

දුරකථන ) 0112669192 , 0112675011  
தொலைபேசி ) 0112698507 , 0112694033  
Telephone ) 0112675449 , 0112675280

ෆැක්ස් ) 0112693866  
பெக்ஸ் ) 0112693869  
Fax ) 0112692913

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

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



සුවසිරිපාය  
சுவசிரிபாய  
SUWASIRIPAYA

මගේ අංකය )  
எனது இல )  
My No. ) FHB/CNU/01/Gen/2022

ඔබේ අංකය )  
உமது இல )  
Your No. : )

දිනය )  
திகதி )  
Date ) 13 . 11 . 2022

සෞඛ්‍ය අමාත්‍යාංශය  
சுகாதார அமைச்சு  
Ministry of Health

General Circular No. 01-13/2020(1)

All Provincial Directors of Health Services  
All Regional Directors of Health Services  
All Heads of Institutions  
All Medical Officers of Health

**Addendum to General Circular 01-13/2020 on “Management of Severe and Moderate Acute Undernutrition of Children Under Five Years of Age - Manual for Health Workers in Sri Lanka”;**

**“Prevention and Management of Acute Undernutrition (Wasting) of Children Under Five Years of Age”**

The National Maternal and Child Health Programme implemented by the Family Health Bureau of the Ministry of Health incorporates Growth Monitoring and Promotion as a main area of focus. A range of growth monitoring and promotion activities directed at primordial, primary and secondary prevention of malnutrition among under 5 children are being implemented island wide through this programme at present. Management of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in children below five years of age as a measure of secondary prevention, also known as Nutrition Rehabilitation Programme (NRP) is an integral component of this programme.

Considering the current programme coverage which needs to be improved further and the economic crisis the country is currently facing, additional measures are urgently required to strengthen and complement the routine growth monitoring and promotion activities for children under the age of 5 years. Therefore further to the General Circular No. 1-13/2020 on guideline ‘Management of Severe and Moderate Acute Undernutrition of Children under Five Years of Age – Manual for Health Workers in Sri Lanka’ this addendum (annexed) on ‘Prevention and Management of Acute Undernutrition of Children Under Five Years of Age’ is issued herewith.

This addendum is issued with the objectives of

1. Strengthening routine growth monitoring and promotion to improve early identification of risk of wasting, and thereby prevention of wasting and referral/ appropriate management/follow up of children with wasting by public health staff
2. Streamlining MAM management at Medical Officer of Health level



3. Strengthening referral and treatment seeking of children with SAM and reduce treatment defaulters by establishing outreach clinics at primary care level curative establishments (District Hospitals and Primary Medical Care Units – DH/PMCU) and streamlining the information flow on NRP
4. Improving feeding counseling for ill children at outpatient setting of curative institutions with special emphasis on primary care level curative establishments (DH/PMCU).

All healthcare personnel both in preventive and curative sectors are hereby instructed to optimally utilize the guideline 'Management of Severe and Moderate Acute Undernutrition of children under five years of age – Manual for Health Workers in Sri Lanka' issued by the Ministry of Health as well as this addendum on 'Prevention and Management of Acute Undernutrition of Children Under Five Years of Age'.

Please consider this as a top priority and make necessary arrangements to bring the contents of this addendum attached herewith to the notice of all institutional and field healthcare staff under your purview and take all necessary steps to ensure successful implementation, monitoring and follow up of these instructions in order to protect the nutritional status of our children in the short term as well as targeting long term improvement.

