

Government of Odisha

Department of Women & Child Development

No. WCD-ICDS-N-SCHM-0036-2021/18352 /WCD, Dt. 07-11-2022

From

Aravind Agrawal, IAS
Director, ICDS&SW

To

All Collectors

Sub: SOP for starting CMAM Programme in the district.

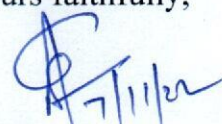
Ref: This Department letter No.15427 dated 20.09.2022

Madam/Sir,

In inviting a reference to the subject cited above, I am directed to say that, CMAM programme has been expanded to all districts after successful roll out in Koraput and Nabarangpur districts. Detailed guideline for the CMAM programme has also been shared with the districts. In order to further smoothen the roll out of the programme across the state, a Standard Operating Procedure(SOP) is enclosed herewith at Annexure-1 for effective implementation.

Therefore, you are requested to instruct all the ICDS functionaries to follow the SOP for CMAM programme scrupulously for smooth implementation of the scheme.

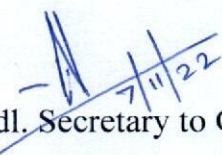
Yours faithfully,



Director, ICDS & SW

Memo No. 18353 /WCD, Date. 07-11-2022

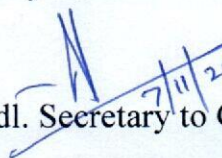
Copy forwarded to the Director, Family Welfare, Health & Family Welfare Department, Odisha for information and necessary action.



Addl. Secretary to Govt.

Memo No. 18354 /WCD, Date. 07-11-2022

Copy forwarded to all DSWOs for information and necessary action.




Addl. Secretary to Govt.

Memo No. 18355

/WCD, Date. 07-11-2022

Copy forwarded to Sourav Bhattacharjee, Nutrition Specialist, UNICEF, Odisha, Bhubaneswar for information and necessary action.


7/11/22
Addl. Secretary to Govt.

Standard Operating Procedure(SOP) for starting CMAM Programme in the district

1. Identification of SHG & production Set-Up:

1.1. Eligible Take Home Ration producing Self Help Groups(SHGs) are to be finalized for production and distribution of augmented THR at AWCs level. Preferably one SHG should be engaged by the Collector taking into account infrastructure for preparation of augmented THR. However, depending upon local requirement and geography, maximum up to 2 SHGs in a district can be engaged. For this purpose, a detailed CMAM scale up plan for identification of SHGs has been shared with the districts vide this Department Letter No.15427 dated 20.09.2022 which should be adhered to.

2. Training:

2.1 Sensitisation and training on CMAM will be/ has been provided to all stakeholders by W&CD Department. The SHG will be trained on quality aspects of the augmented THR, like selection of ingredient, roasting, grinding as per chart enclosed Annexure - I. The THR SHG identified by the district for CMAM may visit the model WSHGs in Koraput/ Nabarangpur for comprehensive understanding of the product cycle and quality parameters. The Training video may be referred to and suitable guidance provided by the Supervisor/ CDPO till the SHG is confident enough to handle the preparation process independently.

3. Identification and Caseload estimation of SAM children:

3.1 Number of SAM children identified in the Poshan tracker would be taken as the case load and accordingly indenting of the Augmented THR and medication may be made. DSWO will also indent the requisite medicine like multivitamins, Amoxicillin, Albendazole, Vit A, IFA etc, prior to start of the CMAM programme. In a Joint meeting with the CDMO and officials of Health &FW Department, planning may be done to ensure that the requisite medicines are available with the ANM at VHSND or CMAM clinic point as detailed below in Annexure - II.

