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English

Contents

Cover photos

Front cover: Quechua women with their children. Iñigo Lasa, ACF, Peru, 2010; A cattle worker at the Rual Dinka cattle camp near Rumbek. ©FAO/Jose Cendon, Sudan; Families wade waist high in flood water in the Philippines, to receive family pack distributions. WFP/Veejay Villafranca, Philippines, 2009.
Inside front cover: MUAC measurement of a child in a camp for displaced Chadians, Koukou, Tchad. Valerie Babize/MSF, Tchad, 2007;
Back cover: AC/S. Hauenstein Swan.

What is Field Exchange Digest?

Field Exchange Digest is a digested read of the publication Field Exchange (fex.ennonline.net). About one quarter the size of a typical Field Exchange issue, it offers a snapshot of key articles that have featured in the last year or so. It also includes updated information on references, guidelines, tools and training

Who is it for?

Those working in emergency nutrition and food security or related fields who either do not have the time to read a full Field Exchange article, or prefer to read a less technical version of a programme or research experience. FEX Digest will also introduce Field Exchange to those of you who have not come across it before.

How often is it produced?

Issue 1 is a pilot issue. The ENN are considering an annual publication of FEX Digest depending on feedback received on the pilot issue.

How much does it cost?

Both FEX Digest and Field Exchange are distributed free of charge.

Contacts

To receive print copy or provide feedback on FEX Digest, contact: office@ennonline.net

If you would also like to receive ENNs main publication, Field Exchange, register online at www.ennonline.net/fex/subscribe or contact: office@ennonline.net .

You can access online versions of FEX Digest and Field Exchange at: **www.ennonline.net**

The Emergency Nutrition Network (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

A core output of the ENN is a tri-annual publication, Field Exchange, which is devoted to publishing field level articles and current research and evaluation findings relevant to the emergency food and nutrition sector. Visit www.ennonline.net to access Field Exchange online, register to receive print copies for free, and learn about other related activities and many more resources.

Editorial

The Emergency Nutrition Network (ENN) is delighted to be releasing this new pilot publication-Field Exchange Digest (referred to as FEX Digest). The ENNs long-standing flagship publication Field Exchange (FEX) emerged as an action from an international interagency meeting back in 1996. Its origins mean it has mainly catered for an international audience. This was reflected in an evaluation carried out in 2009 which highlighted that FEX is not as widely used by national level government and agency staff and those working at the sub-national level, yet national level practitioners are critical to effective emergency response. We would like to build a bridge between national practioners and FEX. Field Exchange Digest is a pilot publication designed to help do so, by making the information contained in FEX more accessible and relevant to national policy makers, decisions makers and practitioners in the emergency sector. We hope FEX Digest will also be of interest to those working in allied sectors, like health, child protection, water, sanitation and hygiene, whose day to day work touches on nutrition.

FEX Digest is a summary of important field articles, research and information in the nutrition in emergencies sector from past issues of FEX and is targeted to those working at a national or sub-national level in countries that are prone to emergencies.

The content of the Digest has been informed by interviews with a number of key individuals from five emergency prone countries; Bangladesh, Sudan, Kenya, Niger, and Ethiopia. This pilot issue of the Digest is 24 pages long (one quarter of the size of a typical Field Exchange) and summarises field articles, research and information on the issues currently of most importance in the emergency nutrition sector. These include the prevention and treatment of acute malnutrition, emergency assessments, the use of food and cash vouchers as alternatives to food distributions, protecting and promoting infant and young feeding in emergencies, general emergency programming, specialised food and products as well as an update on the latest guidelines, tools and training that may be of interest to national readers and news on recent developments. Each summary article includes a link to the full article in Field Exchange.

In order to increase access and dissemination of FEX Digest this pilot issue is available in three languages: English, French and Arabic, in either a hard copy or a soft copy which can be downloaded from the ENN website (www.ennonline.net). We have also gathered contact addresses and emails from various national nutrition networks and have created a database of individuals to whom we will mail hard copies. We aim to continually expand this database as more people send us requests for the publication.

We will be evaluating this pilot issue and value your thoughts and comments. A short questionnaire is accessible on-line **http://www.surveymonkey.com/s/fexdigest**. Comments and suggestions will assist in the development of future issues of the Digest.

We hope that you enjoy this new pilot publication and look forward to hearing from you.

Valerie Gatchell and Carmel Dolan
ENN FEX Digest Editors

Article summaries

Decentralisation of out-patient management of severe acute malnutrition in Ethiopia

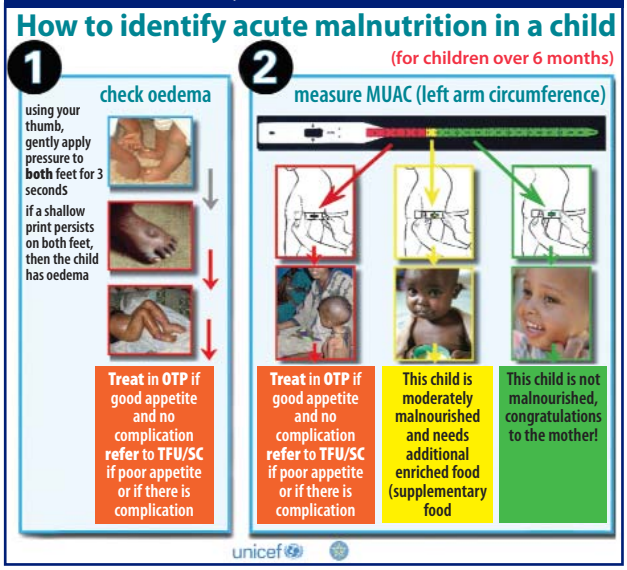
Checking MUAC to determine nutrition status. Reading in the green range indicates child is not acutely malnourished

Indrias Getachew/UNICEF, SNNPR, Ethiopia, 2008

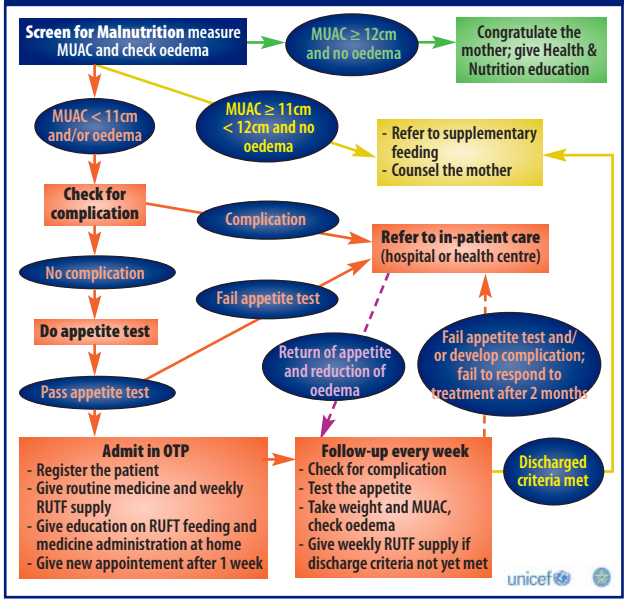
Original article by Sylvie Chamois (UNICEF Ethiopia)
Source: July 2009, FEX Issue 36
http://fex.ennonline.net/36/decentralisation.aspx

This article describes the large-scale roll-out of outpatient therapeutic care in Ethiopia in response to the increased levels of severe acute malnutrition in Ethiopia in 2008.

Box 1: Screening poster developed for the Health Extension Workers, Ministry of Health, 2008



Box 2: OTP flow chart developed for the Health Extension Workers, Ministry of Health, 2008



Due to severe drought and increases in food prices in Ethiopia in May 2008, there was a dramatic and rapid increase in severe acute malnutrition (SAM). In two regions of the country, (Oromia and Southern Nations, Nationalities and People's) an estimated 550,000 children under five were affected by SAM.

The Ministry of Health (MoH) was actively engaged in the emergency nutrition response and concluded that the best way to prevent a high number of deaths due to SAM was to decentralize the management of SAM to the health post/sub-district level. This had not been tried in Ethiopia before.

A strategic action plan was developed outlining how to scale-up activities including the human and financial resources, logistics and supplies required. Simplified guidelines, a trainer's guide and a quick reference manual were developed. The quick reference manual was printed in two local languages for use by Health Extension Workers (HEWs). A training of trainers' course was conducted and supervision and monitoring was supported by UNICEF and implementing partners.

In July and August, all of the HEWs were trained in the identification of SAM (using MUAC and oedema), referral of complicated cases and management of uncomplicated cases of SAM.

By November 2008, 50% of districts targeted were managing Outpatient Therapeutic Programmes (OTPs) in 36% (455) of health posts. The coverage of the management of SAM increased from 38% to 65% in the two affected regions with positive overall performance indicators (recovery, deaths and default rates), though the number of sites providing reports was low (36%).

The main reason for only reaching half of the districts planned was due to the logistical challenges of supplies. Pre-positioning of stocks was not possible due to the global shortage of Ready-to-Use-Therapeutic Food (RUTF). Additional constraints included the short time given to roll out the programme (2 months) and the limited capacity of the District Health Offices to support, monitor and supervise the activities.

