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INTERORGANIZATION MEETING ON EXPANDED SUPPLEMENTARY FEEDING PROGRAMMES FOR VULNERABLE GROUPS

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SUPPLEMENTARY FEEDING PROGRAMME

Need for fresh look

Nutrition Unit
World Health Organization
Geneva

Need

The recent recommendation of the United Nations World Food Conference "to introduce in the period 1975-1976 emergency programmes for supplementary feeding of a substantial number of malnourished children . . . " has focused attention of international and nongovernmental agencies and countries on this form of nutrition intervention. In view of the alarming food and nutrition situation that is existing today on a global scale, there are indications that fairly massive feeding programmes are already being thought of and undoubtedly this would need very impressive investment.

Since supplementary feeding programmes cannot certainly be the permanent answer to the problem of malnutrition and since no government can afford to permanently subsidize such programmes on a large scale, the logical answer to the problem of malnutrition in the ultimate analysis will be to attain a level of socioeconomic development and food production and a pattern of income distribution which will make supplementary feeding unnecessary. However, till such time, it will be necessary to undertake short-term measures. It is in this context that large scale feeding programmes for children and other vulnerable segments of the population belonging to the economically weaker segments is highly desirable.

Favourable points

Supplementary feeding programme is possibly the oldest and most commonly practised nutrition intervention measure for various reasons:

(1) The relation between feeding and nutrition improvement is clear-cut and convincing to everyone and needs no justification.

(2) Supplying foods to children, who presumably are hungry, has an instant appeal and therefore attracts favourable response from political decision makers, and funds.

(3) Organizing such programmes is regarded as a comparatively simple task requiring not much of technical expertise.

Different objectives

It is no wonder that such programmes were and are being undertaken in various sectors, e.g. education, social-welfare and health, during normal times. During emergencies, such programmes are undertaken mostly as relief measures. It is therefore obvious that the objectives with which such programmes are planned are significantly different and varies widely according to the implementing sector. For example, when such programmes are initiated in the

education sector, the main objectives are the teaching of adequate food habits, better enrolment, less dropouts and absenteism and better school performance, while improvement in health and nutrition is there by implication. During emergencies, the objective is to provide relief to the starving population whereas in the social welfare sector, such programmes have the main objective of reducing social deprivation. It is only the health sectors which put improvement in health and nutritional status as the target for supplementary feeding programme as the main objective. It must however be mentioned that irrespective of the objective, the most commonly employed parameters for evaluation (if it is done at all) of the success of supplementary feeding programmes are those related to growth of the body - usually height and weight - with frequently disappointing results. The failure to get any significant improvement in height and weight does not necessarily imply the futility of such programmes. Quite often, such feeding programmes, though described as "supplementary" are in fact "substitute" feeding and as such cannot be expected to produce a marked nutritional improvement. An important point, which is usually lost sight of, is the need to design evaluation on the basis of the main objectives of the programme. Each feeding programme, at its initial stage, should clearly identify its principal objective, on the basis of which the terminal evaluation is to be done. If the feeding is done with social, economic or educational objective, there is no justification to expect a significant increase in height and weight of the beneficiaries as a parameter for evaluation. The programme should in that case be evaluated on other relevant problems.

Health sector involvement

Health sectors are possibly pioneers in implementing supplementary feeding programmes with the assistance of WHO and the skimmed milk powder, supplied by UNICEF in the past. The programme basically consisted of supplying skimmed milk powder - usually at the rate of 40 gm per day - mostly in the reconstituted form - through the health infrastructures to infants, young children, pregnant and lactating women. To ensure that the supplement reaches the target group, the health authorities insisted on spot feeding for which the beneficiaries had to come to the distribution centres every day (usually by walking several miles) for a glass of milk - a condition which, within a short time, made the programme unpopular. The other alternative of supplying a week or fortnight requirement in dry form, immediately led to its leakage into the market, where such products are usually in great demand, not only as food but for other uses as well. Even if the milk powder was consumed in the family, it was shared by almost all members of the family with the result that the target group received very little to make any nutritional impact. The coverage of skimmed milk feeding programme in no developing country was satisfactory due to various reasons - mostly logistics. In fact, supplementary feeding programmes in the health sector were always regarded as a means to an end (e.g. to support nutrition education for women, as an adjunct for nutrition rehabilitation) and not an end by itself.

In later years, the value of 40 gm of skimmed milk powder as a food supplement for the prevention of infant and child malnutrition was seriously questioned - since most of these beneficiaries were indeed having an associated and marked calorie deficiency. With the gradual withdrawal of UNICEF from the skimmed milk feeding programme, this activity of the health sector in most developing countries came to a nonsignificant existence. The replacement of skimmed milk powder in later years by other processed foods like CSM, did not improve the position.

