|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nutrition Stabilization Center Staff Status** | | | | | | | | | | | |
|  | **District:** | |  |  |  |  |  |  |  | **Dated:** | |
| (Please fill the following sheet by those who are in continuance monitoring with per week visit, write down codes in appropriate boxes. Shift Codes A=Monitoring, B=Evening and C=Night, 1=Govt, 2=Hired, Training Codes Y=Yes and N=No. Regular Y=Yes and N=No, Absent=1, Leave=2. In performance section writes H/S Knowledge, Skills, attitude and behavior through observing) | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Sr. #** | **Name** | **Designation** | **Shift** | **Govt/Hired** | **Trained** | | **Regular/Punctual** | **Absent/Leave** | **JD Given** | **Contact Number** | **Performance** |
| **SAM** | **IYCF** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |

District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: \_\_\_\_

**1- Checklist for Monitoring Food Preparation**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| 1. Kitchen available for food preparation? |  |  |  |
| 1. Are F-75 prepared feeds available? |  |  |  |
| 1. Are F-100 prepared feeds available? |  |  |  |
| 1. Are RUTF/F-100 prepared feeds available? |  |  |  |
| 1. Does kitchen staff (or those preparing feeds) wash hands with soap before preparing food? |  |  |  |
| 1. Are measurements made exactly with proper measuring utensils (e.g. correct scoops, jugs)? |  |  |  |
| 1. Are ingredients thoroughly mixed? |  |  |  |
| 1. Is correct amount of water added to make up a liter of formula? (Staff should not add a liter of water, but just enough to make a liter of formula.) |  |  |  |
| 1. Is food served at an appropriate temperature? |  |  |  |
| 1. Are correct amounts put in the dish for each child? |  |  |  |
| 1. Is leftover prepared food discarded promptly? |  |  |  |
| 1. Are containers and utensils kept clean? |  |  |  |
| 1. Are ingredients stored appropriately and discarded at appropriate times? |  |  |  |
| 1. Is refrigerator available and clean? |  |  |  |
| 1. Is microwave available and clean? |  |  |  |
| 1. Other: |  |  |  |

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**2. Checklist for Monitoring Hygiene of NSC Ward**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| **Hand washing** |  |  |  |
| 1. Are the hands washing facilities available in the ward? |  |  |  |
| 1. Does staff consistently wash hands thoroughly with soap? |  |  |  |
| 1. Are their (staff) nails clean? |  |  |  |
| 1. Do they wash hands before handling food? |  |  |  |
| 1. Do they wash hands before and after dealing with every patient? |  |  |  |
| **Mothers’ cleanliness** |  |  |  |
| 1. Do mothers have a place to bathe? |  |  |  |
| 1. Do mothers utilize place to bathe? |  |  |  |
| 1. Who helps mothers in bathing? |  |  |  |
| 1. Do mothers wash hands with soap after using the toilet/changing diapers of child? |  |  |  |
| 1. Do mothers wash hands before feeding their children? |  |  |  |
| **Bedding and laundry** |  |  |  |
| 1. Is bedding changed every day? |  |  |  |
| 1. Is bedding changed when soiled/wet? |  |  |  |
| 1. Are diapers, soiled towels and rags, etc. stored in bag, then washed or disposed of properly? |  |  |  |
| 1. Is there a place for mothers to do laundry? |  |  |  |
| 1. Is there a place outside the ward for hanging the wet clothes to dry? |  |  |  |
| **General maintenance** |  |  |  |
| 1. Are floors swept daily? |  |  |  |
| 1. Is trash disposed of properly in the dust bins? |  |  |  |
| 1. Is the ward kept insects and rodents free as much as possible? |  |  |  |
| **Food storage** |  |  |  |
| 1. Are ingredients and food kept covered and stored at the proper temperature beside children’s bed sides? |  |  |  |
| 1. Are leftovers discarded? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dishwashing** |  |  |  |
| 1. Are dishwashing powders /detergents etc. available? |  |  |  |
| 1. Are dishes washed after each meal? |  |  |  |
| 1. Are they washed in hot water with soap? |  |  |  |
| **Toys** |  |  |  |
| 1. Is play area available and developed? |  |  |  |
| 1. Are all toys washable? |  |  |  |
| 1. Are toys washed regularly and every time when child uses them? |  |  |  |
| 1. Who helps mothers in play area? |  |  |  |