The author recommends that in the future:

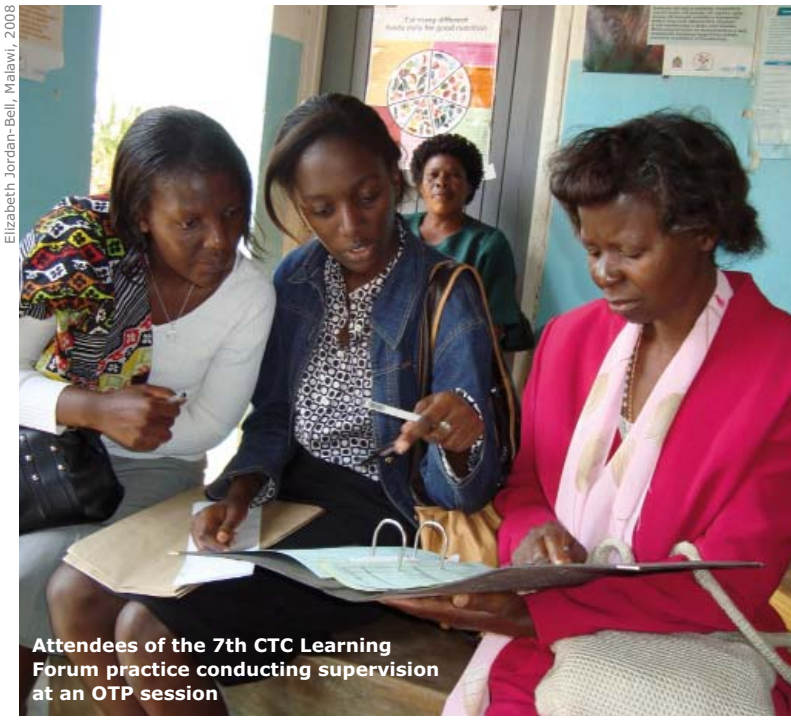
- RUTF and OTP supplies be included in the Essential Commodity List so supplies are available at health posts.
- Health posts supervision check list should include OTP activities.
- TFP/OTP reports be included in national Health Management Information System (HMIS).

Further documentation of this experience is crucial to advocate for changes in the health policy and Master Plan of Logistics to facilitate future emergency response. Active fundraising is required to sustain the costs of this programme.

The Community Therapeutic Care (CTC) Advisory Service: Supporting the Countrywide Scale-up of CTC in Malawi

Original article by Gwyneth Hogley Cotes (Concern Worldwide)
Source: FEX March 2009, Issue 35
http://fex.ennonline.net/35/ctc.aspx

This article describes the national scale-up of Community-based Therapeutic Care (CTC) in Malawi and the supporting role of the CTC Advisory Service (CAS). It also identifies the challenges and learning from the process.


Elizabeth Jordan-Bell, Malawi, 2008

Attendees of the 7th CTC Learning Forum practice conducting supervision at an OTP session

Based on a national review of initial NGO-led CTC programmes, developed in response to a food shortage, the Ministry of Health (MoH) decided to scale-up CTC in 2006 as part of routine health services in all districts in Malawi.

The MoH took on the primary responsibility for scaling up CTC. However, due to limited resources, time, staff and expertise, the MoH partnered with Concern Worldwide to develop the CTC Advisory Service (CAS). CAS acts as a technical arm of the MoH Nutrition Unit to facilitate the scale-up of CTC, while building the capacity of the government to manage CTC.

The CAS was given the mandate to coordinate, monitor and evaluate CTC activities; provide technical support and build capacity for CTC at the national and district level; produce standardised tools and materials used for CTC and continuously advocate for the scale-up and integration of CTC into the health system.

The MoH provides leadership and direction for CAS activities, while Concern Worldwide is responsible for the day-to-day management and administration of activities.

Achievements (2006-8)

- 25 out of 28 districts were supported by CAS to initiate and implement CTC
- The development of a national monitoring and evaluation system
- The development of a team of national CTC trainers and a draft training manual for CTC
- Improved coordination and communication among CTC stakeholders including the development of the CTC Learning Forum which brings together people involved in CTC to share experiences.

Key challenges to scaling up in Malawi included:

- ***Supervision*** – due to a lack of time, staff and accountability. National CTC trainers still require on-going support and mentoring.
- ***Quality*** – a result of poor supervision the quality of service provision was problematic.
- ***Cost*** – of RUTF and supplies. The projected cost of RUTF alone was estimated at 2.6 million US dollars a year.
- ***Integration*** into other health services – for example drug procurement systems and pre-service training for health staff.

Lessons learned

- A separate support unit within the MoH to focus on CTC scale-up issues allowed for the rapid scale-up.
- A clear strategic plan for scaling up and integrating CTC into the health system is needed from the beginning.
- Terms of reference of the support unit need to be specific, including how the responsibilities of management are to be shared. This should be disseminated to all stakeholders.
- The technical support unit needs to emphasize capacity building of local and national partners in all its activities and it is critical that the government is involved in all aspects of the programme from the beginning.
- Capacity building should also include support on logistics, budgeting and monitoring and evaluation, not just training and technical support.

The CAS approach has been working well in Malawi and could be appropriate for other countries but will need to be adapted.

Post-note: Since this article was written CTC has been rolled out to all districts in Malawi with the support of CAS. Many districts now include CTC activities and RUTF in their annual plans and budgets. To ensure adequate, long- term funding, the Ministry of Health is advocating for inclusion of CTC activities and RUTF into the Sector Wide Approach.

Elizabeth Jordan-Bell, Malawi, 2008

Participants of a CAS-supported training give their feedback after a practical field session

CMAM field monitor, Rang Bahadur Nepali, from CDO informing a community in Daudakala, Bardiya district about CMAM

Concern CMAM team, Nepal, 2009

Integration of CMAM into routine health services in Nepal

Original article by Regine Kopelow (Concern Worldwide)
Source: FEX 39, p32
http://www.ennonline.net/pool/files/fex/fx-39-web-reduced.pdf

This article describes a pilot project by Concern Worldwide in collaboration with the Ministry of Health and Population and UNICEF to integrate the treatment of severe acute malnutrition into the existing health system. It highlights initial performance outcomes as well as indicators of integration.

In order to address high levels of SAM in Nepal, Concern Worldwide and the Ministry of Health and Population (MoHP) with UNICEF support developed a pilot project aimed at integrating the treatment of SAM through a Community based Management of Acute Malnutrition (CMAM) approach into the existing health system.

The project aimed to include CMAM services as part of the daily routine of health workers and community volunteers without additional financial incentives. The MoHP supply and reporting structures were used. Monitoring was provided by independent monitors through a local NGO, later incorporated within MoHP activities. A Supplementary Feeding Programme (SFP) was not included in the design but would be added in the case of severe food insecurity.

National pilot protocols and training materials were developed, including pictorial flip charts for mostly illiterate community volunteers.

Children were screened for SAM (MUAC, oedema and WHZ) during routine health checks and referred to the OTP or for inpatient care. Follow up visits occurred every two weeks on the day of the week convenient for the mother.

Field monitors provided technical support during the initial phase. A supervision checklist is used and provides the basis for the quarterly award system to acknowledge good performance.

Concern staff did not screen, refer or treat children. No additional MoHP staff was recruited or financial incentives provided for screening and treatment activities.

Outcomes

Between May and December 2009, over 800 children were treated for SAM. A recent evaluation reported that screening, referral, admission and treatment of SAM children is conducted in line with the pilot protocols and procedures. However, the default rate is high (59%) and coverage is low (less than 50%) suggesting that community mobilisation activities were not adequately prioritised.

Integration

Although the strategy aimed to strengthen existing supply and distribution mechanisms within MoHP, Concern and UNICEF supported this from the beginning to ensure RUTF availability at all times. RUTF and delivery costs have since been incorporated into the district health budget so that outside support for this should no longer be required.

CMAM reports are developed by health centres with support from field monitors and submitted along with their regular health information system reports to the district office. Monthly statistics were initially compiled by Concern but have been handed over to the district statistician.

A picture-based format for recording screening and home visit activities was developed for community volunteers and incorporated into their existing tools. Another form was developed for health facility staff linking the Integrated Management of Childhood Illnesses (IMCI) with CMAM procedures.

Participatory training in food groups conducted by the Concern intern Binita Sadaula in Bardiya district

Deepika Rana, Nepal, 2009

WHO/UNICEF/WFP/UNHCR informal consultation on the management of moderate acute malnutrition in children under 5 years

Summary of a meeting and follow up meeting
Source: FEX 35 p 23
http://fex.ennonline.net/35/who.aspx

The effectiveness of traditional programmes aimed to address moderate acute malnutrition (MAM) has been limited. The prevalence of MAM worldwide is exponentially greater than that of severe acute malnutrition (SAM) and implications of not treating or preventing it are significant. Due to the recent success in decentralising treatment for SAM through the use of a ready-to-use therapeutic food (RUTF), much attention has been placed on the need to achieve better results for MAM children. In order to address this, several organisations have piloted different programme approaches or different commodities to treat and/or prevent MAM. The World Health Organisation (WHO) hosted 2 international consultations on the identification and treatment of MAM in 2008 and 2010 to identify the best way to move forward. Below is a summary of the results of both consultations.

