

MODULE SIX

Supplementary Feeding for the Management of Moderate Acute Malnutrition (MAM) in the Context of CMAM

MODULE OVERVIEW

The module outlines the issues that should be considered when programmes or services for the management of moderate acute malnutrition (MAM) are part of community-based management of acute malnutrition (CMAM) services.

The module focuses on supplementary feeding. Because most experience in management of MAM in CMAM has been in emergency situations to-date, particular focus is given to supplementary feeding programmes (SFPs), an emergency intervention.

The module addresses who is admitted to supplementary feeding and briefly describes the types of medical treatment and nutrition rehabilitation with supplementary food rations commonly used in supplementary feeding. The module also describes how supplementary feeding fits in as a component of CMAM services. Emphasis is placed on ensuring a smooth referral process among CMAM components (e.g., from supplementary feeding to outpatient care or inpatient care).

This module should be used alongside national guidelines for the management of MAM in SFPs.

The module includes a half-day site visit to a supplementary feeding site.

SUPPLEMENTARY FEEDING FOR THE MANAGEMENT OF MAM IN THE CONTEXT OF CMAM: CLASSROOM

LEARNING OBJECTIVES	HANDOUTS AND EXERCISES
1. Describe Some Types of Programmes to Manage MAM and How this Component Fits Within CMAM	Handout 6.1 Supplementary Feeding to Manage MAM in Emergencies Handout 6.2 Principles of Supplementary Feeding for the Management of MAM
2. Describe Admission to and Discharge from Supplementary Feeding for the Management of MAM	Handout 6.3 Admission Procedures in Supplementary Feeding Handout 6.4 Admission Criteria and Entry Categories for CMAM Handout 6.5 Discharge Criteria and Exit Categories for CMAM Handout 6.6 CMAM Classification of Acute Malnutrition Handout 6.7 Supplementary Feeding Treatment Card Cards with Admission Criteria
3. Discuss Medical Treatment and Nutrition Rehabilitation in Supplementary Feeding	Handout 6.8 Medical Treatment Protocols for Management of MAM in Supplementary Feeding Handout 6.9 Nutritional Rehabilitation Protocols for the Management of MAM in Supplementary Feeding Handout 6.10 Food Commodities Used in Supplementary Feeding Handout 6.11 Supplementary Feeding Ration Card
4. Practice Making Referrals from Supplementary Feeding to Outpatient or Inpatient Care Wrap-Up and Module Evaluation	Handout 6.12 Referral Slip Exercise 6.1 Referrals in CMAM



MATERIALS

- National guidelines and protocols for supplementary feeding where available
- Copies of local supplementary feeding treatment cards and supplementary feeding ration cards
- Copies of **Handout 6.10 Referral Slip**
- Handouts and exercises
- Cards with admission criteria
- Flip charts
- Markers
- Masking tape

ADVANCE PREPARATION

- Room setup, materials
- Preparation of a set of cards with an admission criterion from inpatient care, outpatient care or supplementary feeding written on each



MODULE DURATION: TWO HOURS OF CLASSROOM FOLLOWED BY A

HALF-DAY SITE VISIT

Note: Depending on the needs of their audience(s), trainers may choose to skip or spend more or less time on certain learning objectives and activities. The module duration is an estimate of the time it takes to complete all the learning objectives and activities.

LEARNING OBJECTIVE 1: DESCRIBE SOME TYPES OF PROGRAMMES TO MANAGE MAM AND HOW THIS COMPONENT FITS WITHIN CMAM



Become familiar with **Handout 6.1 Supplementary Feeding to Manage MAM in Emergencies** and **Handout 6.2 Principles of Supplementary Feeding for the Management of MAM**.



