

Maximizing Service Delivery in Countries Affected by High Levels of Food Insecurity

Illness among children is an important risk factor for acute malnutrition. Sick children with acute malnutrition will have a higher risk of becoming severely malnourished and will need a longer recovery. Pregnant women with malnutrition are at higher risk for complications during pregnancy and delivery. They also risk delivering a baby with low birth weight. Treating illness and acute malnutrition at an early stage reduces mortality and malnutrition rates and mitigates the risk mentioned above from becoming severe.

Existing guidelines for nutrition programs also address prevention and treatment of illness. Guidelines for inpatient treatment of severe acute malnutrition with medical complications provide protocols for the special nutritional care needed by such children, as well as how to address the medical complications associated with severe acute malnutrition. However existing guidelines do not delineate responsibilities nor how to make it happen in a given context (see annex for guidelines).

When nutrition and health programs struggle to address increased numbers of patients, there is a risk that existing protocols are not implemented or that the connection between the programs is compromised. The Health Sector/Cluster partners should work with other Sectors/Clusters such as Food Security, Nutrition and WASH to ensure quality, holistic treatment by addressing malnutrition in all health programs and by addressing illness in all nutrition programs.

There are several key activities to reduce the risks of missed opportunities for screening, prevention and treatment of uncomplicated illness and malnutrition, and to ensure the appropriate referral.

Early treatment of malnutrition and illness saves lives

- 1. In integrated Community Case Management (iCCM), including the "backpack model" for health delivery in mobile populations, all Community Health Workers (CHW) should be trained to screen, treat and refer as appropriate both acute malnutrition and illness. At least malaria, diarrhoea, and ARIs should be recognized and treated by the CHWs).
- 2. Frequent screening for acute malnutrition and illness at community level should be used to offer a standard package of preventive care.





- All children screened should receive measles vaccination, LLITN, deworming and VitA (as per protocol, every 6 months).
- All pregnant and lactating women should be referred for preventive care (including tetanus vaccination, ferrous and folic acid, LLITN and malaria prophylaxis) and safe delivery as indicated.
- All outreach personnel should support coordinated social mobilization and messaging campaigns regarding recognition of disease and malnutrition, as well as where and how to seek treatment.

Each contact with <u>health</u> is an opportunity to detect, refer, and/or treat malnutrition

3. All people, but at least all children, pregnant and lactating women (PLW), presenting at both inpatient and outpatient health facilities should be screened for acute malnutrition and referred to the appropriate nutrition program or when admitted, treated for malnutrition.

Each contact with <u>nutrition</u> is an opportunity to detect, refer, and/or treat illness

- 4. All people, but at least all children, pregnant and lactating women (PLW), that are in nutrition programs (including general food distribution, blanket and targeted supplementary, and outpatient therapeutic feeding programs) should be screened for both illness and malnutrition each time there is a contact.
- 5. Treatment and preventive health interventions should be ensured, either integrated within the food/nutrition program or by referral to a health facility provided that this can be ensured on the same day.
- 6. When referring people with either illness or malnutrition ensure...
 - that they actually reach the facility or program (e.g. by supporting transport); and
 - that it has the capacity to treat all those referred on that same day.
- 7. All health and nutrition treatment sites should ensure the availability of the required quantities of safe drinking water and a correct water, sanitation and hygiene environment.
- 8. Health information and surveillance data should be shared with other sectors to ensure their inclusion in food security and nutrition analysis.





ANNEX

Nutrition:

NUTRITION:	
Guideline	Link
Updates on the management of	http://apps.who.int/iris/bitstream/10665/95584/
severe acute malnutrition in infants	<u>1/9789241506328 eng.pdf?ua=1</u>
and children	
Management of severe	http://whalibdoc.who.int/ha/1999/a57361.pdf
malnutrition: Amanual for	
physicians and other senior health	
workers	
Integrating Early Childhood	http://www.who.int/mental health/emergenci
Development (ECD) activities into	es/ecd note.pdf
Nutrition Programmes in	
Emergencies.	
Infant and young child feeding in	http://files.ennonline.net/attachments/378/infa
emergencies	nt-feeding-emergency-wellstart.pdf
Essential Nutrition Actions:	http://apps.who.int/iris/bitstream/10665/84409/
Improving Maternal, Newborn,	<u>1/9789241505550</u> eng.pdf?ua=1
Infant and Young Child Health	
and Nutrition	
WHO child growth standards and	http://apps.who.int/iris/bitstream/10665/44129/
the identification of severe acute	<u>1/9789241598163 eng.pdf</u>
malnutrition in infants and children	
SAM/MC kit	http://www.who.int/emergencies/kits/sam/en/
WHO Q&A Malnutrition and	http://www.who.int/features/ga/malnutrition-
emergencies	emergencies/en/
WHO; UNICEF; WFP; UN System	
Standing Committee on Nutrition:	http://www.who.int/maternal child adolescent
Community-based management	/documents/a91065/en/
of severe acute malnutrition - A	
joint statement	

