දුරකථන) 2698475
தொலைபேசி) 2698490
Telephone) 2698507

ෆැක්ස්) 2692913
பெக்ஸ்) 2694860
Fax)

විද්‍යුත් තැපෑල)
மின்னஞ்சல் முகவரி) postmaster@health.gov.lk
e-mail)

වෙබ් අඩවිය)
இணையத்தளம்) www.health.gov.lk
website)

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சுவசிரிபாய
SUWASIRIPAYA
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சுகாதார அமைச்சு
Ministry of Health

මගේ අංකය)
எனது இல)FHB/EB/Unicef/09/2012
My No.)

ඔබේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி) 09.10.2012
Date

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Heads of Institutions
All MOO.MCH
All MOOH

Change in the Modality of Management of Children under the age of five years with Severe Acute Malnutrition (SAM)

The Nutrition Rehabilitation Programme (NRP) for children under the age of five years with acute malnutrition has been implemented in all the districts of Northern Province, Eastern Province, Uva Province, Hambantota and Nuwaraeliya districts for the past three years. In this programme, Ready to Use Therapeutic Food (RUTF) for the management of SAM and supplementary food for the management of moderate acute malnutrition (MAM) were used in the community setting (MOH clinics). Ill children with SAM were managed as in ward patients in Paediatric Units.

The modality of implementation of this programme was changed on the decision taken at the Maternal and Child Nutrition Subcommittee chaired by DDG PHS II and was endorsed by the Nutrition Steering Committee Chaired by the Secretary – Health on 23/11/2011.

Therefore in future, the management of SAM children would be confined to hospitals with Consultant Paediatricians where these children are to be given outpatient/clinic based and/or inpatient care as deemed necessary. In addition, the programme will be expanded to all 26 health districts.

For this programme to be a success, the routine growth monitoring and promotion programme should be strengthened and all children with SAM eligible for the NRP should be identified from this programme.

A child is considered as eligible to enter the NRP if the weight for length/height of the child is less than -3SD. Therefore it is necessary to ascertain the weight for length/height of children under the age of five years having;

1. Moderate and severe under weight (weight for age less than -2SD i.e. children who are in the orange or red zone in the weight for age graph in the CHDR)
2. Weight loss (drop in weight for 2 consecutive weight measurements) for children in the green zone (+2SD to -2SD in the weight for age graph in the CHDR)

The weight for length/height graphs in the CHDR (printed in the back of the length/height for age chart) can be used for this purpose. A child should be assessed for the weight for length/height at the levels of PHM/PHNS/MOH.

If the child's weight for length/height thus assessed is less than -3SD (red zone) he/she should be referred by the MOH to the nearest hospital with a consultant paediatrician to be managed with therapeutic feeding in the hospital setting.

Once the child recovers from SAM and enters the MAM category the child need to be managed in the field clinics by MOH and field staff with Thriposha as the supplement.

RUTF provided by Unicef will be made available for the hospitals by the Family Health Bureau of the Ministry of Health. The hospitals which come under provincial administration will get their RUTF stocks through Regional Medical Supplies Division (RMSD). The requirement of the line ministry institutions will be directly issued by the FHB. Each institution/RMSD is required to prepare in triplicate and send the stock return (annexed herewith) on a quarterly basis to MOMCH and the FHB.

Please be kind enough to bring the contents of this letter to the notice of relevant health staff in your institutions.

Dr. R.R.M.L.R. Siyambalagoda
DDG PHS II

Dr. R. R. M. L. R. Siyambalagoda
Deputy Director General
(Public Health Services)
Ministry of Health
Colombo - 10.