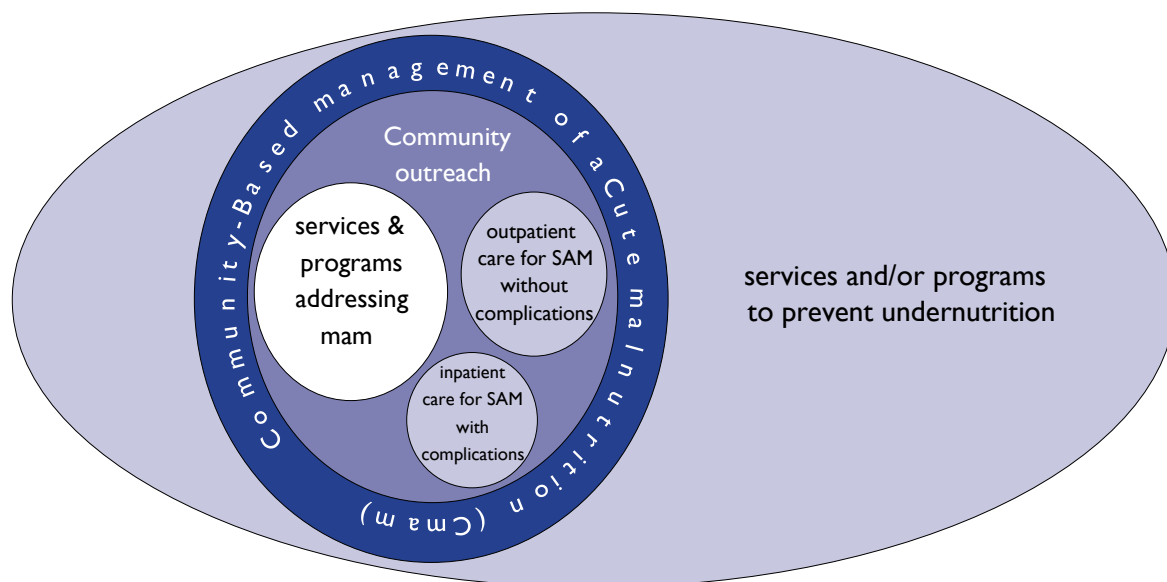
WORKING GROUPS: THE ROLE OF PROGRAMMES TO MANAGE MAM IN

CMAM. Form working groups of five participants. Draw **Figure 1** on a flip chart. Ask participants to answer the following questions in groups:

- What is management of MAM in the context of CMAM?
- Why are services or programmes to manage MAM necessary?
- Why are services or programmes to manage MAM the largest CMAM component?

Ask groups to share in plenary. Discuss and fill in gaps.

FIGURE .1. CORE COMPONENTS OF CMAM



PARTICIPATORY LECTURE: PURPOSE AND TYPES OF SUPPLEMENTARY FEEDING

Explain to participants that supplementary feeding, as implemented in the emergency context, will be the primary focus of discussion for the management of MAM in CMAM. Ask if anyone can define what

supplementary feeding is and whether anyone has experience working with working in supplementary feeding. Fill in the gaps with the definition for supplementary feeding in **Handout 6.1 Supplementary Feeding to Manage MAM in Emergencies**. Explain the difference between blanket supplementary feeding and targeted supplementary feeding, stressing that the supplementary feeding discussed in this module as part of CMAM are targeted supplementary feeding. Refer participants to **Handout 6.1** and to **Handout 6.2 Principles of Supplementary Feeding for the Management of MAM** for reference in the future.

Continue covering the main points in **Handout 6.1, Sections B and C** to explain supplementary feeding as an emergency intervention in the context of CMAM, objectives of an SFP, and when to start and close an SFP. Ask questions to ensure comprehension. Ask participants why it is important to keep supplementary feeding activities separate from outpatient care and the health facility's ongoing activities (answer: because crowds can develop in response to the food rations and this could interfere with the health facility's ongoing activities). Emphasize the following key points as well:

- Supplementary feeding might be part of integrated CMAM services. It may be operated by the same agency or by a different one.
- Effective monitoring and close coordination among supplementary feeding, outpatient care and inpatient care are critical for ensuring a smooth referral process, especially where different agencies are managing the different components of CMAM.
- Bilateral pitting edema, mid-upper arm circumference (MUAC) and weight should be checked at every session to identify children who need to be referred to outpatient or inpatient care. Where weight-for-height (WFH) is used, height is taken every month.
- Children who are discharged from outpatient care should automatically be included in supplementary feeding, regardless of entry criteria and for a minimum stay of two to three months (depending on national guidelines).



