Welcome to the third edition of WV’s Emergency Nutrition Update. Read on to:

• Stay updated on latest tools, guidelines and recommendations for emergency nutrition
• Read about the Africa Regional SMART training undertaken in Kenya in August
• Find out how WV Africa Region is tracking with CMAM and plans for the coming year
• “Meet & Greet” – Meet and find out more about a fellow WV emergency nutrition colleague
• and of course much more ...

The 1999 UNHCR Guidelines for Selective Feeding Programs in Emergencies has recently been revised by UNHCR in collaboration with WFP, WHO and SCN, in order to take into consideration developments in the field of management of severe and moderate acute malnutrition and other nutritional needs arising in the context of emergencies such as CMAM and HIV AIDS.

The Revised Guidelines are “intended as a practical guide to design, implement, monitor and evaluate selective feeding programmes in emergency situations, namely to answer the following key questions:

• Which type and combination of selective feeding programmes are required?
• How should each be implemented?

The target audience includes:

• Nutrition experts
• Programme managers and decision-makers in the United Nations (UN) system
• Government officials within relevant ministries
• Donor agencies
• Non-Governmental Organizations (NGOs)

It’s important to note that these guidelines do not deal with the wide range of issues which need to be addressed in emergency operations. These aspects such as, information on emergency assessment, planning, implementation and management are dealt with in other manuals, outlined in the annotated bibliography which accompanies the 2009 UNHCR guidelines. Both the revised guidelines and annotated bibliography will be useful for WV field staffs who are implementing emergency nutrition programming.

The new guidelines can be accessed at: http://oneresponse.info/GlobalClusters/Nutrition/Pages/Projects.aspx

NutVal 2006 v2.2
NutVal is an excel spreadsheet application for planning and monitoring the nutritional content of general food aid rations (not therapeutic or supplementary feeding) by UCL Centre for International Health and Development. An upgrade to NutVal 2006 (Version 2.2) is now available for download, and replaces version 2.1 which some users experienced problems opening with some Excel configurations.

Version 2.2 can be accessed and downloaded at: http://www.nutval.net
As highlighted in the previous edition of ENU, the Africa Region is currently scaling up the capacity of NO staffs to implement SMART (Standardized Monitoring and Assessment of Relief and Transition).

As part of this initiative, a total of 27 enthusiastic participants including representatives from 9 National Offices, 1 Support Office, the Africa Regional Office and the Global Centre came together in August to take part in SMART training in Kenya.

Training involved one week of theoretical sessions followed by a week of practical sessions, including implementation a SMART survey in WV Kenya’s Osiligi ADP. Topics covered included review of the Africa Health Strategy, Child Wellbeing outcomes, survey proposal writing, survey sampling, survey planning, software usage, data cleaning, quality assessment, analysis and report writing.

More information on SMART, including resources and a discussion form can be found at [http://www.smartmethodology.org/](http://www.smartmethodology.org/)

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**SMART Training in Kenya**

A group of SMART training participants in Kenya

**Update on CMAM in Africa: Summary of Functional Indicators and Influencing Factors as of Sept 2009**

<table>
<thead>
<tr>
<th>Country</th>
<th>S. Sudan</th>
<th>Kenya</th>
<th>Ethiopia</th>
<th>Somalia</th>
<th>Zimbabwe</th>
<th>Niger</th>
<th>EDRC</th>
<th>DRC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Areas / ADP’s Covered</strong></td>
<td>Tonj South</td>
<td>6</td>
<td>Various ADPs</td>
<td>Wajid, Tiegelow</td>
<td>1</td>
<td>16</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Project Status</strong></td>
<td>Up to 2011</td>
<td>Up to Nov 2009</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Up to Sept 2010</td>
<td>Ongoing</td>
<td>Up to Mar 09</td>
<td>Up to Nov 09</td>
</tr>
<tr>
<td><strong>Number admitted since program setup</strong></td>
<td>OTP=1805</td>
<td>OTP=998 SFP=21829</td>
<td>OTP=6813 SFP = No data</td>
<td>OTP=8227 SFP = 22,755</td>
<td>OTP=220 SPF=520</td>
<td>OTP=2878 SFP=7623</td>
<td>OPT=937</td>
<td>OTP=17</td>
</tr>
<tr>
<td><strong>Number trained in CMAM</strong></td>
<td>CV= 32 MOH= 7 WV= 26</td>
<td>CV= 280 MOH= 53 WV= 82</td>
<td>CV= 560 MOH= 173 WV= 4</td>
<td>CV= 1677 MOH= 0 WV= 47</td>
<td>CV= 153 MOH= 102 WV= 6</td>
<td>CV= 1329 MOH= 282 WV= 16</td>
<td>CV= 89 MOH= 53 WV= 64</td>
<td></td>
</tr>
<tr>
<td><strong>Recovered</strong></td>
<td>82%</td>
<td>&gt;80%</td>
<td>85.30%</td>
<td>70%</td>
<td>94%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Default</strong></td>
<td>11.4%</td>
<td>&lt;15%</td>
<td>1.7%</td>
<td>19%</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td>67.01%</td>
<td>63%</td>
<td>67%</td>
<td>&gt;50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** OTP: Outpatient therapeutic programme, SFP: Supplementary feeding programme, ADP: Area development programmes, CMAM: Community management of acute malnutrition DU: Data unavailable * Large number receiving food aid or general food distribution occurring CV: Community Volunteers MOH: Ministry of Health, SPHERE standards - coverage = >50%, recovery = >75% and default = <15%
Breast Feeding: Ethiopia

The following was recently presented to the ARO team in Jo’burg

Nutrition
Nutrition programming uses both preventative and rehabilitative approaches. The preventative approach is part of the 7 – 11 strategy and the rehabilitative approach uses Community-based Management of Acute Malnutrition (CMAM) and PD Hearth. The update below mainly covers CMAM progress in FY 09.