Child Health

Guideline	Link
Pocket book of hospital care for	http://apps.who.int/iris/bitstream/10665/81170/
children: guidelines for the	<u>1/9789241548373 eng.pdf?ua=1</u>
management of common illnesses	
with limited resources 2nd Edition	
Manual for the health care of	http://www.who.int/maternal child adolescent
children in humanitarian	/documents/9789241596879/en/
emergencies	





Communicable Diseases

Guideline	Link
Communicable diseases and	http://whqlibdoc.who.int/hq/2010/WHO HSE G
severe food shortage	AR DCE 2010 6 eng.pdf
First steps for managing an	http://whalibdoc.who.int/ha/2010/WHO CDS
outbreak of acute diarrhoea	CSR NCS 2003.7 Rev.2 eng.pdf
Outbreak surveillance and	http://whalibdoc.who.int/ha/2012/WHO HSE G
response in humanitarian	AR DCE 2012 1 eng.pdf
emergencies: WHO guidelines for	
EW ARN implementation	
Use of Oral Cholera Vaccine in	http://www.who.int/cholera/vaccines/OCV in
Humanitarian Emergencies	<u>humanitarian emergencies 15Jan2014.pdf</u>
Evidence of the risks and benefits	http://www.who.int/cholera/vaccines/Risk Ben
of vaccinating pregnant women	efits vaccinating pregnant women Technical
with WHO pre-qualified cholera	Note.pdf?ua=1
vaccines during mass campaigns	
WHO guidelines for epidemic	http://www.who.int/csr/resources/publications/
preparedness and response to	measles/whocdscsrisr991.pdf?ua=1
measles outbreaks	
WHO Technical Note:	http://www.who.int/diseasecontrol emergenci
Communicable diseases and	es/publications/food shortage/en/
severe food shortage	

Malaria

Guideline	Link
Malaria control in humanitarian	http://www.who.int/malaria/publications/atoz/
emergencies – An inter-agency	<u>9789241548656/en/</u>
field handbook. Second edition	
Guidelines for the treatment of	http://www.who.int/malaria/publications/atoz/
malaria. Third edition	<u>9789241549127/en/</u>
Management of severe malaria –	http://www.who.int/malaria/publications/atoz/
A practical handbook. Third	9789241548526/en/
edition	
Universal access to malaria	http://www.who.int/malaria/publications/atoz/
diagnostic testing – An operational	<u>9789241502092/en/</u>
manual	
WHO recommendations for	http://www.who.int/malaria/publications/atoz/
achieving universal coverage with	who recommendation coverage llin/en/
long-lasting insecticidal nets in	
malaria control	
Recommendations on the role of	http://www.who.int/malaria/publications/atoz/
mass drug administration, mass	role-of-mda-for-malaria/en/
screening and treatment, and	







focal screening and treatment for	
malaria	
Seasonal malaria	http://www.who.int/malaria/publications/atoz/
chemoprevention with	9789241504737/en/
sulfadoxine-pyrimethamine plus	
amodiaquine in children: A field	
guide	
Disease surveillance for malaria	http://www.who.int/malaria/publications/atoz/
control: operational manual	9789241503341/en/
Indoor residual spraying: An	http://www.who.int/malaria/publications/atoz/
operational manual for IRS for	9789241508940/en/
malaria transmission, control and	
elimination. Second edition	

WASH

Guideline	Link
WHO Technical Documents on	http://www.who.int/water sanitation health/p
W ASH in emergencies (factsheets	<u>ublications/2011/technotes/en/</u>
for 15 different areas of WASH in	
Emergencies)	
WASH' Nutrition: A practical	http://www.actioncontrelafaim.org/sites/defaul
guidebook on increasing	t/files/publications/fichiers/manuel wash nutriti
nutritional impact through	on online.pdf
integration of WASH and nutrition	
programmes	
WHO guidelines for drinking-water	http://whqlibdoc.who.int/publications/2011/97
quality: 4th Edition	89241548151 eng.pdf?ua=1
Practical guidelines for infection	http://www.who.int/water sanitation health/hy
control in health care facilities:	<u>giene/envsan/infcontrolenv mgmt.pdf?ua=1</u>
Chapter 4 Environmental	
management practices	
Management of solid health-care	http://apps.who.int/iris/bitstream/10665/43123/
waste at primary health-care	<u>1/9241592745.pdf?ua=1</u>
centres: A decision-making quide	

预览已结束, 完整报告链接和二维码如下:





