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OPERATIONAL GUIDELINE NUTRITIONAL REHABILITATION CENTRE (NRC)

Management of the severely malnourished children does not require sophisticated facilities & equipments or highly qualified personnel. It does require that each child be treated with proper care & affection, and that each phase of treatment be carried out properly by approximately trained and dedicated health personnel. When this is done, the risk of death can be substantially reduced and the opportunity for full recovery greatly improved.

After treating the life-threatening problems in a hospital or in a residential care facility, the child with acute malnutrition will be transferred to NRC for intensive feeding to recover lost weight, development of emotional & physical stimulation, capacity building of the primary caregivers of the child with acute malnutrition through sustained counselling and continuous behavioural change activities. Thus NRC will be intended to function as a bridge between hospital & home care. Hence, NRC will be a short stay home for children with acute malnutrition along with the primary care givers.

Objectives:

To provide institutional care for children with acute malnutrition.

To promote physical, mental & social growth of children with acute malnutrition.

To build capacity of primary care givers in the home based management of malnourished children.

NRC proposed in 2008-09: 1) DHH, Mayurbhanj

2) DHH, Kalahandi

Major Features

Strength : 10 bedded

- Mother or local guardian (Primary care giver) will be accepted with the client.
- In case of orphan child, Care giver may be hired for supporting the baby for the entire period of stay in the Nutritional rehabilitation centre. Honorarium may be paid from RKS grant to the Care giver.

Period of Stay: As recommended by treating Physician & Nutritionist-cum-Counsellor



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Admission Criteria

- Severe wasting and/or bipedal edema.
- Moderately severe cases with complications (Recurrent ARI and DD).
- <1 yr. of age with lactation failure or mother expired.
- Children with associated problems can only be admitted after stabilization at PHC/CHC/SDH/DHH for recommended period as decided by treating Physician.

Services to be provided at NRC

- Treatment & Patient management.
- Nutritional support to inmates.
- Nutrition education to his/her family members.
- Other counselling services viz. Family planning, Better hygiene practices, Psycho-social care & development.
- Capacity building of the primary caregivers on Preparation of low cost nutritious diet from locally available food ingredients, Developing Feeding habits & time management in mothers, imparting knowledge of developing kitchen garden etc.
- Follow up Services

Training

All core staffs of the organisation viz. Medical Officer, Nutritionist-cum-Counsellor, HW(F)s & supervisory staffs viz. Child Survival coordinator, Hospital Manager & DPM will be given training. Training will be outsourced to an acclaimed organisation in the country i.e. CINI, Kolkota, having long standing experience in running the Nutritional Rehabilitation Centre. Training duration & cost will be decided in consultation with Child Division, CINI, Kolkota.

Follow up

- All discharged cases will be followed up, at least for a period of 1 year.
- ASHA & AWW concerned of the area will be assigned this task.
TASK:-Growth monitoring on monthly basis
Follow up counselling
Mobilise for treatment at hospital for associated problems
Reporting to NRC on monthly basis



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- Follow up card depicting growth chart has to be maintained for each discharged cases at two levels i.e. NRC & Home of discharged cases.
- Performance incentive to ASHA & AWW for follow up counselling & timely reporting.
- Child Survival Coordinator/Nutritionist-cum-Counsellor/Block Medical Officer will go for home visit if any problem reported by ASHA/AWW concerned.

Monitoring:

- Performance report to be sent on monthly basis to the State.
- Monthly review meeting to be conducted, which will be attended to by all core staffs of NRC including Maternal & Child Survival Coordinator, DPM, DAM, Hospital Manager ,ADMO(Med)& ADMO (FW).CDMO concerned will chair the meeting.
- Technical & administrative consultation will be given by DMCSO.
- Growth chart & general health conditions of the child has to be monitored on daily basis in the desired format.
- Case record has to be maintained & kept for record.

