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OUTGOING TELEGRAM

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INFO AAAE-02 AFEM-03 AFIA-03 AFSA-03 AFFW-04 AFCW-03 AFDP-06
AFCA-03 AAAS-01 ASIM-03 ASPT-02 ASPH-02 ACDP-02 AMLA-01
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NENA-03 PDPR-01 CG-01 GCAT-01 GCAS-01 GCIA-03 GCFL-01
GCNE-01 C-01 CALI-02 CASI-03 CPS-02 STH-03 SAST-01
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NEHS-02 ACBI-02 NEUR-02 IBV-00 /059 A0

INFO OCT-00 INR-10 EUR-00 AF-00 EB-06 EA-12 MMO-01
IO-15 NEA-07 ARA-00 OES-09 /135 R

DRAFTED BY AID/FVA/FFE:M SUKIN:BEM
APPROVED BY AID/FVA:PPE:B SIDMAN
AID/ASIA/DP:M NORTON (PHONE)
AID/AFR/DP:C GLEASON (PHONE)
AID/NE/DP:G DONNELLY (PHONE)
AID/LAC/DP:H JOHNSON (PHONE)
AID/S AND T/N:M FORMAN (PHONE)
AID/PPC/PDPR:J MCGUIRE (PHONE)
AID/FVA/FFP:P SHEEHAN
AID/FVA/FFP:T LAMBACHER (SUBS)

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SUBJECT: PL 480 TITLE II MCH TARGETING PROGRAM GUIDANCE

1. INTRODUCTION

THIS MESSAGE PROVIDES PROGRAM GUIDANCE ON TARGETING STRATEGIES FOR REGULAR TITLE II MCH FEEDING PROGRAMS. IT UP-DATES AND EXPANDS ON HB 9, SEC. 108.1. IT HAS BEEN REVIEWED BY VOLAG SPONSORS.

THE PL 480 LEGISLATION MANDATES THAT FOOD PROVIDED UNDER THE PROGRAM BE USED TO QUOTE COMBAT HUNGER AND MALNUTRITION UNQUOTE. AID INTERPRETS THIS LEGISLATION TO MEAN THAT FOOD SHOULD BE USED BOTH TO PREVENT HUNGER AND MALNUTRITION AND TO REHABILITATE THOSE ALREADY SUFFERING FROM NUTRITIONAL PROBLEMS. THUS THE PL-480 PROGRAM AND MORE SPECIFICALLY THE PL 480 TITLE II MCH PROGRAM HAVE BOTH PREVENTATIVE AND CURATIVE OBJECTIVES. GIVEN THIS BASIS THE FFP TARGETING GUIDANCE IS DIRECTED TOWARDS STRENGTHENING THE UTILIZATION OF LIMITED FOOD RESOURCES TO MOST EFFICIENTLY PREVENT AND REDUCE HUNGER AND MALNUTRITION.

2. DEFINITION AND PURPOSE

TARGETING IS THE PROCESS OF DIRECTING RESOURCES TO SELECTED POPULATION GROUPS IN ORDER TO MAXIMIZE THE IMPACT OF THOSE RESOURCES. TARGETING FOOD TO CERTAIN GROUPS OF NUTRITIONALLY VULNERABLE, AT-RISK INDIVIDUALS FROM POOR HOUSEHOLDS WILL HELP ENSURE THAT (A) THE FOOD IS GOING TO THE NEEDY IN TERMS OF THEIR RISKS OF HUNGER, MALNUTRITION, DEATH, LOW BIRTHWEIGHT BABIES, DEPLETION OF NUTRIENT STORES, AND THAT (B) THE PROBABILITY OF IMPACT ON THE INTENDED RECIPIENT WILL BE HIGH, E.G., REHABILITATION OF MALNUTRITION, PREVENTION OF MALNUTRITION, REDUCTION OF MORTALITY RATES. EFFECTIVE

TARGETING STRATEGIES WILL ALSO HELP INCREASE COVERAGE OF THOSE POPULATION GROUPS MOST NUTRITIONALLY VULNERABLE BY ENSURING THAT RATIONS ARE NOT WASTED ON GROUPS WHO DO NOT NEED ADDITIONAL FOOD.

