































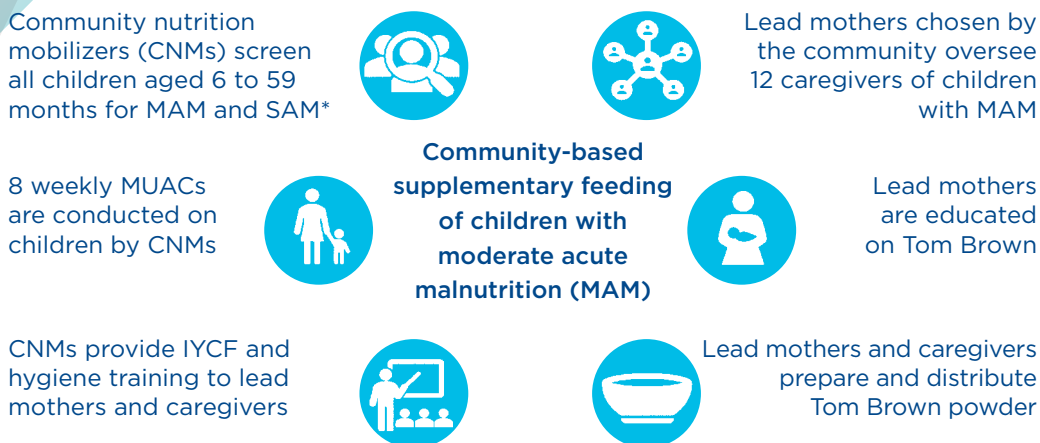








**Figure 2. The CRS Tom Brown supplementary feeding program design**



\*Children with SAM are referred to an outpatient therapeutic program or stabilization center.

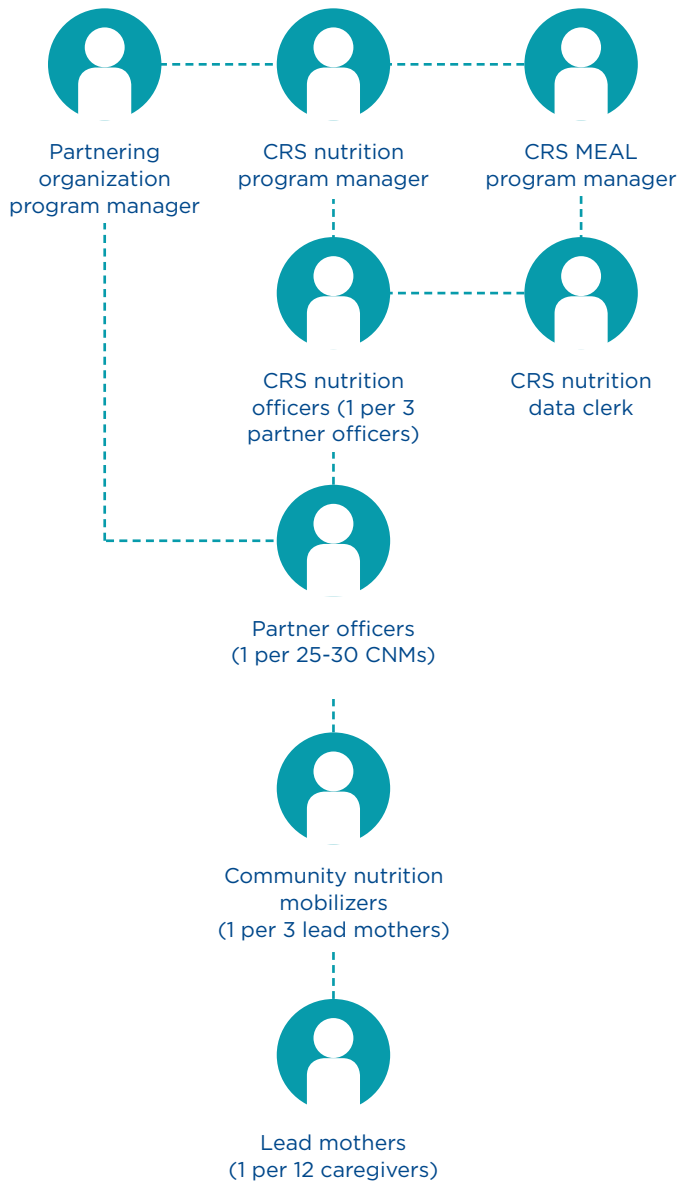
## DETERMINE THE HUMAN RESOURCES REQUIRED

To plan for Tom Brown programming, organizations must consider whether implementing partners are required, or whether the organization will carry out the supplementary feedings alone. In the CRS Tom Brown model, the nongovernmental organizations that are CRS Nigeria's partners differ by location. Once the organization has decided whether it will partner or not, to scale up programming, the organization should consider:

- The number of nutrition project managers (PMs) and officers required to oversee and manage the Tom Brown program;
- The number of community health workers (CHWs), also known as CNMs, required to screen children in the community and oversee caregivers;
- The number of officers required to oversee CHWs/CNMs; and
- The number of monitoring, evaluation, accountability and learning (MEAL) staff required to plan, implement and oversee program monitoring and evaluation.

A CRS nutrition PM and MEAL PM work in concert with the PMs of the partnering organizations to provide oversight (Note: CRS currently partners with two organizations in Borno state). One CRS nutrition officer then oversees a maximum of three partner nutrition officers and three wards. This may be one ward in three separate LGAs of Borno state or even three wards within one LGA. Additionally, one partner officer is assigned per ward. **Figure 3** further demonstrates CRS' current organizational structure in NE Nigeria.

**Figure 3. CRS Tom Brown organizational chart**



There are numerous people involved in the Tom Brown program, each with varying roles. **Table 4** describes the roles and responsibilities of parties involved in the implementation. It is important to note that CNMs are *ad hoc* workers that receive daily pay and have contracts with the respective partner organization in that LGA. Lead mothers are volunteers that are provided with small incentives (e.g., cooking utensils or a small gratuity on completion of the program), but are not employees of CRS or the partnering organizations.

**Table 4. Roles and responsibilities of Tom Brown stakeholders**

Role	Responsibilities	Estimated daily hours
<b>CRS</b>	<ul style="list-style-type: none"> <li>■ Program oversight and management</li> <li>■ Community liaison</li> <li>■ Data cleaning and analysis</li> <li>■ Reporting to donors</li> </ul>	Full-time
<b>Implementing partners</b>	<p>Daily program management in the community, including:</p> <ul style="list-style-type: none"> <li>■ Data quality control</li> <li>■ Oversight and training of CNMs</li> <li>■ Community liaison</li> </ul>	Full-time
<b>CNMs</b>	<ul style="list-style-type: none"> <li>■ Screen, refer and enroll participants</li> <li>■ Conduct weekly Tom Brown preparation and IYCF group counseling</li> <li>■ Train lead mothers on Tom Brown preparation</li> <li>■ Train lead mothers and caregivers on MUAC assessment</li> </ul>	Full-time during period of implementation
<b>Lead mothers</b>	<ul style="list-style-type: none"> <li>■ Coordinate caregiver group and ensure active participation in weekly Tom Brown activities</li> <li>■ Receive ingredients and a small cash payment to cover related costs</li> <li>■ Coach caregivers on preparation and use of Tom Brown</li> <li>■ Serve as change agents on IYCF and hygiene to the community</li> </ul>	Part-time (approx. 11 hours/week)
<b>Caregivers</b>	<ul style="list-style-type: none"> <li>■ Prepare Tom Brown weekly</li> <li>■ Receive weekly follow-up IYCF and hygiene counseling; ensure child has follow-up MUAC</li> <li>■ After program, transition to monthly IYCF support group meetings</li> <li>■ Receive training on MUAC assessment and appropriate interventions</li> <li>■ Share knowledge of Tom Brown with family and community members not participating in the program</li> <li>■ Serve as change agents on IYCF and hygiene to the community</li> </ul>	Part-time (approx. 11 hours/week)

## DETERMINE BUDGET AND MATERIALS REQUIRED

CRS' budget is based on a feeding program for children with MAM aged 6 to 59 months and a program design as described previously. With larger feeding programs, the cost per participant will fall, and with recurring implementation cycles, costs will also fall, given that CNMs will already have been trained. Costs to budget for include, at a minimum:

- **Data collection and analysis tools:** Such materials include, at a minimum, MUAC tapes for screening/enrollment and Mother-MUAC to promote home monitoring of children's malnutrition; referral slip booklets; screening and weekly follow-up booklets; software and devices to capture MUACs (e.g., Android devices and KoBo Collect, a data collection software compatible with Android devices); and computer software to compile, clean and analyze data (e.g., Microsoft Excel and Power BI).
- **Tom Brown preparation materials:** Lead mothers are provided with cooking utensils, mats on which to dry ingredients, soap, handwashing stations, and a stipend for cooking fuel and water (where it is unavailable).
- **Ingredients:** CRS' logistics team procures the ingredients for storage in its warehouse. They are purchased no more than two weeks before preparation and distribution to avoid prolonged storage and aflatoxin contamination. CRS and its implementing partners conduct random vendor inspections for quality control, as well as educate lead mothers on visual inspection of grains and how to report poor quality. CRS has created an illustrated guide of high-quality versus poor-quality grain.
- **Financial support or incentives:** CRS and its partners provide daily wages to CNMs. For lead mothers, CRS provides a small stipend for milling and transport costs, as well as a gratuity at the end of the program. When scaling this approach to other areas, it will be important to align CNM (or CHW, if used) and lead mother incentives to other local standards (including government guidance and/or the practices of local NGOs or agencies).
- **IYCF and hygiene education materials:** Counseling cards on appropriate IYCF and hygiene practices are provided to CNMs to assist with group sessions.
- **Training requirements (see below):** CNMs and lead mothers must be properly trained and educated for successful implementation of the feeding program.
- **Program management:** To include supervision and oversight of Tom Brown activities, travel and other overhead costs.

*With recurring implementation cycles, costs will fall, given that community nutrition mobilizers will already have been trained.*



CRS has created an illustrated guide of high-quality versus poor-quality grain.

## DETERMINE TRAINING REQUIREMENTS

Community nutrition mobilizers play a critical role in the success of the CRS Tom Brown supplementary feeding program, given their role of overseeing the program, and providing IYCF and hygiene guidance at the community level. Thus, the implementing organization must prepare and deliver thorough training to CNMs. A sample training schedule by CRS is included in [Appendix E](#). Training of CNMs is a joint effort between CRS and the partner organization, and lasts five days. CNMs then step down their practical training to lead mothers, who also serve as change agents in the community. Trainings should be concise and clear, and conducted in the local language. Implementing organizations should consider the following when preparing training:

*Community nutrition mobilizers play a critical role in the success of the CRS Tom Brown supplementary feeding program.*

- Trainings listed in Table 5.
- Training venue and materials (e.g., notepads and pens, presentation materials, data collection devices for practice, Tom Brown ingredients for preparation, etc.).
- Number of trainers required and roles during training. CRS asks state nutrition officers to facilitate trainings, along with implementing partner officers. LGA nutrition focal persons may be invited to help facilitate training.

**Table 5. Required trainings for CNMs and lead mothers**

Stakeholder	Training	Duration	Trainer(s)
CNM	IYCF and hygiene support group training, to include: <ul style="list-style-type: none"> <li>■ Tom Brown practical training and theory</li> <li>■ Data collection tools</li> </ul>	5 days	CRS and implementing partner
	IYCF and hygiene refresher (quarterly)	5 days	CRS and implementing partner
	Fire safety training	1 day	Implementing partner
Lead mothers	Tom Brown practical and theory	3 days	CNM
	Fire safety training	1 day	CNM

## DETERMINE MEAL TOOLS REQUIRED

The implementing organization must develop a clear monitoring and evaluation plan in alignment with organizational and donor policies and procedures, including:

- Logical framework with goal(s), outcomes, indicators, data sources and assumptions
- Monitoring plan and activities
- Evaluation plan and activities (e.g., baseline and endline surveys)
- Feedback, complaints and response mechanisms
- Data management and quality control plan

## ADDITIONAL PLANNING CONSIDERATIONS

Implementing organizations will also need to consider donor requirements when preparing for Tom Brown implementation, as well as the operating environment. For example:

- Donor requirements
  - Anthropometric requirements (e.g., weight-for-height, or MUAC only)
  - Reporting requirements (e.g., global acute malnutrition rates or other indicators)
- Operating context
  - Harvest and lean seasons
  - Integration of complementary programming (e.g., food assistance, shelter, WASH, health, protection/gender etc.)
  - Tailoring IYCF and hygiene counseling to the local context



A community volunteer trained by Catholic Relief Services visits a mother to screen her seven-month-old child for malnutrition. Photo by Michael Stulman/CRS

# IV. How to Implement Tom Brown Programming

The CRS Tom Brown supplementary feeding program includes: (1) screening and referral; (2) eight weeks of supplemental feeding; (3) infant and young child feeding (IYCF) counseling; and (4) weekly MUAC monitoring. In total, the supplementary feeding program lasts about 11 to 13 weeks (**Figure 4**): 2 to 4 weeks to screen all children in a community and enroll children with MAM into the program, then 9 weeks to prepare and distribute take-home rations of Tom Brown and monitor enrollees' progress. Although Tom Brown is prepared and distributed for eight weeks, MUAC measurement still occurs the week after the distribution has ended.

*Each CRS Tom Brown supplementary feeding program lasts for up to 13 weeks.*

**Figure 4. Duration of the CRS Tom Brown supplementary feeding program**



## SCREENING AND ENROLLMENT

In target locations, CNMs go from house to house screening all children aged 6 to 59 months for acute malnutrition using MUAC tapes. To facilitate community-level screening, CRS does not currently use weight-for-height as a Tom Brown admission criterion; see the [FAQs](#) for further information. CNMs also assess children for the presence of edema, an indicator of SAM. As described in [Section II](#), CRS enrolls only children with MAM, a MUAC of 11.5 cm or more, but less than 12.5 cm ( $11.5\text{cm} \leq \text{MUAC} < 12.5\text{cm}$ ) into the program.

The CNM informs the caregiver of the MUAC results (e.g., healthy MUAC, MAM or SAM) and records these on the data collection device (i.e., KoBo Collect on Android device). If the child has SAM, the CNM counsels the caregiver and refers the caregiver and child to the nearest OTP or SC, as appropriate. If the child has MAM, the CNM counsels the caregiver and informs them of the Tom Brown program. If the caregiver provides consent, the CNM writes a referral slip and records the child's referral ID on the data collection device. If the child has a healthy MUAC, the CNM encourages the caregiver and counsels them on appropriate IYCF and hygiene practices. After screening and upon enrollment, CNMs reassess the child's MUAC to ensure their nutrition status has not deteriorated to SAM (see [Figure 5](#) for further details on MUAC assessment frequency).



## CHOOSING AND EDUCATING LEAD MOTHERS

Lead mothers are selected by the responsible partner's nutrition officer in collaboration with the CNMs and community leaders. Lead mothers are well-respected community members that must have ample space in their compound to host preparation activities (e.g., washing and drying of grains, hosting and facilitating IYCF counseling, etc.), with good personal and home hygiene.

---

*Lead mothers are well-respected community members who each oversee 12 caregivers for eight weeks.*

One lead mother oversees 12 caregivers for eight weeks. Before lead mothers and caregivers convene to prepare Tom Brown, CNMs provide practical education to lead mothers on the nutritional benefits of Tom Brown, the ingredients required, and how to make the powder for take-home rations. CNMs provide this step-down training to lead mothers over three days. These step-down trainings are provided in large groups; for example, in a community, 27 CNMs were divided into two groups, and each group oversaw the education and training of no more than 25 lead mothers.

## WEEKLY TOM BROWN PREPARATION

Each week, 12 caregivers convene at the lead mother's home. The caregivers and lead mother choose a schedule that works best for them, usually taking the first three days of each week to prepare Tom Brown and distribute take-home rations. A sample weekly schedule is included in **Table 6**. This schedule is repeated for eight weeks. To enable optimum access of the services, the caregivers' households are mapped and then each is assigned to the nearest lead mother's home.

To prepare 13 weekly Tom Brown rations (one for each of the 12 participating children and the lead mother), caregiver groups need cereal, soya beans and groundnuts in a ratio of 6:3:1:

- 6 measures of millet, sorghum and/or maize (16 kg total; 8 kg of millet and 8 kg of sorghum, for example)
- 3 measures of soya beans (8 kg)
- 1 measure of groundnuts (2.7 kg).<sup>3</sup>

Each enrollee takes home a weekly ration of 1.5 kg of blended Tom Brown powder (about 214 g per day). Caregivers are counseled by CNMs and lead mothers to feed their enrolled child Tom Brown porridge two to three times per day in addition to their daily diet.

