

OPERATIONAL  
GUIDELINES OF  
NUTRITION  
REHABILITATION  
CENTRE

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## **Abbreviation & Acronyms:**

<b>NRC</b>	<b>Nutrition Rehabilitation Centre</b>
<b>SAM</b>	<b>Severe Acute Malnutrition</b>
<b>DHH</b>	<b>District Headquarter Hospital</b>
<b>SDH</b>	<b>Sub Divisional Hospital</b>
<b>AWW</b>	<b>Anganwadi worker</b>
<b>BCC</b>	<b>Behavior Change Communication</b>

## **Introduction:**

Management of the severely malnourished children does not require sophisticated facilities & equipments or highly qualified personnel. It does require that each child be treated with proper care & affection, and that each phase of treatment be carried out properly by approximately trained and dedicated health personnel's. When this is done, the risk of death can be substantially reduced and the opportunity for full recovery greatly improved.

After treating the life-threatening problems in a hospital or in a residential care facility, the child with SAM will transfer to NRC for intensive feeding to recover lost weight, development of emotional & physical stimulation, capacity building of the primary caregivers of the child with SAM through sustained counseling and continuous behavioral change activities. Thus NRC will be intended to function as a bridge between hospital & home care. Hence, NRC will be a short stay home for children with SAM along with the primary care givers.

## **The guideline for service providers:**

This guideline focus on the objectives, criteria for selection, required infrastructure, equipment, supplies & human resources, monitoring tools & financial guideline for NRC. This will provide directions for setting up new NRC & guide on effective implementation of quality services.

