

Coverage in humanitarian programming

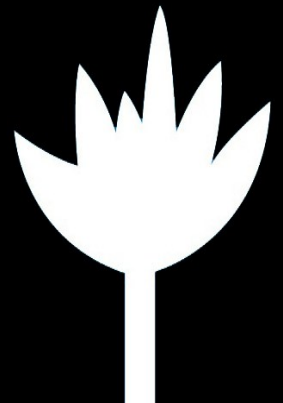


Jose Luis Alvarez Moran

Epidemiology and Public Health Coordinator
Doctors without borders

Learning objectives

1. Basic concepts (5 min)
2. Treating malnutrition in humanitarian settings (10 min)
3. Coverage of nutrition programs (10 min)
4. Brief exercise in groups (15 min)
5. Q&A (10 min)





**DATA IS USED BY
GOVERNMENTS TO
DEVELOP POLICIES AND
PLAN HEALTH
PROGRAMMES**

**LARGE-SCALE SURVEYS
AND DATA COLLECTION
ARE A COMPLEX AND
DIFFICULT TO
UNDERTAKE.**



?

?

?

~~MAL~~ NUTRITION ?

UNDER

?

?

?

?

Types of malnutrition

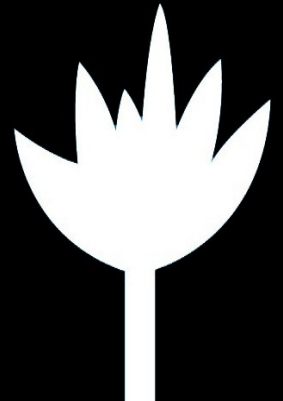
1. Acute malnutrition
2. Chronic malnutrition
3. Micronutrient deficiency

Anthropometric Indices

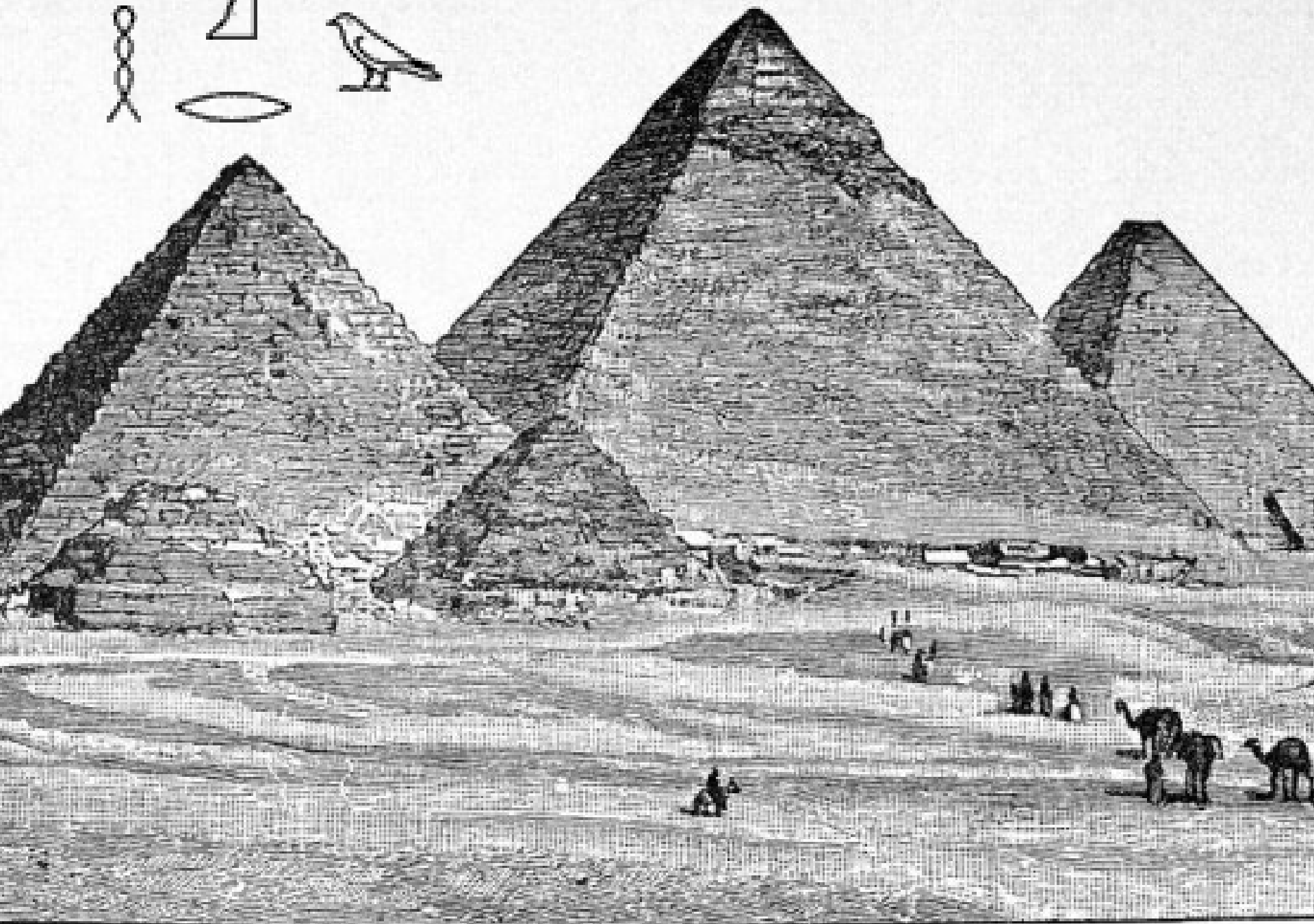
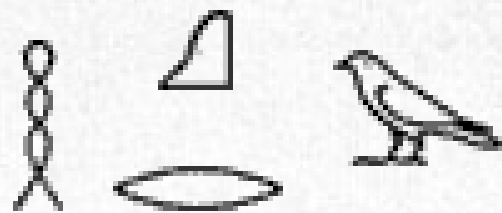
1. Weight/height index (W/H)
2. MUAC
3. Presence of bilateral edema