3. SUMMARY GUIDANCE STATEMENT

IN ORDER TO MAXIMIZE THE IMPACT OF LIMITED RESOURCES, MCH PROGRAMS SHOULD BE TARGETED TO THE NUTRITIONALLY VULNERABLE, AT-RISK MEMBERS OF POOR HOUSEHOLDS: CHILDREN UNDER AGE FIVE WITH EMPHASIS ON MALNOURISHED CHILDREN AND CHILDREN UNDER THREE YEARS OLD; AND WOMEN OF CHILDBEARING AGES WITH EMPHASIS ON PREGNANT AND LACTATING WOMEN. THESE GROUPS ARE PARTICULARLY VULNERABLE TO MALNUTRITION AND ITS CONSEQUENCES: MENTAL AND GROWTH RETARDATION; INCREASED SUSCEPTIBILITY TO INFECTIOUS DISEASES; MORTALITY; AND IN THE CASE OF UNDERNOURISHED WOMEN OF CHILD BEARING AGES, LOW BIRTHWEIGHT BABIES AND DEPLETION OF THEIR OWN NUTRIENT STORES DURING PREGNANCY AND LACTATION. DECISIONS REGARDING SELECTION OF SPECIFIC TARGET POPULATIONS FOR A PARTICULAR PROGRAM WILL DEPEND PRIMARILY ON THAT PROGRAM'S DEFINED OBJECTIVES; THE FEASIBILITY OF REACHING THE SELECTED GROUPS, GIVEN CULTURAL AND ENVIRONMENTAL CONSTRAINTS; AND THE AVAILABILITY OF FINANCIAL RESOURCES, MATERIALS AND MANPOWER NECESSARY FOR EFFECTIVELY CARRYING OUT THE APPROPRIATE TARGETING STRATEGY (SEE SECTION 6, EXAMPLES).

TO ENSURE MAXIMUM IMPACT ON THE DESIGNATED TARGET POPULATIONS, PRIORITY SHOULD BE GIVEN TO LOCATING PROGRAMS IN GEOGRAPHIC AREAS WHERE HUNGER AND MALNUTRITION HAVE BEEN IDENTIFIED AS PROBLEMS. THIS APPROACH IS CALLED GEOGRAPHIC TARGETING. NUTRITIONAL STATUS DATA SHOULD BE USED TO DETERMINE APPROPRIATE PROGRAM SITES; WHEN NUTRITIONAL STATUS DATA ARE NOT AVAILABLE BY GEOGRAPHIC AREAS, ECONOMIC DATA THAT SUGGEST THE PRESENCE OF NUTRITIONAL PROBLEMS RESULTING FROM POVERTY OR UNAVAILABILITY OF FOOD SHOULD BE USED (E.G., PER CAPITA INCOME, FOOD PRODUCTION, PERCENT LANDLESS LABORERS, UNEMPLOYMENT RATES, ETC.).

DECISIONS REGARDING THE LOCATION OF PROGRAM SITES WILL ULTIMATELY BE BASED ON BOTH THE COSTS OF TRANSPORTING FOOD TO CERTAIN AREAS AND THE COSTS OF SUPPORTING THE SPECIFIED PROGRAM IN RELATIONSHIP TO THE EXPECTED OUTCOMES OF THE PROGRAM. GEOGRAPHIC CONSTRAINTS, AND EXISTENCE OR NONEXISTENCE OF A DELIVERY INFRASTRUCTURE WILL BE THE MAJOR FACTORS IN DETERMINING COSTS. THE SIZE OF THE TARGET POPULATION THAT MAY BE REACHED IN ANY ONE AREA AND/OR SEVERITY OF THE PROBLEMS TO BE ADDRESSED WILL HELP DETERMINE THE EXPECTED PROGRAM BENEFITS.

IN SUMMARY, AID'S TARGETING POLICY EMPHASIZES A COMBINATION OF GEOGRAPHIC TARGETING ALONG WITH CAREFUL SELECTION OF GROUPS OF NUTRITIONALLY VULNERABLE AT-RISK MEMBERS OF POOR HOUSEHOLDS FOR THE MOST EFFICIENT USE OF TITLE II RESOURCES.

