

# HEALTH PROGRAM STANDARD OPERATING PROCEDURES



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## About CSA

Catalysts for Social Action is an Indian NGO that works towards creating and ensuring a brighter future for every child under institutional care. **With a vision to build a nation where children in need of care and protection are nurtured into happy and contributing members of society.** By empowering institutional care channels, we ensure family-like care for our children, and that enhance access to healthy living conditions, good education resulting in the journey of developing young adults living independently with dignity. As of 2019, approximately 3,70,000 live-in Child-Care Institutions across the country need constant care and support.

## Our Programs

<b>Health &amp; Nutrition</b> 	<b>Education &amp; Development</b> 	<b>Livelihood &amp; Aftercare</b> 	<b>Capacity Building &amp; Advocacy</b> 
<ul style="list-style-type: none"><li>- Health &amp; WaSH (Water, Sanitation &amp; Hygiene)</li><li>- Supplementary Nutrition</li><li>- Infrastructure</li><li>- Day to Day Essentials</li></ul>	<ul style="list-style-type: none"><li>- Education</li><li>- Life Skills</li><li>- Recreation</li><li>- Sports</li><li>- Digital Engagement</li></ul>	<ul style="list-style-type: none"><li>- Preparatory program</li><li>- Aftercare support</li><li>- Higher Education &amp; Skill Training</li><li>- Vocation Training</li></ul>	<ul style="list-style-type: none"><li>- Adoption</li><li>- CCI Capacity Building</li><li>- Stakeholder Workshops &amp; Trainings</li></ul>

## Rationale & Scope

Standard Operating Procedures (SOPs) have been developed to facilitate joint action by all stakeholders to effectively respond to children in Institutional care. It is intended to assist them in understanding and supporting the rights of children they work with. This will be a guiding document that seeks to identify the step-by-step processes to be set in motion when interventions are made for different categories of children in Institutional care.

CSA has always tried to develop its programs on a child-centered approach, where the child is seen and kept in focus throughout the process of the program especially when establishing and providing services

- It considers critical timeframes from childhood to adolescent stage and customizes interventions according to the developmental needs of the child
- Ensures services offered are appropriate to those developmental needs.
- Provides children with appropriate opportunities to participate in decisions that affect them.
- Promotes a collaborative approach to influencing the child's environment and their interactions in those environments

This SOP neither seeks to advocate a one size-fits-all-approach nor seeks to present a standardized model of intervention with children in Institutional care; since it acknowledges that Children in Institutional care are not a homogenous group. This SOP does not present standardized prescriptions, but processes that should be set in motion once a child becomes part of Institutional care.

Although this guidance is relevant to all children in Institutional care, its application will vary depending on context and on the circumstances and experiences of specific groups of children. It is vital that those using the guidelines adhere to the general principles included, but carefully adapt the detail of the application. The guidelines may be used in a variety of ways including as:

- a reference document for program implementation and impact measurement;
- a guideline to support people working with children and young people in Institutional care
- a guideline to ensure quality control measures which are to be applied across different phases of the program
- a resource when developing training materials and evidence of practice

## Background of the problem

The government of India recently released data for the first round of the National Family Health Survey-5, 2019-20.

- According to the National Family Health Survey-5, in 13 out of 22 states and union territories, the percentage of children with stunted growth increased when compared to NFHS - 4.
- As many as 60 percent of child deaths in India are due to malnutrition, studies showed weaker children have very low immunity and as a result, they are unable to fight diseases.
- Malnutrition has devastating effects on children's health and all other aspects of their growth. Also, in the early years of life, they lag other children in schooling and other activities.<sup>1</sup>

**Regarding the status of nutrition in children's home, an in-house study (2013) conducted by CSA on the Health Care conditions in CCIs, revealed that out of 1400+ children tested, 400 children were found to be fit and normal whereas the remaining 1000 were referred with the further investigation for nutritional deficiencies and thereby required treatment or diet improvement.** This indicates that a significant section of children in the children's home has poor health conditions. BMI assessment revealed that many children were in the category of Underweight (Severe/Moderate/Mild Malnourished). These conditions could ultimately lead to stunted growth. Stunting is a result of persistent nutritional deprivation; it translates into poor physical growth and brain development and has long-lasting harmful consequences on children's preparedness for school, their academic performance, and future milestones. Hence, the health interventions at CCI's become a significant program. CSA's health intervention is planned in different stages with defined objectives and aims, it is designed as a preventive measure against basic ailments found in children.

