

GUIDELINES FOR SUPPLEMENTARY FEEDING & MEDICAL FACILITY FOOD PROVISION

The Border Consortium, 2018

Basic Principles

TBC provides technical support and foods for supplementary feeding programs (SFP) to all partner health agencies working in Thai-Myanmar border camps. An agreement will be signed annually to formalize the partnership.

Target groups

TBC provides 3 types of SFP programs.

A. Blanket feeding

Blanket feeding provides supplementary food to all members of an at-risk group. These groups include:

1. **All pregnant and lactating women** and malnourished pregnant / malnourished lactating women.

Objectives

- a) To prevent nutritional deterioration and related mortality and morbidity in pregnant and lactating women who have additional nutritional needs
 - b) To restore nutritional status in those moderately malnourished within this vulnerable group
 - c) To encourage regular prenatal and antenatal care by pregnant and lactating women and provide environment for health and nutrition education
2. **All children 6-24 months** attending Growth Monitoring and Promotion (GM&P) / Healthy Babies, Bright Futures (IYCF) activities.

Objectives

- a) To improve diets of children 6- 24 months, regarded as a vulnerable group
- b) To prevent acute and chronic malnutrition and related morbidity and mortality
- c) To increase participation in GM&P activities

B. Targeted Feeding

Targeted feeding provides supplementary food to nutritionally

vulnerable individuals to prevent and treat malnutrition. These groups include:

1. **Moderately malnourished children** 6 months - 10 years
2. **Chronically ill patients** with specific conditions (see specific guidelines)
3. Children or adults with **disabilities** who are unable to consume regular diet
4. **TB and HIV** patients
5. **Infants unable to breastfeed** including orphans and adopted infants (restricted to guidelines)

Objectives

- a) To provide extra calories, protein and micronutrients to prevent or ensure recovery from malnutrition and/or illness and support special nutrient needs of compromised individuals.

C. Medical facilities

TBC supports food to medical facilities serving refugees and IDPs. These groups include:

1. **In-patients or other medical facility patients from outside camps** - plus one companion
2. **Patient house residents** - plus one patient companion - residing in partner health agency accommodations located outside camps to receive medical attention in Thai facilities

Note: IPD patients from outside camps who hold Thai ID are not eligible for TBC reimbursement.

Rationale

- a) IPD patients from outside camps are not eligible for TBC rations
- b) Refugees from camps receiving care in Thai facilities and staying in patient houses are unable to access their TBC ration entitlement

For All Feedings

TBC's philosophy is to provide basic assistance appropriate to the situation and

to encourage self-sufficiency and maintenance of healthy traditional cultural practices as much as possible.

Supplementary foods are provided to take home for cooking and feeding at home. Wet feeding is not recommended as there is no evidence that wet feeding is effective in treating malnutrition in this context.

Therefore, TBC recommends that health agencies support and encourage responsible and healthy food practices at the household level, through providing nutrition education and promotion during all clinic and community contact.

This includes encouraging feedings to be consumed by the target population, rather than being shared by the household.

Supplementary Feeding & Medical Facility Foods Reimbursed by TBC

1. **AsiaREMix**
2. **BabyBRIGHT**(pre-packaged)
3. **SFP-REMix** (AsiaREMix + added ingredients of vegetable oil and dry skim milk powder)
4. **Beans/legumes/pulses**
5. **Soybean oil**
6. **Infant formula** (restricted use)
7. **TBC ration basket commodities** (for eligible patients and companions in medical facilities) in amounts normally provided by age group
8. **Fresh foods for SFP-REMix / BabyBRIGHT cooking demonstrations**



SUPPLEMENTARY FEEDING GUIDELINES

A. BLANKET SUPPLEMENTARY FEEDING

Blanket supplementary feeding provides food supplements to all members of an at-risk group, irrespective of nutritional status.

Pregnant Women

Healthy pregnant women

Pregnant women with a normal weight before pregnancy need about 300 extra kcals/day to meet their increased needs. Pregnant women also have an increased need for micronutrients, particularly iron, folate and iodine.

