Protocols and Guidelines for Crèches

Action Against Malnutrition

A collaborative effort by Public Health Resource Society, Ekjut, Child In Need Institute, Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan & Institute for Developmental Education and Action

Supported by Jamsetji Tata Trust

Protocols and Guidelines for Crèches

Action Against Malnutrition

A collaborative effort by Public Health Resource Society, Ekjut, Child In Need Institute, Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan & Institute for Developmental Education and Action

Supported by Jamsetji Tata Trust

Project Management Unit: Public Health Resource Society
Address for Corresporendence : G 46, Green Park Main, New Delhi 110016
Tel: 011-40560911. Email: delhi@phrnindia.org

Registered Address : C-14, Ground Floor, Hauz Khas, New Delhi - 110016

First Edition: October, 2014
New Delhi

Technical Team: Dr. Vandana Prasad, Dr. Dipa Sinha

Production Team: Dr. Ganapathy Murugan, Soma Sen, Ajay Kumar Chawariya

Acknowledgements: The AAM consortium would like to acknowledge with thanks the contributions of members of AAM Advisory Group who have contributed in various degrees through valuable suggestions and critical comments as well as by providing key reference material. A special thanks to Dr. Ramani Atkuri for kindly reviewing the protocols and giving her valuable suggestions and comments.

We would like to thank Jamsetji Tata Trust for financially supporting us for this publication.

Designed and Printed by Public Health Resource Society

Address : Public Health Resource Society, G 46, Green Park Main,
New Delhi 110016 , Tel: 011-40560911. Email: delhi@phrnindia.org

Preface

Action Against Malnutrition (AAM) consortium is proud to present a set of protocols for the Community-Based Management of Malnutrition (CMAM) programme being run through its crèches.

These protocols were designed based on our collective theoretical understanding, existing standards and guidelines, and our previous experience from the field. Once in operation, they went through several iterations to simplify them and make them more logical. Since the crèches are run by village women with supportive supervision from AAM, they take into account the local context and capacities while simultaneously attempting to maintain rigour. This combination is critical in identification and management of malnutrition while allowing for decentralisation, flexibility and genuine community participation.

We believe that the focus on early identification and management through identification for growth faltering, and specific protocols to manage the same through simple initial steps, is an important innovation that sets the AAM protocols apart from other existing programmes that respond to static rather than dynamic indicators. It is hoped that these protocols will assist and inform other processes for CMAM, especially those being considered by the Government.

Dr. Vandana Prasad

MBBS, MRCP (Ped), MPH

Technical Advisor, Project Management Unit-AAM

Table of Contents

Action Against Malnutrition

Malnutrition is well understood to be a multi-factorial challenge requiring a multi-sectoral approach as has been detailed by the Indian Government, various professional and civil society groups. Various innovations and pilots currently exist to demonstrate separate elements and strategies that have a bearing on malnutrition. However, concerted action towards demonstrating comprehensive 'solutions' that are predicated by a decentralized, empowering process is still lacking. Since these comprehensive community-based strategies are complex to facilitate, there is a tendency to look for quick-fix product-based seemingly easy solutions based on ready to eat foods, large scale fortification and so on that in fact compromise more sustainable interventions.

AAM is a collaborative project for addressing malnutrition in some of the remotest pockets of the country, using multiple community based strategies that have been tried, tested and validated through experience over many decades. Thus the AAM project has been conceived as a model to demonstrate the importance/effectiveness of community mobilization, system strengthening and specific community-based management of malnutrition. This project is being implemented by Public Health Resource Society (PHRS) and its partners, Ekjut, Child In Need Institute (CINI), Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan(CHAUPAL) and Institute for Developmental Education and Action (IDEA) in seven blocks spread across the states of Bihar, Chhattisgarh, Jharkhand and Odisha. PHRS hosts the Project Management Unit and manages the overall coordination. An advisory group consisting of experienced and committed individuals along with the participating partner organizations has been formed to periodically review, advice and support this project.

The financial support to this endeavor is being provided by Jamsetji Tata Trust.

Target Group

Children in the age group of birth to three years

Strategies

Building on the collective experience of the Public Health Resource Society, Ekjut and Jan Swasthya Sahyog, a three-pronged intervention has been developed.

System Strengthening: The main strategy is to improve the delivery mechanism of government programmes through building capacities of communities and service providers addressing malnutrition. The focus is mainly on Integrated Child Development Services (ICDS), Health services (especially those related to immunization, treatment of childhood illnesses, Nutrition Rehabilitation Centers (NRCs), Village level water and sanitation Services, Public Distribution System (PDS) and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

Community Mobilization: Regular meetings in the community on malnutrition, child care, child health and related issues based on the Participatory Learning and Action (PLA) approach are conducted. In the meetings, knowledge on nutrition, growth monitoring & related issues is shared in order to facilitate community action including finding local solutions outside of current schemes and programmes. A cycle of 18 meetings is being conducted with each group, mostly consisting of women in the reproductive age. In addition to that two community meetings are conducted.

Each meeting sees participation of 15-20 women. Gram Panchayats are involved in monitoring programmes related to malnutrition. Social audits will be conducted on programmes such as ICDS, PDS and MGNREGA.

Crèches: An overall environment of 'Care' that can adequately house interventions related to nutrition and health has long been understood to be critical to be able to make an impact on malnutrition. In a context where poor women spend - much time and energy working for wages - doing housework, working on land-holdings, looking after cattle and also their children, this determinant of care becomes all the more critical.

