



# Nutrition Funding Requirements and Application

*This document provides detailed information regarding Smile Train's Nutrition Program requirements and includes the offline funding application. Prospective applicants should review this information prior to applying for nutrition funding and must abide by the requirements if awarded.*

## 1. PURPOSE OF NUTRITION FUNDING

- The primary goal of Smile Train nutrition funding is to enhance the quality of feeding and nutrition care provided to patients with clefts.
- Nutrition funding is designed to serve as a one-time support to cleft care teams, addressing current gaps and shortcomings in their provision of care.
- Nutrition funding is not meant to substitute or cover the costs associated with existing feeding and nutrition care, nor to support salaries.
- **Before applying, we encourage partners to thoroughly assess their current cleft care provision.** In many instances, nutrition is not prioritized from the time of patients' first visit nor throughout the course of patient management. Identifying necessary changes in behaviours and practices to enhance the patient care pathway is essential (See Principles of feeding and nutrition care provision). If funding is deemed necessary for strengthening the care, partners should reach out to their local Smile Train contact.

## 2. PRINCIPLES OF FEEDING AND NUTRITION CARE PROVISION

**Feeding and nutrition care starts from day 1 in cleft care management.**

In the comprehensive management of cleft, the initiation of feeding and nutrition care must be prioritized, ensuring that the foundation for optimal health is laid early in a child's life.

### 1. Immediate attention to feeding and nutrition needs.

When a child is born with a cleft in the mouth, the priority is to empower the mother such that she can feed her infant with the best nutrition, aligning with recommended infant and young child feeding practices (IYCF).

### 2. Integral role of growth monitoring.

Growth monitoring is fundamental from the very first day to promote healthy growth, identify concerns, prevent malnutrition, and assess the impact of feeding and nutrition interventions. Monitoring growth is crucial to ensure that children are in optimal health and physical condition for surgery.

### 3. Patient readiness for surgery.

The key to minimizing peri-operative risks and maximizing post-operative healing lies in the physiological and functional fitness of the child. Growth monitoring is a vital parameter in assessing a child's physiological readiness for surgery, contributing to minimizing peri-operative risks and ensuring a safe surgical experience.

#### 4. Holistic reconsideration of patient care pathway: the right care at the right time by the right staff.

A holistic reconsideration of the patient care pathway emerges as the most effective strategy for delivering quality care. Partners are encouraged to critically evaluate their current approaches to cleft management, identifying changes that prioritize malnutrition prevention and patient safety during surgery. **Relying solely on nutrition funding proved insufficient to deliver quality care without a fundamental reorganization of care around the specific needs of patients.**

#### 5. Best infant and young child feeding practices apply to all children, including children born with clefts.

The presence of a cleft should not interfere with a child being given age-appropriate optimal nutrition, whether it is breastmilk or complementary food. Smile Train will not supply partners with any breastmilk substitutes (BMS), teats, bottles, cleft nursers, and the like. Partners may indicate that some funding will be used to purchase such supplies. This is given that partners are aware of the superiority of breastfeeding and breastmilk and of the risks associated with advising/procuring a mother with BMS and feeding tools. It is of utmost importance that the partner conducts an adequate needs assessment and provides proper education, guidance, and follow up to every patient's family if they advise and/or procure BMS, feeding tools, and the like to a mother/caregiver.

### 3. FUNDING APPLICATION AND BUDGET

A complete Smile Train nutrition funding application includes:

- Nutrition Funding Application (below)
- Smile Train Nutrition Funding Budget Template

An [application checklist](#) is available at the end of this document to guide you in preparing and completing the nutrition application.

Supplies and activities that can be supported are varied and depend on the needs identified by the applicant to improve the quality-of-care provision to patients with clefts. Funding may be justified to cover costs of measuring equipment, costs of food items and feeding tools, costs of medications, cost of hospitalisation, and costs of educational materials.

### 4. REQUIREMENTS FROM PARTNERS BENEFITING FROM NUTRITION FUNDING

#### 4.1. General Requirements

The center benefiting from nutrition funding must:

- ☐ Use funding only for equipment and/or activities described in the application.
- ☐ Maintain financial records of funding for audit purposes and **provide an accountant's report to verify your expenses at the end of the nutrition funding period.**
- ☐ Keep a list of all patients benefiting from nutrition funding.
- ☐ Collect and report required nutrition data of patients benefiting from nutrition funding to Smile Train Express (STX) database.
- ☐ Capture patients' stories showing impact of funding.
- ☐ Submit a Smile Train Funding Report (FR) upon conclusion of funding period.

- ☐ Inform the local Smile Train contact **immediately** if the nutrition practitioner leaves the partner organization during the nutrition funding period.
- ☐ Be available for site visits of Smile Train staff and advisors.
- ☐ Be responsive to emails, surveys, and inquiries regarding nutrition care provision.

#### 4.2. Obligation to report nutrition data in Smile Train Express (STX)

Partners benefiting from nutrition funding are required to complete STX Nutrition Data Collection Forms **at every consultation** of a patient benefiting from the funding.

