

# **Guidance for Approaches for Management of Acute Malnutrition**

## **(Acute Malnutrition Management Taskforce – Nutrition Cluster)**

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### **A. Introduction**

Somalia has experienced critical levels of malnutrition over years and the challenges of widespread insecurity and the associated limited in-country capacities have compounded an already dire humanitarian situation. In an effort to improving the humanitarian response, the Nutrition Cluster's task force for Acute Malnutrition Management aims to provide guidance for programming for severe and moderate malnutrition management as well as its prevention in Somalia. Currently, there are inconsistencies in programmes implementation in terms of nutrition products used, implementation modalities and the characteristics and environmental conditions of the target population.

The recent plans/ initiative by UNICEF and WFP and others, to expand their programmes through use of blanket fortified blended food distribution and use of ready to use food (RUF) either as complements or by changing intervention strategies, creating further demand for guidance. This paper aims to provide guidance on the use of various products, target populations and new strategies vis-à-vis the existing programmes to appropriately guide decision makers, sponsoring agencies and donor. The guidance is also intended to ensure a greater coverage of these programmes and to reduce gaps and overlaps of approaches.

The paper is structured to provide background on

- a) Available products,
- b) Approaches to manage acute malnutrition,
- c) Nutritionally vulnerable groups, and
- d) Scenario's for decision making.

Using these elements the paper gives step by step guidance on how a decision on approach and product can be matched to a particular scenario. As the situation in Somalia is dynamic it is not possible to cover all scenarios and proscribe approaches and products. Therefore, the papers objective is intended to give a common flexible guidance framework for decision making rather than a rigid set of actions. The guidance does not take into account cost and cost effectiveness mostly because cost effectiveness data is lacking in this rapidly changing area of nutrition. Thus the guidance gives a technical approach to responding to the challenging circumstances of Somalia it is expected that once technical decisions have been made the cost implications and required adaptations are discussed with donors.

As the causes of acute malnutrition and related mortality are cross-sectoral, the overarching objective of the nutrition cluster partners is to implement programmes for the management of acute malnutrition within a minimum integrated package. The components of this minimum integrated package have been agreed by the cluster and seek to address food insecurity, WASH, Health and Infant and Young Child Feeding factors that are direct and underlying causes of acute malnutrition. Consequently all of the following proposed guidance for programme approach and products for the management of acute malnutrition requires agencies to include the minimum integrated package interventions.

This document is a guidance, and not a guideline, providing the general Somalia Nutrition Cluster recommendation/response framework for the emergency nutrition response. It provides guidance and reasonable flexibility in the implementation of emergency response using wide range of nutritional products and in very unique field level situation. Operation within this guidance is recommended with stronger reference to the existing technical guidelines for the management of severe and moderate acute malnutrition as well as the complementary interventions needed in the integrated response.

## **B. Basic description of nutrition products**

### **1. Therapeutic Feeding products.**

- **F75** – therapeutic milk used in the (phase 1) stabilization of the complicated severely malnourished cases in the initial stages of nutrition rehabilitation. Because of the need for careful dilution and good quality water and short storage life of reconstituted milk it is only used in therapeutic feeding centres or stabilization centres.
- **F100** – therapeutic milk used in the (phase 2) recovery and weight gain of severely malnourished children. Usually used in therapeutic feeding centres or stabilization centres. Because of the need for careful dilution and good quality water and short storage life of reconstituted milk it is only used in therapeutic feeding centres or stabilization centres.
- **Plumpy nut (generic name RUTF)**: This is a ready to use therapeutic food (RUTF) for treating the severely malnourished children with no medical complications. Has the same composition as F100 but can be distributed in outpatient therapeutic programme (OTP) for uncomplicated severe malnutrition cases. In the past some agencies have RUTF used for supplementary feeding. (see below).
- **BP 100** – this is a ready to use therapeutic food (RUTF) (nutrient bar), which is similar to F100 milk, and is usually, used as a replacement for F100. In some circumstances can be distributed through OTP as a take home treatment ration, usually for children over 2 years..