BUDGET ESTIMATES

Sl. No	Item	Cost estimate per month	Annual cost (in Rs.)	Remarks
1	Non-recurring Cost			
1.1	Civil work			As per estimation
1.2	Equipments, Instruments & Furniture		200000	As per requirement suggested list annexed at Annexure-A
2	Recurring Cost			
2.1	Personnel Cost	48400	580800	Annexed at Annexure-B
2.2	Fooding Child Breakfast & Snacks in the afternoon @ Rs10/- X2 Lunch & Dinner @ Rs15/- X 2	37500	450000	Child has to feed 7 times & mother 4 times a day. Menu to be decided in consultation with Nutritionist &



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	<p>Supplementary food @ Rs5/- X 3 Mother Breakfast & Snacks in the afternoon @ Rs10/- X 2 Lunch & Dinner @ Rs20/- X 2 @ Rs125 /- per case</p>			Medical Officer concerned
2.3	<p>Compensation to Primary Care Givers -Completes 10 days in the NRC, Clint will eligible to get Rs300/- & for each additional day of stay in NRC, Client will get Rs30/- per day</p>	10000	120000	LAMA cases will not be benefited under this head
2.4	<p>Medicine ,Clinical investigation & Micro Nutrients required if any when same facilities are not available in Hospital</p>	3000	36000	Local purchase can be made if the cost of items are <Rs1000/- 3 quotations may be obtained ,compared & lowest bidder may be placed the order if cost of the items are within Rs1000/-- Rs10000/-
2.5	<p>Event management Observation of related days, competitions among inmates, recognition for involvement in the programme ,Birth day celebration babies etc</p>	2500	30000	Budget break up has to be approved by district authorities as per the guideline
2.6	<p>Printing, Xeroxing, photographs etc. Documentation& Reporting</p>		20000	



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2.7	Establishment Cost	1500	18000	
2.8	Follow up Performance Incentive to AWW & ASHA for regular follow & reporting as per instruction @ 200/- per case		20000	
	Sub Total		12,74,800	
3	Training			
	Training Cost		100000	Cost will be estimated & submitted by CINI, Kolkotta on receiving request from us. Training will be coordinated by the training Consultant from State.

ANNEXURE- A

SUGGESTED EQUIPMENTS, INSTRUMENTS & FURNITURES REQUIRED FOR ESTABLISHMENT OF NUTRITIONAL REHABILITATION CENTRE

Items	Suggested Quantity required in nos.
Office Establishment	
Table	1
S Chair	1
Almirah	1
Steel Rack	1
Telephone Connection	1
Digital Camera	1
Medical Equipment, Instrument	
Medicine Cabinet	1
BP instruments	2
Stethoscope	2
Weight machine baby,Child,adult	1 each
Height meter	1
Medicine tray	2
Waste disposal bins	As required



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Any other as required	
Indoor management	
Bed (with side support)	10 (May be spared from Hospital if available)
Almirah	10
Plasma TV	1
VCD	1
Satellite Dish with setup Box	1
Mosquito net	10
Mirror (large)	4
Counselling Unit & reception	
Table	2
S Chair	2
Exhibition Board	1
White Board	1
Plastic moulded chair for group counselling	30
Playing items	
Out door & indoor Game articles (Suggested out door game items given in annexure -A)	As required
Kitchen Equipments	As required
Gas with Cylinder	
Water Purifier	
Utensils as required	
IEC	As decided by RKS
Wall painting, Display boards	

- Items in the List are indicative only. Decision of RKS concerned in this regard is final.
- In case of total estimated cost of item/s (group of similar items) are less than Rs.50000/- , three (3) quotations may be obtained from reputed manufacturers /Suppliers & compared & order may be placed on lowest Bidder observing all formalities under OGFR.
- In case of total estimated cost of item/s group of similar items) are more than Rs50000/- , quotations may be obtained through advertisement. After necessary comparison & evaluation of received tenders, lowest responsive evaluated bidder observing all formalities under OGFR.



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- Grouping of similar items, detailing specifications, initiating tender process & evaluating of obtained tender must be done by Purchase committee judiciously.

OUT DOOR GAMES SUGGESTED FOR NUTRITIONAL REHABILITATION CENTRE (SUGGESTED SPECIFICATIONS)



Frog Slides

Features:

The sliding portion is made of stainless steel sheet for maximum safety.