Learning objectives

1. Basic concepts (5 min)
2. Treating malnutrition in humanitarian settings (10 min)
3. Coverage of nutrition programs (10 min)
4. Brief exercise in groups (15 min)
5. Q&A (10 min)



A People's History of AM Treatment

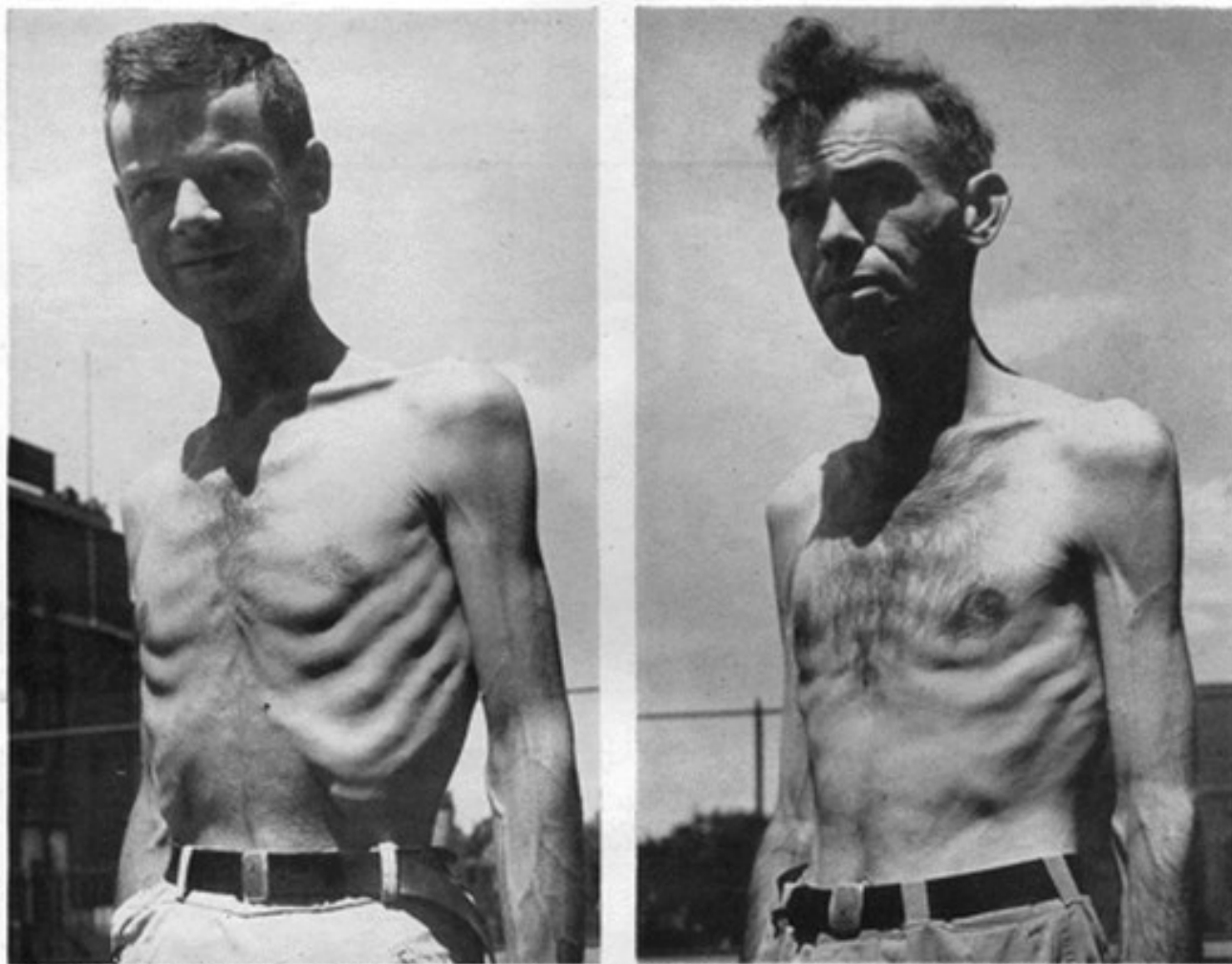




Irish Famine, 1845-1852



Odisha Famine, 1866-67



AFTER FIVE MONTHS OF STARVATION DIET CONSCIENTIOUS OBJECTORS SAMUEL LEGG (LEFT) AND EDWARD COWLES HAVE LOST 35 AND 30 POUNDS RESPECTIVELY

