Target Supplementary Feeding Programme Guidelines

The Philippines – EMOP 200631

March 2014

Contents

Acronyms

BHS	Barangay Health Station
BMI	Body Mass Index
BNS	Barangay Nutrition Scholar
CMAM	Community based Management of Acute Malnutrition
CP	Cooperating Partner
CPDR	Cooperating Partner Distribution Report
EMOP	Emergency Operation
FLA	Field Level Agreement
GAM	Global Acute Malnutrition
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MNAO	Municipal Nutrition Action Officer
MNP	Micronutrient Powders
MoU	Memorandum of Understanding
MUAC	Mid Upper Arm Circumference
OTP	Outpatient Therapeutic Program
PLW	Pregnant and Lactating Women
PNAO	Provincial Nutrition Action Officer
RHU	Rural Health Unit
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SD	Standard Deviation
TSFP	Targeted Supplementary Feeding Program
TT	Tetanus Toxoid
WFP	World Food Programme
WHZ	Weight-for-Height in Z-score

Intended Audience

This pack is a compilation of reference sheets and protocols or quick implementation of TSFP. It is a practical complement to the National Guideline for Community Management of Acute Malnutrition (CMAM/PIMAM). It is intended for nutrition programme managers and staff.

1- Acute Malnutrition

Refers to the state when nutrient and energy intake do not meet energy needs. Malnutrition covers both over nutrition and under nutrition. It can be defined as

A physical state or condition where an individual's function is impaired to the point where he or she can no longer maintain adequate bodily performance processes such as growth, pregnancy, lactation, physical work, and resisting and recovering from illness.

Immediate causes of malnutrition include inadequate dietary intake and disease. However, there are many underlying causes: inadequate maternal and child caring practices, poor water or sanitation, or inadequate health services.

Acute Malnutrition, or wasting, is a form of malnutrition that reflects recent weight loss or gain, and is therefore the best indicator to determine recent changes in an individual's nutrition status.

Acute malnutrition can be assessed at the child's individual level or at the population level.

1.1 Measuring Acute Malnutrition

In children, it is assessed through the Weight-for-Height nutritional index (WHZ) or Mid-Upper Arm Circumference (MUAC). In adults it is assessed through MUAC or Body Mass Index (BMI), while in pregnant women it is assessed through MUAC. Acute malnutrition is also assessed using the clinical signs of visible wasting and nutritional oedema.

1.1.1 Anthropometric Measurement Techniques

Checking for bilateral oedama

Bilateral oedema is the sign of Kwashiorkor. Kwashiorkor is *always* a severe form of malnutrition. Children with bilateral oedema are directly identified to be acutely malnourished. These children are at high risk of mortality and need to be treated in a therapeutic feeding program urgently.

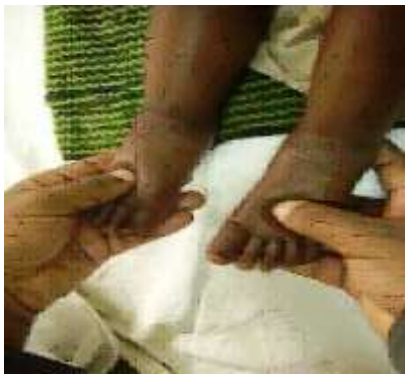
In order to determine the presence of oedema:

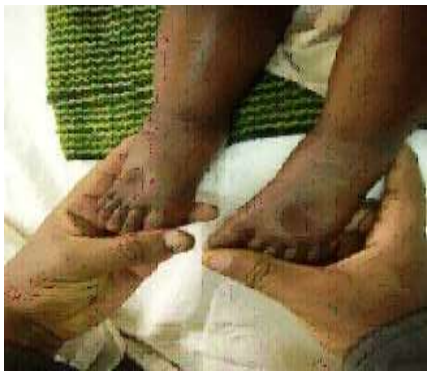
- Normal thumb pressure is applied to the both feet for at least three seconds.
- If a shallow print persists on the both feet, then the child has oedema.

Only children with bilateral oedema are recorded as having nutritional oedema[1].

[1] There are other causes of bilateral oedema (e.g. nephrotic syndrome) but they all require admission as an inpatient.

Severity of the oedema	Recording
Mild: both feet	+
Moderate: both feet, plus lower legs, hands or lower arms Intermediate beteween mild and severe	++
Severe: generalised oedema including both feet, legs, hands, arms and face	+++



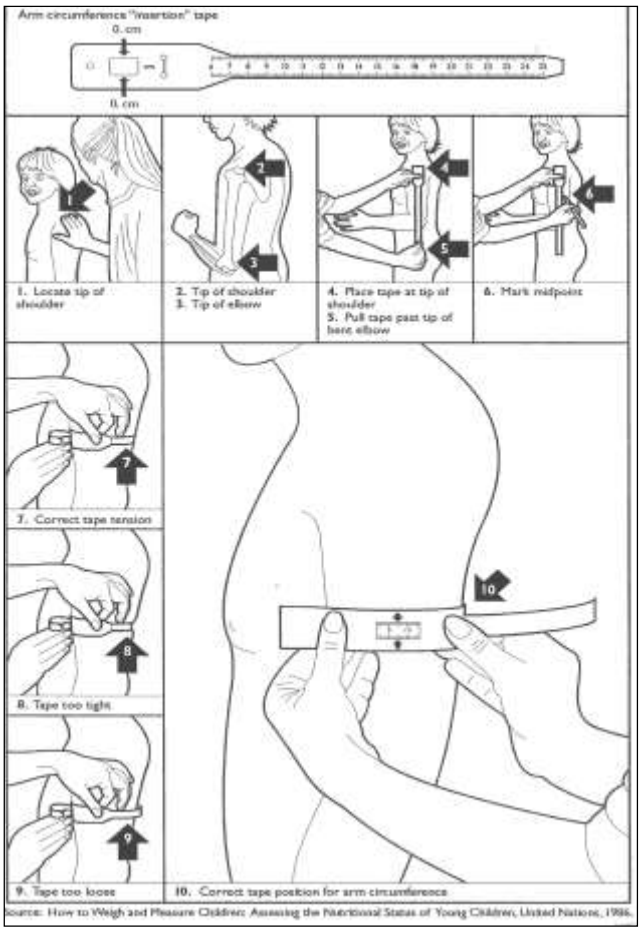


You must formally test for oedema with finger pressure, you cannot tell by just looking.

Taking MUAC

MUAC is used as an alternative measure of "thinness" to Weight-for-Height. It is particularly used in children from one to five years: however, its use has been extended to include children more than 6 months (under 67cm in height).

1- Ask the mother to remove clothing that may cover the child's left arm.
2- Calculate the midpoint of the child's left upper arm. This can be done by taking a piece of string (or the tape itself), place one end on the tip of the child's shoulder (arrow 1) and the other on the elbow (arrow 2), now bend the string up in a loop to double it so the point at the elbow is placed together with the point on the shoulder with a loop haning down – the end of the straightened loop indicates the mid-point.
3- As an alternative, place the tape at zero, which is indicated by two arrows, on the tip of the shoulder (arrow 4) and pull the tape straight down past the tip of the elbow (arrow 5). Read the number at the tip of the elbow to the nearest centimetre.
4- Divide this number by two to estimate the midpoint. Mark the midpoint with a pen on the arm (arrow 6).
5- Straighten the child's arm and wrap the tape around the arm at the midpoint. Make sure the numbers are right side up. Make sure the tape is flat around the skin (arrow 7).
6- Inspect the tension of the tape on the child's arm. Make sure the tape has the proper tension (arrow 7) and is not too tight so that the skin is compressed or too loose so that the tape does not contact the skin all the way round the arm (arrows 8 and 9).
7- Repeat any step as necessary.
8- When the tape is in the correct position on the arm with correct tension, read and call out the measurement to the nearest 0.1cm (arrow 10).
9- Immediately record the measurement.



Taking the weight
Children may be weighed by using an electronic balance (e.g. SECA) or a Salter scale

It is important to always explain to the mother the weighing procedure. Ask for the mother's authorization to undress the child.

SECA Balance
The electronic scale SECA was conceived to allow the weighing of children and women. The scale allows for fast, easy and precise weighing. It can be used to weigh children in two different ways:

Two methods of measuring a child using an electronic scale:

- Direct: Measure the child by themselves → Children able to stand up can be weighed by standing on the scale.
- Indirect: Measuring the child in the arms of a caretaker ("double weighing") → Babies/young children unable to stand on their own or children who are too weak to stand on their own, or children who are disabled or children who are restless and can't stand still.

1- Explain the procedure to the child's mother or caretaker.
2- Take off the child's clothes.
3- Place the scale on a hard and flat surface (board, concrete or firm soil). Soft or irregular surfaces would provoke slight errors in the weighing. The scale is fitted with a vibration switch. Step gently on to the weighing platform to switch on the scale

4- SECA, 8.8.8.8.8. and 0.0 appear consecutively in the display. The scale is then automatically set to Zero and ready for use.
5- Ask the child to step on the scale and keep still.
6- Read off the weighing result on the digital display

Double-weighing function

1- Explain the procedure to the child's mother or caretaker.
2- Take off the child's clothes.
3- Place the scale on a flat surface. Turn on the scale.
4- Ask the caretaker (mother) to stand on the scale.
5- After their weight appears, the caretaker (mother) stays on the scale.
6- The measurer presses the hold/tare button (to "zero" the scale). Wait until the 0.0 must appears.
7- Hand the child to the caretaker (mother). The child must be held facing the caretaker, and should keep still. The weight displayed will be the child's weight.

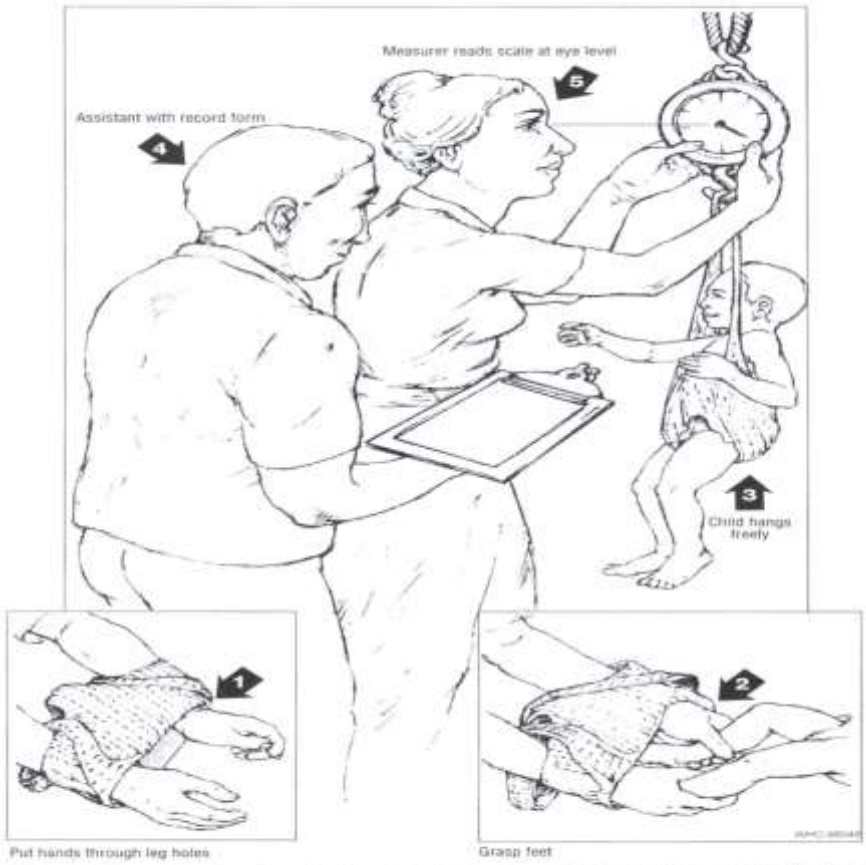

Figure 5.4. Pesée de l'enfant en utilisant la balance électronique

Salter scale

- 25 kg hanging spring scale marked out in levels of 0.1 kg.
- The scale has to be light and robust.
- Weighing pants should be provided with this scale.
- Weight should be measured to the nearest 100 g (0.1 kg).
- The scales should always first be set at zero, with the weighing pants, basket or basin attached.
- If child struggles preventing the needle from stabilising:
  - ✓ Try to involve the mother and have her close to the child at all times.
  - ✓ Get the mother to put the pants onto the child.
  - ✓ Be gentle, respectful, speak softly and do not shout or order the mother around.

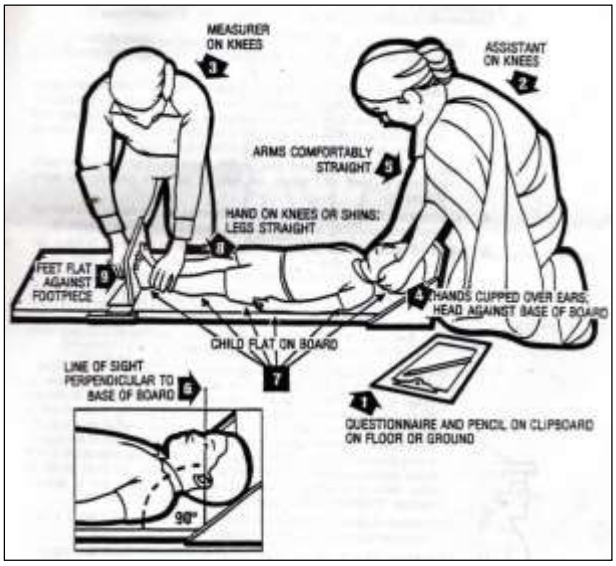
1- Explain the procedure to the child's mother or carer.
2- Hang the scale from a suitable point. The dial on the scale must be at eye level.
3- Hang the weighing pants from the hook of the scale and set the needle to zero.
4- Remove the child's clothes and any jewellery, and place him or her in the weighing pants.
5- Hang the weighing pants, with the child in them, from the hook of the scale.
6- Check that nothing is touching the child or the pants.
7- Read the measure at eye level to the nearest 100 g (0.1 kg).

Fig. A3.1 Use of the hanging spring balance for weighing infants[1]



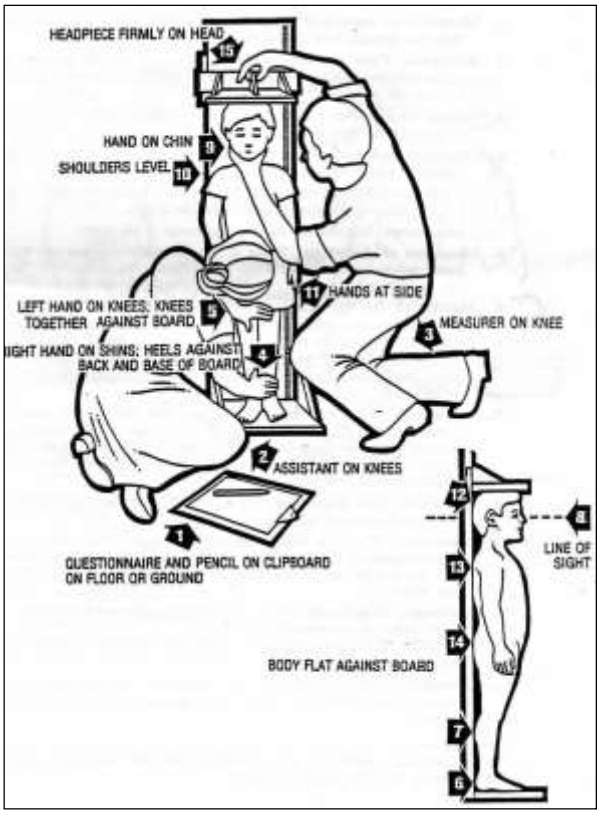
[1] Adapted, with permission, from *Assessing the nutritional status of young children: preliminary version*. New York, United Nations Department of Technical Co-operation for Development and Statistical Office, 1990.

