

Government of Odisha
Department of Women & Child Development and Mission Shakti
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From

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Director, ICDS & SW

To

All Collectors

Sub: Managing nutrition and convergent services in camps for migrant population.

Madam/Sir,

In inviting a reference to the subject cited above, I am to say that, due to recent decisions of the Govt., migrants have been returning to the state from across the country. Many of them may have to stay in quarantine centres. Though facilities for stay, food, hygiene etc must have been in place, managing nutrition and convergent services for children & women, particularly Severely Acute Malnourished (SAM) and pregnant & nursing ones in such camps, could be a challenge that must be handled efficiently.

In view of this, interventions in areas such as IYCF (Infant Young Child Feeding) practices, including breastfeeding, complementary feeding; micronutrients/deworming/ immunization; care for pregnant & nursing women and newborns; disease surveillance, nutrition emergencies and other services; WASH(Water Sanitation & Hygiene) etc are to be put in place. Implementable aspects of these have been highlighted in Annexure-1.

You are therefore requested to mobilise resources in your command to ensure that such services are extended to children and women, particularly Severely Acute Malnourished (SAM) and pregnant & nursing ones in your district.

This is most urgent.

Yours faithfully,


Director, ICDS & SW

Managing nutrition services in camps for migrant population

1. IYCF (Infant Young Child Feeding) practices:

1.1 Breast Feeding:

i. Breast feeding of new borns prevents infections diseases and strengthens immune system. Mothers with symptoms or infected with COVID19 can breastfeed with precautions and continue breastfeeding even if the infant or young child become sick with precautions such as washing hands with soap for 20 secs, use a mask while feeding etc.

ii. All breastfeeding mothers having symptoms of fever, cough or difficulty breathing, should seek medical care early.

iii. If mother is too ill to breastfeed, she can express her milk with the support of the ANM to begin with taking all precautions to prevent infections. If mother is too unwell to breastfeed or express breast milk, she may explore the possibility wet nursing (another woman breastfeeding).

1.2 Complementary feeding:

i. Complementary foods such as pulses, milk and milk products, yellow, orange and green vegetables and fruits to support the child's physical growth and brain development. The children are to be provided usual amount of foods and fluids during illness.

2. Micronutrients/ deworming/ immunization:

2.1 The ANMs are to ensure adequate supplies and consumption of IFA (paediatrics, adolescent and adult), calcium, vitamin A, zinc at the camp sites. Immunization schedule for any left-out vaccine/ vitamin A dose is to be checked.

2.2 Children (6 months- 5 years) are to be provided 1 ml of IFA syrup twice a week (Tues & Friday); those between 5 - 10 years, IFA pink tablet once a week on Monday(after meal); adolescents, IFA blue tablet once a week on Monday(after meal); pregnant & nursing women, IFA red tablets daily for 180 days (for the anaemic additional one tablet)

2.3 Pregnant & nursing women are to be provided two calcium tablets (500 mg each) daily for 180 days.

2.4 Children of the age group 2- 6 months and 6 months - 5 years, suffering from diarrhoea, are to be given ½ tablet (10 mg) and 1 tablet (20 mg) respectively for 14 days.

2.5 Ensure that adequately iodized salt is used for cooking the food for the migrant camps.

2.6 Multi mineral/vitamin syrups, available in the essential drug list, are to be provided to children, adolescent girls and women in the temporary camps to address micro-nutrient deficiencies.

2.7 Each person in the camp is to be given a deworming dose (400 mg albendazole) immediately on their arrival at the camp site to ensure adequate absorption of nutrients.

3. Care for pregnant & nursing women and newborns:

3.1 Pregnant & nursing women are to be assessed for their nutritional vulnerabilities (height/ weight/ age/ previous obstetric history/ anaemia/ BP/ BMI/ MUAC etc.) and counselled on staying, taking rest, restricting intake of caffeine/alcohol/tobacco, taking micronutrient supplements etc.

3.2 All antenatal care services are to be provided to pregnant women in the camp. High-risk cases are to be identified and referred.

3.3 Woman in the post-partum period and newborns in the camp should be assessed and provided services as per HBPNC guidelines.

3.4 Newborns with danger signs are to be referred by the ANM to the nearest CHC / SNCU.

4. Disease surveillance/ Nutrition emergencies/ other services:

4.1 The ANM is to screen all the persons in the camp including children for any illness or medical conditions and to inform the MO tagged to the centre. She is to be vigilant on fever, cough / cold or flu like illnesses, fever with rash, diarrhoea, skin diseases, measles etc.

4.2 The ANM is to enquire about continuing medication or pre-existing medical condition of the inmates and arrange for by the local MO.

4.3 The ANM is to detect signs of vitamin-A deficiencies, anaemia etc. She is to ensure growth monitoring of children and to refer children with SAM to the nearby NRCs. She is to provide therapeutic doses of micronutrients and referrals in cases of VAD & severe anaemia.

4.4 The NRC is to remain open for admitting any case of SAM. Health referral system can be used to transport of the child to the nearby NRC.

4.5 Contact details of the tagged MO / ANM / health team / ambulance and the nearest health facility at the camp is to be displayed.

5. WASH (Water Sanitation & Hygiene):

5.1 The inmates are to be counselled to wash hands with soap & water before cooking, feeding & eating.

5.2 Provision for clean drinking water and toilets is to be made. The camp is to be sanitised by hypochlorite solution. Toilets are to have soap and running water for hand washing.

5.3 Ensure safe disposal of child faeces in the toilets, which is essential to keep the place clean and safe

5.4 Hygiene kits, containing soap, detergent, toothpaste, sanitary napkins etc, are to be provided.

5.5 Provision for disposal of solid & infectious waste (used masks/ sanitary pads) is to be made.

6. Nutrition sensitive interventions:

6.1 Care is to be taken not to allow child abuse, domestic violence or any psychosocial stress among children and women. Childline (1098) and women helpline (181) are to be popularised at the camp sites.

6.3 AWWs, ASHAs/ANMs and health officials are to work with PRI members to create awareness on key practices & behaviours to prevent COVID19.