1. **Checklist for Monitoring Ward Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| **Feeding** |  |  |  |
| 1. Are correct feeds served in correct amounts? |  |  |  |
| 1. Are feeds given at the prescribed times, even at nights and weekends? |  |  |  |
| 1. Are children held and encouraged to eat (never left alone to feed)? |  |  |  |
| 1. Are children fed with a cup/spoon (never a bottle)? |  |  |  |
| 1. Is food intake recorded correctly after each feed? |  |  |  |
| 1. Are leftovers recorded accurately? |  |  |  |
| 1. Are amounts of F-75 kept the same throughout the initial phase, even if weight is lost? |  |  |  |
| 1. In transition phase or after given RUTF according to weight. If child not taking RUTF than given F-100 and increased as the child gains weight? |  |  |  |
| 1. Is any vomiting/diarrhea recorded correctly after each feed? |  |  |  |
| **Warming** |  |  |  |
| 1. Is the room temperature kept between 25° − 30°C (to the extent possible)? |  |  |  |
| 1. Is the room temperature chart maintained weekly/monthly? |  |  |  |
| 1. Are blankets provided and children kept covered at night? |  |  |  |
| 1. Are safe measures used for re-warming children? |  |  |  |
| 1. Are temperatures taken and recorded correctly? |  |  |  |
| **Weighing** |  |  |  |
| 1. Are scales functioning correctly? |  |  |  |
| 1. Are scales standardized weekly? |  |  |  |
| 1. Are children weighed at about the same time each day? |  |  |  |
| 1. Are they weighed about one hour before a feed (to the extent possible)? |  |  |  |
| 1. Does staff adjust the scale to zero before weighing? |  |  |  |
| 1. Are children consistently weighed without clothes? |  |  |  |
| 1. Does staff correctly read weight to the nearest division of the scale? |  |  |  |
| 1. Does staff immediately record weights on the child’s CCP? |  |  |  |
| 1. Are weights correctly plotted on the Weight Chart? |  |  |  |
| **Giving antibiotics, medications, supplements** |  |  |  |
| 1. Are antibiotics given as prescribed (correct dose at correct time)? |  |  |  |
| 1. Are antibiotics given according to protocol? |  |  |  |
| 1. When antibiotics are given, does staff immediately make a notation on the CCP? |  |  |  |
| 1. Is reason of change of antibiotic mentioned in chart/record? |  |  |  |
| 1. Is folic acid given daily and recorded on the CCP? |  |  |  |
| 1. Is vitamin A given according to protocol? |  |  |  |
| 1. Is multivitamin given daily and recorded on the CCP? |  |  |  |
| 1. When children are on RUTF/F-100 for 2 days, is the correct dose of iron given twice a day, afterwards, and recorded on the CCP? |  |  |  |
| **Ward environment** |  |  |  |
| 1. Are surroundings welcoming and cheerful? |  |  |  |
| 1. Is ward well ventilated and has light? |  |  |  |
| 1. Are mothers offered a place to sit and sleep? |  |  |  |
| 1. Are mothers taught/encouraged to be involved in care taking? |  |  |  |
| 1. As children recover, are they stimulated and encouraged to move and play? |  |  |  |
| 1. Are mothers involved in the counseling (Individual/Group)? |  |  |  |
| 1. Are separate baths available for children? |  |  |  |
| 1. Is warm water available for bathing especially in winter season? |  |  |  |
| 1. Is Potassium permanganate (KMnO4) available? |  |  |  |
| 1. Who helps mothers in bathing (Nurse/Aya\*)? |  |  |  |
| 1. Other: |  |  |  |

**4- Checklist for Play Area in NSC Ward**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| 1. Is there a play area in the ward? |  |  |  |
| 1. Are walls colorful? |  |  |  |
| 1. Are drawings present on the walls? |  |  |  |
| 1. Is play area neat and clean? |  |  |  |
| 1. Is play area cleaned regularly? |  |  |  |
| 1. Are toys washable? |  |  |  |
| 1. Are toys washed regularly, and every time when child uses them? |  |  |  |
| 1. As children recover, are they encouraged to move and play? |  |  |  |
| 1. Does staff advice mothers to let their children move & play after recovery? |  |  |  |
| 1. Who supervises child in the play area (Nurse/Aya)? |  |  |  |