Taking the length/height



For children less than 24 months, the measuring board is placed on the ground. The child is placed, lying along the middle of the board. The assistant holds the sides of the child's head and positions the head until it firmly touches the fixed headboard with the hair compressed. The measurer places her hands on the child's legs, gently stretches the child and then keeps one hand on the thighs to prevent flexion. While positioning the child's legs, the sliding foot-plate is pushed firmly against the bottom of the child's feet. To read the measure, the foot-plate must be perpendicular to the axis of the board and vertical. The height is read to the nearest 0.1 centimeter.

For children more than 24 months, the measuring board is fixed upright where the ground is level. The child stands, upright in the middle, against the measuring board. The child's head, shoulders, buttocks, knees, heels are held against the board by the assistant, while the measurer positions the head and the cursor. The height is read to the nearest 0.1 centimeter.



1.1.2 Weight/Height Z-score using unisex table *(Annex 1)*

Example: a child is 63 cm length and weighs 6.5 kg.

- Take the table, look in the 1st column and look for the figure 63cm (=height).
- Take a ruler or a piece of card place it under the figure 63 and the other figures on the same line. On this line find the figure corresponding to the weight of the child, in this case 6.8.
- Look to see what column this figure is in. In this case it is in the MEDIAN WEIGHT column. In this example the child's weight is normal in relation to his LENGHT. He therefore has an appropriate weight for his length.

Example: a child is 78 cm tall and weighs 8.3 kg
This child is between the column -2 & -3 Z-score or between MAM and SAM. He is too thin in relation to his length or less than -2 and more than -3; he is <-2 (less) and >-3 (more): he is moderately malnourished but NOT severely malnourished.

NOTE: It may be that the weight or the height is not a whole number.
Example: length: 80.4 cm and weight 7.9 kg. These 2 figures are not in the table.
For the height/length: The height/length measurement has to be rounded to the nearest 0.5cm.
For the weight: Looking at the table, for a length of 80.5 cm the weight is 7.9 kg. This is between 7.7 and 8.3 kg. Conclusion, to express the fact that the child is between these 2 weights, write down that this child's Z-score is between -4 and -3 Z-score or <-3 AND >-4 Z-score. The child has SAM.

1.2 Methods to Measure Acute Malnutrition in Children

Weight-for-height z-scores (WHZ): This is a measure of the child's weight-for-height value compared to the expected value of a reference population, expressed as a standard deviation (SD) from the median.

Mid-upper arm circumference (MUAC): This is a measure of the child's mid-upper arm circumference, as compared to a standard reference cut-off.

1.3 Classification of Acute Malnutrition

The degree of acute malnutrition in an individual level is classified as either moderate (MAM) or severe (SAM) according to specific cut-offs and reference standards.

Global acute malnutrition (GAM): is an indicator for acute malnutrition in a population, and is used to assess the severity of the situation. GAM is comprised of the proportion of children 6-59 months in the population classified with MAM, SAM, and/or nutritional oedema.

Moderate acute malnutrition (MAM): represents the proportion of children 6-59 months in the population who are classified with MAM using WHZ.

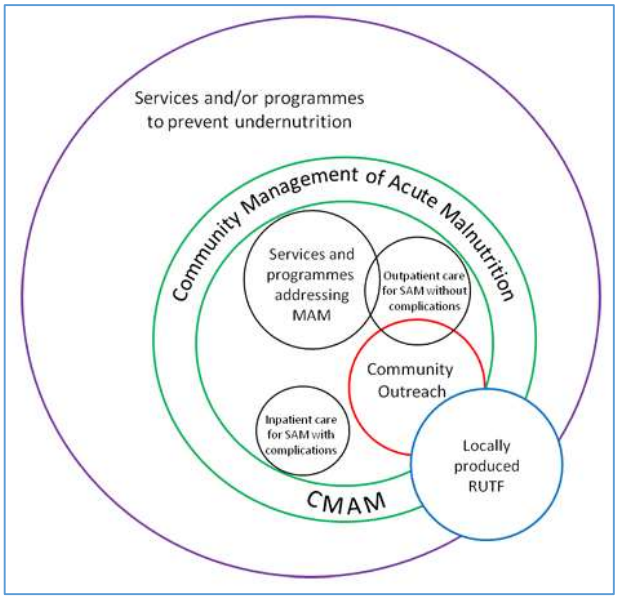
Severe acute malnutrition (SAM): the proportion of children 6-59 months in the population who are classified with SAM using WHZ and/or nutritional oedema.

Classifications	WHZ	MUAC
Severe Acute Malnutrition (SAM)	< -3 SD	< 11.5 cm
Moderate Acute Malnutrition (MAM)	-2 < and ≥ -3 SD	11.5 ≤ 12.5 cm
Normal	≥ -2 SD	> 12.5 cm

2- Components of CMAM

There are the mainly four components of community based management of acute malnutrition. This document covers the first and fourth component (community outreach and TSFP). Information about components 2 and 3 can be found in other CMAM guidelines.

1. **Community Outreach**
2. **Inpatient Care (Stabilization Care/Center)**
3. **Outpatient Therapeutic Program (OTP)**
4. **Supplementary Feeding Program (SFP)**



2.1 Component 1: Community Outreach

The goal of the community outreach component of CMAM is to improve treatment outcomes and coverage by promoting community understanding of the programme. If community members are unaware of the service or the type of children it treats, or are confused or misinformed about its purpose, they may not benefit from it or even prevent others from benefitting. Community outreach includes the following components:

- Community assessment – to understand how a community is organized, how acute malnutrition is understood, how CMAM services are likely to be received and how the community can best support them.

- Community mobilization and sensitization – defines the parameters of the CMAM services, addresses barriers to access identified in the assessment and builds a case-finding and referral system around existing skills and resources. The involvement of key community figures is crucial in the success of this process.

Barangay Health Workers (BHW) and Barangay Nutrition Scholars (BNS) form an integral part of the community outreach component of CMAM programme through:

- Routine screening to identify and refer children with MAM or SAM before the onset of serious complications
- Follow-up visits for complicated cases.

In a municipality with CMAM services, the BNS/BHW screen children and PLWs at barangay level by considering the below criteria:

Screening Criteria		Documentation
Child 6-59 months	• Oedema • MUAC	• Barangay Tally Screening for Children *(Annex 2)* • Municipality Tally Screening for Children *(Annex 3)* • Referral/Transfer Slip *(Annex 4)* • Master List Referral Children *(Annex 5)*
Pregnant (2nd & 3rd trimester) and Lactating women	• MUAC	• Barangay Tally Screening for PLWs *(Annex 10)* • Municipality Tally Screening for PLWs *(Annex 11)* • Referral/Transfer Slip *(Annex 4)* • Master List Referral PLWs *(Annex 12)*

Finding during Screening		Action by BNS/BHW
Child 6-59 months	Bilateral pitting oedema	Refer to: • OTP (+) or (++) • SC (+++) & complication
	MUAC < 11.5 cm (RED) (without complication)	Refer to OTP at Munucipality level
	MUAC 11.5 cm - < 12.5 cm (YELLOW) (without complication)	Refer to SFP at Municipality level
	MUAC ≥ 12.5 cm (GREEN)	Provide MNP at Barangay level
Pregnant (2nd & 3rd trimester) & Lactating women	MUAC <21.0 cm	Refer to SFP at Municipality level
Infants < 6 months* (child not exclusively breastfed)	Visibly wasted infants Infants with oedema Infants too weak or feeble to suckle	Refer to SC for treatment & evaluation at Provincial Hospital level Counsel the mother on IYCF

2.2 Component 4: Targeted Supplementary Feeding Programme (TSFP)

MAM Children (without complication) and acutely malnourished PLW are treated at community level in TSFP

World Food Programme provides supplementary food to Moderately Acute Malnourished Children and Malnourished PLWs for a minimum of 2 months and a maximum of 4 months per beneficiary.

Importance of MAM treatment

1. Acute malnutrition is a major risk factor for child mortality. A child with MAM is up to three times as likely to die as a well-nourished child. A child with SAM is nine times as likely to die as a well-nourished child. While the immediate risk of mortality is higher for a child with SAM than with MAM, the total number of children affected by MAM is much greater i.e. for every child suffering from severe acute malnutrition, there are eight or ten (approximately) suffering from moderate malnutrition and therefore absolute mortality is higher for MAM than SAM.

2. SAM treatment requires very strong linkages with medical screening and services. By reaching children before they develop SAM, treatment of MAM can help to ease the burden on already overstretched health systems in most developing countries.

3. Preventing and treating MAM has the potential to reduce child mortality and morbidity, and also reflects WFP's focus on the window of opportunity by including children 6-23 months of age and PLW as target groups.

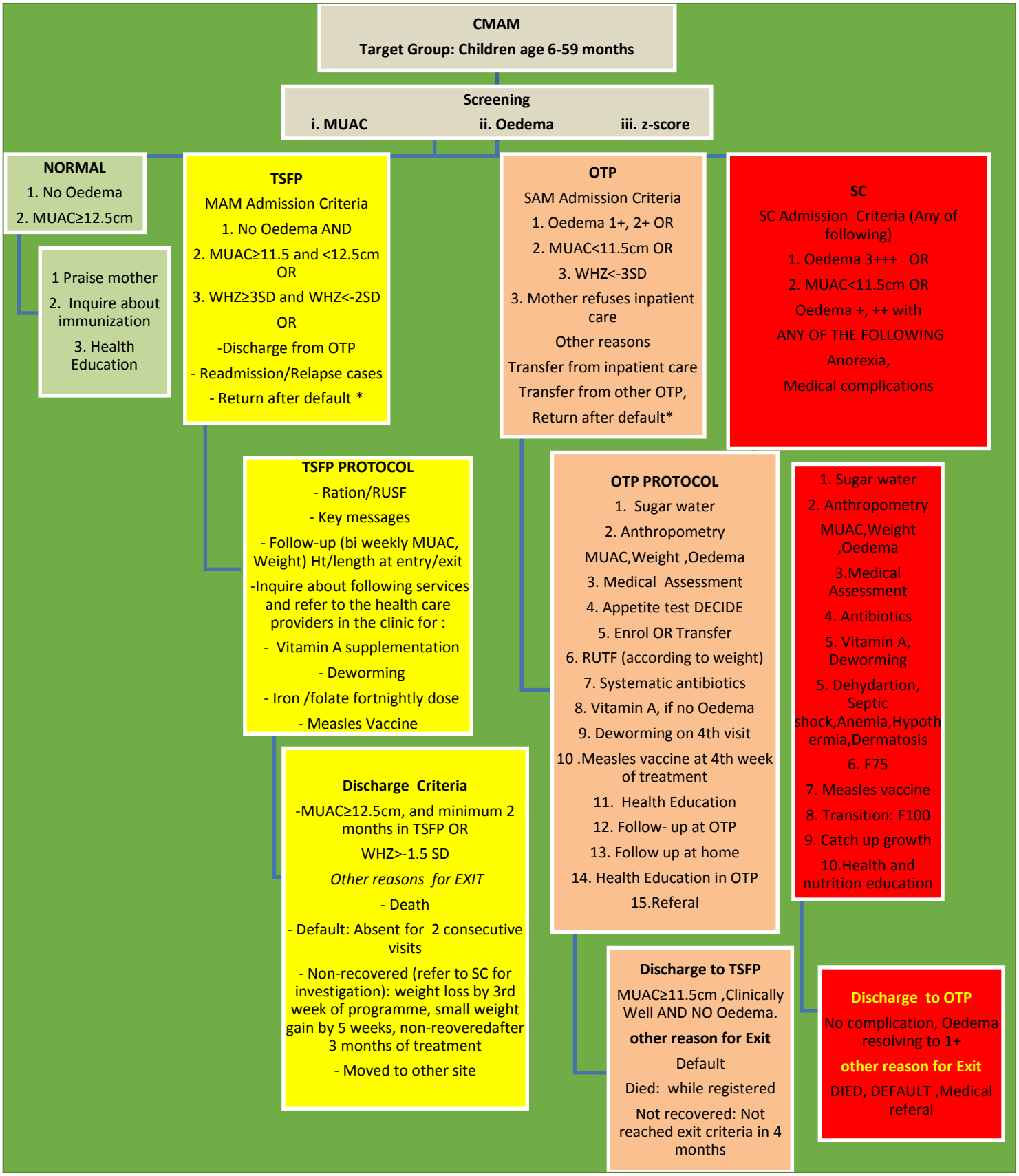
MAM treatment is implemented by establishing TSFP site. There are different ways of implementing MAM treatment such as:

1. TSFP site and OTP sites can be established at same vicinity at Municipality level. Midwives at Municipality level can provide treatment to both the SAM and MAM cases.

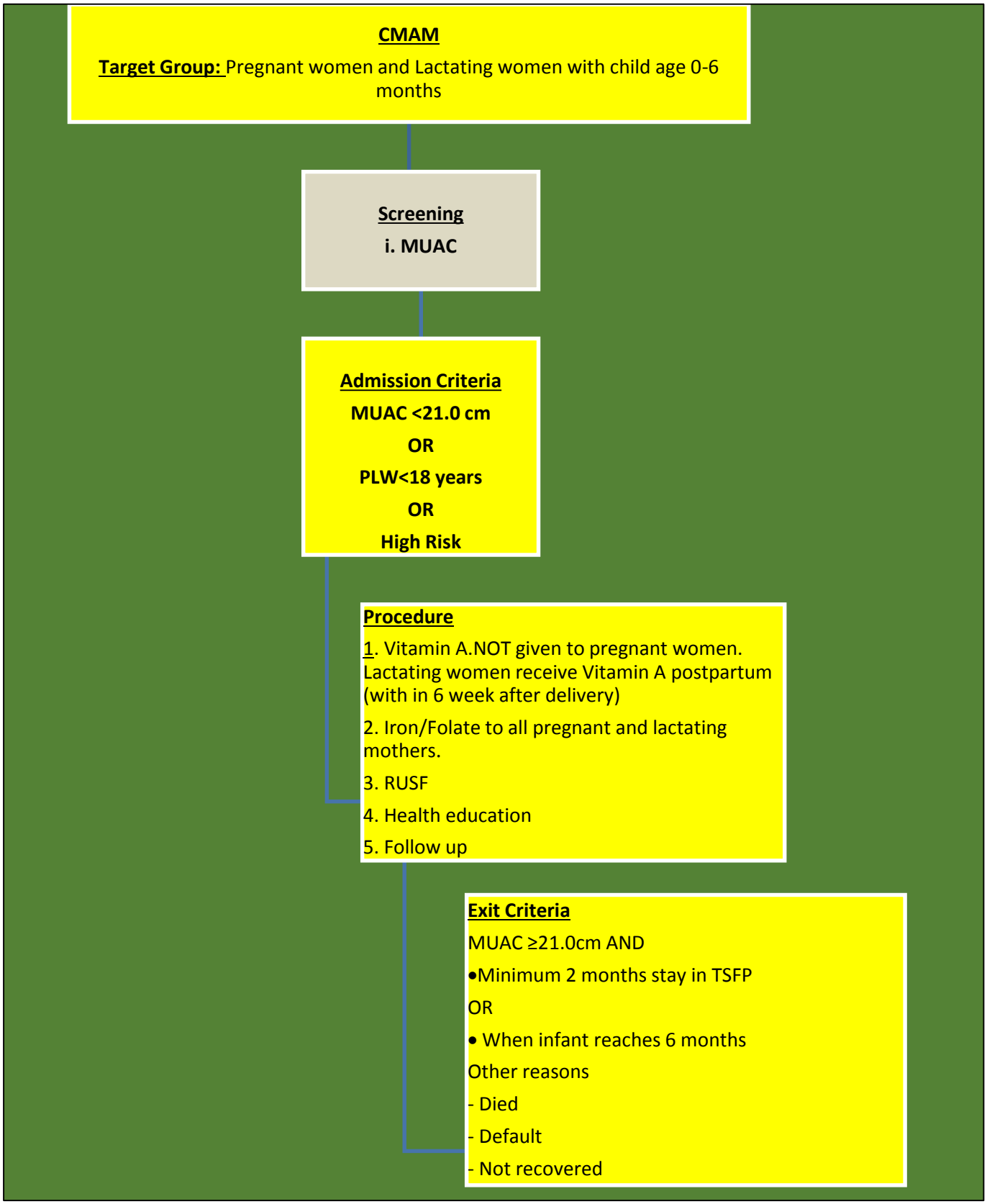
2. TSFP can be established at community level (either at Barangay Health Station or a place identified by the community which is easily accessible to women and children).

