

Nutrition Resources

Implementing and Evaluating Nutrition Interventions for Managers of PVO Child Survival Projects

A Guide to Manuals, Guidebooks, and Reports



JOHNS HOPKINS
UNIVERSITY



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ACKNOWLEDGMENTS

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The idea for this guide originated at a meeting held in May 1999 with representatives from USAID, Macro, JHU and the Child Survival Collaborations and Resources (CORE) Group. Those in attendance gathered to discuss the current status of the PVO community and to decide what its greatest needs were in the area of technical resources. Related to nutrition, there was a general consensus that an abundance of tools, manuals and reports exist and are in circulation. However, it was agreed that there is very little guidance available to PVOs pertaining to which of these resources are most useful and/or for whom they are designed. This led to the idea of creating a reference guide to assist potential users in selecting manuals and other tools that have already been developed to help the PVO community increase its capacity to prevent nutritional problems by implementing intervention programs.

A Guide to Resources on Implementing and Evaluating Nutrition Interventions for Managers of PVO Child Survival Projects reviews over 100 manuals, guidebooks and reports on nutritional interventions (including micronutrient interventions). The practical manuals and guides are summarized in terms of their content and their intended user, and guidance is provided on which resources are most appropriate for use by PVOs in different programmatic situations (program planning, implementation, and evaluation). The project and technical reports are briefly summarized. Ordering information is provided for each document. Many are available free of charge from their publishers. Pricing information is included for those that must be purchased.

This guide could not have been developed without the assistance of many people. We would like to thank Patricia Haggerty and June Pierre-Louis for their extensive input and continuous feedback on the many draft versions of this guide. Many thanks to Susan Burger, Rebecca Magalhaes, Micheline Nturu, and Arnold Timmer for all the time they took to provide information about and copies of forthcoming (and hard to find) resources that will be of great use to readers of this manual. For all of their advice and suggestions on tools to include, we thank Elizabeth Creer, Ann Hirschey, David Marsh, Luann Martin, Judiann McNulty, Ellen Piwoz, and Keith West. Thanks to Julia DeBruicker and Mohammed Naqibuddin for proofreading the final draft version of this guide. We also thank John Dunn, Donna Espeut, Altrena Mukuria, Tina Sanghvi, and Rebecca Stoltzfus for their input.

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FOREWORD

This guide is designed for trainers, program officers, program managers, and others in the PVO community who are considering using nutrition interventions to help them design more effective health programs and/or evaluate the strengths and weaknesses of existing programs. It is assumed that the reader is already familiar with the major nutritional problems found in low-income counties and the interventions available to address them.

This guide describes some of the existing manuals for increasing the capacity of PVOs to prevent nutritional problems by implementing intervention programs. Information is provided to assist would-be users to select manuals most appropriate to their needs.

This guide is divided into four sections:

- Section I reviews general manuals nutrition programming and training, and manuals on nutrition assessment, monitoring, and evaluation.
- Section II reviews manuals of nutrition through the life cycle. Chapter 3 describes manuals on nutrition for women of reproductive age and nutrition during pregnancy. Chapter 4 outlines manuals on nutrition and breastfeeding. Chapter 5 describes resources on complementary feeding and young child feeding. Chapter 6 focuses on tools for growth monitoring, promotion and anthropometry. Chapter 7 describes manuals on feeding during illness and nutritional rehabilitation.
- Section III reviews manuals on assessing and developing interventions to address deficiencies of micronutrients such as Vitamin A, iron and iodine.
- Section IV reviews manuals on specific health topics such as nutritional interventions during emergencies, and home gardening. Also included is a section on nutrition resources that can be found on the Internet.

This guide is intended for use as reference document, not as a manual. Readers are encouraged to proceed to the specific chapters that focus on one's particular area of interest. Ordering information for the manuals and tools discussed in each chapter is found at the end of each manual's description.

It was not possible to make this guide be complete. There are many pertinent manuals currently in preparation and it is certain that we have left out a few excellent resources. We encourage readers to provide feedback and suggestions for future editions of this guide.

ACRONYMS

| | |
|-----------------------|--|
| ACF | Action Contre la Faim |
| AED | Academy for Educational Development |
| AED, FANta Project | AED, Food and Nutrition Technical Assistance Project |
| AED, LINKAGES Project | AED, Linkages Project |
| AED, SANA Project | AED, Sustainable Approaches to Nutrition in Africa |
| AED, SARA Project | AED, Support for Analysis and Research in Africa |
| AMREF | African Medical and Research Foundation |
| BASICS | Basic Support for Institutionalizing Child Support |
| BFHI | Baby-Friendly Hospital Initiative |
| CDC | Centers for Disease Control |
| CORE Group | The Child Survival Collaborations and Resources Group, USAID/BHR/PVC |
| CNP | Community Nutrition Program |
| CSS | Christian Service Society |
| CSTS | Child Survival Technical Support Project, Macro International Inc. |
| DHS | Demographic and Health Surveys |
| EPB | Expanded Promotion of Breastfeeding, Wellstart International |
| FAM | Food Aid Management |
| FAO | Food and Agriculture Organization (of the United Nations) |
| GM/P | Growth Monitoring and Promotion |
| GUMC, IRH | Georgetown University Medical Center, Institute for Reproductive Health |
| HKI | Helen Keller International |
| HNP | Hearth Nutrition Program |
| ICCIDD | International Council for Control of Iodine Deficiency Disorders |
| ICRW | International Center for Research on Women |
| IDD | Iron Deficiency Disorder |
| IDT | Institute for Development Training |
| ILSI | International Life Sciences Institute |
| IMPACT | Food Security and Nutrition Monitoring Project |
| INACG | International Nutritional Anemia Consultative Group |
| INF | International Nutrition Foundation |
| IOM | Institute of Medicine |
| IVACG | International Vitamin A Consultative Group |
| JHU | Johns Hopkins University |
| JSI | John Snow, Inc. |
| KPC | Knowledge, Practice and Coverage Survey |
| LAM | Lactational Amenorrhea Method |
| LLLI | La Leche League International |
| MCH | Maternal and Child Health |
| MEASURE | Monitoring and Evaluation to Assess and Use Results Project |
| MI | The Micronutrient Initiative |
| MICAH | Micronutrients and Health |
| MOST | The USAID Micronutrient Program |
| MSF | Médecins sans Frontières |
| MtMS | Mother-to-Mother Support (MtMS) |
| NGO | Non-governmental Organization |

ACRONYMS

| | |
|---------------|--|
| PAHO | Pan American Health Organization |
| PAMM | Program Against Micronutrient Malnutrition |
| PANP | Poverty Alleviation and Nutrition Program |
| PATH | Program for Appropriate Technology in Health |
| PDI | Positive Deviance Inquiry |
| PVO | Private Voluntary Organization |
| SCF | Save the Children Foundation |
| TIPS | Trials of Improved Practices |
| UN | United Nations |
| UNHCR | Office of the United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNU | United Nations University |
| USAID | U.S. Agency for International Development |
| USAID/BHR/PVC | U.S. Agency for International Development, Bureau for Humanitarian Response, Private and Voluntary Cooperation |
| VAD | Vitamin A Deficiency |
| VADD | Vitamin A Deficiency Disorders |
| WB | World Bank |
| WFP | World Food Programme |
| WHO | World Health Organization |
| WHO/EMRO | World Health Organization/Regional Office for the Eastern Mediterranean |
| WRC | World Relief Corporation |

General Manuals on Nutrition Interventions

Chapter 1 Manuals on General Nutrition Programming and Training

- 1) Best Practices and Lessons Learned for Sustainable Community Nutrition Programming. AED, SANA Project
- 2) Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach - A Field Guide, SCF
- 3) Enriching Lives: Overcoming Vitamin and Mineral Malnutrition in Developing Countries, WHO/EMRO
- 4) Guidelines for the Management of Nutrition Programmes: A Manual for Nutrition Officers, WB
- 5) Improving Child Health Through Nutrition: The Nutrition Minimum Package, BASICS
- 6) Nutrition Essentials: A Guide for Health Managers, BASICS

Chapter 2 Tools for Nutritional Assessment, Monitoring and Evaluation

- 1) Conducting Small-Scale Nutrition Surveys: A Field Guide, FAO
- 2) Food Scarcity and Famine: Assessment and Response, Oxfam International.
- 3) How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency, 2nd Edition, HKI
- 4) Measuring Change in Nutritional Status: Guidelines for Assessing the Nutritional Impact of Supplementary Feeding Programmes for Vulnerable Groups, WHO
- 5) MICAH Guide: A Practical Handbook for Micronutrient and Health Programmes, World Vision Canada

Part I - Indicators to Monitor Impact of Nutrition Programmes

Part II - Design and Implementation of Nutrition Surveys

- 6) Monitoring and Evaluation of Nutrition and Nutrition-related Programs: A Training Manual for Program Managers and Implementers, AED, SANA Project
- 7) Program Review of Nutrition Interventions Checklist for District Health Services, BASICS
- 8) Infant and Child Feeding Indicators Measurement Guide, AED, FANta Project
- 9) Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Program Effectiveness, UNU

Manuals on General Nutrition Programming and Training

| Title of Manual | Languages Available | Page # |
|---|--------------------------|--------|
| 1) Best Practices and Lessons Learned for Sustainable Community Nutrition Programming. Ndure KS, Sy MN, Nturu M, Diene SM. AED, SANA Project. 1999. | English, French | 4 |
| 2) Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach - A Field Guide. Sternin M, Sternin J, Marsh D. SCF. 1998; 85 pages. | English | 6 |
| 3) Enriching Lives: Overcoming Vitamin and Mineral Malnutrition in Developing Countries. WB. 1994; 75 pages. | English, French, Spanish | 8 |
| 4) Guidelines for the Management of Nutrition Programmes: A Manual for Nutrition Officers. K. Bagchi, WHO/EMRO, 1990; 165 pages. | English | 9 |
| 5) Improving Child Health Through Nutrition: The Nutrition Minimum Package. Sanghvi T, Murray J. BASICS, 1997; 20 pages. | English, French, Spanish | 10 |
| 6) Nutrition Essentials: A Guide for Health Managers. BASICS. 1999; 250 pages. | English | 12 |

1. Best Practices and Lessons Learned for Sustainable Community Nutrition Programming. Ndure KS, Sy MN, Nturu M, Diene SM. Academy for Educational Development, SANA Project. 1999; 74 pages.

Purpose of document

Best Practices and Lessons Learned for Sustainable Community Nutrition Programming is the product of an initiative to establish Community Nutrition Programs (CNPs) in various urban and rural African settings. A CNP is defined as “a collection of activities aimed at solving the nutrition problems of a community with the full participation and co-operation of its members in a flexible, though systematic and well-researched manner.”

This document summarizes lessons learned from several African experiences, and in doing so aims to improve the effectiveness of other CNPs by: 1) reinforcing approaches and strategies that lead to effective, sustainable CNPs; 2) suggesting areas for potential collaboration and partnership between governmental and non-governmental partners and members of civil society in the implementation of community nutrition interventions; and 3) advocating for nutrition as an integral component of the developmental agenda. *Best Practices and Lessons Learned* will be of benefit to: planners and managers of health and nutrition interventions; nutritionists at the central or regional level; program managers of community nutrition, health, and other developmental programs; and funding agencies.

Organization of document

The document is organized in 6 sections.

- **Section 1.** Community nutrition: an overview provides an introduction to the document, a discussion of the nutrition situation in Africa, and describes the regional initiative to reinforce capacities in the management of CNPs.
- **Section 2.** Basic principles for planning a community nutrition intervention presents a brief overview of key thematic issues to be considered when planning and implementing a community nutrition intervention.
- **Section 3.** Five essential steps for designing a community nutrition program proposes the five stages for a step-by-step approach to the development of a CNP: 1.) Identifying key partners involved in planning and implementation of a CNP; 2.) Understanding the nutrition situation at hand; 3.) Selecting the most appropriate program approach; 4.) Developing the institutional framework for implementation; and 5.) Designing an appropriate program action plan.
- **Section 4.** Enabling components for an effective program framework summarizes three important lessons learned about developing an effective and sustainable institutional and organizational framework around the management and implementation of program activities.

- **Section 5.** Conclusions and lessons learned presents key factors in the success and sustainability of CNPs based on lessons learned from the implementation of program activities in Africa.
- **Section 6.** Lists useful reference materials and addresses.

Ordering Information

(No pricing information available)

Academy for Educational Development, SANA Project

1825 Connecticut Avenue, NW

Washington, DC 20009-5721

Telephone: 202-884-8000

Fax: 202-884-8400

E-mail: sara@aed.org

Internet: <http://www.aed.org>

2. Designing a Community Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach A Field Guide. Sternin M, Sternin J, Marsh M. Save the Children. 1998; 85 pages.

This document is cross-referenced in Chapter 5, Manuals on Complementary and Young Child Feeding, found in *Section II, Manuals on Nutrition Throughout the Life Cycle*.

Purpose of manual

This manual describes how to use a positive deviance approach to design a “Hearth” model for developing a program to: 1) Rehabilitate malnourished children; and 2) Educate the children’s mothers. The authors provide an overview of the Hearth Model and the Positive Deviance Approach:

“The Positive Deviance approach as used in the Hearth Nutrition Program, identifies poor families who have well-nourished children. These well-nourished children are called “Positive Deviant Children” (PD children) and their families “Positive Deviant Families” (PD families). They are the living proof that it is possible today in the community for a very poor family to have a well-nourished child before economic improvements occur or clean water and sanitation are accessible to all. Through a positive deviance Inquiry, villagers together with the program staff identify the PDFs special and demonstrably successful current feeding, caring and health-seeking practices which enable them to “out perform” their neighbors whose children are malnourished but who share the same resource base.”

The Hearth Field Guide is designed for trainers, program officers, and program managers from NGOs and other organizations working at the grass-roots level, in partnership with the community or through community-based organizations. Its purpose is to provide guidelines for developing a community-based Nutrition Education and Rehabilitation Program in collaboration with the communities being served. More specifically, the guide is designed to help the reader:

- Assess the feasibility of the nutrition program in the proposed context;
- Conduct a Situation Analysis of malnutrition with the community;
- Carry out a Positive Deviance Inquiry (PDI) with the community; and
- Design a community-based Nutrition Program using PDI findings.

Organization of manual

The guide is organized in 8 parts:

- Part I provides a brief overview of the Positive Deviance and discusses the characteristics of the Hearth Nutrition Model.

- Part II deals briefly with the feasibility of piloting a Hearth Nutrition Program (HNP) based on the local needs of a community.
- Part III outlines standard steps required to initiate a community-based HNP with a focus on assessing and utilizing community resources and developing community “ownership.”
- Part IV gives guidelines for assessing the health situation of young children in the proposed Hearth community, including instructions for carrying out a nutrition survey and setting program goals.
- Part V focuses on positive deviance, providing background and definitions, as well as the steps required for carrying out the Positive Deviance Inquiry (PDI).
- Part VI describes designing the HNP based on the findings from the PDI. It covers issues such as choosing menus, creating education messages, and promoting behavior change.
- Part VII describes other standard components of the HNPs, such as growth monitoring and promotion, recording vital events and community management of the program. Other optional Hearth components, such as deworming, Vitamin A distribution and maternal and child health programs are also covered.
- Part VIII explores the advantages and disadvantages of involving District Health Services in the HNP.

Ordering Information

Available free of charge (while supplies last, then copy charges may be applied) from:

Save the Children
Health, Population and Nutrition Unit, International Programs
54 Wilton Road
Westport, CT 06880
Contact person: Jean Bichell, Program Development Manager
Toll free telephone: 800-243-5075 (in the USA only)
Telephone: 203-221-4000
E-mail: jbichell@savechildren.org (Jean Bichell)

3. Enriching Lives: Overcoming Vitamin and Mineral Malnutrition in Developing Countries. World Bank. 1994; 75 pages.

Purpose of document

This document is a follow-up book to the *World Development Report 1993* which highlighted the need to address micronutrient malnutrition in all health programs. *Enriching Lives* focuses on the problem of micronutrient malnutrition and provides practical advice drawn from program experience in developing countries. It gives an excellent overview of nutritional advocacy and will be of use to those who are in the beginning phases of programming nutritional interventions. Although this is not a step-by-step guidebook, its discussion of lessons learned from past projects makes it an excellent tool for learning about policy and program design.

The objective of the book is to impart an understanding of three main strategies to address malnutrition: 1) Educate consumers so that they fully appreciate and understand the importance of micronutrients in their diet; 2) Encourage the fortification of foodstuffs by combining market incentives and regulatory enforcement; and 3) Distribute, as a last resort, micronutrient capsules and other supplements, using all public and private channels available.

Organization of document

This book is organized in seven chapters: 1) The challenge of dietary deficiencies of vitamins and minerals; 2) The low costs of overcoming vitamin and mineral deficiencies; 3) The delivery of supplements; 4) Successful fortification; 5) Dietary change through education and policy; 6) Characteristics of successful micronutrient programs; and 7) Achieving success within this decade. Two appendices are included which provide information on prevalence data and methods and assumptions for cost-effectiveness calculations.

Ordering Information

Price: \$22.00
Stock No. 12987, ISBN 0-8213-2987-1
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WB Publications: <http://www.worldbank.org/html/extpb/index.htm>

4. Guidelines for the Management of Nutrition Programmes: A Manual for Nutrition Officers. Bagchi K. World Health Organization, Regional Office for the Eastern Mediterranean. 1990; 165 pages.

Purpose of manual

This manual is designed to assist in the management of nutrition programs in Eastern Mediterranean countries. Guidelines are provided for the various steps involved in planning and implementing effective interventions. This guide also addresses strategic programming such as whether to combat malnutrition, provide disaster relief, or protect populations from chronic diseases linked to nutrient excess. The intended audience includes program planners of central, intermediate and peripheral nutrition programs.

Each chapter describes one particular aspect of managing a nutrition intervention program, and addresses the potential problems surrounding that area of management. Indicators for evaluating interventions are also presented and explained. This handbook can be used in its entirety as a comprehensive guide, or as a reference book for dealing with specifics.

Organization of manual

The manual is organized in seventeen chapters: 1) Self reliance in dealing with problems of malnutrition; 2) Nutrition units in the government sectors; 3) Nutrition officers and their responsibilities; 4) The importance of management training for nutrition officers; 5) Planning a nutrition program; 6) General principles of planning; 7) Systematic steps in nutrition program planning; 8) Problem definition- a prerequisite for program planning; 9) Coordination for nutrition promotion- a national nutrition coordination committee; 10) National advocacy for program support; 11) Intersectoral and intrasectoral integration for nutrition promotion; 12) Nutrition advocacy for program support; 13) Evaluation and monitoring of nutrition interventions; 14) The role of nutrition officers in programs for food safety; 15) Role of nutrition officers in disaster relief; 16) Nutrition training of health workers; and 17) Role of international agencies in strengthening national nutrition capability.

Ordering Information

Price: Sw.fr.: 20.- (US \$18.00); in developing countries: Sw.fr. 14.-
ISBN 92 9021 099 0, Order no. 1450015
World Health Organization, Distribution and Sales
Programme of Nutrition
CH-1211 Geneva 27
Switzerland
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Fax: +41 22 791 48 57
E-mail for orders: bookorders@who.ch
E-mail for questions: publications@who.ch
Internet Publications: <http://www.who.org/dsa/cat98/nut8.htm>
Internet Order Form: <http://www.who.int/dsa/cat97/zformbk.htm>

5. Improving Child Health Through Nutrition: The Nutrition Minimum Package. Sanghvi T, Murray J. Basic Support for Institutionalizing Child Support. 1997, 20 pages.

Purpose of the document

The Nutrition Minimum Package interventions target the six primary nutrition behaviors that have been shown to reduce infant and child morbidity and mortality in the developing world:

1) Exclusive breastfeeding for about 6 months; 2) Appropriate complementary feeding starting at about 6 months in addition to breastfeeding until 24 months; 3) Adequate vitamin A intake for women, infants, and young children; 4) Appropriate nutritional management during and after illness; 5) Iron/folate tablets taken by all pregnant women; and 6) Regular use of iodized salt by all families.

The goal of the Nutrition Minimum Package is to see that these interventions are adapted to local circumstances and incorporated into primary health care activities at the household, community, and health facility levels. Thus, this document is designed for: community health workers; leaders at the national, policy, and community levels; health workers at the (health) facility level; and nutrition program planners and managers.

Organization of the document

The document opens with a discussion of the importance of nutrition in developing countries. Also addressed are considerations that need to be made when selecting the most important health and nutrition behaviors of caretakers in the home, and designing approaches to change these behaviors. Technical justification for the Nutrition Minimum Package is provided and is followed by a section on integrating nutrition interventions with other health programs.

Guidelines for implementing the three main steps of the Minimum Package are provided:

Step 1: *Adaptation of interventions to local circumstances* (including an example of work at the national level to support health sector reforms in Zambia);

Step 2: *Choice of delivery systems, messages, and strategies appropriate for the local context;*

Step 3: *Development and implementation of a monitoring and evaluation plan* (including indicators for monitoring the Minimum Package).

Ordering Information

Free of charge from:
BASICS Information Center
1600 Wilson Blvd., Suite 300
Arlington, VA 22209 USA
Telephone: 703-312-6800
Fax: 703-312-6900
E-mail: infoctr@basics.org
Internet Order Form: http://www.basics.org/asp_scripts/Pubs.asp
(Document can be downloaded in Adobe Acrobat
Version)

6. Nutrition Essentials: A Guide for Health Managers. Basic Support for Institutionalizing Child Support. 1999; 250 pages.

Purpose of guide

Nutrition Essentials is designed for health managers working at the central or district level in developing countries. It will also be of use to other sector managers in agriculture, education, rural development and social welfare programs. The purpose of the document is to provide guidelines for: 1) strengthening nutrition in health facilities; 2) providing community-based nutrition services; and 3) using appropriate communications channels to reinforce key nutrition actions and outcomes. The focus of implementation is to educate health staff about how to teach caregivers, families and communities to take charge of their own nutrition. Those who use the recommendations provided in this guide will need to adapt them to their own operational settings.

The information in this guide will serve as a tool for managers and health practitioners to: a) look up current nutrition protocols and guidelines; b) learn the technical reasons for focusing on certain nutrition outcomes and interventions; c) find checklists that can be adapted locally for program planning, training, supervision and evaluation; d) discover new ideas to solve common problems; and e) develop training aids, design curriculum and make overheads and handouts.

Organization of guide

The guide is organized in eight chapters: *Chapter 1: Introduction, Chapter 2: Priority nutrition interventions, Chapter 3: Developing a plan to strengthen nutrition in district health services, Chapter 4: Technical guidelines for integrating nutrition in health services, Chapter 5: Forming community partnerships, Chapter 6: Communications activities to improve nutrition Chapter 7: Supporting nutrition interventions, Chapter 8: Nutrition protocols*

Chapters 1 and 2 explain the scientific basis for strengthening nutrition and provide a rationale for the selected nutrition priorities. Chapter 3 describes the steps required to plan improved nutrition interventions. Chapters 4 and 5 provide guidelines for implementing priority nutrition actions in health facilities and communities. Chapter 6 provides the main elements of a district communications program for nutrition. Chapter 7 discusses the systems supports required to implement nutrition interventions. Chapter 8 provides the current international recommendations and protocols for priority nutrition interventions.

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Other Resources on General Nutrition Programming and Training

Hearth Nutrition Model: Applications in Haiti, Vietnam, and Bangladesh Edited by Wollinka O, Keeley E, Burkhalter BR, Bashir N. Basic Support for Institutionalizing Child Support. 1997; 111 pages.

In the early 1990s, the Hearth approach was initiated in three different countries. In Bangladesh, the Christian Service Society (CSS) and World Relief Corporation (WRC) are currently implementing a version of Hearth under a USAID child survival grant project. In Haiti, Hôpital Albert Schweitzer developed and applied Hearth throughout its service area. In Vietnam, Save the Children Foundation (SCF) worked closely with the local government to use Hearth as part of the Poverty Alleviation and Nutrition Program (PANP). Evaluations have recently been completed for each of the three country projects.

WRC hosted a technical meeting in June 1996 at its headquarters in Wheaton, Illinois, bringing together practitioners and evaluators from these three programs to share and compare their experiences and findings. The participants met for three days to give technical presentations, ask questions, point out similarities and differences among the programs and discuss lessons learned and future plans. The meeting was funded by BASICS. This document includes much of the information shared at the meeting.

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Internet Order Form: http://www.basics.org/asp_scripts/Pubs.asp
Full text available at: <http://www.basics.org/Publications/Hearth/hearth.htm>

Ideal Nutrition Practices. Appendix E in the Report on the Fifth Annual Latin America Regional PVO Child Survival Workshop. Piwoz E. 1995; 5 pages.

This 5-page document provides basic recommendations for nutrition practices throughout the life cycle. The following topics are addressed in *Ideal Nutritional Practices*:

- *The well child*: discusses exclusive breastfeeding and addition of foods;
- *Appropriate complementary feeding practices*: discusses how appropriate practices change with the age of the child (first foods should be offered at about 6 months of age);
- *Optimum food hygiene practices*: discusses personal hygiene habits to be observed when handling food, the importance of washing and/or cooking fruits and vegetables, the need to keep animals away from living space etc.;

- *Feeding the sick child*: discusses the importance of breastfeeding and feeding of other foods during the course of illness;
- *Nutrition during pregnancy and lactation*: discusses increased energy requirements during pregnancy, common obstacles to breastfeeding, how to overcome these obstacles; and
- *Energy density vs. feeding practice*: discusses the average recommended energy intake for children 6 months to 3 years.

Copies available free of charge from:

The Child Survival Technical Support Project (CSTS), Macro International Inc.

Telephone: 301-572-0200

Fax: 301-572-0982

E-mail: csts@macroint.com

Tools for Nutritional Assessment, Monitoring and Evaluation

| Title of Manual | Languages Available | Page # |
|--|-----------------------------|--------|
| 1) Conducting Small-scale Nutrition Surveys: A Field Guide. FAO. 1990; 186 pages. | English, French, Spanish | 17 |
| 2) Food Scarcity and Famine: Assessment and Response. Young H. Oxfam. 1992; 112 pages. | English | 19 |
| 3) How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency. HKI. 1993; 72 pages. | English | 21 |
| 4) Measuring Change in Nutritional Status: Guidelines for Assessing the Nutritional Impact of Supplementary Feeding Programmes for Vulnerable Groups. WHO. 1983; 101 pages. | English | 22 |
| 5) MICAH Guide: A Practical Handbook for Micronutrient and Health Programmes. World Vision Canada. 1997. Includes 2 manuals: I- Indicators to Monitor Impact of Nutrition Programmes; and II-Design and Implementation of Nutrition Surveys. | English | 24 |
| 6) Monitoring and Evaluation of Nutrition and Nutrition-related Programs: A Training Manual for Program Managers and Implementers. AED, SANA Project. May 1999 (In preparation). | English | 26 |
| 7) Infant and Child Feeding Indicators Measurement Guide. Lung'aho MS. IMPACT Project and AED, FANta Project. 1997; 55 pages. | English | 27 |
| 8) Program Review of Nutrition Interventions Checklist for District Health Services. Sanghvi T, Diene S, Murray J, Galloway R. BASICS. 1999; 41 pages. | English, French | 29 |
| 9) Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Program Effectiveness. Scrimshaw SCM, Hurtado E. 1987; 70 pages. | English, French and Spanish | 30 |

1. Conducting Small-scale Nutrition Surveys: A Field Manual. Food and Agriculture Organization of the United Nations. 1990; 186 pages.

Purpose of the manual

This manual has two primary purposes: 1) to assist the nutritionist in deciding whether or not to conduct a project-specific nutrition survey; and 2) to provide the novice surveyor with practical step-by-step guidance in conducting a survey. The manual discusses appropriate timing of surveys. Although the manual caters to project-specific nutrition surveys, it also addresses basic principles pertaining to other kinds of surveys.

