



KNDI

Kenya Nutritionists &
Dieticians Institute

INTERNSHIP GUIDELINES

June, 2016



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FOREWORD

An internship programme is important in developing nutrition professionals in the diverse field of nutrition science. It enables graduates to gain hands-on experience in real work practice. Through this programme, interns will be able to translate theoretical knowledge into productive work experience for a period of one year. During this period, graduates will acquire practical skills that were possibly not acquired during their degree programme. The interns will interact with practitioners and clients in the field and learn new technical and interpersonal skills that contribute to new learning that may not be provided for in the academic programme. At every stage of uncertainty, interns will be required to consult, work and learn from supervisors assigned to them. Interns will be provided with the necessary support during this practical field experience.

All interns are expected to operate within the rules and regulations of the institutions where they are attached. They are expected to conduct themselves in a respectful and disciplined manner. The Kenya Nutritionists and Dieticians Institute (KNDI) expects all interns to be its flag bearers in the field of work and communicate back their experiences. Interns are expected to have sound judgment of prevailing situations and assume responsibilities, always consulting with supervisor(s) and other colleagues within the same environment. Interns should respect others, themselves, and handle those with whom they interact with maturity and professionalism.

These guidelines provide information on what is expected of the intern during and at the end of the internship. They also provide details of expected duties, responsibilities, internship objectives and competency building packages. Interns are expected to acquaint themselves with the guidelines in preparation for the internship. The guidelines will prepare the intern for a new social and professional experience. The interns are expected to manage their time properly and inform the KNDI of any absence (planned or unplanned) from the Internship centre.

Prof. Julia Ojiambo, PhD, EBS, MBS
Chairperson, KNDI Council

PREAMBLE

The internship programme is designed to provide a wide variety of opportunities to graduate students as they seek to become professionals in the broad fields of Nutrition and Dietetics. This is an opportunity for them to build their professional expertise in the area they have chosen to serve as professionals.

One of the mandates of KNDI is to prepare competent Nutritionists and Dieticians for entry into the profession. The Institute achieves this by providing applied professional experiences which meets requirements and eligibility criteria to take the registration examination in respective professional discipline in Nutrition and Dietetics.

The internship builds on the theoretical knowledge of the undergraduate degree in Nutrition and Dietetics based on the prescribed KNDI BSc. Core Curriculum. Completion of internship is an essential step and criteria for eligibility to take the KNDI national professional examination required to become a registered Nutritionist or Dietician and satisfies requirements for professional recognition at KNDI. The internship provides students with the requisite skills, expanded knowledge base and experiential background necessary to function as entry-level Nutritionists or Dieticians with a well-defined professional niche.



Prof. Edward Karuri
Chair, Accreditation Board.

ACKNOWLEDGMENT

The KNDI management would like to thank all those who participated in the development of these internship guidelines. We thank the technical team that developed content for the guidelines. We also thank the Council for offering financial support and creating an enabling environment for development and production of this document.

Our sincere gratitude goes to the Accreditation Board for guiding the process to completion. We also thank the KNDI secretariat for their support throughout the process of developing these guidelines.

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Dr. David Omondi Okeyo, PhD.
KNDI, Chief Executive Officer

LIST OF ABBREVIATIONS

BEE	Basal Energy Expenditure
BRC	British Retail Consortium
CAPA	Corrective Action & Preventive Action
CCC	Comprehensive Care Clinic
CPD	Continuing Professional Development
FEFO	First Expiry First Out
FIFO	First In First Out
GMP	Good Manufacturing Practices
HACCP	Hazard Analysis Critical Control Points
HDU	High Dependency Unit
HHC	Home Health Care
ICU	Intensive Care Unit
IEC	Information Education and Community
ISO	International Standards Organization Procedures
KEMRI	Kenya Medical Research Institute
KNDI	Kenya Institute of Nutritionists and Dieticians
LIFO	Last In First Out
MCH	Maternal and Child Health
NGOs	Non-Governmental Organizations
PEPFAR	President's Emergency Plan for AIDS Relief
PPN	Peripheral Parenteral Nutrition
QI	Quality Improvement
QMS	Quality Management System
QREs	Quality Related Events
QREs	Quality Relevant Events
RDA	Recommended Daily Allowance
REE	Resting Energy Expenditure
RUSF	Ready to Use Supplementary Foods
RUTF	Ready to Use Therapeutic Foods
SCI	Spinal Cord Injury
SOP	Standard Operating Procedure
TPN	Total Parenteral Nutrition
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development

DEFINITION OF TERMS

Consultant Dietician: Refers to a dietician of not less than 15 years experience after at least a Master's degree in Dietetics and who is actively involved in the profession.

Consultant Nutritionist: Refers to a Nutritionist of not less than 15 years experience after at least a Master's degree in Nutrition and who is actively involved in the profession.

Council: Means the Council of the Institute of Nutritionists and Dieticians established under the Nutritionists and Dieticians Act No. 18 of 2007.

Diet: Refers to food or nutrient concentrates consumed by an individual or population for the purpose of nourishment and can either be formal diets, non-formal diets or informal diets.

Dietetics Technician: Is a person who has undergone professional training at certificate level with a bias in Dietetics and is registered by KNDI.

Dietetics Technologist: Is a person who has undergone professional training at diploma level with a bias in Dietetics and is registered by KNDI.

Dietician: Is a person who has undergone professional training at degree level with a bias in Dietetics and is registered by KNDI.

Food Inspector: Refers to a Nutritionist or Dietician who monitors food manufacturers, distributors, and processors for safety and sanitation regulation compliance and report violations to the appropriate authorities..

Food Standard: Refers to the minimum requirements that must be fulfilled by the products of food or nutrient origin that are intended for ingestion.

Food Supplement Standard: Is the minimum requirements to be fulfilled by the products of food or nutrient origin that are intended for ingestion.

Food Supplements: Refers to products intended for ingestion that contain dietary ingredients or specific nutrients to cater for increased physiological needs of the body and which are taken either orally or intravenously.

Food: Refers to substances whose constituents are one or more nutrients and includes any article manufactured, prepared, sold or represented for use as food or drink for human consumption.

Health Institution: Refers to a hospital, clinic, nursing home or any other lawful place that offers healthcare services, whether private or public.

Indexing: Is the process of gathering information on an individual student pursuing a course in

Nutrition and/or Dietetics for purposes of monitoring and subsequent registration with KNDI upon graduation. Indexing assigns a unique identification number.

Insanitary Conditions: Means such conditions or circumstances as might contaminate food or food supplements with dirt or filth or might render the same injurious or dangerous to health.

Institute: Refers to the Kenya Nutritionists and Dieticians Institute established under the Nutritionists and Dieticians Act No. 18 of 2007.

Kenya Medical Association: Refers to the Association registered under the Societies Act (Cap. 108).

Label: Includes any legend, work or mark attached to, included in, belonging to or accompanying any food or food supplements.

Medical Personnel: Includes a medical practitioner registered under the Medical Practitioners and Dentists Act (Cap. 253) and a Nurse within the meaning of the Nurses Act (Cap. 257).

Nutrients: Are compounds contained in food which nourish the body such as amino acids, simple sugars, fatty acids, vitamins and minerals.

Nutrition Screening: A mechanism for identifying patients who would benefit from nutrition assessment.

Nutrition Technician: Means a person who has undergone professional training at certificate level with a bias in Nutrition and is registered by KNDI.

Nutrition Technologist: Means a person who has undergone professional training at diploma level with a bias in Nutrition and is registered by KNDI.

Nutritionist: Means a person who has undergone professional training at degree level with a bias in Nutrition and is registered by KNDI.

Packaging: Includes anything in which any food or food supplements are wholly or partly placed or packed.

Premises: Includes any building or tent together with the land on which the same is situated and any adjoining land used in connection therewith, and includes any vehicle, conveyance or vessel used for purposes of manufacturing, preparing, storing, transporting, or selling food and or food supplements.

Sell: Includes offer, advertise, keep, expose, transmit, convey, deliver or prepare for sale or exchange, transmit, convey or deliver in pursuance of a sale, exchange or disposal as aforesaid.

1.1 Mandate

The Kenya Nutritionists and Dieticians Institute (KNDI) is established by an Act of Parliament; the Nutritionists and Dieticians Act No. 18 of 2007. KNDI's specific mandate is to provide for the training, registration and licensing of Nutritionists and Dieticians, provide for the regulation of standards and practices in the profession; ensure effective participation of all stakeholders in matters relating to Nutrition and Dietetics, and all other related aspects.

The Accreditation Board prepares various guidelines related to major operations of the Council such as the curriculum guidelines for harmonized training in Nutrition and Dietetics at certificate, diploma and degree levels, guidelines for Continuing Professional Development (CPD) and guidelines for student indexing. These guidelines provide a reference point in the preparation of professional examinations and certification of persons seeking registration. The Accreditation Board also prepares rules on standards of proficiency to be gained in each examination level.

The Board is also responsible for internship programmes of the Nutrition and Dietetics graduates. The Board is charged with the renewal of KNDI membership; CPD points are a major consideration for the renewal of membership. Finally, the Board accredits training institutions as well as institutions involved in production and sale of foods and related Nutrition and Dietetics services to clients.

1.2 Vision, Mission and Core values**Vision**

An innovative regulatory institute in the provision of Nutrition and Dietetics services recognized internationally.

Mission

To provide for regulation in training, licensing, registration, accreditation and other best practices in the field of Nutrition and Dietetics in Kenya.

Core Values

KNDI embraces the following core values and requires them to be encompassed through the formation and professional life of a Nutritionist and Dietician:

- i. **Integrity:** Operate with unquestionable moral standards.
- ii. **Professionalism:** At all times, adhere to the KNDI's professional code of conduct.
- iii. **Accountability:** Be responsible and answerable to the law, KNDI members and stakeholders.
- iv. **Transparency:** Open to its members and its stakeholders.
- v. **Team work:** Work as a team towards accomplishments of Institute's goals.