- ☐ Practitioner(s) overseeing nutrition funding need to access the STX clinical database to report records of funding beneficiaries.

If the practitioner needs support to access and report records into STX, he/she should reach out to their local Smile Train contact.

- ☐ There are 4 STX Nutrition Data Collection Forms, corresponding to 4 age groups.  
STX Forms can be downloaded from STX directly or shared by the local Smile Train contact.
- ☐ STX Nutrition Data Collection Forms should be complete and accurate.
- ☐ Submission of records to STX should be done in a timely manner.
- ☐ Funding instalments will be withheld if the partner fails to comply with reporting requirements.

#### 4.3. Obligation to offer high-quality care

To ensure the highest quality of care, the following guidelines outline critical requirements for nutritional assessment, management, and for readiness for surgery in pediatric patients:

- ☐ **Skilled assessment:** Nutritional assessment should be conducted by a nutritionist or skilled professional from the time of the first consultation.
- ☐ **Comprehensive evaluation:** Each consultation should include at least weight and length/height measurements, with growth tracked on growth charts.
- ☐ **Tailored care plans:** Feeding counselling and nutrition care plans should be tailored to the results of the nutritional assessment.
- ☐ **Medical collaboration:** A medical doctor (preferably a pediatrician) should work alongside the nutritionist to manage cases of malnutrition and other health problems.
- ☐ **Surgery readiness:** The patient's nutritional status must be optimal enough to minimize the risk of surgical complications and to promote effective healing and recovery.
  - The child should demonstrate consistent growth in both weight and height, as tracked on growth charts.
  - The child should not be wasted (low weight-for-height) or stunted (low height-for-age); if stunted, there should be evidence of catch-up growth.
  - A medical doctor (preferably a pediatrician) should confirm that the child's nutritional and overall health status is sufficient for surgery

STX records reported by the partner in patient registration, nutrition consultation, and surgery intervention forms will be reviewed at each funding request, funding instalment, and at the end of the funding period to evaluate the quality of data, diagnosis, and care provision.

#### 4.4. Funding Completion and Further Funding Requirements

Partners benefiting from funding must submit a Funding Report (FR) through the Smile Train Partner Portal, due 30 days after the end of the awarded budget period. The funding period can be adjusted if needed. The partner should reach out to their local Smile Train contact to request a change in the funding period.

**No further funding will be considered when:**

- ☐ The Funding Report has not been thoroughly completed and submitted in the Smile Train Partner Portal in a timely manner.
- ☐ Information provided in the Funding Report does not reflect information collected through STX.
- ☐ STX Nutrition Records are incomplete.
- ☐ Analyses of STX records reveal no improvement in the quality of feeding and nutrition care provision, and/or concerns regarding the safety of patients at surgery.

Further funding can be considered if key targets of quality care provision are met and the need for additional funding is justified. The process for requesting additional funding is like the initial funding request – yet the partner needs to justify why further funding is necessary.

## **5. AUDITS**

Feeding and nutrition care provision receiving funding may be subject to medical and financial audits. Funding may be discontinued at any time if Smile Train considers that donors' funds are not being appropriately used.



## Nutrition Funding Application

*This offline application will assist you in collecting the information required to apply for nutrition funding. If your organization has never received funding before, additional legal documentation and wire transfer information may be requested. This application will be reviewed by a nutrition advisor and feedback will be provided.*

### APPLYING ORGANIZATION INFORMATION

<b>Organization Name</b>	
<b>Contact Information</b> Address, phone, email, website	
<b>Organization Type</b> e.g., general hospital, specialist hospital, non-profit, university, individual	
<b>Ownership</b> e.g., private, public, both	

### PRIMARY CONTACT INFORMATION

**This should be completed by the person overseeing nutrition care provision**

<b>Primary Contact Name</b>	
<b>E-mail Address</b>	
<b>Job Title &amp; Profession</b>	
<b>Is the person overseeing nutrition activities formally trained in nutrition<sup>1</sup>?</b>	Yes / No



<b>Has the nutrition practitioner attended an in-person Smile Train nutrition training?</b>	Yes / No
<b>If the person overseeing the nutrition program is not formally trained in nutrition, please name the nutrition practitioner who supervises feeding and nutrition care provision to patients with clefts?</b>	
<b>Document to Provide:</b>	<input type="checkbox"/> CV of the nutrition practitioner and/or the person who will oversee the nutrition funding (if different)

<sup>1</sup> A nutrition practitioner refers here to a healthcare professional who underwent formal training in clinical nutrition.