MEN STARVE IN MINNESOTA

CONSCIENTIOUS OBJECTORS VOLUNTEER FOR STRICT HUNGER TESTS TO STUDY EUROPE'S FOOD PROBLEM

The Minnesota Starvation Experiment, 1944-45



Europe, 1945



**Sir John Waterlow
Tropical Metabolism Research Unit (1956-
1999)**



Mike Golden



Biafra, 1967-70

Murat
↓

Hernandez
↓

Kouchner
↓

Pascal
↓





Ethiopia, 1984



Therapeutic Milks (F-100/F-75), 1994



South Sudan Famine, 1994



Andre Briend





Andre Briend



Bahr-el-Ghazal, South Sudan Famine, 1998



Steve Collins



Ethiopia, 2001

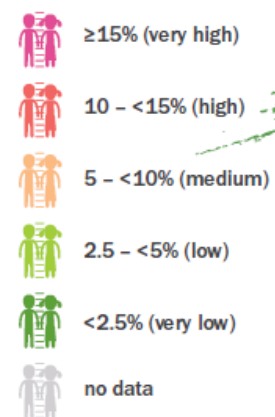


North Darfur, 2001

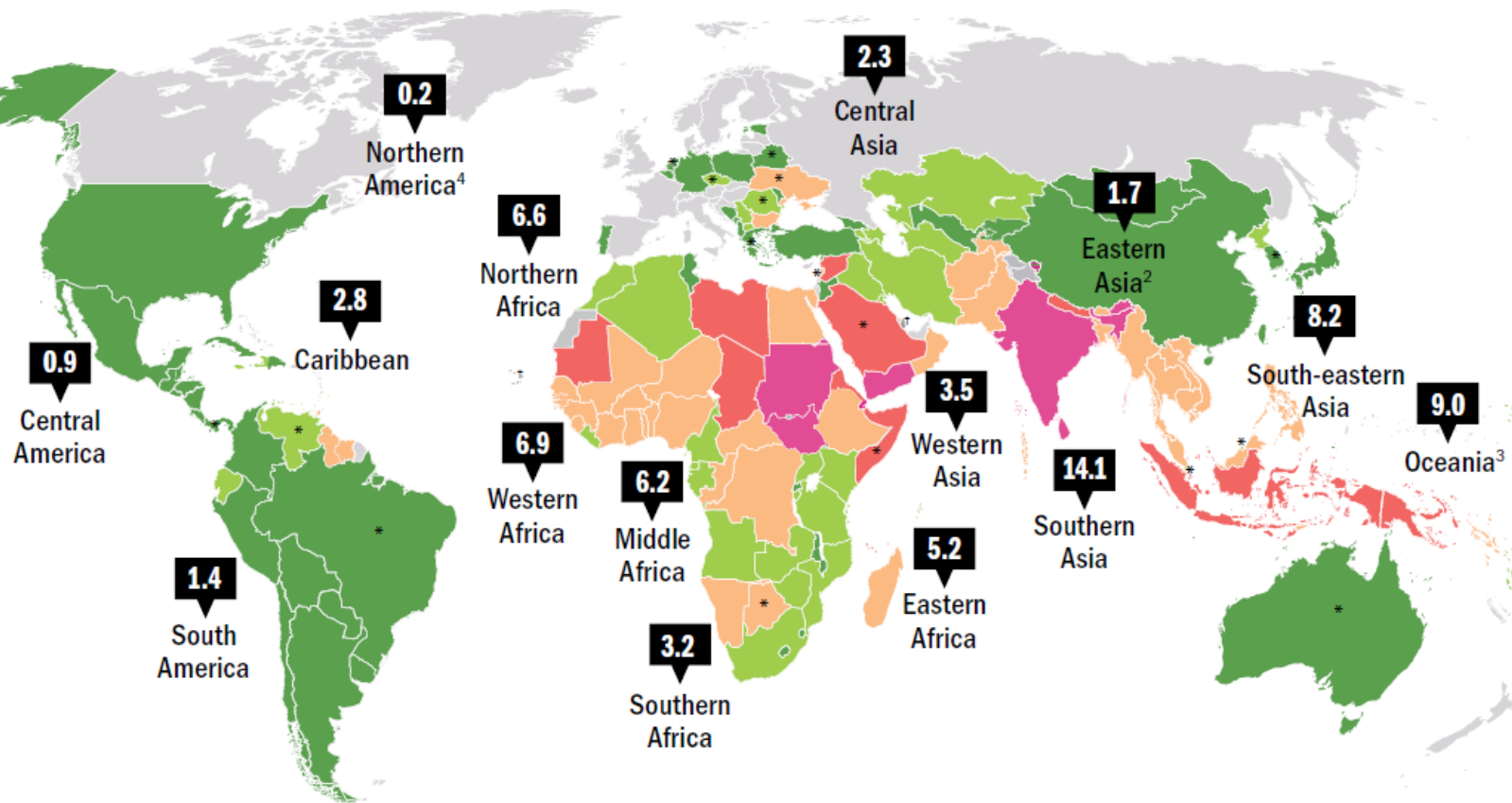
Prevalence

?

6,7%
(45 million)



Distribution of wasting prevalence, by country, using the most recent available survey between 2010 and 2020.



COVERAGE

Coverage

?

