



ABSTRACT

Department for Women, Children, Disabled & Senior Citizens – Supplementary Nutrition Programme (SNP) under Integrated Child Development Service (ICDS) Scheme – Revised and comprehensive guidelines on “Food Models” for ICDS beneficiaries - “Special care and Supervised feeding” of children upto 5 years categorized under Severely Underweight (SUW)/ Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) – Certain instructions for monitoring - Issued.

DEPARTMENT FOR WOMEN CHILDREN DISABLED & SENIOR CITIZENS

G.O.Ms.No.20.

Dt.21/05/2014.

Read the following:-

1. G.O.Ms.No.14, Dept. for Women, Children, Disabled & Senior Citizens, Dated 28.02.2014.
2. G.O.Ms.No.15, Dept. for Women, Children, Disabled & Senior Citizens, Dated 28.02.2014.

ORDER:

In the reference 1<sup>st</sup> read above, the Government issued revised and comprehensive orders on Food Models under Supplementary Nutrition Programme (SNP) for Integrated Child Development Services (ICDS) beneficiaries.

2. In the reference 2<sup>nd</sup> read above, the Govt. issued guidelines for “Special Care and Supervised feeding” of children upto 5 years categorized under Severely Underweight (SUW)/ Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM).

3. In pursuance to the orders issued in the references 1<sup>st</sup> & 2<sup>nd</sup> read above, the following instructions will be followed by the CDPOs, Supervisors and AWWs for the purpose of monitoring “Special Care and Supervised feeding” of SUW /SAM/ MAM children.

- i) The AWWs will maintain a register for “Special care and Supervised feeding” as per format enclosed at Annexure-I. The name- based information in this register will be entered in the CDPOs computer every month, for which software is under development.
- ii) The AWWs will also submit monthly report to CDPOs as per format enclosed at Annexure-II. This report will be counter signed by the ICDS Supervisors.
- iii) The CDPOs inturn will submit online Monthly Progress Report (MPR)-11 as per format enclosed at Annexure- III by 5<sup>th</sup> of every month.
- iv) The ICDS Supervisors will also maintain a register for “Special care and Supervised feeding” as per the same format as prescribed for the AWWs. The Supervisors will also furnish every month the list of SUW/SAM/MAM children to the Medical Officers (PHC) as per format enclosed at Annexure-IV, so as to enable timely checkup and follow-up by the Medical Officers.

4. The Project Directors, DW&CDAs are directed to ensure submission of monthly reports on SUW/ SAM/ MAM by the field functionaries as per the annexures enclosed.

5. The Commissioner, Women Development & Child Welfare, Hyderabad is requested to take further necessary action in the matter.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

NILAM SAWHNEY,  
PRINCIPAL SECRETARY TO GOVERNMENT.

To  
The Commissioner, Women Development & Child Welfare, A.P, Hyderabad  
All Regional Joint Directors, WD&CW Dept., for necessary action  
All the Project Directors, DW & CDAs in the State  
All the CDPOs, in the State

Copy to:-

The PS to Prl.Secy to Govt., Dept., for WCD&SCs,  
SF/SC.

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**Annexure – I**  
**G.O.Ms.No.20, Dept. for WCD&SC, Dt.21.05.2014.**  
**Register of AWC**  
**"Special care and Supervised feeding" of SUW/SAM/MAM Children**

Name of the Village :

Name of AWC :

Name of the Habitation :

AWC Code :

SI No	Child details							Malnutrition status					Medical Checkup details				"Supervised feeding" details		
	SI.No of family	Sl. No. within family	Name	Sex (M/F)	Date of Birth	Age in months	Category (SC/ST/Others)	Weight at time of Identification(gms)	Identified as SUW/MUW/ Normal as per "Weight for age"	Height at time of Identification ( cms)	Identified as SAM/MAM/ Normal as per "Weight for height" or MUAC	Bilateral Pitting Oedema(Y/N)	Whether checkup done (Y/N)	If so, date of checkup	Whether prescribed medicine(Y/N)	Whether received medicine(Y/N)	"Supervised feeding" started (Y/N)	If yes, date of starting	Weight on joining "Supervised feeding" (gms)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Weight during "Supervised feeding" (report monthly)												Completion details				Remarks
Date (1 <sup>st</sup> month)	Weight(gms)	Date (2 <sup>nd</sup> month)	Weight(gms)	Date (3 <sup>rd</sup> month)	Weight(gms)	Date (4 <sup>th</sup> month)	Weight(gms)	Date (5 <sup>th</sup> month)	Weight(gms)	Date (6 <sup>th</sup> month)	Weight(gms)	Whether completed "Supervised feeding"	Date of completion	Weight on completion (gms)	Final Nutritional Status	History of the case, referral to NRC / hospitals, final nutrition status etc.
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

Note : If possible, photo of child before and after "supervised feeding" can be affixed on register.

