झारखण्ड सरकार

Child Anemia Training Module

for

Training Frontline Health and ICDS Workers in Jharkhand

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A2Z Micronutrients Sight Innovation

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स्वस्थ झारखण्ड सुखी झारखण्ड

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Foreword

Anaemia has been part of the health emphasis in India for decades. A long- efforts to battle it have the intention to reduce the prevalence of Anaemia cases among children, adolescent and women. From national programmes offering support to organizations and community-led initiatives which use innovative mechanisms to reach the most impacted groups, namely, mothers, new born infants and under five children.

In Jharkhand, there was a trial isn Murhu Block of Khunti District to reduce the Anaemia cases among the Children of age between 6-23 months: the program in Muhru Block was run in a mode of feasibility intervention by the GoJ with technical support from USAID/A2Z Project. The program started in March 2008 and continued till December 2010.

For the effective run out of the program, a comprehensive training module was developed where all the LHV, ANM, LS, AWW, were trained and successfully run the program with the high level of motivation. Subsequently during the program running, all the learning has been documented and a comprehensive training module and a capsule have been developed for using in Child Anaemia Reduction efforts in Jharkhand.

Given the effectiveness of household visits and community interaction of frontline and Integrated Child Development Services (ICDS) workers, the Jharkhand government has enlisted technical support in the form of the A2Z Micronutrient project to build capacities of supervisors, LHV, ANM, AWW, Sahayika and Sahiyya to impress upon them the importance of compliance while strengthening their communication skill sets, to enable them to take on a lead role in the war against Anaemia. The Training Manual which includes Participant's Handouts, Effective Tips for Facilitators and an IMNCI Capsule is being used in the two pilot interventions in a tribal block (Murhu, District Khunti) in Jharkhand.

The enhanced results that these applications are likely to bring are being tracked and will be scaled-up in other sites with the objective of weeding out Anaemia from the state of Jharkhand.

(Aradhana Patnaik)
Mission Director
Jharkhand Rural Health Mission

About the Training

Anemia, which is mainly the result of iron deficiency, afflicts an estimated two billion people worldwide. Children are particularly susceptible to anemia because of their rapid growth and associated high iron requirements. In India, the prevalence of anemia is widespread. Data from the National Family Health Survey (NFHS) - 3, 2005-06 shows that 79% of children and 58% of pregnant women suffer from anemia. Child anemia has serious consequences for children's cognitive development, energy, and general health. In children under two, anemia can severely impair brain development. This reduced intellectual capacity is irreversible and will last a lifetime, affecting school performance and livelihoods decades later. Anemia also weakens children's health, making them more susceptible to childhood illnesses, and to experience them with greater severity.

Most women in India enter pregnancy with low levels of hemoglobin which creates an increased risk of complications, as well as adverse health and life outcomes. Not only are health risks transmitted to the child in the womb, but the child will also be born with reduced iron stores, increasing its risk of developing anemia at a younger age.

This training addresses the magnitude of the child anemia problem, its service implications, and measures created for preventing it. Special emphasis is taken on ensuring consumption of iron and folic acid (IFA) supplements by pregnant women and young children aged 6-59 months. The training also aims to help Supervisors, Lady Health Visitors (LHV), Mukhya Sevikas, Auxiliary Nurse Midwives (ANM), Anganwadi Worker (AWW)/Karyakarti, Accredited Social Health Activists (ASHA), understand the importance of compliance, and techniques of communication, motivation, and counseling required for effective maternal anemia reduction.

Objectives of the Training

- To provide basic information to frontline workers about child and maternal anemia in India and Jharkhand.
- To familiarize the frontline workers with the contents and importance of the program in place for anemia control in Jharkhand.
- To develop the capacity of frontline workers to effectively deliver the service components including enrollment of all pregnant women and young children, estimating supplement supply requirements, and effective counseling for increasing compliance.

This Manual

This manual is to be used by a trained facilitator to conduct trainings for a select group.

The training is to be delivered by Block Health Education Officers (BHEOs), BHEO Medical Officers (BHEO-MOs), and Child Development Project Officers (CDPOs).

The Participants

The participants are:

Female Health Volunteers, Auxiliary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW)/karyakarti and Mukhya Sevikas and Integrated Child Development Services (ICDS):

How to Use the Manual

The manual is divided into sessions for 3 days of training:

- The session plan in the beginning gives the facilitator an idea of how the sessions are planned for the entire training. Read this plan to understand the flow and sequencing of sessions.
- Familiarize yourself with the training content.
- The session is presented as follows: objective, materials required, time and how to conduct the activity.
- Each session will include the printed materials which will be used as handouts for participants.
- Exercises to be conducted, debriefings and references (if any) are added at the end of the relevant session.
- The manual has a few ice-breakers and energizers at the end which can be used by the facilitator for session breaks.
- A Pre-workshop and Post-workshop Assessment questionnaire is also included and should be used by the facilitator to rate participant understanding.
- A simple feedback form given here will help the facilitator to know how the sessions have been conducted and what needs to be improved or strengthened for the next session.
- There is a ‘Tips for Facilitators’ document which has advice on delivering strong training sessions, including ice-breakers and energizers, which can be used by the facilitator for session breaks.

Training Content Areas

Day 1 of the training gives an overview of the situation in the country and gives technical inputs on anemia and its causes and implications at the local level, and starts looking at the possible solutions.

Day 2 of the training focuses on the operational guidelines and implementation of the Anemia Control Program for Children.

Day 3 of the training focuses on acquiring skills that the service providers require to effectively counsel and motivate the community. This is done through mock sessions and role plays.

Preparation for the Training

Flip charts, pen, pencils, calculators, blank paper, erasers, color cards (VIPP cards), handouts, counseling cards and posters should be acquired before the training. The facilitator will also need access to a computer with Microsoft PowerPoint and a projector for presentations. Also, a cassette or CD player to play recorded music is needed as well.

Additionally, the facilitator will also need to prepare some charts before the session starts. It is recommended that the facilitator prepares these charts on the day before the training. A list of preparations to be made the day before is given here. Please read and ensure that the materials are ready on the previous day.

Information that participants must bring with them:

The following information is required for conducting the training:

a. All AWW should be requested in advance to bring basic information on the population and village/s they cover, beneficiaries registered and a copy of the last monthly report sent.
b. Similarly, ANMs should be requested in advance to bring information on the Sub-Center population covered, such as any data pertaining to children 6 - 59 months and pregnant mothers. Additionally, ANMs will bring their Sub-Center's Routine Immunization Microplan and plans for their twice-yearly Health and Nutrition Day.

Arranging for Co-Facilitators:

When the training is organized, there will be some co-facilitation required from the organization. It is necessary that- besides a trained facilitator- you have the BHEO, MO, Supervisor or the CDPO from the respective blocks, attending and co-facilitating the training.

Training Schedule

Session	Time	Subject	Training methodology	Facilitator preparation
Day 1				
I	30 mins	Registration of participants and pre-workshop assessment	Presentation, exercise for introduction and ice-breaker	Copies of the pre-workshop assessment forms
II	30 mins	Welcome, introduction to training team, workshop objectives		Copies of Handout 1 to be distributed to participants Prepare chart of the objectives of the training (as given in the introduction) Prepare chart on the training content (as given in the introduction)
10.45 to 11.00 Tea break				
III	60 mins	What is anemia? Who is affected? How is anemia measured?	VIPP Card session Summarization of the presentation	Presentation 1; facilitator to be prepared with the definition of anemia and how it affects children Handout 2 to be distributed to the participants
IV	90 mins	Anemia in children Causes and implications in children • Causes of anemia in children • Prevalence of anemia • Consequences of anemia • Prevention of anemia in children • Dietary measures, IFA supplementation and de-worming services to prevent anemia Case study	Group work and presentation	Handout 3 copies to be distributed to participants Presentation 2 to be kept ready, four large poster charts to be taped to the wall
V	90 mins	Anemia in pregnant women • Causes of anemia in pregnant women • Consequences of anemia • Dietary measures, IFA supplementation, and de-worming services to prevent anemia	Group work and presentation	Copies of Handout 4 to be distributed to participants Presentation 3
VI	120 mins	Services for anemia control	Flipchart solutions session for both the groups together	Copies of Handout 5 Presentation 4 and 5

Day 2				
I	30 mins	Recap of day 1	Passing the parcel	**Session I** Music and list chits of questions to be prepared from Day 1
II	90 mins	Estimation on number of pregnant mothers and children to be reached and supply requirement of IFA supplement • Estimating pregnant women and children of 6-59 months using village database • Recording details of women and children in routine formats/register by both the health and ICDS sectors • Estimation of supplement supply required	Group work, exercises and recording of forms/registers	**Session II** Copies of case studies – Handout 6
III	120 mins	Implementation of activities for prevention of anemia in mother and young child: • Pregnancy period (1 group) • 0-6 months • 6-23 months (2 groups) • 25-59 months (2 groups)	Group work and presentation	**Session III** Table from Handout 7 to be prepared on flipchart Copies of Handout 7 and 8
IV	120 mins	Counseling services Counseling mothers/care takers. Family level: 1. Taking iron tablets and balanced diet during pregnancy 2. Giving iron syrup and balanced diet to 6-23 month old children 3. Ensuring iron syrup for 6-59 months 4. Ensuring compliance of IFA tablet/syrup		**Session IV** Copies of Handout 8 Copies of Handout 9 and 10 (role plays 1 and 2) Presentation 6

Day 3				
I	20 mins	Recap of previous day	Discussion	
II	105 mins	Role play presentation on counselling and training	Session continues from day 2	**Session II** See Day 2, Session IV
III	105 mins	Using the monitoring chart Recording and reporting of distribution of iron syrup at village, sector, and block levels • Filling of record and reporting format • Counting of iron tablets/ dosage • Maintenance of stock register (discussion on Form 4) • Procurement • Analysis of self assessment format		**Session III** Copies of Handouts 11 and 12 (Monitoring Formats), Handout 13 (Self-Assessment Form) and Handouts 14 (Job Card for ANM) and 15
IV	120 mins	Discussion on sector and block level meetings. Plan of action for meeting challenges in implementing the activities for prevention of anemia among children and malnutrition	Case study and presentation	**Session IV** Copies of Handout 16 (checklist for micro-planning) and Handout 17 (MOIC Job Card)
V	60 mins	Workshop closure and post-test	Presentation, discussion, feedback	Feedback Form, copies of Post-Workshop Assessment Sheet

Day I

Session I

Registration of Participants and Pre-Workshop Assessment

Objectives

- The participants are registered for the workshop.
- The participants are assessed before the workshop to find out the level of knowledge.

Time: 30 minutes

Materials: Pre-Workshop Assessment Form

How to conduct

1. Welcome the participants to the training session. Have them sit comfortably and be sure they are given the training file, name tag and have registered their names in the registration book. Ask each participants to write their names in bold on the name tag (the way she would like to be identified) and then to either pin this to her dress or wear it around her neck, as appropriate.
2 Now hand over the Pre-Workshop Assessment forms. Explain that the purpose of the form is to ensure that the information being given to the participants is necessary and correct and to understand how successful the training has been during review, after the training is concluded.
3 Read the instructions out loud, ensuring that everyone has understood them. You may also take some time to read the questions out loud as well, if you think it is necessary. Ask participants to put in the date and tell them that they have 20 minutes to complete the form.

Workshop on Prevention of Malnutrition and Anemia in Children

Pre-Workshop Assessment

Below are 15 questions about anemia. Each question has options. Circle the correct answer. There is only one correct answer for each question.

1. What is anemia?

A. Low hemoglobin level
B. Disease of liver
C. Disease of bones
D. Disease of brain

2. Why should children be given iron?

A. Children do not get enough iron from their food.
B. Children need more iron per kilogram body weight as compared to adults.
C. Iron promotes mental growth.
D. All the above

3. At what age should a child be started on supplementary food?

A. 3 months
B. 5 months
C. 6 months
D. 8 months

4. At what age should a child be started on IFA syrup?

A. Newborn
B. 3 months
C. 6 months
D. 12 months

5. Only those children who look pale should be given IFA.

A. Correct
B. Incorrect

6. If the pregnant mother is anemic, how will it affect the child she is carrying?

A. Child may be born small (low birth weight).
B. Child will be born healthy.
C. Child will be over weight.
D. Will have no effect.

7. How should a child over six months be fed during illness?

A. Should not be given breast milk or food
B. Should be given more food and breast milk
C. Should be frequently fed only breast milk
D. Stop feeding the child

8. When should the mother initiate breastfeeding?

A. Within one hour of birth
B. Within six hours of birth
C. Within 24 hours of birth
D. Within two days of birth

9. What is the recommended dosage of IFA for pregnant women?

A. One big tablet per day, for a minimum of 80 days
B. One big tablet per day, for a minimum of 50 days
C. One small tablet per day, for 100 days
D. One big tablet per day, for a minimum of 100 days

10. How many ml. of IFA syrup should be given to a child in a day?

A. 1 ml.
B. 2 ml.
C. 3 ml.
D. 0.5 ml.

11. How many ml. of IFA syrup is in the bottle supplied by the government?

A. 50 ml.
B. 20 ml.
C. 80 ml.
D. 100 ml.

12. At what age should a child be given de-worming medicine for the first time?

A. Three months
B. Six months
C. One year
D. Two years

13. If during their first trimester, 25 pregnant women are registered in one Anganwadi Center (AWC), what is the minimum number of IFA tablets that the AWW/Karyakarti will need for these women during the pregnancy period?

A. 2500
B. 5000
C. 7500
D. 10000

14. If one AWC covers a population of 1500 and the birth rate is 30 for every 1000 of the population, then how many 0-2 years old children should be expected in the AWC population area?

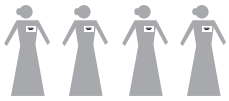
A. 90
B. 60
C. 30
D. 100

15. How should large quantities IFA tablets be stored in the AWC?

A. In a dry and dark place
B. In a damp and dark place
C. Under sunlight
D. In a clean and ventilated place

Designation: _____ Area of work:_____

Date: _____



Session II

Welcome and Introduction

Objectives

- The participants are aware of the outcomes that are required at the end of the training.
- The participants are familiar with the training team members and with other participants.

Time: 30 minutes

Materials: Flipchart, markers pens, chart paper with objectives of the training – taken from the introduction, PowerPoint presentation or chart with training content areas – taken from the introduction and copies of Handout 1

Conducting the Session

1. After the pre-assessment forms have been collected, introduce yourself and your team members to the participants.
2. Ask participants to introduce themselves by their name, and describe the work that they do and their location. They must also choose the name of one tree/ fruit/musical instrument/something that they use in their cooking that they think best describes them as a person. The facilitator can give an example of her/his own name.
3. Put up the chart/PPT with the objectives of the training. Read out the objectives and explain their meaning.
4. Ask the participants what information they think is necessary to achieve these objectives. Similarly what kind of skills will be required? As they speak, write answers on the chart.
5. Display the training content areas and point out how the content areas match the objectives. Similarly, point out how the content areas match their expectations. There may be a case where some expectation may not match the objective. In this case explain why it is not within the scope of the present training and will therefore, be put in the parking lot for consideration for other trainings.
6. Share the agenda for the three days with the participants. Ask them to set the time for the session start and end times and that everyone should be ready to take responsibility for keeping to the time.
7. Appoint time-keepers for the sessions. Appoint one person for each day to take notes of what is happening and report back to the group to summarize what was learned at the start of the day.
8. Thank the participants for their valuable inputs and their enthusiasm.

HANDOUT 1

For the Participant

Welcome to the training on anemia. We look forward to your full cooperation and participation in this training. There are going to be no teaching sessions. Instead, we will be engaging in discussion, experience sharing and skill development, to effectively communicate with and counsel clients (mothers or care givers and their young children) for anemia control and prevention. We will also deliberate on how young children need to be breastfed, fed after the age of six months, and how to ensure that the food they get is sufficient in quantity and quality.

We will be focusing on effective communication and counseling techniques to create a more open and dynamic relationship between you and clients that you serve. This will facilitate a safe space for mothers to raise questions with you, helping them initiate and/or continue positive behaviors regarding anemia control and prevention, for the good of the mother and the child.

How shall we do this?

We will have counseling materials that have been field-tested with other service providers, like you, and with mothers in the community. We are going to discuss the materials with the group and receive input regarding them. After consensus has been reached on the materials, we are going to do several role play exercises to better understand how to use these materials in the field and ensure that our message will be understood by the mothers/caregivers.

Once we are confident that this is attainable, we are going to use them in the field to ensure that this easy and simple guide enhances communication with mothers regarding their health and also the health of their children.

Session III

Introduction to Anemia

Topics in this session

- What is anemia?
- Who is affected?
- The life cycle and anemia
- How is anemia measured?

Objective

At the end of the session, participants will be able to define anemia, list at least three causes of anemia and describe how children and pregnant women are affected by anemia.

Time: 60 minutes

Materials: Flipchart on anemia prepared using presentation 1 (if LCD is available, Presentation 1 can be used directly), colored cards and copies of Handout 2 for participants.

Conducting the Session

1. Tell the participants that they will now start with the active part of the workshop where they will first try to understand the anemia situation in their district.
2. Divide the participants into three groups.
3. Distribute colored cards of two different colors.
4. Ask each group to discuss from their experience and write their personal understanding of what anemia is. This should be written on the first colored card (specify color). Give them 5 minutes for discussion and 2 minutes for writing.
5. On the second colored card (specify color), the participants should write down which population group is at the highest risk of anemia and is affected by anemia in their experience. Again, the group will discuss for five minutes and write for two minutes.
6. The groups will then make a presentation of their work and pin up their cards.
7. Then the facilitator will take over and discuss the definition of anemia as it is emerging from the groups. Referring to the content of the handout, the facilitator will summarize who is affected by anemia and then discuss how anemia affects children and how it is passed on from pregnant women to their children.