Crèches provide child care services for children under three years with special focus on regular growth monitoring, managing at risk and malnourished children and early stimulation. Each crèche has about 10 children and two workers who are local women from the same village, identified by the community and trained by the project. They are supported by crèche and block coordinators and PLA facilitators. Children are fed three times a day, with

special nutritional care based on local foods for malnourished children and children whose growth has faltered. In the crèches, children are weighed every month and their height is measured once in six months. Health check-ups are organized in partnership with the government and it is ensured that children access ICDS and health services that they are entitled to. Community supports the crèches at every level including identification of location, provision of space, deciding on the menus and participation in the management and supervision.

Main Features

- Working with children 0-3 years
- Mobilizing communities on malnutrition towards preventive, promotional and curative efforts
- Strengthening public systems, mainly ICDS and NRHM; but also systems for other social determinants of malnutrition such as water and sanitation, for better service delivery
- Attempting to fill the programmatic gaps for child care and community based management of malnutrition
- Developing a model for scalability
- Influencing the policy environment towards changes that are essential to tackling malnutrition, on the basis of this project.

A full-fledged research protocol and MIS has been developed to monitor and review this project. One of the objectives of this project is to be able to demonstrate a model with rigorous evidence that can be used as a basis for scaling-up through public programmes such as the 'restructured ICDS'.

A series of protocols has been developed that lay out guideliness for follow up of children in various categories and care of all children under three years of age in a community setting. While implementing this project, existing state government protocols for NRC and related efforts are adhered to and followed without duplicating state government services. We believe this project will complement all the efforts that the government is making in Bihar, Chhattisgarh, Jharkhand and Odisha on malnutrition and will lead to further model-building and greater operational understanding.

Entry Level Protocol

(To be filled by PLA facilitator and crèche worker and maintained in individual child's file at crèche level)

Part I: Profile

1. Village Name
2. Name of the child
3. Date of admission (dd/mm/yyyy)
4. Sex of the child
5. Date of birth (dd/mm/yyyy)
6. Age (in months)
7. Birth order (count only living children)
8. Father's name
9. Mother's name
10. Caste/Tribe (SC/ST/Other)
11. Religion
12. Type of ration card (Antodaya/ BPL/APL/ No card)
13. Mother's education
14. Father's occupation
15. Mother's occupation
16. Does the family own any land (Yes or No)
17. Kind of house (*kachcha/ pakka/ semi-pakka*)
18. Any other assets like tractor, 4 wheeler, 2 wheeler, refrigerator, generator, TV, dish TV etc.
19. Does the mother go out of the house on a regular basis for any paid or unpaid work? (Yes or No)
20. Phone No. of contact person

Part II: Child's Health Record at admission

1. Weight (in kg)
2. Height (in cm)
3. MUAC (in cm)
4. MUAC color (green/ yellow/ red)
5. Currently breastfeeding (Yes or No)
6. Health check-up done (Yes or No)
7. Any disability (name of disability)
8. Any long term illness (name of illness)
9. Immunization record- (BCG, Polio, DPT, Measles, Vitamin A. Booster: check MCP card for details)
10. Any long term illness in the family
11. Remark

Attendance Register

Printed attendance registers have been provided to the crèches. The attendance register has the following details:

1. Child ID
2. Name of the Child
3. Sex of the Child
4. Date-wise daily attendance
5. Total attendance
6. Reason for absenteeism if the child has been absent for more than 3 consecutive days
7. Weight for the month as measured in the crèche (in kg)
8. Height as measured in the crèche (in cm; once in six months)
9. Whether any red flag (√ / ×)
10. Whether child has received THR from the AWC during this month (√ / ×)
11. Whether child's weight has been taken and recorded at AWC during this month (√ / ×)
12. Remarks

Child Health Card

(Given to the families and updated on a monthly basis)

Individual Profile	
Child's Name:	Sex:
ID No.:	Date of Admission:
Father's Name:	Date of Birth:
Mother's Name:	Birth Weight:

Personal Record

S. No.	Date (dd/mm/yyyy)	Age (months)	Weight (kg)	Color	Remarks (↑,−, ↓)

Health Check-up Form

(Health check up by a medical doctor is to be done after entry as soon as possible and then once a year)

1. Village Name
2. Name of the child
3. Sex
4. Date of Birth (dd/mm/yyyy)
5. Age (months)
6. Date of Health Check-up (dd/mm/yyyy)
7. Height (cm)
8. Weight (kg)

I. Brief history of child's health

1. Is there any physical disability? a. Yes b. No

If yes, please specify.

2. Does the child have any known health problem (please mention)?

3. Has the child ever been hospitalized? a. Yes b. No

If yes, give details.

4. Has the child undergone any major surgery? a. Yes b. No

If yes, give detail.

5. Does anyone in the child's family have any of the following ailments:

- Tuberculosis
- HIV/AIDS
- Diabetes
- Blood disorders (Hemophilia, Sickle Cell Disease, and Thalassemia etc.)
- Others, Specify

6. History of the child on any known allergy (please mention)

7. Is the child on any medicines? a. Yes b. No

If yes, mention name of the medicine:

8. **Physician's Observations**

Anemia	
Lymph glands	
Central Nervous System	
Cardio Vascular System	
ENT	
Respiratory	
Abdomen	
Dental caries	

