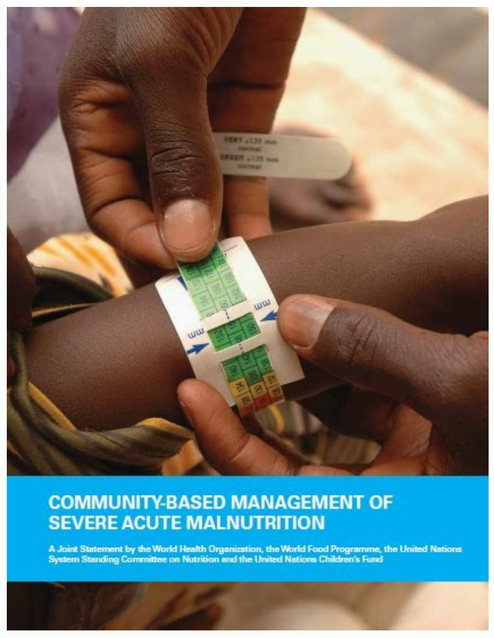
Integrated management of acute malnutrition guidelines



Diseases NOT covered by IMCI

- The IMCI guidelines address the ***most important*** but ***NOT ALL*** of the major reasons a sick child or an infant is brought to the clinic with.

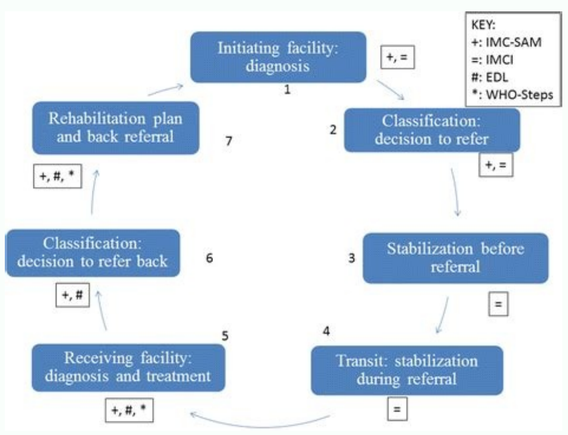
- Assess clinical signs & fill the multi chart with all the routine information.
- Counsel the mothers/caregivers on the emotional needs of her child & encourage them to give sensory stimulation.
- In charge of structured play therapy.
- Carry out screening as per the recommended Guidelines.
- Give medicine & treatment (injectables) as per the MOs Guidance & advice.
- Ensure that all steps in the management of SAM cases are followed in the NRC.
- Fill the daily intake sheet, the SAM information sheet & consult with Nutritionist on the feeding time table of all children at the NRC.

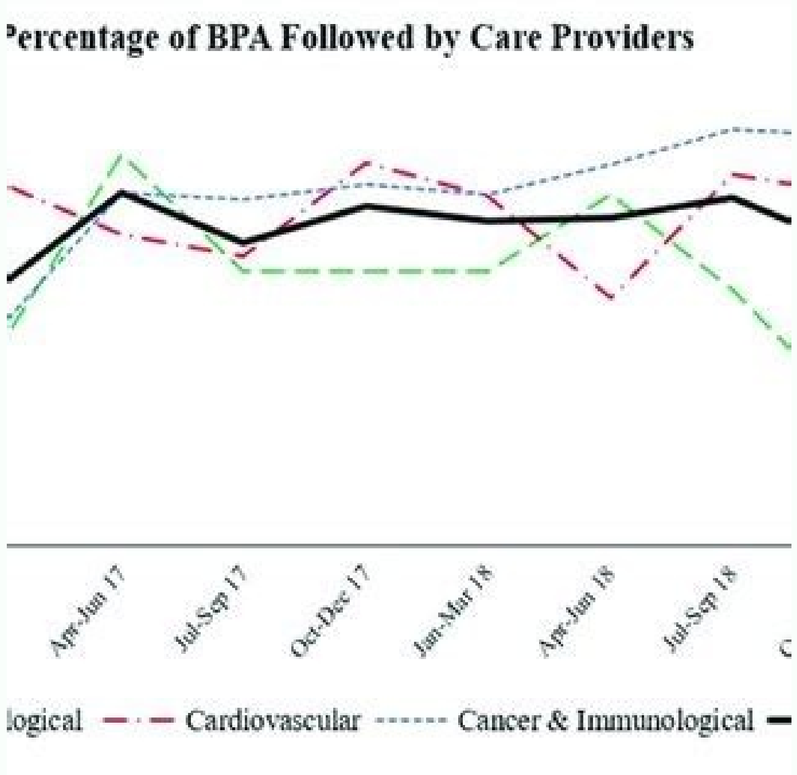
Cook:

- Prepare therapeutic diet (F 75 & F 100) for children as prescribed by the Medical Officer under the supervision of the Nutrition Counsellor.
- Involve mothers & care givers of admitted children in preparation of food.
- Purchase food items locally under the supervision of the Nutrition Counsellor.
- Clean the utensils, kitchen & the equipment used in the kitchen for the preparation of food.

Attendant:

- Responsible for managing the cleaning duties & the provision of detergents, hand soaps, chlorine etc.
- Floors should be cleaned every day with soap & water.
- Toilets should be disinfected with 0.5% active chlorine solution.





