5. FEEDING PROGRAMME MANAGEMENT

5.1 Start-up

Check with the local Drought Relief Committee that you still agree on eligibility and discharge criteria.

Announce to and through:

— the RRC
— the local administration and drought relief committee
— the farmers' associations in your area

WHEN the screening, registration & feeding will start
WHO will be eligible on each date

NB Check the dates in both calendars.

5.2 Screening

Screening at this stage means finding the people who are eligible for your programme, using the thinness criteria in 3.2.

Illness frequently increases people's need for food, particularly children, so illness is an additional criteria of eligibility.

Persons eligible for feeding on social grounds include orphans, and elderly people who have become separated from their families.

5.2.1 Checking agreements

Be clear with the local administration and local leaders which people will be eligible for your feeding, and make clear to them how your screening will find them. Tell them exactly who you want brought for screening:

— whole families or only children?
— all children or only the thin ones? (show them what 70% & 80% children look like)
— only the children under 110 cm? (give the local leader a stick with a 110cm notch)

— all school-age children, any, only thin ones?
— any adults, PLWs, thin/old people?

5.2.2 Vouching

Arrange a vouching system both for screening and for registration. It may be important to ensure that people from specific communities only are included in the programme.

Remember to use the Farmers' Association system. The FA reps know their area and their people. A Farmers' Association Chairman, for instance, can vouch for all the mothers if not all the children in his area.

If a personal vouching is not possible, discuss with the FA reps how to run a chit voucher system with minimal abuse.

NUTRITIONAL STATUS on registration or re-weighing	FEEDING CATEGORY
1. **Under 70% WFL** or kwashiorkor, acute infections (especially measles)	full or supplementary cooked feeding (OR take-home pre-mix) close supervision, regular medical checks weekly weight monitoring
2. **70-79% WFL**	full or supplementary cooked feeding (OR take-home pre-mix)
if healthy:	monthly weight monitoring
if ill:	weekly weight monitoring
3. **80-90% WFL**	adequate family ration (take-home pre-mix if not)
if healthy:	occasional weight monitoring
if ill:	consider for 70-79% group
4. **Over 90% WFL**	rely on family ration
5. **In-patients**	feed as under-70% group
6. **Out-patients**	agree on illness criteria for who needs feeding
7. **Babies (0-12 months):** ALL babies under 4 months	Feed mother-baby unit as in 5.2.4.3
Babies 4-12 months: a. by WFL	Feed mother-baby unit as in 5.2.4.3
b. under 80% WFA	As 5.2.3.4 if greater than 100% WFL As 5.2.3.2 if less than 100% WFL

5.2.3 Children under 5

The above are guideline feeding categories only; the first option in each category is the ideal, but the full system presented could only be operated where you have full regular supplies of food, fuel and equipment, and a large trained staff.

5.2.4 Pregnant and lactating women (PLWs)

1. All pregnant women	SUPPLEMENTARY feeding, if you have enough food
2. Mothers of babies 4 months old or less	SUPPLEMENTARY feeding, if you have enough food
3. Women breastfeeding babies over 4 months	Feed according to child's nutritional status

5.2.5 Elderly, sick & malnourished adults

Find out from RRC if all elderly are covered by RRC household distributions.

If not, and if you have enough food to feed these adults as well as the young children and PLWs, ask the health service to help you decide which ones need feeding the most, on clinical grounds, and get an RRC/DRC committee to decide which are neediest on social grounds.

5.2.6 Checking estimates

Check the numbers from your screening against the estimate of feeding numbers from your survey - if they differ greatly you may need to revise your estimates of supplies required.

5.3 Registration

Agree both registration and discharge criteria with the DRC.