---

3. The Tom Brown recipe is adaptable based on locally available ingredients. For example, whatever legume is available may be used in place of soya beans, or any available cereal may be used in place of sorghum or millet.

**Table 6. Sample Tom Brown weekly schedule**

Day	Activities	Hours per day
<b>Day 1</b>	<ul style="list-style-type: none"> <li>■ The caregivers convene at the lead mother’s house, and wash their hands and all cooking utensils with soap and water.</li> <li>■ They begin soaking the soya beans in clean water. This is done for 24 hours or overnight. Soaking eases the removal of the husk from the beans and reduces the naturally occurring toxins present in raw, unprocessed soy.</li> </ul>	1 hour maximum
<b>Day 2</b>	<ul style="list-style-type: none"> <li>■ Caregivers wash their hands and all cooking utensils with soap and water.</li> <li>■ Millet and sorghum are soaked in water for 2 hours. This allows the grain to be free of debris and softer for milling the next day. If using maize instead of sorghum, it will also need to be soaked for 2 hours.</li> <li>■ Caregivers drain the water from the grain, and then rinse all ingredients with clean water.</li> <li>■ Caregivers dehusk the soya beans (and maize, if maize is used instead of sorghum).</li> <li>■ Caregivers place the millet, sorghum (or maize) and dehusked soya beans on a clean mat in the shade to dry. They should not be placed in the sun to increase the drying speed as this will cause some nutrient loss.</li> <li>■ CNM provides IYCF and hygiene counseling to the group (<i>note: this can be done on day 2 or day 3</i>).</li> </ul>	About 5 hours
<b>Day 3</b>	<ul style="list-style-type: none"> <li>■ Caregivers wash their hands and all cooking utensils with soap and water.</li> <li>■ Caregivers roast the dry soya beans and groundnuts until golden brown.</li> <li>■ Caregivers lightly roast the sorghum (or maize) and millet.</li> <li>■ All the ingredients are mixed together.</li> <li>■ The lead mother takes ingredients to a miller, who grinds ingredients together into a powder.</li> <li>■ The mixed powder is then portioned and packaged by the lead mother into 1.5 kg take-home rations for each enrolled child for the week.</li> <li>■ CNM assesses MUAC of enrolled child and records on data collection device (<i>note: this could be carried out the following day in the caregiver’s home if the child is not present on share-out day</i>).</li> </ul>	About 5 hours

## COUNSELING ON INFANT AND YOUNG CHILD FEEDING

An important component of the Tom Brown model is group counseling on infant and young child feeding and hygiene for positive and sustainable behavior change. CRS uses the group counseling sessions to empower caregivers and lead mothers to serve as change agents in the community and thereby improve community health. CNMs use these sessions to discuss complementary feeding and exclusive breastfeeding, dietary diversity, personal and home hygiene, as well as disease prevention (e.g., measles and malaria), and good health-seeking behaviors.

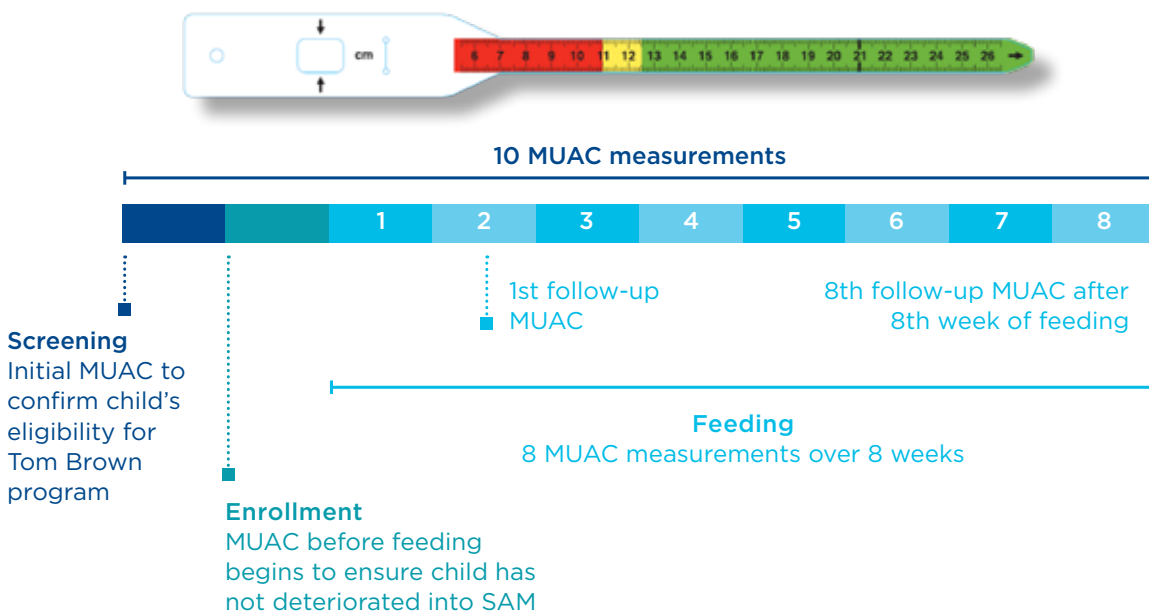
Upon graduation from Tom Brown, if there are no existing support groups by other actors, caregivers are transitioned into IYCF support groups where they can come together at least once a month to discuss and share knowledge on optimal IYCF and hygiene practices to ensure the stable and healthy state of the children and the household in general. In this forum, caregivers are also trained on Mother-MUAC assessment and appropriate intervention. In communities where support groups exist, caregivers are referred to join these if they are not already members.

## MUAC MONITORING

Community nutrition mobilizers will assess the enrollee’s MUAC weekly to monitor their growth, and record the results in KoBo Collect. If at any time the child is found to have SAM, they will be referred to an OTP or SC, as appropriate. Enrollees with SAM are still encouraged to take the weekly Tom Brown ration. Again, if the child reaches a healthy MUAC before the completion of the eight-week feeding program, the child still receives weekly take-home rations and IYCF counseling to prevent relapse. Caregivers of children who do not reach a healthy MUAC by the end of the program are encouraged to take their children for medical assessment, to identify and address any underlying health issues that may be contributing to their failure to recover. In areas where Tom Brown activities will be continuing, they are also re-enrolled in a subsequent round of Tom Brown (up to a maximum of two rounds). Figure 5 demonstrates the frequency of MUAC assessments by CNMs.

*Caregivers of children who do not reach a healthy MUAC by the end of the program are encouraged to take their children for medical assessment, to identify and address any underlying health issues.*

**Figure 5. Frequency of MUAC assessments by CNMs**



## INTEGRATION WITH OTHER PROGRAMMING

Tom Brown programming can be integrated into other complementary programming, such as shelter, WASH or food assistance. As mentioned in [Section III](#), CRS chooses to implement Tom Brown programming where nutrition-sensitive programming already exists. CRS Nigeria ensures food assistance recipients receive e-vouchers to buy nutrient-rich foods in the market. Thirty percent of the e-voucher “wallet” is restricted to nutrient-rich foods, such as vegetables and proteins. Many of the ingredients to make Tom Brown, except for sugar and cloves (preservative), can be purchased with the e-vouchers. Thus, the food assistance program promotes the purchase and production of Tom Brown to combat acute malnutrition in children. Other examples of nutrition-sensitive programming that could be integrated with Tom Brown include:

- Homestead food production
- WASH programming (e.g., improved latrines, boreholes, handwashing stations)
- Women’s empowerment programming
- Livestock production
- Livelihoods diversification

*Tom Brown programming can be integrated into other complementary programming, such as shelter, WASH or food assistance.*

### Public health and the Tom Brown program

Besides instability resulting from the decade-long insurgency, NE Nigeria has endemic vector-borne diseases, such as malaria, as well as outbreaks of highly infectious diseases, including cholera, coronavirus and measles. CRS and its partners ensure appropriate adaptation of programming to prevent further outbreaks that could worsen the health of already vulnerable children.

