

Malnutrition and Health Program

The finding reported by Sachdev, *et al.* [1] in a recent paper published in *Indian Pediatrics* contradict the notion that children with severe acute malnutrition (SAM) require special treatment. However, the authors reported 'no dedicated programme for management of SAM' in Meerut during their study.

Bal Swasthya Poshan Mah (BSPM), a government initiative with support from UNICEF, was launched in 2003, and was scaled up and implemented across the UP state, including in Meerut. The program has its special focus on referral of undernourished children, bi-annual supplementation of vitamin A, iodized salt consumption, exclusive breastfeeding, and complementary feeding. The activities were linked with outreach plans of Auxillary Nurse Midwives [2].

The authors, while observing the fate of SAM children, did not consider the effect of the above program on the health of the children. The apparent reduction in case fatality rate of SAM in the study under discussion could be due to provision of referral for malnourished children under the ongoing program activities. In fact, the program has been appreciated for keeping synchronization with the immunization activities and thus, not disturbing the routine of front line health workers [3].

In this regard, it could be mentioned that National Family Health Survey, conducted at similar time period, found 4.9% prevalence of severe wasting from rural Meerut [4].

MANAS PRATIM ROY

*Directorate General of Health Services, New Delhi.
manas_proy@yahoo.co.in*

REFERENCES

1. Sachdev HS, Sinha S, Sareen N, Pandey RM, Kapil U. Survival and recovery in severely wasted under-five children without community management of acute malnutrition programme. *Indian Pediatr.* 2017. (ahead of print)
2. Government of Uttar Pradesh and UNICEF. Mission Poshan: Uttar Pradesh State strategy for 11th five year plan.

Directorate of ICDS and Department of Women and Child Development, Uttar Pradesh; 2006.

3. Shaikh S, Dwivedi S. Monitoring of BSPM activities in two intensive districts of eastern Uttar Pradesh. *Indian J Prev Soc Med.* 2011;42:149-53.
4. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS 4), 2015 16: Meerut. Mumbai: IIPS; 2017.

AUTHORS' REPLY

There is a difference in perception about the meaning of our statement: "At the time of conduct of the study, there was no special provision or programme for management of SAM in Uttar Pradesh." We specifically refer to the original or a locally adapted version of the community management of acute malnutrition program, which among several other components includes routine recording of mid upper arm circumference and/or length or height to determine the weight-for-height status, classification as complicated or uncomplicated severe acute malnutrition and institution of specially formulated therapeutic foods till recovery occurs [1]. Obviously, the Bal Swasthya Poshan Mah (BSPM) program referred to is different in scope and cannot be equated with the community management of acute malnutrition program.

Our study design did not permit any causal inferences. However, we too had postulated that "improvement in access to public and private healthcare", which would include Public Health programs like BSPM, may have contributed to the low case fatality rates in children with severe wasting. If indeed this is true, the case for instituting a specific community management of acute malnutrition program is further weakened.

HPS SACHDEV¹ AND UMESH KAPIL²

¹Department of Pediatrics and Clinical Epidemiology, Sitaram Bhartia Institute of Science and Research; and ²Department of Human Nutrition, AIIMS; New Delhi, India.

¹hpssachdev@gmail.com

REFERENCE

1. World Health Organization. Guideline: Updates on the Management of Severe Acute Malnutrition in Infants and Children. Geneva: World Health Organization; 2013.