Although institutionalization is the last resort, it has been observed that children in need of Care and Protection (CINCP) as defined in the Juvenile Justice Act are institutionalized because they are deprived of their rights by one or both of their parents. The level of vulnerability they face also increases significantly with the level of poverty. It has been widely observed that many Child Care Institutions (CCIs) though have decent facilities and services for children such as food, clothing, shelter, educational provisions, other infrastructure but are seen lacking in health and nutrition-related programs

<sup>1</sup> <https://www.indiawaterportal.org/article/child-malnutrition-rises-five-years-nfhs-5-data>

## Health Program

### Objectives of the Health Program

- To ensure children maintain a normal BMI, HB as per WHO standards and ensure early diagnosis and treatment of problems related to their eyes, ear, nose, throat (ENT), and dental areas.
- To prevent children from being susceptible to seasonal ailments like abdominal infections and other hygiene-related problems
- Building the capacity of children residing in CCIs, and caregivers on the importance of good health and hygiene

### Intervention Pathways

- Bi-Annual health check-up along with blood examinations in August & February. General check-up of Dental, Eye, ENT & Physical & Others. The doctor treats children if there are minor ailments like ache, pain, and skin and advises if there are referrals to be done.
- Annual deworming processes are done in 2 cycles, awareness programs, and training on basic health care & hygiene for children and staff.
- Distribution of basic & additional hygiene kit and sanitation material to the children & home respectively

### Targeted Outcomes from the Program

- All children are aware of preventive measures for personal health & hygiene care practices
- All children receive deworming to prevent abdominal problems
- All children participate in 2 health check-up programs and receive treatment whenever required
- All children receive basic and additional hygiene supplements (based on the identified need)

## Process and Implementation

The following are the roles and responsibilities of the stakeholders:

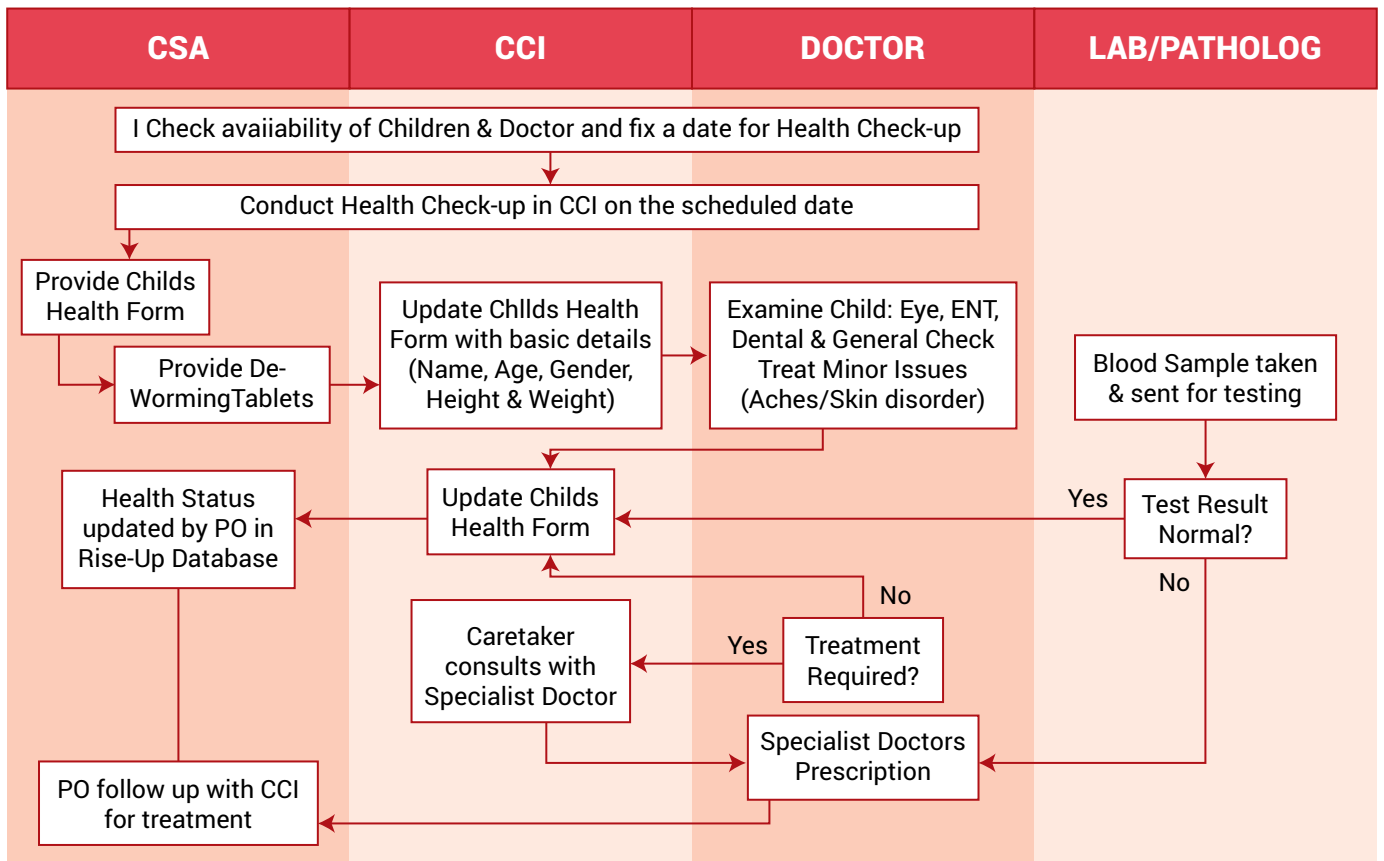
STAKEHOLDER	INITIAL	STAKEHOLDER	INITIAL
CCI Trustees	CT	CSA Program Officer	PO
CCI Manager or In-charge	CM	Lab assistants	LA
Caretaker/Wardens	CW	Children committee	CC
Medical officer	MO	Lab Assistants	LA
Children in CCI	CNCP/CCL		