Organization of manual

The manual is organized in eight chapters:

Chapters 1 and 2 introduce both the manual and surveys. Included are basic guidelines on deciding do a project-specific nutrition survey and a detailed list of all the steps in the survey process. Chapters 3 and 4 focus on planning the survey and selecting the survey sample. Discussed are the preliminary planning, budgeting and organization of the survey work and the survey team. Also provided is a general introduction to sampling theory and a step-by-step explanation of how to draw a statistically representative sample. Chapter 5, "Choosing Survey Content," describes some general categories of information usually collected in nutrition surveys and suggests the best ways to collect that information. The sixth and seventh chapters address the tasks of writing the questionnaire and collecting the data. Reviewed are the practical needs of recruiting and training interviewers and supervising data collection. Chapter 8, "Processing and Analyzing the Data," discusses various ways to interpret and analyze survey results and provides simple formulas for testing the validity and significance of data. The final chapter (9), "Presenting and Using the Survey Results" explains the importance of clear, concise and timely reporting and provides guidelines for writing the final report and presenting the survey results to project planners.

Ordering Information

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<http://www.odc.com/anthro/>
[select "Anthropometric Desk Reference," then click on the section, "Reference Books"]

2. Food Scarcity and Famine: Assessment and Response. Young H. Oxfam International. 1992; 124 pages.

Purpose of manual

This manual is designed for non-governmental agency staff and relief agency field workers. The purpose of assessment is to gain an understanding of the nature and severity of the situation (such as the underlying causes of food scarcity). The manual addresses the importance of establishing target populations and choosing appropriate distribution methods so as to overcome practical difficulties. Free food distribution is discussed, as well as the need for considering various aspects of food assistance, such as its nutritional value and the effect it has on a population at the household level. It is noted that food relief may not be sufficient for overcoming situations of food scarcity and famine, but it is instrumental for the success of other interventions, such as the improvement of immediate nutritional problems.

Organization of manual

The manual is organized to consider four aspects of assessing and responding to famine: 1) The nature of famine; 2) Assessment methods; 3) The link between findings and decision-making in the selection of the appropriate intervention; and 4) Food distribution schemes.

Interventions are described and guidelines are provided for reaching key decisions regarding: an appropriate response; targeting specific populations; and the agency's role. The process of assessment is outlined in terms of selecting appropriate information; data collection methods; selecting and training fieldwork staff; analyzing findings; and communicating findings. Methods of distributing general food rations, complementary rations, supplementary feeding, and therapeutic feeding are suggested.

Appendices are provided on: early warning systems; wealth ranking; cluster selection for a nutrition survey; nutrition survey statistics; methods of child measurement and tables; report format; vitamin and mineral deficiencies: OXFAM Kits; food aid biscuits; recipes for supplementary feeding programs; and food storage.

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3. How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency. Helen Keller International, 1993; 72 pages.

This document is cross-referenced in Chapter 8, Vitamin A, found in *Section III, Manuals on Micronutrient Deficiencies*. It is reviewed in detail in Chapter 8.

Ordering Information

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Internet Order Form: <http://www.hki.org/orderform.html>

4. Measuring Change in Nutritional Status: Guidelines for Assessing the Nutritional Impact of Supplementary Feeding Programmes for Vulnerable Groups. World Health Organization. 1983; 101 pages.

Purpose of guide

This field guide is designed for use by nutritionists who need to measure what effect a supplementary feeding program is having on the population it is intended to assist. It will also be of benefit to national medical authorities who need to diagnose the extent of a malnutrition problem before requesting aid for supplementary feeding. Additionally, this resource will be of use to anyone involved with screening procedures for selecting children in need of food supplementation.

It is intended that the methods suggested in these guidelines be used to evaluate the impact of a food supplementation program. Specifically, the objectives of this guide are: 1) To assist countries receiving food aid in identifying nutritional changes in selected population groups benefiting from food supplements (infants, preschool children, and primary-school children); and 2) To permit recipient countries to modify, as necessary, the scope and organization of supplementary feeding programs based on the measurements carried out in pursuit of the first objective.

Although this document was published in 1983, the information it contains is not outdated. Experienced users in the PVO community consider the guide an essential tool in the field of international nutrition. It describes methods that can be used in settings where resources of all kinds are limited, thus is especially useful for those who have to rely on hand tabulations. The only anthropometric data that need to be collected are those on age, height, and weight. The text explains the details of sampling and measuring. It also addresses how to calculate and use z-scores to assess change in nutritional status based on anthropometry, with extensive information about statistical distributions, calculations, and reference population.

Organization of guide

The guide is organized in eight sections: 1) objectives; 2) population groups to whom the proposed methodology is applicable; 3) selection of measurements; 4) methods of taking measurement; 5) data collection and sampling; 6) data analysis and interpretation; 7) implications of findings; 8) illustration of data analysis.

Annexes are also included on: Standardization procedures for collection of weight and height data in the field; Statistical aspects of sampling; and Reference data for the weight and height of children.

Ordering Information

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Internet Order Form: <http://www.who.int/dsa/cat97/zformbk.htm>

5. MICAHA Guide: A Practical Handbook for Micronutrient and Health Programmes World Vision Canada. 1997.

The original Micronutrients and Health (MICAHA) guide has been reformatted into two sections:

- Part I - Indicators to Monitor Impact of Nutrition Programs
- Part II - Design and Implementation of Nutrition Surveys

Both parts of the MICAHA Guide are designed for program directors and their national counterparts, technical resource people and survey coordinators. They will be useful for implementation and educational purposes.

Ordering Information

Both of these documents are available for \$10 USD (or \$5 each) from:

Nutrition Team

World Vision Canada

6630 Turner Valley Road

Mississauga, ON

L5N 2S4 Canada

Contact person: Kristen Hamilton, administrative coordinator
Nutrition Team

Telephone: 905-821-3033 (Extension 3232)

E-mail: kristen_hamilton@worldvision.ca

Part I. Indicators to Monitor Impact of Nutrition Programmes (66 pages)

Purpose of guide

World Vision has developed a set of core impact and outcome indicators to measure progress toward the defined MICAHA (Micronutrients and Health) goals of improving micronutrient and health status of mothers and children through the most cost effective and sustainable interventions. The three Impact Indicators are: mortality rates of children under 5 years of age; morbidity rates; and proportion of children under 5 who are stunted, wasted and underweight. The Outcome Indicators fall under the categories of: Vitamin A (night blindness, Bitot's spots, breast milk vitamin A); Iron (hemoglobin); and Iodine (goiter, urinary iodine).

The specific objectives of this (first) document of the MICAHA Guide are to teach people: 1) to understand monitoring and evaluation indicator concepts; 2) to recognize the programmatic objectives of the core indicators; 3) to think through key considerations prior to the selection of indicators; 4) to use appropriate sources of information for indicators; and 5) to identify different levels of monitoring indicators.

Organization of guide

The guide is organized in five chapters: Chapter 1 - Understanding monitoring and indicator terms addresses the process indicators and the outcome/impact indicators. The second chapter, Core indicators to monitor MICAH programme objectives provides indicators for: a) monitoring vitamin A, iodine and iron deficiency; b) dietary monitoring; c) morbidity monitoring; and d) monitoring changes in the health of the population. Chapter 3 - Selecting indicators for your programme provides guidelines for identifying specific micronutrient deficiencies and the target group. Also addressed is the selection of potential interventions to combat the deficiencies and the recognition of characteristics of a good indicator. Chapter 4 - Sources of information for indicators discusses existing data sources and new data. The final chapter (5) focuses on Levels of monitoring indicators. Four appendices are included.

Part II. Design and Implementation of Nutrition Surveys (137 pages)

Purpose of guide

This document provides step-by-step guidelines for designing and implementing a nutrition survey. It takes the reader through the preliminary decision-making stages of planning the survey right up to the final steps of conducting the fieldwork.

Organization of guide

The guide is organized in five chapters: Chapter 1 - Decisions to Make Before Starting the Survey addresses how to: 1) identify and contact a survey coordinator; 2) decide on sample size; 3) determine the length and cost of the survey; and 4) monitor progress towards a baseline survey. The second chapter, Designing the Questionnaire focuses on adapting, translating, and pre-testing the questionnaire. It discusses the objectives that the survey will measure and how to conduct interviews. Chapter 3 - Choosing a Sample provides an overview of the basic concepts of sampling, discusses different techniques, and offers guidance for calculating sample size, classifying population demographics by age, and determining critical Z-scores for a standard normal distribution. Chapter 4 - Preparing for Data Collection discusses logistic arrangements and provides guidelines for: preparing the questionnaire, training materials and equipment; selecting and training the field workers; conducting the pilot study and administrative tasks. The final chapter (5) focuses on Conducting the Field Work. Provided is information on how to: map and locate the households; and deal with situations in the field. Also given are guidelines for what interviewers and supervisors should do in the field.

6. Monitoring and Evaluation of Nutrition and Nutrition-related Programs: A Training Manual for Program Managers and Implementers Academy for Educational Development, SANA Project. 1999.

Purpose of the manual

This manual provides training guidelines for nutrition program managers and those working on the implementation of nutrition-related activities. The guidelines focus on how to design a monitoring system and develop an evaluation plan. The purpose of the training is to teach the knowledge and skills needed to plan, conduct and analyze results of monitoring and evaluation activities in order to improve nutrition programs. The training is designed to be conducted in a two-week workshop.

Organization of the manual

This manual is organized in 7 units that guide the program manager through all the components needed to design a monitoring system and develop an evaluation plan. The units can be used separately to teach development/nutrition workers and/or program managers on specific skills. Alternatively, the units can be used all together to provide complete information that a facilitator will need to conduct a conclusive training session. The topics of the units include: 1) Overview of monitoring and evaluation; 2) Conceptualizing a monitoring and evaluation system; 3) Monitoring and evaluation indicators; 4) Monitoring and evaluation designs; 5) Data collection; 6) Data analysis and interpretation; 7) Dissemination and use of monitoring and evaluation results.

Each unit is made up of one or more sessions containing experiential activities that address the unit's objectives. Each session specifies its purpose, the materials needed, approximate time required, and step-by-step guidelines for completing each session. Some activities include preparation that must be done prior to the session. Some activities have accompanying handouts, transparencies, and additional notes for the facilitators.

Ordering Information

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Academy for Educational Development, SANA Project
1825 Connecticut Avenue NW
Washington, DC 20009-5721
Telephone: 202-884-8000
Fax: 202-884-8400
E-mail: sara@aed.org
Internet: <http://www.aed.org>

7. Infant and Child Feeding Indicators Measurement Guide. Lung'aho MS. Food Security and Nutrition Monitoring Project and Academy for Education Development, FANta Project. 1999; 55 pages.

Purpose of manual

This guide belongs to a series called the *Title II Generic Indicator Guides*. Development of these tools was funded by USAID to support the progress of monitoring and evaluation systems for use in Title II (or Emergency and Private Assistance) programs. This series has been developed as a result of the combined efforts of the FANta Project (AED), the LINKAGES Project (AED) and the IMPACT Project. The objective of the guides is to provide the technical basis for the indicators and the recommended method for collecting, analyzing and reporting on the generic indicators. The intent is that the data be collected through population-based surveys. This guide will be of use to policy makers, funding organizations, and program managers.

The *Infant and Child Feeding Indicators Measurement Guide* is designed to assist Cooperating Sponsors and USAID in monitoring and evaluating maternal and child health, and child nutrition activities funded under USAID's PL 480 Title II Food Aid program. The goal of these activities is to improve the nutritional status and the general well-being of infants and children, specifically by preventing underweight children. This guide is concerned with the changes in feeding practices of infants and small children that must occur as a precondition for improved nutritional status. It focuses on five feeding practices that are commonly promoted in the course of MCH/child nutrition activities: 1) Breastfeeding initiation within the first hour of life; 2) Exclusive breastfeeding during the first six months; 3) Introduction of complementary foods; and 4) Feeding (of infants and small children) during illness (e.g. diarrhea) and 5) Increased nutritional intake after recovery from illness. USAID has recommended that the indicators used to measure feeding behavior be based on these five commonly accepted practices. The purpose is to provide useful information on program progress and to describe feeding patterns among local children during their first 2 years.

Organization of manual

The guide is organized in 6 sections that are preceded by lists of technical terms, and acronyms. The first section explains the purpose of guide. The second section, "Indicator Definitions and Prototype Questionnaire" is made up of three tables that provide a working outline for the process of using indicators to report on feeding behavior. Table 1 lists the indicators, defines them, and explains how to calculate them. Table 2 lists the questions to be used in the survey. Table 3 explains how the answers should be used in calculating the indicator.

Sections 3-6 provide details on the contents of the three tables. Problems that can arise in executing the various steps are also discussed. Finally, caution is given pertaining to ill-advised approaches. Seven appendices are included at the end of the manual. Among

them, several are designed to serve as stand-alone guides for specific phases of the process.

Ordering Information

Copies available free of charge from:

Source #1

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Copies can be downloaded in PDF version (requires Acrobat Reader) or in WordPerfect (self-extracting file) from the FANta web site,
<http://www.fantaproject.org/pubs.htm>

8. Program Review of Nutrition Interventions Checklist for District Health Services Sanghvi T, Diene S, Murray J, Galloway R. Basic Support for Institutionalizing Child Support. 1999; 41 pages.

Purpose

The checklist is designed for district health teams that want to strengthen the nutrition components of their primary health care programs. It can be used by government, non-governmental organizations, donors and those planning to integrate nutrition interventions into maternal and child health programs. The checklist is an assessment tool based on program reviews in Madagascar, Zambia, Ghana and Eritrea. It has also been used in Senegal and Benin.

This document contains guidelines for collecting information about priority nutrition activities by conducting periodic reviews of district health programs. The objective of using the checklist is to determine the strengths and weaknesses of a program so as to identify its nutritional needs. The information for reviewing district health programs can be obtained by using existing data, observing and interviewing health staff, and visiting a limited number of health facilities and communities. The guidelines are either descriptive or cross sectional and can be repeated over time to track changes in policies and quality of services. They are meant to be used in addition to, not in replacement of, additional quantitative and qualitative research methods required for collecting high-quality data on health worker knowledge and practices or to develop feeding practices.

Organization of document

Checklist for District Health Services is organized into 5 sections for collecting information about specific nutrition priority needs. Each section begins with a summary of key questions about the topic of focus. The summary is followed by an in-depth discussion of each key question. The sections included are as follows: 1) Nature and Magnitude of the Problem; 2) Priority Nutrition Activities in Health Facilities; 3) Status of Priority Nutrition Activities in Communities; 4) Nutrition in District Health Services; and 5) Using the Information for Planning.

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Full text available at:
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9. Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Program Effectiveness. Scrimshaw SCM, Hurtado E. The United Nations University, United Nations Children's Fund, and UCLA Latin American Center. 1987, 70 pages.

Purpose of the manual

This is the original Rapid Assessment Procedures manual and is often referred to as "The RAP Manual." It is a key resource for PVOs. The manual was based on fieldwork in Honduras, Guatemala and Costa Rica in the early 1980s. An early version of the manual was published in *Food and Nutrition Bulletin* as the "Field Guide for the Study of Health-Seeking Behaviour at the Household Level" in 1984. The non-technical language and readable style of the manual make it ideal for introducing field workers who have some secondary school education to qualitative research methods. Its "user-friendly" style also makes this manual appropriate for non-native English speakers. The first section of the manual is only 32 pages, so most people should have time to read through it while attending a short training course.

Organization of the manual

The manual is divided into two sections. The **first** section consists of six chapters that introduce anthropological methods. They are arranged in the following order: 1) Practical Anthropology for Health Programmes; 2) Anthropological Methods; 3) Focus Groups; 4) Selection, Training and Supervision of Field Workers; 5) Data Analysis; and 6) Final Report. The **second** section consists of 31 useful one-page data collection guides on community and household characteristics, health and nutrition-related behaviors, and health services.

Ordering Information

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French ed.: 1990, 74 pp., ill., bibl. ISBN 0-87903-114-X, LC 90-21571, \$10.95 paper

Source #2

Full text version can be downloaded FREE OF CHARGE from the web site of the United Nations University Bookstore: <http://www.unu.edu/unupress/food/foodnutrition.html>

Other Resources on Nutritional Assessment and Evaluation

MEASURE/DHS+ Core Questionnaire. Macro International Inc. 1999.

Purpose of the DHS Core Questionnaire

The Demographic and Health Surveys (DHS) Program has been best known for collecting national level survey data. Under the five-year MEASURE (Monitoring and Evaluation to Assess and Use Results) project that began in 1997, the Program has been reconfigured to meet the growing demand for different kinds of data collection. DHS is now DHS+.

DHS+ can assist with various data collection options, including:

- Demographic and health surveys
- Interim surveys
- Baseline and follow-up surveys
- Rapid data collection efforts
- Facility surveys
- Qualitative research studies

Surveys are a basic component of the data collection activities that Macro supports under the MEASURE project. The surveys provide data for a range of monitoring and impact evaluation indicators within the population, health, and nutrition sector. The DHS are nationally representative household surveys, implemented by host-country institutions, usually government statistical offices. Large samples are used (i.e., about 5000 households).

Organization of DHS Core Questionnaire

The *Core Questionnaire for MEASURE DHS+* emphasizes basic indicators and flexibility. It is a tool for collecting information on fertility and family planning, maternal and child health, child survival, AIDS/STIs and other reproductive health topics, educational attainment, and household composition and characteristics. The model core questionnaire has undergone major revisions. The updated questionnaire is formatted in various modules that contain over new 100 questions and measurements.

Nutrition and health data are gathered in two of the modules. The child nutrition section closely examines breast milk substitutes and introduction of complementary foods. New questions on immunization, vitamin A supplements and health care decision-making are included. Salt samples will be tested for iodine, and hemoglobin tests for anemia will be conducted. Information is also collected about: iron intake during (and after) pregnancy;

night blindness among women; breastfeeding; nutritional rehabilitation of sick children; and iron deficiency anemia among women of reproductive age and children under 5 years of age.

Ordering Information

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Internet: <http://www.macroint.com/dhs/surveys/modulesearch.asp>
[several DHS instruments can be downloaded from this web site]

KPC 2000: Knowledge, Practices, and Coverage Survey. The Child Survival Technical Support Project, Macro International Inc. 1999.

Purpose of KPC Survey

The Knowledge, Practice, and Coverage (KPC) Survey is a management tool that provides indicators to monitor and estimate the results of PVO child survival activities. Survey implementation is also discussed, as it intended to foster local participation in identifying health priorities and in monitoring community health status.

The PVO Child Survival Support Program of the Johns Hopkins University developed the original KPC survey for mothers of children under the age of two years. A revised instrument has been developed in response to the desire of PVOs to expand the scope of the survey so as to include other programmatic issues, such as: anthropometry, malaria, and HIV/STIs. The CORE Working Group and the CSTS (Macro) are responsible for updating the survey.

The revised KPC has a modular format with 14 freestanding sections. Each module has interviewer instructions, suggested qualitative and quantitative research questions, and a basic tabulation plan. PVOs are encouraged to use those modules, as well as specific questions within each section that are relevant to their program activities and objectives. All modules can be used together to conduct a comprehensive survey. Alternatively, each module may be used as a stand-alone instrument.

Organization of Survey

The KPC survey consists of eight modules:

- 1A Household water and sanitation
- 1B Respondent background information
- 2 Breastfeeding and infant/child nutrition
- 3 Growth monitoring and maternal/child anthropometry
- 4A Childhood immunization
- 4B Diarrhea

- 4C Acute Respiratory Infections
- 4D Malaria
- 5A Prenatal care
- 5B Delivery and newborn care
- 5C Postpartum period
- 6 Child spacing
- 7 HIV and other sexually transmitted infections
- 8 Health contacts and sources of information

Ordering Information

KPC 2000 modules can be downloaded in either Adobe Acrobat (PDF) or WordPerfect (WP) format, from the CSTS web site. They are also available on request from:

The Child Survival Technical Support Project
Macro International Inc.
11785 Beltsville Drive Suite 300
Calverton, MD 20705
Telephone: 301-572-0200
Fax: 301-572-0982
E-Mail: csts@macroint.com
Internet: <http://www.macroint.com/csts/>

Setting Priorities for Research, Analysis and Information Dissemination to Improve Child Nutrition in Africa. Academy for Educational Development, SARA Project. 1995; 44 pages.

This paper focuses on the prevalence of under-nutrition in African children. It discusses information that has been gathered from the literature and surveys of African nutrition experts and program staff. A strategic framework for child nutrition is developed by synthesizing existing information and identifying the gaps that exist in our understanding of effective ways to improve infant and young child nutrition in Africa. This report prioritizes four issue areas in the field of child nutrition needing more research, analysis and information dissemination: 1) examining programs that improve feeding practices at household and community levels; 2) analyzing efforts to integrate nutrition services into child survival, 3) health and family planning programs; and 4) advocating policy makers and donors for activities to increase awareness of and support for nutrition programs; providing improved nutrition training programs.

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Internet: <http://www.aed.org/sara/>

Manuals on Nutrition Through The Life Cycle

Chapter 3 Nutrition for Women of Reproductive Age & Nutrition During Pregnancy

- 1) Interventions to Improve Maternal and Neonatal Health and Nutrition, MotherCare
- 2) Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment, PAHO
- 3) Nutrition During Pregnancy. Committee on Nutritional Status During Pregnancy and Lactation. IOM
- 4) Safe Vitamin A Dosage During Pregnancy and Lactation: Recommendations and Report of a Consultation, MI and WHO

Chapter 4 Nutrition and Breastfeeding

- 1) The Breastfeeding Answer Book, Revised edition, LLLI
- 2) Breastfeeding and the Lactational Amenorrhea Method of Family Planning, IDT
- 3) Community-based Breastfeeding Support, Wellstart International
 - A Planning Manual
 - A Training Curriculum
 - A Guide for Trainers and Supervisors
- 4) Guide for Country Assessment of Breastfeeding Practices and Promotion, MotherCare
- 5) A Guide to Qualitative Research for Improving Breastfeeding Practices, The Manoff Group and Wellstart International
- 6) Helping Mothers to Breastfeed, AMREF and Wellstart International
- 7) Mother-to-Mother Support Handbook. LLLI and AED, LINKAGES Project, (In preparation)

- 8) Nutrition During Lactation. *Committee on Nutritional Status During Pregnancy and Lactation*,. IOM
- 9) Tool Kit for Monitoring and Evaluation of Breastfeeding Practices and Programs, Wellstart International

Chapter 5 Complementary Feeding and Young Child Feeding

- 1) Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach - A Field Guide, SCF
- 2) Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding, AED, SARA Project
- 3) Designing by Dialogue: A Training Guide to Consultative Research to Improve Young Child Feeding, AED, SANA Project
- 4) A Training Guide: Use of Consultative Research to Adapt the Feeding Recommendations of the IMCI to a Local Context, AED, SARA Project

Chapter 6 Growth Monitoring, Promotion and Anthropometry

- 1) Anthropometric Indicators Measurement Guide (in preparation), AED, FANta Project
- 2) Growth Monitoring and Promotion in Young Children: Guidelines for the Selection of Methods and Training Techniques, Jelliffe DB, Jelliffe P, Oxford University Press
- 3) How to Weigh and Measure Children: Assessing the Nutritional Status of Young Children in Household Surveys, Irwin Shorr, UN
- 4) Learning to Listen to Mothers: A Trainer's Manual to Strengthening Communication Skills for Nutrition and Growth Promotion, USAID and AED, LINKAGES Project
- 5) Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment, PAHO

Chapter 7 Feeding During Illness and Nutritional Rehabilitation

- 1) Dietary Management of Young Children with Acute Diarrhoea: A Manual for Managers of Health Programmes, 2nd Edition, WHO
- 2) HIV and Infant Feeding Manuals, WHO
- 3) Management of Severe Malnutrition: A Manual for Physicians and Other Senior Health Workers, WHO

Nutrition for Women of Reproductive Age & Nutrition During Pregnancy

| Title of Manual | Languages Available | Page # |
|--|---------------------|--------|
| 1) Interventions to Improve Maternal and Neonatal Health and Nutrition. JSI/MotherCare Project. 1990; 93 pages. | English | 39 |
| 2) Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment. PAHO. 1991; 224 pages. | English, Spanish | 40 |
| 3) Nutrition During Pregnancy. Committee on Nutritional Status During Pregnancy and Lactation. IOM. 1990; 480 pages | English | 42 |
| 4) Safe Vitamin A Dosage During Pregnancy and Lactation: Recommendations and Report of a Consultation. MI and WHO. 1998; 34 pages. | English, French | 44 |

1. Interventions to Improve Maternal and Neonatal Health and Nutrition. John Snow, Inc./MotherCare Project, 1990; 93 pages.

Purpose of the manual

This manual is designed for use by mothers, other caretakers at the family level, community health workers and traditional birth attendants. It will also be of benefit to those working at the health post/health center and hospital levels. The purpose of the document is to serve as a checklist for improving pregnancy outcomes in programs that have already assessed and evaluated their problems. It is not intended to be a technical guide or treatment protocol for health care providers, but only a means to remind providers what can be done to improve upon certain difficulties.

The purpose of this manual is to describe specific problems that may cause poor pregnancy outcomes. Focus is placed on potential complications of each problem, and how each difficulty can be prevented or managed during pregnancy, delivery, or immediately after the baby has been born. For each problem, signs and symptoms are identified, appropriate responses are discussed, and the useful resources are listed.

Organization of the manual

The manual is organized in 15 sections that focus on topics related to maternal and neonatal health, such as pregnancy induced hypertension, antepartum hemorrhage, postpartum hemorrhage and obstructed labor. In the area of nutrition, there are sections that address anemia, maternal undernutrition, and exclusive breastfeeding.

Ordering Information

Free of charge from:
John Snow, Inc./MotherCare
1616 North Fort Myer Drive, 11th Floor
Arlington, VA 22209-3100
Telephone: 703-528-7474
Fax: 703-528-7480
E-mail: mothercare_project@jsi.com
Internet: <http://www.jsi.com/intl/mothercare/home.htm>

2. Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment
Edited by Krasovec K, Anderson MA. Pan American Health Organization,
1991; 224 pages.

Purpose of document

This book presents the results from the meeting “Maternal Anthropometry of Prediction of Pregnancy Outcomes” held in April 1990 in Washington, D.C., under the joint sponsorship of USAID, MotherCare, PAHO, and WHO. It is designed to provide valuable guidelines on the use of anthropometric indicators for predicting pregnancy outcomes to field personnel as well as researchers. Anthropometric assessment of maternal nutritional status is essential for identifying women at risk for pregnancy complications and low birthweight infants.

Maternal Nutrition and Pregnancy Outcomes evaluates measurement devices and outlines priority research areas for research in low-income countries. Thus, it should be a valuable resource for researchers and program field personnel.

Organization of manual

This book consists of five parts, each of which discusses a different anthropometric indicator: pre-pregnancy weight, height, arm circumference, weight gain during pregnancy, and weight-for-height and body mass index. In each of the five parts, a background chapter, written in question-and-answer format, provides information on the use of each indicator, its relationship to other indicators, its reliability, averages, standards, and cut-off points for both industrialized and developing countries. Additional chapters elaborate on each of the indicators, concluding with summaries and recommendations for the indicators' use.

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3. Nutrition During Pregnancy. Committee on Nutritional Status During Pregnancy and Lactation. Institute of Medicine. 1990; 480 pages.

Description of book

Nutrition During Pregnancy focuses on healthy weight gain and vitamin and mineral supplementation during pregnancy. A main objective of the book is to explore relationships between weight gain during pregnancy and a variety of factors (e.g., the mother's weight for height before pregnancy) and to observe these associations in the context of the health of the infant and the mother. Specific target ranges are presented for weight gain during pregnancy and guidelines for proper measurement. In terms of supplementation, the book examines the importance of diet for meeting nutrient needs during pregnancy. Specific amounts of supplements are recommended for special circumstances. The effects of caffeine, alcohol, cigarette, marijuana, and cocaine use are also discussed. This book will be of benefit to the PVO community as well as clinicians.