NILAM SAWHNEY,  
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**Annexure-II**  
**G.O.Ms.No.20, Dept. for WCD&SC, Dt.21.05.2014.**

**Monthly Progress Report by AWW**  
**AWW's Report on "Special care and Supervised feeding" of SUW/SAM/MAM Children**

Name of the Village :  
Name of the AWC :  
Year :

Name of the Habitation :  
AWC Code :  
Month :

1	Whether "Supervised feeding" being carried out in AWC (Y/N)	
2	No of SUW children as per "Weight for age" criteria	
3	No of SAM children as per "Weight for height" or MUAC criteria	
4	No of MAM children as per "Weight for height" or MUAC criteria	
5	No of children with Bilateral Pitting Oedema	
6	Total no of SUW/SAM/MAM children (2+3+4+5 - overlapping numbers)	
7	No of children who received health checkup atleast once (out of total SUW/SAM/MAM children)	
8	No of children who were prescribed medicines (out of total SUW/SAM/MAM children)	
9	No of children who received medicines (out of total SUW/SAM/MAM children)	
10	No of children who received "Supervisory feeding" during the month	
11	No of children who improved weight satisfactorily during the month	
12	No of children who completed "Supervised feeding" during the month	
13	No of children who gained satisfactory weight on completion of "Supervised feeding"	

**Signature of AWW**

**Signature of Supervisor**

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PRINCIPAL SECRETARY TO GOVERNMENT.

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**Annexure – III**  
**G.O.Ms.No.20, Dept. for WCD&SC, Dt.21.05.2014.**

**Monthly Progress Report (MPR)-11**  
**CDPOs Report on "Special care and Supervised feeding" of SUW/SAM/MAM Children**  
**(to be submitted by 5 th of next month)**

Name of the Project :  
Year :

No. of AWCs :  
Month :

1	No of AWCs where "Supervised feeding" is being carried out	
2	No of SUW children as per "Weight for age" criteria	
3	No of SAM children as per "Weight for height" or MUAC criteria	
4	No of MAM children as per "Weight for height" or MUAC criteria	
5	No of children with Bilateral Pitting Oedema	
6	Total no of SUW/SAM/MAM children (2+3+4+5 - overlapping numbers)	
7	No of children who received health checkup atleast once (out of total SUW/SAM/MAM children)	
8	No of children who were prescribed medicines (out of total SUW/SAM/MAM children)	
9	No of children who received medicines (out of total SUW/SAM/MAM children)	
10	No of children who received "Supervisory feeding" during the month	
11	No of children who improved weight satisfactorily during the month	
12	No of children who completed "Supervised feeding" during the month	
13	No of children who gained satisfactory weight on completion of "Supervised feeding"	

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**Annexure – IV**  
**G.O.Ms.No.20, Dept. for WCD&SC, Dt.21.05.2014.**

**List of SUW/SAM/MAM Children**  
**To be furnished to MO (PHC) by ICDS Supervisor**

Name of the Mandal :  
Year :

Name of the ICDS Sector :  
Month :

SI No	Name of the Village	Name of the Habitation	Name of the AWC	Child details			Malnutrition status					Medical Checkup			"Supervised feeding"	
				Name of child	Sex (M/F)	Age in months	Weight at time of Identification (gms)	SUW/ MUW/ Normal as per "Weight for age"	Height at time of Identification (cms)	SAM/ MAM/ Normal as per "Weight for height" or MUAC	Bilateral Pitting Oedema (Y/N)	Checkup Done (Y/N)	Medicine prescribed (Y/N)	Medicine given (Y/N)	"Supervised feeding" started (Y/N)	Satisfactory Weight gain during the month (Y/N)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

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