	PROCESS	PARAMETERS	RESPONSIBILITY
1	POs proactively select a medical officer to initiate the health program. The medical officers are normally selected based on the extent of association with CSA & compatibility.	<ul style="list-style-type: none"> <li>The medical officer should be a qualified MBBS professional from a well-known hospital</li> <li>The laboratory should be NABL (National Accreditation Board for Calibration and Laboratory Testing) certified.</li> <li>Female doctors are recommended to engage with Girls above the age of 10</li> <li>Identify the Medical Officer/hospital and raise the approval as per the quotation.</li> </ul>	PO
2	Data collation standards to be set as per the JJ Act norms. POs to circulate the data sheets to all the CCIs	<ul style="list-style-type: none"> <li>The form should be made available by the PO.</li> <li>Form to be filled by the CM</li> <li>Form to be filed in each child's medical case file</li> <li>PO enters the details in the CSA database</li> </ul>	PO+MO+CW
3	PO organizes the program as per the availability of the children and the medical officer. It commences on a fixed date and schedule (date to be fixed when the maximum number of children can attend)	<ul style="list-style-type: none"> <li>Blood samples to be collected before the health check-up.</li> <li>Blood report of the restive child to be scrutinized by the medical officer.</li> <li>Height and weight to be recorded accurately in an appropriate manner during a health check-up.</li> <li>POs and CM to make necessary travel, space, refreshment, and other arrangements for the medical officer</li> </ul>	PO+CM
4	PO provides Deworming tablet to each child as a measure of Prevention against worm infestations.	<ul style="list-style-type: none"> <li>Deworming tablet/ syrup to be given to all children under the supervision of the Medical Officer during the health Check-up.</li> <li>Each child should be Dewormed once in six months</li> </ul>	PO/MO

