Training Course on Inpatient Management of Severe Acute Malnutrition
(Adapted from the 2002 WHO Training course on the inpatient management of severe acute malnutrition)

Children 6–59 Months with SAM and Medical Complications

March 2012
This modified version of the 2002 World Health Organisation’s *Training Course on Inpatient Management of Severe Acute Malnutrition (SAM)* is the practical application of the 2010 MOH/GHS *Interim National Guidelines for Community-Based Management of Severe Acute Malnutrition in Ghana*. The training course was modified by the MOH/GHS SAM Support Unit in collaboration with the MOH/GHS Regional SAM Support Teams. USAID/Ghana, FANTA-2 Bridge project, UNICEF/Ghana and WHO/Ghana provided technical and financial support to review and modify the training course. This revised training course is made possible by the generous support of the American people through the support of USAID/Ghana and the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, United States Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-11-00014, through the FANTA-2 Bridge, managed by FHI 360.

Illustrations for modules: Susan Kress
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## Acronyms and Abbreviations

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<th>Abbr.</th>
<th>Description</th>
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<tr>
<td>g</td>
<td>Gram(s)</td>
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<tr>
<td>GHS</td>
<td>Ghana Health Service</td>
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<tr>
<td>IM</td>
<td>Intramuscular</td>
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<tr>
<td>IMNCI</td>
<td>Integrated Management of Neonatal and Childhood Illness</td>
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<tr>
<td>IV</td>
<td>Intravenous</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>ml</td>
<td>Millilitre(s)</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
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<tr>
<td>RUTF</td>
<td>Ready-to-Use Therapeutic Food</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<tr>
<td>&lt;</td>
<td>Less Than</td>
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Introduction

It is essential that a mother\(^1\) of a child with severe acute malnutrition (SAM) be with her child in the hospital. For the following reasons, she must be encouraged to feed, hold, comfort, and play with her child as much as possible.

- Emotional and physical stimulation are crucial for the child’s recovery and can reduce the risk of developmental and emotional problems.
- The child’s mother can provide more continuous stimulation and loving attention than busy staff can.
- When mothers are involved in care at the hospital, they learn how to continue care for their children at home.
- Mothers can make a valuable contribution and reduce the staff’s workload by helping with various activities, such as bathing and feeding children.

\(^1\) The term ‘mother’ is used throughout this module. However, it is understood that the person who is responsible for the care of the child might not always be that child’s mother, but rather some other caregiver. However, for the sake of readability, ‘mother’ means ‘mother/caregiver’ throughout this module, ‘she’ means ‘she or he’, and ‘her’ means ‘her or his’.
Learning Objectives

This module describes and allows you to discuss and observe:

- Encouraging mothers’ involvement
- Involving mothers in comforting, feeding, and bathing children
- Teaching groups of mothers about feeding and care
- Preparing for continuing treatment and feeding the child with ready-to-use therapeutic food (RUTF) at home
- Teaching mothers the importance of stimulation and how to make and use toys
- Giving advice on referral to Outpatient Care, continued treatment at home, and follow-up visits
- Making special arrangements for follow-up in case early discharge is unavoidable
- Supporting infant and young child feeding (IYCF)
- Linkages with community initiatives for the prevention of undernutrition
1. **Encourage Involvement of Mothers**

There are many ways to encourage mothers to be involved in hospital care. Mothers can be taught to:

- Feed children
- Bathe and change children
- Play with children, supervise play sessions, and make toys
- Clean the ward
- Organise and/or prepare food for other mothers

It is necessary to provide mothers with food to enable them to stay with their children. In return, mothers can help with the above tasks on the ward. It may be helpful to organise a rotation of mothers to do these tasks under supervision. In that way, each mother can make a contribution to her child’s care and still have some time off duty.

The staff must be friendly and treat mothers as partners in the care of the children. A mother should never be scolded or blamed for her child’s problems or made to feel unwelcome. Teaching, counselling, and befriending the mothers are essential to the child’s long-term treatment.

Children with SAM should preferably be sleeping in adult beds (see picture below), where they can sleep with their mother in the night. Mothers should have a place to sit for relaxation. They also need washing facilities, a toilet, and a place to cook food for themselves. Some mothers may need medical attention and adapted food supplements if they are wasted, sick, or anaemic.

![Image of mothers and children in hospital beds]

The staff should also make other family members feel welcome. All family members are important to the health and well-being of the child. When possible, fathers should be involved in discussions of the child’s treatment and how it should be continued at home. Fathers must be kept informed and encouraged to support mothers’ efforts in care of the children.
Exercise A

The group will discuss ways that facilities encourage mothers and other family members to be involved, as well as things that may hinder involvement. You may discuss examples from your own facilities and from the Inpatient Care site that you have visited during this training course.

Prepare for the discussion by listing a few ideas below.