8. Ensure that the following has been covered in the presentation:
   - Anemia is a condition characterized by a decrease in the normal number of red blood cells or by low levels of hemoglobin
   - Deficiency of iron is a primary cause of anemia
   - Iron is found in almost all foods
   - Iron requirements are high in young children, particularly between 6-23 months
   - Women of childbearing age are at risk of iron deficiency with continued loss of iron during menstruation
   - Mothers milk, though low in iron, has enough iron for the baby for the first six months. This iron is also in an easily absorbed form
   - After 6 months, the child continues to grow quickly and needs extra iron
   - A child with low iron during infancy and childhood enters adolescence with low iron storage, making them more susceptible to anemia

9. The facilitator will then give Handout 2, which will enhance the participants understanding of anemia. Quickly read through the handout to clarify any queries that participants may have. Refer to their presentation where applicable.

The facilitator will sum up all relevant points on anemia, using Presentation 1.

HANDOUT 2

What is anemia?

Iron deficiency is the most common form of malnutrition in India and the world. Every second a pregnant woman in India is anemic and 7 out of 10 children are anemic. Iron deficiency is not the only cause of anemia, but where anemia is prevalent, iron deficiency is usually the most common cause. Anemia is a condition characterized by a decrease in the normal number of red blood cells or by low hemoglobin. Hemoglobin* is the protein in red blood cells that transports oxygen to tissues. As presented on the following page, the state of Jharkhand has a prevalence of anemia higher than the national average. Iron deficiency generally develops slowly and is not clinically apparent until anemia develops. However, adverse impact on health occurs even in the sub-clinical stage (when iron deficiency exists without anemia). Effective control programs for controlling iron deficiency anemia will yield benefits to human health.

Iron Deficiency Anemia

Iron deficiency is a primary cause of anemia. Iron is found in almost all foods. Dietary iron intake is therefore, related to energy intake. Iron requirements are particularly high during pregnancy, adolescence, and childhood.

Iron requirements are highest in the second and third trimesters of pregnancy. This need is met utilizing the maternal stores accumulated prior to conception and during the first trimester owing to the cessation of menstruation as well as markedly increased absorption during the second and third trimesters.

Requirements are high in young children particularly between 6 and 23 months of age. Once birth iron reserves are exhausted at about six months, infants depend on weaning foods for iron because the iron content of human milk is not adequate to meet the increased requirements during the period of accelerated growth below two years.

State	Parameter	Total	Urban	Rural
Jharkhand				
	Anemia in children 6-35 months	78.2%	65.9%	80.5%
	Pregnant women 15-49 years	68.4%	69.6%	68.2%

Unfortunately, traditional complementary foods in Jharkhand are poor sources of bio-available iron. Children aged 6-23 months are therefore, frequently iron deficient.

Women of childbearing age are at risk of iron deficiency with continued loss of iron during menstruation. Women enter the childbearing period with low reserves of iron. This leads to deficiency during pregnancy and with low iron reserve in the fetus and newborn babies. Mother's milk, though low in iron, has enough iron for the baby for the first six months. This iron is also in the form that is easily absorbed by the body. After the first six months, the child continues to grow fast and needs extra iron. A child with low iron during infancy and childhood enters adolescence with low iron storage. The cycle of anemia thus continues through life. To break this cycle, it is necessary to consume an appropriate diet, especially women and children. The Government of India has initiated Anemia Control Programs through which IFA supplements are given to children and pregnant women.

*Hemoglobin (Hb or Hgb) is the iron-containing oxygen-transport metalloprotein in the red blood cells. Hemoglobin in the blood is what transports oxygen from the lungs to the rest of the body.

Normal levels of hemoglobin are:

- Men: 13.8 to 18.0 g/dL (138 to 182 g/L, or 8.56 to 11.3 mmol/L)
- Women: 12.1 to 15.1 g/dL (121 to 151 g/L, or 7.51 to 9.37 mmol/L)
- Children: 11 to 16 g/dL (111 to 160 g/L, or 6.83 to 9.93 mmol/L)
- Pregnant women: 11 to 12 g/dL (110 to 120 g/L, or 6.83 to 7.45 mmol/L)

Presentations:

Presentation I

Introduction to Anemia

For Day 1: Session III

Slide 1

What is anemia?

- Anemia is characterized by decrease in the number of red blood cells or by hemoglobin.
- Hemoglobin is found in red blood cells, which helps in transporting oxygen to tissues in the body.

Slide 2

Where do we get Iron from?

- Iron is found in almost all foods.
- Mother's milk contains iron sufficient for the first six months of a child's life.

Slide 3

Where is anemia found in India?

Anemia is widespread among children 6-59 months throughout India.

Anemia Prevalence	State
Anemia prevalence more than 70 percent	Bihar Madhya Pradesh Uttar Pradesh Haryana Chattisgarh Andhra Pradesh Karnataka Jharkhand
Anemia prevalence less than 50 percent	Goa Manipur Mizoram Kerala

Slide 4

When do we consider anemia a public health problem?*

Population Prevalence	Dimension of the Problem
Less than 5%	Not a problem
5% to less than 15%	Low magnitude
15% to less than 40%	Moderate magnitude
40% or more	High magnitude
*WHO/UNICEF/UNU (2001)	

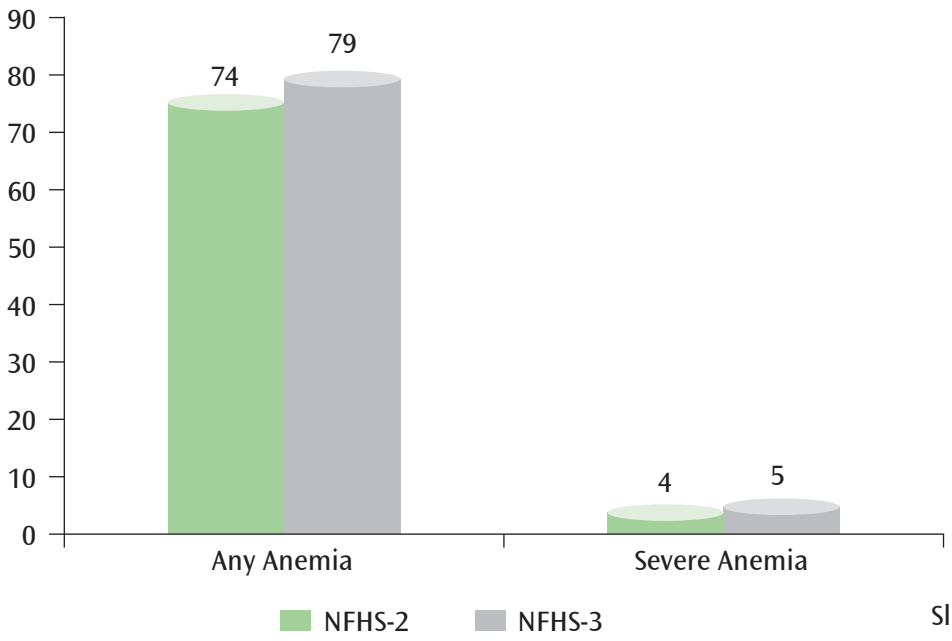
Slide 5

Who is at risk?

- Requirements are higher in young children 6-23 months of age.
- Women of childbearing age are also more prone to anemia.

Slide 6

Anemia among children aged 6-35 months



Slide 7

Magnitude of Anemia in Children

- For children under two years old 80-85%.
- Not all anemia is due to iron deficiency but largely it is so in developing countries.
- If anemia prevalence is over 40%, whether it is 50 or 70 or 80 or more, the action required remains same.
- Anemia prevalence above 40% is labeled as a severe public health problem.

Slide 8

Session IV

Anemia in Children

Topics in this session

- Causes of anemia in children
- Prevalence of anemia
- Consequences of anemia
- Dietary measures, IFA supplements, and de-worming services to prevent anemia

Objectives:

At the end of the session, participants will be able to:

- List multiple causes of anemia in children.
- Give at least two consequences of anemia for children.
- List services for prevention of anemia among children.

Time: 90 minutes

Materials: Presentation 2, tin plates and charts on anemia prevention among children, chart papers and markers, copies of Handout 3

Conducting the Session

1. Divide the participants into three groups.
2. Give each group one of the topics written here: causes of anemia in children, consequences of anemia in children, and services for prevention.
3. Ask each group to work for 15 minutes to listing their points on a chart paper. The facilitator can give the participants Handout 3 which they can refer to in preparing their work.
4. Once they have discussed and written down the points, ask each group to make a presentation of their work for 5 minutes. To make this interesting, ask the groups to try using the tin plates or charts on anemia for making their presentations.
5. Referring to Handout 3, add points that may have been left out by the group.
6. Put up all the chart papers on the wall and then use your Presentation 2 to fill in gaps in case any are present. If all the information has been presented, you need not make the presentation, but do summarize the information given, highlighting important points like the services that are provided by the government. Ensure that you are focusing on points of exclusive breast feeding in the first six months and proper complementary feeding thereafter. Also talk about de-worming in children 12-59 months as well.

HANDOUT 3

Effects of anemia on children aged 6-59 months

- Poor development of the brain.
- Reduced learning capacity.
- Poor physical coordination and lethargy.
- Loss of appetite and tiredness.
- Reduced ability of immune system to fight diseases.

Causes of anemia in children 6-59 months

- If the mother is anemic, the new baby will be born with low iron stores which will be depleted after only two months. Even if the child is born with normal iron stores, this will be depleted within six months and must be replenished. After the child is six months, he or she will require more iron than can come from the food that a child is able to consume at that age.
- After six months, the child must be given extra nutrition and enough iron along with mother's milk. Foods like pulses and rice do not contain enough iron that can be easily absorbed by the body.
- The presence of worms and malaria may further contribute to iron-deficiency, which causes anemia.

Actions to prevent and control anemia in children 6-59 months:

1. Give IFA syrup to children twice weekly (Wednesday and Saturday or RI days): one ml. (one dropper filled to the top) after at least one serving (katori) of food. The intention is to administer 100 doses in one year.
2. The de-worming dose should be given for the first time at 12 months of age and every six months after until 59 months. (12 – 23 months 200 mg – ½ tablet of albendazole – one every six months; (if mebendazole 1 tab x 3 days). 24 – 59 months – one tablet – albendazole; (if mebendazole one tablet x twice daily x three days)
3. Nutrition counseling to be given to care givers:
    - Continue to breast feed the child up to two years of age along with proper complementary feeding.
    - Give nutritional diet (15 gms. of protein for children 6 – 59 months and 80 grams – for 36 – 59 months) given at Anganwadi Centre every day.
    - Provide half katori of semisolid food at 6-8 months, three katori solid food at 9-11 months and 4 katori solid food for children 12-23 months.
    - Give solid and semi-solid foods such as grains, dal and/or vegetables mixed with one spoon of ghee or oil, three or four times a day along with mother's milk.
    - Avoid bottle feeding.
    - Once the child is 24 months, increase the serving size and quantity of meals, include all vegetables in the diet in non-mashed form.

- While feeding the child remember:
  a) Wash hands with soap and water before feeding the child and after defecation and also make the child wash his/her hands with soap and water before feeding and after defecation.
  b) Keep the child on your lap when you are feeding and use a spoon while talking to the child and telling him stories.

5. Protect from malaria by getting any fever investigated, and ensure that mosquito breeding does not take place by keeping surrounding area clean and free of any standing water. Sleep with bed nets to prevent mosquito bites.

Things to remember while feeding children 6-23 months

- Breastfeed as often as the child wants.
- Give one katori full of any of the following foods:
  - Mashed roti/rice/bread/biscuit mixed in undiluted milk.
  - Mashed roti/rice mixed in thick dal or khichri with added ghee/ oil. Cooked vegetables can also be added.
  - Kheer/Sevian/Halwa prepared in milk or any cereal cooked in milk.
  - Mashed/boiled/fried potatoes.
  - Mashed banana, biscuit, chikoo, mango, and papaya.
- Child should be given three full katoris of food per day.

Presentation 2

Prevention and Control of Anemia in Children

For Day 1: Session IV

Slide 1

Consequences of Anemia

For the child 6-23 months

- Slow growth of brain (poor development of the brain is irreversible)
- Reduced learning capacity
- Lower capacity to concentrate on studies
- Low capacity to fight diseases
- Child gets tired easily
- Child stops playing due to exhaustion
- Loss of appetite

Slide 2

Causes of Anemia

For the child 6-23 month

- After six months, child is not given extra nutrition and enough iron along with mother's milk.
- Foods like pulses and rice do not contain enough iron.
- Occurrence of worms and malaria may contribute to iron deficiency, resulting in body's reduced capacity to generate enough blood cells.

Slide 3

Prevention of Anemia

For the child 6-23 month

- Breastfeed the child up to two years.
- Give IFA syrup twice weekly.
- De-worming dose should be given at 12 months and after every six months until 59 months.
- Nutrition counseling to be given to caregivers.
- Take adequate precautions to protect the child from malaria.

Slide 4

Feeding Children

- Breastfeed as often as the child wants.
- At one time, give one katori full of any of the following foods:
  - Mashed roti/rice/bread/biscuit mixed in undiluted milk.
  - Mashed roti/rice mixed in thick dal or khichri with added ghee/oil. Cooked vegetables can also be added.
  - Kheer/Sevian/Halwa prepared in milk or any cereal cooked in milk.
  - Mashed/boiled/fried potatoes.
  - Mashed/banana, biscuit, chikoo, mango, and papaya.
- Child should be given three full katories of food daily.

Slide 5

Feeding Children

- Wash your own and child's hands with soap and water before feeding the child.
- Keep the child on your lap and feed with your own hands or use spoon.
- Breastfeed as long as the child wants.
- Give 1- 1/2 katori serving at a time.
- Child should be fed four times a day.

Slide 6

Session V

Anemia in Pregnant Women

Topics in this session

- Anemia in pregnant women
- Causes of anemia in pregnant women
- Consequences of anemia
- Dietary measures IFA supplements and de-worming services to prevent anemia

Objectives

At the end of the session, participants will be able to:

- List multiple causes of anemia in pregnant women and relate them to anemia in children.
- Give at least two consequences of anemia for pregnant women.
- List the intervention measures for prevention of anemia among pregnant women.

Time: 90 minutes

Materials: Presentation 3, flipbook on anemia, chart paper, markers, and copies of Handout 4.

Conducting the Session

1. Divide the participants into three groups.
2. Give each group one of the topics written here: causes of anemia in pregnant women, consequences of anemia in pregnant women, and services for prevention. The flipbook on anemia can also be used by the participants for making the presentation.
3. Ask each group to work for 15 minutes, listing their points on a chart paper.
4. Once they have discussed and written down the points, ask each group to make a presentation of their work for five minutes.
5. Add points that have been left out by the group. The facilitator can give Handout 4 at this stage. Ask the participants to read the handout. Volunteers can be read by few of them out loud for everyone, and the facilitator should clarify if there are any doubts.
6. Put up the chart papers on the wall and then use Presentation 3 to fill in the gaps, if any. If all the information has been presented, you need not make the presentation, but do summarize the information given- highlighting important points such as the services that are provided by the government, focusing attention on: IFA tablets and dietary supplements, de-worming, and prevention of malaria.

HANDOUT 4

Effects of anemia on pregnant women

- Increased fatigue
- Loss of appetite
- Reduced capacity to work
- Increased chances of infection
- Increased chances of maternal mortality
- Increased chances of child born with low birth weight

Causes of anemia during pregnancy

- Women enter pregnancy with low iron stores because normal diets are low in iron.
- Iron requirements increase significantly during pregnancy, since blood volume increases during pregnancy.
- A growing fetus increases iron requirement while the growing placenta requires more blood, additionally depleting iron levels.
- Lower intake of food during pregnancy, due to the common misconception that a large baby will cause problems during delivery.

Consequences of anemia for pregnant women

- Increased chance of death during delivery: Iron deficiency anemia is a risk factor for about 20 percent of maternal and perinatal mortality in developing countries. Recent work has shown that most of this impact is in the mild and moderate grades of anemia because these are far more common than severe anemia. Even though they are only a small portion of all anemic pregnant women, pregnant women with severe anemia are at a very high risk of maternal mortality.
- Low birth weight babies born: Anemia in pregnant women results in low birth weight babies who have a higher risk of poor brain development and death. In addition to severe anemia, mild and moderate anemia also are detrimental to health and contribute to a larger proportion of total ill effects due to anemia.

Prevention of anemia

During pregnancy, counsel on following actions:

1. Register for ANC as soon as pregnancy is noticed.
2. Take one tablet of IFA every night after dinner and before going to sleep from the fourth month of pregnancy. This should be taken for at least 100 days.
3. Eat an increased amount of food in pregnancy. Increases in food must be equivalent to one meal during pre-pregnancy stage. Include curd, vegetables, milk, seasonal fruits, meat, fish and eggs in your daily diet. Consume the iron rich nutritional diet (160 grams) given at the Anganwadi center everyday.
4. Take the de-worming dose after four months of pregnancy: one tablet of Albendazole (if Mebendazole the dose is: one tablet x two times daily x three days);
5. If there is fever, get blood checked and if it is malaria, immediate treatment must be taken on consultation with the doctor.
6. Use mosquito bed nets for prevention of mosquito bites.

