TBBC - Supplementary Feeding Protocols

Food Item	ALL children 6-24 months	Moderate Mal Child <10 years	Severe malnourished children >2years - 2nd phase	Pregnant women	Mal Pregnant women	Lactating women	Mal Lactating women	Chronic Ill with Specific Conditions	Disabled - no solid foods	TB /HIV Patients	IPD patients (outside) + Medical facilities
Asia*RE* Mix				1.5 kg/ month	2 kg/ month	2 kg/ month	2 kg/ month	1 kg/ month		2 kg/ month	TBBC full ration for patient + TBBC full ration for 1 caretaker
Baby*RE* Mix	4 kg/ month										
SFP-REMix		4 kg/ month	4 kg/ month						up to 4 kg		
Soybean oil		0.5 L/ month	0.5 L/ month	0.5 L/ month	1 L / month	1 L/ month	1 L / month	0.5 L/ month	0.5 L/ month	0.5 L/ month	
Pulses (YSP, red beans or other legumes, peas)				0.5 kg/ month	0.5 kg/ month	0.5 kg/ month	1 kg/ month			0.5 kg/ month	
KCAL/DAY	540	660	660	385	575	575	630	260	622	460	
% PRO (KCAL)	16	13	13	12	10	10	11	7	13	12	
% FAT (KCAL)	20	35	35	39	49	49	45	55	35	35	

Notes

infants <24 months can be fed exclusively on HEM, but blended food premix may be consumed in addition to HEM if tolerated- ONLY IN PHASE 2 FEEDING

The extra energy cost of pregnancy is 85 kcal/day, 285 kcal/day and 475 kcal/day during the first, second and third trimesters (FAO/WHO/UNU 2004)

Well-nourished women with adequate gestational weight gain should increase their food intake by 505 kcal/day for the first six months of lactation, while undernourished women and those with insufficient gestational weight gain should add to their personal energy demands 675 kcal/day during the first semester of lactation. Energy requirements for milk production in the second six months are dependent on rates of milk production, which are highly variable among women and populations (FAO/WHO/UNU 2004)

HIV infection increases nutritional requirements by 10% in the case of asymptomatic HIV infection to maintain body weight and physical activity, and 20–30% in the case of symptomatic HIV infection or AIDS (WHO 2003)78.