- Feeding provides over 300 kcal/day and includes:
 - 1.5 kg **AsiaREMix**
 - 0.5 kg pulses
 - 0.5 L vegetable oil
- Feedings for healthy pregnant women should be distributed to **take home 1 x/month.**
- **Weight gain during pregnancy should be as follows:**
 - 1st trimester: 1-2 kg (weigh 1 x/month)**
 - 2nd trimester: ½ kg / week (weigh every 2 weeks)**
 - 3rd trimester: 2-3 kg (weigh weekly)**
- **Nutrition education and promotion on using foods provided should be delivered at every distribution.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
At diagnosis of pregnancy	On delivery Refer to SFP for lactating women	Measure MUAC or BMI (Body Mass Index) at beginning of each trimester. If malnourished, enroll in SFP for Malnourished Pregnant Women. Provide pregnant women SFP Feeding protocol. IF CLINICAL CONDITION EXISTS, PROVIDE SFP ONLY FOR PREGNANT WOMEN (NO DOUBLE SFP).

STANDARD TREATMENT

1. **On enrollment into SFP, all pregnant women should have MUAC measured to determine if they are malnourished.**
2. Healthy pregnant women should be measured with MUAC at beginning of each trimester and weighed regularly.
3. If they are identified as malnourished, or become malnourished during their pregnancy, they should be enrolled in SFP for malnourished pregnant women and receive SFP for malnourished pregnant women for duration of their pregnancy.
4. Upon delivery they should have MUAC measured to determine if they are healthy or malnourished, and enrolled in SFP for lactating women.
5. All pregnant women should receive multi-vitamin and mineral supplements. Current recommendations include the following:

Composition Table of Multiple Micronutrient Supplements for Pregnant Women

Micronutrients	Pregnant Women
Vitamin A µg*	800.0
Vitamin D µg	5.0
Vitamin E µg	15.0
Vitamin C µg	55.0
Thiamine(vitamin B1) mg	1.40 (100 mg vit B1 daily - BBG, SMRU guidelines)
Riboflavin (vitaminB2) mg	1.40
Niacin (vitamin B3) mg	18.0
Vitamin B6 mg	1.90
Vitamin B12 µg	2.60
Folic Acid µg	600.0 (5 mg folic acid/week -SMRU)
Iron mg	27.0
Zinc mg	10.0
Copper mg	1.15
Selenium µg	30.0
Iodine µg	250.0

***25,000 IU vitamin A- weekly (IVACG) OR vitamin A included in multivitamin – maximum of 10,000 IU/day.**

Lactating Women

Healthy lactating women

Lactating women need at least 500 extra kcal/day to meet their increased needs. Lactating women also have increased needs for micronutrients, particularly iron and Vitamin A.

- Feeding provides nearly 600 kcal/day and includes:
 - 2 kg **AsiaREMix**
 - 0.5 kg pulses
 - 1 L vegetable oil
- **Feeding for lactating women is provided until infant is 6 months old.**
- Feedings should be distributed to **take home 1 x/month** for healthy lactating women.
- **Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
Post delivery	6 months after delivery	Provide lactating women SFP Feeding Measure MUAC or BMI (Body Mass Index) at 3 & 6 months. If malnourished, enroll in SFP for Malnourished Lactating Women. IF CLINICAL CONDITION EXISTS, PROVIDE SFP ONLY FOR LACTATING WOMEN (NO DOUBLE SFP)

STANDARD TREATMENT

1. On enrolment to SFP, all lactating women should have MUAC measured to determine if they are malnourished.
2. If malnourished, measure MUAC 1 x/month for program duration.