Organization of book

This book is organized in two parts:

Part I - Nutritional Status and Weight Gain consists of nine chapters, beginning with an introduction, and a discussion of the historical trends in clinical practice, maternal nutritional status, and the course and outcome of pregnancy. Chapters four through ten focus on the following topics: assessment of gestational weight gain; total amount and pattern of weight gain: physiologic and maternal determinants; body composition changes during pregnancy; energy requirements, energy intake, and associated weight gain during pregnancy; effects of gestational weight gain on outcome in singleton pregnancies; weight gain in twin pregnancies; and causality and opportunities for intervention.

Part II - Dietary Intake and Nutrient Supplements addresses the following topics: assessment of nutrient needs; dietary intake during pregnancy; iron nutrition during pregnancy; trace elements; calcium, vitamin d, and magnesium; vitamins, A, E, and K; water-soluble vitamins; protein and amino acids; substance use and abuse during pregnancy; vitamin supplementation before and after conception; and neural tube defects.

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4. Safe Vitamin A Dosage During Pregnancy and Lactation: Recommendations and Report of a Consultation. The Micronutrient Initiative and World Health Organization. 1998; 34 pages.

This document is cross-referenced in Chapter 8, Vitamin A, found in *Section III, Manuals on Micronutrient Deficiencies*.

Purpose of manual

This document reports on the proceedings of a consultation convened by the WHO to consider safe dosage of vitamin A during pregnancy and postpartum. Involved were experts in nutrition, teratology, reproductive physiology and population-based surveys, who have experience in both basic research and its public health applications.

The report discusses recent evidence indicating that high intakes of vitamin A during pregnancy may be teratogenic. With caution in mind, the document provides recommended doses and timing for the safe administration of supplements to mothers during pregnancy and the first six months postpartum, and directly to infants before six months of age. Recommendations are firmly rooted in a review of recent scientific findings.

Organization of manual

Safe vitamin A dosage during pregnancy and lactation is organized in three sections. The recommendations of the consultation appear first, and the scientific and programmatic considerations leading to these recommendations follow in the report of the meeting.

The first section includes "Recommendations for preformed vitamin A supplements for mothers during pregnancy and the first six months postpartum, and/or for their infants." Provided are recommendations for maternal supplementation during pregnancy and supplementation for mothers in the first six months postpartum, both at the population level and for individuals. Also given are recommendations for direct supplementation of infants before six months of age and supplementation both for mothers during the "safe" infertile postpartum period and for infants under six months of age.

The second section includes a report of the consultation: Safe vitamin A dosage during pregnancy and the first six months postpartum, Geneva, World Health Organization, 19-21 June 1996. Included in this section are: 1) Objectives of the consultation; 2) Vitamin A status during pregnancy and lactation; 3) Vitamin A needs during pregnancy and lactation for the health of the mother and her fetus or infant; 4) The relation of maternal vitamin A status to other conditions; 5) Breast milk composition; 6) Iron deficiency anemia; and 7) HIV-1 infection.

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*Other Resources on Nutrition for Women of Reproductive Age & Nutrition
During Pregnancy*

The Case for Promoting Multiple Vitamin/Mineral Supplements for Women of Reproductive Age in Developing Countries. Huffman SL, Baker J, Shumann J, Zehner ER. Academy for Educational Development, LINKAGES Project. 1998; 26 pages.

This report addresses the fact that women in developing countries often consume inadequate levels of micronutrients, which increases a woman's risk of not having sufficient nutrients to meet physiologic requirements to ensure health. This document addresses the following questions: Why is micronutrient malnutrition a concern among women in developing countries? What is the role of multiple micronutrient supplements? What issues should be considered in selecting micronutrient supplements? This paper will be of benefit to program managers who are working to improve the micronutrient status among women in developing countries. Guidance is provided on the selection of appropriate supplements for pregnant women and women of reproductive age in developing countries. The paper outlines and discusses some important issues in selecting micronutrient supplements, such as: 1) Which reference standards will be used to determine nutrient levels to include in the supplements? 2) Which nutrients and what quantities will be included? and 3) Which factors need to be considered in purchasing supplements?

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Indicators for Reproductive Health Program Evaluation: Final Report of the Subcommittee on Women's Nutrition. Edited by Galloway R, Cohn A. The Carolina Population Center. 1995; 78 pages.

This report was put together by the Women's Nutrition subcommittee of the Reproductive Health Indicators Working Group (RHIWG), which was established by the EVALUATION Project in 1994 at the request of USAID. This document presents a series of indicators for monitoring interventions to improve the nutrition status of women. Addressed are the four types of malnutrition most threatening to women's reproductive health in developing countries: 1) protein-energy under nutrition; 2) iron deficiencies; 3) vitamin A deficiencies; and 4) iodine deficiencies.

The report is organized in 3 chapters. The first chapter outlines the high prevalence of women's under nutrition, explains why it is an important reproductive health concern,

describes the framework that the Women's Nutrition subcommittee used to select indicators for assessing various aspects of women's nutritional status, and outlines the organization of indicators. The second chapter focuses on various policy issues, service outputs and service utilization. The third chapter focuses on intermediate and long-term outcome indicators.

Available free of charge from:
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MotherCare Matters Newsletter and Literature Review. John Snow, Inc./MotherCare Project.

MotherCare Matters is a quarterly newsletter and literature review on maternal and neonatal health and nutrition produced by the MotherCare Project, which is funded by USAID and implemented by John Snow, Inc., and its subcontractors. All issues of *MotherCare Matters* focus on the project's mission to improve the health, nutrition, and survival of women and newborns. Each volume reviews literature on a particular topic and provides news of ongoing projects focusing on that topic. Outlined below are three issues of *MotherCare Matters* that focus on topics related to nutrition for women of reproductive age and nutrition for women during pregnancy.

Ordering Information

Most issues of *MotherCare Matters* are available in English and Spanish. Some have also been translated into French and Russian. A few issues are available on-line in full text. All can be requested (free of charge) from:

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Fax 703-528-7480
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Internet <http://www.jsi.com/intl/mothercare/PUBS/Mcmatt.htm>

Anemia and Pregnancy MotherCare Matters Vol. 3, No.1/2, April/May 1993; 13 pages.

This issue reviews the effects of anemia on maternal and fetal outcomes of pregnancy, and the interventions to reduce anemia caused by nutritional iron deficiency and malaria. It seeks to answer the questions: 1) What evidence links anemia with maternal and perinatal mortality? 2) Can iron supplementation have an impact on iron deficiency anemia? 3) Are there alternative formulations to the iron table that are more acceptable? 4) What are the effects of malaria on pregnancy? 5) What is the evidence for the benefits of chemoprophylaxis? and 6) What are the reasons for the lack of policy in many countries on the delivery of antimalarials to pregnant women?

Anemia and Women's Health MotherCare Matters Vol. 4, No.1, April 1994; 13 pages.

In this volume, two MotherCare Projects addressing the issue of anemia and women's health are reviewed. The first project took place in Indonesia. It was a village-based iron supplementation scheme that operated through the homes of traditional birth attendants to reach rural women with an information, education, communication (IEC) campaign. The second project took place in Burkina Faso. Qualitative and quantitative methods were used to collect data related to anemia and behaviors/practices affecting its prevalence. The concluding piece in this volume is a report on compliance with iron supplementation programs, based on a longer paper that examines issues of compliance with iron tablet consumption.

Micronutrients for the Health of Women and Newborns MotherCare Matters Vol. 6, No.1, November/December 1996; 24 pages.

This issue addresses the widespread problems of deficiencies in iron, iodine and vitamin A in developing countries. It discusses the best way to design, implement and evaluate programs aimed at addressing these three micronutrient deficiencies. In particular, this publication focuses on four important questions for program managers of iron supplementation efforts: 1) How Can Iron Supplementation Programs Be Improved? 2) Is Pallor Sensitive Enough To Identify Women With Severe Anemia? 3) When Do Cutoffs For Hemoglobin Change? 4) Should Deficiencies in Calcium, Zinc and Folic Acid Be Addressed in Programs That Aim to Improve The Nutritional Status of Women and Newborns?

Sustaining Behavior Change to Enhance Micronutrient Status: Community and Women-Based Interventions in Thailand. Smitasiri S, Dhanamitta S. International Center for Research on Women. 1999; 27 pages.

This report summarizes the findings from an intervention research project implemented by Mahidol University's Institute of Nutrition in Thailand. The question under investigation was "Could a woman-focused nutrition education and communication program based on social marketing and participatory and community-based approaches stimulate social mobilization for the prevention and control of micronutrient deficiencies

over and above individual behavior changes and focus on a single micronutrient?” Specifically, the objectives of the research were to increase knowledge, change attitudes, and improve practices related to consumption of vitamin A and iron-rich foods, fats, vitamin C, iodized salt, and iron supplements. The team built on experiences from an earlier social marketing intervention that increased production and consumption of foods rich in vitamin A. Women who were community leaders were trained in problem-solving methods and community mobilization techniques. The women then organized their communities to develop and implement plans of action to improve micronutrient status. The project provided small seed grants to support the costs for implementing some of the community-based actions, including food production, local preparation and sale of iodized salt, and health and nutrition education. This document is organized like a scientific paper in that it presents separate sections on: background; conceptual framework; research objectives, design and methods; intervention; research findings; discussion; and conclusions and recommendations.

Available free of charge from:
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Internet <http://www.icrw.org/>

The Time to Act: Women's Nutrition and its Consequences for Child Survival and Reproductive Health in Africa. Baker, J., Martin, L., Piwoz, E., Academy for Educational Development, SARA Project. 1996; 36 pages. (Available in English and French)

This report is intended for individuals interested in policy, planning, or implementation of activities to improve female nutritional status. It focuses on the health and nutrition needs of women in Africa and suggests that “women's under nutrition translates into lost economic productivity and lost lives, a situation that challenges Africa.” The purpose of the paper is to demonstrate the need for interventions to improve female nutrition. It describes the factors affecting women’s nutrition, and the constraints to improving women's nutrition. Seven major recommendations are given for improving female nutrition: 1) placing women's nutritional status on the development agenda; 2) integrating nutrition into existing health services; 3) creating demand for women’s health and nutrition services at all policy and health care levels; 4) using delivery systems outside the health sector to promote nutrition; 5) view improvement of nutrition status in an appropriate time frame; 6) adapt approaches to local situations; and 7) selecting practical and simple indicators for monitoring and evaluating women's health and nutritional status. Although specifically geared toward African women, the nutritional problems and recommendations are applicable worldwide.

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Nutrition Manuals on Breastfeeding

| Title of Manual | Languages Available | Page # |
|---|--|--------|
| 1) The Breastfeeding Answer Book, Revised edition. Mohrbacher N, Stock J. LLLI. 1997; 608 pages. | English, Spanish, French and German soon to be available | 52 |
| 2) Breastfeeding and the Lactational Amenorrhea Method of Family Planning: Training Module. Module #7 from the <i>Training Course in Women's Health</i> . IDT. 1993; 117 pages. | English, Spanish | 53 |
| 3) Community-based Breastfeeding Support: A Planning Manual, A Training Curriculum, A Guide for Trainers and Supervisors. Wellstart International. 1996. | English, French, and Spanish | 55 |
| 4) Guide for Country Assessment of Breastfeeding Practices and Promotion. Griffiths M, Anderson MA. JSI/MotherCare, 1993; 59 pages. | English | 58 |
| 5) A Guide to Qualitative Research for Improving Breastfeeding Practices. Favin M, Baume C. The Manoff Group/Wellstart International. 1996; 99 pages. | English, French | 59 |
| 6) Helping Mothers to Breastfeed. Revised edition. King FS. AMREF/Wellstart International. 1992; 180 pages. | English, French, and Spanish | 61 |
| 7) Mother-to-Mother Support Handbook. Vickers M. LLLI and AED, LINKAGES Project. (In preparation) | English, French, and Spanish | 63 |
| 8) Nutrition During Lactation. IOM. 1991; 326 pages. | English | 65 |
| 9) Tool Kit for Monitoring and Evaluation of Breastfeeding Practices and Programs. Baker J, Labbok M, Lung'aho M, Sommerfelt E. Wellstart International. 1996; 87 pages. | English, French, and Spanish | 67 |

1. The Breastfeeding Answer Book, Revised Edition. Mohrbacher N, Stock J. La Leche. League International. 1997; 608 pages.

Purpose of book

This book is designed for breastfeeding counselors. It presents extensive information on breastfeeding management and explores various questions about breastfeeding and provides possible approaches and solutions. It is primarily directed at an audience in developed countries as it addresses various challenges that breastfeeding mothers might encounter in the face of changes and advancements that are most common in industrialized societies (e.g. breastfeeding practices for professional women, recommended exercise regimes for women who are breastfeeding). Nonetheless, it is based on La Leche League's international experience in helping breastfeeding mothers in both developed and less-developed country settings. Although it does not focus on promoting or managing breastfeeding through programmatic activities, it provides down-to-earth knowledge and information about breastfeeding for the mother. This book may serve as a useful resource to managers of nutrition programs dealing with breastfeeding issues.

Organization of book

This book is organized in 24 chapters. It is very comprehensive, and each chapter can be used as a stand-alone guide for addressing the topic of focus. Some of the issues addressed include: recommendations for the counselor to provide effective advice and help to women interested in breastfeeding; the physiology of the breast; problems with breastfeeding from both the perspective of the mother and the infant; weight gain, complementary feeding; weaning; expression and storage of human milk; health problems of the child; health problems of the mother; breastfeeding twins, triplets or more; drugs, vaccines and diagnostic tests; micronutrient supplements.

Ordering Information

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2. Breastfeeding and the Lactational Amenorrhea Method of Family Planning Training Module. Training Module #7 from the Training Course in Women's Health Institute for Development Training. 1993; 99 pages.

Purpose of manual

Breastfeeding and the Lactational Amenorrhea Method of Family Planning is one module of a prototype training course entitled, Training Course in Women's Health, 2nd Edition (TCWH) that has been developed by the Institute for Development Training.

The *TCWH*, consists of eleven prototype modules, each of which addresses a different topic related to women's health in less-developed countries. The modules are written for mid-level health workers and can also be used individually or as a curriculum by any health professional with training responsibilities. This module provides an overview of breastfeeding and the Lactational Amenorrhea Method of family planning (LAM); the anatomy and physiology of lactation; nutrition of mothers and infants; breastfeeding instruction; LAM and its uses with other family planning methods; and weaning. The purpose of this document is to serve as a prototype for addressing breastfeeding and LAM in many countries. The information provided in the manual must be adapted to the needs, interests, working conditions, culture and language of the learner.

Organization of the manual

The module is divided into six short sections of information. Included for each section are learning objectives, a pre-test, lessons including practice questions, learning activities, health education tips, a glossary, resources and a post-test.

The topics covered in the six sections are as follows: 1) Why and how should I protect and support breastfeeding and the LAM in my work? 2) What information and support about breastfeeding does a prenatal client need? 3) What information and support about breastfeeding does a mother need immediately after delivery? 4) What information and support about breastfeeding does a mother of a one to two-week old infant need? 5) What information and support about breastfeeding does a mother of a two-week to six-month old infant need? 6) What information and support about breastfeeding does a mother of an over six-month old infant need?

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3. Community-based Breastfeeding Support Trilogy: A Planning Manual; A Training Curriculum; and A Guide for Trainers and Supervisors. Wellstart International. 1996.

What is the “Community-based Breastfeeding Trilogy?”

Community-based breastfeeding support refers to a method of promoting breastfeeding that identifies and develops the skills of community members so they, themselves, will serve as primary resources for resolving maternal and infant health and nutrition problems within the community. Thus, community-based breastfeeding promotion demands involvement at the community level, primary health care level, and the management level, including program managers and program staff.

The documents in this trilogy were designed as three separate tools that can be used as stand alone manuals. However, they were developed with the intent of complementing each other. The objective of this series of resources is to strengthen the promotion and support of breastfeeding at the community level by providing guidance during the various stages of program development. The documents focus on three specific topics: planning and implementation; training on lactation management at the community and primary health care levels; and counseling and facilitation.

Organization of the “Community-based Breastfeeding Trilogy”

The trilogy is made up of the following documents:

- *A Planning Manual* is designed to help managers in NGOs and planners in Ministries of Health to create new community-based activities in support of breastfeeding, as well as to monitor, expand or improve the breastfeeding components of existing programs.
- *A Training Curriculum* contains the information needed, utilizing a participatory, hands-on approach, to train volunteers and other community-level workers in the fundamentals of breastfeeding management and support, with an integrated approach to maternal and child health nutrition.
- *A Guide for Trainers and Supervisors* provides a detailed discussion of interpersonal counseling and facilitation skills. It also contains sections on implementation of education and promotional activities in community-based breastfeeding programs.

***Community-based Breastfeeding Support: A Planning Manual. July 1996.
(Available in English, French, and Spanish)***

The main focus of this manual is on breastfeeding support and program planning at the primary health care and community level. This manual is designed for any person interested in developing, implementing, or expanding community-based activities to improve breastfeeding practices. It is a particularly helpful resource for policy makers, program planners, program managers, project officers, administrators, health care workers, and community leaders interested in developing or expanding community activities to improve breastfeeding.

The manual is divided into three sections:

Section I - Overview of Breastfeeding

Section II - Planning for Breastfeeding Support

Section III - Implementing the Work plan

Section I provides background information on breastfeeding and discusses the importance of breastfeeding support at the community level. Sections II and III are the “how to” parts of the manual. Section II describes the initial steps in planning a community-based program. Section III addresses managerial issues related to program implementation such as human resource development, training, supervision, monitoring and evaluation etc. Each chapter includes worksheets to help in planning and implementing activities.

***Community-based Breastfeeding Support: A Training Curriculum. Prepared by
Liga de la Lactancia Materna de Honduras, April 1996. (Available in English,
French, and Spanish)***

A Training Curriculum contains the information necessary to train volunteers and other community-level workers in the fundamentals of breastfeeding management and support, with an integrated view of maternal and child health and nutrition. The curriculum is designed for use by a facilitator in training auxiliary nurses, health promoters, and community health workers. It can be used by a Ministry of Health, NGO, or other organization providing training for community personnel. The curriculum may be taught in modular form, taking about 40 hours in total. Or some modules may be taught on their own to provide knowledge in certain aspects of breastfeeding promotion.

Twelve modules are included in the curriculum: 1) Breastfeeding support groups; 2) Breastmilk is best; 3) Components and Protective Factors in Breastmilk; 4) How breastmilk is produced; 5) Individual counseling; 6) Women’s health; 7) Child spacing during breastfeeding; 8) How to breastfeed well; 9) Good child rearing; 10) Difficulties and special situations of the mother and child; 11) Doubts and beliefs that affect breastfeeding; 12) Community assessment.

***Community-based Breastfeeding Support: A Guide for Trainers and Supervisors.
Prepared by Rosenberg JE, and Joya de Suarez MJ, June 1996. (Available
in English and French)***

This guide is designed for trainers and supervisors working in community-based mother support activities. Although it is directed to people working throughout Latin America, it can be used in other countries and cultural settings. It should also be useful for nurses and other health workers who counsel mothers on breastfeeding. The community-based activities it describes may be implemented by NGOs focused on breastfeeding promotion, other NGOs promoting maternal and child health, by churches or through hospitals, community clinics and the Ministries of Health.

This guide offers step-by-step instructions for initiating and conducting outreach and mother-to-mother support activities in a variety of situations. It is meant to provide practical tools to help both paid and volunteer staff develop the skills of community-based social support. It addresses how to: recruit, select, and train community health workers; follow-up and supervise community workers, communicate effectively, address emotions, pregnancy and mothering, make individual contacts with mothers, meet with mothers in groups, and implement community education.

Although the guide will be most useful when it is drawn upon in its entirety, each chapter can be used separately for the specific activities described.

Ordering Information

Manuals can be purchased as a trilogy or separately.

Trilogy: \$40.00
A Planning Manual: \$20.00
A Training Curriculum: \$15.00
A Guide for Trainers and Supervisors: \$15.00

Wellstart International
4062 First Avenue
San Diego, CA 92103-2045 USA
Telephone 619-295-5195
Fax 619-294-7787
E-mail inquiry@wellstart.org

**4. Guide for Country Assessment of Breastfeeding Practices and Promotion.
Griffiths M, Anderson MA. John Snow Inc./MotherCare. 1993; 59 pages.**

Purpose of manual

This guide was developed for clinicians and managers of breastfeeding programs who are hired to conduct a country specific assessment of breastfeeding practices. This guide will be ideal for those in the PVO community who are planning to promote breastfeeding in a less-developed country (or area of the country) where little is known about the existing practices. The document offers guidelines for conducting an assessment and planning to launch a breastfeeding promotion campaign. It provides a work schedule for the assessment. It also offers guidelines for developing an assessment report, and tips for writing a report that includes enough specific information to also function as a qualitative program baseline that can later be used for program review. The guide offers a comprehensive reference list of important points and activities that will benefit those who are conducting the assessment. Experiences with (and lessons learned from) using this guide are provided.

Organization of the manual

The first section presents an overview of country context along with a review of existing data on country-specific breastfeeding situations, country backgrounds, and the nature and magnitude of inadequate breastfeeding practices. Section two includes the following elements: a review of policies, programs, and commercial activities which affect breastfeeding practices; policy, legal, and work environment; health services; training programs for health care providers; information, education, and communication activities; community outreach and support activities for women; financial support for breastfeeding activities; and a breastfeeding country score sheet.

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5. A guide to Qualitative Research for Improving Breastfeeding Practices. Favin M, Baume C. The Manoff Group and Wellstart International's Expanded Promotion of Breastfeeding Program. 1996; 99 pages.

Purpose of the guide

This guide was produced by The Manoff Group in conjunction with Wellstart International's EPB program. The purpose of the manual is enable researchers to develop a formative research plan focusing on breastfeeding practices and a subsequent behavior change strategy for achieving improvements in maternal and child health. Specifically, the focus of the research is to investigate the social context of breastfeeding in families and communities. The manual facilitates planners in answering the following questions: What are current breastfeeding and child feeding practices? Why do people do what they do? What useful (health-promotive) changes in behavior are feasible? What are the best ways to promote and support these changes in practices?

The entire protocol would take up to 6 months to complete, but the authors recommend adapting the protocol to specific circumstances. The research director should be involved in overseeing the research as well as participating in research activities such as interviewing. The manual recommends 2-3 people per research team. The level of expertise is not explicitly indicated, but experience with qualitative research is recommended for all team members.

Organization of the manual

The manual is organized into three chapters that focus on behavioral issues, conducting the formative research, and formulating a project strategy.

Chapter one discusses breastfeeding behaviors and other key concepts, summarizes the technical background for each, and cites examples from around the world of various experiences using each practice. It also includes some methodological comments on how to conduct research on particular behaviors. This part of the document serves as a foundation for determining the scope of the research and specific research questions, and provides insight into some of the methodological issues. An experienced researcher could take the technical information provided in this section and design the research.

Chapter two provides an implementation guide that includes sample qualitative and quantitative instruments (however, little guidance on coding or analysis is offered). Step-by-step guidelines are provided for understanding the overall process of conducting formative research. This will be especially useful to the less experienced researcher. Also included is a section on using "TIPS" (Trials of Improved Practices).

Based on research findings, chapter three provides some information about formulating breastfeeding promotion strategies. Appendices A-D provide examples of application of the Expanded Promotion of Breastfeeding (EPB) methodology in Uganda, Malawi,

Rwanda, Kazakhstan, Senegal, Nigeria and Nicaragua. The final appendix, Appendix E, includes “strategy grids” or tables of general behavior change and communication-component strategies used in Bolivia and Nigeria.

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6. Helping Mothers to Breastfeed. Revised edition. King FS. African Medical and Research Foundation and Wellstart International. 1992; 180 pages.

Purpose of this document

This manual is a revised edition of a book written as a result of the 1983 Kenya National Workshop on Infant Feeding Practices. The first edition was widely used in Africa and was adapted for a number of other cultural settings. This revised edition provides breastfeeding information and incorporates more up-to-date advances in our understanding of how to help mothers breastfeed their infants and of the value of the LAM of family planning. This book will be of benefit both to women interested in breastfeeding and health workers working with breastfeeding mothers.

Organization of the manual

Helping Mothers to Breastfeed is organized in twelve chapters. Chapters 1-4 introduce and talk about general topics related to breastfeeding. Chapter 1 explains why mothers need help breastfeeding and what specific assistance is most beneficial. Chapter 2 discusses the production of breast milk and how a baby suckles. Chapter 3 describes the composition of breast milk and the disadvantages of artificial feeding. Chapter 4 describes how breastfeeding should begin and provides recommendations on feeding techniques.

Chapters 5-8 cover topics related to problems that are commonly associated with breastfeeding. Chapter 5 discusses early problems, such as breast pain and swelling; sore, cracked, flat, or too long nipples; infant refusal to breast feed; leaking milk; and blood in milk. Chapter 6 deals with problems that develop later, such as not having enough milk, how to decide if a baby is getting enough milk, and what to do about a baby who does not gain enough weight. Chapter 7 describes breastfeeding in special situations created by full-term twins, low birth weight babies, infant deformities, jaundice, sickness in a child. Chapter 8 looks at breastfeeding from the general perspective of the mother's health and includes a discussion of breastfeeding when the mother is ill.

Chapters 9-12 focus on weaning, antenatal issues and a general discussion of breastfeeding in the community. Chapter 9 describes supplements and weaning. Chapter 10 considers techniques and appliances such as expressing breast milk by hand, using breast pumps, using a cup, and sterilization of appliances. Chapter 11 deals with breastfeeding counseling and moves from a general consideration of the importance of personal support to specific techniques for prenatal preparation, postpartum advice, follow-up counseling, and problems. The final chapter looks at ways to promote breastfeeding in the community at large.

Ordering Information

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7. Mother-to-Mother Support Handbook. Vickers M. La Leche League International and Academy for Educational Development, LINKAGES Project. (In preparation).

Purpose of handbook

This handbook will be of use to project managers and field workers who are implementing community-based projects and who are interested in supporting breastfeeding mothers.

Because it is designed for those interested in implementing mother-to-mother support (MtMS) as part of their community program, this handbook will provide a broad explanation of MtMS. It describes MtMS with text and illustrations to give field staff a quick, concise picture of MtMS that will assist them in deciding whether, and to what degree, to implement this particular approach.

Organization of handbook

The handbook is organized by "themes" related to MtMS, addressing 20 topics in all. Some topics are covered in one page; some are a little longer.

The "Community-based Mother-to-Mother Support" topics covered are: 1.) What is Community-based Mother-to-Mother Support? 2.) Why do we need it? 3.) Who needs it? 4.) Selection process for counselors/facilitators; 5.) Characteristics of counselors/facilitators; 6.) Training of counselors/facilitators; 7.) Communication skills; 8.) Motivating the counselors/facilitators; 9.) Topics discussed at MtMS group meetings; 10.) Characteristics of MtMS group meetings; 11.) Materials; 12.) Location and Timing of MtMS group meetings; 13.) One-on-one counseling; 14.) Home visits; 15.) Reporting and data collection; 16.) Tracking and monitoring; 17.) Continuing education for counselors/facilitators; 18.) Networking in the community; 19.) Funding; and 20.) Sustainability.

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The LINKAGES Project

(LINKAGES will produce 1000 handbooks in English and 500 each in Spanish and French, which will be distributed free of charge. Please inquire about additional printings.)

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8. Nutrition During Lactation. Committee on Nutritional Status During Pregnancy and Lactation, Institute of Medicine. 1991; 326 pages.

Description of book

On the basis of a comprehensive literature review and analysis, *Nutrition During Lactation* points out specific research priorities for understanding the relationship between the nutrition of healthy mothers and the outcomes of lactation. Testimonials given by users of this book indicate it is greatly valued for the clear-cut recommendations that are provided for mothers and health care providers. The volume presents data on who among mothers in the USA is breastfeeding, a critical evaluation of methods for assessing the nutritional status of lactating women, and an analysis of how to relate the mother's nutrition to the volume and composition of their milk. Although this document specifically addresses the USA, its contents can be applied to developing country settings.

This book provides data on the links between a mother's nutrition and the nutrition and growth of her infant and current information on the risk of vertical transmission of certain allergies, environmental toxins, and certain viruses (including the HIV virus).

