ISSN 2050-3733

NUTRITION Exchange

May 2012 – Issue 2

Dangerous delay to drought in Horn of Africa

From Pilot to Scale-Up: CMAM in Nigeria

Alternative treatment of acute malnutrition in Myanmar

Monitoring coverage of CMAM in Mali and Mauritania

Sphere Standards 2011

Cash for work in urban Guinea

English

Contents

Highlights

ENN would like to acknowledge our translators and technical reviewers Anna Kriz and Rebecca Norton (French) and Rana Sidani and Soha Moussa (Arabic) for the development of French and Arabic versions of this publication.

Cover photos

Front cover: Mother with infant in IDP camp, Pakistan/M. Arts/UNICEF; Rivers choked with rubbish in Haiti/C Rudert/UNICEF, Haiti, 2010; Women and children, receive WFP distributed food, Niger/WFP/Martin Specht, Niger 2005; Members of relief committee in Myanmar/ J Shoham/2005.

Inside front cover: Productive Safety Net Programme (PSNP), Ethiopia/P Fracassi, Ethiopia, 2010.

Back cover: A recipient at the mobile cash transfer programme/© Concern Worldwide, Niger, 2010.

What is Nutrition Exchange?

Nutrition Exchange is an Emergency Nutrition Network (ENN) publication that offers a digested read of experiences and learning in nutrition from challenging contexts around the world for a national audience. Nutrition Exchange was developed to improve country level access to information, guidance and news on nutrition programming and policy for those working in nutrition and related fields. Nutrition Exchange provides concise, easy-to-read summaries of articles previously published in Field Exchange (ENN's tri-annual publication) developed at international level as well as original content from a variety of challenging contexts.

Nutrition Exchange also includes key articles, updated information on references, guidelines, tools, training and events. It is available in English, French and Arabic.

How often is it produced?

Nutrition Exchange is a free annual publication available as a hard copy and electronically. In between publications, the Nutrition Exchange team at ENN will send periodic emails to our readers to keep you in touch with new information and issues arising in our sectors.

Contacts

To subscribe, contribute or provide feedback on Nutrition Exchange, visit http://www.ennonline.net/nutritionexchange or email nutritionexchange@ennonline.net
You can access online versions of both Nutrition Exchange and Field Exchange at: www.ennonline.net

About the Emergency Nutrition Network (ENN)

The ENN is a UK based international charity that began in 1996 and aims to improve emergency food and nutrition programme effectiveness by:

- providing a forum for the exchange of field level experiences
- strengthening humanitarian agency institutional memory
- keeping field staff up to date with current research and evaluation findings
- helping to identify subjects in the emergency food and nutrition sector which need more research

Emergency Nutrition Network (ENN)
Tel: +44 (0)1 865 324996 Fax: +44 (0)1 865 597669
Email: office@ennonline.net web: www.ennonline.net

Editorial

Feedback on the first publication of Field Exchange Digest suggested that the name was too closely linked to Field Exchange. Field Exchange is a technical publication focused on emergency contexts and written for individuals working at an international level. While this new publication draws from Field Exchange, its aim is to focus on a broader range of nutrition issues in all contexts. Nutrition Exchange has been selected to replace Field Exchange Digest. It is hoped that 'Nutrition Exchange' more accurately describes this independent publication while acknowledging the obvious link with Field Exchange.

This premier issue of Nutrition Exchange brings together a range of interesting articles, research and news pieces from Asia and Africa. The technical areas covered include acute malnutrition, infant and young child feeding, HIV/AIDS, nutrition assessment, and food, cash and voucher programmes. While this issue draws mainly on information contained in previous issues of Field Exchange, our vision is that future issues of Nutrition Exchange will increasingly disseminate lessons and experiences of programmes addressing all forms of undernutrition in both emergency and long term or stable contexts. This will be made possible by readers writing up their experiences and sharing them with us. We especially welcome contributions from national government and local NGOs.

In this issue, a report on the Horn of Africa crisis is highlighted suggesting that many of the deaths in children under five years of age could have been averted if the international community had responded more quickly and effectively to the early warning information to support national government preparedness, surge capacity and response. As we publish this edition, there is a food and nutrition crisis developing in the Sahel region and all eyes are on how well the humanitarian system will respond.

The article on MUAC and weight for height in the Philippines also raises very important challenges for programmes addressing acute malnutrition in relation to the indicators they use. A summary of the evaluation into the Pakistan flood response provides insights into the importance of preparedness, clarity in relation to government and agencies roles and responsibilities and the cluster approach.

We encourage you to share Nutrition Exchange widely and welcome feedback on the publication. We look forward to working with our readers to ensure that Nutrition Exchange is relevant and useful to each of you.

The Nutrition Exchange team at ENN:
Carmel Dolan, Valerie Gatchell and Chloe Angood

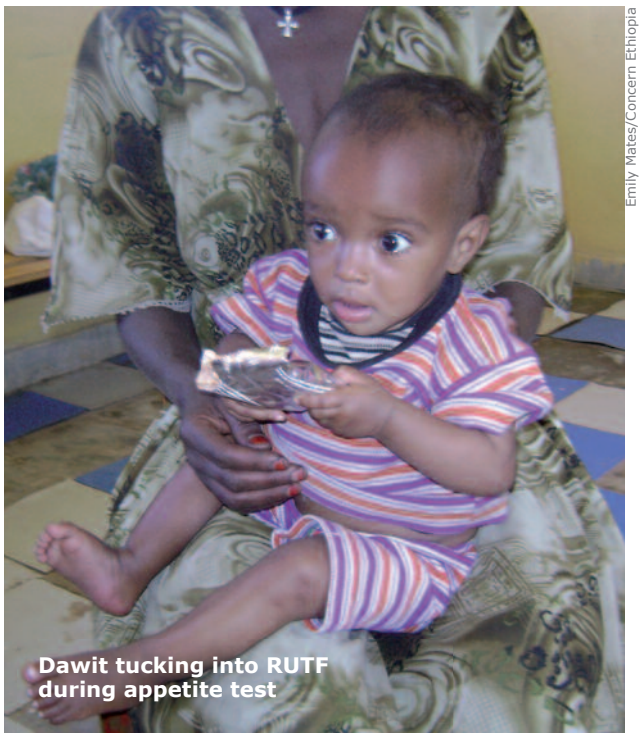


Nutrition Exchange is available in limited print and online at **www.ennonline.net**

It is available in English, French and Arabic. You can subscribe for print issue or for alerts to the online edition, plus occasional email updates at: **www.ennonline.net**

Any ideas for articles, send them to **office@ennonline.net**

Article summaries


Emily Mates/Concern Ethiopia

Dawit tucking into RUTF during appetite test

Integrating OTP into routine health services: Concern Worldwide's experiences

Original article by Emily Mates
Source: FEX 40, p68
http://fex.ennonline.net/40/integrating.aspx

Concern Worldwide, an international non-governmental organisation (NGO), partnered with the Ethiopia Ministry of Health (MoH) to integrate services for the treatment of severe acute malnutrition (SAM) into existing child health services which would be available all year round and, where necessary, be scaled up quickly in an emergency. Emphasis was placed on ownership by the MoH of the programme and establishing effective partnerships with other agencies.

The programme provided a 'package' of support to the MoH for the set-up of outpatient therapeutic programmes (OTP) and on-going support. Activities included the following:

- SAM case management trainings (at set-up, refresher trainings and Trainings of Trainers)
- Joint supportive supervision and follow-up
- Community mobilisation support
- Facilitation of regional workshops and meetings to discuss plans, results, challenges and solutions
- Facilitation of experience sharing visits, initially for policy makers to share lessons with Malawi, another country with experience in community-based management of acute malnutrition (CMAM) and later for health worker staff in Ethiopia to share implementation experiences between regions

From January 2006 to December 2009 over 40,000 children were admitted to OTP services at target health centres. Recovery rates improved from 56% in 2006 to 77% in 2009 mostly due to a decline in defaulter/unknown rates, though the number of defaulter/unknowns remained high. Coverage for the programme over time was >50% in all areas. Point coverage (coverage at the time of the surveys) was lower, indicating the importance of continued efforts in community mobilisation.

An enabling environment for scale-up was created through a combination of funding, training of partner staff, a sustained focus on community mobilisation and ownership from the outset by the government.

Challenges to programme scale up included: transport difficulties due to the bulky nature of RUTF and vast distances in Ethiopia, supervision, data collection and reporting, high staff turnover, lack of antibiotics, lack of clarity on community mobilisation approaches, and competing priorities within the health system.

The lessons from this experience include:

- Integration into health services takes time and requires support at various levels.
- Formal and informal networking is important.
- Linking CMAM with preventive nutrition and other sector interventions is important.
- Developing a strategy for scale up which can assist with trying to secure long-term funding is important.
- Securing supervision to ensure quality services within the existing health system can be challenging.

By 2010, approximately 30% of Ethiopia's health facilities are offering OTP services, an impressive achievement over a short period of time. The challenge moving forward is to maintain quality as CMAM is scaled-up.

For an overview of the national scale-up of the outpatient management of SAM in Ethiopia 2008-2010, see article in FEX 40: http://fex.ennonline.net/40/decentralisation.aspx


Emily Mates/Concern Ethiopia

Sometimes a sibling is given responsiiblity for bringing a child to OTP


Lucia Zoro

A mother at an OTP in Northern Nigeria

From Pilot to Scale-Up: The CMAM Experience in Nigeria[1]

Original article by Maureen Gallagher, Karina Lopez, Stanley Chitekwe, Esther Busquet and Saul Guerrero

Nigeria has the third highest number of children suffering from severe acute malnutrition (SAM) and stunting in the world. UNICEF estimates that there are approximately 800,000 children suffering from SAM in Nigeria. To address this, UNICEF with support from Valid International, piloted community-based management of acute malnutrition (CMAM) in 2009. Results from the pilot demonstrated that CMAM was an appropriate approach in Nigeria and recommended expansion into other areas within Nigeria.

In response, Save the Children (UK) and ACF International launched pilot programmes in Katsina and Yobe states in Northern Nigeria to identify how CMAM could be integrated most effectively and sustainably into health systems and communities. They implemented programmes independently but under a common, collaborative framework. Over 44,000 children were treated for SAM in these states in 2010.

The pilots demonstrated the following:

- For integration to occur, CMAM services need to be tailored to fit heath systems at different levels, even if this ultimately leads to significant variations across different locations. There is not one approach that will fit all states of Nigeria; rather, diversity should be encouraged.
- Ensuring high coverage is directly related to the degree of community mobilisation carried out. Given limited resources and staffing of the health system for community activities, non-governmental organisations (NGOs) can play a critical role in increasing awareness and participation in activities. Increased mobilisation must be accompanied by a simultaneous strengthening of health systems responsible for managing any rise in demand.
- The sustainability and quality of CMAM programmes depends on the degree to which governments are willing and able to ensure adequate procurement and delivery of RUTF. Partners have a vital role in building capacities at all levels on RUTF stock management, including accurate forecasting.
- The role of the NGO in providing support to an integrated CMAM programme is not as an implementer but as an enabler, supporting capacity strengthening and transfer of skills.
- Advocacy and the ability to support the development of national policies to create the right environment for CMAM are vital to the success of scale-up.

[1] Full article will feature in FEX 43

Child in Dowa OTP, Malawi

Nicky Dent/Concern Worldwide, Malawi, 2007

Cost effectiveness of CMAM in Malawi

Summary of published research[1]
Source: FEX 41, p23
http://fex.ennonline.net/41

A recently published study assessed the cost-effectiveness of community-based management of acute malnutrition (CMAM) to prevent deaths due to severe acute malnutrition (SAM) among children under-five in Dowa District, Malawi in 2007.

Dowa District was the site of the first large-scale CMAM pilot programme, initiated by Concern Worldwide and Valid International in partnership with the government's District Health Office (DHO). Since 2002, the DHO has taken on increasing management of CMAM services. By 2010, all CMAM costs were included within the DHO's budget.