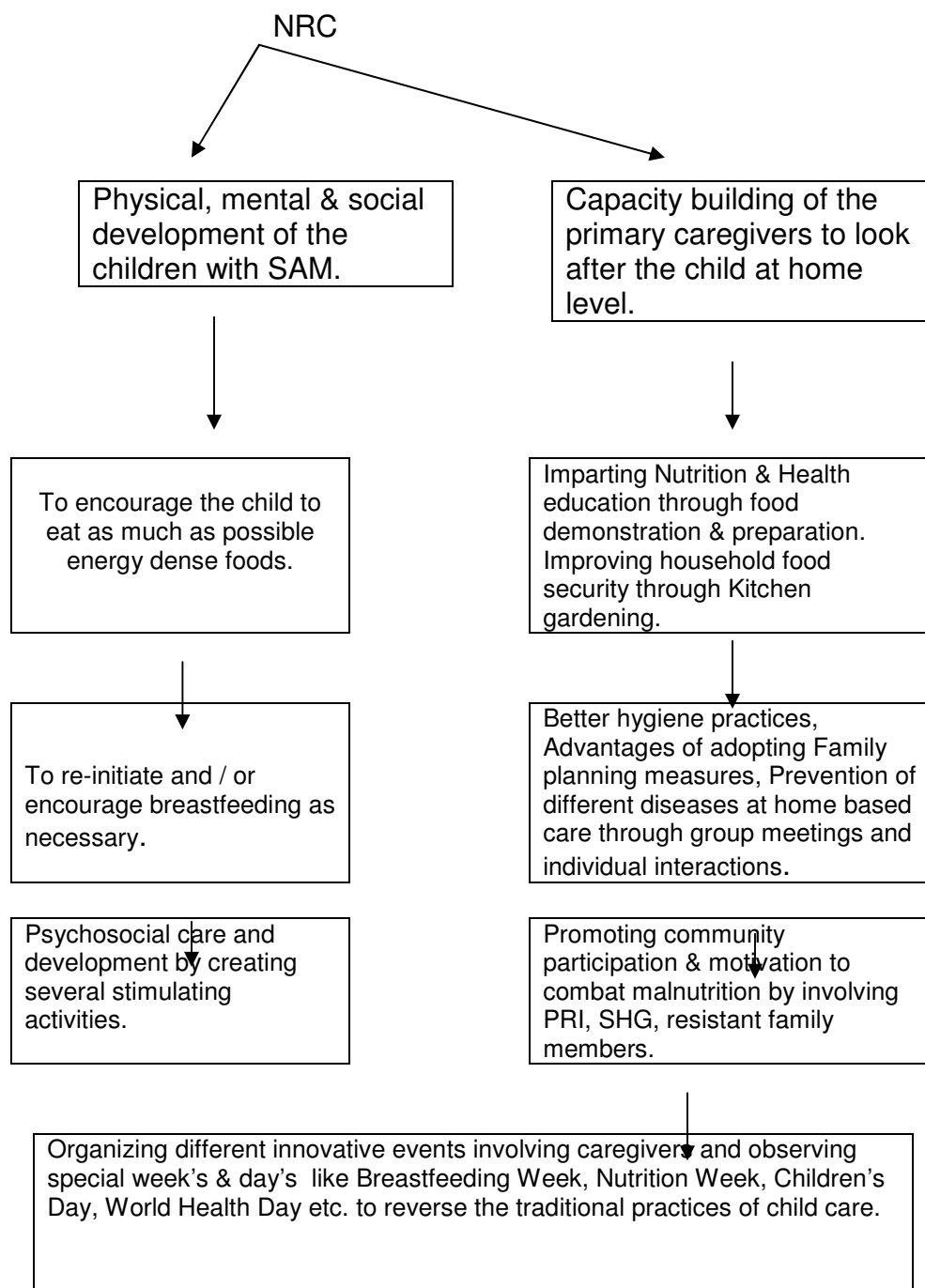
### **The guideline are meant for**

- Programme managers.
- District Programme Manager, District Child Survival Coordinator
- Health Personnel like, Medical Officers, Nurses, and Nutritionist- cum- counselor.
- Other administrators & personnel involved directly or indirectly in monitoring the Programme.
- The beneficiaries for understanding the services available.

## **Objectives of NRC:**

- i) Improve access to basic preventive & curative services.
- ii) Encourage sustainable behaviour change.
- iii) Support caring practices.
- iv) Stimulate social mobilization by the community to demand better services & Accountability.

**Functions of NRC:**



**Human Resources for NRC:**

Doctor	1
Nurses	3
Nutritionist-cum-	1

counselor	
Cook	1
Helper	2

**Summary of services provided at NRC & requirement for the same.**

<b>Type of Services</b>	<b>Activities</b>	<b>Human Resources</b>	<b>Infrastructure &amp; Supplies</b>
Treatment & Patient management	Provision of comprehensive care for prevention & treatment of infections in children with SAM.	Doctor  Nurses	Drugs & equipment for the treatment of infections.
Nutritional counseling & support for inpatients	Balanced diet preparation for the children.  Provision of nutritional supplements.  Nutrition education to primary caregivers of children with SAM.	Cook  Helpers.  Nutritionist-cum-counselor.	Kitchen with utensils & facilities.  Dining area.  Nutritional supplements & IEC materials.
Other counseling services	Couple counseling.  Infant feeding.  Family planning.  Better hygiene practices.  Immunization in time.  Psychosocial care & development.  Separate family counseling.  Disadvantages of traditional childcare practices.	Nutritionist-cum-counselor	Facilities for integrated counseling services.  Audio- visual equipments.  IEC materials.
Capacity building of the primary caregivers	Time management on the feeding habits of the family.	Primary caregivers. Cook Helpers.	Kitchen with utensils & other facilities.

Preparation of low cost nutritious diet from locally available food ingredients.	Nutritionist –cum- counselor.	Audio-visual materials. Education tools like posters, flip charts.
Improving food security through Kitchen gardening.	Helpers.	Green leafy vegetables & other vegetables seeds.
Better hygiene practices.	Helpers.	
Psychosocial care & development through stimulating activities.	Nutritionist –cum- counselor. Nurses.	Stimulating toys for different age group of children.
Health seeking behavior.	Nutritionist –cum- counselor	IEC materials.

**Other activities:**

1. Advocacy on the community participation so that they can address the problems of malnutrition in the community by involving local PRI member, SHG group, School & village Health Committee, AWW & ASHAs , ICDS Supervisors.
2. Provide information to the community regarding NRC & the services offered.

**Linkage between NRC & Govt. Health institutes:**

NRC should establish a linkage with DHH& SDH, closest to NRC for medical services. The cases which require special attention, they may be referred to the Hospital immediately.

The children with SAM at first identified by AWW in the community & refer to, PHC / CHC on fixed health referral day i.e., in Pustikar Divas.



Stabilization at PHC/CHC for 3 days as per proposed protocol.



Refer to higher institute ie, DHH/ SDH for better management.



After management when the appetite comes back the children refer to NRC



Approximately after 10 days the child will be discharged from NRC.



Follow up support by AWW & ICDS Supervisors through home visits.



Discharged children may come for follow up in NRC linked DHH / SDH or any OPD of PHC / CHC.

