

Final Draft: Guidance for enrolling SAM and MAM in General Food Assistance/livelihood projects:

Background:

As part of the multi-sectoral response integration in Yemen, food security and nutrition clusters through General Food Assistance (GFA) implemented by WFP and Severe Acute Malnutrition and Moderate Acute Malnutrition implemented by WFP and UNICEF respectively, will jointly work together to operationalize and optimize the enrollment of children with SAM and MAM in GFA.

The main objectives of integration between GFA and nutrition are:

- 1) Prevent relapse and sharing of treatment rations given to SAM and MAM cases and accelerate recovery and improve treatment outcomes
- 2) Contribute to reduction of cases and overall prevalence of acute malnutrition in the community and at national to below famine level thresholds.
- 3) Mainstream nutrition screening and messaging through the GFA platforms
- 4) Protecting the household food needs of the households with nutrition vulnerable household members

Current practice of identification of SAM and MAM to be enrolled in GFA:

Households to be enrolled in the GFA are usually predetermined based on estimates of households/individuals to be enrolled in the district/community where GFA response is planned to be implemented. In most cases, the need outnumbers the estimated beneficiaries to be enrolled. In this situation, the community committee reviews the indeed households and choose the most vulnerable amongst them using a list of 8 criteria. Included in the criteria is acute malnutrition (households with either SAM or MAM). Households with children who are severely, or moderately malnourished children are prioritized to be included in the GFA. An on-site verification is usually done using MUAC to confirm eligibility of the household with a child with SAM to be enrolled in the GFA. The challenge of using MUAC only is that it excludes children who are SAM and MAM based on the weight for height Z-score. In order to address this, both MUAC and Weight for Height Z-score (WHZ) should be used to identify and enroll SAM and MAM cases.

Proposed approach of identification and enrollment of SAM and MAM cases in the GFA/livelihood projects.

Most of the communities live within a catchment area of health facilities where nutrition services are provided either through a static, outreach or mobile team. Acutely malnourished children are identified using both MUAC and WHZ score, enrolled, treated and discharged as per Sphere standard performance indicators. Since this is the standard way of identifying and treating children with SAM/MAM, a list of SAM and MAM children enrolled in the OTP/TSFP in a month will be prepared by health facility and shared/with the GFA partners. The GFA partner can verify the list with the health facility. Good collaboration between the health facility and GFA partner is critical.

For now, the priority is enrolling under-five children with SAM and MAM. However, if resources allow, PLW can also be considered.

Duration and graduation from the GFA:

Currently once a household with SAM or MAM are enrolled in the GFA, they continue receiving the assistance for about 3 months post discharge. Graduation from the GFA is usually carefully assessed using a combination of criteria. Households with multiple vulnerabilities will not be discharged, but rather will either stay in the programme or be linked with other livelihood initiatives/projects existing in the areas such as Cash and Voucher assistance (CVA). In this case, there is need to map out CVAs and other livelihood projects implemented by all stakeholders. There should be consensus with all stakeholders of prioritizing and enrolling families with existing SAM/MAM children.

How many SAM/MAM beneficiaries can the GFA accommodate?

Based on the current GFA practice, there is not limit in terms of the number of SAM and MAM cases that can be enrolled in the GFA/Livelihood projects. The estimated number of beneficiaries allocated to a particular district or community can

accommodate up to 15% extra beneficiaries. If the extra beneficiaries exceed 15%, then it will be flagged to FSAC GFA committee that will review and decide either to accommodate the above 15% or not.

However, given that SAM and MAM beneficiaries are estimated to be about 2.3million in 2021, if we assume that after controlling for correct factor of 2.6 used in estimating caseload for acute malnutrition, at least one million or more children will need to enroll GFA in the 2021. Given that SAM and MAM cases/children are enrolled on monthly basis, it may imply that about 83,333 children will need to be enrolled in GFA/per month across the country as such dependent on how many children are registered based on multiple vulnerabilities. For children that are admitted based only on SAM/MAM criteria will stay in the program for at most 3 months post the discharge.

How can we estimate the number of households with SAM/MAM whose parents/caretakers have been registered in the GFA? To relate with the beneficiary

The 83,833-monthly estimate of SAM and MAM to be enrolled in GFA mentioned above, might be less given that some of the households with SAM/MAM might already be enrolled in GFA based other criteria. One way to estimate, would be taking a list of the SAM and MAM registered in nutrition site or in the district in one of the months and relate it with the current GFA beneficiaries. While registration in the SAM/MAM in the nutrition sites is not based on household registration and might be open to abuse by dishonest individuals, for example using one child to register more than once in the GFA, it is still plausible to do it [to raise awareness on the importance of registration at nutrition sites and in the GFA](#). This challenge can be sorted out with the WFP planned biometric registration for all GFA beneficiaries. In view of this children with SAM and MAM referred to the GFA be registered to avoid them being recycled to more than one household.

Biometric registration and timely enrolment of SAM and MAM children:

Once the decision has been made to conduct biometric registration for all GFA beneficiaries community/area/district, it may happen that while the registration is going on, some of the SAM/MAM might have completed their treatment regimen and therefore discharged from TSFP/OTP before their names are submitted to the GFA/livelihood projects.

In such situations, households with such children should be registered in the GFA, to prevent relapses of malnutrition and be subjected to similar graduation criteria.

There should be a mechanism of monitoring the inclusion and exclusion of the enrolled cases using the established TPM mechanism