GROUP DISCUSSION: MANAGING MAM IN THE ABSENCE OF SUPPLEMENTARY FEEDING. Explain to participants that there are instances where there is no SFP available. This is likely to be the case when outpatient care is part of routine health care in a non-emergency situation or in a food-secure environment, or when some form of supplementary feeding for the management of MAM might be part of child survival interventions or other national health programmes. It also might be the case after an emergency when resources are no longer available for SFPs

and/or where the prevalence of acute malnutrition has been significantly reduced.

Ask participants how admission and discharge criteria in outpatient care could be adjusted to ensure that those recently recovering from SAM continue to gain weight. Explain **Point 1** from **Handout 6.1, Section D**. Ask participants how rations can be used to ensure the same goal. Discuss **Points 2 and 3** from **Handout 6.1, Section D** in the same context.



WORKING GROUPS: LINKING TO PREVENTION PROGRAMMES.

Ask participants to form working groups by region/district. Introduce **Point 4** from **Handout 6.1, Section D**. Ask participants to reflect on the following questions:

- Is there ongoing supplementary feeding in your district?
- What other programmes exist and how could linkages be established between these programmes and outpatient care?

Ask one group to share their responses and other groups to add new information. Discuss and fill in gaps.

LEARNING OBJECTIVE 2: DESCRIBE ADMISSION TO AND DISCHARGE FROM SUPPLEMENTARY FEEDING FOR THE MANAGEMENT OF MAM



Become familiar with **Handout 6.3 Admission Procedures in Supplementary Feeding, Handout 6.4 Admission Criteria and Entry Categories for CMAM, Handout 6.5 Discharge Criteria and Exit Categories for CMAM, Handout 6.6 CMAM Classification of Acute Malnutrition** and **Handout 6.7 Supplementary Feeding Treatment Card.**



PARTICIPATORY LECTURE: ADMISSION PROCEDURES IN SUPPLEMENTARY FEEDING.

Describe to participants the bullet points outlined in **Handout 6.3 Admission Procedures in Supplementary Feeding, Section A**. Answer any questions.



ELICITATION AND GROUP DISCUSSION: ADMISSION AND DISCHARGE

CRITERIA FOR SUPPLEMENTARY FEEDING. Ask participants to name criteria for admission to supplementary feeding. Many of the criteria will reflect those encountered in **Module 4** as discharge criteria from outpatient care. Write responses on the flip chart. Refer participants to **Handout 6.3 Admission Procedures in Supplementary Feeding** and **Handout 6.4 Admission Criteria and Entry Categories for CMAM**. Review the text and the table, making note of any discrepancies with the answers on the flip chart. Briefly note the admission criteria for pregnant and lactating women, and also that children with MAM who have medical complications are still admitted to supplementary feeding but are referred to medical treatment and return when the medical complication is resolved. Discuss and fill in gaps.

Briefly review **Handout 6.5 Discharge Criteria and Exit Categories for CMAM** and **Handout 6.6 CMAM Classification of Acute Malnutrition** with participants. Answer any questions.



PRACTICE: ADMISSION CRITERIA FOR INPATIENT CARE, OUTPATIENT CARE AND SUPPLEMENTARY FEEDING.

Tell participants that you will be holding up a card with a criterion for admission to inpatient care, outpatient care or supplementary feeding. Ask them to identify which service the admission criterion is relevant to and why. Repeat until participants are comfortable answering or using the reference tables as necessary.



REVIEW: SUPPLEMENTARY FEEDING RATION CARD.

Refer participants to **Handout 6.7 Supplementary Feeding Treatment Card** and briefly review the information recorded on it. Discuss how the supplementary feeding treatment card differs from the outpatient care treatment card.