4. Preparation of Augmented Take Home Ration:

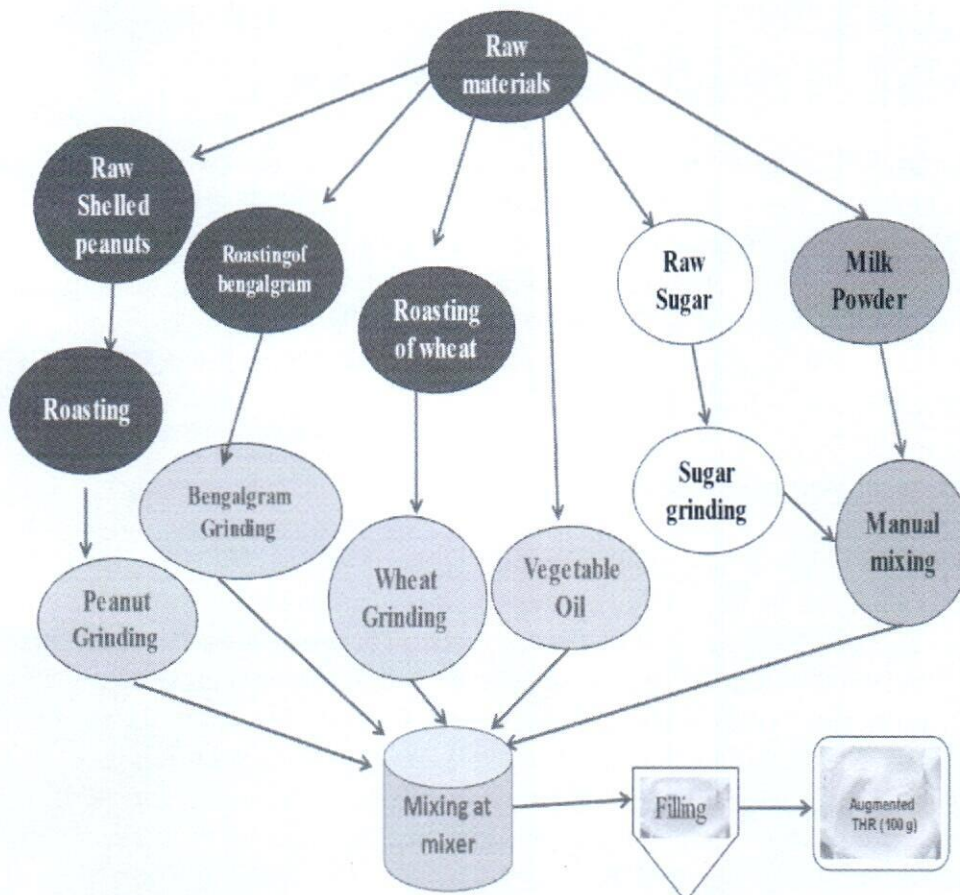
4.1 Augmented THR will be prepared using roasted wheat, Bengal gram, ground nut (quality to be ensured as per the guidelines), sugar in the prescribed ration along with addition of vegetable oil and milk powder to be procured from the fund provided for Augmented THR. The Omfed Milk powder & FSSAI approved sunflower/ soybean/ coconut/ ground nut/ rice bran/ vegetable oil should be used for preparation of ATHR. Quality checks of all the raw materials may be done and details of augmented THR prepared need to be recorded in the formats enclosed for scrutiny by the supervising officer. Mixer and sealing and packaging machinery may be procured to maintain better quality of the ATHR.

4.2 The Detail process flow is appended below.

Processing to be done by SHG	
Ingredients	Amount (g)
Roasted Wheat powder	30.0
Roasted Bengal Gram powder	10.0
Roasted Groundnut powder	10.0
Sugar powder	15.0
Sunflower or Vegetable Oil	15.0
Omfed Milk powder	20.0
Total	100

4.3 All the augmented THR produced by the THR producing SHGs should meet the requisite standard of energy, protein and fat as prescribed in the CMAM guideline and should be tested every month by State Public Health Laboratory as it is being done for preparation of THR.

4.4 On the date of mixing of all ingredient a designated supervising officer deployed by Collector will remain present and sign in the process control form and certify that all ingredients as per guidelines specially requisite quality of milk powder and vegetable oil was mixed while preparation of Augmented THR.