With coronavirus, CRS has assumed community transmission and adopted Mother-MUAC instead of door-to-door MUAC screenings, handwashing stations at lead mothers’ homes, physical distancing of two meters, the use of masks and hand sanitizer, and fewer caregivers in each IYFC group. CNMs include appropriate messaging on disease prevention during weekly IYCF sessions, including on coronavirus, measles, cholera and malaria. If a child falls ill, the CNM refers them to the nearest health facility and closely monitors their well-being.



# V. How to Promote the Sustainability of Tom Brown Programming

CRS cultivates a model of continual learning and improvement for its Tom Brown program, as evidenced by its movement from a four-week pilot in 2018 to the eight-week program it maintains today. Efforts to evaluate the sustainability of the CRS Tom Brown model and assess relapse rates of past enrollees are underway. From past monitoring and evaluation reports, CRS Nigeria has noted high community acceptance and cross-sharing of Tom Brown as two pathways to promoting the sustainability of the program.

## COMMUNITY ACCEPTANCE

A primary factor in promoting the success of Tom Brown is the community itself, from receiving approval by community leadership to the participation of lead mothers and caregivers. The Tom Brown program uses a porridge made from familiar and locally accessible ingredients. The recipe can also be adapted, as needed. If sorghum is not available, maize or millet can be used. Further, any of the three cereals (i.e., sorghum, millet or maize) can be used alone in addition to groundnuts and soya beans. Caregivers need only remember the ratio—6:3:1—to prepare Tom Brown on their own.

CRS' participatory Tom Brown model also enhances the capacity building of participants. CNMs lead participants through the preparation process to help ensure that, once the program has ended, caregivers can continue to prepare the nutritious meal on their own, if they wish, as well as share their practical knowledge.

## CROSS-SHARING

Tom Brown participants have frequently expressed that non-participating members wish to learn how to make the porridge after seeing the enrolled child's recovery. In other instances, past participants have learned to recognize the signs of acute malnutrition in other community members' children and either shared Tom Brown powder or taught the community member how to prepare it. CRS encourages its program participants to share their knowledge of Tom Brown and IYCF practices with family members and other non-participating community members in order to promote the sustainability of the feeding program and prevent acute malnutrition.

---

*Community nutrition mobilizers ensure that, once the program has ended, caregivers can continue to prepare the nutritious meal on their own.*

# VI. Lessons Learned

The operating context in NE Nigeria presents unique challenges to nutrition programming. Attacks in areas of operations have restricted access to or caused the high mobility of populations. For example, in areas of Yobe, communities in Gujba and Gulani LGAs were inaccessible given movement restrictions. To promote programming continuity, CNMs encouraged caregivers who had the means (e.g., farmed grains or the ability to buy grains) to prepare Tom Brown in small quantities and continue feeding children. At other times, to promote continued feeding, CRS has provided double distributions of take-home rations because of instability or religious holidays.

In another community where program participants had no water, CRS provided a small stipend for lead mothers to buy water for the weekly preparation of Tom Brown. CNMs also counseled caregivers on water hygiene (e.g., boiling and filtering) in areas with no clean water, to prevent diarrheal disease through the contamination of Tom Brown.

CRS' most important lessons learned, however, relate to the duration of the feeding program. The first pilot program lasted four weeks in Kaga LGA in 2018. Some 65% of the enrolled children had at least one normal MUAC ( $\geq 12.5$  cm) within four weeks of feeding. A second four-week pilot was implemented in Magumeri and Gubio LGAs in 2018, and 77% of enrolled children had at least one normal MUAC. However, CRS staff observed several relapse cases and decided to conduct another pilot lasting six weeks. The percentage of enrolled children with at least one normal MUAC improved again, this time to 87%. CRS decided to extend feeding to eight weeks, recognizing that higher MUACs are better predictors of sustained health. Thus, extending the duration of the program allows children more time to gain additional weight. Further, the extended duration provided higher levels of oversight and concentrated resources (e.g., more IYCF and hygiene support by CNMs), as well as more time for caregivers to strengthen their social connections.

---

*CRS' most important lessons learned relate to the duration of the Tom Brown supplementary feeding program.*

# References

- Alima.** 2016. *Mother-MUAC: Teaching Mothers to Screen for Malnutrition; Guidelines for Training of Trainers.* <https://reliefweb.int/report/world/mother-muac-teaching-mothers-screen-malnutrition-guidelines-training-trainers>
- CORE.** December 2002. *Positive Deviance / Hearth: A Resource Guide for Sustainably Rehabilitating Malnourished Children.* Washington, D.C: Nutrition Working Group, Child Survival Collaborations and Resources Group.
- GAO.** 2011. *International Food Assistance: Better Nutrition and Quality Control Can Further Improve U.S. Food Aid.* Washington, D.C.
- Lenters, L., Wazny, K. and Bhutta, Z.A.** 2016. Management of Severe and Moderate Acute Malnutrition in Children. In Black, R.E. 2016. *Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities, Third Edition (Volume 2).* Washington, DC: The International Bank for Reconstruction and Development / The World Bank.
- UNICEF.** ND. *The Community Infant and Young Child Feeding Counseling Package.* [https://www.unicef.org/nutrition/files/Key\\_Messages\\_Booklet\\_for\\_counselling\\_cards.pdf](https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf)
- UNICEF.** 2019. *Borno State Nutrition Sector 2019 Achievements and Analysis.* <https://www.humanitarianresponse.info/en/operations/nigeria/document/orno-state-nutrition-sector-2019-achievements-and-analysis>.
- USAID.** 2019. *Community-Based Management of Acute Malnutrition: Technical Guidance Brief.* Retrieved from <https://www.usaid.gov/global-health/health-areas/nutrition/technical-areas/community-based-management-acute-malnutrition#components>
- WFP.** ND. *WFP Nutrition: Experience in Using New Products.* Accessed April 11, 2020. <https://documents.wfp.org/stellent/groups/public/documents/communications/wfp252207.pdf>

# Appendix A: Results of Tom Brown Implementation

Between 2019 and 2020, CRS has screened 61,100 children for acute malnutrition and enrolled 4,138 children under USAID Office of Food for Peace funding. The proportion of children with healthy mid-upper arm circumferences (MUACs) exceeded Sphere standards' minimum recovery rate of 75%, shown in Figure 1. To date, 3,692 children out of 4,138 enrollees (89%) have finished the program with a healthy MUAC.

**Figure 1. Recovery rate by pilot/season**

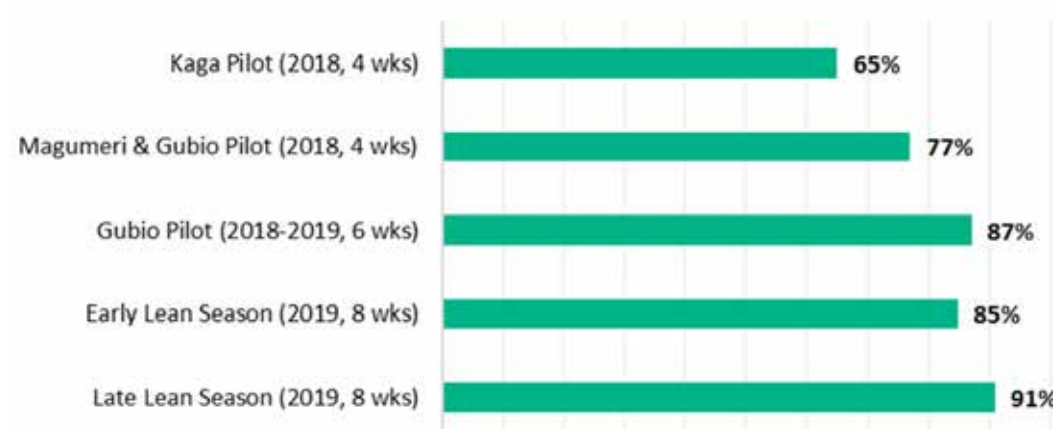
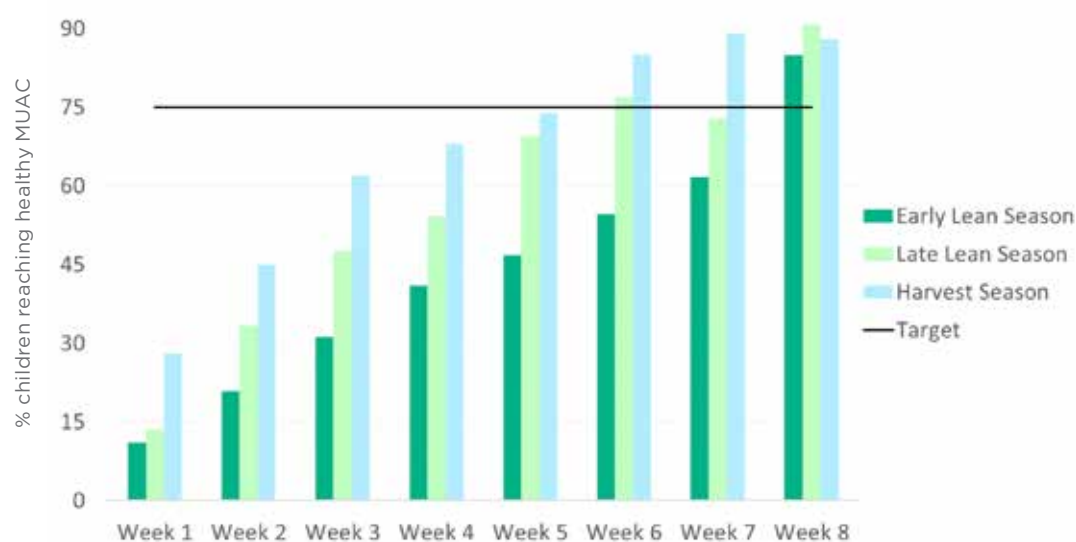