9. Development milestone according to age is normal:
   a. Yes b. No.
   If No, remarks

10. Any other observations

11. Any treatment advice

12. Action taken

13. Referrals *(if any, with reason)*

Check whether the child's development is normal

0-3 Months

What children can do

Around 3 months, most children can

Smile in response

Track a ribbon bow

Begin to make sounds

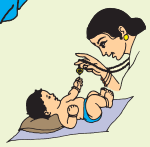
3-6 Months

What children can do

Around 6 months, most children can

Hold head steady when held upright

Turn to a voice



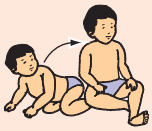
Reach out for objects

6-9 Months

What children can do

Around 9 months most children can

Sit up from lying position



Pick up with thumb and finger

Sit without support

9-12 Months

What children can do

Around 1 year most children can

Stand well without support

Wave

Say papa/mama

Source : MCP card, Ministry of Women and Child Development, Government of India

12 - 18 Months

What children can do

Around 1 1/2 years most children can

Express wants

Put 3 pebbles in a cup

Walk well

18 - 24 Months

What children can do

Around 2 years most children can

Stand on one foot with help

Say one other word

Imitate household work

2 - 2½ Years

What children can do

Around 2 1/2 years most children can

Point to 4 body parts

Feed self spilling little

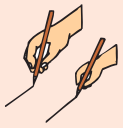
Name one colour correctly

2½ - 3 Years

What children can do

Around 3 years most children can

Copy & draw straight line



Wash hands by herself

Name 3 out of 4 objects

Source : MCP card, Ministry of Women and Child Development, Government of India

Check the age of the child, tick off the milestones that s/he has achieved. If a child is 12 months old and is not able to do the things given in the box for 9 - 12 months, refer the child to a doctor. Similarly if a 2 ½ year old child is not able to do everything in the first six boxes, or cannot feed himself, he or she must be referred.

Meal Planning

Section 1: General Guidelines

- For breastfed babies – every attempt should be made to promote and support exclusive breastfeeding till 6 months of age. If the mother is going away for work for pressing economic reasons and is not able to come to feed the child, the preferred option is to give pasteurised toned cow's milk. If that is not available please call the Project Management Unit and we will advise you on what to do with the given local resources.
- 2 snacks and 1 hot cooked meal should be provided in a day, there should be enough food for second helping.
- Weekly menu should be fixed well in advance.
- Menu should be simple but nutritious.
- The meal should contain different food groups (cereals, pulses and legumes, vegetables, fruit, meat, poultry, fish, fats oil, sugar). Locally grown millets should also be added as a source of cereal. Try and include oilseeds like til, groundnut etc.
- We have tried to keep milk out of the meal plan for safety and logistic reasons. However, if at local level it is felt that milk or milk products (*dahi / paneer*) can be easily procured fresh (without food safety risks), you may go ahead.
- Locally available seasonal food items must be added in the meal (especially locally grown green leafy vegetables, other vegetables, fruit etc. and also locally available protein and iron rich food).
- Egg should be given at least twice a week.
- Food distributor (crèche workers) should be aware of the quantity of food given as per the age and requirement of the child.
- It should be encouraged that the children should drink a lot of (safe!) water during the day
- In order to retain nutritive value, wash and peel vegetables before cutting.
- Hygiene practices like washing hand to be followed while cooking, serving and feeding. Food should be kept covered. Long ladles to be used while cooking and serving.

Section II: The Meal

- In meal (lunch), *khichdi* or rice and pulses could be given alternatively. Seasonal vegetables should be included in meals (types of pulses and vegetables may vary to bring variety in taste).
- An effort should be made to add meat, fish, chicken as per the availability and taste of the children. Meat, fish and chicken may be given thrice a week in the meal (rice+fish/chicken/meat curry). Care should be taken to separate bones from fish before serving.

Section III: Breakfast and Snack

- A nutritious mix can be used for the children for complementary feeding and for severely malnourished/growth faltering children for repetitive feeding. This can be locally prepared based on what is available. Here is an example of SAT and Nutrimix.
- **Process of preparation of SAT mix:** It consists of **rice:wheat:black gram: sugar** in the ratio of **1:1:1:2.** The grains are to be roasted, powdered and kept in an airtight, moisture-free container. Each hundred gram of SAT mix contains 380 kcal energy and 8 gms of protein.
- **Process of preparation of Nutrimix:** It consists of wheat or rice, bengal gram or green gram, sugar/jaggery and vegetable oil. Wheat or rice and pulses in the ratio of 4:1 (i.e., 400g and 100g) are measured, roasted separately, ground to powder and mixed together. Each 100 gm cooked Nutrimix provides 120-150 Kcal and 2-3 gms of protein. It can be made more energy-dense by adding seasonal fruits.
- Other cereals (eg. ragi) can also replace either wheat or rice but it is recommended that black gram is retained as its protein content is high.
- Jaggery *(Gur*) can be used instead of sugar but it may not last for longer than 2-3 days.
- The mixture is to be kept in a dry, airtight container and used as required.
- These mixes can be made at crèche level and stored for maximum 2 -3 days. If kept in a sealed packet, they have a longer shelf-life.
- **To feed** – SAT mix or any other mix is to be mixed with boiled and cooled water/ milk to prepare a paste.
- Consistency is very important. It should be easy to swallow but not to be diluted too much to ensure that the nutritive value is retained.
- *Dalia* can also be given (*sooji*/ wheat/ millets).

- Egg can be given as boiled, scrambled or omelette either in breakfast or as evening snack as per choice.
- Evening snacks may include any of the following items:
  - roasted gram with *gur* (crushed and make a thin paste with water)
  - wheat/pulses/*laddoo*
  - Sweet items like halwa (*atta, sooji, besan*) may be given thrice a week
  - Fried potatoes on occasion
  - Fried fish, or fried chicken
  - Fruit like banana, papaya, guava, mango or any seasonal fruit if available

Section IV: General instruction for using oil

A. For **ALL children** in the crèche:

Morning: SAT mix/ sattu/sooji: Add half teaspoon per child at the time of cooking/preparation

Afternoon: *Khichdi* – Add one teaspoon per child at the time of cooking

Evening: *Sooji*: Add half teaspoon per child at time of cooking/preparation

B. **Special nutritional care for severely malnourished/growth faltering/ SAM children**:

Offer them food along with all other children according to the regular schedule. In the servings for these children, **add more (additionally, on top) oil** in the following manner:

- half teaspoon in the morning snack

-one teaspoon on the afternoon meal

- half teaspoon in the evening snack

These children might not be able to finish the meal in one go, keep feeding them in short intervals. If the child is ready for more quantity then do give it to them.