The World Health Organisation (WHO) in collaboration with partners and the Nutrition Cluster held a meeting in Geneva in September of 2008 to discuss what the recommended diet should be for MAM children aged 6 -59 months (further referred to as the MAM1 meeting). Research was presented around four topics:

- Nutrient requirements of MAM children
- Foods and ingredients suitable for use in treating MAM children,
- Dietary counselling for MAM children, and
- Food supplements used to treat MAM children.

Consensus statements were developed and gaps in knowledge were identified for each area. Significant research needs to be conducted to answer the question of what the best diet is for a child with MAM.

To continue to improve programming for children with MAM, participants recommended the following actions in addition to answering the research questions highlighted in the meeting.

- Establish a process to develop specifications for food categories for MAM children and validation of new products for prevention and treatment of MAM.
- Organize a second meeting on improving programmes addressing the management of MAM.

Following the MAM1 meeting recommendations, WHO hosted a second consultation (MAM2) in February 2010 to discuss the programmatic aspects of the management of MAM. The purpose of this meeting was to review the evidence on strategies and programmatic approaches to manage MAM in order to contribute to the process of improving policy guidance and programme implementation in this area.

Presentations and background papers were presented around 4 topics:

1. Identification of MAM and criteria for admission and discharge to treatment programmes
2. Estimated numbers of MAM children
3. Improved management of MAM in various settings
4. Improved monitoring of programmes for MAM

Examples of different RUTF formulations developed by Prof Jeya Henry, Oxford Brookes University 2005

J Henry, Oxford, 2005

Working groups developed consensus statements and identified knowledge gaps and research needs for moving forward.

As a result of the meeting, WHO agreed to develop guidelines for the management of MAM and prioritise research areas. WHO in collaboration with WFP, UNICEF and UNHCR agreed to produce a joint statement on specifications for foods that will also include some of the issues covered in the meeting.

It was recognized that a body is needed to identify and highlight knowledge gaps as well as to coordinate research in the long term.

Post-note: The WHO Nutrition Guidance Expert Advisory Group (called NUGAG) which met in March 2011 reviewed the evidence and made recommendations on updating guidelines on SAM and on developing guidelines on the programmatic aspects of the management of MAM. These recommendations will be finalized in the next NUGAG meeting in November and examined by the WHO Guideline Review Committee for final approval. Principles and recommendations on the specifications for food supplements used in the dietary management of MAM have been developed and are being published.

In order to share information and provide a discussion forum on protocols for operational research, the UN Standing Committee on Nutrition has established an e-based web portal.

The MAMI (Management of Acute Malnutrition in Infants under 6 months of age) project – Key findings and recommendations

Summary of report
Source: FEX 39, p19
http://www.ennonline.net

A young infant enrolled in an ACF therapeutic feeding programme in DRC

ACF, DRC, 2008

The MAMI project was developed to investigate the management of acutely malnourished infants under 6 months in emergency programmes in order to:

- Establish the burden of acute malnutrition in this age-group,
- Identify what guidelines, policies and strategies currently recommend for case management, and
- Determine practice in the field and make recommendations for future practice and research.

Analysis of 21 Demographic Health Survey (DHS) national datasets found that wasting prevalence in infants <6months ranged from 2.0% to 34.1% using WHO Growth Standards.

A review of 14 international and 23 national guidelines for management of acute malnutrition found wide variation in the way acute malnutrition in infants <6months is addressed. Very few guidelines give details of the management of acute malnutrition in infants <6 months or infant and young child feeding/ breastfeeding support. Existing guidelines with strong MAMI components are MSF guidelines 2006, ACF Assessment and Treatment of Malnutrition 2002, and the Infant Feeding in Emergencies Module 2.

Analysis of feeding programme data showed that infants <6 months accounted for 16% of admissions. The mortality of infants <6 months in these programmes was significantly higher than children aged 6 to 59 months. Analysis highlighted that there is a need to standardise data collection and reporting.

The MAMI project suggests that a radical shift in the model for management of acute malnutrition in infants <6 months is needed- towards a community-based approach.

Highlights on Lipid Based Nutrition Supplements and implementing Community based Management of Acute Malnutrition from en-net

Source: FEX 37, p 22
http://fex.ennonline.net/37/ennet.aspx

Visit **www.en-net.org.uk** *for more on these discussions or to post your own questions. En-net is a forum for people to ask technical questions on line and get answers from experienced practioners and experts worldwide.*

en-net

The use of Lipid-Based Nutrient Supplements (LNS), specifically Ready to Use Supplementary Foods (RUSFs), for prevention of chronic malnutrition has raised several questions. The questions have been about the feasibility and appropriateness of the long-term use of these types of food products. The longest periods of use to date have been between 5-8 months. A large-scale UNICEF programme in Somalia has been distributing one type of RUSF called Plumpy doz, to children over a period of 8 months as a supplementary food to prevent malnutrition.

A Ready to Use Therapeutic Food (RUTF) was tested recently in a trial by an agency in Niger and a preventative effect on severe acute malnutrition (SAM) was found. While the use of RUTF in the treatment of SAM is governed by clear guidance and consensus, this extension into the area of prevention is not defined in any current guidance or policy. A limiting factor in the use of these supplements for prevention of malnutrition is the cost of such programmes. RUTFs/RUSFs are expensive. There is a need to develop cheaper products and ultimately local food-based responses and to develop a range of feeding options that minimise the 'medicalisation' of child feeding.

Issues around CMAM have also been raised on en-net including the challenges of setting up programmes and calculating expected numbers, integrating Infant and Young Child Feeding (IYCF) training, and the question as to what extent Sphere standard indicators remain relevant in non-emergency situations.


UNICEF, 2008

Suggested New Design Framework for CMAM Programming

Original article by Peter Hailey and Daniel Tewoldeberha
Source: FEX 39, p41
http://www.ennonline.net/pool/files/fex/fx-39-web-reduced.pdf

This article describes the challenges faced with implementing the conventional CMAM model of programming as an emergency nutrition response, particularly in the context of chronically high acute malnutrition, and suggests a new model that bases the type of response on existing capacity of the health system. Capacity development is a key component of the new model which aims to utilise emergency funding to ensure capacity is developed within the system for the on-going management of SAM.

The management of SAM has traditionally been seen as an emergency intervention with external inputs almost exclusively provided by donors, UN and INGOs. This has resulted in a stop-start approach that often does not reflect the reality of the needs on the ground. In reality there is a lag between assessment and intervention resulting in increased numbers of severely malnourished children in critical situation and part of the crisis period has already passed. There is also a lag in stopping the programme after the crisis.

Resources for programming are often used inefficiently due to these time lags with very limited support to capacity building/strengthening during the emergency and in the phase out period.

The authors outline a new framework that proposes a different way of looking at the management of SAM so that there is better readiness and timely response in times of disaster, and continued capacity building/strengthening and integrated service delivery thereafter. The new framework focuses on estimated caseload and capacity of the public sector instead of using emergency thresholds based on SAM or GAM prevalence to advocate for an outdated conventional response.

The new framework aims to identify capacity gaps and build on this (utilising emergency funding as much as possible) before, during and after times of high caseload. This will allow for appropriate additional support as needed through peak times.

Additional useful references on Acute Malnutrition:

a. WHO/UNICEF/WFP/UNSCN/ Joint statement on Community Based Management of Acute Malnutrition (2007), **http://www.who.int/nutrition/topics/statement_commbased_malnutrition/en/index.html**

b. WHO/UNICEF Joint statement on WHO child growth standards and the identification of severe acute malnutrition in infants and children (2009), **http://www.unicef.org/nutrition/files/stmt_child_growth_sam_final.pdf**


Street yard drama in a programme 'target area'

Food insecurity and child malnutrition in North Bangladesh

Original article by Kimon Schneider, Pranab K. Roy and Dr. Hasan (Terre des Hommes foundation)
Source: FEX 36, p27
http://fex.ennonline.net/36/food.aspx

This article describes the experiences of a Swiss-based NGO, Terre des homme Foundation (Tdh) on maternal and child nutrition programming in Bangladesh and summarises the findings of a national nutrition survey carried out to identify the impact of the food price crisis in the country.

According to the national survey carried out in 2008/09, one in four households in Bangladesh were food insecure while two million children aged six months to five years of age suffered from acute malnutrition (13.5%) of which half a million children (3.4%) had severe acute malnutrition. Almost half of the surveyed children aged 6-59 months were stunted (48.6%), while 37.4% were underweight. Rural areas presented higher rates of all forms of malnutrition.

The main reason for undertaking the survey was to assess the impact of the increase in food prices in Bangladesh in 2008. In Bangladesh the price of rice, the main staple, together with pulses, edible oil and other food commodities, nearly doubled between 2007 and 2008. The survey found that 58% of households claimed they had insufficient food during the previous year and real household income dropped by 12% between 2005 and 2008. At the end of 2008, food expenditure represented 62% of total household expenditure. In order to cope with higher food prices, people have gone deeper into debt. Food insecure households had higher percentages of malnourished children.

