

Frequently asked questions – Specialized food products

Q. What is the link between nutrition and HIV/AIDS?

A. HIV/AIDS can cause or worsen malnutrition by a combination of reduced food intake, poor nutrient absorption, and metabolic changes including increased energy needs. Malnutrition can exacerbate impacts of HIV/AIDS by weakening the immune system, increasing susceptibility to opportunistic infections, and reducing the effectiveness of treatment.

Q. What is NACS?

A. Nutrition Assessment, Counseling and Support (NACS). An increasing number of countries launch NACS programs and incorporate provision of specialized food products into other programs. SCMS can support implementers to set up or maintain an effective supply chain system to support safe, efficient and cost-effective production, procurement, storage and distribution of specialized food products. The target groups for NACS programs are:

- Malnourished adult PLHIV (People living with HIV) in care and treatment programs, specifically clients with body mass index (BMI) < 18.5 kg/m².
- Malnourished or nutritionally vulnerable pregnant and lactating women in PMTCT (Preventing Mother to Child Transmission) programs.
- Malnourished or nutritionally vulnerable orphans and children, especially children under five years of age.

Q. What is food by prescription (FBP)?

A. FBP is a means through which NACS is implemented. It is a program approach that provides food and nutrition interventions as part of clinical HIV care and treatment. It is being initiated in a number of countries with PEPFAR support. The objective of FBP is to improve health, nutrition, antiretroviral treatment (ART) adherence and survival outcomes. FBP is designed so that:

- Food and nutrition services are provided as part of care and treatment;
- Clinical nutritional assessment and counseling services are provided at health facilities;
- Food is prescribed for a limited duration, with clear program entry and exit criteria based on anthropometric measures;
- Take-home rations of specialized food products are designed to improve nutrition and health outcomes of targeted clients.

SCMS Project Team

Q. What kind of food products are used in FBP?

A. Food products used in FBP are categorized in two groups: *therapeutic foods* and *supplementary foods*. These foods are palatable, easy to digest, culturally appropriate, cost effective, and feasible to deliver to clients. They must be simple to prepare without requiring large amounts of water, nutrient dense, and free of contamination.

Therapeutic foods include Ready-to-Use Therapeutic Foods (RUTF) mainly for outpatient care and F-75 and F-100 therapeutic milks for inpatient care, and are prescribed for severely malnourished children and adults at both the health facility and community levels.

Supplementary foods include i.e. fortified blended flour (FBF), a flour blend made from soy, wheat and/or corn and fortified with nutrients such as calcium and iron. They are prescribed to supplement existing diets and are used primarily to manage moderate or mild malnutrition or prevent malnutrition.

Since some patients will consume a combination of RUTF and FBF, it is important to set the recommended micronutrient specifications of FBF at levels to avoid excessively high levels of micronutrient intake. Both therapeutic and supplementary foods should meet acceptable standards for daily energy, micronutrient and protein content required for the target population as well as for microbiological safety.

Q. What is ready-to-use therapeutic food (RUTF)?

A. RUTF is an energy-dense, mineral- and vitamin-enriched food. It is soft and easier than home foods for severely malnourished children over the age of six months to eat and does not require added water. Because it is not water based, bacteria cannot grow in it, and it can be used safely without refrigeration or under sub-optimal hygiene conditions. RUTF has been shown to be effective in nutritional rehabilitation of HIV-positive and HIV-negative children. RUTF is not as easily consumed by adults (due to its extreme sweetness and pasty consistency); thus RUTF is prescribed in conjunction with FBF for adults and investigation is under way to produce a more acceptable version. Plumpy'nut is the brand name of a common lipid-based RUTF produced by Nutriset and its franchises. Other manufacturers produce similar RUTF products. Most RUTFs are packaged in small sachets, e.g. 92grams.

Q. What are fortified blended foods/flours (FBF)?

A. Fortified blended flours (FBF) are blended cereal-based flours that are fortified with micronutrient premix. An example of an FBF product is the brand product Foundation Plus produced in Kenya, which is comprised of precooked whole maize, soybeans with vegetable oil, cane sugar and fortified with vitamins and minerals.

FBFs historically come in large packaging (such as 25kg bags). However, the ideal FBP packaging is 100-, 200- or 300-gram sachets or packets because these “doses” discourage sharing with the family and encourage clients to eat the right amounts and view the food as part of their therapy, similar to medicine. This type of packaging also facilitates distribution, monitoring of adherence and consumption. Efforts are underway to work with suppliers to make this package size more readily available.