\*Aya is an Urdu language word for maid.**5- Checklist for Mothers’ Counseling Room**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| 1. Is there a separate counseling room in the ward? (If not observe the individual counseling at bed side). |  |  |  |
| 1. Does staff or FMO counsel mothers? |  |  |  |
| 1. Is IYCF book available in the room? |  |  |  |
| 1. Are counseling cards available? |  |  |  |
| 1. Are there any reading materials in the room? |  |  |  |
| 1. Observe one group (1-8 mothers) in counseling area and note all the counseling tips. |  |  |  |
| 1. Are mothers counseled regarding hand washing/vaccination/complementary feed/ Family Planning/Hygiene etc.? |  |  |  |
| 1. Does a mother have additional counseling at time of discharge? |  |  |  |

**6- Checklist for NSC Follow-up**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| 1. Is the counter in NSC available? |  |  |  |
| 1. Is there separate staff for follow up? |  |  |  |
| 1. Are follow up forms available? |  |  |  |
| 1. No. of follow ups completed? |  |  |  |
| 1. RUTF available for follow up? |  |  |  |

**7- Checklist for Screening Corner for SAM/MAM**

|  |  |
| --- | --- |
| **OBSERVE:** | **COMMENTS** |
| 1. Who does the screening in OPD for SAM/MAM?   (Pediatric/ Medical Doctor/ Women Medical Doctor/LHV/Nurse/other) |  |
| 1. How many children (0-6 months) screened/total OPD in last month? | No. \_\_\_\_\_\_ |
| 1. How many children (6-59 months) screened/total OPD in last month? | No.\_\_\_\_\_\_\_ |
| 1. How many MAM Children? | No.\_\_\_\_\_\_\_ |
| 1. How many SAM Children? | No.\_\_\_\_\_\_\_ |
| 1. No. of SAM children with complication referred to NSC? | No.\_\_\_\_\_\_\_ |
| 1. No. of SAM Children without complication (Followed at OTP)? | No.\_\_\_\_\_\_\_ |
| 1. No. of admissions in NSC Ward? | No.\_\_\_\_\_\_\_ |
| 1. No. of mothers whom counseling is provided in OPD? | No.\_\_\_\_\_\_\_ |

**8- Checklist for Counselling in Postnatal Ward**

|  |  |  |  |
| --- | --- | --- | --- |
| **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| 1. Are mothers counseled in postnatal wards? |  |  |  |
| 1. Who does the counseling? |  |  |  |
| 1. Are different counseling techniques used? |  |  |  |
| 1. How many mothers counseled during last month? |  |  | No. \_\_\_\_\_\_\_ |
| 1. How many patients came for follow up in OPD? |  |  | No. \_\_\_\_\_\_\_ |
| 1. How many babies are on EBF? |  |  | No. \_\_\_\_\_\_\_\_ |

**User Guidelines for**

**Monitoring Checklist Nutrition Stabilization Center Staff status**

Mention the name of district and date of visit

*(Please fill the following sheet by those who are in continuance monitoring with per week visit, write down codes in appropriate boxes.*

Shift Codes A=Morning, B=Evening and C=Night,

Govt. or Hired: 1= Govt., 2=Hired,

Training Codes Y=Yes and N= No. *(Trained in Severe Acute Malnutrition (SAM) and/or Infant Young Child Feeding (IYCF)*

Regular Y=Yes and N=No,

Absent =1, Leave=2.

JD given: means Job description

In performance section writes H/S Knowledge, Skills, attitude and behavior through observing the staff member)

**1- Checklist for Monitoring Food Preparation**

(All the questions in this checklist require answer in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation, it may be given then in “Comments” column)

1. Kitchen available for food preparation
2. Are F-75 prepared feeds available?
3. Are F-100 prepared feeds available?
4. Are RUTF/F-100 prepared feeds available?
5. Does kitchen staff (or those preparing feeds) wash hands with soap before preparing food?
6. Are measurements made exactly with proper measuring utensils (e.g. correct scoops, jugs)?