### **2. Supplementary Feeding Products.**

- **Fortified Blended Food (CSB/UNIMIX)** – Both based on a cereal (usually maize), soya blend. The blend is fortified with micronutrients each product has slightly different micronutrient profile. UNIMIX has sugar (usually 10%) included in the blend. International guidelines stipulate that CSB/UNIMIX are mixed with oil (and sugar if not already included) prior to distribution to ensure the high energy density of the resulting porridge. Oil reduces the shelf life of the distributed pre-mix to about 2 weeks. In Somalia distribution of blended food pre mixed with oil (and sugar) is difficult and is rarely possible. Thus the nutritional value of the porridge made from the blend alone is reduced. Experience in Somalia has shown that the efficacy of blended foods for the management of moderate acute malnutrition is low, for a variety of reasons. A recent international review of supplementary feeding programmes has highlighted the varied results achieved with fortified blended foods. A key observation in the review is that the most successful supplementary feeding programmes are those that are well supervised. Fortified blended cereals have the advantage of low cost, usually available and are in the form that is recognizable and acceptable to beneficiaries. (**CSB-plus/CSB-super** - CSB plus and CSB super are an improved form of Corn Soya blend designed for Pregnant and Lactating women and children respectively. The current CSB has some phytate (inhibitor) that affects absorption of micronutrients. The improved CSB will have phytate removed by de-hulling (removal of husk which contains the inhibitor). This will be called CSB plus suitable for pregnant and lactating women. While CSB super will have milk added to it suitable for children 6-59 months. WFP HQ is working on the formulation and once completed and approved, will replace the current CSB in the food basket provided by WFP.)
- **BP5** – Fortified compressed food which is eaten directly from the package as a biscuit or can be crushed and used as porridge. It's mainly recommended when a population is on the move and when conditions to prepare food are not appropriate. Can be used as a replacement for CSB/UNIMIX but not specifically designed for this purpose.
- **RUTF (generic name Plumpynut)** – Some agencies (e.g. MSF) have been using Plumpynut as a supplementary food usually in a blanket feeding or by extending the entry criteria for therapeutic feeding (see below) (given in more reduced doses than those prescribed in therapeutic feeding). The rationale being that it is a high quality, fortified food that can be used at home with no need for pre-mixing. Although the nutritional composition is designed for treatment of severe acute malnutrition it has a positive effect in the treatment of moderate acute malnutrition, prevention of severe acute malnutrition and in some cases has been shown to have a positive effect in preventing acute malnutrition (Niger). The use of Plumpynut in supplementary feeding might be a temporary option in the absence of a specifically designed field tested alternative or ready to use Supplementary Food (RUSF) (see below). Some agencies are worried that the use of RUTF for therapeutic and supplementary feeding will blunt the households' perception of RUTF as a "medicine" for the treatment of severe acute malnutrition. The use of RUTF for this purpose is contested at global level; nevertheless field level programmes in Somalia are and have been using this approach in the absence of more adapted products.

- **Supplementary Plumpy (generic name RUSF):** One of several new ready to use products aimed at management of moderate malnutrition (Ready to Use Supplementary Food - RUSF). Nutritionally designed specifically for the management of moderate acute malnutrition with the similar advantages to RUTF (Plumpynut) e.g. high energy density, has important logistical advantages, small risk of microbial contamination, does not require pre-mixing and can be used at home. Compared to available therapeutic feeding products and PlumpyDoz, Supplementary Plumpy and other RUSF have very little operational research results available.