Presentation 3

Anemia in Pregnant Women

For Day 1: Session V

Slide 1

Consequences of Anemia in Mothers

- Increased chance of death during delivery: Overall, about 20 percent of maternal and perinatal mortality in developing countries can be attributed to anemia. Recent work has shown that most of this impact is in the mild and moderate grades of anemia, rather than being limited to severe anemia.
- Low birth weight babies born: Anemia in pregnant women results in low birth weight babies who have a higher risk of poor brain development and death. Mild and moderate anemia also are detrimental to health and contribute to a larger proportion of total ill effects due to anemia.
- Mild and moderate anemia also are detrimental to health and contribute to larger proportion of total ill-effects due to anemia.

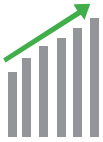
Slide 2

Prevention and Control of Anemia in Women

Mothers' level

- Register for ANC as soon as pregnancy is noticed.
- Take one tablet of IFA every night after dinner and before going to sleep from the fourth month of pregnancy.
- Take an increased amount of food in pregnancy. Increase in food must equal to one meal during pre-pregnancy stage.
- Take de-worming dose after four months of pregnancy: 1 tablet of Albendazole (if Mebendazole dose is: 1 tablet x 2 times daily x 3 days).
- If there is fever, get blood examined and if it is malaria, immediate treatment must be taken on consultation with the doctor.
- Use mosquito bed nets for prevention of mosquito bites.

Slide 3



Session VI

Services for Anemia Control

Topics in this session

- Orientation to interventions

Objective

At the end of the session, participants are expected to be able to list down details of the services and interventions that help in control of anemia in children and pregnant women.

Time: 120 minutes

Materials: Presentations 4 and 5, and copies of Handout 5.

How to conduct

1. Tell the participants that they have looked at the problem, the causes, and preventive measures so far.
2. They will now focus on how services are planned for implementation.
3. Since the exercise would cover a large population, it is to be conducted in a planned manner to make sure nobody is left out.

Divide the participants into four groups as follows:

a. Pregnant women
b. Children 0-6 months
c. Children 7-23 months
d. Children 24-59 months

4. Give the Handout 5 to each group and ask them to prepare the group's work on a chart paper. They should address the following issues:
   - What action the government can take for prevention of anemia within the present structure of heath and ICDS?
   - How can the community help? What actions should be taken by the community?
   - How can the service providers help? What actions should be taken by the service providers?
5. Give them 30 minutes to write down the points.
6. Now use the big chart paper on the wall that you have taped before (you may want to tape four chart papers together to form a large working area).

7. In the section above put “Community Actions.” In the middle put “Government Interventions.” At the bottom half put “Service Provider Actions.”
8. Now ask the groups to put their points in the respective places on the chart paper.
9. Now let the whole group have a look at the points suggested. Are there any comments or changes that the group feels are important?
10. Once the group has agreed to the content, thank the group for the work that they have done.
11. In ending the session, the facilitator should share the strategy of the government, taking care to point out that the interventions suggested are similar to what the participants have suggested. If there are different interventions, explain to the participants why they are necessary.
12. Use Presentation 4 to summarize the points that should emerge from the services and delivery necessary for prevention and control of anemia.

Maternal and Young Child Anemia Control Strategy

HANDOUT 5

The objective of the Maternal and Young Child Anemia Control Strategy is to reduce anemia in pregnant mothers and young children up to 59 months. The project aims to cover over 70% of pregnant mothers and young children consuming the prescribed dose of IFA. The health and ICDS sectors will participate in the implementation of the project with defined roles and responsibilities of the two sectors.

Supplement to Mothers

IFA supplements will be given to mothers as part of the ANC services. However, there should be emphasis on daily consumption of IFA for 100 days by ensuring timely supply and effective counseling.

Supplement to Children 6-59 Months

IFA syrup is administered to children 6-59 months. The dosage of one ml. of syrup containing 20 mg. elemental iron and 100 µg. folic acid should be administered only on two fixed days of the week (e.g. Wednesday and Saturday). Fixing the days will help to remind the caregiver that they must administer the syrup to their child. Thus, fixed days will address the constraint of forgetfulness which very often reduces compliance. All children should be advised to be administered iron supplements following a meal. In case a child misses out on a dose, the caregiver should not administer the missed dose on any other day but will continue with the IFA supplement administration on the next scheduled days of Wednesday and Saturday. The need to adhere strictly to the two fixed days of the week for administration of IFA syrup to children must be followed and overdosing should be prevented.

De-worming Dose

All pregnant mothers should be provided one de-worming dose after four months of pregnancy as part of ANC. Children over one year should be administered doses of de-worming along with vitamin A supplements on fixed biannual Child Health and Nutrition Months (Bal Swasthya Poshan Mah) in June and December on RI days. A child who is 6-11 months old will not be given de-worming. The first de-worming dose should be given at 12 months and then every six months until 59 months.

Feeding and Diet Counseling

The contact sessions with mothers and caregivers on administering and counseling on anemia prevention and IFA supplements should be viewed as an opportunity for promoting exclusive breastfeeding, appropriate complementary feeding, as well as promoting correct eating practices during pregnancy. Home visits by the ASHA and AWW/Karyakarti will be used for counseling, checking side-effects, and ensuring compliance. The community discussion forums on monthly Child Health and Nutrition Days (organized on RI days) and weekly Health and Nutrition Days (every Saturday) will be used for discussing the significance of preventing anemia in women and children, IFA supplement dosage, benefits, transitory side-effects, and the importance of ensuring compliance.

Presentation 4

Services for Prevention and Control of Anemia

For Day 1: Session VI

Slide 1

Supplement to Mothers

- IFA supplements will be given to mothers as part of ANC services.
- Emphasis on daily compliance of minimum 100 IFA tablets by ensuring timely supply and effective counseling.

Slide 2

Supplement to Children Aged 6-59 Months

- IFA syrup should be administered to children aged 6-59 months.
- The dosage of one ml. of syrup containing 20 mg elemental iron and 100g folic acid should be administered only on two fixed days of the week, e.g. Wednesday and Saturday.
- Fixing the days will help remember in giving the syrup to a child.
- All children must be advised to be administered iron supplements following a meal.
- If child misses out on a dose, the caregiver will not administer the missed dose on any other day but will continue with the IFA supplement administration on the next scheduled days of Wednesday and Saturday.
- The need to adhere strictly to the two fixed days of the week for administration of IFA syrup to children must be followed and overdosing should be prevented.

Slide 3

De-worming Dose

- All pregnant mothers should be advised to take one de-worming dose after four months of pregnancy as part of ANC.
- Children over one year have to be administered doses of de-worming along with vitamin A supplements on fixed biannual Child Health and Nutrition Months (Bal Swasthya Poshan Mah) in June and December on RI days.
- A child who is 6-11 months old will not be given de-worming. The first de-worming dose will be given at 12 months and then every six months until 59 months.

Slide 4

Feeding and Diet Counseling

- Conduct sessions with mothers used for promoting exclusive breastfeeding, appropriate complementary feeding, as well as promoting correct eating practices during pregnancy.
- Home visits by the ASHA and AWW/Karyakarti should be used for counseling, checking side-effects, and ensuring compliance.
- The community discussion forums on monthly Child Health and Nutrition Days (organised on RI days) and weekly Health and Nutrition Days (every Saturday) will be used for discussing the significance of preventing anemia in women and children, IFA supplement dosage, benefits, transitory side-effects and the importance of ensuring compliance.

Slide 5

Presentation 5

Implementation of Strategy

For Day 1: Session VI

Slide 1

How to give IFA dose?

- Register all the eligible children with AWC. Ask the mothers and family members to bring the children to immunization centre.
- ANM should bring iron syrup bottles with her on the Immunization Day.
- AWW/Karyakarti and ANM should ask mothers if they have received iron syrup bottles for their children. If they have not received, then give them iron syrup bottles and make an entry in your register.
- Do not give IFA syrup bottle to a severely malnourished or sick child.
- Provide counseling to women on doses of IFA, proper diet, and de-worming medicine.
- Carry extra bottles for new children added to the group of children aged above 6 months during Child Health and Nutrition Month.

Slide 2

How to counsel parents and family members?

- Sit/stand face-to-face with parents and family members and thank them for bringing the child on Immunization/Nutrition/Health Day.
- Get all the relevant information about child's age and feeding.
- Say something pleasing about the child.
- Ask if the child is breastfeeding. Encourage mothers to continue breastfeeding until the child is two years old.
- Using illustrations, advise them about feeding solid food and increasing the amount every one month with addition of oil or fat as well as frequency of feeding.
- Tell them about the need to take IFA doses. Also explain how iron drops are to be given and how iron deficiency affects the growth of brain.
- Read out and discuss iron related messages.
- Discuss main points and ensure that they have understood what you have told them.
- If they have any queries/questions regarding taking IFA doses, answer them.

Slide 3

Conveying Messages Relating IFA Doses

- Iron helps in protection and development of a child's brain.
- Tell the parents and family members about the importance of IFA doses.
- Show them how to take the IFA dose from bottle using a dropper.
- Children should be given IFA doses twice a week (Wednesday and Saturday) for 100 days.
- Give the child IFA dose after he has eaten one katori of solid food. Fixing a specific time on Wednesday and Saturday will help to remember for giving the syrup. Giving the syrup after a solid meal will help the mother/caretaker to give the syrup. After taking IFA dose, the color of child's stool turns black which is a normal condition.
- If the child is sick, stop giving IFA dose. Restart only when he has recovered. Such child should also be given extra food.

Slide 4

Counseling for Missed Dose

- Make entry of those children who have stopped taking their IFA doses and who missed out.
- Call all children in the age group of 6-23 months to Anganwadi on every Saturday to Nutrition and Health Day or once a month.
- Write down the names of all the children who visited the Integrated Child Development Services (ICDS) Centre.
- Send ASHA to the homes of all those children whose names are in the list but who did not come on Nutrition and Health Day or who reported discontinuation of the iron syrup.
- Write down the reasons of children's absence and give their IFA dose and other supplies to AWW/Karyakarti who can take these to children's home when the session is over.

Slide 5

For Missing Children

- Check the list and assess the total number of children in the age group of 6-23 months.
- Survey the remote and distant places of your areas and meet those families who do not visit AWC. Enter the names of the missing children in your register.
- Ensure home visits by the ASHA and AWW/Karyakarti for counseling, checking side-effects and ensuring compliance.

Slide 6

Day 2

Day 2

Session I

Recap

Objectives

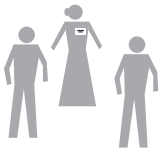
The participants are able to recall the important learnings from the previous day.

Time: 30 minutes

Materials: Music (most cell phones have music on them so this can be used, or a thali and spoon can be used), prepared question lists, container to hold the lists.

Conducting the Session

1. Prepare a list of questions from the previous day's topics. Write each question on a slip of paper that you can then fold and put in a container or plastic bag.
2. After welcoming the participants, ask them to sit in a circle.
3. Play music and pass the bag around the circle. When the music stops, the participant who is holding the bag, must take a slip of paper from the bag and answer the question written on it (a list of possible questions is given in an annex). In case the participant is not able to answer or answers partially, ask another participant to help complete the answer. *Give the explanation in case any clarification is required.*



Session II

Estimation of Population to be Covered

Topics in this session

- Estimating the number of pregnant mothers and children to be reached and supply requirements for IFA supplements.
- Estimating pregnant women and children 6-59 months using the village database – through calculation and using ICDS survey data
- Recording details of women and children, and estimating supplement supply required in routine formats in the register by health and the ICDS sector
- Estimation of supplement supply required.

Objectives

At the end of the session, participants will be able to:

- Estimate population to be covered at any given point of time.
- Identify gaps for pregnant women.
- Identify gaps for chilren.
- Request for supply of IFA/de-worming medicines.

Time: 90 minutes

Materials: Copies of Handout 6, Monitoring Formats

Conducting the Session

1. Distribute Handout 6 to participants and use it to explain to the group how to identify and fill registration gaps.
2. Help participants understand the formula by writing it down and explaining step by step. It is important that they know how to calculate the gap using the formula. Participants can fill out on the handout themselves.
3. First look at identifying the gaps in the registration of pregnant women (those will be the ones who are probably left out in IFA supplement as well). Discuss the plan for enrolling those left out of the program.
4. Look at gaps in identification of children for IFA and de-worming.
5. Then look at calculating the needed supply for pregnant women and children 6-59 months.

6. Use exercise on Handout 6A to ensure that participants have understood how to calculate necessary supply.

HANDOUT 6

A. Identify and Fill Registration Gaps for Pregnant Women

Step 1. Find out how many pregnant women there should be in our program.

We can find out whether all pregnant women in our area are registered or not with the following simple calculations:

1. Assume the birth rate to be 30/1000 population, if we do not have exact birth rate of our area.
2. If we have the birth rate of our area, we apply that birth rate to the SHC population.
3. Pregnant women in our area for the whole year will be:

$$\frac{\text{30 (or your area's birthrate) x Population of PHC (available on Form 9 with the ANM/ASHA)}}{1000}$$

4. Total number of pregnant women at any given point in time will be half of this figure.
5. For example, if the above calculation gives us 900 pregnant women for one year, 450 should have been registered with us ANMS at any given point in time. (This figure should be available from Form 6 sent by ANM.)

Step 2. Find out if there is a gap.

- Check register/list to see how many pregnant women are registered.
- If the total number of women currently registered is equal to or more than this figure, we are on track. If the number of pregnant women registered is less than the above figure, that number of women is the gap in our registration.

Step 3. Find out where and why there are gaps.

Do they belong to any specific community, specific area, caste/religious group? How best can we reach out to them, motivate, and convince them to come forward?

Step 4. Fill in the gaps.

Here are some actions you can take. Select one or two of the following and try them out:

- Speak with community leaders in the area with gaps.
- Fix a day and place for conducting ANC check-ups and make the community aware.

B. Identify and Fill Coverage Gaps

Step 1. Use the same method as above for identifying coverage gaps and filling them.

Use the following indicators:

- IFA tablets – How many women are taking IFA tablets? How many should be taking IFA tablets?
- De-worming dose – How many women have taken de-worming medicines? How many should have been taking them?

Step 2. Fill in the coverage gaps.

- Make sure there is at least two month's stock of IFA tablets and de-worming medicines.
- Give pregnant women 50 tablets in first ANC visit and 50 tablets in second ANC visit and counsel them on how to take them.
- If you cannot visit outlying areas, find a responsible person such as ASHA/AWW/Karyakarti/helper/others and train them to distribute IFA and give de-worming medicine.
- Add the information from these communities to your coverage data.
- Provide them additional supplies every 3-6 months.

C. Identify Gaps for Children

1. The number of children born every year will be 2.85% of total population = X (children aged 6-59 months will be 4.5% each year and children aged 12-24 months will be 3% for each year; 30/1000 birth rate and 50/1000 live birth as IMR, so 30-1.5=28.5 children/1000 population survive for one year. It will be 1.5 times for children aged 6-23 months, and 4.5 times for children aged 6-59 months, so a 1000 population of 1000 would have 28.5*1.5=43 children aged 6-23 months and 128 will be children aged 6-59 months.
2. Population = 1000 X
3. Children will be 45 X
4. If they have registered children as Y
   Gap = 45X-Y (if 45X > Y)

Calculate supply

Supply for each pregnant woman = 100 tablets per year
Supply for each child = One bottle of 100 cc (100 doses = 2 ml. per week such 50 weeks)
IFA for pregnant women = population* birth rate in percentage (e.g. for 3000 population with birth rate 30, IFA required is 3000*30=9000
(30 birth rate, so 90 birth=90 pregnant women and so 9000 IFA tablets.
IFA for children 4.5 times surviving children
De-worming for pregnant women
De-worming for children

Handout 6A

A1. Background Note on the programme area

The Anemia Prevention and Control Programme for Pregnant Mothers and Children 6-23 Months is being launched in Chowki Sub-Center in Bharaich District, Jharkhand state; with a birth rate of 3 per cent. The objective of the program is that at least 70% of pregnant mothers and children aged 6-23 months consume the recommended dosage of IFA and de-worming tablets. MAAYA strategy is to be followed.

Exercise 1: Estimate population.

The sub-centre covers six villages with a population of 6200. Each village has one trained ASHA.

A2. Calculate the number of target children and pregnant women.

RI – Routine Immunization
Village – Ankur – Population = 800 – RI Day – First Saturday
Village – Shabda – Population = 1100 – RI Day – First Wednesday
Village – Homy – Population = 1220 – RI Day – Second Wednesday
Village – Subha – Population = 1250 – RI day – Third Saturday
Village – Humman – Population = 1350 – RI Day – Third Wednesday
Village – Sadguru – Population = 1280 – RI Day – Fourth Wednesday

There is one AWC in each of the six villages. The RI days for the state are Wednesday and Saturday. Vitamin A is administered in the months of June and September (Bal Swasthya Poshan Mah), and the ICDS food supplement for mothers and children is distributed every Saturday of the month. Community education sessions are also held on Saturdays.

Session III

Implementation of Services for Anemia Control

Topics in this session

Discussing implementation of services for prevention of anemia in children and pregnant women.

- Pregnancy period (2 groups)
- 0-5 months (2 groups)
- 6-23 months (2 groups)
- 24-59 months (2 groups)

Objectives

At the end of the session, participants will have:

1. Prepared a checklist of interventions, potential challenges, and possible solutions.
2. Prepared a checklist of the responsibilities of the service providers for implementing the interventions.

Time: 60 minutes

Materials: Flipchart with chart from Handout 7 and copies of Handout 7.