(Check the availability of measuring utensils of standard size in the kitchen)

1. Are ingredients thoroughly mixed?
2. Is correct amount of water added to make up a liter of formula? (Staff should not add a liter of water, but just enough water to make a liter of formula.)
3. Is food served at an appropriate temperature?

(An appropriate temperature of prepared food item is one which a subject can take easily)

1. Are correct amounts put in the dish for each child?
2. Is leftover prepared food discarded promptly?
3. Are containers and utensils kept clean?
4. Are ingredients stored appropriately and discarded at appropriate times?
5. Is Refrigerator available and clean?

(Also check whether it is functional or non-functional)

1. Is Microwave available and clean?

(Also check whether it is functional or non-functional)

1. Other: Any other item worth mentioning, available in the kitchen.

**2- Checklist for Monitoring Hygiene of NSC Ward**

(All the questions in this checklist need to be answered in “Yes” or “No” through OBSERVATION and if there is any pertinent information or reservation, it may be given in “Comments” column)

**Hand washing**

1. Are there hand washing facilities available in the ward?

(Check for the availability of clean water)

1. Do staffs consistently wash hands thoroughly with soap?

(Observe few staff members who are continuously washing hands)

1. Are staff’s nails clean?

(Check the nails of food handlers)

1. Do they wash hands before handling food?
2. Do they wash hands before and after dealing with each patient?

**Mothers’ cleanliness**

1. Do mothers have a place to bathe for their children?

(The place should be isolated).

1. Do mothers utilize place for bathe?
2. Who helps mothers in bathing?
3. Do mothers wash hands with soap after using the toilet/changing diapers of child?
4. Do mothers wash hands before feeding their children?

**Bedding and laundry**

1. Is bedding changed every day?
2. Is bedding changed when soiled/wet?
3. Are diapers, soiled towels and rags, etc. stored in bag, then washed or disposed of properly?
4. Is there a place for mothers to do laundry?

(Observe whether there is a proper place for washing the clothes)

1. Is there a place outside the ward for hanging the wet clothes to dry?

**General Maintenance**

1. Are floors swept daily?
2. Is trash disposed of properly in the dust bins?
3. Is the ward kept insects and rodents free as much as possible?

(Check the availability of insecticidal and rodenticidal items)

**Food storage**

1. Are ingredients and food kept covered and stored at the proper temperature beside children’s bed sides?
2. Are leftovers discarded?

(Observe the thorough procedure of discarding such items)

**Dishwashing**

1. Are dishwashing powders/detergents etc. available?
2. Are dishes washed after each meal?
3. Are they washed in hot water with soap?

**Toys**

1. Is play area available and developed?
2. Are all toys washable?
3. Are toys washed regularly and every time when child uses them?
4. Who helps mothers in play area?

**3- Checklist for Monitoring Ward Procedures**

(All the questions in the checklist are to be answered in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation, it may be then mentioned in “Comments” column)

**Feeding**

1. Are correct feeds served in correct amounts?
2. Are feeds given at the prescribed times, even at nights and weekends?
3. Are children held and encouraged to eat (never left alone to feed)?
4. Are children fed with a cup/spoon (never a bottle)?
5. Is food intake recorded correctly after each feed?
6. Are leftovers recorded accurately?
7. Are amounts of F-75 kept the same throughout the initial phase, even if weight is lost?
8. In transition phase or after given RUTF according to weight. If child not taking RUTF than given F-100 and increased as the child gains weight?
9. Is any vomiting/diarrhea) recorded correctly after each feed?

**Warming**

1. Is the room temperature kept between 25° − 30° C (to the extent possible)?
2. Is the room temperature chart maintained weekly/monthly?
3. Are blankets provided and children kept covered at night?
4. Are safe measures used for re-warming children?
5. Are temperatures taken and recorded correctly?

**Weighing**

1. Are scales functioning correctly?
2. Are scales standardized weekly?
3. Are children weighed at about the same time each day?
4. Are they weighed about one hour before a feed (to the extent possible)?
5. Does staff adjust the scale to zero before weighing?
6. Are children consistently weighed without clothes?
7. Does staff correctly read weight to the nearest division of the scale?
8. Does staff immediately record weights on the child’s CCP?
9. Are weights correctly plotted on the Weight Chart?