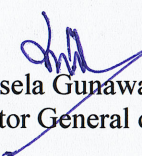
For details;

Website :

<http://fhh.health.gov.lk/index.php/en/technical-units/child-nutrition-unit>

SAM & MAM Management Resource Folder:

<https://drive.google.com/drive/folders/1JevATdZeLBKmsNvjduGtbZJan11pt65R?usp=sharing>

  
Dr. Asela Gunawardena  
Director General of Health Services

**Dr. ASELA GUNAWARDENA**  
Director General of Health Services  
Ministry of Health  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

Copies;

Secretary – Ministry of Health  
Additional Secretary Public Health Services  
Additional Secretary Medical Services  
Deputy Director Generals - Public Health Services I & II  
Deputy Director Generals- Medical Services I & II  
Director Maternal and Child Health  
Director Estate and Urban Health  
Director Nutrition  
Director Health Education and Publicity  
Chief Epidemiologist  
Director Environmental & Occupational Health and Food Safety  
Director Non-Communicable Diseases  
Director Medical Research Institute  
Director Medical Supplies  
Director Private Health Sector Development  
Director Medical Services  
All Deans of Faculties of Medicine  
President – Sri Lanka College of Pediatricians  
President – College of Community Physicians of Sri Lanka  
President – Sri Lanka Medical Nutrition Association  
President – Sri Lanka Medical Association  
President – College of Medical Administrators of Sri Lanka  
President – College of General Practitioners of Sri Lanka  
President – Independent Medical Practitioners' Association of Sri Lanka  
President – Nutrition Society

385, සුවසිරිපාය, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත, කොළඹ 10, ශ්‍රී ලංකාව.

385, வணக்கத்துக்குரிய பத்தேகம விமலவங்ச தேரோ மாவத்தை, கொழும்பு 10.

385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.



**General Circular No. 01-13/2020 (i)**

**Addendum to the General Circular numbered 01-13/2020 on “Management of Severe and Moderate Acute Undernutrition of Children under Five Years of Age - Manual for Health Workers in Sri Lanka”**

**“Prevention and Management of Acute Undernutrition (Wasting) of Children Under Five Years of Age”**

The objective of this guideline is to provide guidance to the relevant health authorities and staff including institutions and the Medical Officer of Health (MOH) areas to organize the services outlined in the addendum to the General Circular No. 1-13/2020, in addition to the instructions provided in the guideline ‘Management of Severe and Moderate Acute Undernutrition of Children under Five Years of Age – Manual for Health Workers in Sri Lanka’ issued by the Ministry of Health.

**1. Strengthening growth monitoring and promotion to improve early identification of risk of wasting, and thereby prevention of wasting and referral/ appropriate management/follow up of children with wasting**

The objective of the growth monitoring and promotion programme for children under the age of 5 years is to promote optimum growth and nutrition by early detection and prevention of acute deterioration into moderate/severe wasting (MAM and SAM) or overweight/obesity, as well as persistence into longstanding growth faltering with resultant stunting. The Nutrition Rehabilitation Programme (NRP) aims at nutritional rehabilitation of children who develop MAM/SAM.

- The routine growth monitoring and promotion programme implemented in the MOH areas by the public health staff should be strengthened and implemented with more commitment and drive. Priority should be given to detection of early deviations from the normal growth pattern in the weight for age chart (risk of wasting and risk of overweight) and taking prompt actions to reverse these tendencies.

Thus the key responsibilities of the field weighing posts of the PHMs should be;

- a. Support to maintain optimum growth
  - b. Early detection of growth faltering (or overweight tendency) and appropriate interventions at the time of detection itself.  
Priority should be given to detection of early deviations from the normal growth pattern in the weight for age chart (growth faltering or ‘risk for wasting’ in a majority of children and also the upward deviation which may denote a ‘risk for overweight’) and prompt reversal of such tendencies through appropriate IYCF/nutrition counseling and other relevant measures.  
Interventions for early deviations should be initiated by the PHM on first detection of such deviations and these children should be weighed again in one month to assess improvement. If no reversal is observed they should be referred to the Child Welfare Clinic (CWC) for further interventions by MOH.
  - c. Detection of children at risk of MAM and SAM (as well as risk of overweight) and referring them to CWC for anthropometric confirmation (with length/height assessment at CWC), entering into the eRHMS system and appropriate referral/management thereafter.
  - d. Close follow up of children with malnutrition; e.g. compliance with treatment and other instructions, prevention of defaulting.
- Proper maintenance of records and returns is also essential to ensure continuation of these services (including CHDR B portions, Register for Growth Monitoring and Promotion).
  - Strengthening the supervision and monitoring of these activities especially at field weighing post and CWC level is essential to maintain the quality of these services. Innovative methods should



be employed by MOHs to assess progress of early detection and reversal of growth faltering/overweight tendency. Regular evaluation activities at local and monthly conferences should be planned and implemented under the guidance of the technical hierarchy. For monitoring at PHM level the following may be used;

