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How to Protect and Promote the Nutrition of Mothers and Children

References, annexes and glossary

in Latin America and the Caribbean

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GLOSSARY

Acute malnutrition: a condition characterized by wasting that is generally caused by a recent shock, such as illness or lack of adequate food. Severe acute malnutrition (SAM) is defined according to a weight-for-height Z-score (WHZ) <-3 and/or a mid-upper arm circumference <11.5 cm. Moderate acute malnutrition (MAM) is defined according to a WHZ <-2 and ≤ -3. Global acute malnutrition (GAM) is the sum of the prevalence of SAM plus MAM, at a population level.

Antiretroviral therapy (ART) and antiretroviral (ARV) drugs: a strategy and a means used to treat HIV-infected individuals and to prevent mother-to-child transmission of HIV/AIDS.

Anemia: low level of hemoglobin in the blood, as evidenced by a reduced quality or quantity of red blood cells; approximately 50% of anemia worldwide is caused by iron deficiency.

Benchmarking: using points of reference, standards, and recommended practices against which comparative measurements, assessments, and evaluations can be made.

Case study: an analysis of an experience stressing developmental factors in relation to the environment that provides lessons learned from the experience.

Cash transfer: a cash payment to poor households to supplement household income. Sometimes provision of the cash is conditional upon on certain positive behaviors such as school attendance and routine health clinic visits.

Catastrophe: a disaster of great magnitude.

Community-based management of acute malnutrition (CMAM): a comprehensive strategy that encompasses community outreach, screening, referral, and treatment; this strategy enables the management of acute malnutrition to be moved from the facility to the community and can be applied in both stable and unstable times.

Chronic malnutrition: occurs over time and results in stunting, whereby children are smaller and shorter but appear normal. To address stunting, interventions need to be targeted at pregnant women and to children from birth to 18 months of age.

Complementary foods or supplements: foods that nutritionally complement breast milk and which should be provided to infants after 6 months of age. These foods should be hygienically prepared, nutrient-dense, and easy to eat and digest. They may include basic food-aid commodities from general rations, inexpensive locally available foods, micronutrient-fortified cereal-legume blends, and ready-to-use supplementary foods.

Constant crisis: an ongoing state in which the poorest and most vulnerable groups in society have difficulty securing basic needs and obtaining social services and are exposed to high rates of hunger, crime, and physical displacement.

Crisis: a difficult period or time of danger that can be precipitated by a shock, not as acute as an emergency, but a turning point that can result in sufficiently precarious conditions that heighten vulnerability; during crises, if a foundation of sound interventions that build resilience was laid in stable times, these can be scaled up for vulnerable households that lack access to social services.

Cross-cutting approach: a multi-sectoral intervention or strategy that supports the implementation of priority interventions (e.g. human resource development, monitoring and evaluation, communication strategies).

Deworming: periodic preventive treatment with anthelminthic drugs to children to reduce the worm burden and prevent adverse effects on nutritional status, growth, and development.

Disaster: a serious disruption of the functioning of a community or a society that causes widespread human, material, economic, or environmental losses that exceed the ability of the affected community or society to cope using its own resources.

Double burden of malnutrition: the co-existence of undernutrition (often in the form of child stunting and/or micronutrient deficiencies) and overnutrition, in the same population.

Early warning and response system (EWARN): provides information to detect and respond rapidly to outbreaks of diseases and malnutrition, especially regarding the situation in vulnerable areas, which can contribute to sound health and nutrition decisions.

Emergency: a state demanding decision and follow-up in terms of extraordinary measures; it is usually defined in time and space, requires threshold values to be recognized, and implies rules of engagement and an exit strategy; calls for an immediate rescue response that focuses on the most efficient means of preserving life, especially on the needs of children in the first 1,000 days of life to counter otherwise longer-term consequences due to privation, even for a relatively short time.

Exit strategy: a graduation or transition plan to assist individuals to return to stability after a shock and to enhance sustained recovery; includes provision of food and supplements to affected populations for a set post-emergency period as well as transient, longer-term support following the immediate response for families who have lost their housing, livelihoods, and relatives.

First 1,000 days of life: a critical period, a "window of opportunity"—from conception to 2 years of age— during which cost-effective, evidence-based interventions (e.g., micronutrients and infant and young child feeding) can be delivered to positively impact a child's growth and development; on the other hand, nutritional "insults" during this period can cause permanent disability, leading to fewer years of schooling, reduced adult productivity, lower lifetime earnings, and—by extension—diminished national productivity.

Food crisis: constrained access to food due to escalation or fluctuation of food prices.

Food insecurity: a situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. It may be caused by the unavailability of food, insufficient purchasing power, inappropriate distribution, or inadequate use of food at the household level. Food insecurity, poor conditions of health and sanitation, and inappropriate care and feeding practices are the major causes of poor nutritional status. Food insecurity may be chronic, seasonal or transitory.

Food security: a situation in which people have access to sufficient, safe, and nutritious food to maintain a healthy and active life.

Food voucher: a coupon that is redeemable for food. Food vouchers can be exchanged for certain food items that are provided to poor or food insecure households in times of crisis or instability to help protect nutritional status. Vouchers are particularly useful where access to food is the problem, rather than availability.

Gradual-onset crisis: more slowly developing event, such as a drought.

Growth monitoring and promotion (GMP): program based on measuring and interpreting growth, used to prevent and screen for malnutrition and to enable referral for cases of acute malnutrition; in crises, GMP-related nutrition, health, and social protection services can be scaled up.

Hazard: a possible threat or source of exposure to injury, harm, or loss.

Healthy/safe motherhood: the desired outcome of a set of interventions including antenatal and

postpartum services, promotion of proper weight gain, birth planning for pregnant women, availability of skilled caregivers and essential equipment, and use of infection-prevention measures.

Human capital: the stock of competencies, knowledge, social skills, and personality attributes, including creativity, embodied in the ability to perform labor so as to produce economic value; an aggregate economic view of the human being acting within economies, which is an attempt to capture the social, biological, cultural, and psychological complexity as they interact in explicit and/or economic transactions.

Humanitarian crisis: a complex emergency in a country, region, or society where there is total or considerable breakdown of authority resulting from internal or external conflict (political instability, economic crisis, food insecurity, or rapid urbanization) and which requires an international response that goes beyond the mandate or capacity of any single or ongoing United Nations country program.