4. RATIONALE FOR SELECTION OF TARGET GROUPS

SCIENTIFIC STUDIES WORLDWIDE HAVE SHOWN THAT CERTAIN POPULATION GROUPS ARE MORE LIKELY TO BE AFFECTED BY NUTRITIONAL PROBLEMS AND ARE AT GREATER RISK OF SERIOUS CONSEQUENCES OF MALNUTRITION THAN THE REST OF THE POPULATION. THESE GROUPS ARE MOST OFTEN CHARACTERIZED BY AGE, HEALTH/PHYSIOLOGICAL STATE AND COMMON NEED. THESE SAME INDICATORS ALSO PROVIDE THE BASIS FOR SELECTION OF MCH TARGET POPULATIONS AS FOLLOWS:

A. AGE - CHILDREN UNDER FIVE YEARS OF AGE HAVE A HIGH

PROBABILITY OF BECOMING MALNOURISHED BECAUSE OF THEIR SUSCEPTIBILITY TO A VARIETY OF DISEASES LIKE MEASLES, RESPIRATORY ILLNESSES AND DIARRHEA THAT DETERIORATE NUTRITIONAL STATUS, INTRAFAMILY FOOD DISTRIBUTION THAT FAVORS ADULTS IN MANY CULTURES; AND LACK OF PROPER QUANTITY AND QUALITY OF FOODS IN THE POORER COUNTRIES AND HOUSEHOLDS TO MEET THEIR NUTRITIONAL NEEDS. WITHIN THIS GROUP, CHILDREN FROM 6 MONTHS TO 5 YEAR; ARE MOST AT RISK OF BECOMING MALNOURISHED SINCE THEIR INCREASED NUTRIENT NEEDS AND LIMITED STOMACH CAPACITIES ARE EXACERBATED BY IMPROPER FEEDING (WEANING) PRACTICES AND/OR LACK OF PROPER FOODS. CONTACT WITH UNSANITARY ENVIRONMENTAL CONDITIONS ALSO INCREASES AT THIS TIME. CHILDREN OF THIS AGE ARE MORE LIKELY TO SUFFER SEVERE CONSEQUENCES FROM CONTINUOUS EPISODES OF MALNUTRITION AND INFECTION.

B. HEALTH/PHYSIOLOGICAL STATE

1. MALNOURISHED CHILDREN - PRESCHOOL CHILDREN WHO ARE MALNOURISHED SUFFER SERIOUS CONSEQUENCES OF MALNUTRITION SUCH AS GROWTH AND MENTAL RETARDATION, INCREASED MORBIDITY, ETC., IF NOT IDENTIFIED AND PROPERLY TREATED. MALNUTRITION IN ASSOCIATION WITH OTHER COMMON INFECTIONS IS ONE OF THE LEADING CAUSES OF CHILDHOOD DEATH IN MANY COUNTRIES. EACH COUNTRY PROGRAM SHOULD DEFINE STANDARDS AND CRITERIA FOR IDENTIFYING AND TREATING MALNOURISHED CHILDREN.

2. PREGNANCY - NUTRIENT NEEDS FOR WOMEN INCREASE DURING PREGNANCY. WOMEN WHO ARE UNDERNOURISHED AT THE START OF AND DURING PREGNANCY ARE MORE LIKELY TO GIVE BIRTH TO LOW BIRTHWEIGHT INFANTS. THE MOTHERS THEMSELVES, WITHOUT NUTRITIONALLY ADEQUATE DIETS BEFORE AND DURING PREGNANCY, CAN ALSO BE DEPLETED OF NUTRIENT STORES AND ENTER THE PERIOD OF LACTATION AND CHILD CARE WITH LIMITED RESERVES AND IN POOR HEALTH.

3. LACTATION - DURING LACTATION WOMEN NEED INCREASED AMOUNTS OF NUTRIENTS TO SUSTAIN THEIR OWN BODY NEEDS AND MILK PRODUCTION. DURING THIS PERIOD WOMEN ARE AT-RISK OF FURTHER DEPLETION OF THEIR NUTRIENT STORES AND OF BECOMING MALNOURISHED THEMSELVES.

