

Summary report on the

# Training workshop on the treatment of severe cases of acute malnutrition for countries in emergencies

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Islamabad, Pakistan  
21–24 February 2016



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

A training workshop on treatment of severe cases of acute malnutrition for countries in emergencies was organized by the WHO Regional Office for the Eastern Mediterranean jointly with Ministry of National Health Services, Regulation and Coordination in Islamabad, Pakistan during the period 21–24 February 2016. The meeting was attended by participants from countries with a high burden of severe acute malnutrition.

The main aim of the workshop was to build capacity of a regional core team to spearhead further training in the management of severe acute malnutrition across the Eastern Mediterranean Region with special emphasis on high burden countries (Afghanistan, Djibouti, Iraq, Libya, Lebanon, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen).

The specific objectives of the workshop were:

- to improve skills and knowledge especially needed for management of severely malnourished children in hospitals and health facilities in order to reduce mortality and enhance recovery;
- to assist participants (trainers) to implement practices learnt in the course to develop national training plans for dissemination of best practices;
- to assist Member States to develop national action plans for scaling up implementation of SAM management; and
- to develop a regional roadmap to scale up the management of severe acute malnutrition (SAM).

During the workshop, focal points of national SAM management and field managers at hospitals and field managers at hospitals and health facilities from nine priority countries for improving maternal and child

health, plus the Syrian Arab Republic, received capacity building materials and training on SAM management using WHO standardized materials.

The workshop was opened by Dr Michel J. Thieren, WHO Representative in Pakistan, who noted that the training on SAM was timely given the high burden of malnutrition in the Region contrast to the limited number of health workers trained in SAM. Developing a core team of trainers for the Region would help reduce the prevalence under-nutrition in countries of the Region, especially those with conflict.

Dr Baseer Achakzai, Director of Nutrition, Ministry of National Health Services, Regulation and Coordination in his remarks noted that the training workshop would support the efforts of the Government of Pakistan to improve the health of the children and also augment its efforts by building the capacity of technical experts from national as well as provincial level health care providers. He added that the workshop would also provide an opportunity to learn from the experiences of regional countries facing similar situations.

## **2. Summary of discussions**

Participants were given an overview of the global commitments and efforts to curb the high burden of malnutrition especially among children under five years. There is need for countries to align all their nutrition plans and programmes to the global commitments, with more focus on the Sustainable Development Goals 23 and 7 and WHO's Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012–2025 including global targets for 2025. Focus is particularly needed on high impact evidence-based cost effective interventions for improvement of maternal and child nutrition,

specifically exclusive breastfeeding, complementary feeding, micronutrient supplementation (folic acid, vitamin A and zinc supplementation). Proper infant and young child feeding through 1000 days (from pregnancy to 2 years of age) is one of the core actions for reducing the prevalence of malnutrition.

Participants were systematically taken through the updated version of the WHO management of SAM guidelines for health workers. Emphasis was put on key updates in areas such as the following.

- Admission and discharge criteria for SAM in children 6–59 months old
- Therapeutic feeding approaches in the management of SAM in children 6–59 months old.
- Use of antibiotics (and which antibiotics) in the management of SAM
- Management of children with SAM and oedema
- Fluid management of children with SAM with and without shock
- Management of HIV-infected children with SAM
- Identifying and managing SAM in infants less than 6 months old
- Vitamin A supplementation in the management of SAM

During the session it was noted that children with SAM who present with diarrhoea, either acute or persistent diarrhoea, can be given ready-to-use therapeutic food (RUTF) in the same way as children without diarrhoea, whether they are being managed as inpatients or outpatients. RUTF is provided in the transition and rehabilitation phases during inpatient care.

Successful strategies in the management of severe malnutrition were discussed. Having trained community health workers/volunteers in SAM identification using simple tools is critical as this leads to early identification of cases. Developing a clear referral system is also vital,

as is the establishment of a well-equipped (medicines and therapeutic food, other equipment) centre with well-trained medical staff for proper SAM management. Prompt action is needed to address medical complications (septic shock, hypoglycaemia, hypothermia, skin infections, respiratory or urinary tract infections and children who appear lethargic or sick) in children admitted with SAM. All centres must have well written, displayed and strictly applied management protocols. It is critical that health workers give undivided attention to children with SAM since sometimes they may be seriously ill without showing any signs of infection.