There were commonly two drawbacks in such programmes as far as the nutrient contents are concerned - with special reference to calorie density. In quite a few cases, foods with high protein content were the main ingredient of the feeding programme on the presumption that protein deficiency was the only problem to be solved. Naturally, the effects of such feeding were marginal. In the other group of programmes, the food donors, usually coming as external aid, supplied the processed protein rich food with the understanding that the recipient countries would be able to supply the other calorie rich foods like cereals and fats, which in most cases did not materialize due to country's financial limitations. In either case, the feeding programme had to depend on food with comparative imbalance between calorie and protein.

Once again, the reluctance of the health sector to be involved in the tedious day-to-day feeding programmes and record keeping was to a large extent responsible for the gradual disappearance of such programmes in the health sector. On ultimate analysis, the distribution system and the organization pattern of such feeding programmes through the health sector will be a crucial factor for its success or failure.

There are some countries who have undertaken massive programmes for the supplementary feeding of pre-school children with the basic objective of nutritional protection and promotion. Special nutrition programmes in India under the auspices of the Social Welfare Ministry and the milk allowance programme in Chile are examples of such programmes. The massive cost of such programmes, if the coverage has to be of a significant level, deters many governments from undertaking such programmes, if external assistance through bilateral or international aid is not available. Integration of pre-school feeding programme with other aspects of child care is an approach which needs urgent consideration. UNICEF's role in building up such programmes in a few countries deserves mention.

School feeding programme

Education sector in many countries has considerable experience in such programmes mainly directed to schoolchildren in the form of school meal programmes. As mentioned earlier, improvement of health and nutrition of schoolchildren is certainly not the primary objective of such programmes. World Food Programme's assistance in recent years to many countries for school meal programmes has certainly played some part in focusing attention on the need of nutritional improvement of the beneficiaries. In general, school meal programme is a "substitute" feeding programme and the supplementation is possibly of a very marginal nature, excepting in areas where the schoolchildren come from extremely poor families. There are very few studies on the impact of school meal programmes on the nutritional status of the beneficiaries. There are still fewer to indicate that such programmes have made any significant change in the growth rate of the beneficiaries.

With all such limitations, school feeding programmes have definite advantages in having a ready-made operational base, readily available beneficiaries and good personnel - the teachers. Attention should be given to utilize this satisfactory situation for other measures like intensive and practical nutrition education and nutrition surveillance.

Emergency feeding

The supplementary feeding programmes organized during emergencies, the examples of which are so numerous, are basically relief measures and cannot be strictly regarded as nutrition intervention.

In such circumstances, processed foods have an important role. Emergency situations are invariably associated with serious health problems like epidemics. Needless to say, emergency feeding programmes are always to be linked up with health protection measures.

A common disturbing feature in emergency feeding programmes is the scanty attention given to the needs of children - in terms of special foods and appropriate feeding systems.

However, one must realize that at the present stage of food and nutrition crisis, a large majority of the developing countries are in a state of food and nutrition emergency which will remain as a continuing process for some time to come. It would facilitate future consideration, if emergency situations can be further subdivided into "acute" as commonly happens during natural or man-made calamities staying for a shorter duration and the "chronic" emergencies, which UNICEF very rightly described as "creeping" malnutrition.

Present doubts and unanswered questions

At the beginning of this document, three important reasons were given as to why supplementary feeding programmes are picked up by government, voluntary agencies, bilateral agencies and even the international agencies for implementation. It would be appropriate at this juncture to mention that there is a growing feeling in certain quarters that feeding programmes as nutrition intervention measures have not been able to achieve what they were expected to do and that in most cases such programmes are not realistic and feasible. In fact, there are substantial reservations about such measures. Among the numerous reasons, the following deserve serious considerations:

(a) Feeding programme is by far, the most expensive nutrition intervention measure. Can the cost-effectiveness be justified as compared to other intervention measures. If these are short-term relief operations for mitigating severe malnutrition, as is the general impression, hard-headed economists may well be justified in questioning the wisdom of diverting large resources to such programmes.

(b) With all the constraints that are present at the operational stage in most developing countries, can supplementary feeding programme produce any significant nutritional impact? The point may legitimately be raised as to whether more lasting and substantial improvement of the health and nutritional status of the people cannot be better brought about through utilizing meagre resources for the improvement of environmental sanitation, protected water supply, improved local production and conservation of foods, and other measures rather than on ad hoc feeding programmes.