- If not malnourished, they should receive take-home ration for normal lactating women and have MUAC measured at 3 and 6 months of lactating period.
- All lactating women should receive multi-vitamin and mineral supplements. Current recommendations include the following:

Composition Table of Multiple Micronutrient Supplements for Lactating Women

Micronutrients	Lactating Women
Vitamin A µg*	800.0
Vitamin D µg	5.00
Vitamin E µg	15.0
Vitamin C µg	55.0
Thiamine(vitamin B1) mg	1.40 (100 mg vit B1 daily - BBG, SMRU guidelines)
Riboflavin (vitaminB2) mg	1.40
Niacin (vitamin B3) mg	18.0
Vitamin B6 mg	1.90
Vitamin B12 µg	2.60
Folic Acid µg	600.0 (5 mg folic acid/week -SMRU – as below)
Iron mg	27.00 (200 mg FS + 5 mg B6 – daily or weekly for 3 months after delivery (MSF)
Zinc mg	10.0
Copper mg	1.15
Selenium µg	30.0
Iodine µg	250.0

***Vitamin A – 400,000 IU – recommended 200,000 IU in doses at delivery (D1 & D2) OR 2 doses given within 8 weeks (BBG, WHO, MSF, IVACG)**

Children 6 – 24 Months of Age

Children 6-24 months of age are most at risk for acute malnutrition and begin to become stunted during that time as a result of introduction of complementary foods that are not nutritionally dense. The “window of opportunity to prevent stunting is 6-24 months.

The blanket feeding is provided to all children who attend Growth Monitoring & Promotion (GM&P) / Healthy Babies, Bright Futures (IYCF) activities to prevent acute and chronic malnutrition and related morbidity and mortality, and to increase participation in GM&P activities.

- Feeding provides 540 kcal/day and includes **3 kg BabyBRIGHT** (premixed baby food)
- Feeding for children is provided only to those children who attend GM&P/Healthy Babies, Bright Futures (IYCF) activities 1 x/month.**
- Feedings should be distributed to **take home 1 x/month.**
- Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
Verification of age at 6 months Enroll in monthly GM&P/Healthy Babies, Bright Futures (IYCF) activities	Age 24 months	Continue to encourage parent to attend & participate in GM&P/Healthy Babies, Bright Futures (IYCF) activities

B. TARGETED SUPPLEMENTARY FEEDING

Targeted supplementary feeding provides food supplements to malnourished individuals or groups at risk for malnutrition (e.g., TB/HIV patients).

Malnourished Pregnant Women

Malnourished pregnant women need MORE THAN the normal 300 extra kcals/day to gain weight to support their growing fetus. Pregnant women identified as malnourished (MUAC <230 mm or BMI <18.5) during any trimester of pregnancy receive SFP for malnourished pregnant women for duration of their enrolment in the program.

- Feeding provides nearly 600 kcal/day and includes:
 - 2 kg **AsiaREMix**
 - 0.5 kg pulses
 - 1 L vegetable oil
- Feedings for malnourished pregnant women should be distributed to **take home 1 x/week to coincide with weighing.**
- **Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
MUAC <230 mm or BMI<18.5 at diagnosis of or during pregnancy	On delivery Refer to SFP for lactating women	Provide malnourished pregnant woman SFP Feeding for duration of pregnancy. IF CLINICAL CONDITION EXISTS, PROVIDE SFP ONLY FOR MALNOURISHED PREGNANT WOMEN (NO DOUBLE SFP).

STANDARD TREATMENT

1. **On enrollment into SFP, all pregnant women should have MUAC measured to determine if they are malnourished.**
2. Healthy pregnant women should be measured with MUAC at beginning of each trimester and weighed regularly.
3. If identified as malnourished or become malnourished during their pregnancy, they should be enrolled in SFP for malnourished pregnant women and receive SFP for malnourished pregnant women for duration of their pregnancy.
4. Upon delivery they should have MUAC measured to determine if they are healthy or malnourished, and enrolled in SFP for lactating women.
5. All pregnant women should receive multi-vitamin and mineral supplements. Current recommendations include the following:

Composition Table of Multiple Micronutrient Supplements for Pregnant Women

Micronutrients	Pregnant Women
Vitamin A µg*	800.0
Vitamin D µg	5.00
Vitamin E µg	15.0
Vitamin C µg	55.0
Thiamine(vitamin B1) mg	1.40 (100 mg vit B1 daily - BBG, SMRU guidelines)
Riboflavin (vitaminB2) mg	1.40
Niacin (vitamin B3) mg	18.0
Vitamin B6 mg	1.90
Vitamin B12 µg	2.60
Folic Acid µg	600.0 (5 mg folic acid/week -SMRU)
Iron mg	27.0