3. In case a fixed site is not feasible, mobile SFP support can be provided on rotational basis, offering fortnightly visits to the catchment population (e.g. once per two weeks or once per month). The mobile team approach is particularly viable for covering scattered pockets of populations and in the post-disaster situations which disrupts public health systems.

2.3 CMAM Flow Chart for Children 6-59 months



2.4 CMAM Flow Chart for PLWs



3- TSFP for Children 6-59 months

3.1 Admission and Discharge Criteria for TSFP

ADMISSION		DISCHARGE (EXITS)		
CHILDREN 6-59 MONTHS (67 – 110 cm)	**NEW ADMISSIONS** MUAC ≥11.5cm - <12.5cm **OR** WHZ≥3SD and WHZ<-2SD **AND** No oedema **AND** Clinically well **AND** Appetite	**MEETS DISCHARGE CRITERA**	Recovered (Cured)	MUAC ≥ 12.5cm **OR** WHZ>-1.5 SD For two consecutive visits **AND** 2 month minimum stay in TSFP
OTHER REASONS FOR ADMISSION	**RELAPSE AFTER CURE** Previously exited as cured but currently fulfills enrolment criteria. **DISCHARGED FROM OTP** Children completing treatment for SAM are included in TSFP (regardless of anthropometric measurement) **RETURN AFTER DEFAULT** Child returns after defaulting within one month	**OTHER REASONS FOR DISCHARGE**	Died	Child died while registered in TSFP
			Default	Child was absent for two consecutive visits
			Non - responder	Child did not meet discharge criteria after 3 months in TSFP
			Referred out	Child referred to OTP or to medical care at health facility

3.2 Action Protocol for TSFP Staff

SIGN	LOOK FOR	ACTION	WHAT TO DO
MUAC	MUAC < 115mm (RED)	**REFER TO OTP**	Complete a referral slip to OTP Tell caregiver where and when to go to OTP
OEDEMA	Pitting oedema on both feet	**REFER TO OTP**	Complete a referral slip to OTP Tell caregiver where and when to go to OTP

MEDICAL COMPLICATION	▪ No appetite/unable to eat ▪ Vomits everything ▪ Hypothermia ≤35.5°c ▪ Fever ≥38.5°c ▪ Severe pneumonia ▪ Severe dehydration ▪ Severe anaemia ▪ Not alert ▪ Conditions requiring IV infusion/NG tube	**REFER TO STABILIZATION CENTRE OR NEAREST OTP**	Complete a referral slip to stabilization centre FAST TRACK CHILD TO STABILIZATION CENTRE/INPATIENT CARE
MEDICAL ISSUES	▪ Bloody diarrhoea ▪ Frequent diarrhea and/or vomiting ▪ Rapid breathing/chest rising/suspected pneumonia ▪ Cough ▪ Fever/suspected malaria	**REFER TO HEALTH FACILITY**	
DIARRHEA	Watery diarrhoea without dehydration	**PROVIDE ORS**	Provide ORS and instruct on use at home
INFANT < 6 MONTHS AND/OR < 4KG	Infant is visibly wasted AND/OR cannot breastfeed effectively and is losing weight AND/OR has medical complications	**REFER TO OTP**	Complete a referral slip to stabilization centre FAST TRACK CHILD TO STABILIZATION CENTRE
	Infant is thin AND mother has ability to breastfeed	**SUPPPORT FOR MOTHER ON BREASTFEEDING**	▪ Ensure mother is registered in TSFP. ▪ Provide breastfeeding support for mother
THIN PLW	MUAC < 21.0 cm: Mother is acutely malnourished	**REGISTER IN TSFP**	Ensure mother is registered in TSFP Provide nutrition counseling
ABSENCE	Child is absent for one visit	**HOME VISIT**	Community workers follow up with home visit
DEFAULT	child is absent for two consecutive visits	**HOME VISIT**	Community workers follow up with home visit

3.3 Documentation

- TSFP Registration Book for Children *(Annex 7)*
- Ration Card for Children *(Annex 8)*
- Home visit form *(Annex 9)*

3.4 Routine Treatment and Prevention Package for Children in TSFP

Since TSFP is being implemented at RHU level, all beneficiaries who had not received the drugs will be referred for treatment to the Nurses/Midwives. All essential drugs (Vitamin A, de worming and Measles vaccine) are available in all the RHU at the municipality level.

Drug/Vaccine	When	Age/Weight	Prescription	Dose
VITAMIN A	At admission	6 months to < 12 months	100 000 IU	Single dose on admission.
		≥ 12 months	200 000 IU	
ALBENDAZOLE	At admission	< 12 months	**DO NOT GIVE**	
		12-23 months	200mg	Single dose
		≥ 23 months	400 mg	
MEASLES VACCINATION	At admission	From 6 months	Standard	Single dose

Note: Children completing for SAM transferred to the outpatient program for MAM should NOT be given routine medical treatment again.
Vitamin A should not be given if it has been given in past 3 months.
VITAMIX (MNPs) should NOT be given with Ready to Use products (Plumpy'Sup).

3.5 Supplementary Ration for Children 6-59 months

RATION	AMOUNT PER DAY	AMOUNT /MONTH
 **READY TO USE SUPPLEMENTARY FOOD - PLUMPY'SUP**	**1 PACKET (92 g)**	**30 PACKETS (2.76 kg)**

3.6 Key Messages for Mother/Caretaker of Child in TSFP

Special attention should be given to counsel the mother/caretaker of the child during programme admission. A flyer should be given for the mother to take home *(Annex 25)*, which are on file with the national nutrition cluster in various languages.

How to give Plumpy'Sup

- Plumpy'sup is a special food and medicine packet for malnourished children only.
- It should not be shared.
- Your child should eat ONE sachet of Plumpy'Sup per day.
- If breastfeeding, breastfeed your child before giving Plumpy'sup.
- Plumpy'sup should be given as a snack between other meals. Give other foods in addition to the packet food including milk, fruit and vegetables, and oil.

- Small children should be fed 5 times a day in small amounts.
- Do not give Plumpy'sup to infants less than 6 months of age.
- Always offer plenty of breastmilk or clean water to drink while eating Plumpy'sup as it can make children thirsty.

Use at home

- Use soap to wash your child's hands before eating.
- Plumpy'sup can be eaten directly from the packet. No additional preparation is required.
- Plumpy'sup should not be cooked or mixed with water.

Storage at home

- Keep packets in clean a dry place above the floor and out of reach of children.
- Packets can be kept in a sealed container, on a high shelf, clean cupboard, or in a basket hung above the floor.
- Opened packets should be kept covered and dry.

Other key messages

- Continue breastfeeding a child up two years and beyond.
- Infant young child feeding practices (IYCF) *(Annex 10)*
- If your child has diarrhea, never stop feeding. Continue to breastfeed. Give extra food and extra clean water. Give ORS as required.
- If your child has any medical complications, take the child to the nearest health facility.

3.7 Follow-Up Visits

At each follow up session the following should occur:

- Conduct a comprehensive evaluation of the child that includes: anthropometry (see table), medical history, and physical examination

Anthropometry to collect for children in TSFP	
MUAC is taken	Every visit
Weight is taken with same scale	Every visit
Height/Length is measured	At admission, as appropriate
WHZ can be calculated	As required, day of admission and discharge if WHZ was used for admission

- Monitor the progress of the child's nutritional status
- Verify and exclude the presence of medical complications
- Make a referral, follow-up home visit, or discharge as appropriate
- Probe mother on the daily ration size, storage, use of supplementary ration, health status of respective beneficiary
- In case of absence, pass the information and pay visit to the house of the child to know the reason for absence.
- Where possible, give a demonstration of how to use Plumpy'Sup.
- Give every mother/caretaker the schedule of the child's next TSFP visit

3.8 Assessing Performance of TSFP

Performance Indicators for TSFP

	Acceptable	Alarming
Cured Rate	>75%	<50%
Mortality Rate	<3%	>10%
Default Rate	<15%	>30%
Non-Response Rate	<15%	
% Coverage	>50% (Rural) >70% (Urban) >90% (Camp)	Refer to SC for treatment & evaluation at Provincial Hospital level Counsel the mother on IYCF
Length of stay	< 8 weeks	>12 weeks

Performance Indicator Calculations

Indicator	Formula
Cured Rate (Recovery rate)	$\frac{\text{Total no. of children recovered}}{\text{Total no. of exits}} \times 100$
Mortality Rate	$\frac{\text{Total no. of deaths}}{\text{Total no. of exits}} \times 100$
Default Rate	$\frac{\text{Total no. of defaulter}}{\text{Total no. of exits}} \times 100$
Non-Response Rate	$\frac{\text{Total no. of non-responders}}{\text{Total no. of exits}} \times 100$

Calculation Example

A total of 150 children having MUAC between 11.5 cm & $\leq$12.5 cm were registered in a TSFP for two months. Out of this 150 children, 130 children exited the prpogramme (120 recovered, 1 died, 6 defaulted,and 3 did not resopnd).

Performance Indicators	Cured Rate	Mortality Rate	Default Rate	Non-Response Rate	Total Exit
# Children	120	1	6	3	130
How to calculate?	120/130*100	1/130*100	6/130*100	3/130*100	
%	92.3%	0.8%	4.6%	2.3%	

4- TSFP for Pregnant and Lactating Women (PLW)

4.1 Admission and Discharge Criteria for TSFP

<table>
<tr><th colspan="2">ADMISSION</th><th colspan="3">DISCHARGE (EXITS)</th></tr>
<tr><td rowspan="4">NEW ADMISSIONS</td><td rowspan="4">MALNOURISHED PLW
Pregnant women in the 2nd trimester / with visible pregnancy OR Lactating women with child age 0-6 months AND MUAC <21.0 cm

PLW<18 years
Irrespective of anthropometric status

HIGH RISK PLW
First or fourth and more pregnancy
OR pregnancy within 15 months of previous pregnancy
OR previous pregnancy/birth complications</td><td rowspan="4">MEETS DISCHARGE CRITERA</td><td rowspan="4">Recovered (Cured)</td><td rowspan="4">MUAC ≥ 21.0 cm For two consecutive visits

AND
2 month minimum stay in TSFP</td></tr>
<tr></tr>
<tr></tr>
<tr></tr>
<tr><td rowspan="4">OTHER REASONS FOR ADMISSION</td><td rowspan="4">RELAPSE AFTER CURE
Previously exited as cured but currently fulfills enrolment criteria.

RETURN AFTER DEFAULT
Child returns after defaulting within one month</td><td rowspan="4">OTHER REASONS FOR DISCHARGE</td><td>Died</td><td>PLW died while registered in TSFP</td></tr>
<tr><td>Default</td><td>PLW was absent for two consecutive visits</td></tr>
<tr><td>Non - responder</td><td>PLW did not meet discharge criteria after 3 months in TSFP</td></tr>
<tr><td>Referred out</td><td>Child referred medical care at health facility</td></tr>
</table>

4.2 Documentation

- TSFP Registration Book for PLW *(Annex 13)*
- Ration Card for PLW *(Annex 14)*
- Home visit form *(Annex 9)*

4.3 Routine Treatment and Prevention Package

PREGNANT WOMEN			
Drug/Vaccine	When	Prescription	Dose
IRON / FOLIC ACID	On admission	60 mg Iron Plus	Single dose daily for duration of programme enrollment
		400 µg Folic Acid	
TETANUS TOXOID	On admission (if required)	Standard	As prescribed at RHU

LACTATING WOMEN			
Drug/Micronutrient	When	Prescription	Dose
IRON / FOLIC ACID	On admission	60 mg Iron Plus	Single dose daily until child age is 6 months
		400 µg Folic Acid	
VITAMIN A	On admission	AT LEAST 6 WEEKS POST PARTUM 200 000 IU	Single dose
		LESS THAN 6 WEEKS POST PARTUM **DO NOT GIVE**	

4.4 Supplementary Ration for PLW

RATION	AMOUNT PER DAY	AMOUNT /MONTH
 **READY TO USE SUPPLEMENTARY FOOD - PLUMPY'SUP**	**1 PACKET (92 g)**	**30 PACKETS (2.76 kg)**

4.5 Key Messages for PLW in TSFP

Special attention should be given to counsel the PLW during programme admission. A flyer should be given for the PLW take home *(Annex 24)*, which are on file with the national nutrition cluster in various languages.

How to take Plumpy'Sup

- Plumpy'sup is a special food and medicine packet for malnourished women only.
- It should not be shared.
- You should eat ONE sachet per day.

- Plumpy'sup can be consumed as a snack between other meals. It is not designed to replace the normal diet which should includes a variety of foods such as meat, milk, fruit and vegetables, and oil.
- Always drink plenty clean water while eating Plumpy'sup.

Use at home

- Use soap to wash your hands before eating Plumpy'Sup
- Plumpy'sup can be eaten directly from the packet. No additional preparation is required.
- Plumpy'sup should not be cooked or mixed with water.

Storage at home

- Keep packets in clean a dry place above the floor and out of reach of children.
- Packets can be kept in a sealed container, on a high shelf, clean cupboard, or in a basket hung above the floor.
- Opened packets should be kept covered and dry.

Other key messages

- Exclusively breastfeed your child up to 6 months of age and continue breastfeeding up to 2 years.
- Go for routine antenatal and post natal check-ups.
- Complete the vaccination of your child as per the prescribed schedule.

4.6 Follow-Up Visits

At each follow up session the following should occur:

- Conduct a comprehensive evaluation of the PLW that includes: anthropometry (MUAC), medical history, and physical examination
- Monitor the progress of the woman's nutritional status
- Verify and exclude the presence of medical complications
- Make a referral, follow-up home visit, or discharge as appropriate
- Probe woman on the daily ration size, storage, and use of supplementary ration
- In case of absence, pass the information and pay visit to the house of the child to know the reason for absence.
- Where possible, give a demonstration of how to use Plumpy'Sup
- Give the schedule of the next TSFP visit

5- Prevention of Micronutrient Deficiencies with MNPs for Children 6-59 months

5.1 Admission and Discharge Criteria for TSFP

Child 6-59 months found with normal nutrition status during active or passive screening **OR** Children discharged from TSFP after MAM treatment.

ADMISSION		DISCHARGE (EXIT)	
CHILDREN 6-59 MONTHS (67 – 110 cm)	Children with normal nutrition status (MUAC ≥12.5cm)	**MEETS DISCHARGE CRITERA**	Child surpasses age criteria (>59m) or programme ends

5.2 Documentation

- Ration Card Vitamin A / MNPs *(Annex 15)*

5.3 Supplementary Ration

RATION		AMOUNT EVERY OTHER DAY	AMOUNT /MONTH
	**VITAMIX MICRONUTRIENT POWDER**	**1 SACHET (1 g) Every other day**	**15 SACHETS (15 g)**

5.4 Key Messages *(See VITAMIX FAQ – Annex 16)*

Delivery of Key Health Messages to Mother/Caretaker of Respective Child

- VITAMIX is a mixture of 15 vitamins and minerals designed for improved nutrition
- Provides vitamins and minerals for good health
- Aids proper growth
- Improves immune system
- Increases appetite
- Prevents micronutrient deficiencies
- Does not change the taste, color, or texture of the food when added
- Does not require changes to food preparation
- Easy to use
- Importance of exclusive breastfeeding from birth up to 6 months
- Appropriate complementary feeding: **r**ight time, **r**ight amount, and **r**ight frequency
- Continue breastfeeding up to 2 years and beyond while providing complementary food mixed with VITAMIX

- Avoid using VITAMIX in hot or liquid foods
- Avoid sharing one sachet of VITAMIX with other children
- Store in a clean and dry place
- Avoid storing MNP/VM in direct sunlight and near heat sources
- Keep out of reach of children

5.5 Follow-Up Visits

- Check ration card
- Probe mother/caretaker on the daily ration size, storage, and use of supplementary ration

6- Summary of TSFP/MNP Programmes

Target Group	Type of intervention	Product	Ration	Place/Point of Distribution
Children 6 – 59 months with MAM	Treatment of Moderate Acute Malnutrition (MAM)	Plumpy' Sup	92 gram sachet /day	RHU/TSFP Site
PLW with acute malnutrition, PLW <18 years and/or high risk	Treatment of Acute Malnutrition	Plumpy' Sup	92 gram sachet /day	RHU/TSFP Site
Children 6 – 59 months without MAM	Prevention of Micronutrient Deficiencies (MNDs)	MNPs	1 gram sachet / every other day	BHW/BNS

7- Partnership & Reporting

7.1 Field Level Agreement (FLA) / Memorandum of Understanding (MoU)

An interested partner may submit a project proposal and budget to WFP which will be reviewed and formalized in an FLA/MOU if accepted.