Ways to encourage mothers and other family members to be involved:

Things that hinder involvement of mothers and other family members:

Tell a facilitator when you are ready for the group discussion.
2. Involve Mothers in Comforting, Feeding, and Bathing Children

Staff should informally teach each individual mother certain skills. First, they may need to show the mother how to hold her child gently and quietly, with loving care. Immediately after any unpleasant procedure, staff should encourage the mother to hold and comfort her child.

When teaching tasks, such as feeding or bathing, staff should:

1. First show the mother how to do the task, explaining each step.

2. Let the mother try the task, assisting and encouraging her as she tries.

3. Ask questions to make sure that the mother understands what to do. For example, if you have just explained how to feed the child, ask the mother such questions as:
   - What will you feed your child?
   - How often will you feed him?
   - How much will you give him for a serving?

4. Observe when the mother does the task independently the first time.

5. Give positive feedback; that is, tell the mother what she did well. Make suggestions for improvements without discouraging the mother. For example, say ‘let’s try together to do it this way…’

At all times staff must communicate clearly with mothers in a way that builds their confidence in their ability to take care of their children. For example, when a clinician examines the child, he or she should explain what is happening and show the mother how to hold the child during the exam. Staff must treat the mothers as partners in helping the child to health.
Exercise B

This exercise includes two role-plays of situations in which a nurse is teaching a mother to bathe or feed a child. Your facilitator may assign you the role of a nurse or a mother. If so, you will be given some information to help you prepare for your role. If you are an observer of the role-play, you will take notes.

Role-Play 1
How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

Role-Play 2
How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?
3. Teach Groups of Mothers about Feeding and Care

There are many topics that can be efficiently presented to groups of mothers and other interested family members. Group teaching sessions may be held on such topics as nutrition and feeding, hygiene, RUTF key messages, making oral rehydration solution (ORS) to treat diarrhoea when the child has recovered from SAM and family planning.

Staff members with good communication skills should be assigned to teach these group sessions. There may be several staff members who can take turns presenting different topics.

The selected staff must know the important information to cover on a topic and be able to:

- Communicate clearly in a way that mothers understand
- Prepare and use suitable visual aids, such as posters and real foods
- Demonstrate skills when necessary (e.g., cooking procedures, hand washing, RUTF key messages, making ORS)
- Lead a discussion in which mothers can ask questions and contribute ideas

The sessions should not be limited to lecture; they should include demonstrations and practice whenever possible. Encourage questions from mothers so the session is interactive.

**Example Outline of a Teaching Session on Preparing Home Foods**

An example of an outline of a teaching session for preparing home foods is provided in Annex A. The purpose of the teaching session is to teach mothers of children with SAM how to prepare nutritious food for children 6–24 months for eating at home when they have recovered from SAM.

The example shows nutritious complementary food prepared in Bangladesh by the International Centre for Diarrhoeal Disease Research, Bangladesh. (This example is also shown in the video that comes along with the training modules.)
4. Prepare the Child and Mother for Feeding at Home

4.1. Prepare for Continuing Treatment and Feeding of the Child with Ready-to-Use Therapeutic Food at Home

Children in the transition phase who eat at least 75% of the daily amount of RUTF, whose medical complication is resolving and oedema reducing, and who are clinically well and alert are referred to Outpatient Care. A weekly supply of RUTF is provided; the amount of RUTF depends on the child’s body weight upon referral.

The dietary treatment with RUTF is managed in the home, with the children attending Outpatient Care sessions on a weekly (or biweekly) basis to monitor the health and progress of nutritional status and to replenish RUTF stocks.

The following RUTF key messages should be given to the mother when RUTF is introduced in Inpatient Care and repeated when the child is referred to continue treatment in Outpatient Care.

1. RUTF is a food and medicine for very thin and swollen children only. Do not share it.

2. Sick children often don’t like to eat. Give small, regular meals of RUTF and encourage the child to eat often (if possible, 8 meals a day). Your child should have ______ packets per day.

3. For young children, continue to breastfeed regularly. Offer breast milk first before every RUTF feed.

4. RUTF is the only food sick and thin/swollen children need to recover during their time in Outpatient Care. Always make sure the child finishes the total daily ration of RUTF before giving other (home) foods.

5. Always offer the child plenty of clean water to drink while he or she is eating RUTF.

6. Wash the child’s hands and face with soap before feeding, if possible.

7. Keep food clean and covered.

8. Sick children get cold quickly. Always keep the child covered and warm.

9. When the child has diarrhoea, do not stop feeding. Continue to feed the RUTF and give water.

10. Return to the health facility whenever the child’s condition deteriorates or if the child is not eating sufficiently.
As soon as a child is recovering well, her mother will be advised to give the child nutritious complementary foods at home (see Sections 4.2 and 4.3).