LEARNING OBJECTIVE 3: LEARNING OBJECTIVE 3: DISCUSS MEDICAL TREATMENT AND NUTRITION REHABILITATION IN SUPPLEMENTARY FEEDING



Become familiar with **Handout 6.8 Medical Treatment Protocols for the Management of MAM in Supplementary Feeding, Handout 6.9 Nutrition Rehabilitation Protocols for the Management of MAM in Supplementary Feeding, Handout 6.10 Food Commodities Used in Supplementary Feeding and Handout 6.11 Supplementary Feeding Ration Card.**



PARTICIPATORY LECTURE: MEDICAL TREATMENT IN SUPPLEMENTARY



FEEDING. Explain to participants the routine medicines for MAM:

Vitamin A, antihelminth, iron, folic acid and other treatments. Refer participants to **Handout 6.8 Medical Treatment Protocols for the Management of MAM in Supplementary Feeding.** Answer any questions.



READING AND DISCUSSION: NUTRITION REHABILITATION.



Ask participants to quietly review **Handout 6.9 Nutrition Rehabilitation Protocols for the Management of MAM in**



Supplementary Feeding and Handout 6.10 Food Commodities



Used in Supplementary Feeding. Answer any questions.

REVIEW: SUPPLEMENTARY FEEDING RATION CARD. Refer participants to

Handout 6.11 Supplementary Feeding Ration Card and review what information is recorded on the card. Discuss what is different from a ready-to-use therapeutic food (RUTF) ration card, used in outpatient care, and why the two cards are different.

LEARNING OBJECTIVE 4: PRACTICE MAKING REFERRALS FROM SUPPLEMENTARY FEEDING TO OUTPATIENT OR INPATIENT CARE



Become familiar with **Handout 6.12 Referral Slip** and **Exercise 6.1 Referrals in CMAM**.



REVIEW: USING REFERRAL SLIPS. Refer participants to **Handout 6.12 Referral Slip**, noting that this is the same referral slip they have encountered in the modules addressing outpatient and inpatient care. Ask if there are any questions.



PRACTICE: MAKING REFERRALS FROM SUPPLEMENTARY FEEDING. Ask participants to form pairs. Direct them to **Exercise 6.1 Referrals in CMAM** and distribute copies of referral slips. Ask participants to read the examples and explain that three children present to an SFP. The participants are to decide what action is required and complete a referral slip where appropriate. Ask one pair to report on Child A and then ask other pairs to add additional information. Repeat for Child B and Child C. Using the answer sheet below, coach participants to fill in gaps.



EXERCISE 6.1 REFERRALS IN CMAM (ANSWER SHEET)

CHILD A

Question: Child A was admitted to the SFP with a MUAC of 112 mm, weight of 10 kg and no medical complications. At the second weighing, the child had bilateral pitting edema on the feet. What action is needed?

Answer: Child A should be referred to outpatient care. The child should have received a number on admission to the SFP. Complete a referral slip to outpatient care with the child's admission number on the top. This helps ensure that children do not get lost in the system. Once the child has recovered in outpatient care, s/he will rejoin the SFP.

It is important to explain to the mother/caregiver why the child is being sent to outpatient care and what s/he can expect. The mother/caregiver should understand that once the child has recovered in outpatient care, the child will return to the SFP.

CHILD B

Question: Child B was referred to the SFP by the outreach worker with a MUAC of 113 mm. On admission, the nurse finds the child has no appetite and an extremely high fever. What action is needed?

Answer: Child B should be referred to the hospital for medical treatment according to the action protocol and treated according to the World Health Organization (WHO) and integrated management of childhood illness (IMCI) protocols, and national protocols. The child is given a referral slip. Transportation should be arranged where

possible. Once the child recovers, the child will return to the SFP. It is important to explain to the mother/caregiver why the child is being sent to the hospital and what s/he can expect.

CHILD C

Question: Child C was admitted to the SFP with a MUAC of 111 mm. After four weeks (third weighing), the child has lost weight and MUAC is now 109. The child has diarrhea and some appetite. You want to send the child to outpatient care, but the mother/caregiver refuses to go. How would you deal with this?