8%
(4 million)



The First Revolution – 1980s-90s



Therapeutic Feeding Centres

**Opportunity costs for caretakers were high
in a treatment that normally required >30
days of inpatient care**



A maximum number of cases that could be treated per TFC (ceiling) regardless of the scale of the problem





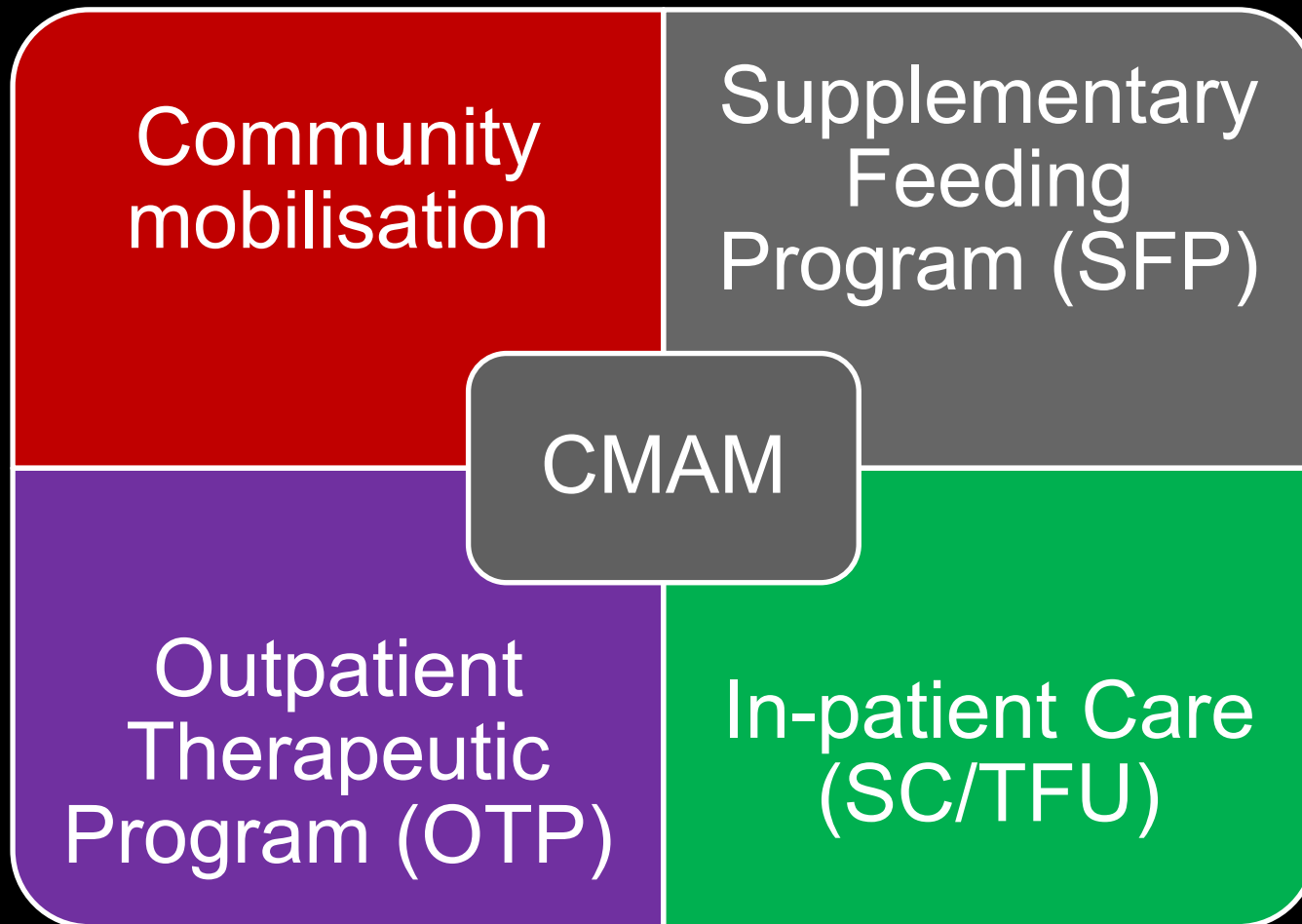
The Second Revolution – 2000s



