



# MSF Nutrition Training Package

<b>Module 8 Session 27</b>		<b>Duration:</b> 45 min	<b>Reccomended Prerequisite Sessions</b> M9 - S28 M9 - S29	
<b>Key Discharge Activities</b>				
<b>General Objective:</b> To be aware of the information that should be provided and the activities that should be performed at discharge/exit from the ATFC and ITFC				
<b>Target Profiles:</b>				
Must attend	-Supervisors, ITFC/ATFC nurses, nutrition assistants and HPs			
Should attend	-Psychologists			
Could attend				
<b>Specific Objectives</b> At the end of this session participants will be able to: 1. Recognize the information that should be given when a patient is discharged/exits an ATFC or ITFC, 2. Recognize the activities that should be done when a patient is discharged/exits an ATFC or ITFC.				
<b>Contents</b> 1. Information that should be given when a patient is discharged/exits an ATFC or ITFC, 2. Activities that should be done when a patient is discharged/exits an ATFC or ITFC.				
<b>Methodology Overview:</b> This is a 45-minutes session where the participants will have the opportunity to learn which information and activities should be done/given at the discharge/exit from an ATFC or ITFC: <ol style="list-style-type: none"> <li>1. The facilitator introduces the objectives of the session.</li> <li>2. In pairs, the participants will have to select from a list which are the activities/information that should be done at the discharge/exit from an ATFC or ITFC or common activities/information; then post them on a flipchart in the correct column.</li> <li>3. Wrap up of the session+ takeaways.</li> </ol>				
Time	Activities	Description of Learning Activities	Method	Materials
2'	Activity 1: Introduction	-Introduction to the session and explanation of the learning objectives	Whole group	-Computer and projector. -PPT with the learning objectives (NP_M8_S27_keydischargeactivities_PPT).
38'	Activity 2: Identifying & Classifying	-The group will be divided in pairs and the facilitator will provide each pair with a list of different information/activities. -The participants will have to mark the activities and information that should be done/provided at the discharge from ATFC, exit from ITFC or in both cases (A, I or B). -The facilitator will have different cards with all the statements that appear on the list and will ask the participants to post them on a flipchart. -The flipchart will be divided in three columns: ATFC, ITFC and both. -After each statement, the rest of the participants will say if they agree or not, and the facilitator will correct them if necessary.	In pairs	-List of activities/information (1 per pair) -Cards with the activities/information . (1 set). -Flipchart and marker. -Tape (to stick cards to the flipchart).

5'	Activity 3: Wrap up+ takeaways	-The facilitator will close the session ensuring that the key points have been properly understood by asking them what they have learnt, and the takeaway will be delivered.	Whole group	See "materials"
----	--------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------	-----------------



## Materials

- Computer and projector.
- Flipchart and marker.
- (Ppt) NP\_M8\_S27\_KeyDischargeActivities
- (word) List of activities/information: NP\_M8\_S27KeyDischargeActivities\_List
  - **Print:** 1 per pair
- (Word) Cards with activities/information: NP\_M8\_S27\_Cards
  - **Print:** 1 to be cut up before the session
- Tape (to stick cards to the flipchart)
  - **Print or email** Takeaways:
    - NP\_M8\_S27\_Takeaway\_KeyDischargeActivities
    - NP\_M8\_S27\_Takeaway\_KeyMessages



## Activities Description



### Activity 1: Introduction

(In group/pairs/group, 2 minutes)

- The facilitator states the objectives of the session via the PowerPoint file: NP\_M8\_S27\_KeyDischargeActivities

### Activity 2: Classifying

(In pairs, 38 minutes)

- (3 minutes) Set Up
  - The group will be divided in pairs and the facilitator will provide each pair with the printout of lists and cut up cards.
- (10 minutes, in pairs) Activity Part 1
  - Using the printed list, the participants will mark the activities and information that should be done/provided on discharge from an ATFC, exit from an ITFC or in both cases (A, I or B).
- (5 minutes, whole group) Set up
  - The facilitator will have different cards with all the statements that appear on the list and will ask the participants to post them on a flipchart.
  - The flipchart will be divided in three columns: ATFC, ITFC and both.
- (15 minutes, whole group) Activity 2
  - After each statement, the rest of the participants will say if they agree or not, and the facilitator will correct them if necessary and provide an explanation.

