Guideline on Establishing Nutrition Clinics in Medical Officer of Health areas

1. Introduction

Maternal and Child Nutrition is an integrated component of the national maternal and child health programme. Nutritional interventions for these target groups are mainly carried out in the field and maternal and child health (MCH) clinics of the MOH by the public health staff. However it has been noted that the health workers find it difficult to spend an adequate time for nutrition counseling (especially in combined and poly clinics) due to constraints such as lack of human resources etc.

Therefore the need of a special nutrition clinic has been felt especially to carry out targeted interventions at individual level (identifying problems unique to each individual correctly, giving specific instructions and plan and implement appropriate interventions) for selected clients by a Medical Officer of Health/ Additional Medical Officer of Health (MOH/AMOH). Thus by establishing nutrition clinics it is intended to attend to the nutritional problems faced by individual clients in a more targeted and effective manner.

This document is intended as a guideline to establish and conduct a nutrition clinic in Medical Officer of Health areas.

2. Location of the nutrition clinic and the number of sessions

- The number of clinic sessions conducted per month and the location of the nutrition clinic in the MOH area should be decided by the Medical Officer of Health together with other supervising officers, based on factors such as the total land area, terrain, population of the MOH area and the expected number of clients etc.
  Each MOH area should have at least one nutrition clinic session per month and this should be conducted as a special clinic. But a more effective service would be provided if two clinic sessions per month are conducted, one day for pregnant mothers and children under the age of 5 years and another day for school age children and newly married couples.
- Supervising officers should decide on the time that should be allocated for a clinic session based on the number of clients.
- An afternoon session is preferable but depending on the factors specific to a given MOH area, the clinic can be held in a morning with the approval of the district supervising officers.
- Time of appointments should be given to the client at the time of giving the appointment according to a pre decided plan (e.g. infants and children 1.00 pm, antenatal mothers 2.00 pm, school age children 3.00 pm etc.). Supervising officers should plan this in such a way so as not to make the clinic overcrowded by giving too many appointments for a single day.

3. Referral to nutrition clinic

3.1 Referral to nutrition clinic from the local maternal & child health / preconception care clinic

Annex 1 shows the nutritional problems that should be referred from local MCH / preconception care clinics to the nutrition clinic. Only those clients whose nutritional problems are difficult to be managed and/or fail to improve at the local MCH / preconception care clinic should be referred to the nutrition clinic (see Table 1).

Table 1

Referral to nutrition clinic from the local MCH/preconception care clinic

Target group	Whom to refer	Relevant annex
Infants and children aged 1-5 years	Children with nutritional problems for whom interventions at MCH clinic failed/ were difficult to carry out*.	See annex 1 for further information.
School children	Children with nutritional problems identified at School Medical Inspection for whom interventions by healthcare staff failed/ were difficult to carry out**.	
Non school going children aged 5-19 years	Children with nutritional problems identified in the field for whom interventions by healthcare staff failed/ were difficult to carry out**.	
Newly married couples	Newly married women/men with nutritional problems identified at the local preconception care clinic for whom interventions failed/ were difficult to carry out.	
Pregnant mothers and lactating mothers	Mothers with nutritional problems identified at the local antenatal/postnatal clinics for whom interventions failed/ were difficult to carry out.	