5.3.1 Coordination

Coordinate registration days & procedure with

— family distribution by RRC or others
— immunisation work by MOH or others

5.3.2 System

Set up a "production line" system for registration

1. waiting area
2. recording of identification details
3. weighing
4. length measurement
5. attach an ID number to each feeder eg. on Dymo tape in a hospital-type plastic ID bracelet
6. health check
7. Vitamin A capsule
8. measles vaccination
9. information about rations or feeding

5.3.3 Registration Details

Have a registration book and a record card for each feeder

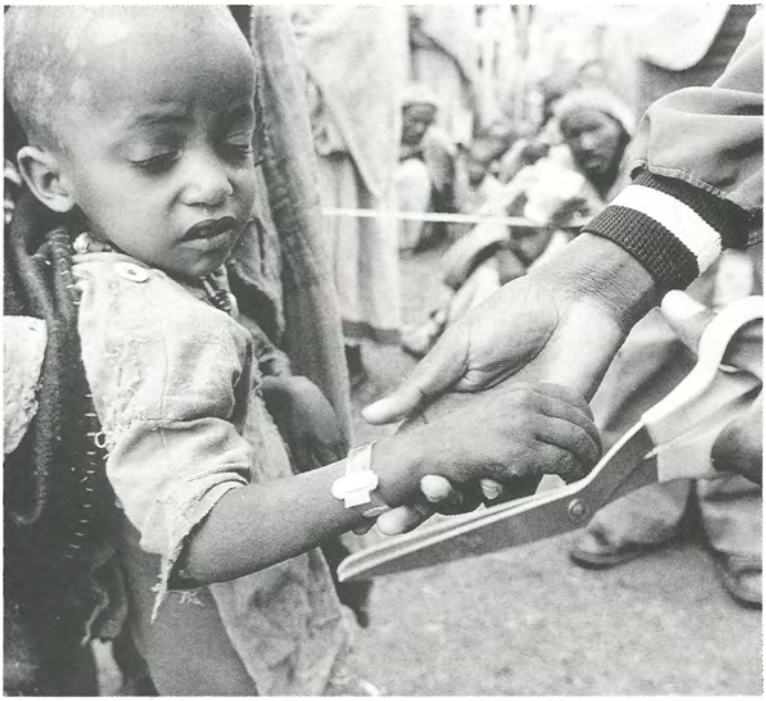
Make strong boxes to keep records in NUMERICAL order.

Include the following registration details in both places:

— date of registration
— farmers' association (or kebele) number *
— feeding programme number *
— type of feeding (dry ration, intensive, special care)
— full name
— mother's name can be useful for tracing children for vaccination, medical follow-up etc.
— age on registration (in months if under 5 yrs)
— sex
— weight on registration, to the nearest 0.1 kg
— length or height on registration, to the nearest 0.5 cm
— calculated WFL% on registration (nearest whole %)

— date of discharge
— weight on discharge
— calculated WFL% on discharge (nearest whole %)

*ID numbers are most useful when they contain both FA no. and feeding programme number, eg 17/9529. Each feeder must carry/be labelled with his ID no.