**Giving antibiotics, medications, supplements**

1. Check the prescription sheet as if the antibiotics are given as prescribed (correct dose at correct time)?
2. Check the physical availability of protocol in the facility to ensure antibiotics are given according to protocol?
3. Observe couple of patients when antibiotics are given to make sure as if staff immediately makes a notation on the CCP?
4. Is reason of change of antibiotic mentioned in chart /record?
5. Is folic acid given daily and recorded on the CCP?
6. Is vitamin A given according to protocol?
7. Is a multivitamin given daily and recorded on the CCP?
8. When children are on RUTF/ F-100 for two days; is the correct dose of iron given twice a day, afterwards, recorded on the CCP?

**Ward environment**

1. It means the nearby area should be attractive for the mother, children and relatives/attendants.
2. Ward should be ventilated and not suffocating, otherwise it should be air conditioned. Check the lights whether functional or not?
3. Observe whether proper seating arrangements are available for mothers to sit and sleep.
4. Investigate what mechanism the staff has adopted to encourage the mothers to be involved in care taking.
5. Investigate what mechanism the staff has adopted for children’s recovery, are they stimulated and encouraged to move and play.
6. Check whether mother either in groups or individually are involved in counselling by staff on various issues of health.
7. Is separate baths are available for children?
8. Check whether warm water is available for bathing especially in winter season?
9. Check if Potassium per Magnum (KMnO4) is available or not?
10. Check who help mothers in bathing? Is it nurse/aya etc.?

**4- Checklist for Play Area in NSC Ward**

(All the questions in the checklist will be answered in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation, it may be mentioned in “Comments” column)

1. Is there a play area in the ward?
2. Are walls colorful?
3. Are drawings present on the walls?
4. Is play area neat and clean?
5. Is play area cleaned regularly?
6. Are toys are washable?
7. Are toys washed regularly and every time when child uses them?
8. As children recover, are they encouraged to move and play?
9. Do staff advice mothers to let their children move & play children after recovery?
10. Who supervises child into play area (Nurse/Aya)?

**5- Checklist for Mothers Counseling Room**

(All the questions in the checklist will be answered either in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation then it has to be mentioned in “Comments” column)

1. Is there a separate counseling room in the ward? (If not observe the individual counseling at bed side).
2. Do staff or FMO counsel mothers?
3. Is IYCF book available in the room?
4. Are counseling cards available?
5. Are there any reading materials in the room?
6. Observe one group (1-8 mothers) in counseling area and note the all counseling tips.
7. Are mothers counseled regarding hand washing/vaccination/complementary feed/ family planning/ hygiene etc.?
8. Does a mother have additional counseling at time of discharge?

**6- Checklist for N.S.C Follow-up**

(All the questions in the checklist will be answered either in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation then it has to be mentioned in “Comments” column)

1. Check if the counter is available in NSC?
2. Is there separate staff for follow up?
3. Check if the follow up forms are available?
4. Check how much number of follow ups is completed?
5. Is RUTF available for follow up?

**7- Checklist for Screening Corner for SAM/MAM**

(All the questions in the checklist will be answered either in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation then it has to be mentioned in “Comments” column)

1. Tick the relevant staff member who does the screening in OPD for SAM/MAM (Pediatric/ Medical Doctor/ Women Medical Doctor/ LHV/Nurse/other)
2. Give number of children (0-6 months) screened /Total OPD in last month
3. Give number of children 6-59 months screened /Total OPD in last month
4. Give number of MAM Children
5. Give number of SAM Children
6. Give number of SAM children with complication referred to NSC
7. Give number of SAM Children without complication (Followed at OTP)
8. Give number of admissions in NSC Ward
9. Give number of mothers provided counseling in OPD

**8- Checklist for Counselling in Postnatal Ward**

(All the questions in the checklist will be answered in “Yes” or “No” through OBSERVATION and if there is some pertinent information or reservation then it must be mentioned in “Comments” column)

1. Are mothers counseled in postnatal wards?
2. Give the designation of staff member who performs the counseling.
3. What sorts of techniques are being adopted by the staff for counseling?
4. Give number of mothers counseled during last one month.
5. Give number of patients came for follow up in OPD.
6. Give number of babies that are on Exclusive Breast Feed (EBF).