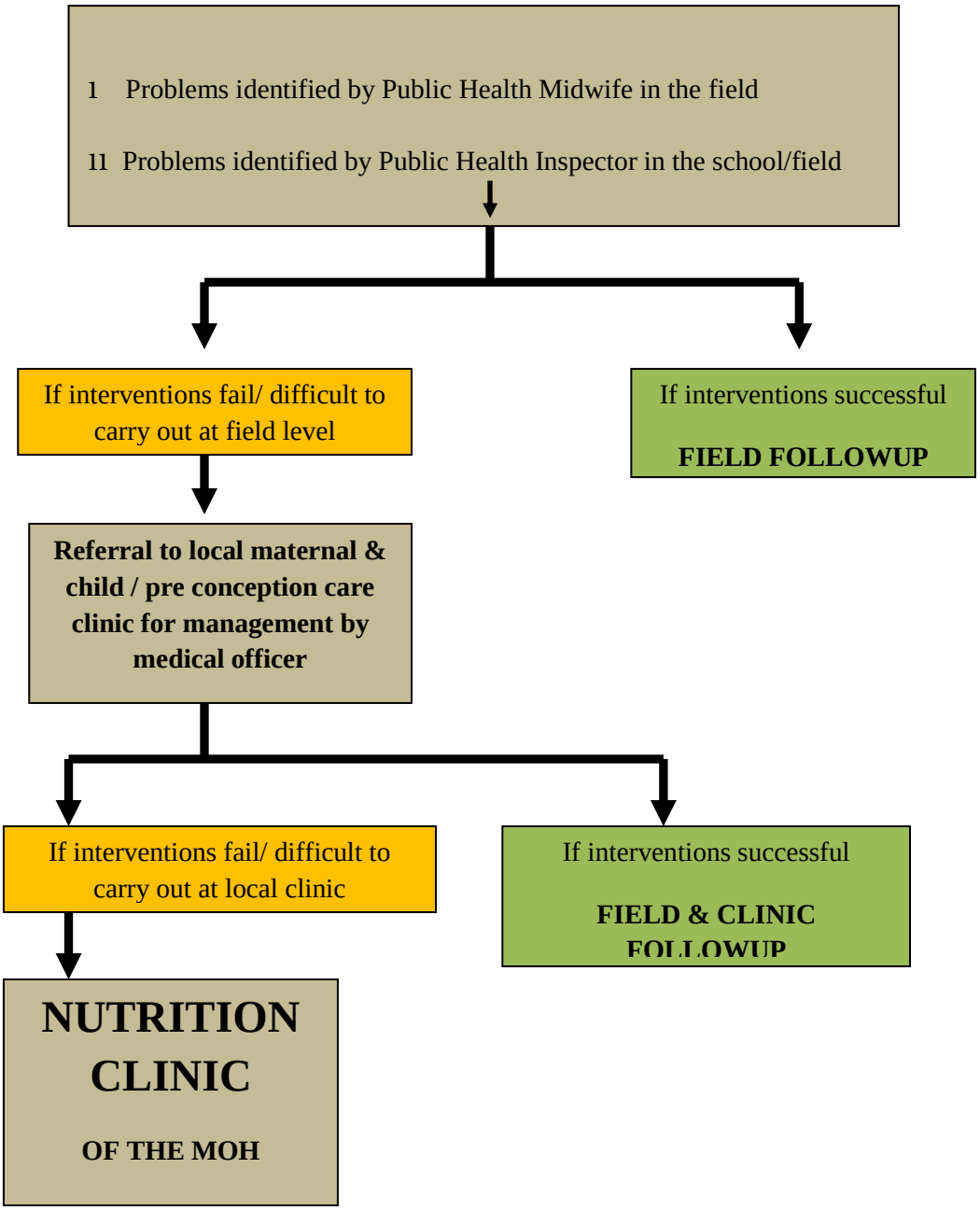
* Problems related to breastfeeding – any problem the PHM cannot solve has to be referred immediately to the nearest Lactation Management Centre or the MOH/AMOH as necessitated by the particular problem.

** Under 5 children with severe acute malnutrition (SAM) or obesity (weight for length/height > +3SD), children over 5 years with BMI <17 or >30 and those suspected as having severe anaemia should be referred to any clinic that falls on the closest date (could be a MCH, preconception care or nutrition clinic) to be examined by the medical officer and referred for specialized care.

3.2 Referral to nutrition clinic

Process of referral is as shown in Diagram 1 below;

Diagram 1 – Process of referral to nutrition clinic



- For all problems identified by her in the field the Public Health Midwife (PHM) and for those identified by him during the preparation for SMI/ in the field the Public Health Inspector (PHI) will carry out interventions at the point of identification, according to departmental circulars, guidelines and protocols. The school children with nutritional problems should be referred to the medical officer at the School Medical Inspection.
- During follow up if it is seen that these nutritional problems are not improving satisfactorily these clients should be referred to the local maternal and child/ pre conception care clinics for medical advice/interventions. In case of school children residing in a different MOH area such children should be referred to a clinic in the MOH area of residence of the child considering the convenience of child/ parents.
- At the local MCH clinic the medical officer will carry out necessary interventions for these service recipients (and/or make necessary referrals to specialized medical services, other counseling services, social welfare organizations etc.) and inform the field staff about how the follow up should be arranged. Accordingly the field officers will do relevant follow up and assess the success of interventions and refer back to the local MCH clinic again for further interventions if needed.
- If the medical officer conducting the local MCH clinic decides that it is difficult to carry out interventions at the local clinic or the interventions so far carried out have failed to improve the nutritional problem, only those clients should be referred to the nutrition clinic. See Annex 1 for those requiring referral to the nutrition clinic from local maternal and child/ preconception care clinic.
- When referring a client to the nutrition clinic, a brief summary highlighting the facts of importance including the problems identified, interventions carried out so far, the relevant details of the background of the client (including 6 key care practices*) should accompany the letter of referral; e.g. page for referrals or notes pages of the CHDR of a child can be used for this purpose.