On the whole, our aim is to give these children an additional 2 teaspoons of oil each day **(please watch; if the child is having diarrhoea, then reduce the amount of oil**).

These children have also to be referred to ANM/health facility. If the child has been prescribed any multivitamins and iron, we must ensure that these medicines are also taken.

Section V: General Comments

- Please try and keep some dry food in a corner – food that is nutritious, that children like and that have a shelf life (e.g. *laddoo*) that children can access and eat on their own without adult supervision.
- Always ensure that the crèche workers wash their hands and children's hands before feeding.
- If any food falls on the ground, then do not use that food.

Guidelines for Growth Faltering

1. **Identifying growth faltering**:
   - All children in the crèche are weighed monthly and their weight must be plotted on their respective growth charts (to be maintained in individual file).
   - The points of each month should be joined to form the growth curve.
   - The shape of the growth curve should move in parallel to the z-score lines that are marked on the growth chart for z scores of 0,-1,-2, -3 etc.
   - If the growth curve seems to be shifting downwards or becoming flat then the child's growth is faltering. To identify this in the crèche, carefully look at the growth chart and see if there is a change in the shape of the line in relation to the z-score lines given in the chart.

2. **Action to be taken**
   - Once a child is identified for growth faltering, growth faltering format needs to be filled.
   - In the first month, take greater care of the child, ensuring s/he is eating, under special nutrition care (addition of extra oil in food), coming regularly to the crèche etc. Counselling of mothers or caretaker of the child on special nutritional care will be done through PLA facilitator.
   - Malaria test is to be done in malaria endemic areas for children whose growth is faltering even if there is no other symptom.
   - In case of less than six months old, refer the child if there is no weight gain for one month.
   - For children above six months of age, if growth continues to falter in the second month as well, then refer the child to the nearest health facility - ANM/PHC
   - In the crèche, put the child on special nutrition care (addition of extra oil in food) until the child recovers i.e. weight gain is recorded for two consecutive weeks. (**See protocol on Meal Planning section: IV B for special nutritional care**). **[Fill Protocol for Growth Faltering]**

Protocol for Growth Faltering

1. Name of the child
2. Village name
3. Age
4. Sex
5. Date of identification (dd/mm/yyyy)

	Current (month name):	Previous (month name):	Month before last (month name):
Weight (in kg)			

6. Has the child been ill in previous month: a. Yes b. No
7. Type of illness
8. Number of days the child was ill

Each growth faltered child in crèche should be put on special nutritional care – addition of extra oil in food (**see protocol on Meal Planning, Section IV B**) and follow up by weekly weighing and MUAC measurement till the child begins to gain weight

Date				
Weight				
MUAC				

Note: Continue special diet and intensive monitoring till child's growth is normal

Refer the child to nearby health facility

a) If there is no weight gain for **1 month** for **less than 6 months old child**

b) If there is no weight gain for **2 consecutive months for above 6 months child**

10. Fill the following after health check-up:

a) Place of referral

b) Date of visit to health worker/doctor

c) Whether blood test is done for malaria (in endemic areas)
i)Yes ii) No

d) Report of health check-up

e) If not visited health worker/doctor, reasons

If the child's growth has been faltering for two months in a row, then the PLA facilitator must make a home visit (Follow the **Home Visit Guidelines, record the information and keep it along with this format in the individual file).**

Protocol for Severely Malnourished

Currently the ICDS identifies severely underweight children and refers them to NRC/MTC for identification of SAM. We will also be following a similar protocol. **All severely underweight children are to be referred to the AWC** and the following protocol is to be followed. The same protocol is to be followed also for children who are in the 'red' color by their MUAC measurement. Further, a list of severely malnourished children based on MIS data (including based on weight for height criteria) should be made available to the crèches, so that any left out children are also taken care of.

1. Name of the child
2. Village Name
3. Age (months)
4. Sex
5. Date of identification (dd/mm/yyyy)
6. Weight (kg)
7. Height (cm)
8. MUAC (cm)
9. Whether the child is referred to *Anganwadi* centre a. Yes b. No
10. If the child is severely underweight but attending crèche, eating properly and active, put the child on special nutrition care (addition of extra oil in food) and follow up through weekly weighing, MUAC measurement and continue special nutritional care till child is out of severely malnourished category (**See protocol on Meal Planning section: IV B for special nutritional care)**.

Date				
Weight				
MUAC				

Note: Continue special diet and intensive monitoring till child's growth is normal

PLA Facilitator to make a home visit and follow the Home Visit Guidelines, record the information and keep it along with this filled-in format in individual file of the child.

