TOOL 2: Program Planning by Program Type

Community-Based Management of Acute Malnutrition

	Stabilization Center (SC)	Outpatient Therapeutic Care (OTP)	Targeted Supplementary Feeding Program (TSFP)
Justification for Intervention	• Inpatient sites (e.g., clinics, hospitals) require additional support in order to effectively treat cases of SAM with complications	• Prevalence of SAM > 2% • High incidence of SAM	• High prevalence of acute malnutrition: GAM > 15% • High incidence of moderate acute malnutrition (MAM)
Purpose	• Treat SAM with complications (approximately 15% of children with SAM will require inpatient care) • Prevent excess mortality • Build capacity of MoH	• Treat SAM • Prevent excess mortality • Build capacity of MoH	• Treat MAM • Prevent deterioration to SAM • Treat MAM of PLW and protect nutritional status of infants • Build capacity of MoH/local partner
Target Group	• Children 6-59 months with SAM with complications • Severely malnourished infants < 6 months	• Children 6-59 months with SAM without complications	• Children 6-59 months with MAM • Acutely malnourished Pregnant Women and/or Lactating Women with infants < 6 months
Where	• Existing referral hospitals for inpatient care in emergency situations • Separate SC units may need to be set up to serve a geographic area or additional caseload	• Implement OTP with MoH in existing health facilities or through community health workers • In emergency situations, separate OTP sites may need to be set up to serve a geographic area or additional caseload	• Treatment of MAM can take place at the OTP, particularly if you are using RUSF. Extra staff may be needed to manage the caseload. A separate location can be set up if the caseload is very large. • In emergency situations, separate TSFP sites may need to be set up to serve a geographic area or additional caseload
Number of Sites	• Dependent upon size of location; usually one district hospital/SC as a reference site for at least five OTPs/health facilities • *Provide transport to and from hospital, if necessary*	• Focus on high priority target areas • See toolkit for site selection criteria • Do not open more OTPs than you can reasonably manage given resources and capacity	• Focus on high priority target areas • See toolkit for site selection criteria • Do not open more TSFPs than you can reasonably manage given resources and capacity

Beneficiary Visit Frequency	• Inpatient • Average length-of-stay is 3-7 days	• Every week or two weeks, dependent upon context • Average course of treatment is 2-3 months	• Every two weeks or every month, dependent upon context • Average course of treatment 2-3 months
Program Length	• Inpatient sites should be permanent • Support to MoH until capacity is built to effectively manage caseload • Additional units may be closed as crisis is alleviated	• Usually12 months with view to long-term management by MoH through existing health facilities. • Additional units may be closed as crisis is alleviated	• 12 months with view to long-term management by MoH
NOTE			• TSFP should NOT be implemented where GFD is inadequate or household food security is not assured, as it is likely the TSFP ration will be shared among family

Essential Supplies – See Tool 4: Estimating CMAM Program Supplies

	Stabilization Center (SC)	**Outpatient Therapeutic Care (OTP)**	**Targeted Supplementary Feeding Program (TSFP)**
Nutritional Products	• F75 and F100 • A small supply of RUTF is required to transition children to OTP • UNICEF or the MoH usually provide these supplies. Check to ensure there is sufficient supply of these products. • A buffer stock may be required • Consider whether and what support may be needed to support the supply chain for these products (i.e., transport support to nutrition sites)	• Ready to Use Therapeutic Food (RUTF) • UNICEF or the MoH usually provide these supplies. Check to ensure there is sufficient supply. • A buffer stock may be required • Consider whether and what support may be needed to support the supply chain for these products (i.e., transport support to nutrition sites)	• Ready to Use Supplementary Food (RUSF) • WFP provides these supplies. Check to ensure there is sufficient supply. • A buffer stock may be required • Consider whether and what support may be needed to support the supply chain for these products (i.e., transport support to nutrition sites)
Fortified Blended Food ***(CSB/WSB products)***	• May be used for food for caregivers • WFP frequently provides for inpatient caretaker rations	• May be used as a family/protection ration to prevent sharing of RUTF • WFP may provide these supplies	• May be used for children or PLW rations if RUSF is not available • Can be used in situations where logistics/storage is not a problem and fuel and water are available for cooking