(* 6 key care practices – feeding practices, practices related to cooking and storage of food, sanitation and hygienic practices, practices related to psycho social development, care for the female child and women – See Annex 2 for further details).

4. Services provided by the nutrition clinic

A summary of services provided by the nutrition clinic is given in Table 3. For further details refer to sections 4.1 to 4.11.

Table 3

Services provided by the nutrition clinic

	Activity	**Responsibility**
4.1	Issuing numbers Registration	PHM/PHI
4.2	Record maintenance (Clinic attendance register – H 517, Nutrition Clinic Register, clinic note book of the client etc.)	PHM/PHI
4.3	Taking relevant measurements needed for nutritional assessment and recording them – weighing, measuring length/height, calculating BMI, plotting measurements in growth charts and making relevant notes (e.g. in the CHDR, pregnancy record, preconception care card of the client, school health record, clinic note book of the client etc.)	PHM/PHI
4.4	Medical examination to identify morbidities during the first clinic visit (and on subsequent visits as necessary)	MOH/AMOH

	During the first clinic visit
	- Identifying the problem correctly
	  - Detailed history (including 24 hour dietary recall, physical activity recall, food security, 6 key care practices)
	  - Interpretation of nutritional indicators
	  - Examine investigation reports such as FBC, Hb and other relevant reports
	- Deciding on the type of intervention needed,	

	implementation of the interventions (including counseling), deciding the type of follow up needed and making relevant notes - Referring for specialized care as necessary - Prescribing treatment as and when required - Deciding on the date of next clinic visit and the future plan of management, making relevant notes on how the field follow up should be carried out. - Directing the client to the Public Health Nursing Sister- PHNS (or to Supervising Public Health midwife- SPHM in case of absence of PHNS) for arranging field follow up by informing relevant PHM/PHI. During the subsequent clinic visits also these activities should be carried out as above when necessary.	
4.5	Follow up at subsequent clinic visits - Assessing the results of the interventions carried out during the first visit - If no improvement is seen MOH/AMOH should assess the problems again and make necessary changes to the management plan and act accordingly. - If an improvement is seen direct the client to PHNS with specific instructions to carry out the next step in the management plan - Make relevant notes on the client's clinic note book on how the follow up at field level should be carried out. - Arranging for field follow up by informing relevant PHM/PHI - Discharging from the nutrition clinic the clients who have improved/ showing a good progress to be followed up at the local MCH/ preconception care clinic and instructing the clients on discharge.	MOH/AMOH PHNS as instructed by MOH/AMOH (when PHNS is not available SPHM)

4.6	Issuing nutrition supplements (such as Thriposha, MMN) as prescribed	PHM/PHI
	Issuing drugs as prescribed and maintaining drug balance records	PHNS/PHI
4.7	Giving appointments for next clinic visit, informing relevant PHM/PHI on necessary field interventions	PHM/PHI
4.8	Updating all the clinic records including the Nutrition Clinic Register and the clinic summary at the end of the clinic session	PHM/PHI
	Entering nutrition clinic data into the Health Management Information System (HMIS)	

4.1 Registering the clients

All clients who attend the clinic should be entered in the Clinic Attendance Register (H 517) first. In addition to this a Nutrition Clinic Register should be maintained in the clinic for field/clinic follow up purposes.

The Nutrition Clinic Register should be maintained in a CR book with the following details (See Annex 3);

1- Serial number
2- Identification number
3- PHM area (School/ PHI area for non school going school age children)
4- Name
5- Age
6- Male/female
7- Address (with the name of the parent/caregiver in case of a child)
8- Telephone number
9- Nutritional problems identified
10- Action taken
11- Follow up visits (space required for several visits)
    - Date of next appointment, date of visit, progress, action taken
12- Date of discharge

On the date of first visiting the clinic, details from 1 to 8 should be completed for all clients. (The rest of the details from 9 to 12, should be completed before the client leaves the clinic on all clinic visits including the first day).

4.2 Making notes and record keeping (in clinic note books of the clients)

The identification number of each client should be recorded in the client's records; i.e. Child Health Development Record (CHDR) of a child, pregnancy record of a pregnant mother etc.

As space provided in the CHDR, pregnancy record etc. is inadequate to make all the clinical notes a separate record book (e.g. an exercise book) should be maintained. This note book has to be produced by the client at each visit to the nutrition clinic along with the CHDR, pregnancy record etc. and also when the client presents for other healthcare services.