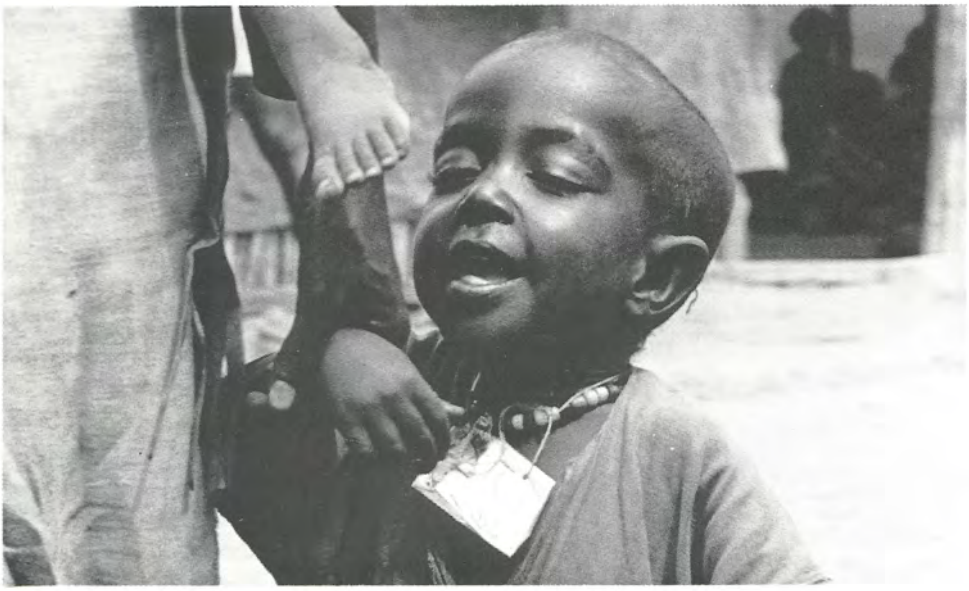
5.3.3

Identification of feeders is necessary to ensure that those designated as in need receive their share. The ID system also facilitates monitoring of feeders' progress and the impact of the whole programme.

A. imported hospital identification bracelets

B. card encased in plastic hung on the traditional necklace.

(Photos: Mike Wells)



Record cards will also need a column or space each for:

— attendance
— change in weight
— change in WFL%
— remarks
— dates and doses of Vitamin A, de-worming, vaccinations

These should be filled in at each re-weighing.

Registration and weight monitoring card

Reg. No.....

Name.....

M's Name.....

F.A.....Parish.....

Age.....Months..... M–F Sibs.....B–O.....

Date	Feeds	Wt	Ht	%	dWt	Reasons	

Continuation cards can be stapled on.

These cards are kept, in strong boxes, in numerical order, in the site central office, as the main record for each feeder.

The supervised intensive ('therapeutic) feeding section should keep current attendance and weight-change records for each feeder in their care.

5.3.4 Health check

While the child's nutritional status is being calculated, a medical check will:

— determine whether there are additional medical grounds for feeding.

— separate the seriously-ill in an in-patient area immediately, & isolate infectious cases.
— assess any anaemias for non-nutritional causes.

Eligibility and feeding group should be decided on the basis of nutritional status and health.

Wait to de-worm those feeders who will remain under your close supervision until they are well established in your programme, eg after one week.

NB Thorough medical examination of all children registered for special care or intensive feeding should take place as soon as they have had their first meal and settled in.

5.3.5 Supervised intensive = Special care = Therapeutic

Feeding

Register these categories if your supplies and staff are adequate to cope with the numbers:

1. All children under 70% WFL
2. Children 70-74% WFL with
   — fever, measles
   — BAD diarrhoea
3. All seriously ill children and adults, including kwashiorkor cases.

Provide shelter for these children ONLY if you have good sanitation, space (min. 1 sq m per child), and enough staff. Otherwise you may spread infections and increase rather than decrease the death rate.

Provide minimum 4 feeds a day (& 2 meals for mothers)

Keep attendance & weight change records for all feeders.

5.3.6 Intensive = Full, general feeding

Register as many of these categories as you have food supplies, space and staff for:

1. All those in 5.3.5 not cared for
2. All children under 80% WFL

3. Children 80-84% WFL with:

   — fever
   — BAD diarrhoea
   — no parents
   — Vitamin A deficiency signs
   — anaemia signs

5.3.7 Supplementary feeding

Register one or more of the following:

1. All those in 5.3.5 & 6 not cared for
2. Sick children over 80% WFL
3. Pregnant & lactating women
4. Very thin adults
5. Old people

5.3.8 Vitamin A

Give all children above 24 months and all pregnant women in their last trimester and lactating women one 2,000,000 IU Vitamin A capsule on registration, to be repeated:

   — one week later
   — every 4-6 months

Children 6-24 months should receive one 1,000,000 IU capsule (or half a 2,000,000 IU dose) on the same basis.