### 4.2. Prepare for Feeding the Child at Home after Full Recovery

Few children remain in Inpatient Care until full recovery. When a child meets the discharge criteria (15% target weight gain, consistent weight gain, oedema free, clinically well and alert), the child is discharged from Inpatient Care and the Inpatient Care treatment ends. If possible, the mother and child are linked with complementary community health, nutrition, and food security initiatives and services. If a supplementary feeding programme is available, the child will be admitted and receive supplementary food rations.

The mother will be advised to give the child nutritious complementary foods at home according to national Integrated Management of Neonatal and Childhood Illness (IMNCI) recommendations or the Ghana Health Service (GHS) IYCF recommendations. For a child 6–23 months of age, this means continuing breastfeeding and giving the child two or three meals of nutritious complementary foods daily. For a child 2 years or older, this means giving the child three meals each day plus nutritious complementary food, i.e., snacks between meals twice a day.

Before returning home, the child must become accustomed to eating nutritious complementary foods. While the child is in the ward, gradually reduce and eventually stop the F-100 feeds while adding or increasing the mixed diet of home foods until the child is eating as he or she will eat at home.

Appropriate mixed diets are the same as those recommended for a healthy child. They should provide enough calories, vitamins, and minerals to support continued growth.

Home foods should be consistent with the guidelines below.

- The mother should breastfeed as often as the child wants.
- If the child is no longer breastfeeding, animal milk can serve as an important source of energy, protein, minerals, and vitamins.
- Solid foods should include a well-cooked staple cereal. To enrich the energy content, add vegetable oil (5–10 ml for each 100 g serving), margarine, shea butter, or groundnut paste. The cereal should be soft and mashed; for infants use a thick pap.
- Give a variety of well-cooked vegetables, including orange and dark-green leafy vegetables. If possible, include fruit in the diet as well.
- If possible, include meat, fish, or eggs in the diet. Pulses and beans are also good sources of protein.
• Give extra food between meals (healthy snacks).

• Give an adequate serving size (large enough that the child leaves some uneaten).

Examples of healthy snacks that are high in energy and nutrients include:

• Bread with butter, margarine, or groundnut paste

• Roasted or boiled groundnuts, atsormo, doughnuts (bofrot), kaaklo, meat pie

• Koose, kulikuli, Nkatecake, moimo

• Yoghurt, milk, other milk or soya milk products

• Ripe banana, pawpaw, avocado, oranges, mango, pineapple, watermelon, or other fruits that are in season

• Boiled, roasted, or fried ripe plantain

4.3. Prepare the Mother to Continue Appropriate Feeding at Home

• Discuss with the mother and father (and other family members, if possible) the child’s previous diet and the foods that are available at home using a Dietary History Form, such as the example in Annex D.

• Discuss practical ways to address specific problems in the child’s past diet. Be sure to involve the mother as a partner in deciding what to feed the child, so that the decisions will be practical. Explain how to use or adapt available foods for a healthy diet that will meet the criteria listed above.

• Summarise what to feed the child, how much to give at each meal, and how many meals and snacks to give. Write it down or give the mother a prepared card with feeding instructions. Use pictures for mothers that cannot read.
• Remind the mother to sit with the child and encourage the child to eat.

• Before discharge, when the child is adjusting to home foods under hospital supervision, have the mother practise preparing recommended foods and feeding them to her child.

• Review instructions before discharge and ask the mother questions to be sure she understands what to do, for example:
  o What will you feed your child?
  o Where will you get the ingredients to prepare foods at home as you have done here?
  o How many meals and snacks will you feed your child each day?
  o How much will you feed your child at each meal or snack?

• Provide additional information and instruction if the mother needs it.

Tell a facilitator when you have reached this point in the module. There will be a brief video showing an educational session about preparing home food.
Exercise C

This exercise will be a group discussion of how hospitals can successfully prepare mothers to continue proper feeding at home. To prepare for the discussion, consider the questions below.

1. In your hospital, what will mothers be taught about feeding children at home?
   a. What mixtures of foods will make good meals in your area?
   b. What will be the main messages taught about feeding?
   c. Will you need more information before deciding what to teach?
   d. What information is needed and how will you get it?

2. Who will teach mothers about home foods and how to use RUTF in the home? How will they teach?
   a. Who is most suited to teaching mothers about feeding?
   b. How will demonstrations or examples be given in teaching sessions?
   c. How can mothers practise making home foods in the hospital?
   d. How can transition to home foods be supervised in the hospital?
   e. How can nurses work with mothers to ensure that advice about home feeding is practical and will be followed?

A group discussion of these questions will follow the video on preparing home food.
5. **Teach Mothers the Importance of Stimulation and How to Make and Use Toys**

Children with SAM have delayed mental and behavioural development. As the child recovers, he or she needs increasing emotional and physical stimulation through play. Play programmes that begin during rehabilitation and continue after discharge can greatly reduce the risk of permanent mental retardation and emotional problems.

The hospital can provide stimulation through the environment, by decorating in bright colours, hanging colourful mobiles over cots, and having toys available.