Zinc mg	10.0
Copper mg	1.15
Selenium µg	30.0
Iodine µg	250.0

***25,000 IU vitamin A- weekly (IVACG) OR vitamin A included in multivitamin – maximum of 10,000 IU per day.**

Malnourished Lactating Women

Malnourished lactating women need MORE THAN the normal 500 extra kcals/day to support their increased needs. Malnourished lactating women also have increased needs for micronutrients, particularly iron and Vitamin A.

- Feeding provides over 600 kcal/day and includes:
 - 2 kg **AsiaREMix**
 - 1 kg pulses
 - 1 L vegetable oil
- Lactating women identified as malnourished (MUAC < 230 mm or BMI <18.5) receive SFP ration for malnourished lactating women until infant is 6 months old.
- Feedings for malnourished lactating women should be distributed to **take home 1 x/month**.
- **Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
MUAC <230 mm or BMI<18.5 on enrolment into SFP or during first 6 months of lactation	6 months after delivery	Provide malnourished lactating woman SFP Feeding. IF CLINICAL CONDITION, PROVIDE ONLY SFP FOR FOR MALNOURISHED LACTATING WOMEN (NO DOUBLE SFP). If child <6 months is not gaining weight, ensure mother screened for malnutrition.

STANDARD TREATMENT

1. On SFP enrolment, all lactating women should have MUAC measured to determine if they are malnourished.
2. If malnourished, they should have MUAC measured 1 x/month for program duration.
3. All lactating women should receive multi-vitamin and mineral supplements. Current recommendations include the following:

Composition Table of Multiple Micronutrient Supplements for Lactating Women

Micronutrients	Lactating Women
Vitamin A µg*	800.0
Vitamin D µg	5.00
Vitamin E µg	15.0
Vitamin C µg	55.0
Thiamine(vitamin B1) mg	1.40 (100 mg vit B1 daily - BBG, SMRU guidelines)
Riboflavin (vitaminB2) mg	1.40
Niacin (vitamin B3) mg	18.0
Vitamin B6 mg	1.90
Vitamin B12 µg	2.60

Folic Acid µg	600.0 (5 mg folic acid/week -SMRU – as below)
Iron mg	27.0 (200 mg FS + 5 mg B6 – daily or weekly for 3 months after delivery (MSF)
Zinc mg	10.0
Copper mg	1.15
Selenium µg	30.0
Iodine µg	250.0

***Vitamin A – 400,000 IU – recommended 200,000 IU in doses at delivery (D1 & D2) OR 2 doses given within 8 weeks (BBG, WHO, MSF, IVACG)**

Moderately Malnourished Children 6 months – 10 years

A moderately malnourished child needs at least 500 extra kcal/day.

- Feeding provides 660 kcal/day and includes:
 - 4 kg **SFP-REMIX (AsiaREMix)** mixed with milk powder and vegetable oil)
 - 0.5 L vegetable oil (for cooking)
- Feedings should be distributed to **take home 1 x/week** for moderately malnourished children to coincide with weighing.
- **Nutrition education and promotion on using foods provided should be delivered at every distribution to ensure supplementary meals are provided 2 times daily, between regular meal times. Cooking demonstrations for caretakers must be conducted at every distribution.**
- RCH and community health workers need to provide training to families on how to prepare simple porridge and other simple recipes from foods provided.
- Older children may prefer to have a snack baked from **AsiaREMix** to be eaten between meals. An easily made snack is recommended.