Conducting the Session

1. Tell the participants that they are now thoroughly aware of the different aspects of anemia program. They now know about the problem, who faces it, how it is manifested, and how it is to be treated. They are also aware of the services that are available for the community and how they are to be given. You can help the participants by putting up charts from the previous two sessions on services for prevention and control of anemia.
2. This session will look at how services reach out to the community and what role the service providers play. This will be in the context of the role that the ASHA, ANM, AWW/Karyakarti plays in giving the IFA dose and in counseling parents and family members of the child, giving food-related messages, tracking children who have defaulted in taking their regular IFA dose, etc.
3. In doing this, they will also see what types of challenges are faced by service providers.

4. Divide the participants into eight groups with each working on one of four topics assigned as follows: pregnancy, 0-5 months, 6-23 months and 24-59 months. The groups will discuss and fill in the format as given below. The format looks at the roles and responsibilities of the service provider and the challenges faced as well as possible solutions.
5. Give the groups 30 minutes for this task.
6. After 30 minutes, ask each of the groups to make a presentation.
7. Fill in the gaps required.
8. As the groups present, make a checklist of the service providers' responsibilities.
9. At the end of the session, we will have the interventions, responsibilities for the service provider and solutions to challenges.
10. Discuss these with the groups according to the responsibility of each of the service providers. You can use the handout for making your notes.
11. Distribute the Handout 7 to the participants.

Government services for reducing malnutrition and anemia in children	Potential challenges in delivering these services	Possible solutions/ suggestions	Responsibility of the service provider in competing this task

For ANM, AWW and ASHA

HANDOUT 7

How to Give IFA Dose

- Register all eligible children at the AWC. Ask the mothers and family members to bring the children to the immunization center.
- ANM should bring bottles of IFA syrup with her on the immunization day
- AWW/Karyakarti and ANM should ask mothers if they have received iron syrup bottles for their children. If the syrup bottles have been received they should be given to them and an entry made in the register.
- IFA syrup should not be given to a severely malnourished or sick child.
- Provide counseling to women about doses of IFA, proper diet, and de-worming medicine.
- Carry extra bottles for new children added to the group of children aged above 6 months during Child Health and Nutrition Month.

Counseling Parents and Family Members

- Sit/stand face-to-face with parents and family members and thank them for bringing the child on Immunization/Nutrition and Health Day.
- Get all the relevant information about child's age and feeding.
- Say something pleasant about the child.

- Ask if the child is being breastfed. Encourage them to continue breastfeeding until the child is two years old.
- Using illustrations, advise them about feeding solid food and increasing the amount every month with addition of oil or fat as well as frequency of feeding.
- Tell them about the need to take IFA doses. Also explain how iron drops are to be given and how iron deficiency affects the growth of brain.
- Read out and discuss iron related messages.
- Discuss main points and ensure that they have understood what you have told them.
- If they have any queries/questions regarding taking IFA doses, answer them.

Conveying Messages Relating to IFA Doses

- Iron helps in protection and development of a child's brain.
- Tell the parents and family members about the importance of IFA doses.
- Show them how to take the IFA dose from bottle using a dropper.
- Children should be given IFA doses twice a week (Wednesday and Saturday) for 100 days.
- Give the child IFA dose after he has eaten one katori of solid food. Fixing a specific time on Wednesday and Saturday will help them remember to give the syrup regularly. The syrup should generally be given to the child after a proper meal. After taking IFA dose, the color of child's stool turns black. This is a normal condition.
- If the child is sick, stop giving IFA dose. Restart only when the child has recovered. Sick children should also be given extra food.

Food Related Message-1

- For a 6-month-old child, give half a katori mashed dal-chawal with added ghee/oil twice a day (do not mix spices).
- For a 7-month-old child, give one katori mashed dal-chawal with added ghee/oil thrice a day.
- For a 12-month-old child, give four katoris solid dal-chawal with added green leafy vegetables every day. Add some fruits in the child's diet.

Food Related Message-2

- After recovery from any illness, give additional diet and continue, until the child has gained enough weight.
- The child should be weighed regularly and should be given additional food until she/he gains enough weight.
- Feed as often as the child wants. Gaining weight is not a problem.
- If the child refuses to eat, do not force, but try to feed again after sometime.
- Do not force the child to overeat.
- Write down the names of those children who have stopped taking their IFA doses.

Doses and Who Missed Out

- Call all children in the age group 6-59 months to AWC on every Saturday for Nutrition and Health Day or once a month.
- Write down the names of all the children who visited the ICDS Center.
- Send ASHA to the homes of all those children whose names are on the list but who did not come to Nutrition and Health Day, or who reported discontinuation of the iron syrup.
- Write down the reasons for children's absence and give their IFA dose and other supplies to AWW/Karyakarti who can take these to the children's home when the session is over.

For Missing Children

- Check the list and assess the total number of children in the age group 6-59 months.
- Survey the remote and distant places of your areas and meet those families who do not visit AWC. Enter the names of the missing children in your register.

Roles of Health Department and ICDS for Tasks Pertaining to Reduction of Anemia in Pregnant Women

ICDS and the Health Department in Jharkhand have proposed to undertake the following activities to reduce the prevalence of malnutrition and anemia among children and pregnant women.

Tasks to be Performed by ICDS – For Pregnant Mothers

- AWW/Karyakarti will identify all pregnant women through surveys conducted during the months of April and October and accordingly prepare the list of such women. ASHA will help her in this task.
- AWW/Karyakarti in accordance with the list will get these women registered with ANM for ANC. She will also assist ASHA/ANM in issuing mother-child cards and keep counter files of these cards with herself for follow-up.
- AWW/Karyakarti will get IFA tablets from the ANM in her area and will ensure distribution of these tablets with the help of the ASHA/Sahiya to all pregnant women in the area.

Distribution and consumption will be recorded in the ICDS survey register.

Make the pregnant women aware of correct methods of taking IFA tablets (100 mg iron and 500 microgram folic acid) which are as follows:

- Take the IFA tablet after dinner.
- Take the tablets only with water.
- Avoid tea or coffee before and after for an hour after taking the tablet.

- If the AWW/Karyakarti notices the symptoms of anemia in a pregnant woman, she should refer her to ANM for provision of 100 IFA tablets.
- The AWW/Karyakarti along with ASHA will make household visits to verify the consumption of IFA tablets.

Such verification can be done by seeing the pack of tablets or by noticing the symptoms of consumption of IFA tablets.

If some women complains of side-effects, pay attention to her and discuss the matter with patience. Tell her that the side-effects will go away after 3-4 weeks and that she should continue taking her IFA tablets.

Make her aware of the benefits of taking iron tablets, explaining that if she takes all 100 tablets, it will be good for her health and her baby's health.

- On every Saturday, all pregnant women should be given their fixed share of nutritional food that is provided by ICDS. Consumption of this food should be ensured.

On Nutrition and Health Day, discussion should be organized involving all pregnant women on the benefits of taking IFA tablets. Experiences of those women who have consumed all 100 tablets should be shared.

Issues such as low cost and easily available iron rich food can also be undertaken for discussion as well.

- At the end of the month, the AWW/Karyakarti will prepare a report with details such as total number of pregnant women, distribution of IFA tablets and their consumption which should be forwarded to the CDPO/ Mukhya Sevika. If some women have stopped taking the tablets, the AWW/ Karyakarti will mention the reasons for it.
- During her visit, the CDPO/Mukhya Sevika along with AWW/Karyakarti and ASHA will visit the homes of those pregnant women who have stopped taking IFA tablets after experiencing side-effects.
- At the end of each month, the CDPO/Mukhya Sevika will organize a sector meeting (sector is a cluster of Anganwadis who as a group coordinate with the administrative authorities, consisting of 25 AWCs in Jharkhand) in which AWW/Karyakarti Monthly Progress Report will be discussed. Data will be cross-checked and will be collated with the data from ANM register to avoid discrepancies at the block level data.

Tasks to be Performed by ICDS – For Children

- AWW/Karyakarti will identify all children 6-59 months through surveys conducted during the months of April and October and accordingly prepare the list of such children. ASHA will help her in this task.
- All these children will be registered with Anganwadi Centre to provide them nutrition and other health services like regular immunization, vitamin A, IFA, de-worming medicine and other services.

- AWW/Karyakarti will then register these identified children with ANM. AWW/Karyakarti will help ASHA in issuing the Mother-Child card and keep the counter foil.
- AWW/Karyakarti will receive iron syrup bottles for children 6-59 months old from ANM and will ensure their distribution to the mothers of these children. Details of distribution and consumption will be recorded by AWW/Karyakarti in her child health register.
- While giving IFA syrup to the mothers, AWW/Karyakarti will explain to her the method of giving the syrup, i.e. before going to bed, and its proper storage.

The amount of iron syrup to be given MUST BE MEASURED with a dropper.

- IFA syrup should be given twice a week (on Wednesday and Saturday) and the same should be marked on calendar or on Mother-Child card.
- The IFA syrup bottle should not be kept in sunlight, but should be stored in a cool and dry place.
- It should be kept away from the reach of children.

Counseling for giving the IFA dose:

- If the child is taking some other medicine; give the IFA syrup along with that medicine.
- If a mother complains of side-effects, tell her that these will go away after 3-4 weeks and that she should not stop giving IFA tablets/syrup to the child.
- Tell the mother the benefits of IFA and assure her that completing the entire course of IFA doses will result in physical, mental, and cognitive development and the child becoming healthy and active.
- If the AWW/Karyakarti notices symptoms of anemia (weakness, irritation, lethargy, loss of appetite, whitening of tongue, etc) she should refer the child immediately to ANM/Primary Health Center (PHC).
- To verify if the child is being given IFA syrup or IFA tablets, the AWW/Sevika and ASHA should visit the household. Such verification can be done by looking at the pack of tablets and syrup bottle, and also by noticing the symptoms of IFA consumption.
- On every Saturday, all eligible children should be given their food supplement provided by ICDS. Also, the consumption of this food should be ensured.
- On Nutrition and Health Day, discussion should be organized involving mothers of all the children on the benefits of taking IFA supplements. The subject of feeding semi-solids, use of low-cost and easily available iron rich food can also be discussed during the meeting.
- At the end of the month, the AWW/Karyakarti will prepare a report with details such as total number of children, distribution of IFA tablets/syrup bottles and their consumption, and then forward it to CDPO/Mukhya Sevika.

- If some mothers have stopped giving IFA doses to their children, the AWW/Karyakarti will identify the reasons for it.
- During her visit, the CDPO/Mukhya Sevika along with AWW/Karyakarti will visit the homes of those children who have stopped taking IFA dose after experiencing side-effects.
- At the end of each month the CDPO/Mukhya Sevika will organize a sector meeting in which AWW/Karyakarti's Monthly Progress Report will be discussed, data will be cross-checked and will be tallied with the data from ANM register to avoid discrepancies in the block level data.

Tasks to be Performed by ANM – For Pregnant Mothers

- ANM will register all pregnant women for ANC according to the list provided by ICDS and ASHA. She will distribute the mother-child-card to the pregnant women and keep the counter foil for her own record.
- She will provide ANC and other services like immunization and health check-ups to pregnant women, as well as taking stock of IFA tablets available to AWW/Karyakarti and ASHA. The AWW/Karyakarti and ASHA will ensure distribution of IFA tablets to all pregnant women.
- She will provide one dose of de-worming medicine to pregnant women after four months of pregnancy (one tablet of albendazole once and six tablets of mebandazole - one tablet to be taken twice a day for three days), and will enter the same in register.
- She will do the follow-up of distribution and consumption of IFA tablets and will address any complaints/problems regarding side-effects of consumption of IFA tablets.
- It will be the responsibility of the ANM to enter the total stock and distribution details of IFA tablets and melbendazole in the store register.
- In her monthly report, she will provide information about distribution and consumption of IFA tablets based on the information she received from the AWW/Karyakarti and ASHA.
- During the sector meeting, the work of collating distributed IFA tablets will be done with the help of the AWW/Karyakarti and ASHA.

Tasks to be Performed by ANM – For Children

- ANM will register all children 6-59 months old according to the list provided by ICDS. She will issue them the Mother-Child card and keep the counter foil for her own record.
- She will provide health services to all these children (regular immunization, vitamin A, IFA, de-worming medicines, etc), and will make IFA syrup bottles available to the AWW/Karyakarti. The AWW/Karyakarti and ASHA will ensure distribution and consumption of IFA syrup at their own level.
- ANM will give de-worming medicine to eligible children at the interval of every six months from 12 months to 59 months. For ensuring continuity, the state government has made a provision to provide the health center with vitamin A on Child Health and Nutrition Days (June and December).

- The ANM will follow up on distribution and consumption of IFA syrup. She will also discuss and resolve the problems relating to side effects of taking IFA syrup.
- It will be the responsibility of the ANM to enter the total stock of IFA syrup received from the Primary Health Center in the store register.
- After 50% stock of IFA syrup bottles have been distributed, the ANM will prepare an indent and send it to MO in charge to ensure continuity of the supply of these items.
- The ANM, in her monthly report, will provide information about distribution and consumption of IFA syrup on the basis of the information received from AWW/Karyakarti and ASHA.
- During the sector meeting collating distributed IFA syrup bottles will be done with the help of AWW/Karyakarti.

Tasks to be Performed by ASHA - For Pregnant Mothers

- ASHA will fill all relevant information in the Village Health Register and will keep updating the same.
- She will enter the names of all pregnant women in this register and will help them in getting ANC services through ANM.
- She will keep counter foil of mother-child card issued by the ANM to ensure continuous monitoring of ANC services.
- The ASHA will ensure two ANC visits within one week of delivery and will see to it that breastfeeding is initiated within two hours of delivery.
- She will provide counseling to mother on correct methods of taking IFA tablets, iron rich diet and side-effects of consuming IFA tablets.
- She will help the AWW/Karyakarti provide food supplements and counseling on gaining 10 – 12 kg. of weight during pregnancy.
- The AWW/Karyakarti will help the ASHA to prepare a list of those pregnant women who have missed ANC.

In the sector meeting, the data from the Register will be tallied with the data from AWW/Karyakarti register, and the distribution and consumption of IFA tablets will be monitored.

Session IV

Counseling Skills

Topics in this session

Counseling mothers/caretakers at family level for:

- Taking iron tablets and eating a balanced diet during pregnancy.
- Giving iron syrup/tablets and ensuring a balanced diet among children 6-59 months children.
- Counseling for de-worming, handwashing, properly feeding a child and protection from malaria.

Objectives

At the end of the session, participants will be able to detail the steps for good counseling for IFA compliance, proper feeding, de-worming, protection from malaria.

Time: 90 minutes

Materials: Presentation 6 and copies of Handout 8 (steps for good counseling) and Handouts 9 and 10 (scripts of role play on counseling)

Conducting the Session

1. Ask the participants to relate their experiences in counseling.
2. Write in two columns on a chart the positive and negative experiences.
3. Now go over each and relate to what the participants think works well in counseling the family and what they think causes problems.
4. What are the ways in which this can be avoided?
5. Draw up a list of dos and don'ts when counseling. Use Handout 8 for making your list.
   Make a list of messages that should be given when counseling, by asking participants and putting down their answers on the flipchart. Discuss the importance of each message with the participants. *For the messages, refer to Handout 7: Information and messages for anemia control in mothers and children.*
6. Now share the role plays with the participants.
7. Form two groups and ask them to read one play each.
8. The participants should then prepare the role plays for the next day.
9. Since there will be time left before the end of the day, they can start to practice before they leave.
10. If they have any questions on the role plays, you can clarify any concerns.

The second day's training ends here. You can remind the participants about their work for the next day and when they have to assemble the next day.

Steps for good counseling

HANDOUT 8

Counseling Mothers

- Ask and listen.
- Praise her.
- Give advice.
- Ensure that mother has developed the understanding.

Ask and Listen

- Ask your questions in clear and simple language. Ensure that the mother understands what you are saying.
- Listen carefully and try to gain a clear understand how she is taking care of her child.
- Through this you will know about mother's good behavior and also about behaviors/methods that need to be changed.

Praise Her

- It is possible that the mother is following some good practices, such as breastfeeding.
- Praise the mother for her good practices.
- Your praise should be genuine only for good practices that she is following.

Advise Her

- Advice should be given on a case-by-case basis.
- Language should be clear and simple.
- Illustrations and other media should be used appropriately.
- While giving advice regarding inappropriate practices, ensure that you do not use words or language that may hurt the mother's feelings.

Confirm the Mother Understands the Information Given to Her

- Ask the mother what she understands of the information given and ask what more needs to be explained.
- Ask questions that require detailed responses and not 'yes' or 'no' answers.
- Ask questions that start with words like why, what, where, when, how many, how much and how.
- Pause after asking the question, giving the mother some time to think and formulate her answer.
- Praise the mother for her good understanding.

Assessment of Understanding

Good Questions	Bad Questions
• How will you prepare ORS solution?	• Do you remember how to make the ORS solution?
• How many times do you breastfeed your child?	• Do you breastfeed your child?
• How many katoris (bowls) of food do you give your child?	• Do you know the method of feeding the child?
• Why is it necessary to wash hands before feeding the child?	• Do you remember to wash your hands before feeding your child?

Information and messages for anemia control among mothers

1. **Advice for one or two extra meals during pregnancy:** In the normal course of pregnancy, a woman's weight increases by 8-12 kg. This is due to weight increase due to growing fetus size, increased size of uterus, placenta and increased amount of blood volume, as well as preparation for breastfeeding. Not all weight is for the growing fetus, but it is important to gain minimum of 8 kg weight during pregnancy. This requires an increased diet.