Anthropometric Supplies	• MUAC tapes • Height board for children and for infants • Electronic scales and Salter scales • Request supplies from UNICEF	• MUAC tapes for OTP and for active case finding • Height boards • Scales (Salter or electronic) • WFH Z-score tables • Request supplies from UNICEF	• MUAC tapes for SFP and for active case finding • Height boards • Scales (Salter or electronic) • WFH Z-score tables
Basic Drugs	• See WHO inpatient guidelines • UNICEF/WHO/MoH provide essential medicines for inpatient care	• Amoxicillin, Vitamin A and albendazole are essential drugs. Request from UNICEF or MoH • May need to purchase buffer stock	• Vitamin A, albendazole and MMN for PLW Request from UNICEF or MoH • May need to purchase buffer stock. If unavailable in an emergency, purchase from private resources.
Other Essential Supplies	• Inpatient cards • Protocol sheets • Transfer slips • File for report sheets • List of OTP sites • See Forms section of Toolkit or National Protocols, where appropriate	• OTP cards • Protocol sheets • Thermometer • Stop watch • Scissors • Soap • Jugs and cups • Clean water for drinking • File for OTP cards • File for report sheets • Referral slips • Community volunteer forms • See Forms section of Toolkit or National Protocols, where appropriate	• SFP cards • Protocol sheets • Scissors • Soap • Jugs and cups • Clean water for drinking • File for report sheets • Referral slips • Community volunteer forms • SFP Register book • See Forms section of Toolkit or National Protocols, where appropriate

Agreements, Staffing, and Training

	Stabilization Center (SC)	Outpatient Therapeutic Care (OTP)	Targeted Supplementary Feeding Program (TSFP)
Agreements & MOUs	***Agreements must be a priority. This can delay programming start-up if not in place.***		
	• MOU with MoH • PCA with UNICEF for supplies	• MOU with MoH • PCA with UNICEF for supplies	• MOU with MoH • FLA with WFP for supplies
Staff Recruitment	***Recruitment of key staff is an essential priority to ensure effective programming.***		
	• Nutrition Program Lead to support MoH staff and/or coordinate with other agencies supporting inpatient care • May sometimes need to second medical staff to MoH to fully staff inpatient facility • Additional staff may be required for breastfeeding support See toolkit for sample JDs	• Nutrition Program Lead • Nutrition Team (approximately 5/team) depending on size of program, including both CMAM and IYCF/IFE staff • MoH nurses and other health staff currently working in health facilities See toolkit for sample JDs	• Nutrition Program Lead • Nutrition Team (approximately 5/team) depending on size of program, including both CMAM and IYCF/IFE staff • MoH nurses and other health staff currently working in health facilities See toolkit for sample JDs
Volunteer Recruitment	• Use existing community health workers, outreach workers, and volunteer networks	• Use existing community health workers, outreach workers, and volunteer networks	• Use existing community health workers, outreach workers, and volunteer networks
Health Worker Training	• In collaboration with UNICEF See Harmonized Training Package	• Three-day training for health workers, SC staff, and MoH staff (at least one from each site) See Harmonized Training Package	• Same as OTP if MAM is included in OTP • One-day training if only SFP See Harmonized Training Package
Volunteer Training	• One- to two-day training • Health workers should be represented (or lead the training) to ensure good communication and referral systems	• One- to two-day training • Health workers should be represented (or lead the training) to ensure good communication and referral systems	• One- to two-day training • Health workers should be represented (or lead the training) to ensure good communication and referral systems
Protocols	• Use National CMAM/IMAM protocols If none exist, adapt toolkit protocols as needed.	• Use National CMAM/IMAM protocols If none exist, adapt toolkit protocols as needed.	• Use National CMAM/IMAM protocols If none exist, adapt toolkit protocols as needed.
Monitoring & Reporting	• Use National or UNICEF reporting forms/databases If none exist, adapt toolkit forms as needed.	• Use National or UNICEF reporting forms/databases If none exist, adapt toolkit forms as needed.	• Use National or WFP reporting forms/databases If none exist, adapt toolkit forms as needed.