The feeding strategy for SAM children has three key phases: stabilization (treat infections, correct electrolyte imbalance, get rid of oedema, get organs and cells working and feed on F75); transition (gradually introduce RUTF/F-100); and rehabilitation (feed freely). The need for strict feeding techniques and child monitoring involving mothers and caregivers was emphasized. Feeding of children with special conditions like painful lesions in mouth, disturbed conscious level and cleft palate was also discussed.

The child may be transferred from the SAM programme to the moderate acute malnutrition (MAM) programme if taking feed, clinically well and alert. The child may be discharged from inpatient care to the home when fully cured. Key points to consider at discharge include completion of the health and nutrition education scheme, appropriate weaning of RUTF, updated immunization schedule and adequate arrangements for linking caregiver and child with appropriate community initiatives (e.g. supplementary feeding) and for follow-up. It was noted that performance indicators for inpatient care facilities are only calculated for those who remain in inpatient care until full recovery.



Community outreach as a critical component in management of acute malnutrition and should be undertaken it on its own or integrated into community health outreach activities. Existing health outreach systems should be supported. There is urgent need to increase people's knowledge on SAM through community leaders in order to increase the uptake of SAM services. Community initiatives that improve people's home environment and promote access to an improved quality diet targeting families of SAM children could be an effective means to improve SAM management.

Continuous quality assurance at programme and institutional levels was discussed as a means to ensure the sustainability of SAM, community-based management of acute malnutrition (CMAM) and integrated management of acute malnutrition (IMAM) programmes. Programme outputs relating to effectiveness and coverage and capacity-building were noted as key in monitoring of SAM programmes. The need to give extra focus on the supply chain performance, continuous programme monitoring and applying advanced level analysis for ineffective programmes was underlined. Participants were also taken through formulation and implementation of nutrition surveillance for SAM programmes for improved programme quality.

Discussions highlighted the need for proper planning in order to have successful and sustainable programmes. Several countries shared their experiences in implementing SAM programmes to enrich the planning process for all participating countries. This also focused on integrating CMAM in the health system to reduce the missed opportunities.

The key challenges affecting SAM management programmes that were identified during the workshop focused on limitations in capacity, resources, access and coordination. There are insufficient numbers of health personnel involved in SAM/CMAM and of primary

health care centres handling the high number of cases reported at the stabilization centres. Coordination among key partners is inadequate and programme priorities are not harmonized among different stakeholders and donors. Access to SAM/CMAM centres is limited due to political unrest and internal conflicts in many countries. Lack of financial resources is an ongoing problem: many programme managers do not have capacity to prepare proposals to seek programme funding; and few resources are allocated for research and evidence-based interventions for SAM/CMAM.

### **3. The way forward**

Based on these challenges, the meeting proposed a number of action points for countries.

- Formulate comprehensive national SAM/CMAM action/strategy endorsed and budgeted by the Ministry of Health. Make sure it is functional at all levels, i.e. national, provincial, community.
- Establish/activate national SAM/CMAM network of experts, programme managers, researchers, and United Nations bodies to ensure smooth coordination throughout the project cycle of national SAM/CMAM, including planning, implementation, monitoring and evaluation.
- Include SAM/CMAM on the agenda of the multisectoral coordination mechanism for health and nutrition sectors to ensure full support from all key partners.
- Conduct mapping of different resources to support the SAM/CMAM programmes in order to formulate harmonized national SAM budget to be used by different stakeholders to implement SAM activities.

- Scale up capacity building of health workers in SAM/CMAM, especially those based in the community and at health centres as they are directly engaged in SAM/CMAM activities.

The Ministry of Health should provide policy and technical guidance to all key stakeholders to ensure smooth implementation of the national protocols. This will help to avoid imbalances in the priority areas of action on SAM/CMAM programmes by all stakeholders.

Countries should refine and finalize the draft action plans, discuss them with the Ministry of Health and key stakeholders, including the costing and other financial and administrative arrangements, which should be sent within three weeks to the Regional Office. Networks will be established among people engaged in CMAM for sharing of experience. Countries need to identify their national capacity needs so that WHO can provide timely technical support.



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