### 3. Malnutrition “Prevention/Mitigation” Products.

- **Plumpy doz (generic name RUF)** – A ready to use food (RUF) with a very similar micronutrient content to RUTF and RUSF. Daily ration is lower in energy (not sufficient energy to cover daily requirement in the absence of “family” or general ration) and is designed to provide a high quality nutritional complement (including energy) to the child’s daily ration. Evidence (Niger) has shown its acceptability and when used as a blanket distribution (see below) to all under 3 years it was shown to prevent/mitigate acute malnutrition (moderate and severe).
- **RUTF/RUSF/BP5/CSB/UNIMIX** – All of the products mentioned above could be used with the objective of preventing moderate and severe acute malnutrition. The theory being that they are all highly fortified, energy dense foods that would complement a child’s diet and prevent disease, and food and nutrition insecurity precipitating acute malnutrition. On the negative side none of the products are specifically designed for this purpose. Except in prescribed circumstances the cost compared to nutritional benefit may also preclude their use. Cost benefit analysis studies are not available to develop the criteria when such an approach would be taken.

### C. Approaches to Manage Acute Malnutrition.

To identify and rehabilitate the malnourished and other vulnerable populations, different modalities/approaches are employed. These include;

- **Facility based therapeutic feeding centre (TFC)/stabilization centre(24 hours/day care):** Services being rendered at TFC or a stabilization centre (SC) in the hospital/ pediatric wards or through a MCH, health post with medical supervision. TFC - all severe acute malnutrition is treated in the centre (Phase 1 and 2). Stabilization centre – only the most complicated (10-15%) of severe acute malnutrition cases are referred for in-patient care prior to referral to community based management programmes (see below).
- **Community based therapeutic programme or Outpatient Therapeutic Programme (OTP):** OTP sites based in the community. The community and caregiver is empowered to facilitate identification and referral of the malnourished cases to the OTP or the SC, (if complicated), for treatment with therapeutic feeding products.
- **Supplementary feeding programme** – moderate acute malnutrition cases identified in the community or referred from TFC/SC/OTP are managed here. Often the SFP is attached to a TFC/OTP/SC.

All of the above are targeted programmes. Anthropometric measurements such as MUAC, weight for height and clinical signs e.g. oedema are used to classify the nutritional status and refer to the appropriate programme for management of acute malnutrition if necessary. In some circumstances blanket feeding is recommended.

- **Blanket Feeding** – The main aim of a blanket feeding is to prevent widespread malnutrition and related mortality in nutritionally vulnerable groups. A blanket feeding is usually recommended when global acute malnutrition rates are very high (e.g. above 15 or 20%) and food availability and quality, through general food rations or other sources, are considered to be inadequate. Blanket feeding could also be recommended if access to an area is difficult and regular on-site supervision is not easy. All of the RUF products plus fortified blended food and BP5 above could be used for blanket feeding. The objectives are therefore a mix of prevention of global acute malnutrition, management of moderate malnutrition and prevention of severe acute malnutrition. Treatment of severe acute malnutrition through TFC/SC/OTP would still be required in addition to a blanket feeding. Therefore screening to detect severely malnourished children and their referral to the appropriate treatment centre is required during blanket distributions.

#### **D. Nutritionally Vulnerable Groups.**

Assessment is required to determine the specific groups that are affected however, the most usual target groups are:

- Pregnant women (usually in last trimester depending on resources) and Lactating Women (usually up to 6 months). In the specific circumstances of Somalia clear identification of these groups is difficult due to the lack of coverage of ANC clinics and problems of verification when communities are requested to identify eligible women. However in some locations where ANC are functional, women do receive a pink card when they are registered as pregnant which allows WFP and others to support a Maternal and Child Health programme. In this case it is possible to target using the antenatal card. As an interim measure it is recommended that targeted supplementary feeding programmes use possession of this card as an admission criterion and that the current coverage is expanded where possible. In addition in more stable areas where accessible is better, such as IDP camps efforts to expand this type of programme is also recommended. It should also be noted that information from FSAU surveys using MUAC (cut offs are not clear globally, but the nutrition cluster can decide on Somalia appropriate cut-offs) do identify nutritional vulnerability in the pregnant and lactating women therefore they are a priority group to be targeted and should be included where possible. Resources permitting, MUAC could also be used to target vulnerable pregnant and lactating women for supplementary feeding.
- Adults showing signs of acute malnutrition based on technical need assessment on the population. i.e. based on accepted anthropometric criteria and/or critical analysis of the prevailing risk factors.
- Elderly and sick based on technical need assessment on the population, i.e. based on accepted anthropometric criteria and/or critical analysis of the prevailing risk factors.
- Children – The usual practice is to target 6-59 months. However, evidence shows that the first two years of a child's life are the most important for growth and development. The first two years of life are also the period of greatest risk to the child's health, nutrition and development. In the case of limited resources blanket feeding can also be targeted to under 2's or under 3's.

