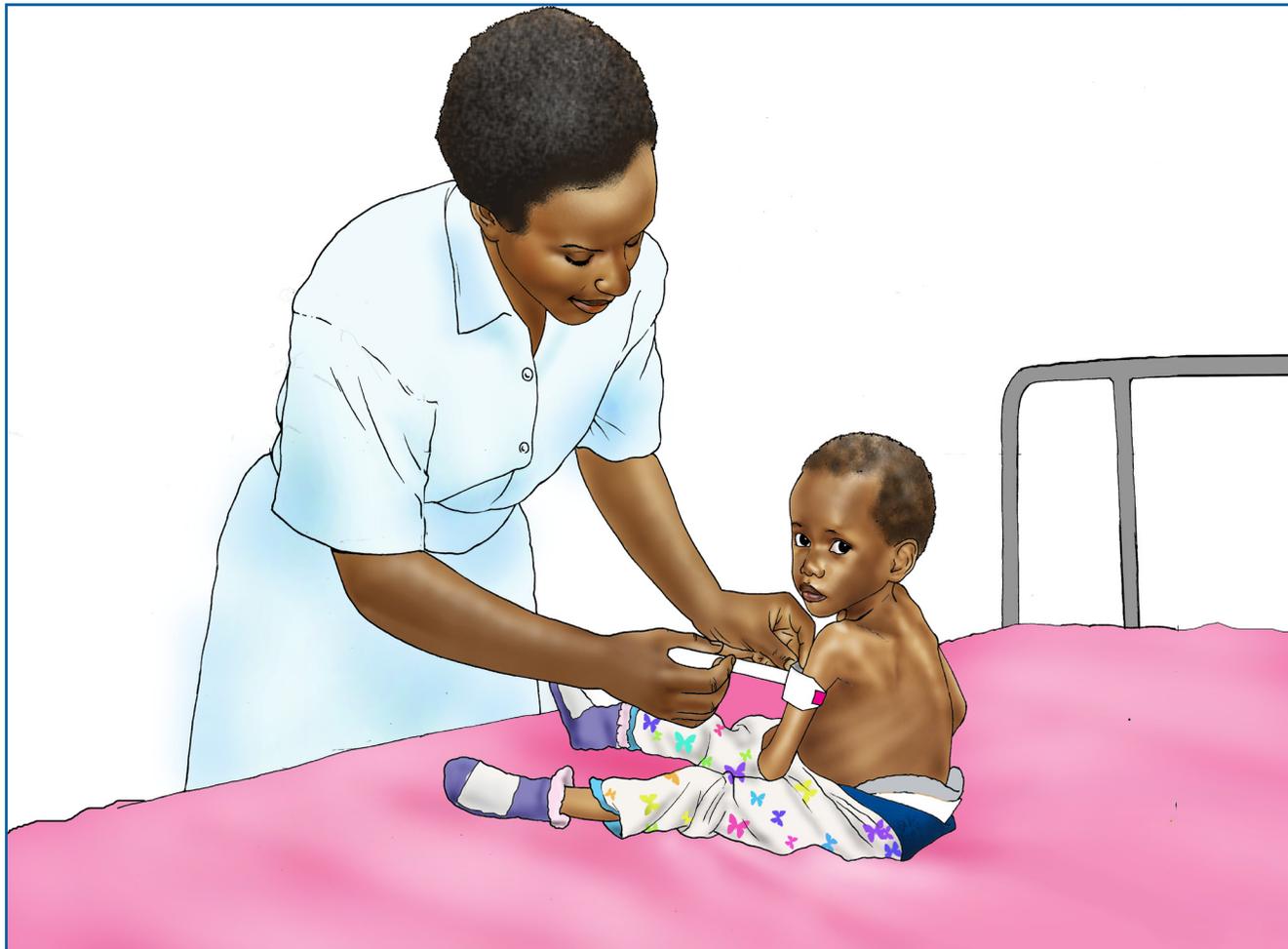


Comprehensive Nutrition Care and Support Facility-Level Job Aids



For Out Patient Therapeutic Care in Health Facilities Supported by NuLife

Acknowledgements

The Ministry of Health would like to very sincerely thank the University Research Co., LLC (URC) Nulife Program, with support from the United States Agency for International Development (USAID) for the technical and financial support which was so essential for the development, printing and dissemination of these Facility-Level job aids on Comprehensive Nutrition Care and Support for People Living with HIV.

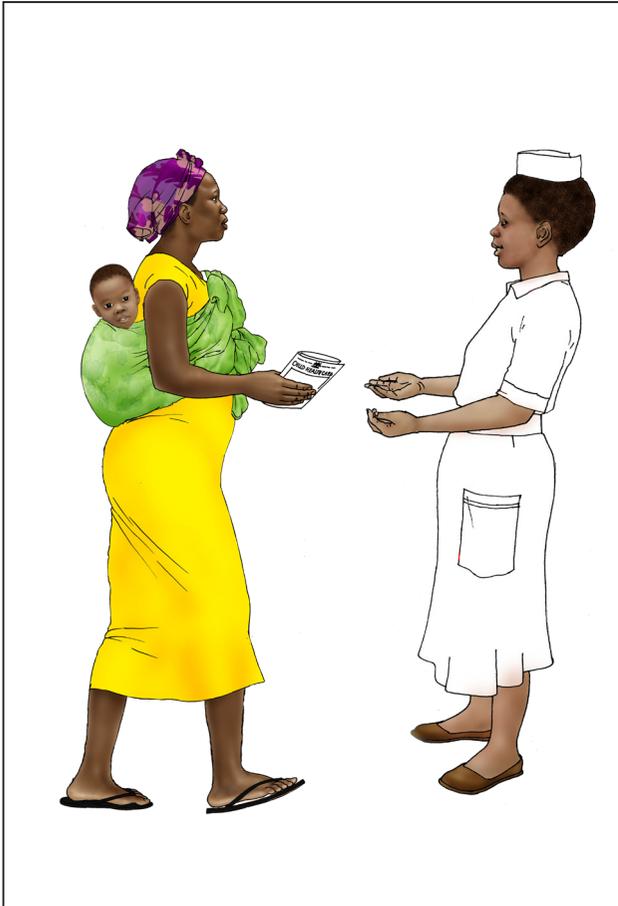
Sincere gratitude is extended to all development partners who participated in the multiple technical working groups and review committees for their contributions from the time of their inception through the final stages. Non-governmental organisations including Food and Nutrition Technical Assistance (FANTA), the International Baby Food Action Network (IBFAN), the Elizabeth Glazier Pediatric AIDS Foundation (EGPAF), Protecting Families Against HIV/AIDS (PREFA), Catholic Relief Services (CRS), Save the Children in Uganda (SCIUG) and many others invested substantial time and resources. The process has been very labour intensive and the development would not have been possible if it were not for the untiring efforts and commitment of these organisations and individuals.

