

# Testing the combined protocol for acute malnutrition in Somalia

Acute malnutrition, despite being characterised on a spectrum, has historically been managed differently depending on its severity – severe or moderate – creating parallel and unnecessarily complex systems. The study, 'Effectiveness and policymaking surrounding combined protocol for treatment of acute malnutrition in food-crisis affected contexts' was conducted by the International Rescue Committee (IRC) between 2017 and 2019. It tested a combined protocol – treating both severe and moderate acute malnutrition – in a health centre in Mogadishu, Somalia, and a policy analysis was conducted in four other food-insecure contexts.

The study contributed to the evidence base in Somalia around the combined protocol for treating acute malnutrition. It also increased IRC capacity, knowledge and practice and led to protocol scale-up in multiple health facilities in Mogadishu, supported by the Somalia Ministry of Health and funded by the European Civil Protection and Humanitarian Aid Operations (ECHO). The Ministry of Health published guidelines on integrated management in 2021, likely influenced by the study, and the IRC has also since built on these findings and its wider research agenda to adapt the combined protocol for different humanitarian contexts.

Title: Effectiveness and Policymaking Surrounding Combined Protocol for Treatment of Acute Malnutrition in Food-Crisis Affected Contexts

Location: Somalia

Study type: Prospective cohort study and policy analysis

## IMPACTS

- Findings helped to secure funding from ECHO and Givewell to scale up the combined protocol into multiple health facilities in Somalia.
- The study enabled the IRC to adapt the combined protocol for different humanitarian contexts, including Mali and Chad
- Evidence contributed to IRC's global and regional advocacy for simplified approaches, including the G7 Famine Prevention and Humanitarian Crises Compact.

## RESEARCH IMPACT LEARNING

- Sharing learning within humanitarian INGOs takes time and effort
- A small study can make a difference if embedded within broader strategic programme of change

## BACKGROUND



Approximately 50 million children aged under five suffer from acute malnutrition worldwide, with most living in food-insecure and conflict-affected contexts. A third of these children suffer from severe acute malnutrition (SAM), while the remaining two-thirds experience moderate acute malnutrition (MAM).

Despite acute malnutrition being characterised on a spectrum, protocols for treating SAM and MAM are different. This has created parallel and unnecessarily complicated treatment systems.

A combined protocol had previously been developed to treat SAM and MAM in tandem, which it was hypothesised could simplify treatment and optimise resources and technical capacity. Although several NGOs, donors and UN agencies had indicated support for the combined protocol, there were barriers to uptake, including limited evidence on its effectiveness in humanitarian settings.

## THE STUDY



The study aimed to determine whether the combined protocol was comparable in terms of performance, coverage and cost effectiveness with the separate SAM and MAM treatment protocols. It also sought to know if the protocol meets the Sphere Minimum Standard of 75% recovery. Finally, it aimed to uncover the factors affecting decision-making around protocols to treat acute malnutrition in humanitarian settings.

The study comprised two components. The first component was a prospective cohort study, a pilot of the combined protocol in children aged between 6 and 59 months at the Karaan Health Centre in Mogadishu, Somalia. The second component was a policy analysis in four food-insecure contexts in Niger, northeast Nigeria, Somalia and South Sudan. A document review was conducted as well as 50 semi-structured interviews with policymakers and key stakeholders at national, regional and global level.

## FINDINGS



The study found that the performance, coverage and cost effectiveness of the combined protocol is comparable to standard SAM and MAM protocols. The recovery rate among children diagnosed with SAM was 98%, exceeding the Sphere Minimum Standard of 75%.

The policy analysis showed that while combined/simplified protocols are being used in emergency situations in all four countries, there is widespread confusion about protocol terminology and content, and diverse rationales for modifying them across the different settings. Lacking standard global guidance, combined/simplified protocols are often used on an ad hoc basis. Confusion at the national level appeared to be partially driven by global actors; global stakeholders admitted that lack of clarity around the vocabulary of adapted protocols was largely driven by themselves. National stakeholders were open to the idea of adapting protocols, but many reported waiting for more evidence. The analysis highlighted the importance of ensuring future nutrition research is aligned with national priorities.



Nutrition officer at IRC, Dhusamareb, Somalia.  
Credit: Mustafa Saeed/IRC

# COMMUNICATIONS AND ENGAGEMENT



Throughout the study, the team had a strong advisory support network across the IRC, including the technical expertise of nutrition advisors at headquarters and in-country nutrition coordinators. The array of IRC actors involved in and aware of the study supported a strategic dissemination approach by reaching a wide range of external stakeholders in Somalia and beyond.