#### **E. Scenario's to determine programme approaches and products.**

The selection of the most appropriate approach to use for the management of acute malnutrition and hence food product to be used will depend on the situation on the ground. In the Somalia context, the following determinants have been used to develop four scenarios for programme design:

- **Acute Malnutrition levels (GAM)<sup>1</sup>** – Relates to need.
- **Population Density** – Relates to relative prioritization of programming when combined with GAM levels.
- **Security situation and related humanitarian access** – Relates to the degree of supervision possible.
- **Availability of appropriate operational partners** – Relates to degree of supervision possible.

In Table 1 below combinations of the four determinants have been used to develop four scenario's and corresponding recommendations for programme type and product to be used.

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<sup>1</sup> NCHS Reference until WHO Standards are adopted in Somalia

**Table 1 : Initial division of regions into Scenario types.**

Scenario	Example Regions <sup>2</sup>
<p><b>Scenario 1</b></p> <ul style="list-style-type: none"> <li>• High Acute Malnutrition</li> <li>• High Population Density</li> <li>• High Insecurity and Low Humanitarian Access</li> <li>• Limited Partners</li> </ul>	<p><b>Shabelles, Mogadishu, Hiran, Juba, Galgadud</b></p>
<p><b>Scenario 2.</b></p> <ul style="list-style-type: none"> <li>• High Acute Malnutrition</li> <li>• Medium to High Population Density</li> <li>• Medium to High Insecurity and Moderate Humanitarian Access</li> <li>• Partners on the ground</li> </ul>	<p><b>Bay, Bakool, Gedo</b></p>
<p><b>Scenario 3.</b></p> <ul style="list-style-type: none"> <li>• High Acute malnutrition</li> <li>• Medium to low population density.</li> <li>• Medium insecurity and Moderate Humanitarian Access.</li> <li>• Partners on the ground</li> </ul>	<p><b>Puntland, Bossasso, Galkayo etc</b></p>
<p><b>Scenario 4.</b></p> <ul style="list-style-type: none"> <li>• Low Acute malnutrition (relatively)</li> <li>• Medium population density</li> <li>• Low Insecurity and Good humanitarian access</li> <li>• Partners on the ground</li> </ul>	<p><b>Parts of Somaliland</b></p>
<p><b>Scenario 5.</b></p> <ul style="list-style-type: none"> <li>• High Acute malnutrition</li> <li>• High population density.</li> <li>• Medium insecurity and Moderate to Poor Humanitarian Access.</li> <li>• Limited Partners on the ground</li> </ul>	<p><b>IDP and Urban Poor</b></p>

<sup>2</sup> These example regions are based on the situation in August 2008 and as circumstances change examples will change. Also note that within these areas several different types of scenario's could exist at the same time.

## F. Product selection.

The three objectives of blanket feeding are below. Objectives 2 and 3 are also the objectives of targeted supplementary feeding.

1. Prevention of acute malnutrition
2. Management of moderate acute malnutrition
3. Prevention of severe acute malnutrition.