Special recognition is made to the Nutrition Unit and the Division of Health Promotion and Education of the Ministry of Health, and also members of the Maternal and Child Health Cluster, Senior Management Committee, Health Policy Advisory Committee and Top Management Committee of the Ministry of Health for their technical input in reviewing and refining this set of job aids.

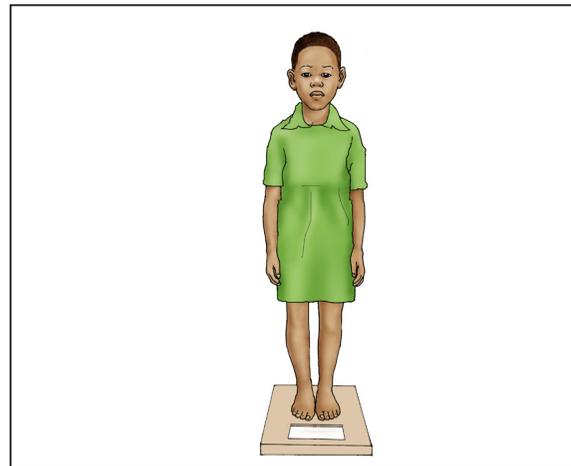
Technical and financial support was provided through the generosity of the American people, under USAID Cooperative Agreement 617-A-00-08-00006-00. June 2009.

Your Role as a Facility-Level Health Worker

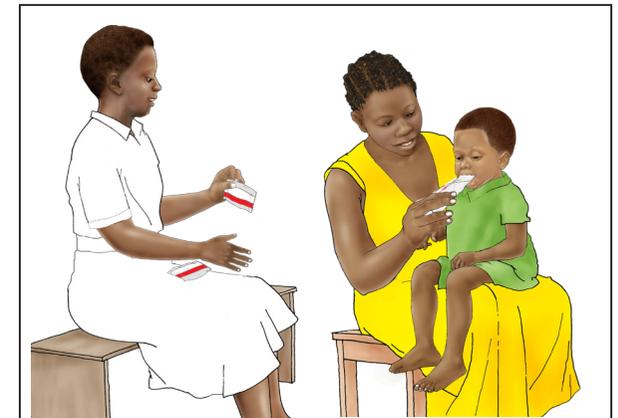
Nutrition Care and Support for Children



Consulting Referral Card →



Assessing →



Appetite test/ Counselling/
Reporting

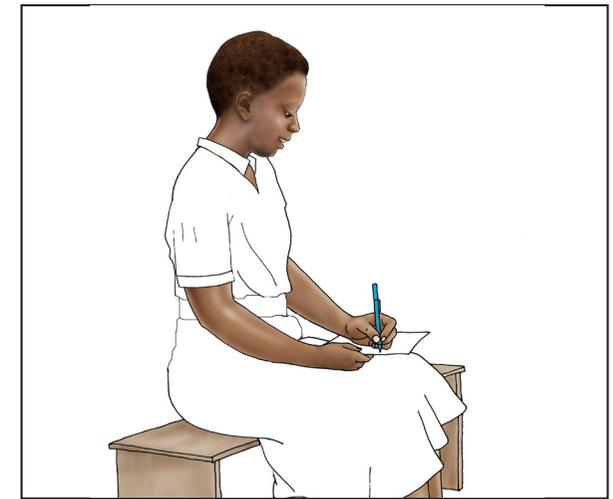
Your Role as a Facility-Level Health Worker in Nutrition Care and Support Programs