On the first day of nutrition clinic at registration itself, the following information should be entered in the first page of the client's record book.

1. Serial number
2. Identification number
3. PHM area (School/ PHI area for non-school going school age children)
4. Name
5. Age
6. Male/female
7. Address (with the name of the parent/caregiver in case of a child)
8. Reasons for referral to nutrition clinic (as mentioned in referral letter/notes)
9. Nutritional problems identified

4.3 Obtaining and recording relevant measurements to assess nutritional status accurately

(Weighing, measuring length/height, assessing weight for height or BMI, checking for Hb%)

After registration, the next step is to obtain relevant measurements to assess the nutritional status of all the clients; i.e. weighing, measuring length/height, assessing weight for height or BMI (using the BMI chart), checking for Hb% .

- Measuring weight and length/height of children accurately – see annex 4
- Recording measurements of children accurately– see annex 5
- Identifying growth curves of children accurately - see annex 6
- Assessing nutritional status of school age children - see annex 7
- Assessing nutritional status of pregnant mothers
    - Weighing, measuring height, assessing BMI (using BMI chart) – see annex 8.1
    - Weight gain chart – see annex 8.2
- Maintaining instruments and calibrating – see annex 9

4.4 Medical examination

4.4.1 Medical examination to identify the presence of illnesses (compulsorily on the first visit and as required on repeat visits)

To assess whether the reason for the nutritional problem is secondary to a medical reason, a thorough medical examination should be carried out for all clients on the first visit which should include a detailed history, relevant physical and clinical examination, relevant laboratory tests etc.

4.4.2 Identifying the nutritional problem correctly on the first visit

This should be carried out by the MOH/AMOH as follows;

- Taking a detailed history (including 24 hour dietary recall, physical activity recall, food security at home, social history including 6 key care practices etc.)
- Interpretation of growth/nutrition related indicators (weight and length/height for age, weight for length/height) and the growth curve, interpreting BMI
- Interpreting Hb%, Full blood count and other relevant investigation reports
- Checking previous clinical records
- Perusing other records the client might be having

Determining the interventions and implementation (including counseling), and deciding on the type of follow up needed also should be carried out by the examining MOH/AMOH.

Maintaining proper records of these decisions and informing the PHNS to arrange necessary follow up by field officers is also the responsibility of the examining MOH/AMOH.

When the client is having a nutritional problem with a coexisting medical condition, the MOH/AMOH should attend to both problems and plan nutritional interventions along with management of the medical condition. If specialized advice/care is required they should be referred appropriately. For referrals use;

- The page for referrals in the CHDR of a child
- H 512 for pregnant mothers
- For a newly married female or male the referral section of the 'Examination checklist for newly married couples'.

If any socio economic/psychosocial problems that can affect the nutritional status and not corrected/identified during previous interventions are identified the client should be referred for help from family counseling services, social services etc. as appropriate.

Prescribing drugs as and when required is a responsibility of the MOH/AMOH.

A record of growth/nutritional status, actions taken to correct it should be maintained in the client's record book by the examining officers each time when they examine a client.

- Assessing the 24 hour dietary recall – see annex 10
- Interventions for growth problems of children under 5 years of age– see annex 11
- Physical activity recall for school age children – see annex 12
- Food security at household level– see annex 13
- Interventions for nutritional problems of a pregnant woman – see annex 14

On the first clinic day, after relevant examinations the diagnosis/nutritional problem identified should be written down in the first page of the client's record book by the examining medical officer. This diagnosis should be entered in the Nutrition Clinic Register under the column for 'nutritional problems identified'.

MOH/AMOH should decide on the follow up clinic visits (how frequently) future plan of management of the client according to the identified problem at the time of the first visit and even afterwards as required.

MOH/AMOH should determine the date of next clinic visit, and make notes in the client's record book on the follow up action required from the PHM/PHI(PHM/PHI) till the next clinic visit and then should refer the client to the PHNS (in case of her absence to the SPHM) to take necessary steps to arrange follow up by communicating with the area PHM/PHI.

4.5 Follow up of nutritional status during subsequent clinic visits

After preliminary measurements the client should be seen by the MOH/AMOH who should then assess the progress made by the client and then make necessary changes to the management plan.

If at least some progress is seen in the nutritional status or in a recommended behavior of the client, it should be recorded as progress '+'. A recommended behavior of the client can be a positive change in the feeding practices of a child or the type of food given etc. if no such positive change is seen in the feeding behavior/ growth/nutritional status, it should be recorded as progress '–'.

