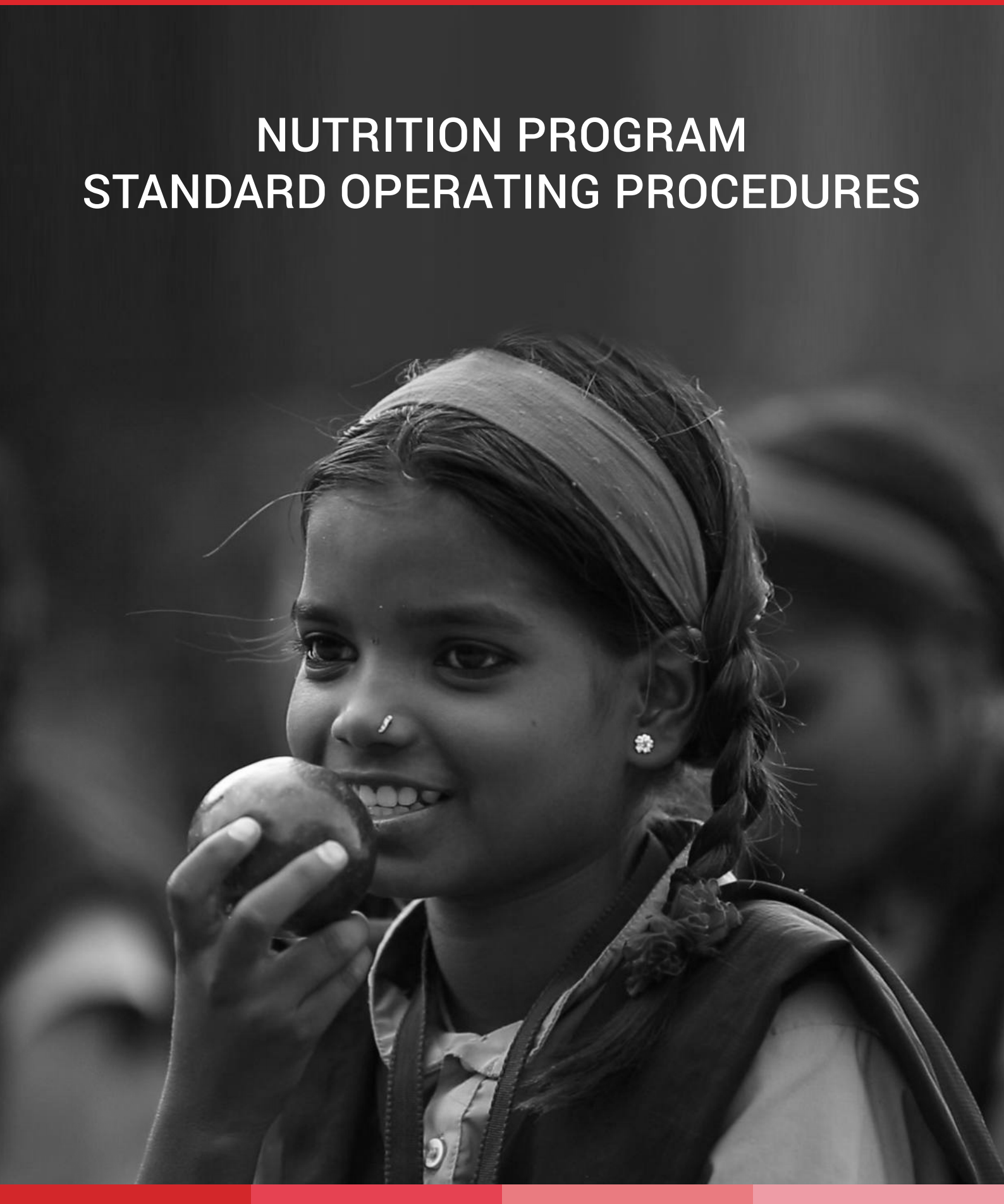
Catalysts for Social Action

A family for every child

NUTRITION 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. CSA works 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

Health & Nutrition

- Health & WaSH (Water. Sanitation & Hygiene)
- Supplementary Nutrition
- Infrastructure
- Day to Day Essentials

Education & Development

- Education
- Life Skills
- Recreation
- Sports
- Digital Engagement

Livelihood & Aftercare

- Preparatory program
- Aftercare support
- Higher Education & Skill Training
- Vocation Training

Capacity Building & Advocacy

- Adoption
- CCI Capacity Building
- Stakeholder Workshops & Trainings

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 takes into account 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 behind other children in schooling and other activities.

