Guidance to health staff

Prioritization of child nutrition interventions during periods of economic crisis

During periods of economic crisis the **children under 5 years** may become especially vulnerable to nutrition problems.

When a child with a growth problem or a tendency to develop a growth problem is encountered the key reason, even during an economic crisis, may not be the food scarcity in many instances considering the fact that they need comparatively a smaller quantity of food compared to an adult. Therefore, please give priority to identify the key underlying reasons which will be extremely important especially because the caregivers have a tendency to fall back on food scarcity as the reason for growth problems even when there are other more important modifiable factors.

1. **Identify the growth pattern correctly.**
2. **If there is a growth problem, decide whether the child needs to be referred to the CWC to be seen by MOH. Need to address early growth faltering at the weighing post itself.**

3. **Interventions for growth faltering**
    I. Exclude acute illness or recent changes in the emotional environment which can affect the food intake of the child
    II. Take a 24 hour dietary recall and analyze it before proceeding to counseling– **Many children have one or more short comings in their dietary pattern which are easily modifiable**. Therefore need to look for the exact underlying cause/s and suggest the most appropriate intervention.

    Some very common causes for growth faltering (such as issues in the way the food is prepared, negative food habits etc.) can be addressed even if there is food scarcity. E.g.

        a. Poor consistency of food for age
        b. Reduced energy density of food
        c. Child consuming a reduced quantity of food per meal (please look for underlying causes for consuming only a small amount of food such as too frequent drinks/junk food/sweets/ food rich in fat which may reduce the child's appetite etc.)

    III. You may have to inquire about any predisposing factors to recurrent illnesses or adverse socio-emotional-economic environment having an impact on the nutritional status.

    IV. Counseling is extremely important to make the caregivers realize the importance of changing the negative practices (especially the negative dietary behaviours) to bring about a change and the fact that these are modifiable.

    V. If the reason behind the recent growth faltering is the scarcity of food, try to offer tailor made suggestions on how to improve the baby's diet with the available food commodities. Need to keep in mind that the children need a relatively small amount of food and therefore many households may be able to provide this amount. Also, need to ensure that all supportive health services are given (immunization, supplementation etc.) and initiate non health sector support by bringing the attention of such families to the relevant authorities for multi sector assistance regarding improvement of the home economy, food security and other factors.

4. Guidance to prioritize child nutrition services

I. Routine activities - Growth monitoring and promotion including micronutrient supplementation, provision of supplementary food and other supportive services should be encouraged and be continued in the regular manner.

Considering the restrictions expected in performing the routine services during the present crisis the following guidelines are to be adhered to.

II. Special attention should be paid to all the children with vulnerabilities in the following order;

- **Nutrition/medical vulnerability** +
- Households with economic vulnerability +
- Psychosocial vulnerability

(How to identify the children with these vulnerabilities is mentioned under section III)

III. How to identify the children with vulnerabilities

Medical/nutrition problems - Use the growth charts in the CHDR and the list of reasons for special care in the CHDR can also be used.

Out of these, the **children with household economic vulnerability + psychosocial vulnerability** need to be prioritized during the present economic crisis. Economically and/or psychosocially vulnerable households are to be identified using the Z Code (Home risk factors) in the CHDR.

Economic vulnerability – Z code 8
Psychosocial vulnerability – Z codes 1 to 7, 9, 10

In addition to this, those who are likely to default due to transport problems should be reached for and supported to reach the health care services as much as possible. Mothers' support groups and other volunteer groups in the community can help in these situations

IV. Maintain a list of children with vulnerabilities (Nutritional/medical vulnerability with economic vulnerability with or without other psychosocial vulnerability factors) at the PHM/MOH office.

V. Managing the children with vulnerabilities –

Need to ensure that these children are getting appropriate referral, supplements and other supportive services including support for management of household economy. It is the responsibility of health staff to identify these vulnerable children and refer them to appropriate health/non health services. Especially, the children from households with economic vulnerability (Z code 8) may need to be supported with food assistance/income generating activities.
The children with other home risk factors (causing them to be psychosocially vulnerable) should be closely followed up to ensure that they get essential health care services.

Management hierarchy for under nutrition by MCH staff

i. SAM
ii. MAM
iii. Growth faltering with the risk of wasting
iv. Other growth problems without any risk of wasting
v. No growth problems or risk for growth problems

Supportive medical management required by children with nutrition problems to be handled in the following order;

i. Identifying SAM– appropriate referral and follow-up and arrange necessary support to ensure they are getting appropriate management including therapeutic food at a hospital nutrition/paediatric clinic
ii. MAM / early GF / GF with the risk of wasting – These children should be given special attention in routine GMP (i.e. individual nutrition counseling and follow up, Thriposha/suitable supplementary food for MAM and GF)

Special consideration should be paid to families with transport difficulties to attend the clinics.

VI. Children from food insecure households may need general food assistance – food basket/vouchers etc. May need to solicit support from NGOs/WFP/ other voluntary organizations in this regard. Also, ensure provision of other supportive health services such as vitamin A/micronutrient supplementation.
If these households have children with nutrition problems they are to be given priority for food assistance.

Guidance to prioritize child nutrition services during crisis

Management hierarchy for under nutrition by MCH staff

i. SAM
ii. MAM
iii. Growth faltering with the risk of wasting
iv. Other growth problems without any risk of wasting
v. No growth problems or risk for growth problems

Special consideration should be paid to families with transport difficulties to attend the clinics.

Priority for providing food or economic assistance during crisis

Children from **economically vulnerable families** (Z Code 8 in Home risk factors; i.e. food insecure households). Of these children also, priority to be given to i, ii, iii and iv categories mentioned above in that order).

Special note – When providing donated items for children under the age of 5 years, the district MCH staff and MOH staff should screen the donated items for the nutritional suitability/safety for infants and young children; e.g. need to look for the risk of breastfeeding being replaced by milk products etc.