11. All severely underweight children with any of the following symptoms are to be referred to MTC/NRC through AWC for identification of SAM and treatment (put √ for symptom)

Poor appetite	Visible severe wasting	Oedema of both feet	Severe palmar pallor	Lethargy, drowsiness unconsciousness	Continually irritable and restless	Any respiratory distress	Signs suggesting severe dehydration in a child with diarrhea	MUAC in red	WHZ <-3

In case of referral,

12. Date of referral (dd/mm/yyyy)

13. Place of referral (AWC/ANM/NRC/ MTC)

14. If the child is admitted in NRC/MTC:

a. Date of admission (dd/mm/yyyy):

b. Date of discharge (dd/mm/yyyy):

c. Ensure three follow ups for the child after discharge (put √ if done)

1st	2nd	3rd

15. If advised admission, but not admitted reason:

a. waiting b. refusal by parents

Protocol for Severe Stunting

[List of children to be provided six monthly to crèches on the basis of MIS data]

1. Name of the child
2. Village name
3. Age (months)
4. Sex
5. Date of identification (dd/mm/yyyy)
6. Weight (kg)
7. Height (cm)
8. MUAC (cm)
9. Any chronic disease? a. Yes b. No

If yes, details of the disease:

10. Refer for health check and fill following after health check
    a. Place of referral
    b. Date of visit to health worker/doctor (dd/mm/yyyy)
    c. Report of health check
    d. If not visited health worker/doctor, reasons:

PLA Facilitator to make a home visit to children who are severely stunted (Follow the Home Visit Guidelines, record the information and keep it along with this filled-in format in individual file of the child)

Guidelines for Referral

1. **Criteria for Referral:** Children with the following symptoms or signs must be referred to the health centre/ doctor. Details of the referral and follow up must be maintained in the red flag register. All referrals must be in co-ordination with crèche coordinator/ BPO/PLA Coordinator (except in case of emergencies when the crèche worker should refer immediately with help from the community and in form the crèche coordinator/ BPO as well).

- High fever (over 39 degrees Celsius/ 103 degree Fahrenheit)
- Any fever not improving in a few days and ALL fever over 7 days
- Fever with rashes
- Fever with bruising
- Fever with neck stiffness
- Fever with chills and rigors (shivering)
- Severe abdominal pain
- Severe uncontrollable vomiting
- Diarrhea with dehydration (sunken eyes, refusing to drink etc.)
- Bleeding from anywhere, not related to injury (in cough, vomit, urine, stools, from gums)
- Breathlessness or difficulty in breathing
- Semi or un-consciousness
- Seizures (fits)
- Any abnormal behavior
- If child's growth is faltering or there is deterioration in any growth indicators over a period of one month in children under six months and two months for older children even in the absence of the above (with no prolonged illness) then the crèche worker should report to the crèche coordinator/facilitator/BPO (whoever is available) for referral to health facility/NRC/MTC.
- If the child falls in the category of any kind of severe malnutrition during regular growth monitoring
- If the child is disabled
- Any other reason where crèche worker feels the child needs referral

2. **In case of emergencies:**

- Information to be given immediately to Crèche coordinator/PLA coordinator/ PLA facilitator/ Block Project Officer whoever is available

- Arrangement for transport should be done immediately for referral. This can be done at community level (through Panchayat, 108, JSSK etc.). Crèche workers should try and have some contact number of the persons from the village who are willing to provide their vehicle for emergency transport purpose.

3. **After Discharge:** When discharged, follow up should be done at crèche level and at home by PLA facilitator.

4. **Outcome** of the referral must be clearly mentioned (whether recovered, still on treatment or death)

Red Flag Register

This register is to be filled by Crèche coordinator/ Crèche Worker, only for those children who have been added to the red flag list due to illness or other reasons like growth faltered, severely malnourished, SAM etc.

1. Village Name
2. Name of the child
3. Age (months)
4. Sex
5. Which problem?
6. Which month was the child identified? (mm/yyyy)
7. Was the child referred to Health Centre? a. Yes b. No
8. Did the child go to health centre? a. Yes b. No
9. Was the child admitted to NRC/MTC? a. Yes b. No
10. How many days did the child stay at NRC /MTC?
11. Outcome (whether recovered/ on treatment /other)
12. Was the child put on special nutritional care at crèche? (Yes/No)
13. For how many days in this month has the child been on special nutritional care in the crèche?
14. Has the child's family been counseled by any member of AAM team?
15. In case of any death of a crèche child has case study/ verbal autopsy been conducted?
16. What has been the support provided by the system strengthening team? (e.g. arrangement of APL/BPL ration card, helped in NRC/MTC admission. Facilitated health referral, helped getting MNREGA work/wages)

Home Visit Guidelines

PLA Facilitators are expected to make home visits in case of crèche children whose:

1. Growth has faltered for two months or more in a row
2. Severely malnourished (underweight/stunted/wasted)

During home visit, he/she must try and get a sense of the household food and livelihood situation and child care practices. Based on the assessment the facilitator must organise follow up and during the visit also provide counselling. The following are some guideliness for this.

1. Report on household situation on food

Shortage of food due to loss of income - Is there any decrease in meal portion? Which items in the diet specifically were decreased? - food grains, pulses, vegetables, oil, milk etc. Has there been any illness in the family? Has any member of the family migrated recently in search of work? Has there been a recent death in the family? Has there been death of cattle or other animals? Has the household been regularly taking food from PDS? Has the family taken any recent debt or distress sale of assets- cattle, vessels, implements and other belongings? Have members of the family worked under the MNREGA in the last three months? How many days and have they received MNREGA wage payments? Have there been any instances when the family has had to resort to borrowing or begging food from neighbors, relatives or others? What is the situation of other siblings etc.?

2. Report of dietary assessment by PLA facilitator

Normally how many meals per day do members of the household eat? Is this the same throughout the year or is there any seasonal variation? Approximately what and how much do members of the household eat in the morning, afternoon, evening, night and other, at household level. Are household members consuming any unusual foods apart from what is usually eaten in this area? (leaves, roots, tubers etc.)

