

Executive Summary

In 2005-6, Save the Children UK and the Emergency Nutrition Network (ENN) undertook a study aimed at determining the efficacy and effectiveness of emergency supplementary feeding programmes (SFPs). The study consisted of a retrospective analysis of SFPs implemented between 2002 and 2005. After selection of the programmes, the database consisted of 82 programmes implemented by 16 agencies. Only 67 SFPs provided information on programme performance (programme statistics).

Eight of the SFPs were implemented in Asia, one in Central America and all the others in Africa. There was a marked lack of consensus over the objectives of the SFP ranging from treating moderate malnutrition, preventing severe malnutrition, reducing population malnutrition rates, improving quality of care of malnourished children and improving nutrition and hygiene education. Twenty-five programmes did not cite programme objectives.

Programme reporting and analysis of outcome statistics was found to be grossly inadequate in many programmes with a large number of information gaps, inaccuracies, statistical errors and other inappropriate uses of information and data. A key finding of the study is the need to establish minimum reporting standards that must be adhered to by those implementing emergency SFP. Another major reporting issue is that current Sphere standards do not require agencies to report patients that are transferred to TFC or to hospital or that are discharged without having recovered (“non response”). Therefore, a programme could theoretically have 50% of its patients being sent to TFC because they are losing weight yet still meet Sphere standards of 75% of patients recovering.

When calculated following Sphere standards recommendations, 63.9% of the SFPs in the study obtained a recovery rate equal to or above 75% for the whole period of operations reported. Following the addition of non-response” exits only 39.3% of the SFPs reached this threshold of quality.

Overall, only 25 SFPs (41%) meet all Sphere standards, even when not including “non-responders”. If the raw data of all the programmes are pooled together (61 SFPs 376 179 beneficiaries), a total of 260 034 children recovered (69%), 67 366 defaulted (17.9%), 1 763 died (0.46%) and 47 016 (12.5%) were classified as non-responders to treatment.

A small number of SFPs which contributed many children to the study had good recovery rates. Although this relationship is not statistically significant (simple linear regression, $F = 0.32$, $p = 0.57$), it does explain the apparent discrepancy between the low number of SFPs that attained a recovery rate equal to, or above 75% and the fact that, when pooling all the data together, 69% of children recovered.

Most of the variation in recovery rates is due to defaulting rates. Forty-five out of 61 SFPs (73.8%) have a recovery rate equal to or above 75%, after exclusion of defaulters. The median recovery rate among these patients is 86.5% (iqr 74.0 – 94.0).

In the majority of programmes (65%), the rate of defaulting is higher and varied more than the rate of non-response. The monthly mortality rates were very low in all programmes and varied little. The monthly variation in defaulting rate seems to be influenced by seasonal factors with higher rates observed in the cultivation and harvest months, when access to programmes is reduced due to rains, flooding or snow, or where there are sudden increases in insecurity. In some exceptional months, default rates exceeded 80%. These findings suggest the need for programmes to be more

sensitive to the opportunity costs of carers and to modify design accordingly. For children that stay in the programme (once defaulters are removed) there is still a significant number who do not respond. This suggests room for manoeuvre to improve programme protocols and design.

A number of context factors were explored in relation to programme outcomes. The presence of a general ration, existence of a therapeutic feeding programme for treatment of severe malnutrition the chronicity of the crisis and whether populations were displaced were all shown to have some statistical impact on outcomes.

The data collected by agencies on coverage and prevalence of malnutrition do not demonstrate any impact of emergency SFPs at population level. Indeed, a significant number of nutrition surveys showed a decline in nutritional status following a period of implementation of the SFP.

Given the methodological difficulties of population level impact assessment (need for control groups to account for other factors or interventions which may impact prevalence of malnutrition at population level), a new approach was considered based on the estimation of the ratio of children with moderate malnutrition to severe malnutrition. This approach takes into account that SFPs can be expected to reduce the incidence of severe malnutrition, but not that of moderate malnutrition. Proper monitoring of these variables, through repeated surveys, analysis of the admissions to SFPs and TFPs, or through surveillance, could provide an easy way to evaluate impact and to consider the quality and coverage of SFPs during field operations, without the need to select a control group.

This study concludes that while a large number of children have significantly benefited from implementation of the programmes reviewed it is unlikely that the programmes have had a significant impact on levels of wasting at population level. This is due to low levels of coverage and recovery. Therefore, if population level impact is a programme goal it may be that in some instances alternative interventions addressed to the wider population are more appropriate.

The process involved in carrying out the study and the initial findings highlight a set of institutional issues regarding the capacity of the current humanitarian system to evaluate collective agency experiences and outcomes of specific types of intervention or to answer specific programmatic questions in order to improve practice.

It may now be time to start advocating for a body or organisation to take overall responsibility for assessing the relative impacts and cost effectiveness of the various types of intervention carried out during nutritional crises. This will help ensure that in future interventions are more likely to be rolled out on the basis of empirical evidence rather than agency mandate, 'track record' and availability of donor funding.