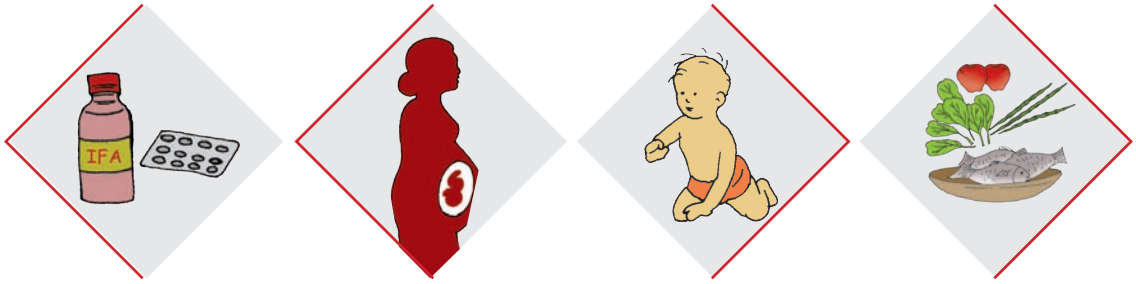
# Child Anemia Training Module Resources

for

Training Frontline Health and ICDS Workers

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## 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<br>Prepare chart of the objectives of the training (as given in the introduction)<br>Prepare chart on the training content (as given in the introduction) |
| **10.45 to 11.00 Tea break** | | | | |
| III | 60 mins | What is anemia?<br>Who is affected?<br>How is anemia measured? | VIPP Card session<br>Summarization of the presentation | Presentation 1; facilitator to be prepared with the definition of anemia and how it affects children<br>Handout 2 to be distributed to the participants |
| IV | 90 mins | Anemia in children<br>Causes and implications in children<br>• Causes of anemia in children<br>• Prevalence of anemia<br>• Consequences of anemia<br>• Prevention of anemia in children<br>• Dietary measures, IFA supplementation, and de-worming services to prevent anemia<br>Case study | Group work and presentation | Handout 3 copies to be distributed to participants<br>Presentation 2 to be kept ready, four large poster charts to be taped to the wall |
| V | 90 mins | Anemia in pregnant women<br>• Causes anemia in pregnant women<br>• Consequences of anemia<br>• Dietary measures, IFA supplementation, and de-worming services to prevent anemia | Group work and presentation | Copies of Handout 4 to be distributed to participant<br>Presentation 3 |
| VI | 120 mins | Services for anemia control | Flipchart solutions session for both the groups together | Copies of Handout 5<br>Presentation 4 and 5 |

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

| Day 3 | | | | |
|---|---|---|---|---|
| I | 20 mins | Recap of previous day | Discussion | |
| II | 105 mins | Role play presentation on counseling and training | Session continues from day 2 | **Session II**<br>See Day 2, Session IV |
| III | 105 mins | Using the monitoring chart<br>Recording and reporting of distribution of iron syrup at village, sector, and block levels<br>• Filling of record and reporting format<br>• Counting of iron tablets/ dosage<br>• Maintenance of stock register (discussion on Form 4)<br>• Procurement<br>• Analysis of self-assessment format | | **Session III**<br>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**<br>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 |
| | | | | |

# 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.

# 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 UP 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% |
| Uttar Pradesh | | | | |
| | Anemia in Children 6-35 months | 85% | 82.5% | 85.7% |
| | Pregnant women 15-49 years | 51% | 51.3% | 51.7% |

Unfortunately, traditional complementary foods in Jharkhand and UP 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.

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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)

# HANDOUT 3

## Anemia in children

### 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.

# HANDOUT 4

## Anemia in Pregnant Women

### 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.

# HANDOUT 5

## Maternal and Young Child Anemia Control Strategy

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.