Infectious diseases: diseases resulting from the infection, presence and growth of pathogenic biological agents such as bacteria, viruses, or parasites. These are also known as communicable diseases and can be passed from person to person. Several infectious diseases can compromise nutritional status.

Intergenerational cycle of poverty: poverty that is passed from generation to generation and that deprives individuals of a happy, productive future and society of economic prosperity.

Iodine-deficiency disorder (IDD): the most prevalent, yet easily preventable cause of mental retardation worldwide, and a threat to child survival; can result in children growing up stunted, apathetic, mentally retarded, and incapable of normal movement, speech, and hearing.

Malnutrition: a largely preventable cause of over one-third of all child deaths, this broad term is commonly used as an alternative to undernutrition, but technically it also refers to overnutrition; people are malnourished if their diet does not provide the right amount of vitamins, minerals, and other nutrients needed to maintain healthy tissues and organ functions, or if they are unable to fully utilize the food they eat due to illness (undernutrition); often takes the form of micronutrient deficiencies or stunting.

Micronutrients: essential vitamins and minerals that are required by humans in small amounts for optimal growth, development and overall health.

Micronutrient deficiency: a condition caused by insufficient consumption of foods rich in vitamins and minerals. Micronutrient deficiencies are common in low- and middle-income countries, especially among mothers and young children, who have increased requirements of several micronutrients.

Middle-upper arm circumference (MUAC): a measure to diagnose acute malnutrition using a simple color-coded measuring tape, which enables community members to be trained to diagnose cases and refer them for treatment.

Moderate acute malnutrition (MAM): malnutrition in which a weight-for-height Z score that is $\geq$-3 SD and <-2 SD and/or a middle-upper arm circumference that measures <12.5cm and $\geq$11.5cm.

Monitoring and evaluation: the ongoing process of collecting and analyzing data to assess performance, effectively manage outcomes, inform decision-making, and achieve results.

Multiple micronutrient supplement: a supplement or powder (referred to as a multiple micronutrient powder) containing multiple essential vitamins and minerals that are intended to prevent and/or treat micronutrient deficiencies in vulnerable subgroups. Multiple micronutrient powders are often added to complementary foods in a process called home fortification in order to increase vitamin and mineral intake of young children.

Multisectoral coordination: a comprehensive approach that encompasses the wide-ranging efforts of various technical areas—e.g., health, nutrition,

agriculture, industry, water and sanitation—that in times of stability can build resilience and in times of crisis and emergencies can maximize the capacity to deal with problems; the aim is to reduce duplication and avoid gaps in technical cooperation.

Nutrition intervention: specific, substantive efforts—which can be short-, medium-, and long-term—aimed at having a positive impact (e.g., promotion or protection) on a population; application of interventions can vary, depending on whether the situation is stable, a crisis, or an emergency.

Oral rehydration salts (ORS): a simple treatment for dehydration associated with diarrhea consisting of a solution of salts and sugar that is taken by mouth. WHO guidelines recommend that it be provided in conjunction with therapeutic zinc supplements.

Overnutrition: a form of malnutrition in which nutrients are oversupplied relative to the amounts required for normal growth, development, and metabolism; includes overweight and obesity, which results from caloric excess.

Policy guidance: a set of internationally vetted and recommended interventions aimed at providing decision makers in countries information with respect to how to effectively promote and protect the population, especially its most vulnerable groups, and to assure the most profitable investment of limited national resources in both stable and unstable times.

Ready-to-use formula: a form of artificial infant feeding that does not require the addition of water. It should only be used as a breast-milk substitute after careful assessment of needs, under strict medical control, and in hygienic conditions.

Ready-to-use supplementary food (RUSF): specially formulated, energy-dense, micronutrient-fortified spreads or pastes that require no refrigeration or preparation and can be consumed directly from the package.

Ready-to-use therapeutic food (RUTF): similar to RUSF, but provides more calories and is used to treat children with severe acute malnutrition.

Resilience: ability to withstand or recover from shocks, be they external or internal in origin; enables individuals and groups to withstand or moderate the negative effects of shocks.

Safe haven/safe space: a place, a situation or an activity where people can go and be protected. In crises and emergencies, a place for women, especially mothers to feel secure to breastfeed in privacy, to provide pregnant and lactating women support services, to shelter transient families, and to safeguard against violence.

Safety nets: noncontributory transfer programs targeted in some manner to the poor and vulnerable to poverty and shocks. Analogous to the U.S. term "welfare" and the European term "social assistance".

Scaling up: a "surge" response; during a crisis, an intensification and expansion of efforts to develop existing infrastructure and interventions that have previously been put in place, to counter the worsening of vulnerability and poverty.

Severe acute malnutrition (SAM): malnutrition in which a weight-for-height Z score that is < –3 SD and/or a middle-upper arm circumference that measures <11.5cm.

Shock: a high-impact, low-probability event.

Social protection: a strategy that targets transient poor and vulnerable populations by providing safety net programs and services; following crises and emergencies, efforts stress helping those who have lost their assets to return to productive activity.

Stable times/stable settings/stability: period during which a foundation can be laid and long-term resiliency can be built that will enable a population to deal with eventual economic, environmental, health, and nutrition shocks in a timely manner; period for the design and creation of priority interventions, safety-net initiatives, sustainable development programs, and for the reservation of set-aside or "rainy-day" resources.

Stunting: a condition of hindered growth, development, and progress that results from chronic malnutrition, often a result of poverty; measured in terms of height for age.

Sudden-onset disaster: an emergency such as a hurricane, flood, landslide, or earthquake.

Targeting: in emergencies, a strategy to assure maximum effectiveness in protecting the population and, when resources are limited, to focus on the needs of the most vulnerable, taking into consideration criteria for inclusion, conditions, approaches, and agents.

Toolkit: an assembly or collection of interventions and approaches designed to be used together to build the capacity to deal with a social challenge and to assess the readiness to meet that challenge.

Undernutrition: the outcome of insufficient food intake and repeated infectious diseases; includes being underweight for one's age, too short for one's age (stunting), dangerously thin for one's height (wasting), and deficient in vitamins and minerals (micronutrient malnutrition).

Universal salt iodization (USI): the fortification with iodine of all salt used for human and animal consumption; it is the main public health strategy for eliminating iodine deficiency.