(c) Coverage is always limited. Usually the programmes reach those areas where they are not so desperately needed whereas those living in the remote outlying areas and in desperate need for such supplements, do not get it on logistic reasons. The unsatisfactory coverage in pre-school feeding, as compared to school feeding, is almost entirely for logistic reasons.

(d) The overhead expenditure for such programmes, e.g. storage, transport, personnel, etc. consume a very large percentage of the total expenditure - sometimes to the extent of 60% or more. On simple grounds of economics, this intervention may be unjustifiable.

(e) While on-the-spot feeding system ensures the intake of food by the beneficiaries, it has a great drawback in being unpopular and sometimes unrealistic in many circumstances. The school feeding is of course an exception. The other alternative is the take-home delivery system - where the amount of food required will be much larger and with the added following questions:

(i) Does the food reach the target child in required amount?

(ii) Is a portion sold to get cash money for other needs?

(iii) How much of the food goes for other members of the families in less need and even to pets?

There are several studies in recent years to indicate the operational difficulties of both approaches.

(f) A very large number of processed foods have been tried out. While these are fairly acceptable during acute emergencies, during normal supplementary feeding, they are not very popular. In mounting massive feeding programmes, the choice of food is a crucial question and no satisfactory solution is as yet available.

It is obvious that in the absence of clear categorical answers to questions like these, one would not be in a position to reasonably justify the implementation of feeding programmes as nutrition intervention. On the other hand, the need for the nutritional protection of millions of children and other vulnerable population is so palpable and so urgent that some form of nutrition intervention is urgently needed.

Proposals for future strategy

The approach of the World Health Organization has been all along categorical in regarding supplementary feeding programmes as just one aspect of the total approach for nutritional improvement and that feeding programme has necessarily to be supported by other health measures which has to be adopted simultaneously. Supplementary feeding of children with high incidence of infections and infestations cannot produce the expected nutritional impact.

Feeding programme has an instant appeal in all countries and in most situations. Feeding by itself, gives sometimes an impression of charity and hence becomes unpopular among those who are not desperately poor. Similarly, feeding without other health measures will not only be ineffective but will mean misuse of funds and efforts. The strategy should be to utilize the general appeal of feeding programme and build around it other more fundamental needed measures to make it more appealing, comprehensive and with far more impact.

The following points need consideration during planning and implementation of supplementary feeding programmes:

(1) Feeding programme is an expensive measure. Even if the food comes as an aid, the overhead costs have to be borne by the government which sometimes acts as a deterrent. As such, feeding programmes on principle, should be the basis of other associated health and mother-child care programmes. Attendance of mothers at MCH clinics always shows an upward trend whenever some food supplements are given. This would enable sharing the capital costs (e.g. operational base and personnel) for the packaged programmes.

(2) For increasing coverage with the limited food, only those children or women who are at-risk should be the beneficiaries. Screening can be done on the basis of simple indicators. Feeding programmes can be utilized to form the base for simple nutritional surveillance systems.

(3) Although it is common to include pregnant and lactating women among the vulnerable groups, in actual practice very little attention is given on them while all considerations are concentrated on pre-schoolchildren. Food supplements provided to the mother, instead of her infant, may in the long run be more effective by inducing better lactation and thereby preventing the risk of early weaning. All supplementary feeding programmes should therefore give due consideration to this aspect.

(4) Immunization and health nutrition education should be an obligatory part of feeding programmes. Controlling infections is the best means of ensuring the biological utilization of foods. A feeding centre can be an ideal place for implementing immunization programmes.

(5) Since feeding programmes always attract mothers with young children, who are the ideal targets for advice and service for birth spacing, feeding programmes should be linked up with family planning programmes.

This will have mutually reinforcing effects. In fact, a few pilot trials have shown that a centre for child feeding utilized also for family planning services is more acceptable to the women.

(6) Personnel for feeding programmes should, as far as possible, be people from the community, who can be given a very short training in the form of orientation in health, including nutrition, maternal child health, health education and family planning. This would generate a core of "primary health workers" which is being envisaged by both WHO and UNICEF. This is already being adopted in several countries with feeding programmes as a central core.

(7) While school feeding programme can be relatively easy in implementation, the infants and pre-school age needs such measures much more than school age children. From health and nutrition consideration, resources presently utilized for school meal programme should gradually - in phased form - be directed for pre-school feeding.

Supplementary feeding programmes, if these are to be mounted on a massive scale with the definite objective of a nutrition intervention measure, must be given a hard critical look. There are indications that the way in which these were and even are being conducted is possibly not comprehensive. There is the need to rationalize some of them to make them more effective, less expensive and with a much broader objective.