No. 2.3 Feeding Programmes in Emergencies

What are feeding programmes?

Feeding programmes are interventions that: i) facilitate food access to the general population; ii) support groups of the population that may be at increased risk of malnutrition; and, iii) correct malnutrition.

There are four main types of feeding programmes:

1. **General Food Distribution:** The provision of food to populations that have no access to their normal food sources. The aim is to meet the immediate food needs and protect livelihoods.
2. **Complementary Feeding:** The provision of food additional to general distribution to nutritionally vulnerable groups (e.g., children under five, pregnant and lactating women) and to those excluded from social networks or unable to look after themselves (e.g., the ill, the disabled and elderly). The aim is to prevent malnutrition and to reduce excess mortality. The food complement is provided to all members of particular groups, without checking individual nutritional status (blanket distribution).
3. **Supplementary Feeding (Targeted SFP):** The provision of food additional to general distribution for moderately malnourished children/adults and for those who have been discharged from therapeutic feeding programmes. The aim is to save lives through nutritional recovery of moderately malnourished people and by preventing severe malnutrition.
4. **Therapeutic Feeding:** The rehabilitation of severely malnourished children by providing special foods that meet their entire nutritional requirements combined with medical treatment. *Community-based Therapeutic Care (CTC)* is an option for addressing severe acute malnutrition combining community-based care with highly fortified, ready-to-use therapeutic foods (RUTFs). This approach reaches more children and minimises the need for caregivers to travel; however, it should be monitored carefully in children with medical complications and when necessary, combined with hospital treatment .

Box 1 outlines where the different types of feeding programmes fit into Oxfam's emergency response.

Fig. 1: Distributing corn-soya blend in Ethiopia for a supplementary feeding programme (Credit: Jane Beesley/OXFAM)

How are feeding programmes targeted?

Malnutrition prevalence thresholds (Table 1) are used to determine whether feeding programmes are needed, and which types. *However, these criteria should not be used to prioritize potential EFSL interventions. Thresholds are meaningless without the analysis of context and trends* (see EFSL Rough Guide 2.2 Interpretation of Malnutrition).

Blanket complementary feeding should be implemented where the prevalence of acute malnutrition is extraordinarily high (above or equal to 15% or 10-14% with aggravating factors (these factors include impending drought, crop failure, disease outbreak etc).

Table 1. Malnutrition prevalence thresholds and responses

Global acute malnutrition prevalence (%)	Programme intervention
≥15 or 10-14 with AF	**SERIOUS**—Blanket supplementary feeding programme (SFP), therapeutic feeding programme (TFP)
10-14 or 5-9 with AF	**ALERT—**Targeted SFP, TFP
<10 or <5 with AF	**ACCEPTABLE—**No need for population-level intervention, individual attention

NB: AF='aggravating factors'

Targeted SFP should be implemented when there are large numbers of malnourished individuals (10–14 percent global acute malnutrition among children) and/or large numbers of children are predicted to become malnourished due to factors like food insecurity and high disease rates (5–9 percent global acute malnutrition plus aggravating factors).

Targeted SFP can be closed when: a) general food distribution meets planned nutritional requirements; b) the prevalence of acute malnutrition is below 10 percent without aggravating factors; c) control measures for infectious diseases are effective; or, d) deterioration in nutritional status is not anticipated.

Box 1: Feeding programmes: what Oxfam does and does not do

Oxfam focuses its emergency food security and livelihoods and nutrition programming on *non-food alternatives and general distribution* of free food aid, *advocacy* related to inappropriate infant feeding interventions, and *supplementary feeding programmes when necessary*. Where it lacks comparative strength, Oxfam will *support other agencies* to respond.

Oxfam *does not do*:

- Therapeutic feeding for addressing severe acute malnutrition;
- School feeding in emergencies;
- Distribution of wet rations (on-site feeding) and/or infant formula;
- Distribution of dried skimmed milk powder; or,
- Isolated nutrition interventions.

How are rations for a feeding programme planned and distributed?

The following steps are involved when planning *general food distribution rations.*