Organization of book

The book is organized in ten sections: 1) Summary, Conclusions, and Recommendations; 2) Introduction; 3) Who Breastfeeds in the United States? 4) Nutritional Status and Usual Dietary Intake of Lactating Women; 5) Milk Volume; 6) Milk Composition; 7) Infant Outcomes; 8) Maternal Health Effects of Breastfeeding; 9) Meeting Maternal Nutrient Needs During Lactation; and 10) Research Recommendations.

Four appendices are provided: A) Detailed Abstracts of Studies in Industrialized Societies Relating Breastfeeding with Infant and Child Mortality; B) Detailed Abstracts of Studies in Developing Societies Relating Breastfeeding with Infant and Child Mortality; C) Summary of Composition Data for Macronutrients of Human Milk; and D) Biographical Sketches of Committee Members.

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9. Tool Kit for Monitoring and Evaluating of Breastfeeding Practices and Programs. Lung'aho MS, Huffman SL, Labbok MH, Sommerfelt E, Baker J. Wellstart International's Expanded Promotion of Breastfeeding Program. 1996; 87 pages.

Purpose of the Tool Kit

This Tool Kit provides program managers with practical methods to facilitate the monitoring and evaluation of breastfeeding programs and practices. The intent of the Tool Kit is to offer guidance on methodologies useful for managers and field staff. Although it is not designed specifically for academic or theoretical researchers, the discussion of methodological issues may benefit those who are new to the field of breastfeeding.

The Tool Kit expands on the *Indicators for Reproductive Health Program Evaluation: Final Report of the Subcommittee on Breastfeeding* by providing guidance tailored to program managers working in the field. It provides sample questionnaires and illustrates the basic questions that programs often require. Examples of more detailed questions, that can further enhance the understanding of breastfeeding practices, are also shown. These examples illustrate how the data collected in these questionnaires can be analyzed. Additionally, advice is given for determining the sample sizes needed for monitoring and evaluation and for avoiding some common pitfalls that happen when measuring breastfeeding practices.

Organization of the Tool Kit

The Tool Kit is organized in four chapters. Nine useful appendices are also provided, including a list of organizations/professionals to contact for more information on monitoring and evaluating breastfeeding practices.

Chapter 1 is an introduction. Chapter 2 briefly discusses the differences between monitoring and evaluation of breastfeeding. Some of the basic issues related to sampling and sample size for studies/surveys used in evaluations are discussed. In addition, suggestions are given on where to find more detailed guidance on sampling considerations and on determination of sample size. Chapter 3 provides examples of indicators used to track program activities that promote good breastfeeding practices and indicators used to assess women's actual breastfeeding practices. Chapter 4 discusses ways to avoid problems during all stages of the program design, implementation, monitoring and evaluation.

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**Breastfeeding Training Courses for Hospitals, Health Care
Administrators and Policy Makers**

The Baby-Friendly Hospital Initiative. World Health Organization and United Nations Children's Fund. (Available in over 40 language versions)

Purpose of Initiative

The Baby-Friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991 at the meeting of the International Pediatric Association in Ankara, with the following objectives: 1) to enable mothers to make an informed choice about how to feed their newborns; 2) to support early initiation of breastfeeding; 3) to promote exclusive breastfeeding for the first 6 months; 4) to ensure the cessation of free and low cost infant formula supply to hospitals; 5) to include, possibly at a later stage and where needed, other mother and infant health care issues.

Purpose of the materials

The Baby-Friendly Hospital Initiative resources are organized in four parts:

- 1) A guide for monitoring and reassuring baby-friendly hospitals
- 2) A monitoring tool
- 3) A reassessment tool
- 4) A computerized reporting system for BFHI monitoring

The tools are designed for hospital managers and staff. They are intended to help workers identify and solve problems, and to implement the Ten Steps to successful breastfeeding. A joint WHO/UNICEF statement on breastfeeding and maternity services, *Protecting, Promoting and Supporting Breastfeeding* has become the centerpiece for a Baby-Friendly Hospital Initiative. To be “baby-friendly,” each facility is encouraged to follow the Ten Steps to Successful Breastfeeding.

TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food and drink other than breast milk, unless medically indicated.
7. Practice rooming-in- allow mothers and infants to remain together- 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

For further information, please contact:

Ms. Randa Saadeh, Technical Officer
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World Health Organization
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CH-1211 Geneva 27, Switzerland
Telephone +41 22 791 4156
Fax +41 22 791 3315 or 22 791 3878
E-mail saadehr@who.ch

Breastfeeding Counseling: A Training Course. [Includes: 1) Director's Guide; 2) Trainer's Guide; and 3) Participants' Manual] World Health Organization and United Nations Children's Fund. 1993

What is "Breastfeeding Counseling: A training course?"

This training course addresses breastfeeding as a fundamental practice for the health and development of children, as well as for the health of their mothers. The objectives of the course are to enable health workers to develop the clinical and interpersonal skills needed to support optimal breastfeeding practices, and where necessary to help mothers to overcome difficulties.

The course is designed for health workers who care for mothers and young children in maternity facilities, hospitals and health centers. This includes midwives, community health nurses, pediatric nurses and doctors, particularly those who are working at the first level of health care. In some cases, this course may be of use to obstetricians, pediatricians, and program staff of nutrition and other child health programs.

Organization of the documents included in “Breastfeeding Counseling: A training course?”

The materials needed for this training course include the following documents:

- 1) *The Director’s Guide* contains instruction for planning and conducting a training course. It includes a course outline, instructions for necessary preparations and a description of the facilities, materials, and equipment needed.
- 2) *The Trainer’s Guide* is a comprehensive manual covering all 33 sessions of the course. It is an essential tool for the trainer and contains everything needed to lead participants through the course. It describes the teaching methods used, and includes all exercises together with suggested answers. It also contains practical guidelines, summary boxes, forms, lists, checklists and stories used during the practical sessions of the course.
- 3) *The Participants’ Manual* follows the same pattern as the Trainer’s Guide covering all 33 sessions. It contains the key information presented in the lectures and other sessions. This information is useful for participants to remember. It presents practical guidelines, summary boxes, forms, lists and checklists. It also provides the exercises (answers are not given). Also included is a glossary of terms used during the course, and a clinical practice progress form.

Structure of the Training Course

The training is for 15-20 participants and 4-5 trainers. It takes approximately 40 hours to complete. It can be conducted intensively over 5 days or it can be spread out over a longer period (e.g. ½ days for 2 weeks, or 1 day a week for 5-6 weeks).

There are 33 sessions, structured around four 2-hour clinical practice sessions, during which participants practice clinical and interpersonal skills with mothers and babies. Participants learn the skills in the preceding classroom sessions, in a sequence of lecture, discussion, demonstration, and exercise. The training is conducted partly with the whole class together and partly in smaller groups of 8-10 participants with 2 trainers or 4-5 participants with 1 trainer.

An additional 40 hours, or 5 days is necessary for the preparation of the trainers. This usually takes place in the week preceding the 5-day course for participants.

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Promoting Breastfeeding in Health Facilities: A Short Course for Administrators and Policy Makers. World Health Organization and Wellstart International, 1996; 391 pages, 154 slides. (Available in English and French)

This teaching consists of a collection of eight training modules, including slides and handouts, for use in a short course intended to help administrators and policy makers promote breastfeeding in health facilities. The course aims to make decision-makers in hospitals and maternity wards aware of specific policy and administrative changes that can have a major impact on breastfeeding practices. The course also contains abundant practical advice on how to introduce changes in a given setting.

The eight modules can be presented over a maximum of twelve hours. Material in the first module helps participants review the current infant feeding situation in their own country and understand practices that affect breastfeeding rates. Subsequent modules discuss the advantages of breastfeeding and the disadvantages of artificial feeding, describe the BFHI, and explain the scientific basis for the recommended "Ten steps to successful breastfeeding."

The remaining modules offer extensive practical advice on how to make a health facility baby-friendly. Topics discussed include: the costs and savings of breastfeeding promotion; using a self-appraisal tool to assess the effectiveness of current policies and practices; and developing written plans for introducing changes in individual health facilities.

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Other Resources on Nutrition and Breastfeeding

Assisting Working Women Toward Optimal Breastfeeding. Wade KB. Georgetown University Medical Center/Institute for Reproductive Health, Breastfeeding and Maternal and Child Health. 1993; 22 pages.

Purpose of this document

This booklet addresses women in developing countries who, due to work or other obligations, are frequently separated from their infants. The booklet focuses on the information and support needed by these women to practice optimal breastfeeding and achieve the related benefits of lactational infertility and enhanced child survival.

Assisting Working Women Toward Optimal Breastfeeding has been developed for health care program planners and health professionals. The tables in this document provide guidelines on:

Overcoming obstacles to breastfeeding, techniques for manual expression of breast milk, and techniques for the hygienic collection, storage, and use of expressed milk;

Increasing awareness of the options available to breastfeeding working women, thereby encouraging the development of programs that address lactation information and support needs of working women who wish to breastfeed; and

Provide guidance for the health professional or breastfeeding counselor in assisting the individual woman to identify and incorporate strategies to lengthen the duration of optimal breastfeeding for child health and child spacing in accordance with the realities of her life circumstances. Included in this individualized approach is an assessment of the woman's family planning needs, and questions for mothers that can aid lactation counselors in planning an individualized program of support.

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Breastfeeding: The Technical Basis and Recommendations for Action. Edited by Saadeh R.J. World Health Organization. 1993; 199 pages.

This document is designed to provide policy makers and program planners with up-to-date technical information and recommendations for strategic planning to protect, promote and support breastfeeding. The document provides an overview of the technical background, recommendations and, whenever possible, the cost implications of the following topics: health care practices related to breastfeeding; lactation management; direct support for mothers; information, education and communication; and breastfeeding while working. The book also discusses the global prevalence of breastfeeding and describes recent trends.

Organization of the manual

Breastfeeding: the technical basis and recommendations for action is organized in Six Chapters. Each chapter begins with a technical overview of the health topic of emphasis. In most chapters, the technical review is followed by a section on program implementation and cost issues. All of the chapters are wrapped up with a discussion of conclusions and recommendations, references and a section on further reading. The chapters are arranged as follows:

- Chapter 1: Global breastfeeding prevalence and trends
- Chapter 2: Health care systems and practices related to breastfeeding
- Chapter 3: Lactation management training
- Chapter 4: The role of mother support groups
- Chapter 5: Information, education, and communication in support of breastfeeding
- Chapter 6: Women, work and breastfeeding

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Guidelines for Preparation and Organization of a National Breastfeeding Policy Workshop. Waters H. Wellstart International's Expanded Promotion of Breastfeeding Program. 1993; 26 pages.

Purpose of the guidelines

These guidelines are intended to assist Ministries of Health and their collaborators in the planning and execution of workshops to formulate national policies to support breastfeeding and to develop concrete plans to promote breastfeeding. They are based in part on a breastfeeding policy workshop that took place in Cameroon in 1992, and in part on the wider experience of the Wellstart International program. The document provides logistical clarification, administrative and technical points, and will be applicable and important for the organization of breastfeeding policy workshops in a variety of countries and settings.

Organization of the guidelines

The guidelines are organized in seven sections.

The first section provides guidance on defining the various goals of the workshop, in addition to writing a national policy for the promotion of breastfeeding. The second section focuses on planning and managing logistics for the workshop. Guidelines provided range from (but are not limited to) budgeting workshop finances and choosing the workshop location to contacting external resources and inviting members of the press. The third section focuses on choosing participants and facilitators. The fourth section covers the development of the workshop agenda (length, presentations, sessions etc.). The fifth section discusses the choice of supporting documentation, noting that literature selection will depend on the specific goals of the workshop. The sixth and seventh sections of the document focus on follow-up to the workshop and suggest a timeline for organizing the workshop.

Ordering information

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Recommended Feeding and Dietary Practices to Improve Infant and Maternal Nutrition. Academy for Educational Development, LINKAGES Project. 1999; 28 pages. (Available in English and French. Spanish version in preparation)

This paper presents recommendations for feeding and dietary practices. Its overall purpose is to promote women's health and the delivery of healthy babies who receive optimal nutrition, beginning with breastfeeding and extending to the introduction of complementary foods. The recommendations are grouped into three categories: 0 to 6 months; children 6 to 24 months, and adolescent girls and women of reproductive age. The purpose of this document is to provide guidelines to program planners and policymakers regarding setting policies and designing communication, service delivery, and training activities. In addition to providing guidance, the LINKAGES team suggests that: 1) program planners collaborate with communication specialists in determining how to present this advice in a culturally appropriate way; 2) local assessments are made; and 3) local nutrition specialists are involved.

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Manuals on Complementary and Young Child Feeding

| Title of Manual | Languages Available | Page # |
|---|---------------------|--------|
| 1) Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach - A Field Guide. Sternin M, Sternin J, Marsh D. Save the Children. 1998; 85 pages. | English | 78 |
| 2) Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding. Dicken K, Griffiths M, Piwoz E. AED, SARA Project. 1997; 334 pages. | English, French | 79 |
| 3) Designing by Dialogue: A Training Guide to Consultative Research to Improve Young Child Feeding. AED, SANA Project. (In preparation) | English, French | 81 |
| 4) A Training Guide: Use of Consultative Research to Adapt the Feeding Recommendations of the IMCI to a Local Context. Sy MN, Ntiru MK. AED, SARA Project. 1999. | English, French | 83 |

1. Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach – A Field Guide. Sternin M, Sternin J, Marsh M. Save the Children. 1998; 85 pages.

This document is cross-referenced in Chapter 1, Manuals on General Nutrition Programming and Training Interventions, found in *Section I, General Manuals on Nutrition Interventions*. It is reviewed in detail in Chapter 1.

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Contact person Jean Bichell, Program Development Manager

Toll free telephone 800-243-5075 (in the USA only)

Telephone 203-221-4000

E-mail **jbichell@savechildren.org** (Jean Bichell)

2. Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding. Dicken K, Griffiths M, Piwoz E. The Manoff Group and Academy for Educational Development, SARA Project. 1997; 334 pages.

Purpose

This manual provides tools to design, implement and analyze the results of formative, consultative research that can be used to design effective programs to improve infant and young child feeding. This step-by-step guide describes how to: define key problems in child feeding practices; identify simple and effective actions within the household to improve child feeding; test and analyze these practices and develop effective strategies to promote these practices.

Designing by Dialogue emphasizes the consultative research approach whereby the researchers interact with specific families to identify key household behaviors that could affect a child's nutrition. The research process described may take from three to six months to complete depending on the number of methods included. The manual is designed primarily for people planning large-scale programs to improve young child nutrition, but lists others who may benefit from using it including researchers, nutrition communicators or educators and trainers of nutrition counselors.

Organization of the manual

The manual consists of 10 chapters constituting a protocol. The chapters are arranged in phases, covering the research process through the design, analysis and interpretation. The first two chapters provide an overview of the consultative research approach, including the Trials of Improved Practices (TIPS) methodology, as well as current experiences from child feeding programs. The remaining chapters, included in the three phases of the protocol, cover the following topics:

Phase I: Reviewing existing information and designing the research: This section of the protocol, including Chapter 3 and 4, identifies key concepts and research questions, and proposes research design strategies. This phase encourages the reader to define objectives, list relevant topics, and identify sources of information. Following these tasks, the manual recommends reviewing related documents and conducting key informant interviews with knowledgeable people. This phase also discusses specific decisions to consider when planning the research, such as of research design and logistics for fieldwork.

Phase II: Formative research methods: As *Designing by Dialogues* describes, the second phase "addresses implementation of research activities from the development of question guides, through training and data collection, to initial analysis of results." Methods include exploratory methods, such as observations, recipe trials, Trials of Improved Practices (TIPS), focus group discussions (FGDs) and key informant

interviews. Each chapter includes details on the preparation, implementation, and analysis of the methods. Specifically, tasks for each method include sampling, developing research guides, training the team, collecting the data, analyzing the results, and writing summary reports. The attachments to the chapter in this phase include examples of methods used in various countries.

Phase III: Building a bridge from research to action: This phase of the protocol, including Chapters 8 and 9, discusses methods to translate results into policy and programmatic action. This phase covers the synthesis and presentation of research findings for strategy formulation for programs, with an emphasis on nutrition communication programs. The attachment in Chapter 8 includes examples of final recommendations for programs in Cameroon and Indonesia.

The manual also contains a section on background information, such as experiences from recent current child feeding programs, as well as a section on training health workers to provide nutritional education to families. The appendices include several worksheets, question guides and similar useful forms.

Experiences with use of this manual

Some of the research findings from applications of the various methodologies in this manual may be found in two reports by AED:

- *Improving Feeding Practices During Childhood Illness and Convalescence: Lessons Learned in Africa.* (Reviewed later in this chapter, under the section on “Other Resources on Complementary Feeding and Young Child Feeding”)
- *The Time to Act: Women’s Nutrition and Its Consequences for Child Survival and Reproductive Health in Africa.* (Review located in Chapter III, “Other Resources on Nutrition for Women of Reproductive Age & Nutrition During Pregnancy”)

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Full text available at

<http://www.info.usaid.gov/regions/afr/hhrra/child.htm#subtopics>

3. Designing by Dialogue: A Training Guide to Consultative Research to Improve Young Child Feeding. Academy for Educational Development, SANA Project. (In Preparation).

Purpose of guide

This training guide is based on *Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Young Child Feeding*, which is reviewed above. The two manuals have been developed to complement each other. Whereas the *Program Planner's Guide* was written for health care providers, the *Training Guide* is designed for use by facilitators of training workshops for field research staff, nutrition counselors, and/or nutrition program managers.

The purpose of *Designing by Dialogue: A Training Guide to Consultative Research to Improve Young Child Feeding* is to provide guidelines for teaching others how to design, carry out, and analyze the results of formative, consultative research and to use these results to design effective programs to improve infant and young child feeding. The approach used in this guide is based on the belief that community nutrition programs are most effective when the families who will be participating in the program are involved in its development.

Organization of the guide

The guide is organized in 12 sections according to specific training topics. Each section can be used on an individual basis to update nutrition workers or program managers on specific skills. Alternatively, all 12 training topics can be used together to provide all the information a program manager will need to train others, or that a researcher will need for developing a proposal to conduct consultative research. Information on how to analyze research findings and use the results to develop information, education, and communications (IEC) strategies for behavior change is also included.

The training topics include: 1) Course orientation; 2) An overview of consultative research; 3) Reviewing existing information; 4) Designing consultative research; 5) Exploratory research methods: In-depth interviews, household observations, recipe trials; 6) Trials of improved practices; 7) Checking research: Focus group discussions; 8) Synthesizing and presenting research results; 9) Using the results for strategic program planning; 10) Planning research; 11) Finalizing the proposal; and 12) Workshop evaluation.

Each topic (or section of the guide) is made up of one or more sessions. Each session is divided into the following parts: Title; Objective(s) for the trainees; Suggested time needed to complete the topic; Topic overview; Materials; Handouts; Advance preparation guidelines; Purpose of the topic; Procedure (steps involved); Additional information for the trainer.

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4. A Training Guide: Use of Consultative Research to Adapt the Feeding Recommendations of the IMCI to a Local Context. Sy MN, Nturu MK. Academy for Educational Development. SARA Project. 1999.

Purpose of the guide

This guide is designed for use by nutritionists, health workers or others involved in the management of childhood illnesses. It provides guidelines for training health professionals, who are familiar with nutrition and child feeding issues, to adapt the Integrated Management of Childhood Illnesses (IMCI) Feeding Recommendation Tables. The guide is based on the consultative research methodology, TIPs. The authors recommend that users have some experience with the use of this technique. The objectives of the training sessions outlined in the guide are to teach the participants to: 1) Conduct household visits geared towards adapting the IMCI Feeding Recommendations to a local context; 2) Spearhead an independent nutrition initiative based on useful, realistic and coherent recommendations that are age-specific and are adapted to the possibilities and constraints of the local environment; and 3) Develop their interpersonal communication and counseling skills.

Organization of the guide

The training guide consists of seven modules, which can be used comprehensively, requiring a total training time of almost 70 hours, to be presented in an intensive 12-day seminar. Alternatively, the guide may be adapted by eliminating training sessions or even entire modules, by focusing more closely on selected activities or by simplifying certain supplements. The seven modules are outlined below:

- Module 1:* Overview of the nutritional status of children under five, nutrition education programs, and the difficulties of changing child feeding behavior
- Module 2:* Benefits of adapting the IMCI nutritional component
- Module 3:* Research methods used to effect true behavior change
- Module 4:* Practical application of the primary consultative research tools for improving child feeding
- Module 5:* Designing and planning consultative research to adapt the IMCI Feeding Recommendations to the local environment
- Module 6:* Using Trials of Improved Practices (TIPs) to adapt IMCI Feeding Recommendations to the local environment
- Module 7:* Presenting and validating findings of TIPs in order to adapt the IMCI Feeding Recommendation to the local environment

Each module serves as a teaching aid for the instructor, allowing him/her to conduct the training sessions according to pre-set training objectives that specify what the participant will be capable of doing once the training is complete. Each module consists of the following sections: a) Instructional objectives; b) Time required for training; c) A series of

sessions allowing for knowledge, information and skills to be conveyed in a series of pre-planned steps; d) A series of pedagogical activities, reflecting a specific pedagogical progression and consisting of a sequence of exercises that are led by the instructor and actively involve the trainees; e) Tips for the instructor to use in implementing each activity; f) Supplements accompanying the tips; and g) Notes to the instructor, which generally give references or which explain the foundation for certain recommended pedagogical techniques.

Ordering Information

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Other Resources on Complementary and Young Child Feeding

Complementary Feeding of Infants and Young Children: Report of a Technical Consultation. World Health Organization. 1998; 48 pages.

This report summarizes the discussion, conclusions and recommendations of a consultation on “Complementary Feeding of Infants and Young Children” that was held in France in 1995. WHO and UNICEF jointly commissioned the Program for International Nutrition at the University of California at Davis to prepare a state-of-the-art review of existing information on complementary feeding, which served as the background document for the consultation. The meeting was hosted by the Tropical Nutrition Laboratory of ORSTOM.

This review includes the consensus reached at the consultation regarding the guidelines for strengthening existing program interventions and developing new strategies for ensuring optimal infant-feeding practices. Discussion topics included: 1) resource and environmental constraints to complementary feeding; 2) methodological issues for research on introduction of complementary foods; 3) energy density of complementary foods; and 4) care issues in relation to complementary foods. This document also summarizes the feeding and research recommendations that were formulated at the consultation. These include: 1) breastfeeding; 2) introduction of complementary foods; 3) protein and micronutrient requirements; and 4) food safety.

Single copies of document available (free of charge) on request from:

[Reference Code: WHO/NUT/96.9]

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Complementary Feeding of Young Children in Developing Countries: A Review of Current Scientific Knowledge, Brown KH, Dewey KG, Allen LH. World Health Organization and United Nations Children's Fund. 1998; 228 pages.

This book provides a state-of-the-art review of what is known about the nutritional needs of young children and the specific feeding practices – from the best time to introduce complementary foods to the preparation of appropriate meals – that contribute to optimal nutritional status and healthy growth and development. Addressed to researchers as well as health professionals, the book responds to several advances in scientific knowledge that either confirm current recommendations for complementary feeding or call for changes. Practical implications for intervention programs are also considered in detail. Although recommendations and advice have universal relevance, particular

attention is given to the needs of children in low-income settings and to feeding practices that can be implemented by caregivers in the developing world. Findings from over 500 recent studies are assessed in this review.

The book has nine chapters. The first provides an overview of new findings – and continuing controversies – that influence such important issues as the optimal age for introducing complementary foods, the selection of an appropriate age group for targeted interventions, and the relative importance of various factors known to limit growth. Knowledge about the maturation of physiological processes relevant to child feeding is also reviewed. Chapter two discusses the importance of breastfeeding in child-feeding regimens and addresses key questions concerning the duration of breastfeeding and the appropriate age for introducing complementary foods.

Against this background, chapter three provides a broad range of technical information on different aspects of complementary feeding, including the energy required from complementary foods at different ages, appropriate feeding frequency, and the energy density of complementary foods. Chapter four provides similarly detailed information concerning the protein and micronutrients required from complementary foods.

Since nutritional status is influenced by behaviors surrounding feeding as well as the nutritional content of foods, subsequent chapters review studies of caregiver feeding behaviors in developing countries and discuss food processing procedures – from commercial approaches to simple measures in the home – that help ensure the quality and safety of complementary foods. Chapter seven offers a review of global data on child-feeding practices. This chapter is followed by an overview of recent intervention programs, an evaluation of their impact, and a discussion of factors contributing to success. The final chapter provides a succinct summary of conclusions and recommendations for appropriate child feeding.

Price: Sw.fr. 35.–/US \$31.50; in developing countries: Sw.fr. 24.50

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Facts for Feeding Series. Academy for International Development, LINKAGES Project.

Facts for Feeding is a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle.

Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the First Six Months. AED, LINKAGES Project. 1999; 4 pages. (Available in English and French, Spanish is forthcoming).

This issue focuses on the infant's first six months of life. Policy makers, health care providers, and communicators can use these guidelines for developing messages and activities appropriate to local conditions. Local assessments should be conducted to determine the emphasis to give to each of the recommended feeding practices, to identify audiences that are most receptive to change, and to design messages and activities based on audience profiles. Experience shows that focusing on a limited set of very specific behaviors is key to improving nutrition.

Facts for Feeding: Guidelines for Appropriate Complementary Feeding of Breastfed Children 6–24 Months of Age. AED, LINKAGES Project and AED, SARA Project. 1997; 4 pages. (Available in English, French, and Spanish).

This brochure describes appropriate complementary feeding practices for breastfed children 6-24 months that will be useful to caregivers and those who advise them. The guidelines include notes to communicators, recommended practices for breastfed children, and supporting advice for caregivers and families. References are listed.

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Free of charge from:

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The Facts for Feeding Publications can also be downloaded from the Internet:

- Recommended Practices to Improve Infant Nutrition during the First Six Months

PDF versions can be downloaded in English, French and Spanish from:
<http://linkagesproject.org/LINKAGESpubs.html#facts for feeding>

- Guidelines for Appropriate Complementary Feeding of Breastfed Children 6–24 Months of Age
HTML, Text and PDF versions can be downloaded in English, French from:
<http://www.info.usaid.gov/regions/afr/hhrra/child.htm#order>

Improving Feeding Practices During Childhood Illness and Convalescence: Lessons Learned in Africa. Piwoz E. Academy for Educational Development, SARA Project. 1994; 64 pages. (Available in English and French)

This document is cross-referenced in Chapter 7, Feeding During Illness and Nutritional Rehabilitation, found in *Section II, Manuals on Nutrition Through the Life Cycle*.

This paper, intended as a resource document for funding agencies and program managers and policy makers in Africa, provides information on research design, results, costs, conclusions and recommendations of several feeding programs in various countries in Africa. The purposes of the paper, as described by the author, include “to review the available literature on feeding practices during childhood illness and convalescence in Africa, to summarize information on the design, results, and costs of programs to improve child feeding practices in eight African countries, and to provide recommendations for future educational efforts to improve child feeding during childhood illness and convalescence on the continent.”

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Full text available at

<http://www.info.usaid.gov/regions/afr/hhrra/child.htm#subtopics>

Reference code PN-ABS-339

Nutrition of Infants and Young Children Macro International Inc. (1993-present)

Macro has previously produced two types of documents for decision makers, program planners, and policy leaders, in donor organizations and non-governmental organizations, who work to ease malnutrition in African countries:

- African Nutrition
- In-depth Country Nutrition Reports

African Nutrition Chartbooks

The *African Nutrition Chartbooks* and *In-depth Country Nutrition Reports* were produced by the Africa Regional DHS (Demographic Health Surveys) Nutrition and Family Health Initiative. This initiative is funded by the USAID Bureau for Africa and the Global Bureau Office of Nutrition through the Food Security and Nutrition Monitoring Project (IMPACT), and implemented by MACRO International Inc. The data are from DHS surveys in sub-Saharan Africa, and other sources. Currently, the funding for the Africa Nutrition Program comes from the office of Sustainable Development Bureau for Africa and the

materials have been expanded to include not only chartbooks and in-depth reports but also wall charts, fact sheets and summary reports.

