

Community Based Management of Acute Malnutrition (CMAM): SC, OTP, TSFP, BSFP, NSEP enrolment/admission and exit/discharge criteria

Updated: June 2025

1. Introduction:

This document is intended as a reference document for practitioners implementing nutrition programmes in Cox's Bazar (providing support to the Rohingya Refugee population). It was initially elaborated in 2018 by the Nutrition Sector and subsequently updated in 2025 to reflect the updated recommendations in the World Health Organization (WHO) guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years (2023).

This document primarily focuses on admission (enrolment) and discharge (transfer or exit) criteria. For more details on the management and prevention of acute malnutrition, existing standard protocols from the Nutrition Sector should be referred to, i.e. stabilisation centre (SC), outpatient therapeutic programme (OTP), targeted supplementary feeding programme (TSFP), blanket supplementary feeding (BSFP). It is planned that a comprehensive light orientation guide for the prevention and management of acute malnutrition in the Rohingya Response will be available in July 2025.

2. Abbreviations

MAM: Moderate Acute Malnutrition

SAM: Severe Acute Malnutrition

WHZ: Weight for Height Z-score

WLZ: Weight for Length Z-score

WAZ: Weight for Age Z-score

MUAC: Mid-upper arm circumference

SD: Standard Deviations

3. Definitions:

Table 1: Key definitions for infants and children at risk of, or classified as having acute malnutrition

<p>Infant < 6 months at risk of poor growth and development</p> <p><i>Note: please see under-6-months rapid assessment form for at-risk classification.</i></p>	<p>Infants/children 6-59 months with acute malnutrition</p>
<p>Infants with poor growth based on sequential measures</p> <ul style="list-style-type: none"> No weight gain or weight loss from one measurement to the next; or Insufficient weight gain¹. <p>Infants with poor anthropometry based on a single measure (if sequential measures not available)</p> <ul style="list-style-type: none"> Nutritional oedema; or MUAC < 11.0 cm for infants between 6 weeks to less than 6 months of age. <p>Infants with known risk factors for poor growth and development</p> <ul style="list-style-type: none"> Neurodevelopmental concerns; or Infant feeding concerns; or Maternal risk (physical or mental health problem(s) affecting caring practices); or History of hospitalisation. <p>Infants at risk due to poor birth outcomes</p> <ul style="list-style-type: none"> Preterm birth²; or Low birth weight³; or 	<p>MAM:</p> <p>WHZ or WLZ ≥ -3 and < -2 SD</p> <p>OR</p> <p>MUAC ≥ 11.5 cm to < 12.5 cm</p> <hr/> <p>SAM:</p> <p>WHZ or WLZ < -3 SD</p> <p>OR</p> <p>MUAC < 11.5cm</p> <p>OR</p> <p>Nutritional oedema</p>
<p>¹ Approximately less than 500 g/month, or if weekly measurements: birth to 3 months, approximately less than 150–200 g/week and 3 to 6 months approximately less than 100-150 g/week.</p> <p>² Defined as babies born alive before 37 weeks of pregnancy are completed.</p> <p>³ Defined as weight at birth of < 2500 grams (5.5 pounds).</p>	

Table 2: Integrated Management of Childhood Illnesses (IMCI) classification of danger signs and medical problems. Note: definitions are adapted from WHO guidelines

<p>Danger signs</p>	<ul style="list-style-type: none"> ● not able to drink or breastfeed; ● vomits everything; ● had convulsions recently; ● lethargic or unconscious; ● convulsing now
<p>Acute medical problems (severe)</p> <p>[Note, it is not always possible for acute medical problems to be identified at the INF level, and therefore it is important that there are good referral pathways to HF for any infant/child of concern.]</p>	<ul style="list-style-type: none"> ● signs of possible serious bacterial infection in infants less than 2 months of age ● shock ● oxygen saturation < 90% ● pneumonia (with chest indrawing; and/or fast breathing; and if possible, to measure, oxygen saturation < 94%) ● dehydration (including some or severe dehydration) ● severe persistent diarrhoea (diarrhoea for 14 days or more plus dehydration) or bloody diarrhoea ● hypoglycaemia ● severe complicated measles ● mastoiditis ● severe anaemia (severe palmar pallor or as per age-associated haemoglobin levels) ● severe side effects from antiretroviral therapy (for HIV) – skin rash, difficulty breathing and severe abdominal pain, yellow eyes, fever, vomiting ● open or infected skin lesions associated with nutritional oedema ● other stand-alone ‘priority clinical signs’ not classified as danger signs: hypothermia (< 35°C axillary or 35.5°C rectal) or high fever (≥ 38.5°C axillary or 39°C rectal)
<p>An infant <6 months at risk of poor growth and development with any of the following characteristics are likely to benefit from an in-depth assessment to inform the decision referral to inpatient care and/or higher-level PSS center. In-depth assessments consist of IYCF full assessment and PSS in-depth assessment forms.</p>	
<ul style="list-style-type: none"> ● [infants <6 months]: ineffective breastfeeding (for suckling reflex, congenital condition e.g. cleft lip/palate, tongue tie etc.) or perceived breastmilk insufficiency – classified as ‘high risk’ following U6 rapid assessment. ● [infants <6 months]: poor well-being of the caregivers that classified as ‘high risk’ following U6 rapid assessment. 	