1. Adopt **2100 kcal/person/day as a reference figure for total energy requirement.**
2. **Adjust** the 2,100 kcal figure based on:
   - Demographic distribution. A standard demographic profile is used for calculations (see Sphere 2004). If distribution is not normal (e.g., in refugees camps or where there is high mortality of specific age group), energy requirements may require adjustment (see UNHCR et al. 2002);
   - Health or nutritional status. Adjust energy requirements upwards by 100–200 kcal when global acute malnutrition is >15% (or crude mortality rate—CMR—is >2/10,000/day);
   - Activity levels. Increase energy requirements if population has moderate to high workload (150–350 Kcals);
   - Climate. If temperature is <20° C, adjust energy requirements upward by 100 kcal/5° below 20° C;
   - Access other food sources. General food distribution should bridge the gap between the population's requirements and their own food resources; and/or,
   - Special needs. Adjust for infants (see EFSL Rough Guide 2.6 *Infant Feeding Policy*), pregnant and breastfeeding women (additional 285 and 500 kcals/day, respectively), elderly (consider food access, digestibility and inability to cook) and chronically-ill people (requirements increase during recovery).
3. **Select food types and quantities.** Ration must include: carbohydrate (cereals, blended foods, tubers and sugar), protein-rich foods (pulses or animal products), foods rich in fats (oils), and micronutrient-rich foods (e.g., vegetables and fruits, fortified cereals and oils, and iodised salt). *Food types and quantities should be adequate to address both energy and nutritional needs*. Food items and quantities can be readily chosen and calculated using nutritional composition tables or the NUTVAL (2006) software. (Nutritional tables, examples of adequate full rations and calculations are provided in UNHCR et al. 2002.)
4. **Calculate total food aid requirements.** Convert food items needs to total household/person units per month (or other distribution cycle) using the general formula:

   TOTAL FOOD AID REQUIREMENT = ration item (person/day) x beneficiaries x planning period

5. **Consider food management issues.** Programming should include provision for any necessary processing (milling), storage, packing, transportation and non-food items (e.g., fuel, safe water, guidelines and monitoring stationary, education materials, etc.).

A *supplementary feeding ration* should provide 500–700 kcals and 15–25 gm of protein per day for on-site feeding. A larger ration of 1000–1200 kcals and 35–45 grams of protein should be given for dry take-home rations to account for sharing at home. In SFP for young children the fat requirement is between 30% –40% of total energy.

In all feeding programmes, rations should be based on *locally available foods* and reflect careful consideration about *cultural acceptability*, water, fuel and other resource requirements, appropriate foods for children, and ease of use and management.

Depending on context, food mixes could be handled (packed, stored, prepared) as an income generation activity for elderly or partially disabled people.

The main distribution types are **take-home distribution (dry rations)** and **on-site feeding in feeding centres (wet rations)**.

Box 2: 'Do's' and 'don'ts' in supplementary feeding programmes

During a supplementary feeding programme (SFP)…

Do:

- Establish at programme outset clearly defined and agreed objectives and set-up/closure criteria;
- Ensure anthropometric surveys have been conducted before targeting SFP to the moderately malnourished, and implement only if the underlying causes of moderate malnutrition are being addressed simultaneously;
- Include complementary health education activities with SFPs; and,
- Distribute food through an accountable local institution.

Do not:

- Use SFP as a means of compensating for inadequate household food security; or,
- Implement SFP without adequate general food security and general food ration.

An SFP should be dry take-home rations unless there is a clear rationale for on-site wet feeding such as when there are security concerns, large numbers of orphaned children or young adults, or where fuel, water or cooking utensils are in short supply.

Box 2 outlines some of the 'do's and don'ts' in supplementary feeding programmes.

How are feeding programmes monitored and evaluated?

Nutrition statistics at feeding centers (rates of recovery, defaulters and deaths) should be monitored during distribution. The wider impact of SFP can be evaluated through anthropometrical surveys and growth monitoring of the population using rates of global acute malnutrition. (For a guide to SFP indicators and acceptable standards: see *Sphere 2004*.)

Monitoring and evaluation of feeding programmes should also consider programme acceptability, the quantity and quality of food being provided, programme coverage and external factors such as morbidity patterns, food insecurity, impact on markets and the capacity of existing systems for service delivery. (Examples of monitoring types and their purposes: see *Taylor and Seaman 2004*.)

Are there any links between feeding programmes and other humanitarian programmes?

To be effective, feeding programmes in emergencies need to be integrated into community health programmes and structures that deliver **nutrition and health education**, growth monitoring, immunization and primary health service like de-worming and immunization. SFP and health services should be linked for health/nutrition problem identification and referral.

Implementation of feeding programmes should be delivered jointly with measures for **ensuring access to safe water and sanitation systems** and strict adequate hygienic practices.

Where can I find further reading and more detailed information?

Software for calculating food rations: NutVal 2006. *Version 1.4.* Developed for WFP/ UNHCR by the Institute of Child Health. London.	Monitoring/evaluating feeding programme examples: Taylor A. and Seaman J. 2004. SC-UK: *Targeting Food Aid in Emergencies*. ENN. Supplement No. 1.
Nutritional tables, demographic distribution, energy requirements and calculation examples: – UNHCR et al. 2002. *Food and Nutrition Needs in Emergencies*. – Sphere Project 2004. *Humanitarian Charter and Minimum Standards in Disaster Response*, pp. 105-9	Oxfam GB publications: – 2001. *Oxfam's Approach to Nutrition Surveys in Emergencies*. Oxfam Food and Nutrition Group. – 2002. *Guiding Principles for Response to Food Crises. Memorandum of Understanding between OGB and ACF for Emergency Nutrition Programmes.*

Who can I contact for more information and guidance?

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