Vector-borne diseases: diseases, such as malaria and dengue, the pathogens of which are transmitted by organisms, often mosquitoes, from reservoir to host; can seriously harm children and pregnant women, increasing the risk of anemia in mothers, delivery problems, and low birth weight; transmission of these diseases increases during emergencies due to proliferation of vector-breeding sites.

Vitamin A deficiency (VAD): the leading cause of preventable blindness in children, a cause of night blindness in pregnant women, and possibly a factor contributing to maternal mortality.

Vulnerability: a state resulting from exposure to external shocks, the effects of which are aggravated in the absence or the inadequacy of health, food, education, and other social goods and services.

Wasting: a process of deterioration that results from undernutrition and that is marked by weight loss and decreased physical vigor, appetite, and mental activity. In young children, it is defined according to a weight-for-height Z-score (WHZ) <-2.

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ANNEXES

ANNEX 1. SURVEY QUESTIONNAIRES

Purpose and scope of the questionnaires

It was determined that the survey should target decision makers and technical personnel in each country as well as international experts, all of whom were expected to provide relevant information about practices in place that promote and protect the nutritional status of pregnant and lactating women and children <2 years of age. The survey included personnel in governments, UN agencies, NGOs, and academic institutions.

Questionnaire 1 was used to survey people working in the field of nutrition in institutions that deal with crises and emergencies in the countries under study: Bolivia and Colombia in South America; El Salvador, Guatemala, Honduras, Nicaragua, and Panama in Central America; and Dominica, Grenada, Haiti, St. Lucia, and St. Vincent in the Caribbean.

Questionnaire 2 was used to survey experts at international level.

Introduction to the questionnaires

A number of countries in the Latin America and Caribbean (LAC) region have been severely hit by food-price crises in 2008 and are still very vulnerable to food-price volatility experienced since late 2010. Humanitarian responses to high food prices, crises, shocks, or emergency situations should help the poor avoid the consequences of the reduced affordability of a basic food basket. This is especially crucial in the first 1,000 days of life (that is, children from pregnancy until they reach 2 years of age and breastfeeding women), since most of the physical and cognitive damages due to improper nutrition in this period are irreversible.

The World Bank is leading a regional study on how to improve LAC country responses so as to protect the nutritional status of the poorest and most vulnerable in times of crises and emergencies. The countries covered by this study are Bolivia, Colombia, Dominica, El Salvador, Grenada, Guatemala, Haiti, Honduras, Nicaragua, Panama, St. Lucia, and St. Vincent.

Your participation in this study is crucial, as it will contribute to the development of a policy guidance toolkit for high-level decision makers as well as to the building of capacity in the region through South-South regional knowledge sharing. The results of this study and the toolkit will be presented during a high-level event in late 2012.

We kindly ask for your response to this survey, which will take you approximately eight minutes to complete.

Thank you very much in advance for your collaboration. Dr. Jennifer Bernal (Consultant) Email: jbernal@usb.ve *Phone: 0058-4143227182*

Questionnaire 1 (Country perspective)

1. Does the country have a policy or a strategy to protect the nutritional status of the population in times of crises or emergencies?

2. Does this policy have a special focus on children under 2 years of age? Yes____ No ___ (skip to question 4).

3. Please describe 3-5 aspects of the policy for the children.

   ____
   ____
   ____
   ____
   ____

4. Does this policy have a special focus on the protection of pregnant and lactating women (e.g., nutrition supplement / cash transfer / incentives to use services, psychological counseling, etc.)? Yes____ No ___ (skip to question 6).

5. Please describe 3-5 aspects of the policy for the women.

   ____
   ____
   ____
   ____
   ____

6. What are the food and nutrition recommendations you think should be implemented to protect pregnant, lactating mothers and infants in an emergency or crises?

   ____
   ____
   ____
   ____
   ____

7. In your opinion, what are the current policy /intervention gaps in your country to protect the nutrition status of pregnant, lactating mothers and infants in an emergency or crisis?

   ____
   ____
   ____
   ____
   ____

8. Which institutions are handling the implementation of food security and nutrition recommendations for pregnant, lactating women and children in an emergency or crisis?

   ____
   ____
   ____
   ____
   ____

9. Please indicate the name and e-mail address of any person in your country who you think could provide useful information regarding the nutritional protection of pregnant, lactating mothers and children in an emergency or crisis.

   Name ______________________ Name ______________________
   Title______________________ Title______________________
   Email______________________ Email______________________
   Phone______________________ Phone______________________

Questionnaire 2 (International expertise)

1. In your opinion, what are the best policies or interventions presently implemented to protect the nutritional status of pregnant, lactating women and children in case of an emergency/crisis in the world?
   (Indicate with numbers 1-5, where 5 is best)

   Exclusive breastfeeding____
   Provision of infant formula feeding ____
   Food rations _____
   Community kitchen ____
   Ready-to-use supplementary foods ____
   Promotion of appropriate and timely complementary feeding _____
   Micronutrients supplementation _____ (specify)
   Supply of seeds or livestock______
   Cash transfer_____
   Nutrition education _______ (specify)
   Promotion of hand washing ____
   Others _____ (Please list).
   ____
   ____
   ____
   ____

2. Regarding the policies or interventions actually being implemented to protect the nutritional status of pregnant, lactating women and infants in case of an emergency/crisis should? Which one would you recommend?
   (Indicate with numbers 1-5, where 1 is low priority and 5 is top priority)

   Protection of breastfeeding ___
   Rapid response of food supply______
   Improve the quality/diversity of the food given_____
   Increase the quantity of food given______
   Provide food supplements ___
   Provide micronutrients ___
   Control of food prices / food subsidy_____
   Intensification of the communications (radio in rural places)_____
   Extend safety nets ____
   Prioritizing nutrition of mothers and children in emergency response policies ___
   Donor harmonization ___
   Better targeting ___
   Others ____ (please provide a list)
   ____
   ____
   ____
   ____
   ____

3. What are your suggestions for implementing policies and interventions to protect the nutritional status of pregnant, lactating women and children during emergency/crisis in a low-income country?