To assess cost-effectiveness, a decision tree was developed to map out the cost-effectiveness of CMAM integrated into existing health services versus existing health services with no CMAM. The decision tree outlines the different pathways and health outcomes for children with SAM in areas with treatment and areas without.
For each pathway, the costs and effects were calculated. The total cost of CMAM was the sum of both Concern Worldwide and DHO CMAM-related expenses.

Effectiveness was estimated in Disability Adjusted Life Years (DALY's) averted. A DALY is the sum of the present value of future years of life lost due to premature death plus the present value of future life years lived with a disease or injury.

According to this study, there were 342 fewer deaths in children under five in the CMAM programme area compared to deaths in the non-CMAM area.

The cost-effectiveness of CMAM integrated into existing health services was reported to be US$42 per DALY averted (or US$1.365 per life saved). This demonstrates that the addition of CMAM to existing health services in Dowa District in 2007 was a cost effective decision.

These results are similar to that found in an urban CMAM programme in Lusaka, Zambia. It is also within range of other priority child health care interventions in Africa.

The results of the study are generalisable to CMAM programmes in similar contexts in sub-Saharan Africa, treating a comparable caseload across a similar network of health facilities, with similar baseline prevalence of SAM and population density.

Government of Malawi guidelines

Kate Golden/Concern Worldwide, Malawi, 2007

[1] Wilford. R (2007) et al, Cost effectiveness of community-based management of acute malnutrition in Malawi. Health Policy and Planning, p1-11.

Community awareness centre in Myanmar

Aurelie Rozet/Myanmar, 2009

Qualitative review of an alternative treatment of acute malnutrition in Myanmar

Original article by Naomi Cosgrove, Jane Earland, Philip James, Aurelie Rozet, Mathias Grossiord and Cecile Salpeteur
Source: FEX42, p6
http://fex.ennonline.net/42

In 2009, Action Contre la Faim (ACF) in Myanmar faced limited supplies of ready-to-use therapeutic food (RUTF) for treating children with severe acute malnutrition (SAM). To respond to this situation ACF developed an Alternative Treatment protocol which reduced the amount of RUTF given to a child if they had improved from SAM to moderate acute malnutrition (MAM) (see Figure 1) or if they were suffering from uncomplicated SAM without oedema, were above six months of age and had increasing weight. The Alternative Treatment provided one sachet of RUTF per day, instead of 2 or 3 sachets per day. Caregivers were advised to make up the difference in energy requirements with foods available at home.

Programme performance indicators greatly exceeded the international Sphere standards, suggesting an effective approach. To find out why the project was successful and how best to identify another country to replicate the study, ACF conducted further research including a literature review and methods to qualitatively evaluate programming.

Fourteen factors were consistently identified as key contributors to the success of the Alternative Treatment, summarised in Figure 2.

A series of questions were then developed around each factor of success to help identify other programmes with similar conditions for replicating the Alternative Treatment.

Results

The literature review indicated that there has been very little discussion at international level on programme quality and the impact that this has on programme outcomes. Emphasis is usually placed on quantitative outcomes (programme performance statistics) with limited understanding of factors that contribute to these outcomes (the how and why).

Myanmar seems to have been an ideal setting for the Alternative Treatment for many reasons including the existence of well-trained ACF staff.

Findings from this research confirm that it is not only RUTF that is necessary for a successful programme, but a large number of quality considerations, some of which may be specific to the local context of Myanmar. ACF's research indicates that to achieve successful programmes, there needs to be a strong emphasis on nutrition programme design including planning, staff training and mobilisation.

Figure 1: Summary of the admission and discharge criteria for the Outpatient Therapeutic Programme and the two phased treatment for the Alternative Treatment

Admission criteria in Therapeutic Nutrition Programmes in 2009 Age 0-59 months and WHZ <-3 (WHO) and/or MUAC <110 mm with a length of >65 cm and/or oedema grade 1 or 2 and no medical complications and appetite Willing caregiver	
Treatment phase 1 (usual protocol): RUTF given according to body weight Systematic medical treatment Health education given to caregiver	
Treatment phase 2: Alternative protocol: **If MUAC > 110 mm and WHZ ≥-3 + 200g (<65cm) or +300g (>65cm) and no medical complications, no oedema and appetite** 1 sachet RUTF (92g)/ child/day Treatment phase 2 (usual protocol)	**Treatment Phase 2: Usual protocol:** **If oedema grade 1 & 2, if age <6 months** RUTF given according to body weight Treatment phase 2 (usual protocol)
Discharge criteria 15% weight gain after 2 consecutive weighings MUAC > 110mm and WHZ ≥ -2	

Figure 2: Placing the 14 success factors at the relevant level

Local Context	• Ideal **Timing** with absence of natural disaster & 'normal' HH security • ACF Well Known with Good **Reputation** in the region
Community Involvement	• **Community** Sensitisation, **Mobilisation** & Support • Early **Referrals**
ACF Nutrition Programme Design & Management	• Adoption of **WHO Standards** • Time for Careful **Planning** • Staff **Training & Capacity** giving High Quality of Care • **Simple, Organised Processes** • Consistent, Experienced & Strong **Leadership**
Caregiver/ Mother	• Integration of **Care Practices** giving psycho-social support • Involving the **Mother** and **Home Feeding** in the Recovery Process
BNF/ Child	• Close **Monitoring** & Use of BNR Methodology • The **Product** Quantity was more likely to be eaten by the child • 4 Month **Follow-Up** with Dry Rations

BNF=Beneficiary, BNR=Becoming Non Responder (a patient with a stagnant weight curve or decreasing curve after few weeks in the programme, and/or with poor weight gain). BNR methodology entailed identifying a patient as BNR the patient on his/her chart, and implementing a list of actions on a weekly basis to improve weight gain. Actions included specific discussions with the caregiver, assessing family situation and possible constraints, reemphasising the importance of not sharing RUTF, and encouraging the father to come to the nutrition centre as well.

MUAC measurement of a child in the Municipality of Arakan

B Cichon/Philippines, 2010

MUAC vs Weight-for-Height debate in the Philippines

Original article by Bernadette Cichon
Source: FEX 42, p3
http://www.fex.ennonline.net/42

Mid-Upper Arm Circumference (MUAC) measurements are widely used for the identification, referral and admission for treatment of children aged 6-59 months with severe acute malnutrition (SAM). MUAC is a good indicator of muscle mass and mortality risk. Community agents can carry out case finding and help conduct rapid needs assessment using MUAC with minimal training.

However, studies carried out in the Philippines in the 1980s showed marked differences in the prevalence of acute malnutrition using either weight-for-height (WFH) or MUAC, with far fewer children classified as acutely malnourished when MUAC was used compared to WFH.

Action Contre la Faim (ACF) carried out five surveys in the southern Philippines between January 2009 and December 2010 and found similar results to the 1980s studies. The prevalence of SAM was much lower according to MUAC than WFH in all five surveys and for global acute malnutrition in four out of the five surveys. Not only did the percentage of acute malnutrition differ between the two indicators, but the children selected were not always the same. While a large proportion of children identified as acutely malnourished according to MUAC were also classified as acutely malnourished according to WFH, only a small proportion of children classified as acutely malnourished according to WFH were also classified as acutely malnourished according to MUAC. This finding has significant programme implications in that if MUAC alone is used in this setting, only a small proportion of acutely malnourished children would be identified and referred for treatment. Furthermore, there would be a low programme caseload, making it difficult to justify an intervention.

The reasons for these differences are not clear and are not found in all countries in the world. A number of factors are thought to be associated with the MUAC/WFH relationship such as body shape, age and mortality. In Ethiopia, for example, the prevalence of acute malnutrition in pastoralist populations as measured by WFH was found to be much higher than the prevalence according to MUAC. However, in Ethiopia's agrarian populations, both WFH and MUAC lead to similar estimates of acute malnutrition. Furthermore, it has been shown that the MUAC/WFH relationship is better (more correlated) in children under 24 months.

The WHO recommends that in populations where differences between MUAC and WFH exist, both indicators should be used. ACF concludes that as long as the relationship between MUAC and WFH is not fully understood, all children in the Philippines identified as acutely malnourished (with MUAC or WFH) should receive treatment whilst further research is undertaken.

Collecting qualitative data with mothers of the village of Monzonga, in Mali

K Greenway/Zambia, 2009

Remote monitoring of CMAM programmes coverage: SQUEAC lessons in Mali and Mauritania

Original article by Jose Luis Alvares Moran, Brian Mac Domhnaill and Saul Guerrero
Source: FEX 42 p34
http://www.fex.ennonline.net/42

SQUEAC, which stands for Semi-Quantitative Evaluation of Access and Coverage, is a new low resource method for assessing coverage, which can be used to improve monitoring, planning and programme quality.

Community-based management of acute malnutrition (CMAM) programming has expanded significantly in the past five years in terms of the number of countries implementing and the range of contexts. Programmes are increasingly being implemented in areas affected by insecurity. Agencies supporting CMAM operations in these circumstances are often forced to operate remotely with limited access to programme areas.

ACF carried out remote coverage assessments using the SQUEAC method in Mauritania and Mali in 2011. In both situations, lack of security prevented the lead investigators (and technical support) from travelling to the programme areas.

Five key lessons emerged from this experience:

- **Advance planning is required.** Activities take longer when working remotely, to complete activities in the same amount of time as a 'conventional' SQUEAC investigation, time must be well managed and teams coordinated.
- **Data collection can take time.** Collating/collecting programme data to build a picture of what programme coverage is and where the areas of high and low coverage are likely to be can be a long process, particularly for integrated programmes run remotely. Experience shows that collating necessary information prior to the start of SQUEAC is essential.
- **A multi-layered team approach may be necessary.** In conventional SQUEAC investigations, data collection and analysis are usually conducted by the same team. In remotely supported investigations, a separation of the process may be necessary.
- **Regular communication is crucial and technology exists to facilitate this.** During implementation, it is essential that there is good communication between those collecting qualitative data and those responsible for analysing it and identifying new questions. Internet, email, mobile telephones and radio were all used to facilitate transfer of information between teams.
- **Supervision and motivation are needed.** In remote SQUEAC investigations, supervision by the lead investigator is often not possible. In Mali and Mauritania a reliable assistant was identified who guided each team based on pre-SQUEAC training and support. Daily phone calls with teams at the beginning and end of the day strengthened motivation.

This experience shows that it is possible to monitor the performance of a CMAM programme in an area where international technical support staff don't have access. These operations require a greater reliance on field teams, though they do not require additional time or resources if there is enough advance planning. At the same time, introducing local teams to SQUEAC can enable the adoption of SQUEAC-based monitoring frameworks, which can facilitate future monitoring. The real challenge is creating the capacity within programmes to collect, document, analyse and report routine data in a manner that enables them to carry out future exercises with minimum external support.


UNICEF

Test products

Improving Access to Ready-to-Use Therapeutic Foods (RUTF)

Original article by Jan Komrska
Source: FEX42, p46
http://www.fex.ennonline.net/42

In 2000, UNICEF relied on one supplier of RUTF for use in one country. The development and testing of the community-based management of acute malnutrition (CMAM) approach, which uses ready-to-use therapeutic food (RUTF) for the treatment of severe acute malnutrition (SAM), increased the demand for RUTF. With the endorsement of CMAM by United Nations agencies in 2007, programmes have expanded globally and demand for RUTF has continued to increase dramatically.

As one of the world's major purchaser of RUTF, (along with Medecins Sans Frontiers and Clinton Health Access Initiative) UNICEF has taken steps to understand demand and diversify the supply base, globally and locally, to help ensure future availability of RUTF.

One of the actions that UNICEF has taken is to establish a competitive bidding process for the supply of RUTF. As a result, UNICEF has identified and approved 12 RUTF suppliers for 2012. (See Table 1).

UNICEF also aims to support the development of local production in countries where RUTF is used. Table 2 outlines UNICEF-approved local RUTF suppliers.