Answer: The mother/caregiver might prefer the SFP to outpatient care because the food the SFP provided can be used for the whole family or because the SFP requires attendance only every two weeks or every month. Explain carefully to the mother/caregiver the need for and advantages of outpatient care treatment. In most cases, once the mother/caregiver sees that the child rapidly improves in outpatient care, the issue will resolve itself. If distance is the issue, it might be possible to provide ready to-use therapeutic food (RUTF) every two weeks instead of weekly. The mother/caregiver could also receive a family ration while the child is in outpatient care, if available.

WRAP-UP AND MODULE EVALUATION



REVIEW LEARNING OBJECTIVES AND COMPLETE EVALUATION FORM.

- Review the learning objectives of the module. In this module you have:
 1. Described some types of supplementary feeding and how they are relevant to CMAM
 2. Identified admission and discharge criteria for supplementary feeding
 3. Discussed medical treatment and nutrition rehabilitation in supplementary feeding
 4. Practiced making referrals from supplemental feeding to outpatient or inpatient care
- Ask for any questions and feedback on the module. Let participants know that they will have an opportunity to observe procedures and discuss with staff during the supplementary feeding field visit.
- Finally, ask participants to complete the module evaluation form.

COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION

SUPPLEMENTARY FEEDING FIELD VISIT

OVERVIEW

- A maximum of five participants should be at each supplementary feeding site on a given day. Coordinate with as many sites as necessary to keep the number of participants at five or fewer.
- Pair participants with someone who speaks the local language as well as their language.
- Introduce participants to the person in charge.

FIELD VISIT LEARNING OBJECTIVES

1. Review Admission, Treatment and Discharge Procedures for Supplementary Feeding
2. Observe and Discuss Admission, Treatment, Discharge and Referral Procedures for Supplementary Feeding

HANDOUTS TO TAKE TO THE SUPPLEMENTARY FEEDING FIELD VISIT

- Handout 6.2 Principles of Supplementary Feeding for the Management of MAM
- Handout 6.4 Admission Criteria and Entry Categories for CMAM
- Handout 6.5 Discharge Criteria and Exit Categories for CMAM
- Handout 6.13 Supplementary Feeding Field Visit Checklist

FIELD VISIT LEARNING OBJECTIVE 1: REVIEW ADMISSION, TREATMENT AND DISCHARGE PROCEDURES FOR SUPPLEMENTARY FEEDING



READING THE NIGHT BEFORE: ADMISSION AND DISCHARGE PROCEDURES FOR SUPPLEMENTARY FEEDING

In preparation for the supplementary feeding field visit, ask participants to review

Handout 6.2 Principles of Supplementary Feeding for the Management of MAM, Handout 6.4 Admission Criteria and Entry Categories for CMAM and Handout 6.5 Discharge Criteria and Exit Categories for CMAM.

**BRAINSTORM, PARTICIPATORY LECTURE: ADMISSION AND DISCHARGE PROCEDURES FOR SUPPLEMENTARY FEEDING**

- At some point before observing procedures at the site (e.g., during a brief meeting on arriving at the site), ask participants to name admission and discharge procedures.
- Fill in gaps by briefly reviewing the admission and discharge procedures through a participatory lecture.

FIELD VISIT LEARNING OBJECTIVE 2: OBSERVE AND DISCUSS ADMISSION, TREATMENT, DISCHARGE AND REFERRAL PROCEDURES FOR SUPPLEMENTARY FEEDING

Become familiar with **Handout 6.13 Supplementary Feeding Field Visit Checklist**.

**SESSIONS****FEEDBACK/DISCUSSION: SUPPLEMENTARY FEEDING FIELD VISIT**

After the field visit to the supplementary feeding site, conduct a feedback session in which participants will:

- Provide feedback on strengths observed at each supplementary feeding site visited
- Raise issues for clarification by facilitators
- Identify key gaps that need more observation time