Malnutrition management guidelines. Somali guidelines for integrated management of acute malnutrition. What is integrated management of acute malnutrition. National guidelines for integrated management of acute malnutrition. Guidelines for integrated management of acute malnutrition in uganda 2020. Guidelines for integrated management of acute malnutrition in uganda 2016.

Download Report (PDF | 19.67 MB) Introduction Malnutrition is a major public health problem of the world. It dramatically increases the risk of early death, is responsible either directly or indirectly for more than one third of all childhood deaths, and deprives children of the opportunity to develop to their potential. It is both a cause and a result of poverty and underdevelopment. The nutrition situation in Somalia is deteriorating with a national median global acute malnutrition level of 17.4 % (emergency level is 15%) with 1.2 million children under the age of five with acute malnutrition., including over 231,829 who have, or will suffer, life-threatening severe acute malnutrition (SAM). Without appropriate treatment, acute malnutrition may result in the death of the child. Even children who survive may remain vulnerable to other episodes of malnutrition and disease and present lower intellectual and psycho-motor abilities, which will in turn reduce their chances later in life. Since 2008, there has been a progressive introduction and scaling up of nutrition interventions to manage severe and moderate acute malnutrition in Somalia. These programs have been organized and managed by several implementers with the assistance of many different international and local agencies and non-governmental organizations in collaboration with Ministry of Health authorities. The nutrition and overall health sector context in Somalia has evolved, thus these guidelines have been updated according to the current nutrition situation and Somalia context, and in line with the revised WHO (2013) recommendations and relevant health sector policies and guidelines in Somalia. To this effect, UNICEF, in coordination with the Nutrition cluster, is supporting the Ministry of Health authorities in the revision and updating of the current IMAM guidance, training package, and reporting tools that would enable partners to respond effectively and efficiently to manage acute malnutrition in Somalia. The IMAM programme in Somalia is marred by several challenges covering infrastructure, capacity, and community engagement. Capacity of health systems to take on treatment of SAM in terms of staffing, logistics, monitoring, and supervision requires a more holistic systems approach. Staff capacity gaps root from a lack of integration of IMAM in the national training curriculum for health workers. A high staff attrition/turn over has resulted in a shortage of trained staff in facilities. Furthermore, the IMAM programme implementation quality is still non- optimal due to the difficulty in integrating service delivery and the inadequate linkage and reinforcement with wider preventative interventions. Issues around coverage of services including monitoring of progress on reaching children with SAM (numbers admitted, effectiveness of treatment and coverage) also prevail. Difficulties in estimating incidence complicates the estimation of the burden and coverage of nutrition services in Somalia. The community component has often been neglected, and there is extensive evidence showing that IMAM without a strong community component results in limited coverage and therefore limited impact. Overall, conflict, insecurity, difficult social environment related to complex clan structure, population displacement and the inability for IDPs to access services in some host areas, and the transhumance nature of pastoralist populations further exacerbates the already fragile nutrition service delivery environment in Somalia. Lack of health infrastructure and discontinuity of programmes in some areas, with regular closure and re-opening of programmes often results in overall fragmentation of interventions to prevent malnutrition. These guidelines take into consideration these specific challenges of implementing the management of acute malnutrition in Somalia and the adaptations that programmes have made as a consequence. In order to increase coverage, promote early diagnosis and reduce the need for transfers, these guidelines promote the use of intense community mobilisation as the first priority in all programmes. When possible, protocols are adapted for the eventuality of a complicated cases that cannot be transferred to a Stabilization centre (SC). IMAM stands for Integrated Management of Acute Malnutrition. It is an integrated program to fight back against acute malnutrition. It is a nutritional program designed especially for children of 6-59 months of age and is a very important concept for management of malnutrition. Although there are lot of technical knowledge and skills required to implement this program effectively, in this article we will only guide you throughout the key messages and knowledge related to it. This will certainly help you understand the crux of the program and at the same time providing you with simple yet essential information. Principles of IMAM Program: IMAM program is based on four key principles: Maximum coverage and access Increasing the coverage of the program up to the community level Decentralization of services Introduction of Out-patient Therapeutic Centre (OTC) Providing timely services through effective community mobilization Timely identification, referral and treatment of malnourished cases Appropriate medical care and nutritional rehabilitation Medical care and treatment of cases as per the requirement Treatment of Severe Acute Malnutrition (SAM) cases without complications in OTC Treatment of SAM cases with complications in Inpatient Therapeutic Care (ITC). It is also known as Stabilization Center (SC). Care for as long as it is needed Providing care and support as much as required It helps to reduce the defaulter and relapse of cases Components of IMAM Program: Additionally, IMAM program has four components. They are: Community Outreach/mobilization Outpatient treatment of SAM without complication i.e. treatment of SAM children under supervision of health worker but not admitting in the health facility In-patient treatment of SAM with complication i.e. treatment of SAM patient by admitting in the health facility (hospital/stabilization center) Management of Moderate Acute Malnutrition Target group of IMAM program: 6-59 months age children Children above 59 months (for special cases of HIV/AIDS, Severe acute malnutrition and edema) Assessment of Acute Malnutrition: Acute Malnutrition in a child can be assessed/identified by: Measuring Mid Upper Arm Circumference (MUAC) using MUAC tape/ Shakir tape Checking bilateral pitting edema Measuring height and weight of the child Decision making for Severe Acute Malnourished (SAM) and Moderate Acute Malnourished (MAM) child: A child is SAM case if he/she meet any of the following criteria: Presence of bilateral pitting edema OR MUAC measurement of

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