An FLA/MoU establishes and defines the cooperation between WFP and potential partners for the provision of TSFP.

The agreement defines Roles and Responsabilities of WFP and Partner such as:

- Modalities for the distribution of food to the beneficiaries and all tasks associated tasks
- Description of other services required to be performed, such as those in health, water and sanitation, etc.
- Obligations of the parties with regard to costs, communications, supply of equipment or services
- Reporting requirements of the partner
- WFP's payment obligations

7.2 Call Forward Request

Based on the monthly distribution plan, the respective partner should submit the call forward request in the prescribed format to the WFP nutrition focal point in time to ensure the timely availability and transport arrangement of nutrition commodities (CP). A call forward should ideally be submitted at least 2 weeks ahead of the expected delivery date of the commodities. Call forward request shall have the following details:

- Quantity of each commodity as per agreed plan
- Delivery date
- Point of delivery (address of CP warehouse, focal person/ logistics/ storekeeper name and contact detail)
- Primary transportation as agreed in FLA/MoU (by WFP Logistics or the CPs own transportation)
- Detail of any stock/balance left over in CP warehouse from previous distribution, if available at CP warehouse
- Special instruction like release of food in instalments, etc.

Documentation
Call Forward Request *(Annex 17)*
Guidance Tool for WFP Food, Ration Scale and Calculation *(Annex 18)*

7.3 Food Release Note

Based on the CP's call forward request, WFP Focal Person prepares the food release note *(Annex 19)* and shares with the logistic unit for release of commodities to the respective CP.

7.4 Waybill

The WFP logistics unit issues a waybill at the time the commodity is loaded in trucks and ready for dispatch to the CP .This is a certificate from WFP regarding the quantity and quality of commodities has loaded in trucks and provides the following information:

- Transaction detail
- Transaction type
- Loading detail
- Certification of commodity loaded in trucks from WFP warehouse
- Certification of commodities received in the respective CP's warehouse
- Observations (If goods are lost or damaged enter their weight and the cause of loss or damage)

7.5 Monthly Report & Cooperating Partners Distribution Report (CPDR)

CPs need to submit the monthly report and CPDR with details on the number of beneficiaries and commodities distributed by the **5th of the following month**.

Documentation

- Monthly Report *(Annex 20)*
- CPDR *(Annex 21)*

7.6 Invoicing and Payments

If an FLA/MOU indicates the need for cash advance, a CP should submit a payment request letter addressed to the WFP country director requesting the amount as indicated in the FLA.

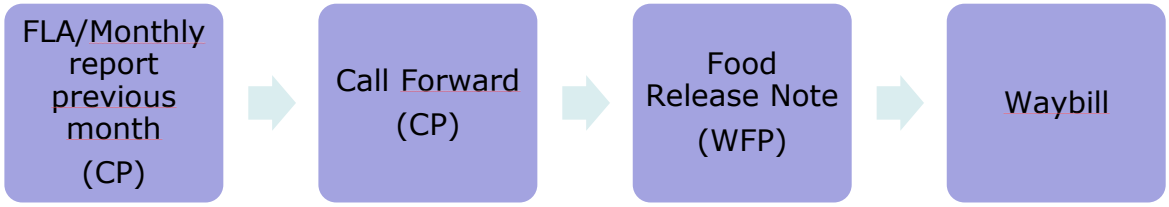
Once deliverables are accomplished, CPs shall submit a signed and stamped invoice / financial report for release of payment to the head of the WFP area office along with supporting documents which include:

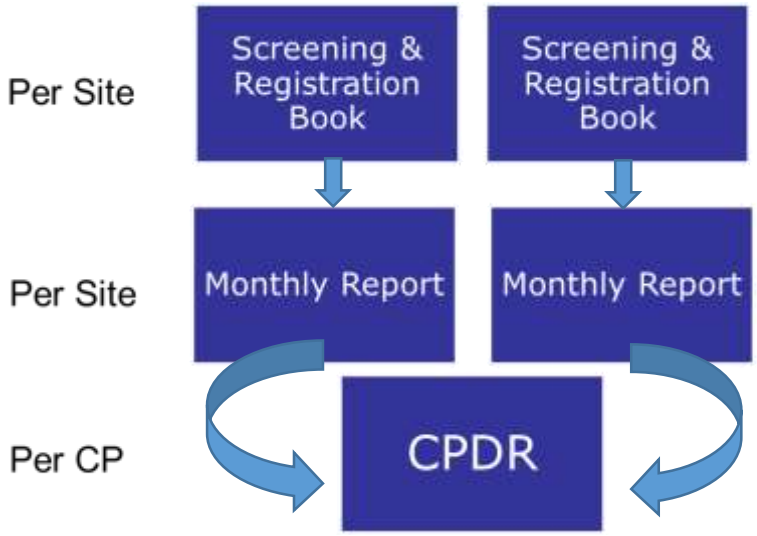
- Payment request letter
- Signed and stamped CPDR
- Original waybills
- Waybill summary
- Photocopies of paid vouchers
- CP Implementation Report *(Annex 22)*

The CP maintains originally paid vouchers and copy of invoice which can be made available for audit at any time.

After verification of the documents, the AO informs WFP CO to proceed with the payment by sending an Expense Verification Certification and attaches the soft copy of CP reports.

7.7 Summary of Reporting





Reporting Forms	Level	WHO	WHEN	Submission, Frequency and Date
Barangay Tally – MUAC Screening of Children	Barangay	BNS	During screening at barangay level	Submit to MNAO Monthly basis **By 30th/31st of every month**
Barangay Tally – MUAC Screening of PLWs	Barangay	BNS	During screening at barangay level	Submit to MNAO Monthly basis **By 30th/31st of every month**
Municipality Tally – MUAC Screening of Children	Municipality TSFP site	MNAO	At the end of each month	Submit to PNAO Monthly basis **By 3rd of every month**
Municipality Tally – MUAC Screening of PLWs	Municipality TSFP Site	MNAO	At the end of each month	Submit to PNAO Monthly basis **By 3rd of every month**
Referral/Transfer slip	Barangay	BNS and RHU staff (at TSFP site)	During screening at barangay level and at TSFP site	Submit to MNAO All referral slip should be submitted at the end of each month **By 30th/31st of every month**
Master list of referral for Children	Municipality TSFP site	MNAO	At the end of each month	Submit to PNAO Monthly basis **By 3rd of every month**
Master list of referral for PLWs	Municipality TSFP site	Nurse	At the end of each month	Submit to PNAO Monthly basis **By 3rd of every month**
Monthly Report	Municpality TSFP site	MNAO CP	At the end of each month	MNAO should submit to PNAO CP should submit to WFP Monthly basis **By 5th of every month**

8- Annexes

Annex 1: Weight-for-height table (WHO 2006)

Annex 2: Barangay Tally Screening for Children

Annex 3: Municipality Tally Screening for Children

Annex 4: Referral/Transfer slip

Annex 5: Master List of referral for Children

Annex 6: Key messages on IYCF practices

Annex 7: TSFP Registration Book for Children

Annex 8: Ration card for Children

Annex 9: Home visit form

Annex 10: Barangay Tally Screening for PLW

Annex 11: Municipality Tally Screening for PLW

Annex 12: Master List of referral for PLW

Annex 13: TSFP Registration Book for PLW

Annex 14: Ration card for PLW

Annex 15: Ration card Vitamin A/VITAMIX (MNPs)

Annex 16: VITAMIX FAQ

Annex 17: Call Forward Request

Annex 18: Guidance Tool for WFP food, ration scale and calculation

Annex 19: Food Release Note

Annex 20: Monthly Report

Annex 21: CPDR

Annex 22: CP Implementation Report

Annex 23: Guide for Reporting

Annex 24: Facility Monitoring Checklist

Annex 25: Plumpy'Sup Flyer

Annex 1: Weight-for-height table (WHO 2006)

Use for both boys and girls														
Length	Weight Kg – Z-score						Length	Weight Kg – Z-score					
	very severe	severe SAM	moderate MAM	discharge IMAM		median		very severe	severe SAM	moderate MAM	discharge IMAM		median
cm	-4.0	-3	-2	-1.5	-1	0	cm	-4.0	-3	-2	-1.5	-1	0
Use Length for less than 87 cm													
45	1.73	1.88	2.04	2.13	2.23	2.44	66	5.5	5.9	6.4	6.7	6.9	7.5
45.5	1.79	1.94	2.11	2.21	2.31	2.52	66.5	5.6	6	6.5	6.8	7	7.6
46	1.85	2.01	2.18	2.28	2.38	2.61	67	5.7	6.1	6.6	6.9	7.1	7.7
46.5	1.91	2.07	2.26	2.36	2.46	2.69	67.5	5.8	6.2	6.7	7	7.2	7.9
47	1.97	2.14	2.33	2.43	2.54	2.78	68	5.8	6.3	6.8	7.1	7.3	8
47.5	2.04	2.21	2.40	2.51	2.62	2.86	68.5	5.9	6.4	6.9	7.2	7.5	8.1
48	2.10	2.28	2.48	2.58	2.70	2.95	69	6.0	6.5	7	7.3	7.6	8.2
48.5	2.17	2.35	2.55	2.66	2.78	3.04	69.5	6.1	6.6	7.1	7.4	7.7	8.3
49	2.23	2.42	2.63	2.75	2.87	3.13	70	6.2	6.6	7.2	7.5	7.8	8.4
49.5	2.31	2.50	2.71	2.83	2.96	3.23	70.5	6.3	6.7	7.3	7.6	7.9	8.5
50	2.38	2.58	2.80	2.92	3.05	3.33	71	6.3	6.8	7.4	7.7	8	8.6
50.5	2.46	2.66	2.89	3.01	3.14	3.43	71.5	6.4	6.9	7.5	7.8	8.1	8.8
51	2.54	2.75	2.98	3.11	3.24	3.54	72	6.5	7	7.6	7.9	8.2	8.9
51.5	2.62	2.83	3.08	3.21	3.34	3.65	72.5	6.6	7.1	7.6	8	8.3	9
52	2.70	2.93	3.17	3.31	3.45	3.76	73	6.6	7.2	7.7	8	8.4	9.1
52.5	2.79	3.02	3.28	3.41	3.56	3.88	73.5	6.7	7.2	7.8	8.1	8.5	9.2
53	2.88	3.12	3.38	3.53	3.68	4.01	74	6.8	7.3	7.9	8.2	8.6	9.3
53.5	2.98	3.22	3.49	3.64	3.80	4.14	74.5	6.9	7.4	8	8.3	8.7	9.4
54	3.08	3.33	3.61	3.76	3.92	4.27	75	6.9	7.5	8.1	8.4	8.8	9.5
54.5	3.18	3.55	3.85	4.01	4.18	4.55	75.5	7.0	7.6	8.2	8.5	8.8	9.6
55	3.29	3.67	3.97	4.14	4.31	4.69	76	7.1	7.6	8.3	8.6	8.9	9.7
55.5	3.39	3.78	4.10	4.26	4.44	4.83	76.5	7.2	7.7	8.3	8.7	9	9.8
56	3.50	3.90	4.22	4.40	4.58	4.98	77	7.2	7.8	8.4	8.8	9.1	9.9
56.5	3.61	4.02	4.35	4.53	4.71	5.13	77.5	7.3	7.9	8.5	8.8	9.2	10
57	3.7	4	4.3	4.5	4.7	5.1	78	7.4	7.9	8.6	8.9	9.3	10.1
57.5	3.8	4.1	4.5	4.7	4.9	5.3	78.5	7.4	8	8.7	9	9.4	10.2
58	3.9	4.3	4.6	4.8	5	5.4	79	7.5	8.1	8.7	9.1	9.5	10.3
58.5	4.0	4.4	4.7	4.9	5.1	5.6	79.5	7.6	8.2	8.8	9.2	9.5	10.4
59	4.2	4.5	4.8	5	5.3	5.7	80	7.6	8.2	8.9	9.2	9.6	10.4
59.5	4.3	4.6	5	5.2	5.4	5.9	80.5	7.7	8.3	9	9.3	9.7	10.5
60	4.4	4.7	5.1	5.3	5.5	6	81	7.8	8.4	9.1	9.4	9.8	10.6
60.5	4.5	4.8	5.2	5.4	5.6	6.1	81.5	7.8	8.5	9.1	9.5	9.9	10.7
61	4.6	4.9	5.3	5.5	5.8	6.3	82	7.9	8.5	9.2	9.6	10	10.8
61.5	4.7	5	5.4	5.7	5.9	6.4	82.5	8.0	8.6	9.3	9.7	10.1	10.9
62	4.8	5.1	5.6	5.8	6	6.5	83	8.1	8.7	9.4	9.8	10.2	11
62.5	4.9	5.2	5.7	5.9	6.1	6.7	83.5	8.2	8.8	9.5	9.9	10.3	11.2
63	5.0	5.3	5.8	6	6.2	6.8	84	8.3	8.9	9.6	10	10.4	11.3
63.5	5.1	5.4	5.9	6.1	6.4	6.9	84.5	8.3	9	9.7	10.1	10.5	11.4
64	5.1	5.5	6	6.2	6.5	7	85	8.4	9.1	9.8	10.2	10.6	11.5
64.5	5.2	5.6	6.1	6.3	6.6	7.1	85.5	8.5	9.2	9.9	10.3	10.7	11.6
65	5.3	5.7	6.2	6.4	6.7	7.3	86	8.6	9.3	10	10.4	10.8	11.7
65.5	5.4	5.8	6.3	6.5	6.8	7.4	86.5	8.7	9.4	10.1	10.5	11	11.9