In fact all our slides come with joint-less stainless steel sheets.

Suitable for all age groups.

Specifications:

This is a slide of size 1.2m height.



Rider Swing

Features:

This swing comes with animal riders.

Specifications:

size of 3.0m x 1.5m



Jungle Gym Climbers

Features:

Multi-utility climber suitable for various age groups.

Due to a compact size, it can fit in most play areas even those with space restrictions.

Provides for good exercise for leg & calf muscles.

Specifications:

sizes 1.5m height

Compact size of 1.2m x 1.2m footprint.



Standard See-Saw

Features:

- Highly reinforced & suitable for public spaces.

Specifications:

- This is a standard 4 seater see-saw of size 1.5m x 2.1m.



Merrycone Round

This is a merry go round for the tiny tots. Individual FRP seats with backrest is provided for comfort.

1.5m (4 seater), & 2.1m (6 seater) diameters.

Plastic seats



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Frame and Fork:- Steel, MIG Welded

Size- 12"/16"/20"

Accessories like Chain cover, Carrier Basket, Back rest, Wheel Stabiliser, bell.

From reputed company with ISO certification



Child tricycle with ISO9001 certification and having safety standard certification.

Stimulating Toys:

For psychosocial development of the malnourished children,

Ring on a string (from 6 months):

Thread cotton reels and other small objects (eg. Cut from the neck of plastic bottles) on to a string. Tie the string in a ring, leaving a long piece of string hanging.

Blocks (from 9 months):

Small blocks of wood. Smooth the surfaces with sandpaper and paint in bright colours, if possible.

Stacking bottle tops (from 12 months):

Cut at least three identical round plastic bottles in half and stack them.

Puzzle (from 18 months):

Draw a figure (e.g. a doll) on a square or rectangular shaped piece of cardboard. Cut the figure in half or quarter.



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Annexure -B

MANPOWER PLANNING

NUTRITIONAL REHABILITATION CENTRE

Introduction

Man power planning in Human Resource Management is a core factor. Here the penalties for not being correctly staffed are costly.

Man power requirement at NRC

Position	Sanctioned strength	Nature of assignment	Qualification & experience	Remuneration	Remarks
ADMO(Med) -cum-Nodal Officer					Nodal Officer of the Programme
Hospital Manager- cum-NRC Coordinator					Coordinator of the Programme
Nutritionist cum Counsellor	1	Contract ual& Full time	BA with Home Science honours with at least 2 years of working experience in the related field	Rs6000/-per month	Must be a lady Candidate
Medical Officer	1	Part time	Senior most Paediatric Specialist of the DHH or any other as decided by EC, RKS	Rs3000/- per month	



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Health Worker (F)	6	Contractual & Full time	Passed HSC examination Undergone 1year 6 months training for MHW(F)from recognised institution as per UOI No- 89/DAMT dated 13 th August 2008	Rs 5400/- per month	To be placed in the ratio of 1:5(ANM : Beneficiaries) /2 per shift
Cook	1	Contractual & Full time	7 th Std. Pass	Rs 3000/- per month	Must be a lady Candidate
Attendant	2	Contractual & Full time	7 th Std. Pass	Rs2000/- Per month	Must be a lady Candidate

Responsible Agency/Section/person for recruitment

Position	Responsible Agency/Section/Person for recruitment	Selection process
Nutritionist cum Counsellor	CDMO of respective district, supported by DPMU	Walk in Interview for inviting applications from eligible candidates. Selection will be based on the Career marks & marks secured in Group discussion & personal interview. Matriculation- Out of 20 Graduation – Out of 30 Degree/Diploma course on Nutritional education if any -20(En-block)