**Table 2: Advantages and Disadvantages of Nutritional Products for Targeted Supplementary Feeding and Blanket Feeding.**

Product	Advantages	Disadvantages	Comments
<b>Fortified Blended Food (CSB/UNIMIX)</b>	<ol style="list-style-type: none"> <li>1. Proven acceptability.</li> <li>2. Pipeline available.</li> <li>3. Cheapest option.</li> <li>4. Likely to have a good impact on all three Blanket Feeding Objectives (see above)</li> </ol>	<ol style="list-style-type: none"> <li>1. Pre-mix is very difficult, without premix reduces quality and impact.</li> <li>2. Widespread inappropriate use for other groups.</li> <li>3. wt/kcal higher than other options = logistically expensive.</li> </ol>	Default option.
<b>BP5</b>	<ol style="list-style-type: none"> <li>1. Proven acceptability.</li> <li>2. Pipeline available.</li> <li>3. Wt/kcal low – may be logistically cheaper</li> <li>4. Likely to have a good impact on all three Blanket Feeding Objectives (see above)</li> </ol>	<ol style="list-style-type: none"> <li>1. Not specifically designed for this application.</li> <li>2. Costly.</li> </ol>	Option for targeted or blanket distribution.
<b>RUTF (PlumpyNut)</b>	<ol style="list-style-type: none"> <li>1. Proven acceptability.</li> <li>2. Pipeline available.</li> <li>3. Wt/kcal low – logistically cheaper</li> <li>4. Likely to have a good impact on all three Blanket Feeding Objectives</li> </ol>	<ol style="list-style-type: none"> <li>1. Not specifically designed for this application.</li> <li>2. Costly per treatment.</li> <li>3. Blanket distribution may confuse households on objectives of RUTF for therapeutic.</li> </ol>	Costly effective alternative to CSB/UNIMIX.
<b>RUSF (Supplementary Plumpy)</b>	<ol style="list-style-type: none"> <li>1. Designed for this purpose.</li> <li>2. Pipeline might be available.</li> <li>3. Wt/ration low – logistically cheaper</li> <li>4. Likely to have a good impact on all three Blanket Feeding Objectives (see above)</li> </ol>	<ol style="list-style-type: none"> <li>1. Not enough operational research.</li> <li>2. Costly (less than RUTF)</li> <li>3. Blanket distribution may confuse households on objectives of RUTF for therapeutic feeding.</li> </ol>	Possibly effective alternative to CSB/UNIMIX.
<b>RUF (PlumpyDoz)</b>	<ol style="list-style-type: none"> <li>1. Designed for this purpose.</li> <li>2. Pipeline might be available.</li> <li>3. Wt/ration lowest of all options – logistically cheaper. Could distribute quantities for longer periods e.g. 2-3 months</li> <li>4. May have a good impact on BF Objective.1 (above).</li> </ol>	<ol style="list-style-type: none"> <li>1. Costly (less than RUTF and RUSF)</li> <li>2. Blanket distribution may confuse households on objectives of RUTF for therapeutic feeding.</li> <li>3. Depending on availability of other foods impact on Blanket Feeding Objectives 2 and 3 unknown (see above).</li> <li>4. Requires availability of “family” or general food ration.</li> </ol>	New product available for new approach to prevention of acute malnutrition.

Its worth noting, that blended food have been used for a long time in Somalia and any proposed transition to new products should be accompanied by sensitization, training and a smooth transition to avert breaks in malnourished children rehabilitation process

## **G. Scenario Planning - Matching Scenario to Approach and Product.**

### **a. Management of Severe Acute Malnutrition.**

The rapid expansion of a community based management of acute malnutrition model is a priority in Somalia. To do this all possible partnerships should be explored to establish systems for community based identification, referral, and management of acute malnutrition. The establishment of OTP's and supporting SC/TFC is a priority to support the community. Products to be used are

- **TFC/SC** - F75, F100 and or RUTF
- **OTP** – RUTF
- BP100 remains an option to replace F100 or RUTF.