5.3.9 Rules for newcomers

1. Make and keep strict rules about who is allowed to live and feed with the feeder registered, and identify them so that guards and food distributors can recognise them and keep others away, at least at feeding times. Relatives of young children and sick people may have to be accepted for feeding, especially in a live-in programme; try to restrict them to one per feeder.

2. Explain feeding eligibility and the different feeding groups to mothers, guide them to the appropriate feeding area, and make sure that they are instructed by the staff of that area about hand-washing, area rules, and who to ask if they or their children have health or other problems.

5.3.10 De-lousing

Arrange de-lousing for live-in feeders before settling them in with "clean" feeders. See 4.13.7 re steaming.

5.3.11 Health education

Don't be too ambitious. Choose only those improvements which are possible and if achieved will make an impact on the general level of health. See 4.11.6.

An impact on hygiene is best achieved by showing people what to do, and enforcing hygienic behaviour with strict rules. It's not very difficult, because most people enjoy being clean, if only they have enough water for it.

Once your system of:

— washing & de-lousing on admission
— strict proper use of latrines
— hand-washing after latrine-use & before all meals
— eye and face washing, where water supplies permit
— bathing regularly, where water supplies permit

has taken hold, people will keep a watch on each other. At that stage, the auxiliaries can sit down with small groups, and discuss the links between hygiene and health, protection of water supplies, safe drinking water, and go on to teach rehydration therapy, including ORS, for diarrhoea.

5.4 Monitoring

Monitoring involves:

— repeating the basic elements of the registration procedure at regular intervals
— weighing and measuring, and summarising them
— keeping track of food consumption

From the weights you can keep a check on the progress of each individual child; and by summarising all this information you can keep a check on the progress of the whole programme.

Not only do you need this information for your own reports, and for planning, but the RRC requires all feeding programmes to report regularly on numbers, nutritional status and food consumption.

5.4

Regular monitoring of weights provides a check on the individual feeders' progress. Summarised weight change data indicates how effective the whole programme is.
(Photo: Mike Wells)

5.4.1 Recording attendance

Rough attendance method - for large numbers, and for children above 70% WFL

At registration and each re-weighing, give a plastic tag 5cm wide & 15cm long, with the feeder's feeding programme number on it, to each feeder. Most of the Korem feeders threaded this onto their necklaces. The colour of the plastic should change each time the feeder is weighed, to the colour for that re-weighing. At each feeding, the guard at the entrance to the feeding punches one hole in each piece of plastic.

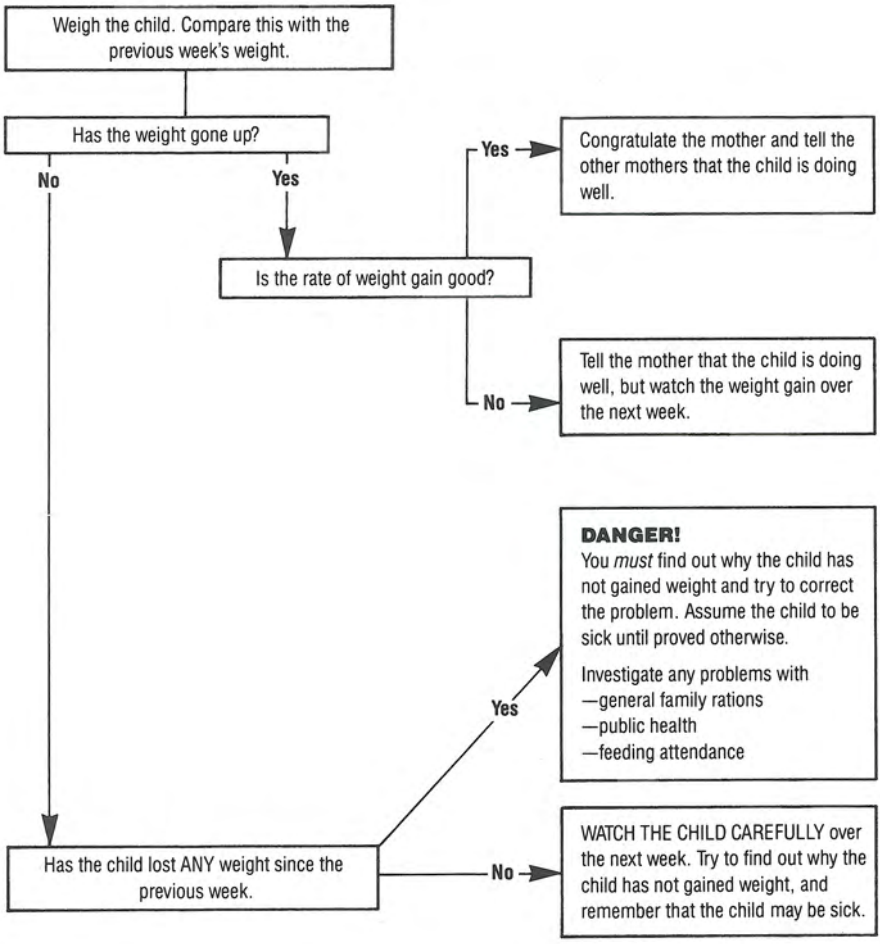
At each re-weighing, count the number of holes in the plastic and note the number in the attendance column. This will give a rough idea of feeding attendance rates.