Among the causes of malnutrition, the survey identified lack of dietary diversity as a key problem. Almost half of children between 6-24 months did not receive the minimum meal frequency, while two thirds of the same age group did not meet the minimum dietary diversity of four food groups per day. Poor infant and young child feeding practices are major factors contributing to poor nutrition in Bangladesh. For example, complementary foods are introduced inappropriately and with insufficient dietary diversity. Recommendations from the survey report include:

- Strengthen and expand on-going efforts to promote exclusive breastfeeding for the first six months of life and to educate families about optimal infant and young child feeding practices.
- Expand the social safety net interventions and better target areas where malnutrition and food insecurity are most prevalent.
- Food assistance interventions should emphasise micronutrient-enriched foods and improved dietary diversity.
- Provide micronutrient interventions in the worst affected geographic areas to specific age groups, such as adolescent girls, pregnant women and 6-24 month old children.
- Expand therapeutic and supplementary feeding at both facility and community levels, to take care of the large numbers of acutely malnourished children.

The articles continues to describe Tdh Foundation's approach to tackle the high levels of acute malnutrition in its programme areas in Bangladesh. Their strategy has 3 approaches, service provision, health promotion and community awareness and securing the support of formal and informal power structures within the community. The approaches complement each other at facility and community level. Based on further assessments, Tdh Foundation indicates that it's integrated, comprehensive programmes may have had a positive impact on the prevalence of malnutrition in the face of rising food prices.

New Method to Estimate Mortality in Crisis-Affected Populations

Source: FEX 36, p16
http://fex.ennonline.net/36/method.aspx

In emergencies, information on the mortality rates and the causes of death are crucial to guide health and nutrition interventions and monitor their effectiveness. Current methods to collect these data are challenging and require significant resources. In response, FANTA-2 and the London School of Hygiene and Tropical Medicine evaluated an alternative approach to obtaining a population-based estimate of mortality. This approach provides quick estimates of mortality in the population which is more useful for emergency settings.

The report, *A New Method to Estimate Mortality in Crisis-Affected Populations: Validation and Feasibility Study, and three calculators for data analysis* can be downloaded from FANTA-2's website at www.fanta-2.org.

Women carrying grass grown in the Awassa region of Ethiopia, which they sell in the market to get a small income

WFP/Judith Schuler, Ethiopia, 2009

Contextual data collection in nutrition surveys in Ethiopia

Summary of analysis
Source: FEX 37, p13
http://fex.ennonline.net/37/contextual.aspx

This article describes a study that reviewed all nutrition surveys carried out from January 2003 to December 2008 in Ethiopia. The study reviewed the survey objectives, methods, indicators collected and use of non-anthropometric survey data and provides recommendations for the further development of ENCU survey guidelines. The study was carried out by NutritionWorks with the Emergency Nutrition Coordination Unit (ENCU) of the Early Warning and Response Directorate/Disaster Risk Management and Food Security Sector (EWRD/DRMFSS), Government of Ethiopia

Nutrition surveys conducted in Ethiopia by both the government and NGOs collect a wide variety of information. A review was carried out to document what was being collected and to support the development of the Government of Ethiopia's interim Guidelines for Emergency Nutrition Surveys.

The review highlights that while indicators for Vitamin A supplementation coverage, BCG vaccination coverage, measles vaccination coverage and child sickness were defined consistently across surveys, there was no consistency in the other indicators selected, definitions of these or methods of data collection. Additionally, crucial information on the background situation was often not collected in surveys. As a result, it is not possible to compare the survey findings.

The author suggests that it would be useful to develop a core set of contextual indicators and methods of collection as well as reporting formats. This would ensure standardisation and comparability in the future as well as significantly reducing time and costs for the implementation of surveys.

Alternative Sampling Designs for Emergency Settings, new FANTA-2 guide

Source: FEX 37 p23

The Food and Nutrition Technical Assistance II Project (FANTA-2) has recently released new guidance on survey sampling in emergencies. The most common nutrition survey method in emergencies is the 2-stage, 30 x 30 cluster survey. This provides reliable population-level estimates of the prevalence of malnutrition but it is time and resource intensive. The FANTA-2 guide provides 3 new alternatives which can provide rapid assessment of the prevalence of acute malnutrition and other indicators relevant to needs assessment and response planning in emergency contexts.

The guide can be downloaded at FANTA-2's website, http://www.fanta-2.org

Additional links for information on assessments:

Standardized Monitoring and Assessment in Relief and Transition (SMART)

SMART is an inter-agency initiative, which was launched in 2002 by a network of organizations and humanitarian practitioners. The SMART methodology is an improved survey method based on the two most vital, basic public health indicators to assess the severity of a humanitarian crisis: nutritional status of children under-five and mortality rate of the population SMART was initiated mainly to improve technical capacity of implementing partners to carry out, analyse, interpret and report on survey findings in a standardised manner to ensure nutrition/health data is reliable.

For more information on method, software, manuals, materials and discussion forum on SMART visit the website:
http://www.smartmethodology.org/

Integrated Food Security Phase Classification (IPC)

The Integrated Food Security Phase Classification (IPC) is a standardised tool that aims at providing a "common currency" for classifying food security.

Using a common scale, which is comparable across countries, will make it easier for donors, agencies and governments to identify priorities for intervention before they become catastrophic.
For more information on the IPC method, a manual and user guide, training materials and country experiences visit the website:
http://www.ipcinfo.org/

Article summaries

ACF, Daddab, Kenya, 2008

A cooking demonstration in Dagahaly

Fresh food vouchers for refugees in Kenya

Original article by Lani Trenouth, Jude Powel and Sile Pietzsch (ACF).
Source: FEX36 p19
http://fex.ennonline.net/36/fresh.aspx

This article provides information on an intervention by ACF in Dadaab, Kenya to improve the nutritional intake and dietary diversity of a large refugee population through a food voucher programme.

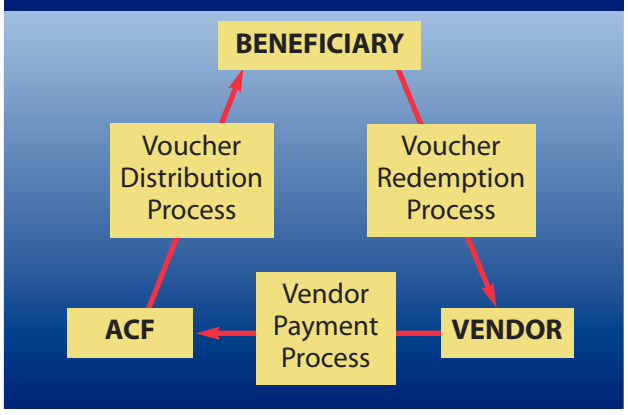
Dadaab, Kenya is the home of 3 large refugee camps. The World Food Programme (WFP) provides a general food ration for the refugees consisting of a cereal, legumes, oil and sugar. The ration does not include fresh fruit or vegetables. Fruits and vegetables are available in the market but most camp residents do not have access to this as they are not allowed to work for money so are unable to purchase additional foods.

The prevalence of acute malnutrition has historically been high (22% GAM, 4.5% SAM in 2006) in this population. In response, supplementary and therapeutic feeding programmes have been established.

In order to improve the nutritional status of households with acutely malnourished children, ACF developed a fresh food voucher programme. The programme provided vouchers for specific nutritious foods including fresh vegetables and fruit, milk and eggs to all children 6 months to 5 years in the selective feeding programmes. Vouchers were designed to provide about half of the ideal amount of food required for these children as they were already receiving supplementary food.

There were three main processes involved in the programme: voucher distribution, voucher exchange for foods at vendors in the market and vendor payment by ACF.

Figure 1: The voucher process



The programme resulted in an increased amount of food groups consumed by households. It also resulted in an increased availability of fresh fruits, vegetables, milk and eggs in the market due to the increased demand. The coverage of the nutrition programmes increased (from 25% to 58% in the Supplementary Feeding Programmes) as the voucher programme was an incentive to take malnourished children to health centres for screening/admission. As the programme progressed, vendors increased the types of fresh foods they supplied as well as the amounts and noted an increase in business profits.

Two adverse effects were noted. It was potentially viewed as rewarding negative behaviour contributing to malnutrition by providing vouchers to those in the selective feeding programmes. Also, delays in paying vendors caused them to increase their prices to cover expenses and thus decreased the value of the voucher.

While not a long term solution to increasing dietary diversity of the population, the programme demonstrated that a voucher approach can be an effective way to provide fresh foods to a refugee population with limited logistics, as long as fresh produce is available in the market.