2. **IFA supplementation:** One IFA tablet is to be taken daily from the fourth month of pregnancy. It is preferable to take this tablet after food and preferably (not necessarily) at night. This advice is to avoid likely side-effects. The following messages should be given to the pregnant mother:
    1. How many IFA tablets to be taken? One tablet a day after four months of pregnancy: a minimum of 100 tablets.
    2. When should the tablets be taken? It should be taken after food to avoid side effects; it is better taken at night, so the woman goes to sleep after that and does not feel the side-effects.

3. **Why should the IFA supplements be taken?** We need to explain to the mother that it is good for her health and for her child's physical and mental health. The child will be more likely to be born with good stores of iron and to grow to be clever with better capacity to fight against diseases if the mother takes ALL IFA tablets during pregnancy.

4. **What are the possible side-effects?** Possible side-effects like nausea and change in color of stools to black should be explained to the mother with assurance that these are not serious side-effects and nausea will decline on continuation of taking tablets. The black color stool will continue but is harmless. In case there are persistent side-effects for a long time, doctor should be consulted.

5. The tablets should be kept away from children to avoid accidental consumption of tablets by children.

6. Advice to consume IFA tablets regularly also needs to be shared with the family members, particularly the husband and mother-in-law, who could then ensure the regular IFA consumption.

7. **One dose of de-worming medicine after three months of pregnancy:** Mothers need to be advised to take one course of de-worming medicine after three months of pregnancy. One full course of de-worming medicine consisting of six tablets of mebandazole (one tablet to be taken twice a day for three days) needs to be provided.

8. **Protection from malaria:** If the pregnant mother develops fever, she needs to check immediately that it is not due to malaria. So she should get herself examined with a blood smear and if she has malaria, she should be treated. Even ASHA kits have medicines. To avoid getting malaria, she should sleep under a an insecticide impregnated mosquito nets.

9. **Food from ICDS:** If the woman is eligible to get food from ICDS, she should regularly get it and consume it herself without sharing it with any other family members.

Information and Messages for Children (6-59 months)

Children, aged 6 months onwards are most vulnerable to malnutrition, requiring a package of services to prevent malnutrition.

1. Continue Breastfeeding: Mothers must continue to breast feed the child as many times as the child wants. Breastfeeding should not be discontinued even if the mother or child is sick.

2. Complementary Feeding: Children need energy in a much higher proportion to their body weight than adults. So besides breast milk, after six months, a child will need extra food. Also, ghee or oil can be used to make this food rich in energy. Small children require extra meals because they have smaller stomachs than adults, allowing them to eat less. For these reasons, children should be given increased meals with higher nutrition content.

6 - 8 Months	**9 - 11 Months**

(BF+3 half katori full of semisolid food)
Breastfeed as often as the child wants.
● Give at least one katori serving*at a time
  ● Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR
  ● Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee.
  Add cooked vegetables also in the serving.
  OR
  ● Sevian/dal/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  ● Mashed boiled/fried potatoes
	(BF+3 full katori of semisolid food)
	Breastfeed as often as the child wants.
	● Give at least one katori serving* at a time
	  ● Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR
	  ● Mashed roti/rice/bread mixed in thick dal with added ghee/oil or kichri with added oil/ghee.
	  Add cooked vegetables also in the servings.
	  OR
	  ● Serian/dal/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
	  ● Mashed boiled/fried potatoes

* 3 times per day if breastfed; 4 times if not breastfed **Remember:** ● Wash your own and child's hands with soap and water every time before feeding. ● Keep the child in your lap and feed with your own hands/spoon.	* 3 times per day if breastfed; 5 times if not breastfed **Remember:** ● Wash your own and child's hands with soap and water every time before feeding. ● Keep the child in you lap and feed with your own hands/spoon.

A mother should actively feed her child to ensure that the child consumes all the food offered. It takes extra efforts by the mother to make sure that the child consumes all of his/her food. Before feeding the child, the mother must wash hands with soap and water. Quantity and foods are depicted in the boxes:

Children aged 6-8 months must have at least 1.5 katori of semi-solid food during the day. Children 9-11 months should have at least three katori of energy rich food during the day. Children over one year of age should receive at least four katori full of energy rich food. The mother or caregiver should ensure that the child finishes all of its food.

3. Iron Syrup: Children should get one ml. of IFA syrup (to be taken from bottle using attached one ml. dropper). The syrup should only be given to the child after it has been fed. The IFA supplement must be given on two fixed days of the week (Wednesday and Saturday preferably or as suitable to mother/family). One member of the family should be responsible for IFA syrup administration. Overdose should be avoided. IFA syrup should be stored at a cool and dry place and away from the reach of children.

4. De-worming Medicine: Give to child on their first birthday. One course consists of three tablets (one tablet daily for three days) of Mebendazole. This should be given every six months until the child turns five years old.

5. Protection from Fever/Malaria: Children should be protected from malaria by advising them to sleep under mosquito netting and seeing a doctor when they have fever. Surrounding areas must be kept clean and free of standing water to avoid mosquito breeding.

Up to 6 Months of Age

- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Do not give any other food or fluids (not even water).

Remember:

- Continue breastfeeding if the child is sick.

12 Months up to 2 Years

(Breastfeeding+4 full katori solid food)

- Breastfeed as often as the child wants.
- Offer food from the family pot.
- Give at least 1-1/2 katori serving* at a time of:
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings.

  OR
  - Mashed roti/rice /bread/biscuit mixed in sweetened undiluted milk.

  OR
  - Sevian/Dalia/Halwa/Kheer prepared in milk or any cereal porridge cooked in milk.

  OR
  - Mashed boiled/fried potatoes.

* 4-5 times per day.

Remember:

- Wash your child's hands with soap and water every time before feeding.
- Sit by the side of child and help him to finish the serving.

Presentation 6

Counselling

For Day 2: Session V

Slide 1

Steps for Good Counseling

- Ask and listen.
- Praise her.
- Give advice.
- Ensure that mother understands.

Slide 2

Ask and Listen

- Ask your questions in clear and simple language. Ensure that the mother is understanding what you are saying.
- Listen carefully and try to learn how she is taking care of the child.
- Through this, you will know about mother's good behavior and also about behaviors/methods that need to be changed.

Slide 3

Praise Her

- It is possible that the mother is following some good practices, for instance, breastfeeding.
- Praise the mother for her good behavior.
- Your praise should be genuine and for her good behavior only.

Slide 4

Advise Her

- Advise should be according to the current situations.
- Language should be clear and simple.
- Illustrations and other media should be used appropriately.
- While giving advice regarding inappropriate practices, ensure not to hurt the mother's feelings.

Slide 5

Reiteration of Messages

- Ensure that mother understands.
- Ask the mother what she has understood and what more needs to be explained.
- Don't ask direct questions that seek a yes or no answer.
- Praise the mother for her good understanding.

Slide 6

Assessment of Understanding

- Ask questions that require detailed responses and don't require a yes or no answer.
- Your questions should start with words like why, what, where, when, how many, how much and how.
- Stop after asking the question, giving the mother some time to think and formulate her answer.

Slide 7

Handout 9: Script for Role Play (I)

For ANM/ASHA at the PHC, Sub-Center or home visit by the ASHA and AWW/Karyakarti at the Anganwadi Center.

Topic: Counseling mothers for IFA syrup, breastfeeding, nutritious food, malaria and de-worming

Characters: ANM, ASHA, AWW/Karyakarti

Setting: PHC or Sub-Center where the ANM and/or ASHA are present when Rani enters. It could also be an Anganwadi center where the AWW/Karyakarti is present and Rani goes to meet her because she is worried about her child. (Dialogues for Rani should then change accordingly when she is talking with the AWW/Karyakarti, mainly not calling "Nurse Behenji," but just "Behenji").

ANM, ASHA, AWW/ Karyakarti (Greet)	"Welcome Rani! How nice to see you. And you have got Sonu along with you? Do please sit down here". Welcome the mother and make her comfortable. "how are you?" (Ask about family and general family matters etc.) "Ah and this is your child? His name is Sonu, is it not? How old is he now?"
Rani	Yes Nurse Behenji, this is my son Sonu. He is now 18 months old.
ANM, ASHA, AWW/ Karyakarti (Praise, ask)	"Good, Sonu looks like a healthy child, are you still breastfeeding him?"
Rani	"Yes, I still breastfeed him but do you think Sonu is weak? I came to show him to you because I thought that he was quite restless and not as energetic in playing as he was earlier."
ANM, ASHA, AWW/ Karyakarti (praise, ask and listen)	"Very Good. Mother's milk is the best food for a child. But at this age it may not be sufficient for all his requirements. How many times in a day do you feed him milk?"
Rani	"Can't say exactly...but mostly four or five times in a day."
ANM, ASHA, AWW/ Karyakarti (praise, ask and listen)	"It is good. Whenever Sonu asks you should give him your milk."
ANM, ASHA, AWW/ Karyakarti (ask and listen)	"Now tell us, do you give Sonu the IFA drops?"
Rani	"No.. I do not. Should I be giving him? And why?"
ANM, ASHA, AWW/ Karyakarti (Advice)	"Sonu needs iron for physical and mental growth. Until Sonu was six months, he was getting iron from your milk, but after this he needs IFA syrup."
Rani	"Oh! Why is that? And what will happen if I do not give him iron?"
ANM, ASHA, AWW/ Karyakarti (Ask, Advice)	"Rani, you said you thought that Sonu is looking weak because he does not play as actively as he did earlier?"
Rani	Yes, yes, I did say that.

ANM, ASHA, AWW/ Karyakarti (Explain, Advice)	"See when the body does not get enough iron, it will not make blood properly and so the child will feel tired and not be able to play as he will not have energy. Iron also helps with studies because the child can concentrate better."
Rani	"Please tell me what I can do?"
ANM, ASHA, AWW/ Karyakarti (Advice, Ask, listen)	"It is very simple Rani. Every year you need to give him 100 doses of 1 ml. iron. Here is a bottle of 100 ml. iron and one dropper- this is 1 ml. has to be given after he has had his food. Do not give it empty stomach. What do you think? Can you do it?"
Rani	"If it is really good for Sonu's physical and mental health, then I will certainly do it. But in case he vomits and is not able to digest it, what will I do?"
ANM, ASHA, AWW/ Karyakarti (Advice)	"The child will usually vomit if you have given the syrup on an empty stomach. Always ensure that you are giving the IFA syrup measuring 1 ml. with the dropper here, only after Sonu has had his meals."
Rani	"OK. I will give him the syrup with the dropper after his food everyday."
ANM, ASHA, AWW/ Karyakarti (Advice)	"Rani, you will give him the syrup only two days in a week. These two days should be fixed by you and easy to remember. For example, you can give it on Wednesdays and Saturdays."
Rani	Oh! OK I will remember and give him on these two days. But what should I feed him now?
ANM, ASHA, AWW/ Karyakarti (Advice and repeat message)	Give him 3 katori solid foods like *panjeeri, dal*/vegetables. "And remember what I have said, give him 1 ml. iron syrup after he has taken his food"
ANM, ASHA, AWW/ Karyakarti (Advice)	"Rani also remember that usually you find that his stool has turned black after taking iron syrup, but this is normal and only shows that the syrup is effective. Continue giving him nutritious food every day."
Rani	"Yes, I will give Sonu the syrup only after he has had a full meal, that I should not worry if his stools turn black and that I should feed him 3 katori solid foods like panjeeri, dal and vegetables during the entire day in divided doses as he likes."
ANM, ASHA, AWW/ Karyakarti	"That is very good. You must also remember that when you have started feeding Sonu, it is possible that he may have worms. If that happens, worms may also contribute to taking away blood from his body."
Rani	"Oh! What can I do for that?"
ANM, ASHA, AWW/ Karyakarti	"You must give Sonu a de-worming dose every six months. Has he been given one already?"
Rani	"Yes, he was given one half tablet when he turned one year old."
ANM, ASHA, AWW/ Karyakarti	"That is good, he must have another tablet now that he is 18 months. Remember to ask ASHA/Sahiya Behenji for the de-worming dose after every six months."
ANM, ASHA, AWW/ Karyakarti	"Now I will show you a picture card which shows the types of foods Sonu should take." (Tell her about locally available foods)
Rani	"Should he be given this food when he is sick?"

ANM, ASHA, AWW/ Karyakarti (Advice)	"Yes you must continue feeding Sonu while he is sick. You can also add sugar or salt to make the food tastier. Along with this you should also continue breastfeeding."
ANM, ASHA, AWW/ Karyakarti (advice, ask, listen)	"If Sonu has fever at any time, it may be malaria so you must show him to a doctor immediately when he has fever. I am sure you take good care of Sonu's health. Do you want to ask me anything?"
Rani	"During fever also should I give food and iron syrup?"
ANM, ASHA, AWW/ Karyakarti (Advice, ask, listen)	"You should continue feeding but while Sonu has fever do not give IFA syrup. Start again when his fever is gone. Can you tell me what would you give when Sonu has fever."
Rani	"Yes, I will continue feeding and breastfeeding but will stop IFA syrup for that period. Can I ask more when Sonu has problems?"
ANM, ASHA, AWW/ Karyakarti (praise)	"You are taking good care of your child Rani, of course you can ask me anytime. That is my job."

Praise her and remind her to wash her hands with water and soap before eating or feeding her child and also after defecation.

How to counsel the mothers to benefit them and their children?

Counseling does not mean sharing information. It means understanding the needs of the client and offering her assistance and help, so she can make the best possible decision regarding the health of her child.

Basic steps of counseling include:

Greet: Mothers should be greeted and made to feel welcome and comfortable.

Ask: Make sure you ask relevant questions in simple, short sentences so the mother understands and feels comfortable answering.

Listen: Advice is not generic and should be based on her individual needs. So, it is very important to listen carefully to what she has to say and her concerns.

Praise: It is important she trusts you and the health system. She should be made to feel that these are tasks she is able to carry out and succeed at. This is best obtained by genuine praise for points which is praise worthy. The fact that she is in the counseling session is in itself a positive point for praise.

Advise: It is important not only to praise what she is already doing but to clearly explain what more she needs to do. It is important to give reasons so she is not just following rules, but instead is making positive decisions regarding the health of her child.

Check understanding: This is an important step for effective communication. Did the caregiver understand what was explained? This needs to be checked by asking appropriate questions. Avoid 'yes' or 'no' questions because these questions will not give you a clear picture of her understanding. It is better to ask questions that require a more detailed answer such as "How many iron tablets will you take?" or "During what part of the day will you take table iron tablets?"

Counselling Cards

Handout 10: Script for Role Play (A)

For ANM/ASHA at the PHC, Sub-Center or home visit by the ASHA

Topic: Counseling mothers for IFA syrup, breastfeeding, nutritous food, malaria and de-worming

Characters: ANM/ASHA, Mother-in-law, Mother, Saroj, Nita (six month old baby girl of Saroj)

Setting: PHC or Sub-Center where the ANM and/or ASHA are present when Saroj and her mother-in-law enter with the baby.

ANM/ASHA (Greet)	"Namaskar Ammaji, Saroj!" (Welcome the mother and her family members and make them comfortable) "How are you?" (Ask about family and general family matters etc.) "Ah and this is your child?"
Saroj	"Yes nurse Behenji, this is my daughter Nita. She is now 6 months old."
ANM/ASHA (praise, ask, listen)	"Very pretty daughter you have". (Take her pulse, look for signs of health.) "Good, Nita looks like a healthy child, are you breastfeeding her?"
Mother-in-law	"Yes Behenji, but I have told her that she now needs to start giving the baby food."
Saroj	"Behenji, you had told me that I should give only breast milk, so I wanted to ask your advice"
ANM/ASHA (praise, advice)	"Firstly Saroj, it is good that you are breastfeeding her. Mother's milk is the best food for a child. Ammaji is right though and now Nita needs to be given soft food." (Show her the chart of the foods that the child must be started with, explain the foods that must be given)
Saroj	"OK, I will remember this."
ANM/ASHA (advice)	Saroj, you must now also start giving Nita iron syrup.
Ammaji	"Nita is not sick Behenji,"
ANM/ASHA (praise, advice)	"God forbid, Saroj and you have been looking after her well Ammaji, but this syrup is to be given to all children for 100 days every year till they turn 5 years."
Saroj	"But why do I need to give it if Nita is not sick?"
ANM/ASHA (advice)	(Explain why the syrup is given)
Saroj	"Oh, in that case please tell me how I should give it?"
ANM/ASHA (advice)	"It is very simple. Here is the bottle that you can use for the 100 days." (Explain to her how the dose is to be given)
ANM/ASHA (ask, listen)	"Have you understood Saroj, will you repeat what I have just told you?"
Saroj	"I will give her the iron syrup after her food, twice a week. I will give only one dropper full of the syrup."

ANM/ASHA (praise, advice)	"That is good. And if her stools turn black, you must not worry. It is a normal sign and shows that her body is taking in the iron that we are giving the baby. If you have any other problems, you can always ask me."
Saroj	"OK Behnji"
ANM/ASHA (advice)	"...and remember Saroj, you must always wash your hands before preparing food, serving and feeding the baby." (Show her the chart on feeding and explain it)
Ammaji	"I will make sure that she does that Behnji, but Saroj is careful always about washing her hands."
ANM/ASHA (praise, advice)	"That is very good Ammaji, I am sure you have been giving her good advise. Have you also told Saroj about how she must take care for fever?"
Saroj	"What is that Behnji?"
ANM/ASHA (advice)	"Saroj, if you feel that Nita has fever, at any time and you have mosquitoes around your house, you must get her tested for malaria."
Saroj	"I will do that Behnji, but during fever also should I give food and iron syrup?"
ANM/ASHA (advise, ask, listen)	"You should continue feeding, but while Nita has fever do not give her IFA syrup. Start again when her fever is gone. Can you tell me what would you give when Nita has fever?"
Saroj	"Yes, I will continue feeding and breastfeeding but will stop IFA syrup for that period. Can I ask you more when Nita develops problems?"
ANM/ASHA (Praise)	"You are taking good care Nita Saroj and Ammaji is helping you well. Of course you can ask me. That is my job."