Consulting Referral Card →

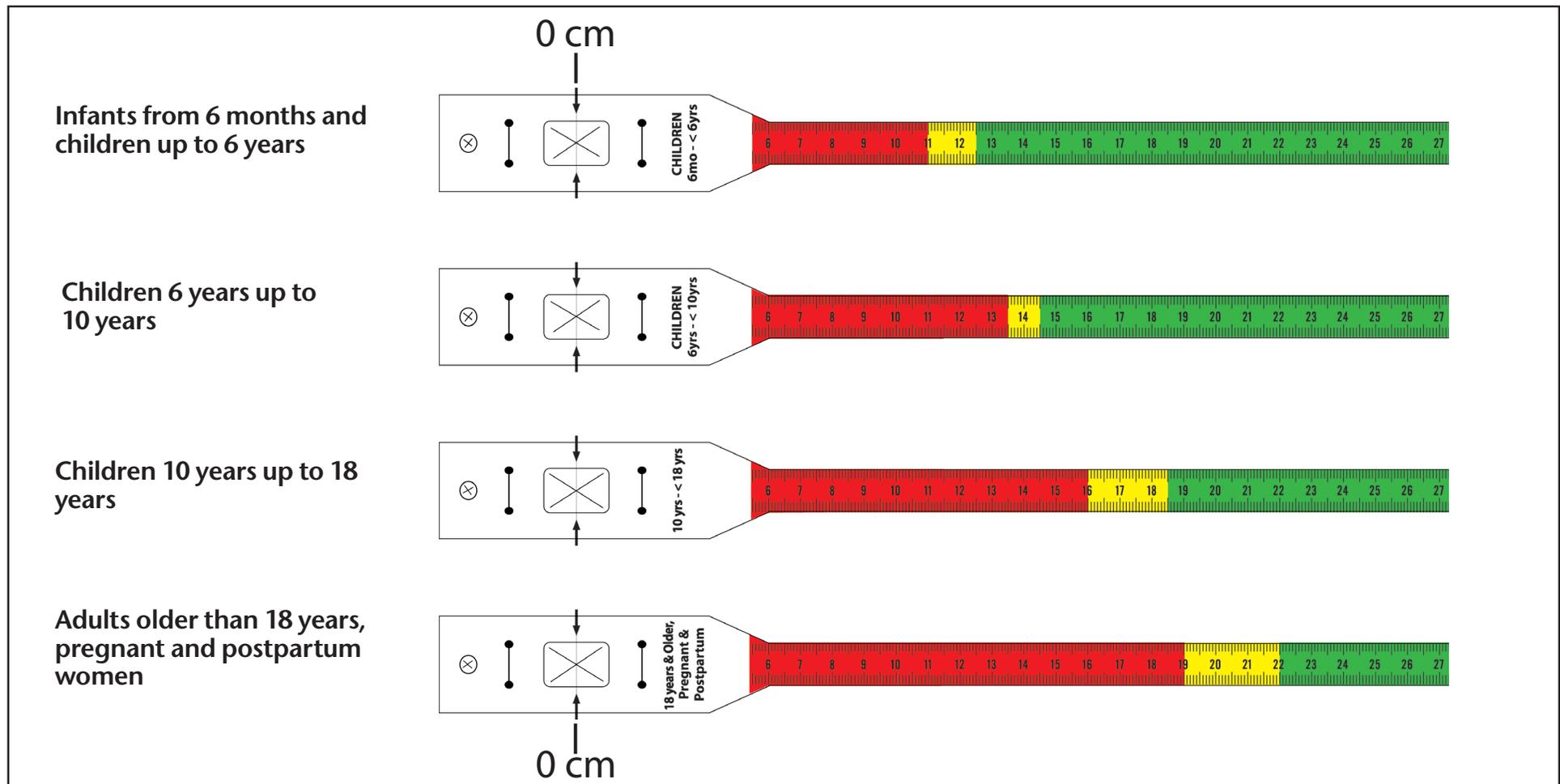


Assessing →



Appetite test/ Counselling/
Reporting

Using a MUAC Tape for Nutritional Assessment



MUAC stands for "mid upper arm circumference". A MUAC tape is a simple tool to measure a person's nutrition status.

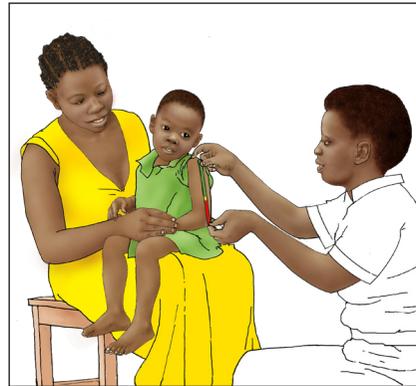
There are 4 different tapes, for 4 age groups.

Each MUAC tape has the same color coding:

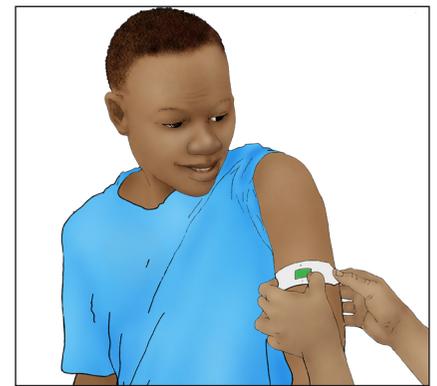
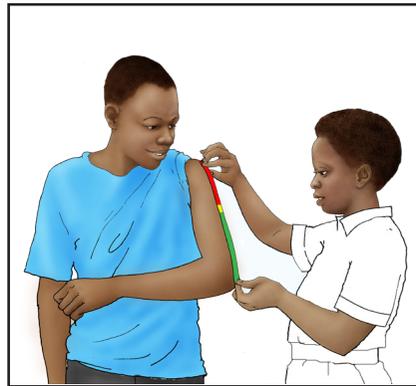
severe acute malnutrition (SAM) moderate acute malnutrition (MAM) mild or no malnutrition

Target Groups for MUAC Measurement

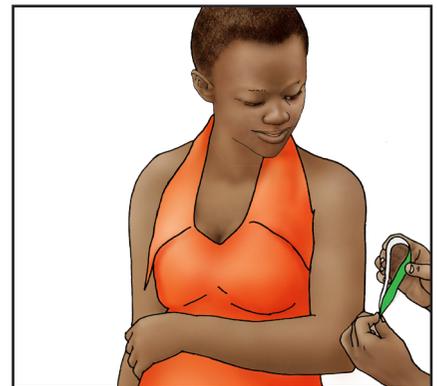
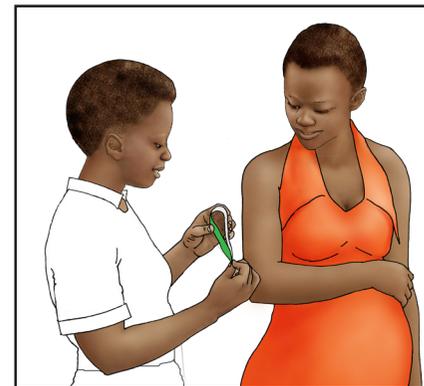
Infants from 6 months
& Children less than
18 years