- a. *Number of children with **early** growth faltering detected during a given month out of total number of children weighed during that month*
- b. *Number of children with **early** growth faltering reversed during the month out of the number of children detected to have early growth faltering during the previous month*

## **2. Streamlining MAM management at MOH level**

- MAM children are to be managed at MOH clinics with appropriate dietary modification and with Thripasha as a short term supplement till they recover from MAM. These children can be managed either at the CWC or the Nutrition Clinic of the MOH as is deemed suitable, with close follow up by the relevant PHM to ensure that all recommendations are adhered to by the care givers at household level. If no improvement is seen after 3 months despite all the interventions at MOH level, these children should be referred to the closest specialized hospital for further investigations.
- The list of MAM children enrolled for Thripasha supplementation should be maintained at every CWC and with the relevant PHMs.
- The improvement of MAM children need to be monitored at local and monthly conferences etc. Indicators to monitor at PHM level may include;
  - a. *Number of children referred to CWC for confirmation of MAM/SAM out of the number of children weighed during the month*
  - b. *Number of children confirmed as MAM out of the total number of children suspected of having wasting (MAM/SAM) referred to CWC in a given month*
  - c. *Number of children recovered from MAM during a given month out of the total number of children with MAM under care*

## **3. Strengthening referral and treatment seeking of children with SAM and reduce treatment defaulters by establishing outreach clinics at primary care level curative establishments (DH/PMCU) and streamlining the information flow on NRP**

- All children with SAM eligible for NRP should be identified and referred for management.
- Referral should be to a clinic conducted by the relevant consultant paediatrician (general or community paediatrician) / consultant clinical nutrition physician /MO nutrition, that is closest to the child's residence; i.e. to the pediatric/nutrition clinic of the closest specialized hospital or the **outreach clinics** conducted by these specialized hospitals.
- Outreach paediatric/hospital nutrition clinics shall be established at District Hospitals (DH)/ Primary Medical Care Units (PMCU) with a view of facilitating easy access for services to the clients, thereby increasing compliance with referrals/treatment of SAM children and management of other children referred for specialized paediatric/nutrition care.

### **Location of the outreach clinics and the number of sessions per month**

- The DH/PMCUs in which these outreach clinics are to be established should be decided considering the specialised institutions with consultant paediatricians/ consultant clinical nutrition physician/ MO nutrition, the availability of a suitable curative institution in the draining area in which outreach clinic can be established, the expected case burden, community characteristics, transport facilities to parents / resource personnel, other logistic concerns etc.



- Each of the identified outreach clinics should be linked to a specialised hospital in the district for provision of specialised services by the consultant paediatrician, consultant clinical nutrition physician or MO nutrition.
- The number of clinic sessions should be decided according to the case burden and the logistic feasibility. The sessions should be conducted at least once a month.
- The locations, clinic dates and the draining areas to the key hospital and each of the outreach clinics should be properly identified by the RDHS and the District MCH team in collaboration with consultant paediatricians/consultant clinical nutrition physician/MO nutrition and communicated to the respective MOHs in order to facilitate referral of children. Every MOH should have a map of the area with the paediatric/hospital nutrition clinics (specialized hospital and outreach clinic marked) for easy reference. The MOHs in turn should communicate this information to their staff and ensure it is communicated to the community through them.

#### **Referral of children to the outreach clinics**

- The SAM children can be directly referred to these out reach clinics as well as to the pediatric/hospital nutrition clinics at the specialized hospitals as soon as they are diagnosed. Other complicated nutrition problems also can be referred. If any underlying medical problems are suspected, first referral should be to a paediatric clinic to exclude those pathologies.
- In addition to the MOH setting, SAM children may be detected at outpatient departments, paediatric clinics and nutrition clinics of hospitals. All such detected children should be issued with the pink colour referral cum treatment card (Nutrition Rehabilitation Card) from the place of diagnosis. The children carrying this card should be given direct priority access to the paediatric/hospital nutrition clinic or the outreach clinic.