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
Children 6-59 mos: WHO weight-for-height z-score <-2 to ≥-3	WHO weight-for-height ≥-2 for 2 consecutive weightings, 1 week apart	Provide malnourished child SFP Feeding Child should be enrolled in program minimum of 2 months
Children >59 mos to 10 yrs: BMI-for-age z-score -3 to <-2	WHO BMI-for-age z-score ≥-2 z-score	Average stay is 60 days – if no improvement in weight after 2 weeks, refer to IPD for assessment. If child does not grow consistently for 6 weeks, consider admission to IPD for 2-3 weeks (for on-site feeding).
Disfigured or disabled children who cannot take height: MUAC 115 mm to <125 mm	*Children 6-59 mos: MUAC >125 mm Children >59 mos: 15% weight gain	
NO bilateral pitting edema Children discharged from TFP	Children should receive ongoing follow up visits from health workers.	

***Modified discharge criteria for disfigured/disabled for children 6-59 mos, October 2018.**

STANDARD TREATMENT

A medical evaluation of all malnourished children should be conducted on enrollment to look for signs of edema and acute conditions. The evaluation should also include:

1. Check measles vaccination status. If no record, administer measles vaccine as single dose on admission. Revaccinate children immunized between 6-9 months after they have reached 9 months of age.
2. A target weight should be recorded on admission and recalculated with height measurements taken each month.

**Expected average weight gain for children
6-59 months following admission
to SFP = ≥ 3 gms /kg/day.**

3. Malnourished children should be weighed weekly. If there is no weight gain after 2 weeks, the child should be referred to clinic to check for underlying causes. If there is no consistent growth for 6 weeks, consider admitting child to IPD for supervised, wet feeding.
4. Malnourished children should be expected to stay in program an average of 60 days – children who stay for an extended period need further evaluation to determine cause.
5. All children enrolled in SFP for malnourished children should receive the following vitamin/mineral supplements:

Vitamin A Supplementation (BBG, IRC Global Blindness Prevention Program)

AGE	vit A (200,000 IU capsule)
< 6 months	50,000 IU (2 drops): Day 1, Day 2, Day 8
6-11 months (<8 kg)	100,000 IU (3 drops): Day 1, Day 2, Day 8
>1 year & over (>8 kg)	200,000 IU (1 capsule): Day 1, Day 2, Day 8

NB. There should be a one month interval between prevention dosage given during vitamin A campaigns & treatment dosage in supplementary feeding.

Treatment dosage based on low vitamin A in food basket. Ration provides average of 21% RNI vitamin A RNI. Populations dependent on food basket that provides less than 50% RNI for vitamin A can be assumed to be deficient & requires 4-6 monthly supplementation. As such, vitamin A treatment protocol is standard.

Iron & folate supplementation (WHO)

WEIGHT	
<5 kg	50 mg FS daily for 3 months
5-9 kg	100 mg FS daily for 3 months
≥ 10 kg	200 mg FS daily for 3 months
All	5 mg folate on day 1 & 1 mg daily OR 5 mg weekly for 3 months

Deworming

Drug	Dose for pre-school children		Comments
	12-23 months	24 months +	
Albendazole 400 mg tablet	½ tablet	1 tablet	No need to weigh child
Mebendazole 500 mg tablet	1 tablet	1 tablet	No need to weigh child

Composition of Multiple Micronutrient Supplements for Children 6-59 months

Micronutrients	6-59 months
Vitamin A μ g	400.0
Vitamin D μ g	5.00
Vitamin E μ g	5.00
Vitamin C μ g	30.0
Thiamine(vitamin B1) mg	0.50
Riboflavin (vitaminB2) mg	0.50

Niacin (vitamin B3) mg	6.00
Vitamin B6 mg	0.50
Vitamin B12 µg	0.90
Folic Acid µg	150.0
Iron mg	5.80
Zinc mg	4.10
Copper mg	0.56
Selenium µg	17.0
Iodine µg	9.0

If children have been referred from TFP to SFP, they do not need to be retreated for vitamin A or dewormed. Iron + folate & multivitamin supplementation should continue.