5. Logistics flow of Augmented THR:

5.1 The following logistics arrangement with date line has been made for smooth distribution of the ATHR to the SAM children in different Anganwadi center's as per process flow. The datelines would be followed and any deviation would be permitted only with the prior approval of DWCD. Detail office order on tagging of project SHG's entrusted with the responsibility for ATHR production will be issued by the DSWO's.

6. Indent of ATHR:

6.1 The sector supervisors will validate the Poshan Tracker SAM data under (**SNP Projection having children 6 months-5years**) available in Poshan tracker dashboard.

6.2 As a 2nd step, all the children would also be examined in VHSND for medical complication and appetite test by 15th as per operational guideline.

6.3 For all clear-cut, non-complicated cases who have passed the appetite test, indent of ATHR requirements will be submitted to the CDPO, who in turn will consolidate and submit the final list of her project to DSWO latest by 15th of every month.

6.4 DSWO will also consolidate the indent received from all the projects and place order to the Designated SHG for ATHR production by 16th of every month.

6.5 Detail calculation of ATHR sector and project wise is given below:

1. 1st month ATHR indent for 30 days of all SAM children will be made.
2. 2nd month indent should cover old cases of 1st month and new cases found during 2nd month without complication to be admitted after validation of all children in Poshan tracker .
3. 3rd month also indent will be placed taking into account the number of cumulative old cases for 1st & 2nd month and new cases found in 3rd month.
4. 4th month indent for cumulative old cases of 1st, 2nd, 3rd month and new cases found in 4th month will be done. As the intervention is for 16 weeks or 16 X7 days= 112 days the 4th month indent should take into account children those who will be completing the treatment 112 days.
5. 5th month indent will be placed for only those who have not completed 16 weeks or 112 days and new cases identified during the 5th month. The following cycle should follow while indent of ATHR.
6. Children who have not been cured or acquired weight for height Z score ≥ -2 sd or Normal after 112 days, will be referred to NRC for further examinations.
7. For ease of process the growth monitoring indices of all children should be measured and entered in Poshan tracker by 1st week of every month .

6.6 Till indenting process is streamlined and well-integrated in the MoChhatua application the above process will continue.

6.7 The reporting of the CMAM programme will be done as per attached excel sheet (soft copy) with applied validation and auto generation of cure rate and other

indicators. Only fields assigned will be entered in the sheet. The Indent sheet is also placed to generate number of ATHR to be placed to DSWO for production based on case load (soft copies).