1.3 Aims of Internship Training

- i. To build competencies for all interns who have successfully gone through KNDI approved syllabus in the six domains of the profession of Nutrition and Dietetics.
- ii. To prepare all interns for competency oriented modular professional examination targeting six professional domains.
- iii. To enable all Bachelor of Science graduates in Nutrition and Dietetics to be licensed to practise as professionals in Nutrition and Dietetics within the six areas of professional focus.
- iv. To build a community of practice among Nutrition and Dietetics professionals.
- v. To ensure an updated database for qualified Nutrition and Dietetics professionals for the purpose of human resource planning in various service delivery departments.

1.4 Regulations Pertaining to Internship-Duration

The internship programme targets indexed graduate students from institutions accredited to teach Nutrition and Dietetics and this programme shall run for one calendar year.

1.5 Rationale for Internship Training

For effective competency oriented training and quality Nutrition and Dietetics service delivery, there is need to build competencies of fresh graduates to make them fully equipped with skills and license them to practise within the profession of Nutrition and Dietetics. The internship programmes will also benefit the institution hosting the interns, the students undergoing internship programme and the Kenyan population being served. The institutions hosting interns shall have additional manpower to offer services to their clients and reduce workload for the staff in Nutrition and Dietetics departments.

The internship framework allows graduates of Nutrition and Dietetics to develop professional expertise in various disciplines of Nutrition and Dietetics in line with the scope of practice. The profession of Nutrition and Dietetics is wide and diverse and thus KNDI as professional body has defined the core areas of competency building. These core professional areas shall also define Continuing Professional Development (CPD) path for the Nutrition and Dietetics graduates. This framework creates two broad categories of professionals. These are:

- i. The Nutritionist
- ii. The Dietician

The framework identifies four professional paths for the nutritionist (i.e. Clinical Nutritionist, Public Health Nutritionists, Community Nutritionists and Food Science Nutritionists) and two paths for the Dietician (i.e. Clinical Dietician and Food Service Diet Therapist). (See Fig. 1)

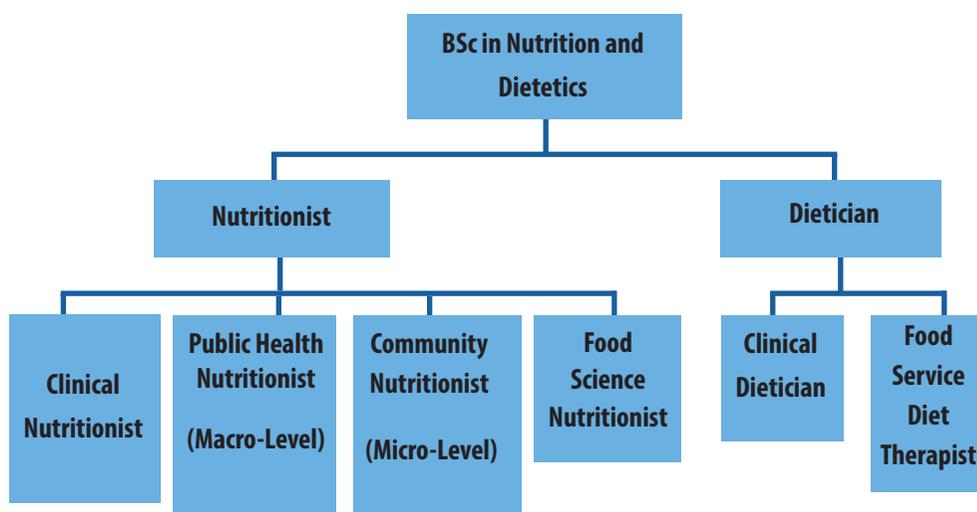


Figure 1: Internship Framework for Professional Nutritionists and Dieticians

2.1 Community Nutritionist

This is a professional who is a graduate of Nutrition and Dietetics from KNDI accredited institution with a bias towards community nutrition competencies.

Core units: Communication skills, Psychology, Human Nutrition, Nutrition and Behaviour, Nutrition in Emergency, Entrepreneurship, Nutrition Anthropology, Life Skills, Primary Health Care, Nutrition

Assessment, Nutrition Surveillance, Nutrition Education and Counselling, Food Microbiology and Parasitology, Leadership in Nutrition and Dietetics , First Aid, Macro-nutrients and Micro-nutrients.

2.1.1 Expected Outcomes

By the end of the one year internship programme, an intern in community nutrition should be able to:

- i. Design appropriate nutrition and related interventions to improve livelihood.
- ii. Sensitize and work with communities to identify, plan and implement nutritional interventions using available resources.
- iii. Demonstrate the ability to apply interdisciplinary approaches to the prevention, promotion of wellbeing and management of nutrition and related problems.
- iv. Provide leadership in solving problems related to community nutrition and development.
- v. Build literature in specific areas of community to fill existing gaps through critical review publications in peer review journals, textbooks, book chapters and edited books in line with community interventions.
- vi. Conduct and translate research in the wide field of Nutrition and Dietetics with a focus on community setting and applied human nutrition.
- vii. Participate in the development of national policies on nutrition matters related to community based evidence.

2.1.2 Competencies

The competencies to be gained include:

- i. Leadership and planning skills.
- ii. Communication skills.
- iii. Life skills.
- iv. Demonstration skills.
- v. Community strategy techniques.
- vi. Facilitation skills.
- vii. Mobilization skills.
- viii. Community diagnostic skills (Rapid community nutrition assessment skills).
- ix. Research methodology skills.
- x. Monitoring and evaluation techniques.
- xi. Community surveillance techniques.
- xii. Programming techniques.
- xiii. Instruction techniques.

- xiv. Counselling techniques.
- xv. Logistics and procurement techniques.
- xvi. Collaboration, networking and partnership skills.
- xvii. Resource mobilization skills.
- xviii. Community entry, lobbying and advocacy skills.
- xix. Nutrition in emergency.

2.2 Public Health Nutritionist

This is a professional who is a graduate of Nutrition and Dietetics from KNDI accredited institution with a bias towards Public Health Nutrition competencies.

Core units: Communication Skills, Psychology, Human Nutrition, Nutrition and Behaviour, Nutrition in Emergency, Entrepreneurship, Nutrition Anthropology, Life Skills, Primary Health Care, Nutrition Assessment, Nutrition Surveillance, Nutrition Education and Counselling, Food Microbiology and Parasitology, Leadership in Nutrition and Dietetics, First Aid, Macronutrients and Micronutrients, Food Hygiene and Safety, Nutrition in Emergency, Primary Health Care, Food Biotechnology and First Aid.

2.2.1 Expected outcomes

By the end of the one-year internship programme, an intern in Public Health Nutrition should be able to:

- i. Build and apply public health common principles in Nutrition and Dietetics matters of public health concern.
- ii. Use acquired diverse cultural competency skills to develop public nutrition health programmes and services that are responsive to the cultural, social, linguistic and ethnic diversity of populations.
- iii. Promote and strengthen Public Health Nutrition, as a profession with a purpose of understanding, protecting and improving nutrition and well-being of diverse population and cultures.
- iv. Monitor the nutrition commodity supply chain within the regulatory framework of the Nutritionists and Dieticians Act no 18 of 2007 and related framework.
- v. Judge and act when evidence is adequate and sufficient, especially in urgent, critical nutrition and related complex situations in emergencies.
- vi. Advocate for good public nutrition as a human right based on an acceptable local and global ethical principles and standards including transparency and equity.
- vii. Participate in the international professional movements committed to advocate and ensure

- effective Public Health Nutrition policies and actions.
- viii. Apply organizational management and leadership skills needed to develop, implement and sustain systems of public nutrition sensitive/nutrition specific care, programmes and interventions (including preventive and promotion) for wellbeing of populations.
 - ix. Use acquired policy formulation, advocacy and lobbying skills to promote Public Health Nutrition for populations in matters related to policies, laws and regulations within public and private sectors.
 - x. Demonstrate knowledge and skills for surveillance, risk assessment, monitoring and evaluation of public health nutrition strength, opportunities weakness and threats.
 - xi. Inspect food premises with nutrition claims and advise within the regulatory framework.

2.2.2 Expected Competencies

The expected competencies include:

- i. Leadership and planning skills.
- ii. Communication skills.
- iii. Life skills.
- iv. Community strategy techniques.
- v. Investigative skills.
- vi. Food related inspection skills.
- vii. Legal skills.
- viii. Mobilization skills.
- ix. Research methodology skills.
- x. Monitoring and evaluation techniques.
- xi. Surveillance techniques.
- xii. Programming techniques.
- xiii. Instruction techniques.
- xiv. Logistics and procurement techniques.
- xv. Collaboration, networking and partnership skills.
- xvi. Resource mobilization skills.
- xvii. Lobbying, advocacy and political skills.
- xviii. Complex emergency handling skills.
- xix. International relations.
- xx. Procurement and logistics skills.

2.3 Clinical Nutritionist

A Clinical Nutritionist is a professional who is a graduate of Nutrition and Dietetics, indexed and registered by KNDI with a bias to Clinical Nutrition.

Core units: Human Anatomy, Human Physiology, Communication skills, HIV and AIDS, Micronutrients, Physical and Inorganic Chemistry, Food Microbiology, Macronutrients, Biochemistry, Food Chemistry, Life Skills, First Aid and Macronutrients.

2.3.1 Expected outcomes

a) Nutrition Screening

Provides a mechanism to identify patients who would benefit from nutrition assessment

The intern is expected to:

- Screen patient/client to determine whether they are nutritionally compromised, or at nutrition risk.
- Assign a nutrition status or nutrition risk level for each patient after evaluation and/or assessment is completed.
- Use assigned nutrition status or risk levels to prioritize nutritional interventions.

b) Anthropometric Measurements

The intern should be able to carry out all the anthropometric measurements such as:

- Weight.
- Height.
- Mid Upper Arm Circumference (MUAC).
- Head circumferences.
- Arm span, waist circumference, skin fold.
- The intern should be able to analyse and interpret the measurements.
- Use the results to counsel and educate the client/patient.

c) Biochemical Assessment

- The intern should be able to understand, interpret and apply the results of the biochemical parameters in nutritional management of diseases.