<b>FUNDING REQUEST</b>	
<ul style="list-style-type: none"> <li>• Please use the Smile Train Nutrition Funding Budget Template to create your budget.</li> <li>• Please report below budget-related information.</li> <li>•</li> </ul>	
<b>Amount Requested in USD</b> or Smile Train accepted local currencies (specify)	
<b>What percentage of the total project costs will Smile Train be supporting with this funding?</b>	
<b>From what other sources will your center receive financial support for this nutrition project?</b> Select all that apply.	<input type="checkbox"/> Government <input type="checkbox"/> Patient payments <input type="checkbox"/> Treatment center's own resources <input type="checkbox"/> Other cleft-focused non-profit organization <input type="checkbox"/> Other organization <input type="checkbox"/> None
<b>Proposed start date of the funding period:</b>	
<b>Proposed end date of the funding period:</b>	

Primary geographic area served:	
On average, how many patients with clefts receive nutrition care per month at your center?	
In total, how many patients with clefts received surgical treatment at your center in the last 12 months?	
How many patients with clefts are expected to benefit from this nutrition funding during the proposed funding period?	
Please provide a one-sentence summary of your project:	
Document to provide:	<input type="checkbox"/> Budget

## PROJECT DETAILS

### BACKGROUND

Please describe your current provision of feeding and nutrition care, i.e.:

- The patients with clefts that you manage in terms of age groups, socioeconomic status, and nutritional status.
- If and how you provide feeding counselling and/or nutrition support to mothers of children with clefts.
- If and how you ensure that children grow well and how you identify concerns.
- If and how chronic and acute forms of malnutrition are identified and managed.
- Which health professionals are involved in the feeding and nutrition care of patients with clefts.
- How patients' nutritional readiness for surgery is currently evaluated.

**If you have attended in-person nutrition training, explain what changes you have implemented in your practice since training.**

>> Enter text here

### NEEDS

Please summarize below the gaps and shortcomings of the current feeding and nutrition care provided to patients with clefts at your treatment center.

Your statement of needs should describe precisely the challenges that you expect this funding to help address. **Your statement of needs must explain the items listed in your budget.** For example, if you are seeking funding for X, explain how the lack of X is limiting you from helping a specific set of patients or offering a given service.

>> Enter text here

### OBJECTIVES

- Please explain what objectives funding will contribute to achieve (linking your objectives back to your need statement).
- Please explain how we should expect to see measurable improvements in the provision of quality care to patients with clefts at your treatment center.

>> Enter text here

### ACTIVITIES

- Describe the current feeding and nutrition care (feeding counseling, nutrition assessment, nutrition support, and nutrition-sensitive activities) to patients with clefts, including the timing of service provision. Specify the age group of beneficiaries (e.g., infants 0-6 months, children 6 months-2 years, 6 months-5 years, older children and adolescents, adults).
- Explain how this funding will improve the quality of the care provided to children with clefts and uphold timeliness and safety at surgery.

>> Enter text here



## APPLICATION CHECKLIST

**This checklist will help guide in preparing and completing your application.**

BACKGROUND	Yes	Not Applicable
• Have you provided a brief description of the population of patients with clefts that you manage (e.g., in terms of age groups, socioeconomic status, and nutritional situation)?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained if you currently offer feeding counselling and/or nutrition support to mothers of children with clefts?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained if you use growth charts to track patients' growth and overall health?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained if and how you are currently identifying malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained if and how you are currently managing acute malnutrition?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained which health professionals are involved in the feeding and nutrition care of patients with clefts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEEDS</b>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained which gaps and shortcomings you have identified in your current care provision?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you specified which of the gaps and shortcomings nutrition funding is meant to address?	<input type="checkbox"/>	<input type="checkbox"/>
<b>OBJECTIVES</b>	<input type="checkbox"/>	<input type="checkbox"/>
• Are your objectives describing the expected outcomes?	<input type="checkbox"/>	<input type="checkbox"/>
• Are your objectives related to (some of) the identified gaps and shortcomings in the care provision?	<input type="checkbox"/>	<input type="checkbox"/>
• Are your objectives described in relation to the target patient age group(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACTIVITIES</b>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you described how funding will improve the quality-of-care provision to patients with clefts?	<input type="checkbox"/>	<input type="checkbox"/>
• Is your planned use of funding aligned with the objectives above listed?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you explained if funding will improve care provision in any/all of the following activities: feeding counselling, nutrition assessment, nutrition support, or nutrition-sensitive activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you specified which patient age group(s) will benefit from the funding?	<input type="checkbox"/>	<input type="checkbox"/>
• When applicable, did you mention the protocols you will follow or the resources you will use to improve care provision?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you mentioned how you will evaluate if you met the objectives at the end of the budget period?	<input type="checkbox"/>	<input type="checkbox"/>
<b>BUDGET</b>	<input type="checkbox"/>	<input type="checkbox"/>

• Have you prepared a budget with headings that highlight the nutrition activities which funding will contribute to improve?	<input type="checkbox"/>	<input type="checkbox"/>
• If funding is granted, have you ensured that an accountant's report will be provided to justify the expenses?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you thought about how you will provide evidence that funding improved feeding and nutrition care to patients?	<input type="checkbox"/>	<input type="checkbox"/>