Create a nutritional entity to work more efficiently across ministries___
Diminish the gap between scientific knowledge and stakeholders ___
Learn from experiences in other countries____
Concentrate nutrition response in one ministry (please name which one)____
Others (specify)

____
____
____
____
____

4. What should be done to put protection of nutrition of vulnerable groups on top of the policy agenda, especially in view of sustained high food prices and recurrent economic volatility?
(Indicate with numbers 1-5, where 1 is low priority and 5 is top priority)

Increase cash transfer _____
Scale up social safety nets ___
Raise awareness of high-level decision makers ___
Better multisectoral coordination ___
Strengthen of the capacities and knowledge in nutrition of policy makers_____
Strengthen of knowledge in food and nutrition) of the population_____
Others ____ (please provide a list)

____
____
____
____

5. In your view, what are the main challenges that countries in Latin America and the Caribbean face to protect the nutritional status of mothers and young children in times of crises and emergencies? (Indicate with numbers 1-5, where 5 is the most important)

Lack of knowledge / capacity at technical level ___
Lack of knowledge / capacity at highest level of decision ___
Lack of financial resources ___
Lack of coordination across key sectors of government ___
Lack of coordination of donors / international partners ___
Lack of availability / inappropriate nutritional guidelines to address the problem ___
Nutrition is not a priority ____
Lack of understanding on long-term impact of crisis on nutritional status and development outcome ___
Nutrition is seen as a health issue and not as a key factor in economic development of countries ___
Others (please specify)

____
____
____
____
____

ANNEX 2. LIST OF PEOPLE INTERVIEWED

Country	Name	Title	Agency
Bolivia	Lic. Adriana Espinoza	Jefa, Unidad de Nutrición	Ministry of Health
Bolivia	Ivette Sandino		UNICEF
Bolivia	Coronel Nestor Torres	Jefe, Unidad de Respuesta Inmediata	Despacho Viceministerio de Defensa Civil
Bolivia	Coronel Pedro Severich	Dirección de Alerta Temprana	Secretaria Técnica del CONARADE, Despacho Viceministerio de Defensa Civil
Bolivia	Coronel Edilberto Quiroz	Unidad de Respuesta Inmediata	Secretaria Técnica del CONARADE, Despacho Viceministerio de Defensa Civil
Bolivia	Lic. Gualberto Chávez Mamani	Unidad de Gestión de Suministros	Secretaria Técnica del CONARADE, Despacho Viceministerio de Defensa Civil
Bolivia	Lic. Franklin Condori	Dirección General Prevención y Reconstrucción	Secretaria Técnica del CONARADE, Despacho Viceministerio de Defensa Civil
Bolivia	Ing Heber Romero Belarde	Unidad de Prevención.	Secretaria Técnica del CONARADE, Despacho Viceministerio de Defensa Civil
Bolivia	Coronel Dim Reynaldo Tapia Orosco	Unidad de Rehabilitación	Secretaria Técnica del CONARADE, Despacho Viceministerio de Defensa Civil
Bolivia	Dr. Michele Thieren	Representante	PAHO/OMS
Bolivia	Dra. Martha Mejias		PAHO/OMS
Bolivia	Lic. Isabel del Carpio		PAHO/OMS
Bolivia	Jose Miguel Alarcon	Jefe de Unidad de Salud	Cruz Roja Boliviana
Bolivia	María Felix Delgadillo	Directora Ejecutiva	UDAPE (Unidad de Análisis de Políticas Sociales y Económicas)
Bolivia	Mirna Mariscal	Subdirectora Política Macroeconomica	UDAPE (Unidad de Análisis de Políticas Sociales y Económicas)
Bolivia	Roland Pardo	Subdirector Politica Social	UDAPE (Unidad de Análisis de Políticas Sociales y Económicas)
Bolivia	Milton Carreon	Subdirector Politica Multisectorial	UDAPE (Unidad de Análisis de Políticas Sociales y Económicas)
Bolivia	Silvia Fernández	Sector Agrícola	UDAPE (Unidad de Análisis de Políticas Sociales y Económicas)
Bolivia	Ademir Esquivel	Nutrición	UDAPE (Unidad de Análisis de Políticas Sociales y Económicas)
Bolivia	Monica Viaña	Oficial de Nutrición	WFP

Country	Name	Title	Agency
Bolivia	Juan Carlos Soria	Desastres	WFP
Bolivia	Marie France Beltrán Navarro	Directora	CT-CONAN Comité Técnico del Consejo Nacional de Alimentación y Nutrición
Bolivia	Guy Vargas	Director de Planificación	CT-CONAN, Ministerio de Salud y Deportes
Bolivia	Sheila Montes		CT-CONAN, SUPE
Bolivia	Lucy Alarcón	Unidad Nutrición	CT-CONAN
Bolivia	Odalis Caballero	Unidad Desastres	CT-CONAN
Bolivia	Henry Flores	Desastres	CT-CONAN
Bolivia	Oscar Mendieta		CT-CONAN
Bolivia	Elizabeth Ascarrunz		CT-CONAN, Minsiterio Planificación
Bolivia	Patricia Alvarez		WB
Colombia	Constanza Alarcón	Coordinator	Alta Conserjería Presidencial de Programas Especiales, Comisión Intersectorial de la Primera Infancia
Colombia	Jennifer Andrea Gutiérrez Sanchez		Alta Conserjería Presidencial de Programas Especiales, Comisión Intersectorial de la Primera Infancia
Colombia	Liliana Peñaloza		Ministerio de Salud y Protección Social
Colombia	Bertha Forero	Subdirectora	Instituto Colombiano de Bienestar Familiar, Ministerio de Salud y Protección Social
Colombia	Ana María Angel		Instituto Colombiano de Bienestar Familiar, Ministerio de Salud y Protección Social
Colombia	Herson Vasquez		Instituto Colombiano de Bienestar Familiar, Ministerio de Salud y Protección Social
Colombia	Clara Eugenia Hernández		Instituto Colombiano de Bienestar Familiar, Ministerio de Salud y Protección Social
Colombia	María Cecilia Cuartas	Public Police Officer	WFP
Colombia	Inka Himanen	Program Officer	WFP
Colombia	Profa. Sara Eloisa del Castillo	Directora, Escuela de Nutrición	Food and Nutrition Observatory, Universidad Nacional de Colombia
Colombia	Patricia Heredia		Food and Nutrition Observatory, Universidad Nacional de Colombia
Colombia	Santiago Mazo		Nutrition Cluster - Instituto Colombiano de Bienestar Familiar