Right answer for the facilitator:

ITFC	ATFC	BOTH ITFC-ATFC
<p>Explanation regarding the nutrition status of the patient, explaining that <b>the patient is not yet recovered</b> from malnutrition and that they must continue the treatment at the ATFC until they are fully recovered.</p>	<p><b>Exit ration:</b> In some settings, an <b>exit ration</b> for the patient (RUTF) is given at discharge to prevent relapse. Caretakers often find it difficult to be discharged with nothing, especially if they have come all the way to the ATFC, so this exit ration is also good for the perception of the ATFC and the trust that caretakers have in the service.</p>	<p><b>Vaccination:</b> Make sure the patient's vaccination status is up-to date. Check patient has a vaccination card and if not then give them an MSF vaccination card.</p> <ul style="list-style-type: none"> <li>▪ <b>If not up-to-date on exit from the ITFC, it will need to be updated in the ATFC.</b></li> <li>▪ <b>If not up-to-date on discharge from the ATFC (or minimum interval with next dose not completed)</b> caretakers should be notified of all incomplete vaccine series and of the need for <b>follow-up appointments – they should be directed WHERE and WHEN to go for these.</b></li> <li>▪ Never forget to take the opportunity <b>to offer vaccination to the mothers or female caretakers of childbearing age</b></li> <li>▪ Include HP information about vaccination in the discharge information</li> </ul>
<p>Explanation of the functioning of the ATFC (frequency of the scheduled visits, activities done at the ATFC, weight, height, MUAC and oedema follow up, medical consultation, RUTF given, drugs and vaccination given...)</p>	<p><b>Discharge ration:</b> In some settings, a <b>discharge ration</b> (e.g. Fortified Blended Flour (FBF) and oil) is given for all the family members at discharge from the nutrition programme prevent relapse. Caretakers often find it difficult to be discharged with nothing, especially if they have come all the way to the ATFC, so this discharge ration is also good for the perception of the ATFC and the trust that caretakers have in the service.</p>	<p><b>Patient files:</b> For all type of discharges (cured, defaulter, referral, death etc), <b>patient files must be kept</b> at the centre discharging the child.</p> <p><b>Exit/Discharge summary:</b> ALL patients must have a comprehensive exit/discharge summary filled in by the clinical staff who treated the patient including all treatment received and follow-up actions required. A copy of this should also be kept in the patient's file in the service they are leaving.</p>
<p>Information about the <b>follow up visits at the ATFC</b> and the date of their next appointment at the ATFC</p>	<p><b>For infants &lt;6 months:</b> Explain that the infant will be discharged from the programme and followed up until the age of 6 months for growth monitoring, support for the mother/caretaker and</p>	<p><b>For infants &lt;6 months</b> explanation that the infant will not receive RUTF as this is not appropriate treatment for children less than 6 months</p>

	the provision of a breast milk substitute (BMS) if needed (this will be a project specific decision for the BMS).	
Explanation about <b>how to give the RUTF</b> to their child at home (including hygiene considerations)		<b>Breastfed infants:</b> comprehensive information about the importance of exclusive breastfeeding and that the goal of nutritional treatment for these infants is to get them back on effective exclusive breastfeeding as this is the best way to keep the child healthy from a nutritional perspective
Ensure enough <b>RUTF is given</b> until the next ATFC appointment		<b>Non-breast-fed infants:</b> ensure a caretaker is identified and trained regarding the <b>safe preparation of breast-milk substitutes (BMS)</b>

**Notes:**

- Special attention must be paid to patients exiting the ITFC who are being referred to an outpatient centre that is not supported by MSF, ensure they understand the importance of follow up and try to brief them on what to expect in the centre they will go to (contact the centre to get this information).
- For **measles, a second dose** is given at discharge, with a minimum interval of 4 weeks since the admission dose.
- Instructions on how to take the RUTF or how to prepare BMS' are included in the key exit/discharge activities takeaway. The facilitator can explain it showing them. This information will be more elaborated in the **Health promotion module and in the <6 months case management module.**

### Instructions for the caretaker on how to give RUTF to their child:

⇒ **RUTF is a medicine:**

- RUTF is part of the medical treatment and should only be given to the child with malnutrition.
- Not to be shared with the rest of the family. If the mother thinks other brothers or sisters need RUTF, she can bring them to the consultation to evaluate their nutritional status.

⇒ **Wash (with soap) your and your child's hands** and face before feeding.

⇒ **Breastfed children should continue breastfeeding, always before the RUTF meal.**

⇒ On the other hand, **RUTF is always taken before the local food**

⇒ RUTF PASTE:

- Keep the food clean and covered. If the entire contents of a sachet are not consumed, **it can be kept up to a maximum of 24 hours**, in a clean, air-tight container if possible
- RUTF is the **main** food for the child, it should be eaten before or between the family meals. Other foods (porridge, local meals) should **only** be given **after** the RUTF is consumed and if the child is still hungry.
- **Divide the quantities throughout the day in small frequent feeds (5 to 6 meals** per day).
- **Plenty of water** should be given with RUTF as it can dry the mouth out quite a bit.