- The intern should also be able to assess vital signs; blood pressure, random blood sugar, temperature and pulse rate.

d) Clinical Signs

- The intern should be able to observe and identify signs and symptoms of nutritional deficiencies and apply them in the nutritional management of the condition.

e) Dietary Assessment

The intern should be able to take dietary history using the standard tools.

An intern should be able to assess:

- Taste change(s).
- Eating and feeding problems.
- Nausea.
- Vomiting.
- Diarrhoea.
- Constipation.
- Food intolerances, adverse reactions and/or allergies.
- Food-drug interactions.
- Unhealthy dietary behaviours.
- Eating disorders.
- Socioeconomic, religious, ethnic and cultural background.
- Herbal and/or complementary nutrition therapies.
- Lifestyle practices to include complementary and alternative therapies.
- Current drug therapy and over the counter medication.

f) Evaluation

- The intern should be able to carry out evaluation of nutrient intake and hydration status and refer to a dietician for plan of action.
- The intern should be able to have physical examination techniques
 - ◊ Using visual observation to examine patients for example by colour, shape texture and size.
 - ◊ Palpation.
 - ◊ Percussion.
 - ◊ Auscultation.

g) Intervention

- After the intern has gone through the above processes he/she should be able to interpret, analyse and plan the nutrition intervention. They should be able to diagnose and intervene.

h) Nutrition Therapy Process

The Clinical Nutritionist:

- Participates with other health care team members and the patient in planning and implementing suitable diet therapy intervention(s) through the exchange of information and education.
- Actively participates in interdisciplinary team meetings, ward rounds, discharge planning conferences, peer reviews, performance improvement activities, and other relevant activities to monitor and share findings and recommendations with team members.
- Educates the interdisciplinary team members on the role of nutrition in health and disease and the role of the clinical dietitian in giving nutrition guidance.
- Provides consultation and training to other appropriate health care programmes and services.
- Initiates or participating in nutrition research.
- Oversees the work of the Clinical Dietetic/Nutritionist technician and dietetics/nutritionist technologist and remaining responsible for decisions and judgments concerning the patient's overall nutrition therapy process.

i) Nutrition Counselling

- The Clinical Nutritionists initiates nutrition counselling consistent with the patient's current diet or nutrition therapy needs, recording intervention, and counselling in the medical record. These include the patient's degree of comprehension and the clinician's assessment of the patient's readiness to learn, expected compliance, and identification of respective barriers.
- Provides nutrition counselling to patients when food-drug interaction significantly alters the patient's food selection.
- Evaluates and documents progress toward desired outcomes and/or goals.
- Initiates health maintenance nutrition education.
- Evaluates and implements alternate method(s) or system(s) for nutrition education, as appropriate.
- Monitors, evaluates, and documents individualized nutrition therapy plans.
- Refers or schedules patients for follow-up in the Ambulatory Care Nutrition Clinic or inpatient and/or outpatient group education activities.

- Evaluates educational materials for content, reading level and other pertinent factors.
- Employs computer application in nutrition intervention, when appropriate.
- Documents findings utilizing established practice guidelines and quality improvement and assessment indicators.

j) Nutrition Education

- Conduct nutrition education sessions as an essential component of medical nutrition therapy and services helping individuals establish and maintain healthy lifestyles, good food habits and attitudes.

k) Interdisciplinary Care Team Planning

- Offer nutrition education to staff and students in training programmes.
- Be an active member of the interdisciplinary care planning team so that medical nutrition therapy is integrated into the patient's care plans as needed.

l) Support of Patient Care Programmes

Programmes and services with a nutrition component are supported by a Clinical Nutritionist. These include, but are not limited to:

- Ambulatory Care Clinics.
- Accident and Emergency.
- Home Health Care (HHC).
- Long Term Patients.
- Primary Health Care Centres.
- Specialized units and Clinics e.g. ICU & HDU, MCH Diabetes, Renal Unit, CCC, burns unit, oncology and others.

2.3.2 Expected Competencies

Key competencies

Key competencies expected include:

- i. Ability to identify patients that require nutrition assessment.
- ii. Ability to use the nutrition assessment tools available.
- iii. Have the technical know how of medical nutrition.

General competencies

General competencies expected include:

- i. Communication and listening skills.
- ii. Nutrition counselling.
- iii. Identifying, gathering and evaluating medical family genetic history, social information, nutritional, herbal and medication history. Physical information and laboratory data.
- iv. Accurate measurement and recording of the anthropometric measures using appropriate equipment/tool in accordance to the available SOP's.
- v. Interpretation and application of the biochemical measures.
- vi. Nutrition physical and assessment skills.
- vii. Counselling skills.
- viii. Have good interpersonal relationship; team player.
- ix. Organizing, planning and coordinating skills.
- x. Training skills.
- xi. Skills in research methodology, data analysis and interpretation.
- xii. Development of IEC materials.
- xiii. Documentation and report writing skills.
- xiv. Leadership skills.

2.4 Clinical Dietician

Clinical Dietician is a professional who is a graduate of Nutrition and Dietetics, indexed and registered by KNDI must have completed internship programme, passed and is certified as a KNDI professional with a bias to clinical dietetics.

Core units: Food Hygiene and Safety; Entrepreneurship; Communication Skills; Dietetics; Nutrition in Disease Management; Nutrition Assessment; Meal, Planning, Management and Service; Nutrition in the Life Cycle; Nutrition Pharmacology; Human Nutrition; First Aid; Human Anatomy; Human Physiology; Micro-nutrients (Micro-nutrients deficiencies are among the issues to be addressed); Macro-nutrients (Obesity may be among the issues to be addressed).

2.4.1 Expected Outcomes

Nutrition Screening

The intern is expected to:

- i. Screen new admissions to determine whether they are nutritionally compromised, or at nutrition risk.
- ii. Assign a nutrition status or nutrition risk level for each patient after evaluation and/or assessment is completed.
- iii. Use assigned nutrition status or risk levels to prioritize nutritional interventions.

Nutrition Assessment

a) Anthropometric Measurements

The intern should be able to carry out all the anthropometric measurements such as:

- Weight.
- Height.
- Mid Upper Arm Circumference (MUAC).
- Head circumferences.
- Arm span.
- Waist circumference.
- Skin fold.

b) The Intern should be able to analyse and interpret the measurements,use the results them to counsel and educate the client/patient.

c) Biochemical Assessment

The intern should be able to understand, interpret and apply the results of the biochemical parameters in nutritional management of diseases.

Note: The intern should also be able to assess vital signs; blood pressure, random blood sugar, temperature, pulse rate.

Others

Activity level, medical history, diagnosis and medical therapy and over the counter medication, socio-economic, religious, ethnic and cultural background.

Clinical Signs

The intern should be able to observe and identify signs and symptoms of nutritional deficiencies and

apply in the nutritional management of the condition. Clinical signs and symptoms of nutritional deficiencies.

d) Dietary assessment

- The intern should be able to take dietary history using the standard tools.
- Assess:
 - ◊ Appetite, taste change, intake of vitamins, minerals, and/or nutritional supplements, eating, taste change(s), eating and feeding problems, nausea, vomiting, diarrhoea, constipation, food intolerances, adverse reactions and/or allergies, food-drug interactions, unhealthy dietary behaviours, eating disorders, socioeconomic, religious, ethnic and cultural background, herbal and/or complementary nutrition therapies.
 - ◊ Lifestyle practices to include complementary and alternative therapies.
 - ◊ Current drug therapy and over the counter medication.

e) Evaluation

- The intern should be able to carry out evaluation of nutrient intake and hydration status and refer to a dietician for plan of action.
- The intern should be able to have physical examination techniques.

f) Inspection

- Inspection using visual observation throughout the exam for critical exam of colour, shape texture and size.
- Palpation.
- Percussion.
- Auscultation.

g) Function

- The intern should be able to understand the patient, if functional in terms of daily activities and if they can feed themselves.

h) Intervention

- After the intern has gone through the above processes he/she should be able to interpret, analyse and plan the nutrition intervention. They should be able to diagnose and intervene.

i) Nutrition Therapy Process

The Clinical Dietician:

- Participates with other health care team members and the patient in planning and implementing suitable diet therapy intervention(s) through the exchange of information and education.
- Actively participates in interdisciplinary team meetings, ward rounds, discharge planning conferences, peer reviews, performance improvement activities, and other relevant activities to monitor and share findings and recommendations with team members.
- Educates the interdisciplinary team members on the role of nutrition in health and disease and the role of the clinical dietician in giving nutrition guidance.
- Provides consultation and training to other appropriate health care programmes and services.
- Initiates or participates in nutrition research.
- Oversees the work of the clinical dietetic/nutritionist technician and dietetics/nutritionist technologist and remains responsible for decisions and judgments concerning the patient's overall nutrition therapy process.

j) Nutrition Counselling

The Clinical Dietician:

- Initiates nutrition counselling consistent with the patient's current diet or nutrition therapy needs, recording intervention, and counselling in the medical record. These include the patient's degree of comprehension and the clinician's assessment of the patient's readiness to learn, expected compliance, and identification of respective barriers.
- Provides nutrition counselling to patients when food-drug interaction significantly alters the patient's food selection.
- Evaluates and documents the progress toward desired outcomes and/or goals.
- Initiates health maintenance nutrition education.
- Evaluates and implements alternate method(s) or system(s) for nutrition education, as appropriate.
- Monitors, evaluates and documents individualized nutrition therapy plans.
- Refers or schedules patients for follow-up in the Ambulatory Care Nutrition Clinic or inpatient and/or outpatient group education activities.
- Evaluates educational materials for content, reading level and other pertinent factors.
- Employs computer application in nutrition intervention, when appropriate.
- Documents findings utilizing established practice guidelines and quality improvement assessment indicators.

k) Nutrition Education

- Conduct nutrition education sessions as an essential component of medical nutrition therapy and services helping individuals establish and maintain healthy lifestyles, good food habits and attitudes.