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		<p>Group discussion- Out of 10</p> <p>Personal Interview-out of 20</p>
Medical Officers	RKS concerned has to decide it. Senior most paediatric Specialist of the concerned Facility may be given first preference.	
Health Worker (F)	CDMO of respective district, supported by DPMU	<p>Can be drawn from valid merit list of HW(F) if not may conduct Walk-in-Interview.</p> <p>Selection will be on the basis of marks secured in 10th Std.</p>
Cook	CDMO of respective district, supported by DPMU	<p>This task may be out sourced.</p> <p>-The MNGO, FNGOs, Service NGO & NGO managing the urban health Programme may only be invited to participate in the bidding process.</p> <p>-Pre bid discussions must be made with them.</p> <p>-Interested NGOs will have to submit the consent letter.</p> <p>Priority must be given in the following order to select suitable agency</p>
Attendant	CDMO of respective district, supported by DPMU	<p>-MNGO may be given the 1st priority if accepted the assignment.</p> <p>-Applications of FNGOs may be considered if MNGO do not agrees upon the proposal. Distance from operational area to the proposed place of NRC may be taken into consideration while selecting FNGO for the task.</p> <p>-Service NGO may be given the third</p>



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		<p>priority, if MNGO & FNGOs are not applied for the assignment.</p> <p>-Urban health NGO may given the next priority if all above NGOs do not agrees for taking up the assignment.</p>
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Roles & Responsibilities of NRC Staffs

Position	Roles & responsibilities
ADMO(Med)-cum-Nodal officer	<p>-Over all In-charge of the center. He / She will take day to day administrative decisions regarding the center.</p> <p>-He will be the drawing and disbursing officer for the center.</p>
Hospital Manager-cum-NRC Coordinator	<p>-He will support ADMO (Med) in managing the Center.</p> <p>--He / She will coordinate / supervise day to day activities and report to authorities accordingly.</p> <p>-Coordinate with hospital and other agencies for ensuring essential services.</p> <p>-He / She will initiate all files .</p>
Nutritionist cum Counsellor	<p>-Nutritionists-cum-Counsellor plan food and nutrition programs and supervise the preparation and serving of meals. He/She help to prevent and treat illnesses by promoting healthy eating habits and recommending dietary modifications. He/She manage food service systems promote sound eating habits through education. They assess patients' nutritional needs, develop and implement nutrition programs, and evaluate and report the results. He counsel individuals and family members on nutritional practices designed to prevent</p>



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	<p>disease and promote health.</p> <ul style="list-style-type: none"> -Supervise & coordinate the activities of home for smooth service delivery. -Responsible for report & return.
Medical Officers	<ul style="list-style-type: none"> -Attend cases at least once in a day. -Willing to attend emergency calls as & when required.
Health Worker (F)	<ul style="list-style-type: none"> -Anthropometric measurements. -Provide treatment under the supervision of the physician. -Nutritional counselling. -Attend cases as & when required. -Help in maintenance of records. -Willing to work on rotation & at night shift.
Cook	<ul style="list-style-type: none"> -Cook food for inmates.
Attendant	<ul style="list-style-type: none"> -Responsible for housekeeping & maintenance of cleanliness in the home. -Help in cooking foods for inmates. -Develop Kitchen garden in the premises.



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Budget

Position	Cost estimate per month (In Rs.)	Annual cost estimate (in Rs.)
Nutritionist cum Counsellor(1) @ Rs6000/- PM	6000	72000
Medical Officers(1) @ Rs3000/- PM	3000	36000
Health Worker (F)(6) @ Rs5400/- PM	32400	388800
Cook(1) @ Rs3000/- PM	3000	36000
Attendant(2) @ Rs2000/- PM	4000	48000
Total	48400	580800

File routing & Accounting procedures

- Fund shall be placed with the ADMO(Med) account on quarterly basis following due procedures mentioned in FMG.
- Separate Cash book & Ledger has to be maintained for this programme.
- Fund placed with ADMO(Med) for this purpose shall be treated as advance, which would be adjusted on receipt of SOE from him/her on monthly basis.
- Hospital manager will initiate the file for day to day transactions of NRC
- Every proposal except in Sl. No 1.1, 1.2 & 2.5 as stated in the Budget estimate will go directly to CDMO through ADMO (Med).
- For activities in the Sl. No 1.1, 1.2 & 2.5 file must be routed through DPMU before submitting at ADMO(Med) & CDMO for approval.
- Accountant attached to DHH will maintain books of account of the Centre. No additional payment will be made him/her for this assignment