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 Thripasha 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
Deputy Director General
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)

Month: ........................................  Year: ........................................

Name of the MOH Area/Hospital: ..............................................................

RDHS Division: ..............................................................

<table>
<thead>
<tr>
<th>Details of Nutritional supplies</th>
<th>Amount remaining at the end of last month</th>
<th>Amount Received during the month</th>
<th>Total issued during the month</th>
<th>Amount issued at the end of the month</th>
<th>Amount remaining at the end of the month</th>
<th>Amount required</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP 100</td>
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<td></td>
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<tr>
<td>Thriposha</td>
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<td>CSB</td>
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<tr>
<td>Iron folate tablets</td>
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<tr>
<td>Vitamin C tablets</td>
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<tr>
<td>Calcium Lactate tablets</td>
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<tr>
<td>Mebandazole tablets</td>
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<tr>
<td>Folic Acid tablets</td>
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<td>Vitamin A mega dose</td>
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<td>MMN Sachets</td>
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</table>

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

Signature: ........................................ Name of officer in charge: ........................................

Designation: ........................................ Date: ........................................
## Monthly Stock Return/Request Form (Nutrition Supplies)

<table>
<thead>
<tr>
<th>Date Issued</th>
<th>Date Expired</th>
<th>Amount Received</th>
<th>Amount Issued During the Month</th>
<th>Amount Receiving at the End of the Month</th>
<th>Amount Receiving at the End of Last Month</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Detail of Nutritional Supplies**

- **Amount Received**
  - From MON/Hospital: 2 copies (HFB+MOMCH) + Office
  - From MOMCH: 2 copies (HFB+RMDS) + Office copy
  - From RMDS: 2 copies (HFB+RMDS) + Office copy
  - From LCD: 2 copies (HFB+RMDS) + Office copy

**AIDS Division**

- **Name of the MOH Area**: Hospital - [Area Name]
- **Name of the Hospital**: [Hospital Name]
- **Date**: [Date]
- **Year**: [Year]

**Director Nutrition**