

## ANNEXURE I

### **FUNCTIONING OF NRC:**

1. Two nodal officers, one each from Health Department and ICDS Department at the district level, will be responsible for the functioning of the NRC. Although, the health department will play a leading role in the overall management of NRC in all districts.
2. At the community level, severe and acute malnourished (SAM) children will be identified by Anganwadi Worker (AWW) through regular weighing, (as a part of growth promotion activity) and/or by mid arm circumference measurement tape .
3. The AWW will be supported by the ASHA, ANM and the community Volunteers under ICDS DULAR programme to motivate and mobilize the child (along with the mother or the caretaker), to the NRC for undertaking residential treatment (medical and nutritional) for a period of three weeks.

Once the child is brought to the NRC, the treatment begins with a general check up by the Pediatrician in charge of NRC. All children will be first brought to OPD for this purpose and after the preliminary check up and routine pathological investigation, those children with major medical complications and in need of special treatment will be referred and admitted to Pediatric ward of the District Hospital. The rest of the children with minor medical complication will be admitted to the NRC directly and will be started nutritional treatment as well .

4. Details regarding the progress of the child both in health and nutritional status during his/her stay at the NRC will be recorded daily.
5. Special attention will be given to record the weight of the child daily and watch the change using weight for age classification and weight for height chart. Thus height of the child will also be measured at the time of admission.
6. The general package of treatment will comprise of, Routine pathological investigations, immunization, deworming, vitamin A, ORS (in presence of dehydration) and emergency medicines (if required like paracetamol and antibiotic etc.). will also be carried out.

7. The Pediatrician will ensure checkup of the admitted children in NRC twice daily in the morning and evening.
8. Nutritional activities will focus on the following:
  - Training of feeding demonstrator and the cook on low cost, nutritional recipes from locally available foods.
  - Preparation of special diets by the trained cook for severely malnourished children which will be given according to their age and condition.
  - Preparation of food for the mothers will be done by the mothers themselves under the supervision of cook of NRC.
  - Counseling of mothers and building their capacity to manage the child through appropriate nutrition, health and hygiene practices will be the integral part of the residential treatment. During their stay in NRC on preparing low cost, nutritional recipes from locally available foods, who will prepare special feeds for their children, under the guidance and supervision of the cook and the feeding demonstrator.
  - Other activities for awareness generation will be organized to promote overall welfare of the child and the family.

### **Duration of Stay in NRC :**

A minimum of three weeks (21 days) will be the stay-period of every child brought to NRC.

If the child does not show desirable weight gain of 10g/kg body weight per day and if medical complications continue, the mother would be requested to take treatment at NRC for another round of 21 days.

### **Follow-up:**

Once the child is discharged from the NRC, AWW will closely monitor the child growth every fortnightly to ensure that there is weight gain. She will also interact with the mother to ensure that the mother is following all instructions as imparted during her stay in NRC. This is important to see that the child does not relapse. Her effort will continue till the child moves to nutritional grade one (I).