TBBC SUPPLEMENTARY FEEDING PROGRAM ADMISSION AND DISCHARGE CRITERIA

BLANKET SUPPLEMENTARY FEEDING PROGRAM	ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
PREGNANT WOMEN	At diagnosis of pregnancy	On delivery Refer to SFP for lactating women	Measure MUAC or BMI (Body Mass Index)at the beginning of each trimester. If malnourished, enroll in SFP for Malnourished Pregnant Women. Provide pregnant women SFP Feeding protocol IF CLINICAL CONDITION EXISTS, PROVIDE SFP ONLY FOR PREGNANT WOMEN (NO DOUBLE SFP)
LACTATING WOMEN	Post delivery	6 months after delivery	Provide lactating women SFP Feeding Measure MUAC a or BMI (Body Mass Index)t 3 months and 6 month. If malnourished, enroll in SFP for Malnourished Lactating Women. IF CLINICAL CONDITION EXISTS, PROVIDE SFP ONLY FOR LACTATING WOMEN (NO DOUBLE SFP)
CHILDREN 6-24 MONTHS	Verification of age at 6 months Enroll in monthly growth monitoring & promotion	Age 24 months	Continue to encourage parent to attend and participate in growth monitoring & promotion activities

TARGETED SUPPLEMENTARY FEEDING PROGRAM	ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
MALNOURISHED PREGNANT WOMEN	MUAC <230 mm or BMI <18.5 at diagnosis of pregnancy or during pregnancy	On delivery Refer to SFP for lactating women	Provide malnourished pregnant woman SFP Feeding for duration of pregnancy IF CLINICAL CONDITION EXISTS, PROVIDE SFP ONLY FOR MALNOURISHED PREGNANT WOMEN (NO DOUBLE SFP)
MALNOURISHED LACTATING WOMEN	MUAC <230 mm or BMI <18.5 on enrolment into SFP or during first 6 months of lactation	6 months after delivery	Provide malnourished lactating woman SFP Feeding IF CLINICAL CONDITION, PROVIDE ONLY SFP FOR FOR MALNOURISHED LACTATING WOMEN (NO DOUBLE SFP) If child <6 months is not gaining weight, ensure that mother is screened for malnutrition.
MODERATELY MALNOURISHED CHILDREN* 6 months to 10 years	WHO weight-for-height z-scores <-2 to ≥-3 Weight the child MUAC <125 mm (for disfigured, disabled children – cannot take height) NO bilateral pitting edema Children discharged from TFP	WHO weight-for-height ≥-2 for 2 consecutive weightings 1 week apart 15% weight gain (for disfigured, disabled children – cannot take height) Children should receive ongoing follow up visits from health workers.	Provide malnourished child SFP Feeding Child should be enrolled in the program for a minimum of 2 months Average stay is 60 days – if no improvement in weight after 2 weeks, refer to IPD for assessment. If child does not grow consistently for 6 weeks, consider admission to IPD for 2-3 weeks (for on-site feeding).
CHRONICALLY ILL PATIENTS WITH SPECIFIC CONDITIONS	Patient diagnosed with: 1. Advanced COPD / emphysema 2. Severe asthma 3. Congenital heart disease 4. Cancer 5. Advanced cardiopulmonary disease Malnourished chronically ill persons BMI <18.5	Resolution of condition BMI ≥18.5	Provide Chronic Patient SFP Feeding If patient is a child 6 months to 2 years, provide only BabyMIX (3kg month), instead of SFP-REMix

TARGETED SUPPLEMENTARY FEEDING PROGRAM	ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
DISABLED CHILDREN OR ADULTS	Persons diagnosed with: 1. Severe cerebral palsy (cannot eat solid food) 2. Cleft palate 3. Dysphagia (inability to swallow)	Resolution of condition	Provide Disabled SFP Feeding – **no solid food**
TB/HIV Patients	Upon diagnosis	TB patients – after completing therapy HIV – ongoing	HIV patients with full-blown AIDS should receive double HIV SFP Feeding
Infants unable to breastfeed, orphans, adopted infants	Refer to guidelines for admission	Refer to guidelines for discharge	Guidelines for admission and discharge must be strictly followed.