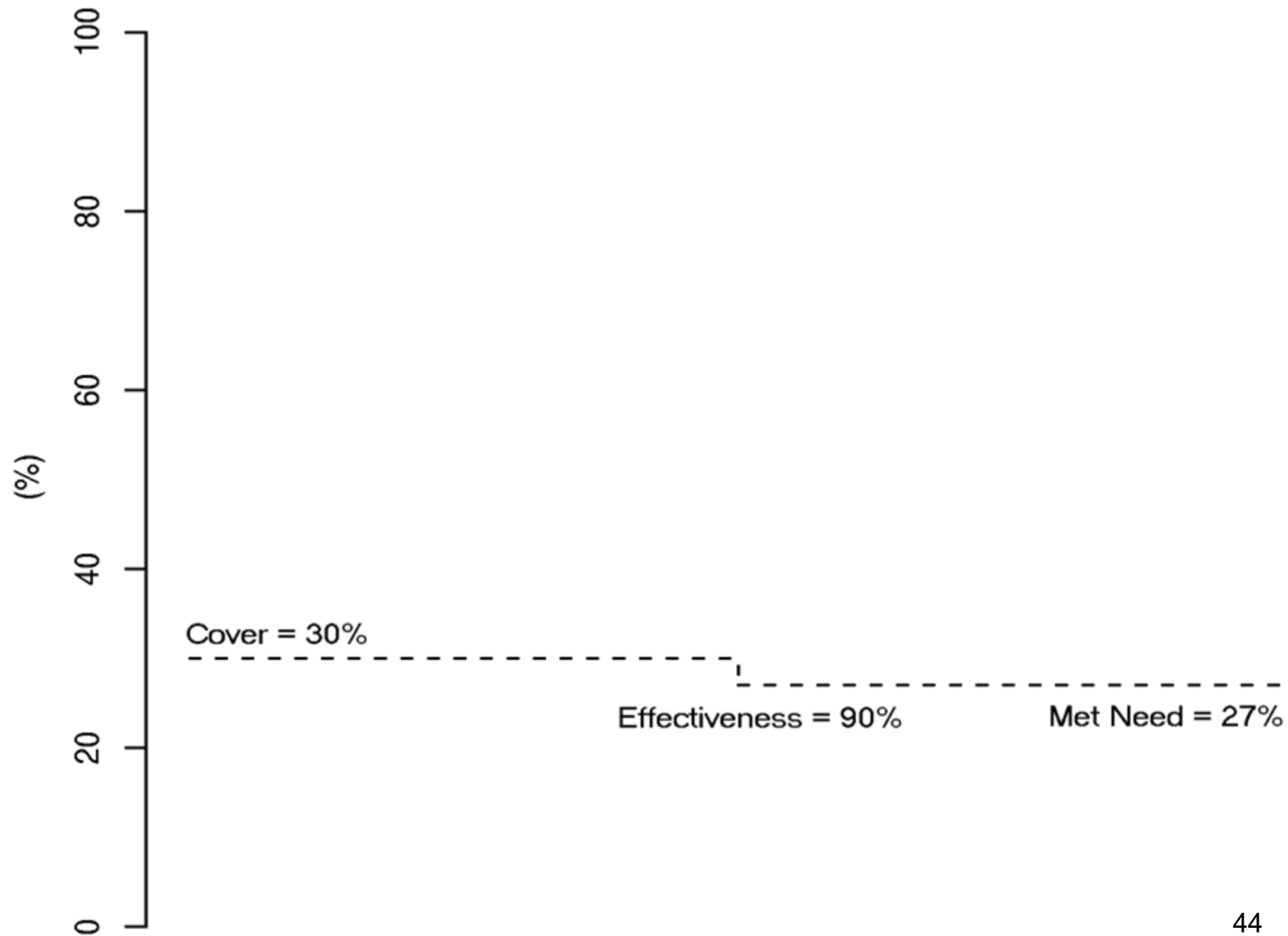


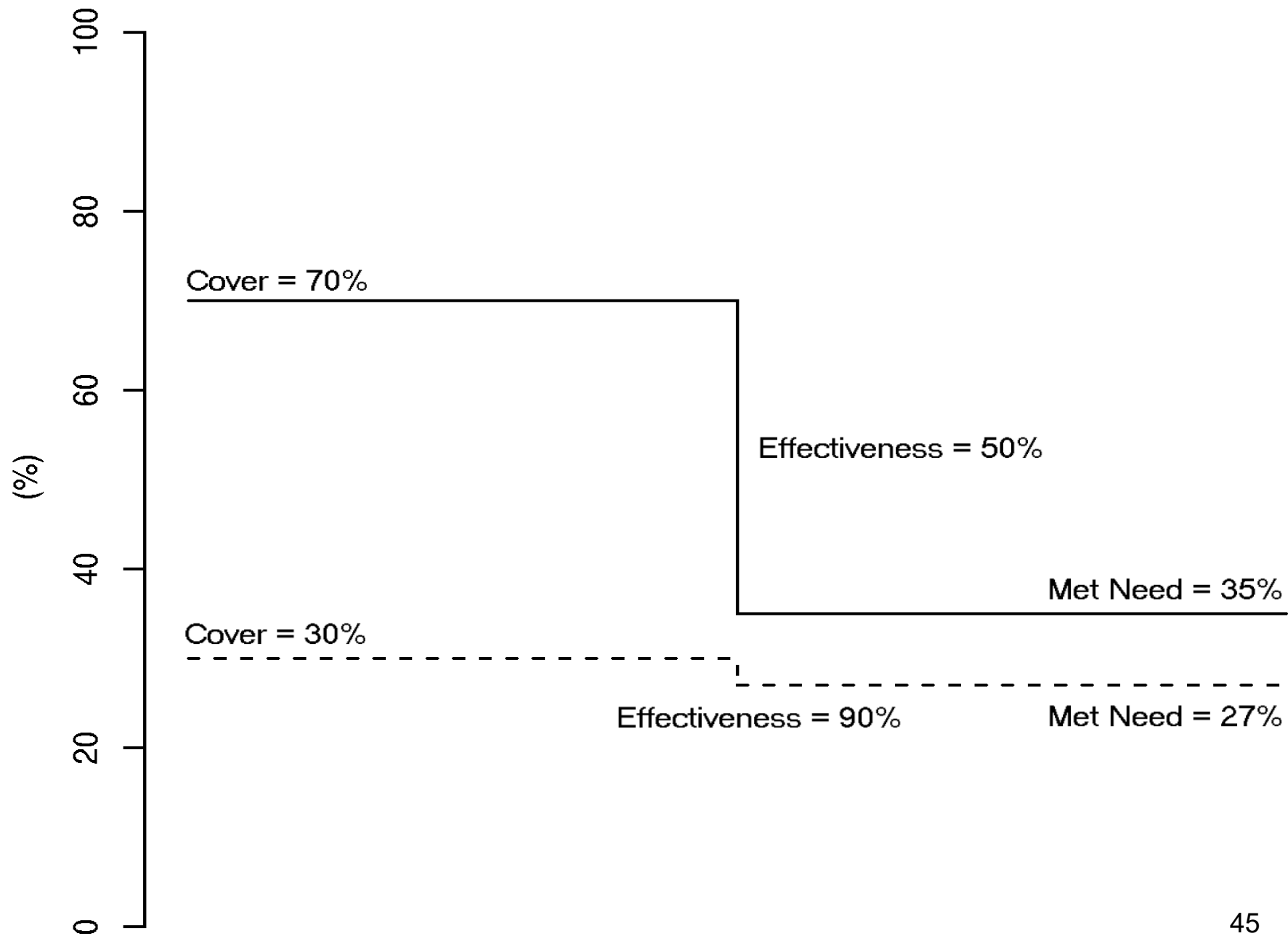
Community-based Management of Acute Malnutrition

Community-based Management of Acute Malnutrition (CMAM)



Achieving high programme coverage was one of the forces behind the **shift from centralised treatment (TFCs) to decentralised, community-based programming (CMAM)**





What kind of coverage do programmes generally achieve?

Barriers to access

Overall results: of the 67 coverage assessments complete with weighted barrier information, the following represent the top five weighted barriers identified, presented in order of descending frequency.



Merci de votre attention

Jose Luis Alvarez Morán

Joseluis.alvarez@london.msf.org