The Supply Division in UNICEF continues to work with suppliers, UNICEF Country Offices, UNICEF Programme Division and external partners to further develop a sustainable RUTF supply chain.

Table 1: UNICEF-approved global RUTF suppliers

Global supplier	Product Name
1. Nutriset (France)	Plumpy Nut®
2. Vitaset (Dominican Republic)	Plumpy Nut®
3. Diva Nutritional Products (South Africa)	Generic name***
4. Insta EPZ (Kenya)	Generic name
5. Challenge Dairy (United States)*	Generic name
6. Tabatchnick Fine Foods (United States)	Nutty Butta
7. Compact (India)	EeZee Paste™
8. Compact (Norway)	EeZee Paste™
9. Edesia (United States)	Plumpy Nut®
10. Nutrivita (India)	Plumpy Nut®
11. JB/Tanjaka Foods (Madagascar)**	Plumpy Nut®
12. Mana Nutritive Aid Products (United States)	Generic name

**Dairy-based, not peanut-based, RUTF.*
***The first company located in programmatic country capable of exporting RUTF*
****Supplier agreed to remove branded name Imunut from the labels*

Table 2: UNICEF-approved local RUTF suppliers

Global supplier	Product Name
1. STA (Niger)	Plumpy Nut®
2. Hilina (Ethiopia)	Plumpy Nut®
3. Project Peanut Butter (Malawi)	Plumpy Nut®
4. Valid Nutrition (Malawi)	Plumpy Nut®
5. Amwili (DR Congo)	Plumpy Nut®
6. JAM (Mozambique)	Plumpy Nut®
7. Power Foods (Tanzania)	Plumpy Nut®

MUAC and weight-for-height in identifying high risk children

Summary of research[1]
Source: FEX 42, p16

This newly published research is based on a re-analysis of data from Senegal (collected in the 1980s) to test whether combining a mid-upper arm circumference (MUAC) of less than 115mm and weight-for-height z-score (WHZ) less than -3 would improve the identification of children aged 6-59 months of age who are at risk of dying in the absence of severe acute malnutrition (SAM) treatment.

The authors found that MUAC has a better ability than WHZ to assess the risk of dying and that there was no additional benefit in combining MUAC<115mm and WHZ <-3 z-score in order to identify at-risk children. The reasons for the apparent superiority of MUAC to assess risk of dying are not clear but could be due to the relationship between MUAC and muscle mass and that MUAC may select younger and therefore, more at-risk children.

The authors point out that the MUAC measurements were carried out by highly skilled investigators and therefore, that the findings may not be extrapolated to other situations where these conditions are not met.

[1] Briend. A et al (2011). Mid-upper arm circumference and weight-for-height to identify high-risk malnourished under-five children. Maternal and Child Nutrition 2011

Global CMAM mapping in UNICEF supported countries

Summary of review[1]
Source: FEX41, p10
http://www.fex.ennonline.net/41

As a first step to understanding UNICEF-supported Community- based Management of Acute Malnutrition (CMAM) programming, UNICEF contracted Valid International to systematically review programmes and recommend ways to improve data availability and reliability. The review documents the global expansion from the initial programmes in Sudan, Malawi and Ethiopia (2000-2003) to 55 countries by mid-2010 and the challenges facing scale-up.

The main findings were as follows:

- Caseload has increased significantly to over 1 million children treated for severe acute malnutrition (SAM) (2009).
- As of 2010, 52 countries (95%) have national operational guidelines or protocols for CMAM.
- WHO Growth Standards are now in use in the majority of countries.
- UNICEF provides at least 80% of the ready-to-use therapeutic food (RUTF) in 37 countries and provides 100% of RUTF requirements in 23 countries.
- Some progress has been made in at least 50% of countries to integrate CMAM with other primary health activities including Integrated Management of Childhood Illness, Infant and Young Child Feeding and HIV/AIDS programmes.

The common challenges include:

- Diversity of reporting systems limits comparison between countries.
- Complex national guidelines with a lack of standardisation and terminology.
- Lack of standardised information on the extent of service provision due to different definitions of coverage.
- Lack of systematic collection of information which hinders monitoring of needs and impact.
- Need for additional resources for government ministries for monitoring and evaluation, logistics/transport, training of supervisors and information systems for integration with other programmes.
- Strong reliance on short term or emergency funding for supplies and programme support, causing delays and limiting programme expansion.

Recommendations:

- Develop a global SAM reporting system (within UNICEF).
- Develop a standard way to measure service provision and coverage to enhance comparability.
- Develop indicators for measuring integration into health systems.
- Strengthen capacity development.

The report acknowledges that this was the first attempt to take stock of programmes and that wider input is necessary from Ministries of Health and UNICEF partners to expand and validate current information.

[1] Global Mapping Review of Community-based management of acute malnutrition with a focus on severe acute malnutrition. Nutrition Section, Nutrition in Emergency Unit, UNICEF NY and Valid International. March 2011

Emotional Stimulation for acutely and severely malnourished children in SNNPR

Original article by Dr. Alessandro Conticini and Mrs. Valérie Quéré
Source: FEX 40, p84
http://fex.ennonline.net/40/emotional.aspx

During the 2008/9 and 2009/10 food crisis in Ethiopia, Play Therapy Africa provided emotional stimulation to children being treated for Severe Acute Malnutrition (SAM) and training on good parenting skills to their carers in 49 outpatient therapeutic programme (OTP) centres and one hospital. Children in the programme (555 total) were measured and compared with children that were being treated for SAM where there was no emotional support programme. Results from the study include:

- *Increased speed of recovery* - children receiving a combination of therapeutic food and emotional stimulation gained weight faster than children in treatment programmes with no emotional stimulation. 41% of those receiving emotional support were discharged by week five while no children in the group without emotional stimulation were discharged before the end of the sixth week.
- *Prevention of emotional, development and intellectual loss/damage* - malnourished children receiving emotional stimulation in addition to nutrition rehabilitation demonstrated equal mental, emotional and developmental capacities as children coming from the same background who were not severely malnourished. Children receiving just nutritional rehabilitation demonstrated a loss in these areas.
- *Cross fertilisation* - mothers who learnt to practice emotional stimulation with their malnourished child started to use the same techniques with other children in the household.
- *Increased empowerment of women* - many mothers suggested that changes in family life, such as improved outlook and family communication, increased involvement of fathers in child care, decreased harsh punishment of children and reduced domestic violence, were due to the emotional stimulation intervention.

Initial results suggest that a combination of therapeutic feeding and emotional stimulation can have both short and long term positive effects. Additionally, the increased speed of recovery and initial low relapse in episodes of SAM suggests that emotional stimulation could contribute to a reduction in cost of treatment of SAM.

Dr Ferew, MOH Advisor, Government of Ethiopia, addressing the consultation on Day 1

SC US/Ethiopia, 2011

Planned study on feasibility and efficacy of IYCF in CMAM integration in Ethiopia

Source: FEX 41, p30
http://www.fex.ennonline.net/41

An Alive and Thrive Project in Ethiopia is supporting a two-year study on the integration of infant and young child feeding (IYCF) into community-based management of acute malnutrition (CMAM). Although training materials have been developed on how to integrate IYCF into CMAM[1], integrated IYCF-CMAM scale up is constrained because there is no clear model for integrated programming and there is little evidence of impact on nutritional and health outcomes, programme outputs, coverage, staff time and costs.

Integrating IYCF into CMAM requires identification of points throughout the CMAM programme where key IYCF activities can be integrated. IYCF activities considered important are messaging (delivery of relevant ICYF information to various individuals), action-oriented groups (the personalisation of IYCF information by health workers to encourage participants to try an action that is new or different), support groups (groups of 10-12 to promote recommended IYCF practices) and one-on-one counselling (health care providers provide individual assessments of mothers feeding practices and develop IYCF plans to fit their specific needs).
This study will investigate feasibility (including the impact on cost and staff time) and efficacy (the ability of integrated programming to produce an effect) of integrating activities that support, promote and protect IYCF into CMAM.

The study will be implemented in four districts of Ethiopia by World Vision. It will be conducted over two years (2011-2012) and will follow two groups of children between 6-24 months, their caregivers and their siblings in intervention and comparison groups.

[1] Training materials on the *'Integration of IYCF support into CMAM'* were developed by ENN and Nutrition Policy and Practice Group in 2008. These are available in English and French at http://www.ennonline.net/resources/722

Summary of en-net discussions on Infant and Young Child Feeding (IYCF)

***en-net** is a free and open resource to help field practitioners have access to prompt technical advice for operational challenges for which answers are not readily accessible. There are several technical forums for discussion, including one on IYCF. The following is a snapshot of some of the discussions in this area.*

Evidence of the impact of kitchen gardens on improving the quality of complementary feeding for infants and young children was recently explored on en-net. Discussion highlighted that while home/kitchen/backyard gardens have been applied for decades as means of diversifying diets, there is limited evaluation of their contribution to improved IYCF practices. The need to improve the monitoring and evaluation of kitchen garden projects to document results was highlighted.

Some useful reading material on kitchen gardening and its impact on nutrition was suggested by contributors:

1) Homestead food production- an effective integrated approach to improve food security among the vulnerable char dwellers in northern Bangladesh, Helen Keller International, Homestead Food Production Program, Bulletin No. 4, December 2006
2) From Agriculture to Nutrition: Pathways, Synergies, and outcomes. World Bank, 2007;
3) An article on multi-storey gardening in refugee camps in Ethiopia, (Field Exchange 40), fex.ennonline.net/29/multistorey.aspx
4) The report of a USAID/East Africa funded ROADS project for PLHIV in Kenya and Uganda from 2007 to 2008. Although the main focus of this was not IYCF, it provided insights on the role of agricultural technologies for enhancing nutrition and livelihoods. The report can be downloaded from http://www.fantaproject.org/downloads/pdfs/FANTA_ Busia2008.pdf

Another recent discussion focused on how to deal with unsolicited donations of breastmilk substitutes (BMS) during the Horn of Africa crisis. While contributors acknowledged the importance of intercepting such donations and the prevailing advice in the Code and the Operational Guidance, they noted the practical challenges of how to put the BMS to alternative use is extremely limited.

For more information on these and other discussions, go to **http://www.en-net.org.uk/**

Lucia Pantella/SCUK, Haiti, 2010

A breastfeeding mother who received support in the baby tent

Save the Children's IYCF programme and linkages to Protection, Food Security and Livelihoods in Haiti

Original article by Lucia Pantella
Source: FEX 41, p64
http://www.fex.ennonline.net/41

The earthquake in Haiti in January 2010 was devastating. It is estimated that over 220,000 people died and more than 3 million were affected. In response to the needs of those affected, Save the Children scaled-up and developed a large emergency programme involving six sectors: Child Protection, Education, Health and Nutrition (including IYCF), Water, Sanitation and Hygiene (WASH), Shelter and Food Security and Livelihoods (FSL).

Save the Children conducted a study to investigate the impact of their Infant and Young Child Feeding (IYCF) supported response and to identify linkages with child protection and FSL sectors, in order to better address the needs of the youngest children affected by the earthquake.

The study report notes the strong coordinated efforts to implement the Operational Guidance on Infant Feeding in Emergencies, incorporate learning on IYCF from previous emergencies and intervene quickly to protect and support optimal IYCF. However, it also suggests that many of the IYCF limitations experienced in Haiti could have been overcome by developing multi-sectoral programming, especially with child protection and FSL.

The report outlines what could be improved to ensure more effective response in the future around three areas: 1) meeting basic needs of pregnant and lactating mothers, 2) addressing the nutritional needs of separated children and children in residential care and 3) improving organisational capacity to promote cross-sectoral integration.

The following recommendations are made:

- Design integrated programming from the beginning of the relief operation.
- Ensure prompt sharing of information between the Separated Children Working Group and IYCF working group to set up effective referral information.
- Conduct multi-sectoral joint assessment to gain a broad perspective.
- Include people living with HIV and AIDS and families fostering separated children in the FSL support programmes.
- Develop a rapid assessment tool to assess the nutritional needs of infants and young children in residential care.
- Manage artificial feeding and support adequate complementary feeding in residential care centres.
- Engage in donor advocacy for funding at the organisational and cluster level to aid multi-sectoral integrated programming for the IYCF response.