The purpose of the *African Nutrition Chartbooks* is to advocate for nutrition in Africa and disseminate information on the extent of malnutrition. The program collaborates with institutions in Africa for advocacy and dissemination.

The *Chartbooks* that summarize DHS nutrition data have been completed for numerous African countries: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad (non-USAID), Côte d'Ivoire, Eritrea, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sénégal, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

In-depth Country Nutrition Reports

The *In-depth Country Nutrition Reports* entitled, "Nutrition of Infants and Children in (Name of Country)" contain detailed analyses of the DHS nutrition data and are formatted in a typical "research report" fashion. These Reports have been developed for Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Eritrea, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Sénégal, Uganda, Zambia and Zimbabwe.

These documents offer a timely and cost-effective method for the measurement of child growth (height, weight) and the gathering of information on young child feeding practices, disease prevalence, and other relevant information. Also addressed is the need to focus both on the health and nutrition of women, particularly during pregnancy, and on children in the first two years of life when undernutrition takes its greatest toll. Many of the most important biological and socio-demographic factors related to child nutrition and health, including birth spacing, pre- and perinatal care, breastfeeding and weaning practices, immunization, maternal literacy, education, work and marital status, household possessions, water supply, sanitation and regional differences, are incorporated into the nutrition documents.

In the near future, country-specific wall charts and fact sheets will be available on the upcoming Measure/DHS+ survey countries. These materials will more broadly distribute the data on the nutritional and health status of children and mothers throughout participating countries. Summary country reports will replace the in-depth reports, and policy briefs on topical nutrition-related issues will be developed. The Africa Nutrition Program of Macro International will continue to produce the chartbooks on all countries in Africa that conduct a DHS+ survey that includes the measurement of anthropometry of mothers and children.

Ordering information

Hard copies of individual Africa Nutrition Chartbooks and In-depth Country Nutrition Reports can be obtained from:
DHS Division, MACRO International Inc.
11785 Beltsville Drive, Suite 300
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Internet Order Form http://www.macroint.com/dhs/publicat/cat_order.html

Several African Nutrition Chartbooks can be downloaded from the DHS web site (<http://www.macroint.com/dhs/publicat/default.asp#nutrition>). They are in Adobe PDF format. To view these you will need to have the Acrobat Reader plug in, which can be obtained free of charge from Adobe

Trials of Improved Practices (TIPS) for Evaluating Feeding Recommendations

Trials of Improved Practices (TIPS) for Evaluating Feeding Recommendations is a guide for conducting qualitative research, primarily on recommended child feeding practices. It provides the objectives, planning steps, worksheets, detailed field guidelines for implementation, analysis plans, forms and examples to conduct the trials and subsequently develop feeding recommendations. This tool is primarily designed for program managers, and designers of training curricula for Integrated Management of Childhood Illnesses (IMCI) and/or nutrition intervention training. The TIPS method can also be used as practical training for health care providers to strengthen counseling skills. It gives implementers experience with systematic assessment and analysis of feeding problems, negotiating with families and caretakers on what modifications to bring about, and custom tailoring messages to fit the motivations and constraints of the family/caretakers. This method has been used to develop counseling guidelines for iron/folate supplementation of pregnant women.

TIPS are descriptive or cross sectional in design and can be repeated over time to track changes in practices, perceptions, motivations and constraints to following recommendations on desirable child feeding practices. Trials are to be conducted in a sufficient number of sites so as to reflect differences in child feeding practices in the program area. A small number of children (e.g. two to four) are purposely selected in specific age groups in each site.

Guidelines for using the TIPS methodology, and/or experiences with the use of TIPS are found within many of the resources reviewed in the current document.

- *Changing Behaviors: Guidelines on Using Research to Increase Consumption of Micronutrients*, Helen Keller International. (see chapter 8 of the guide)
- *Designing by Dialogue: A Program Planner's Guide to Consultative Research for Improving Child Feeding*, Academy for Educational Development, SARA Project (see chapter 6 of the guide)

- *A Guide to Qualitative Research for Improving Breastfeeding Practices.* The Manoff Group and Wellstart International (see chapter 20 of the guide)
- *A Training Guide: Use of Consultative Research to Adapt the Feeding Recommendations of the IMCI to a Local Context.* Academy for Educational Development, SANA Project. (see modules 6 and 7 of the guide)

Growth Monitoring/Anthropometry

| Title of Manual | Languages Available | Page # |
|--|---------------------|--------|
| 1) Anthropometric Indicators Measurement Guide. Cogill B. AED, FANta Project. (In preparation); 104 pages. | English | 93 |
| 2) Growth Monitoring and Promotion in Young Children: Guidelines for the Selection of Methods and Training Techniques. Jelliffe DB, Jelliffe P. Oxford University Press, 1990; 134 pages. | English | 95 |
| 3) How to Weigh and Measure Children: Assessing the Nutritional Status of Young Children in Household Surveys. Shorr I, UN. 1986; 94 pages. | English, French | 96 |
| 4) Learning to Listen to Mothers: A Trainer's Manual to Strengthen Communication Skills for Nutrition and Growth Promotion. Vella J, Uccellani V. USAID and AED, LINKAGES Project. 1992; 79 pages. | English, Spanish | 98 |
| 5) Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment. PAHO. 1991; 224 pages. | English, Spanish | 100 |

1. Anthropometric Indicators Measurement Guide. Bruce Cogill. Food Security and Nutrition Monitoring Project and Academy for Educational Development, FANta Project. (In preparation). 104 pages.

Purpose of guide

This guide belongs to a series called the *Title II Generic Indicator Guides*. Development of these tools was funded by USAID to support the progress of monitoring and evaluation systems for use in Title II (or Emergency and Private Assistance) programs. This series has been developed as a result of the combined efforts of the FANta Project (AED), the LINKAGES Project (AED) and the IMPACT Project. The objective of the guides is to provide the technical basis for the indicators and the recommended method for collecting, analyzing and reporting on the generic indicators. The intent is that the data be collected through population-based surveys. This guide will be of use to policy makers, funding organizations, and program managers.

The purpose of this guide is help PVOs track and improve child nutrition activities and performance by providing information on the Anthropometric Impact Indicators and the Annual Monitoring Indicators for Maternal and Child Health, Child Survival and income-related Title II activities, a subset of the P.L. 480 Title II Draft Generic Performance Indicators for Development Activities. The document focuses on the consistent collection and reporting of nutritional anthropometry indicators and annual monitoring indicators. The nutritional impact indicators are: 1) decreased percentage of stunted children; and 2) decreased percentage of underweight children. The monitoring indicators are: 1) increased percent of eligible children in growth monitoring/promotion; and 2) increased percent of children in growth promotion program gaining weight in past 3 months.

It is noted that the *Anthropometric Indicators Measurement Guide* draws extensively from the Anthropometric Resource Center with is an Internet training tool. The address for this web site is: <http://www.odc.com/anthro/>. It is reviewed in this technical report in *Appendix I. Nutrition Resources on the Internet*, Section IV, Manuals on Specific Nutritional Topics.

Organization of guide

The guide is organized in 8 sections that are followed by 8 appendices. Sections 1 and 2 introduce the guide and provide an overview of anthropometric and annual monitoring indicators. The annual monitoring indicators are covered in detail in the final section (8). Section 3 focuses on analyzing the measurements by comparing anthropometric data to reference standards. The fourth section discusses the use of anthropometric software, specifically focusing on the EPINUT program. Sections 5 and 6 provide information on collecting anthropometric data through surveys and obtaining equipment. Section 7 covers the standardization of anthropometric measurements.

The appendices cover the following topics: Calculating Z-scores; Using the ENTER program; Sources of Epi Info Software; The used of anthropometric data; Selecting a

sample; Measuring adults; Standardization of anthropometric measurements; and Guidelines for supervising surveys.

Ordering Information

Copies of this DRAFT can be requested from:
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Internet <http://www.fantaproject.org>

2. Growth Monitoring and Promotion in Young Children: Guidelines for the Selection of Methods and Training Techniques. Jelliffe DB, Jelliffe P. Oxford University Press, 1990; 134 pages.

Purpose of manual

This guide outlines methods of monitoring growth and weight gain. The techniques described will be of use to health and nutrition workers in developing countries where the cost of scales as well as illiteracy and cultural norms make weight-plotting especially difficult. It is noted in the preface that this document “is not intended as a universal training manual or guide to one guaranteed method of growth monitoring of worldwide and easy application.” Instead, it is meant to assist people in making the difficult choices that are a necessary component of selecting growth monitoring methods for varying situations with different economic constraints.

Organization of guide

This guide has ten chapters that are organized in three sections. Section one provides background information on monitoring and health promotion, and tools for growth monitoring. A discussion is included on the varying circumstances of environment, demographics, health, education, culture and finances that need to be taken into consideration when developing growth monitoring systems. Methods of assessment are addressed, as well as alternative growth monitoring systems.

Section two focuses on training for growth monitoring and outlines two main questions that need to be answered in each country or setting: The first question is “what system of growth monitoring is going to be used?” The second question is “what training program is needed?” These two questions are further elaborated upon in chapter six. Chapter seven, “Designing Training,” discusses learning objectives and task analysis. Chapter eight considers practical issues such as curriculum design, lesson plans, teaching methods, and learning packages. Section three focuses on the evaluation of the growth monitoring system and the training program. Among the book's appendices is a point system for comparative evaluation of weighing scales. Many illustrations are provided to clarify the material presented in the text.

Ordering Information

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3. How to Weigh and Measure Children: Assessing the Nutritional Status of Young Children in Household Surveys. Shorr I. United Nations, Department of Technical Co-operation for Development and Statistical Office. 1986; 94 pages.

Purpose of guide

This document provides guidance on taking weight and height measurements and mid-upper-arm circumference (MUAC) on children. It is a widely used guide and considered to be authoritative. The manual is structured for trainers as an instruction guide or for supervisors as a field manual. It can be used as a quick reference or as a resource document. Those with less experience with taking weight and height measurements may find the details particularly useful especially when technical assistance is not available.

Organization of guide

The manual is organized in five sections, including annexes.

Section I - Introduction

Section II - Nutritional status measurement summary procedures, A summary section of measurement procedures appears both in Section II and as a separate removable section inside the cover.

Section III - Step-by-step measurement procedures, recommends step-by-step procedures for minimizing measurement error.

Section IV - Quality control, presents methods to reduce errors due to reading and recording.

Section V - Annexes, includes information about sources and types of measuring equipment suitable for field survey work, guidelines for the construction of a portable board

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4. Learning to Listen to Mothers: A Trainer's Manual to Strengthen Communication Skills for Nutrition and Growth Promotion. Vella J, Uccellani V. Academy for Educational Development, LINKAGES Project and United States Agency for International Development, Bureau for Science and Technology, Office of Nutrition. 1991; 79 pages.

Purpose of the manual

The purpose of this manual is to provide guidelines for conducting a two-day Growth Monitoring and Promotion (GMP) workshop. The training is designated for field supervisors and community health workers who already have the skills to weigh children as well as to chart and interpret their growth, so they can focus on "Strengthening Communication." The manual includes instructions for planning and conducting a workshop on interpersonal communication for promoting child growth.

Organization of manual

The manual opens with an Introduction, which is followed by a discussion of how the manual is to be adapted to meet the needs of the user. A brief guide on "preparing to conduct and evaluate the workshop" is provided. The remainder of the manual describes a set of *Six Sessions for a Two-Day Workshop*.

Session One: Opening the Two-day workshop

Session Two: Communication in growth promotion - making it better

Session Three: Mothers and health promoters learn from each other

Session Four: Steps toward good communication

Session Five: Practice using steps toward good communication

Session Six: Review, evaluation, and follow-up

Trainers in many different programs have used the manual with great success, often with minimal training experience. Each session includes: 1) Title; 2) Estimated time; 3) Behavioral objectives for participants; 4) Materials; 5) Recommended activities; 6) Objectives checklist; and 7) Notes to the trainer (to help facilitate each session).

Ordering Information

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Internet <http://www.linkagesproject.org>

5. Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment
Edited by K. Krasovec, M.A. Anderson. Pan American Health Organization.
1991; 224 pages.

This document is cross-referenced in Chapter 3, Nutrition for Women of Reproductive Age & Nutrition During Pregnancy, found in *Section II, Manuals on Nutrition Through the Life Cycle*. It is reviewed in detail in Chapter 3.

Ordering information

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Other Resources on Growth Monitoring and Anthropometry

Child Growth and Nutrition in Developing Countries: Priorities for Action. Edited by Pinstrup-Andersen P, Pelletier D, Alderman H. Cornell University Press, 1995; 447 pages.

This book presents an approach to eliminating child malnutrition in developing countries. It features summaries of the experiences of nineteen experts who have worked to alleviate malnutrition and growth faltering. These summaries combine academic perspectives with practical experience, and in so doing offer methods for implementing simple nutritional/growth-promoting strategies that are financially and technically feasible for various settings. The text explores causes, consequences, and solutions to child malnutrition by proposing cost-effective ways to reach, hear, and respond to the needs of vast numbers of impoverished families, especially mothers, with diverse cultural values and practices. The research presented comes from several disciplines, ranging from nutrition, public health and child development to rural sociology and community development. Various issues and interventions are addressed, such as: 1) *Household behavior* (demand for food and health care, child care, breastfeeding, family planning, and women's time allocation); 2) *Interventions influencing behavior* (nutrition education, growth monitoring, and women's education and employment); 3) *Interventions influencing health* (child survival interventions, integrated health and nutrition programs, water and sanitation projects, and family planning); 4) *Interventions influencing access to food* (food and income transfers, agricultural programs and policies); 5) *Organization, Information and Action* (community participation, multi-sectoral nutrition planning, information, and lessons for action).

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Internet <http://www.oneworld.org/itdg/publications/index.html>

Growth Monitoring and Promotion: Behavioral Issues in Child Survival Programs.
Brownlee A. International Health and Development Associates, United States
Department of Health and Human Services, and United States Agency for
International Development. 1990; 110 pages

This document addresses behavioral issues in child survival programs. First, it synthesizes current literature on using growth monitoring and promotion (GM/P) to reduce infant mortality. Next, it offers recommendations for project design and implementation. This monograph examines key behavioral aspects of GM/P, including: (1) local beliefs and practices concerning infant and child growth; (2) health workers' beliefs and practices affecting GM/P project development; (3) strategies for promoting effective individual and community participation; (4) design of GM/P technology that takes account of behavioral findings; (5) behavioral aspects of promotional and follow-up activities; (6) expanding and sustaining effective GM/P projects; and (7) methods for studying behavior related to GM/P.

Major conclusions and recommendations are as follows:

- It is thought that planners should explore traditional growth measurements, as well as local practices and beliefs that have particularly negative or positive effects on growth. They should also be sensitive to local attitudes towards weighing children and, more generally, should adopt innovative and culturally appropriate techniques for including the community in the entire GM/P process.
- Growth charts should be simple and clear, use culturally appropriate colors and language, and have specific technical features that facilitate accurate plotting and interpretation.
- Key attributes of a scale suitable for field use include maintenance, durability, portability, acceptability, accuracy, potential for user error, simplicity, and cost.
- Planners should focus maximum effort on identifying and strengthening the weakest link in the GM/P process.
- All GM/P projects should have an educational component that provides mothers with practical advice for activity between GM/P sessions.
- Supplementary feeding, when deemed necessary, should focus on high-risk children aged 0-3 and be kept separate from GM/P activities.

Copies can be ordered for \$14.30 (paper) | \$2.50 (microfiche) from:

USAID Development Experience Clearinghouse (Reference # PN-ABG-752)

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Arlington VA 22209-2111, USA

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Internet http://www.dec.org/partners/dexs_public/about.cfm (run a search for the title)

Feeding During Illness and Nutritional Rehabilitation

| Title of Manual | Languages Available | Page # |
|--|--|--------|
| 1) Dietary Management of Young Children with Acute Diarrhoea: A Manual for Managers of Health Programmes. 2nd ed. Jelliffe DB, Jelliffe EF. WHO, 1991; 29 pages. | English, French, Russian, and Spanish, | 104 |
| 2) HIV and Infant Feeding Manuals. WHO, 1998; set of 3 manuals. | English | 106 |
| 3) Management of Severe Malnutrition: A Manual for Physicians and Other Senior Health Workers. WHO. 1999; 60 pages. | English | 109 |

1. Dietary Management of Young Children with Acute Diarrhoea: A Manual for Managers of Health Programmes. 2nd Edition. Jelliffe DB; Jelliffe EF. World Health Organization, 1991; 29 pages.

Purpose of the manual

This WHO manual is appropriate for managers of health programs that control the dietary intake of young children with acute diarrhea. Diarrhea is a major cause of malnutrition due to low food intake during the illness, reduced nutrient absorption, and increased nutrient needs from the infection. Those most at risk are young infants 4-6 months old who are not breastfed, and older infants and children between 4 months and 2 years old.

Organization of the manual

The manual is organized in four chapters:

- Chapter One introduces the causes of diarrhea, causes of malnutrition, and recent findings on nutrition in young children and mothers. The digestion and absorption of nutrients during diarrhea is also addressed.
- Chapter Two discusses the selection of foods to be given during and after diarrhea. The following variables are taken into consideration: age of the child, availability of foods, resources needed for food preparation, nutritional value of food, stage of illness, consistency of food, and frequency of feeding.
- Chapter Three addresses the role of traditional beliefs and practices in the treatment of diarrhea. Traditional/local classifications of foods are considered, such as food and nonfood, appropriate and inappropriate foods, cultural superfood etc. Common treatments for diarrhea are also discussed, such as starving the child for a short time; partial food restriction; continuation or restriction of breastfeeding; feeding certain foods at certain times in specified amounts; administering herbal drinks and plant infusions; and the use of purgatives, emetics, or magical potions. Important questions are provided for collecting information about traditional beliefs and practices.
- Chapter Four looks at methods to prevent diarrhea, including following good feeding practices, washing hands after defecation, and keeping the children clean.

Ordering Information

Price: Sw.fr. 8.-/US \$5.20; in developing countries: Sw.fr. 5.60
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Internet Order Form <http://www.who.int/dsa/cat97/zformbk.htm>

2. HIV and Infant Feeding Manuals [Includes: 1) Guidelines for Decision-makers; 2) A Guide for Health Care Managers and Supervisors; and 3) A Review of HIV Transmission through Breastfeeding.]

World Health Organization, 1998.

This set of three manuals offers the latest expert advice, from WHO, UNICEF, and UNAIDS, on recommended safe practices for infant feeding when the mother is infected with HIV. Citing firm evidence that HIV can be transmitted through breast milk, the manuals respond to the urgent need for guidance when advising infected mothers as well as formulating sound public health policies. With this need in mind, the manuals identify the wide range of precautions and policy options needed to reduce the risk of HIV transmission through breast milk while ensuring that the nutritional requirements of infants born to HIV-infected mothers are adequately met.

Although recommendations and advice have universal relevance, these documents focus on infant feeding options in resource-poor settings where infectious diseases and malnutrition are the leading causes of infant mortality and where artificial feeding may be hazardous as well as prohibitively expensive. The manuals also offer abundant advice on ways of ensuring that breast milk substitutes reach only those infants who are at risk of HIV infection and thus do not undermine the unique advantages of breastfeeding for most women and infants. Other key messages include the vital importance of confidential counseling, the right of every mother to decide how she wishes to feed her child, and the need to protect infected mothers from stigmatization and discrimination.

Guidelines for Decision-makers, 1998, 36 pages

Purpose of the manual

The first manual aims to help decision-makers formulate public health policies that are appropriate to both local resources and the stage of the HIV/AIDS epidemic. Drawing on the latest scientific knowledge, the manual explains how mother-to-child transmission occurs, identifies factors that influence the risk of transmission, and discusses the advantages and disadvantages of specific preventive measures, from artificial feeding to the use of wet-nurses or modified cow's milk, in terms of their costs as well as their safety in different resource settings.

Organization of the manual

The specific objectives of this manual are organized to: 1.) Summarize current understanding of HIV transmission through breast milk; 2.) Define the context into which infant feeding policy should be integrated; 3.) Identify and discuss issues to be addressed by decision-makers; 4.) Outline steps to implement policy including monitoring and evaluation; and 5.) List useful reference materials and resources.

A Guide for Health Care Managers and Supervisors, 1998, 36 pages.

Purpose of the guide

The second manual, addressed to health care managers and supervisors, offers a step-by-step guide to safe feeding practices for infants of HIV-infected mothers. Details range from instructions for feeding infants from a cup, through advice on when to give vitamin supplements, to warning that providing free or subsidized breast milk substitutes to mothers may label them as HIV-positive and lead to discrimination.

The guide is generic, recognizing the fact that different countries are at different stages of the HIV/AIDS epidemic and have varying resources available for dealing with it. It focuses specifically on HIV and infant feeding issues and readers will need to refer to other documents for more detailed information about strengthening local services. Health care managers will need to adapt the guidelines so they are consistent with national policies and are appropriate to local circumstances.

Organization of the guide

The guide is organized in three sections. Section 1 provides an overview on mother-to-child transmission. Section 2 discusses infant feeding options for HIV-positive women, and Section 3 describes practical steps for implementing services. Additional information about HIV counseling and testing, antiretroviral therapy, breastfeeding and distribution of breast milk substitutes is provided in Annexes 1-4.

A Review of HIV Transmission through Breastfeeding, 1998; 28 pages.

The final manual provides an expert review of what is known – and unknown – about HIV transmission and breastfeeding. It reviews current scientific knowledge about breast milk transmission of HIV. Findings from over 130 recent studies are critically assessed. This document serves as the foundation for the two complementary manuals.

Ordering Information

Source #1

All three documents can be downloaded free of charge from the Internet:

- 1) *Guidelines for Decision-makers*
<http://www.unaids.org/highband/document/mother-to-child/infantpolicy.html>
- 2) *A Guide for Health Care Managers and Supervisors*
<http://www.unaids.org/highband/document/mother-to-child/infantguide.html>
- 3) *A Review of HIV Transmission through Breastfeeding*
<http://www.unaids.org/highband/document/mother-to-child/hivmod3.pdf>

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Internet Order Form <http://www.who.int/dsa/cat97/zformbk.htm>

Available as a set of three manuals: HIV and Infant Feeding

Price: Sw. Fr. 16-/US \$14.40 (In developing countries = Sw. Fr. 11.20)

Order no. 1930135

Each manual is also available on an individual basis:

- 1) *Guidelines for Decision-makers*
WHO/FRH/NUT/CHD 98.1
- 2) *A Guide for Health Care Managers and Supervisors*
WHO/FRH/NUT/CHD 98.2
- 3) *A Review of HIV Transmission through Breastfeeding*
WHO/FRH/NUT/CHD 98.3

3. Management of Severe Malnutrition: A Manual for Physicians and Other Senior Health Workers. World Health Organization. 1999; 60 pages.

Purpose of manual

This manual provides practical guidelines for the clinical management of severely malnourished children. Addressed to doctors and other senior health workers, the manual explains exactly what must be done to save the lives of severely malnourished children. Guidelines are provided for stabilizing and rehabilitating severe cases, preventing relapse, and promoting full recovery. Throughout the manual, the importance of treating severe malnutrition as both a medical and a social disorder is repeatedly emphasized.

Recommended procedures draw on extensive practical experience as well as several recent therapeutic advances. These include improved solutions of oral rehydration salts for the treatment of dehydration, better understanding of the role of micronutrients in dietary management, and growing evidence that physical and psychological stimulation can help prevent long-term consequences of impaired growth and psychological development.

Organization of the manual

The manual opens with a concise introduction to the principles of management during three phases: initial treatment, rehabilitation, and follow-up. Chapter two briefly discusses treatment facilities, explaining why hospital or other residential care is essential for initial treatment and when a child can be moved to a rehabilitation center. Chapter three, on evaluation, provides advice on how to assess nutritional status, take a medical history, and conduct a physical examination. Some useful laboratory tests are listed, though the book stresses that such tests are not needed to guide or monitor treatment.

Against this background, the most extensive chapter gives detailed guidelines for initial treatment. Separate sections are devoted to hypoglycemia, hypothermia, dehydration and septic shock, dietary treatment, infections, vitamin deficiencies, very severe anemia, congestive heart failure, and kwashiorkor. Information includes instructions for the preparation of formula diets from a few basic ingredients, and numerous tables and charts for determining appropriate amounts of food to give, at which interval, to achieve an acceptable daily intake of calories. Subsequent chapters provide equally detailed guidelines for rehabilitation, including emotional and physical stimulation as well as feeding, for follow-up, and for managing cases that fail to respond to treatment. The manual concludes with brief advice on the management of severely malnourished children in disaster situations and refugee camps, and of severely malnourished adolescents and adults.

Further practical guidance is provided in eight appendices, which use numerous tables, charts, sample recording forms, instructions for preparing feeds, and examples of easily constructed toys to help ensure that management is thorough, safe, and in line with the latest knowledge.

Ordering Information

Price: Sw.fr. 23.-/US \$20.70; in developing countries: Sw.fr. 16.10
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Other Resources on Feeding During Illness and Nutritional
Rehabilitation

HIV and Infant Feeding: A Chronology of Research and Policy Advances and their Implications for Programs. Piwoz E, Preble E. Academy for Educational Development, LINKAGES Project and SARA Project. Washington, DC, 1998; 27 pages. (Available in English and French).

The executive summary of this document explains that “since the mid-1980s, when human immunodeficiency virus (HIV) was detected in breastmilk and cases of HIV transmission to infants during breastfeeding were documented, health policymakers and program managers have struggled to develop appropriate and feasible guidelines on infant feeding for mothers living in settings where HIV is present.”

This paper is designed to provide information on HIV and infant feeding to program managers and individuals without a technical background in either of these fields. The specific objectives of this paper are to: 1) review the major advances that have been made in the study of HIV and infant feeding and the policy responses to these findings; 2) describe several design and interpretation issues to take into consideration when reading and comparing research studies on this issue; 3) report the findings of several studies and mathematical models which have been developed to guide program and policy recommendations on HIV and infant feeding; 4) summarize what existing studies do and do not reveal about this issue; and 5) recommend areas requiring further research to facilitate adaptation and application of the UNAIDS/UNICEF/WHO guidelines on HIV and infant feeding.

Free of charge from:

Academy for Educational Development, LINKAGES Project

1825 Connecticut Avenue, NW

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E-mail linkages@aed.org

Internet <http://www.linkagesproject.org/>

Full text available at <http://www.info.usaid.gov/regions/afr/hhrraa/child.htm#order>

FAQ Sheet: Frequently Asked Questions on: Breastfeeding and HIV/AIDS Academy for Educational Development, LINKAGES Project, 1998; 6 pages.

This FAQ sheet provides recommendations for HIV positive women who want to breastfeed. It reviews the latest information on vertical transmission of HIV and discusses current international recommendations on breastfeeding and HIV. Also provided is programmatic guidance for field activities, including a chart of HIV and infant feeding counseling guidelines for health workers to give mothers under different situations. These instructions are based on estimates of the risks of transmission due to breastfeeding and the risks of death due to artificial feeding in various situations, using the best available information in a decision-making model. Further information is available in publications listed at the end of this FAQ sheet.

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Full text available at <http://linkagesproject.org/LINKAGESpubs.html#facts> for feeding

Improving Feeding Practices During Childhood Illness and Convalescence: Lessons Learned in Africa. Piwoz E. Academy for Educational Development, SARA Project. 1994; 64 pages. (Available in English and French).

This document is cross-referenced in Chapter 5, Manuals on Complementary and Young Child Feeding, found in *Section II, Manuals on Nutrition Through the Life Cycle*. It is reviewed in detail at the end of Chapter 5, under “Other Resources on Complementary and Young Child Feeding.”