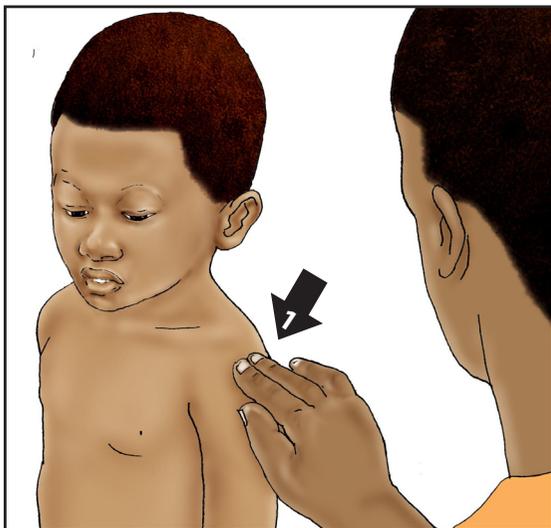
Adolescents & Adults
(18 years and above)



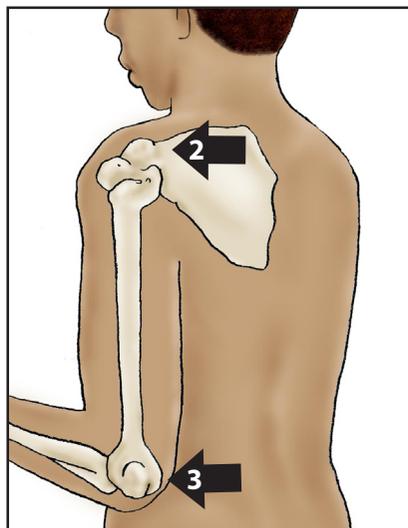
Pregnant & Postpartum
Women with infants less than
6 months old



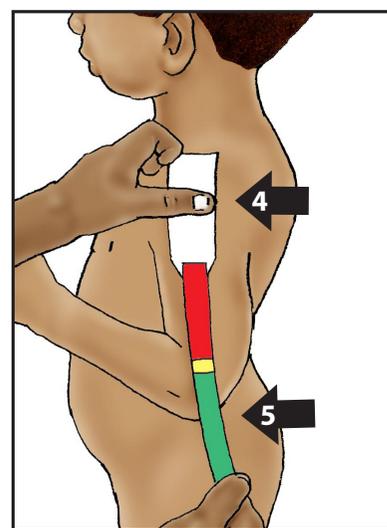
Steps to accurately use a MUAC tape



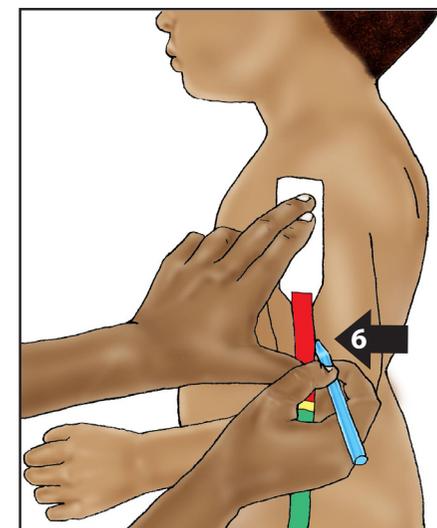
1. Bend left arm at angle of 90 degrees



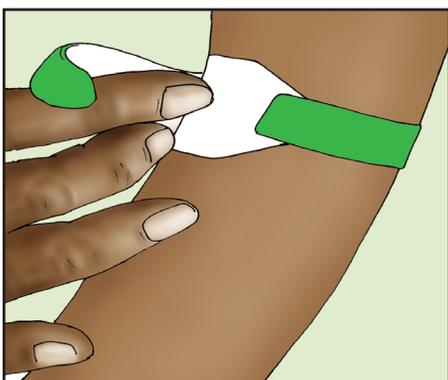
2. Locate tip of shoulder
3. Locate tip of elbow



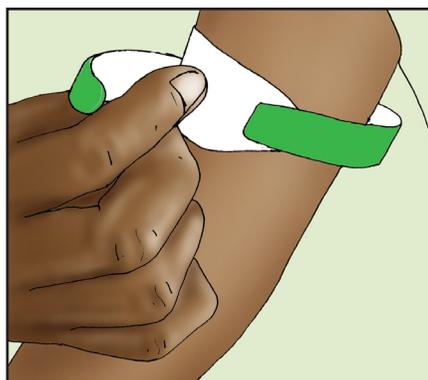
4. Place tape at 0 cm at tip of shoulder
5. Pull tape past tip of bent elbow and read length of upper arm



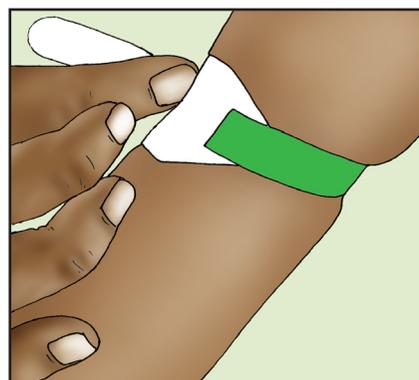
6. Determine mid-point by:
- Folding the tape in half from "0" to the measured length OR
- Calculating
7. Mark mid-point using finger or pen



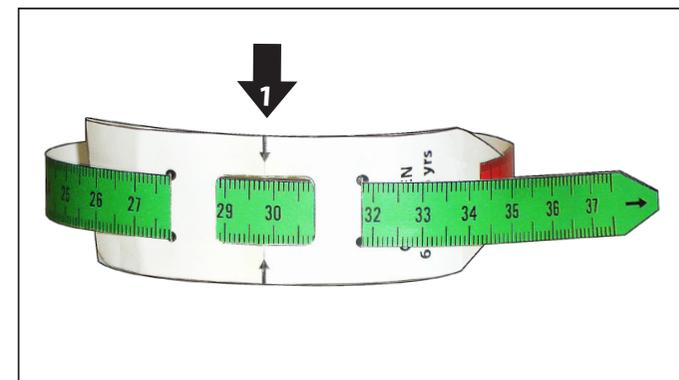
8. Straighten arm and place MUAC tape around the mid-point
9. Place MUAC tape through window of tape, and correct the tape tension