ACF, Dadaab, Kenya, 2008

Nutrition education session in Dagahaly

Rachel Palmer/Save the Children, Niger, 2010

Children drinking 'la boule' a watery porridge made from millet that is generally drunk at breakfast

Impact of cash transfers on child nutrition in Niger

Summary of an evaluation
Source: FEX 39 p40-41
http://www.ennonline.net/pool/files/fex/fx-39-web-reduced.pdf

This article provides a summary of an evaluation of a Save the Children programme that provided cash transfers throughout the hungry season to vulnerable households in Niger.

A cash transfer programme was implemented by Save the Children in Niger after a survey highlighted that half of the population could not afford a balanced diet. Beneficiary households included the very poor (identified through wealth ranking) and those with widows or disabled individuals. The programme delivered a small cash transfer 3 times during the hungry season amounting to a total of 60,000CHF (approximately 120 USD). Awareness sessions on malnutrition and public health were required to be attended by all beneficiaries.

An evaluation in 2009 revealed that the cash transfer was used to cover basic food needs, diversify diets and protect longer term survival. However, targeting beneficiaries was challenging as it was difficult for many community members to accept that not everyone would receive a transfer. It was also found that cash transfers in these types of situations need to be accompanied by disease prevention and micronutrient interventions to protect children's nutritional status. Additionally, government officials and not community leaders should be accountable for the targeting.

Nutrition status of children increased after the first distribution of cash transfers though it decreased after this, coinciding with an increase in child illness. Overall, the prevalence of global acute malnutrition (GAM) fell slightly between the first and the third distribution although the difference was not statistically significant.

The project demonstrated that cash transfers in Niger can be an effective way to address food insecurity in the short-term, however the feasibility and sustainability of a large scale cash transfer programme is unknown.

Delivery of Social Protection Programmes in Kenya

Original article by Clemensia Mwiti and Nuput Kukrety
Source: FEX 37, p25
http://fex.ennonline.net/37/delivery.aspx

This article describes Oxfam's early experience in piloting different ways of delivering social protection programmes, as part of the Hunger Safety Net Programme, in Kenya.

Kenya, Oxfam, 2009

Beneficiary having fingerprint checked at nearest payment point to their home to receive their cash

Oxfam GB in collaboration with Care Kenya and Save the Children UK are implementing a Hunger Safety Net Project (HSNP) in Kenya, over the next 10 years. The first 5 years of the project is considered a pilot phase to develop the evidence for effective targeting and delivery approaches for cash transfers and will inform the scale-up plan.

The goal of the project is to reduce extreme poverty in Kenya by providing guaranteed cash transfers to chronically food-insecure households. The project will pilot different approaches to effectively target the poor and transfer small amounts of cash efficiently to a large number of people. The project will also determine if such transfers have an impact on poverty and hunger.

Oxfam is testing 3 approaches to targeting in the areas they are working;

- Community based targeting uses criteria developed jointly with the community based on the local definition of the poorest households for each community.
- Social pension targeting is dependent on an individual's age; anyone above 55 years who registers with the programme is eligible.
- Dependency ratio targeting uses a formula to calculate a ratio based on the number of household members who are able to work and provide income and how many are dependent on those who work.

Early learning from the administration of the project suggests that it typically takes 4 months from registration to receiving payment. It has been challenging to implement in areas where the population is not sedentary. Frustration has been expressed by households that apply but do not qualify for benefits. Targeting based on age is difficult as the population doesn't have identification that confirms their age. The national government has endorsed the programme and will play a bigger role in the scale-up phase though authors suggest it is important that they are involved in the operations of the pilot phase to benefit from the learning in this phase.

Father of a baby who lost his mother in the cyclone when he was 3 months old

Save the Children breastfeeding counsellors support a combination of wet-nursing by an aunt and safer artificial feeding

Victoria Sibson/SCUK, Mayanmar, 2008

Putting IFE guidance into practice: operational challenges in Myanmar

Original article by Victoria Sibson-Save the Children UK
Source: FEX 36, p 30
http://fex.ennonline.net/36/putting.aspx

This article describes the Infant and Young Child Feeding response, and key operational challenges in responding to the cyclone in Myanmar in 2008.

A devastating cyclone struck Myanmar in May 2008 causing thousands of deaths with over 2 million people severely affected. Immediately after the cyclone, relief operations to support shelter, food, livelihoods, nutrition, health, child protection and education in many of the worst-affected areas were started. The nutrition response focused on treatment of acute malnutrition and protection and support of infant and young child feeding in the emergency (IFE). The IFE response was necessary for three main reasons:

1. Prior to the cyclone, feeding practices were poor with low rates of exclusive breastfeeding, early or late introduction of complementary foods and poor dietary diversity and feeding frequency for the complementary feeding age child.
2. Since the cyclone, there were cases of young children and infants less than 6 months of age separated from their mothers.
3. Rapid assessments confirmed inappropriate, and sometimes dangerous, feeding practices for young children, e.g. commonly infants less than 6 months were being given water and milk made from powdered or condensed milk, often from bottles.

The IFE response included advocacy for an appropriate response (as per the Operational Guidance on IFE) in accordance with the International Code of Marketing of Breast Milk Substitutes, sensitisation of Save the Children staff on IFE, inclusion of IFE issues in the emergency assessments and integration of IFE into child protection programmes. A number of problems with the response are identified in the article including:

- A lack of a designated agency with clear responsibility for IFE
- The military distributed infant formula and there was no mechanism to control breast milk substitutes.
- Lack of staff and lack of knowledge of IFE among key staff.
- A limited timeframe to submit proposals meant there was great pressure to estimate target populations and numbers to 'treat', with no time for detailed assessment.
- Achieving adequate programme coverage was slow and therefore, high-risk infants may have been missed in the early post cyclone weeks/months,

The author concludes that the IFE response contributed to protecting, promoting and supporting breastfeeding and minimising the risks of artificial feeding among vulnerable cyclone affected babies and young children. However there is a need for greater focus on emergency preparedness and to develop programme models and tools so that actors can effectively fulfil the provisions of the Operational Guidance on IFE.

Kit for minimising the risk of artificial feeding

Victoria Sibson/SCUK, Myanmar, 2008

What is the role of industrially produced products in complementary feeding?

MSF, Niger

Summary of a meeting on infant and young child feeding

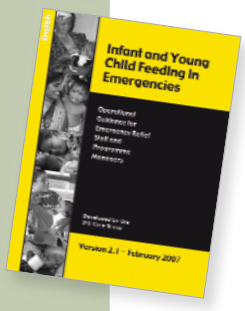
Source: FEX 36, p15
http://whqlibdoc.who.int/publications/2008/9789241597890_eng.pdf

In 2008, an international meeting was held to discuss policies and programmes to improve infant and young child feeding (6 to 23 month age group). Interestingly, many of the meeting participants highlighted the lack of information on successful large scale programmes that have resulted in better health outcomes.

The participants confirmed the following:

- Infants should be exclusively breastfed for the first 6 months of life and thereafter, that they should receive nutritionally adequate and safe complementary foods while breast feeding continues up to 2 years or beyond.
- Influencing appropriate feeding practices is as critical as influencing availability and use of adequate foods,
- Counselling mothers, caregivers, family members and community decision makers should be central to any strategy to improve infant and young child nutrition,
- Strategies should maximise the utilisation of locally produced foods. However, where locally available foods alone will not satisfy nutritional requirements, various types of products offer promise such as fortified foods, micronutrient powders, and lipid-based nutrient supplements.

Additional references and information on Infant and Young Child Feeding:



Operational Guidance on Infant and Young Child Feeding.

The guidance provides concise practical but mainly non technical guidance on how to ensure appropriate infant and young child feeding in emergencies. It is a living document and is updated as new evidence emerges and policies change. It has been endorsed by a large number of agencies, organisations and donors. It is suitable for everyone from nutrition and health workers, logisticians and programme managers to policy makers, at headquarters and field level. The guidance is translated into 13 languages and all are available on the ENN website: http://www.ennonline.net/resources/6

Infant Feeding in Emergencies Core Group:

is an inter-agency collaboration of UN agencies and non-governmental organisations concerned with policy guidance development and implementation and capacity building on IFE. http://www.ennonline.net/ife

Infant and Young Child Nutrition project:

is the flagship project on infant and young child nutrition of USAID. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children and prevent the transmission of HIV to infants and children. www.iycn.org

Mother and Child Nutrition:

includes resources relating to IYCF. http://motherchildnutrition.org

Article summaries

ALNAP (Active Learning Network for Accountability and Performance) review of the humanitarian system

Summary of published report
Source: FEX 39, p 13
http://www.ennonline.net/pool/ files/fex/fx-39-web-reduced.pdf

This report by ALNAP charts the performance and progress of the humanitarian system.

The report is based upon a survey of individuals, in-depth interviews, evaluations and financial information. Overall, the review found that the international humanitarian system has shown considerable growth in recent years. Global staffing levels have increased at an average annual rate of 6% over the past decade, and have now reached a total population of roughly 210,800 humanitarian workers in the field. In 2008, some US$6.6 billion was contributed by donors directly to international emergency response efforts. In terms of performance, the findings indicate overall progress in the internal workings of the humanitarian system, funding mechanisms and assessment tools but also find that leadership and the system's engagement with and accountability to beneficiaries remains weak. Some of the specific key findings were as follows:

Funding
Humanitarian funding has increased and is being distributed more equitably across sectors and emergencies, facilitated in large part by new pooled funding mechanisms. On average, over 85% of the stated requirements were met in 2007 and 2008, compared with 81% in 2006 and only 67% in 2005. However, the needs of affected populations have gone up as well and are still not matched by resources.

