

GOVERNMENT OF ASSAM
DIRECTORATE OF SOCIAL WELFARE, ASSAM
M. G. ROAD, UZANBAZAR, GUWAHATI-1

☎ : 0361-2541169(O), 0361-2510407 & 0361-2510308 (FAX), Email: directorsocialwelfareassam@gmail.com

No.DSW(MIS)Cell/32/2021/6

Dated Guwahati, the 24th May, 2021

From : Director
Social Welfare Assam.

To : 1. The Deputy Commissioners (All Districts),
2. The District Social Welfare Officers (All Districts)

Sub : **Continuity of Essential Nutrition Services in context of COVID-19 and Floods**

Sir/Madam,

In context of the ongoing impact of COVID-19 and accompanying challenges, there is need to continue service delivery for essential nutrition interventions through alternative mechanisms. As the state will soon be approaching the annual flood season, it would also be important to initiate preparatory actions to avoid risks to nutrition of children, adolescents, and women. Looking at the double risk from COVID-19 and floods, it becomes imperative that nutritional services are not hampered and continue to reach beneficiaries. This directive outlines five key intervention areas and actions required for the same.

1. Monthly growth monitoring and screening for SAM

Service delivery:

- Continue monthly growth monitoring (weight-for-age) and screening for Severe Acute Malnutrition (weight-for-height) for all under-five children through AWW home-visits; VHND/RI sessions. Children identified with SAM along with any other medical complications should be referred to NRC. Children identified with SAM without any other medical complications should be enrolled under CMAM (detail in point 2 below).

Reporting:

- Monthly reports on growth monitoring (weight-for-age) to be submitted through MPR/RRS portal.
- District level compiled reports on children identified as Severe Acute Malnourished (by weight-for-height) to be submitted in below format through mail to Directorate email id by last day of each month.

District	No of children screened for SAM (weight-for-height)	No of children identified with SAM	No of children referred to NRC (facility-based management)	No of children enrolled under CMAM (Community based management)

2. Community-based Management of Severe Acute Malnutrition (CMAM)

Service Delivery:

- AWW (with help from ANM) to ensure all children identified as SAM should be assessed for medical complications and children without medical complication should be enrolled under CMAM program. Further with support from ANM, children identified as SAM without complication should be given antibiotics.
- Children enrolled under CMAM program must be ensured following services –
 - THR/Dry Ration** –All SAM children should receive double THR as per norms.AWW should provide counselling on optimal use of THR.
 - Weekly home visits and telephonic follow-up** –AWW should continue home visits to assess progress of child; and counsel on MIYCN behaviours. In addition to home visits, AWWs should telephonically reach out to parents of enrolled children.

- iii. **Micronutrient supplementation** –AWW to ensure that children with SAM receives micronutrients (Vitamin-A; IFA) and deworming (Albendazole) as per ongoing protocol.
- iv. **Fortnightly health check-up by ANM/ASHA** –with support from ANM/ASHA health check-up for all children with SAM should be facilitated by AWW.
- v. **Follow-up** –to be continued until child reaches normal weight-for-height Z score (i.e. SD score >-2SD). Children who continue to remain under SAM category (Weight-for-height Zscore <-3SD) even after 12weeks should be referred to NRC for admission.

Reporting: Details on child-wise progress to be maintained in districts and compiled report to be shared with state on monthly basis.

3. Continuity of IFA supplementation among adolescent girls

Service Delivery: Ensure that AWWs continue to deliver IFA (blue) tablets to all adolescent girls (out-of-school) through home visits, following COVID19 protocols. In case of shortage of supply, they should collect stock from the nearest sub-centre to continue supplementation. Along with supplementation, adolescent girls and families should be made aware of optimal nutrition behaviours during adolescence. Emphasize on colourful balanced diet prepared using locally available resources. Increase intake of Iron-rich food, vitamin C rich-foods and diverse diet to enhance iron absorption and boost immunity.

Reporting: Monthly reports should be submitted by AWW to both Supervisors and sub-centre for further compilation.

4. Counselling on Maternal Infant Young Child Nutrition (MIYCN)

AWWs should promote ideal nutrition behaviours among community using various platforms including THR distribution visits, other home visits, VHND/RI, and telephonic calls should be used by AWWs to spread the messages. Following are key messages outlined for reference, for different target groups –

Messages for Pregnant women –

- Consume at least three main meals and 1-2 nutritious snacks daily. Meals must comprise items from energy giving foods (cereals, fats, and sugar), body building items (pulses, legumes, nuts, milk, milk products, eggs, fish and meat) and protective foods (vegetables and fruits).
- Continue daily dose of micronutrient supplementation (IFA and calcium)
- Remember breastfeeding is very essential for new-borns as breast milk helps to strengthen immune system of baby and protects against infectious diseases. Breastfeeding must begin within first hour of birth.