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 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 are a significant. 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.

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 fine.

[1]https://www.indiawaterportal.org/article/child-malnutrition-rises-five-years-nfhs-5-data

Nutrition Program

Objectives of the Nutrition Program

- To ensure children are healthy and growing well as per BMI standards developed by World Health Organization (WHO)
- Enabling CCI and its chief functionaries build perspective on good nutrition and processes on good nutritional practices
- Building the capacity of children residing in CCIs, caregivers, and cooks to understand the importance of nutrition and a balanced diet

Intervention Pathways

- Health and Nutrition assessments – Baseline, Endline, Quarterly health check-up and BMI assessment to ascertain nutrition status of children
- Consultation with nutritionist & capacity building of the staff/CCI
- Provision of one supplementary meal (mainly breakfast) and additional items to meet the four meals/day as suggested by the JJ Act
- Regular engagement with CCIs and their functionaries to keep abreast of the progress and develop reformative plans whenever required

Targeted Outcomes from the Program

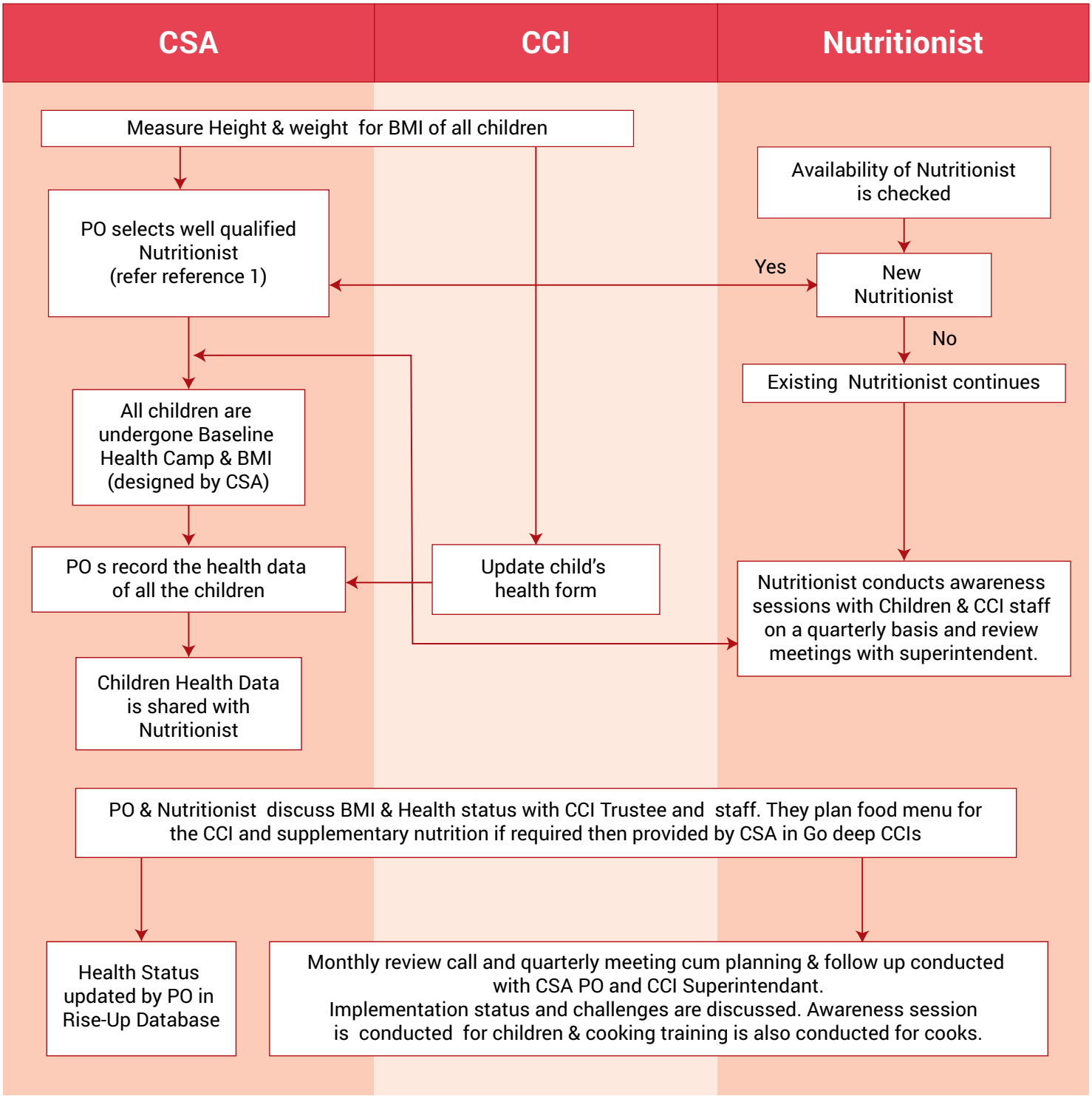
- All home staff receive training on healthy food practices by Nutritionist
- All children are receiving 4 square meals in a day
- Improvement in the BMI of malnourished children by at least one level in the end line assessment
- All home staff receive training on healthy food practices by Nutritionist
- 80% of children have normal BMI status and having less than 5% in range-2 (severely malnourished)