# 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, UP 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.

# HANDOUT 7

## For ANM, AWW and ASHA

**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 UP) 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.

# Handout 8

## Steps for Good Counseling

### 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? |

**nformation 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**<br>(BF+3 half katori full of semisolid food)<br>Breastfeed as often as the child wants.<br>● Give at least one katori serving*at a time<br>  ● Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR<br>  ● 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.<br>OR<br>  ● Sevian/dal/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR<br>  ● Mashed boiled/fried potatoes | **9 - 11 Months**<br>(BF+3 full katori of semisolid food)<br>Breastfeed as often as the child wants.<br>● Give at least one katori serving* at a time<br>  ● Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR<br>  ● 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.<br>OR<br>  ● Serian/dal/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR<br>  ● Mashed boiled/fried potatoes |
|---|---|
| * 3 times per day if breastfed; 4 times if not breastfed<br>**Remember:**<br>● Wash your own and child's hands with soap and water every time before feeding.<br>● Keep the child in your lap and feed with your own hands/spoon. | * 3 times per day if breastfed; 5 times if not breastfed<br>**Remember:**<br>● Wash your own and child's hands with soap and water every time before feeding.<br>● Keep the child in you lap and feed with your own hands/spoon. |

**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.

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.

**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.

# 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!<br>How nice to see you. And you have got Sonu along with you? Do please sit down here".<br>Welcome the mother and make her comfortable.<br>"how are you?" (Ask about family and general family matters etc.)<br>"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?"





# Counseling Cards

# Handout 10

## 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!"<br>(Welcome the mother and her family members and make them comfortable)<br>"How are you?"<br>(Ask about family and general family matters etc.)<br>"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".<br>(Take her pulse, look for signs of health.)<br>"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."<br>(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."<br>(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."<br>(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." |

# Handout II

## Guidelines to IFA syrup distribution and dosage

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<br>• Protect the iron syrup from exposure of sunlight and store it in a cold place.<br>• To avoid missing doses, keep a fixed time of the day for giving the syrup.<br>• 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.<br>• 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.<br>• 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).<br>• Increased appetite nutritional food will contribute in child's mental and physical growth.<br>• The immune system of the child will become stronger.<br>• 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.

# Handout 12

## Monthly Self-Assessment Checklists for Anganwadis

### 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 AWW 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?<br>Number of surveys/home visits.....<br>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:<br>a) Filled MPR part 10, NHED<br>b) Filled Nutrition Report | <br>Yes/ No<br>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:<br>a) Is complementary food given according to advice?<br>b) Is the person responsible for feeding the child washing hands with soap and water?<br>c) Are children being given IFA syrup according to the advice? | Yes (no.) No (no.)<br>..... .....<br>..... .....<br>..... ..... |
| Main points of discussion in Block/Cluster Meeting 1. .....<br>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?<br>B) Number of surveys/home visits.....<br>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?<br>b) How may self help groups are there?<br>c) Was there any discussion on consumption of 100 IFA tablets, additional food and de-worming medicine? | Number.....<br>Number.....<br>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:<br>a) Is the pregnant mother taking additional food as per the advice?<br>b) Is the pregnant mother taking IFA tablets everyday (see the strips of tablets)?<br>c) Is the pregnant mother using a mosquito net while sleeping? | Yes (no.) No (no.)<br>..... .....<br>..... .....<br>..... ..... |
| Main points of discussion in Block/Cluster Meeting<br>2. ..... | 1. .....<br>3. ..... |

| Problems | Achievements |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

# Handout 13

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

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+DPT123+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 |
| 10 | | Select | Select | | Select |
| 11 | | Select | Select | | Select |
| 12 | | Select | Select | | Select |
| 13 | | Select | Select | | Select |
| 14 | | Select | Select | | Select |
| 15 | | Select | Select | | Select |
| 16 | | Select | Select | | Select |
| 17 | | Select | Select | | Select |
| 18 | | Select | Select | | Select |
| 19 | | Select | Select | | Select |
| 20 | | Select | Select | | Select |
| 21 | | Select | Select | | Select |
| 22 | | Select | Select | | Select |
| 23 | | Select | Select | | Select |
| 24 | | Select | Select | | Select |

| | | | | | |
|---|---|---|---|---|---|
| 25 | | Select | Select | | Select |
| 26 | | Select | Select | | Select |
| 27 | | Select | Select | | Select |
| 28 | | Select | Select | | Select |
| 29 | | Select | Select | | Select |
| 30 | | Select | Select | | Select |
| 31 | | Select | Select | | Select |
| 32 | | Select | Select | | Select |
| 33 | | Select | Select | | Select |
| 34 | | Select | Select | | Select |
| 35 | | Select | Select | | Select |
| 36 | | Select | Select | | Select |
| 37 | | Select | Select | | Select |
| 38 | | Select | Select | | Select |
| 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 |
| 46 | | Select | Select | | Select |
| 47 | | Select | Select | | Select |
| 48 | | Select | Select | | Select |
| 49 | | Select | Select | | Select |
| 50 | | Select | Select | | Select |
| 51 | | Select | Select | | Select |
| 52 | | Select | Select | | Select |
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| 56 | | Select | Select | | Select |
| 57 | | Select | Select | | Select |
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| 64 | | Select | Select | | Select |
| 65 | | Select | Select | | Select |
| 66 | | Select | Select | | Select |
| 67 | | Select | Select | | Select |
| 68 | | Select | Select | | Select |
| 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 | | | | |