Strict attendance method—for small numbers, and for children under 70% WFL

Keep attendance forms and tick each child at each feed.

At each re-weighing note the number of ticks in the attendance column on the record card.

How to deal with weight gain and loss in children on therapeutic feeding



REMEMBER!

A child with kwashiorkor will LOSE WEIGHT before he starts to GAIN WEIGHT (due to loss of oedema), but should be starting to gain weight after the first week of intensive feeding.

Source: E. Archer (see 1.3)

5.4.2 Weighing

Changes in weight are the best indication of success or failure of a feeding programme.

WEIGH all feeders regularly:

— monthly, for dry ration recipients
— minimum monthly for intensive feeders
— weekly for special care feeders

RECORD their weights etc. on their record cards.

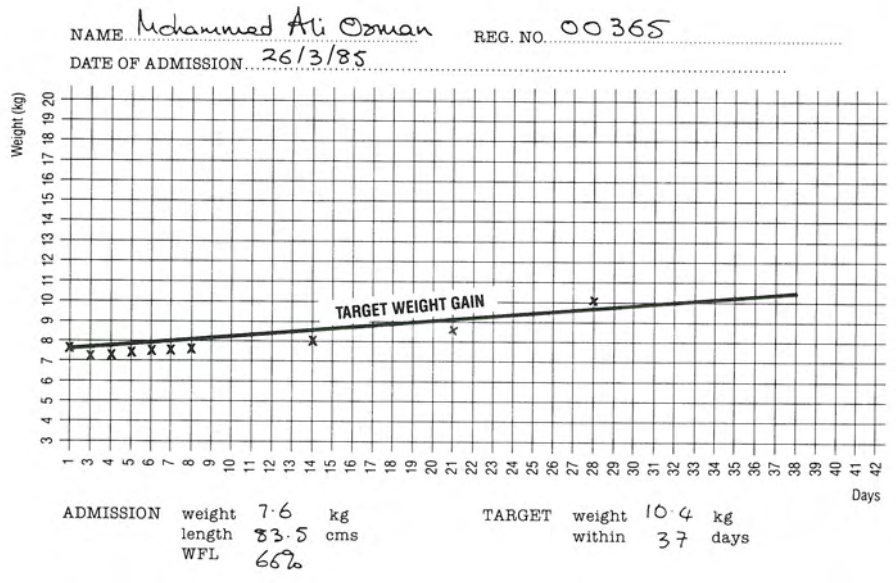
The sample record card has a target weight (= 90% WFL on registration) plotted, at the rate of 10g/kg/day weight gain. Keeping such charts can be used to maintain staff interest in problem children.