### **Infrastructure & equipment required at NRC:**

- Office Furniture
- Bed
- Linen
- Mattress
- Kitchen utensils
- Kitchen equipments – gas oven, Acquaguard, exhaust fan
- Washing & cleaning agents- Phenyl, Acid, Soap and Detergent.
- Telephone
- Computer
- TV & DVD player
- IEC materials
- Drugs
- Temporary Contraceptive methods
- Kitchen gardening equipments & Seeds
- Stimulating toys
- Patient Register
- Counseling Sheets
- Monthly report of children admitted in NRC
- Dietary history sheets
- Monthly reporting Format

**Roles & responsibilities of NRC staffs:**

**Nutritionist cum counselor:**

Correction of nutritional deficiencies through supplementation	Preparation of menu planning as per calorie requirement & supervision of cooking & feeding practices of the children with SAM & demonstration activities.
Support & counseling for undernourished & sick children	<p>Provide individual &amp; family counseling on the promotion of essential household practices for child health.</p> <p>Behaviour change with respect to feeding practices, improved water &amp; food handling, sanitation &amp; hygiene practices in the home &amp; community.</p> <p>Encourage to select nutritious food from locally available food ingredients through plantation in the kitchen garden.</p> <p>Promotion of mental &amp; social development by psychosocial care.</p>
Essential counseling	<p>Couple counseling on birth spacing &amp; information on the availability of the services.</p> <p>Advocacy on community participation to raise the malnutrition issues within the community.</p> <p>Provide follow-up counseling</p>
Other activities	<p>Support AWW, ASHA &amp; ICDS Supervisor.</p> <p>Supervision &amp; monitoring of the overall activities at NRC.</p> <p>Active role in effective BCC through group meetings &amp; organizing different innovative events.</p> <p>Maintain individual counseling records &amp; counseling sheets.</p> <p>Facilitate establishment of linkage with the support groups like</p>



	<p>AWW/ASHA/ICDS Supervisor &amp; the family members of children with SAM.</p> <p>Reporting on feedback to the doctor regarding individual cases.</p> <p>Reporting to the District Child Survival Coordinator &amp; DPM on the data requirement for monitoring &amp; reporting.</p>
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**Nurses:**

<p>Nursing Care</p>	<p>Anthropometric measurements every alternate day as per requirements.</p> <p>Maintaining follow-up charts.</p> <p>Provide medicine to the patients as per doctor's prescription.</p> <p>Watch out for any changes in condition &amp; report to the doctor.</p> <p>Counsel the family members of the children with SAM on health seeking behavior &amp; treatment aspects.</p> <p>Maintenance of patient records &amp; case sheets.</p>
<p>Administrative</p>	<p>Coordinate &amp; track the referrals from PHC/CHC.</p> <p>Report on referred cases from other facilities.</p> <p>Report on stocks of medicines &amp; other consumables.</p> <p>Provide data on formats required for monitoring.</p> <p>Maintain the drug dispensed register &amp; the stock of drugs received.</p> <p>Function as case manager for overview of the referrals.</p> <p>In charge of coordinating the AWW/ASHA/ICDS Supervisor to follow</p>

	the treatment.
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**Medical Officer:**

Medical services	<p>Diagnosis &amp; treatment of infections.</p> <p>Monitoring of children with SAM.</p>
Administrative	<p>Admission &amp; discharge of patients.</p> <p>In charge of institution for establishment.</p> <p>Review the record keeping the nurses.</p> <p>Coordination with Nutritionist-cum-counselor on patient treatment plan &amp; follow- up.</p>

**Cook:**

Cooking	<p>Preparation of food as per menu plan.</p> <p>Provide training to the primary caregivers on the preparation of low cost nutritious diet from locally available food ingredients by hands on practice.</p> <p>Serving of food to the children with SAM &amp; primary caregivers.</p>
Record Keeping	<p>Maintain a record of kitchen utensils &amp; other equipments.</p> <p>Maintain a day to day record of daily use food ingredients.</p>

**Helper:**

Cleanliness & maintenance	<p>Provide training to the primary caregivers on hygiene practices through washing &amp; cleaning of NRC.</p> <p>Provide training on kitchen garden to the primary care givers by hands on practice through gardening.</p>
Record keeping	

	Maintain a record of daily use of washing & cleaning agents and kitchen gardening equipments.
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**AWW/ASHA, ICDS Supervisor:**

Follow –up activities	<p>Undertake regular home visits to ensure the care &amp; support to the child by the family members.</p> <p>Mobilize the community on health seeking behavior by involving local PRI member, SHGs and other active members in the community through the children who have received the services of NRC.</p> <p>Provide information to the community regarding NRC &amp; the services offered.</p>
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**Training of NRC team:**

All the NRC staffs should undergo trainings at various levels.

**NRC Team training:**

The NRC team consisting of doctors, Nutritionist-cum-counsellor, nurses, cook, helpers will undergo team training once in a year on all aspects of care & support, issues of NRC & management.

**Counselor induction training:**

The Nutritionist – cum- counselor & nurses attached to NRC need to undergo induction trainings for proper technique & skill.