- If progress is satisfactory, the client should be praised for the progress made and then action should be taken to further correct the growth/nutritional status by correct and appropriate interventions implemented methodically.
    - As the next step identify the behaviours that should be changed further and advice accordingly.
    - Give a date for next clinic visit.
    - Can refer the client to the PHNS to be instructed in detail about the next step according to the plan of management. In case of absence of PHNS this can be delegated by MOH/AMOH to SPHM or SPHI as deemed suitable.
- If no progress at all, the MOH/AMOH should reassess and examine the client,
    - If there is no progress to be seen in the growth/nutritional status, see whether there is at least a small behavioural change made towards the recommended

practice and re plan the management accordingly. If all behavioural changes had taken place as recommended but no improvement at all is seen in the growth/nutritional status of the client after one motnh (or a reasonable time interval according to the specific problem) such a client should be referred for specialized care as appropriate (paediatric/ medical/surgical etc.).

- On follow up visits progress made so far and daily notes should be entered in the client's record books by the relevant officers.

The PHNS (or in her absence SPHM/SPHI) is responsible for arrangements to inform the respective field officers (PHM/PHI) about what she/he should do during field follow up of a client.

4.6

4.6.1 Issuing nutrition supplements (such as Thriposha, MMN) as prescribed

PHM/PHI is responsible for issuing nutrition supplements such as thriposha and micronutrients.

4.6.2 Issuing drugs as prescribed and maintaining drug balance records

When drugs prescribed by MOH/AMOH are issued to the client it should be entered in the Drug Balance Register along with the Identification number of the recipient (the client) by the PHNS. If the clinic for school age children is conducted on another date the PHI is responsible for this duty on that day.

4.7 Giving appointments for next clinic visit as recommended

Before the client leaves the clinic the date for next clinic visit (as recommended earlier) should be entered in the client's record book as well as the Nutrition Clinic Register. If the client is after a follow up visit, the progress the client had made (according to the clinical assessment carried out earlier) also should be recorded in the Nutrition Clinic Register by the PHM/PHI attending the clinic.

4.8

4.8.1 Updating all the clinic records including the Nutrition Clinic Register and the clinic summary at the end of the clinic session

See section 4.1 and annex 3 on how to update the Nutrition Clinic Register.

4.8.2 Entering nutrition clinic data into the Health Management Information System (HMIS)

At the end of each clinic, the Clinic Attendance Register (H 517) and the Clinic Summary (H 518) should be completed by the attending PHM/PHI, using data from the Nutrition Clinic Register on number attended the clinic (first visits and follow up visits separately) and the number discharged (each target group should be entered under the specific code letter). At the end of each quarter this information should be entered into the Quarterly Clinic Return (H 527) by the PHM/PHI who prepares it.

In addition to these data an assessment of the nutrition clinic should be carried out annually and these data should be entered in the Annual Data Sheet sent to the Family Health Bureau.

4.9 Arranging activities to stimulate a child's development for children who are waiting till their turn at the clinic

(Responsibility – PHM/PHI/Volunteer)

4.10 Discharge from the nutrition clinic

If the client's growth/nutritional status shows a steady improvement (two clinic visits showing progress) a client can be discharged from the nutrition clinic while informing the relevant PHM/PHI to follow up the client very vigilantly and having arranged to be followed up by a medical officer at the local MCH/pre conception care clinic. This should be strictly on the recommendation of the MOH/AMOH.

At the time of discharge, the plan of future management to maintain optimal growth/nutritional status has to be decided upon and informed to the client with necessary instructions (and recorded clearly in the client's record book).

Also this plan and the type of follow up needed should be communicated to the relevant PHM/PHIby the PHNS (or in her absence SPHM/SPHI).

When a client is discharged from the nutrition clinic it should be recorded with a clearly written 'D' in the client's record book. In the Nutrition Clinic Register the date of discharge of a client should be clearly recorded.

Note: If a client thus discharged presents again to the nutrition clinic referred by the local MCH/preconception care clinic due to a growth/nutritional problem he/she should be registered as a new client under a new Identification Number.

4.11 Follow up at field

The examining officer at the nutrition clinic should record in the client's record book what the client should do after a particular clinic visit and what the relevant PHM/PHI should do after seeing the client back in the field and also inform the client to show the record book to the relevant PHM/PHI without delay.