Mothers should be taught to play with their children using simple, homemade toys. It is important to play with each child individually at least 15–30 minutes per day, in addition to informal group play. Many ideas for toys and structured play are given in Annex E of this module, which provides details on emotional and physical stimulation.

Tell a facilitator when you have finished reading the section above. When everyone is ready, there will be a showing of the video ‘Malnutrition and Mental Development’, about how to play with children to stimulate mental development.
6. **Give Advice on Referral to Outpatient Care, Continued**

   - Inpatient Care staff should not retain children who are ready for referral to Outpatient Care (children with good appetite whose medical complications are resolving and who are clinically well and alert and gaining weight).

   - Complete a referral form (see Annex C) from Inpatient Care to Outpatient Care, including a summary section informing health care providers at Outpatient Care about the medical intervention and treatment given to the child.

   - Inform the mother where to go for Outpatient Care, at the health facility closest to her community. Inform the mother about who is the outreach worker covering her community whom she can contact in case of a problem (in the case where lists have been developed at the various Outpatient Care sites and shared).

   - Provide the mother with sufficient RUTF to last until the next visit to Outpatient Care (give a supply for 1 week).

   - Give mothers key messages about the use of RUTF and basic hygiene. The mother is also given any remaining medications and instructions on how to use them. She should repeat these instructions to the health care provider to make sure they were clearly understood and will be followed correctly (refer to instructions in Section 4).

   - Inform the mother about what to do if the child’s condition deteriorates before the next visit to Outpatient Care. Signs to bring the child back for immediate care include:
     - Not being able to drink or breastfeed
     - Stopping feeding
     - Developing a fever
     - Fast or difficult breathing
     - Convulsions
     - Diarrhoea for more than a day or blood in the stool
     - Oedema (swelling in feet, legs, hands, or arms)

   - Inform the mother when and where to go for child health visits, immunisation, and nutrition monitoring and counselling. Any currently needed immunisations should be given in the hospital and/or in Outpatient Care before discharge from treatment.

   - Inform the mother about vitamin A supplementation and deworming once every 6 months and about participation at child health days.

   - Inform the mother how to continue stimulating the child at home with play activities.
6.1. **Referral Form and Discharge Card for Inpatient Care**

The referral form ([Annex C](#)) is filled out when a child is ready for Outpatient Care and will continue treatment at home and have weekly (or biweekly) monitoring visits in Outpatient Care.

The referral form includes information that is of use for the health care provider in Outpatient Care to take over the responsibility of the treatment.

An example of discharge information is provided in [Annex B](#). The discharge information could be used when a child has completed treatment until full recovery in Inpatient Care. It includes home feeding instructions (with blanks to be filled in) and other instructions, such as when to return for immunisations, the next vitamin A supplementation, and the next follow-up visit.

The discharge information is available in the child health record.

Discharge information (the child health record) can be useful in several ways.

- It provides instructions for home care.
- It reminds the mother when and where to go for follow-up care.
- It can serve as a letter of introduction for health care or nutrition support and for linking with community health and nutrition initiatives close to the child’s home.
- It serves as a record of the child’s growth and immunisations.
Exercise D

This exercise consists of two role-plays about children that are leaving Inpatient Care and how to provide instructions to the mother. Your facilitator may ask you to play the role of a nurse or a mother, or you may be an observer.

If you are an observer, be prepared to answer the following questions based on your observations.

1. Did the nurse review all of the points on the referral form and/or discharge card?
2. Did the nurse speak clearly and simply so the mother could understand?
3. Did the nurse ask appropriate questions to be sure that the mother understood the instructions?
4. Did the nurse offer the mother a chance to ask questions?

Case 1

This mother and child have been in Inpatient Care for 7 days. The child, who is 15 months old, has a good appetite, has medical complications that are resolving, is clinically well and alert, and eats more than 75% of his daily RUTF. The child was admitted with severe oedema (+++); it is now mild (+). The mother has already been taught carefully about the RUTF key messages. The mother has been provided a 1-week ration of RUTF and provided instructions on when to report to the nearest health facility in her community that provides Outpatient Care for follow-up. The mother and child are ready for referral to Outpatient Care. It is now time for the nurse to review instructions with the mother using a referral form. The nurse will use the referral form (see Annex C).

Case 2

This mother and child have been in Inpatient Care for 18 days. The child, who is 2 years old, has reached her 15% target weight gain. The mother has already been taught carefully how to continue feeding at home and how to play with her child. The mother and child are ready for discharge. It is now time for the nurse to review instructions with the mother using the child health record. The nurse will use the sample discharge information given in the module (see Annex B). A child health record may also be used for discharge information.
7. **Make Special Arrangements for Referral to Outpatient Care, Follow-Up in Case of Defaulting, or if Early Discharge is Unavoidable**

If there is no Outpatient Care in the child’s vicinity or if the child is leaving Inpatient Care before meeting the referral or discharge criteria, it is critical to make arrangements for follow-up of the child in the community.