A baby tent session

Lucia Pantella/SCUK, Haiti, 2010

Clients collect their prescribed HEPS at Wusikile Mine Hospital

©K Greenway/Zambia, 2009

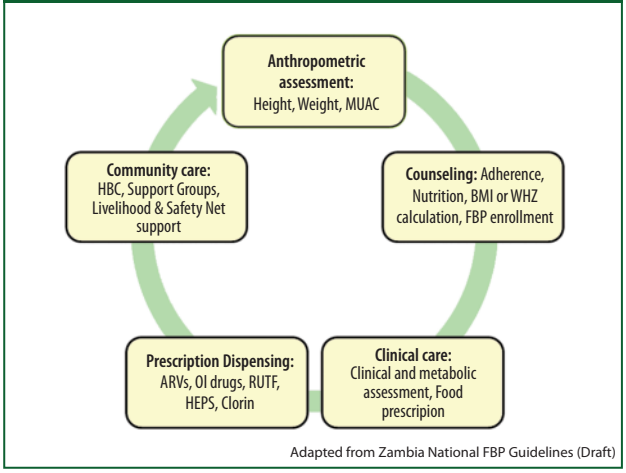
Examining the integration of Food by Prescription into HIV care and treatment in Zambia

Original article by Kate A. Greenaway, Elizabeth C. Jere, Milika E. Zimba, Cassim Masi, Beatrice Mazinza Kawana
Source: FEX42, p30
http://fex.ennonline.net/42

Catholic Relief Services (CRS) Zambia worked in partnership with Zambia's National Food and Nutrition Commission (NFNC) to pilot a Food by Prescription (FBP) programme. An evaluation was conducted to understand the practical implications of FBP implementation and gather information on outcomes.

The Zambia FBP model prescribes and dispenses specialised nutrition commodities (in individual sachets) in response to clinical malnutrition (Figure 1). The model requires that nutrition assessment, education, counselling and support (including food dispensing) be coordinated with HIV care and treatment services.

Figure 1: Food by Prescription Client Flow Model



Adapted from Zambia National FBP Guidelines (Draft)

The model was tested in three settings: clinical facilities, hospices and home based care (HBC).

Patients were admitted to the FBP component of HIV care according to anthropometric criteria (BMI and MUAC). Adults with severe acute malnutrition (SAM) were prescribed ready-to-use therapeutic food (RUTF) and High Energy Protein Supplement (HEPS) in sufficient quantity to meet 100% of the Recommended Daily Allowance (RDA). Those with moderate acute malnutrition (MAM), received HEPS to meet 50% RDA.

Results

Integration was successful in all three settings. A 'medicalised' approach of individual sachets of nutritional supplements was appreciated and selected rations were successful in treating malnutrition. Weight gain and BMI improved while the percentage of patients cured (nutritionally rehabilitated) exceeded standards.

Recommendations:

- On-going training is required in nutrition, record-keeping and reporting.
- Formal incorporation of new FBP tasks in job descriptions would facilitate future implementation. Integration of FBP commodities into the medical stores procurement and distribution system would reduce duplication of effort and promote national ownership.
- National antiretroviral monitoring and evaluation systems must be expanded to capture nutrition data.
- Linkages to food security and livelihood programmes should be designed from the beginning.
- Children and pregnant women enrolled in Preventing Mother-To-Child Transmission (PMTCT) programmes should be intentionally included in scale-up plans.


AP/WWP/Pakistan, 2005

Army helping civilian evacuation in Pakistan 2005

Civil-military coordination during humanitarian health action

Summary of position paper[1]
Source: FEX 42, p17
http://fex.ennonline.net/42

Over the last decade, military actors have been increasingly involved in relief activities in various settings, including sometimes providing direct assistance to crisis-affected populations.

This raises several issues over how this affects humanitarian organisations' ability to respond impartially to the needs of the population.

A recent position paper has been produced by the Global Health Cluster (GHC) to guide country-level health clusters on how to apply Inter-Agency Standing Committee civil military coordination principles to humanitarian health operations. The paper reviews the existing guidance on civil-military coordination and attempts to clarify how it applies to the health sector.

The paper emphasises the guiding principle that health activities should be based on assessed health needs and guided by humanitarian principles, not by objectives that are either political or military in nature. It recommends that health activities should not be used as a component of a political or military "winning hearts and minds" strategy.

The GHC recommends that whenever military actors are involved in the provision of health services, any such action should follow the health priorities and plans approved by the national government/local health authorities, and adhere to the international humanitarian response plans.

The GHC is concerned that continuing coordination with military forces might alter a populations' perception of the impartiality of humanitarian health actions.

[1] IASC Global Health Cluster (2011). Civil-military coordination during humanitarian health action. Provisional version – February 2011

Dangerous delay in responding to Horn of Africa early warnings of drought

Summary of briefing paper[1]
Source: FEX 42, p9
http://fex.ennonline.net/42

A briefing paper by Oxfam and Save the Children UK reports that the 2011 crisis in the Horn of Africa has been the most severe emergency of its kind this century. With more than 13 million people still affected and hundreds of thousands at risk of starvation, the report details how the crisis unfolded even though it was predicted.

Based on a review of early warning system indicators and analysis, humanitarian agencies were advised to develop large scale contingency planning and scale up multi-sectoral responses; however, this did not happen.

The response of donor agencies was too slow. Only after major media coverage in June/July 2011 and after the UN declared a famine in parts of Somalia, did donors markedly increase funding.

The paper suggests that long term programmes are most appropriately able to respond to forecasts of a crisis. The paper outlines various mechanisms that need to be improved to prevent future crises such as this, including:

- Risk management should be incorporated into long-term programme design. Droughts can then be seen as a part of the livelihood system, rather than as an unexpected shock.
- Early response to forecasted emergencies requires a bridging of the gap between the development and humanitarian aid system. Skilled and experienced staff and partners are needed who are able to build risk analysis and management into their work and are thus able to adapt what they do, and how they do it, as the situation and needs change.
- Much greater investment is needed in long-term joint efforts to strengthen government capacity, both in disaster risk management and coordination, but also in improving the ability of long-term development work in all sectors to build resilience.
- To incorporate risk management effectively, humanitarian and development systems need to be more coordinated. Joint programming, implementation and learning can help to merge development and emergency response.
- Due to the chronic nature of the vulnerability in the Horn of Africa, funding needs to be flexible to support recovery and resilience.

The main finding of this analysis is that predictions about the 2010–11 drought in the Horn of Africa were clear, and unfortunately, much of what has happened was preventable. The scale of death and suffering and the financial cost could have been reduced if early warning systems had triggered an earlier, bigger response.

[1] A Dangerous Delay. The cost of late response to early warnings in the 2011 drought in the Horn of Africa. Oxfam, Save the Children UK. Joint agency briefing paper. 18 January 2012. Available from: http://policy-practice.oxfam.org.uk

Children in Sind province, after the 2010 flood, Pakistan

Farid Bouregba

Nutrition Cluster Evaluation of Pakistan Flood Response, September 2011

Source: Global Nutrition Cluster
http://oneresponse.info/GlobalClusters/Nutrition/publicdocuments/Pak_Nut_Cluster_Evaluation%20Final.pdf

The 2011 monsoon season (July-September) in Pakistan resulted in the worst flooding since 1929, affecting 20 million people. The floods caused significant displacement, damage to agriculture and other livelihoods and increased the risk of poor health and acute malnutrition.

In response, the Nutrition Cluster (NC), which was already active in one area (Khyber Pakhtunkhwa (KPK) province) was activated in four additional affected areas (Northern and Southern Sindh, Punjab and Baluchistan).

Six months after the floods, an interagency evaluation team was formed from Ministry of Health, NGO, UN, donor agencies and the NC to evaluate what worked and did not work and to develop recommendations for Pakistan's recovery and preparedness.

Some of the key findings and recommendations were as follows:

- The emergency resulted in a fully staffed decentralised NC in Pakistan, although staffing the NC took nearly eight weeks from the onset of the floods.
- In response to a lack of nutrition information, the NC successfully supported flood affected nutrition surveys and was able to replicate a comprehensive nutrition information system (from KPK) to the other hubs as well as publish a routine information briefs which included admissions data into selective feeding centres.
- It was recommended that the Government of Pakistan understand the importance of the Cluster approach prior to the onset of another emergency. In addition, a dedicated and capacitated global rapid response team (Cluster Coordinator and Information Manager) should be available for immediate deployment for future effective hub level coordination.
- The evaluation emphasised the need for national nutrition strategies and policies to be put in place and adhered to in order to harmonise future emergency responses.
- It was recommended that NC partners and the Cluster Lead Agency (UNICEF) at the national and global level be sensitised on roles and responsibilities to avoid future confusion In addition, the need to ensure evidenced phasing out of an emergency to a recovery phase which respects context and capacity was identified.

Article summaries

2011 Edition of the Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response

Summary of published report
Source: FEX 39, p13
http://www.ennonline.net/pool/ files/fex/fx-39-web-reduced.pdf

The Sphere Handbook is a highly regarded and important tool in humanitarian response to standardise quality and improve accountability of the response. First published in 1999, the handbook has been through several revisions. The latest 2011 edition contains a number of changes. There is a focus on protection, older people, and rights of communities. The Humanitarian Charter was re-written to include obligations of state actors and recognise that preparedness is the key to effective food security and nutrition disaster response. A new conceptual framework for undernutrition is included.

Specific changes to the minimum standards in food security and nutrition are highlighted below.

Assessment and analysis

- Re-written to encourage joint assessment at the initial stages of an emergency
- New indicators (food diversity), tools (Coping Strategy Index) and references provided
- Emphasis on the importance of assessments beyond anthropometric surveys and links to other sector assessments
- Reference made to SMART (Standardized Monitoring and Assessment of Relief and Transitions), WHO growth standards (2006) and inclusion of MUAC in assessments
- Maintained position on not classifying severity of undernutrition based on prevalence of global acute malnutrition, encourages consideration of the scale related to other factors

Infant and Young Child Feeding (IYCF) standards

- Two new standards on IYCF addressing the protective and supportive elements of policy and legislation, coordination, communication as well as the basic and technical IYCF interventions.
- Needs of breastfed infants, importance of maternal nutrition and health and the challenges of HIV are included
- New indicators and guidance notes for complementary feeding and the potential role of lipid based nutrition supplements
- Reference to new cash and voucher standards

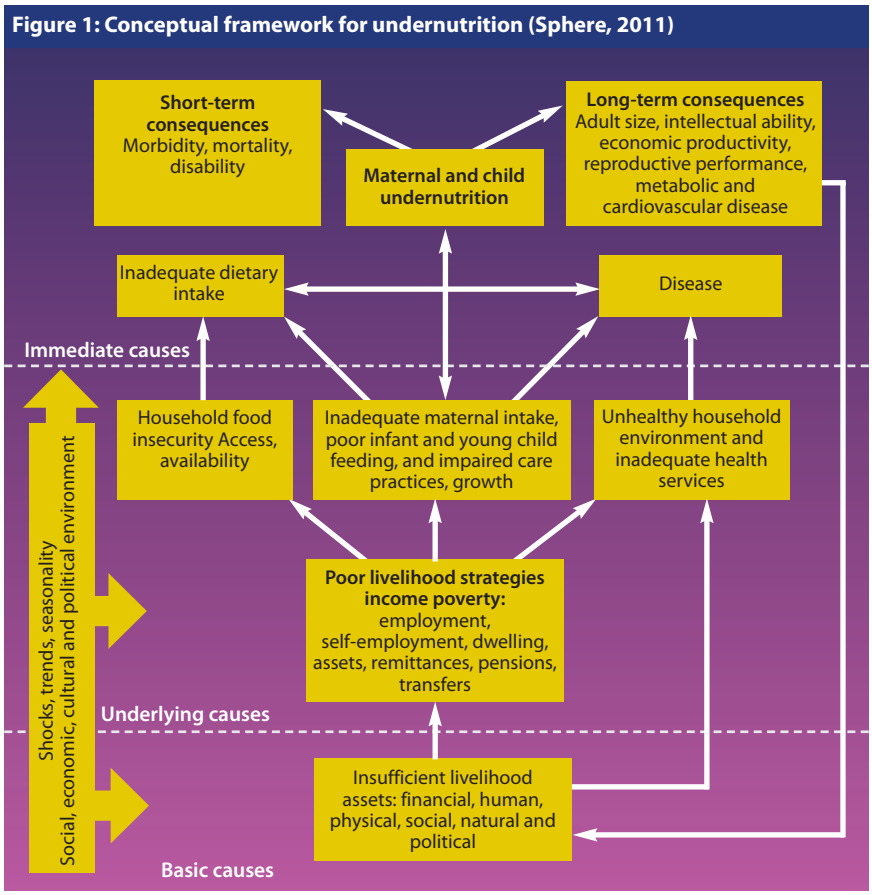
Management of acute malnutrition and micronutrient deficiencies