The relevant PHM/PHI should follow up his/her client and check if she/he attended the nutrition clinic and if so what instructions were given at the nutrition clinic and what is expected of the PHM/PHI to do in the field as follow up activities. For this the client's nutrition clinic record book and other clinic records should be checked including the Nutrition Clinic Register and obtain further information from the officers who attended that particular clinic (and from MOH/AMOH when necessary).

The PHMM and PHII should consider this follow up as a responsibility of their own. When they meet the client in the field, a note should be entered in the client's record book to confirm they have seen it and signed. The data from the nutrition clinic record books should be entered in the relevant office records maintained by the PHM/PHI (e.g. B portion of a CHDR of a child, B portion of the pregnancy record etc.).

Afterwards the PHM/PHI should carry out the necessary follow up and see whether the client is carrying out all the recommendations as instructed. The routine assessment of the nutritional status should also be carried out (e.g. in case of a child home visits, taking a 24 hour dietary recall to see whether it has been changed as recommended, weighing, measuring length/height if required etc.). Notes on this follow up should be entered in the regular records and returns of the PHM/PHI (e.g. diary or the pocket note book, B portion of the CHDR, pregnancy record B maintained by the PHM etc.). Also a summary of follow up activities and interventions carried out by the PHM/PHI should be recorded in the client's clinic record book.

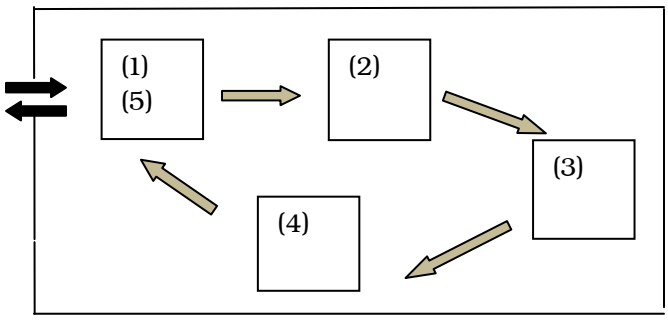
5. Resources and facilities for a nutrition clinic

- Human resources
    - MOH/AMOH – 01
    - PHNS – 01 (If not available SPHM)
    - PHM 02 (all PHMM should be assigned in roster for the nutrition clinic)
    - PHI 01 (all PHII should be assigned in roster for the nutrition clinic)
    - Volunteer

      (The number of human resources can be increased according to the number of clients per day or other service requirements).

- Clinic organization

  (1) Registration desk → (2) Waiting area → (3) Place of weighing/ measuring length/height, calculating BMI & checking Hb% → (4) Place of clinical examination and nutrition counseling → (5) Place of issuing drugs and giving appointment dates



- Equipment and drugs
    - Recommended instruments to measure weight, length, height etc.
        - Beam balance scale for infants
        - Spring balance scale for older children
        - Adult beam balance scale

          (These equipment should be calibrated and checked regularly for accuracy of measurements using the standard weight sets)
        - Length board and height rod/board
        - BMI chart for pregnant mothers and adults
        - Booklet with growth curves for children above 5 years of age - Assessment of Nutritional Status of School Children: Reference growth Charts
    - Haemoglobinometer
    - Nutritional supplements and micronutrients
        - Thriposha
        - Vitamin A megadose
        - Iron tablets/ iron folate tablets
        - Folic acid tablets
        - Vitamin C tablets
        - Calcium tablets
        - Multiple micronutrient sachets (in districts where the MMN supplementation programme is conducted)
        - Worm treatment (mebendazole)
        - Zinc syrup/tablets (as needed)
        - Iron syrup (as needed)
        - Drugs (see annex 15)
    - Records and registers
        - Clinic Attendance Register (H 517)
        - Clinic Summary (H 518)
        - Nutrition Clinic Register
        - Drug Balance Register

- IEC material (for individual counseling)
    - Flash card set on breastfeeding
    - Set of 5 booklets on breastfeeding
    - Flash card set on complementary feeding
    - Flash card set for PHMM on growth monitoring and promotion of children
    - Set of wall charts on complementary feeding
    - Leaflet on complementary feeding
    - Flash card set on nutrition for youth
    - Flip charts on nutrition in pregnancy
    - Other latest available IEC material on nutrition
- Books and documents for reference

  E.g.
    - Food based dietary guidelines for Sri Lanka
    - Maternal care – handbook on maternal care for PHMs
    - Severe Acute Undernutrition - Manual for Health Workers in Sri Lanka
    - Sri Lanka Code for Promotion, Protection and Support of breastfeeding and Marketing of Designated products
    - Handbook for healthcare staff on provision of preconception care services
    - "Sonduru Kedellakata Suvahasak Subha Pethum"
    - Nutrition related circulars and guidelines on maternal and child health