For example, plan for a health care provider or community outreach worker to visit the child’s home or send a message through other mothers of the same community of origin. Mothers will need special advice on continuing treatment and/or preparing nutritious complementary food at home.

In no case should a child be referred to Outpatient Care until the following conditions are met.

- Intravenous (IV) or intramuscular (IM) antibiotic treatment is finished.
- The child is eating the RUTF well (eating 75% of the daily amount).
- The child is clinically well and alert.
- The child is gaining weight.
- The mother has been thoroughly trained on how to access the Outpatient Care site close to her home and is instructed to continue treatment at home, or, after full recovery, to feed the child with energy- and nutrient-dense food at home.
- Arrangements have been made for support and follow-up in the community (e.g., contact with a community outreach worker for home visits or follow-up visits to an Outpatient Care).
- The mother is instructed to return to the health facility as soon as the child’s condition deteriorates.
8. **Support Infant and Young Child Feeding**

Annex B summarises health and nutrition education messages that can be used for individual and group counselling for improving and supporting IYCF practices. This information is adopted from the child health record, which should be used to counsel the mother on home feeding. It lists key behaviours to promote breastfeeding, summarises the importance of breastfeeding for infants and young children, and recommends IYCF practices on breastfeeding and complementary feeding\(^2\). It also provides an example of Ghana-adapted recommended foods for infants and young children.

IYCF support for mothers can target topics that:

- Prevent children from relapsing after being discharged from the management of SAM
- Support exclusive breastfeeding for infants under 6 months and continued breastfeeding in addition to other foods for up to 24 months
- Prevent mothers defaulting from care upon referral to Outpatient Care

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9. **Link with Community Initiatives for the Prevention of Undernutrition**

Once children have been treated for SAM, they and their mothers and families may be linked with community, social, and economic support programmes that promote food security and support strengthening of livelihoods and income-generating activities.

Mothers may be linked with community volunteers of different sectors and report to the community development committee in their respective place of residence.
Exercise E (Optional)

Pick questions that are relevant to your context and discuss.

*Note: A nutrition expert may be consulted to lead these discussions.*

1. What are the reasons for defaulting? Are the reasons institutional (e.g., limited space in Inpatient Care, no food for the mothers) or personal?

2. Is defaulting or early discharge avoidable? If so, how?

3. If defaulting or early discharge is not avoidable, what are the options for handling early discharge (e.g., home visits, follow-ups by community outreach worker)? What are the advantages and disadvantages of these?

4. How can the mother be thoroughly prepared to feed the child at home?

5. Can F-100 be continued at home or can the home diet be adapted to meet the energy and nutritional needs of the child?

6. How can you best advise the mother to prevent undernutrition with IYCF practices?

7. How can the mother link with community initiatives to prevent undernutrition?
Annex A. Example Outline of a Teaching Session

Below is an outline of a teaching session that could be used with mothers of children with SAM. The purpose of the training session is to teach mothers how to prepare nutritious food at home.

This home-based food, called *khichuri*, would be appropriate for children of ages 6–24 months when they have recovered and are eating at home. The recipe given makes 589 g of cooked food (cooked soft). The recipe provides 115 kcal and 2.9 g protein per 100 g.

The outline contains information, examples, visual aids, and practice. It also includes opportunities for mothers to ask questions and contribute ideas.

Although local foods in your area are likely to be different, a similar teaching outline could be used.

**Teaching Session: Preparing *Khichuri* (Home-Based Food)**

**Preparation.** Before the teaching session, prepare a display tray with ingredients for *khichuri*. Also begin preparing a recipe for *khichuri* (see below). Have the water boiling with rice, lentils, and spices as the session begins. During the teaching session you will finish the recipe.

1. **What is *khichuri***?

**Information.** *Khichuri* is a nutritious home-based food for children. It will help children continue to recover at home. This food should be given in addition to breast milk or breast milk substitute. While this food should definitely be given to the child, the rest of the family may like this food too; if so, prepare enough for the whole family.

**Example.** Display the following ingredients on a tray. Call attention to the amount of each.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>fistful 75 g</td>
</tr>
<tr>
<td>Lentils</td>
<td>fistful 50 g</td>
</tr>
<tr>
<td>Leafy green vegetables</td>
<td>fistful 75 g</td>
</tr>
<tr>
<td>Pumpkin</td>
<td>fistful 75 g</td>
</tr>
<tr>
<td>Onion (for flavour)</td>
<td>1 piece</td>
</tr>
<tr>
<td>Vegetable oil</td>
<td>5 teaspoons 25 g</td>
</tr>
<tr>
<td>Water to be absorbed by rice</td>
<td>about 800 ml</td>
</tr>
</tbody>
</table>

Spices (such as garlic and ginger) may be added for flavour. (If preparing for children with SAM who are still recovering, do not add salt, since sodium should be limited. Salt may be added when the recipe is made at home for the family.)
Discussion. Ask the mothers why they think these ingredients are good for children and all family members. In discussion, explain that:

- Oil and rice (or another staple, such as potatoes) are needed to give energy
- Lentils are needed to build and grow the body
- Leafy green and orange-coloured vegetables are needed to give strength and good health and also to prevent blindness

2. How to Make Khichuri

Information and example. Describe the recipe, pointing to each ingredient on the tray as you talk. If the mothers can read, the recipe may be given to them in writing. If not, a picture recipe may be used. Tell mothers what you have already done to begin the cooking.