Tape too Loose



Tape too tight

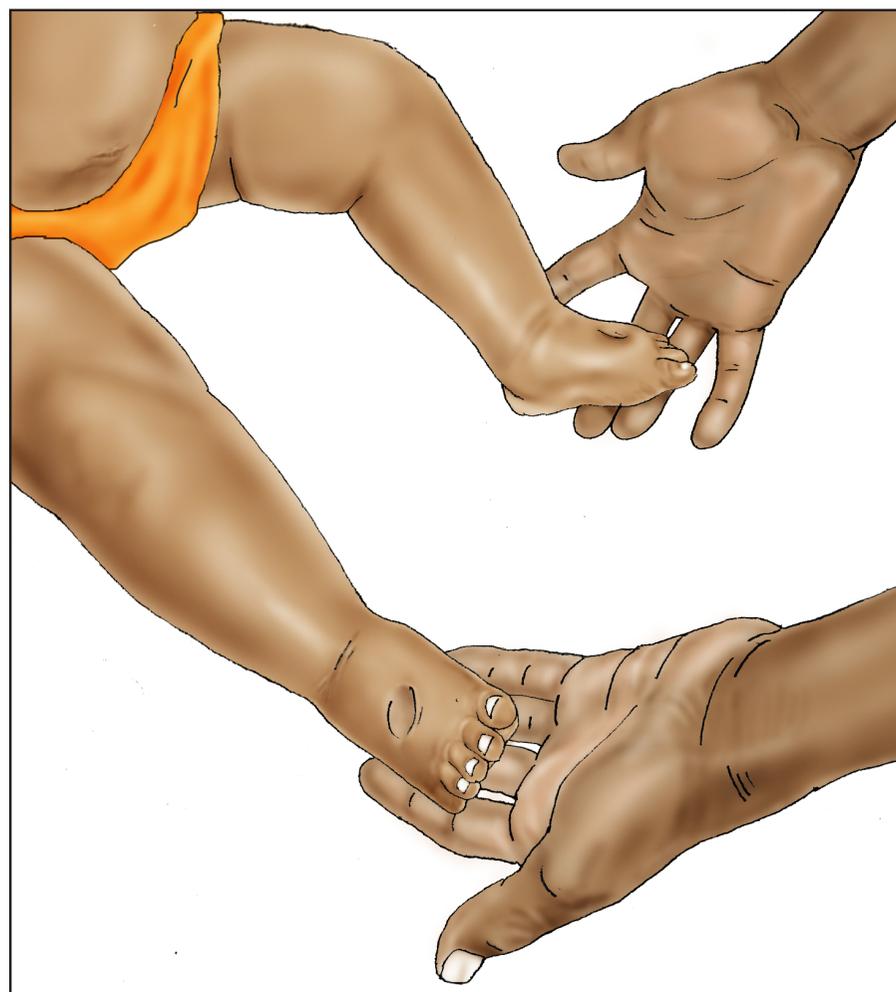


10. Read the cm measurement in the window at arrow
11. Record measurement and the color zone observed

How to Assess for Bilateral Pitting Oedema

**Oedema is of nutritional significance only if it is bilateral and starts from the feet.
Apply firm pressure with your thumbs to both feet for three full seconds then remove your thumbs.**

- Grade 1 (+):** If a depression persists on both feet, this indicates that the patient has bilateral pitting oedema.
Grade 2 (++): If the feet are oedematous, repeat the process on the leg.
Grade 3 (+++): If the leg is oedematous, repeat the process by pressing the thumb into the forehead.



RUTF

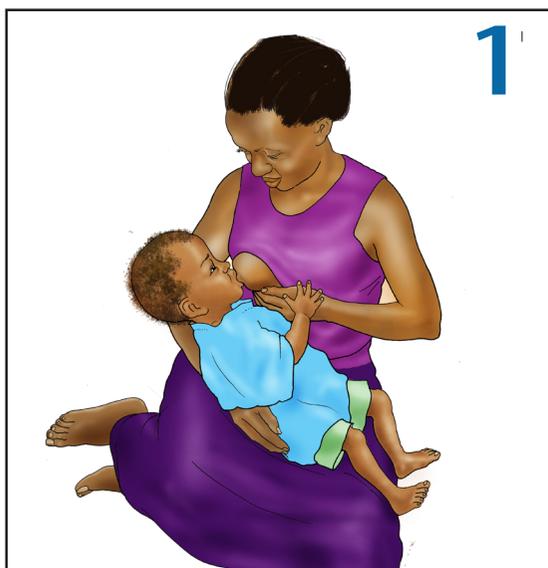


- RUTF stands for Ready-to-use Therapeutic Food.
- RUTF is specially made to treat malnutrition and can only be prescribed by a health worker
- RUTF should not be shared
- The client should eat and complete the daily prescribed amount of RUTF sachets (packets).
- If the client develops any symptoms such as diarrhoea, vomiting, etc while on RUTF, he or she should see a health worker

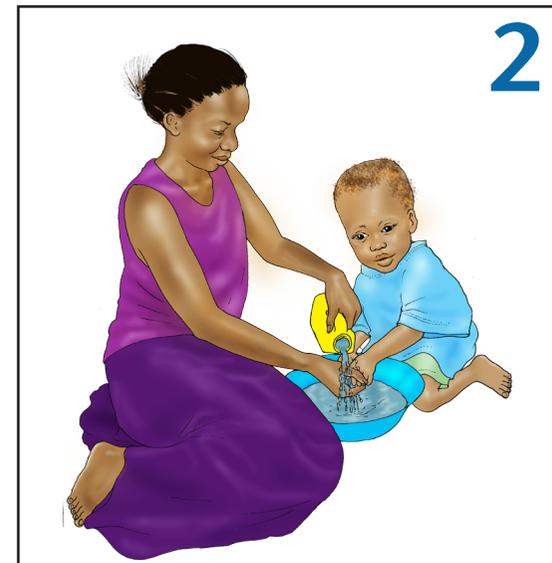


How to give RUTF to a malnourished child

(if breastfed child)
Breastfeed your child before giving RUTF. Young children should continue to breastfeed regularly.



