medical Action).

- New approach to simplifying and optimizing acute malnutrition treatment in children aged 6 to 59 months: The OptiMA single-Arm proof-of-concept trial in Burkina Faso

This protocol has subsequently been implemented by ALIMA in DRC and Niger (results pending). The OptiMA protocols includes the following simplifications:

- Family MUAC
- MUAC and oedema only
- Expanded admissions criteria
- Use of a single treatment product
- Reduced Dosage

<b>Screening</b>	<ul style="list-style-type: none"> <li>• Passive screening at health facility</li> <li>• Active screening by community health workers</li> <li>• Family MUAC: screening at household level by caregivers using MUAC</li> </ul>
<b>Organization</b>	Treatment at health facility level
<b>Admissions Criteria</b>	<125mm MUAC, AND/OR bipedal oedema (+/++), AND clinically uncomplicated (i.e. passes appetite test, no Integrated Management of Childhood Illness (IMCI) danger signs/no serious medical complications)
<b>Treatment Frequency</b>	Weekly for all children admitted
<b>Dosage (RUTF)</b>	Dosage determined on weight and MUAC: <ul style="list-style-type: none"> <li>• &lt;115mm and/or oedema (+/++): 175 kcal/kg per day</li> <li>• 115-&lt;120mm: 125 kcal/kg per day</li> <li>• 120 - &lt;125mm: 75 kcal/kg per day</li> </ul>
<b>Cured</b>	≥125mm for 2 consecutive measurements and no oedema for 2 weeks at least, with 4 week minimum stay
<b>Default</b>	Absent for 3 consecutive visits
<b>Non-recovered</b>	Has not achieved discharge criteria within 16 weeks (definition from OptiMA Niger)
<b>Discharge Procedure</b>	Discharge ration according to weight
<b>Routine medical treatment</b>	<ul style="list-style-type: none"> <li>• Deworming: Mebendazol/Albendazol: 1 dose 4 weeks after inclusion if not given in the last 6 months</li> <li>• Vitamin A: unique dose 4 weeks after inclusion if not given in the last 4 months</li> <li>• Measles vaccination at 4 weeks after inclusion for all children at 9 months (+ other EPI vaccines if not received)</li> <li>• Amoxicillin: at admission for children with MUAC&lt;115mm or WFH&lt;-3 or oedema.</li> </ul>
<b>Referral Procedures</b>	Referral of children with medical complications or non-response to the nutritional treatment (stagnant weight for 21 days or loss of weight after 2 weeks in the program or no reduction of oedema after 2 weeks of treatment or oedema after 3 weeks in the program or loss of 5% of body weight or not reaching discharge criteria after 12 weeks).

### 3. COVID-19 PROTOCOL

In the context of COVID-19, a protocol was established by the global Simplified Approaches Working Group to support the continuity of services whilst reducing the risk of transmission of COVID-19.

- Toolkit for CHW community-based treatment of uncomplicated wasting for children 6-59 months in the context of COVID-19

This protocol includes the following simplifications:

- Family MUAC
- CHW-led treatment of wasting
- Reduced Frequency of Follow-up Visits
- MUAC and oedema only
- Expanded admissions criteria
- Use of a single treatment product
- Reduced Dosage

<b>Screening</b>	<ul style="list-style-type: none"> <li>• Active screening by community health workers</li> <li>• Passive screening at health facility</li> <li>• Family MUAC: screening at household level by caregivers using MUAC</li> </ul>
<b>Organization</b>	<ul style="list-style-type: none"> <li>• Treatment at health facility level</li> <li>• Treatment at health post (managed by Community Health Worker)</li> </ul>
<b>Admissions Criteria</b>	<125mm MUAC, AND/OR bipedal oedema (+/++), AND clinically uncomplicated (i.e. passes appetite test, no Integrated Management of Childhood Illness (IMCI) danger signs/no serious medical complications)
<b>Treatment Frequency</b>	Bi-weekly visits for all children
<b>Dosage</b>	<ul style="list-style-type: none"> <li>• &lt;115mm and/or oedema (+/++): Two 92g sachets RUTF/day (1000 kcal/day)</li> <li>• 115-&lt;125mm: One 92g sachet RUTF/day (500 kcal/day)</li> <li>• Transition period: Two consecutive weekly measurements at or above 115mm and no oedema</li> </ul>
<b>Cured</b>	≥125mm for 2 consecutive measurements and no oedema, with 3-week minimum stay
<b>Default</b>	Absent for 3 consecutive visits
<b>Non-recovered</b>	Has not achieved discharge criteria within 16 weeks
<b>Discharge Procedure</b>	Discharge ration of 7 RUTF sachets
<b>Routine medical treatment</b>	<p>For all children with MUAC &lt;115mm and/or oedema (+,++) on admission:</p> <ul style="list-style-type: none"> <li>• Amoxicillin: Give first dose at health facility and then give remainder to caretaker with instructions to give twice daily for 7 days</li> </ul> <p>For all children with MUAC &lt;125mm and/or oedema (+,++) on admission:</p> <ul style="list-style-type: none"> <li>• Malaria: according to national protocol</li> <li>• Measles: one vaccine on 4th visit (4th week) (children &gt;6 months) (unless already vaccinated)</li> <li>• Deworming: one dose (albendazole or mebendazole) on the second visit (children &gt;1 year)</li> </ul>
<b>Referral Procedures</b>	<p>Any child who develops medical complications and/ or is not responding to treatment will be referred for a medical evaluation and/or to the Stabilization Center.</p> <p>'Not responding to treatment' will be defined in the following way:</p> <ul style="list-style-type: none"> <li>• Failure to gain any weight (non-oedematous children)</li> <li>• Failure to start to lose oedema</li> <li>• Oedema still present</li> <li>• Weight loss since admission to program (non oedematous children)</li> <li>• Failure of appetite test</li> <li>• Weight loss of 5% of body weight</li> <li>• Weight loss for two successive visits</li> </ul>