Figure 2 illustrates the proportion of enrollees with healthy MUACs ( $\geq 12.5$  cm) by follow-up week for programming in 2019 under FFP funding (early lean season, late lean season and harvest season). As demonstrated below, more than 75% of enrollees had healthy MUACs at week 8 for all periods.

**Figure 2. Healthy MUACs by week**





# Appendix B: Frequently Asked Questions (FAQs)

## What is Tom Brown?

Tom Brown is a powder blended from nutritious locally available ingredients—cereal (e.g., millet and sorghum), soya beans and groundnuts—that is made into a porridge to supplement children’s diets. The powder is prepared by program participants over the course of three days: the first day to soak the soya beans; the second day to dehusk and dry the soya beans, soak and rinse the millet or sorghum, and dry the ingredients; and the third day to roast and mill the ingredients, and prepare the powder for take-home rations. It is known locally as a *pap* or *bulum* and is a common household meal in Nigeria.

## What is Tom Brown’s history at CRS?

CRS and its partners (Justice, Development and Peace Commission, Northeast Youth Initiative for Development, and Nira Community Development Foundation) started the current Tom Brown program after observing gaps in care for children identified as having moderate acute malnutrition (MAM) and prolonged shortages of ready-to-use supplementary food. It has been implemented in six local government areas (LGAs) in NE Nigeria’s Yobe (Gujba and Gulani) and Borno states (Gubio, Jere, Kaga and Magumeri) since 2018. CRS stopped implementing Tom Brown feeding programs in Yobe in late 2019. CRS has a long history of including Tom Brown as part of its nutrition activities across Nigeria. This supplemental food has been provided as part of work to support orphans and vulnerable children and as part of broader food security and nutrition efforts. For example, both the USAID-funded Feed the Future Nigeria Livelihoods Project and the Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) project provided caregivers with the ground, mixed powder to make porridge for their malnourished children at home.

## How does the CRS Tom Brown supplementary feeding program work?

CRS and its implementing partners work with community nutrition mobilizers (CNMs), individuals who live in the communities where Tom Brown programming is implemented. These mobilizers are trained by CRS and its partners on CMAM and optimal IYCF practices. They then screen children aged 6 to 59 months in their respective communities for acute malnutrition, and refer and enroll those with MAM into the Tom Brown feeding program. Children identified with SAM are referred to existing OTPs for treatment. Lead mothers are chosen by the community, using the criteria in [Appendix C](#), to oversee 12 caregivers of children with MAM. This group of 13 meets with their respective mobilizers weekly for eight weeks to prepare and distribute Tom Brown powder, and receive IYCF and hygiene messaging from the lead mothers, supported by mobilizers. The mobilizers also measure enrolled children’s mid-upper arm circumference (MUAC) weekly for eight weeks to track their progress, conduct weekly home visits and monitor preparation of Tom Brown powder and feeding practices. Oversight of caregivers by the mobilizers promotes the children’s recovery and allows for any necessary adjustments during the program (e.g., hygiene, texture of Tom Brown, addressing any myths around IYCF the caregivers may have, etc.).

## How is Tom Brown porridge cooked?

To make the porridge from the milled powder:

- Spoon the preferred quantity of Tom Brown powder into a clean bowl and mix it with clean water at room temperature to make a paste.
- Pour clean water into a clean cooking pot and place it on the fire to boil. The quantity of water should be about 3 times the measure of the paste.
- Gently pour the paste into the boiling water while stirring at a moderate speed to prevent lumps.
- Continue to stir with the pot on the fire until the porridge cooks and thickens. This may take 5 to 15 minutes depending on the quantity.

## Why does CRS target only children with MAM for Tom Brown?

CRS introduced Tom Brown to respond to an identified gap in services for children with MAM in targeted states. According to the Borno State Nutrition Sector 2019 Achievements and Analysis (UNICEF 2019), about 70% of children suffering from MAM in Borno did not receive treatment. The CRS Tom Brown activities target areas where there are no other existing MAM treatment or supplemental feeding activities. In areas where these programs exist, CRS does not provide Tom Brown to avoid duplication. Further, Tom Brown is not designed to meet the specific nutritional needs of children with SAM. Tom Brown can also be consumed by healthy children, if so desired, although in the CRS model, caregivers are encouraged to feed Tom Brown solely to a malnourished child.

## Why does CRS only use one recipe for its Tom Brown feeding program?

CRS reinforces the Tom Brown recipe consistently in the community through caregiver groups for qualitative repetition, addressing specific IYCF messages, and ensuring individual caregivers can make the porridge hygienically in their homes after the program ends. Introducing more recipes would provide more options and dietary diversity, but could reduce repetition and thus mastery of nutrition program staff, CNMs and lead mothers to ensure consistent quality control and appropriate IYCF practices. Because the project provides the ingredients, the recipe is made up entirely of dry or shelf-stable ingredients, which offer greater flexibility for storage and distribution, with less risk of perishing and reduced food safety concerns. CRS advises caregivers on a few simple modifications that they can use to enrich the recipe with additional dietary diversity, such as adding various vegetables (e.g. Amaranthus), fruit, milk, palm oil or margarine. Sugar, honey or molasses are presented as options that can be used in small quantities if needed to make the food more palatable. CRS currently recommends, but does not provide, non-essential ingredients or financially incentivize their purchase. CRS prioritizes sustainability and ensuring caregivers are able to recreate the basic recipe with limited financial resources when the intervention ends, and even train their neighbors, friends and relatives with ease. The food items must be affordable and localized for caregivers to produce them from personal farms or buy in a local market. In promoting dietary diversity, CRS also engages its caregivers in at least a one-hour nutrition education session consisting of the dietary diversity (four-star diet)<sup>4</sup> sessions, and conducts follow-up home visits for effective IYCF sensitization.

4. A four-star diet includes each of the following food components (stars): a staple, a legume, a fruit or vegetable, and an animal-sourced food. UNICEF. ND. [The Community Infant and Young Child Feeding Counseling Package](#).

### **Does CRS accept referrals of children with MAM from other organizations?**

CRS does not currently accept referrals of children with MAM from other organizations largely because of the grouping of caregivers. If the child and caregiver referred do not live close to the other participants, it would be difficult to place them in a group of caregivers. Also, the referring organization may have different criteria for identifying MAM (e.g., using weight-for-height instead of MUAC). Finally, because MUAC can change rapidly when referrals are not acted upon immediately, the referred child may achieve a healthy MUAC before completing the referral to CRS, and would therefore not be eligible to participate in CRS programming. CRS is eager to continue exploring viable options for referral networks, and this will likely need to include joint planning of malnutrition activities by the referring and referee organizations to ensure compatibility.