7. Distribution of ATHR :

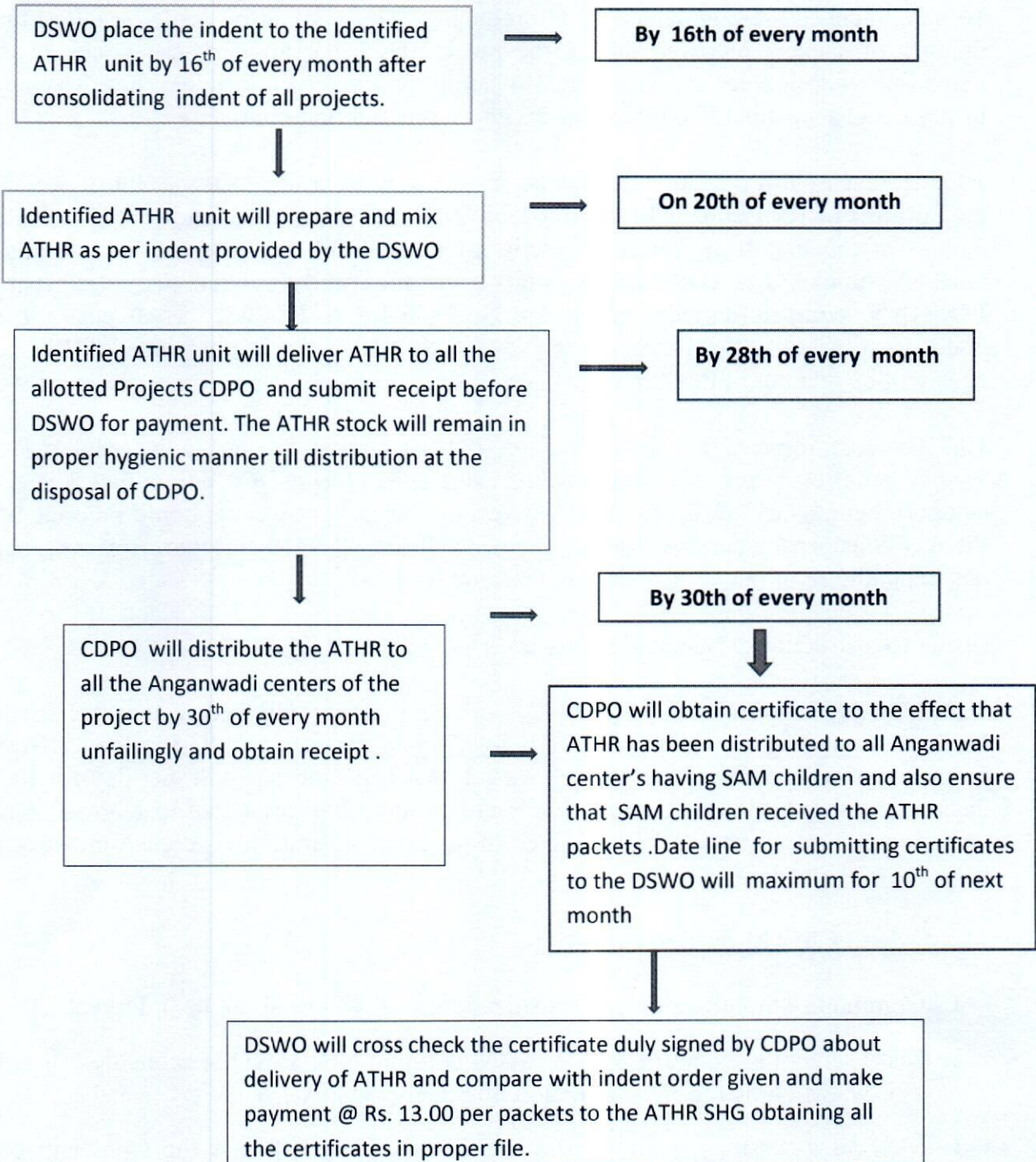
7.1 After receipt of ATHR in sealed packets from the manufacturing ATHR unit, the Child Development Project Officer will distribute the ATHR among the Anganwadi centers by engaging a separate IEC vehicle for the purpose. The vehicle will touch all the Anganwadi centers having SAM children. During the course of distribution of ATHR, the vehicle will also act as IEC Van and would play jingles/ make announcements to create awareness about different nutrition interventions of the state.

7.2 While this will facilitate the distribution of ATHR, more importantly, it will create awareness regarding the problem of malnourishment and the focus of Government of Odisha to tackle it through various steps, including CMAM.

8. Storage of ATHR in the AWC:

8.1 The Anganwadi worker will receive ATHR for all SAM children in two polythene packets for 30 days. However, the Anganwadi will deliver the ATHR packets for 15 days at a time to the mother /family of SAM children. Anganwadi worker will see and ensure that the 15 days ATHR remaining with her is stored in proper hygienic manner. Sector supervisors are to ensure safe storage and distribution of ATHR packets to all the SAM children in timely manner.

9. Indenting time line:



10. Payment Modalities:-

10.1 Payment to the augmented THR producing SHGs should be made based on the number of sachets prepared during the month. However all purchase vouchers of items like milk powder and vegetable oil should be retained in original; besides entry in stock registers should be maintained with first in and first out manner.

10.2 For each child per day cost has been estimated to be Rs 18.00/-. Out of which, the **amount of Rs 12.00/- will be met from the cost sanctioned under SNP** and Rs 6.00/- will be met from the cost sanctioned under SOPAN. Likewise for all **non-SOPAN blocks, the cost will be met from the funds earlier provided from POSHAN, communicated Vide letter No.1956 dated 2/2/2022.** Total cost for a child is estimated to be Rs.18x112 days = Rs 2016; the cost of augmented THR and eggs will be met out of this fund.