3. Report on child feeding practices

Who feeds the child? How often? Is the child provided food on demand? Approximately what and how much is the child eating in the morning, afternoon, evening, night and other? Has the child been breastfed? For how long and was it exclusive? How many meals does the child have in a day? Is this food enough to satisfy the child's hunger? Is the child being given any unusual foods apart from what is usually given? (leaves, roots, tubers etc.)

4. Report on hygiene/hand wash etc.

Are the surroundings clean? Is there any stagnant water in the surrounding? Do the care givers wash hands before cooking/feeding? Is there regular use of soap?

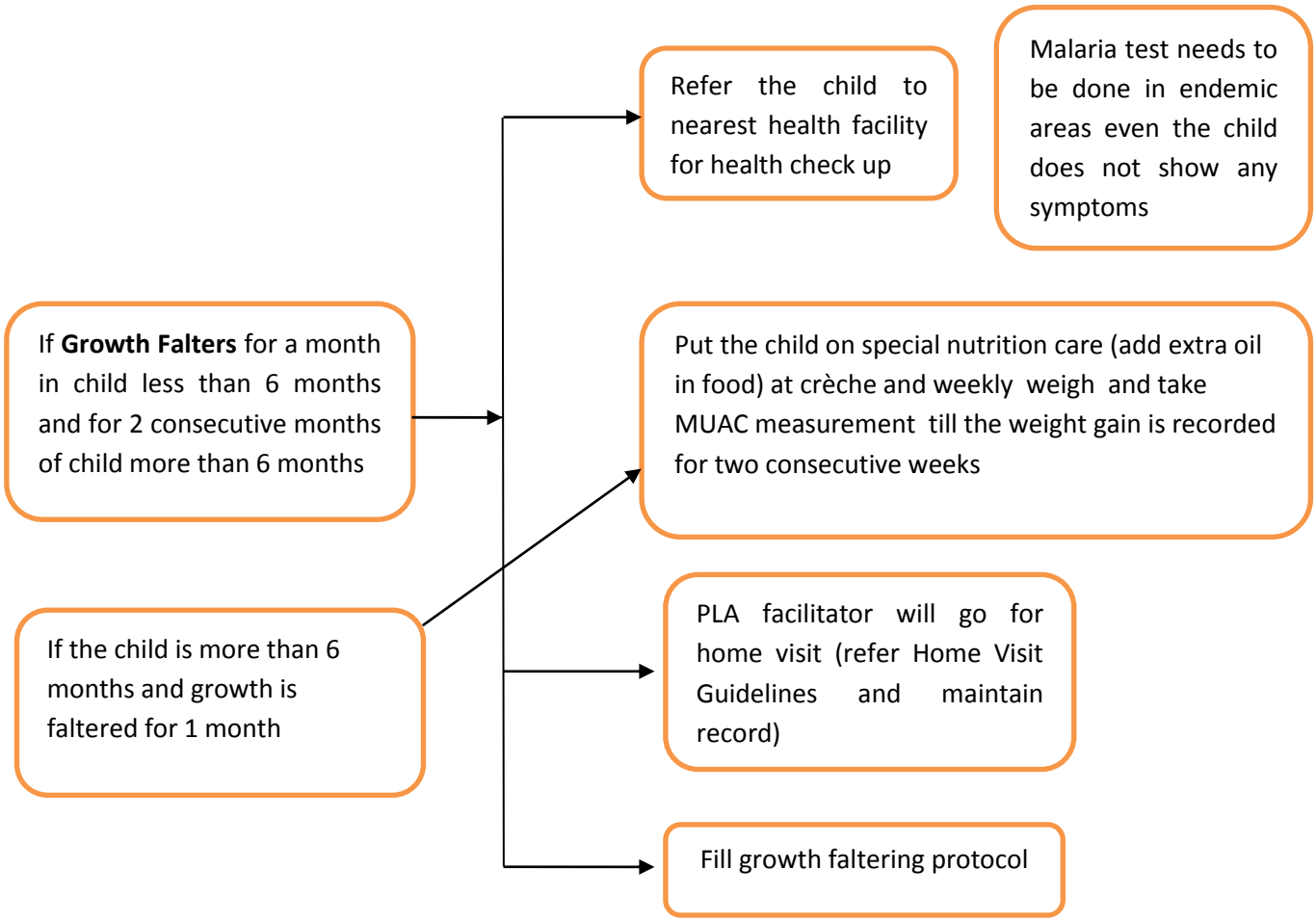
5. Report on Alcoholism and domestic violence in the family