l) Interdisciplinary Care Team Planning

- Offer nutrition education to staff and students in training programmes.
- Be active member of the interdisciplinary care planning team so that medical nutrition therapy is integrated into the patient's care plans as needed.

m) Support of Patient Care Programmes

Programmes and services with a nutrition component are supported by Clinical Nutritionist. These include, but are not limited to:

- | | |
|---|--|
| • Ambulatory Care Clinics, Accident and Emergency | • Clinical Signs and Symptoms of Nutritional Deficiencies |
| • Home Health Care (HHC). | • Dietary assessment |
| • Long Term Patients. | • Weight for age |
| • Evaluation of nutrient intake and hydration status | • Current Diagnosis and Medical Treatment Modalities |
| • Food intolerances, adverse reactions and/or allergies | • Current Drug Therapy and Over the Counter Medication |
| • Review of Nutrition History | • Anthropometric Measurements and indices |
| • Activity level | • Height-for-age |
| • Appetite | • Weight-for-height |
| • Recent weight change | • Weight history |
| • Eating and feeding problems | • Taste change(s) |
| • Nausea | • Vomiting |
| • Diarrhoea | • Constipation |
| • Food-drug interactions | • Nutrition Assessment |
| • Unhealthy dietary behaviours | • Eating disorders |
| • Herbal and/or complementary nutrition therapies | • Socioeconomic, religious, ethnic and cultural background |
| • MUAC | • Documented Medical History |

- Intake of vitamins, minerals, and/or nutrition supplements
- Primary Health Care Centres
- Specialized units and Clinics e.g. ICU & HDU, MCH Diabetes, Renal Unit, CCC, burns unit, oncology and others
- Lifestyle practices to include complementary and alternative therapies
- Biochemical tests

n) Medical Nutrition Therapy Plan and Intervention

- In cooperation with patients or significant others and with other medical centre disciplines, the dietician develops and implements the interdisciplinary nutrition care plan and communicates, monitors, and documents (in the medical record) response to nutrition therapy in accordance with regulatory requirements.
- The plan and intervention includes:
 - ◊ Calorie and nutrient requirements (Basal Energy Expenditure (BEE) and Resting Energy Expenditure (REE) formulas).
 - ◊ Current diet prescription or nutrition support recommending appropriate changes.
 - ◊ Initiating or making alterations in diet prescriptions or nutritional therapies per locally established guidelines.
 - ◊ Ordering adjustments in the calorie level of the diet based on patient's calorie and nutrient requirements.
 - ◊ Ordering consistency modifications for the diet based on patient's tolerance and clinical status.
 - ◊ Ordering changes in feeding schedules and adjusting the quantity of food according to patient's tolerance
 - ◊ Prescribing nutrition supplements, as appropriate, within diet order or medical nutrition therapy plan
 - ◊ Determining appropriate feeding modalities for oral diets, i.e., recognizing the need and recommending specialized nutrition intervention (enteral or parenteral nutrition).
 - ◊ Identifying nutrition inadequacies due to prescribed dietary restrictions and individualized patient needs.
 - ◊ Establishing nutritional therapy and educational goals.
 - ◊ Planning and implementing appropriate modifications and interventions.
 - ◊ Initiating follow-up at defined intervals to ensure established nutrition intervention and

educational goals and outcomes are met.

o) Monitoring Response to Nutrition Therapy

- Continually identifying the need to alter the care plan by evaluating modalities, intervention methods and the patient's response to the intervention used.
- Ordering appropriate laboratory/biochemical tests to monitor nutritional status in accordance with locally established policy.
- Ordering measured weights and heights as appropriate.

p) Nutrition Counselling

The dietician:

- Initiates nutrition counselling consistent with the patient's current diet or nutrition therapy needs, recording intervention and counselling in the medical record. This includes the patient's degree of comprehension and the clinician's assessment of the patient's readiness to learn, expected compliance, and identification of respective barriers.
- Provides nutrition counselling to patients when food-drug interaction significantly alters the patient's food selection.
- Evaluates and documents progress toward desired outcomes and/or goals.
- Initiating health maintenance nutrition education.
- Evaluates and implements alternate method(s) or system(s) for nutrition education, as appropriate.
- Monitors, evaluates, and documents individualized nutrition therapy plans.
- Refers or schedules patients for follow-up in the Ambulatory Care Nutrition Clinic or inpatient and/or outpatient group education activities.
- Evaluates educational materials for content, reading level and other pertinent factors.
- Employs computer application in nutrition intervention, when appropriate.
- Documents findings utilizing established practice guidelines and quality improvement and assessment indicators.

q) Nutrition Therapy Process

The dietician:

- Participates with other health care team members and the patient in planning and implementing suitable diet therapy intervention(s) through the exchange of information and

education.

- Actively participates in interdisciplinary team meetings, ward rounds, discharge planning conferences, peer reviews, performance improvement activities, etc., to monitor and share findings and recommendations with team members.
- Educates the interdisciplinary team members on the role of nutrition in health and disease and the role of the clinical dietician in giving nutrition guidance.
- Serves as a consultant to the medical and supporting staff regarding diet prescriptions and modifications, nutrition assessment, current nutrition concepts, and research related to nutrition.
- Provides consultation and training to other appropriate health care programmes and services.
- Initiates or participates in nutrition research.
- Oversees the work of the clinical dietetic/nutritionist technician and dietetics/nutritionist technologist and remaining responsible for decisions and judgments concerning the patient's overall nutrition therapy process.

2.4.2 Expected Competencies

Key competencies

The key competencies include:

- Calorie and other nutrient calculation and based on the relevant formulae.
- Translation of diet prescriptions into feeding regimes according to the feeding mode.
- Supplementation process.
- Enteral and parenteral nutrition support.
- Food exchange list, food composition table and conversion tables.

General competencies

The general competencies include:

- Nutrition assessment.
- Monitoring and evaluation.
- Communication skills.
- Counselling skills.
- Interpretation skills.
- Interpersonal skills.
- Organising, planning and co-ordinating skills.
- Facilitation skills.

- Skills in research methodology, data analysis and interpretation.
- Medical nutrition therapy.
- IEC development skills.
- Documentation and report writing skills.
- Leadership skills.

2.5 Food Service Diet Therapist

A Food Service Diet Therapist is a professional who is a graduate of Nutrition and Dietetics, indexed and registered by KNDI, must have completed internship programme, passed and is certified as a KNDI Professional with a bias to food service.

Core units: Food Hygiene and Safety; Entrepreneurship; Communication Skills; Dietetics; Nutrition in Disease Management; Nutrition Assessment; Meal, Planning, Management and Service; Nutrition in the Life Cycle; Nutrition Pharmacology; Human Nutrition; First Aid; Human Anatomy; Human Physiology; Micronutrients (Micronutrient deficiencies are among the issues to be addressed); Macronutrients (Obesity may be among the issues to be addressed).

2.5.1 Expected outcomes

a) Facility Diet Manual

In consultation with the consultant nutritionists/dietician:

- Develops the facility diet manual to serve as a reference for ordering diets, standards for nutrition therapy and in menu and/or recipe preparation.
- Ensures that the standards for nutrition therapy and analysis specified in the facility diet manual are in accordance with the most recent Recommended Dietary Allowances (RDA) recognised by KNDI.
- Specifies the nutritional deficiencies of any diet that is not in compliance with the recommended dietary allowances.
- Develops a facility diet manual in consultation with appropriate staff. The diet manual must be updated and reviewed as per regulatory guidelines. Revisions are approved by KNDI council, medical team at facility level and dated to identify the review date.
- Avails the facility diet manual in all patient care areas.

b) Menus

- Establish a procedure to verify that all-master regular menus and modified diets are approved

by a registered dietician.

- Analyse the menus for nutrient content and adequacy and post for review in patient treatment areas where applicable.
- The head of food services plans cyclic menus to meet the nutrition needs of the population incorporating regional preferences consistent with diets approved in the diet manual.

c) Nutrition Education

- Conduct nutrition education sessions as an essential component of medical nutrition therapy and services helping individuals establish and maintain healthy lifestyles, good food habits and attitudes.
- Ensure individual and group instructions on the prescribed medical nutrition therapy are planned and scheduled as soon as medically feasible.
- Ensure local policy is developed to prioritize nutrition education for patient and family based on whether the medical nutrition therapy plan is new to the patient, will be a refresher of previous therapy instruction, and the patient and family's ability to comprehend and apply the therapy plan.
- Ensure patient education material and hand outs are consistent with the facility diet manual.
- Ensure that health maintenance and preventive nutrition therapy are an integral part of the Nutrition Education Programme.
- Ensure that all patient education is documented in the medical record.
- Ensure that education encompasses the following groups:
 - ◇ Patients.
 - ◇ Family members or significant others.
 - ◇ Staff.
 - ◇ Community caregivers.
 - ◇ Students-in-training programmes.

d) Interdisciplinary Care Team Planning

- Be active member of the interdisciplinary care planning team so that medical nutrition therapy is integrated into the patient's care plans as needed.
- Prepare medical nutrition therapy goals for the patient's care plan and discharge plan as needed, to facilitate continuity of care in the ambulatory care unit, acute care, extended care, long-term care and in the community.

e) **Support of Patient Care Programmes**

Programmes and services with a nutrition component are supported by dietician(s). These include, but are not limited to:

- Ambulatory Care Clinics.
- Home Health Care (HHC).
- Long Term Patients.
- Primary Health Care Centres.
- Bone Marrow Transplant Units.
- Rehabilitation Programmes.
- Spinal Cord Injury (SCI) Service.
- Dialysis Unit.
- Solid Tissue Transplant Programmes.
- Diabetes Education Programmes.
- Comprehensive Care Centre (CCC)
- All specialist patient clinics.

2.5.2 Expected Competencies

Key Competencies

- Diet menu development according to set standards.
- Food exchange list, food composition table and food conversion table.
- Skill in menu planning.
- Recipes formulation.
- Supervisory skills.
- Procurement and disposal skills.
- Food supply value chain.
- Food hygiene and safety.
- Food inspection skills.
- Food service value chain.

General competencies

- Communication skills.
- Monitoring and evaluation.
- Interpretation skills.