C. SOCIO-ECONOMIC STATUS

AID POLICY IS THAT ALL PL 480 TITLE II PARTICIPANTS BE FROM POOR, LOW-INCOME OR NEEDY FAMILIES. STUDIES HAVE SHOWN THAT THE POORER A HOUSEHOLD IS (DEFINED BY INCOME LEVELS, LAND HOLDINGS, OR OTHER POVERTY INDICATORS), THE MORE LIKELY ITS MEMBERS - PARTICULARLY CHILDREN, PREGNANT AND LACTATING WOMEN - ARE AT-RISK OF NUTRITIONAL PROBLEMS AND IN NEED OF ASSISTANCE. CRITERIA THAT DEFINE AN INDIVIDUAL'S OR A HOUSEHOLD'S LEVEL OF NEED CAN BE BASED, INTER ALIA, ON A COUNTRY'S DEFINITION OF POVERTY OR A COMMUNITY ASSESSMENT OF NEED. INDICATORS OF NEED, BESIDES INCOME, THAT HAVE BEEN USEFUL IN IDENTIFYING HOUSEHOLDS WITH GREATER NEEDS OR RISK, HAVE INCLUDED - FOR EXAMPLE - ONE PARENT HOUSEHOLDS, HOUSEHOLDS WITH SEVERAL CHILDREN UNDER FIVE YEARS OF AGE, ETHNIC ORIGINS, UNEMPLOYMENT OF HEAD OF HOUSEHOLD, ETC. SUCH CRITERIA SHOULD BE USED WHENEVER POSSIBLE TO REFINE THE SELECTION OF THE TARGET POPULATION AND ENSURE THAT THE MOST NEEDY ARE RECEIVING PROGRAM BENEFITS. WHEN IT IS NOT POSSIBLE OR APPROPRIATE TO APPLY THOSE CRITERIA BY HOUSEHOLD OR INDIVIDUAL, EFFECTIVE GEOGRAPHIC TARGETING TO THE POORER AREAS OF THE COUNTRY WILL HELP INSURE THAT THE MAJORITY OF PARTICIPANTS ARE NEEDY.

D. DEVELOPMENT OF TARGETING STRATEGIES

TARGETING IS A BASIC ELEMENT OF ALL SERVICE/RESOURCE DELIVERY PROGRAMS, I.E., HEALTH, EDUCATION, NUTRITION, ETC. TARGETING STRATEGIES SHOULD BE DESIGNED AS AN INTEGRAL PART OF ALL MCH TITLE II PROGRAMS AS A VEHICLE FOR REACHING STATED PROGRAM OBJECTIVES. THIS TARGETING GUIDANCE GIVES EACH COUNTRY PROGRAM BROAD PARAMETERS WITHIN WHICH TO DEVELOP ITS OWN MOST APPROPRIATE TARGETING STRATEGY. IN DEVELOPING TARGETING STRATEGIES THE FOLLOWING ELEMENTS SHOULD BE INCLUDED:

A) DEFINITION OF OBJECTIVES AND SELECTION OF APPROPRIATE TARGET GROUPS.

PROGRAM OBJECTIVES SHOULD BE CLEARLY DEFINED, AND DETERMINED BY A COUNTRY'S PROBLEMS AND PRIORITIES. THESE OBJECTIVES ARE THE BASIS FOR IDENTIFICATION OF THE APPROPRIATE TARGET GROUPS (SEE SECTION 6).

B) DETERMINATION OF THE FEASIBILITY FOR REACHING CERTAIN GROUPS.

DETERMINATION OF THE CONSTRAINTS TO REACHING CERTAIN TARGET GROUPS IS ESSENTIAL FOR THE DESIGN OF EFFECTIVE TARGETING STRATEGIES. CULTURAL, SOCIAL AND POLITICAL FACTORS SHOULD BE CONSIDERED. FOR EXAMPLE: (A) HOUSEHOLD SHARING OF THE FOOD RATION IS A COMMON PROBLEM IN MOST TAKE HOME PROGRAMS AND THE IDENTIFIED TARGET GROUP (E.G., PRESCHOOL CHILDREN, PREGNANT AND LACTATING WOMEN) MAY ACTUALLY RECEIVE A VERY SMALL SHARE OF THE FOOD. GOOD EDUCATION PROGRAMS AND CAREFUL SELECTION OF COMMODITIES ARE A NECESSARY COMPLEMENT TO THE TARGETING STRATEGY TO HELP DIRECT FOOD AND OTHER CHILD CARE/HEALTH BENEFITS TO THE INTENDED RECIPIENTS; (B) IN SOME COUNTRIES TARGETING FOOD AND SERVICES ONLY TO MALNOURISHED CHILDREN MAY BE CULTURALLY UNACCEPTABLE. IN THESE CASES, WHEN OBJECTIVES OF A PROGRAM INCLUDE THE RECUPERATION OF MALNOURISHED CHILDREN, PERMITTING ALL CHILDREN UNDER THREE FROM NEEDY FAMILIES TO PARTICIPATE IN THE PROGRAM MAY OFFER THE BEST WAY OF REACHING A MAJORITY OF THE CHILDREN WHO ARE CURRENTLY MALNOURISHED (IN MANY CASES OF COURSE, THE RISK OF MALNUTRITION FOR CHILDREN UNDER THREE WILL JUSTIFY SUCH AN APPROACH); AND (C) IN SOME COUNTRIES, PREGNANT WOMEN AND YOUNG CHILDREN UNDER 18 MONTHS, ALTHOUGH REGARDED AS HIGH PRIORITY GROUPS, CONSISTENTLY DO NOT UTILIZE SERVICES PROVIDED. IN THESE CASES, OUTREACH ACTIVITIES WITH TRAINED FIELD PERSONNEL WOULD BE ESSENTIAL ELEMENTS OF GOOD PROGRAM DESIGN.

