

File No.NHMHP-CH0NRC/1/2019-CH-Section-NATIONAL HEALTH MISSION-HP-Part(1) - 5024



Standard Operative Procedure for management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) Children in convergence of H&FW and WCD Department

Childhood under-nutrition is an important public health and developmental challenge. Undernourished children have significantly higher risk of mortality and morbidity. Besides increasing the risk of death and disease, under-nutrition also leads to growth retardation and impaired psychosocial and cognitive development. At present in the State, the Department of Women and Child Development is implementing the ICDS-CAS software developed by the Ministry of WCD, Government of India to capture the data of malnourished children after their identification. The Health Department has established five Nutritional Rehabilitation Centres for treatment of malnourished children and has appointed Nutritional counsellors in all District Hospitals for counselling regarding malnourishment (MAM/SAM). In order to track and treat the malnourished children, and to achieve convergence of the departments in Poshan Abhiyaan with the overall objective of reducing the prevalence of malnourishment, the following Standard Operating Procedure with focus on community and facility based approach for management of SAM/MAM Children is hereby notified:

EXAMINATION, TREATMENT & MANAGEMENT OF SUSPECTED SAM/MAM CHILDREN:

- (i) AWW records Height and Weight on 15th of every month. These parameters shall be recorded on ICDS-CAS Software and MCP Cards.
- (ii) AWW will mobilize such suspected children to Medical Officer of nearby health facility for further assessment and examination.
- (iii) Medical officer at nearest facility shall monitor and examine these suspected SAM/MAM children before 25th of every month subject to number of children mobilized by AWW and provide necessary treatment/management or referral.

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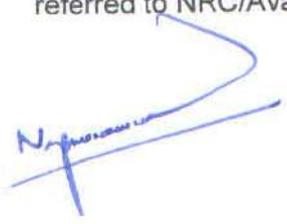
- (iv) Medical Officer shall do group counseling of Parents/guardians on locally available nutritious diet, when they come along with the SAM/MAM children for examination.
- (v) All the confirmed MAM/SAM children shall be mobilized/referred to higher health facility in pre-coordination with NRC Head/Paediatrician specifying that these children shall be given priority. Mobilization of these referred children shall be done by CDPO through Supervisors/AWW for health camps being organized by HFW or to NRCs and BMOs shall coordinate with Paediatrician /NRC facility.

Follow up of SAM children (post discharge)

- (i) The AWW shall monitor the progress or regression in health, if any, of SAM and MAM children during home visits. The Supervisor at sector level shall review the follow up status of SAM/MAM with AWWs.
- (ii) ASHA has to monitor/follow up discharged SAM children on 7th, 15th day, 1 month, 3 months, 6th months, 9th month and 12th month after discharge.
- (iii) ASHA and AWW together shall enter height and weight of the follow up child as per the schedule of WCD i.e 15th of every month and the same shall be recorded in the MCP card by the ASHA and the ICDS-CAS software by the AWW.
- (iv) Nutritional counselor at NRC shall be responsible for coordination with ASHA for follow up of diet of the identified SAM child at home & up keep of the records which will be shared with AWW by ASHA.

Follow up of MAM children

- (i) AWW will monitor MAM children for height and weight as per the protocol.
- (ii) If no improvement in child after follow-ups is detected till 1.5 months, then the Medical Officer at nearest facility shall be informed and if required, then referred to NRC/Available Paediatrician in nearest Health facility.




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REVIEW AND MONITORING MECHANISM

- (i) Joint meeting of BMO and CDPO along with their supervisors once every quarter shall be organized. This meeting should be held on 18th of January, April, July and October (In case 18th is a holiday, the meeting will be held on the subsequent working day) to ensure the coordination at Block level between WCD and HFW departments with common objectives to reduce the prevalence of malnourishment amongst children. BMO Office shall draw the minutes of meeting.
- (ii) There will be a Joint meeting at District level on half yearly basis of CMO and DPO-WCD in presence of NRC Head/ District Hospital Paediatrician with DPO-CH, NHM.
- (iii) The following shall be TOR of these meetings:
 - a) Line list of suspected SAM/MAM children with recorded anthropometric measurement shall be shared by CDPO with BMO at block level for reporting and analyzing data at their end.
 - b) To sort out the issues of forward and backward linkages.
 - c) Review the follow up done of discharged SAM children and their current status.
 - d) Review action taken on the previous minutes of meeting at respective levels.
 - e) Any other item deemed fit to achieve the objective.
- (iv) The data regarding the identification, examination, treatment and follow up of all the SAM/MAM children in the State shall be shared by the Districts to their respective State Head Quarters on monthly basis as per format, that may be prescribed by the departments. This data shall be shared between the WCD and NHM Departments at the State level every Quarter for reconciliation and mid course correction required, if any.

CAPACITY BUILDING OF HUMAN RESOURCE (AWW AND ASHA)

AWW and ASHAs will be oriented on the following aspects:

- (i) There will be special focus on exclusive breast feeding for first 6 months of baby, Kangaroo mother care, complementary feeding etc.
- (ii) Change in dietary habits by advising nutritious feed to children.




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- (iii) Orientation on measuring correct anthropometric measurements. ASHAs shall be re-oriented on MUAC measurement, Height and Weight skills for entering good quality data as well as screening of SAM children.
- (iv) RBSK team may also orient AWW on taking correct anthropometric measurements during their visits in Anganwadi centres.

Trainings shall be conducted by respective departments. If required by Department of WCD, resource person for training shall be made available from Department of Health & Family Welfare. ASHA may be involved in incremental learning approach trainings of WCD at sector level.

This Standard Operating Protocol shall be followed by all concerned in letter and spirit.


14/7/20
Mission Director,
National Health Mission,
Himachal Pradesh


Director,
Women and Child Development
Department,
Himachal Pradesh



Endst No. as above, Dated: Shimla-9, the
Copy forwarded to:

1. The Sr. PS to Chief Secretary to the Government of Himachal Pradesh for information please.
2. The Additional Chief Secretary (SJE) to Government of Himachal Pradesh, Shimla-2 for information please.
3. The Additional Chief Secretary (Health) to Government of Himachal Pradesh, Shimla-2 for information please.
4. The Director Health Services, SDA Complex, Kasumpti, Shimla-9
5. All the Chief Medical Officers, Himachal Pradesh for information and necessary action
6. All the Child Development Project Officers (CDPO), ICDS, Himachal Pradesh for information and necessary action.
7. All Nodal Officers, NRCs, Himachal Pradesh.


Deputy Mission Director, NHM
Himachal Pradesh, Shimla - 9