- Interpersonal skills.
- Organizing, planning and coordinating skills.
- Facilitation skills.
- Skills in research methodology, data analysis and interpretation.
- Medical nutrition therapy.
- IEC development skills.
- Documentation and report writing skills.
- Leadership skills.

2.6 Food Science Nutrition

The roles and responsibilities will depend on the specific position, department and the type of food industry they are placed. There are a range of diverse roles for nutritionists within the food industry ranging from regulatory roles to ensure nutritional claims and product labelling are appropriate to a role involving nutritional research, building nutritional evidence to support new product claims.

Core units: Organic Chemistry; Communication Skills; Micronutrients; Physical and Inorganic Chemistry; Food Preservation and Processing; Food Chemistry; Food Biotechnology; Macronutrients; Entrepreneurship; First Aid.

2.6.1 Expected outcomes

The food science nutritionists must be able to demonstrate:

- An understanding of the food manufacturing principles as per the good manufacturing practices and food safety.
- Ability to lobby and advocate for nutritional policies with relevant stakeholders.
- An understanding of quality management systems.
- Ability to understand food market orientation (WTO, Codex, HACCP, BRC and Euro-Gap and traceability).
- An understanding of and contribute to research in the food industry.
- An understanding of the food marketing, labelling and regulatory affairs.
- An understanding of international food laws and emerging issues.
- Skills in quality audits and monitoring and evaluation.

2.6.1 Expected Competencies

- Food processing and value addition skills.
- Good manufacturing and hygienic practices in food industry.

- iii. Food laboratory analysis.
- iv. Formulation/reformulation of foods.
- v. Product development and reformulations.
- vi. Innovations in product development.
- vii. Branding skills.
- viii. Sales promotion and marketing skills.
- ix. Design of products for people with special medical needs.
- x. Consumer trends analysis.
- xi. Human and animal research.
- xii. Regulatory framework within food industry.
- xiii. Audit or monitoring and evaluation skills.
- xiv. Quality Assurance.
- xv. Quality management systems.
- xvi. Food safety/toxicology, biofortification, genetically modified foods and emerging food related issues.
- xvii. Nutrigenomics and nutraceuticals etc.
- xviii. Food packaging and distribution.
- xix. Food and nutrition labelling.
- xx. Nutrition policy formulation and review.
- xxi. Nutrition education and behaviour pattern.
- xxii. Consumer attention and response plan.
- xxiii. Communication skills.
- xxiv. Media relation skills.
- xxv. Advocacy skills.
- xxvi. IEC development skills.
- xxvii. Public relations skills.

3.1 Community and Public Health Nutrition

3.1.1 Categories of Centres

Community and Public Health Internship programmes will be implemented in settings referred to as academies. An academy may be: A health centre, a stand-alone community centre with trustees or a training institution with outreach component. These settings shall demonstrate ability to develop required competencies and access to other facility resources, which may include:

- i. Community nutrition institutions and facilities at county level (e.g. faith based institutions, community health facilities e.g. dispensaries and health centres).
- ii. Independent centre with nutrition programmes.
- iii. Private Practice Centres (e.g. recognized nutrition related client service firms)
- iv. Research Centres (with nutrition projects e.g. KEMRI).
- v. Consortium of NGOs with a nutrition component and UN agencies (e.g. Save the Children, World Vision, Concern Worldwide and UNICEF, WFP among others).
- vi. Institutions dealing with nutrition and dietetics policy regulation (e.g. KNDI)
- vii. Institutions dealing with standards (e.g. KEBS).
- viii. Nutrition Health Clubs (e.g. Parliamentary Health Club and Well Established Health Clubs).
- ix. Visits to legal firms.
- x. Sport oriented nutrition centres.

Note: All these centres will have to be inspected by KNDI accreditation team and approved as internship centres for nutrition and dietetics professionals.

3.1.2 Accreditation of Community and Public Health Nutrition Centres

The community and public health nutrition centres shall be accredited based on the minimum 8 standards as per the scope of competency building using checklist (Community and Public Health Nutrition Accreditation checklist). The standards shall broadly address following core areas:

- i. Existing valid physical location of the centre (e.g. Prove of ownership as evidenced by title deed and/or valid plot number).
- ii. Existing clear leadership and governance structure as demonstrated by organogram.
- iii. Supportive infrastructure, facilities and equipment to support internship programme.
- iv. Ability to offer CPD programmes and preceptorship/supervision.

- v. Capacity to accommodate interns internally or within accessible distance from the facility.
- vi. Demonstrate potential for partnership with institutions.
- vii. Prove of existing security measures.
- viii. Ability to cater for the interns' welfare.

3.2 Clinical Nutrition, Clinical Dietetics, Food Service & Diet Therapy

3.2.1 Categories of Centres

KNDI Internship will be implemented in a variety of settings. These settings will be but not limited to the following:

- i. Closed clinical settings e.g. public (above level 4) and private hospitals, nursing homes and rehabilitation centres.
- ii. Wellness centres with capacity recognized by KNDI.

3.2.2 Accreditation Clinical Nutrition, Clinical Dietetics, Food Service, Diet Therapy Centres

The Clinical Nutrition, Clinical Dietetics, Food Service, Diet Therapy Centres shall be accredited based on the minimum 8 standards (as per checklist in Appendix K). These shall include the following:

- i. Nutrition and Dietetics Service Unit (stand-alone) Indicators.
- ii. Nutritional equipment and tools.
- iii. Food supplies, formulations and nutrition supplements.
- iv. SOPs for nutrition care processes and other services.
- v. Record keeping and documentation.
- vi. Patient feeding.
 - a. Inpatient feeding.
 - b. Maternity feeding.
- vii. Food preparation unit.
- viii. Food preparation unit layout.
- ix. Kitchen personnel.
- vi. Infection prevention and control.
 - a. Hygiene protocol.
 - b. Hand washing.
 - c. Solid waste management.
 - d. Use of disinfectants.
 - e. Protective equipment.

3.3 Food Science Nutrition

3.3.1 Categories of Centres

The consideration of becoming an internship centre shall be based on individual organization's desire through business process analysis and own application. Categorization shall be by commodity, service, private and public, and size.

The centres will be:

- i. Food companies both manufacturing and marketing; criteria for selecting the place of internship will be defined by size.
- ii. Stand-alone labs (for specialized service) will be considered to provide the competency in the area of analysis where the intern is likely to miss the same in the food company.
- iii. Accreditation Food Science Nutrition Centres.

The food science nutrition centres shall be accredited based on the 14 minimum standards as per the scope of competency and SOPs for Accreditation (Appendix L). The standards shall broadly address following core areas:

- i. Standards related to facilities and equipment.
- ii. Standards related to availability of references and resources.
- iii. Standards related to utilities.
- iv. Standards related to raw material, ingredients and finished product storage.
- v. Standards relating to production of food.
- vi. Standard relating to packaging, labelling, and delivery of food products.
- vii. Standards relating to quality assurance activities.
- viii. Standards relating to quality control activities.
- ix. Standards relating to Quality Related Events (QREs).
- x. Standards relating to Quality Improvement (QI) Activities.
- xi. Standard relating to personnel on site.
- xii. Standards for Standard Operating Procedures (SOPs) document.
- xiii. Standard related to the implementation of Standard Operating Procedures.
- xiv. Standards relevant to marketing, labelling and nutritional claims.

3.4 Internship Coordination

The internship shall be coordinated from KNDI secretariat under the leadership and guidance of the Chairperson, Accreditation Board. Each centre shall appoint an internship coordinator who must have a background in Nutrition or Dietetics. The internship coordinator may also be the preceptor/supervisors at the centre level.

3.5 Internship in Special Centres and Special Placements

KNDI may approve satellite institutions as recommended by the main institution for purposes of providing required competencies that may not be present in the host institution. Such institutions shall also be accredited as centres offering community and public health nutrition.

4.1 Role of KNDI in Internship Training

- i. Providing regulations and guidelines for internship programme for nutritionists and dieticians.
- ii. Ensuring preliminary arrangements for the internship programme including formal admission of interns.
- iii. Identification of a preceptor/supervisor to provide the necessary on site instruction and day to day field supervision.
- iv. Coordinating faculty supervision including the following contacts for consultation with interns and preceptors/supervisors.
- v. On site visit to discuss goals and plans for the interns' work and answer questions.
- vi. Maintaining regular contact with preceptors/supervisor and faculty for purposes of reviewing progress in internship processes.
- vii. On site visit to review and assess interns based on portfolio.
- viii. Develop, review and dispatch internship assessment tools to preceptors and supervisors.
- ix. Assigning a student grade with input from the preceptors and supervisors.
- x. Enforce discipline and ethical conduct of all key players during internship programme.
- xi. Ensure that successful interns sit for final professional examination for purposes of certification.

4.2 Role of Internship Centre

- i. Ensure the training environment is conducive for internship programme based on the accreditation standards.
- ii. Ensure that MoUs with KNDI are duly signed and implemented as prescribed.
- iii. Recommend a technical staff for appointment as a preceptor/coordinator by KNDI.
- iv. Schedule and orientation programme for the interns.

4.3 Role of Internship Centre Coordinator/Chief Preceptor

- i. Orient the intern on centre operations including rules and regulations.
- ii. Admit and maintain records for all interns.
- iii. Develop master rotation plan for all interns.
- iv. Participate in building competencies of interns based on KNDI's approved internship manual.
- v. Provide feedback and reports to KNDI at agreed intervals for the purpose of monitoring internship progress.

- vi. Provide general mentorship for all interns during the programme.
- vii. Participate in the review of the internship programme.
- viii. Ensure that the staff at the centre is updated with skills and competencies through Continuing Professional Development for effective instruction of interns.
- ix. Ensure availability and effective application of policies and guidelines related to Nutrition and Dietetics in the internship programme.

4.4 Role of Faculty

- i. Supervise interns, review their performance and award points.
- ii. Advise the interns on the professional competencies required in the field.
- iii. Mentor interns on the professional practice within the disciplines.
- iv. Compile a report on internship supervision and submit to KNDI secretariat.
- v. Participate in interns' orientation.
- vi. Discuss with preceptors on areas that need improvement.
- vii. Provide mentorship to interns.