Q. What other products are used in NACS and FBP programs?

A. Other typical products used to support specialty nutrition programs include:

- Micronutrient supplements—such as vitamin A, iron, zinc—used for pregnant and lactating women, children, and other micronutrient deficient people.
- Household water purification treatments to prevent water-borne infections among patients and their families; and
- Mid and upper-arm circumference (MUAC) tapes, scales, weighing pants, height boards/meters, nutritional counseling tools, patient and product information management sheets and books, and other equipment.

Q. Where can I buy these products?

A. SCMS can procure or assist with the procurement of these products from local and international manufacturers. Contractually, the SCMS program can procure RUTF and FBF, as part of FBP. Food items outside of this category are not allowed under our SCMS contract. Please contact us with specific questions at: PFSCM@pfscm.org.

Q. What product specifications must I know in order to submit a price request?

A. The required specifications for price request submittal include: product type, product composition (ingredients, micronutrients, macronutrients), quantity, packaging, pack size, required delivery date, available budget, and required delivery location. It is also important for us to understand your storage and handling capabilities prior to placing your order.

It is helpful if partners standardize product specification as much as possible, in terms of composition and labeling requirements, because standardization facilitates negotiations with vendors as well as product availability and importation. Procurement service agents are able to work with clients to meet specific needs; however partners should be aware that new or additional specifications may increase cost and lead time (in terms of vendor sourcing/approval, vendor production, registration etc.). Please visit our website for standard products: <http://scms.pfscm.org/scms/ecatalog/search>

Challenges associated with these procurements often include: verification of quality and manufacturing capacity, in-country registration and waivers, and lead time. Your assistance with information about in-country registration requirements and importation rules facilitates procurement and importation.

Q. How do I determine the appropriate quantities of this product?

A. Projecting the quantities of food products required for a NACS program is based on a number of factors. When programs are in place, quantification data should become available through service and consumption data. However initial forecasts for new programs, or for programs without robust data, can be made based on the following assumptions:

1. **Target population:** Since different populations require different quantities of food, clear identification of the groups being targeted with NACS is necessary to project quantities of food required. Clarify the target population both in terms of age or type of care and

treatment program (i.e., adults pre- or on ART, PMTCT clients, OVCs etc.) and in terms of nutritional status (i.e., severe acute malnutrition, moderate acute malnutrition).

2. **Estimated client numbers:** Out of the target population, a program needs to determine the number of clients it expects to serve. In some cases programs may have a target for the number of beneficiaries to be reached in the first year (or quarter) of a program, and a breakdown of this target by type of beneficiary (i.e., OVC, PMTCT client, ART/pre-ART client) can be used to project food quantities. In other cases, programs may target a certain number of sites, and it will be necessary to estimate the number of total clients at these sites and the percentage of these clients who will be eligible for specialized food products. This will depend on the program's specific entry and exit criteria, but since nutritional status determines eligibility for specialized food products, an estimate of the prevalence of severe and moderate malnutrition among clients is a critical piece of information for making these projections.
3. **Standard treatment guidelines:** The specific entry and exit criteria help to estimate the numbers of beneficiaries and the standard treatment guidelines (i.e. how much of which products provided to which clients) should be used to estimate the quantities of the different products needed.
4. **Duration of food support:** There will be variation among individual clients in the duration they are receiving specialized food products, which will depend on status at entry, rate of recovery, attrition, and other factors. Estimating the average duration of food support based on experience with other programs informs projections of the quantities of food required. Once the numbers of different types of clients are estimated and the expected duration they will receive specialized food products is estimated, the total quantity of food required can be projected.

SCMS can assist you in projecting the appropriate quantities of the products. Also the Food and Nutrition Technical Assistance II Project (FANTA-2) can assist you (www.fanta-2.org).

Q. When do I order? What is the lead time of the specialized food products?

A. Allow 20+ weeks for international procurements and 5+ weeks for local procurements.

Lead time can be longer than anticipated, especially when bringing a new product into a country for the first time, because of registration and other requirements; or when sourcing a new item from a new manufacturer, as this manufacturer and product need to be sourced and approved prior to procurement.

Lead time includes: internal process time (2 wks), manufacturing time (1-8 wks), preparation of documentation such as the invoice, packing list, certificates (1 wk), and transportation/importation lead time (1-10 wks). The manufacturing time depends on the requested quantity and capacity when the order is issued. . The transportation/importation lead time will depend on where the product is sourced from. Product sourced overseas will average 10 weeks of ocean shipment time, whereas product sourced locally will have little to no transit time.

