

The USAID experience of advocating to employ the expanded admission criteria in Nigeria

By Erin Boyd

Erin Boyd is a Nutrition Advisor at USAID's Office of Foreign Disaster Assistance (OFDA). She has over 12 years of experience in emergency nutrition response, covering policy, programme management, monitoring and evaluation, coordination and operational research.

In northeast Nigeria in 2016 nutrition assessment reports indicated a nutrition crisis, with reports of large numbers of mothers and children arriving severely malnourished to camps. USAID did not have many emergency nutrition partners operating in northeast Nigeria and sought to support partners to rapidly scale up treatment of acute malnutrition in response to a potential famine.

Access to northeast Nigeria was very constrained and there were few partners with capacity to implement community-based management of acute malnutrition (CMAM). There

was also no World Food Programme (WFP) presence in Nigeria during this time, which made moderate acute malnutrition (MAM) treatment impossible. Given the circumstances, USAID worked with non-governmental organisations (NGOs), partners and the Nutrition in Emergencies Working Group (NiEWG) to share resources and experiences related to the expanded admission criteria (EAC) and urged the NiEWG and NGOs to consider its application in northeast Nigeria. While the information was well received, decision-making by the emergency nutrition community, including national authorities and United Nations agencies was

slow, despite the availability of funds and resources to implement this model.

USAID continues to support the use of the EAC and different modifications to national guidelines to treat acute malnutrition in specific settings. We also support operational research to test which modifications yield the most improved outcomes and are operationally feasible. USAID maintains a willingness and flexibility to modify the treatment model for acute malnutrition in certain contexts in order to reach children as early as possible in humanitarian settings.

Protocol adaptations to deal with programme realities: UNICEF Nigeria perspective

By Sanjay Kumar Das, Reuel Kirathi Mungai and Maureen Gallagher

Sanjay Kumar Das is a nutrition manager for UNICEF Maiduguri office for the north-eastern Nigeria response.

Ruel Kirathi Mungai is Nutrition Specialist (Emergency Response Team) at UNICEF New York and former Nutrition Sector coordinator in Nigeria, based in Borno.

Maureen L Gallagher is the Chief of Nutrition for UNICEF Afghanistan. She was previously the Nutrition Specialist with UNICEF's Emergency Response Team based in UNICEF headquarters, when she supported emergencies including the Nigeria response.

Prior to 2016 the presence of international humanitarian organisations supporting Borno state primary health care in the management of acute malnutrition was limited to a handful of partners. Occasioned by the security situation and limited access, all humanitarian coordination was initially undertaken from Abuja, with consultations with the state leadership and the humanitarian coordination organisations. Coordination was decentralized to Borno by the end of 2016.

Robust nutrition situation analysis was undertaken collaboratively between the humanitarian partners and the state with technical support from UNICEF as the cluster lead agency. This led to the declaration of a nutrition emergency on June 2016 by the then Federal Minister of Health. This declaration led to an upsurge of humanitarian partners working in the nutrition sector as well as the formal activation of the Sector to respond to the Level 3 humanitarian crisis. The crisis in the NE Nigeria, with its epi-

center affecting Borno state, was reflected in high malnutrition prevalence. At the height of the crisis in 2017 there were an estimated 520,393 malnourished children in the state, the majority of whom were in the host community and in access challenged local government areas.

The Nigerian CMAM guideline recognizes the use of both MUAC and WHZ as admission criteria. With the high burden of acute malnutrition and a fragile health system operating below 40% capacity, the sector agreed with all partners on the use of MUAC only as the admission and discharge criteria for treatment. The Nigerian CMAM guideline also recognizes the absence of MAM services; hence MUAC above 12.5 cm is used as a discharge criterion for those treated for severe acute malnutrition.

Following the establishment of the nutrition surveillance system, the nutrition sector identified pockets of extremely high global acute malnutrition (GAM) rates with access challenges where a typical CMAM service delivery approach

through the health system was not feasible. Some partners requested the use of the expanded admission criteria (EAC) in those locations with intermittent access, through the CMAM Technical Working Group (TWG) which was discussed and approved to be executed in specific circumstances. Key concerns from the state and the federal nutrition focal persons were availability of RUTF supplies as the numbers of malnourished children were high, challenges with misuse of RUTF if the EAC was not properly undertaken, criteria for activation and deactivation, as well as reporting tools to be utilized. These concerns were discussed by the CMAM TWG and an operation guidance was adopted from the global tool "Options for exceptional community-based management of acute malnutrition programming in emergencies" to set criteria and boundaries for these temporary adaptations to deal with this exceptional situation.

For more information, contact:
Sanjay Kumar Das skumardas@unicef.org