- Guidance on blanket supplementary feeding as an approach to address moderate acute malnutrition (MAM)
- Inclusion of 'non-response' as an indicator to programmes addressing MAM and severe acute malnutrition (SAM)
- Recommendation to separate 'follow-up' patients (those discharged from treatement for SAM) from those directly admitted to Supplementary Feeding Programmes (SFPs) to prevent overestimation of the recovery rate of SFPs
- Recommendation that community-based management of acute malnutrition (CMAM) is the preferred approach for treating SAM
- Revised standard for management of micronutrient deficiencies to include prevention
- Inclusion of MUAC as admission criteria for programmes treating acute malnutrition

Food security

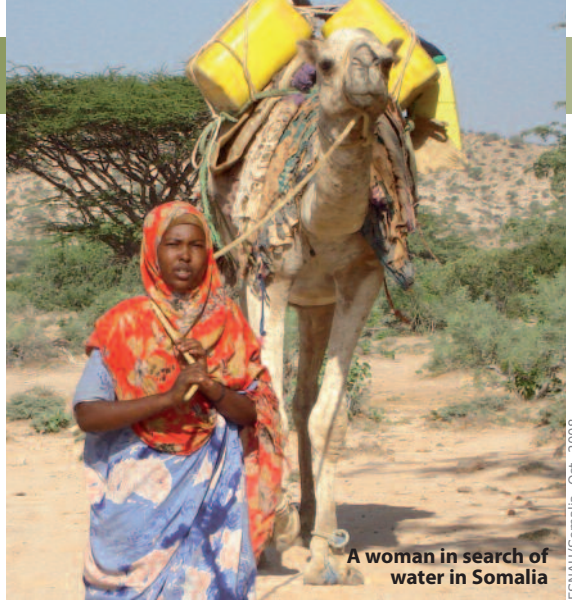
- General food security standard stronger, focus on prioritising life-saving interventions
- New food transfers, cash and voucher standards to recognise the growing interest in using cash and/or vouchers to improve programme effectiveness, dignity and choice for beneficiaries and to stimulate local economies and markets
- Updated standards on primary production, income and employment and access to markets

Figure 1: Conceptual framework for undernutrition (Sphere, 2011)



Seasonal Trends in Pastoral Malnutrition in Somalia

Original article by Louise Masese Mwirigi and Joseph Waweru
Source: FEX41, p62
http://fex.ennonline.net/41



A woman in search of water in Somalia

FSNAU/Somalia, Oct, 2008

Pastoralists make up a large percentage of the population in Somalia. Pastoral livelihoods are highly vulnerable to shocks such as drought, floods and food price inflation. To better understand the factors affecting malnutrition in different seasons, the Food Security and Nutrition Analysis Unit (FSNAU) carried out an analysis of two nutrition assessments: one conducted in the drought (October 2008) and the other following the rainy season (June 2009).

The analysis revealed that milk availability and consumption was lower during the drought than during the rainy period as women and children are left behind as men and boys take the herds in search of pasture. Morbidity was also higher in the drought period, diarrhoea being the number one cause of illness. The increase in diarrhoea in the dry season is thought to be due to the lack of availability and access to clean water.

The prevalence of acute malnutrition improved significantly from the drought period to the rainy period suggesting that milk availability and consumption had a significant influence on the nutrition status and well being of the pastoralist population. It also highlights the natural ability of a pastoral population to recover from non-cumulative shocks if appropriate responses are made in a timely manner.

Key conclusions include the need to incorporate programmes that decrease the population's vulnerability to shocks (welfare of women, livestock and water interventions) in areas of high-risk. Additionally, there is a need to promote food processing and preservation techniques, consumption of other foods such as fish (where feasible) and rangeland and herd management programmes to ensure sufficient pasture during drought periods and enable good animal productivity.

en-net

Summary of en-net discussions on assessments

***en-net** is a free resource open to all practitioners who need access to prompt technical advice to help overcome operational challenges. There are several technical discussion forums including one on assessments. The following is a snapshot of some of the discussions in this area.*

Over the past year there have been a significant number of interesting discussions within the Assessments forum. Examples include what MUAC cut-offs are appropriate as admission criteria for programmes for pregnant or lactating women? How is response to treatment being measured? Many programmes opt for a MUAC cut off of 210mm to define acute malnutrition in pregnant or lactating women, but studies on pregnancy outcomes, such as low birth weight and maternal mortality, suggest a higher cut-off may be more appropriate. More research is needed to guide evidence-based programming.

A discussion of whether it is appropriate to use length/height to estimate the age of 6-59 month old children in population-based surveys or to screen individuals for eligibility for therapeutic feeding led to a consensus of opinion that length/height is not sufficiently accurate as a proxy measure of age. Younger children are much more likely to be wasted than older children, and older children are much more likely to be stunted than younger children.

For surveys, the use of length or height underestimates the prevalence of wasting and overestimates the prevalence of stunting.

With regards to eligibility for therapeutic feeding, length/height often excludes children from treatment who are above six months old but are stunted. This is worrying as there is now good evidence that these children have a high risk of death and do respond to treatment when given RUTF.

The consensus from the discussion is that the construction and use of a local calendar to determine a child's age and eligibility for a survey or therapeutic feeding programme is much better than using length or height.

Other discussions in the Assessment Forum have included how to measure and assess undernutrition and vulnerability in older people, leading to a call for greater research and guidance on this neglected population group; and the use of different cut-offs for assessing undernutrition in different contexts and countries.

For more information on these discussions, see http://www.en-net.org.uk/

Revisiting Sphere: new standards of service delivery for new trends in protracted displacement

Summary of research[1]
Source: FEX 41, p17
http://fex.ennonline.net/41

Protracted refugee situations (PRS)are those in which refugees find themselves in a long-lasting and intractable state of limbo. According to a recently published paper, refugee numbers are on the increase and the proportion of refugees that have been displaced for five years or longer has risen, as has the average length of time people spend in protracted displacement. Authors argue that these trends requires a new Sphere standard as current standards were developed to address situations of acute emergency.

Authors identify gaps in Sphere with respect to PRS in reproductive health, nutritional choric disease, mental health, capacity building and facilitating sustainable solutions. Additionally, they suggest that appropriate nutrition standards and indicators for PRS should be developed and included. They conclude that an evidence base examining the determinants of health for PRS is the first step. Following this, it is suggested that a multi-agency review is needed with the aim to agree upon a set of standards for PRS contexts

[1] McDougal. L and Beard. J (2011). Revisiting Sphere: new standards of service delivery for new trends in protracted displacement. Disasters, volume 35 (1), pp 87-101, 2011

Article summaries

ACH/Guinea, 2010

A family enrolled in the cash transfer programme

Effects of a conditional cash transfer programme on child nutrition in Brazil

Summary of published research[1]
Source: FEX 42, p15
http://fex.ennonline.net/42

The Bolsa Familia programme (BFP) in Brazil is the world's largest conditional cash transfer (CCT) programme, reaching 11 million families (25% of the population). The programme guarantees direct cash transfers to families in poverty or extreme poverty (household income per capita below US$44 and below US$22 respectively in 2005-6), families with children 0-15 years of age and families with a pregnant or lactating woman.

To stay in the programme, families must follow key health and education requirements:

i) For families with children 7-17 years old, children must attend school 85% of the time (or more).
ii) For families with pregnant women, breastfeeding mothers or children under seven years of age, they must use specific health care services including pre-natal care, vaccination, and health and nutrition surveillance.

A recent study looked at the association between the BFP and the nutritional status of children. Analysis of cross sectional data found that the programme seemed to have a significant effect on stunting and underweight but not on wasting. Families in the programme were 26% more likely to have normal height-for-age and weight-for-age children than families with children not in the programme. Looking at different age groups, children 12-35 months old and 36-59 months old were 19% and 41% more likely to have normal height-for-age (respectively).

The authors conclude that the BFP can lead to better nutritional outcomes in children between 12-59 months of age, but no difference in children 0-11 months of age. However, longitudinal studies designed to evaluate the impact of the BFP are necessary to determine if the nutritional effects observed in the study can be attributed to the CCT programme. Furthermore, there is a need to guarantee families in the BFP increased access to goods and services conducive to improved nutrition, which should in turn result in improved health.

[1] Paes-Sousa. R, Santos.L and Miazaki. E 2011). Effects of a conditional cash transfer programme on child nutrition in Brazil. Bulletin of the World Health Organisation 2011; 89: 496-503. Published online: 29th April 2011

ACH, Guinea/2010

Cash for work programme in action

Cash-for-work in urban setting in Guinea

Original article by Damien Helleputte and Julien Jacob
Source: FEX 41, p26
http://fex.ennonline.net/41

Accion Contra el Hambre (ACF-E) is implementing a cash-for-work (CFW) project to reduce food and economic vulnerabilities of the poorest community groups in Conakry, Guinea.

A CFW project was designed for this urban context because 95% of households purchase most of their food and markets are functional and are well supplied. The vulnerable population report that a lack of financial resources is why they have difficulty accessing food.

Households below the poverty line are targeted for the CFW programme. Women and 'young' headed households as well as households with a malnourished child are given priority.

Programme beneficiaries collect waste/rubbish one day a week and are provided with a monthly cash distribution of approximately 24 Euros (2.50euro/day for eight days over a two month period).

Two cycles of CFW have been held since the beginning of the project. The impact of the programme on food consumption and household income has been measured during each cycle.

Results

Monitoring data show that there was a greater impact of the cash transfer on food consumption than on beneficiary income. The two main indicators used to measure this impact were the food consumption score (FCS) and the frequency of food consumption (number of meals consumed per day).

During both cycles, the FCS increased after payment to the beneficiaries. The proportion of beneficiaries with 'poor' or 'borderline' food consumption dropped from 49% to 24% during the second cycle. Quality of beneficiary diets also improved with an observed increase in the consumption of proteins and dairy products.

The frequency of food consumption also increased. The number of households consuming one meal decreased, while a greater proportion of households consuming two or three meals increased. The use of coping strategies, such as eating less preferred foods or reducing the amount of food per meal, to address food insufficiency significantly decreased after the money transfer.

Two key lessons are identified from the study:

- Precise information on the socio-economic status of beneficiaries is required in the planning stage so that the appropriate amount of cash to meet needs is identified.
- The impact of the cash transfer is most easily measured by indicators related to food consumption or coping mechanisms rather than through income related indicators.

The authors recognise that while the programme has had a positive impact on food security, the effect is only temporary and additional activities, such as small scale gardening and/or income generating activities, are required to sustain improvements over the long-term.