Cc:
Director Nutrition
Director Nutrition Coordination Division
Director Medical Research Institute
Director Health Education Bureau
Director Estate & Urban Health
Sri Lanka College of Pediatricians
College of Community Physicians of Sri Lanka
Sri Lanka College of General Practitioners
Sri Lanka College of Independent Medical Practitioners
Nutrition Society of Sri Lanka

MONTHLY STOCK RETURN/REQUEST FORM (Nutrition Supplies)

පෝෂණ සැපයුම් මාසික තොග වාර්තාව /ඇනවුම් පත්‍රිකාව

Month මාසය :..... Year වසර: .....

Name of the MOH Area/Hospital සෞ.වෛ.නි.කොට්ඨාශය/රෝහල : .....

RDHS Division ප්‍රා.සෞ.සේ.අ.කොට්ඨාශය: .....

Instructions:

This form should be completed in 3 copies & sent to relevant officers

From RMSD/Line Ministry Hospital - 2 Copies (MOMCH &FHB) +Office copy

From MOMCH - 2 Copies (FHB+RMSD) +Office copy

From MOH/ Hospital - 2 Copies (FHB+ MOMCH) +Office copy

Details of Nutritional supplies සැපයුම් විස්තර	Amount remaining at the end of last month පසුගිය මාසය අගදී ඉතිරි ප්‍රමාණය	Amount Received during the month මාසය තුළ ලැබුණ ප්‍රමාණය	Total මුළු ගණන	Amount issued during the month මාසය තුළ බෙදා හරින ලද ප්‍රමාණය	Amount remaining at the end of the month මාසය අගදී ඉතිරි ප්‍රමාණය	Amount required දැනට අවශ්‍ය ප්‍රමාණය
BP 100						
Thriposha						
CSB						
Iron folate tablets						
Vitamin C tablets						
Calcium Lactate tablets						
Mebandazole tablets						
Folic Acid tablets						
Vitamin A mega dose						
MMN Sachets						

අත්සන Signature:

තනතුර Designation:

ආයතන ප්‍රධානියාගේ නම Name of officer in charge:

දිනය Date :

Therefore in future, the management of SAM children would be confined to hospitals with

MONTHLY STOCK RETURN/REQUEST FORM (Nutrition Supplies)

மாதாந்த இருப்பு அறிக்கைப் படிவம் (உணவுப் பொருட்கள் பங்கிடுதல்)

Month மாதம்: ..... Year வருடம்: .....

Name of the MOH Area/Hospital சு.வை.அ. பிரிவு /வைத்தியசாலை.....

RDHS Division பி.சு.வே.ப. பிரிவு :.....

குறிப்புகள் :

இந்தப் படிவம் 3பிரதிகளில் நிரப்பப்பட்டு கீழ்க் குறிப்பிடப்பட்ட உத்தியோகத்தர்களுக்கு அனுப்பப்பட வேண்டும்

From RMSD/Line Ministry Hospital - 2 Copies (MOMCH &FHB) +Office copy

From MOMCH - 2 Copies (FHB+RMSD) +Office copy

From MOH/ Hospital - 2 Copies (FHB+ MOMCH) +Office copy

Detail of Nutritional supplies உணவுப் பொருட்கள் பங்கீட்டு விபரம்	Amount remaining at the end of last month போன மாத முடிவில் மிகுதி இருப்பின் அளவு	Amount Received during the month இந்த மாதத்தில் பெறப்பட்டதன் அளவு	Total மோத்த எண்ணிக்கை	Amount issued during the month இந்த மாதத்தில் பங்கிட்டுக் கொடுக்கப்பட்டதின் அளவு	Amount remaining at the end of the month இந்த மாத முடிவில் மிகுதி இருப்பின் அளவு	Amount required தேவையான அளவு
BP 100						
Thriposha						
CSB						
Iron folate tablets						
Vitamin C tablets						
Calcium Lactate tablets						
Mebandazole tablets						
Folic Acid tablets						
Vitamin A mega dose						
MMN Sachets						

Signature கையொப்பம்: .....

Designation பதவி: .....

Name of office in charge பொறுப்பதிகாரியின் பெயர்: ....

Date திகதி:.....