4. Inpatient management - Stabilisation Centre

Target Group	Admission	Transfer
Infants <6 months at risk of poor growth and development	<p>Any of the following:</p> <ul style="list-style-type: none"> One or more IMCI danger signs Acute medical problems or conditions under severe classification as per IMCI Nutritional oedema Recent weight loss (any visit) Failure to gain (static weight) based on two consecutive measurements <p>If admitted based on anthropometric criteria alone,</p> <ul style="list-style-type: none"> WAZ < -3SD WLZ < -3SD MUAC < 11.0 cm for infants between 6 weeks and less than 6 months of age Low birth weight (below 2 kg) within 1-month of birth 	<p>To <u>outpatient care</u>, when:</p> <ul style="list-style-type: none"> Resolution of danger signs and acute medical problems; AND stable weight gain for at least 2–3 days with exclusive breastfeeding AND Adequate breastfeeding (re-lactation) or other provision (as a last resort) is established <p>For an infant who was admitted on anthropometric criteria alone, in addition to the above criteria</p> <ul style="list-style-type: none"> If admitted on WAZ or WLZ, WAZ ≥ -3 SD OR WLZ ≥ -3 SD OR If admitted on MUAC MUAC ≥ 11.0 cm OR If admitted on both WAZ ≥ -3 SD OR WLZ ≥ -3 SD AND MUAC ≥ 11.0 cm <p>For 2 consecutive days</p>
Infant/child 6-59 months	<ul style="list-style-type: none"> WHZ or WLZ < -3 SD AND/OR MUAC < 11.5cm AND Nutritional oedema AND <p>Any of the following:</p> <ul style="list-style-type: none"> one or more IMCI danger signs one or more acute medical problems (severe) poor appetite (failed the appetite test). 	<p>To <u>OTP</u>, when:</p> <ul style="list-style-type: none"> no danger signs for at least 24–48 hours prior to transfer time AND the medical problems that prompted their admission have resolved to the extent there is no longer requirement for inpatient care AND they <u>do not</u> have ongoing weight loss (<i>among children admitted on WHZ/WFL z-score or MUAC only, who did not have nutritional oedema at any time</i>) AND nutritional oedema is no longer grade +++ and is resolving AND good appetite.

Notes:

- All attempts should be made to refer the infant/child with medical problems needing mid or long-term follow-up care, with a significant association with nutritional status to appropriate care/ support services and/or the limits of inpatient care have been reached.

- When transferring infants <6 months to outpatient care, ensure that i) the infant has been checked for immunizations and other routine interventions delivered or plans made for follow-up; ii) the mothers/caregivers are linked with needed follow-up care and support (for example, for any health, mental health or social issues identified during assessment) and iii) the mother is enrolled in BSFP/TSFP services.
- All the nutritional oedema cases will be referred to the inpatient center. In case of the refusal of from caregivers, + and ++ cases can be enrolled and treated in the outpatient. However, the +++ cases must be admitted in the inpatient.

5. Outpatient care: infants < 6 months and Outpatient Therapeutic programme (OTP)

Outpatient care	Enrolment	Reduced frequency of outpatient visits
Infants <6 months at risk of poor growth and development	<ul style="list-style-type: none"> No danger signs or acute medical problems requiring inpatient admission. Preterm birth Low birth weight (2 to below 2.5 kg) Failure to gain (static weight); any visit Insufficient weight gain (as mentioned above) Neonate has not regained birthweight by two weeks of age MUAC 11.0 to <11.5 cm for infants between 6 weeks and less than 6 months of age WHZ and WLZ -3SD to < -2SD Feeding problems identified as per rapid assessment. Identified as vulnerable based on PSS via the rapid assessment. 	<p>[once per month], when:</p> <ul style="list-style-type: none"> MUAC ≥ 11.5 cm and/or WAZ $\geq -2SD$ and/or WLZ $\geq -2SD$ for 2 consecutive visits (over a month). Have sustained and sufficient weight gain for at least 2 consecutive visits (over a month). Breastfeeding effectively. PSS issues found are resolved.
OTP	Enrolment	Exit/Transfer
Infants and children 6–59 months old	<ul style="list-style-type: none"> WHZ or WLZ < -3 SD AND/OR MUAC < 11.5cm OR Nutritional oedema (+ & ++ only in case of SC refusal when referred) AND good appetite (passed the appetite test) AND no IMCI danger signs or any acute medical problems (severe) 	<p>When:</p> <ul style="list-style-type: none"> WFH/WFL $\geq -2SD$ AND MUAC ≥ 12.5 cm observed for at least 2 consecutive visits/measurements AND no nutritional oedema for at least 2 consecutive visits/measurements.