4.5 Roles and Responsibilities of Interns

- i. Ensure that rules and regulations guiding internship programme are adhered to as prescribed.
- ii. Ensure that the internship objectives are met as prescribed in the guidelines.
- iii. Review and acquaint themselves with competencies prescribed in the guidelines.
- iv. Ensure that they sign and adhere to the code of ethics and professional conduct for KNDI.
- v. Participate in the review of internship programme through regular formal feedback.

5.1 Internship, Application, Selection and Placement

- i. All successful bachelor's degree indexed students from KNDI accredited institutions will be eligible to apply for internship on successful completion of the training programme.
- ii. Eligible candidates shall complete an internship application form (Appendix G).
- iii. Selection of the interns shall be done by the Accreditation Board as per the guidelines.
- iv. Qualified candidates shall be provided with a letter of offer by KNDI detailing their placements.
- v. The host centre shall provide a letter of admission to the posted interns.
- vi. Placement shall be done once every year in the month of July or such other interval as the Institute may determine from time to time.

5.2 Medical Insurance

All interns will be responsible for their own personal accident and insurance cover with details of cover during the internship period. A copy of the certificate of insurance will be filed at KNDI headquarters and the institution hosting the student on internship.

5.3 Indemnity

KNDI shall indemnify the centres against any suits, claims, costs, damages and loss/injury caused by the Interns during the course of the internship. However, KNDI Code of Ethics and Conduct documents shall normally apply for such interns during internship within the scope of their duties.

5.4 Change of Internship Domain

Internship domain shall only be changed by fulfilling the deficits for each newly chosen domain. This shall be assessed against the criteria set by the Accreditation Board.

6

ASSESSMENT AND EVALUATION

Assessment and evaluation of interns shall include process and outcome evaluation dimensions. Process evaluation shall incorporate day to day monitoring and feedback sessions based on prescribed tools. Outcome evaluation shall include oral and professional examinations.

Assessment tools shall include the following:

- i. Students logbooks.
- ii. Weekly journal.
- iii. Preceptor assessment sheet.
- iv. Final report.

APPENDIX A: KNDI SUPERVISORS

KNDI supervisors will visit you at your place of attachment. Each student should be visited a maximum of four (4) visits and minimum of two (2) visits.

NB:

1. Ensure that you have all telephone contacts for your university supervisors so that you can contact them on your progress and also in case of an emergency.
2. Provide a telephone contact, an e-mail address, and your postal address for the period of attachment.

.....
.....
.....

Supervisors..... Signature.....

Date.....

(To be filled in by the supervisor in duplicate at first visit)

Note: A copy of this form should be returned to KNDI when duly filled.

APPENDIX B: INTERNSHIP-ARRIVAL NOTE

Course Code & Title:
Student Name:
KNDI Index No:.....
Name and Address/Place of Attachment:
Telephone Number:
Fax Number:
Date Reported for Duty.....
Signature: Date:

Reminders:

1. Return this form duly completed to the department within the first week of your attachment period. Enclose your training programme.
2. Internship reports should be completed and handed in by
for processing of your final grade.

FOR OFFICIAL USE ONLY

Date Received back:
Signature of Chairman Accreditation/Examination
Officer:.....
Signature of Head of Department:

Note: A copy of this form should be returned to the department when duly filled.

APPENDIX C: INTERNSHIP AGREEMENT

The internship is planned to develop a graduate student professionally, economically, culturally and socially. To meet these goals, there are responsibilities the interns must realize and agree to carry out to the fullest extent. As a participant in internship, I am willing to adhere to the following:

- i. To know that the coordinator is the recognized authority for making adjustments or changes in the training received through industrial and field attachment.
- ii. To know that it is my responsibility throughout the semester to be well dressed and groomed at my place of attachment.
- iii. To carry out my training in such a manner that it will reflect credit upon myself and on industrial and field attachment programme.
- iv. To perform all my duties in a commendable manner and perform related study assignments and challenge activities with earnestness and sincerity.
- v. To work towards the group and individual achievement goals.
- vi. To be on time and regular in attendance at my station for attachment.
- vii. To notify my supervisor/employer as soon as I know I will be absent from work.
- viii. To notify the coordinator as early as possible when I know I will be absent from work.
- ix. To conduct myself in satisfactory manner, at my place of attachment failure to which my training may be discontinued and I may be removed from participating in industrial and field attachment.
- x. To know that if I am discontinued from internship, I will receive a failing grade and will not be licensed to practice as a nutritionist/dietician.
- xi. To agree not to quit or change my place of attachment without discussing the situation over with my immediate supervisor, facilitator and coordinator.

Note: A student should be released from their place of internship if necessary to attend certain important functions.

I fully understand the above statements and I agree to cooperate in carrying them out to the fullest extent.

Student's Name

Student's Signature.....

Date.....

Coordinator's Name.....

Coordinator's Signature.....

Date.....
Head of Institution's Name.....
Signature.....
Date.....

Note: *A copy of this form should be returned to the department when duly filled.*

APPENDIX D: MONTHLY SELF-ANALYSIS OF STUDENT ON INTERNSHIP

Name of Students.....

KNDI Index Number.....

Month.....

1. The most positive aspects of my experience this month are:

.....
.....
.....
.....

2. The aspects of my experience which most need improvement are:

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.....
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3. The most important things I have learned this month are:

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4. What I especially want to keep in mind when planning for the next month internship experience include:

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5. A goal for myself that I particularly want to work on next month is:

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6. Other Comments

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.....

Note: *A copy of this form should be returned to KNDI alongside the final report when duly filled.*

APPENDIX E: SCORE SHEET FOR INTERNSHIP REPORT

Candidate's Name: Reg. No.:

		MARKS	SCORE
i.	Introduction Course and personal objectives Professional and managerial abilities Skills acquired from programme	5	
ii.	Body Selected and critical fieldwork experiences SOPs from professional knowledge	10	
iii.	Conclusion Course and personal goals achieved or not Obstacles noted and they were overcome Strengths and weaknesses of management Recommendations consistent with observed problems	5	
iv.	Analysis of experiences in view of training programme Concise analysis of experiences encountered Constraints of deficiencies on current programme Aspects of needing improvement	5 2 2 1	
v.	Supporting/illustration materials Neatness of diagrams, illustrations and charts Relevant pictures, brochures, leaflets, maps etc. Other reference materials	5 2 2 1	
vi.	Statement of accomplishments and value of experience States what achieved States what was not achieved States what might have been done differently	5 2 2 1	
vii.	Summary, conclusion and recommendations Summary, conclusions and recommendations List of references and resources used Acknowledgments	5 2 2 1	
	TOTAL	40	

APPENDIX F: INTERNSHIP WORKSHOP (to be organized from time to time)

Note: Discussion points must be put in writing.

What are the benefits of internship programme?

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.....

.....

.....

What are your internship objectives/goals (personal, career, education).

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.....

Divide yourself into groups of five. As a group, make a list of the adjustments you as a student may have to make from being students to becoming employees. Then, each group share findings with the rest of the class.

.....

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.....

Do you think your industrial attachment experiences will affect your occupational and career plans? Explain how?

.....

.....

.....

.....

Personal Information	
Why are you interested in an internship in your area of specialization?	
What specific experience would you like to gain through this internship programme?	
Describe your long-term career goals:	
How are you going to finance your internship programme?	

Professional References (At least 2 referees)	
Name	Relationship and contact info (e-mail and/or phone number)

Disclaimer and Signature	
I certify that the answers provided are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in disciplinary measures.	
Signature:	Date:

APPENDIX H: INTERN ASSESSMENT FORM

Intern's Name:

KNDI Index No:

Internship Centre:

Supervisor: Date:

Intern's Position or Assignment:

Part I: Employer Assessment

Please complete this evaluation at the end of each month of the student's work period. You are encouraged to discuss the completed form with the intern to aid in their professional development. The evaluation is a mechanism that the faculty has employed to inform its Continuous Improvement Programme, therefore it is not confidential. Please use the scale below to evaluate your intern's performance in the following areas:

1	2	3	4	5	6
Needs more training or education	Performing below expectations	Acceptable performance	Above average performance	Superior performance	Not observed

1	General workplace performance						
	Attendance	1	2	3	4	5	6
	Punctuality	1	2	3	4	5	6
	Appropriate dress	1	2	3	4	5	6
	Attitude	1	2	3	4	5	6
	Acceptance of criticism	1	2	3	4	5	6
	Asks appropriate questions	1	2	3	4	5	6
	Self-motivated	1	2	3	4	5	6
	Practices ethical behaviour	1	2	3	4	5	6
2	Specific job assignment performance						
	Sufficient knowledge to perform tasks	1	2	3	4	5	6
	Verbal communication skills	1	2	3	4	5	6
	Written communication skills	1	2	3	4	5	6
	Analytical skills – analyses problems and takes appropriate action	1	2	3	4	5	6
	Uses technical skills required for the position	1	2	3	4	5	6
	Meets deadlines	1	2	3	4	5	6
	Takes initiative to get a job done, including overcoming obstacles	1	2	3	4	5	6
	Sets priorities	1	2	3	4	5	6

3. How would you assess the intern's overall performance?

Outstanding Above average Satisfactory Below average

Unsatisfactory

Part II: Supervisor Assessment

This section gives you the opportunity, as an experienced professional, to make recommendations that would help in the professional development of the student as well as give the faculty some insight into the areas that may need more attention.

What do you consider the major strengths of this intern?

.....

.....

.....

.....

What areas need improvement?

.....

.....

.....

.....

What would you recommend to make this student better prepared for the workplace? (e.g. courses, activities, skills acquisition, programmes)?

.....

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.....

Other comments, commendations, or recommendations

.....

.....

.....

.....