Assessment
The quality of needs assessments has improved overall. A majority of respondents indicated that interagency needs assessments were taking place and were adequate. Despite improvements, however, problems of multiple assessments without sufficient follow-up were noted and beneficiaries continue to be inadequately consulted and involved in assessments and programme design.

Coordination
Overall, coordination was seen to improve with the introduction of the Cluster Approach. Although it remains a subject of debate, positive views about the value of the cluster approach outnumbered negative ones. Overarching leadership for coordination was a noted weakness; and strengthening of the Humanitarian Coordinator system is seen as vital.

Monitoring
Monitoring continues to be consistently identified as a weakness within the system although survey respondents felt that the quality of monitoring was improving. Many agencies have made real efforts to increase investment in operational capacity and quality of human resources. However, evaluations continue to identify problems of high staff turnover and a need to invest more in human resource management systems.

Local and national capacity
The lack of investment in local and national capacities was a repeated concern, as were the top-down nature of the system and the risk of undermining local capacities. However, there are also signs of improvement in how international agencies work with local humanitarian actors. A majority of survey respondents indicated that efforts at capacity building had increased in the past two to three years.

Humanitarian law and principles
The review suggests that there is a growing concern about the lack of respect for International Humanitarian Law and core humanitarian principles in many recent conflicts. Humanitarian aid agencies identified a lack of respect for principles on the part of warring parties, but also on the part of donor governments and their militaries. Recent years have seen an increased focus on the issue of protection and many policies have been developed. However, confusion over what protection is and which actors have responsibility for it continues to be an issue.


WFP/5537, Kenya, 2008

Children attending Stara School, Nairobi, that receives WFP food support

Emergency food-based programming in urban settings

Source: FEX 35, p 13
http://www.fantaproject.org/publications/ffpOP6.shtml

The Food and Nutrition Technical Assistance II (FANTA-2) Project has recently published a paper to provide technical information and lessons learned on emergency food assistance programmes in urban settings. The paper describes eleven types of urban food assistance programme options. These are:

- Targeted household food distribution
- Food for work
- Food for training
- Wet feeding
- Community-based management of acute malnutrition
- Supplementary feeding
- Institutional feeding for street children, orphans and other vulnerable children
- School feeding
- Food support to child care facilities
- Market assistance
- Support to national strategic food reserves

For each of these interventions, advantages, disadvantages and programming issues in an urban context are considered. Programming issues include targeting, long-term developmental considerations, specific programme requirements, risks and potential pitfalls, monitoring and evaluation considerations and exit strategies. Urban country examples of each type of intervention are also given.

Specialised foods and products

Article summaries

Use of LNS to improve food rations in emergencies

Summary of a review
Source: FEX 37, p10
Download the full report from the Global Nutrition Cluster website:
http://oneresponse.info/GlobalClusters/Nutrition


WFP/Alejandro Chicheri, Nicaragua, 2007

Project Peanut Butter, Malawi, 2007

A recent review focused on the potential role of lipid-based nutrient supplements (LNS) in preventing malnutrition in emergency affected populations. The term 'lipid-based nutrient supplements (LNS)' refers to a range of fortified, lipid based products, including products like Ready-to-Use-Therapeutic Food (RUTF). RUTF has been successfully used for the management of severe acute malnutrition (SAM) among children in emergency settings.

Currently, the main food and nutrition interventions in emergency settings include general food distribution (GFD), rations which are provided to the affected population as a whole, and supplementary feeding programmes (SFP) rations which are provided to nutritionally vulnerable or malnourished individuals. The nutritional quality of the food commodities provided may be insufficient to meet the needs of infants and young children and pregnant and lactating women (PLW) as these groups have particularly high nutrient needs for growth and development.

To develop the desired nutritional formulation to fill nutrient gaps, researchers calculated the current nutrient content of commonly provided GFD rations and determined the nutritional 'gaps' (of both micro- and macro-nutrients) of these rations for each of the target groups.

The results indicated that the typical GFD ration currently provided in emergency does not meet the nutritional needs of infants and young children and PLW. The hypothetical intake from a ration used in emergency settings was found to provide less than 75% of the recommended intake for several micronutrients including calcium, iron, zinc, B vitamins and fat-soluble vitamins (such as D, E and K). It also generally contained lower than recommended levels of fat and essential fatty acids.

A formulation for a LNS was designed so that one 'dose' (20 g) could be provided to infants and young children and two 'doses' (i.e., 40 g/day) could be provided to PLW. The addition of LNS to the GFD ration increases costs though options to improve the nutritional quality of foods provided in emergency settings should mainly be based on effectiveness in maintaining and improving nutritional outcomes. Another possible advantage is whether a specialised product like LNS is more easily targeted to the individuals for whom it is intended, and thus less likely to be shared than is the case for other fortified products such as corn soy blend (CSB).

Food distribution by CRS as part of HBC

Sean Sprague, Zambia, 2003

Impact of nutritional supplementation amongst PLHIV in Zambia

Original article by Daphyne Williams
Source: FEX 36, p26

This article describes the impact of nutritional supplementation on people living with HIV/AIDS, determined through a field study by Catholic Relief Services (CRS) of their Scaling-Up Community Care to Enhance Social Safety-nets (SUCCESS) project.

The project includes home-based care, community based counselling and testing, palliative care, the prevention of mother to child transmission of HIV, as well as targeted nutrition. From 2005 to 2006, CRS embarked on a targeted evaluation of the SUCCESS project's nutritional supplementation efforts to see if chronically ill people living with HIV, not on anti-retroviral therapy (ART), who received nutritional support experienced multiple positive impacts as a result of the nutritional supplementation.

The evaluation study found no significant change in the food consumption score, a proxy (estimate) for the diversity and nutritional quality of the household diet in the study sites but did find that in the control group (those not receiving food supplements) the average Coping Strategy Index (CSI), which measures the frequency and severity of household strategies to cope with food insecurity over the previous 30 days was significantly higher ($p<0.001$), than in the supplemented groups which indicated that more frequent and severe coping strategies were used by households in the control group. In addition, twice as many clients in the control group reported worsening performance during the study period in terms of ability to self-care and be mobile.

The anthropometric measures of Body Mass Index (BMI) and Middle Upper Arm Circumference (MUAC) were taken at the beginning (baseline) and the end of the study (end line). At baseline, the study arms were not significantly different from each other in terms of mean BMI or MUAC. The average end line BMI was not significantly different from baseline. However, there were slight increases in BMI in the group receiving the intervention and a slight decrease in the control group from baseline to end line though these changes were not statistically significant. With regard to MUAC, there were significant improvements, with statistically significant changes in the combined intervention groups when compared to those in the control group ($p<0.001$).

The study concludes that modest nutritional supplementation can improve the nutritional status of PLHIV in food insecure households. Furthermore, nutrition support can improve mental and physical health, reduce the need for support and improve individual ability to carry out daily activities - essentially improving the quality of life for PLHIV not yet on ART. In general, MUAC measurements increased in clients who received nutritional supplements, while those who did not receive supplements saw decreasing MUAC measurements. Quality of life measurements saw improvements for those in the intervention group. Additionally, the intervention groups had significant decreases in AIDS related symptoms and need for caregiver support.


Food distribution by CRS as part of HBC

Sean Sprague, Zambia, 2003

ENN launches en-net

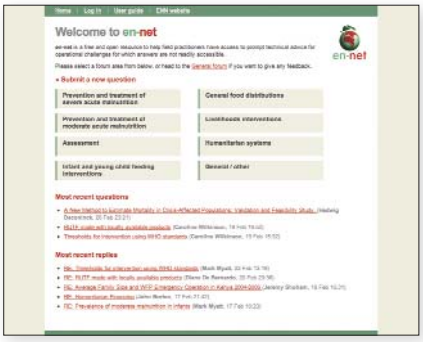
FEX 35, p21

En-net is an online forum for technical questions and support on emergency nutrition and food security issues, launched by ENN and funded by the USAID/OFDA.

The aim of the forum is to provide field practitioners with access to prompt technical advice for operational challenges that are beyond what is included in existing guidelines.

Users can submit questions or contribute to the answer of questions asked by others. A panel of technical experts has been created and will be called upon by the ENN coordinator for particularly challenging questions.

Anyone can sign up to be a user to En-net. Questions asked to the forum on a variety of themes are emailed to users but are also available to view online. www.en-net.org.uk or via the link on the ENN website, www.ennonline.net.



Fact sheet on implementation of 2006 WHO Child Growth Standards

The IASC Global Nutrition Cluster and the Standing Committee on Nutrition (SCN) have recently released a fact sheet on the implementation of the 2006 WHO Child Growth Standards (WHO standards) for emergency nutrition programmes for children aged 6-59 months.