6. Remarks by PLA Facilitator and Crèche worker on action taken and their assessment of the situation

Including Ration card, MNREGA, NRC and any involvement by Panchayat/VHSNC

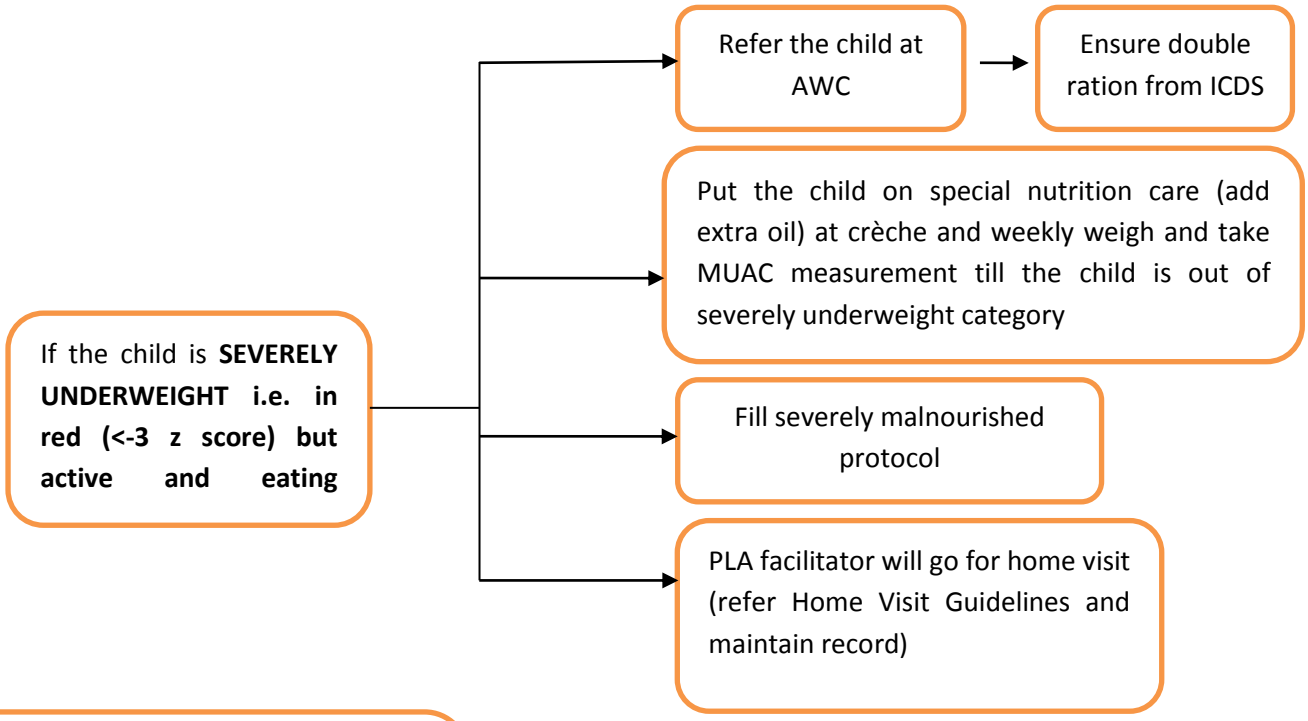
Annexure I: Growth Faltering

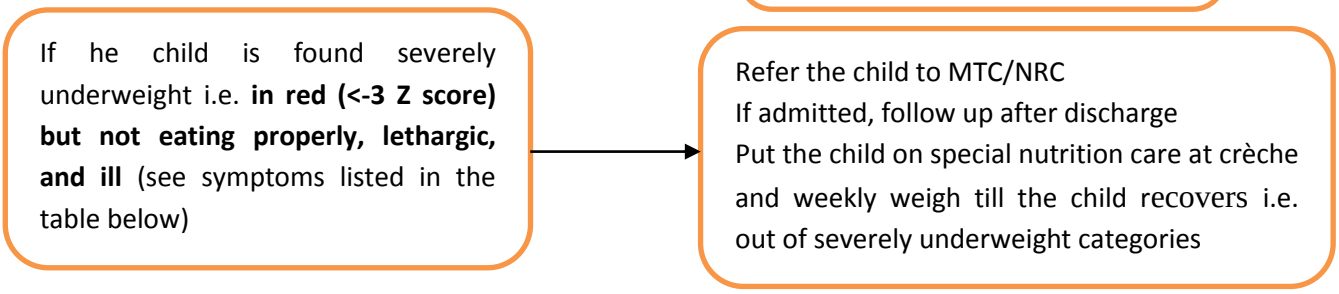
After plotting weight on the growth chart, if the growth curve seems to be shifting downwards or becoming flat, then the child's growth is faltering. To identify this in the crèche, carefully look at the growth chart and see if there is a change in the shape of the line in relation to the z-score lines given in the chart.



Annexure II: Severely Underweight

After plotting on growth chart, if the child's weight reflects in yellow colour (i.e. <-2 z score) the child is considered underweight and if it reflects in red colour (i.e. < -3 z score), the child is considered to be severely underweight.