(Please note these lead times are estimates; actual lead time will vary by order)

Q. What is the indicative price for specialized food products?

A. Although prices are subject to change for various reasons (harvest, peanut price etc.), current **indicative** pricing Ex Factory is indicated on the SCMS website:

<http://scms.pfscm.org/scms/ecatalog/search>

Please note these figures are for budgetary purposes only. When preparing to place an order, updated prices must be obtained. When budgeting, it is important to calculate the total landed cost—not just the price of the product, but also the cost of shipping, handling, import fees and distribution.

Q. What are the SCMS criteria for vendor/producer selection?

A. SCMS procures from USAID approved sources. If there is a need for new sources to satisfy local or regional demand, SCMS will assess the vendor to determine if they are in the position to: meet product specification, meet required production capacity, have the financial resources, provide all needed documentation, offer a competitive price etc. The SCMS Quality Assurance (QA) unit will conduct a full QA review if it is likely that the vendor is a suitable supplier to meet actual country demands. Note that costs for an inspection visit would have to be covered by field funds; there are no core funds to pay for qualification of additional suppliers. If SCMS QA unit determines that the vendor is of acceptable quality, USAID is requested to officially approve the source.

USAID approved sources:

http://www.usaid.gov/our_work/global_health/aids/TechAreas/treatment/scms.html [*site temporarily under construction*]

http://transition.usaid.gov/our_work/global_health/aids/TechAreas/treatment/scms.html [*temporary site*]

Q. What Quality Assurance (QA) is required in terms of testing and certification?

A. SCMS resources about quality assurance:

http://scms.pfscm.org/scms/docs/papers/Food_QA_Requirements.pdf

Q. What must I consider in terms of freight, logistics and warehousing?

A. Freight and logistics considerations of this product are different from other products you may have procured through SCMS. Due to its bulky nature, the product will be moved by ocean freight if sourced internationally. Both RUTF and FBF should be stored in a clean, cool, well-ventilated, secure location, on pallets or shelves when possible. Since internationally-produced RUTF is packaged in vacuum-sealed packs, it may be kept in pharmacy stores alongside pharmaceuticals. However, packages of FBF are more prone to leakage and thus, have a higher likelihood of attracting rodents and other pests. Therefore, FBF should be kept in a separate, secure storeroom.

Space requirements at both the central and facility levels should be evaluated carefully while preparing for the first deliveries of food and nutrition products. The amount of space necessary in a

warehouse or pharmacy stores depends upon the total volume of RUTF or FBF expected, as well as the anticipated throughput.

- For RUTF, Nutriset packages 150 sachets per carton and estimates that a maximum of 64 cartons can be stacked on one pallet (pallet dimensions 120 x 80 x 183 cm).
- One 40-foot container would hold 24 pallets (European sized, 80 x 120 cm) and 1,536 cartons (gross weight: 23.059 kg, including pallets).
- One 20-foot container would hold 11 pallets (European sized, 80 x 120 cm) and 704 cartons (gross weight: 10.569 kg, including pallets).
- For FBF, one supplier packages 15 x 300 g sachets in each outer bag. These outer bags are packed in an export carton, for easy transportation, handling and stacking. Please note these weights and volumes are illustrative and should be confirmed when actual order is placed.

In terms of shelf life, based on currently approved manufacturers' specifications, RUTF has an average shelf life of 24 months and FBF has an average shelf life of 9 months.

The handling requirements will depend on the product specifications and will be issued by the manufacturer and can be reviewed with support from SCMS.

More questions?

Refer to the following documents:

- FANTA-2 website: <http://www.fanta-2.org>
- PEPFAR Policy Change in Food and Nutrition Programming (October 2007): <http://www.pepfar.gov/guidance/index.htm>
- PEPFAR Policy Guidance on the Use of Emergency Plan Funds to Address Food and Nutrition Needs (September 2006): <http://www.pepfar.gov/guidance/77980.htm>
- USAID Food For Peace Commodities Reference Guide: http://www.usaid.gov/our_work/humanitarian_assistance/ffp/crg/intro.htm

Contact us, or see our other FAQs and links:

- About SCMS <http://scms.pfscm.org/scms/about/faq>
- E-catalog <http://scms.pfscm.org/scms/ecatalog/faq>
- QA http://scms.pfscm.org/scms/docs/papers/Food_QA_Requirements.pdf
- Food products <http://scms.pfscm.org/scms/ecatalog/search>

For more information email: PFSCM@pfscm.org

Acknowledgements

FANTA, *Guidelines for a Food by Prescription Program in Zambia*, Draft, September 2008.

PEPFAR, *Policy Guidance on the Use of Emergency Plan Funds to Address Food and Nutrition Needs*, September 2006.

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