1. Wash hands before preparing food.
2. Put rice, lentil, pumpkin, spices, oil, and water in pot and boil.
4. Five minutes before rice is cooked, add cleaned, chopped vegetables.

Practice. When it is time to add the vegetables, have a mother do so. Have a mother clean and chop the leaves and add them to the pot.

3. Amount to Serve

Information and example. Children 9–12 months should be fed five times (four meals plus one snack) per day. Explain that the amount in the pot is enough for two meals for a 1-year-old child. Cook it twice daily to make four meals. Increase amounts if the whole family will eat it.

Remind mothers to wash their hands before serving food and keep food covered. Do not store too long or the food may spoil.

Focus on giving this food to the child until he or she is better. Then the child can shift to other nutritious family foods.

Practice. Ask a mother to wash her hands and serve two portions of food from the pot. Show mothers that this is the correct serving size for a 1-year-old. Show and describe the portion in relation to the size of the bowl or plate. Let mothers (and children, if present)
taste the *khichuri*. Explain that it can be cooked longer to make it softer if the child needs softer food.

4. **Discussion and Review**

**Discussion.** Ask mothers questions about how they can prepare *khichuri* at home. Encourage them to ask questions as well. Include in the discussion:

- How much do you think *khichuri* costs?
- Who goes shopping for food in your family? Will they be willing to buy ingredients for *khichuri*?

**Review.**

- What are the reasons to serve *khichuri*? To prevent and treat malnutrition, to prevent blindness, to ensure strong and good health
- How often should you feed your child *khichuri*? ____ times per day
- How much will you give at each meal? Show serving size.
- How will you prepare *khichuri*? Review the ingredients and recipe.
Annex B. Sample Referral and Discharge Information

This sample discharge information is contained in the child health record and used to counsel the caregiver during discharge.

Breastfeeding

- Start breastfeeding within 30 minutes after delivery
- Give your baby only breast milk for the first six months of life
- Breast milk provides all the food and water your baby needs for the first six months of life and protects the baby against infections
- The first yellowish milk (colostrum) also protects the baby against infections, give it to your baby
- Give no water or any other liquids for the first six months of baby’s life
- Breastfeed as often as the baby wants, day and night
- Properly position and attach the baby to the breast (see the picture above). The baby needs to take part of the breast and not just the nipple
- Talk to your health worker on how to feed your baby if you are HIV positive.

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3 All pages are adapted from the Ghana Child Health Record (GHS).
**Feeding the Child**

It is always important to feed your child with foods and fruits that would help him/her to grow well and stay healthy. Foods can be mashed, fruits can also be mashed, cut up or squeezed into juice.

Feeding child with variety of foods/fruits from the age of 6 months

Washing hands with soap and water
Feeding a Healthy Child

**Birth to 6 months**
- Start breastfeeding within 30 minutes after birth
- Give only breast milk as often as the child wants, at least 10 times during the day and night
- Breastfeed long enough to empty one breast at each feed (about 10 minutes), before giving the other breast
- Do not give water, sugar water, gripe water, cod liver oil, fruit juice, pito, herbal preparations, koko, milk or other liquids or foods
- If you think the baby is thirsty give more breast milk.

**6 months to 9 months**
- Breastfeed as often as the child wants, at least 8 times during the day and night
- Give 3 times a day, an adequate serving of a variety of foods without pepper (4 times if not breastfed)
- Give also one (1) snack a day between main meals
- Give fruit everyday. Wash the fruit in water, mash or squeeze into juice
- Feed new foods patiently
- Do not give water just before breastfeeding or other feeds
- Serve the child in a separate bowl
- Wash yours and the child’s hands with soap and water before feeding.

**9 months to 12 months**
- Breastfeed as often as the child wants
- Give 4 times a day, an adequate serving of a variety of foods without pepper (5 times if not breastfed)
- Give also one (1) snack a day between main meals
- Give fruit everyday. Wash fruit, mash, cut up, or squeeze into juice
- Do not give water just before breastfeeding or other feeds
- Serve the child in a separate bowl
- Wash yours and the child’s hands with soap and water before feeding.