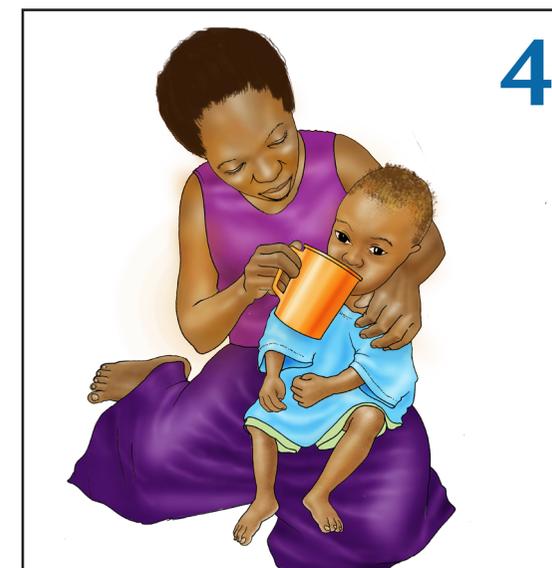
Use soap and clean running water to wash your child's hands before eating.



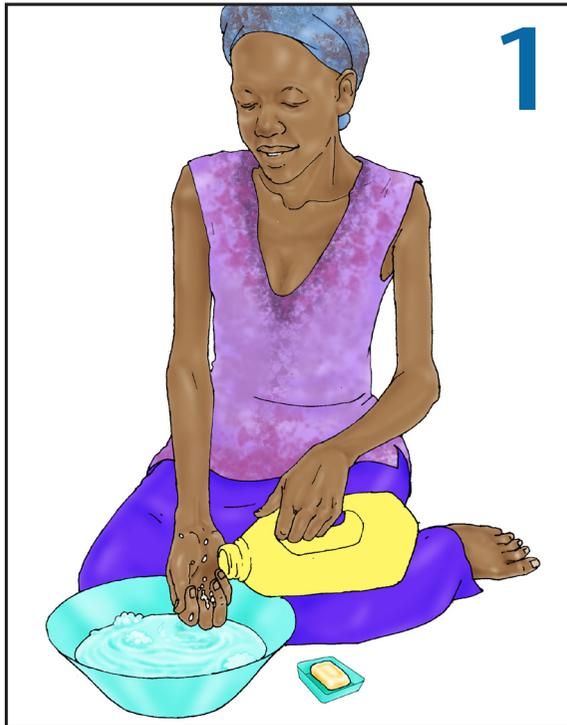
RUTF is for the malnourished child only and should not be shared. Ensure that your child completes the daily dose of RUTF as instructed by the health worker.



Always offer plenty of clean water (or breast milk) while eating RUTF. RUTF makes your child thirsty and your child will have to drink more than usual.



How should a Malnourished Adult take RUTF



↑ Use soap and clean running water to wash your hands before eating.



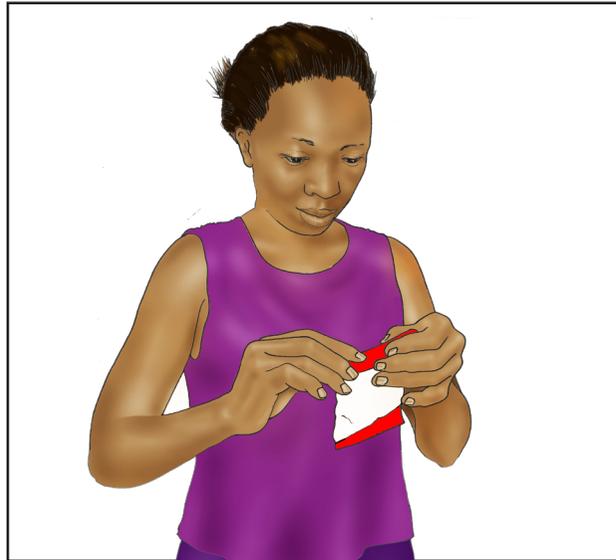
↑ RUTF is for you only and should not be shared. Ensure that you complete the daily dose of RUTF as instructed by the health worker.



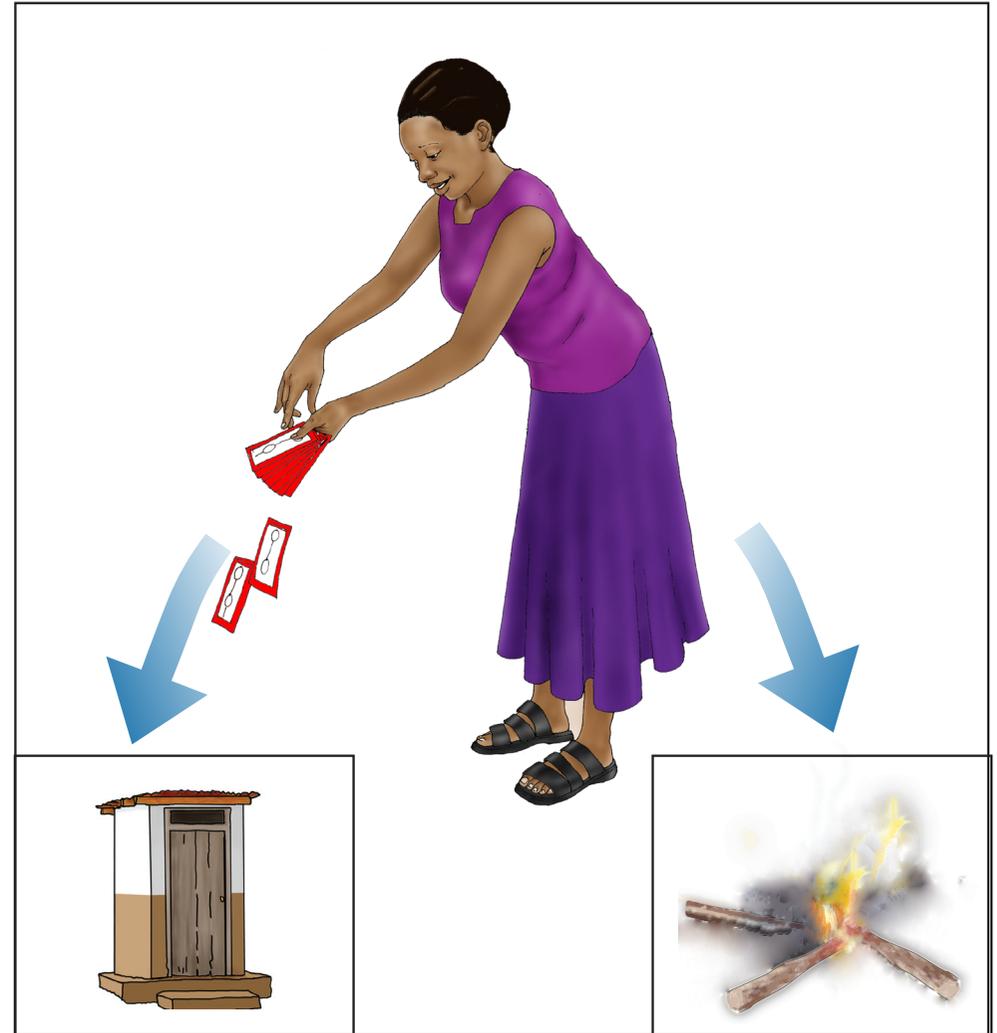
↑ Always drink plenty of clean water while eating RUTF. RUTF makes you thirsty and you will have to drink more than usual. Ensure that you complete the daily dose of RUTF as given by the health worker.