Other Emergency Nutrition Interventions

	Blanket SFP	General Food Distribution (GFD)	Wet Feeding	Micronutrient Supplementation
Justification for Intervention	• High prevalence of acute malnutrition • Blanket SFPs are usually implemented in combination with the GFD. They can also be implemented as a stand-alone program (while waiting for the GFD to be established) or as short-term measure during a seasonal *hunger gap*.	• Inability of the population to meet their immediate food needs • GFD is free distribution of a combination of food commodities (normally a take-home ration) to the affected population as a whole • Target groups and ration size may alter with the severity of the situation	• Inability of the population to meet their immediate food needs • A ration provided as a cooked meal or ready-to-eat food for an initial period during an acute emergency. These rations may be appropriate when people are on the move, in environments of extreme insecurity and carrying food home would put beneficiaries at risk of abuse, or when major displacement results in people losing assets (cooking equipment and/or fuel) or leaves them too weak to cook for themselves, or other exceptional circumstances.	• High prevalence of micronutrient deficiencies • Inadequate general rations
Purpose	• Prevent MAM from increasing among a specific target group in the population for a specific period of time • To prevent deterioration in the nutritional status of at-risk groups in a population • Prevent morbidity and morality	• Save lives / to meet immediate food needs of populations cut off from their normal sources of food • Prevent acute malnutrition and micronutrient deficiencies • Preserve livelihoods, and prevent the adoption of damaging coping strategies	• Save lives / to meet immediate food needs of populations cut off from their normal sources of food • Prevent acute malnutrition and micronutrient deficiencies • Preserve livelihoods, and prevent the adoption of damaging coping strategies	• Reduce prevalence of micronutrient deficiencies among a specific target group for a specific period of time in the population • Prevent morbidity and morality • Treatment of specific micronutrient deficiencies is usually implemented through a health program

Target Group	• ALL children 6-24 months or 6-59 months irrespective of nutritional status • Sometimes PLWs from last trimester to child of 6 months • Sometimes additional groups, e.g., TB, HIV	• The disaster-affected population, including those most at risk	• Target group may vary depending on context • May target only children and pregnant and lactating women, school children, or sometimes entire families in transit	• Dependent upon micronutrient
Where	• Blanket prevention programs take place at a specific site	• Dependent upon context • Sites should be planned to avoid overcrowding, to provide security, and to be easily reached by the affected population	• Dependent upon context • Sites should be planned to avoid overcrowding, to provide security, and to be easily reached by the affected population	• May be integrated into CMAM, health programs, EPI campaigns, or other programs that provide an entry point to high-risk target groups
Number of Sites	• Determined with local authorities/community leaders • Number of sites dependent upon size of target beneficiaries	• Dependent upon context • Sites should be planned to avoid overcrowding, to provide security, and to be easily reached by the affected population	• Dependent upon context • Sites should be planned to avoid overcrowding, to provide security, and to be easily reached by the affected population	• Dependent upon distribution modalities
Beneficiary Visit Frequency	• One time only, or every month	• Usually a monthly distribution for a set time period	• Daily, or for each meal	• Dependent upon distribution modalities
Program Length	• During Hungry/Lean season, for 3-4 months • During a nutritional emergency, for 3-6 months	• Dependent upon context, but should continue until the population's access to a nutritious diet is ensured	• Dependent upon context, but should continue until the population's access to a nutritious diet is ensured • As soon as conditions allow, wet feeding should be converted to a take-home ration	• Dependent upon context

NOTE	• Anthropometric status is not a criteria for registration in the blanket SFP. If possible, screening is done to ensure individuals with SAM and MAM are referred to appropriate therapeutic and supplementary services.	• Rigorous monitoring of the entire food distribution chain is essential. Ideally, monitoring should be carried out by agencies who are not responsible for the distribution.	• Implementation of wet feeding carries a significant risk of contagion and, therefore, should be implemented only when a take-home ration is not feasible. • Anthropometric status is not a criteria for registration in the wet feeding program. If possible, screening is done to ensure individuals with SAM and MAM are referred to appropriate therapeutic and supplementary services.	