FOLLOW UP

Families and households of malnourished children should be followed up to:

- Determine cause of malnutrition
- Receive nutrition/health education on hygiene, feeding practices, preparation of supplementary ration
- Ensure ration is targeted to malnourished child

The child's weight gain progress should be discussed with mother/caregiver. Positive gains should be praised. **If weight remains stable or falters, investigate reasons for ineffective treatment:**

- ration shared among family members
- ration sold or misused
- ration eaten in place of normal meals
- recent illness

DEFAULTING

Children who **miss two consecutive distributions** are considered to have defaulted from treatment. At first missed distribution, the child and household should be followed up to determine child's whereabouts. A child who returns to treatment will be readmitted and continue treatment. If child does not return:

- record date of departure in center register and patient card
- note reason for defaulting (i.e., family left camp, child died) in HIS register and patient card

Chronically Ill Patients with Specific Conditions

Chronically ill patients with extra nutritional needs or who are identified as malnourished are enrolled for duration of their illness. Nutrient needs may vary.

- Chronically ill with condition **that prevents normal food intake** or have higher nutritional needs require SFP rations. **Examples include but are not limited to:**
 - Advanced COPD / emphysema
 - Severe asthma
 - Congenital heart disease
 - Cancer
 - Advanced Cardiopulmonary disease
 - Other chronic illness accompanied with malnutrition (BMI <18.5)
- Feedings include:
 - 1 kg **AsiaREMix**
 - 0.5 L vegetable oil
- Feedings should be distributed **to take home 1 x/month**

- **Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
<p>Examples of patient diagnoses include but are not limited to:</p> <ol style="list-style-type: none"> 1. Advanced COPD / emphysema 2. Severe asthma 3. Congenital heart disease 4. Cancer 5. Advanced cardiopulmonary disease 6. Malnourished chronically ill persons with BMI <18.5 7. Other – case by case evaluated & determined by health & nutrition staff 	<p>Resolution of condition</p> <p>BMI \geq18.5</p>	<p>Provide Chronic Patient SFP Feeding</p> <p>If patient is child 6-24 months, provide only BabyBRIGHT (3 kg/month), instead of SFP-REMIX</p>

Disabled Children or Adults

Children or adults with disabilities who are **unable to consume regular food** are eligible for SFP. This SFP is not provided to ALL Special Education students or people with disabilities who are able to consume a normal diet. Nutrient needs may vary.

- This group may include children, adolescents or adults with disabilities, who have difficulty or obstruction with chewing, swallowing or eating normal ration foods, or high nutritional needs with inability to consume sufficient amounts of food normally.
- **These may include but are not limited to the following:**
 - Severe cerebral palsy (cannot eat solid foods)
 - Cleft palate
 - Dysphagia (inability to swallow) due to underlying condition
- Feedings include:
 - between **1-4 kg SFP-REMIX (AsiaREMIX mixed with milk powder and vegetable oil)**
 - 0.5 L vegetable oil
- Feedings should be distributed to **take home 1 x/month.**
- **Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
<p>Examples of diagnoses include but are not limited to:</p> <ol style="list-style-type: none"> 1. Severe cerebral palsy (cannot eat solid food) 2. Cleft palate 3. Dysphagia (inability to swallow) 	<p>Resolution of condition</p>	<p>Provide Disabled SFP Feeding</p>

TB/HIV Patients

Nutrient needs for both TB and HIV patients are increased. HIV patients need between 10 – 30% more energy than non-infected persons, and TB patients require extra energy and protein to avoid wasting during recovery.

- Feedings for TB/HIV patients provide 460 kcal/day and include:
 - 2 kg **AsiaREMix**
 - 0.5 kg pulses
 - 0.5 L vegetable oil
- Feeding should be provided to **take home 1 x/month** until disease resolves (TB).
- **Nutrition education and promotion on using foods provided should be delivered at every distribution, including conducting cooking demonstrations.**

ADMISSION & DISCHARGE CRITERIA

ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
Upon diagnosis	TB patients – after completing therapy HIV – ongoing	HIV patients with full-blown AIDS should receive double HIV SFP Feeding

Infants Unable to Breastfeed

Infants under 6 months of age are never included in supplementary feeding.

- Refer to page 14 for guidelines and feeding protocols.