Script for Role Play (B)

For ANM/ASHA at the PHC, Sub-Center or home visit by the ASHA

Topic: Counseling mothers for IFA syrup, breastfeeding, nutritious food, malaria and de-worming

Characters: ANM/ASHA, Mother, 14 month old baby

Setting: Rekha's home

ANM/ASHA (Greet)	"Hello Rekha! Can we come in?"
Rekha	"Yes , yes Behnji,please come in."
ANM/ASHA (Ask, listen)	"Rekha, you are looking worried, is everything all right?"
Rekha	"Yes Behnji, everything is all right."
ANM/ASHA (ask, listen)	"Where is your baby Rekha, I don't see him around? Is he sleeping?"
Rekha	"Yes, Behnji, but he will get up any time now. What can I do? He is looking so tired all the time. I think he plays so much that he gets tired."
ANM/ASHA (ask)	"Can I look at him, Rekha?"
Rekha	"Yes Behnji, come in, he is sleeping in this room."
ANM/ASHA (Check, ask, listen)	"Let me also look at the iron syrup bottle that I have given you, Rekha. Are you giving the iron syrup to him regularly?"
Rekha	"No Behnji, he has been vomiting every time I give him the medicine."
ANM/ASHA (Check, listen)	"Is that so Rekha? Tell me how you give it to him?"

Rekha	"Oh, I give him as soon as I finish my morning work, otherwise I will forget."
ANM/ASHA (Check, listen)	"And how many times are you giving it Rekha?"
Rekha	"I told you Behnji, sometimes I forget, so I give him the dose that I have forgotten with the one he is supposed to have."
ANM/ASHA (Ask, listen)	"And what are you feeding him?"
Rekha	"I am breastfeeding him as you have told me Behnji. Sometimes I give him suji halwa with badam as he will then get the energy he needs."
ANM/ASHA (Ask, advice, listen)	"Rekha, did you not come for the film that we had shown at the Anganwadi about how to feed a young child? Remember Rekha, Rahul is still small and needs to have food that his system can digest easily. (Show the chart with the foods that the child should be given and explain)"
Rekha	"Oh my God! I have been so wrong. Is that why he is so restless?"
ANM/ASHA (advice, check)	"Rekha, you must also remember that you must give the IFA syrup to Rahul, only after he has had a full meal. One dropper which is 1 ml. and twice a week without fail. If you forget, do not give two doses, but give the regular dose and continue as you have scheduled. Now tell me how you will give the Iron syrup?"
Rekha	I will give him one dropper full on Wednesdays and Saturdays after he has had a full meal. And if I forget, I will not give him two dropper full, but give him the next dose on the day that I have set. Will he become all right Behnji?
ANM/ASHA (advice)	"He will Rekha, but remember before cooking food, serving it or feeding Rahul, you must wash your hands with soap and water."
Rekha	"I will do that Behnji."
ANM/ASHA (Ask, listen)	"Have you given him his de-worming dose when he became 12 months, Rekha"
Rekha	"Yes Behenji, I had taken him to the Sub-Center then."
ANM/ASHA (Praise, advice, check)	"Very good Rekha. When children start eating, there is a possibility of worms getting in their system. When this happens, it may cause anemia in children. So you must remember to give him his de-worming dose now after every six months till he is 5 years old. Will you do that?"
Rekha	"Yes Behnji, so now I must give it to him when he is 18 months that is after another four months."
ANM/ASHA (Praise, advice)	"You are a good mother Rekha. That is right, you now need to give him when he is 18 months. Also remember that if he has fever at any time, you must take him to the doctor and get him checked for Malaria. What precautions do you take for Malaria?"
Rekha	"I ensure that we do not have any water collecting around the house and in the evenings, I put full sleeves clothes for him. I also use neem smoke in the evening so that we do not get mosquitoes."
ANM/ASHA (Praise, advice)	"Very good Rekha. You seem to know everything. Now take care and do not be irregular in giving him his IFA syrup. You will see that he becomes very active soon."
Rekha	"Thank you Behnji, I will take care."

Day 3

Day 3

Session I

RECAP

Objectives

Recap and recall information of previous day's sessions

Time: 20 minutes

Conducting the Session

1. Welcome the participants. As they settle down, tell them that today is the final day of the training and you would like to know what has been internalized until now.
2. Ask them to recall the important messages of the previous day.
3. Write these down on a chart paper.
4. Similarly you can ask them to give one important learning that has been new for them.
5. Consolidate by quickly repeating the important points from the previous day's session.

Session II

Counseling Skills

Topics in this session

Counseling services

(Continued from Day 2 Session IV)

Objective

At the end of this session, participants will be able to enumerate the steps for good counseling through mock presentations and role play.

Time: 105 minutes

Materials: Presentation 6 and Handouts 9 and 10

Conducting the Session

1. Check with the participants on their preparation on the role plays from the second day.
2. If more time is needed for them to practice, give them five to seven minutes to run through it once.
3. After one role play has been presented, ask the participants to give their observation on the skills that were shown in counseling. These would be:
   - How did the service provider greet the family/mother?
   - Did the service provider listen to the mother?
   - What were the questions she used?
   - How was she dressed?
   - Where did she place herself?
   - How did she elicit information from the mother?
   - How did she advise the mother?
   - How did she encourage and praise the mother?
   - How did she use the situation to give messages that she had to give?
4. Make a list of good counseling skills as you get the answers to these questions: greeting, asking, listening, praising, advising, checking understanding etc.
5. Thank the participants for their wonderful participation and presentations.

Checklist

S. No.	Counseling skills	✓/X	Discussed ✓/X	Anemia/Malnutrition Control Content	✓/X	Discussed ✓/X	Note
	Greetings			Age specific complementary feeding details			
	Ask			Responsive feeding specified			
	Listen			IFA tablets/syrup details			
	Praise			IFA side-effects			
	Advice			De-worming mediciens			
	Check			Malaria protection			
				Where to return			

Session III

Using the Monitoring Chart

Topics in this session

Monitoring and support to poor performing areas

Reporting and recording of iron syrup distribution at the village, sector, and block levels:

1. Filling of record and reporting format
2. Counting of iron tablets/dosage
3. Maintenance of stock register (discussion on Handout 13)
4. Procurement
5. Analysis of self-assessment format

Objective

At the end of the session, participants will be:

- Aware of supporting actions required for delivering services to pregnant women.
- Familiar with filling out forms.
- Familiar with calculating supply.
- Familiar with self-assessment formats for child anemia.

Time: 105 minutes

Materials: Copies of Handout 11 (Self-Assessment Checklist) and 12 (Job Card for ANM), monitoring formats.

It is important for the service providers to understand and assess their own performance. The forms given here for self-assessment will help them to do this. Over 70% coverage will be assessed as good, 50-70% will be assessed as average and below 50% coverage may be considered poor. This will be based on the ANC coverage (any ANC).

For counseling children on anemia and for nutrition counseling on feedings, the same norms can be applied and revised based on the performance of all workers as required.

Conducting the Session

1. Tell the participants that any work that is done must be monitored to ensure that it is going well and in the proper direction.
2. One part of the monitoring may be external, but a more important aspect is self-monitoring and assessment. This is the easiest to implement and correct in order to ensure success.
3. The formats given here will help them monitor their own performances and carry out corrections in their processes where necessary.
4. You may encourage participants by telling them that in a given time, some parameters may be low due to external factors beyond their control, however, whatever is within their control must be executed and changed to ensure proper results. They may take suggestions and support their peers or seniors where they think necessary. The process followed here will be:
   - To complete Handouts 12 and 13 (new monitoring formats inserted here)
   - Procuring supply and placing requests
   - Sharing the format and analyzing it

Self-Assessment Form (Anganwadi Checklist for AWW/Karyakarti and Job Card for ANM)

1. To further strengthen capacity building, based on what the participants are expected to do after they return to their service units, a self-assessment form is devised.
2. It is important that participants understand the purpose of this form and how to use it.
3. In their separate groups, each of the participants can read the form, question by question and discuss whether questions raised here are relevant and would help them to monitor themselves or not.
4. Take their feedback from this process and build a final self-monitoring format from it.
5. This self-monitoring format can then be carried out by them.
6. The Medical Officer in charge will then supply these forms to each participants in the subsequent block level meeting and discuss the completed forms that participants will be encouraged to bring to the block level meeting.
7. In the block level meeting, this works for monitoring the activities and also for identifying areas that call for special efforts to improve and other problem solving approaches.

Guidelines to IFA syrup distribution and dosage

HANDOUT 11

To ensure distribution of fixed doses of IFA syrup and tablets to children, adolescents, pregnant women and lactating mothers and supervise their consumption to reduce anemia among women by the subordinate health workers is an important part of health programme. Attention should be drawn to following guidelines for ensuring hundred percent coverage of the target groups:

1. All health workers have to ensure 20 mg. elemental iron and 100 microgram folic acid for 100 days in a year is provided to 6-60 months old children. It has to be ensured that the children in this age group consume 1 ml. iron syrup every day for 100 days in a year.
2. In areas where adequate iron syrup bottles have been distributed, children have to be given 1 ml. dose of IFA syrup measured by the dropper every day (for maximum 100 days in a year).
3. Precautions and benefits

Precautions and Discussion Points	Benefits
• While distributing, open the seal of the bottle and show the 1 ml. mark of the dropper. Do not use spoon/cap of the bottle for giving the syrup • Protect the iron syrup from exposure of sunlight and store it in a cold place. • To avoid missing doses, keep a fixed time of the day for giving the syrup. • Dose should be given by only one member of the family after the child has had his/her food. Don't give the syrup empty stomach. • If due to illness or some other reason some doses are missed, there is no need to worry as the syrup has to be given for only 100 days in a year. • Tell the parents that generally after consuming the syrup, stool of the child will turn black, but over the time this symptom will go away.	• Regular consumption of syrup will increase child's appetite. So give him/her nutritional food 4-5 times a day (ghee, dal, oil). • Increased appetite nutritional food will contribute in child's mental and physical growth. • The immune system of the child will become stronger. • Breastfeeding along with consumption of iron syrup will help the child to achieve growth indicators in time.

4. Ensure uninterrupted supply of IFA after assessing the need of syrup and tablets for each health unit.
5. School children and especially adolescent girls should also be given 100 large IFA tablets for consumption (each large tablet containing 100 mg. element iron and 500 microgram folic acid) in a year on priority bases.
6. Children of above 5 years age should be given 30 mg. element iron and 250 microgram folic acid for 100 days in a year.
7. On immunization days the Health Worker, through AWC and ASHA will call a meeting of parents of all 6 months to 5 years old children and tell them about the process of administering 1 ml. iron syrup. She will also counsel them about above precautions and benefits explaining how the distribution of iron syrup bottles will reduce anemia and increase IFA consumption.
8. Anemia affects majority of the children and adults, specially the women, and our aim is to control the complications arising out of it. Therefore it is expected that the health workers will follow the guidelines to ensure successful implementation of immunization programme.

Monthly Self-Assessment Checklists for Anganwadis

HANDOUT 12

A. Malnutrition and Anemia Control Programme for Children

Name of Block:	Name of Anganwadi:
Name of Anganwadi Worker:	Population:
Date of Training _____Place _____	Month (of the activity)_____

Objective of the Format: To help the AWW/Karyakarti to assess her own activities each month.

Children

1. Total estimated number of children 6-23 months	Number.....
2. Actual number of registered children	Number.....
3. What steps did you take to register the missing children? Number of surveys/home visits..... Other activities (specified).....	
4. Currently, how many IFA syrup bottles are available in the Anganwadi centre?	Number.....
5. Last month, how many mothers did you counsel about complementary food?	Number.....
6. During the last 30 days, how many mothers were given IFA syrup bottles by the AWW/Karyakarti and ANM?	Number.....
7. How many women were counseled about washing hands, complementary food and methods for taking IFA syrup in the Mahila Mandal and SHG meetings held during last thirty days?	Number.....
8. Do you keep written records of receipt and distribution of IFA syrup?	Yes/ No
9. Were these reports completed during last 30 days: a) Filled MPR part 10, NHED b) Filled Nutrition Report	 Yes/ No Yes/ No
10. Number of visits made to the homes of children 6-23 months old children during last 30 days	Number.....
11. Results of home visits: a) Is complementary food given according to advice? b) Is the person responsible for feeding the child washing hands with soap and water? c) Are children being given IFA syrup according to the advice?	Yes (no.) No (no.) ....
Main points of discussion in Block/Cluster Meeting 1. ..... 2. ..... 3.	

Problems	Achievements
1.	1.
2.	2.
3.	3.

B. Malnutrition and Anemia Control Programme for Pregnant Women

Name of Anganwadi:	Name of AWW/Karyakarti:
Date of Training _____	Place _____
Month (of the activity) _____	Population _____

Pregnant Mother

1. Total estimated number of pregnant mothers in the village	Number.....
2. Number of pre-registered pregnant mothers	Number.....
3. A) What steps did you take to register the missing pregnant mothers? B) Number of surveys/home visits..... C) Other activities (specified).....	
4. Currently, how many strips of IFA tablets are available in the Anganwadi centre?	Number.....
5. During the last 30 days, how many mothers received at least 50 IFA tablets?	Number.....
6. How many mothers were given de-worming medicine?	Number.....
7. How many mothers were counseled that taking IFA tablets is important for their unborn child, and that they need additional food?	Number.....
8. a) How many women were present in the Mahila Mandal Meeting? b) How may self help groups are there? c) Was there any discussion on consumption of 100 IFA tablets, additional food and de-worming medicine?	Number..... Number..... Yes/ No
9. Is MPR filled regularly and does it show the number of IFA tablets given to pregnant women?	Yes/ No
10. Are there records of receipt and distribution of large IFA tablets?	Yes/ No
11. How many house visits were made for verifying the consumption of additional food and IFA by the pregnant women?	Number.....
12. Results of house visits: a) Is the pregnant mother taking additional food as per the advice? b) Is the pregnant mother taking IFA tablets everyday (see the strips of tablets)? c) Is the pregnant mother using a mosquito net while sleeping?	Yes (no.) No (no.) ....
Main points of discussion in Block/Cluster Meeting 1. ..... 2. ..... 3.	

Problems	Achievements
1.	1.
2.	2.
3.	3.

Auxiliary Nurse Midwife (ANM) Job Card - Maternal Anemia Program

HANDOUT 13

Ministry of Health & Family Welfare
(Monitoring & Evaluation Division)
Monthly Format for PHC & Equivalent Institutions

State:			Due for submission on 5th of following month	
District:			Month :	
Block:			Year:	
City/ Town/ Village:				
Facility name:				
Facility type	Public	Private		
Location	Rural	Urban		
			Numbers reported during the month	Validation Alerts
Part B.	**REPRODUCTIVE AND CHILD HEALTH**			
M1	**Antenatal Care Services (ANC)**			
1	Total number of pregnant women registered for ANC			
1.1	Of which Number registered within first trimester			
2	New women registered under Janani Suraksha Yogana (JSY)			
3	Number of pregnant women that received 3 ANC check-ups			
4	Number of pregnant women given			
4.1	TT1			
4.2	TT2 or Booster			
5	Total number of pregnant women given 100 IFA tablets			
6	Pregnant women with Hypertension (BP>140/90)			
6.1	New cases detected at facility			
6.2	Number of Eclampsia cases managed during delivery			
7	Pregnant women with anemia			
7.1	Number having Hb level<11 (tested cases)			
M2	**Deliveries**			
8	Deliveries conducted at facility			
8.1	Of which number discharged under 48 hours of delivery			
8.2	Number of cases where JSY incentive paid to			
(a)	Mothers			
(b)	ASHAs			
(c)	ANM or AWW/Karyakarti (only for HPS States)			
M3	**Number of Caesarean (C-Section) deliveries performed at**			
9	C-Section deliveries performed at facility			
M4	**Pregnancy outcome & details of newborn**			
10	Pregnancy outcome (in number)			

10.1	Live Birth		
(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
11	Still Birth		
12	Abortion (spontaneous/induced)		
13	Details of newborns weighed		
13.1	Number of newborns weighed at birth		
13.2	Number of newborns having weight less than 2.5 kg.		
14	Number of newborns breastfed within 1 hour		
M5	**Complicated Pregnancies**		
15	Number of cases of pregnant women with obstetric complications and attended at facility		
16	Number of complicated pregnancies treated with		
16.1	IV Antibiotics		
16.2	IV Anti-hypertensive/Magsulph injection		
16.3	IV Oxytocis		
M6	**Postnatal Care (PNC)**		
17	Women receiving post-partum check-ups within 48 hours after delivery		
18	Women getting a post-partum check-up between 48 hours and 14 days		
19	PNC maternal complications attended		
M7	**Medical Termination of Pregnancy (MTP)**		
20	Number of MTPs conducted at facility		
20.1	Up to 12 weeks of pregnancy		
20.2	More than 12 weeks of pregnancy		
	Total {(21.1) to (21.2)}		
21	Number of MTPs conducted at private facilities		
M8	**Reproductive Tract Infections/Sexually Transmitted Infections (RTI/STI) Cases**		
22	Number of new RTI/STI for which treatment initiated		
(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
23	Number of wet mount tests conducted		
M9	**Family Planning**		
24	Number of NSV/Conventional Vasectomy conducted at facility		
25	Number of Laparoscopic sterilizations conducted at facility		
26	Number of Mini-lap sterilizations conducted at facility		
27	Number of post-partum sterilizations conducted at facility		
28	Number of new IUD insertions at facility		
29	Number of IUD removals		
30	Number of oral pills cycles distributed		
31	Number of condom pieces distributed		