Essential Supplies

	Blanket SFP	General Food Distribution (GFD)	Wet Feeding	Micronutrient Supplementation
Nutritional Products	• Usually FBF or Plumpy'Doz • WFP usually provides supplies for blanket supplementary feeding. Check to ensure supply is sufficient. • A buffer stock may be required	• Composed of a minimum of cereals, pulses, and oil, with additional items added as appropriate and feasible • Nutritional requirements: -- 2,100 kcals/person/day -- 10% of total energy provided by protein -- 17% of total energy provided by fat -- Adequate micronutrient intake • Depending on context, ration should provide 100% of needs, or make up the difference between nutrition requirements and what the target population is able to access on their own	• Depending on context, ration should provide 100% of needs, or make up the difference between nutrition requirements and what the target population is able to access on their own	• Dependent upon micronutrient deficiency to be addressed • However, there are several products that provide a preventative dose of a number of micronutrients. These products can ensure at-risk target groups meet their daily requirements of micronutrients. Examples include Sprinkles powder and UNICEF's Multiple Micronutrient (MMN) tablets formulated for women.

Fortified Blended Food ***(CSB/WSB products)***	• May be used for Blanket SFP in situations where food insecurity is a significant problem and/or there is no general ration in place	• Usually included in a GFD	• Usually included in a wet feeding ration	• NA
Anthropometric Supplies	• MUAC tapes to use for screening at distribution site to find and refer children to OTP	• NA	• MUAC tapes for active case finding • Cooking equipment	• NA
Basic Drugs	• May include Vitamin A and albendazole	• NA	• May include Vitamin A and albendazole	• MMNs, Sprinkles, or micronutrient supplement as required by specific target group
Other Essential Supplies	• Register book • Ration card • MUAC tapes for screening • Soap • Water, cup, and spoon to give medicines	• GFD ration cards • GFD register • Post-distribution monitoring forms	• Cooking fuel • Handwashing facility and soap • Cleaning supplies • Sufficient quantity of dishes/cups for ration distribution • Potable water for drinking	• Protocols/dosage information for health workers • Identification of micronutrient deficiencies, referral criteria, and list of health sites for treatment • Usage instructions for community

Agreements, Staffing, and Training

	Blanket SFP	**General Food Distribution (GFD)**	**Wet Feeding**	**Micronutrient Supplementation**
Agreements & MOUs	***Agreements must be a priority. This can delay programming start-up if not in place.***			
	• MOU with appropriate authority • FLA with WFP for supplies	• MOU with appropriate authority • FLA with WFP	• MOU with appropriate authority • FLA with WFP	• MOU with appropriate authority • MOU with UNICEF for supplies

	Recruitment of key staff is an essential priority to ensure effective programming.			
Staff Recruitment	• Nutrition Program Lead • Registrars, Distribution staff (2 or more staff) depending on size of program • Community volunteers/local authorities should be used for organization and security	• Usually not considered part of Nutrition program • However, if program requires sufficient number of distributors, then will need to take security of the site into account	• Nutrition Program Lead • Registrars, cooks, cleaners, and distributors depending on size of program • Community volunteers/local authorities should be used for organization and security	• Nutrition Program Lead • Usually integrated into existing programs
Volunteer Recruitment	• Use existing community health workers, outreach workers, and volunteer networks	• Usually identified by community/leaders	• Use existing community health workers, outreach workers, and volunteer networks	• Use existing community health workers, outreach workers, and volunteer networks
Health Worker Training	• Half-day training	• Nutrition program usually not responsible for training GFD staff	• Half-day training	• Half-day training
Volunteer Training	• One- to two-day training • Nutrition workers should be represented (or lead the training) to ensure good communication and referral systems	• Nutrition program usually not responsible for training GFD volunteers	• One- to two-day training • Nutrition workers should be represented (or lead the training) to ensure good communication and referral systems	• One- to two-day training • Nutrition workers should be represented (or lead the training) to ensure good communication and referral systems
Protocols	• Usually WFP determine ration size and distribution mechanism	• Usually WFP determine ration size and distribution mechanism	• Usually WFP determine ration size and distribution mechanism	• MoH/UNICEF/WHO protocols
Monitoring & Reporting	• Reporting according to WFP requirements	• Reporting according to WFP requirements	• Reporting according to WFP requirements	• Reporting according to MoH/UNICEF/WHO requirements

Other nutrition interventions may be considered, such as school feeding and growth monitoring. These are not standard emergency nutrition interventions and have not been included in this tool. However, guidelines for these programs are available through Ministries, UN organizations, and professional networks such as ENN.