Cash for work programme beneficaries

ACH/Guinea, 2010

Emily Sloane/S Sudan, 2009

A tea shop in Southern Sudan

Cash supported income generation activities in Southern Sudan

Original article by Emily Sloane and Silke Pietzsch
Source: FEX 41, p52
http://fex.ennonline.net/42

South Sudan continues to face periods of food insecurity and levels of acute malnutrition remain high. To assist households to create sustainable income in order to support access to food and stabilise livelihoods in the long term, ACF USA implemented a cash-based income generation project (IGP).

The target group included households with children in ACF's outpatient therapeutic programme (OTP), internally displaced persons (IDPs) or returnees, and vulnerable host population households.

Groups interested in the programme submitted business plans. Those with viable plans were selected. Cash grants were distributed in two instalments to selected groups.

Results

Household diet diversity improved in some areas but not in others. The final assessment was conducted in the hunger season, which could explain this.

Overall, 94% of beneficiaries reported that their household food security had improved.

MUAC results of children under five in beneficiary households also improved. Over half of the children measured (54%) had MUAC measurements of 135mm or above in September 2010 compared to 24% in March 2009.

A slightly modified Coping Strategy Index was used to assess relative food security. A general improvement was suggested in all programme areas.

Learning and recommendations

- The most vulnerable may struggle in an IGA due to the necessary human, financial and physical capital required. Future projects may need to include some type of safety net or additional support to these households.
- Motivation should be included as a criterion for selecting beneficiaries.
- Sufficient resources should be devoted to training to ensure that it is relevant to beneficiaries needs.
- Optimal timeframe for an IGA programme is 18-24 months to allow for implementation and follow-up.
- IGAs in South Sudan can be successful and might contribute to improving nutritional status.

Emily Sloane/S Sudan, 2009

A mat making business in Southern Sudan

Conference on government experiences of CMAM scale up, Ethiopia 2011

Source: FEX 42, p58

The Emergency Nutrition Network (ENN) in collaboration with the Government of Ethiopia hosted a conference to capture government experiences of scale-up of CMAM in Addis Ababa, 14-17th November, 2011.

The purpose of the conference was to provide a forum for the discussion of issues relating to national scale-up of CMAM from a government perspective. Senior government representatives from 22 African and Asian countries participated in the conference, in addition to representatives from UN agencies, non-governmental organisations, academia, bilateral donors, foundations and individual experts.

The first three days focused on CMAM scale up. Nine countries with experience of scale up (Ethiopia, Pakistan, Niger, Somalia, Kenya, Ghana, Sierra Leone, Malawi, and Mozambique) shared experiences for discussion based on carefully constructed case studies. The India delegation shared particular considerations around CMAM scale-up. Day four considered the findings of the CMAM experiences in the context of the Scaling Up Nutrition (SUN) movement.

A synthesis paper highlighting common themes and a meeting report are available on the conference and ENN websites: **www.cmamconference2011.org** and **www.ennonline.net**. Film footage of many of the speakers, presentation summaries and background information are also available on the conference website. A Special Issue of Field Exchange (number 43) will focus on the country case studies and conference proceedings.

Draft Guidelines for the Marketing of Ready to Use Supplemental Foods for Children

Source: FEX 41, p47

The United Nations Standing Committee on Nutrition (UNSCN) along with a constituency of Non-Governmental/Civil Society Organisations has drafted guidance to govern the marketing of ready to use supplemental foods (RUSFs).

The guidelines suggest that RUSFs should represent only a small portion of a child's diet and be used for a relatively short period of time to provide some missing nutrients. The authors believe that RUSFs should not be marketed to the general public or be used in programmes to 'prevent' malnutrition. Commercial marketing of these products has already started and the authors hope that the guidelines are a start at preventing any unethical marketing that has been widespread in some countries for breast milk substitutes.

*The content of the guidelines was shared on En-net (**www.en-net.org.uk**) for comment. Further comments and contributions are welcome, either through en-net website or Field Exchange directly **office@ennonline.net***

Study on New Corn-Soy Blend (CSB++) for Treatment of Moderate Acute Malnutrition (MAM) among Children in Malawi

It is estimated that 35 million children suffer from MAM worldwide. In response to a need for alternative, effective, and affordable supplementary foods for children with MAM, the World Food Programme developed a new corn-soy blend recipe fortified with oil and dry skim milk called "CSB++." In a recent FANTA-2 study in Malawi, a locally produced CSB++ was compared to both a locally produced soy ready-to-use supplementary food (RUSF) and an imported soy/whey RUSF for a group of children aged 6–59 months with MAM.

Children who received CSB++ required two days longer to recover and gained slightly less weight than the children receiving the other RUSFs though the recovery rate for the CSB++ was similar to that of the soy RUSF and the soy/whey RUSF. This study has been published in the American Journal of Clinical Nutrition and is available at no cost on the FANTA website **http://www.fantaproject.org/publications/ajcn_Jan2012.shtml**

Review of CMAM Implementation in West Africa: Summary Report

FANTA-2 has conducted reviews of community-based management of acute malnutrition (CMAM) implementation in four West African countries (Burkina Faso, Mali, Mauritania, and Niger). A summary report of these four reviews has been written. The summary report highlights the findings and key determinants to achieving maximum impact of CMAM integration, scale-up, and quality improvement. It also documents optimal practices, constraints, and practical recommendations.

The review is available to download in English and French at **http://www.fantaproject.org/publications/CMAM_WestAfrica_2011.shtml**

Minimum Reporting Package for Supplementary Feeding Programmes (SFPs)

A review of SFPs in 2008 highlighted inadequate reporting standards and raised concern over the quality of the interventions. In response, ENN and Save the Children (UK) led the development of a Minimum Reporting Package for SFPs (MRP). The MRP includes monitoring and reporting guidelines, software/database, database user manual and data collection forms.

The MRP was piloted in four countries and it is being rolled out in more than 30 programmes. A Save UK team provide support to programmes.

Key expected benefits of the MRP are:

- Increased timely monitoring and reporting capacity of implementing partners and thus higher quality performance and impact
- Enhanced accountability to beneficiaries and donors
- Facilitation of programme supervision and cross programme/agency comparisons
- Lessons learned through an end-of project analysis

It is expected that agencies will continue to use the MRP beyond 2012.

For more information, contact Vicky Sibson **v.sibson@savethechildren.org.uk**

CMAM Forum

The rapid expansion of Community-based Management of Acute Malnutrition (CMAM) into diverse contexts as well as the growing demand to share related information has prompted the creation of an information sharing forum. Steps to set up the CMAM Forum were taken in 2011.

The objective of the Forum is to establish a robust information sharing mechanism to strengthen quality management of acute malnutrition through consolidating the evidence-base, promising practices, and lessons learnt.

A website is being developed (which should be live in April/May 2012) and members will be able to contact other members to share experiences. An on-line library of documents will also be established. All are welcome to join.

For more information, contact Nicky Dent and Rebecca Brown at **cmamforum@gmail.com**, **r.brown@actionagainsthunger.org.uk** or **nicky@validinternational.org**

Review of the Integration of CMAM into the Ghana Health System

In 2009, as part of initiating the community-based management of acute malnutrition (CMAM) approach in Ghana, a Severe Acute Malnutrition Support Unit (SAM SU) was established to provide technical assistance countrywide as CMAM scaled up. Each region in the country has started implementing CMAM services in one or two districts at a small number of outpatient and inpatient care sites. These serve as learning sites to inform gradual scale-up to other districts.

FANTA-2 has conducted a review of CMAM activities at the learning sites. The objectives of the review were to assess the integration of CMAM services into the learning sites, assess learning sites' performance, review recent plans and initiatives to scale up CMAM in Ghana, and provide recommendations for strengthening those plans.

The review is available to download at **http://www.fantaproject.org/publications/Ghana_CMAM_2011.shtml**

UNHCR Operational Guidance for use of special nutritional products

Source: FEX 41, p43

In 2009, UNHCR developed a strategy, which aims to reduce anaemia and other micronutrient deficiencies in refugee populations. It includes the use of different food supplementation products (FSPs) including micronutrient powders (MNP) and lipid-based nutrient supplements (LNS) in addition to other interventions.

In rolling out the strategy, UNHCR identified the need to improve the assessment of micronutrient malnutrition, acute and chronic malnutrition and to improve the design of programmes to address these problems in acute emergency and protracted emergency situations.

The Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations (referred to as the OG) was developed by an ENN Team in coordination with UNCHR. The OG assists country staff to deal with the challenges in designing, implementing, monitoring and evaluating programmes using new FSPs.

The OG builds on existing frameworks and guidelines (most notably the UNHCR/WFP Selective Feeding Guidelines, 2009) though expands to provide guidance on the new MNP and LNS that are currently being used (or being considered for use) by UNHCR.

The focus of the OG is on children 6-59 months of age though it can be used for older age groups.

The OG outlines how micronutrient malnutrition can be improved in refugee settings through six stages of programming as shown in figure 1 below.

For more information, contact Caroline Wilkinson or Allison Oman, **HQPNH@unhcr.org**

Figure 1: Six stages of the Operational Guidance

WFP, Shezad Norrani/Bangladesh, 2009

Mother feeding her children, Bangladesh

Scaling-Up Nutrition (SUN)

Source: SUN website AND FEX 41, p45

The Scaling-Up Nutrition (SUN) movement is a response to the continuing high levels of under-nutrition in the world and the uneven progress towards the Millennium Development Goal (MDG) - set in 2000 - to halve poverty and hunger by the year 2015. SUN supports government implementation of nutrition, with a focus on 13 evidence-based direct nutrition interventions and a number of indirect interventions. SUN has been endorsed by more than 100 organisations.

A SUN Road Map has been developed which includes recommendations for SUN stakeholders at local, national and regional levels on how to scale up nutritional outcomes relevant to the realisation of the MDGs. The Road Map is being translated into action over the next three years, in an effort called the 1,000 day movement.

For more information, visit
http://www.unscn.org/en/scaling_up_nutrition_sun/sun_purpose.php

Harmonised Training Package (HTP) – NEW MODULES coming mid-2012!

The HTP is a resource package of 21 modules containing technical information, training exercises and a resource list on nutrition in emergencies. It is designed to aid course development and individual learning. The HTP is widely used by the Nutrition Cluster and its member agencies as a key resource.

The HTP modules have recently been updated. Version 2 of the modules is available in Microsoft Word and a print friendly pdf version. To download, visit
http://www.ennonline.net/htpversion2/modules

Two new modules on 'Gender' and 'Older People' in Emergencies are being developed and will be available by mid-2012.

A brief on the Bangladesh Nutrition Programme

In Bangladesh, 43% of children under the age of five are stunted, 41% are underweight, 17% are wasted, and 1 in 5 infants are born with a low birth weight. To address this, the Chars Livelihoods Programme (CLP) has just started a 3.5 year integrated nutrition project targeting about 67,000 beneficiaries in collaboration with two other DFID-supported programmes and with Alive & Thrive, a Gates funded multi-country project, providing technical assistance.

The programme will support the following services:

- Nutrition education sessions and home visits
- Iron/folic acid tablets for pregnant and breastfeeding women and adolescent girls
- Micronutrient supplementation for children under two years of age
- De-worming tablet and suspension
- Identification and referral of children with severe acute malnutrition
- Facilitation of related government campaigns
- Initiation of breastfeeding within one hour of birth, colostrum feeding, exclusive breastfeeding, complementary feeding and continued breastfeeding.

The project will be managed by CLP. CLP NGOs will provide training support to frontline workers, field logistics and local staff management.

For more information please contact Dr. Omar Faruk, Health Coordinator at CLP, Bogra, Bangladesh.
Email: **faruk@clp-bangladesh.org**; **omar_frk@yahoo.com**
Cell: +88-01715151434

Coverage Monitoring Network project

The Coverage Monitoring Network (CMN) Project is an inter-agency initiative with an aim to strengthen the capacity of the nutrition sector to design, implement and mainstream coverage assessments. Agencies involved include ACF, Save the Children, Concern Worldwide, International Medical Corps, Helen Keller International and Valid International. The project will provide free technical support to nutrition programmes around the world from mid-2012. For more information, go to **www.coverage-monitoring.org**

International AIDS conference, Washington DC, July 22nd – 27th

The International AIDS Conference is the main gathering for those working in the field of HIV, as well as policy makers, persons living with HIV and other individuals committed to ending the pandemic. It is a chance to assess progress, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward.