All feeders should be regularly gaining weight; if they are not, the reason must be investigated, noted in the remarks column, and acted on.

NB Kwashiorkor cases should first LOSE weight, until their oedema has disappeared. Plot their target weight and rate of gain after the oedema has gone down.

Don't be satisfied with a simple weight gain; compare low weight gains with the standard weight gain rate table (8.8).

Weight chart for therapeutic feeding



Therapeutic feeders who are not ill can gain 10g/kg/day.

Try to find a reason for low weight gain; if you can't, consult the medical staff.

Remember to check the scales every 25 weighings.

5.4.3 Medical referrals

All feeders who attend regularly and eat their food, but do NOT gain weight, must be referred to the medical service for checking, with a record of their feeding and weight history.

On their return they should report to a member of staff who will check that they carry out any treatment prescribed.

5.4.4 Length

Take the length of all children on cooked feeding programmes at least once a month and re-calculate their WFL% to see whether you need to change their feeding group, or discharge them.

5.4.5 Records

Note attendance, new weight, new length and new WFL% on each feeder's card. If you use Road-To-Health cards, rule new columns for length and WFL% as well as noting dates and amounts of distributed food.

Store feeder cards in strong boxes, arranged according to registration number. Any other arrangement should be cross-referenced with the registration numbers. (Special foods may come in small boxes suitable for keeping your record cards in. Grab them.)

5.4.6 De-worming

Start this treatment the first time the feeder is re-weighed. Mark on the feeder's record card when this should be repeated. Make sure the child swallows the de-worming syrup/tablet.

5.4.6

Always make sure that vitamins, de-worming syrup, as well as medicines prescribed by the doctor are actually swallowed.
(Photo: Sharon Welch)

5.4.7 Vitamin supplementation

See 5.3.8

Vitamin A supplementation can be administered on registration or at the first re-weighing. The date must be noted: children should receive another capsule every 4-6 months.

Other vitamin supplementation is according to the nutritionist's or doctor's discretion, and must be recorded in the same way.

5.4.8 Programme monitoring

Use the monitoring information to evaluate both individual and feeding programme progress.

— weight gain or loss is the best measure of individual progress.
— the proportion of children gaining weight every week or month gives a picture of the progress of the programme as a whole. Aim at over 50% of the under-70% group, and higher for the less malnourished groups.
— use change in WFL% to judge when feeders can change feeding categories or be discharged. Keep a record of these changes too. At least keep a tally of each kind of change at each re-weighing. Make sure that more are changing to a

group with higher WFL% than to a group with lower WFL%. If not, investigate and note the reason why (food supplies, epidemics, etc).

Keep records of these changes and enter them on reporting forms as in 5.13.

5.5 Discharging

As soon as you finish your first round of registration and distribution and/or feeding, check again with the local DRC that you agree about discharge criteria.

1. All discharges must have alternative feeding, either from an expected crop or from dry rations.

2. Discharges from a cooked feeding programme must be in good health, and have a good appetite.

Feeding category	Discharge procedure
SUPERVISED INTENSIVE (admitted at <70% WFL)	to Intensive Feeding when they reach 80% WFL if they are healthy OR to dry rations when they are 90% WFL
Babies (1-12 months) under 80% WFA	Discharge at 90% WFA
INTENSIVE (ADMITTED AT <80% WFL)	to Supplementary Feeding OR to dry rations at 90% WFL and healthy
SUPPLEMENTARY & DRY RATION feeders	Discharge when farmers' supplies return to normal.

DON'T discharge feeders unless the discharge criteria are met -they will only be back the next week if you do. If the dry ration distribution has collapsed, do your best to get it re-organised so that you can discharge as soon as possible.

Arrange for discharge dates to immediately precede or coincide with the appropriate day of dry distribution, so that discharged children or families can get themselves registered in time to receive food to go home with.