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Internet <http://www.aed.org/sara/>

Full text available at <http://www.info.usaid.gov/regions/afr/hhraa/child.htm#subtopics>

Reference code PN-ABS-339

Manuals on Micronutrient Deficiencies

Chapter 8 **Vitamin A**

- 1) Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol, INF
- 2) Conducting a Qualitative Assessment of Vitamin A Deficiency: A Field Guide for Program Managers, HKI
- 3) How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency, HKI
- 4) Indicators for Assessing Vitamin A Deficiency and their Application in Monitoring and Evaluating Intervention Programmes, WHO
- 5) Safe Vitamin A Dosage During Pregnancy and Lactation, Recommendations and Report of a Consultation, WHO and MI
- 6) Sight and Life Manual on Vitamin A Deficiency Disorders. McLaren DS, Frigg M. Task Force Sight and Life
- 7) Vitamin A Deficiency and its Consequences: A Field Guide to the Detection and Control, WHO
- 8) Vitamin A Deficiency: Health, Survival, and Vision, Oxford University Press
- 9) Vitamin A Supplements: A Guide to Their Use in the Treatment and Prevention of Vitamin A Deficiency and Xerophthalmia, WHO
- 10) Vitamin A Training Activities for Community Health and Development, HKI

Chapter 9 **Iron Deficiency / Anemia**

- 1) Anemia Detection in Health Services: Guidelines for Program Managers, 2nd Edition, PATH/OMNI
- 2) Anemia Detection Methods in Low-resource Settings: A Manual for Health Workers, PATH/OMNI
- 3) Guidelines for the Control of Iron Deficiency in Countries of the Eastern Mediterranean, Middle East and North Africa, WHO/EMRO

- 4) Guidelines for the Use of Iron Supplements to Prevent and Treat Iron Deficiency Anemia, INACG
- 5) How to Use the HemoCue to Assess the Anemia Situation and Plan Interventions, HKI. (In preparation)

Chapter 10 Iodine/Iodized salt

- 1) Ending Iodine Deficiency Now and Forever: A Communication Guide, ICCIDD
- 2) Iodine Deficiency Disorders: A Strategy for Control in the Eastern Mediterranean Region, WHO/EMRO
- 3) Monitoring Universal Salt Iodization Programs, PAMM
- 4) A Practical Guide to the Correction of Iodine Deficiency, ICCIDD
- 5) Salt Iodization for the Elimination of Iodine Deficiency, ICCIDD

Chapter 11 General Manuals on Micronutrient Deficiencies

- 1) Changing Behaviors: Guidelines on Using Research to Increase Consumption of Micronutrients, HKI (In preparation)
- 2) Prevention of Micronutrient Deficiencies: Tools for Policy Makers and Public Health Workers, IOM
- 3) Preventing Micronutrient Malnutrition: A Guide to Food Based Approaches, A Manual for Policy Makers and Programme Planners, FAO

Vitamin A

| Title of Manual | Languages Available | Page # |
|---|--|--------|
| 1) Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol. Blum L, Pelto PJ, Pelto GH, Kuhnlein HV. INF. 1997; 139 pages. | English | 116 |
| 2) Conducting a Qualitative Assessment of Vitamin A Deficiency: A Field Guide for Program Managers. HKI. 1992; 60 pages. | English | 118 |
| 3) How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency. HKI. 1993; 72 pages. | English | 119 |
| 4) Indicators for Assessing Vitamin A Deficiency and their Application in Monitoring and Evaluating Intervention Programmes. WHO. 1996; 66 pages | English | 121 |
| 5) Safe Vitamin A Dosage During Pregnancy and Lactation, Recommendations and Report of a Consultation. WHO and MI. 1998; 34 pages. | English | 122 |
| 6) Sight and Life Manual on Vitamin A Deficiency Disorders. McLaren DS, Frigg M. Task Force Sight and Life, 1997; 138 pages. | English (Spanish and Chinese forthcoming) | 123 |
| 7) Vitamin A Deficiency and its Consequences: A Field Guide to the Detection and Control. 3 rd edition. Sommer A, WHO. 1995; 69 pages. | English, French, Spanish | 125 |
| 8) Vitamin A Deficiency: Health, Survival, and Vision. Sommer A, West KP. Oxford University Press, 1996; 464 pages. | English | 127 |
| 9) Vitamin A Supplements: A Guide to Their Use in the Treatment and Prevention of Vitamin A Deficiency and Xerophthalmia, 2 nd edition. WHO, 1997; 28 pages. | English, French, Spanish | 128 |
| 10) Vitamin A Training Activities for Community Health and Development. HKI. 1993; 72 pages. | English, French | 130 |

1. Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol. Blum L, Peltó PJ, Peltó GH, Kuhnlein HV. International Nutrition Foundation. 1997; 139 pages.

Purpose

The Community Assessment of Natural Food Sources of Vitamin A is a comprehensive manual, following the focused ethnographic study (FES) methodology approach. It describes methods of assessing Vitamin A deficiencies in a population and identifies indigenous food sources containing this micronutrient. The central goals of the manual are to: 1) Identify significant sources of preformed vitamin A and carotene-rich food in the context of the local food system; 2) Describe patterns of food consumption especially for vitamin A-containing food, particularly with respect to infants, young children, and women of reproductive age; 3) Identify cultural beliefs that influence food choice and consumption patterns; 4) Identify cultural, ecological and socioeconomic factors that constrain or facilitate consumption of vitamin A; and 5) Describe the community explanations and understandings of vitamin A deficiency diseases and symptoms.

The manual is designed for professionals interested in food-related health problems such as program managers, anthropologists, social scientists, field nutritionists, and other researchers. Although it is intended that the research be carried out by experienced health professionals, interviewers without university training can use standardized methods to collect and analyze data. Moreover, the manual provides a framework for training the field team. A pre-study training workshop, with step-by-step instruction on data-collection, ensures that interviewers fully understand the purposes and procedures, and that they record data accurately.

Organization of the manual

The manual consists of an introduction, a protocol, information on managing a project, useful appendices and various data forms. The manual is divided into two main parts, "The Protocol" and "Managing the Project". "The Protocol" includes detailed information regarding research questions addressed, overview of research design and timing, field activities, and report preparation. Part II includes information on organizing personnel, administrative preparation, and information on methods and managing data. The manual also includes 31 data forms found throughout the main chapters for methods such as free lists, rank order, pile sorts, ratings, 24-hour recalls, and case studies.

The manual contains thirteen appendices which include information ranging from "Some Reminders about Data-Gathering: Do's and Don'ts" to examples from previous studies. The appendices also include useful technical information such as the vitamin A content of common foods and a glossary of technical terms.

Companion book

- **Culture, Environment and Food to Prevent Vitamin A Deficiency. Edited by Kuhnlein HV, Pelto GH. International Nutrition Foundation, 1997; 205 pages.**

This book was written for development projects and students of nutrition, public health, anthropology, and human cultural ecology. It describes and discusses the use of natural food sources for the prevention of vitamin A deficiency. The aim of this book is to foster understanding of the sociocultural and environmental factors that affect vitamin A intake and responses to vitamin A deficiency. The book describes the 2-year process, guided by the Committee on Nutrition and Anthropology of the International Union of Nutritional Sciences, of developing the manual, *Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol*.

Chapters contributed by research managers in these countries describe the suitability and reliability of the research tools, the data generated, practical applications, and directions for future policy. Many examples are given of helpful new information for planning programs at the local level for alleviating vitamin A deficiency.

Ordering Information

Community Assessment of Natural Food Sources of Vitamin A: Guidelines for an Ethnographic Protocol

Price: \$30.00 plus postage and handling. There is a discount for citizens of developing countries. ISBN 0-88936-768-X

Culture, Environment and Food to Prevent Vitamin A Deficiency

Price: \$20.00

INFDC ISBN 0-9635522-7-9

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Source #3

Both of these documents can be downloaded FREE OF CHARGE in full text from the web site of the United Nations University Bookstore:

<http://www.unu.edu/unupress/food/foodnutrition.html>

2. Conducting a Qualitative Assessment of Vitamin A Deficiency: A Field Guide for Program Managers. Helen Keller International, Vitamin A Technical Assistance Program. 1992; 60 pages.

Purpose of the guide

This manual is the first of a two-part series on assessment, developed by the Helen Keller International, Vitamin A Technical Assistance Program. The second manual in this series is reviewed directly below, *How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency*. It is recommended that the *Field Guide* be used before using the HKI Food Frequency Method.

The purpose of this manual is to provide step-by-step guidelines on how to use secondary data sources, qualitative information, and small-scale food consumption surveys to develop a community profile of vitamin A deficiency (VAD) in a program area. This guide was designed for use by: 1) PVO program managers involved in the prevention and control of VAD; 2) Government and PVO personnel who must determine priority areas for allocating financial and human resources and/or identify appropriate intervention strategies for VAD control activities; and 3) Technical staff or consultants responsible for baseline survey design, data collection, and evaluation activities. The authors recommend that users of this manual be familiar with general principles of survey design and have experience in collecting and reporting health data.

Organization of the guide

The guide is organized in eight sections that provide an overview of vitamin A and discuss why VAD control is important for PVOs. Guidelines are given for how to conduct a preliminary assessment and where to learn about vitamin A intervention strategies. Examples of survey questionnaires, discussion guidelines, summary sheets, and a case study are included. A case study from Mali is provided to illustrate the approach suggested by this manual. It is organized to include: 1) Answers to questions that uncover whether VAD is a potential problem in Mali; and 2) A qualitative assessment that was conducted using literature and document reviews, key informant interviews, market surveys and group discussions

Ordering Information

Price: \$10.00
ISBN 0-915173-22-0
Helen Keller International
90 West Street, 2nd Floor
New York, NY 10006
Telephone 212-766-5266
Fax 212-791-7590
Internet <http://www.hki.org/>
Internet Order Form <http://www.hki.org/orderform.html>

3. How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency, 2nd Edition. Helen Keller International, Vitamin A Technical Assistance Program. (In preparation)

This document is cross-referenced in Chapter 2, Tools for Nutritional Assessment, Monitoring and Evaluation, found in *Section 1, General Manuals on Nutritional Interventions*.

Purpose of the manual

This manual is the second of a two-part series on assessment, developed by the Helen Keller International, Vitamin A Technical Assistance Program. The first manual in this series is reviewed directly above, *Conducting a Qualitative Assessment of Vitamin A Deficiency: a Field Guide for Program Managers*. It is recommended that the *Field Guide* be used before using the HKI Food Frequency Method.

The original version of this manual was authored by David Rosen, Nancy Haselow, and Nancy Sloan, and is currently in the draft form of an updated edition, soon to be available to the public. The Helen Keller International Food Frequency Method has been specifically designed for organizations that implement community-based projects. This document provides step-by-step guidelines for using the HKI Food Frequency Method which counts how often certain foods are eaten over a period of time. The objectives of this manual are to: 1) Review available evidence about VAD; 2) Identify communities where VAD might predictably be a problem of public health importance; 3) Provide baseline and endline data which can be used to evaluate changes in frequency of intake of vitamin A-rich food as a result of project interventions in communities; and 4) Provide guidance for when vitamin A-rich food consumption in the community may be sufficient to discontinue mass distribution of high dose vitamin A supplements. The HKI Food Frequency Method can also be used to gather data for program planning and evaluation purposes.

This manual is designed for staff of community-based health, agricultural and development programs. It is recommended that users have prior experience conducting community-based surveys. The method described is most appropriately used in areas where other health indicators or anecdotal evidence suggest that vitamin A deficiency may be a public health problem. The manual should be read through in its entirety before attempts are made to use the HKI Food Frequency Method. Many of the steps described are interdependent and may be carried out concurrently.

Organization of the manual

The revised manual is organized in three sections, plus appendices. Section one introduces the HKI Food Frequency Method with an overview of the techniques involved and a discussion of who would benefit from its use.

Section two covers the 12 steps to completing the HKI Food Frequency Method.

- Step 1. Review Available Evidence about Vitamin A Deficiency
- Step 2. Define Survey Area
- Step 3. Select Season and Time of Day for Survey
- Step 4. Develop a Sampling Plan
- Step 5. How to Identify Foods Which are Available Locally
- Step 6. How to Modify Food Frequency Questionnaire
- Step 7. Select and Train Interviewers
- Step 8. Translate Questionnaire
- Step 9. Field Test, Modify, and Finalize the Questionnaire
- Step 10. Conduct the Survey
- Step 11. Analyze the Data
- Step 12. Interpret and Use the Findings

The third section, "Planning for the HKI Food Frequency Method" provides a table that outlines the time, personnel and cost considerations that should be taken into account when planning to conduct a community assessment using the HKI Food Frequency Method.

Ordering Information

First edition (1993), Price: \$10.00 ISBN 0-915173-30-1
Revised edition is forthcoming from:
Helen Keller International
90 West Street, 2nd Floor
New York, NY 10006
Telephone 212-766-5266
Fax 212-791-7590
Internet <http://www.hki.org/>
Internet Order Form <http://www.hki.org/orderform.html>

4. Indicators for Assessing Vitamin A Deficiency and their Application in Monitoring and Evaluating Intervention Programmes. World Health Organization, the Micronutrient Series. 1996; 66 pages.

Purpose of the document

This document explains the 24 specific biological and ecological indicators key to the surveillance of VAD. It is designed for managers of national programs for the prevention and control of micronutrient malnutrition. It provides guidance on the principles governing the use of biological indicators for surveillance, and explains the scientific rationale for each indicator, including its limitations and cutoff points for interpretation in terms of public health significance. A series of ecological indicators (that can be used to identify high risk areas) is presented together with advice on cutoff points for their interpretation. Also included are indicators for monitoring progress towards achieving the goal of eliminating vitamin A deficiency as a significant public health problem by the year 2000. Annexed to the text are a ranking of countries according to the severity of public health problems caused by vitamin A deficiency, and several sample survey and reporting forms.

Ordering Information

Price: Sw.fr: 10.-/US \$9.00; in developing countries: Sw.fr. 7.-
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Internet Order Form <http://www.who.int/dsa/cat97/zformbk.htm>

5. Safe Vitamin A Dosage During Pregnancy and Lactation: Recommendations and Report of a Consultation. The Micronutrient Initiative and World Health Organization. 1998; 34 pages.

This document is cross-referenced in Chapter 3, Nutrition for Women of Reproductive Age & During Pregnancy, found in *Section II, Manuals on Nutrition Through the Life Cycle*. It is reviewed in detail in Chapter 3.

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Ottawa, Canada K1G3H9

Telephone 613-236-6163

Fax 613-567-4349

E-mail tguay@idrc.ca

6. Sight and Life Manual on Vitamin A Deficiency Disorders. McLaren DS, Frigg M. Task Force SIGHT AND LIFE. 1997; 138 pages.

Purpose of the manual

The preface reads that this “manual takes a very practical approach, dealing with those problems that are of concern to health and nutrition workers, especially those in the fields of child survival and protection of vision. If read chapter by chapter it will provide a comprehensive and up-to-date account of the subject. The manual may also be used, to some extent, as a reference text.”

Organization of the manual

The manual is organized in ten chapters, which are followed by a list of publications for further reading, a glossary, and a compilation of key references.

Chapter 1 - Vitamin A in Nature considers the roles played in nature by vitamin A and its precursor carotenoids. The second chapter is on *Food Sources* of vitamin A. *Chapter 3 - Vitamin A in Health* focuses on what happens to vitamin A once it has been ingested and discusses what is known about how it fulfills its various functions at the molecular level. *Chapter 4 - Assessment of Vitamin A Status* addresses the relationship between the body's requirements for vitamin A functions and dietary intake. These requirements are expressed in terms of Recommended Daily Allowances (RDA). Discussed are the existing methodologies for the assessment for vitamin A status and their application for drawing up guidelines for defining the existence and extent of a problem of VAD.

Chapters five through seven deal with Xerophthalmia, the contribution of VAD to mortality and morbidity (especially in young children), and other effects of vitamin A deficiency. Chapters eight and nine address the global occurrence of VADD and epidemiology. *Chapter 10- Control* focuses on the control of VADD, with particular regard to: treatment; prophylaxis; prevention and management of infectious diseases; fortification; dietary modification; plant breeding; and disaster relief.

SIGHT AND LIFE Slides on Vitamin A Deficiency Disorders

A collection of 57 slides accompanies the Sight and Life Manual. These slides are intended to augment the notes provided in the *Sight and Life Manual on VADD*. All of the slides can also be downloaded in PDF format from the Sight and Life Web site, <http://www.sightandlife.org/info/slides/slidescontent.html>.

Ordering Information

Free of charge

ISBN 3-906412-00-8

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7. Vitamin A Deficiency and its Consequences: A Field Guide to the Detection and Control, 3rd edition. Sommer A, World Health Organization. 1995; 69 pages.

Purpose of the guide

This guide will be of benefit to clinicians, nurses, and public health officials. Its purpose is to address the detection, treatment, and prevention of vitamin A deficiency and its consequences, including associated mortality, morbidity, and Xerophthalmia. The guide focuses on the importance of adequate vitamin A intake for normal child health and survival, and discusses evidence that milder degrees of deficiency may have severe consequences, including increased mortality, before Xerophthalmia becomes apparent in a population. Advice is provided on the detection and treatment of subclinical or marginal degrees of deficiency as well as on the emergency management of Xerophthalmia and measles.

Organization of the guide

Vitamin A Deficiency and its Consequences: A Field Guide to the Detection and Control is organized in six chapters. Chapters 1 and 2 provide background information, describing the biochemistry of vitamin A metabolism and explaining the complex relationship between specific serum levels and the physiological consequences of deficiency. The third chapter provides a detailed guide to the clinical classification and diagnosis of Xerophthalmia. The slides that are provided facilitate the recognition of characteristic signs and symptoms of increasingly severe disease. A section is included on epidemiology that concentrates on the many factors placing children, particularly those from depressed rural communities and urban slums, at risk of vitamin A deficiency.

Chapter 4 concentrates on assessment, and explains how well-conceived surveys, appropriate to local conditions, can guide the design of efficient and cost-effective interventions. The fifth chapter addresses treatment and provides schedules for vitamin A dosing in the emergency management of Xerophthalmia, severe infectious episodes, and severe protein-energy malnutrition, and offers advice on dietary improvement, essential eye care, and the prevention of recurrence. The final chapter describes the wide range of options that can be followed to meet both short-term and long-term preventive program goals.

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8. Vitamin A Deficiency: Health, Survival, and Vision. Sommer A, West KP. (With Olson JA, Ross AC) Oxford University Press, 1996; 464 pages.

Purpose of document

This book synthesizes various studies that have been conducted to identify and quantify the biological, clinical and public health impact of VAD on childhood growth. It examines the relationship between VAD and mortality and morbidity and addresses anemia and blindness. This volume is comprehensive and viewed by many in the PVO community as an important resource for anyone working to prevent VAD. It will be of particular use to nutritionists, physicians, public health workers and policy makers. Due to this book's emphasis on epidemiology and the biological basis of VAD, it will be especially relevant to clinicians and scientists in international health.

Organization of document

The book is organized in five sections.

Section one provides an introduction and offers background information on vitamin A deficiency. Section two examines the consequences of VAD, addressing: Child Survival; Infectious Morbidity; Xerophthalmia and Keratomalacia; Anemia and Iron Metabolism; and Growth. Section three focuses on mechanisms, such as contributory and precipitating events; biochemistry of vitamin A and carotenoids; and the relationship between immunocompetence and vitamin A status. Section four addresses the treatment of VAD and Xerophthalmia. Section five focuses on assessment of vitamin A status, epidemiology of deficiency, dietary intervention, supplementation, and fortification of dietary items with vitamin

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9. Vitamin A Supplements: A Guide to Their Use in the Treatment and Prevention of Vitamin A Deficiency and Xerophthalmia. 2nd edition. World Health Organization, 1997; 28 pages.

Purpose of manual

This document provides guidance on the use of high-dose vitamin A supplements for the control of vitamin A deficiency and the emergency treatment of Xerophthalmia and other related conditions in high-risk groups. It has been designed for program managers and administrators, as it tries to answer all the practical questions concerning how much vitamin A should be given to different age and population groups, how often, and in what form. Detailed guidelines for the use of high-dose vitamin A supplements is provided for various situations, such as during medical emergencies.

Organization of the guide

The guide is organized in five sections.

Section 1 - Prevention of vitamin A deficiency, xerophthalmia, and nutritional blindness in children explains the role of high-dose vitamin A supplements as a proven strategy for controlling xerophthalmia, preventing nutritional blindness and, among deficient populations, reducing the severity and case-fatality rate of certain childhood infections, particularly measles and diarrhea. Factors influencing the choice of target populations, distribution schemes, and overall program strategies are also briefly discussed.

Section 2 - Treatment of xerophthalmia presents schedules, for universal and targeted distribution, for the prevention of vitamin A deficiency, xerophthalmia, and nutritional blindness in infants and young children. Questions about safety, side effects, and the potential hazards of overdosing are addressed and answered.

Sections three and four address treatment schedules for xerophthalmia in all age groups and in the special case of pregnant women, and summarize the rationale for supplementation during measles.

In section five, operational issues are discussed, including information on the practical and technical advantages of different vitamin A preparations, sources of supplies and their costs, steps to follow in procurement planning, and various options for channeling delivery through existing health care services. Four annexes wrap up the guide, providing the following information: 1) The members of the WHO/UNICEF/IVACG Task Force; 2) A list of countries categorized according to the significance of vitamin A deficiency as a public health problem; 2) A summary of the scientific rationale for vitamin A supplementation; 3) and detailed information on the potency retention, at different storage temperatures, of commonly used vitamin A preparations.

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10. Vitamin A Training Activities for Community Health and Development Helen Keller International. 1993; 72 pages.

Purpose of document

This manual addresses the knowledge, skills and attitudes needed at the community level to implement a vitamin A deficiency (VAD) program. Step-by-step guidelines are provided for conducting eighteen activities aimed at learning: how to recognize and detect VAD; how to administer vitamin A capsules for prevention and treatment; and how to increase the consumption of vitamin A foods through the use of effective nutrition education. Detailed instructions and all handouts are included and ready for photocopying. Managers can select activities appropriate to the tasks to be performed by community health or development workers, including capsule distribution, detecting xerophthalmia, and nutrition education. Slides are included for two of the activities: "Detecting VAD Eye Signs," and "Every Picture Tells a Story: Perceptions of Breastfeeding."

Organization of the manual

The 18 activities included in this manual are organized in four groups. Each of the activities has a clearly defined objective and a set of step-by-step instructions for the trainer. Estimated times for each activity are provided. The groupings of activities are as follows:

One: Overview and General Orientation activities provide a broad general background of vitamin A and its importance to overall health, as well as an introduction to the causes and consequences of vitamin A deficiency.

Two: Nutrition Education activities cover many topics: vitamin A-rich food sources and recommended quantities; health feeding practices for those most at risk (infants, children, and pregnant and lactation women); and analysis of socio-economic factors and how they affect education and food choice decisions.

Three: Capsule Distribution for Prevention and Treatment activities include case studies and address how to administer vitamin A capsules for both prevention and treatment of VAD.

Four: There are also suggested activities for *Review and Evaluation*.

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Other Useful Resources on Vitamin A

A Field Guide for Adding Vitamin A Interventions to PVO Child Survival Projects: Recommendations for Child Survival Managers. Edited by Storms D, Quinley J. Published in Baltimore, Maryland, 1989; 39 pages.

This document is a report of a special PVO Child Survival Task Force on vitamin A that was organized by the PVO Child Survival Support Program of the Johns Hopkins University, School of Hygiene and Public Health, Institute for International Programs. Included in the document are recommendations regarding the addition of vitamin A components to PVO child survival projects. These recommendations are intended to serve as a guide to project managers of PVO child survival projects working in communities throughout the developing world.

The recommendations are organized in six sections: 1) assessing the need for vitamin A intervention in the CS project area; 2) setting measurable objectives for vitamin A interventions; 3) selecting the target populations for vitamin A interventions; 4) choosing appropriate objectives, target populations, and performance indicators by type of vitamin A intervention; 5) incorporating vitamin A information into the CS project proposal, detailed implementation plan, annual reviews, and midterm and final evaluations; and 6) making information available to CS project staff on vitamin A deficiency and design of community-level intervention programs.

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Nutrition Communications in Vitamin A Programs: A Resource Book. International Vitamin A Consultative Group. 1992; 124 pages.

Purpose of document

This publication summarizes a collection of various nutrition communication success stories. It has been designed as a companion document to another publication supported by the IVACG, Office of Nutrition, *Getting Out the Message: A Review of Communications Strategies* (this document is NOT reviewed in this report). *Nutrition Communications in Vitamin A Programs: A Resource Book* has primarily been designed for professionals employed by governmental and non-governmental organizations. Its purpose is to serve as a resources for nutritionists and other communications experts involved in planning successful nutrition communications activities within larger, ongoing vitamin A programs. Part I of the resource book summarizes the basic methodological

issues associated with the planning, development, and implementation of nutrition communications activities. Part II (the main part), "Learning from Field Experience," summarizes examples of communications activities. It begins with a section on selecting creative materials and describes specific activities conducted and materials used (print, slides, songs etc.) in the field support of various nutrition communications programs for vitamin A. Next, Part II explains 7 VAD intervention communications programs that took place in Bangladesh, Brazil, India, Indonesia, Mauritania, Nepal, and Thailand. The section finishes with a list of recommended readings.

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Reports from the International Vitamin A Consultative Group

The International Vitamin A Consultative Group (IVACG) was established in 1975 by the U.S. Agency for International Development (USAID) to provide support and guidance to international activities to control and eliminate vitamin A deficiency worldwide.

The IVACG has produced several documents as a part of their mission. IVACG concentrates its efforts on stimulating and disseminating new knowledge, translating that new knowledge to assist others in its practical application, and providing authoritative policy statements and recommendations that others can use to develop appropriate prevention and control programs. Six IVACG reports are outlined below.

- A. A Brief Guide to Current Methods of Assessing Vitamin A Status
- B. Clustering and Xerophthalmia and Vitamin A Deficiency Within Communities and Families
- C. Maternal Night Blindness: Extent and Associated Risk Factors
- D. Safe Doses of Vitamin A During Pregnancy and Lactation
- E. Safe Use of Vitamin A by Women During the Reproductive Years
- F. Vitamin A and Iron Interactions
- G. Vitamin A Status and Childhood Mortality

Ordering Information

Single copies of these documents are available free of charge to individuals in developing countries. The price in developed countries is \$3.50.

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Please see brief reviews of each report below:

A Brief Guide to Current Methods of Assessing Vitamin A Status Edited by Underwood BA, Olson JA. 1993; 37 pages. (Available in English only)

This report provides a summary of assessment methodologies that have been employed by various researchers in the field of vitamin A investigation. For each method discussed in this report, the physiological basis of the method, a description of the procedure, a discussion of its advantages and disadvantages, and its application in at least one instance are covered. This publication is meant to provide a framework within which to consider alternative approaches to vitamin A assessment. It will be of benefit to researchers and program planners who are attempting to select assessment methodologies most appropriate to their specific situation and available resources. The authors encourage individuals planning to do a survey or program requiring assessment methodologies to obtain alternative manuals/literature which give more comprehensive descriptions of the procedure or its overall use.

Statement on Clustering and Xerophthalmia and Vitamin A Deficiency Within Communities and Families. 1996; 4 pages. (Available in English only)

Discusses recent findings that Vitamin A deficiency (VAD) is now recognized to concentrate within high-risk families and communities. "Siblings of xerophthalmic children are 10 times more likely to have xerophthalmia than siblings of children who do not have xerophthalmia. Mothers of xerophthalmic children are 5 to 10 times more likely to be night blind (vitamin A deficient) than mothers of nonxerophthalmic children. In addition, neighboring children of a xerophthalmic child are twice as likely to have or develop xerophthalmia than children in neighborhoods where xerophthalmia has not been seen." In light of the fact that xerophthalmia "clusters," this statement declares that children presenting with xerophthalmia should be treated according to the World Health Organization's WHO/UNICEF/IVACG guidelines. Also provided in this document is background information on studies in Indonesia, Nepal, Malawi, Zambia, and Bangladesh where it has been demonstrated that vitamin A deficiency and xerophthalmia cluster within families, neighborhoods, and villages.