The AIDS 2012 programme will present new scientific knowledge and offer many opportunities for structured dialogue on the major issues facing the global response to HIV. For more information visit
http://www.aids2012.org

Experiences of the Emergencies Regional Training Initiative

Original article by Abigail Perry, Jessica Meeker, and Andrew Seal
Source: FEX 42, p50
http://fex.ennonline.net/42

A number of reviews over the past few years have highlighted the lack of capacity to prepare for and respond to emergencies effectively. A number of projects have been developed to help address this gap including the development of the Harmonised Training Package (HTP) , nutrition cluster coordinator training, an in-service and pre-service training on Nutrition in Emergencies (NIE) and the development of professional short courses in NIE. This article highlights issues and learning from the nutrition in emergencies regional training initiative (NIERTI).

The NIERTI aims to increase the availability of high quality training in emergency nutrition for relatively senior national and international nutrition practitioners. Training is implemented in partnership with three academic institutions: American University of Beirut in Lebanon, the University of Makerere in Uganda and the Asian Disaster Preparedness Centre in Thailand, and aims to be financially sustainable and maintained by partner institutions.

The training package was based on the HTP and includes a one-day simulation exercise. The three initial trainings cost between $200-250 per day per participant. 67 participants have completed the training so far. Feedback on the training was positive and post-training assessments indicated increased knowledge. Training institutions have already planned additional courses. All of this suggests the initiative was successful in adequately training individuals and supporting institutions to integrate the course into their curricula.

However, this initiative highlights a number of issues that will need to be considered if further progress is to be made in addressing the lack of capacity in the sector.

- **The cost of capacity development.** The course fee is prohibitively high for many individuals. Due to the limited number of qualified NIE trainers, fees and their travel as well as room and board contribute to the high cost. Increasing national academic capacity in this area would be one solution.
- **Providing practical training in NIE.** Participants highlighted the importance of the field-based training and the simulation to allow participants to practically use knowledge gained in courses.

A Perry/NIETN, Uganda, 2011

Part of the group work in the Uganda training

- **Standardisation of training and the need for professional competencies.** There is a lack of a common understanding of the competencies required by NIE staff. NIERTI (and other) courses on NIE are of different lengths and cover different topics. One way to address this would be to adopt a more systematic, competency-based approach.

The NIERTI has taken initial steps to develop a competency framework for NIE; it will be available soon.

NIERTI will work to maintain the quality of training provided under the NIERTI umbrella. Any organisation that wishes to run a course based on NIERTI training material is free to do so as long as they can guarantee they will be delivered to a high standard.

For upcoming NIERTI courses, see Training section. For more information on NIERTI email, **nierti@nietraining.net**

[1] See section on Tools and Training for more information on the HTP

Upcoming Special Issues of Field Exchange

In the next year, Field Exchange will produce two special issues focusing on programming experience 1) in urban contexts and 2) with older people.

Please contact Marie McGrath, **marie@ennonline.net** if you have experiences to share or are interested in more information.

Calling all nationals working in Nutrition or Public Health

Are you interested in publishing an article in Nutrition Exchange? We are looking for submissions of 400-600 words that describe a nutrition programme experience or related research. Please contact us for more information at office@ennonline.net

NUTRITION Exchange

Tufts Feinstein International Centre – sign up for publications!

The Feinstein International Center conducts research on the politics and policy of aiding the vulnerable, on protection and rights in crisis situations, and on the restoration of lives and livelihoods.

Sign up to receive alerts for new publications
https://elist.tufts.edu/wws/subscribe/feinsteincenter

Follow on Twitter: ***Follow @FeinsteinIntCen***

Tools

MOYO Weight-for-Height Chart

FEX42 p 54

The MOYO chart is a low cost and user-friendly slide chart for looking up weight-for-height in children. It has been specially designed to help health workers correctly assess and interpret a child's weight-for-height based on WHO Child Growth Standards. The MOYO chart was field tested in Ethiopia and was found to be easier to use than the standard weight-for-height charts and enabled significantly more accurate assessment of nutritional status.

The tool is available for purchase from Teaching Aids at Low Cost (TALC): **www.talcuk.org** or email: **info@talcuk.org**

Standardised training package on SMART methodology

Action Contre La Faim (ACF) Canada, with support from the Global Nutrition Cluster, has released both an English and French version of the Standardised Monitoring and Assessment of Relief and Transitions (SMART) Methodology Standardised Training Package (STP).

The STP provides survey teams with a standardised means of preparing themselves on how to use SMART. The tool can be applied in different contexts for persons with different levels of skills. It contains easy-to-follow presentations, simple exercises, trainer's tips, videos and assessment tools.

To access the free training package, register at **http://www.smartmethodology.org**

CMAM Costing Tool

Food and Nutrition Technical Assistance (FANTA)-2 has developed a Microsoft Excel-based application that estimates the costs of implementing community-based management of acute malnutrition (CMAM) at the national, sub-national, and district levels. Users enter country-specific data including prevalence of malnutrition, distance between facilities, and prices of goods. The tool processes these to calculate resource requirements for a geographic region selected by the user.

The tool is available to download at
http://www.fantaproject.org/publications/CMAM_costing_tool.shtml

Government of Sudan CMAM Training Course and Materials on Inpatient Management of SAM

Food and Nutrition Technical Assistance (FANTA)-2, in collaboration with national partners in Sudan, adapted and built on the World Health Organisation, Government of Sudan, and other documents to develop training materials for inpatient management of severe acute malnutrition (SAM). The training course focuses on inpatient care, but it is aligned with the community-based management of acute malnutrition (CMAM) approach in the Sudan context. Materials are designed for physicians, nurses, and nutritionists in hospitals in Sudan. Materials include a set of training modules; training guides; job aids, forms, checklists, photographs, videos, slide presentations, planning documents and suggested additional reading.

To download these free materials visit
http://www.fantaproject.org/publications/sudan_CMAM_IC_2011.shtml

Integration of IYCF support into CMAM

ENN and the Nutrition Policy and Practice Group have developed a training package on the Integration of IYCF into CMAM in 2008. The package includes facilitator notes and participants handouts. It is available in English and French at **http://www.ennonline.net/resources/722**

UNHCR/F. Courbet, Ethiopia, 2008

Eritrean refugees in Shimelba refugee camp, Ethiopia

Asad Zaidi/UNICEF, Pakistan, 2005

A mother and child cooking in a camp, Pakistan

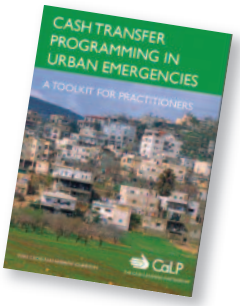
Sylvie Chamois/Ethiopia, 2009

Mother and child waiting for admission to the OTP in Ethiopia

Toolkit for Cash Transfer Programming in Urban Emergencies developed by the Cash Learning Partnership (CaLP)

This toolkit brings together the collective knowledge of best practices, key issues in programming, and adaptations of cash transfer program methodologies for urban settings.
Some of the tools available for download:

- Sample Urban Household Survey
- Sample Urban Assessment Reporting Format
- ICRC Cash and Voucher Response Analysis Flow Chart
- Sample Vulnerability Criteria Prioritisation Flow Chart
- Sample Household Applications with Beneficiary Selection Criteria
- Template for Evaluating Options of Transfer Mechanisms
- Monthly Price Monitoring Form
- Vendor Monitoring Form
- Sample Format for Programme Evaluation



Soon to be available in French!

To download the free Toolkit, visit the CaLP website: **http://www.cashlearning.org/resources/library/251-cash-transfer-programming-in-urban-emergencies-a-toolkit-for-practitioners**

Concern/Niger, 2010/11

Mobile cash transfer programme in Niger

Global Nutrition Cluster training materials

RedR (a UK based training agency) was commissioned to develop a training package on national level Cluster coordination for Cluster partners. This has been implemented in South Sudan, Sudan, Niger and the Democratic Republic of Congo (DRC). Trainings in Afghanistan, Somalia, Yemen and Chad are scheduled for 2012. The training package will be available on the GNC website (**http://oneresponse.info/GlobalClusters/Nutrition/Pages/default.aspx**) mid-2012.

Additionally, the International Medical Corps facilitated a training for global cluster partners in Geneva in March 2012 to increase the understanding of Cluster Partners on Humanitarian reform and cluster approach; the roles, responsibilities and accountabilities of cluster lead agency, clusters coordinators and cluster partners; and management processes for effective cluster performance. Materials are now available and can be shared with partners if they would like to replicate this type of training for their own staff.

For more information on GNC related training materials and trainings, contact Josephine Ippe, **jippe@unicef.org** or Bertrand Desmoulins, **bdesmoulins@unicef.org**. For more information on IMC facilitated trainings and related materials contact Caroline Abla, **cabla@InternationalMedicalCorps.org**.

Indrias Getachew/Ethiopia, 2010

Health Extension Worker providing health and nutrition education in Ethiopia

Training

Nutrition in Emergencies Regional Training Initiative (NIERTI)

The NIERTI conducts 6 to 12-day Professional Short Courses in Nutrition in Emergencies training, which have been designed to equip participants with the expertise needed to lead or support nutrition responses. The courses intend to build the skills of anyone who is involved with emergency nutrition, including health and food security staff, and general programme managers. In addition to providing the most up-to-date technical guidance on NIE, a range of training techniques are used to help participants think more practically about what they would need to do to prevent and treat malnutrition during an emergency.

The course materials are based on the Harmonised Training Package (HTP v2).

Upcoming trainings
June 2012: The American University of Beirut will be running a Professional Short Course in NIE from the 4th to the 15th June, 2012.

October 2012: The Asian Disaster Preparedness Center will be running a Professional Short Course in NIE from the 8th to the 20th October, 2012.

For more information and applications for the different courses visit: **http://www.nietraining.net/**

Also, view and 'like' NIERTI on Facebook! **http://www.facebook.com/pages/Nutrition-in-Emergencies-Regional-TrainingInitiative/288736921165428**

SCUS/FIC/Bangladesh, 2009

Measuring MUAC in Banladesh

Nutrition in Emergencies course, Westminster University, London, UK, 2nd – 6th July 2012

This is an intensive five day course designed to introduce participants to best practice in Nutrition in Emergencies.

The aim of the course is to give participants an overview of nutrition in humanitarian emergencies, including types of malnutrition, both direct and underlying causes of malnutrition, how malnutrition is measured, and common nutrition interventions.

Trainers and facilitators are all experienced in the humanitarian sector.

For an application form visit **www.westminster.ac.uk/course-nie** or email: the Short Course Administrator at **LSRegistry@westminster.ac.uk**

Shamsuddin Ahmed/IRIN, Bangladesh, 2007

Women head for a nearby flood shelter in Bangladesh

On-line Certificate, Diploma and Masters courses in Food Security

The Food and Agriculture Organisation (FAO) of the United Nations and Universidad Oberta de Catalunya (UOC) have jointly developed several on-line Certificate, Diploma and Masters courses in Food Security.

1) **Online Certificate courses**
   a. Food Security: Assessment and Action in English and Spanish
   b. Understanding the Right to Food*
   c. Food Systems Analysis *
   d. Impact Assessment on Food Security Programs
   e. Food and Society

2) **Online Postgraduate Diplomas**
   a. Food Security and the Right to Food
   b. Food Security Programme Management based on the e-learning course: "Assessing Impact of Development Programmes on Food Security"
   c. International Agri-Food Policy
   d. Food Systems and Governance*
   e. Food Systems Analysis*

3) **Master´s degrees**
   a. Food Systems, Society and International Food Governance
   b. Food, Culture and Territory

All courses start in March or October. All courses are in English and some (denoted with *) are also offered in Spanish.