Notes:

- There are several characteristics which are outlined in **Table 2** where an in-dept assessment will better determine whether the infant/child can be managed in inpatient or outpatient setting.
- Children 6-59 months discharged as cured from OTP will be referred and enrolled in BSFP.
- Children 6-59 months discharged as CNR, If the child MUAC is between 11.5 to < 12.5 cm and/or WHZ or WLZ ≥ -3 and < -2 SD they will be referred and enrolled in TSFP as MAM
- Children 6-59 months discharged from OTP will be referred and enrolled in BSFP/TSFP on the same day of the discharge.

6. Outpatient care: Targeted supplementary feeding programme (TSFP)

Target Group	Enrolment	Exit
Children 6 -59 months	<ul style="list-style-type: none"> WFH/WFL \geq-3 SD to $<$ -2 SD AND/OR <ul style="list-style-type: none"> MUAC 11.5 cm to $<$ 12.5 cm 	When: <ul style="list-style-type: none"> WFH/WFL \geq -2SD AND <ul style="list-style-type: none"> MUAC \geq 12.5 cm for two consecutive visits
Pregnant and breastfeeding women	<ul style="list-style-type: none"> Upon confirmation of pregnancy OR <ul style="list-style-type: none"> after giving birth with a lactating infant $<$ 6 months AND <ul style="list-style-type: none"> MUAC $<$ 21cm 	When: <ul style="list-style-type: none"> MUAC \geq 21cm OR <ul style="list-style-type: none"> the infant reached 6-months of age Note: If still pregnant or breastfeeding refer to BSFP (see below)
Chronic cases (TB/HIV)	<ul style="list-style-type: none"> Upon confirmation of chronic diseases (TB/HIV etc.) through appropriate medical documents. 	<ul style="list-style-type: none"> Until recovery from the disease.

Notes:

- Children 6-59 months discharged as CNR, If the child MUAC is between 11.5 to $<$ 12.5 cm and/or WHZ or WLZ \geq -3 and $<$ -2 SD they will be referred and enrolled in TSFP as MAM
- Children 6-59 months discharged from TSFP will be referred and enrolled in BSFP on the same day of the discharge.
- Maximum length of stay in TSFP is 4 months for children 6-59 months.
- Pregnant and breastfeeding women - when infant reaches 6 months of age, the infant at 6 months should be assessed through anthropometric measurements and referred & enrolled in appropriate program.
- The ration size for the chronic patients will be the same as of the TSFP PBW.

7. Prevention - Blanket supplementary feeding programmes (BSFP) – Nutritional Sensitive E-voucher Program (NSEP)

	Target Group	Enrolment	Exit
BSFP	Children 6-23 months	<ul style="list-style-type: none"> Well-nourished (MUAC \geq 12.5 cm and WFH/WFL \geq -2SD) AND not enrolled in OTP, TSFP nor admitted in SC 	<ul style="list-style-type: none"> \geq 23 months of age
	Children 24 -59 months	<ul style="list-style-type: none"> Exceptional well-nourished cases who are not enrolled in NSEP AND are not enrolled in OTP, TSFP or admitted in SC 	<ul style="list-style-type: none"> \geq 59 months of age, or enrolment to NSEP
	Pregnant and breastfeeding women	<ul style="list-style-type: none"> MUAC \geq 21cm AND confirmed to be pregnant OR breastfeeding an infant <6 months 	<ul style="list-style-type: none"> Infant reaches 6 months of age
NSEP	Children 24 -59 months	<ul style="list-style-type: none"> Well-nourished (MUAC \geq 12.5 cm and WFH \geq -2SD) AND not enrolled in OTP, TSFP nor admitted in SC. 	<ul style="list-style-type: none"> \geq 59 months of age

Notes:

- Children aged 6-59 months who are enrolled in SAM/MAM treatment programme will not be included in the BSFP/NSEP. However, they will be enrolled once they are discharged from the SAM/MAM treatment programme. Once a child is admitted in the programme, s/he will remain in the programme until they turn 24 months for BSFP or 60 months for NSEP.
- If the nutritional status of the children/PBW deteriorate during the service period (BSFP/NSEP), s/he will be referred and enrolled in the appropriate program.
- In case there is no documentation to verify the child's age, height (minimum: 61 cm and maximum :110 cm) can be used as a cut off point for children under 5 or the Child's age in months can be determined using a seasonal calendar.
- Wet nurses can also be admitted into the programme using same parameters as Breastfeeding women.