### **b. Targeted Supplementary Feeding (TSF).**

The rapid expansion of a community based management of acute malnutrition model is a priority in Somalia. To do this all possible partnerships should be explored to establish systems for community based identification, referral, and management of acute malnutrition. The establishment of SFC's to support OTP's and SC/TFC is a priority. CSB/UNIMIX is the default product to be used and the usual target groups are moderately malnourished children and P/LW. Based on assessment other groups might be included.

In exceptional circumstances where evidence shows

- that CSB/UNIMIX is not having an impact on the management of moderate acute malnutrition and/or
- that access and logistics is particularly challenging and/or
- and in the absence of more conclusive operational research results for RUSF,

The following products may be considered

**RUSF** – See note below

**BP5** - is considered as a replacement for other fortified blended food products. BP5 should only be used to replace FBF for a maximum of 3 months. A clear technical recommendation to extend BP5 distributions longer than 3 months would be recommended.

**RUTF** might be considered as an alternative to CSB/UNIMIX in a TSF. (Still requires in-depth consultation to resolve technical questions. However, worldwide and country level resource bottlenecks mean that it is unlikely that large scale use of RUTF for SF will be possible).

### **c. Blanket Feeding (BF).**

The Sphere Standards say that BF is appropriate when “rates of malnutrition are so high that it may be inefficient to target the moderately malnourished and all individuals meeting certain at-risk criteria may be eligible” for blanket supplementary feeding.

In a Somalia context appropriate criteria that would indicate the need for blanket feeding are:

- GAM rates of over 20% weight for height (MUAC<sup>3</sup>???) increasing SAM rates and aggravating factors (e.g. Worsening Food Security, increased displacement, disease outbreak) and/or
- Extremely difficult access to continuously identify moderately malnourished at community level and to supervise their referral and/or
- Difficult access resulting in irregular and incomplete general ration

In cases of limited resources for BF the priority is to ensure full coverage of 6 -24 months children. Availability of resources would dictate if target group was just under 2's, under 3's or under 5's.

Blanket Feeding should be programmed for a specific time period with delineated entry and exit criteria. It is also not recommended to continue BF for longer than 4 months. An extension of BF should be justified by a specific technical review of the situation.

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<sup>3</sup> Cut-off to be decided by Nutrition Cluster

**Fortified Blended Food (FBF)** – is the default product option for Blanket Feeding. It is recommended that BF with FBF each ration/round is not longer than 1 month at a time.

In exceptional circumstances where evidence shows

- that FBF is not having an impact on the management of moderate acute malnutrition and/or
- that access and logistics is particularly challenging and/or
- and in the absence of more conclusive operational research results for RUSF,

the following alternative products could be considered

**BP5** - should be considered as a replacement for FBF food products. It is recommended that BF with BP5 does not distribute BP5 for longer than 1 month at a time. BP5 should only be used to replace FBF for a maximum of 3 months. A clear technical recommendation to extend BP5 distributions longer than 3 months would be recommended.

**RUTF** - might be considered as an alternative to FBF or BP5 in a BF. It is recommended that BF with RUTF does not distribute RUTF for longer than 1 month at a time. *(Still requires in-depth consultation to resolve technical questions. However, worldwide and country level resource bottlenecks mean that it is unlikely that large scale use of RUTF for SF will be possible).*

**RUSF** – See note below.

**RUF (PlumpyDoz)** –

In a Somalia context appropriate criteria that would indicate the need for blanket feeding with RUF are an assessed risk of acute malnutrition for entire under 3 populations. The risk may be due to:

- Climatic conditions e.g. drought, floods and/or
- Displacement affecting food security and/or
- Malnutrition rates do not yet indicate the need for BF with FBF but assessment indicates the potential for conditions to warrant a BF and/or
- Access and logistics are particularly challenging such that distributions are only possible every 2/3 months.
- Food Security Analysis indicates the degree of food insecurity.