⇒ **RUTF BISCUIT**

- It can be eaten as a **biscuit directly from the pack or crumbled into clean warm water and eaten as porridge.**
- For children between 6 and 24 months of age it should preferably be given as **porridge.**
- To make porridge use 200ml (1 cup) of boiled **drinking water** which is then left to cool to room temperature per "meal pack" consisting of two BP-100 tablets. For each bar of BP-100 consumed the drinking water intake should be at least 250 – 300ml.

### Safe preparation of breast-milk substitutes (BMS)

The necessary material should be given to the caretakers: cooking pot, cup, spoon and a water filter at discharge and BMS on a monthly basis until 6 months old (this is the recommendation from the nutrition working group – projects may vary in how much of this they implement this depending on context and budget) .

#### Preparation of BMS

Material	Preparation
----------	-------------

<ol style="list-style-type: none"> <li>1. Infant formula powder</li> <li>2. clean and boiled water (which has now cooled)</li> <li>3. Pot with lid</li> <li>4. Cup (250 ml)</li> <li>5. Cup cut to measure 30 ml volume</li> <li>6. Teaspoon</li> <li>7. Thermos</li> <li>8. Soap</li> </ol>	<ol style="list-style-type: none"> <li>1. Properly wash the kitchen utensils (pot, spoon and cup)</li> <li>2. Wash hands with water and soap.</li> <li>3. Boil water in the pot and let cool to lukewarm – transfer immediately to thermos.</li> <li>4. Place the necessary quantity of lukewarm water in a feeding cup of 150-250 ml volume.</li> <li>5. Keep the rest of the hot water in the thermos for the following feeds.</li> <li>6. Add the corresponding amount of formula and ensure that the tin is correctly re-sealed.</li> <li>7. Stir (mix) with the spoon to dissolve the milk.</li> <li>8. Verify temperature is suitable for drinking.</li> <li>9. Feed infant from cup either directly or using the spoon.</li> <li>10. Discard any milk remaining in the cup more than one hour after preparation.</li> </ol>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Volume of infant formula to prepare at home according to infant's weight

Weight (kg)	Volume of water (ml)	Scoops of infant formula	Number of feeds per day	Number of tins infant formula (500 g) per week
2.5 – 3.0	60	2	6 - 8	1.0
3.1 – 3.5	90	3	6 - 8	1.5
3.6 – 4.0	120	4	6 - 8	2.0
4.1 – 4.5	150	5	6 - 8	2.5
4.6 - 5.0	180	6	4 - 6	3.0
5.1 - 6.0	210	7	4 - 6	3.0
> 6.0	240	8	4 - 6	3.0

### Activity 3: Wrap up

(Whole group, 5 minutes)

- The facilitator will ask the participants what they learnt during the session and will add any important **key messages** that have not been mentioned.

- When referring the patient **from the ITFC to the ATFC**:
  - Explain that **the patient is not yet recovered** from the malnutrition and that they must continue the treatment at the ATFC until they are fully recovered. Pay special attention to the patients that are referred to

a centre that is not supported by MSF, ensure they understand the next steps for them.

- Explain the functioning of the ATFC and what to expect.
- Information about the **follow up visits at the ATFC** and the date of their next appointment at the ATFC
- Explain **how to give the RUTF** to their child at home
- Ensure enough **RUTF is given** until the first ATFC appointment
- For infants 1-6 months explain that the infant will not receive RUTF and that the goal of treatment is to get the infant back on effective exclusive breastfeeding. For non-breast-fed infants, ensure a caretaker is identified and trained regarding the safe preparation of breast-milk substitutes
- At discharge from the nutrition programme (ATFC):
  - **Vaccination status should be up to date**, if not caretakers should be notified of all incomplete vaccine series and of the need for follow-up appointments. For **measles, a second dose** is given at discharge, with a minimum interval of 4 weeks since the admission dose. Ensure that the patient has a **vaccination card**.
  - In some settings, an **exit ration** for the patient (RUTF) and a **discharge ration** (e.g. Fortified Blended Flour (FBF) and oil) for all the family members are given at discharge from the nutrition programme to prevent relapse.
  - For infants <6 months: Explain that the infant will be discharged from the programme and followed until the age of 6 months for growth monitoring, support for the mother/caretaker and the provision of BMS if needed.
- For all type of discharges (cured, defaulter, transfer, death), **patient files must be kept** at the centre discharging the child. All patients must be given a comprehensive **exit/discharge summary** to take away with them.



## Takeaways

- Facilitator will provide a takeaway with the key discharge activities:
  - NP\_M8\_S27\_Takeaway\_KeyDischargeActivities (it includes, key discharge activities, instructions for the caretaker how to take the RUTF and Safe preparation of Breast milk Substitutes).
  - NP\_M8\_S27\_Takeaway\_KeyMessages





## On the Job Training

- The week after the training has been done; the facilitator will check that the proper messages/activities are given/done before the patient is discharged in the ITFC and ATFC using the takeaway as a guide.