C. Medical Facilities

Medical Facilities

TBC supports TBC commodities ONLY to medical facilities serving refugees and IDPs. These include standard TBC ration for adults. **Any non-TBC foods provided must be supported by partner health agencies.**

These groups include:

1. In-patients from outside camps - plus one companion. **Patients from outside camps who hold Thai ID are not eligible for TBC reimbursement.**
2. Patient house residents - plus one patient companion - residing in partner health agency accommodations located outside camps to receive medical attention in Thai facilities.

Infants Unable to Breastfeed

Breast milk is the natural first food for babies, providing all energy and nutrients the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during second year of life. **Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and helps for quicker recovery during illness.**

Health agencies should provide intensive breastfeeding education to ensure mothers who can breastfeed are supported. Infants who do not gain weight should be followed weekly to determine growth failure cause(s) before considering breast milk substitutes. If possible, admit mothers who are having difficulty breastfeeding to IPD to observe and support breastfeeding.

Non-exclusive breastfeeding dramatically increases risk of infections due to poor hygiene practice and inadequate feeding and care. Therefore, the protocol for breast milk substitutes must be strictly followed and health agency staff should provide effective education on hygiene practice and feeding care.

There are few medical indications that make infants eligible for breast milk substitutes. Acceptable medical reasons for using breast-milk substitutes include:

A. Infant Condition

1. Infants with **very low birth weight** or who are born pre-term (<1500 g or 32 weeks gestational age that cannot received breastfeeding due to medical complication and need to be under medical attention (depending on particular nutritional requirements)
2. Newborn infants who are **at risk of hypoglycemia or increased glucose demand** (such as those who are preterm, small for gestational age, etc.) if their blood sugar fails to respond to optimal breastfeeding or breast-milk feeding
3. Infants with **inborn errors of metabolism** (e.g., galactosaemia, maple syrup urine disease)
4. **Orphaned** infants
5. **Adopted** infants

B. Maternal Conditions

1. Infectious diseases

- HIV infection; if replacement feeding is acceptable, feasible, affordable and safe
- Tuberculosis – if not contagious or may resume feeding after of treatment

2. Severe maternal illness (that may prevent breastfeeding temporarily)

- Herpes Simplex virus - direct contact between lesions on mother's breasts and infant's mouth should be avoided until all active lesions have resolved.
- Mothers with severe maternal illness (e.g., psychosis, eclampsia, or shock) and are unable to breastfeed

3. Mothers taking medications which are contraindicated when breastfeeding

- Sedative , psychotherapeutic drug
- Anti-epileptic drugs
- Chemotherapy agents – certain agents, discontinue breastfeeding for as long as they remain in milk
- Drugs of abuse – discontinue breastfeeding until drugs are out of maternal system
- Primaquine and Quinine – contraindicated if either infant or mother has G6PD
- Metronidazole – discontinue breastfeeding until at least 12-24 hours after medication
- Sulfa drugs – may be a problem in infants with jaundice or G6PD, stressed or premature
- Radioactive isotope – discontinue breastfeeding for as long as radioactivity is in milk
- Chloramphenicol - discontinue breastfeeding until treatment is completed

For temporary contraindication, breastfeeding should be resumed after condition resolves. If mother WILL start breastfeeding after condition resolves, she can stay in SFP. If mother will NOT breastfeed after condition resolves, she should be discharged from SFP.

Important Notes:

1. **Breast milk substitutes are not automatically provided for all infants unable to breastfeed.** Health agency staff should ensure that breastfeeding is properly introduced and medical indicators above are strictly followed.

2. **If a mother is absent because of working inside / outside camp, they DO NOT MEET eligibility criteria.**
3. **Breast milk substitutes will not be provided for twins unless the infants are defined by criteria above.** RCH workers should support breastfeeding in mothers with twins.
4. When breastfeeding has to be temporarily **delayed or interrupted**, mothers should be helped to establish or maintain lactation, through manual or hand-pump expression of milk, to prepare for when breastfeeding can be resumed.
5. **After 6 months, caretakers should introduce nutritious complementary food, AND** continue to provide infant formula.
6. **Infant formula will be discontinued at 12 months.**
7. From 6-24 months of age, young children should consume plenty of protein (beans, eggs and meats) in their family meals. **BabyBRIGHT** will be provided from 6-24 months to provide child with nutritious complementary food.

