

**TRAINING FOR IMPROVED PRACTICE:  
Public Health and Nutrition in Emergencies**

**SUPPLEMENTARY  
FEEDING  
PROGRAMMES**

UNICEF Core Corporate Commitments Training in Collaboration With:

**Feinstein International  
Famine Center,  
Tufts University**

**Mailman School of Public  
Health,  
Columbia University**

**International Emergency and  
Refugee Health Branch,  
Centers for Disease Control**

# The Core Corporate Commitments: SPFs

#4:

“.....Based on *rapid assessments* and *agreed roles and responsibilities* among key partners, *initiate and support* therapeutic and *supplementary feeding* programmes for children and pregnant and lactating women”

# Objectives of Supplementary Feeding

- To prevent moderately malnourished becoming severely malnourished
- To provide a nutritious supplement to those with increased nutritional requirements
- To reduce mortality and morbidity associated with moderate malnutrition
- To provide a follow-up for referrals from TFPs
- *To reduce the prevalence of moderate malnutrition*

*What other programmes also affect moderate malnutrition?*

# Design and Management

- Location:
  - Use existing facilities - health centres – Burundi; schools, health centers etc.
  - Use separate buildings - Goma, DRC.
  - Construct temporary shelters – relief camps
  - Use mobile teams to visit several distribution points – decentralised distribution - Sudan.
- Sanitation:
  - Sufficient safe drinking water
  - Benches, matting, shelters
  - Latrines for wet feeding, and water for handwashing
- Community outreach workers (referrals, screening, defaulters, deaths, etc)
- Assess access to food or GFD and need for family<sub>4</sub> rations

# Evaluating Coverage and Average Length of Stay

Examples based on nutritional surveys...

Length	Coverage	Mean
		of stay
Goma (Kibumba) Sept 94 <sup>a</sup>	93.7%	50
Liberia (Nimba) Jan 94 <sup>a</sup>	69.9%	50
Burundi (Ruyigy) April 94 <sup>a</sup>	29.6%	70
Ethiopia (Gode) 2001 <sup>b</sup>	30%	58

a: Vautier et al., 1999; b: Salama et al, 2001

# Criteria for admission and discharge

## Admission

- Age < 59 months, or if age is unknown <110
- Moderately malnourished children (70-80% weight for height)
- Pregnant and lactating women or targeted through MUAC
- Elderly, chronically ill
- For malnourished < 6 months, include mothers
- Follow-up children discharged from TFPs included for 6-12 weeks

## Discharge

- Attained WFH >85% for 2 consecutive weighings 1 week apart
- Infant 6 months

# Pregnant and Lactating Women

- Efficacy and impact unclear due to
  - Lack of consensus of admission criteria
  - Lack of monitoring
  - Lack of impact data
- Food security situation will determine target criteria
  - Severe food insecurity - all pregnant and lactating
  - Food insecurity - less than MUAC 22cm or 23cm
- MUAC criteria most useful measurement for screening and identification
- Target economically vulnerable households versus individual level
- Intra-household food distributions important

# Rations for Supplementary Feeding

	On-site "wet"	Take-home "dry"
<b>Energy</b>	500 - 700 kcal pppd	1000 - 1200 kcal
<b>Energy density</b>	min 1 kcal per ml	
<b>Fat</b> (% energy)	30% (15 - 24 g)	30% (34 - 40g)
	MSF: 35% -55%	
<b>Protein</b> (% energy)	12% (15 - 21g)	12% (30 - 36g)
<b>Micronutrients</b>	Fortified blended food or add micronutrients	
<b>Foods</b>	Porridge:  Blended food Sugar Oil	Porridge premix:  Blended food Sugar (10g/100g BF) Oil (10g/100g BF)

Other foods may also be used: cereal flour, DSM, peanuts, local vegetables, biscuits.

Foods must be culturally acceptable and palatable.



# Framework for Selective Programmes

	Assessment	Monitoring	Evaluation
Individual	Admission, criteria	Progress and treatment	Discharge and follow-up
Nutrition centre	Type, size, design	Effective-ness, performance	Need for continuation, integration
Community/ population level	Initial survey	Follow-up surveys	Final survey, FS and PH interventions

# Sphere Minimum Standards: Moderate Malnutrition

## Targeted Nutritional Support Standard 1 Moderate Malnutrition

(p105, SPHERE Handbook)

*“...The public health risks associated with moderate malnutrition are reduced.....”*

# Sphere Indicators (p105 Handbook)

## Centre based indicators

- All staff who have regular contact with mothers of young children are trained in the principles of infant and young child feeding in the emergency context
- From the outset feeding programmes have clearly defined and agreed criteria for closure of the programme
- Programme objectives reflect understanding of the causes of malnutrition and clear identification of target groups

## Community based indicators

- No increase in the levels of severe malnutrition and/or there is no increase in numbers registered for therapeutic care
- Surveillance systems are established to monitor malnutrition trends

# Monitoring:

## Estimating coverage of programme

The results of a nutrition survey showed that of the 225 children found to be malnourished, only 90 were found to be registered with a SFP.

Coverage =  $(90/225) \times 100\% = 40\%$

ie. only 40% of those malnourished were being rehabilitated in a SFP

*What influences coverage?*

# UNICEF's Role??

# Other questions

# Review

- Base the development of objectives and design of supplementary feeding on a sound analysis of the nutrition situation
- Use internationally accepted guidelines and standards for the development of locally specific protocols
- Ensure that SFPs are one of a range of strategies to address malnutrition.
- Involve the community in designing and managing programmes