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
Nutritionist	MO		

	PROCESS	PARAMETERS	RESPONSIBILITY
1	POs proactively select eligible nutritionists to initiate the nutrition program.	Nutritionists should be a minimum graduate in the nutrition field.	PO
2	Based on the availability of the children's nutritionist and the PO fixes the date and time for the program.	(Date to be fixed when the maximum number of children can attend the BMI measurement program.)	PO+CM
3	Standardized Health check-up forms administered in all the CCI's	Form annexed for reference	PO
4	CM fills the basic information of each child in the heath forms with data like (name, gender, age, height, and weight).	Form annexed for reference	CM/PO
5	POs enter the child's data from health forms and doctor's prescription to the Rise up database	Standardized forms JJ Act	PO
6	Based on the doctor's recommendation referrals to be made and the child to be closely tracked	Program report pointers	CM + PO
7	Health forms of the child are filed and maintained by the CM along with the child's original file at CCI.		CM + PO
8	Nutritionist conducts Quarterly Awareness session with children, CCI staff, and cooks. Food Menu is planned for supplementary nutrition program	Session notes and content Menu plan	PO + CM + MO
9	Monthly and Quarterly review meetings conducted with CSA PO and CCI Superintendent for reformative plans and action.	Program reports and Datasheets	CT + CM + PO
10	Endline assessments and review meetings - Program concludes with engagement with chief functionaries on the progress of the project with learnings and good practices documented	Project completion reports	CT + CM + PO


CSA
CCI
Nutritionist
Measure Height & weight for BMI of all children
PO selects well qualified Nutritionist (refer reference 1)
All children are undergone Baseline Health Camp & BMI (designed by CSA)
PO s record the health data of all the children
Children Health Data is shared with Nutritionist
Update child's health form
Availability of Nutritionist is checked
Yes
New Nutritionist
No
Existing Nutritionist continues
Nutritionist conducts awareness sessions with Children & CCI staff on a quarterly basis and review meetings with superintendent.
PO & Nutritionist discuss BMI & Health status with CCI Trustee and staff. They plan food menu for the CCI and supplementary nutrition if required then provided by CSA in Go deep CCIs
Health Status updated by PO in Rise-Up Database
Monthly review call and quarterly meeting cum planning & follow up conducted with CSA PO and CCI Superintendant.
Implementation status and challenges are discussed. Awareness session is conducted for children & cooking training is also conducted for cooks.

BMI and how is it measured?

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. For children and teenagers, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child's weight status is determined using an age- and sex-specific percentile for BMI. BMI levels among children and teenagers need to be expressed relative to other children of the same age and sex

- The body mass index (BMI) of the child is taken. It is calculated with the formula BMI = Weight in Kgs / (Height in centimeters).
- We can also use the simplified nomogram to calculate the BMI.
- Calculated BMI is plotted against the relevant age of the child.
- There are five reference lines.
- The third curve is the average or the median.
- The plotted point should be between the second and fourth curves of the graph.
- If it falls above the second curve it denotes overnutrition and if it falls below the fourth curve it denotes undernutrition. Both need to be appropriately handled.

