

Outline of Emergency Nutrition Plan– National Nutrition Centre

Department of Health

1. Aim:

To contribute to improving nutrition and health status of people in the cyclone-affected areas

2. Objectives:

- To prevent malnutrition (under-nutrition) among cyclone-affected families;
- To provide proper treatment for malnourished children;
- To promote proper IYCF practices,
- To promote food-preparation and cooking practices which will minimize nutrient loss;
- To improve capacity of basic health staff in undertaking nutrition intervention during emergencies.

3. Target groups:

Nutritionally vulnerable groups including under-5 children, pregnant and lactating women and elderly people.

4. Targeted area:

Most severely affected townships of cyclone areas.

5. Strategy components

	Component	Component objective
a	Research and information	To adopt appropriate strategies and use as baseline for evaluation
b	Food distribution and feeding	To prevent/treat acute severe malnutrition
c	Iron supplementation	To prevent anaemia among pregnant women
d	Vitamin A supplementation	To increase immunity against diseases (measles, diarrhoea, ARI)
e	Nutrition education	To enable people to practice proper IYCF, and to practice proper cooking methods which minimize nutrient loss
f	Capacity building	To improve capacity of BHS in undertaking nutrition interventions during emergencies
g	Management	To ensure effective implementation and communication

6. Activities:

6.1. Research and information:

6.1.1. Rough estimation of nutritional status of under-5 children by rapid assessment using MUAC; occurrence of nutrition-related diseases; breastfeeding and IYCF practices;

6.1.2. Food and nutrition survey (in collaboration with UNICEF and WFP)

6.2. Feeding programmes

6.2.1. Supplementary feeding for moderately malnourished children

6.2.1.1. Blanket supplementation in worst-affected townships

6.2.1.2. Targeted supplementation in other townships

6.2.2. Therapeutic feeding for severely malnourished children

6.3. Micronutrient supplementation

6.3.1. Vitamin A supplementation

6.3.1.1. for children between 6-59 months

6.3.1.2. for lactating mothers within one month after child birth

6.3.1.3. for children afflicted with measles infection

6.3.2. Iron/folate supplementation

6.3.2.1. for pregnant women (tablets)

6.3.2.2. for under-5 children (sprinkle or syrup if available)

6.3.3. Vitamin B1 supplementation

6.3.3.1. for pregnant women in last month of pregnancy

6.3.3.2. for lactating women for first 3 months

6.3.4. De-worming

6.3.4.1. for pregnant women

6.3.4.2. for 2-10 year old children

6.4. Nutrition promotion

6.4.1. Promotion, support and protection of breastfeeding

6.4.2. Proper complementary feeding

6.4.3. Protection against inappropriate use of breast milk substitutes

6.4.4. Promotion of proper cooking practices which minimize nutrient loss

6.4.5. Food safety; safe and clean water

7. Capacity building: Training of basic health staff on Management of Nutrition during emergencies.

8. Management

Planning, implementation, supervision and monitoring of feeding and other nutrition activities -

Central level: National Nutrition Centre

S/D level: S/D Health director and State/division Nutrition teams (SDNTs)

Township level: TMOs, BHS (Lady health visitors and midwives)

Partners: Related ministries, UN agencies, I/NGOs and local NGOs

9. End of emergency nutrition plan

Emergency nutrition activities are expected to end approximately after 6 months when acute malnutrition rate among under-5 children is less than 5%. Regular nutrition will continue then.