A BF with RUF would still require agencies to implement programmes for the management of severe and moderate (targeted) acute malnutrition amongst the same population. If blanket feeding of FBF is being conducted then RUF distribution is not required.

#### **d. Guidance for Roll out of RUSF.**

RUSF (example - Supplementary Plumpy) is a potentially very useful addition to the choice of products available for the management of acute malnutrition and would allow adaptation of response strategies to some of the extremely challenging circumstances in Somalia. However, available operational research on the use of RUSF in terms of impact and cost is limited.

On careful analysis of the balance between the potentially positive impact of RUSF and the possible risks involved in using a new product with limited operational research knowledge the Somalia Nutrition Cluster agrees that the potential benefits outweigh the risks. Consequently the cluster recommends that RUSF be used in Somalia but that its use is phased in with accompanying operational research guiding the scaling up process.

In this case, initial programme use of RUSF would be restricted to scenario's 2, 3, 4 and 5. A joint strategy between the Nutrition Cluster, UNICEF, WFP, donor's and willing NGO's would be agreed so as to conduct essential operational research in selected programmes with adequate access etc. Operational research and initial projects would be sought both for targeted supplementary feeding programmes and for blanket feeding with RUSF.

#### **e. Scenario Planning.**

In Table 3 below scenarios have been matched to programme approach and product. The table is intended to allow a problem tree approach to decision making on the appropriate approach and product depending on a particular scenario and specific situations within that scenario.



**Table 3: SCENARIO PLANNING**

Scenario	Targeted Supplementary Feeding	Blanket distribution
<p><b>Default Option.</b></p>	<ul style="list-style-type: none"> <li>• Priority to expand TSF (in parallel with TFP) using all available partnerships for identification, referral and management of moderate acute malnutrition.</li> <li>• FBF default food product.</li> <li>• Under 5's and P/LW</li> </ul>	<ul style="list-style-type: none"> <li>• Only implemented when situation passes agreed Blanket Feeding.</li> <li>• FBF default product.</li> <li>• Under 5's. Can consider targeting under 2's or 3's</li> </ul>
<p><b>Scenario 1. (e.g. Shabelles, Mogadishu, Hiran, Juba, Galgadud)</b></p> <ul style="list-style-type: none"> <li>• High Acute Malnutrition</li> <li>• High Population Density</li> <li>• High Insecurity and Low Humanitarian Access</li> <li>• Limited Partners</li> </ul>	<p><b>BP5</b></p> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month maximum with each round maximum 1 month.</li> </ul> <p><b>RUTF</b></p> <ul style="list-style-type: none"> <li>• <b>In depth discussion required with partners.</b></li> </ul>	<p><b>RUF</b></p> <ul style="list-style-type: none"> <li>• an assessed risk of acute malnutrition for entire u to circumstances above)</li> <li>• In areas where access and logistical difficulties ar to distribute for longer than 1 month. (max 2/3 mo</li> <li>• TF and TSF still required in areas where BF RUF</li> </ul> <p><b>BP5</b></p> <ul style="list-style-type: none"> <li>• Second option. Limited to 3 month maximum with 1 month.</li> </ul> <p><b>RUTF</b></p> <ul style="list-style-type: none"> <li>• <b>In depth discussion required with partners.</b></li> </ul>
<p><b>Scenario 2. (e.g. Bay, Bakool, Gedo)</b></p> <ul style="list-style-type: none"> <li>• High Acute Malnutrition</li> <li>• Medium to High Population Density</li> <li>• Medium to High Insecurity and Moderate Humanitarian Access</li> <li>• Partners on the ground</li> </ul>	<p><b>RUSF</b></p> <ul style="list-style-type: none"> <li>• OR in selected areas.</li> </ul> <p><b>BP5</b></p> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month maximum with each round maximum 1 month.</li> </ul> <p><b>RUTF</b></p> <ul style="list-style-type: none"> <li>• <b>In depth discussion required with partners.</b></li> </ul>	<p><b>RUF</b></p> <ul style="list-style-type: none"> <li>• an assessed risk of acute malnutrition for entire under circumstances above)</li> <li>• In areas where access and logistical difficulties ar to distribute for longer than 1 month. (max 2/3 mo</li> <li>• TF and TSF still required in areas where BF RUF</li> </ul> <p><b>BP5</b></p> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month round maximum 1 month.</li> </ul> <p><b>RUTF</b></p> <ul style="list-style-type: none"> <li>• <b>In depth discussion required with partners.</b></li> </ul>