C) IDENTIFICATION OF PROGRAM COMPONENTS NECESSARY FOR REACHING TARGET POPULATIONS AND ACHIEVING PROGRAM OBJECTIVES.

THOSE PROGRAM COMPONENTS NECESSARY FOR EFFECTIVELY REACHING TARGET POPULATIONS TYPICALLY INCLUDE AN EDUCATION PROGRAM CONSISTING OF EDUCATIONAL MATERIALS AND CURRICULA FOR TEACHING PARTICIPANTS AND FOR SENSITIZING COMMUNITIES TO NUTRITIONAL PROBLEMS, CAUSES AND PRACTICAL SOLUTIONS; TRAINING ACTIVITIES FOR FIELD PERSONNEL; A GROWTH SURVEILLANCE SYSTEM BASED ON SCALES AND GROWTH CHARTS TO IDENTIFY HIGH-RISK PARTICIPANTS AND TO MONITOR THE GROWTH OF ALL PARTICIPANTS; AND THE NATURE TYPE AND QUANTITY IDENTIFIED FOR EACH TARGET GROUP. MATERIALS, MANPOWER AND ADMINISTRATIVE INPUTS NECESSARY TO SUPPORT EACH PROGRAM COMPONENT SHOULD BE IDENTIFIED.

D) CALCULATION OF PROGRAMMATIC AND LOGISTICAL COSTS

THE COSTS OF SUPPORTING THE SPECIFIED PROGRAM AND DELIVERY OF FOOD SHOULD BE DETERMINED BY GEOGRAPHIC AREA. THOSE GEOGRAPHIC AREAS (E.G., SLUMS, BARRIOS IN URBAN AREAS, SUBSISTENT RURAL AREAS) WHERE FOOD AND NUTRITIONAL PROBLEMS ARE KNOWN TO EXIST SHOULD BE ASSESSED FIRST, IN REGARD TO THE SIZE OF THE TARGET POPULATION TO BE REACHED, SERIOUSNESS OF PROBLEMS, GEOGRAPHIC CONSTRAINTS AND THE EXISTENCE OF NON-EXISTENT OF A DELIVERY INFRASTRUCTURE. ANALYSIS OF THE COSTS A EXPECTED OUTCOMES BY AREA SHOULD DETERMINE WHERE THE PROGRAM SITES WILL BE SITUATED AND ULTIMATELY THE LOCATION OF THE PROGRAM PARTICIPANTS.

E) COVERAGE

THE PERCENTAGE OF THE TARGET POPULATION THAT A PROGRAM CAN FEASIBLY REACH IS CALLED COVERAGE. EFFECTIVE TARGETING STRATEGIES SHOULD HELP A PROGRAM INCREASE COVERAGE OF ITS DEFINED TARGET POPULATIONS.

F) SEASONAL TARGETING STRATEGIES

IN MANY COUNTRIES THERE ARE CERTAIN PERIODS OF THE YEAR WHEN FOOD IS EXTREMELY SCANCE. IN SOME COUNTRIES THESE PERIODS ARE APTLY NAMED THE HUNGRY SEASONS. IN ORDER TO

ADDRESS THIS PARTICULAR TYPE OF PROBLEM, TARGETING STRATEGIES SHOULD CONSIDER DIRECTING RESOURCES TO THOSE AREAS MOST AFFECTED DURING THESE PERIODS, USING A LARGER RATION AND POSSIBLY A DIFFERENT TYPE OF DELIVERY MECHANISM, ETC.