      <u>Child Nutrition</u>

      - Protocol on Managing Nutritional Problems among Under Five Children In the Community: General Circular No – 02 – 18/2008
      - Guidelines on Infant and Young Child Feeding (2007)
      - Vitamin A Mega dose Supplementation – Revised Schedule: General Circular No – 01- 05/2009
      - Guidelines on De-Worming Children and Pregnant Women in community Setting: 2013- 2016: General Circular No – 02-172/2012
      - Zn Supplementation in Managing Diarrhoea among Children under Five Years of Age: General Circular No – 02-161 /2013
      - Implementation of the Sri Lanka Code for the Promotion, Protection and Support of Breast Feeding and Marketing of designated products: General Circular No – 01-15/2012

- Guideline for feeding infants and preschool children (1-5 years) including orphans and those not living with mothers during an emergency situation
- Support and Ensure Appropriate and Adequate Infant Feeding during Emergencies: General Circular No – 01 – 11/2009
- General Circular No – 01 – 48/2012: Facilitation on Practice of National Infant and Young Child Feeding (IYCF) Recommendations on Breastfeeding within Health Institution: Establishment of Breastfeeding Rooms

Maternal nutrition

- General circular 02-85/2014 on Antenatal care
- General circular 02-84/2014 on Postnatal care

Nutrition of the school age child

- General circular 02-08/2007(01) on Weekly Iron Folate Supplementation (WIFS) of School Children implemented from year 2013

Other

- List of essential drugs for MOH Offices: General circular no. 02-27/2011

6. Roles and responsibilities of officers attending the nutrition clinic

6.1 Public Health Midwife

- Welcoming the clients (along with the PHI) and issuing numbers (can get the support of a volunteer for this activity)
- Registration of clients
- Maintaining relevant records and registers (especially on registration and when the client is leaving the clinic)
    - Clinic Attendance Register (H 517)
    - Clinic Summary (H 518)
    - Clinic record book of the client and other records
    - Nutrition Clinic Register

- Assessing nutritional status
    - Weighing and measuring length/height
    - Assessing weight for length/height or BMI
    - Plotting the measurements in relevant charts and making relevant notes
    - Checking Hb% when required (as recommended for maternal and child health clinics in the field)
    - Referring the clients to the MOH/AMOH after the assessment of growth/nutritional status
- Issuing nutritional supplements to the relevant target groups according to the circulars/ guidelines/instruction of MOH/AMOH.
- Issuing micronutrients as prescribed by MOH/AMOH.
- Giving dates for next clinic visit as recommended by the MOH/AMOH.
- Informing the relevant area PHM (with the assistance of PHNS through a telephone call, at the local clinic or during a monthly or local conference) when MOH/AMOH decides that a field follow up is needed for a client.
- Arranging activities to stimulate a child's development for the children who are waiting till their turn at the clinic (can obtain the support of volunteers for this activity).
- Giving relevant information to queries of clients
- Any other responsibility assigned by MOH/AMOH

Follow up at field by area PHM

- The area PHM should inquire after the clients who were referred to the nutrition clinic from her field and see whether they attended the nutrition clinic. She should see whether the client is carrying out the recommendations received at the nutrition clinic and maintain appropriate records of those in her diary and other relevant registers.
- When the growth/nutritional status is progressing well/ has become normal and the client is discharged from the nutrition clinic, the area PHM should carry out field follow up as instructed in the nutrition clinic. E.g. continuous follow up is a must for children at the maternal and child health clinic, field weighing centers and by field visits to assess the success of the interventions.

6.2 Public Health Inspector

- Welcoming the clients (along with the PHM) and issuing numbers (can get the support of a volunteer for this activity)
- Registration of clients
- Maintaining the relevant records and registers (especially on registration and when the client is leaving the clinic)
    - Clinic Attendance Register (H 517)
    - Clinic Summary (H 518)
    - Clinic record book of the client and other records
    - Nutrition Clinic Register
    - Drug Balance Register
- Assessing nutritional status
    - Weighing and measuring height of the school age children
    - Assessing BMI
    - Plotting the measurements in relevant charts and making relevant notes

      This should be done according to the instructions given in relevant guidelines etc.
    - Checking Hb% when required (as recommended for maternal and child health clinics in the field)
    - Taking the 24 hour dietary recall, physical activity recall and information on food security at household level from school age children after discussing with parents and children
    - Referring the clients to the MOH/AMOH after the assessment of growth/nutritional status etc.
- Issuing nutritional supplements to the relevant target groups according to the circulars/ guidelines/instruction of MOH/AMOH.
- Issuing drugs and micronutrients as prescribed by MOH/AMOH.
- Educating school age children and their parents on 24 week iron folate supplementation.
- Giving dates for next clinic visit as recommended by the MOH/AMOH.