For more information visit **http://www.uoc.edu/masters/eng/master/web/_mostrarTodos/** (look under Food Systems, Culture and Society) or contact **fxmedina@gmail.com**

©UNICEF/NYHQ2009-0610/Noorani

A woman feeds her niece with rice fortified with multiple micronutrient powder, Bangladesh

Assessing Public Health in Emergency Situation (APHES), 02-13 July 2012

The Universite Catholique de Louvain offers this annual summer course in Brussels, Belgium. Dates for 2013 to be announced in October.

This course aims to familiarise professionals with epidemiological techniques to determine impacts of disasters and conflicts. The course will introduce participants to the methods and tools of epidemiology in the context of emergencies and the different uses of quantitative tools for the assessment of health needs in populations affected by catastrophic events. Topics covered will include malnutrition, mortality, morbidity and population displacement.

The course is a combination of theoretical presentations, practical case-studies and a simulation exercise.

A university certificate will be awarded to students who successfully complete the course and evaluation.

This course is open to professionals at the level of field officer, preferably with some experience in the humanitarian and emergency management sectors.

This course will also be offered in 2013, details on the 2013 course will be available on the APHES website in October 2012. For more information visit **www.aphes.be**

B Cichon/Philippines, 2010

Length measurement of a child, Philippines

Tufts UNIVERSITY | Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

Tufts University, Boston, USA

Tufts University Friedman School of Nutrition offers several degree programmes as well as online certificates in nutrition and humanitarian topics http://www.nutrition.tufts.edu/academics/fpan

Two-year Master of Science Nutrition with a specialisation in Humanitarian Assistance (Boston, USA)
The Food Policy & Applied Nutrition (FPAN) Programme offers a multidisciplinary curriculum in nutrition science, statistics, economics, and food policy. Graduates possess the skills and knowledge to make an impact on food and nutrition programs and policies in the United States and around the world. Three specialisations – Food Policy and Economics, Nutrition Interventions, and Humanitarian Assistance – provide advanced theoretical and applied knowledge for positions in government, research institutions, international agencies, the non-profit sector, and the food and agricultural industries.

For more information visit http://www.nutrition.tufts.edu/academics/fpan

One year Master of Arts in Humanitarian Assistance (Boston, USA)
The program is geared toward mid-career professionals who have significant field experience in humanitarian action. It offers an academic setting to further knowledge and skills in the areas of nutrition, food policy, and economic, political, and social analyses as they relate to humanitarian action in famines, complex emergencies, and other disasters.

For more information contact Kristin.Carnes@tufts.edu or visit http://go.tufts.edu/MAHA

Sixteen month Master of Nutrition Science and Policy (in United Arab Emirates)
The Master's Degree of Nutrition Science and Policy is a sixteen-month academic programme consisting of eight courses, a thesis and a ten day intensive residency period in Ras Al Khaimah, United Arab Emirates. The latest distance learning methods and technologies are used for the course. Building on the Friedman School's joint emphasis on both science and policy, the degree adds a new focus on nutrition and public health issues and challenges in the Gulf, Middle East, North Africa and South Asia.

For more information see: http://www.nutrition.tufts.edu/academics/mnsp

Online certificates
Currently the Friedman School offers three certificates that meet the needs of professionals who wish to deepen their knowledge in order to advance in their careers.

- Applied Positive Deviance
- Nutrition Science and Communication for Public Relations Professionals
- Delivery Science for International Nutrition

For more information see: http://nutrition.tufts.edu/academics/certificate-programs

WFP/Shehzad Noorani/bangladesh 2008

A mother feeds her 2 year old daughter only rice, Bangladesh

Gita Sabharwal/India, 2008

A woman collects drinking water in West Bengal, India

The London School of Hygiene and Tropical Medicine (LSHTM), On-line module on Nutrition

The LSHTM is producing an on-line module on nutrition, free to download from the web by all at no cost.

The module contains four core sessions on the "basics" of nutrition (scale of the problem; causes and consequences of undernutrition; nutritional assessment; global architecture for nutrition) and 14 more sessions covering a wide variety of nutrition-related topics.

The first four sessions will be available mid-2012. The remaining sessions will be available later in the year. For more information and to download the modules when available, visit:
http://www.lshtm.ac.uk/eph/nphir/research/nutrition/programming_nutrition_outcomes_module.html

N Cosgrove/ACF, Myanmar

Children attending a stabilisation centre in Myanmar

Centro de Estudios en Desastres y Emergencias (CEDEM) Madrid, Spain

CEDEM is offering a two week intensive International Disaster Management Course in Madrid, Spain May 21- June 2, 2012.

The course includes participative presentations, student group work and a three day disaster response exercise.

For details and registration, visit:
http://www.cedemformacion.com/index.php?option=com_content&view=article&id=83&Itemid=357
Additionally, the CEDEM language department offers online language courses in English, French and Spanish. Courses are eight weeks long and include exercises corrected by a teacher, videos and other online learning resources.

Emergency Health and Nutrition Capacity Development Initiative

A consortium of organizations is hosting a nutrition emergency training in Burkina Faso to develop the skills of a future pool of French speaking nationals (originating from West Africa), which may be mobilized at times of nutritional emergency.

Organisational partners include the Bioforce Institute, Valid, Concern, Save the Children and Action Contre la Faim.

The project started in December 2011 and will end in September 2013. During this time, a five month training course will be offered to selected candidates of West African origin who are currently in charge of nutrition and health projects. The training will consist of two months theoretical training in Burkina Faso followed by a three month period of practice in the field.

By the end of the two years, the project aims to have trained 40 people and to have found a sustainable economic model for the maintenance in Burkina Faso of a training course in nutrition.

For more information, contact the Project Coordinator, Raphaël Jarrige
rjarrige@actioncontrelafaim.org

WFP/Susannah Nicol/Afghanistan, 2009

Women wait for a WFP general food distribution in Kabul, Afghanistan

Additional information and resources

Resources

The following links and websites can provide you with further information on current events, debates and discussions around nutrition in emergencies.

en-net is a free and open resource to help field practitioners have access to prompt technical advice for operational challenges for which answers are not readily accessible. http://www.en-net.org.uk/

FANTA-2: FANTA-2 works to improve nutrition and food security policies, strategies, and programs through technical support to the United States Agency for International Development (USAID) and its partners. www.fantaproject.org

Humanitarian Practice Network: provides an independent forum for policy-makers, practitioners and others working in or on the humanitarian sector to share and disseminate information, analysis and experience, and to learn from it. www.odihpn.org

NutVal: The planning, calculation and monitoring application for general food aid rations. For more information, software and to join a user group visit the website: http://www.nutval.net/

ProNut (ProNutrition): ProNUTRITION is an information resource that supports health care providers, community health workers, policy makers, and program managers with current, relevant, and practical knowledge and tools for decision-making.
For more information visit the website: http://www.pronutrition.org/

ProNut-HIV: ProNut-HIV is a list-serve that aims to share up-to-date information, knowledge and experiences on nutrition and HIV/AIDS. The topic of the discussion group is nutrition care and support of people living with HIV/AIDS (PLWHA), and the goal is to enhance positive living through proper nutrition care and support by promoting a constructive dialogue between PLWHA, front line workers, researchers, HIV/AIDS specialists and policy makers. For more information visit the website: http://list.healthnet.org/mailman/listinfo/pronut-hiv

United Nations System Standing Committee on Nutrition (UNSCN website):
http://www.unscn.org/

SCN NEWS is a publication issued twice a year by the UNSCN. It provides information on issues of importance and sharing of experiences in the field of international nutrition.

To be added to the SCN News mailing list, please send an email to scn@who.int

Humanitarian News and Country specific information

Global Nutrition Cluster: http://www.oneresponse.info/GlobalClusters/Nutrition

ReliefWeb: http://www.reliefweb.int/rw/dbc.nsf/doc100?OpenForm

AlertNet: http://www.trust.org/alertnet/

FEWSNET (Famine Early Warning System Network): http://www.fews.net/Pages/default.aspx

Osama Damo/Gaza Strip, 2009

A mother and young child in the Gaza Strip

Melody Tondeur/UNHCR/Algeria, 2009

MNP demonstration session in a refugee camp in Algeria

Acronyms

ACF	Action Contra la Faim
BMI	Body Mass Index
BNR	Becoming Non-Responder
CCT	Conditional Cash Transfer
CFW	Cash for work
CMAM	Community Management of Acute Malnutrition
DALY	Disability Adjusted Life Year
DHO	District Health Office
ENN	Emergency Nutrition Network
GHC	Global Health Cluster
GNC	Global Nutrition Cluster
HIV	Human Immunodeficiency Virus
HTP	Harmonised Training Package
IDPs	Internally Displaced Persons
IGP	Income Generation Project
IYCF	Infant and Young Child Feeding
FANTA	Food and Nutrition Technical Assistance
FBP	Food by Prescription
FCS	Food Consumption Score
FSL	Food Security and Livelihoods
FSNAU	Food Security and Nutrition Analysis Unit
HBC	Home based care
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
NC	Nutrition Cluster
NFNC	Zambia's National Food and Nutrition Commission
NGO	Non-governmental Organisation
OFDA	Office of Foreign Disaster Assistance (USAID)
OTP	Outpatient Therapeutic Programme
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PRS	Protracted Refugee Situations
RDA	Recommended Daily Allowances
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCN	Standing Committee on Nutrition
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFH	Weight for Height
WHZ	Weight for Height Z-score
WFP	World Food Programme
WHO	World Health Organization

Glossary

Community-based management of severe acute malnutrition (CMAM) is the approach endorsed in 2007 by the United Nations for the treatment of SAM. CMAM includes community mobilisation and case-finding, outpatient therapeutic care for SAM without complications, inpatient therapeutic care for SAM with complications, and the management of moderate acute malnutrition (MAM) where services are in place.

Severe acute malnutrition (SAM) is a complex medical condition of life threatening undernutrition needing specialised care to save the patient's life. A child under 5 is considered to have SAM if they are <-3 Z-score of the WHO growth standards (2006) or have nutritional oedema.

Global acute malnutrition (GAM) is defined as the percentage of the child population (6 months to 5 years) that is acutely malnourished weight for height < -2 z-score of the median of the WHO growth standards (2006) or have nutritional oedema.

Moderate acute malnutrition (MAM) is a medical condition of significant undernutrition needing additional nutritional support. A child under 5 is considered to have MAM if they are <-2 z-scores of the WHO Growth Standards (2006).

Supplementary feeding programme (SFP) aim to prevent individuals with MAM from developing severe acute malnutrition (SAM) and/or to treat those with MAM and to prevent the development of moderate malnutrition in individuals.

Ready-to-use therapeutic foods (RUTF) are soft or crushable foods that can be consumed directly from the packet by children from the age of six months. The formula for RUTF is specifically designed for the dietary treatment of SAM before the onset of medical complications or when these are under control after stabilisation.

Out-patient therapeutic care programme (OTP) is the term often used for a programme to treat children with severe acute malnutrition without complications in their homes with regular visits to a health facility.

Weight-for-length/height (WFH) reflects body weight in proportion to attained growth in length or height. WFH charts help identify children with low weight-for-height who may be wasted or severely wasted.

P Acharya/WFP, Sudan

Role play as part of the programme in Mukaram

Emergency Nutrition Network (ENN)
32, Leopold Street, Oxford, OX4 1TW, UK
charity registration no: 1115156
company registration no: 4889844
Tel: +44 (0)1 865 324996
Fax: +44 (0)1 865 597669
Email: office@ennonline.net
www.ennonline.net

This second edition of Nutrition Exchange was made possible through the generous support of the American people through the Office for Disaster Assistance (OFDA) of the United States Agency for International Development (USAID) under the Agreement No. AID-OFDA-G-11-00217 to the Emergency Nutrition Network entitled 'Building international and national sectoral and individual knowledge and capacity to respond to emergencies in the food security and nutrition sector'. The content does not necessarily reflect the views of USAID or the United States.