G) FUNCTIONAL GROUP TARGETING STRATEGIES

WHEN THERE ARE SPECIFIC GROUPS OF PEOPLE, CHARACTERIZED BY OCCUPATION OR LIVING CONDITIONS, E.G., NOMADS OR LANDLESS LABORERS, WITH PARTICULAR NUTRITIONAL PROBLEMS, SEPARATE TARGETING STRATEGIES SHOULD BE DEVELOPED BASED ON INFORMATION DESCRIBING THEIR PARTICULAR PROBLEMS AND THOSE CONSTRAINTS THAT NEED TO BE OVERCOME TO REACH THE TARGET POPULATIONS WITHIN THESE GROUPS.

6. EXAMPLES OF PROGRAM OBJECTIVES AND APPROPRIATE TARGET POPULATIONS (THIS PARAGRAPH PRESENTS IN NARRATIVE FORM A TABLE WHICH WILL BE SEPARATELY REPRODUCED AND DISTRIBUTED TO FIELD MISSIONS SHORTLY).

A. OBJECTIVE I: TO REDUCE THE INCIDENCE OF INFANT MORTALITY.

1) APPROPRIATE TARGET POPULATIONS
A) PREGNANT WOMEN FROM POOR HOUSEHOLDS. (EMPHASIS ON UNDERNOURISHED MOTHERS.)
B) LACTATING MOTHERS FROM POOR HOUSEHOLDS. (EMPHASIS ON UNDERNOURISHED MOTHERS.)
C) INFANTS FROM 6 TO 12 MONTHS OF AGE FROM POOR HOUSEHOLDS.

2) RATIONAL: -

A) LOW BIRTH WEIGHT IS ASSOCIATED WITH INCREASED PROBABILITY OF INFANT MORTALITY. STUDIES SHOW THAT UNDERNOURISHED PREGNANT WOMEN ARE MORE LIKELY TO HAVE LOWER BIRTHWEIGHT BABIES THAN WELL-NOURISHED WOMEN. WHEN ADEQUATE FOOD SUPPLEMENTATION IS GIVEN TO UNDERNOURISHED PREGNANT WOMEN THERE IS A SIGNIFICANT INCREASE IN BIRTHWEIGHTS. PREGNANCY IS AN OPPORTUNE TIME TO EDUCATE MOTHERS ABOUT PROPER CHILD CARE.

B) GIVING FOOD TO LACTATING MOTHERS WILL HELP MAINTAIN

HER OWN NUTRITIONAL STATUS WHICH IS IMPORTANT FOR CHILD CARE AS WELL AS SUBSEQUENT PREGNANCIES. GOO NUTRITIONAL STATUS OF THE MOTHER WILL ENSURE GOOD AND SUFFICIENT QUANTITY OF BREASTMILK.

IF GROWTH SURVEILLANCE OF THE INFANT IS LINKED TO F OF FOOD, IT MAYBE MORE LIKELY THAT INFANT GROWTH AN POSSIBLE PROBLEMS WILL BE CAREFULLY MONITORED. CO EDUCATION OF THE MOTHER WILL ALSO HELP PROMOTE GOOD CARE PRACTICES.

C) NUTRITIOUS FOODS FOR INFANTS WILL HELP ENSURE THA ADEQUATE WEANING FOOD WILL BE AVAILABLE AT THIS CRIT PERIOD OF LIFE.

3) PROGRAM COMPONENTS FOR EFFECTIVELY REACHING TARGE POPULATION AND PROGRAM OBJECTIVES

(A) PROPER QUANTITY AND QUALITY OF FOOD.
(B) EDUCATION FOR THE MOTHERS, FATHERS, COMMUNITY ON GOOD CHILD CARE PRACTICES INCLUDING BREASTFEEDING AND WEANING, I.E., TIMELY INTRODUCTION OF SOLID FOODS.
(C) GROWTH SURVEILLANCE SYSTEM - SCALES AND GROWTH CHARTS FOR MONITORING WEIGHT GAIN OF PREGNANT WOMEN AI CHILDREN UNDER 12 MONTHS.
(D) TRAINING FOR FIELD STAFF AND PROMOTION OF OUTREAC ACTIVITIES.
(E) REFERRAL NETWORK TO HEALTH SERVICES.