How to Protect, Store and Safely Dispose of Empty RUTF Sachets

The RUTF packet should be rolled after every use and remaining RUTF in the packet should be put in sealed plastic bag until next dosing.

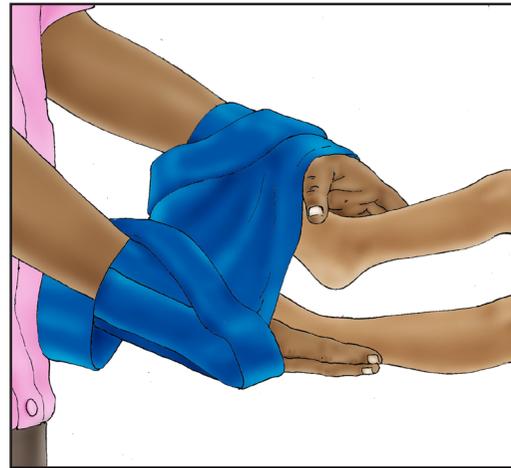
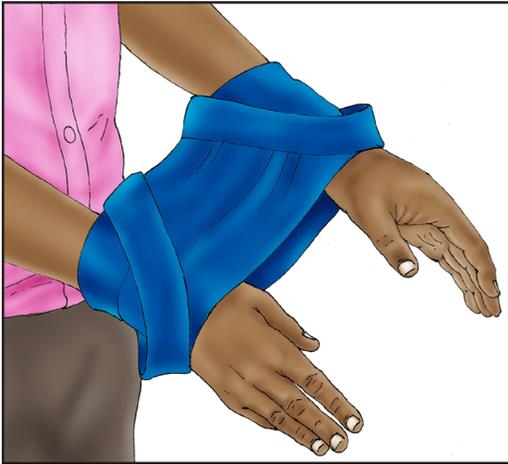


The RUTF sachet should be put out of reach of people, rodents, insects and sun. You can keep RUTF in a covered basket hanging on the beams of the roof, a covered pot or bucket or in a closed cupboard.



Always dispose of the empty packets of RUTF safely, either by putting them in a latrine or by burning them.

How to Take Weight of Children Up to 25 kgs



Hook the scale to a tripod or a stick held horizontally by two people at eye level.

Suspend the weighing pants from the lower hook of the scale and readjust the scale to zero.

Undress the child and place him or her in the weighing pants. Make sure one of the child's arms passes in between the straps, to prevent him or her from falling.

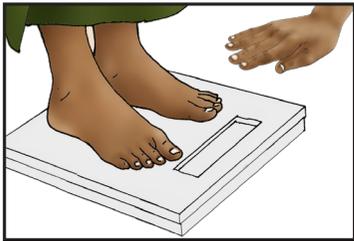
Hook the pants to the scale.

When the child is settled and the weight reading is stable record the weight to the nearest 0.1kg. Ensure that the child hangs freely without holding onto anything.

Read and announce the value from the scale. The assistant should repeat the value for verification and record it immediately.



How to Take Weight of Adults and Small Children



Make sure the scale is at zero before taking a measurement.

If you are using an electronic scale do this by passing your hand over the window.



The client is required to dress in light clothes and take off shoes. Women should remove their scarf.

The client should stand straight and unassisted on the centre of the balance platform.

The weight should be recorded to the nearest 0.1 kg.



When the weight of a baby is required: take the weight of the adult with and without baby. The baby's weight is the difference between both weights.