Scenario	Targeted Supplementary Feeding	Blanket distribution
<b>Scenario 3. (Puntland, Bossasso, Galkayo etc)</b> <ul style="list-style-type: none"> <li>• High Acute malnutrition</li> <li>• Medium to low population density</li> <li>• Medium insecurity and Moderate Humanitarian Access.</li> <li>• Partners on the ground</li> </ul>	<b>RUSF</b> <ul style="list-style-type: none"> <li>• OR in selected areas.</li> </ul> <b>BP5</b> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month round maximum 1 month.</li> </ul>	<b>BP5</b> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month round maximum 1 month.</li> </ul> <b>RUSF</b> <ul style="list-style-type: none"> <li>• OR in selected areas.</li> </ul>
<b>Scenario 4. (Parts of Somaliland)</b> <ul style="list-style-type: none"> <li>• Low Acute malnutrition (relatively)</li> <li>• Medium population density</li> <li>• Low Insecurity and Good humanitarian access</li> <li>• Partners on the ground</li> </ul>	<b>RUSF</b> <ul style="list-style-type: none"> <li>• OR in selected areas.</li> </ul> <b>BP5</b> <ul style="list-style-type: none"> <li>• Second option.</li> </ul>	<b>BP5</b> <ul style="list-style-type: none"> <li>• Second option.</li> </ul> <b>RUSF</b> <ul style="list-style-type: none"> <li>• OR in selected areas.</li> </ul>
<b>Scenario 5. (IDP and Urban Population)</b> <ul style="list-style-type: none"> <li>• High Acute malnutrition</li> <li>• High population density.</li> <li>• Medium insecurity and Moderate to Poor Humanitarian Access.</li> <li>• Limited Partners on the ground</li> </ul>	<b>RUSF</b> <ul style="list-style-type: none"> <li>• OR in selected areas.</li> </ul> <b>BP5</b> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month maximum with each round maximum 1 month.</li> </ul> <b>RUTF</b> <p style="color: red;">In depth discussion required with partners.</p>	<b>RUF</b> <ul style="list-style-type: none"> <li>• an assessed risk of acute malnutrition for entire under circumstances above)</li> <li>• In areas where access and logistical difficulties are to distribute for longer than 1 month. (max 2/3 mo</li> <li>• TF and TSF still required in areas where BF RUF</li> </ul> <b>BP5</b> <ul style="list-style-type: none"> <li>• Second option. Second option. Limited to 3 month round maximum 1 month.</li> </ul> <b>RUTF</b> <ul style="list-style-type: none"> <li>• In depth discussion required with partners.</li> </ul>

## **List of Abbreviations.**

RUF – Ready to use foods. Includes RUTF, RUSF and preventative RUF's like PlumpyDoz.

RUTF – Ready to Use Therapeutic Food e.g. Plumpynut

RUSF - Ready to Use Supplementary Food e.g. SupplementaryPlumpy

FBF – Fortified Blended Food e.g. CSB and UNIMIX

TFC – Therapeutic Feeding Centre

SC –Stabilization centre

OTP – Out-patient Therapeutic Programme

TSF – Targeted Supplementary Feeding

OR – Operational Research.

BF – Blanket feeding.

SF – Supplementary Feeding

GAM – Global Acute Malnutrition

SAM – Severe Acute Malnutrition

P/LW – Pregnant and Lactating Women