B. OBJECTIVE - II: RECUPERATE/REHABILITATE MALNOURIS CHILDREN.

1) APPROPRIATE TARGET POPULATIONS - MALNOURISHED CHILDREN UNDER 5 YEARS OF AGE FROM POOR FAMILIES.

2) RATIONALE - SINCE THE OBJECTIVES ARE SPECIFIC TO RECUPERATION, ONLY MALNOURISHED CHILDREN WOULD BE ADMITTED. THEIR MOTHERS AND FATHERS SHOULD PARTICIPATE IN INTENSIVE EDUCATIONAL ACTIVITIES IN ORDER TO FACILITATE THE RECOVERY OF THE CHILD AND MAINTENANCE OF NORMAL NUTRITIONAL STATUS.

3) PROGRAM COMPONENTS FOR EFFECTIVELY REACHING TARGET POPULATION AND PROGRAM OBJECTIVES

(A) PROPER QUANTITY AND QUALITY OF FOOD.
(B) INTENSIVE EDUCATION FOR MOTHERS, FATHERS OF MALNOURISHED CHILDREN ON GOOD CHILD CARE PRACTICES. SPECIAL INFORMATION SHOULD BE GIVEN TO EACH FAMILY REGARDING THE TREATMENT OF THE MALNOURISHED CHILD INCLUDING FOOD PREPARATION, FREQUENCY OF FEEDING, ETC., AND MAINTENANCE OF THE CHILD ONCE HEALTHY.
(C) GROWTH SURVEILLANCE SYSTEM TO IDENTIFY, MONITOR AND EVALUATE THE PROGRESS OF THE MALNOURISHED CHILD.
(D) TRAINING OF FIELD STAFF IN IDENTIFICATION AND TREATMENT OF MALNOURISHED.
(E) MEDICAL PERSONNEL, MATERIALS AND PROCEDURES FOR TREATING SERIOUSLY MALNOURISHED INTEGRATED AS PART OF PROGRAM.

C. OBJECTIVE - III: TO PREVENT, AND REDUCE THE INCIDENCE OF MALNUTRITION IN PRESCHOOL CHILDREN.

1) APPROPRIATE TARGET POPULATION - (A) CHILDREN UNDER 5 YEARS FROM POOR HOUSEHOLDS WITH EMPHASIS ON CHILDREN UNDER 3. (B) PREGNANT AND LACTATING WOMEN.

2) RATIONALE - (A) THE PERIOD FROM 6 MONTHS TO 5 YEARS AND IN PARTICULAR THE TIME FROM 6 MONTHS TO 36 MONTHS IS

A NUTRITIONALLY VULNERABLE PERIOD FOR MOST CHILDREN FROM NEEDY FAMILIES. A COMBINATION OF FOOD TO THE CHILDREN, PERIODIC GROWTH-MONITORING AND EDUCATION ABOUT PROPER CHILD CARE TO THE MOTHERS WILL HELP PREVENT EPISODES OF MALNUTRITION.

B) SAME RATIONALE UNDER EXAMPLE T.SECTION 2 (A), (B), WITH EMPHASIS ON PREVENTATIVE ACTIONS TO REDUCE CHILDREN'S RISK OF MALNUTRITION: (A) EDUCATION ON CHILD CARE PRACTICES, (B) INCREASING MOTHER'S WELL-BEING SO SHE CAN PROPERLY TAKE CARE OF CHILDREN, (C) PREVENTING LOW BIRTHWEIGHT BABIES, AND (D) MONITORING OF CHILDREN'S GROWTH.

3) COMPONENTS NECESSARY FOR EFFECTIVELY REACHING TARGET POPULATION/AND REACHING OBJECTIVES

(A) PROPER QUANTITY AND QUALITY OF FOOD.
(B) EDUCATION FOR THE MOTHERS, FATHERS, COMMUNITY ON GOOD CHILD CARE PRACTICES INCLUDING BREASTFEEDING AND WEANING. I.E., TIMELY INTRODUCTION OF SOLID FOODS.
(C) GROWTH SURVEILLANCE SYSTEM - SCALES AND GROWTH CHARTS FOR MONITORING GROWTH PROGRESS OF PARTICIPANTS.
(D) TRAINING FOR FIELD STAFF.
(E) REFERRAL NETWORK TO HEALTH SERVICES. DAM