### **What happens if a child is screened and found to have severe acute malnutrition (SAM) or it develops SAM during Tom Brown programming?**

During the screening process, community nutrition mobilizers take MUAC readings of all children aged 6 to 59 months and assess them for edema. If the child's MUAC is below 11.5 cm or if the child has edema, each an indicator of SAM, the child is referred to the nearest outpatient therapeutic program (OTP) center or stabilization center (SC). During the Tom Brown feeding program, CNMs conduct weekly follow-ups and take MUAC readings. If any MUAC falls below 11.5 cm, children are referred to the nearest OTP or SC, as appropriate, and the family is encouraged to continue participating in the Tom Brown intervention. The supplemental food ration allows them to prepare a more nutrient-rich porridge for their malnourished child to use in place of other typical home staples, and they learn how to prepare Tom Brown at home to help protect nutrition after discharge. Tom Brown does not contain any fortification, supplements or medication, and thus does not present a risk of "overdose" when eaten in combination with ready-to-use therapeutic food (RUTF).

### **What happens if a child still has MAM at the end of the 8-week Tom Brown intervention?**

Caregivers of children who do not reach a healthy MUAC by the end of the program are encouraged to take their children for medical assessment, to identify and address any underlying health issues that may be contributing to their failure to recover. In areas where Tom Brown activities will be continuing, they are also re-enrolled in a subsequent round of Tom Brown (up to a maximum of two rounds).

### **Does CRS enroll children with MAM that are also beneficiaries of an OTP?**

If a child is found to have MAM during screening but is identified as a beneficiary of an OTP, CRS will not enroll the child in the supplementary feeding program. The OTP will treat the child through recovery.

## **If there is a large influx of community members who missed screening and referral, can they enroll in Tom Brown if their child has MAM?**

CRS does not enroll children into its supplementary feeding program on a rolling basis. If there is a sudden influx of new community members or if a community member approaches a CNM to request being added to the program, the CNM will provide IYCF counseling and educate the community member on Tom Brown. The community member would then wait for the next round of CRS screening to enroll. There have also been cases in which CRS applied for additional funding to scale up programs in locations with a higher prevalence of MAM.

## **What are the enrollment and recovery or cure criteria for Tom Brown?**

Children aged 6 to 59 months with MUAC readings of greater than or equal to 11.5 cm but less than 12.5 cm may be enrolled in the program. CRS enrolls children based only on their MUAC reading and currently does not measure weight-for-height. CRS uses a MUAC reading as it is a simple, accurate and rapid diagnostic tool appropriate for use in resource-limited settings, while using weight-for-height would require additional training of community health workers.

The CRS Tom Brown supplementary feeding program is of fixed duration. Children are provided with eight weeks of feeding whether or not they recover within that period. Currently, CRS deems a child as recuperated when their final follow-up MUAC is  $\geq 12.5$  cm. However, CRS is considering additional definitions of recuperation (e.g., two consecutive MUACs  $\geq 12.5$  cm for future programming).

## **How effective is Tom Brown?**

Some 3,692 children out of 4,138 enrollees (89%)<sup>5</sup> have finished the program with a healthy MUAC. This exceeds the Sphere standards' recommended minimum recovery rate of 75% for children with acute malnutrition. Caregivers of children who do not reach a healthy MUAC by the end of the program are encouraged to take their children for medical assessment, to identify and address any underlying health issues that may be contributing to their failure to recover. In areas where Tom Brown activities will be continuing, they are also re-enrolled in a subsequent round of Tom Brown (up to a maximum of two rounds).

## **How does Tom Brown compare with other products?**

Tom Brown is not considered a ready-to-use supplementary food (RUSF), and nor is it a fortified blended food (FBF) as it is not fortified with micronutrients. In a 214-gram ration of Tom Brown, there are 43 grams of protein and 28 grams of fat. Tom Brown's nutritional profile can be compared with other MAM treatment and prevention products, below.

---

5. Recovery rate 89.2%, non-recovery rate 9.6%, death rate 1.2%.

Product	Ration size	Nutrient profile	Target groups	Recommended use
Corn soy blend +	200 g 20 g oil 15 g sugar	997 Kcal 28 g protein 32 g fat	24-59 months PLW	Treatment
Corn soy blend ++	200 g	840 Kcal 32 g protein 18 g fat	6-23 months	Treatment Prevention
Tom Brown	214 g	869 Kcal 43 g protein 28 g fat	6-59 months	Management Prevention
Plumpy Doz	46.3 g	247 Kcal 5.9 g protein 16 g fat	6-23 months	Prevention
Plumpy'Sup	100 g	537 Kcal 12.1 g protein 35 g fat	6-59 months	Treatment
Nutributter	20 g	108 Kcal 2.56 g protein 7.08 g fat	6-23 months	Prevention
Micronutrient Powder	1 g	1 reference nutrient intake of micronutrients	6-23 months 6-59 months PLW	Treatment Prevention

Sources: WFP 2020; [NutVal 4.1](#); GAO 2011

## What are the advantages, risks and mitigation when implementing Tom Brown?

Tom Brown is a sustainable option for community-based supplementary feeding programs. Within NE Nigeria there has been high acceptance of the porridge given that it is a well-known meal and can be consumed by the whole family, not only children.<sup>6</sup> Other advantages include:

- Ingredients are locally accessible and buying them locally strengthens markets.
- CRS' implementation model fosters social cohesion among caregivers.
- The program promotes positive behavioral change around IYCF and hygiene.
- Engaging the caregivers in preparing and packaging the powder for distribution reinforces how to feed and care for children with appropriate hygiene practices.
- Tom Brown powder is a potential source of income generation for caregivers after the program has ended.
- Recovery rates exceed Sphere standards (>75% recovered; see [Appendix A: Results of Tom Brown Implementation](#)).

6. Distribution of the Tom Brown rations by CRS is meant solely to feed the enrolled MAM child over the eight weeks. Using their own resources, families can produce additional Tom Brown to feed further family members not enrolled in the program.

With any feeding program, particularly in an emergency context, there will be risks. **Table 7** describes specific risks to the Tom Brown program and how CRS has worked to mitigate them.

**Table 7. Risks and Mitigation for Tom Brown Programming**

Risk	Mitigation
<p>Caregivers may use the Tom Brown powder for purposes other than feeding their acutely malnourished child.</p>	<p>Tom Brown ingredients are local and familiar to participants because they have prepared the powder themselves. Thus these ingredients are not associated with any superstitious beliefs that could lead to avoidance or diversion.</p>
	<p>Community nutrition mobilizers (CNMs) use down-time during the preparation process to stress the importance of feeding the powder to the malnourished child.</p>
	<p>Frequent home visits from the CNM provide additional encouragement to families to feed the powder to the malnourished child.</p>
<p>CRS' program focuses only on children with MAM, and not children with SAM or healthy children.</p>	<p>All children are screened from house to house and, if they have SAM, referred to existing partners at OTPs or SCs. CNMs also conduct follow-ups on referred children with SAM to ensure admission to a program.</p>
	<p>If caregivers of children with SAM are more than 30 minutes from OTP or SC services, CRS provides a small transport subsidy to support them in taking the child to the appropriate facility.</p>
	<p>The IYCF model promotes capacity building of lead mothers and caregivers, who are encouraged to teach friends and relatives.</p>
<p>Security challenges to programming may arise given the insurgency.</p>	<p>Double-ration distributions are made when necessary.</p>
	<p>The locally sourced materials have low visibility relative to commercially packaged products, and the small quantities in any given location mitigate against attention and theft by armed groups.</p>
<p>Preparing the porridge is time-consuming.</p>	<p>The group structure lightens the cleaning and dehusking workload, and the lead mother positively reinforces group participation.</p>
	<p>Caregivers are committed to their child's improvement, and invest personal time and resources in their recovery.</p>
<p>Activities may be temporarily suspended by violence.</p>	<p>CNMs are embedded in the community and can inform participants of the resumption of activities.</p>
<p>Participating families may be displaced by violence and unable to participate in the program in their new location.</p>	<p>The Tom Brown model educates participants to produce the supplement even when not actively engaged in the feeding program.</p>
	<p>Locally sourced ingredients can be located by participants even if they are displaced.</p>

# Appendix C: Lead Mother Selection Criteria

The implementation of the community-led Tom Brown supplemental feeding program is championed through the work of lead mothers from the communities that CRS supports. A lead mother is a woman selected in collaboration with her community who is in high standing with community leadership and members of her community. The potential lead mother is encouraged to consult and seek the consent of her husband and other adults in the household, to ensure family harmony will not be compromised should she accept this new role.