The fact sheet provides guidance on transitioning to the WHO standards and provides answers to common questions on their use.

The fact sheet is available in English, French, Spanish and Arabic at http://oneresponse.info/GlobalClusters/Nutrition/ Click on 'Documents' and then 'WHO GS Factsheet'. More detailed information on the WHO standards (including growth charts and tables) can be found on the WHO website: www.who.int/childgrowth

The Cluster Approach and the Global Nutrition Cluster

In 2004, following identification of major failings in the humanitarian response to a number of crises, the UN Emergency Response Coordinator commissioned a review of the international humanitarian system and identified major gaps in areas of response, as well as problems with coordination. The Cluster Approach was introduced as part of a general reform to improve overall coordination and response.

With the Cluster Approach, UN agencies with a particular technical and institutional capacity are designated as 'lead agencies' and are responsible for convening and facilitating coordination meetings at the global and country level, undertaking gap analysis, mapping capacities for response and working with partners to fill gaps and raising funds and supporting programme quality and expansion.

The 'lead agency' is also expected to act as the 'provider of last resort' where gaps arise in an emergency response. The lead agency for the Nutrition Cluster is UNICEF. For more information visit http//:www.humanitarianreform.org

Sphere revision

A revision of the 2005 Sphere Project handbook has recently been completed and the 2011 edition was launched in April (English version). In June French, Spanish, Arabic and Russian will be available.

The extensive revision that led to the 2011 edition involved a large number of individuals and organizations from the humanitarian sector, including several United Nations agencies. The Humanitarian Charter has been completely re-written, while several standards have been significantly modified and restructured.

The new edition incorporates a stronger focus on the protection and safety of affected populations. It deals with emerging issues like climate change, disaster risk reduction, disasters in urban settings, education as well as early recovery of services, livelihoods and governance capacity of affected communities. Understanding and supporting local responses to disaster is a priority reflected in the whole Handbook, as is reinforcing the capacity of local actors.

The English version can be ordered from the publisher via email, to publishinginfo@practicalaction.org.uk. The books will be shipped from the 5th of June.

For more information visit,
http://www.sphereproject.org/content/view/682/32/lang,english

Free online access to Lancet articles on undernutrition

Access to the four Lancet journals on Nutrition is available online through the Lancet Nutrition & Metabolism Collection. The Undernutrition collection is available free (Obesity, Nutrition & Metabolism, and others are available for a fee). Visit www.thelancet.com and select 'specialty collections' followed by 'Nutrition & Metabolism'

Guidelines

Update of WFP/UNHCR Guidelines for Selective Feeding in Emergencies

WFP/UNHCR selective feeding guidelines have been revised and updated. The 2009 version is now available in both English and French from UNHCR (print) or online at **http://oneresponse.info/GlobalClusters/Nutrition** (click on 'document library' and then scroll down the list to 'SFP guidelines').

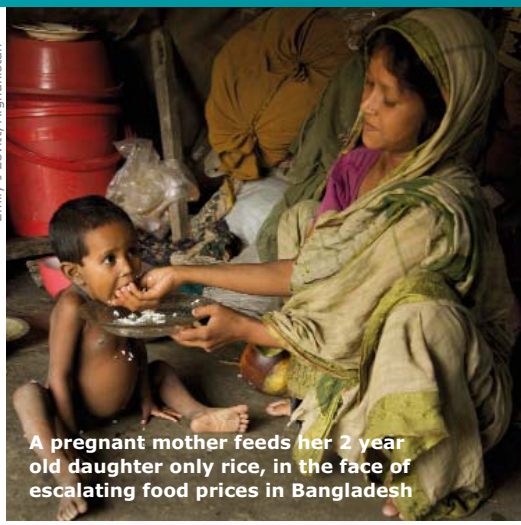
New WFP Food Security Assessment Handbook and Guidelines

WFP has released a revised handbook for Food Security Assessment which includes guidelines for Comprehensive Food Security and Vulnerability Analysis (CFSVA) as well as related Technical Guidance Sheets. The guidelines and handbook aim to strengthen and standardize food security and vulnerability analyses, providing a better understanding of food security situations and allowing for comparisons across countries over time. For further information, contact Arif Husain, **arif.husain@wfp.org**. For a copy of the DVD, contact **caroline.chaumont@wfp.org**

New WHO guidelines on HIV and infant feeding

Based on evidence that antiretroviral (ARV) interventions to either the HIV-infected mother or HIV-exposed infant can significantly reduce the risk of postnatal transmission of HIV through breastfeeding, WHO has revised their guidelines on HIV and infant feeding. The guidance emphasises that HIV-free child survival – rather than HIV transmission – is the primary consideration. Download the 2010 guidance, including supporting annexes, evidence and presentations at: **http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf**

Emily J Levitt, Afghanistan



A pregnant mother feeds her 2 year old daughter only rice, in the face of escalating food prices in Bangladesh

WFP/Helen Kudrich, 2005

Mother and Child Nutrition (MCN) Clinic, Mullaitivu, Sri Lanka

Tools

The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies – new Version 2

The Harmonised Training Package: Resource Material for Training on Nutrition in Emergencies (the HTP) is a comprehensive documentation of the latest technical aspects of Nutrition in Emergencies. It is organised as a set of modules by subject, each containing clearly written technical information, training exercises and a resource list for use in training course development. The word ***Harmonised*** reflects the pulling together of the latest technical policy and guidance, the word ***Training*** refers to its main application and the word ***Package*** refers to the bringing together of the subject matter into one place. The HTP is organized into four sections containing a total of 21 modules covering Introduction and Concepts about nutrition and the humanitarian sector, Nutrition Needs Assessment and Analysis, Interventions to Prevent and Treat Malnutrition, and Monitoring and Evaluation. The entire HTP is being updated by NutritionWorks (as version 2) and is available on both the UN sub-Committee for Nutrition (SCN) website **http://www.unscn.org/en/gnc_htp/** as well as the ENN website, **www.ennonline.net**

Integration of IYCF into CMAM – new training material

Training material has been developed to facilitate the integration of IYCF into CMAM. The purpose of the material is to train health care personnel and community health workers in the integration of recommended IYCF practices within CMAM to support mothers/caregivers in prevention as well as rehabilitation of severe acute malnutrition (SAM). The materials consist of a Facilitator's Guide and Handouts. The Facilitators Guide is targeted to health care providers who manage or supervise the management of SAM in children however it is also useful for government officials at the federal and district level, health programme managers and technical staff of non-governmental organizations and United Nations agencies.

Materials are available from the ENN on CD and can be downloaded from the ENN website **(www.ennonline.net/resources)**.

D Doledec, Uganda, 2008

Measuring height during the ACF survey

Nutriset, Niamey, Mali, 2007

Utteran (Oxfam partner) Cash for Work programme for communities to build latrines to replace those damaged by Cyclone Sidr

Tools

Community Nutrition: A Handbook for Health and Development Workers

A new book, 'Community Nutrition: A Handbook for Health and Development Workers' has been published. It is targeted at health and other development professionals who work at community and district levels, as well as for teachers and students of nutrition. It is written in an easy to read style and has many illustrations.

The book covers many topics in nutrition including causes and control of malnutrition through the lifecycle, micronutrient deficiencies, chronic conditions and links between nutrition and HIV. It provides guidance on programme implementation and on changing behaviour through better communication.

The book is available from Macmillan Education, email: **e.wilson@macmillan.com**, Teaching Aids At Low Cost (TALC) **www.talcuk.org** or **info@talcuk.org** and the African Medical and Research Foundation (AMREF) bookshop in Nairobi, **info.amref@amref.org**.

A. Yzebe/MSF-US, Niger, 2005

Examining an infant in the TFC, Maradi, Niger

FANTA training guide for CMAM

The Food and Nutrition Technical Assistance (FANTA) Project have released a Training Guide for Community-based Management of Acute Malnutrition (CMAM). It aims to increase capacity for management of severe acute malnutrition (SAM) in children by increasing the knowledge of and building practical skills to implement CMAM in emergency and non-emergency contexts. The guide is designed for health care managers and health care providers, who manage, supervise and implement CMAM. It is also useful for Ministry of Health officials at the national, regional and district levels, health and nutrition programme managers of NGOs and United Nations technical staff.

The guide can be downloaded from FANTA-2's website, **www.fanta-2.org**.

UNICEF, Myanmar, 2008

A mother and her baby in a temporary shelter following Cyclone Nargis

Food Security E-learning Courses and training materials from FAO

FAO has developed a series of free Food Security e-learning courses and related training materials. The courses are available in English and French and are being translated into Spanish.

For on-line access:

a. Register online at: **http://www.foodsec.org/DL/dlregistration_en.asp**
b. Log-in with your User name and Password. This will take you to the My Courses page.

To request a CD-ROM:

c. Go to the Courses page: **http://www.foodsec.org/DL/dlcourselist_en.asp**
d. Click 'request a free copy' of a specific course and complete the form.

