

**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 rations₄

Evaluating Coverage and Average Length of Stay

Examples based on nutritional surveys...

Length	Coverage	Mean
		of stay
Goma (Kibumba) Sept 94 ^a	93.7%	50
Liberia (Nimba) Jan 94 ^a	69.9%	50
Burundi (Ruyigy) April 94 ^a	29.6%	70
Ethiopia (Gode) 2001 ^b	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"
Energy	500 - 700 kcal pppd	1000 - 1200 kcal
Energy density	min 1 kcal per ml	
Fat (% energy)	30% (15 - 24 g)	30% (34 - 40g)
	MSF: 35% -55%	
Protein (% energy)	12% (15 - 21g)	12% (30 - 36g)
Micronutrients	Fortified blended food or add micronutrients	
Foods	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