32	Number of Centchroman (weekly) pills given		
33	Number of Emergency Contraceptive Pills distributed		
34	Quality of sterilization services		
34.1	Number of complications following sterilization		
(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
34.2	Number of failures following sterilization		
(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
34.3	Number of deaths following sterilization		
(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
34.4	Does the institution have NSV trained doctors? (0 - yes & 1 - No)		
M10	**CHILD IMMUNIZATION**		
35	Number of infants 0 to 11 months old who received the following:		
35.01	BCG		
35.02	DPT1		
35.03	DPT2		
35.04	DPT3		
35.05	OPV 0 (Birth Dose)		
35.06	OPV1		
35.07	OPV2		
35.08	OPV3		
35.09	Hepatitis-B1		
35.10	Hepatitis-B2		
35.11	Hepatitis-B3		
35.12	Measles		
35.13	Total number of children aged between 9 and 11 months who have been fully immunized (BCG+DPT123 +OPV123+Measles) during the month		
(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
36	Number of children older than 16 months who received the following:		
36.1	DPT Booster		
36.2	OPV Booster		
36.3	Measles, Mumps, Rubella (MMR) Vaccine		
37	Immunization Status		
37.1	Total number of children aged between 12 and 23 months who have been fully immunized (BCG+DPT12 3+OPV123+Measles) during the month		

(a)	Male		
(b)	Female		
	Total {(a) to (b)}		
37.2	Children older than 10 years given TT10		
37.3	Children older than 16 years given TT16		
37.4	Adverse Event Following Immunization (AEFI)		
(a)	Abscess		
(b)	Death		
(c)	Others		
38	Number of immunization sessions during the month		
38.1	Number of sessions planned		
38.2	Number of sessions held		
38.3	Number of sessions where ASHAs were present		
39	Others (Japanese Encephalitis (JE) etc. Please Specify)		
39.1			
39.2			
39.3			
M11	**Number of Vitamin A doses**		
40	Administered between 9 months and 5 years		
40.1	Dose-1		
40.2	Dose-5		
40.3	Dose-9		
M12	**Number of cases of childhood diseases reported during the month (0-5 years)**		
41	Diphtheria		
42	Pertussis		
43	Tetanus Neonatorum		
44	Tetanus others		
45	Polio		
46	Measles		
47	Diarrhea and dehydration		
48	Malaria		
49	Numbers admitted with Respiratory Infections		

Part C.	Other Programmes				
M13	**Blindness Control Programme**				
50	Number of patients operated for cataract				
51	Number of Intraocular Lens (IOL) implantations				
52	Number of school children detected with refractive errors				
53	Number of children provided with free glasses				
Part D.	**Health Facility Services**				
M14	**Patient Services**				
54	Is the facility functioning 24X7 (2 Staff Nurses)? (0 - yes & 1 - No)				
55	If Rogi Kalyan Samiti (RKS) exists at facility, number of RKS meetings held during the month				
56	Does the facility have ambulance services (Assured Referral Services) available (0 - yes & 1 - No)				
57	If so, number of times it was used for transporting patients during the month				
58	In-patient				
58.1	Admissions	Children (< 19 yrs)	Adults		
(a)	Male				
(b)	Female				
	Total {(a) to (b)}				
58.2	Deaths				
(a)	Male				
(b)	Female				
	Total {(a) to (b)}				
59	In-patient head count at midnight				
60	Out-patient				
60.1	OPD attendance (All)				
61	Operation Theatre				
61.1	Operation major (General and spinal anesthesia)				
61.2	Operation minor (No or local anesthesia)				
62	Others (Include other services like Dental, Ophthalmology, AYUSH etc.)				
(a)	AYUSH				
(b)	Dental procedures				
(c)	Adolescent counseling services				
(d)					
(e)					
M15	Laboratory testing				
63	Laboratory test details				
63.1	Number of Hb tests conducted				
63.2	Of which, number having Hb < 7 mg				
64	HIV tests conducted	Number Tested	Number Positive		

(a)	Male				
(b)	Female-Non ANC				
(c)	Female with ANC				
	Total {(a) to (c)}				
			Number Tested		
65	Widal tests conducted				
66	VDRL tests conducted				
(a)	Male				
(b)	Female-Non ANC				
(c)	Female with ANC				
	Total {(a) to (c)}				
67	Malaria tests conducted				
67.1	Blood smears examined				
67.2	Plasmodium Vivax test positive				
67.3	Plasmodium Falciparum test positive				

Part E.	**Line Listing of Deaths**				
66	Mortality Details - Each case is to be entered in a separate line. Only deaths occuring at the facility to be reported.				
S. No.	Name and village of deceased	Sex	Unit	Age	Cause Code
1		Select	Select		Select
2		Select	Select		Select
3		Select	Select		Select
4		Select	Select		Select
5		Select	Select		Select
6		Select	Select		Select
7		Select	Select		Select
8		Select	Select		Select
9		Select	Select		Select
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17		Select	Select		Select
18		Select	Select		Select
19		Select	Select		Select
20		Select	Select		Select
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22		Select	Select		Select
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39		Select	Select		Select
40		Select	Select		Select
41		Select	Select		Select
42		Select	Select		Select
43		Select	Select		Select
44		Select	Select		Select
45		Select	Select		Select
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59		Select	Select		Select
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62		Select	Select		Select
63		Select	Select		Select
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69		Select	Select		Select

70		Select	Select		Select
71		Select	Select		Select
72		Select	Select		Select
73		Select	Select		Select
74		Select	Select		Select
75		Select	Select		Select
Code	Probable causes of death Description				
	Infant deaths (up to 1 year of age)				
C01	Within 24 hrs of birth				
C02	Sepsis				
C03	Asphyxia				
C04	Low Birth Weight (LBW) for children up to 4 weeks of age only				
C05	Pneumonia				
C06	Diarrhea				
C07	Fever related				
C08	Measles				
C09	Others				
	Maternal deaths by major cause				
M01	Abortion				
M02	Obstructed/prolonged labour				
M03	Severe hypertension/fits				
M04	Bleeding				
M05	High fever				
M06	Other causes (including causes not known)				
	Adolescents & Adults				
A01	Diarrheal diseases				
A02	Tuberculosis				
A03	Respiratory diseases including infections (other than TB)				
A04	Malaria				
A05	Other fever related				
A06	HIV/AIDS				
A07	Heart disease/Hypertension related				
A08	Neurological disease including strokes				
A09	Trauma/Accidents/Burn cases				
A10	Suicide				
A11	Animal bites and stings				
	Other diseases				
A12	Known Acute Disease				
A13	Known Chronic Disease				
A14	Causes not known				
	Select				
	C01-Within 24 hrs of birth				
	C02-Sepsis				
	C03-Asphyxia				

	C04-Low Birth Weight (LBW) for children up to 4 weeks of age only				
	C05-Pneumonia				
	C06-Diarrhea				
	C07-Fever related				
	C08-Measles				
	C09-Others				
	M01-Abortion				
	M02-Obstructed/Prolonged labor				
	M03-Severe hypertension/fits				
	M04-Bleeding				
	M05-High fever				
	M06-Other causes (including causes not known)				
	A01-Diarrheal diseases				
	A02-Tuberculosis				
	A03-Respiratory diseases including infections (other than TB)				
	A04-Malaria				
	A05-Other fever related				
	A06-HIV/AIDS				
	A07-Heart disease/Hypertension related				
	A08-Neurological disease including strokes				
	A09-Trauma/Accidents/Burn cases				
	A10-Suicide				
	A11-Animal bites and stings				
	A12-Known Acute Disease				
	A13-Known Chronic Disease				
	A14-Causes not known				
	A12-Known Acute Disease				
	A13-Known Chronic Disease				
	A14-Causes not known				

Monthly Format for Sub-Center and Equivalent Institutions

HANDOUT 14

Ministry of Health & Family Welfare (Monitoring & Evaluation Division)

State:					Due for submission on 5th of following month		
District:				Month			
Block:				Year			
City/Town/Village:							
Facility name:							
Facility type	Public	Private					
Location	Rural	Urban					
						Numbers reported during the month	Validation alerts
Part A: REPRODUCTIVE AND CHILD HEALTH							
M1	**Antenatal Care Services (ANC)**						
1	Total number of pregnant women registered for ANC						
1.1	Of which number registered within first trimester						
2	Number of new women registered under JSY						
3	Number of pregnant women receiving 3 ANC check-ups						
4	Number of pregnant women given						
4.1	TT1						
4.2	TT2 or Booster						
5	Total number of pregnant women given 100 IFA tablets						
6	Pregnant women with hypertension (BP>140/90)						
6.1	New cases detected at institution						
7	Pregnant women with anemia						
7.1	Number having Hb level<11 (tested cases)						
M2	**Deliveries**						
8	Deliveries conducted at home						
8.1	Number of home deliveries attended by						
(a)	SBA Trained (Doctor/Nurse/ANM)						
(b)	Non-SBA (Trained TBA/Relatives/etc.)						
	Total {(a) to (b)}						

8.2	Number of newborns visited within 24 hours of home delivery					
8.3	Number of mothers paid JSY incentive for home deliveries					
9	Deliveries conducted at facility					
9.1	Of which number discharged within 48 hours of delivery					
9.2	Number of cases where JSY incentive paid to					
(a)	Mothers					
(b)	ASHAs					
(c)	ANM or AWW/Karyakarti (only for HPS States)					
M3	**Pregnancy outcome & details of newborn**					
10	Pregnancy outcome (in numbers)					
10.1	Live Birth					
(a)	Male					
(b)	Female					
	Total ({a} + {b})					
10.2	Still Birth					
10.3	Abortion (spontaneous/induced)					
11	Details of newborns weighed					
11.1	Number of newborns weighed at birth					
11.2	Number of newborns having weight less than 2.5 kg					
12	Number of newborns breastfed within one hour					
M4	**Postnatal Care (PNC)**					
13	Women receiving post-partum check-up within 48 hours after delivery					
14	Women getting a post-partum check-up between 48 hours and 14 days					
M5	**Family Planning**					
15	Number of new IUD insertions					
15.1	At facility					
16	IUD removals					
17	Number of oral pills cycles distributed					
18	Number of condom pieces distributed					
19	Number of Centchroman (weekly) pills given					
20	Number of emergency contraceptive pills distributed					
21	Quality of sterilization services					
21.1	Number of complications following sterilization					
(a)	Male					
(b)	Female					
	Total {(a) to (b)}					
21.2	Number of failures following sterilization					
(a)	Male					

(b)	Female					
	Total {(a) to (b)}					
21.3	Number of deaths following sterilization					
(a)	Male					
(b)	Female					
	Total {(a) to (b)}					
M6	**Child Immunization**					
22	Number of Infants 0 to 11 months old who received the following:					
22.1	BCG					
22.2	DPT1					
22.3	DPT2					
22.4	DPT3					
22.5	OPV 0 (Birth Dose)					
22.6	OPV1					
22.7	OPV2					
22.8	OPV3					
22.9	Hepatitis-B1					
22.10	Hepatitis-B2					
22.11	Hepatitis-B3					
22.12	Measles					
22.13	Total number of children aged between 9 and 11 months who have been fully immunized (BCG+DPT123+OPV123+Measles) during the month					
(a)	Male					
(b)	Female					
	Total {(a) to (b)}					
23	Number of children more than 16 months who received the following:					
23.1	DPT Booster					
23.2	OPV Booster					
23.3	Measles, Mumps, Rubella (MMR) Vaccine					
24	Immunization Status					
24.1	Total number of children aged between 12 and 23 months who have been fully immunized (BCG+ DPT123+OPV123+Measles) during the month					
(a)	Male					
(b)	Female					
	Total {(a) to (b)}					
24.2	Children older than 5 years given DT5					
24.3	Children older than 10 years given TT10					
24.4	Children older than 16 years given TT16					
24.5	Adverse Event Following Immunization (AEFI)					
(a)	Abscess					
(b)	Death					
(c)	Others					
	Total {(a) to (c)}					

25	Number of immunization sessions during the month					
25.1	Sessions planned					
25.2	Sessions held					
25.3	Number of sessions where ASHAs were present					
M7	**Number of Vitamin A doses**					
27	Administered between 9 months and 5 years					
27.1	Dose-1					
27.2	Dose-5					
27.3	Dose-9					
M8	**Number of cases of childhood diseases reported during the month (0-5 years)**					
28	Measles					
29	Diarrhea and dehydration					
30	Malaria					
Part B.	**Health Facility Services**					
M9	**Patient Services**					
31	Number of AWCs reported to have conducted VHNDs during the month					
32	Out-patient					
32.1	OPD attendance (All)					
M10	**Laboratory Testing**					Total
33	Lab Tests					
33.1	Number of Hb tests conducted					
33.2	Of which numbers having Hb <7 mg					
Part D.	**Line Listing of Deaths**					
66	Mortality Details - Each case is to be entered in a separate line. Only deaths occuring at the facility to be reported.					
S. No.	Name and village of deceased	Sex	Unit	Age	Cause Code	
1		Select	Select		Select	
2		Select	Select		Select	
3		Select	Select		Select	
4		Select	Select		Select	
5		Select	Select		Select	
6		Select	Select		Select	
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69		Select	Select		Select	
70		Select	Select		Select	
71		Select	Select		Select	
72		Select	Select		Select	
73		Select	Select		Select	
74		Select	Select		Select	
75		Select	Select		Select	
Code	Probable causes of death description					
	Infant deaths (up to 1 year of age)					
C01	Within 24 hrs of birth					
C02	Sepsis					
C03	Asphyxia					
C04	Low birth weight (LBW) for children up to 4 weeks of age only					
C05	Pneumonia					
C06	Diarrhea					
C07	Fever related					
C08	Measles					
C09	Others					
	Maternal deaths by major cause					
M01	Abortion					
M02	Obstructed/Prolonged labor					
M03	Severe hypertension/fits					
M04	Bleeding					
M05	High fever					
M06	Other Causes (including causes not known)					
	Adolescents & Adults					
A01	Diarrheal diseases					
A02	Tuberculosis					
A03	Respiratory diseases including infections (other than TB)					
A04	Malaria					
A05	Other fever related					
A06	HIV/AIDS					
A07	Heart disease/hypertension related					
A08	Neurological disease including strokes					
A09	Trauma/accidents/burn cases					
A10	Suicide					
A11	Animal bites and stings					
	Other diseases					
A12	Known acute disease					
A13	Known chronic disease					
A14	Causes not known					

JSY Card Format

HANDOUT 15

(Note: To be filled by the ANM/Health Worker once the beneficiary is identified. Ensure that the beneficiary is enrolled under the scheme as early as possible, preferably during the first trimester of pregnancy. For claiming benefits under this scheme, the Mother-Child Card should be enclosed with the JRY Card).

Please fill in clear handwriting

Part I: Identity	Date of filling application form _____
A. Name of the District	S. No. (Fill ANC Card No.)
B. Name of the PHC	_____
C. Name of the Sub-Center	_____
1. Name of the Applicant	_____
2. Husband's Name	_____
3. Name of the Applicant	_____
4. Occupation of Husband	4.1 Daily wage labour/welf employed/rag picker/small vendor in village haat/other (tick the correct answer) 4.2 Other (give details)
5. Is the applicant beneficiary of NFBC/NOAPS/Targeted PDS/ Antyodaya/Foodgrain Scheme/any other social scheme for BPL families/Other	(Give details and if available, enclose documents) _____ _____ _____
6. Are you a BPL card holder?	Yes/No. If yes, write BPL Card No. _____
6.1 If no, then no other proof is required (in relation to Para 5)	Attach the certificate issued by Pradhan/Sarpanch (tick correct answer)
7. Place of the residence of the applicant	Rural/Urban/Slum (tick the correct answer)
8. Are you more than 19 years of age?	Yes/No (tick the correct answer)
9. Month/Week of pregancy	_____
10. Probable date of delivery	_____
11. Number of pregnancies	_____
12. Is the pregnant woman eligible under JSY?	1/2/3 (tick the correct answer) Yes/No (to be filled by the concerned ANM/MO)
13. Name of the identified place of delivery (note this in your diary for future monitoring)	(Explain the benefits of having the delivery in Health Center)
14. Registered trained dai (better if she is from the same rural/ urban/slum locality)	Name _____ Address_____
To be vertified by ANM, AWW/Karyakarti or ASHA	_____ _____ Signature/thumb impression of the applicant

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Part II: Delivery 15. Who accompanied the beneficiary to the Health Center?	Name/designation/relation. Signature/thumb impression of the person who accompanied (To be certified by ANM/staff nurse/MO)
16. Was ASHA with the beneficiary during her stay in the Health Center and did she provide help to her?	_____ _____
17. Place of delivery	PHC/CHC/Private Nursing Home/District Hospital (tick the correct answer)
18. Date of delivery	_____
19. Normal/Cesarean	N/S (if ceasarean, where it was performed)
20. Result	Live/still (tick the right asnwer)
21. Was the decision to self-sterilize taken during the stay in the health facility?	_____ Yes/No Yes/No
22. If yes, did she get the incentive money for sterilization?	1/2/3 _____
23. Number of deliveries	Sign/thumb impression of the applicant to be certified by the ANM/Staff Nurse _____
24. Did the pregnant woman visit the health center due to any compalication during current pregancy period? If yes, on which date, and reasons for complication.	_____ Name Relation/ASHA _____
25. During this visit, who accompanied her?	_____ On foot/bullock cart/rickshaw/car/tempo/jeep/other
26. Means of transport to the health center	If yes, write the amount _____
27. Was the applicant provided monetary help for transport?	_____ Name/designation _____
28. Who made the payments?	_____
29. Names of two independent witnesses and their signatures	To be verified by MO/authorised person 1. _____
30. ANM/Health Worker who filled the form	2. _____
(Signature of health worker)	Confirmation that above facts are true
(Signature with date)	Signatures of ANM/MO

Part III: Summary (for approval of MO/authorised person) 1. Is the person eligible beneficiary of JSY? 2. Are the documents complete for the purpose of distribution of money? 3. Nature of delivery 4. If the Cesarean operation was needed, was the specialist doctor called to the health center? 5. Was the woman sent to get delivery services to other health center/private nursing home? 6. How much amount was paid to the woman and when? (mention the date) How much money was paid to the recognized worker and when? (mentionl the date)	Yes/No (if no, tell the reason and inform the beneficiary) _____ _____ Yes/No (If there was any complication, please explain and enclose the discharge slip) Yes/No Yes/No Rs _____ Rs in words _____ Date of payment _____ if thre was a delay, write the reason _____ _____ Signature of ANM/ASHA

I have checked the above facts and found them correct to the best of my knowledge and have approved/authorized Smt./Sushri _____ ASHA/ANM to make payment to Smt _____ of Rs. _____ in two installments. I have checked the mother-child safety card (enclosed) and found that she availed desired ANC services and regular immunization services for the newborn.