#### **Services to be provided by the outreach clinics**

- Anthropometric assessment of referred children
- Management of SAM
- Management of medically complicated MAM and other nutrition problems including obesity
- Concomitant dietary counseling along with any supplementation/ treatment as per the requirement
- If a consultant paediatrician is conducting the clinic, management and follow up of children with medical problems. In instances where a consultant clinical nutrition physician/MO nutrition is conducting the outreach clinics, children with possible underlying medical problems should be referred to the consultant paediatrician.

#### **Logistics**

- The Head of the Institution of the DH/PMCU should provide a suitable location for the outreach clinic, standard anthropometric equipment to weigh and measure length/height of children and supporting clinical staff if required (e.g. nursing officer). In the event the required staff is not available at the institution where the outreach clinic is conducted, the specialized hospital should make arrangements to provide the necessary staff.
- Human resources to conduct the outreach clinic

| <b>Human resources</b>                                                                      | <b>Responsibilities</b>                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consultant Paediatrician and/or Consultant Clinical Nutrition Physician and/or MO Nutrition | Responsible for overall conducting of the clinic, clinical management and prescription of Ready to Use Therapeutic Food (RUTF). If a consultant paediatrician is conducting the clinic, management and follow up of children with medical problems. |



|                      |                                                                                    |
|----------------------|------------------------------------------------------------------------------------|
| Nursing Officer – 01 | Registration and maintaining the NRP Register, Anthropometric assessment,          |
| Dispenser – 01       | Issuing of RUTF (e.g. BP100) and any other medication recommended by the clinician |
| Attendant – 01       | As specified by their job description                                              |
| Labourer – 01        | As specified by their job description                                              |

The human resources can be increased according to the number of clients per day or other service requirements.

- Transport should be arranged to the visiting team (officer conducting the clinic and supporting clinical staff including officer in charge of records, returns, nutrition commodities and drugs) by the RDHS office. In case of line ministry hospitals, either the line ministry hospital or RDHS office can arrange transport.
- Clinic organization
  - (1) Registration desk → (2) Waiting area → (3) Place of weighing/ measuring length/height, → (4) Place of clinical examination and nutrition counseling → (5) Exit desk – entries in NRP register and giving appointment dates.
- Equipment and drugs
  - i. Recommended instruments to measure weight, length, height etc.
    - Electronic weighing scale  
(This equipment should be calibrated and checked regularly for accuracy of measurements using the standard weight sets)
    - Length board and height rod/board
  - ii. The RUTF stocks and other medicinal supplies to cover the requirements of the outreach clinic/s are to be ordered and issued by the institution to which the specialist/MO nutrition is attached. Therapeutic food should be obtained using the Monthly Stock Return H1158 by the specialised hospital.
  - iii. Adequate quantities of RUTF (e.g. BP100) should be issued to each child to last till the next date of follow up (next outreach clinic date, especially if held once a month).

#### **Field follow-up of children attending the clinics at specialized hospital and/ or outreach clinic**

- The PHMs should regularly follow up the children referred for specialised care (for management of SAM or other problems like obesity) and ensure that they attend these clinics regularly and comply with treatment.
- If children suspected of/with SAM are directly referred to the outreach clinic by institutions other than through MOH, on confirmation of SAM the officers conducting the outreach clinic should communicate the information of such children to the respective area MOH to facilitate field follow up by PHMs.
- The field follow up of SAM children need to be monitored at local and monthly conferences of the MOH etc. Suggested indicators to monitor at PHM level include;
  - a. *Number of children referred to CWC for confirmation of MAM/SAM out of the number of children weighed during the month*
  - b. *Number of children confirmed as SAM out of the total number of children suspected of having wasting (MAM/SAM) referred to CWC in a given month*