Use for both boys and girls														
Height	Weight Kg – Z-score						Height	Weight Kg – Z-score					
	very severe	severe SAM	moderate MAM	discharge IMAM		median		very severe	severe SAM	moderate MAM	discharge IMAM		median
cm	-4.0	-3	-2	-1.5	-1	0	cm	-4.0	-3	-2	-1.5	-1	0
Use Height for more than or equal to 87 cm													
87	9.0	9.6	10.4	10.8	11.2	12.2	104	12.0	13	14	14.6	15.2	16.5
87.5	9.0	9.7	10.5	10.9	11.3	12.3	104.5	12.1	13.1	14.2	14.7	15.4	16.7
88	9.1	9.8	10.6	11	11.5	12.4	105	12.2	13.2	14.3	14.9	15.5	16.8
88.5	9.2	9.9	10.7	11.1	11.6	12.5	105.5	12.3	13.3	14.4	15	15.6	17
89	9.3	10	10.8	11.2	11.7	12.6	106	12.4	13.4	14.5	15.1	15.8	17.2
89.5	9.4	10.1	10.9	11.3	11.8	12.8	106.5	12.5	13.5	14.7	15.3	15.9	17.3
90	9.5	10.2	11	11.5	11.9	12.9	107	12.6	13.7	14.8	15.4	16.1	17.5
90.5	9.6	10.3	11.1	11.6	12	13	107.5	12.7	13.8	14.9	15.6	16.2	17.7
91	9.7	10.4	11.2	11.7	12.1	13.1	108	12.8	13.9	15.1	15.7	16.4	17.8
91.5	9.8	10.5	11.3	11.8	12.2	13.2	108.5	13.0	14	15.2	15.8	16.5	18
92	9.9	10.6	11.4	11.9	12.3	13.4	109	13.1	14.1	15.3	16	16.7	18.2
92.5	9.9	10.7	11.5	12	12.4	13.5	109.5	13.2	14.3	15.5	16.1	16.8	18.3
93	10.0	10.8	11.6	12.1	12.6	13.6	110	13.3	14.4	15.6	16.3	17	18.5
93.5	10.1	10.9	11.7	12.2	12.7	13.7	110.5	13.4	14.5	15.8	16.4	17.1	18.7
94	10.2	11	11.8	12.3	12.8	13.8	111	13.5	14.6	15.9	16.6	17.3	18.9
94.5	10.3	11.1	11.9	12.4	12.9	13.9	111.5	13.6	14.8	16	16.7	17.5	19.1
95	10.4	11.1	12	12.5	13	14.1	112	13.7	14.9	16.2	16.9	17.6	19.2
95.5	10.4	11.2	12.1	12.6	13.1	14.2	112.5	13.9	15	16.3	17	17.8	19.4
96	10.5	11.3	12.2	12.7	13.2	14.3	113	14.0	15.2	16.5	17.2	18	19.6
96.5	10.6	11.4	12.3	12.8	13.3	14.4	113.5	14.1	15.3	16.6	17.4	18.1	19.8
97	10.7	11.5	12.4	12.9	13.4	14.6	114	14.2	15.4	16.8	17.5	18.3	20
97.5	10.8	11.6	12.5	13	13.6	14.7	114.5	14.3	15.6	16.9	17.7	18.5	20.2
98	10.9	11.7	12.6	13.1	13.7	14.8	115	14.5	15.7	17.1	17.8	18.6	20.4
98.5	11.0	11.8	12.8	13.3	13.8	14.9	115.5	14.6	15.8	17.2	18	18.8	20.6
99	11.1	11.9	12.9	13.4	13.9	15.1	116	14.7	16	17.4	18.2	19	20.8
99.5	11.2	12	13	13.5	14	15.2	116.5	14.8	16.1	17.5	18.3	19.2	21
100	11.2	12.1	13.1	13.6	14.2	15.4	117	15.0	16.2	17.7	18.5	19.3	21.2
100.5	11.3	12.2	13.2	13.7	14.3	15.5	117.5	15.1	16.4	17.9	18.7	19.5	21.4
101	11.4	12.3	13.3	13.9	14.4	15.6	118	15.2	16.5	18	18.8	19.7	21.6
101.5	11.5	12.4	13.4	14	14.5	15.8	118.5	15.3	16.7	18.2	19	19.9	21.8
102	11.6	12.5	13.6	14.1	14.7	15.9	119	15.4	16.8	18.3	19.1	20	22
102.5	11.7	12.6	13.7	14.2	14.8	16.1	119.5	15.6	16.9	18.5	19.3	20.2	22.2
103	11.8	12.8	13.8	14.4	14.9	16.2	120	15.7	17.1	18.6	19.5	20.4	22.4
103.5	11.9	12.9	13.9	14.5	15.1	16.4							

These tables are derived from the WHO2006 standards for Boys. Because using separate tables for boys and girls may lead to many more boys being admitted to therapeutic programs than girls, the use of the boys table for both sexes is recommended to avoid discrimination against female children. It is recommended that the discharge criteria should be -1.5Z where there are adequate follow up arrangements and/or a supplementary feeding program to which the children can be referred. © Michael Golden

Annex 2: Barangay Tally Screening for Children

This form is the initial step for a more comprehensive screening form for community-based management of malnutrition (refer to the PIMAM guideline).

Philippines Nutrition Cluster Reporting Form - Barangay MUAC Tally 6-59 months Version 1 - Instructions on the reporting process

B

1.	Please report in the next sheet on all activities you have been engaged in the previous month this includes MUAC screening and referral and micronutrient supplementation
2.	Please complete one form for each barangay/health and nutrition volunteer
3.	Fill in all the relevant sections of the form. Check all relevant cells as appropriate. You will only need to check "✓" cells relevant to the period
4.	Nomenclature: You need to fill in all the relevant information at the top of the form BARANGAY (name of the barangay), MUNICIPALITY (Municipality on which reporting), YEAR (reporting year), and PERIOD (reporting period).
5.	Once visiting a mother make sure that you will first verify if she has at least one child 6-59 months, if the child/children is below 6 months or above 59 months, do not list them here
6.	Under the child's name enter the following: LAST NAME and then FIRST NAME in the respective cell
7.	Enter the specific reporting period
8.	For each male/female child in the list, check the appropriate cell related to EDEMA/SAM/ MAM/Normal based on the MUAC measure
9.	For every child (male/female) check if he/she received vit. A in the past six months. Leave it blank if he/she did not receive it
10.	For every child (male/female) check if he/she received 15 sachets of MNPs. Verify the card to confirm quantity received. Leave it blank if he/she did not receive it
11.	Enter the full name of the mother/caregiver of the child
12.	Enter the contact number of the mother
13.	Tally the totals of each category (EDEMA, SAM, MAM, Regular, vitamin A, MNP) accordingly
14.	The reports should be submitted monthly to whom you usually report to
15.	For any questions or assistance that is needed, please do not hesitate to contact your immediate supervisor

Barangay Tally - MUAC Screening
Children 6-59 months (MUAC and Edema)

Barangay:

City/Municipality:

Province:

Region:

Period (MM/DD/YYYY): **From** **to**

If a child is identified with SAM / MAM they should **not** receive micronutrient powder.

B

Ref # for Total	**Name of Child 6-59mos (Last name, First)**	(1) Bilateral pitting EDEMA (SAM)		MUAC - **Left** Mid Upper Arm circumference (2) RED-SAM Less than 11.5 cm		YELLOW-MAM Greater/ equal to 11.5cm, or less than 12.5 cm		GREEN-NORMAL Greater or equal to 12.5 cm		Vitamin A given in last 6 months?		**15 sachets** of Micro-Nutrient Powder used in last month? (verify card)		Name of Mother / Caretaker (Last name, First)	Phone Number
		M	F	M	F	M	F	M	F	M	F	M	F		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
TALLY:															

KEY:

(1)	Confirmed bilateral-pitting edema SAM/ Severe Acute Malnutrition	RED
(2)	less than 11.5cm (115mm) SAM/ Severe Acute Malnutrition	RED
	12.5cm (125mm) MAM/ Moderate Acute Malnutrition	YELLOW
	Greater or equal to 12.5cm (125mm) Normal	GREEN

PREPARED BY _____

NAME _____

DESIGNATION/OFFICE _____

Phone # _____

EMAIL: _____

VALIDATED BY _____

NAME _____

DESIGNATION/OFFICE _____

Phone # _____

EMAIL: _____

Annex 3: Municipality Tally Screening for Children

This form is the initial step for a more comprehensive screening form for community-based management of malnutrition (refer to the PIMAM guideline).

Philippines Nutrition Cluster Reporting Form - Municipal MUAC Tally 6-59 months Version 1 - Instructions on the reporting process

M

1.	Please report in the next sheet on all activities you have been engaged in the previous month, this includes MUAC Screening and referral and micronutrient supplementation
2.	Please complete one form for each municipality
3.	Fill in all the relevant sections of the form
4.	Check all relevant cells as appropriate
5.	Nomenclature: You need to fill in all the relevant information at the top of the form MUNICIPALITY (Municipality on which reporting), YEAR (reporting year), and PERIOD (every 15th and 30th of the month).
6.	Under the barangay's name enter the following: FULL NAME OF THE BARANGAY
7.	For each barangay in the list, enter the total no. of EDEMA/SAM/MAM/Normal cases based on the barangay report
8.	For each barangay in the list, enter the total no> of children that received (YES)/did not receive (NO) vit. A in the last 6 months, based on the barangay report
9.	For each barangay in the list, enter the total no. of children that received (YES) or did not received (NO) 15 sachets of MNPs in the past month, as per barangay report
10.	Tally the total for each category (EDEMA, SAM, MAM, Regular, vit.A, MNP), as per barangay report
11.	The reports should be submitted monthly to whom you usually report to
12.	For any questions or assistance that is needed, please do not hesitate to contact your immediate supervisor

Municipal Tally - MUAC Screening
Children 6-59 months (MUAC and Edema)

Municipality/City:

Province:

Region:

Period (MM/DD/YYYY): **from** **to**

If a child is identified with SAM / MAM they should **not** receive micronutrient powder.

M

Barangay name	**Total children screened**	TOTAL Bilateral pitting EDEMA (SAM) (1)		MUAC - **Left** Mid Upper Arm circumference (2)						Total Vitamin A given in last 6 months?		Total **15 sachets** of Micro-Nutrient Powder given in last month? given	
				TOTAL RED (SAM)		TOTAL YELLOW (MAM)		TOTAL GREEN (NORMAL)					
		M	F	M	F	M	F	M	F	M	F	M	F
TALLY:													

KEY:

(1) Confirmed bilateral-pitting edema SAM/ Severe Acute Malnutrition	RED
(2) Less than 11.5cm (115mm) SAM/ Severe Acute Malnutrition	
Greater than/equal 11.5cm (115mm), less 12.5cm (125mm) MAM/ Moderate Acute Malnutrition	YELLOW
Greater than 12.5cm (125mm) Normal	GREEN

PREPARED BY _____

NAME _____

DESIGNATION/OFFICE _____

Phone # _____

EMAIL: _____

VALIDATED BY _____

NAME _____

DESIGNATION _____

Phone # _____

EMAIL: _____

Annex 4: Referral/Transfer slip

Referral / Transfer Form (Child OR Mother)

National Nutrition Cluster

Name: _____ Sex:_____ Date of Birth:_____ Age:_____ months/years

MUAC _____ Date of referral:_____ Referred to (RHU Name): _____

Name mother/caregiver (for child):_____ Contact Phone

Number:_____

City/Municipality:_____ Barangay: _____House No._____

To be completed by referral focal point (ie. RHU staff --- midwife/nurse/doctor)

Referred for what OTP / ITP / TSFP Date of referral/transfer:_____

Weight _____ Height_____ WH Z score (if used)_____Edema (circle) + ++ +++

Refer/Transfer from: _____ (Name of Brgy/Health Center/OTP/Hospital/TSFP)

Refer/Transfer to: _____ (Name of Health Center/ OTP / Hospital/TSFP)

Reason for transfer (circle): Anorexia (no appetite) Complications Edema No weight gain Other_____

Referred/Transferred by (name of Health Worker)_____

Annex 5: Master List of referral for Children

Municipal Master List of Referrals - MAM or SAM Cases
Children 6-59 months

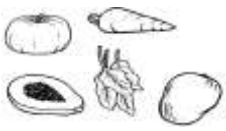
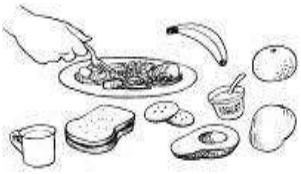
City/Municipality:
Province:
Region:
Period (MM/DD/YYYY): From to

List of SAM cases should be shared with the Municipal social worker for assessment of possible underlying concerns

M

No.	Name of Child	MAM Case (Mark 'X' if yes)	SAM Case (Mark 'X' if yes)	Name of Mother/Caregiver	Barangay	Referred By	Period / Date referred	Status / Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Annex 6: Key messages on IYCF practices

Breastfeed child within an hour of birth. Avoid any other food or liquid. Exclusive breastfeeding for 6 month. Breastfeeding for two years or longer helps a child to develop and grow strong and healthy
Starting other foods in addition to breast milk at 6 completed months helps a child to grow well 
Foods that are thick enough to stay in the spoon give more energy to the child 
Animal-source foods are especially good for children, to help them grow strong and lively 
Peas, beans, lentils, nuts and seeds are also good for children 
Dark-green leaves and yellow-colored fruits and vegetables help a child to have healthy eyes and fewer infections 
A growing child 6 – 8 months needs 2 – 3 meals a day. A growing child 9 – 24 months needs three to four meals a day Plus additional 1 – 2 snacks if the child is hungry: Give a variety of foods 
A growing child needs increasing amounts of food 
A young child needs to learn to eat: encourage and give help with lots of patience 
Encourage children to drink and eat during illness and provide extra food after illness to help them recover quickly 

Annex 7: TSFP Registration Book for Children

	Reg No	Child's Name	Mother's / Caregiver's name	Address & Phone	Type of admission (new enrolment, relapse, return after defaulting, transfer from OTP or in-patient, other*)	Sex (M/F)	DoB (mm/dd/yyyy)	Age (months)	ADMISSION												Visit 2				
									Date (mm/dd/yyyy)	MUAC (cm)	Discharge target MUAC (cm)	Weight (kg)	Height (cm)	W/H (z-sco., WHO 2006)	Discharge target Weight (kg)	Ration (# Psup sachet)	Vitamin A Date (mm/dd/yyyy) & Dosage	Albendazole Date (mm/dd/yyyy) & Dosage	Measles Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Weight (kg)	MUAC (cm)	Ration (# Psup sachet)	
Other* - admission which does not fulfill age criteria or anthropometric criteria but who need monitoring and treatment																									
1																									1
2																									2
3																									3
4																									4

		Visit 3				Visit 4				Visit 5				Visit 6				DISCHARGE						Observations
		Date (mm/dd/yyyy)	Weight (kg)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	Weight (kg)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	Weight (kg)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	Weight (kg)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	Weight (kg)	W/H (z-sco., WHO 2006)	MUAC (cm)	Ration (# Psup sachet)	Type of discharge (cured, death, defaulter, non-recovered, transfer to OTP or in-patient, move out to another site)	
	1																							
	2																							
	3																							
	4																							

Annex 8: Ration card for Children

Targeted Supplementary Feeding Programme (TSFP) - RATION CARD For 6-59 months Children with Moderate Acute Malnutrition								
Mother's/Caregiver's Name			**Registration Number**					
Child's Name			**Sex** (M/F)					
Age (months)								
Distribution Site			**Child's Address**		**Barangay :**			
	Visit 1 (Admission)	**Visit 2**	**Visit 3**	**Visit 4**	**Visit 5**	**Visit 6**		
Date (mm/dd/yyyy)								
Follow-up visit Date (mm/dd/yyyy)								
MUAC (cm)								
Weight (kg)								
Height (cm)								
WFH (z-score, WHO 2006)								
Ration Provided (Amount - # Psup sachet)								
Signature of service provider								

Annex 9: Home visit form

Home Visit Form

Reason for Home Visit:	***Absence*** Y N	***Defaulter*** Y N	***Dead*** Y N
Other:			
Registration Number:		**Program:**	
Health Facility:			**Date:**
Barangay:		**Municipality:**	
Child's Name:		**Age:**	**Sex: ☐ Male ☐ Female**
Name of Caregiver:			
Name of Barangay Captain:			
Family Name:			
Address:			
Date of Visit:			
Findings:			
Name of Barangay Nutrition Scholar			**Signature**

Annex 10: Barangay Tally Screening for PLW

This form is the initial step for a more comprehensive screening form for community-based management of malnutrition (refer to the PIMAM guideline).