10.3 The cost of packaging, transportation & wastage will be paid to the SHG @ Rs. 1/- per beneficiary per day. Purchase of extra eggs (4 eggs for "6 months- 3 years category beneficiary" & 2 eggs for "3-5 years children" per week) should be done by the AWW as per the current procedure under SNP for all SAM children. However, per day expenditure of per child should not exceed Rs 18/-.

(Refer to instructions issued vide letter no. 15427 dated 20.09.2022)

10.4 All SAM children will be provided with augmented THR and regular THR will be discontinued for the said period. All SAM children once enrolled in the CMAM programme, will be provided 100 gm sachet of ATHR and one egg per day for 112 days without any discontinuance even if the children has graduated to Normal. The Anganwadi workers should be instructed to maintain separate registered Annexure- I (soft copy attached).

11. Mode of CMAM implementation:-

1. Community mobilization and sensitization at all village about the intervention.
2. Mass screening, identification of SAM children at VHSND sessions designated as CMAM clinic through validation by Supervisors, ANM.
3. Medical assessment and appetite test for assessing, whether the child will be treated in the facility or community at CMAM Clinic by ANM.
4. Nutritional treatment for SAM children who are being treated in the community with augmented THR along with administration of medicines (Like Amoxicillin, multivitamin, Albendazole etc).
5. Counselling and integrated health and nutritional education for mothers/caregivers
6. Continue treatment and follow up every fortnightly for 16 weeks, with growth measurement, medical examination and counselling.

15. DETAILS OF PROVISION OF MEDICINES TO BE GIVEN TO THE MOTHER FOR EACH CHILD – Annexure - II

Sl. No.	Medicines/Supplements	Child's weight	Details of provision of medicines to be given to the mother for each child
1	Amoxicillin	<7 Kg	1 strip of 10 tabs (1 tab will be administered by the ANM at the time of admission and remaining 9 tabs can be given to the mother)
		7-10 Kg	15 tabs (1 tab will be administered by the ANM at the time of admission and remaining 14 tabs can be given to the mother)
		10-13 Kg	2 strips of 10 tabs each (1 tab will be administered by the ANM at the time of admission and remaining 19 tabs can be given to the mother)
		>13 Kg	25 tabs (1 tab will be administered by the ANM at the time of admission and remaining 24 tabs can be given to the mother)
2	Albendazole	Single dose for child >12 mnths	<i>No need to give to the mother. ANM will administer it on the spot during the 2nd visit as per the medicine protocol</i>
3	Folic Acid	Single dose	<i>No need to give to the mother. ANM will administer it on the spot at the time of admission as per the medicine protocol</i>
4	Multivitamin		5 bottles of 100 ml can be given to the mother
5	Vitamin A	Single dose	<i>No need to give to the mother. ANM will administer it on the spot at the time of admission as per the medicine protocol</i>
6	Zinc		* 3 bottles of 30 ml each or * 1 bottle of 100 ml or * 14 tabs
7	IFA syrup		1 bottle of 100 ml

16. Composition of Multivitamin:

Each 5 ml of multivitamin should contain:
1. Vit A- 350- 600 mcg
2. Vit C- 20- 50 mg
3. Vit E - 2.5- 5 mg
4. Vit D- 2.5-5 mcg
5. B1(Thiamine)- 0.5- 2 mg
6. B2 (Riboflavin)-0.75-1.2 mg
7. B3 (Niacin)- 7.5- 15mg
8. B6- 0.5-1 mg
9. B12- 0.5-1 mcg
It should not contain Iron as multivitamin will be started from Day-1, when the child is admitted in the CSAM programme, and Iron is recommended only during the rehabilitation phase.
Desirable: In addition, it is desirable to have copper (15-25 mcg), selenium (10-30 mcg), manganese (10 mcg), molybdenum (15-25 mcg) .
Suggested dose for different weight bands of children:
< 5 kg - 2.5 ml OD (once daily)
=> 5-10 kg - 5 ml OD
=> 10 kg - 5 ml BD (bi-daily)