**** Individual cases that do not fit the criteria above may be considered for admission to Supplementary and Therapeutic Feeding Programs in consultation with TBBC Nutrition Program.***

THERAPEUTIC FEEDING PROGRAM	ADMISSION	DISCHARGE	PROTOCOL/ COMMENTS
CHILDREN <10 years or 130 cm	WHO weight-for-height <-3 z-scores MUAC <125 mm (for disfigured, disabled children – cannot take height) bilateral pitting edema ≤-2 z-scores and severely ill (measles, pneumonia, diarrhea…)	WHO weight-for-height >-2 z-scores for 2 consecutive weightings 1 week apart 15% weight gain (for disfigured, disabled children – cannot take height) good appetite, free from illness absence of bilateral pitting edema	**REFER TO SFP FOR A MINIMUM OF 4 WEEKS**
ADOLESCENTS 10-18 years or >130 cm	**WHO BMI-for-Age <-3 z-scores AND poor clinical condition bilateral pitting edema	WHO BMI-for-Age >-2 z-scores for 2 consecutive weightings 1 week apart good appetite, free from illness absence of bilateral pitting edema	Adolescents should be assessed using Body Mass Index (BMI)-for-age, and results presented based on Z scores based on the WHO Growth Reference for children and adolescents 5 to 19 years of age. While there are cut offs for thinness (≥ -3 Z score and < -2 Z score), specific anthropometric criteria for admission and discharge are not defined under Sphere nor the 2009 UNHCR/WFP guidelines.
ADULTS (except pregnant and lactating women) >18 years	BMI <16 bilateral pitting edema	BMI ≥16 absence of bilateral pitting edema good clinical condition	Malnourished adults with bilateral pitting edema, immobility, extreme weakness, dehydration, anorexia should be referred for medical care.
OLDER ADULTS 50+ years	BMI <16 ***AND*** Living alone without family support Physical/mental disability Very low SES Psychological trauma	BMI ≥ 16 absence of bilateral pitting edema good clinical condition	Malnourished older adults with bilateral pitting edema, immobility, extreme weakness, dehydration, anorexia should be referred for medical care.

PREGNANT and LACTATING WOMEN	MUAC <170 mm	good clinical condition weight gain good appetite	**REFER TO SFP – DOUBLE RATION FOR DURATION OF PREGNANCY AND TO 6 MONTHS LACTATION**

*** It is important to note that oedema in adults may be induced by reasons other than undernutrition including cardiac, vascular, renal and hepatic disease. Differentiating between nutritional oedema and oedema secondary to other causes can be difficult and usually requires clinical expertise.**
Nutrition cluster CB Project, ENN Online

Cut-Off Points to Define Acute and Chronic Malnutrition

Nutrition Status Indicator / Status	**Weight-for-Height** measures acute malnutrition **(thinness)** in children for surveys and entrance to feeding programs	**Weight-for-Age** measures **underweight** and used for growth monitoring (does not differentiate between acute and chronic malnutrition)	**Height-for-Age** measures chronic malnutrition **(stunting)** in children for surveys	**MUAC** [1*] Screens for acute malnutrition in children 1-5, adults, elderly, and pregnant/lactating women for entrance into feeding programs	**BMI** [2*] (Body Mass Index) measures acute malnutrition in adults >18 years for surveys and entrance to feeding programs
At Risk	<1.5 - ≥-2 z scores	<1.5 - ≥-2 z scores	<1.5 - ≥-2 z scores	<230 mm (preg / lact women)	17-18.5 (adults)
Moderate	≥-3 to <-2 z scores	≥3 to <-2 z scores	≥3 to <-2 z scores	<185 mm (adults, preg / lact women)	16 - <17 (adults) 15-<16 (elderly)
Severe	<-3 z scores	<-3 z scores	<-3 z scores	<170 mm (preg / lact women)	<16 (adults) <15 (elderly)

1. *MUAC (mid upper arm circumference) measurements should be used as initial screening tool for children (<13.5cm) followed by weight for height measurements for entrance into SFP*
2. (BMI can be calculated as follows: $BMI = \frac{wt\ (kg)}{ht\ (m)^2}$

*adapted from WHO Nutrition in Emergencies/CDC/MSF Guidelines (revised)