Each lead mother receives a three-day training session in the community on IYCF messaging and the preparation of Tom Brown along with the other selected lead mothers. Upon completion of the required trainings and after assembling the group of caregivers with whom she will work, the lead mother will be provided with all cooking utensils needed and trained on leading the group for eight weeks.

A lead mother should:

- be well known in her community and by her community leaders;
- have a harmonious relationship with her community members (especially women's group);
- be of childbearing age and/or not more than 60 years of age. A lead mother does not need to be a biological mother or caregiver of a child (0-59 months), or of a MAM child. A lead mother can be any adult woman who is physically active and accepted by the community to lead a group of fellow women;
- be willing to serve voluntarily as a change agent in support of improving infant and young child feeding practices in her community, and conduct weekly Tom Brown production in her house;
- have ample space and enough shade to accommodate 12 women within her compound; and
- have access to water.

Finally, each lead mother will receive the following compensation for supporting the Tom Brown program:

- A small, weekly stipend to cover the costs of firewood, grinding/milling of food items and the transportation of items;
- At the end of the eight weeks, the cooking utensils provided to support the program will be given to the lead mother for her personal use; and
- At the end of the eight weeks, each lead mother will be given a small gratuity as a token of appreciation.

# Appendix D:

## Tom Brown Recipe Card



Soya beans



Sorghum



Millet



Groundnuts

### PREPARATION

#### Recipe

(You can use any measure, cup or bowl of your choice but ensure the ratio of 6:3:1 is maintained.)

- 6 measures of millet, sorghum and/or maize\*
- 3 measures of soya beans
- 1 measure of groundnuts

#### Day 1

- The group washes their hands and the cooking utensils in soap and water.
- The soya beans are soaked in clean water for 24 hours or overnight. This eases the removal of the husk from the beans and reduces the naturally occurring toxins present in raw/unprocessed soya beans.
- If using maize, soak it overnight.

#### Day 2

- The group washes their hands and the cooking utensils in soap and water.
- In the morning, remove the husks from soya beans.
- Soak millet or sorghum for 1 to 2 hours and wash clean. If using maize, rinse it.
- Spread washed soya beans, millet and/or sorghum in the shade to dry.

#### Only dry grains in the shade

In hot and sunny weather, the grains should remain in the shade until they are completely dry. They should not be placed in the sun to increase drying speed as this can cause some nutrient loss.

#### Day 3

- The group washes their hands and the cooking utensils in soap and water.
- Roast the dry soya beans and groundnuts until golden brown.
- Lightly roast the sorghum and millet. If using maize, remove the husks before or after roasting. Maize can also easily be dehusked in a milling machine.
- Mix all the ingredients together for milling.
- The ingredients are taken to be milled into a powder.
- Portion and package the mixed powder into airtight containers.
- A small measure of cloves can be added to the mixture before grinding to act as a preservative.
- Add various vegetables (e.g. Amaranthus), fruit, milk, palm oil or margarine for a more diverse meal. A small quantity of sugar, honey or molasses can also be added per personal preference. Adding a spoon of palm oil to the porridge provides vitamin A (for healthy eyes).



Removing the husks from the soya beans.



## HOW TO COOK THE PORRIDGE

- Spoon your preferred quantity of powder into a clean bowl, and mix it with clean water at room temperature to make a paste.
- Pour clean water into a clean cooking pot and put it on the fire to boil. The quantity of water should be about 3 times the measure of your paste.
- Gently pour the paste into the boiling water while stirring at a moderate speed to prevent lumps.
- Continue to stir the pot on the fire until the porridge cooks through and thickens. This may take 5 to 15 minutes depending on the quantity.



A caregiver prepares Tom Brown. Photo by Laura Elizabeth Pohl/CRS

## IMPORTANT TIPS

- Lightly roasting the grains at a low heat helps to eliminate moisture, and makes the powder finer after milling. This also means the porridge will cook faster.
- Tom Brown powder can last for about 6 months when stored free from moisture in an airtight container.
- Recognizing that the powder may not always be stored in ideal conditions, CRS recommends a storage period of no more than two months to minimize the likelihood of spoilage or contamination.
- To ensure good quality grains, CRS procures only from certified vendors and inspects all inputs to ensure they are free from visual moisture, mold or contamination. Lead mothers are taught to inspect grains for contamination before use—using an illustrated guide (pictured)—and to store products in airtight containers.
- Where available on the local market, use bio-fortified grains, or grains fortified with vitamins and/or minerals that meet local needs

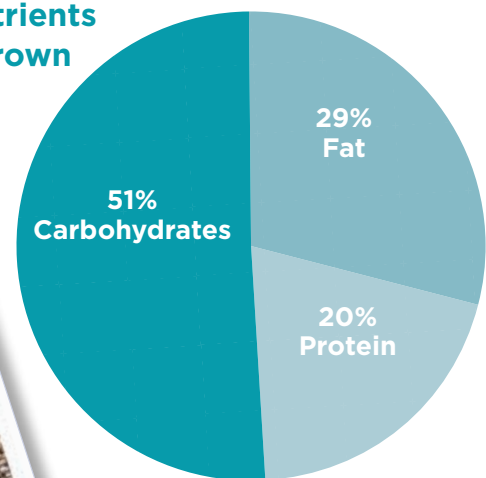


### Wash your hands

Wash hands with soap and clean water before and after porridge preparation.



### Energy supplied by macronutrients in Tom Brown porridge



### Tom Brown:

- is good for children 6 months and over, after exclusive breastfeeding.
- is good for everyone over the age of 6 months.
- can serve as a family breakfast.

# Appendix E: Sample CNM Training Schedule

Included below is an example five-day training schedule for community nutrition mobilizers by Catholic Relief Services and one of its implementing partners, the Justice, Development and Peace Commission. Members of the monitoring, evaluation, accountability and learning team and the Borno state nutrition officer were also involved in the five-day training. Implementing organizations can adapt the topics and schedule, as necessary.

## DAY 1

TIME	ACTIVITY	PERSON RESPONSIBLE
9:00 – 9:30 am	Arrival and registration	CRS nutrition data clerk
9:30 – 9:40 am	Welcome address	CRS nutrition officer
9:40 – 10:00 am	Introduction and setting of ground rules	CRS nutrition officer
10:00 – 10:15am	Objectives and expectations	CRS nutrition officer
10:15 – 10:30 am	Pre-test	CRS nutrition officer
<b>10:30 – 11:00 am</b>	<b>TEA BREAK</b>	<b>All</b>
11:00 am – 12:00 pm	What is malnutrition? <ul style="list-style-type: none"> <li>▪ Types of malnutrition</li> <li>▪ Types of acute malnutrition</li> <li>▪ Causes of malnutrition</li> <li>▪ How to identify malnutrition</li> </ul>	State facilitator
12:00 – 1:00 pm	What is community management of acute malnutrition (CMAM)? <ul style="list-style-type: none"> <li>▪ Components of CMAM</li> </ul>	State facilitator
<b>1:00 – 2:00 pm</b>	<b>PRAYERS AND LUNCH</b>	<b>All</b>
2:00 – 2:30 pm	Infant and young child feeding (IYCF): Why it matters	State facilitator
2:30 – 3:00pm	Nutrition for pregnant and breastfeeding women	State facilitator
3:00 – 3:30 pm	Recommended IYCF; breastfeeding practices; dangers of mixed feeding	State facilitator
<b>3:30 – 3:40 pm</b>	<b>PRAYERS AND BREAK</b>	<b>All</b>
3:40 – 4:15 pm	Tom Brown <ul style="list-style-type: none"> <li>▪ What is Tom Brown?</li> <li>▪ Ingredients and measurement</li> </ul>	CRS nutrition officer
4:15 – 4:30 pm	Tom Brown Practical Day 1 Measurement and soaking of soya beans	CRS and JDPC nutrition officers