**On going Training / Refresher Training:**

The NRC team should undergo ongoing training / refresher training at least once in a year to upgrade their knowledge & skill.

**Public Awareness:**

The general awareness towards malnutrition is not so much among the common masses. However, knowledge & utilization of various services offered in details should be publicized through various means of communication like display boards, picture posters etc. Location & services offered by NRC need to be disseminated among the community through wall writings in AWC , Schools , PHC/ CHC & the hospital which is attached to NRC.

**Financial guideline:**

Establishment cost for NRC = 1,100,000/-

Running cost (20children+20 primary caregivers) = 10,000/- per child.

Training cost = 15,000/- per batch

### **Monitoring & Evaluation:**

#### **Data flow:**

Data flow from NRC to State level Through District level is depicted in the following manner,

Staffs fill in patient's information in their respective individual cards & registers.



The information in the particular month is compiled in the monthly report for the NRC based on the data in the register.



The information in the monthly report is verified & discussed for validity by Dist. Child survival Coordinator with the NRC team. The verified report is forwarded through District review meeting by the state by 3<sup>rd</sup> of every month.



The staffs in the state checks & upholds the information.



State will provide a detailed feedback on the performance of NRC to the District. District will share the feedback with the stakeholders.

#### **Programme monitoring:**

Programme monitoring is the ongoing assessment of routine activities & progress achieved. This facilitates early detection of errors & allows corrective actions to be taken. Monitoring involves all key aspects of the services offered.

#### **Supervision & monitoring:**

The supervision will be through review of quarterly reports & the monitoring meetings held by the district functionaries. Reports are to be sent to the State jointly by District Child Survival Coordinator /DPM through DSWO / CDMO

## Monthly report of children admitted in NRC

### Growth Monitoring Data

S.No	Name of the child	Diagnosis	Wt Day 1	Wt Day 2	Wt Day 3	Wt Day 4	Wt Day 5	Wt Day 6	Wt Day 7	Remarks



**Dietary history:**

Duration of exclusive breastfeeding (in months) :
Total duration or age at which breastfeeding stopped:
Age at which non-milk feeds started :

**Usual diet before current illness:**

Type of food or fluid given	Age at which started (months)	Age at which stopped (months)	Amount per feed (gm or ml)
Infant formula or animal milk (specify)			
Cereals (specify)			
Other staple foods (specify)			
Water or other drinks (specify)			
Fruit /fruit juice			
Orange and dark green vegetables			
Other vegetables and pulses			
Fish, meat or eggs			
Other foods (specify)			

**Diet since current illness began (describe any changes):**


**Diet during past 24 hours (record all intakes):**

Breakfast	
Mid-morning	
Lunch	
Evening	
Dinner	
Night	

**Immunization history:**

Immunization card: yes / no

Immunization	Date or age at which given				
	At birth	First	Second	Third	Booster
BCG					
Polio					
DPT					
Measles					
Vit. A					

**Physical examination:**

Date														
Height (cm)														
Weight (kg)														
Oedema														
Temperature														

**Sample food intake chart:**

Date		Feed : ..... feeds of ..... ml each = .....ml per day				
Time	Type of feed	Amount offered (ml)	Amount left in cup(ml)	Amount taken by child (ml)	Estimated amount vomited (ml)	Watery diarrhoea (yes/no)
Total						
Total food intake over 24 hours ( total amount taken – total amount vomited ) = ml						



**Summary chart:**

	Date	Weight (Kg)	Height ( cm)	Oedema
Admission				
Discharge				
Follow-up				
Follow-up				
Follow-up				

+++ = Severe oedema

++ = moderate oedema

+ = mild oedema

**Observation:**

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**NUTRITION REHABILITATION CENTRE**

**Monthly report of children admitted in NRC**

District:

Month:

S. No	Name of the child	Father's name	Mother's name	A g e	S e x	Village	Wt at admission	Grade Wt/Age	Wt on discharge	Grade Wt/Age

## **Stimulating Toys:**

For psychosocial development of the malnourished children,

### **Ring on a string (from 6 months):**

Thread cotton reels and other small objects ( eg. Cut from the neck of plastic bottles) on to a string. Tie the string in a ring, leaving a long piece of string hanging.

### **Blocks (from 9 months):**

Small blocks of wood. Smooth the surfaces with sandpaper and paint in bright colours, if possible.

### **Stacking bottle tops (from 12 months):**

Cut at least three identical round plastic bottles in half and stack them.

### **Puzzle (from 18 months):**

Draw a figure (e.g. a doll) on a square or rectangular shaped piece of cardboard. Cut the figure in half or quarter.