Feeding Guidelines for Infants Unable to Breastfeed

For infants requiring infant formula, supply should be continued for as long as infants concerned need it (until breastfeeding is re-established or until at least 6 months and maximum of 12 months of age).

Infants unable to breastfeed receive DUMEX infant formula until they reach 12 months, and **BabyBRIGHT**, to be prepared as porridge and snacks from 6-24 months (as below).

RCH workers must demonstrate proper preparation of infant formula and **BabyBRIGHT** to mothers, and follow up regularly to ensure child is thriving.

Infant Formula Calculation and Feeding Guidelines for 0-6 Months

The child must receive only clean prepared formula feeding.

There is no need to provide additional water or food to infant.

Age of Baby	Number of 600g boxes needed/ month	Volume of clean water/ feed (ml)	Number of small scoops of infant formula powder/feed (4.4 gm/ scoop)	Approximate number of feeds of infant formula/day	Total kcal/day from infant formula (5.02 kcal/ gm formula)
1 st month	4	60	2	8	353
2 nd month	5	120	4	7	464
3 rd month	6	180	6	6	530
4 th month	6	180	6	6	530
5 th month	7	240	8	6	663
6 th month	7	240	8	6	663
7 th month	5	120	4	6	442
8 th month	5	120	4	6	442
9 th month	5	150	5	5	442

10th month	5	150	5	5	442
11th month	5	150	5	4	442
12th month	4	180	6	3	398

Complementary Feeding Guidelines for Infants & Young Children

At 6 months of age, children should begin to receive a ration which includes **AsiaREMix** and **BabyBRIGHT** if they attend GM&P/Healthy Babies, Bright Futures (IYCF) activities. The **BabyBRIGHT** should be used as a complementary food only for the child in addition to breastmilk (or infant formula if child is unable to breastfeed) and other family foods.

Kilocalorie needs for infants & young children are as follows:

6-8 months	600 Kcal
9-11 months	700 Kcal
12-23 months	900 Kcal

- **Beginning at 6 months of age, infants should begin to eat pureed, mashed and semi-solid foods.**
- By 8 months, most infants can also eat "finger foods" (snacks that can be eaten by children alone).
- By 12 months, most children can eat same type of foods as other family members.
- Offer nutrition snacks 1-2 times/day.
- Avoid foods that may cause choking (i.e., items that have a shape and/or consistency that may cause them to become lodged in trachea, such as nuts, small seeds and hard pieces of foods).

Infant Formula Calculation & Feeding Guidelines for 6-12 Months

Age of Baby	Approximate kilocalories needed/day from ALL complementary foods AMOUNT OF BabyBRIGHT=TOTAL AMOUNT/DAY	Complementary foods meal frequency
6 th month	200 Kcal = 50 gms BabyBRIGHT /day Offer mashed foods, like banana, pumpkin, soft fruits & vegetables, meats & oil mashed & mixed with breastmilk	2-3 times/day (divide BabyBRIGHT into small feedings)
7 th month	200 Kcal = 50 gms BabyBRIGHT /day Start to include other foods, like banana, pumpkin, soft fruits & vegetables, meats & oil mashed & mixed with breastmilk	2-3 times/day
8 th month	200 Kcal = 50 gms BabyBRIGHT /day Start "finger foods" like banana or other foods child can eat alone	2-3 times/day
9 th month	300 Kcal = 75 gms BabyBRIGHT /day Continue to introduce new nutritious foods	3-4 times/day
10 th month	300 Kcal = 75 gm BabyBRIGHT /day Continue to introduce new nutritious foods	3-4 times/day
11 th month	300 Kcal = 75 gm BabyBRIGHT /day Continue to introduce new nutritious foods	3-4 times/day

12 th month	550 Kcal =100 gm BabyBRIGHT /day (410 kcal) & Child should begin to eat the family diet	3-4 times/day
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