## DAY 2

TIME	ACTIVITY	PERSON RESPONSIBLE
8:00 am – 8:30 am	Arrival/Opening prayers	Volunteer
8:30 am – 8:45 am	Recap of previous day's activities	CRS nutrition officer
8:45am – 10:00 am	Tom Brown Practical Day 2 Washing and drying of grains	CRS and JDPC nutrition officers
<b>10:00 – 10:30 am</b>	<b>TEA BREAK</b>	<b>All</b>
10:30 – 11:30 am	Breastfeeding practices, hygiene, and birth spacing	State facilitator
11:30 am – 12:00 pm	Recommended Infant and Young Child Feeding (IYCF) and complementary feeding <ul style="list-style-type: none"> <li>■ Feeding at 6 months</li> <li>■ Feeding 6-9 months</li> <li>■ Feeding 9-12 months</li> <li>■ Feeding 12-24 months</li> </ul>	State facilitator
12:00 – 12:30 pm	<ul style="list-style-type: none"> <li>■ Feeding practices (cont.)</li> <li>■ Feeding the sick child &lt;6 months</li> <li>■ Feeding the sick child &gt;6 months</li> <li>■ Growth monitoring</li> </ul>	State facilitator
12:30 – 1:00 pm	Types of complementary foods and food diversity	State facilitator / CRS nutrition officers
<b>1:00 – 2:00 pm</b>	<b>PRAYERS AND LUNCH</b>	<b>All</b>
2:00 – 2:30 pm	Kitchen gardening and fruit trees; small animal breeding	State facilitator
2:30 – 3:30 pm	Positive counseling skills <ul style="list-style-type: none"> <li>■ Listening and learning skills</li> <li>■ Building confidence and giving support skills</li> </ul>	State facilitator / CRS nutrition officers
<b>3:30 – 3:40 pm</b>	<b>PRAYERS AND BREAK</b>	<b>All</b>
3:40 – 4:15 pm	IYCF three-step counseling	State facilitator
4:15 – 4:30 pm	Q&A	CRS nutrition officer

## DAY 3

TIME	ACTIVITY	RESPONSIBLE
8:00 – 8:30 am	Arrival/Opening prayers	Volunteer
8:30 – 8:45 am	Recap of previous day's activities	JDPC nutrition officer
8:45 – 10:00 am	Tom Brown Theory and Practical Day 3 Roasting grains	CRS and JDPC nutrition officers
<b>10:00 – 10:30 am</b>	<b>TEA BREAK</b>	<b>All</b>
10.30 – 11:30 am	Anthropometry <ul style="list-style-type: none"> <li>▪ MUAC Screening</li> <li>▪ Edema</li> <li>▪ Weight measurement</li> <li>▪ Height measurement</li> </ul>	State Facilitator
11:30 am – 1:00 pm	Methodology of implementation (CRS) <ul style="list-style-type: none"> <li>▪ Community engagement</li> <li>▪ Lead mother selection</li> <li>▪ Weekly production of Tom Brown</li> <li>▪ IYCF sessions in Tom Brown programming</li> <li>▪ Weekly follow-up</li> </ul>	CRS nutrition manager
<b>1:00 – 2:00 pm</b>	<b>PRAYERS AND LUNCH</b>	<b>All</b>
2:00 – 3:30 pm	Accountability, feedback and response	CRS accountability officer
<b>3:30 – 3:40 pm</b>	<b>PRAYERS AND BREAK</b>	<b>All</b>
3:40 – 4:10 pm	Accountability (cont.): Safeguarding essentials (prevention of sexual exploitation and abuse)	CRS gender focal point/ accountability officer
4:10 – 4:30 pm	Q&A	CRS nutrition manager

## DAY 4

TIME	ACTIVITY	RESPONSIBLE
8:00 – 8:30 am	Arrival / Prayers	All
8:30 – 8:45 am	Recap of previous day’s activities	CRS nutrition manager
8:45 – 10:00 am	Tom Brown porridge preparation (theory) and cooking demonstration (practical)	CRS and JDPC nutrition officers
<b>10:00 – 10:30 am</b>	<b>TEA BREAK</b>	<b>All</b>
10:30 – 11:00 am	IYCF support group <ul style="list-style-type: none"> <li>▪ Characteristics</li> <li>▪ Mode of discussion (e.g., facilitation skills, participation)</li> </ul>	CRS nutrition officer
11:00 am – 12:00 pm	Qualities of a good IYCF support group meeting	CRS nutrition officers
12:00 – 12:30 pm	One-on-one counseling	CRS nutrition officers
12:30 – 1:00 pm	One-on-one counseling practical (group work)	CRS nutrition officers
<b>1:00 – 2:00 pm</b>	<b>PRAYERS AND LUNCH</b>	<b>ALL</b>
2:00 – 3:00 pm	Support group meeting practical (group work) <ul style="list-style-type: none"> <li>▪ Referral to OTP</li> <li>▪ Referral to SC</li> <li>▪ Referral to SFP</li> </ul>	CRS nutrition manager
3:00 – 3:30 pm	Introduction to hard copy reporting tools <ul style="list-style-type: none"> <li>▪ Screening/follow-up register</li> <li>▪ Referral slip/booklet</li> <li>▪ IYCF register</li> </ul>	CRS MEAL manager
<b>3:30 – 3:40 pm</b>	<b>PRAYER BREAK</b>	<b>ALL</b>
3:40 – 4:15 pm	Introduction to Kobo data collection tools <ul style="list-style-type: none"> <li>▪ Screening tool</li> <li>▪ Follow-up tool</li> <li>▪ IYCF SG attendance</li> <li>▪ Home visit IYCF key message tool</li> </ul>	CRS MEAL manager
4:15 – 4:30 pm	Q&A	CRS nutrition manager

## DAY 5

TIME	ACTIVITY	RESPONSIBLE
8:00 – 8:30 am	Arrival / Prayers	CNM
8:30 – 8:45 am	Recap of previous day’s activities	CRS nutrition officer
8:45 – 10:00 am	Recap of Monday through Thursday	CRS nutrition manager
<b>10:00 – 10:30 am</b>	<b>TEA BREAK</b>	<b>All</b>
10:30 am – 1:00 pm	Data tools practical (group work) <ul style="list-style-type: none"> <li>■ Scenarios and filling in of tools (hard copy)</li> <li>■ Scenarios and filling in of KoBo collection tools</li> </ul>	CRS MEAL manager
<b>1:00 – 2:00 pm</b>	<b>LUNCH AND PRAYERS</b>	<b>All</b>
2:00 – 3:00 pm	Data tools practical (cont.)	All
3:00 – 3:30 pm	Detailed implementation plan	CRS nutrition manager
3:30 – 4:00 pm	Post-test	CRS nutrition officer

# Appendix F: Sample Tom Brown Detailed Implementation Plan

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Person responsible (support)
Recruit and onboard project staff	X													Country/Program Management Team
Update and finalize data tools	X													Nutrition TA, MEAL coordinator, nutrition data clerk
Meet with state and partner nutrition officers to review targets, determine geographic areas, and map referral	X	X												CRS nutrition officer/PM
Identify community mobilizers for Yobe and Kaga <ul style="list-style-type: none"> <li>▪ Advert</li> <li>▪ Long list</li> <li>▪ Short list</li> <li>▪ Interview</li> <li>▪ Contract</li> </ul>	X	X												Partner nutrition officer (CRS nutrition officer)
Prepare and procure CNM training	X													CRS nutrition officers
Training of community mobilizers (Yobe and Borno, consecutively) (4-5 days) <ul style="list-style-type: none"> <li>▪ Screening and referrals</li> <li>▪ Data tools</li> <li>▪ IYCF</li> <li>▪ Tom Brown approach</li> <li>▪ Working with lead mothers</li> </ul>		X												Nutrition officers (data clerk)
Develop agenda and materials for Monthly CNM meetings				X	X	X	X	X	X	X	X	X	X	Nutrition project manager (CRS and partner nutrition officer)
Monthly CNM meeting (successes, challenges, refresher training, data submission, reports, updates, etc.)				X	X	X	X	X	X	X	X	X	X	Partner nutrition officer (CRS nutrition officer)
Identify lead mothers in Borno and Yobe, and identify supply needs			X											Community mobilizers (partner nutrition officers)

Procure cooking kits			X											Procurement (CRS nutrition project officers)
Training of lead mothers (Tom Brown and IYCF)			X											Community mobilizers (partner nutrition officers)
Nutrition screening				X			X			X				Community nutrition mobilizers
SAM and MAM case referrals				X			X			X				Community nutrition mobilizers
Follow-up of SAM and MAM referrals				X	X	X	X	X	X	X	X	X	X	Community nutrition mobilizers
Procurement of the local ingredients			X	X		X	X		X	X				Procurement (CRS nutrition officers)
Storage and transport of ingredients to communities					X	X		X	X		X	X		Partners (nutrition project officers)
8-week Tom Brown sessions					X	X		X	X		X	X		Lead mothers (community nutrition mobilizers)