Admission criteria for entry into Outpatient Therapeutic Care (OTC) through NuLife-supported programs

Age group	SAM	MAM + HIV	Must Apply To All Cases
6 months to < 6 years	MUAC RED (< 115 mm) OR Bilateral Pitting oedema + or ++	MUAC YELLOW (≥ 115 to < 125 mm) & No Oedema	<ul style="list-style-type: none"> ▪ Passed appetite test ▪ No open skin lesions ▪ Clinically well or mild infection ▪ Alert ▪ Caregiver willing to treat from home ▪ Home environment conducive to constant feeding as required
6 to < 10 years	MUAC RED (< 135 mm) OR Bilateral pitting oedema + or ++	MUAC YELLOW (≥ 135 to < 145 mm) & No Oedema	
10 to < 18 years	MUAC RED (< 160 mm) OR Bilateral pitting oedema + or ++	MUAC YELLOW (≥ 160 to < 185 mm) & No Oedema	
18 years and older (HIV + only) Pregnant women and lactating/non-lactating women with infants under 6 months of age (HIV + only)	MUAC RED (< 190 mm) OR Bilateral Pitting oedema + or ++	MUAC YELLOW (< 220 mm) & No Oedema	<ul style="list-style-type: none"> ▪ Passed appetite test ▪ No open skin lesions ▪ Clinically well or mild infection ▪ No HT, DM, Renal diseases ▪ Home environment conducive to constant feeding as required

RUTF dosing chart

Acute Malnutrition SAM OR MAM			
Weight (kg)	Sachets /day	Sachets /week	Sachets/ two weeks
3.0-3.4	1 ¹ / ₄	9	18
3.5-3.9	1 ¹ / ₂	11	22
4.0-5.4	2	14	28
5.5-6.9	2 ¹ / ₂	18	36
7.0-8.4	3	21	42
8.5-9.4	3 ¹ / ₂	25	50
9.5-10.4	4	28	56
10.5-11.9	4 ¹ / ₂	32	64
≥ 12.0	5	35	70
14 years & above	6	42	84

Weight at Admission & Target Weight for Discharge

(1.2 X admission weight of a child/ adolescent or 1.1 X admission weight of adult)

Weight at Admission (Kg)	Target Weight <i>(Minimum Expected Weight at Discharge)</i> <i>(Kg)</i>
3.0 – 3.4	3.6 – 4.0
3.5 – 3.9	4.2 – 4.7
4.0 – 4.4	4.8 – 5.3
4.5 – 4.9	5.4 – 5.9
5.0 – 5.4	6.0 – 6.5
5.5 – 5.9	6.6 – 7.1
6.0 – 6.4	7.2 – 7.7
6.5 – 6.9	7.8 – 8.3
7.0 – 7.4	8.4 – 8.9
7.5 – 7.9	9.0 – 9.5
8.0 – 8.4	9.6 – 10.0
8.5 – 8.9	10.2 – 10.7
9.0 – 9.4	10.8 – 11.3
9.5 – 9.9	11.4 – 11.9
10.0 – 10.4	12.0 – 12.5
10.5 – 10.9	12.6 – 13.1
11.0 – 11.4	13.2 – 13.7
11.5 – 11.9	13.8 – 14.3
12.0 – 12.4	14.4 – 14.9
12.5 – 12.9	15.0 – 15.5
13.0 – 13.4	15.6 – 16.1
13.5 – 13.9	16.2 – 16.7
14.0 – 14.4	16.8 – 17.3
14.5 – 14.9	17.4 – 17.9
15.0 – 15.4	18.0 – 18.5
15.5 – 15.9	18.6 – 19.1

Weight at Admission (Kg)	Target Weight <i>(Minimum Expected Weight at Discharge)</i> <i>(Kg)</i>
16.0 – 16.4	19.2 – 19.7
16.5 – 16.9	19.8 – 20.3
17.0 – 17.4	20.4 – 20.9
17.5 – 17.9	21.0 – 21.5
18.0 – 18.4	21.6 – 22.1
18.5 – 18.9	22.2 – 22.7
19.0 – 19.4	22.8 – 23.3
19.5 – 19.9	23.4 – 23.9
20.0 – 20.4	24.0 – 24.5
20.5 – 20.9	24.6 – 25.1
21.0 – 21.4	25.2 – 25.7
21.5 – 21.9	25.8 – 26.3
22.0 – 22.4	26.4 – 26.9
22.5 – 22.9	27.0 – 27.5
23.0 – 23.4	27.6 – 28.1
23.5 – 23.9	28.2 – 28.7
24.0 – 24.4	28.8 – 29.3
24.5 – 29.9	29.4 – 35.9
30.0 – 30.4	33.0 – 33.4
30.5 – 30.9	33.6 – 34.0
31.0 – 34.9	34.1 – 38.4
35.0 – 39.9	38.5 – 43.9
40.0 – 44.9	44.0 – 49.4
45.0 – 49.9	49.5 – 55.0
50.0 – 54.9	55.0 – 60.4
55.0 – 59.9	60.5 – 65.9

Follow Up Visits

Task	Frequency
1. Patient attends health facility	Weekly/Biweekly
2. Replacement of RUTF	Every Visit
3. Weight & MUAC	Every Visit
4. Clinical Examination	Every Visit
5. Appetite Test	Every Visit
6. Update client card and ration card	Every Visit
7. Counselling/Nutrition Education	Every Visit

Criteria for Discharge from Outpatient Therapeutic Care (OTC)

Age group	Discharge Criteria (if no SFP)	MUST APPLY TO ALL CASES
6 months to < 6 years	Attains target weight (Weight gain of $\geq 20\%$) & MUAC >115 mm (SAM) MUAC >125 mm (MAM)	<ul style="list-style-type: none"> - No oedema for 2 consecutive visits & - Clinically well
6 to < 10 years	Attains target weight (Weight gain of $\geq 20\%$) & MUAC >115 mm (SAM) MUAC >145 mm (MAM)	
10 to < 18 years	Attains target weight (Weight gain of $\geq 20\%$) & MUAC >160 mm (SAM) MUAC >185 mm (MAM)	
18 years and older Pregnant women & Lactating/non-lactating women with infants < 6 months old	MUAC > 220 mm (SAM) MUAC > 190 mm (SAM) Weight gain of $\geq 10\%$	<ul style="list-style-type: none"> - No oedema for 2 consecutive visits & - Clinically well

Other Criteria

Died	Died during time registered in OTC
Non-responsive	Has not reached discharge criteria after four months (16 weeks) (Note: action should be taken if non-responsive at 3 visits)
Defaulted	Absent for 2 consecutive OTC visits
Transferred to ITC	Condition has deteriorated and required inpatient care (ITC)
Transferred to other OTC	Transferred to other OTC
Transferred to Medical	Complications have developed requiring transfer to medical services (not ITC)