CODE	DESCRIPTION	CSA CATEGORIZATION OF BMI
Sev MN	Severe Malnutrition	Normal BMI Range
Mod MN	Moderate Malnutrition	
Mild MN	Mild Malnutrition	
Normal	Normal	
Overweight	Overweight	Moderately Malnourished (Range -1)
Obese	Obese	Severely Malnourished (Range -2)

Growth Monitoring Charts for reference

Assessments Results

BMI Assessments - Refer the Sample Format

BMI STATUS	CYCLE-1 (AUG-18)	CYCLE-2 (FEB-19)
No of Children Investigated	103	98
Normal Range	94%	94%
Range-1 (Moderately Underweight)	6%	6%
Range-2 (Underweight)	0	0

Assessments Results

HB Assessments - Refer the Sample Format

DETAILS	CYCLE-1 (AUG-18)	CYCLE-2 (FEB-19) (IF CONDUCTED)
No of Children Underweight HB Test	103	
% of Children with HB above 10	78%	
% of Children with HB - 10	22%	
% of Children with HB - Below 10-7	2%	
% of Children with HB - Below 7	1%	
	7%	

HB – 10 and above – Normal

HB – Below 10 – 7 – Moderate iron deficiency

HB – Below – 7 – Severe iron deficiency

Fill value in end line –

HB>10% - 88%

Hb-10 – 10%

Hb – 10-7 – 2%

Monitoring the Execution

Monitoring and evaluation Monitoring and evaluation (M&E) is an ongoing element of service delivery programs. It provides continuous feedback to the planning, management, improvement, and scale up the response services. Key elements of the M&E framework include:

- Key indicators and measurements to track the progress of the program
- Regular analysis of any data collected, ensuring data is compiled in a useful format and feedback to facilities, decision-makers, and advocate
- Ensuring data is compiled regularly and usefully to be used for analysis and advocacy
- A plan for continuous assessment (and operational research) to ensure that quality is maintained and to learn from the process of scaling up in a timely way that will enhance future program decisions

Monitoring aspects include:

- Maintenance of data in Rise-up to check cycle- wise and child wise result and growth
- Maintain a register of all the children and document all the referrals
- Monitor implementation of activities
- Monitor health care support for every child
- Refer and get feedback to/from the health facility/service centre
- Provide feedback to the children and caregivers
- Quarterly reviews to check the performance
- Maintain cycle wise monthly records
- Provide feedback to children, caregivers, and field officer/social worker and chief functionary

List of Abbreviations

BMI	-	Body Mass index
CSA	-	Catalyst for Social Action
CCI	-	Child-Care Institutions
CINCP	-	Children in Need of Care and Protection
JJ Act	-	Juvenile Justice Act
M&E	-	Monitoring and evaluation
NGO	-	Non-Governmental organization
SOP	-	Standard Operating Procedure
UNHC	-	United Nations High Commission

Annexures

HEALTH CH ECK-UP FORM

General Information	
Full Name of the Child	
Unique ID of the Child (CSA)	
Gender	1. Female ☐ 2. Male ☐
Check-up Date (dd/mm/yyyy)	
Check-up Cycle	1. August ☐ 2. February ☐

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**

Growth Monitoring

- The early years are a critical time for children's growth and development. Nutritional problems must be identified and treated during this period to prevent serious or long-term medical problems.
- Institutions must ensure that food offerings are congruent with nutritional interventions or dietary modifications recommended by the Nutritionist /other physicians, to make certain the intervention is child-specific
- The plotting of height and weight measurements and plotting and classification of BMI by the primary care provider, on a reference growth chart, will show how children are growing over time and how they compare with other children.
- Their use by the primary care provider may facilitate early recognition of growth concerns, leading to further evaluation, diagnosis, and the development of a plan of care and eventually a directed intervention.

Measuring a child's growth is one way of detecting malnutrition before the visible signs and symptoms of severe acute malnutrition become apparent. Healthy children grow very rapidly, especially in the first few years of life. Failure to grow is the first sign of malnutrition. If we can find children in the institution who are not growing normally, we can take action to improve nutrition and prevent serious illness and, in some cases, death.

Weight is the most reliable indicator of growth in young children. Changes in the weight of a healthy child can be detected every month from 0-5 years of age. To measure growth, we can (1) compare a child's weight gain over time, (2) classify a child's weight for his age, and (3) compare this measurement to a standard weight for children of the same age.

Height increases more slowly than weight in young children, but comparisons of height-for-age and height-for-weight can be useful measures. Height-for-age tells us about the past nutrition status of a child. Children who are "stunted, " or shorter than normal children their age, have probably been chronically undernourished. Children who are too thin for their height when compared to normal children of the same height are "wasted" or currently malnourished.

Catalysts for Social Action

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