Philippines Nutrition Cluster Reporting Form - Barangay MUAC Tally pregnant and mothers with infants 0-6 months Version 1 - Instructions on the reporting process

B

1.	Please report in the next sheet on all activities you have been engaged in the previous month this includes MUAC screening and referral, micronutrient supplementation (IFA)
2.	Please complete one form for each barangay/health and nutrition volunteer
3.	Fill in all the relevant sections of the form
4.	Check all relevant cells as appropriate
5.	You will only need to check "✓" cells relevant to the period
6.	Nomenclature: You need to fill in all the relevant information at the top of the form BARANGAY (name of the barangay), MUNICIPALITY (Municipality on which reporting), YEAR (reporting year), and PERIOD (every 15th and 30th of the month)
7.	Once visiting a mother make sure that you will first verify if she has at least an infant 0-6 months or she is pregnant, if the child/children are above 6 months or she is not pregnant, do not list them here
8.	Under the pregnant women and mother's name enter the following: LAST NAME and FIRST NAME in the respective cell
9.	For each pregnant women/mother entered the date of birth
10.	For each pregnant woman/mother in the list, check the column "pregnant" if she is currently pregnant
11.	For each pregnant woman check "YES" if she is taking Iron Folic Acid
12.	For each pregnant woman/mother in the list, mark YES if the pregnant woman/mother is less than 18 years of age and/or mark YES if her MUAC is less than 21 cm and/or if she is categorized as a "high risk"
13.	Enter the contact number of the mother/pregnant woman
14.	The reports should be submitted monthly to whom you usually report to
15.	For any question or assistance that is needed, please do not hesitate to contact your immediate supervisor

Barangay Tally - MUAC Screening
Pregnant Women and Mothers of Infants 0-6 mos

Barangay:

City/Municipality:

Province:

Region:

Period (MM/DD/YYYY): **From** **to**

Pregnant women are encouraged to eat properly and visit the nearest health facility for prenatal care

B

Ref No. (#) for total	NAME (Last name, First) Pregnant woman OR mother with infant 0-6 mos	DATE OF BIRTH of pregnant woman / mother (MM/DD/YYYY)	Pregnant	Is the pregnant woman taking iron folic acid?	(1) Referral for Management of Acute Malnutrition			Phone # for follow-up
					MUAC less than 21.00cm?	Woman less than 18 years old ?	(2) High risk ?	
			Yes	*Yes*	*Yes*	*Yes*	*Yes*	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
		TALLY:						

KEY:(1) **Left Mid Upper Arm Circumference**

Greater or equal to 21.0cm (210mm)	Normal
Less than 21.0cm (210mm)	Acute malnutrition

(2) **"High Risk" woman/mothers include:**

- First or fourth and more pregnancy
- Pregnancy within 15 months of previous pregnancy
- Previous pregnancy/birth complications

PREPARED BY _____

NAME _____

DESIGNATION/OFFICE _____

Phone # _____

EMAIL: _____

VALIDATED BY _____

NAME _____

DESIGNATION _____

Phone # _____

EMAIL: _____

Annex 11: Municipality Tally Screening for PLW

This form is the initial step for a more comprehensive screening form for community-based management of malnutrition (refer to the PIMAM guideline).

Philippines Nutrition Cluster Reporting Form -

Municipal MUAC Tally pregnant and mothers with infants 0-6 months

M

Version 1 - Instructions on the reporting process

1.	Please report in the next sheet on all activities you have been engaged in the previous month this includes MUAC screening and referral, micronutrient supplementation (IFA)
2.	Please complete one form for the municipality
3.	Fill in all the relevant sections of the form
4.	Check all relevant cells as appropriate
5.	You will only need to check "✓" cells relevant to the period
6.	Nomenclature: You need to fill all the relevant information at the top of the form MUNICIPALITY (Municipality on which reporting), YEAR (reporting year), and PERIOD (every 15th and 30th of the month)
7.	Under the column "BARANGAY" enter the following: FULL NAME of the barangay
8.	For each barangay listed enter total No. of women screened
9.	For each barangay listed enter the total No. of pregnant women in each barangay as per report for the period. Tip: Refer to the 'Ref No. (#) for total' column of the 'Barangay Tally'
10.	For each barangay listed, enter the total no. of pregnant women taking iron folic acid
11.	For each barangay listed, enter the total number of pregnant women/mothers with MUAC less than 21 cm., enter the total number of pregnant women/mothers less than 18 years of age and enter the total number of "High Risk" women/mothers
12.	The reports should be submitted monthly to whom you usually report to
13.	For any questions or assistance that is needed, please do not hesitate to contact your immediate supervisor

Municipal Tally - MUAC Screening
Pregnant Women and Mothers of Infants 0-6 mos (MUAC)

City/Municipality:

Province:

Region:

Period (MM/DD/YYYY): **From** **to**

Pregnant women are encouraged to eat properly and visit the nearest health facility for prenatal care

M

Barangay name	Total # screened per Barangay	Pregnant	Total pregnant women taking iron folic acid		(1) Referral for Management of Acute Malnutrition			Comments / concerns in terms of MUAC screening / referral
					MUAC less than 21.0 cm?	Woman less than 18 years old ?	(2) High risk	
		Total Yes	*Total Yes*	*Total No*	*Total Yes*	*Total Yes*	*Total Yes*	
TALLY:								

KEY:(1) **Left Mid Upper Arm Circumference**

Greater or equal to 21.0cm (210mm)	Normal
Less than 21.0cm (210mm)	Acute malnutrition

(2) **"High Risk" woman/mothers include:**

- First or fourth and more pregnancy
- Pregnancy within 15 months of previous pregnancy
- Previous pregnancy/birth complications

PREPARED BY _____

NAME _____

DESIGNATION/OFFICE _____

Phone # _____

EMAIL: _____

VALIDATED BY _____

NAME _____

DESIGNATION _____

Phone # _____

EMAIL: _____

Annex 12: Master List of referral for PLWs

Municipal Master List of Referrals - MAM or SAM Cases
Pregnant and lactating Mothers

City/Municipality:
Province:
Region:
Period (MM/DD/YYYY): From

List of SAM cases should be shared with the Municipal social worker for assessment of possible underlying concerns

M

No.	Name of Pregnant / Lactating mother (0-6)	Pregnant (Mark 'X' if yes)	Barangay	Referred By	Period / Date referred	Status / Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Annex 13: TSFP Registration Book for PLWs

	Reg No	First name	Surname	Address & Phone	Age (years)	Type of admission (new enrolment, relapse, return after defaulting, PLW <18 years, high risk, other*)	ADMISSION								Visit 2			Visit 3		
							Date (mm/dd/yyyy)	MUAC (cm)	Discharge target MUAC (cm)	Ration (# Psup sachet)	Pregnant (Yes/No)	TT vaccination received (Yes/No)	Iron Folic Acid		Date (mm/dd/yyyy)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	MUAC (cm)	Ration (# Psup sachet)
													Are you taking IFA? (Yes/No)	If "No", when was the last date? (mm/yyyy)						
Other* - admission which does not fulfill age criteria or anthropometric criteria but who need monitoring and treatment																				
1																				
2																				
3																				
4																				

	Visit 4			Visit 5			Visit 6			DISCHARGE				Observations
	Date (mm/dd/yyyy)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	MUAC (cm)	Ration (# Psup sachet)	Date (mm/dd/yyyy)	MUAC (cm)	Ration (# Psup sachet)	Type of discharge (cured, death, defaulter, non-recovered, move out to another site)	
1														
2														
3														
4														

Annex 14: Ration card for PLWs

Targeted Supplementary Feeding Programme (TSFP) - RATION CARD For PLW with Acute Malnutrition								
Name of Beneficiary			**Registration Number**					
Status (encircle)	**Pregnant**	**Lactating**	**Age** (Years)					
Age (months)								
Distribution Site			**Address**	**Barangay :**				
	Visit 1 (Admission)	**Visit 2**	**Visit 3**	**Visit 4**	**Visit 5**	**Visit 6**		
Date (mm/dd/yyyy)								
Follow-up visit Date (mm/dd/yyyy)								
MUAC (cm)								
Ration Provided (Amount - # Psup sachet)								
Signature of service provider								

Annex 15: Ration card Vitamin A/VITAMIX (MNPs)

Micronutrients / Vit. A - Distribution Card (Children 6-59 months)

Children **6-59 months** are to be given **15 sachets** of micronutrients for 1 month consumption. Every 3 months children **6-11 months** are to receive **100,000 IU** of Vit.A; Children **12-59 months** are to receive **200 000 IU** of Vit.A.

Male (M) / Female (F)						
Date (MM/DD)						
# micronutrient sachets given						
Vit. A received (every 3 months)						
Signed by volunteer						

Micronutrients / Vit. A - Distribution Card (Children 6-59 months)

Children **6-59 months** are to be given **15 sachets** of micronutrients for 1 month consumption. Every 3 months children **6-11 months** are to receive **100,000 IU** of Vit.A; Children **12-59 months** are to receive **200 000 IU** of Vit.A.

Male (M) / Female (F)						
Date (MM/DD)						
# micronutrient sachets given						
Vit. A received (every 3 months)						
Signed by volunteer						

Annex 16: VITAMIX FAQ

QUESTION		ANSWER
1	What is VITAMIX? What is Micronutrient Powder?	VITAMIX is a micronutrient supplement for infants and children 6-59 months containing 15 essential vitamins and minerals, in powdered form that can be mixed in home prepared food. VITAMIX is the name for micronutrient powder in the Philippines.
2	What are the substances in the VITAMIX sachet?	VITAMIX contains a recommended daily allowance of 15 different vitamins and minerals: Vitamins A, D, E, B1, B2, B6, B12, C, Niacin, Folate, Iron, Zinc, Copper, Selenium and Iodine.
3	What are the benefits of VITAMIX?	• Prevent micronutrient deficiencies especially anemia • Improves the body's immune system • Improves a child's appetite • Improves a child's ability to learn and develop • Makes a child clever, strong and active
4	Who should be given VITAMIX?	Young children aged 6-59 months should be given VITAMIX.
5	Why does the programme target children 6-59 months if the VITAMIX box say that the product is for children 6-23 months?	VITAMIX has been provided to children 6-23 months to prevent stunting in other contexts in Philippines. However in an emergency context, like areas affected by Typhoon Yolanda, VITAMIX is being used to reduce and prevent micronutrient deficiencies among children 6-59 months of age.
5	Can VITAMIX be given to infants under 6 months?	WHO recommends exclusive breastfeeding for infants under 6 months, hence it is not recommended to give VITAMIX to infants under 6 months.
6	Will VITAMIX change the taste & texture of the food?	No, it doesn't change the texture or taste of food because the outer covering of iron prevents it from reacting with the food.
7	What is the dose of VITAMIX?	One sachet of VITAMIX per child every other day is sufficient as a daily supplement.
8	Why is it necessary to give VITAMIX supplementation to young children?	Micronutrient deficiencies lead to various disorders like Iron Deficiency Anemia, Vitamin A Deficiency, and Iodine Deficiency Disorder; which lead to impaired motor development and growth, decreased immunity as well as adversely affect intellectual development and mental capacity. To prevent children from such disorders, it is very important to give VITAMIX.
9	Is VITAMIX safe?	VITAMIX is a powder blend of vitamins and minerals, and very safe and effective in reducing micronutrient malnutrition.

10	Can VITAMIX be used in fluid drinks like milk, tea or juice?	If VITAMIX is mixed into liquids, the micronutrients will float to the top of liquids and tend to stick to the side of the cup or glass and therefore some will be lost in the process. It is therefore recommended not to add VITAMIX to liquids.
11	How is VITAMIX used? Does it need cooking?	VITAMIX does not need cooking. It can be sprinkled and mixed with cooked regular home based food on the basis of one sachet per child every other day.
12	Can VITAMIX be given to children without mixing it to food?	It is not recommended to use VITAMIX without mixing it into food first because the child may not like the taste and will be difficult to swallow. It's better to mix it into food to ensure the child eats it.
13	When is the best time to mix VITAMIX into a child's food?	It is recommended to give VITAMIX containing food to a child when the child eats most as per habit. It can be given any time during the day.
14	Should VITAMIX be continued even if a child is sick?	VITAMIX can be continued even if the child is sick. The child needs extra vitamins and minerals to recover from the illness, so it should be continued.
15	Does VITAMIX have any side effects?	Studies conducted in other countries concluded that micronutrient supplement has no side effects. But because of the iron content in VITAMIX, a child's stool may be darker than normal. Unabsorbed iron makes the child's stool darker which is not of concern.
16	Why were micronutrient supplements like VITAMIX developed?	It was observed that the standard iron drops were not effective, as adherence to treatment remained poor. A simple, inexpensive and potentially viable new method to provide micronutrients was conceptualized. Responding to the challenge, micronutrient supplements (with different brand names) were developed. "Sprinkles" was the first brand developed by the "Sprinkles Global Health Initiative" at The Hospital for Sick Children, University of Toronto.
17	Is VITAMIX a medicine?	No, VITAMIX is not a medicine but is a powdered nutrient supplement or food supplement for children 6-59 months that contains 15 essential vitamins and minerals that promote optimum growth and development in children.
18	Is it safe to provide VITAMIX to healthy non-anemic infants?	Yes. The amount of micronutrients in VITAMIX sachet is high enough to meet the needs of infants with micronutrient deficiencies (e.g. Iron Deficiency Anemia) but not too high for those who do not have deficiencies. Thus, it is safe to use VITAMIX even in infants without micronutrient deficiencies.
19	Can VITAMIX cause diarrhea?	There have been no reports of diarrhea from micronutrient supplement in young children. Diarrhea occurs due to other factors such as unhygienic food or unhygienic environment or contaminated water.

20	What would happen if a child consumes more than one sachet of VITAMIX every other day?	One sachet of VITAMIX per child every other day provides an adequate intake of vitamins and minerals for children.
21	Is there any chance of overdosing of VITAMIX if a child consumes more than 2 sachets?	The potential for overdose is unlikely because numerous individual packages (approximately 20 sachets) would have to be opened and ingested to reach toxicity levels.
22	For children who are receiving high dose Vitamin A capsules twice yearly is there any concern about Vitamin A toxicity if they also receive VITAMIX, which also contain Vitamin A?	There is no risk of toxicity. The dose of Vitamin A in VITAMIX is formulated to help the child meet the daily Vitamin A requirement. When WHO initiated the high dose capsules, they did not stipulate that the child receiving the supplement should not eat food containing Vitamin A. Indeed they recommended an age appropriate diet which would contain all micronutrients, including Vitamin A.
23	Can VITAMIX cause addiction?	VITAMIX contains Vitamins and Minerals. Unlike tea/coffee and other substances, vitamins and minerals are not addictive.
24	Will VITAMIX increase appetite for food?	Since VITAMIX contains essential Vitamins and Minerals important to improve a child's immunity, the child will be healthy. A healthy child will have a good and increased appetite for food. Continuous use of VITAMIX will improve a child's health and increase the appetite for food.
25	Will VITAMIX still be of use even if a child doesn't eat all the food mixed with VITAMIX?	The child will get some of the additional vitamins and minerals that are essential for growth and development by eating part of the food mixed with VITAMIX. However, in order to get the complete daily requirement of micronutrients, the child must consume all the food containing VITAMIX (one sachet per child/ every other day). This is why VITAMIX must be mixed with the amount of food which the child would be able to finish so that there is no wastage and the child eats all the contents of one sachet.
26	Will the benefits of VITAMIX be immediately obvious or visible? How long does VITAMIX have to be used before seeing the benefits?	The benefits of VITAMIX will not be immediately obvious. The benefits will only be seen after consuming it for sometime (about one or two months). Some of the benefits that will be seen, for instance, the child will be healthy and resistant to disease, have an increased appetite for food, and be more energetic and active.
27	Should consumption of other vitamins be stopped when using VITAMIX?	There is no need to stop other vitamins. The more vitamins consumed by a child, the better. VITAMIX is a nutrient supplement that contains many vitamins and minerals to support optimal growth and development in young children.
28	Can VITAMIX be used in emergency rations?	VITAMIX can be added to any regular home-based semi-solid complementary food. Emergency rations are suitable for the addition of VITAMIX increasing the nutritive value of the provided

		food. Micronutrient supplement has been used in emergency relief aid in northern Philippines, Bangladesh, Indonesia and Haiti.
29	Can VITAMIX be used by Muslims who follow traditional food practices?	Yes it can be used by Muslims. Neither alcohol nor pork products are used in the production of VITAMIX. They have Halal Certification.
30	Is there any possibility of zinc overdose if separate zinc is given during diarrhea as well as in VITAMIX?	Zinc supplementation is given specially for diarrhea. Zinc present in VITAMIX is based on the recommended dietary allowance (RDA), so there is no chance of overdosing.
31	By whom, where and when was micronutrient powder supplement developed? Has it been tested?	Micronutrient powder (named "Sprinkles" at that time) was discovered by Professor Stanley Zlotkin in Canada in 1996. It has already been tested and even implemented as a part of emergency relief in many countries around the world.
32	If this is used for emergency relief, why it being recommended now for daily use?	Several studies have shown the effectiveness of VITAMIX in improving micronutrient status and reducing the burden associated with micronutrient deficiencies like iron deficiency anemia.
33	Where is VITAMIX distributed?	Barangay nutrition scholars (BNS) screen children 6-59 months in their barangays. Children without acute malnutrition (mid upper arm circumference greater or equal to 12.5 cm) are eligible to receive 15 sachets MNP per month. BNS distribute MNP sachets to the mothers of eligible children.