Country	Name	Title	Agency
Colombia	Clemencia Gomez	Oficial de Salud y Nutrición	Nutrition Cluster: UNICEF
Colombia	Sandra Estupinan		Nutrition Cluster: FAO
Colombia	Angelica María Sanchez	Executive Director	Colombian Red Cross
Dominica	Sandra Charter-Rolle	General Director of the Civil Defense Commission	Ministry of Health
Dominica	Shirley Augustine	Country Program Specialist	PAHO
Dominica	Eleanor Lambert		Ministry of Health
Dominica	Chamber Maryness Tit	Nutritionist	Ministry of Health and Dominica Food & Nutrition Council (DFNC)
Dominica	Don Corriette	Program Officer	National Emergency Program Office (NEPO)
Dominica		Representative	USAID
Dominica	Kathleen Pinard-Byrne	Director General	Red Cross
Grenada	Mr. Benedict Peters	National Disaster Coordinator	National Disaster Management Agency (NADMA)
Grenada	Macia Cameron	Executive Secretary	Grenada Food and Nutrition Council/Ministry of Agriculture
Grenada	Ms. Norma Purcell	Product Development and Training Officer	Grenada Food and Nutrition Council/Ministry of Agriculture
Grenada	Mr. Oswald Charles	Disaster Coordinator	General Hospitals
Grenada	Nurse Francis Lidia	Chief Community Health Officer	Ministry of Health
Grenada	Nurse Nestor Edward	Chief Nursing Officer	Ministry of Health
Grenada	Daniel Lewis	FAO Representative, Chief of Agriculture Office at the Ministry of Agriculture	MOA/FAO
Grenada	Tessa Stroude	PAHO Country Program Specialist	PAHO
Grenada	Terry Charles	Director General	Red Cross
Guatemala	Maritza Oliva	Nutrition Specialist	WFP
Guatemala	Guy Gauvreau	Country Director	WFP
Guatemala	Lic. Carina Ramirez	Nutritionist	MINSA
Guatemala	M Licda. Maira Ruano	Program Coordinator, Food Security and Nutrition	MINSA
Guatemala	Dr Luis Roberto Escoto		PAHO/WHO
Guatemala	Ian MacArthur	Senior Specialist, Health and Social Protection	IADB
Guatemala	Ramiro Quezada		UNICEF
Guatemala	Maria Claudia Santizo	Health and Nutrition Specialist	UNICEF
Guatemala	Maria Marta Tuna		Cruz Roja
Guatemala	Dr. Rudy Cabrera	AINM-C Coordinator	MINSA
Guatemala	Luis Enrique Monterroso		SESAN
Guatemala	Samayoa Luisa		FAO
Haiti	Raphy Favre		Aba Grangou
Haiti	Beatrice Turnier		Aba Grangou

Country	Name	Title	Agency
Haiti	Klaus Eberwein		Aba Grangou
Haiti	Christophe Grosjean		Aba Grangou
Haiti	Dr Mohamed AG Ayoya	Chief of Nutrition	UNICEF
Haiti	Myrta Kaulard	Country Director	WFP
Haiti	Michele Doura	Nutrition Specialist	WFP
Haiti	Meri Helantera	Social Protection Specialist	IDP
Haiti	Antoinette Traore	Nutrition Specialist	WHO
Haiti	A.Charlotte Scheider		ACF
Nicaragua	Guillermo J. Gonzalez	Director	SINAPRED
Nicaragua	Carlos Jose Cuadra	DEGCA Special Services Director	MINSA
Nicaragua	Patricia Hallesven	Nutrition Specialist	MINSA
Nicaragua	Miriam Downs	Advisor for RRD Humanitarian Help	Swiss Cooperation for Central America
Nicaragua	Guillermo Guevara	Consultant SDE/PED	PAHO
Nicaragua	Israel Rios	Nutrition Consultant	WFP
Nicaragua	Karla Somarriba	Principal Program Assistant	WFP
Panama	Dr. Reina Roa	Sistema Institucional de Salud para Emergencias y Desastres, Dirección Provisión Servicios de Salud	Nutrition Department, MOH
Panama	Flavia Fontes		Departamento Salud Nutricional, MOH
Panama	Moises Abouganem		Departamento Salud Nutricional, MOH
Panama	Lic Emilio Castillo	Secretario	Autoridad Panameña de Seguridad de Alimentos
Panama	Enrique Paz	Nutrition Officer	UNICEF/TACRO
Panama	Lic Aldo Mootoo	Secretario	SENAPAN
Panama	Dayaris Alvarez		SENAPAN
Panama	Iris Ayarza		SENAPAN
Panama	Vudia Donoso	Bonos condicionales	SENAPAN
Panama	Lic. Carolina Siu	Directora	INCAP Guatemala
Panama	Lic. Ana Atencio	Directora Oficina	INCAP Panamá y WHO
Panama	Dr. Dana van Alphen	Regional Advisor on Disaster Response	WHO
Panama	Jorge Dawson	Director	DICRE (Dirección de Inversiones, Concesiones y Riesgos del Estado)
Panama	Diego Ferrer	Subdirector	DICRE (Dirección de Inversiones, Concesiones y Riesgos del Estado)
Panama	Diego Galindo	Jefe Inversiones, consecciones	DICRE (Dirección de Inversiones, Concesiones y Riesgos del Estado)
Panama	Arturo Alvarado	Director General	SINAPROC Defensa Civil (Sistema Nacional de Protección Civil)

Country	Name	Title	Agency
Panama	Heriberto Chavez	Director de Desastres	SINAPROC Defensa Civil (Sistema Nacional de Protección Civil)
St. Lucia	Dawn French	Director	National Emergency Management Office (NEMO)
St. Lucia	Mr. Claudie Prospere	Chief Environmental Health	Ministry of Health
St. Lucia	Lisa Hunt	Chief Nutritionist	Ministry of Health
St. Lucia	Nurse Ann Margaret Henry	Head, Maternal and Child Health Program	Ministry of Health
St. Lucia	Terrencia Gillard		Red Cross
St. Lucia	Kerri Mills	Health Disaster Coordinator	Ministry of Health
St. Lucia		Director of Agriculture	Ministry of Health
St. Vincent	Bernard Marksman	Director General	Red Cross
St. Vincent	Howie Prince	National Disaster Coordinator	National Emergency Management Office (NEMO)
St. Vincent	Ferosa Roache	Senior Head, Child and Maternal Health	Ministry of Health and Environment
St. Vincent	Andrea Robin	Chief of Nutrition	Ministry of Health and Environment
St. Vincent	Audrey Gittens- Gilkes	Chief Nursing Officer	Ministry of Health and Environment
St. Vincent	Annik Wilson	Focal Point	PAHO