Session IV

Action Planning

Topics in this session

- Discussion on sector and block level meeting
- Micro plans at Sub-Center level

Objectives

Participants will develop Sub-Center plans to reach all eligible women through RI/NHD, and other special outreach activities for non-AWC listed women.

Time: 120 minutes

Materials: Copies of Handouts 16 and 17, exercise on planning at Sub-Center level

Now that what is the required intervention to effectively control child anemia and malnutrition has been shared among the participants and they are empowered with the contents for anemia control package and methodology of how to approach and counsel the clients, this session will be devoted to making microplans consisting of actions and time lines for effective implementation in the future.

Medical Officers and a CDPO should be present when the work plans are shared by the participants in plenary sessions, as to assure the participants will have support as required.

Conducting the Session

1. Divide the participants into six groups according to their sub-centers and villages.
2. Tell each group that they have to discuss and prepare a micro plan for the assigned village. The following checklist is presented to facilitate the group on completing the Sub-Center plan exercise. Ask the participants to use this for facilitating preparation of the work plan.
3. Give them chart papers to put in the details of the plan and give them 45 minutes after which they will have to make their presentations. Each presentation should not take more than 10 minutes.
4. Distribute Handout 16 which can help them in preparing the plans.
5. After the groups have worked on the plans, each group can present the Sub-Center plan for the assigned village.

6. Each group can be given different subjects and parameters for their presentations (e.g. Children, Pregnant Women, Counseling, IFA supplement, Estimation, etc.)

HANDOUT 16

Checklist for Micro Plan

1. Estimated target population of the Sub-Center and the specific village allocated to the group.
2. Estimated supply requirements of IFA tablets, IFA syrup and de-worming tablets (albendazole) required – Estimate separately for pregnant mothers and children 6-59 months.
3. Completion of survey in the village – Who will conduct the survey and when. Specify roles.
4. Details of the target persons by names – Who will prepare the list? Who will share the list? Who all must have the list of names of beneficiaries? Which register will be used for maintaining this record by Health and ICDS center?
5. Carrying supply of IFA and de-worming for pregnant mothers – Who will acquire the supply of IFA and de-worming? When will the supply be acquired from PHC? Who will carry the supply to village? When will the supply be carried to village? How much supply will be required to be carried during each visit?
6. Carrying supply of IFA for children 6-59 months and de-worming for children 12-59 months – Who will acquire the supply of IFA and de--worming? When will the supply be acquired from PHC? Who will carry the supply to village? When will the supply be carried to village? How much supply will be required to be carried during each visit?
7. Handing over the supply of IFA to pregnant mothers – who will be given the supply at village level for reaching the beneficiaries? Who will reach the beneficiaries?
8. Handing over supply to caregivers of children 6-59 months – who will receive the supply? Who will hand over the supply to caregivers? When will the supply of IFA syrup be given?
9. De-worming of pregnant mothers – how many, when and by whom.
10. De-worming of children – number of children to be de-wormed? In which months? By whom?
11. Counseling – Enumerate five most important points to be kept in mind for counseling pregnant mothers for ensuring high compliance of IFA. Also mention who will counsel and when.
12. Enumerate five most important points to be kept in mind for caregivers for ensuring high compliance of IFA. Also mention who will counsel and when.
13. Enumerate three points to be stressed for preventing consumption of overdose of IFA syrup by children.
14. Recording of IFA tablets supplied and consumed and de-worming tablet consumption by pregnant mothers – by whom and where.
15. Recording IFA syrup bottle and de-worming tablet consumption by children 12-59 months – by whom and where.

A. Identify and Fill Registration Gaps

Step 1. Find out how many pregnant women there should be in your program.
You can find out whether all pregnant women in your area are registered or not easily with following simple calculations:

Assume birth rate to be 30/1000 population, if you do not have exact birth rate of your area. If you have birth rate of your area, apply that birth rate to the SHC population.

For example, pregnant women in your area for the whole year will be = 30 (or your area's birth rate) x Population of SHC 1000

Total number of pregnant women at any time will be half of this figure. For example, if the above calculation gives you 150 pregnant women for one year, 75 should be registered with you at any given point of time.

Step 2. Find out if there is a gap

- Check register/list to see how many pregnant women are registered
- If the total number of women currently registered is equal or more than this figure, we are on track. If the number of pregnant women registered is less than the above figure, that number of women is the gap in our registration.

Step 3. Find out where and why there are gaps

Do they belong to any specific community, specific area, caste/religious groups? How best can we reach out to them, motivate and convince them to come forward?

Step 4. Fill in the gaps

Here are some actions you can take, select one or two of the following and try them out.

- Speak with community leaders in the area with gaps
- Find a responsible person in the community who will help to send PW for ANC
- Fix a day and place for conducting ANC check-ups and make the community aware

B. Identify and Fill Coverage Gaps

Step 1. Use the same method as above for identifying coverage gaps and filling them.
Use the following indicators:

- IFA tablets
- De-worming dose

Step 2. Fill in coverage gaps.

- Make sure you have at least two months stock of IFA tablets and de-worming medicines.
- Give pregnant women 50 tablets in first ANC and 50 tablets in second ANC visit. Counsel them.
- If you cannot visit outlying areas, find a responsible person such as ASHA/AWW-Karyakarti/helper/others and train them to distribute IFA and give de-worming medicine.
- Add the information from these communities to your coverage data.
- Provide them additional supplies every 3-6 months.

C. Prevent Stock-outs of IFA Tablets (Large) and Mebendazole

Step 1. Find out how much stock you should have for one year

You need 100 tablets of IFA and six tablets of de-worming per every pregnant mother.

For one year, you will need:

For 120 pregnant women = 12,000 tablets of IFA and 720 tablets of Mebendazole

For 100 pregnant women = 10,000 tablets of IFA and 600 tablets of Mebendazole

Step 2. Pick up more supplies when your stocks fall below two months' requirement.

Two month need is = total for the year divided by six. So, pick up more supplies when you have the following amount left:

For 120 pregnant women = 2,000 tablets of IFA and 120 tablets of Mebendazole

For 100 pregnant women = 1,666 tablets of IFA and 100 tablets of Mebendazole

D. Administer ANC services and counsel the pregnant woman.

If she is a new pregnant woman at her first ANC visit:

- Give her a Mother-Child card and enter her name in your list for follow-up.
- Check for danger signs.
- Give TT and complete other ANC tasks.
- Explain dangers of anemia.
- Explain the need for taking 100 IFA (one per day) at night after meals. It is for her child's mental and physical development and will protect her from danger during delivery.
- Explain side-effects she may experience and how to manage them.
- Give her 50 tablets (if she cannot come back, give her all 100 tablets) and explain how to store them safely.
- If she is in her fourth month or more, explain the importance of de-worming; give one dose of Mebendazole.
- Explain the need for more frequent daily meals (at least 1 or 2 extra meals per day) for her child's safety and health, and eat foods daily that improve iron such as non-vegeterian foods, green leafy vegetables, lemon juice, orange and yellow fruits.

- Complete her card and record services given in your list/register; tell her when to return.

If she is not a new pregnant woman and has been seen before:

- Ask her if she has any difficulties and address them.
- Check her card.
- Complete all the steps for a first time ANC visit above.
- Remind her to plan for early and exclusive breastfeeding when the child is born.

MOIC Job Card - Anemia Control Program

HANDOUT 17

A. Identify and Fill Registration Gaps

Step1. Find out how many pregnant women should be there in our program

- We can find out whether all pregnant women in our area are registered or not easily with following simple calculations:

Assume birth rate to be 30/1000 population, if we do not have exact birth rate of our area. If we have birth rate of our area, we apply that birth rate to the SHC population.

Pregnant women in our area for the whole year will be = 30 (or your area's birth rate) x Population of PHC (available on Form 9)

1000

Total number of pregnant women at any given time point will be half of this figure.

For example, if the above calculation gives us 900 pregnant women for one year, 450 should have been registered with us (our ANMs) at any given point of time. (This figure should be available from Form 6 sent by ANM.)

Step 2. Find out if there is a gap

- Check register/list to see how many pregnant women are registered
- If the total number of women currently registered is equal or more than this figure, we are on track. If the number of pregnant women registered is less than the above figure, that number of women is the gap in our registration.

Step 3. Find out where and why there are gaps
Do they belong to any specific community, specific area, caste/religious groups? How best can we reach out to them, motivate and convince them to come forward?

Step 4. Fill in the gaps
Here are some actions you can take, select one or two of the following and try them out.

- Speak with community leaders in the area with gaps
- Find a responsible person in the community who will help to send PW for ANC
- Fix a day and place for conducting ANC check-ups and make the community aware

B. Identify and Fill Coverage Gaps

Step 1. Use the same method as above for identifying coverage gaps and filling them.

Use the following indicators:

- IFA tablets
- De-worming dose

Step 2. Fill in coverage gaps.

- Make sure we have at least two months stocks of IFA tablets and de-worming medicines.
- Give pregnant woman 50 tablets in first ANC and 50 tablets in second ANC visit. Counsel them.
- If you cannot visit outlying areas, find a responsible person such as ASHA/AWW-Karyakarti/helper/others and train them to distribute IFA and give de-worming medicine.
- Add the information from these communities to your coverage data.
- Provide them additional supplies every 3-6 months.

C. Prevent Stock-outs of IFA Tablets (Large) and Mebendazole

Step 1. Find out how much stock we should have for one year
We need 100 tablets of IFA and six tablet of de-worming for every pregnant mother.

For one year, you will need:
For 900 pregnant women = 90,000 tablets of IFA and 5400 tablets of Mebendazole

For 600 pregnant women = 60,000 tablets of IFA and 3600 tablets of Mebendazole

Step 2. Pick up more supplies when our stocks fall below two months' requirement.

Two months' need is = total for the year divided by six. So, pick up more supplies when you have the following amounts left:

For 900 pregnant women = 15,000 tablets of IFA and 900 tablets of Mebendazole

For 600 pregnant women = 12,000 tablets of IFA and 600 tablets of Mebendazole

D. Administer ANC Services and Counsel the Pregnant Woman

If she is a new pregnant woman at her first ANC visit:

- Give her a Mother-Child card and enter her name in your list for follow-up.
- Check for danger signs.
- Give TT and complete other ANC tasks.
- Explain the dangers of anemia.
- Explain the need for taking 100 IFA one per day, at night after meals. It is for her child's mental and physical development and will protect her from danger during delivery. Explain side-effects she may experience and how to manage them.
- Give her 50 tablets (if she cannot come back, give her all 100 tablets) and explain how to store them safely.
- If she is in her 4th month or later, explain the importance of de-worming to her; give one dose of Mebendazole.
- Explain the need for more frequent daily meals (at least 1 or 2 extra meals per day) for her child's safety and health, and eat foods daily that improve iron such as non-vegetarian. foods, green leafy vegetables, lemon juice, orange and yellow fruits.
- Complete her card and record services given in your list/register; tell her when to return.

If she is not a new pregnant woman and has been seen before:

- Ask her if she has any difficulties and address them.
- Check her card.
- Complete all the steps for a first time ANC visit above.
- Remind her to plan for early and exclusive breastfeeding when the child is born.

Number of IFA required for one year and what should be the minimum stock?

Number of total expected (not registered) pregnant mothers x 100 tablets is total IFA tablets required by our PHC and need to be distributed on time to HSC after we receive them from the district.

It is necessary to share this information with our computer and chief pharmacist and they will also know how many tablets they have, how many they should have, when to ask for or order more tablets or request for more tablets from district. Please share this job aid with them to help them.

How much minimum stock we should have?
Every SHC should have minimum two months stock with them for IFA and tablets of de-worming per every pregnant mother. This means when they are left with 1/6th of their total stock required, they should ask for stock and we should be able to supply to them in time to avoid any stock-out situation. If we do not have the stock at the block level, we need to order from the district authorities.

Check to improve coverage and compliance.
To ensure good compliance promote to give IFA 100 at a time or 50 with each TT so that the maximum number of mothers get the full quota of 100 IFA doses. Now that supply of IFA is not an issue, giving a higher number of IFA is to be encouraged and promoted.

Using the enclosed CD, we can put the data of the total population of our block and birth rate in the respective squares, and will be able to generate the expected number of pregnant women in each month and to what extent we have been able to register them in time. Graph obtained from the data kept in front of us can further facilitate us and our staff to remind to follow-up and finish the unfinished or incomplete registration through various alternative ways or with support from the existing ANM. The idea is to support ANM and not their fault findings

Check with the pharmacist whether ANM have picked up their stock.
We can check every month whether ANM, while picking up the stock for vaccination, has also picked up the required IFA stock and verify from form 6 sent by the ANM to find out the stock position from each ANM. If the stock is not adequate, then she can pick up IFA stock along with vaccine stock. We can also assign this responsibility to chief pharmacists or senior LHCs in our area and review it in monthly meeting while discussing supply related issues

Feedback Form

Your feedback is important for us as this will help us in improving the training. Please tell us how you have found the sessions, trainers, handouts etc.

1. Have the session topics helped in increasing your understanding of the issue? If no, what other content needs to be added?

2. Have the trainers been able to cover all the topics to your satisfaction? If no, what needs to be changed?

3. Was the language of the training simple?

4. Was the sequencing of the content proper?

5. If not, what do you feel needs to be changed?

6. Were the presentations proper?

7. If not, what needs to be changed in the presentations?

10. Any other feedback that you would like to give to improve the training in terms of:

a. Content:
b. Time:
c. Facilitation:
d. Materials:

Thank you

Date:

Workshop on Prevention of Malnutrition and Anemia among Children and Pregnant Women

Post-Workshop Assessment

Given below are 15 questions about anemia. Each question has four options. Circle the correct answer. There is only one correct answer for each question.

1. What is Anemia?

A. Low hemoglobin levels
B. Disease of liver
C. Disease of bones
D. Disease of brain

2. Why should children be given iron?

A. Children do not get enough iron from their food.
B. Children need more iron according to their weight.
C. Promotes mental growth.
D. All the above

3. At what age should a child be started on supplementary food?

A. 3 months
B. 5 months
C. 6 months
D. 8 months

4. At what age should an infant be started on IFA syrup?

A. Newborn
B. 3 months
C. 6 months
D. 12 months

5. Only those children who look pale should be given IFA.

A. Correct
B. Incorrect

6. If the pregnant mother is anemic, how will it affect the child she is expecting?

A. Child may be born small (low birth weight).
B. Child will be born healthy.
C. Child will be of heavier weight.
D. Will have no effect.

7. How should a child over six months be fed during illness?

A. Should not be given breast milk or food.
B. Should be given more food and breast milk.
C. Should be frequently fed only breast milk.
D. Stop feeding the child.

8. When should the mother initiate breastfeeding?

A. Within one hour of birth
B. Within six hours of birth
C. Within 24 hours of birth
D. Within two days

9. What is the dosage of IFA supplement recommended to be given to pregnant women?

A. One big tablet per day, for a minimum of 80 days
B. One big tablet per day, for a minimum of 50 days
C. One small tablet per day, for maximum of 100 days
D. One big tablet for a minimum of 100 days

10. How many ml. of IFA syrup is to be given to a child in a day?

A. 1 ml.
B. 2 ml.
C. 3 ml.
D. 0.5 ml.

11. How many ml. of IFA syrup is in the bottle supplied by the government?

A. 50 ml.
B. 20 ml.
C. 80 ml.
D. 100 ml.

12. At what age should a child be given de-worming medicine for the first time?

A. 3 months
B. 6 months
C. 1 year
D. 2 years

13. If during their first trimester, 25 pregnant women are registered in one AWC, what is the minimum number of IFA tablets that the AWW/Karyakarti will need for these women during the pregnancy period?

A. 2500
B. 5000
C. 7500
D. 10000

14. If one AWC covers a population of 1500 and the birth rate is 30 per 1000 population, then how many 0-2 years old children should be expected in AWC population area?

A. 90
B. 60
C. 30
D. 100

15. How will you store the larger IFA tablets in your AWC?

A. In a dry and dark place
B. In a damp and dark place
C. Under sunlight
D. In a clean and ventilated place

Name:_____

Designation:_____

Area of work:_____

Date: _____