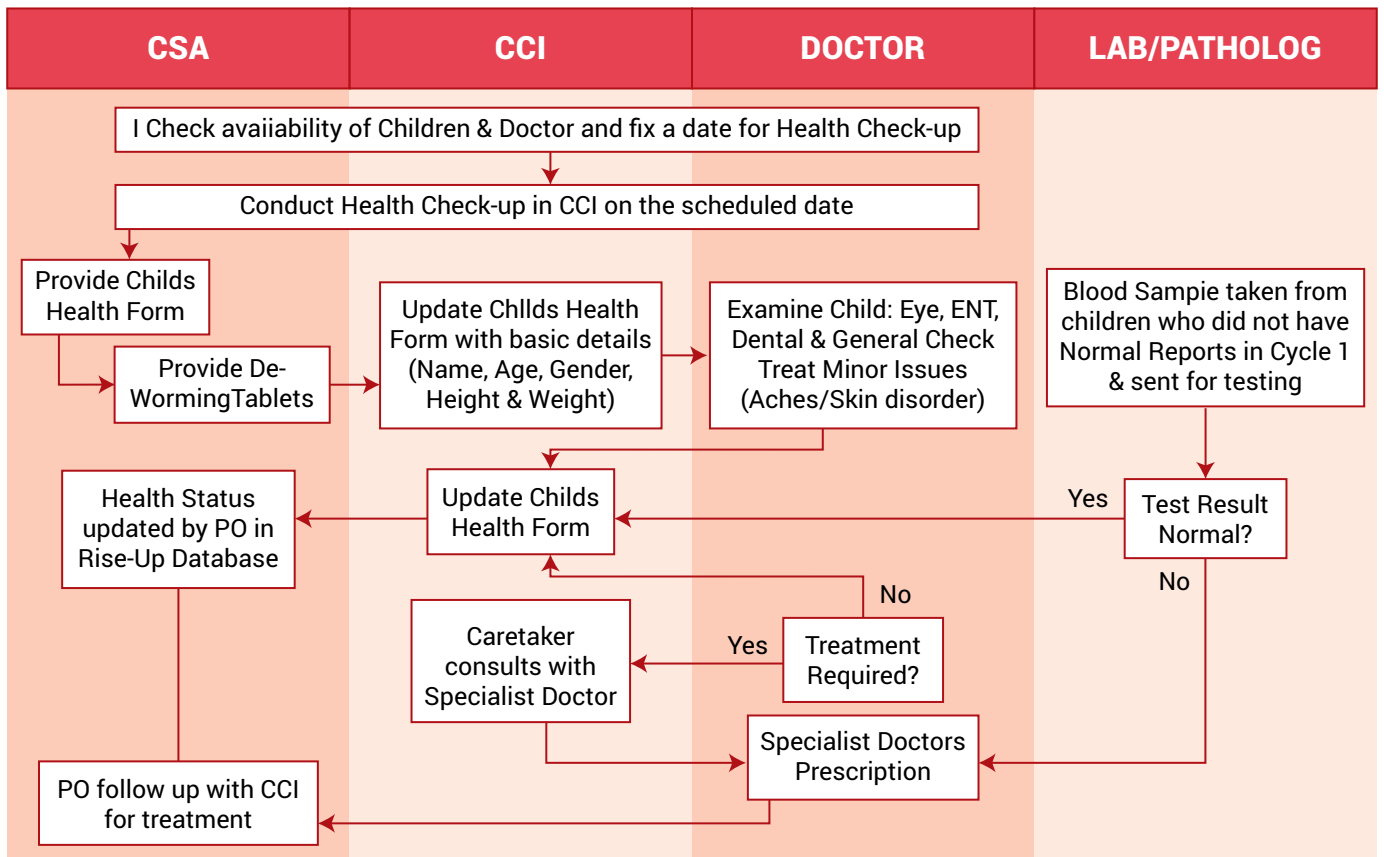
	PROCESS	PARAMETERS	RESPONSIBILITY
5	CW/PO fills the basic information of each child in the health forms with data like (name, gender, age, height, and weight). This is to capture accurate measurement of basic child data. Along with the ailment, Treatment is suggested and expert referrals/lab tests if suggested.	<ul style="list-style-type: none"> <li>POs understand the observation and capture data and the referrals suggested</li> <li>PO engages with the reporting manager and CCI authorities when children require any surgery or clinical procedure.</li> <li>Based on the prescribed medication for each child, POs provide the medicines to the respective caretakers and ensure it is administered as per MO's suggestion</li> </ul>	MO/PO
6	The doctor examines every child for basic ailments like Eye, ENT, Dental, tonsils, stress, and other general issues. Gynecological examinations are done for girl children above 12 years	<ul style="list-style-type: none"> <li>Each child should have one medical health check-up form as per JJ Act for the record which is filed with their case files for further reference and record.</li> <li>Medication for children as per the medical officers' prescription. (Refer Annex 1)</li> </ul>	MO
7	POs enter the child's data from health forms and doctor's prescription to the Rise up the database to update if any treatment is required and to record the hardcopy data into softcopy. Health forms of the child are filed and maintained by the CM along with the child's original file at CCI.	<ul style="list-style-type: none"> <li>Data collation gives scope for filtering, analysis, and quick access to a child's health details.</li> <li>It also allows traction over the health metrics of the child.</li> <li>The hardcopy data to be saved accurately in softcopy (Rise up database).</li> <li>Softcopy data from Rise-up to be transferred in the excel formats prescribed. (Refer to analytical tools table 1-3)</li> </ul>	PO + CM
8	Lab assistants take the blood sample of each child and conduct tests for Hb count and other general tests If the blood tests of the child are normal, the report is noted with CSA rise up software, otherwise are given priority treatment.	<ul style="list-style-type: none"> <li>Hb count and Blood test is taken by a certified pathologist</li> <li>Children with less than 10 Hb to be monitored twice and given nutritional supplements to provide supplements for the children with low Hb.</li> <li>Children to be provided supplements for low Hb enabling to prevent major ailments. Children with low Hb count to be addressed on a priority basis.</li> </ul>	LA
9	Children requiring treatment are taken to the specialist doctors (pediatrician/ENT /General OPD) by the CCI caretakers	<ul style="list-style-type: none"> <li>Treatment for the children with ailments to be done within 15 days. In the case of chronic illness, medications need to be continued.</li> <li>Children below 10 HB should be given proper treatment as per MO's suggestion.</li> </ul>	CW + MO
10	Health status updated by PO in the RISE database	<ul style="list-style-type: none"> <li>Health Status to be updated after the blood tests and engagement with specialists</li> </ul>	PO
11	CCI caretakers do the follow-up with the specialist doctors for the respective treatment.		CW + MO
12	PO follow up with CCI for Treatment		PO+CM