ANNEX 3. SUMMARY OF POLICY GUIDANCE RECOMMENDATIONS FOR PRIORITY NUTRITION INTERVENTIONS & CROSS-CUTTING APPROACHES

Intervention	In Stable Times
	Priority Nutritio
Assuring Maternal, Infant, and Young Child Nutrition	• Promote optimal breastfeeding practices: initiation of exclusive breastfeeding within one hour of birth, exclusive breastfeeding until 6 months of age, and after 6 months sustained breastfeeding with appropriate complementary foods until 2 years of age and beyond. • Encourage appropriate complementary feeding practices starting at 6 months of age. Appropriate complementary foods should be adapted to the development of the child, nutrient-dense, of the appropriate consistency, fed frequently, varied, easy to chew and digest, appealing to children, help children transition to the family diet, prepared and fed in hygienic conditions, and fed responsively with patience and encouragement. • Ensure the International Code of Marketing of Breast-milk Substitutes is in place and complied with at all times. • Implement community-based nutrition programs that promote and support optimal maternal, infant, and young child feeding practices.
Promoting Healthy Growth	• Implement growth monitoring and promotion (GMP) activities to prevent undernutrition by detecting growth faltering and improving household practices or seeking care for illness. • Integrate a referral system for cases of acute malnutrition detected through GMP and ensure that protocols for management of acute malnutrition are up-to-date with the latest recommendations. • If rates of acute malnutrition are above 5%, implement community-based management of acute malnutrition (CMAM) programs for children with acute malnutrition without complications, providing ready-to-use therapeutic food. • Ensure that GMP and CMAM programs integrate the most cost-effective interventions and products.

In Crisis	In Emergency
on Interventions	
• Intensify and scale up programs that educate, encourage, and support mothers and families to practice optimal infant-feeding practices, including sustained breastfeeding. • For households with pregnant women or children <2 years of age, consider income support in response to constrained access to affordable nutritious foods or specialized complementary food provision in response to constrained availability for those at risk of falling into poverty.	• Ensure that mothers and families receive adequate support, including provision of ongoing information and of a safe environment, to practice optimal infant feeding, including sustained breastfeeding. • Provide, in situations where children cannot be breastfed, artificial feeding in the form of ready-to-use infant formula, following WHO recommendations. • Ensure availability of safe havens where mothers can breastfeed. • Ensure that pregnant and lactating women receive adequate fluids and food to maintain hydration and sustain breastfeeding in order to support the additional nutritional requirements of pregnancy and lactation. • Provide specialized complementary foods to children 6-24 months of age.
• Scale up and strengthen GMP programs to ensure coverage and more frequent monitoring of young children with enhanced vulnerability. GMP programs may be a good platform to scale up other health and social service programs. • Use an early warning surveillance system to target and monitor rates of acute malnutrition. • Use GMP as a platform to offer essential nutrition, health, and social protection interventions. • Strengthen referral networks or initiate CMAM programs to include acutely malnourished children and those with increased vulnerability, for example those who are losing weight. • Make sure a supply chain for CMAM supplies is in place. • Provide supplementary food rations to young children with moderate acute malnutrition. • If the crisis is prolonged screen pregnant and post-partum women for undernutrition and refer to supplementary feeding program as needed.	• Intensify GMP and, where it does not exist, put in place rapid screening for acute child malnutrition and undernutrition in pregnant and post-partum women; target especially women and children in shelters. • Scale up CMAM or referral for acute malnutrition, ensuring the supply of ready-to-use foods to prevent and treat malnutrition. • Use information from GMP programs or the early warning surveillance system to inform nutrition-program decisions over time following the emergency; closely monitor rates of moderate and severe acute malnutrition, particularly among the poorest individuals.

Intervention	In Stable Times
Preventing and Treating Micronutrient Deficiencies	• Promote consumption of a diverse diet rich in micronutrients. • As needed, establish micronutrient supplementation programs for common deficiencies as a short-term strategy for eliminating micronutrient deficiencies: For children < 5 years, • vitamin A when vitamin A deficiency prevalence > 20% • iron when anemia prevalence is > 40% For girls and women of reproductive age, iron-folic acid when anemia prevalence is > 20%. • Establish food fortification programs, including universal salt iodization and fortification of complementary foods, as a long-term strategy for eliminating micronutrient deficiencies. • Promote optimal breastfeeding practices. • Provide all pregnant women with daily iron-folic acid supplements for at least six months. • Provide daily iron-folic acid supplements to mothers for three months after delivery where anemia prevalence is ≥ 40%. • Provide deworming treatment to pregnant women, preschool-aged children, and school-aged children in areas where hookworms or soil-transmitted helminthes are prevalent.
Preventing and Treating Micronutrient Deficiencies	• Set up infrastructures that ensure access to safe water and hygienic environments. • Decide whether health services should counsel mothers to either breastfeed and receive ARV drugs or avoid all breastfeeding. • Promote replacement feeding only if it is acceptable, feasible, affordable, sustainable, and safe. • Recommend, in countries that choose to promote breastfeeding with ARV interventions and where ARV drugs are available or are planned to be, that mothers known to be HIV-infected exclusively breastfeed for six months and then continue breastfeeding with complementary foods at least until their children reach 12 months of age. • Use oral rehydration salts (ORS) and daily zinc supplements for the clinical management of acute diarrhea, as per WHO and UNICEF recommendation. • Implement robust malaria and dengue control programs that reduce vector breeding sites by encouraging clean environments and, where relevant, sleeping under bed nets, especially for pregnant women and young children. • Promote and protect breastfeeding, especially exclusive breastfeeding for the first six months of life.