Continue Breastfeeding for 2 years and beyond
Feeding a Healthy Child

12 months to 2 years

- Breastfeed as often as the child wants
- Feed 3 times a day, a variety of family foods with little or no pepper (4 times if not breastfeeding)
- Give also, two (2) snacks in between main meals
- Give fruit everyday. Wash before eating
- Do not give water just before breastfeeding or other feeds
- Serve the child in a separate bowl and supervise the child to eat
- Wash yours and the child’s hands with soap and water before eating.

2 years and older

- Feed 3 times a day a variety of family foods
- Give also two (2) snacks daily in between main meals
- Give fruits every day. Wash the fruits before eating
- Serve child in a separate bowl and supervise the child to eat
- Wash yours and the child’s hands with soap and water before eating.

Feeding during and after illness:

Birth – 5 years

- Increase the frequency of breast feeding/feeding so that the child can quickly recover weight and strength lost
- Give him/her one or two extra meals each day for two weeks after the child gets better to help regain lost weight.

Make sure your child’s food has enough fruits and vegetables.

Continue Breastfeeding for 2 years and beyond.
Family Foods That You Can Give To The Child

**Porridge**
Thick porridge made from maize, millet, sorghum, guinea corn or rice; ekwegbemi or other thick porridge like tom-brown and weansmix. Add a little sugar and enrich with one or more of the following:

- Palm oil, shea butter or other vegetable oil, groundnut paste, soy flour, bean flour, egg, milk or fish powder.

For children 12 months and older, porridge should be served with bread, doughnuts (bofrot), koose, kuli kuli or biscuit.

**Snacks:** Give in between meals, doughnuts (bofrot), koose, bread with margarine or groundnut paste, kuli kuli, biscuit, banana, roasted or fried plantain or yam, fruit.

**Fruits:** Everyday, give the child fruits such as mango, orange, watermelon, avocado pear, pawpaw, pineapple, banana etc.
Family Foods That You Can Give To The Child

**Family Foods**
Waakye, rice, kenkey, fufu, abolo, garri, yam cocoyam, plantain, cassava, sweet potato, kokonte, akplo or tuozafi.

**Serve with at least one ladle of stew such as:**
Kontomire, beans, garden egg, okro, tomato, agushile, alesfu, ayoyo, pumpkin, bokombo all cooked with palm oil or other vegetable oil and mashed fish, meat or egg.

Or with at least one ladle of soup such as:
groundnut, palm nut, neri, okro, vegetable soup, or green/leafy vegetable soup. All prepared with mashed fish, meat or beans.

**Other family foods e.g.**
Mpotompoto, garri-foto, aprapransa with palm oil or other vegetable oil and mashed fish, egg, meat, or beans.

- Rice ball with groundnut soup and fish powder
- Soup with fish or meat
- Rice with palava sauce and fish
- Yam porridge (mpotompoto) with fish powder and beans

Wash hands with soap and water before preparing food or feeding your child.
<table>
<thead>
<tr>
<th>Age Period</th>
<th>Vaccine</th>
<th>Date Given</th>
<th>Batch No.</th>
<th>Place Given</th>
<th>Date of Next Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Birth</td>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Weeks</td>
<td>Polio</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>DPT/Hep B/ Hib 1 (5 in 1)</td>
<td>V:</td>
<td>D:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
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</tr>
<tr>
<td>10 Weeks</td>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DPT/Hep B/ Hib 2 (5 in 1)</td>
<td>V:</td>
<td>D:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Rotavirus</td>
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<td>14 Weeks</td>
<td>Polio</td>
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</tr>
<tr>
<td></td>
<td>DPT/Hep B/ Hib 3 (5 in 1)</td>
<td>V:</td>
<td>D:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6 Months</td>
<td>Vitamin A</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Months</td>
<td>Measles 1</td>
<td>V:</td>
<td>D:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yellow Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Months</td>
<td>Vitamin A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Months</td>
<td>Vitamin A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measles 2</td>
<td>V:</td>
<td>D:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treated Net (LIN)</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

V - Vaccine Batch Number
D - Diluent Batch Number
Vitamin A Continued

<table>
<thead>
<tr>
<th>Vitamin A</th>
</tr>
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<tbody>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>2 years</td>
</tr>
<tr>
<td>2 ½ years</td>
</tr>
<tr>
<td>3 years</td>
</tr>
<tr>
<td>3½ years</td>
</tr>
<tr>
<td>4 years</td>
</tr>
<tr>
<td>4½ years</td>
</tr>
<tr>
<td>5 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Vaccine:</td>
</tr>
<tr>
<td>Batch No.:</td>
</tr>
<tr>
<td>Date Given:</td>
</tr>
<tr>
<td>Date of Next Visit:</td>
</tr>
</tbody>
</table>