17. Label of ATHR packet in Odia- Annexure - III



ବର୍ଦ୍ଧିତ ଛତୁଆ



ବର୍ଦ୍ଧିତ ଛତୁଆ କେବଳ ଅତିଶୟ ପୁଷ୍ଟିହୀନ ଶିଶୁମାନଙ୍କ ପାଇଁ
ବିକ୍ରୟ ପାଇଁ ଉଦ୍ଦିଷ୍ଟ ନୁହେଁ
(ଓଡ଼ିଶା ସରକାରଙ୍କ ଦ୍ୱାରା ପ୍ରସ୍ତୁତ)
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ଭଜା ବୁଟ	- ୧୦ଗ୍ରା.
ବାଦାମ	- ୧୦ଗ୍ରା.
ଚିନି	- ୧୫ଗ୍ରା.
ପନିପରିବା ତେଲ	- ୧୫ଗ୍ରା.
କ୍ଷାର ଗୁଣ୍ଡ	- ୨୦ଗ୍ରା.
ମୋଟ	- ୧୦୦ଗ୍ରା.
ମୋଟ ଶକ୍ତି	- ୪୬୨ କ୍ୟାଲୋରୀ
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ସମାପ୍ତି ତାରିଖ -

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ବ୍ୟବହାରକାରୀ ପାଇଁ ନିର୍ଦ୍ଦେଶ -

- ଶୁଖିଲା ବର୍ଦ୍ଧିତ ଛତୁଆ ଗୁଣ୍ଡକୁ ପରିଷ୍କାର ପୂର୍ଣ୍ଣ ପାଣି ବା କ୍ଷାର ସହ ମିଶାଇ ବହଳିଆ ଅର୍ଥ ଚରଳ ମଞ୍ଚପ୍ରସ୍ତୁତ କରିଦେ ଖାଇବା ସମୟରେ । ପ୍ରସ୍ତୁତ କରାଯାଇଥିବା ବର୍ଦ୍ଧିତ ଛତୁଆ ମଞ୍ଚକୁ ୧ପକ୍ଷା ମଧ୍ୟରେ ବ୍ୟବହାର କରିବା ଉଚିତ୍ ।
- ଚିନି ମିଶାଇବାର ଆବଶ୍ୟକତା ନାହିଁ । ଯେହେତୁ ଚିନି ମିଶ୍ରଣ ଆଗରୁ ହୋଇଛି ।
- ଥରେ ପ୍ୟାକେଟ ଖୋଲା ହେଲାପରେ, ତାହାର ୨୪ ଘଣ୍ଟା ମଧ୍ୟରେ ବ୍ୟବହାର କରାଯିବା ଉଚିତ୍ ।
- ଥରେ ପ୍ରସ୍ତୁତ ଏବଂ ପ୍ୟାକେଟ୍ ହେଲାପରେ, ଏହା ହିତାୟତ୍ତା ଦ୍ୱାରା ଗୋଟିଏ ମାସ ମଧ୍ୟରେ ଖୁଆଯିବା ଆବଶ୍ୟକ ।
- ଶିଶୁ ୦-୬ମାସ ମଧ୍ୟରେ ସମ୍ପୂର୍ଣ୍ଣରାବେ ମାଁ କ୍ଷାର ଖାଇବା ଆବଶ୍ୟକ ଏବଂ ୭ବର୍ଷ ଯାଏଁ ଅନ୍ୟ ଖାଦ୍ୟ ସହିତ, ମାଁ କ୍ଷାର ଚାଲୁରଖିବା ଉଚିତ୍ ।

ସନ୍ଦେଶ :- ବିଶୁଦ୍ଧ ମିଳିଲେ ଉତ୍ତମ ଆଦାର, ପୁଷ୍ଟିହୀନତା କୁ ନ ଥିବ ତର । ସମ୍ଭୁଳିତ ଆଦାର, ସାମ୍ବ୍ୟର ଆଧାର

1kg.(200+ Gage) Size-8"x11"- Qnty-175 Pices