In Crisis	In Emergency
• Scale up and strengthen programs to prevent, screen, and treat micronutrient deficiencies, paying attention to women and children whose diet quality or health care access may be limited. • Monitor prevalence of micronutrient deficiencies in vulnerable populations to see if the supplementation protocol should be modified. • Provide deworming treatment to pregnant women, preschool-aged children, and school-aged children in areas where hookworms or soil-transmitted helminthes are prevalent.	• As needed, provide fortified food rations, including iodized salt. • Provide pregnant and lactating women with a daily multiple micronutrient supplements; continue provision of iron-folic acid supplements. • Provide children 6-59 months of age with a daily dose of multiple micronutrient supplements when fortified rations are not being given; when fortified rations are being given, children in this age group should receive two doses per week. • Continue semi-annual vitamin A supplementation.
• Expand and strengthen infectious disease control programs, especially in vulnerable populations. • Intensify the promotion and protection of optimal breastfeeding practices. • Ensure that emergency preparedness plans take into account appropriate management of infectious diseases including the provision of ART, ARV drugs, breast-milk substitutes (for those countries that recommend that HIV-infected mothers avoid all breastfeeding), and condoms. • Enhance the surveillance of infectious diseases and scale up programs where prevalence increases.	• As needed, provide fortified food rations, including iodized salt. • Provide pregnant and lactating women with a daily multiple micronutrient supplements; continue provision of iron-folic acid supplements. • Provide children 6-59 months of age with a daily dose of multiple micronutrient supplements when fortified rations are not being given; when fortified rations are being given, children in this age group should receive two doses per week. • Continue semi-annual vitamin A supplementation.

Intervention	In Stable Times
Preventing and Treating Infectious Diseases	• Set up infrastructures that ensure access to safe water and hygienic environments. • Decide whether health services should counsel mothers to either breastfeed and receive ARV drugs or avoid all breastfeeding. • Promote replacement feeding only if it is acceptable, feasible, affordable, sustainable, and safe. • Recommend, in countries that choose to promote breastfeeding with ARV interventions and where ARV drugs are available or are planned to be, that mothers known to be HIV-infected exclusively breastfeed for six months and then continue breastfeeding with complementary foods at least until their children reach 12 months of age. • Use oral rehydration salts (ORS) and daily zinc supplements for the clinical management of acute diarrhea, as per WHO and UNICEF recommendation. • Implement robust malaria and dengue control programs that reduce vector breeding sites by encouraging clean environments and, where relevant, sleeping under bed nets, especially for pregnant women and young children. • Promote and protect breastfeeding, especially exclusive breastfeeding for the first six months of life.
Promoting Healthy Motherhood	• Follow WHO guidelines for antenatal and postpartum package of services. • Promote good nutrition for all girls and women of reproductive age, and adequate weight gain during pregnancy. • Discuss birth plans with all pregnant women, and provide each with a safe delivery kit. • Ensure the availability of skilled professionals and essential equipment. • Use infection prevention measures when caring for women and infants immediately after birth. • Ensure a sufficient number of delivery kits for the estimated number of deliveries in each area. • Integrate safe motherhood interventions into emergency plans.

In Crisis	In Emergency
• Expand and strengthen infectious disease control programs, especially in vulnerable populations. • Intensify the promotion and protection of optimal breastfeeding practices. • Ensure that emergency preparedness plans take into account appropriate management of infectious diseases including the provision of ART, ARV drugs, breast-milk substitutes (for those countries that recommend that HIV-infected mothers avoid all breastfeeding), and condoms. • Enhance the surveillance of infectious diseases and scale up programs where prevalence increases.	• Ensure supplies of ART, ARV drugs, breast-milk substitutes (if applicable), and condoms are included in emergency response kits and that health workers maintain blood safety and infection control procedures; provide ARV as soon as feasible. • In emergency settings, recommend breastfeeding for all mothers. • Guarantee adequate access to potable water and safe foods, prioritizing mothers and young children. • Have soap readily available in the toilet areas of shelters and promote regular hand washing with soap. • Encourage hygienic food preparation and closely monitor food safety in shelters • Intensify vector control measures and follow WHO recommendations on diagnosis and treatment of infectious diseases.
• Identify women who are in advanced stages of pregnancy and discuss birth plans, providing each with a safe delivery kit. • Consider cash transfers or vouchers for households in which pregnant mothers are unable to afford adequate services or diets. • Provide food transfers when affordable nutritious foods are not available.	• Link with other sectors to provide "safe havens" for pregnant and lactating women. • Ensure that pregnant and lactating women receive additional rations of food and safe drinking water. • Provide pregnant women with additional warm clothes, based on the climate. Provide baby clothes and blankets for infants. • Follow WHO recommendations for healthy childbirth during an emergency, including ensuring the presence of female health workers and adequate security at the delivery site. • Ensure that an evacuation plan is in place for women and newborns with pregnancy and health complications.

Intervention	In Stable Times
Ensuring Food Security	• Establish strong links between agricultural, food security, social protection and nutrition policies that can be used to inform a robust communication program regarding maternal diet and critical infant and young child feeding practices. • Support diversified agricultural production to increase availability of nutrient-dense foods, particularly those of animal sources. • Target the most vulnerable geographic areas and, within them, the most vulnerable households: poor/food insecure households and smallholder farmers. • Prioritize the needs of pregnant and lactating women (adolescent girls if appropriate), and infants and children <2 years of age. • Encourage procurement and use of locally produced products when possible. • Provide cash vouchers, food, or in-kind transfers to food-insecure individuals. • Ensure that, when foods products are offered, they are adapted to the nutritional needs of women and young children. • Preposition food and logistics in hard-to-reach areas.
	Cross-Cutting
Targeting	• Identify and map pockets of vulnerability using a variety of criteria: poverty, disaster-prone, marginalized population, geographic isolation, etc. • Define target groups according to the different realms of interventions implemented. • Define targeting strategy including categories and criteria for inclusion, conditions, approaches, and appropriate targeting agents. • Establish a system at the community and agency level for identifying vulnerable families and actions to reduce their vulnerability. • Ensure that the targeting strategy does not add stigma to beneficiaries.
Multisectoral Coordination	• Establish a comprehensive humanitarian coordination mechanism that will lead the functions of preparedness, response, leadership, policy, advocacy, information management, and humanitarian financing. • Establish operational "clusters" or subcommittees by technical areas (such as health, nutrition, water, and sanitation) to avoid duplications and gaps and ensure coordination and clear leadership for each technical area. • Involve a wide range of organizations and actors in humanitarian coordination mechanisms, including governmental and non-governmental institutions, religious or humanitarian groups, and bilateral and multilateral partners.

