COMMUNITY-BASED MANAGEMENT FOR SAM CHILDREN IN MP:

Insight/reflection from the field



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The Health and Wellness Centre Intervention (HWCI) brings together community health workers to strengthen the implementation of the government-run community-based severely acute malnutrition treatment (C-SAM) program to ensure better care for malnourished children.

WHY?

Malnutrition is a preventable imbalance of essential nutrients in the body. Undernutrition (the most prevalent malnutrition) affects millions of children globally, especially from vulnerable and marginalised communities. Access, knowledge and awareness-related gaps in the health infrastructure elicit the need for community-based management as more children are identified as malnourished than can be managed at government health facilities.

WHERE?

The pilot was implemented across 140+
HWCs reaching

The intervention covers

districts
reaching 5,700 villages,
in Madhya Pradesh,
India.

150,000 children under 5 years in Chhindwara,

368 out of 573 identified SAM children received treatment



ACCORDING TO THE NFHS 5,

wasted

35.7% 19%

Children Children are are

33% Children

Children are malnourished

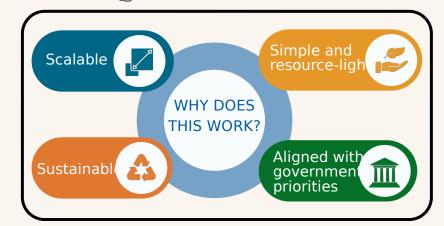
CHALLENGES:

stunted

Inadequate infrastructure to manage all

Lack of practical knowledge and skills on how to identify and

Madhya Pradesh Gwalior Damoh Chinindwara Betul Barwani Khargone



Footnotes: (1) Chief of Staff to CEO (2) Associate– Knowledge Management (3) Director - Programs (4) State Coordinator - Partnerships (5) CEO

HOW?

- Identify all the severely acute malnourished (SAM) children in the HWC area
- Ensure these children are entered on the government portals for better review and case management
- Develop a plan for the community-based management of each case e.g., medicines to be provided, dates for follow-up, and counselling the parents of the child
- Use the HWC platform to prioritise and plan for SAM-MAM management based on the severity, assign responsibility to each health worker and devise a follow-up schedule.
- Share learnings and progress of children discussed in the previous meeting.
- Building the capacity of CHOs through appropriate resources (tools, protocols and supply management).

Dr. Rahul SahuCommunity Health Officer *Chhindwara*

WHAT IS AN HWC?

Health and Wellness Centres (HWC) provide comprehensive primary health care (CPHC) services to rural and tribal communities under the Ayushman Bharat Program. These facilities and services are run by a savvy, technology-enabled, new cadre called Community Health Officers (CHO). The CHOs are supported by three types of frontline health workers – ANM, ASHA, and AWW who each play a distinct

AWW/ ASHA is responsible for providing requisite information about beneficiaries and

The CHO are the anchors of the HWC meeting. They are responsible for planning, convening, and implementing the meeting and ensuring end-to-end

СНО

ASHA



"The Anganwadi worker (AWW) identified a SAM child during one of the checkups. She ensured that during the AAA meeting at the next Village Health and Nutrition Day (VHND) the child's family was informed and counselled on good nutrition. We devised a plan and provided the child with the five types of medicines under the C-SAM program and his family with all the required information. During the AAA meetings and monthly meetings, with support from the TAF team, we regularly discussed whether follow-ups were done for all SAM and MAM cases. The AWW, the ASHA, the ANM, the TAF team and I all worked together, and it was only because of this collaborative effort that the child recovered from SAM to MAM."