Messages for Lactating mothers –

- Exclusive breastfeeding for first six months of life, then adequate and safe complementary food should be given from 6 months of age onwards, along with breastfeeding.
- During floods AWWs should facilitate setting-up breastfeeding corners in relief camps, so that children receive exclusive breastfeeding.
- Mother with any of these symptoms of corona virus (fever, cough, shortness of breath) who is breastfeeding or having skin to skin contact with her child should continue to breastfeed while taking all covid precautionary measures such as: (i) use mask when near the child, (ii) cover nose and mouth with handkerchief while sneezing and coughing, (iii) wash hands for at least 40 seconds before contact with the child, (iv) regularly clean/disinfect any surface she has touched by cleaning with soap or alcohol-based sanitizer.

Messages for mothers/caregivers of children 6 months to 2 years of age –

- Introduce adequate and safe complementary food after child turns 6 months old. In the first six months of life, most of the nutrition needs of child are met by breastmilk alone. Once child is six months old, child requires a variety of nutritious complementary food along with breastmilk.
- Child's diet should be diverse, nutrient-rich and hygienically prepared at home and he/she should be frequently fed along with breastmilk for their growth, for the development for their brain, for getting energy and for fighting against infections.
- There are seven different food groups like 1- Cereals, 2- Pulses, 3- Vitamin-A rich foods (yellow-coloured fruits and vegetables), 4- Other fruits and vegetables, 5- Milk and milk products, 6- Meat, fish, poultry and 7- Eggs. Children between 6-23 months of age should

be fed a diverse diet using locally available and acceptable resources consisting of at least four food groups per day.

5. Strict implementation of Infant Milk Substitute Act (IMS act) in flood and COVID19 situation

Uncontrolled distribution of breastmilk substitutes in emergency situations (like floods, COVID19) can lead to early and unnecessary cessation of breastfeeding. Use of such formula milk/food not only has negative implications on child's growth, health and wellbeing but it interferes with the production of mother's own milk. Hence, The Infant Milk Substitutes, Feeding Bottles, and Infant Foods Act bans any kind of promotion of Infant formula, Feeding Bottles and Infant Foods for children under two years of age.

District and project level officials, ICDS supervisors and frontline workers are therefore advised to not support promotion and distribution of products such as breast-milk substitutes, infant formula food, specialized formula, follow-up formula or growing up milks at flood relief camps or community level. Donations of breast milk substitutes (BMS), complementary foods bottles and teats, should not be sought or accepted for public distribution. Districts to monitor and review ground level situation in district, in order to prevent violations of IMS Act occurrence in future, specifically during or post flood rehabilitation/response.

In this context, your personal intervention is requested so that despite the hurdles created by ongoing Corona pandemic and anticipated floods, continuity of essential nutrition services to the target group is maintained. To this end, district and project functionaries of Social Welfare Department would also be sensitized accordingly. Directorate of Social Welfare, Assam in collaboration with UNICEF, Assam, are jointly organizing an online training for understanding how above services can be ensured during floods and COVID-19 pandemic, and roles and responsibilities of ICDS field functionaries in context of COVID-19 and floods. This online training for district and project staff will be held on **29th May, 2021 from 11:00 AM to 2:00 PM.** District and block officials will further be required to sensitise Supervisors and AWWs on the same. An online meeting link will be shared soon, through emails and WhatsApp groups.

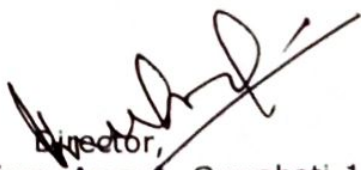
Yours faithfully,

Director,
Social Welfare, Assam, Guwahati-1

Memo No.DSW(MIS)Cell/32/2021/6-A,
Copy to: -

Dated Guwahati, the 24th May, 2021

1. PS to the Principal Secretary to the Govt. of Assam, Social Welfare Department, Dispur, Guwahati-6 for kind appraisal of the Principal Secretary.
2. The CEO, Assam State Disaster Management Authority, Dispur, Guwahati-6 for information.
3. ✓ The Nutrition Specialist, UNICEF Assam for information.


Director,
Social Welfare, Assam, Guwahati-1