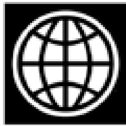
In Crisis	In Emergency
• Scale up income support via cash transfers, vouchers or food transfers to allow households to procure a sufficient food basket. • Scale up the provision of micronutrient supplements to pregnant/lactating women and young children in households that may be suffering from reduced dietary diversity and/or vulnerable to micronutrient deficiencies.	• Provide cash, vouchers, fee waivers, food rations, to individuals in distress rapidly to enable them to meet their daily nutritional needs. • Provide safe water and address specifically the need to continue breastfeeding with specific instructions about use of formula and artificial milk. • Make certain that adequate and hygienic cooking facilities are available to families who have lost access to their homes.
g Approaches	
• Target based on nutritional needs, especially pregnant and lactating women and children <2 years of age, if resources are limited. • Prioritize other vulnerable groups, including children 2-5 years of age, people with disabilities, the elderly, and people living in hard-to-reach areas.	• Establish an ongoing targeting process throughout the emergency that is clear and acceptable to those who are included. • Balance inclusion and exclusion errors to minimize harm to affected individuals. • Consider blanket distributions in sudden-onset disasters if all households have suffered similar losses or where targeting is not possible.
• Intensify coordination mechanisms and ensure that core functions are operating well and are ready to be activated. • Enable coordination mechanisms to build shared situational awareness as well as common strategy, approaches, and implementation plans.	• Activate coordination mechanisms to ensure efficient emergency response. • Ensure that these mechanisms perform their core functions, share information fluently, and implement the response cooperatively.

Intervention	In Stable Times
Policy Making and Planning	• Make fighting undernutrition a top priority, focusing on optimal nutrition during the first 1,000 days through education of and advocacy among senior policy makers. • Enlist nutrition experts to review existing policies and plans to ensure that they are up-to-date with regard to international recommendations and best practices and that nutrition has been mainstreamed into preparedness planning. • Orient local first-responders to translate central plans into decentralized action that reaches those most in need. • Develop a graduation strategy or transition plan to assist individuals to return to stability after a shock and to build resilience.
Emergency Communication	• Elaborate a comprehensive communication plan for crises and emergencies to efficiently inform the public about the situation and what to do at both the central and decentralized levels and to provide accountability to the public. • Include, in planning, multiple channels of communication—hardwired and wireless networks, broadcast and satellite television, radio, mobile phone networks, Internet, social media, and interpersonal networks.
Human Resources and Training	• Develop or adapt training strategy, curricula, and materials to ensure that they include protecting nutrition during the first 1,000 days, taking into account training resources that have been produced by UN agencies and other reputable organizations. • Integrate nutrition into crisis and emergency response training curricula for workers at all levels. • Ensure that key personnel undertake training courses on basic concepts of humanitarian aid, management of undernutrition and emergency response.
Water, Sanitation, and Hygiene	• Invest resources in WASH infrastructures, especially in disaster-prone and peri-urban areas, to minimize the effects of poor hygienic conditions and to avoid population-wide epidemics. • Ensure that emergency and crisis plans include sections on WASH and comply with international best practices taken from WHO/WEDC guidelines. • Promote culturally-specific good WASH practices. • Maintain a store of clean water to meet basic needs for the initial phase of an emergency in more remote disaster-prone areas.

In Crisis	In Emergency
• Intensify links with existing social protection systems to address the food and nutrition needs of the chronic and transient poor. • Expand systems and programs that address food and nutrition insecurity, with an emphasis on meeting the needs of mothers and children. • Ensure that emergency response plans are up-to-date and that resources are available to be rolled out rapidly.	• Follow-up the work of, and maintain communication with, local responders to adapt the implementation of policies and plans according to the situation. • Evaluate the situation before closing a program or making the transition to a new phase, to provide evidence of improvement or identify suitable actors to take over the responsibility. • Communicate the exit strategy to affected populations during the early stages of program implementation to enhance sustained recovery.
• Implement the communication plan, targeting the affected population, to provide information on how to seek assistance and on what to do. • Monitor the situation and continually test the effectiveness of the communication system by regularly obtaining feedback from the field and collecting data.	• Rapidly roll out emergency communication plan, maintain open communication with the public to assure calm and order, and provide clear and practical information on what to do and how to seek assistance. • Ensure that the communication system accommodates two-way communication in order to collect and analyze information coming in from the field and to be responsive to it as the nature of the emergency changes. • Once the emergency is over, continue communication relevant to recovery and to preventing relapse. • Evaluate public communication strengths and weaknesses during and following events and adapt plan accordingly.
• Provide refresher training to crisis and emergency response personnel to assure that their skills and knowledge are up-to-date, notably in nutrition. • Have trained human resources assist in scaling up programs, implementing communication and education campaigns, and participating in surveillance and monitoring activities.	• Provide continuous training, support, and supervision to response personnel during and after an emergency. • Take stock of strengths and skill gaps to adapt training after an emergency.
• Strengthen WASH infrastructures in areas that are the most vulnerable to shocks and where the population lives in conditions of extreme poverty, such as peri-urban and rural areas. • Scale up programs to educate the population on practices they need to follow to prevent water-borne diseases. • Promote exclusive breastfeeding and appropriate hygiene practices related to complementary feeding.	• Promote exclusive breastfeeding for children <6 months of age and appropriate hygiene practices related to complementary feeding. • Supply adequate levels of safe drinking water, prioritizing young children and pregnant and lactating women in light of their increased water needs. • If the local water supply is compromised, distribute water purification technologies or products. • Ensure that the population has access to adequate sanitation facilities and the ability to maintain good hygiene. • Monitor the incidence of water-borne diseases, particularly diarrhea and infectious diseases.

Intervention	In Stable Times
Monitoring and Evaluation	• Develop early warning systems based on international best practices that enable the government to predict crises and their associated effects. • Establish responses to be made when food security and nutritional status indicators fall below crisis and emergency cutoff values. • Develop a monitoring and evaluation system for crises and emergencies that can assess the effectiveness of the humanitarian response, enable learning, and promote accountability. • Link the monitoring and evaluation system to relevant government management information systems.

In Crisis	In Emergency
• Activate early warning systems and intensify surveillance, especially in vulnerable areas. • Monitor closely the food security and nutrition situation in vulnerable areas (i.e. rural and peri-urban areas) among mothers and young children, and provide relevant assistance in accordance with the information collected. • Evaluate periodically the impact of these programs, informing planners of the results of evaluation, so that strategies can be improved.	• Intensify surveillance of the situation through early warning and response (EWARN) systems to detect and respond rapidly to outbreaks of diseases and malnutrition. • Monitor and evaluate the emergency response, notably to assess the two most vital, basic public health indicators measuring severity: nutritional status of children <5 years of age and mortality rate of the population. • Ensure that key data from the field are inputted into government management information systems for easier analysis and communication.



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