Statement on Maternal Night Blindness: Extent and Associated Risk Factors West KP, Christian P. 1997; 4 pages. (Available in English only)

This document discusses night blindness as a common problem among women during the latter half of pregnancy. Since VAD is thought to be the major cause of night blindness and it is common for maternal night blindness to recur, women are thought to be at chronic risk for VAD. This document addresses the fact that a simple history of night blindness can be obtained by using a local term for the condition. It is stated that maternal night blindness should be routinely investigated in VAD areas. This statement provides background information; recent findings, a summary, and references.

Statement on Safe Doses of Vitamin A During Pregnancy and Lactation Underwood BA. 1997; 4 pages. (Available in English only)

This document addresses the need for increased amounts of vitamin A during pregnancy so as to support maternal reproductive processes, including fetal growth and development. Increased intake of vitamin A is also needed during lactation to replace losses in breast milk. The statement addresses the fact that in order for intervention programs to meet vitamin A needs of fertile women, adjustments must be made to the dose levels and timing to ensure safety during pregnancy and lactation. IVACG recommendations on dose and safety issues are provided.

The Safe Use of Vitamin A by Women During the Reproductive Years Underwood BA. 1986; 4 pages. (Available in English and French)

Discusses the link between vitamin A imbalance (both deficiency and excess) and health problems. Vitamin A Deficiency has been associated with the development of night blindness during pregnancy, and congenital defects. Vitamin A excess has been linked with malformations of the renal and central nervous system of infants. Recommendations are provided for safely improving the vitamin A status of: pregnant women; lactating women; nursing infants; non-pregnant women; and non-lactating women. Some general considerations are also discussed.

Statement on Vitamin A and Iron Interactions Reddy V. 1998; 4 pages. (Available in English only)

This statement addresses the common coexistence of vitamin A deficiency and iron deficiency anemia. The following topics are addressed: vitamin A can contribute to anemia; improvement in vitamin A status will increase iron utilization; and vitamin A supplementation cannot overcome iron deficiency in all settings.

Policy Statement on Vitamin A Status and Childhood Mortality Prepared by IVACG Steering Committee. 1997; 2 pages. (Available in English only)

This statement was published to assist the formulation of country and regional policies to control and combat vitamin A deficiency (VAD). It outlines the following conclusions about vitamin A status and the prevention of childhood blindness: 1) Adequate vitamin A status prevents nutritional blindness and contributes significantly to child health and survival; 2) Vitamin A plays an important role in reducing childhood morbidity and mortality; 3) The impact of improved vitamin A nutrition varies with the severity of existing VAD and the contributions of other ecological factors; and 4) It is imperative to improve diet and employ other approaches.

Iron Deficiency / Anemia

| Title of Manual | Languages Available | Page # |
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| 1) Anemia Detection in Health Services: Guidelines for Program Managers, 2 nd Edition. PATH/OMNI. 1996; 37 pages. | English, French, and Spanish | 138 |
| 2) Anemia Detection Methods in Low-resource Settings: A Manual for Health Workers. PATH/JSI/OMNI. 1997; 51 pages. | English, French, and Spanish | 139 |
| 3) Guidelines for the Control of Iron Deficiency in Countries of the Eastern Mediterranean, Middle East and North Africa. Edited by Verster A. WHO/EMRO. 1996; 65 pages. | English | 140 |
| 4) Guidelines for the Use of Iron Supplements to Prevent and Treat Iron Deficiency Anemia. Stoltzfus, RJ, Dreyfuss, ML. INACG. 1998; 46 pages. | English | 141 |
| 5) How to Use the HemoCue to Assess the Anemia Situation and Plan Interventions HKI. (In preparation) | English | 142 |

1. Anemia Detection in Health Services: Guidelines for Program Managers, 2nd edition. Program for Appropriate Technology in Health and Opportunities for Micronutrient Interventions. 1996: 37 pages

Purpose of the guide

The guidelines presented in this manual are intended to help program managers and administrators establish or improve their anemia detection methods.

Organization of the guide

The document begins by reviewing the programmatic issues relevant to anemia screening. This overview is followed by information on existing anemia detection technology, using a standardized to present commonly available methods. For each test, the following information is summarized: the levels of use, advantages, limitations, sensitivity/specificity, equipment, and problems of use. In their decision-making about a method, program managers should consider available resources, patterns of anemia in the population, and existing health care services. Key issues in resource-limited settings include the cost of equipment, proper care and maintenance of equipment, diagnosis and treatment of coexisting parasitic infections, skill level of personnel, and the reliability of information obtained.

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2. Anemia Detection Methods in Low-resource Settings: A Manual for Health Workers. Program for Appropriate Technology in Health and Opportunities for Micronutrient Interventions. 1997; 51 pages.

Purpose of the manual

This manual is designed for health workers in settings with limited resources, such as rural clinics and hospitals. Provided are step-by-step instructions for performing nine anemia detection tests. Also included are tips from field technicians on improving accuracy and efficiency of the methods, descriptions of test characteristics, advantages and disadvantages of each test, and the equipment needed for each test. The manual was field tested in Africa and Asia.

Organization of the manual

The manual is organized in three chapters. Chapter 1 provides basic information on waste disposal, quality assurance, and record keeping. Chapter 2 focuses on safe blood collection and handling. Chapter 3 sets forth step-by-step, illustrated directions for nine anemia detection methods: 1) clinical signs; 2) filter paper method; 3) copper sulfate method; 4) hematocrit by centrifuge; 5) Lovibond-type comparator; 6) grey wedge photometer; 7) Sahli method of hemoglobin estimation; 8) portable hemoglobinometer; and 9) colorimetry-hemiglobincyanide.

A glossary of commonly used terms and an appendix describing key factors to consider when evaluating anemia detection tests are included at the end of the manual.

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3. Guidelines for the Control of Iron Deficiency in Countries of the Eastern Mediterranean, Middle East and North Africa. Edited by Verster A. World Health Organization, Regional Office for the Eastern Mediterranean. 1996; 65 pages.

Purpose of guide

This document summarizes the results of a joint WHO/UNICEF consultation on strategies for control of iron-deficiency anemia, which was held at the Institute for Nutrition and Food Technology, in Teheran, Islamic Republic of Iran in 1995. The objectives of the consultation were: 1) to develop effective strategies for control of iron deficiency and anemia including monitoring and evaluation and disseminating information, education and communication; and 2) to develop mechanisms for integrating control of iron deficiency control programs such as those for iodine and vitamin A. The purpose of this document is to serve as a guide to the strategies that were developed at the consultation, such as iron supplementation; dietary fortification; public health measures and food fortification. These guidelines will be of use to PVOs working in the Eastern Mediterranean, Middle East and North Africa to establish programs for the control of iron deficiency.

Organization of guide

This guide is organized in twelve chapters: 1) introduction; 2) iron deficiency and anemia: an overview; 3) the causality of iron-deficiency anemia: availability and bioavailability of dietary iron; 4) the extent and magnitude of iron deficiency and anemia; 5) iron requirements; 6) functional consequences of iron-deficiency in selected countries of the Region; 7) strategies for the prevention and control of iron deficiency; 8) the need for advocacy and information, education and communication; 9) integrated control of multiple micronutrient deficiencies and integration with other programs; 10) monitoring and evaluation needs; 11) guidelines for developing national iron deficiency control programs in countries of the Eastern Mediterranean Region; and 12) recommendations for action.

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4. Guidelines for the Use of Iron Supplements to Prevent and Treat Iron Deficiency Anemia. Stoltzfus RJ, Dreyfuss ML. International Nutritional Anemia Consultative Group. 1998; 46 pages.

Purpose of document

These guidelines are designed for those in charge of planning and implementing iron supplementation programs. While the manual focuses on iron supplementation and parasite control, it acknowledges the benefits of food fortification and dietary diversification in controlling iron deficiency anemia. The specific objectives of these guidelines are: 1) To provide clear and simple recommendations for people planning to use iron supplements in anemia control programs at the local, district, or national levels; 2) To address both the prevention of iron deficiency anemia and the treatment of severe anemia in public health contexts; and 3) To integrate recommendations for the use of antimalarial and anti-helminthic medications where appropriate along with iron supplements to prevent or treat anemia.

Organization of document

This document is organized in nine sections, which are followed by four appendices. Sections 1 and 2 provide background information and discuss the purpose of the guidelines. Sections 3 and 4 present an overview of interventions for controlling iron deficiency anemia and address the selection and prioritization of interventions. The fifth section provides guidelines for iron supplementation to prevent iron deficiency anemia. The sixth section provides guidelines for treatment or referral of severe anemia in primary care settings. Sections 7 and 8 address the task of using the guidelines to develop a program, and where to go for more help and information.

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5. How to Use the HemoCue® to Assess the Anemia Situation and Plan Interventions Helen Keller International (In Preparation).

Purpose of the guide

This guide is being designed for the PVO Child Survival Community. It provides guidelines for conducting micronutrient interventions, with a specific emphasis on Iron Deficiency Anemia. It is specifically geared toward individuals working in non-governmental organizations that implement community-based projects in health, nutrition, agriculture, and development. Guidelines are provided for assessing the prevalence of anemia in a project area. The manual provides data designed to help identify appropriate interventions, advocate for them, and select target beneficiary groups.

The guide provides step-by-step guidelines for collecting information about anemia and what may be causing it in the project area. Also included is guidance on how to conduct a survey using the HemoCue® Kit, in case existing information is insufficient. The HemoCue® Kit is a portable hematology kit that measures hemoglobin concentration at a low cost rate, with accurate results. This document provides standardized instructions for using this tool correctly so as to assure the quality of the measurements.

Organization of the guide

The guide is organized in six chapters. Each chapter provides information (materials needed, how to prepare etc.) on training activities that are related to the subject matter covered in that chapter. Also provided for each chapter is a list of references.

The topics of the chapters are as follows: *Chapter I* - Why is iron deficiency important? This section provides an overview of IDA and preliminary training activities for using the HemoCue® Kit as a measuring tool. *Chapter II* - How do you decide if iron deficiency is a public health problem in your project area? *Chapter III* - How do you conduct an anemia survey in your project area? *Chapter IV* - How do you use the HemoCue® Kit to assess anemia? *Chapter V* - How do you ensure reliable and accurate HemoCue® measurements. *Chapter VI* - How do you use information for intervention programs?

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Other Resources on Iron Deficiency/Anemia

Improving Iron Status Through Diet: The Application of Knowledge Concerning Dietary Iron Bioavailability in Human Populations. Allen LH, Ahluwalia N. Opportunities for Micronutrient Interventions. 1997; 83 pages

The introduction to this document states that “the purpose of this paper is to review current knowledge about the most important factors affecting dietary iron bioavailability. While there have been many reviews of this general topic, the focus and purpose of this review is to integrate the available information on iron bioavailability in a way that is useful for designing the most effective and practical strategies to improve the absorption of iron from specific staple foods and diets.” Included are sections on: measuring bioavailability of dietary iron in humans; dietary iron; chemistry of iron; bioavailability of nonheme iron; bioavailability of heme iron; relative impact of potential interventions to improve dietary iron availability; models for predicting dietary iron bioavailability; predicting the relative impact of different dietary interventions to improve iron absorption.

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Iron Interventions for Child Survival Edited by Nestel P. Opportunities for Micronutrient Interventions. 1995; 170 pages

This document summarizes the proceedings of a workshop that took place in London in 1995. The workshop participants were program managers experienced with iron interventions targeted at infants and young children. The specific objectives of the workshop were: 1) to provide an overview on why these infants and young children are vulnerable to iron deficiency; 2) to identify and describe programs that have addressed iron deficiency in children under 5 years old; 3) to identify the constraints to these programs and, where applicable, how they have been overcome; and 4) to identify key research questions that must be addressed for iron interventions to be more effective for infants and young children.

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Major Issues in the Control of Iron Deficiency. Gillespie S. The Micronutrient Initiative and United Nations Children's Fund, 1998; 104 pages

This document is designed for policymakers and program managers who are interested in planning and implementing programs to decrease iron deficiency anemia. Its purpose is to provide an overview of anemia-control strategy components. More specifically, this document sets out to: 1) summarize currently available knowledge regarding the prevalence, causes and consequences of iron deficiency; 2) describe the main strategies to prevent and control iron deficiency; 3) identify the major constraints to the successful implementation of the various strategies, and make recommendations for how these can be eliminated or minimized; and 4) outline programming steps to be followed in the assessment and analysis of iron deficiency and the design and implementation of effective prevention and control.

The document is organized in three main parts:

Assessment and Analysis;
Strategies; and
Summary and Conclusions.

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Reports from the International Nutritional Anemia Consultative Group

The International Nutritional Anemia Consultative Group (INACG) has produced several documents as a part of the group's aim to reduce nutritional anemia on an international level. Four INACG reports are outlined below.

- A. Guidelines for the Control of Maternal Nutritional Anemia
- B. Guidelines for the Eradication of Iron Deficiency Anemia
- C. Iron Deficiency in Infancy and Childhood
- D. Iron Deficiency in Women

These four reports were developed to specifically address iron deficiency and anemia. Although these publications are somewhat outdated, they provide useful background information and recommendations for: 1) assessing the regional distribution and magnitude of nutritional anemia; 2) developing intervention strategies and methodologies to combat iron deficiency anemia (IDA); 3) evaluating program

effectiveness on a regular basis so as to become a continual, dynamic procedure; and 4) research needed to support the assessment, intervention and evaluation of programs.

Ordering Information

Single copies of these documents are available free of charge to individuals in developing countries. The price in developed countries is \$3.50.

INACG Secretariat
International Life Sciences Institute (ILSI) Press
1126 Sixteenth Street, NW
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Please see brief reviews of each report below:

Guidelines for the Control of Maternal Nutritional Anemia 1989; 5 pages. (Available in English, French and Spanish)

This document outlines short- and long- range strategies for controlling prenatal nutritional anemia. Consequences of iron and folate deficiency are discussed with reference to both the mother and the newborn. This document provides guidelines for short-term iron supplementation intervention. It also describes long-range interventions, such as iron fortification and dietary modification. The brochure end with a short section on complicating conditions and a list of suggested readings.

Guidelines for the Eradication of Iron Deficiency Anemia 1977; 29 pages. (Available in English only)

This report summarizes the proceedings of a meeting held in Sweden for the INACG. It provides background and guidance for designing effective public health programs aimed toward prevention and therapy of the most widespread nutritional deficiency anemia, iron deficiency. It is organized to address the following topics: deleterious effects of iron deficiency; assessment of iron status; supplementation; fortification; folate; selection of interventions: a national strategy for control of iron deficiency anemia. Recommendations are also included on all the topics mentioned above, as well as for international cooperation in combating iron deficiency.

Iron Deficiency in Infancy and Childhood Dallman PR. 1979; 49 pages. (Available in English, French and Spanish)

This report concentrates on the special problems related to iron deficiency in childhood. It reviews some of the characteristics of iron metabolism and nutrition in infants and children and discusses the application of this information to the prevention of iron deficiency. The report is organized in nine chapters, beginning with an introduction and addressing the following topics: salient features of iron metabolism; changing iron needs during development; iron requirements; methods of preventing iron deficiency; laboratory diagnosis of iron deficiency; and treatment. Also provided is a case study about the planning of an intervention program in Chile. A section on research needs concludes the document.

Iron Deficiency in Women. Bothwell TH, Charlton RW. 1984; 68 pages. (Available in English, French and Spanish)

This report provides an overview of iron nutrition and women's health. Special emphasis is placed on iron requirements during pregnancy and lactation. The following topics are addressed: body iron compartments; external iron exchange; deleterious effects of iron deficiency; diagnosis of iron deficiency; prevention and treatment of iron deficiency. Discussed is the fact that iron deficiency affects women more than men, that women need extra iron to replace losses through menstruation and pregnancy, and that severe anemia during pregnancy increases maternal mortality. Also discussed is heme and non-heme iron, and supplementation

Iodine/Iodized Salt

| Title of Manual | Languages Available | Page # |
|---|--|--------|
| 1) Ending Iodine Deficiency Now and Forever: A Communication Guide. Ling JCS, Reader-Welstein C. ICCIDD and MI. 1997; 56 pages. | English | 148 |
| 2) Iodine Deficiency Disorders: A Strategy for Control in the Eastern Mediterranean Region. WHO/EMRO. 1990; 24 pages. | English | 149 |
| 3) Monitoring Universal Salt Iodization Programs. PAMM and MI. 1995; 101 pages. | English, French, and Spanish | 150 |
| 4) A Practical Guide to the Correction of Iodine Deficiency. Dunn JT, Van der Har F. ICCIDD, 1990; 62 pages. | English, French, Spanish, and Portuguese | 152 |
| 5) Salt Iodization for the Elimination of Iodine Deficiency. ICCIDD, 1995; 126 pages. | English and French | 153 |

1. Ending Iodine Deficiency Now and Forever: A Communication Guide Ling JCS, Reader-Welstein C. International Council for Control of Iodine Deficiency Disorders, supported by the Micronutrient Initiative. 1997; 56 pages.

Purpose of the guide

This guide is designed for program officers and others responsible for the management and communication of programs to eliminate iodine deficiency disorders (IDD). It describes the process of forming alliances with various elements of society that have a role in fighting IDD. It also recommends the social mobilization approach to managing the communication aspects of programs that aim to establish and sustain the use of iodized salt.

Organization of the guide

The guide is organized in eight chapters: A society-based development strategy; Building partnerships; Building political commitment; Working with the salt industry; Working with the health sector; Working with schools; Sustaining the progress; and Social mobilization steps.

Also included are seven "Communication Tool Kits": 1) to assess the presence of social mobilization elements and the stage of mobilization at five societal levels; 2) to suggest ideas for conducting a needs assessment for message design; 3) to provide additional questions for rapid response surveys for IDD; 4) to provide basic facts about IDD and the need for iodized salt, key messages and supporting information; 5) to provide key messages for doctors; 6) to give examples of appropriate school activities on the importance of iodine and the use of iodized salt; and 7) to recommend an approach to qualitative research leading to audience segmentation and message design for target audiences.

Ordering Information

Free of charge from:
International Communication Enhancement Center (ICEC)
Tulane University School of Public Health and Tropical Medicine
1501 Canal Street, Suite 1300
New Orleans, LA 70112-2823, USA
Fax 504-585-4090
E-mail icec@mailhost.tcs.tulane.edu
Internet <http://www.tulane.edu/~icec/iddcommguide.htm>

2. Iodine Deficiency Disorders: A Strategy for Control in the Eastern Mediterranean Region. World Health Organization, Regional Office for the Eastern Mediterranean. Technical Publication, No. 16. 1990, 24 pages.

Purpose of document

This publication presents a strategy for using simple, low-cost technologies to combat the immense problem of iodine deficiency disorders in Eastern Mediterranean countries. It is designed for senior health administrators.

Organization of document

The booklet has two main parts. The first presents facts and figures depicting the magnitude of the problem posed by iodine deficiency disorders in this part of the world. The second and most extensive part maps out a plan of action, including precise steps to be undertaken over nine consecutive years.

Ordering Information

Price: Sw.fr.: 2.-/US \$1.80; in developing countries: Sw.fr. 1.40
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3. Monitoring Universal Salt Iodization Programs. Edited by Sullivan KM, Houston R, Gorstein J, Cervinkas J. Program Against Micronutrient Malnutrition, Micronutrient Initiative, and International Council for Control of Iodine Deficiency Disorders. 1995; 101 pages.

Purpose of manual

This manual is designed for country program managers who are in charge of designing and implementing national iodine deficiency disorder (IDD) monitoring programs. It provides guidelines and reference materials for the procedures involved in organizing a salt monitoring system, with particular reference to: key process indicators from importation and production to the household; criteria by which to determine if program activities are working and identify constraints; and procedures for data collection and analysis to improve program performance.

Organization of manual

The manual is organized in eleven chapters. It is explained in the first chapter that the major components of a national program to eliminate IDD include: 1) advocacy, education, and marketing; 2) intervention design and implementation; and 3) an overall system of quality assurance. Underlying all three components is a sustainable monitoring process. The other sections of the manual address the following topics: salt situation analysis; issues in legislation and regulation; monitoring imported salt; internal and external quality assurance; monitoring at wholesale and retail levels; monitoring salt at the household level; cluster surveys; lot quality assurance sampling (LQAS) for monitoring salt; rapid salt testing kits; titration methods for salt iodine analysts.

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Telephone 613-236-6163
Fax 613-236-9579
E-mail tguay@idrc.ca

4. A Practical Guide to the Correction of Iodine Deficiency
Dunn JT, Van der Har F. International Council for Control of Iodine Deficiency Disorders. 1990; 62 pages.

Purpose of guide

Although this is not the most current guide, it is written in a non-technical fashion that makes it user-friendly to those who are not salt specialists. It is designed to provide basic guidelines for preventing iodine deficiency. It is intended to serve as an introduction to technical manuals on iodized salt, iodized oil, IDD assessment, laboratory techniques and social mobilization. The document summarizes the major consequences of iodine deficiency, the means for its correction, and the key elements in control programs.

Organization of guide

A practical guide for the correction of iodine deficiency is organized in six chapters.

Chapter 1 provides an overview of iodine deficiency and its importance through discussion of the need for iodine, consequences of iodine deficiency, and geographical distribution of ID. The second chapter focuses on the detection of iodine deficiency. Topics addressed include: goiter surveys, urinary iodine, clinical and laboratory data, organization of surveys, and severity of the IDD endemia. Chapter 3 provides guidelines for planning an IDD Control Program. Instructions are offered for: the initial organization; situation analysis; forming IDD control organizations on a national level; plan development, legislation and enforcement; and financing. Chapter 4 covers various methods of iodine supplementation. Chapter 5 focuses on the operation of an IDD program (administrative structure, budget, education and communication, assessment, monitoring and evaluation). The sixth chapter provides information about useful resources.

Ordering Information

Free copies of this guide can be requested from:
International Council for Control of Iodine Deficiency Disorders
International Communication Enhancement Center (ICEC)
Tulane University School of Public Health and Tropical Medicine
1501 Canal Street, Suite 1300
New Orleans, LA 70112-2823, USA
Fax 504-585-4090
E-mail icec@mailhost.tcs.tulane.edu
Internet <http://www.tulane.edu/~icec/iddcommguide.htm>

**5. Salt Iodization for the Elimination of Iodine Deficiency.
Venkatesh Mannar MG, Dunn JT. International Council for Control of Iodine
Deficiency Disorders. 1995; 126 pages.**

Purpose of manual

This manual provides a brief non-technical introduction to the production and use of iodized salt. It is designed primarily for salt producers, distributors and the government officials in industry, trade and health sectors who are responsible for iodine deficiency control programs. Nonetheless, it might benefit individuals in PVOs who are concerned with iodine deficiency and its prevention. The manual provides a general overview of iodine deficiency disorders, and describes salt production and iodization, quality control, monitoring, and marketing. The bulk of the text addresses the central role of iodized salt in national plans for IDD elimination.

Organization of manual

The manual is organized in twenty chapters: 1.) The Iodine Deficiency Disorders; 2.) The Thrust and Rationale for IDD Elimination; 3.) Global action for IDD eradication; 4.) Consumption and uses of Salt; 5.) Salt Production Methods and Practices; 6.) Salt Quality and Refining Technology; 7.) Choice and Dosage of Iodine Compound for Salt Iodization; 8.) Salt Iodization techniques; 9.) Development and Status of Salt Iodization programs; 10.) Quality Control and Monitoring of salt-iodine Levels; 11.) Packaging, Storage and distribution of iodized salt; 12.) Investment and operating cost of Salt Iodization Plants; 13.) Salt Situation Analysis; 14.) Strategy for Developing a salt Iodization Program; 15.) Salt Industry Participation in IDD Control; 16.) Characteristics of Effective Salt Iodization Programmes; 17.) Iodized Salt for Animal Consumption; 18.) Social Advocacy and Demand Creation; 19.) Legislation; 20.) Programme Administration and Coordination.

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Fax 613-236-9579
E-mail tguay@idrc.ca

Other Resources on Iodine and Iodized Salt

Recommended Iodine Levels in Salt and Guidelines for Monitoring their Adequacy and Effectiveness. World Health Organization, United Nations Children's Fund, International Council for Control of Iodine Deficiency Disorders. 1996; 10 pages.

Purpose of document

This booklet is the result of a joint consultation held at WHO headquarters in Geneva, in 1996, involving members from WHO, UNICEF and ICCIDD. It explains current recommendations for daily iodine intakes as well as iodine levels in salt, and describes today's requirements for monitoring individuals' iron status and salt's iodine levels. The guidelines also discuss risk conditions for iodine-induced hypothyroidism. The booklet ends with suggestions for related reading and a short reference section.

Ordering Information

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Micronutrient Deficiencies

| Title of Manual | Languages Available | Page # |
|---|---------------------|--------|
| 1) Changing Behaviors: Guidelines on Using Research to Increase Consumption of Micronutrients. HKI. (In preparation); 227 pages. | English | 156 |
| 2) Prevention of Micronutrient Deficiencies: Tools for Policy Makers and Public Health Workers. Howson CP, Kennedy ET, Horwitz A. IOM. 1997; 224 pages. | English | 157 |
| 3) Preventing Micronutrient Malnutrition: A Guide to Food-based Approaches, A Manual for Policy Makers and Programme Planners. ILSI and FAO. 1996; 105 pages. | English | 158 |

1. Changing Behaviors: Guidelines on Using Research to Increase Consumption of Micronutrients. Helen Keller International. (In Preparation); 227 pages.

Purpose of manual

This manual provides guidelines for conducting formative research on micronutrient nutrition. It primarily focuses on qualitative research methods, but also considers quantitative techniques, as a complement strategy. It is designed for project managers interested in using nutrition education as a vehicle for increasing consumption of micronutrient-rich foods.

Organization of manual

The manual is organized in twelve chapters and a training section. Chapter 1 provides an overview of the research methodology, the population groups and the micronutrients discussed in the next nine chapters. This manual focuses on deficiencies in vitamin A, iron, and iodine. The guidelines are mainly intended to promote the reader's understanding of research issues, though they also touch upon some programmatic topics. Chapters 2 through 10 primarily address research issues, focusing on how to: develop a good research design, recognize the best research methodology, choose research staff, conduct research and analyze data, synthesize results; and get an idea of what other nutrition education projects have learned about the best way to choose food behaviors. Chapters 7, 8 and 9 outline three phases of formative research: *Phase One*, In-Depth Interviews and Observations; *Phase Two*, Trials of Improved Practices (TIPS); and *Phase Three*, Checking Research - Focus Groups Discussions. Chapters 11 and 12 focus on answering various program questions, such as: how to use the results of the research to design nutrition education activities and materials; how to pretest materials; how to monitor and evaluate program activities.

Ordering Information

Forthcoming from:
Helen Keller International
90 West Street, 2nd Floor
New York, NY 10006
Telephone 212-766-5266
Fax 212-791-7590
Contact Person Elizabeth Nisbet
Internet <http://www.hki.org/>

2. Prevention of Micronutrient Deficiencies: Tools for Policy Makers and Public Health Workers. Edited by Howson CP, Kennedy ET, Horwitz A. Committee on Micronutrient Deficiencies, Institute of Medicine. 1998; 224 pages.

Purpose of document

This document provides a conceptual framework that is based on past experience and will allow funders to adapt programs to existing regional/country capabilities and to incorporate within these programs the capacity to address multiple strategies (i.e., supplementation, fortification, and food-based approaches, and public health measures) and multiple micronutrient deficiencies.

The book does not directly propose how to alleviate specific micronutrient deficiencies. Instead, it examines key elements in the design and implementation of micronutrient interventions, including such issues as: 1) The importance of iron, vitamin A, and iodine to health; 2) Populations at risk for micronutrient deficiency; 3) Options for successful interventions and their cost; 4) The feasibility of involving societal sectors in the planning and implementation of interventions; and 5) Characteristics of successful interventions.

Organization of document

This book is organized in 5 sections.