Annex 17: Call Forward Request

ANNEX-F WFP Commodity Call Forward Request Form for Cooperating Partners

CP: **Entitlement Period:**

Activity: TSFP & MNP

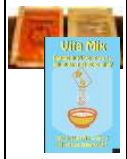
S.No.	Muncipalities	Place of Food Delivery/Warehouse Address	Planned No. of Benefciaries			Food / Required (MT)			Planned Month of Food Distribution	Warehouse Manager Contact Number
			MAM Children 6-59 months	Malnourished PLWs	Children 6-59 months MNPs	Plumpy Supp	MNPs	Total		
Total			**0**	**0**	**0**	**0,0000**	**0,0000**	**0,0000**		

Total Approved Food / (MT)		Total Received (MT)	Total Distributed (MT)	Balance at CP WH (MT)		Present request (MT)	Remaining Food Quantity (MT)
Plumpy S							-
MNPs		-	-	-			-
		-	-	-		-	-
						-	-

Prepared by:			Approved by:		Fiona	Submitted to WFP-Provincial Office-Punjab
Position/Title:			Position/Title:			
Signature:			Signature:			
Date:			Date:			

Annex 18: Guidance Tool for WFP food, ration scale and calculation

Guidance Tool for WFP Food, Ration Scale and Calculation

	General Information			How to calculate MT of nutrition commodities	How to calculate a beneficiary's monthly requirement in MT		
Food Commodity	**Purpose and Intented Target Group**	**Packaging**	**Ration/Dose**	**Formula** (first three zeros convert g into kg second three zeros covert kg into MT)	**Caseload**	**Monthly Ration (Kg)**	**Formula**
Plumpy Sup 	**TREAT Moderate Acute Malnutrition (MAM)**	Sachet 92g	One sachet/day (92g/day)	**Number of Plumpy Sup sachets X 92 /1000000**	200 children	2,760	**Numder of Children or PLW x monthly ration scale in Kg / 1000 = MT of product required.**
	Children 6-59 months and Pregnant and Lactating women	1 carton = 13,8 kg 1 carton = 150 sachets		Example: 20 000 sachets x 92g /1 000 000 = 1,840 MT			Example: 200 children x 2,760 /1 000 = 0,552 MT
MNP 	**TREAT/PREVENT Micronutrient Deficiency, Iron Deficiency Anemia (IDA)**	Sachet 1g	One sachet/day **(TSFP = one sachet each 2 days)**	**Number of MNP sachet X 1/1000000**	1200 children	0,015	**Numder of Children x monthly ration scale in Kg / 1000 = MT of product required.**
	Children 6-23 months **(TSFP --> Children 6-59 months)**	1 carton = 4,68 kg 1 carton = 156 boxes of 30 sachets		Example: 20 000 sachets x 1g /1 000 000 = 0,020 MT			Example: 1 200 children x 0,015 /1 000 = 0,018 MT
Plumpy Doz 	**PREVENT Acute Malnutrition** (Reduce prevalence and incidence)	Pot 325 g	3 teaspoons/3 times a day OR 1 tablespoon/3 times a day (46,3g/day)	**Number of Plumpy Doz pot X 325 /1000000**	200 children	1,300	**Numder of Children x monthly ration scale in Kg / 1000 = MT of product required.**
	Children 6-23 months	1 carton = 11,7 kg 1 carton = 36 pots		Example: 20 000 sachets x 325g /1 000 000 = 6,5 MT			Example: 200 children x 1,300 /1 000 = 0,26 MT
HEB (High Energy Biscuit) 	**PREVENT Micronutrient Deficiency**	Sachet 100g (sachet 75g)	100g/day	**Number of HEB sachet X 100 /1000000**	500 children	3,000	**Numder of Children x monthly ration scale in Kg / 1000 = MT of product required.**
	Children 24-59 months	1 carton = 10,00 kg (7,5 kg) 1 carton = 100 sachets		Example: 20 000 sachets x 100g /1 000 000 = 2 MT			Example: 500 children x 3,000 /1 000 = 1,5 MT

Annex 19: Food Release Note

WFP Partner Food Request Form (Emergency Operation for the Typhoon Yolanda)							
WFP World Food Programme | Programme Alimentaire Mondial | Programa Mundial de Alimentos | برنامج الأغذية العالمي						Year	Month
Partner	Programme	Province	Municipality	Total # Barangays	Beneficiary caseload	Plumpy Sup	MNPs
						MT	Carton
					Children < 5 years		
					PLWs		
TOTAL					-	-	-
Submitted by							
Date:							

Annex 20: Monthly Report

National Nutrition Cluster

MONTHLY REPORT
TARGET SUPPLEMENTARY FEEDING PROGRAMME (TSFP) & MICRONUTRIENT POWDERS (MNPS)
EMOP 200631 - TYPHOON YOLANDA

M

Name of CP: _____ **Province:** _____ **Month:** _____

Municipality: _____ **Total number of Barangays:** _____ **Report prepared by:** _____ **Contact number:** _____

1. Target Group Information

Target group		Total in TSFP beginning of the month (A)	New Enrolments (B)					Moved In (C)		Total New Enrolments (B) + (C)	Total Food Recipients (D) (A+B+C)	Exits (E)						Moved out (F)	Total Exits (G) (E+F)	TOTAL Enrolment at the end of the Month (H) (A+B+C-G)
			MUAC ≥ 11. 5 to <12.5 cm (B1)	MUAC < 21.0 cm (B2)	RELAPSE after cure (B3)	PLW <18 years (B4)	High Risk (B5)	Return after defaulting (C1)	Transfer from OTP or INPATIENT (C2)			CURED (E1)	DEATH (E2)	DEFAULTER (E3)	NON-RECOVERED (E4)	Transfer to OTP or IN-PATIENT (E5)	Medical Transfer (E6)	Moved Out to another site (F)		
6 - 23 month old children	Male	0								0	0								0	0
	Female	0								0	0								0	0
24 - 59 month old children	Male	0								0	0								0	0
	Female	0								0	0								0	0
Other	M/F	0								0	0								0	0
PLWs	Female	0								0	0								0	0
MNP Children (6-59 months)	Male	0									0									0
	Female	0									0									0
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
												#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
												> 75%	<3%	<15%	<15%					

Age Group	Number Screened
Male children 6-59m	
Female children 6-59m	
PLW <18 years	
PLW ≥18 years	

2. Commodities Distribution Information in MT

Commodity	SI Number	Opening Stock (MT)	Receipts (MT)	Total Food in MT	Food Distributed (MT)	Losses (MT)	Closing Balance (MT)	Total Recepient	Remarks
Plumpy'Sup for PLWs									
Plumpy'Sup for MAM Children									
MNP for Normal Children (MT & carton)									
Total									

3.Certification

Received by (at WFP): _____ **Title:** _____

Signature: **Date:** **Signature:** **Date:** _____

Annex 21: CPDR

Cooperating Partner Distribution Report (CPDR)
Philippines

Report date:

Distribution details

Cooperating Partner	Province	Municipality		Program	Project
				TSFP/MNP	EMOP 200631
Start date:		End date:			Region

Stock Movements/ Stock Details

Commodity	Opening Stock MT (AND # cartons for MNP)	Receipts MT (AND # cartons for MNP)	Distributed MT (AND # cartons for MNP)	Food Returns MT (AND # cartons for MNP)	Losses MT (AND # cartons for MNP)	Closing Balance MT (AND # cartons for MNP)	Loss reasons
	Net	Net	Net	Net	Net	Net	
Plumpy'Sup							
MNP							
Total Food							

Beneficiaries Details

Target Group	Number Receiving Commodities
Male children 6-59m (MNP)	
Female children 6-59m (MNP)	
Male children 6-23m (Psup)	
Female children 6-23m (Psup)	
Male children 24-59m (Psup)	
Female children 24-59m (Psup)	
PLW <18 years	
PLW ≥18 years	
Total Beneficiaries	

Comments related to the implementation

Updates / Achievements:	*Highlights on distribution*
Challenges / Questions:	
Recommendations:	

Issued by:			Received by:		
Title:			Title:		
Signature:		Date:	Signature:		Date:

COOPERATING PARTNER IMPLEMENTATION REPORT

1. IDENTIFYING INFORMATION

Name of Cooperating Partner: XXXXXXX

Title of the Project:

Areas Covered: list

Contact Person: Name, address and contact details

Date of Submission:

2. HIGHLIGHTS

Description of the context in which activities were implemented (any facts/events that occurred) and a brief summary of the activities carried out, achievement and findings.

- Bullet points only

3. FOOD DISTRIBUTION

a) Beneficiaries per activity

	Beneficiaries Plan*				Beneficiaries Actual				Actual versus Planned %	Remark
	MAM Children 6-59m	Malnourished PLWs	Children 6-59m without SAM or MAM	TOTAL	MAM Children 6-59m	Malnourished PLWs	Children 6-59m without SAM or MAM	TOTAL	TOTAL	
TSFP / MNPs										

**CP plan must be in agreement with WFP plan*

b) Tonnages

	Commodity	Plan (MT)	Actual (MT)	Actual versus Planned %	Remark
TSFP – MAM children 6-59 months					
TSFP - Malnourished PLWs					
Children 6-59 months without SAM or MAM					

4. PROGRAM IMPLEMENTATION

Give few examples describing how the projects were implemented give update from that of the previous month **please explain well why some activities were under accomplished or over achieved**

Therapeutic Supplementary Feeding Programme - MNPs

Describe all relevant accomplishments and details of solutions and recommendations

5. CHALLENGES, ACTIONS & RECOMENDATION

6. GENDER and PROTECTION

Describe any relevant finding regarding gender equality, and safety of participants, negative secondary effects caused by the assistance provided, recommendations.

7. SECURITY

Describe any security incident occurred and its effect in the implementation of the activity and in your monitoring responsibilities.

8. COORDINATION

Describe key coordination activities with Communities and WFP/implementing partners that is vital for future guidance of the operations

9. BEST PRACTICES

TSFP Reporting formats
Guide: Filling of Reporting formats

1- Referral Slip	
General information	**Detailed Instructions**
Level: Barangay **Who:** BNS & RHU staff (at TSFP site) **When:** During screening at Barangay Level & at TSFP site **Submission:** Submit to MNAO. All referral slips should be submitted at the end of each month (**by 30th/31st of every month**)	• BNS will give referral slip to SAM children, MAM children, acute malnourished PLWs, PLWs less than 18 years of age and to pregnant woman with a high risk pregnancy • Two forms for each referred child/woman: One for the child/woman and one for the BNS. • **First part** → BNS will write: Name (name of the referred child/woman), Age (in months for a child/in years for a woman), Sex (M or F), Name of carer, Contact number, Municipality, Barangay and House No (when possible) • BHW will write the date of birth (mm/dd/yyyy) • **Second part** → RHU staff will write: Date of admission to OTP/ITP/TSFP (mm/dd/yyyy), MUAC (in cm --.-), weight (in kg --.-), height (in cm ---.-) and W/H (in z-score, WHO 2006) if used. • RHU staff will check edema by putting both thumbs on the upper side of foot during 3 seconds and encircle "+", "++", "+++" according the severity of edema. • RHU staff will write: Refer/Transfer from (Name of barangay/health center/OTP/TSFP), Refer/Transfer to (Name of health center/OTP/TSFP), Date of referral/transfer (mm/dd/yyyy). • RHU staff will encircle the reason for transfer and specify the treatment given (if it is a transfer). • BNS/RHU staff will write; Referred/Transferred by (Name of Health Worker)
2- Master List of Referral for Acute Malnutrition Treatment – For children from 6 to 59 months	
General information	**Detailed Instructions**
Level: TSFP Site (Municipal level) **Who:** MNAO **When:** At the end of each month **Submission:** Submit to PNAO. The reports should be submitted monthly to PNAO **by 3rd of every month**	• One form for each Municipality • MNAO will write : Name of City/Municipality, Name of Province, Name of Region and the period (mm/dd/yyyy) (reporting period) • Under the child's name enter the following: last name and then first name • For each child in the list, mark X for "Yes" if it's a MAM case, mark X for "Yes" if it's a SAM case • Enter the full name of the mother/caregiver of the child • Under the barangay's name enter the following: full name of the barangay • In the column "Referred by", enter the full name of the health worker who referred the child

	• Write the date of referral (mm/dd/yyyy) or the period
3- Master List of Referral for Acute Malnutrition Treatment – Pregnant and Lactating Mothers	
General information	**Detailed Instructions**
Level: TSFP Site (Municipal level) **Who:** MNAO **When:** At the end of each month **Submission:** Submit to PNAO. The reports should be submitted monthly to PNAO **by 3rd of every month**	• One form for each Municipality • MNAO will write : Name of City/Municipality, Name of Province, Name of Region and the period (mm/dd/yyyy) (reporting period) • Under the pregnant women/mother's name enter the following: last name and then first name. • For each pregnant woman/mother in the list, check the column "pregnant" when appropriate (mark X for "Yes") • Under the barangay's name enter the following: full name of the barangay • In the column "Referred by", enter the full name of the health worker who referred the pregnant/lactating mother (0-6 mos) • Write the date of referral (mm/dd/yyyy) or the period
4- TSFP Registration Book for Children	
General information	**Detailed Instructions**
Level: TSFP Site (Municipal level) **Who:** RHU staff **When:** During admission//During each visit/During discharge **Submission:** n/a	• One registration book per site / One line per child • RHU staff will write : Registration number*, Child's name (full name), Mother's/caregiver's name (full name), Type of admission (new enrolment, relapse, return after defaulting, transfer from OTP or in-patient, other**), Sex (M/F), Date of Birth (mm/dd/yyyy), Age (in months) **Registration Number: First 3 letters of Municipality/First 3 letters of Barangay/No Admission* *Example: Municipality → Tanauan; Barangay → Imelda = TAN/IME/001* ***Other: Admission which does not fulfill age criteria or anthropometric criteria but who need monitoring and treatment* • **Admission →** RHU staff will write: Date (mm/dd/yyyy), MUAC (cm), Discharge target MUAC (cm), weight (kg), height (cm), Weight-for-Height (in z-score, WHO 2006), Discharge target WFH, Ration (Number of sachets of Plumpy Sup), Vitamin A (date and dosage), Albendazole (date and dosage), Measles vaccination (date) (if necessary) • **Visit →** RHU staff will write: Date (mm/dd/yyyy), Weight (kg), MUAC (cm) and Ration (Number of sachets of Plumpy Sup) • **Discharge →** RHU staff will write: Date (mm/dd/yyyy), weight (kg), Weight-for-Height (in z-score, WHO 2006), MUAC (cm), Ration (Number of sachets of Plumpy Sup), Type of discharge (cured, death, defaulter, non-recovered, transfer to OTP or in-patient, move out to another site)