Celebrations
Strategic alignment: Nutrition successfully considered as a priority component of all national offices FY 10 – 12 strategies & FY 10 AOP guidance.

Resource mobilization: More than 14 million USD was mobilized for CMAM. About 4 million USD is mobilized through Global Health Initiative. (Source: CMAM Funding Matrix last updated August 09).

Geographic Coverage: CMAM is rolled out in 9 countries and will start in 3 more countries soon. The countries are Kenya, Ethiopia, S. Sudan, Somalia, Zimbabwe, DRC, Zambia, Niger and Haiti, Mauritania, Angola and Burundi.

Technical assistance and capacity building: 47 staff from 17 NOs trained on SMART methodology and started rolling out. 10 NOs received on-the-site and online technical support with ARO team.

Reach: 245 WV and 612 partners’ staff trained, mobilized 3560 volunteers, rehabilitated 19563 children with SAM, 53,786 children with MAM and moderately malnourished pregnant women and lactating mothers using 246 OTP and 188 SFP sites (Source: July 09 ARO CMAM functional indicators Tracking Table)

Challenges
CMAM funding gap: in the region about there is about 2 million USD funding gap for CMAM
Insecurity: some projects are working under unstable security situation
Shortage of staffing and logistics: e.g. RUTF market availability and cost
Notes for FY 10 Planning Consideration
Technical Assistance and capacity building: for ongoing and new CMAM programs and nutrition component of the 7 – 11 strategy
Resource mobilization: work with GC and Nutrition CoE to address current funding gap and emerging needs
Transition/sustainability: work with NOs to implement a strategy that will sustain efforts on internal and partners capacity building on CMAM
Scale up access to GIK: look for additional opportunities to access essential drugs and therapeutic products through GIK
Impact of Undernutrition on Child Temperament

Child under nutrition is associated with poor cognitive development; however, little is known about the impact of undernutrition on a child’s temperament.

In a recent article published in the Journal of Nutrition, Baker-Henningham and colleagues investigated whether undernourished children had different temperament traits than better-nourished children. Two hundred and twelve undernourished children (weight for age $<-2$ Z-scores) attending community nutrition centers in 20 villages in rural Bangladesh and 108 better-nourished children (weight-for-age $-2$ Z-scores) matched for age, sex, and village participated in the study.

Temperament was assessed through an interviewer-administered maternal questionnaire consisting of 7 subscales: manageability, activity, emotionality, sociability, attention, soothability, and fear.

The study found that there were comprehensive differences in temperament traits between undernourished and better-nourished children. Undernourished children were less social, more fearful, less attentive and had more negative emotionality.

The authors suggest that these differences in temperament may put undernourished children at greater risk of developing mental and behavioural problems later in childhood.

The journal abstract article titled “Undernourished Children Have Different Temperaments Than Better Nourished Children in Rural Bangladesh” can be accessed at J Nutr. 2009 Sep;139(9):1765-71. Epub 2009 Jul 15 or via http://jn.nutrition.org/cgi/content/abstract/139/9/1765

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RESEARCH & GLOBAL PARTICIPATION

WV Emergency Nutrition Staff Updates

Ever heard the names and wondered who that colleague was? With so many WV nutrition colleagues across the globe, it’s hard to meet everyone. In order to help people get to know each other a bit better and stay connected the ENU is including a “Meet and Great” section. Meet a colleague and find out a bit more about them and the work they are involved in. Stay tuned, you could be next!

MEET AND GREET
Florence Njambi Njoroge

Years with WV - November 2008 to date
Current position – Project Officer CTC
Current work location – Tonj, Warrap State, South Sudan

Main work responsibilities/activities
Overall coordination and implementation of the Tonj South CMAM project including staff training, conducting nutrition assessment and liaising with groups such as the state MoH/UNICEF/WFP in the correction and prevention of malnutrition.

Best part of your job? - Saving lives of children from the impact of malnutrition and protecting children yet to be born by targeting pregnant mothers through MCH services and PLW Supplementary feeding, in particular, training the caregivers in health education and vegetable livelihood canters.

Most challenging part of your job?
- Logistics and the fact that the county government systems in health and nutrition are still in their infant stage.

When you’re not working? - I enjoy reading inspirational books, listening to music and taking walks.

For questions or contributions to the WV ENU, please contact the WV Nutrition Centre of Expertise
nutrition_coe@wvi.org

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Global Health & Nutrition
Nutrition Centre of Expertise

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Field Exchange

Ever wondered what else is going on outside of World Vision in the field of Emergency Nutrition? Field Exchange (FE), a tri-annual magazine funded by USAID and a variety of organisations including World Vision, contains field articles, research and news pieces and is a key resource for those working in emergency nutrition and food security. A new catalogue system on the Field Exchange website now allows readers to search all FE editions by topic, meaning fast location of relevant information on a topic in only a few clicks away.

If you do not already receive FE, please download soft copies or subscribe to receive free hard copies of this important resources magazine at: http://www.ennonline.net/fex/

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Have Your Say

Do you have a story, suggestion and/or request for the WV ENU? Contact us at nutrition_coe@wvi.org

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World Vision
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