Operational Guidance on the use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations

Version 1

Compiled by ENN for UNHCR

LNS Research Network Meeting, April 2010
Micronutrient Deficiencies and Malnutrition among Refugees

- Priority area during emergency responses and protracted refugee operations

- Common among populations dependent on long term food aid - diet quality vs. quantity

- Camp Statistics

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Algeria</th>
<th>Bangladesh</th>
<th>Djibouti</th>
<th>Ethiopia</th>
<th>Kenya</th>
<th>Nepal</th>
<th>Yemen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total camp population</td>
<td>90,000</td>
<td>42,703</td>
<td>13,133</td>
<td>100,209</td>
<td>80,616</td>
<td>72,170</td>
<td>13,185</td>
</tr>
<tr>
<td>Prevalence of Global Acute Malnutrition (GAM)</td>
<td>4.8-12.8</td>
<td>13.6-15.9</td>
<td>16.9</td>
<td>4.4-29.5</td>
<td>7.9</td>
<td>8.1</td>
<td>8.7</td>
</tr>
<tr>
<td>Prevalence of Anaemia in U5 (%)</td>
<td>46.2-61.5</td>
<td>46.0-52.0</td>
<td>42.4</td>
<td>22.3-34.4</td>
<td>73.3</td>
<td>40.2</td>
<td>58.9</td>
</tr>
<tr>
<td>Prevalence of stunting (HAZ &lt;-2)</td>
<td>19.5-27.3</td>
<td>64.0-70.9</td>
<td>33.8</td>
<td>11.9-40.6</td>
<td>29</td>
<td>23.2</td>
<td>42</td>
</tr>
</tbody>
</table>

- UNHCR Anaemia Prevention Control & Reduction Strategy (2009)
Special Nutritional Products: A Proposed Functional Classification

Ready to Use Foods (RUF)
- Therapeutic and Supplementary Foods
- Products for Acute Disaster Feeding

Food Supplementation Products
- Lipid Nutrient Supplements
- Micronutrient Powders (MNP)

Fortified Blended Foods
- Products for supplementary feeding and general nutritional support
- Milk-containing products for infants and young children

Ready to Use Food (RUTF)
- Meals Ready to Eat (MRE)
- Compressed Food Bars & High Energy Biscuits (HEB)

RUSF
- Infant and young child supplements
- Supplements for other groups

Andrew Seal, UCL Centre for International Health and Development, September 2010
Need for OPERATIONAL GUIDANCE

- New products and approaches & confusion over their use
- Other relevant work being conducted by WFP, SC, CDC

- Complementary to joint WFP/UNHCR Guidelines for Selective Feeding (May 2009):
  - Inclusion of anaemia as a decision making criteria
  - Guidance on new range of products including LNS

- Outline the recommended stages and available tools for intervention planning, implementation and monitoring of anaemia control and micronutrient interventions at camp level.
Stages of the Operational Guidance

1. Define the Problem
2. Identify Possible Solutions
3. Assess Risks
4. Test Acceptability
5. Plan Intervention
6. Implement
7. Monitoring and Evaluation
### Stage 1 – Defining the Problem

**WHO classification of public health significance for children under 5**

<table>
<thead>
<tr>
<th>Prevalence %</th>
<th>Critical</th>
<th>Serious</th>
<th>Poor</th>
<th>Acceptable</th>
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<tbody>
<tr>
<td>Wasting</td>
<td>≥15</td>
<td>10-14</td>
<td>5-9</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Stunting</td>
<td>≥40</td>
<td>30-39</td>
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**UNHCR simplified classification for defining the problem in camp(s)**

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Stage 2 - Product Selection

- **Scenario 1**: High Anaemia Only
- **Scenario 2**: High GAM Only
- **Scenario 3**: High Stunting Only
- **Scenario 4**: High GAM & High Anaemia
- **Scenario 5**: High Anaemia & High Stunting
- **Scenario 6**: High GAM & High Stunting
- **Scenario 7**: High GAM, High Anaemia & High Stunting

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## Scenario 1: High Anaemia Only

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A camp context with anaemia prevalence of 40% or above, GAM prevalence below 10% and stunting prevalence below 30% in children aged 6-59 months.

**Purpose:** To decrease the prevalence of anaemia in young children

**Options to Consider:**
Blanket MNP programme to children aged 6-59 months for 6-12 months per child (depending on frequency of use) OR Blanket Nutributter® programme in children aged 6-24 months for 6-12 months per child (depending on frequency of use)
Stage 3 - Assess Potential Risks

- Excessive intake of micronutrients
  - Risk of adverse effects
  - Provision of other fortified commodities
- Interaction of iron and malaria
- Breastmilk displacement (LNS)
- Potential adverse effects on food habit
- Risks for other programmes
- Dental Health
- Food allergies (especially with peanut-based LNS)
- Environmental impact
- Stock Management
Stage 4 - Test Acceptability

- Acceptability Standard Protocol - trials conducted in Algeria, Djibouti & Yemen
- Distribution of product for 3-4 weeks to ~100 participants
- Focus group discussions and KI interviews
  - Feeding habits
  - Child caring practices
  - Community’s perception of the intervention
- HH interviews and direct observation
  - Product likeability and ease of use
  - Barriers to compliance/adherence
- Decision to proceed with FSP intervention - design packaging based on acceptability study
Sachet Design - Algeria Examples

Symbol of healing of disease

Gazele: represents vitality, agility and beauty
Stage 5 - Plan Intervention

Designing the programme:

- Frequency and duration of use e.g. Daily → Flexible
- Distribution channels
  - Growth Monitoring and Promotion (GMP) programmes
  - Ante-natal care (ANC) programmes
  - General food distribution
  - Custom designed (least preferred)
- Storage & stock management
- Disposal system
Stage 6 - Implement Intervention

- Training the health workers and staff
  - Training manual
  - Follow-up evaluation
  - Refresher training

- Implementing an educational campaign
  - Communication plan
    - Raise awareness, correct usage etc.
  - Behaviour Change Communication (BCC)
Plumpy’doz
Protects your young child from diseases
From 6 months to 3 years

Give Plumpy’doz to make your baby stronger!
Feed your child as usual and give Plumpy’doz between the meals, as a snack, 3 tea spoons, 3 times per day, during 4 months.

To protect the Plumpy’doz:
- Don’t let in the sun. After opening, the pot must be consumed within 1 week.
- Keep covered.
- Make sure that other children can not take it.
- Keep animals away.

Plumpy’Doz is not a food!
It is a preventive 4 months treatment to protect young children from diseases

- Plumpy’Doz does not replace breastfeeding!!
- Continue to breastfeed!
- Plumpy’Doz does not replace a meal!
- Feed your child as usual
- Plumpydoz is not for adults or for children over 3 years.

It is a ready to eat formula.
- Don’t mix Plumpy Doz with food or water.
- Give some water after the baby takes Plumpy’Doz

For more information contact ACF
Stage 7 - Monitoring & Evaluation

- Targets for Core Indicators
  - Anaemia prevalence reduced by at least 20-25%
  - Adequate adherence >75% consuming >50%
  - Coverage >75%
  - Product wastage <5%
  - Annual survey

- Desirable indicators
  - >75% of recipients able to recall >50% of key FSP programme messages
  - No recipients reported selling of FSP (0%)
  - KAP survey completed
Where are we now?

- Final stages of completion
- Launch Event - July 2011
- Challenges remain
  - Iron & Malaria
  - Duration of use
  - Breastfeeding displacement and complementary feeding

THANK YOU