5- TSFP Registration Book for PLW	
General information	**Detailed Instructions**
Level: TSFP Site (Municipal level) **Who:** RHU staff **When:** During admission//During each visit/During discharge **Submission:** n/a	• One registration book per site / One line per PLW • RHU staff will write : Registration Number*, First name of the PLW, Name of the PLW (surname), Address and Phone number, Type of admission (new enrolment, relapse, return after defaulting, PLW <18 years, high risk pregnancy, other**) **Registration Number: First 3 letters of Municipality/First 3 letters of Barangay/No Admission* *Example: Municipality → Tanauan; Barangay → Imelda = TAN/IME/001* ***Other: Admission which does not fulfill age criteria or anthropometric criteria but who need monitoring and treatment* • **Admission →** RHU staff will write: Date (mm/dd/yyyy), MUAC (cm), Discharge target MUAC (cm), Ration (Number of sachets of Plumpy Sup), Pregnant (Yes/No), Tetanos vaccination (date) (if necessary), Iron Folic Acid (only for pregnant woman – Are you taking IFA "Yes"/"No" – If "No", when was the last date (mm/yyyy)) • **Visit →** RHU staff will write: Date (mm/dd/yyyy), MUAC (cm) and Ration (Number of sachets of Plumpy Sup) • **Discharge →** RHU staff will write: Date (mm/dd/yyyy), MUAC (cm), Ration (Number of sachets of Plumpy Sup), Type of discharge (cured, death, defaulter, non-recovered, move out to another site)
6- Ration Card for Children	
General information	**Detailed Instructions**
Level: TSFP Site (Municipal level) **Who:** RHU staff **When:** During admission//During each visit **Submission:** n/a	• One card for each child referred and admitted to TSFP • RHU staff will write : Mother's/Caregiver's name (full name), Registration number, Child's name (full name), Sex (M/F), Age (in months), Distribution Site (full name), Child's address (address and barangay's name)

Date: (mm/dd/yyyy)	RHU staff will write date of admission
Follow-up visit Date: (mm/dd/yyyy)	RHU staff will write follow up date after one month of admission (or after two weeks)
MUAC (cm)	Will write MUAC in cm
Weight (kg)	Will write weight of child in kg
Height (cm)	Will write Height in cm
WFH (z-score, WHO 2006)	Leave it empty if admission is only done on MUAC
Admitted using (encircle)	MUAC or Weight-for-Height (WFH)
Ration Provided (Amount - # Psup sachet)	30 sachets of Plumpy Sup

7- Ration Card for PLWs

General information	Detailed Instructions
Level: TSFP Site (Municipal level) **Who:** RHU staff **When:** During admission//During each visit **Submission:** n/a	• One card for each PLW referred and admitted to TSFP • RHU staff will write : Name of beneficiary (pregnant woman/Mother name full name), Registration number, Status (encircle pregnant or lactating), (Age (in years), Distribution Site (full name), Address (address and barangay's name)

Date: (mm/dd/yyyy)	RHU staff will write date of admission
Follow-up visit Date: (mm/dd/yyyy)	RHU staff will write follow up date after one month of admission (or after two weeks)
MUAC (cm)	Will write MUAC in cm
Ration Provided (Amount - # Psup sachet)	30 sachets of Plumpy Sup

8- Monthly Log

General information	Detailed Instructions
Level: TSFP Site (Municipal level) **Who:** MNAO & CP **When:** At the end of each month	*See Instructions below*

Submission: MNAO should submit monthly to PNAO **by 5th of every month.** CP should submit monthly to WFP **by 5th of every month**	

Target group		**Total in TSFP beginning of the month (A)**	**New Enrolments (B)**					**Moved In (C)**	
			MUAC ≥ 11. 5 to <12.5 cm (B1)	MUAC < 21.0 cm (B2)	RELAPSE after cure (B3)	PLW <18 years (B4)	High Risk (B5)	Return after defaulting (C1)	Transfer from OTP or INPATIENT (C2)
6 - 23 month old children	Male	In the first month it will be zero. In the second month, MNAO/CP will write "Total enrolment at the end of the month" taking the figure from last column of previous month		Grey as not applicable	Number of children that have recovered but again meet entry criteria			Number of children that are absent for more than one due visit	Number of children / SAM children recovered will enter MAM
	Female								
24 - 59 month old children	Male								
	Female								
Other	M/F								
PLWs	Female				Number of PLW that have recovered but again meet entry criteria	Number of PLW that are below 18 years irrespective of MUAC	Number of PLW that are high risk pregnancy irrespective of MUAC	Number of PLW that are absent for more than one due visit	
MNP Children (6-59 months)	Male	MNAO/CP will write number of children that received MNP. It will be total of all barangay screening reports							
	Female								
TOTAL		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

- New registered cases/Total New Enrolment will be only for moderate Acute malnourished Children and Acute Malnourished PLWs. MNP children are not included in it (as they are not registered).
- Exits (E) including cured, death, defaulter, non-recovered, transfer to OTP or in-patient and medical transfer.
- The last column represent the total number of cases registered/enrolled in programme that are not exit and require treatment.

Age Group	Number Screened
Male children 6-59m	Total of all barangay screening sheets
Female children 6-59m	
PLW <18 years	
PLW ≥18 years	

Opening Stock (MT)	Receipts (MT)	Total Food in MT	Food Distributed (MT)	Food Returns (MT)	Losses (MT)	Closing Balance (MT)
Previous month closing balance	Food received in MT/ From waybill	Opening stock + Receipt	Total number of childX92X30/1000000= plumpy sup distributed in MT. Or Total number of PLWsX92X30/1000000= plumpy sup distributed in MT.	That food which is returned to WFP. (normally never happens)	Total number of sachetX92/1000000=losses in MT	Opening + Receipt-distributed-food return-losses=closing balance

DEFINITIONS:
B3: Relapse after cure: Previously exited as cured but currently fulfills enrolment criteria.
B5: High Risk during Pregnancy: Grand multipara and old mothers; Those with any complication of pregnancy; Previous still birth; Previous abortion; Previous low-birth-weight baby; Present or previous pre-eclampsia, eclampsia, or hypertension of pregnancy; Any other complication of a previous or present pregnancy; Those with type 1 nutrient deficiencies (e.g. anemia, goiter, Vitamin K deficiency, Beriberi)
C1: Return after defaulting (=readmission): Children or pregnant and lactating women who have returned to the programme after defaulting
C2: Transfer in: Children or pregnant and lactating women who arrive from another facility (OTP or in-patient / another site of TSFP)
E1: Cured: Child or mother that have reach the exit criteria
E3: Defaulter: Child or mother absent more than one visit if SFP is every month or more than 2 visits if SFP is every two weeks
E4: Non-recovered (=non-response): Child or mother that does not reach the exit criteria after 4 months in SFP
E6: Medical transfer: Transfer to a health facility for medical reasons where there is no nutrition treatment

Annex 24: Facility Monitoring Checklist

WFP Philippines - Typhon Yolanda
Targeted Supplementary Feeding Programme (TSFP) / MNPs

Facility Monitoring Checklist

I. General Information			
1. Date: (dd/mm/yyyy) __ __/__ __/__ __ __ __			
2. Monitor(s): (name) _____	□ PHO	□ CP	□ WFP
3. Cooperating Partner : (name) _____	□ PHO	□ CP	
4. TSFP site : (name) _____			
5. Barangay: (name) _____			
6. Municipality: (name) _____			
7. Province: (name) _____			
II. Record Management (Check the following records are completed & filed correctly)			
Registriation Book for Children			
8. Is registration book for MAM children present?	□ Yes	□ No	□ N/A
9. a. Are there cases of children in the book who do not meet eligibility criteria ?	□ Yes	□ No	□ N/A
9. b. If yes, how many and explain _____			
_____			
10. a. Are there cases of children in the book who should be discharged but are still enrolled in the programme ?	□ Yes	□ No	□ N/A
10. b. If yes, how many and explain _____			
_____			
11. a. Are there other issues with the registration book ?	□ Yes	□ No	□ N/A
11. b. If yes, explain _____			
_____			
Registriation Book for PLWs			
12. Is registration book for PLWs with acute malnutrition present?	□ Yes	□ No	□ N/A
13. a. Are there cases of PLWs in the book who do not meet eligibility criteria ?	□ Yes	□ No	□ N/A
13. b. If yes, how many and explain _____			
_____			
14. a. Are there cases of PLWs in the book who should be discharged but are still enrolled in the programme ?	□ Yes	□ No	□ N/A
14. b. If yes, how many and explain _____			
_____			
15. a. Are there other issues with the registration book ?	□ Yes	□ No	□ N/A
15. b. If yes, explain _____			
III. Beneficiary Management (Observation - Try to observe at least 1 child and 1 PLW per visit)			
Children 6-59 months			
16. Did TSFP staff screen every child at the TSFP for malnutrition?	□ Yes	□ No	□ N/A
17. Did TSFP staff check for oedema?	□ Yes	□ No	□ N/A
18. a. Did TSFP staff find any malnourished children?	□ Yes	□ No	□ N/A
18. b. If yes, please indicate the condition:	□ MAM		□ SAM
18. c. If yes, please indicate the condition:	□ New enrollment		□ Follow up visit
For new enrollment			
19. Did TSFP staff measure mid-upper arm circumference?	□ Yes	□ No	□ N/A
20. Did TSFP staff take weight for height measurement?	□ Yes	□ No	□ N/A
21. Did TSFP staff enroll the child according to admission criteria for MAM (MUAC 11.5 - <12.5 and with no complications			
or referred from outpatient treatment for SAM)?	□ Yes	□ No	□ N/A
22. Did TSFP staff administer medication according to routine medicines for MAM?	□ Yes	□ No	□ N/A
23. Did TSFP staff complete ration card and distribute Plumpy Sup in the appropriate amount?	□ Yes	□ No	□ N/A
(15 sachets if bi-monthly programme or 30 sachets if monthly programme)			
24. Did TSFP staff provide counseling? (If yes, tick that all apply)	□ Yes	□ No	□ N/A
□ CMAM objective, target group/beneficiary, Malnutrition key message			
□ IYCF			
□ Plumpy Sup Key message			
25. a. Was the Plumpy Sup IEC material provided to the beneficiary?	□ Yes	□ No	□ N/A
25. b. If No, why? _____			
_____			
For follow up beneficiaries			
26. Did TSFP staff measure mid-upper arm circumference?	□ Yes	□ No	□ N/A
27. Did TSFP staff complete ration card and distribute Plumpy Sup in appropriate amount?	□ Yes	□ No	□ N/A
28. Did TSFP staff provide counseling? (If yes, tick that all apply)	□ Yes	□ No	□ N/A
□ CMAM objective, target group/beneficiary, Malnutrition key message			
□ IYCF			
□ Plumpy Sup Key message			

III. Beneficiary Management (Observation - Try to observe at least 1 child and 1 PLW per visit)

PLW

29. Did TSFP staff screen every PLW at the TSFP for malnutrition?					□ Yes	□ No	□ N/A
30. a. Did TSFP staff find any malnourished PLWs, PLWs <18 years of age or pregnant women with hight risk?					□ Yes	□ No	□ N/A
30. b. If yes, please indicate the condition:					□ MAM	□ <18 years old	□ High Risk
30. c. If yes, please indicate the condition:					□ New enrollment		□ Follow up visit
For new enrollment							
31. Did TSFP staff measure mid-upper arm circumference?					□ Yes	□ No	□ N/A
32. Did TSFP staff enroll the PLW according to admission criteria (MUAC <21.0 or <18 years of age or high risk)					□ Yes	□ No	□ N/A
33. Did TSFP staff administer medication according to routine medicines for MAM?					□ Yes	□ No	□ N/A
34. Did TSFP staff complete ration card and distribute Plumpy Sup in the appropriate amount?					□ Yes	□ No	□ N/A
(15 sachets if bi-monthly programme or 30 sachets if monthly programme)							
35. Did TSFP staff provide counseling? (If yes, tick that all apply)					□ Yes	□ No	□ N/A
□ CMAM objective, target group/beneficiary, Malnutrition key message							
□ IYCF							
□ Plumpy Sup Key message							
36. a. Was the Plumpy Sup IEC material provided to the beneficiary?					□ Yes	□ No	□ N/A
36. b. If No, why? _____							
_____							
For follow up beneficiaries							
37. Did TSFP staff measure mid-upper arm circumference?					□ Yes	□ No	□ N/A
38. Did TSFP staff complete ration card and distribute Plumpy Sup in appropriate amount?					□ Yes	□ No	□ N/A
39. Did TSFP staff provide counseling? (If yes, tick that all apply)					□ Yes	□ No	□ N/A
□ CMAM objective, target group/beneficiary, Malnutrition key message							
□ IYCF							
□ Plumpy Sup Key message							

IV. Food Management (Ask to look at stock)

Plumpy Sup

40. a. Is the Plumpy Sup stock stored properly & secure?				□ Yes	□ No	□ Not in secure	□ Locked store
40. b. If No, why?	□ Infestation	□ Sunny	□ Dirty	□ Not on raised palettes		□ Other, specify_____
41. a. Is the daily stock position filled out and up to date?					□ Yes	□ No	□ N/A
41. b. If yes, did the stock record match the physical stock?					□ Yes	□ No	□ N/A
42. a. Is there any problem with the Plumpy Sup?					□ Yes	□ No	□ N/A
42. b. If yes, please indicate the problem found			□ Expired	□ Near Expiry	□ Damaged pack	□ Other, specify_____

2. VITAMIX (MNPs)

43. Is the MNPs stock stored properly & secure? (temperature below 25°C)				□ Yes	□ No	□ Not in secure	□ Locked store
44. a. Is the daily stock position filled out and up to date?					□ Yes	□ No	□ N/A
44. b. If yes, did the stock record match the physical stock?					□ Yes	□ No	□ N/A
45. Was visibility material (posters/tarps) present at TSFP site?					□ Yes	□ No	□ N/A

V. Routine Medication Management (Ask to look at stock)

46. a. Are routine medicines available in stock for MAM children and PLW with acute malnutrition?				□ Yes	□ No	□ N/A
46. b. If yes, what?	□ Albendazole 200 mg	□ Albendazole 400 mg	□ Measles Vaccine		
	□ Vitamin A 100.000IU	□ Vitamin 200.000 IU			

VI. Complaint

47. a. Did the field monitor receive any complaint during the visit?				□ Yes	□ No	□ N/A
47. b. If yes, please explain the nature of complaint:						
_____						
_____						
_____						

VII. Summary

Please tick boxes of follow up action taken/required

	On the spot coaching / training given?	Follow up visit required in next distribution	Follow up
		□Yes □No	**a. action required from** Who? _____
	□Yes □No	Who? _____	**b. support required from** Who? _____

If major problems exist, please provide question number and summarize details.

_____
_____
_____
_____
_____

Signature	

Annex 25: Example of Plumpy'Sup Flyer

What is Plumpy'Sup™?

- Nutritious, ready-to-use food for the treatment of moderate acute malnutrition.
- Soft, peanut-butter-like food, made of peanut paste, vegetable fat, soy protein isolate, whey, maltodextrin, sugar, and cocoa.
- NO cooking needed or mixing with other food.
- NO need to add water
- Contains vitamins and minerals for good nutrition and healthy body.

Reminder

- Children ages 6 to 59 months of age: 1 sachet per day
- Pregnant and Lactating women: 1 sachet per day

Nutrition Cluster

Instructions

- Wash your hands and your child's hands before eating Plumpy'Sup.
- Knead/massage the sachet briefly prior to opening the package to blend the contents uniformly.
- To open the sachet, tear a small portion of the pack. Children may eat directly from the sachet. Can be kept without refrigeration.
- Plumpy'Sup should be consumed within the day, ideally in between meals. The Plumpy'Sup should only be eaten by the child or woman being treated for malnutrition and not shared with other family members.

Important Information

- Breastfed children should eat Plumpy'Sup in addition to breast milk. They should always b e offered breast milk first.
- Older children or non-breastfed children should eat Plumpy'Sup in addition to other foods.
- Plumpy'Sup is not intended for children under 6 months. Children under 6 months should be exclusively breastfed.
- When consuming Plumpy'Sup offer the child clean water from a clean cup.
- Store Plumpy'Sup in a dry, clean place, and away from direct sunlight.