Section 1 - Summary provides an introduction to the document, focusing on Project Charge, Organization of the Report, and Findings and Recommendations. Section 2 - Key Elements in the Design and Implementation of Micronutrient Interventions. This section covers: 1) The Importance of Iron, Vitamin A, and Iodine to Health; 2) The Continuum of Population Risk; 3) Options for Successful Interventions; 4) Costs of Interventions; 5) Feasibility of Involving Key Societal Sectors in the Planning and Implementation of Micronutrient Interventions: A Guide to Decisionmaking; 6) Elements of Successful Interventions Across the Continuum of Population Risk; and 7) Common Elements of Successful Micronutrient Interventions. Sections 3 to 5 present three in-depth background papers that address the prevention of deficiencies of iron, vitamin A, and iodine.

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3. Preventing Micronutrient Malnutrition: A Guide to Food Based Approaches, A Manual for Policy Makers and Programme Planners. International Life Sciences Institute and Food and Agriculture Organization. 1997; 105 pages.

Purpose of the guide

This guide is designed for policy makers, program managers and all others concerned with improving micronutrient status, especially in developing countries. Its objectives are to: 1) illustrate various food-based approaches and explain why food-based strategies are critical components of sustainable national programs to control micronutrient malnutrition; 2) address the skills and knowledge that must be mobilized to successfully implement food-based approaches; 3) outline feasible action for the initiation or reinforcement of coordinated food-based strategies; 4) present technical information on the planning and implementation of food-based approaches that can be used to support training of community-level workers. This manual also addresses, and offers solutions to, several factors that commonly impair the implementation of food-based approaches.

Organization of the guide

This manual is organized in 6 sections that are followed by a list of references and 2 appendices. The sections include: 1) An Introduction; 2) Implementing diet and food-based approaches; 3) The planning process; 4) Monitoring, surveillance and evaluation; 5) Special needs of vulnerable groups; and a 6) Summary Action Plan. Among the food-based approaches discussed are: increasing small-scale production of micronutrient-rich foods; increasing commercial production of these foods; maintaining micronutrient levels in commonly eaten foods; selecting and breeding plants to increase micronutrient levels; and implementing food fortification strategies.

Companion document

- Preventing Micronutrient Malnutrition: A Guide to Food Based Approaches, Why Policy Makers Should Give Priority to Food-based Strategies. International Life Sciences Institute and Food and Agriculture Organization. 1997; 11 pages.

This, shorter document, provides an overview of the public health importance of micronutrient malnutrition and discusses actions that can be taken to control the problem. It is noted in this document that the two parts of *Preventing Micronutrient Malnutrition: A Guide to Food Based Approaches* are hoped to “serve as the basis for future dialogue and discussion in many forums and will aid in the initiation of an international commitment to the implementation of effective, long-term food-based solutions to the scourge of micronutrient deficiencies.”

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Other Resources on Nutrition and Breastfeeding

The Path to Maternal and Child Health - The Role of Private Voluntary Organizations in Improving Iron and Vitamin A Status: Preventing Micronutrient Deficiencies in Women of Childbearing Age. Conference Proceedings. The Child Survival Collaborations and Resources (CORE) Group. 1999; 55 pages.

This document summarizes the proceedings from a conference that was organized by the Child Survival Collaborations and Resources (CORE) Group. The overall objective of the CORE Group is to reduce child and maternal mortality by improving health of underserved populations. This publication documents the proceedings from a conference was held from May 5-7, 1998 in Washington, D.C. which focused on improving maternal and child health survival in developing countries by increasing the capacity of PVOs to prevent micronutrient deficiencies, in particular vitamin A and iron deficiencies in women of reproductive age. Although the conference primarily addressed supplementation, food-based interventions and food fortification were also discussed. These proceedings report on the body of knowledge of the biology and benefits of Vitamin A and iron supplementation and the state-of-the-art of supplementation programs presented at this conference. Provided is a review of the technical presentations given at the conference, working group recommendations, and PVO field project presentations.

Free of charge from:
The Child Survival Collaborations and Resources Group
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Manuals on Specific Nutrition Topics

Chapter 12 **Nutritional Interventions During Emergencies**

- 1) Field Guide on Rapid Nutritional Assessment in Emergencies, **WHO/EMRO**
- 2) Management of Nutrition in Major Emergencies, **WHO** (In preparation)
- 3) Nutrition Guidelines. **MSF**
- 4) Guidelines for Estimating Food and Nutritional Needs in Emergencies, **UNHCR/WFP**
- 5) Guidelines for Selective Feeding Programmes in Emergency Situations, **UNHCR/WFP**

Chapter 13 **Home Gardening**

- 1) Gardening for Better Nutrition. **Oxfam International & Intermediate Technology Publications Ltd.**
- 2) Home Gardening in South Asia: The Complete Handbook, **HKI**
- 3) Improving Nutrition through Home Gardening: A Training Package for Preparing Field Workers in Southeast Asia, **FAO**

Appendix A **Nutrition Resources on the Internet**

Manuals on Nutritional Interventions During Emergencies

| Title Of Manual | Languages Available | Page # |
|--|---------------------|--------|
| 1) Field Guide on Rapid Nutritional Assessment in Emergencies. WHO/EMRO. 1995; 63 pages. | English | 163 |
| 2) Management of Nutrition in Major Emergencies. WHO (In preparation). | English | 164 |
| 3) Nutrition Guidelines. MSF. 1995; 120 pages. | English | 165 |
| 4) Guidelines for Estimating Food and Nutritional Needs in Emergencies. UNHCR/WFP. 1999; 10 pages. | English and French | 167 |
| 5) Guidelines for Selective Feeding Programmes in Emergency Situations. UNHCR/WFP. 1999; 20 pages. | English and French | 169 |

1. Field Guide on Rapid Nutritional Assessment in Emergencies World Health Organization, Regional Office for the Eastern Mediterranean, 1995; 63 pages

Purpose of the guide

This field guide is intended for all those in need of conducting an emergency rapid nutritional assessment. The objective is to describe a step-by-step procedure for carrying out a rapid survey of nutritional status in emergency situations in Eastern Mediterranean countries, where natural and human disasters have been common. The reader is taken through the entire process of designing, planning, implementing, and reporting reliable nutritional assessment. Emphasis is placed on the steps required to make quick but reliable estimates as a basis for subsequent action. The guide uses checklists, model forms, reference charts, and tables to facilitate this rapid data collection.

This document guides the reader through a process that, if followed correctly, will be culturally appropriate, and can be followed by individuals with little statistical or epidemiological training. Further, it can produce the essential data needed for immediate decisions and the interventions involved with the nutritional assessment.

Organization of the guide

The guide has eight chapters, which sequentially cover planning the survey, selecting the survey subjects and sample, collecting weight-for-height data, and recording, analyzing, and interpreting results. Further practical guidance is provided in a series of eight annexes, which include examples of systematic and cluster sampling, the CDC/WHO normalized reference table of weight-for-height, mean Z-scores and corresponding prevalence, a list of equipment, and advice on using Epi-Info software for data analysis.

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2. Manual on the Management of Nutrition in Major Emergencies. Geneva, World Health Organization (In Preparation).

Purpose of the manual

This document is the most current revision of an earlier WHO publication, *The Management of Nutritional Emergencies in Large Populations*. It is designed for health and nutrition professionals, and aims to present the technical tools and practical advice needed to ensure adequate nutrition in emergency-affected populations. The manual provides guidelines for: conducting initial nutrition assessments; identifying the presence of specific forms of malnutrition; providing adequate foods for distribution; treating malnourished subjects, and preventing the occurrence of deficiencies.

Organization of the manual

The manual is organized in chapters that address the following topics: 1) meeting nutritional requirements; 2) managing major nutritional deficiency diseases in emergencies; 3) assessment and surveillance of nutritional status; 4) nutritional relief: general food distribution; 5) nutritional relief: selective food distribution; 6) prevention, treatment and control of communicable diseases; and 7) national emergency preparedness and response programs.

Following the text are annexes on: a) rapid health assessment; b) nutritional requirements; c) technical tools for assessment; d) food aid; e) indicators of vulnerability and outcome; and f) management of cholera.

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3. Nutrition Guidelines. Médecins sans Frontières, 1995; 120 pages.

Purpose of handbook

This handbook is written for all health personnel involved in emergency food programs. Its purpose is to facilitate the application of fundamental concepts and principles necessary for the assessment of nutritional problems and the implementation of nutritional programs during emergency situations. Guidelines are provided to help individuals: 1) define the survey objectives; 2) collect available information; 3) meet the people in charge; 4) define a plan of analysis; 5) draw up the questionnaire; 6) inform the community; 7) draw up a schedule; 8) gather the necessary equipment; and 9) select and train the data collectors.

Organization of handbook

This manual is organized in three parts:

Part I - Nutritional strategies in emergency situations. In emergency situations, food security is often severely threatened causing increased risk of malnutrition, disease and death. Part I attempts to define emergency nutrition needs, to outline the information that essential for critical decision making, and important tools for assessing nutrition problems. A range of potential interventions for alleviating nutrition emergencies is also discussed. The final chapter deals with the necessity of evaluation as a means to manage programs, monitor population requirements and adapt programs over time.

Part II - Rapid nutrition surveys among populations in emergency situations. This part provides an introduction to the anthropometric assessment survey as a tool for evaluating the nutrition situation, allowing the quantification of malnutrition in the population. Information is offered about sampling methods, analysis, and interpretation. This part finishes with recommendations for writing a report on the survey and general conclusions.

Part III - focuses on Selective feeding programmes. This part begins by explaining why selective feeding programs are important. This introduction is followed by a discussion of criteria for admission and discharge to selective feeding programs, including information about using mid-upper arm circumference measurements to screen and select children in need. Treatment recommendations are outlined for supplementary feeding programs. Therapeutic feeding centers are also addressed: treatment recommendations are provided, as well as guidelines for implementing and managing the centers. This part concludes with sections on registration/monitoring, evaluation, and food management.

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4. Guidelines for Estimating Food and Nutritional Needs in Emergencies. Office of the United Nations High Commissioner for Refugees and World Food Programme. 1997; 10 pages.

Purpose of guidelines

Guidelines for Estimating Food and Nutritional Needs in Emergencies describes the basic principles for designing food rations in emergency and relief situations. The information provided has been agreed upon by the World Food Programme (WFP) and the Office of the United Nations High Commissioner for Refugees (UNHCR). The guidelines are intended to assist planners and to provide a framework for the technical input of health/nutrition experts who need to be consulted regarding the adequacy and appropriateness of refugee food rations.

Specifically, the guidelines offer instruction for:

Calculating the mean per capita energy requirements in emergency situations; and Designing adequate food aid rations for the affected populations in emergency situations. Adequate rations are defined as those meeting “the population’s minimum energy, protein, fat and micronutrient requirements for light physical activity, and as being nutritionally balanced, diversified, culturally acceptable, fit for human consumption, and easily digestible for children and other affected vulnerable groups.”

Organization of guidelines

The guidelines are organized in six sections.

Section one provides background information. Section two reviews basic principles of designing food rations in emergency situations. Management considerations are covered in section five.

Sections three and four focus on the need for an initial reference value for emergency feeding, and how to adjust the initial reference value. *Factors to Take into Consideration When Establishing Ration Levels* are discussed, including: Demographic characteristics (age and gender); Activity level; Environmental temperature; Health, nutritional and physiological status; and Household food security.

The sixth section is called “The Food Basket.” Food ration designs are considered for different situations: 1) An initial emergency period or population entirely dependent on external food aid; and 2) Post-emergency situations or populations having access to other sources of food. Four annexes are included at the end of the text.

Ordering Information

Source #1

Dr. Pieter Dijkhuizen or Mrs. Anne Callanan

World Food Programme

Via Cesare Giulio Viola, 68

Parco dei Medici, Rome 00148

Telephone +39 0665131

Fax +39 066590 632 / 637

E-mail Webadministrator@wfp.org

Source #2

These guidelines can be viewed and/or downloaded in Word format from the web site of: The Agricultural and Food Institute of Lille - University of Lille

Internet <http://www.univ-lille1.fr/pfeda/Engl/Frame/IndexE.htm>

5. Guidelines for Selective Feeding Programmes in Emergency Situations. Office of the United Nations High Commissioner for Refugees and World Food Programme.1999; 20 pages.

Purpose of guidelines

Guidelines for Selective Feeding Programmes in Emergency Situations describes the basic principles of Selective Feeding Programs in Emergency and Relief situations. The document is intended to guide the World Food Programme (WFP), the Office of the United Nations High Commissioner for Refugees (UNHCR) and other relief staff in the design, implementation and monitoring of Selective Feeding Programs in both emergencies and protracted relief situations. The nutrition strategies addressed in these guidelines are to enable a response to crisis and nutrition rehabilitation. Medical and other care approaches are not covered here.

Organization of guidelines

The guidelines are organized in eight sections. Section one outlines the purpose of the guidelines. Section two reviews basic principles of the design, implementation and monitoring of Selective Feeding Programs. The third section addresses the “Feeding Program Strategy” and discusses the two mechanisms through which food may be provided: General Food Distribution; and Selective Feeding Programs.

Sections four and five focus on the two forms of Selective Feeding Programs:

Supplementary Feeding Programs- of which there are two types:

- Targeted Supplementary Feeding Programs; and -Blanket Supplementary Feeding Programs
- Therapeutic Feeding Programs

The specific objectives for Targeted Supplementary Feeding Programs, Blanket Supplementary Feeding Programs, and Therapeutic Feeding Programs are outlined. There is also a discussion of the criteria used to decide when each one of these programs should be used (instead of one of the others). Finally, the target groups for each program are described.

Section six discusses monitoring and evaluation and provides indicators for monitoring Supplementary Feeding Programs and Therapeutic Feeding Programs. The seventh section is about food commodities. Section eight addresses management issues.

Ordering Information

Source #1

Dr. Pieter Dijkhuizen or Mrs. Anne Callanan
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Parco dei Medici, Rome 00148
Telephone +39 0665131
Fax +39 066590 632 / 637
E-mail Webadministrator@wfp.org

Source #2

These guidelines can be viewed and/or downloaded in Word format from the web
site of: The Agricultural and Food Institute of Lille - University of Lille
Internet <http://www.univ-lille1.fr/pfeda/Engl/Frame/IndexE.htm>

Other Resources on Nutritional Interventions During Emergencies

Guiding Principles for Feeding Infants and Young Children During Emergencies. A statement by the World Health Organization. (In preparation) Approximately 60 pages

Purpose of the document

This statement sets out basic principles for the feeding of infants and young children in populations affected by famine, war, and other human or natural disasters. Noting that much of the disability and death in such circumstances can be averted through proper feeding and nutrition care, the statement aims to provide a common starting point for pragmatic field interventions that can ensure appropriate feeding for infants and young children during emergencies.

The main topics this document covers are: recognizing risks; planning ahead; protecting mothers and children; breastfeeding; complementary feeding; safe food, safe feeding; preventing micronutrient deficiencies; and nutritional rehabilitation and health care.

Information available from:

Document NUT/97.3.

World Health Organization, Distribution and Sales

Programme of Nutrition

CH-1211 Geneva 27

Switzerland

Telephone +41 22 791 24 76

Fax +41 22 791 48 57

E-mail for orders bookorders@who.ch

E-mail for questions publications@who.ch

Internet Publications <http://www.who.org/dsa/cat98/nut8.htm>

Internet Order Form <http://www.who.int/dsa/cat97/zformbk.htm>

Infant and Young Child Feeding in Emergencies Wellstart International's Expanded Promotion of Breastfeeding Program in conjunction with AED, LINKAGES Project. 1997.

This technical paper was developed as part of the Nutrition Module for the InterAction Health Training Curriculum for United States NGO/PVO staff working in emergency situations. Although primarily designed for mid-level managers with some field experience, this document will also be of use to individuals with varying backgrounds and levels of expertise in the field, as it addresses many general, yet important, topics related to infant and young child feeding during emergencies. The document is organized so as to address eight key issues pertaining to young child feeding in crisis situations. The paper begins with a list of useful definitions that are followed by a discussion of the document's key concepts and learning objectives. The body of the paper focuses on specific interventions that can be used for additional training and

reference in the field of infant and child feeding. The paper concludes with a section on tools to assist in the planning and organization of nutrition intervention programs, and a list of reading and resource materials.

Available from:
Academy for Educational Development, LINKAGES Project
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
Telephone 202-884-8000
Fax 202-884-8977
E-mail linkages@aed.org
Internet <http://www.linkagesproject.org>

Nutrition Matters: People, Food and Famine Young H, Jaspars S. Intermediate Technology Publications, Ltd. 1995

This book is based on the authors' views and experiences as field workers in situations of food insecurity and famine, combined with their in-depth knowledge of the discipline of nutrition. The book is organized in three parts. Part 1 provides a review of current perceptions of famine and nutrition. Part 2 presents a case-study of nutritional surveillance in Darfur, Sudan. Part 3 develops a new conceptual framework of the role of nutrition in famine which can be used to analyze the underlying causes of malnutrition, the stage of famine, and the risk of disease and death. This book will be useful as a basis for nutritional assessments, for identifying appropriate interventions, and targeting strategies. Recommendations for conducting assessments and for alternative interventions are also provided.

Price: £10.95, \$18 USD
ISBN 1 85339 243 X
Intermediate Technology Publications
103-105 Southampton Row
London WC1B 4HH, UK
Telephone +44 20 7436 9761
Fax +44 20 7436 2013
E-mail orders@itpubs.org.uk
Internet <http://www.oneworld.org/itdg/shop.html>

Home Gardening

| Title of Manual | Languages Available | Page # |
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| 1) Gardening for Better Nutrition. 9 th Impression/Edition. Pacey A. Oxfam International and Intermediate Technology Publications. 1993; 64 pages. | English | 174 |
| 2) Home Gardening in South Asia: The Complete Handbook. HKI. 1993; 110 pages. | English | 176 |
| 3) Improving Nutrition through Home Gardening: A Training Package for Preparing Field Workers in Southeast Asia. FAO. 1995; 171 pages. | English | 177 |

1. Gardening for Better Nutrition. 9th Impression/Edition. Pacey A. Oxfam International and Intermediate Technology Publications Ltd. 1993; 64 pages.

Purpose of manual

This manual addresses the basic technology of horticulture and vegetable growing and explores how familial gardening has been encouraged through extension activities which are mostly initiated by health services workers and nutritionists. Thus, this tool is likely to be of greatest benefit to individuals working in those two professions. This book aims to encourage women to grow more and better food in family gardens. It describes suitable tools, plant varieties and gardening methods for the tropics and subtropics.

Organization of manual

The manual is organized in seven sections:

- *Section 1: Agriculture, malnutrition, and the voluntary agencies*
- *Section 2: Approaches based on health services*
- *Section 3: Approaches involving community participation*
- *Section 4: Choice of crops for improved nutrition*
- *Section 5: Agronomy of vegetable suitable for gardening projects*
- *Section 6: Problems and methods in starting new gardens*
- *Section 7: Gardening techniques in outline*

The first three sections of this manual describe programs which aid women gardeners and others who produce food directly for their families. Section 4 discusses the illnesses associated with poor nutrition, and the vegetables most relevant to their prevention. Sections 5-7 go into greater detail about vegetable crops and the practicalities of producing them in smaller gardens.

Ordering Information

Price: \$12.00, £5.95, ISBN 0-903031-50-7

Source #1

Intermediate Technology Publications
103-105 Southampton Row
London WC1B 4HH, UK

Telephone +44 20 7436 9761

Fax +44 20 7436 2013

E-mail orders@itpubs.org.uk

Internet <http://www.oneworld.org/itdg/shop.html>

Source #2
Stylus Publishing LLC
PO Box 605
Herndon VA 20172-0605
Telephone 703-661-1581
Fax 703-661-1501
E-mail styluspub@aol.com

2. Home Gardening in South Asia: The Complete Handbook. Helen Keller International. 1993; 110 pages.

Purpose of the handbook

This handbook provides the basic knowledge needed to implement a home garden program to increase local availability of vegetables and fruits, including those rich in vitamin A. It is based on the lessons learned from household gardening projects headed by Helen Keller International in Bangladesh. The document is designed for field workers and program managers, as well as others who are working to improve nutrition in the region. The handbook is based on the knowledge that in order to develop a suitable and adaptable technology, community knowledge as well as scientific knowledge is essential. It is written in a question and answer format and provides detailed illustrations and step-by-step instructions for developing a gardening program to eradicate vitamin A deficiency.

Organization of the handbook

This handbook is organized in seven chapters. Chapter 1 provides a background on home gardening and discusses why it is needed and the role of the participants in home gardening programs. Chapter 2, "Targeting," addresses who the target groups are and why women play an important role. Chapter 3 provides an "Introduction to Home Gardening." Chapters 4, 5 and 6 address fertilizer management, vegetable pests and diseases, and small-scale production of home gardening programs. The seventh chapter, "Monitoring of Home Gardening Programs" describes indicators that should be used for home garden monitoring.

Ordering Information

Price: \$12.00
ISBN 0-915173-29-8
Helen Keller International
90 West Street, 2nd Floor
New York, NY 10006
Telephone 212-766-5266
Fax 212-791-7590
Internet <http://www.hki.org/>
Internet Order Form <http://www.hki.org/orderform.html>

3. Improving Nutrition through Home Gardening: A Training Package for Preparing Field Workers in Southeast Asia. Food and Agriculture Organization. 1995; 171 pages.

Purpose of the manual

Improving Nutrition Through Home Gardening, is for the instruction of agricultural extension, home economics and community development agents working with households and communities in Southeast Asia to promote home gardening for better nutrition. The training package integrates food production and nutrition issues and provides a comprehensive set of materials with which extension workers may assist families in improving food production and adding nutritional value to their diets.

Ordering Information

Price: \$25.00 (Discounts available for bulk orders)
Job number V5290
Sales and Marketing Group
Food and Agriculture Organization
Viale delle Terme di Caracalla
00100 Rome, Italy
Telephone +39 06 57051
Fax +39 06 57053360
E-mail (for orders) Publications-sales@FAO.Org
E-mail (for information) Nutrition@FAO.Org
Internet Order Form <http://www.fao.org/CATALOG/interact/order-e.htm>

Nutrition Resources on the Internet

Action Contre la Faim (Action Against Hunger) ***<http://www.acf-fr.org/eng/homefm.htm>***

Action Contre la Faim (ACF) is today recognized internationally for its wisdom in the field of malnutrition treatment. ACF's mission is to collaborate with the Scientific Nutrition Committee to develop more appropriate foodstuffs and more effective malnutrition programs.

The nutrition programs at ACF are aimed both at preventing and fighting malnutrition among the world's most vulnerable populations, particularly in children. ACF has a website (<http://www.acf-fr.org/eng/homefm.htm>) that describes methods and offers practical advice for the treatment of severe malnutrition.

ACF's guidelines for the care and treatment of severe malaria are organized into two phases. During the 2 phases, 9 stages of intervention are given.

Phase I - During this initial phase, serious forms of malnutrition are treated.

- Stage 1: Treatment/prevention of hypoglycemia (low blood sugar level) and hypothermia
- Stage 2: Treatment/prevention of hypothermia (low body temperature)
- Stage 3: Treatment/prevention of dehydration (loss of body fluid)
- Stage 4: Correction of electrolytic disequilibrium and deficiencies in micro-nutrients (vitamins and mineral salts)
- Stage 5: Treatment of infections
- Stage 6: Carefully initiating a re-feeding program

Phase II - This second phase involves 3 stages of intervention, making up a longer period of rehabilitation. The process of treatment (during stages 7, 8 and 9) is the same for marasmus (type of malnutrition accompanied by severe loss of weight) and kwashiorkor (malnutrition accompanied by edema).

- Stage 7: Regeneration/reconstitution of lost body tissues (catching up on growth)
- Stage 8: Stimulate the patient, give him/her emotional care and attention and play (games) with him/her
- Stage 9: Prepare the follow-up after discharge from a special nutrition feeding center

Anthropometry Resource Center <http://www.odc.com/anthro/>

The Anthropometry Resource Center is intended to be an easily accessible resource for educational and professional use on child and adult anthropometric issues. Materials in this resource are in the public domain and can be accessed in four main ways:

- 1) On the Internet: <http://www.odc.com/anthro/>. This method might be most useful for students and professionals with good network access.
- 2) They may be transferred to a stand-alone or laptop computer to be used as a reference book or tutorial. This is appropriate in rural developing country situations with little or no Internet access (for example, a district hospital). Materials in this resource have been segmented into compressed files for downloading and easy transfer onto diskettes for further distribution.
- 3) Source materials may be modified or translated for specialized or localized needs, and distributed for access via on-line or off-line computers.
- 4) Documents may be printed for further copying and distribution where computers are not available.

Get the Best From Your Food: An On-line Manual on Nutrition from the Food and Agriculture Organization of the United Nations [Available in Arabic, Chinese, English, French, Portuguese, and Spanish]

http://www.fao.org/WAICENT/FAOINFO/ECONOMIC/ESN/get_best/get_best.htm

The FAO's on-line teaching guide *Get the Best from Your Food* provides some simple guidance for use in nutrition education programs and for the general public.

Get the Best from Your Food is a package of educational materials that includes: a leaflet providing some simple guidance for the general public; a more comprehensive technical guide, "Food and Nutrition Notes," for those involved in nutrition education programs who may need additional information; and a simple poster highlighting the basic messages of the campaign. The educational materials emphasize basic nutrition concepts that should be communicated to the public and provide easily understood messages that can be refined and incorporated into locally appropriate education and information campaigns. The package has been prepared from a global perspective so that it can be easily adapted for regional, national, or local use.

Get the Best from your Food is also available as a brochure and a teaching guide. For more information on how to obtain copies of *Get the Best from your Food* write to:

The Director, Food and Nutrition Division
Viale delle Terme di Caracalla
00100 Rome, Italy
Telephone +39 06 57051
Fax +39 06 57053360
E-mail (for orders) Publications-sales@FAO.Org
E-mail (for information) Nutrition@FAO.Org
Internet Order Form <http://www.fao.org/CATALOG/interact/order-e.htm>

IDD Communication Guide from the International Council for the Control of Iodine Deficiency Disorders Web Site- COMMUNICATION FOCAL POINT
<http://www.tulane.edu/~icec/iddcommguide.htm>

This booklet is intended for program officers and others responsible for managing programs to eliminate iodine deficiency disorders. The authors encourage those concerned with policy, management and communication to translate, edit and adapt whatever material they find appropriate for in-country use and/or for specific groups such as salt producers, health officials, and teachers.

MN-NET: A Global Micronutrient Network
<http://www.idrc.ca/mi/mnnet.htm>

At an international meeting in 1995 on "Micronutrient Databases: Availability and accessibility issues" organized and hosted by the Micronutrient Initiative (MI) in Ottawa, Canada, participants stressed the need for an agency to facilitate access to data and information on micronutrient malnutrition. The MI volunteered to facilitate the needed information. This micronutrient network (MN-NET) on the Internet is one component of the MI efforts to disseminate and share currently available knowledge related to the elimination and control of micronutrient deficiencies.

United Nations University Bookstore
<http://www.unu.edu/unupress/food/foodnutrition.html>

Provides full text versions (free of charge) of various food and nutrition documents from the International Dietary Energy Consultative Group (IDECG), International Nutrition Foundation (INF) and various other publishers.

A few titles offered include:

- Community Assessment of Natural Food Sources of Vitamin A - Guidelines for an Ethnographic Protocol. Lauren Blum, Pertti J Pelto, Gretel H. Pelto, and Harriet V. Kuhnlein

- Rapid Assessment Procedures (RAP) to Improve the Household Management of Diarrhea. Elizabeth Herman and Margaret Bentley
- The Nutrition and Health Transition of Democratic Costa Rica. Edited by Carlos Muñoz and Nevin S. Scrimshaw (available in English and Spanish)
- Culture, Environment, and Food to Prevent Vitamin A Deficiency. Harriet V. Kuhnlein and Gretel H. Peltó
- Community-based Longitudinal Nutrition and Health Studies: Classical Examples from Guatemala, Haiti and Mexico. Edited by Nevin S. Scrimshaw

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