In Somalia, the team leveraged existing relationships between in-country IRC health experts and the Somalia Ministry of Health and UNICEF – key decision-makers on acute malnutrition treatment. They acknowledged the complexities of the context in Somalia and took a ‘soft’ and incremental approach to making recommendations, which was well received. This led to increased demand for evidence (specifically of a combined approach to treating SAM and MAM) by the Ministry of Health and thus stimulated the development of a scaled-up approach in Karaan district of Mogadishu. The team worked with IRC’s in-country nutrition staff who were well-positioned with the cluster members and other stakeholders to promote the research study and findings regularly at key opportunities.

The findings were disseminated widely with all stakeholders at the national nutrition cluster forum by the nutrition team, together with the Principal Investigator of the research project.

Regionally and globally, study findings were presented to the United States Agency for International Development (USAID)’s Nutrition Leadership Council, a World Health Organization (WHO) steering committee on simplified acute malnutrition treatment protocols, and at the prestigious Global Symposium on Health Systems Research. Discussions around the findings also took place with UNICEF in West Africa. IRC’s membership of the Global Nutrition Cluster was also leveraged to share study findings. To promote findings and key messages among key stakeholders within IRC, findings were disseminated at a nutrition workshop with representation from all country offices with a nutrition portfolio, shared in presentations with nutrition technical advisors at headquarters level, and briefs were circulated. Research tools such as standard operating procedures and data collection tools were adapted and used for subsequent IRC-run operational pilots in Chad and Mali.

Several key humanitarian stakeholders – including Action Against Hunger, Médecins Sans Frontières and Save the Children – used the study findings in their own advocacy work on simplified approaches to managing acute malnutrition. The Principal Investigator, Naoko Kozuki, also wrote a blog based on the policy analysis that promoted the research to wider audiences.

## UPTAKE AND IMPACT



The study increased the capacity, knowledge and practice of the IRC nutrition department in Somalia – creating meaningful localised humanitarian impacts.

By demonstrating the value of the combined protocol, the study led to funding from ECHO to scale up the combined protocol into multiple health facilities in two districts – Hawlwadag and Daynile – of Mogadishu, and three districts outside Mogadishu supported by GiveWell, further contributing to the evidence base in Somalia.

Policies and strategies published by the Somalia Ministry of Health since 2019 reflect an increasing focus on the integrated management of acute malnutrition (IMAM), including national IMAM guidelines which acknowledge IRC's contributions. It can be inferred from engagements between the study team and key policymakers at the Ministry of Health that the study findings contributed to the evidence base on which these new policies and guidelines were developed.

Findings from the study also enabled the IRC to adapt the combined protocol for different humanitarian contexts. Learnings informed the technical design of new combined protocols and led to larger pilot protocols being studied in both Mali and Chad.

The study also provided evidence to support IRC's global and regional advocacy around the use of simplified approaches, including a valuable contribution to the G7 Famine Prevention and Humanitarian Crises Compact.



24-month-old baby receives service at Danwadag Health Center, Somalia.  
Credit: Martha Tadesse/IRC

# RESEARCH IMPACT LEARNING



## SHARING LEARNING WITHIN INTERNATIONAL HUMANITARIAN NGOS TAKES TIME AND EFFORT

To ensure uptake of evidence within large organisations, it is important to invest in translating research for audiences at local, national and global levels, considering the different purposes for which evidence may be needed. For example, advocacy staff may need written briefings, while operational staff may need workshops supported by tools or guidance.

## RESEARCH SHOULD BE EMBEDDED WITHIN STRATEGIC CHANGE PROGRAMMES

Research which is integrated within a wider strategic research and advocacy portfolio can leverage significant impact by helping drive forward ongoing change processes. In this study, the policy analysis came at a critical time to push the agenda forward following significant new technical evidence – helping overcome barriers to change.

# PARTNERS

International Rescue Committee; International Rescue Committee Somalia; Somalia Ministry of Health

## ABOUT ELRHA

Elrha is a global organisation that finds solutions to complex humanitarian problems through research and innovation. This study was funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

R2HC is funded by the UK Foreign Commonwealth and Development Office (FCDO), Wellcome, and the Department of Health and Social Care (DHSC) through the National Institute of Health Research (NIHR).

R2HC captures detailed case studies through a process that triangulates and validates evidence on uptake and impact. The case study methodology and full version of this summary case study including references are available on request.



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