Note: Cycle 2 is same as Cycle 1 other than the only process where lab collects the blood sample from only those children who don't have normal blood reports in Cycle 1. Recorded figures from Cycle 2 gives End line data. Analysis is done using end line and base line data.

## Cycle 1



## Cycle 2





## List of Abbreviations

BMI	-	Body Mass index
CSA	-	Catalyst for Social Action
CCI	-	Child-Care Institutions
CINCP	-	Children in Need of Care and Protection
ENT	-	Ear, Nose, Throat
JJ Act	-	Juvenile Justice Act
M&E	-	Monitoring and evaluation
NGO	-	Non-Governmental organization
OPD	-	Out Patient Department
SOP	-	Standard Operating Procedure

## Annexures

### HEALTH CHECK-UP FORM

General Information	
Full Name of the Child	
Unique ID of the Child (CSA)	
Gender	1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/>
Check-up Date (dd/mm/yyyy)	
Check-up Cycle	1. August <input type="checkbox"/> 2. February <input type="checkbox"/>

Child - Health Status / Medical History		
SN	Particulars	Details
1.	Current physical condition	
2.	Any chronic ailment history in last 3-5 yrs.	
3.	Any ailment history in last 6 months (TB/Asthma, etc.)	
4.	Medical history of the Parents (If Known)	

Current Health Check-up Status				
SN	Observations	Diagnosis	Test Required	Expert Opinion Required
1.	General Health			
2.	Dental			
3.	ENT – Tonsils			
4.	External Eye Problem			
	Vision Left			
	Vision Right			
5.	Skin & Hair			
6.	Others (Stomach/Seasonal)			
7.	Gynaecological Issues - Any			
8.	Hb (g/dl)			

Body Mass Index (BMI) Details			
DOB (Date/Month/Year) As per official records	Height (In cms)	Actual Weight (In kgs)	BMI Status

Overall Health Status of a Child (Doctor's Observation)	
1. 2. 3. Ailment Diagnosed – Specify	
Treatment/Medicine prescribed (If Any)	
1. 2. 3. Deworming Status for the cycle –Yes/No (Tick the appropriate)	
Medical Officers Name:	Signature with Authorised Stamp



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