APPENDIX I: THE JOURNAL AND ITS ANATOMY

While on internship, each intern is expected to keep a record of all the activities or episodes in a diary or journal. The journal could be a small notebook indicating the date and the episodes including an analysis of specific significance episodes. Journal entries from the first day of internship to the last day are expected. The journal or diary should be shown to the visiting KNDI supervisor(s) who will sign on the day they made the visit. The diary or journal should be handed in to the coordinator at the end of the attachment period. A journal provides an opportunity to record daily experiences and significant events that may not otherwise be remembered at the end of the attachment. Keep a record of all events. Select, elaborate and analyse two important events in line with the goals and objectives. The suitable format is as follows:

Content

Heading: Give a suitable heading that will be reflected in your written report. Indicate the date and make one entry per page.

Goal: A clear statement of goals for the activities developed in close consultation with the immediate supervisor.

Body: Include work environment, problems, challenges and activities. State related activities for each goal or objective. Any deviations from goals must be stated and explained. Elaboration of one or two significant episodes or events experienced – discuss in reasonable detail. Also analyse such episodes and try to figure out what you accomplished, etc.

Activity plan: Maintain a plan of activities for the following day sequentially. Work is normally planned logically.

Conclusion and recommendation: Give a summary of the following:

- i. Things you should start doing based on what you have learnt during the day.
- ii. Things you should stop doing.
- iii. Things you should continue doing.

This shall constitute 10% of the assessment

APPENDIX J: COMMUNITY NUTRITION INTERNSHIP ACCREDITATION CHECKLIST

	Assessment Indicator	Yes	No
1.0	Existing valid physical location of the centre (e.g. Prove of ownership as evidenced by title deed and/or valid plot number) Max=10 points		
1.1	The institution has a title deed/plot number that bears the name of the organization		
1.2	The institution is accessible		
2.0	Existing clear leadership and governance structure Max=30 points		
2.1	The institution has a strategic plan		
2.2	The institution has an organogram		
2.3	The institution has all or most positions filled		
2.4	The institution has well defined job descriptions		
2.5	The institution has nutrition and supportive departments		
2.6	The head the nutrition programme is a qualified and a registered nutritionist		
3.0	Supportive infrastructure, facilities and equipment to support internship programme Max=30 points		
3.1	The institution has equipment to support internship programme		
3.2	The institution has physical facilities to support internship programme		
3.3	The institution has access to social and recreation facilities		
3.4	The infrastructure meets the standards of public health and safety		
3.5	Availability of transport		
3.6	Access to ICT facilities		
4.0	Capacity building and training Max=15 points		
4.1	Ability to offer CPD programmes		
4.2	Preceptorship/supervision		
4.3	Existing relevant and sufficient staff to support the internship programme.		
5.0	Capacity to accommodate interns internally or within accessible distance from the facility. Max=10 points		
5.1	Access to accommodation facilities within a radius of 5 km		
5.2	Access to market and eating places		
6.0	Demonstrate potential for partnership with satellite training institutions. Max=5 points		
7.0	Prove of existing security measures. Max=5 points		
8.0	Interns Specifics Max=10 points		
8.1	Existing counselling unit		

8.2	Staff welfare		
	Total Points	115	
	Actual Score		

Each Sub-Indicator = 5 points

Reduce by a ratio of 1:1.15

APPENDIX K: CLINICAL NUTRITION AND DIETETICS ACCREDITATION CHECKLIST**A. GENERAL GUIDELINES**

1.0	Nutrition and Dietetics Service Unit (Stand-alone) Indicators	Y <input type="checkbox"/>	N <input type="checkbox"/>
1.1	Existing valid physical location of the centre (e.g. Proof of ownership as evidenced by title deed and/or valid plot number)		
1.2	The institution has a title deed/plot number that bears the name of the organization		
1.3	The institution is accessible		
1.4	Existing clear leadership and governance structure		
1.5	The institution has a strategic plan		
1.6	The institution has an organogram		
1.7	The institution has all or most positions filled		
1.8	The institution has well defined job descriptions		
1.9	The institution has nutrition and supportive departments		
1.10	The head of the nutrition programme is a qualified and registered nutritionist		
1.11	The institution has supportive infrastructure, facilities and equipment to support internship programme		
1.12	The institution has equipment to support internship programme		
1.13	The institution has physical facilities to support the internship programme		
1.14	The institution has access to social and recreation facilities		
1.15	The institution has infrastructure that meets the standards of public health and safety		
1.16	Availability of transport		
1.17	Access to ICT facilities		
	Total points	17	
	Actual score		

B. PUBLIC AND PRIVATE HOSPITALS

2.0	Nutritional equipment and tools		
2.1	Is a functional calibrated weighing scale available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.2	Is a stadiometre available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.3	Are Mid-Upper Arm Circumference (MUAC) tapes available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.4	Is a waist circumference tape available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.5	Is a functional blood pressure machine available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.6	Is a functional glucometre available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.7	Are reference charts available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.8	Is a head circumference tape available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.9	Are the skin fold calipers available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.10	Are length boards available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.11	Is a functional bio impedance analysis machine available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.12	Are nutrition assessment forms available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.13	Nutrition Education		
2.14	Are demonstration kits available (food models)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.15	Are Information, Education and Communication materials available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.16	Are ICT equipment available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.17	Is a resource centre available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.18	Counselling		
2.19	Is (are) a counselling room (s) available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.20	Are demonstration kits available (food models)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.21	Are Information, Education and Communication materials available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.21	Capacity Development.		
2.22	Does the centre have ability to provide CPD Courses?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.23	Does the centre have capacity for preceptorship/supervision?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.24	Does the centre have adequate staff to support the internship programme?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2.25	Is the centre equipped with ICT facilities?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Total Points	25	
	Actual		
3.0	Food supplies, formulations and Nutrition supplements		
3.1	Is food store available with evidence of regular stock replenishment?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.2	Are 'Ready to Use Therapeutic Foods' (RUTF) available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.3	Are 'Ready to Use Supplementary Foods' (RUSF) available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>

3.4	Are enteral nutritional supplements (nutraceuticals) available and adequate for clients?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.5	Are Parenteral Nutritional Supplements available and adequate for clients?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.6	Are the F75 and F100 diet milks available and adequate for clients?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.7	Are food fortifiers available and acceptable?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.8	Are nutrition formulations for specialized nutrition support available and accessible when needed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.9	Are Vitamin A supplements available for children and expectant mothers?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.10	Are iron supplements available in the acceptable form?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.11	Are folate supplements available in the acceptable form?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.12	Is zinc supplement available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Total Points	12	
	Actual score		
4.0	SOPs for nutrition care processes and other services		
4.1	Are there SOPs for comprehensive nutritional assessment?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.2	Are there SOPs for nutritional management of diseases/conditions requiring diet modification?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.3	Are there adequate guidelines for nutritional diagnosis?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.4	Are there guidelines for choice of appropriate nutrition care intervention?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.5	Are there adequate guidelines for monitoring patient care?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.6	Are there adequate SOPs for food formulations?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.7	Are there adequate SOPs for food supplementation?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.8	Are SOPs reviewed and regularly updated (within a 5-year framework)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.9	Are staff familiar with the SOPs and guidelines?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Total Points	9	
	Actual score		
5.0	Record keeping and documentation		
5.1	Is the system for record keeping linked to the facility information management system?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5.2	Is there a designated person aware of the documentation processes?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5.3	Is there security for the information in the system?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5.4	Is there a documented plan for regular updating?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Total Points	4	
	Actual score		
6.0	Patient feeding		
	Inpatient feeding		

6.1	Is there an inpatient feeding committee?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.2	Does the composition of the committee include qualified Nutritionist and Dieticians licensed by the Kenya Nutritionists and Dieticians Institute (KNDI)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.3	Are there Nutrition Administrative tools for carrying out and documenting nutrition interventions	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.4	Is there a comprehensive protocol for inpatient feeding?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.5	Is there a food inspection committee with at least one licensed nutritionist?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.6	Is there a communication link between patients in the ward and the food preparation unit?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.7	Are there food modification schemes for groups with special needs?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.8	Is there an option for patients to choose from available sources of foods?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Maternity feeding			
6.9	Are postpartum mothers fed on an appropriately tailored diet?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.10	Is breastfeeding initiated within one hour after delivery?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Total Points		10	
Actual score			
7.0 Food Preparation Unit			
Kitchen equipment and fuel			
7.1	Is a functional commercial blender available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.2	Is a functional commercial mincer available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.3	Is a functional commercial juicer available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.4	Is a functional food weighing scale available and regularly calibrated?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.5	Are measuring jars available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.6	Are utensils and cutlery	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.7	Are food trolleys available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.8	Is a functional food warmer available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.9	Is a functional commercial freezer available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.10	Is a functional commercial refrigerator available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.11	Are reliable sources of fuel available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Food preparation unit layout			
7.12	Is the layout and physical structure of the kitchen adequate?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.13	Is a diet therapy kitchen available and separated from normal food kitchen?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.14	Is a mini store available in the kitchen for food from the main store?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.15	Does the paediatric ward have room to prepare special food?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.16	Is there adequate space for storage of food commodities?	Y <input type="checkbox"/>	N <input type="checkbox"/>

7.17	Is there an office space for the supervisor?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.18	Is the supervisors' office ICT compliance? (Equipped with Computer software and hard ware ; Internet connectivity)	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.19	Is a laboratory for food analysis fitted with functional equipment available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Kitchen personnel			
7.20	Are kitchen personnel qualified caterers and trained cooks?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.21	Is the supervisor qualified and licensed by the Nutritionist and Dieticians Institute (KNDI)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Total Points		21	
Actual score			
8.0 Infection prevention and control			
Hygiene protocol			
8.1	Is there a hygiene protocol with a dedicated staff roster available?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.2	Are kitchen personnel handling foodstuffs and food preparation having a valid food handlers certificate?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Hand washing			
8.3	Is a sink present with running water from a tap or modified storage container?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.4	Is soap available at the hand washing area?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Solid waste management			
8.5	Are there at least two colour-coded bins (black and yellow)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.6	Are there coded lining bags that match the colour of the bins?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.7	Are there standard operating procedures for waste management?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Use of disinfectants			
8.8	Is there evidence of disinfectant use?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.9	Are you able to observe disinfectant containers used for cleaning?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Protective equipment			
8.10	Are head gears available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.11	Are gloves available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.12	Are gowns or dust coats and aprons available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.13	Are face masks available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.14	Are safety boots available and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Total Points		14	
Actual score			
GRAND TOTAL POINTS		95	
GRAND ACTUAL SCORE			