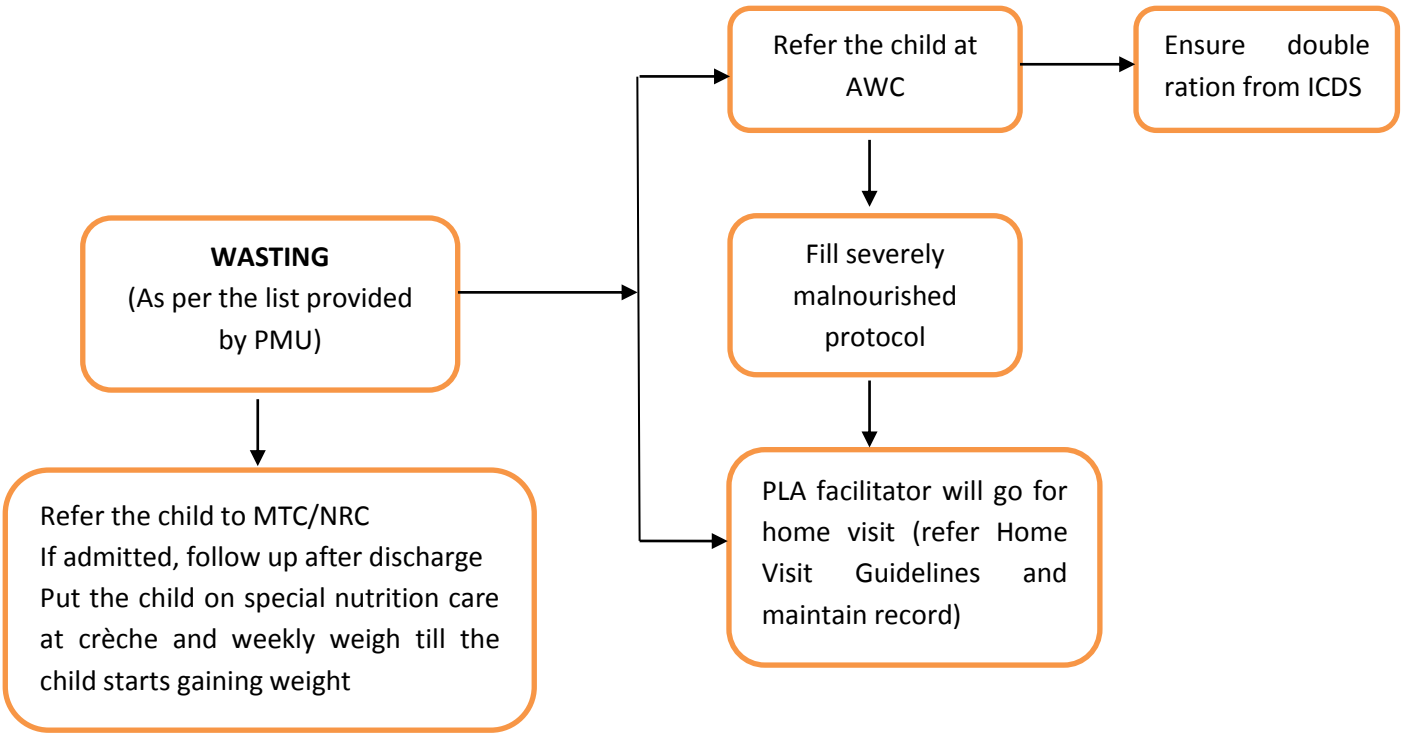


Severely underweight: Refer if the child shows following Symptoms				
1	2	3	4	5
Lack of appetite	Visible severe wasting	Oedema	Severe Palmar pallor	Lethargy, drowsiness, unconscious
6	7	8	9	
Continually irritable & restless	Any respiratory disease	Signs of severe dehydration in a child with diarrhea	Signs of severe dehydration in a child with diarrhea	

Annexure III: Severe Wasting

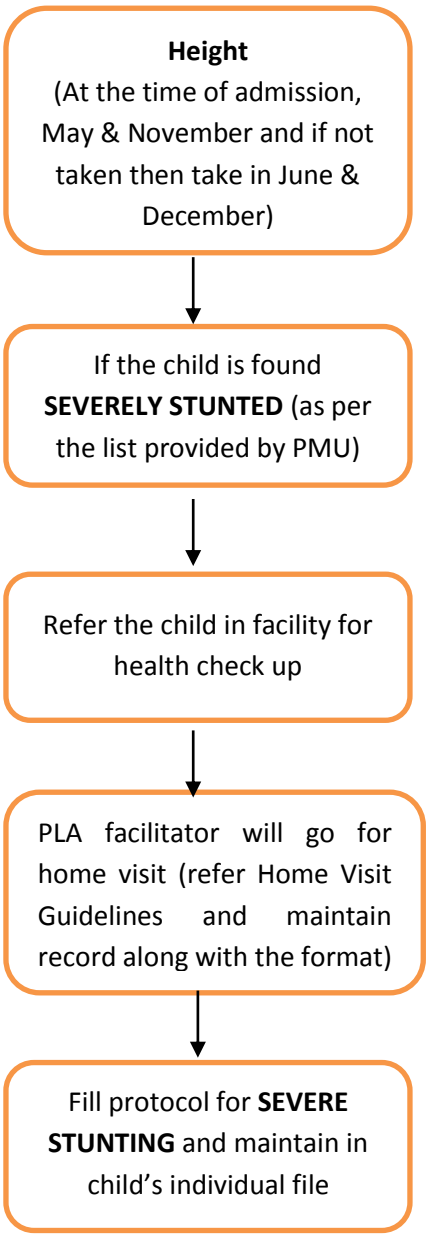
If the child height for weight z-score is less than -3, s/he will be considered as severely wasted. As we are measuring height at entry point and then six monthly, a list severely wasted children for new admission will be provided monthly and for rest of the children six monthly by PMU to block team for necessary action.

At entry point child's MUAC will be measured and if the measurement is <11.5 cm, the child will be considered SAM



Annexure IV: Severe Stunting

If the child's height for age z score is less than -3, s/he will be considered as severely stunted. As we are measuring height at entry point and six monthly (May and November), a list of severely stunted children will be provided six monthly by PMU to block team for necessary action.



Contact Details

CINI
441/A Ashok Nagar,
Road No. 5, Ranchi,
Pin - 834 002, Jharkhand, India
Tel: +91 651 224 5370/ 5831

Chaupal
Jawahar Nagar,
Ambedkar Chowk, Ambikapur,
District Sarguja
Pin - 497001, Chhattisgarh, India
Tel: +917774320329

Ekjut
Plot -556B Potka,
Chakradharpur,
West Singhbhum,
Pin -833102, Jharkhand, India
Tel: +916587239625

IDEA
Belbanwa, Near Nehru Yuva Kendra,
Post-Motihari, East Champaran,
Pin -845401, Bihar,
India
Tel: +919431288871

Public Health Resource Society
363-A, 1st Floor, Road No.4 B,
Ashok Nagar, Ranchi,
Pin - 834 002, Jharkhand,
India
Tel: +919431391342

PHRN

Project Management Unit
Address: Public Health Resource Society,
G 46, First Floor, Green Park Main, New Delhi,
Pin - 110016, Delhi,
India
Tel:+91-11-40560911 Email: delhi@phrnindia.org