Each course includes a training guide complete with presentation slides, notes and class activities that can be adapted by trainers to meet their own needs. To access the Resources for Trainers section, go to **http://www.foodsec.org/tr_res.htm**. For more information, write to **information-for-action@fao.org**.

Kelley Lynch,Bangladesh, 2004

Herding cattle into water, in Bangladesh

UNICEF E-learning course: Introduction to Nutrition in Emergencies – Basic Concepts

This online course developed by ENN and UNICEF covers basic concepts around the humanitarian system and reform, undernutrition and response in emergencies, individual assessment, and micronutrients. It is based on key modules of the Harmonized Training Package: Resource Material for Training on Nutrition in Emergencies (the HTP) and reflect the content of HTP Version 2, 2011.

The course comprises 5 sections comprised of lessons and mini-lessons. Each lesson takes approximately 40 minutes to complete and each mini-lesson takes 10-15 minutes.

At the end of each section there is a knowledge based test. A final emergency scenario assessment tests application of the content from all 5 sections. Successful completion of the course results in a certificate.

The course is hosted on UNICEF's extranet. Request access to the course by submitting your name, organization and email address to Erin Boyd, ***eboyd@unicef.org***

Myanmar, J Shoham/2005

Members of relief committee in Northern Rakhine State, Myanmar

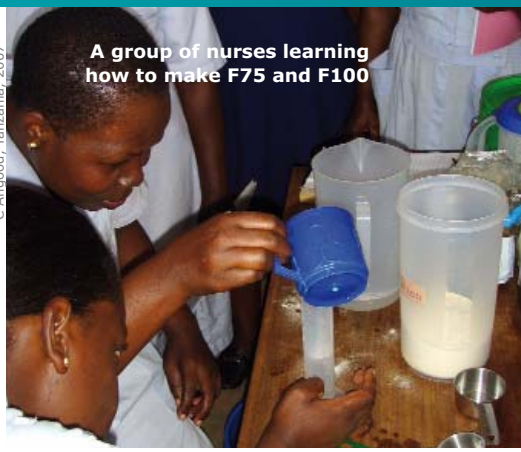
Training

Management of Humanitarian Emergencies Course – Focus on Children and Families

This is a course in disaster preparedness and relief which is being held 11-14 June, 2011 at Case Western Reserve University in Ohio, USA. Now in its 15th year, this intensive and interactive course teaches participants how to assess and respond to the needs of children affected by major disasters and to understand the complex medical, psychological, social, cultural and legal issues surrounding the care of young victims.

The course is a mix of lecture and problem-based learning exercises.

For more information visit the website, http://casemed.case.edu/cme/



C Angood, Tanzania, 2007

A group of nurses learning how to make F75 and F100

Nutrition in Emergencies Regional Training courses in Africa, Asia and the Middle East

A new series of innovative short courses in Nutrition in Emergencies have been developed by UCL Centre for International Health and Development. The courses have been designed to help practitioners develop practical expertise in emergency nutrition response and post-emergency recovery. Each course includes modules on the causes and types of malnutrition as well as the main approaches employed to prevent and treat malnutrition. The course content is based on the Harmonised Training Package, developed on behalf of the Global Nutrition Cluster, with a particular emphasis on practical application.

Courses are a combination of lectures and exercise culminating in an emergency simulation where participants are required to work closely with others to plan out a nutrition response to an emergency.

Courses are scheduled in Thailand in May 2011 and in Lebanon later in the year. Contact the course coordinator (coordinator@nietraining.net) for more information.

M Corbett, ENN, 2005

Sewing classes as part of orphan skills training in CRS programme

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/

UNSCN website: http://www.unscn.org/

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

FANTA-2: www.fantaproject.org

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.

A wide range of information, such as discussion groups on timely topics, newsletters, documents on-line, links to useful Web sites, guidelines, and assessment tools, are offered on the site to assist individuals in the provision of better care based on knowledge.

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

WFP/Paul Turnbull, Ethiopia, 2006

Breastfeeding class in progress at 2006 Child Survival SFP site

CDC International Emergency and Refugee Health Branch: Brings public health and epidemiologic principles to the aid of populations affected by complex humanitarian emergencies and are responsible for implementing and coordinating the CDC's response to complex humanitarian emergencies. **www.cdc.gov/globalhealth/ierh**

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/**

Nutrition Research information

African Journal of Food, Agriculture, Nutrition and Development: **http://www.ajfand.net/**

The Journal of Humanitarian Assistance: **http://jha.ac/**

The Journal of Maternal and Child Nutrition: **http://www.wiley.com/bw/journal.asp?ref=1740-8695**

Food and Nutrition Bulletin: **http://www.foodandnutritionbulletin.org/fnbhome.php**

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/**

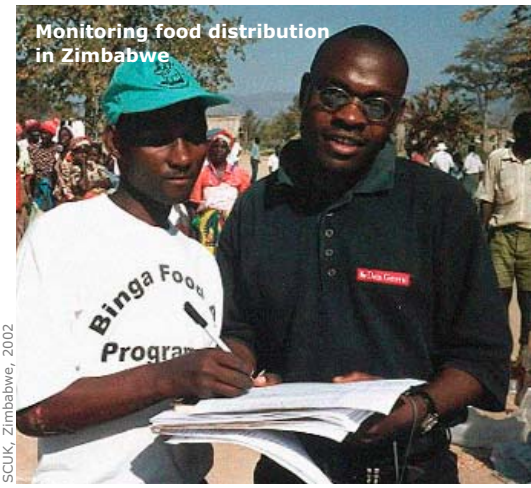
FEWSNET (Famine Early Warning System Network): **http://www.fews.net/Pages/default.aspx**

The Journal of Humanitarian Assistance: **http://jha.ac/**

ICDDR, B: **http://www.icddrb.org/**

Parents and children wait to be screened at the Yirba Health Centre OTP Programme

Indrias Getachew/UNICEF, SNNPR, Ethiopia, 2008



Monitoring food distribution in Zimbabwe

SCUK, Zimbabwe, 2002

FEX Digest Evaluation

As this is a Pilot Issue of Field Exchange Digest, ENN will be evaluating the publication. We are very interested in your thoughts on the publication. We have developed a short survey that is accessible online **http://www.surveymonkey.com/s/fexdigest**. ENN will follow up via email and telephone with a randomly selected group of readers to facilitate and encourage feedback. Send any queries to Thom Banks, ENN, 32 Leopold Street, Oxford, OX4 1TW, UK, tel/fax: +44 (0)1865 324996/324997, **thom@ennonline.net**

The ENN welcomes readers ideas and submission for future articles based on programming experiences or research. Please contact us if you wish to submit an article.

UNICEF, 2008 (FEX 39)

Acronyms

ACF	Action Contre la Faim
ART	Anti Retrovirav Therapy
BCG	Bacillus Calmette-Guérin (vaccine against tuberculosis)
BMI	Body Mass Index
CAS	CTC Advisory Services (in Malawi)
CMAM	Community Management of Acute Malnutrition
CSB	Corn Soy Blend
CTC	Community-based Therapeutic Care
DHS	Demographic Health Surveys
ENN	Emergency Nutrition Network
GFD	General Food Distribution
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HTP	Harmonised Training Package
IFE	Infant and young child Feeding in Emergencies
IMCI	Integrated Management of Childhood Illness
INGO	International Non-Governmental Organisation
FANTA	Food and Nutrition Technical Assistance
LNS	Lipid-based Nutrient Supplements
MAM	Moderate Acute Malnutrition
MAMI	Management of Acute Malnutrition in Infants
MUAC	Mid-Upper Arm Circumference
NUGAG	Nutrition Guidance Expert Advisory Group (WHO)
OTP	Outpatient Therapeutic Programme
PLHIV	People Living with HIV
PLW	Pregnant and Lactating Women
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCN	Standing Committee on Nutrition
SFP	Supplementary Feeding Programme
TdH	Terre des Hommes
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	WHO

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.

Community-based therapeutic care (CTC) is one of the initial terms used by several agencies and countries to define the new approach to treatment of SAM. CTC includes all the components of CMAM and has been replaced by the term CMAM in many countries.

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.

Ready-to-use supplementary foods (RUSF) are mostly oil seed or peanut-based pastes (although other recipes are being tested in the field). RUSF can be designed to include precise quantities of macro and micronutrients for different target groups. The evidence base is still being developed; however, increasingly RUSF are being used in the field to address MAM.

General food distribution (GFD) is the distribution of selected food commodities targeted to specific households or individuals to increase and/or protect food security and prevent undernutrition.

Lipid-based nutrient supplements (LNS) are a family of products designed to deliver nutrients to vulnerable people. They are considered 'lipid-based' because the majority of the energy provided by these products is from lipids (fats). All LNS provide a range of vitamins and minerals, as well as energy, protein, and essential fatty acids. LNS formulations can be tailored to meet the nutrient needs of specific groups and to fit in particular programmatic contexts.

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.

Z-score is an indicator of how far a measurement is from the median. They are also known as standard deviation (SD) scores.

Bilateral pitting oedema (also known as nutritional oedema) is swelling due to excess fluid retention in the tissues on both sides of the body. It is a sign of severe acute malnutrition.

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