APPENDIX L: FOOD INDUSTRY ACCREDITATION AND INTERNSHIP CHECKLIST**Part 1: Standards relating to site compliance for accreditation**

1.0	Standards relating to facilities and equipment	Score					Comments
1.1	Equipment adequacy to safely and accurately deliver quality services or product	1	2	3	4	5	
1.2	The business facility has Standard Operating Procedures (SOPs) for each piece of equipment used in the service delivery or production of food	1	2	3	4	5	
1.3	The design of facility and equipment is adequate to assure Good Manufacturing Practices (GMPs)	1	2	3	4	5	
1.4	The equipment are maintained and cleaned adequately to avoid cross contaminations	1	2	3	4	5	
1.5	Maintenance programme in place	1	2	3	4	5	
1.6	Cleaning and sanitization programme in place	1	2	3	4	5	
1.7	Personnel hygiene and facility cleaning programme	1	2	3	4	5	

2.0	Standards related to availability of references and resources	Score					Comments
2.1	The business facility has access to references and resources relevant to nutrition	1	2	3	4	5	
2.2	The references and resources are available and accessible to relevant personnel	1	2	3	4	5	
2.3	The reference materials are current and relevant to the type of services offered	1	2	3	4	5	
2.4	Personnel are trained in the use of references and resource material and that personnel use the reference material	1	2	3	4	5	

3.0	Standards related to Utilities	Score					Comments
3.1	The nature and types of utilities on site are those approved for food manufacturing	1	2	3	4	5	
3.2	There is adequate controls on utility usage to ensure no hazardous material carry over to products or product contact surfaces or cross contamination	1	2	3	4	5	

4.0	Standards related to raw material, ingredients and finished product storage	Score					Comments

4.1	Is there a demonstrable good warehousing practices like First In First Out (FIFO), Last In First Out (LIFO) , First Expiry First Out (FEFO)	1	2	3	4	5	
4.2	Is there a demonstrable good hygiene and sanitation programme in store management?	1	2	3	4	5	
4.3	Is there demonstrable functional insect and rodent control system in food stores?	1	2	3	4	5	
4.4	Is there a demonstrable separation between foods, chemicals and other non-food materials; raw materials and finished products?	1	2	3	4	5	
4.5	Is there a demonstrable good control of store conditions for each food product?	1	2	3	4	5	

5.0	Standards relating to production of food	Score					Comments
5.1	Are production equipment available	1	2	3	4	5	
5.2	Are there proper equipment layout and materials flow in the factory floor	1	2	3	4	5	
	Are there standard operating procedures for all the equipment	1	2	3	4	5	
5.3	The existing department of product quality control has relevant qualified personnel for example in International Standards Organization procedures (ISO), British Retail Consortium (BRC), Hazard Analysis Critical Control Points (HACCP) etc.	1	2	3	4	5	

6.0	Standard relating to packaging, Labelling and Delivery of Food Products	Score					Comments
6.1	Compliance with standard requirements related to packaging, labelling and delivery food products to the consumers.	1	2	3	4	5	
6.2	Production comply with standards regarding packaging, labelling and delivery, when applicable	1	2	3	4	5	
6.3	Food products/nutrient supplements are packaged and labelled for the safety of the consumers. Protecting the product, meeting legal aspects, and communicating to consumer	1	2	3	4	5	

7.0	Standards relating to quality assurance activities	Score					Comments
7.1	Existing quality assurance plan with relevant details of quality improvement activities	1	2	3	4	5	
7.2	Traceability system in place	1	2	3	4	5	

8.0	Standards relating to quality control activities	Score					Comments
8.1	There are Standard Operating Procedures (SOPs) related to Quality Control activities and there are designated personnel responsible for Quality Control activities	1	2	3	4	5	
8.2	The business facility demonstrates that its quality plans meet current practice standards	1	2	3	4	5	
8.3	Is there a laboratory or are samples analysed by external laboratories?	1	2	3	4	5	
8.4	Is there evidence of calibration and schedules						

9.0	Standards relating to Quality Related Events (QREs)	Score					Comments
9.1	Standard Operating Procedures (SOPs) address the investigation, documentation, and resolution of Quality Relevant Events, and the steps to avoid similar QREs example Corrective Action and Preventive Action (CAPA)	1	2	3	4	5	
9.2	Demonstration that Standard Operating Procedures (SOPs) are being followed	1	2	3	4	5	
9.3	When appropriate or required by law or regulation, quality related events are reported to appropriate agencies. For example public recall of nonconforming products	1	2	3	4	5	

10.0	Standards relating to Quality Improvement (QI) Activities	Score					Comments
10.1	The business facility maintains trends related to its Quality Improvement activities	1	2	3	4	5	
10.2	The business facility has maintained at least one quality system e.g. ISO 9001 Quality Management System (QMS), British Retail Consortium (BRC), Hazard Analysis and Critical Control Point (HACCP), food safety management system amongst others	1	2	3	4	5	
10.3	Provision for customer/consumer feedback or a system for receiving and responding appropriately to consumer feedback	1	2	3	4	5	

11.0	Standard relating to Personnel on site	Score					Comments
11.1	Are personnel adequate and qualified for food processing?	1	2	3	4	5	
11.2	Is there a demonstrated personal hygiene and use of relevant Personal Protective Equipment (PPE)?	1	2	3	4	5	

11.3	Do the Standard Operating Procedures (SOPs) address the process for verifying the credentials of new independent contractors/employees	1	2	3	4	5	
11.4	SOPs are adequate to protect personnel in terms of occupations health and safety	1	2	3	4	5	

12.0	Standards for Standard Operating Procedures (SOPs) document	Score					Comments
12.1	Existing copy of SOPs	1	2	3	4	5	
12.2	SOPs accessibility to personnel	1	2	3	4	5	
12.3	SOPs accessibility to personnel	1	2	3	4	5	
12.4	The SOPs contain a "policy on policies" There is safe custody of the SOPs						

13.0	Standard related to the implementation of Standard Operating Procedures	Score					Comments
13.1	Existing written description of the responsibilities and functions of all nutrition and dietetics personnel or the food science professional	1	2	3	4	5	
13.2	Existing SOPs for orienting and training new service personnel	1	2	3	4	5	
13.3	Existing SOPs for educating, training, and assessing the competencies of personnel	1	2	3	4	5	
13.4	Evidence of continual assessment of its staffing needs There shall be a nutritionist certified by KNDI, a food science professional can be registered for membership but shall undergo a continuous development plan	1	2	3	4	5	

Standards relevant to Marketing, labelling and nutritional claims of products

Referenced to compliance with registration of food/dietary supplements and borderline products in Kenya; guidelines to submission of applications by Pharmacy and Poisons Board.

14.0	Standards relevant to Marketing, labelling and nutritional claims	Score					Comments
		1	2	3	4	5	
14.1	Do the details of the procedures involved in various stages of manufacture satisfy compliance (check the details including process controls, control of critical steps, packaging, flow diagram and a copy of complete batch manufacturing record)	1	2	3	4	5	
14.2	Are there summarised specifications of the final product, i.e. the acceptable limits of the physical, chemical, biological and (where applicable) and microbiological	1	2	3	4	5	
14.3	Do the specifications of the packaging material satisfy compliance i.e. suitability with product	1	2	3	4	5	
14.4	Is there shelf stability data sufficient to demonstrate, or indicate with a high probability that the product intended for the market will remain safe, of consistent quality and efficacious throughout the product's shelf life?	1	2	3	4	5	

Part 2: Standards relating to centre/site consideration for accreditation for internship

For a site to be considered for internship, it must first fulfil the requirements in part 1 above

1.0	Site compliance as an internship centre [follows E O I]	Score					Comments
		1	2	3	4	5	
1.1	Is the site registered by KNDI [following criteria for accreditation of internship centres]?	1	2	3	4	5	
1.2	Are there SOPs relating to personnel for competency development during internship?	1	2	3	4	5	
1.3	Standard Operating Procedures (SOPs) address the process for verifying the credentials of new independent contractors/ employees	1	2	3	4	5	
1.4	Are the training resources relevant to internship?	1	2	3	4	5	
1.5	Are there laboratories for testing, simulations or demonstrations?	1	2	3	4	5	

2.0	Standards for category/ product lines	Score					Comments
2.1	Is there diversity of product lines that enable proper learning by the intern?	1	2	3	4	5	
2.2	Are the unit operations diverse on the site to enable adequate learning and linkages with other industries within the food industry domain?	1	2	3	4	5	
2.3	Is there a preceptor acceptable by KNDI?	1	2	3	4	5	

APPENDIX M: LIST OF PARTICIPANTS

No.	Name	Designation	Institution
1.	Ruth Akelola	Technical Manager	KNDI
2.	Dr. David Okeyo	Chief Executive Officer	KNDI
3.	Mrs. Edna Warentho	KNDI Council Member	Kenyatta National Hospital (KNH)
4.	Dr. Violet Wanjihia	Research Officer	KEMRI
5.	Mr. Collins Seroney	Quality Manager	Weetabix East Africa
6.	Emily Wahome	Assistant Lecturer	Mount Kenya University (MKU)
7.	Dr. Silvenus O. Konyole	Lecturer	Masinde Murilo University
8.	Lina Njoroge	Consultant	Total Lifestyle
9.	Ednah Mwasi	Clinical Nutritionist	Moi Teaching and Referral Hospital (MTRH)
10.	Prof. Edward Karuri	Chair Accreditation	KNDI
11.	David Maingi	Assistant Director Regulatory Systems	USAID FUNZOKenya Project
12.	Irene Chami	Accreditation and Compliance Manager	USAID FUNZOKenya Project
13.	Salome Mwangi	Programme Officer	USAID FUNZOKenya Project



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