

Maximizing potential for impact: measuring and addressing issues of sharing and diversion in MAM management programs

Primary authors: Dr. ROGERS, Beatrice (Friedman Nutrition School, Tufts University), USA

Co-authors: Dr. WEBB, Patrick (Friedman Nutrition School, Tufts University) ; Ms. MARCUS, Shelley (Friedman Nutrition School, Tufts University) ; Mr. MAGANGA, Gray (Friedman Nutrition School, Tufts University) ; Mr. ASHONG, Joseph (Friedman Nutrition School, Tufts University) ; Ms. JAYSON, Lauren (Friedman Nutrition School, Tufts University)

Presenter: Dr. ROGERS, Beatrice (Friedman Nutrition School, Tufts University), USA

Programs to prevent and treat moderate acute malnutrition (MAM) commonly depend on providing supplementary foods to children. The Prevention of Malnutrition in Children Under Two Years of Age (PM2A) approach recommends providing nutritional supplements to pregnant and lactating women and to children six months to two years; some treatment programs reach older children and may provide family rations. Typically, the supplements used in such programs are variants of corn-soy blend (CSB), a micronutrient-enhanced blended food cooked as porridge, sometimes mixed with oil, or a lipid-based nutritional supplement (LNS). A comprehensive review of USAID-supported programs found that the size of the CSB ration targeting children ranged from 17.5g to 400g/ day; one reason for this disparity was differing assumptions about sharing of supplementary food, from none to equal sharing among all household members. WFP bases its ration calculation on the presumed need to provide twice the ration intended for the target child, to account for sharing. Expectations of sharing are thus a critical determinant of the amount of food needed to ensure that the target child receives an effective dose.

Little empirical information is available about sharing supplementary foods, and the majority of such studies have appeared in the non-refereed literature. What literature exists suggests that sharing of supplementary food, at least among children in the household, is the norm. There is little evidence that one type of food is more likely to be shared than another (e.g., that LNS shows different patterns of sharing from CSB variants or that the CSBs vary), and little systematic evidence concerning their perception as a food or a medical treatment (or both). Factors affecting the degree of sharing or diversion of the supplement may include household composition, food insecurity, effectiveness of social and behavioural communication, mother's involvement in child feeding, child age, desirability of the supplementary food or its components (e.g., the oil if provided separately), and other factors.

Two ongoing studies of supplementary feeding, conducted in Malawi by Tufts University with support from USAID, and in Sierra Leone by Tufts University and Washington University in Saint Louis with funding from USAID and the World Food Program, are collecting data on the uses of supplementary foods for MAM treatment, including factors associated with appropriate use, sharing, and diversion. In Malawi, CSB and a separate ration of oil are provided in quantities sufficient to allow for intrahousehold sharing, per the government's required treatment protocol. In Sierra Leone, four foods – one LNS and three variants of CSB, one of which is delivered with a separate oil ration (CSB14), one with oil incorporated into the packaged CSB (Supercereal Plus), and one into which oil is mixed at the time of distribution (Supercereal) – are compared to determine how these characteristics, in concert with other household and food-related factors, affect use and the degree of diversion and sharing of the supplementary food ration. Preliminary data from these ongoing studies assess the determinants and degree of diversion and sharing.