Foods Rich In Vitamin A

Growth Monitoring and Promotion

Use of the Growth Chart

- The growth charts have been developed to help caregivers follow the growth of the child (pink for girls, and blue for boys)
- Each child grows along his or her own curve based on the birth weight. Some babies may be born big, and others small
- The caregiver should make sure that the child’s weight increases adequately every month, which can be shown at monthly weighing
## Annex C. Sample Referral Card from Inpatient Care to Outpatient Care

<table>
<thead>
<tr>
<th>Referred to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Reason for referral:</td>
</tr>
<tr>
<td>Other classifications:</td>
</tr>
<tr>
<td>Treatment given before referral:</td>
</tr>
<tr>
<td>Vaccinations:</td>
</tr>
<tr>
<td>Name of worker:</td>
</tr>
<tr>
<td>Location:</td>
</tr>
</tbody>
</table>
## Annex D. Dietary History Form

**Is the child being breastfed?** Yes / No

**If no, what type of milk has been offered (circle one):** Goat / Cow / Formula / Other (specify):

**If yes (circle one):** Exclusive / Mixed

<table>
<thead>
<tr>
<th>Has the child been breastfed before?</th>
<th>Age at which breastfeeding stopped:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

**Duration of exclusive breastfeeding (in months):**

<table>
<thead>
<tr>
<th>Age at which semisolid feeds started:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Usual diet before current illness:

<table>
<thead>
<tr>
<th>Type of food or fluid given</th>
<th>Age at which started (months)</th>
<th>Age at which stopped (months)</th>
<th>Amount per feed (g or ml)</th>
<th>Frequency of feeds per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant formula or animal milk (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereals (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other staple foods* (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water, herbal teas, or other drinks (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh fruit/fruit juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange and dark green vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other vegetables and pulses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish, meat, or eggs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other foods (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Includes rice, corn, cassava, sorghum, potatoes, millet, and noodles

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

**Diet during past 24 hours (record all intake):**
Annex E. Emotional and Physical Stimulation for Children

At each play session and for all ages:

- Teach local songs and finger and toe games.
- Have the child vocalise/repeat what he or she hears.
- Describe all activities.
- Teach action words with activities (e.g., say ‘bang bang’ while beating a drum).
- Encourage next motor milestone while playing: bouncing, crawling, standing, and walking.

For children who cannot easily move, try the following activities:

- Passive limb movements
- Splashing in a warm bath

<table>
<thead>
<tr>
<th>Age</th>
<th>Toy</th>
<th>To Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>6+ months</td>
<td>Ring on a string</td>
<td>String together cotton reels and other small objects with holes. Tie the string in a ring, leaving a long piece of string hanging.</td>
</tr>
<tr>
<td>9+ months</td>
<td>In-and-out toy</td>
<td>Use a plastic or cardboard container and small objects that the child can’t swallow.</td>
</tr>
<tr>
<td>9+ months</td>
<td>Blocks</td>
<td>Use small wood blocks and sanded smooth. Decorate with carving or non-toxic paint if possible.</td>
</tr>
<tr>
<td>9+ months</td>
<td>Nesting toys</td>
<td>Cut off the bottom of two containers of identical shape but different size.</td>
</tr>
<tr>
<td>12+ months</td>
<td>Rattle</td>
<td>Cut long strips of plastic from coloured plastic bottles. Place them in a small clear plastic bottle. If available, use non-toxic glue to secure the top on firmly. Do not use this toy if the child is at risk of choking on the rattle’s contents.</td>
</tr>
</tbody>
</table>

### Toys for Children 12–18 Months

<table>
<thead>
<tr>
<th>Age</th>
<th>Toy</th>
<th>To Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+ months</td>
<td>Drum</td>
<td>Use a tin with a tight lid.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Posting Bottle</td>
<td>Use a large clear plastic bottle with a small neck and place objects like spools that child can’t swallow but can fit through the neck. Don’t seal the lid.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Pull-along toy</td>
<td>Make a hole in the centre of the top and bottom of a round tin. Thread the string (about 60 cm long) through the holes and tie the ends inside the tin. To make noise while pulling, put metal bottle tops inside of the tin and close the lid.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Doll</td>
<td>Cut out two doll shapes from a piece of cloth and sew the edges together, leaving a small opening. Turn doll inside out and stuff with scraps of materials. Stitch the opening closed and draw or sew a face on the doll.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Stacking bottle tops</td>
<td>Cut at least three same-sized round plastic bottles in half and stack the tops.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Mirror</td>
<td>This is a tin lid with no sharp edges. If you cannot smooth the edges of the tin lid, do not use this toy as it could harm the child.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Puzzle</td>
<td>Draw a figure (e.g., a doll) in colour on a square or rectangular piece of cardboard. Cut the figure into a few larger pieces.</td>
</tr>
<tr>
<td>18+ months</td>
<td>Book</td>
<td>Cut out three equal-sized rectangular pieces of cardboard. Glue or draw simple and familiar pictures on both sides of each piece. Make two holes on one side of each piece and thread string through.</td>
</tr>
</tbody>
</table>