- Informing the relevant area PHI (with the assistance of PHNS through a telephone call, during a monthly or local conference) when MOH/AMOH decides that a field follow up is needed for a client.
- Any other responsibility assigned by MOH/AMOH

Follow up at field by area PHI

- The area PHI should inquire after the clients who were referred to the nutrition clinic from his field and see whether they attended the nutrition clinic. He should see whether the client is carrying out the recommendations received at the nutrition clinic and maintain appropriate records of those in his pocket note book and other relevant records/ registers. If field follow up of a girl child is required he can request support from the area PHM.
- When the growth/nutritional status is progressing well/ has become normal and the client is discharged from the nutrition clinic, the area PHI should carry out field follow up as instructed in the nutrition clinic. E.g. continuous follow up is a must for them to assess the success of the interventions.

6.3 Supervising Public Health Inspector

- Supervising the Public Health Inspectors
- Assessing and updating the knowledge and skills of PHIs on weighing, measuring height and calculating BMI etc.

6.4 Supervising Public Health Midwife

- Covering up for the Public Health Nursing Officer when she is not available in the nutrition clinic.
- Supervising PHMs.
- Assessing and updating the knowledge and skills of PHMs on growth/ nutritional status assessment, monitoring and promotion and nutrition.

6.5 Public Health Nursing Sister

- Ensuring proper management of the nutrition clinic and supervision.
- Assessing and updating the knowledge and skills of PHMs on growth/ nutritional status assessment, monitoring and promotion and nutrition.
- For clients on follow up clinic visits, giving advice on nutrition as instructed by MOH/AMOH.
- Arranging to inform relevant PHM/PHI on the field follow up of those clients for whom field follow up is planned and ensuring that the follow up is carried out as instructed.
- Issuing drugs as prescribed and maintaining Drug Balance Registers.
- Informing relevant field officers (PHM/PHI) of the follow up needed by clients who are discharged from the nutrition clinic.

In addition to the nutrition clinic activities;

- Ensure that the nutrition clinic referral is carried out as planned and the field follow up of clients who attend the nutrition clinic is being carried out as instructed.
- Assisting MOH/AMOH to monitor the nutritional/growth status of infants, children aged 1-5 years, school age children, pregnant/lactating mothers under care and newly married couples of all the PHMs in her area.
- Improving the knowledge and communication skills of PHMs in nutrition education is very important (especially in communicating with adolescents) and therefore need to supervise this aspect more and improve their skills. Can also obtain the support of Health Education Officers for this activity.

6.6 Medical Officer of Health/ Additional Medical Officer of Health

- Medical examination and problem identification of all the clients at the first visit and follow up visits to the nutrition clinic.
- Determining the interventions and the management plan, implementation (including counseling) and deciding on the type of follow up at field if required – for first and repeat visits to nutrition clinics

- When a client is having a nutritional problem with a coexisting medical condition, carrying out nutritional interventions suiting both conditions and referral to medical specialists when necessary.
- Prescribing drugs as required.
- Informing the PHNS of the clients who need special advice and giving necessary information to the PHNS on what advice to give the client. Informing PHNS of the clients for whom field follow up should be arranged.
- Deciding on when a client is to be discharged from the nutrition clinic.

In addition to the nutrition clinic activities;

- Supervising the whole programme, analysis of data ensuring the quality of data and utilizing these data for programme planning; i.e. reviewing the nutritional problems of the MOH area, identify reasons for these problems at PHM area level, determining on interventions, implementing the interventions, identify the training needs of the staff and training the staff of MOH area, obtaining necessary equipment, assigning officers etc.
- Strengthening knowledge and skills of the staff on nutrition (e.g. communication skills) by continuous vigilance/supervision and arranging training programmes for them. Can obtain the support of Health Education Officers for this.

7. Evaluation of nutrition clinic performance

All supervising officers (AMOH, PHNS, SPHI, SPHM) with the guidance of MOH should review the nutrition clinic activities every three months. The public health team should be made aware of their performance and nutrition clinic activities improved according to the findings of this assessment.

Summary – Care provided at the nutrition clinic for a client referred with a nutritional problem