- c. *Number of SAM children referred for specialized care out of the number of identified as having SAM in a given month*
- d. *Number of children on treatment with RUTF (BP 100) out of the number of SAM children in the PHM area in a given month*

#### **Information flow**

- Timely information should be provided through the information system on SAM including the Nutrition Rehabilitation Card, NRP Register, Nutrition Rehabilitation Programme – Monthly Feedback Summary Form and the Monthly Stock Return H1158.
- A Nutrition Rehabilitation Card (the pink card) which serves the dual purposes of a referral card as well as the treatment and follow up card should be issued to SAM children on identification. If a child presents to the outreach clinic without this card, a new card should be issued to the child from the clinic.
- The NRP register maintained at the paediatric clinic/hospital nutrition clinic for out-patients of the referral hospital should be taken to the outreach clinic by the visiting team. Regular records of SAM children are to be maintained in this register.
- The monthly feedback return of the specialised institution ('Nutrition Rehabilitation Programme – Monthly Feedback Summary Form') should include information of the children attending the outreach clinics as well.
- The usage statistics on RUTF are to be monitored through H 1158 which should be prepared by the chief pharmacist of the specialised institution.
- At national level the Family Health Bureau and at district level CCP/MOMCH are responsible for the supply of relevant records, registers, formats.
- A data base on MAM and SAM will be maintained in the eRHMS of the Family Health Bureau

#### **4. Improving feeding counseling for ill children at outpatient setting (OPD) of curative institutions with special emphasis on primary care level curative establishments (DH/PMCU)**

Children suffering with illnesses are at risk of growth faltering which if left unattended will deteriorate in to MAM or SAM or continue as longstanding growth faltering or develop other nutrition problems such as stunting. Children with illness are more likely to present to the outpatient departments of curative institutions. Therefore, the OPD is an ideal setting to prevent growth faltering of ill children through appropriate feeding counseling during the period of illness and recovery. It may also be possible at OPD setting to detect growth faltering following illnesses at the very onset and to reverse it through appropriate dietary counseling.

#### **Role of OPD in preventing child malnutrition**

- Always examine the three growth charts in the child's CHDR when a child presents to the OPD. Encourage the parents/caregivers to take the child for regular growth monitoring in the field.
- Always inquire about feeding practices during illness when a child presents with an illness and counsel appropriately to prevent deterioration of growth status due to illness (counseling on feeding during illness).
- If a follow up visit is planned during the recovery phase, advice on appropriate feeding during recovery to ensure the child resumes age appropriate feeding pattern after the illness. Study the growth charts and if growth faltering is detected the child should be given appropriate counseling and referred to the field health staff (PHM, MOH) for follow up and further care.
- If MAM or SAM is suspected in a child presenting to the OPD, refer to MOH for anthropometric confirmation and subsequent MAM management by MOH and specialized SAM management by the consultant paediatrician/consultant clinical nutrition physician/ MO nutrition respectively.



- If a child is newly confirmed as having SAM, issue a Nutrition Rehabilitation Card and refer for specialised care to the nearest facility (specialised institution or outreach clinic). If a SAM defaulter presents, encourage resuming treatment and refer appropriately.
- Always inform MOH to ensure field follow up of these children – the referral page in the CHDR to be used for this purpose and the caregiver informed.
- The district should arrange appropriate training to OPD medical staff on interpretation of growth charts to identify growth status of a child and the basics of nutrition counseling, specifically feeding during illness.

For detailed instructions on MAM/SAM management please refer the guideline ‘Management of Severe and Moderate Acute Undernutrition of Children under Five Years of Age – Manual for Health Workers in Sri Lanka’ issued by the Ministry of Health to ensure and enhance promotion of growth and development of children below 5 years of age with moderate and severe acute undernutrition. The manual, relevant circulars and documents could be accessed at;

Website:

<http://fhb.health.gov.lk/index.php/en/technical-units/child-nutrition-unit>

SAM & MAM Management Folder:

<https://drive.google.com/drive/folders/1JeyATdZeLBKmsNvjduGtbZJan11pt65R?usp=sharing>