# Handout 14

## Monthly Format for Sub-Center and Equivalent Institutions

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)} | | | | | |
| 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 | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 | |
| 7 | | Select | Select | | Select | |
| 8 | | Select | Select | | Select | |
| 9 | | Select | Select | | Select | |
| 10 | | Select | Select | | Select | |
| 11 | | Select | Select | | Select | |
| 12 | | Select | Select | | Select | |
| 13 | | Select | Select | | Select | |
| 14 | | Select | Select | | Select | |
| 15 | | Select | Select | | Select | |
| 16 | | Select | Select | | Select | |
| 17 | | Select | Select | | Select | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 21 | | Select | Select | | Select | |
| 22 | | Select | Select | | Select | |
| 23 | | Select | Select | | Select | |
| 24 | | Select | Select | | Select | |
| 25 | | Select | Select | | Select | |
| 26 | | Select | Select | | Select | |
| 27 | | Select | Select | | Select | |
| 28 | | Select | Select | | Select | |
| 29 | | Select | Select | | Select | |
| 30 | | Select | Select | | Select | |
| 31 | | Select | Select | | Select | |
| 32 | | Select | Select | | Select | |
| 33 | | Select | Select | | Select | |
| 34 | | Select | Select | | Select | |
| 35 | | Select | Select | | Select | |
| 36 | | Select | Select | | Select | |
| 37 | | Select | Select | | Select | |
| 38 | | Select | Select | | Select | |
| 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 | |
| 46 | | Select | Select | | Select | |
| 47 | | Select | Select | | Select | |
| 48 | | Select | Select | | Select | |
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| 57 | | Select | Select | | Select | |
| 58 | | Select | Select | | Select | |
| 59 | | Select | Select | | Select | |
| 60 | | Select | Select | | Select | |
| 61 | | Select | Select | | Select | |
| 62 | | Select | Select | | Select | |
| 63 | | Select | Select | | Select | |
| 64 | | Select | Select | | Select | |
| 65 | | Select | Select | | Select | |
| 66 | | Select | Select | | Select | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 67 | | Select | Select | | Select | |
| 68 | | Select | Select | | Select | |
| 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 | | | | | |

# Handout 15

## ISY Card Format

(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 heat/other (tick the correct Answer)<br>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)<br>_____<br>_____<br>_____ |
| 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 pregnancy | _____ |
| 10. Probable date of delivery | _____ |
| 11. Number of pregnancies | _____ |
| 12. Is the pregnant woman eligible under JSY? | 1/2/3 (tick the correct answer)<br>Yes/No<br>(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 _____<br>Address_____ |
| To be verified by ANM, AWW/Sevika or ASHA | _____<br>_____<br>Signature/thumb impression of the applicant |

| | |
|---|---|
| **Part II: Delivery** | |
| 15. Who accompanied the beneficiary to the Health Center? | Name/designation/relation. Signature/thumb impression of the person who accompanied<br>(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? | _____<br>_____ |
| 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)<br>_____ |
| 21. Was the decision to self-sterilize taken during the stay in the health facility? | Yes/No<br>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 _____<br>_____ |
| 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 _____<br>_____ |
| 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 _____<br>_____ |
| 27. Was the applicant provided monetary help for transport? | Name/designation _____<br>_____ |
| 28. Who made the payments? | To be verified by MO/authorised person |
| 29. Names of two independent witnesses and their signatures | 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)<br>1. Is the person eligible beneficiary of JSY?<br>2. Are the documents complete for the purpose of distribution of money?<br>3. Nature of delivery<br>4. If the Cesarean operation was needed, was the specialist doctor called to the health center?<br>5. Was the woman sent to get delivery services to other health center/private nursing home?<br>6. How much amount was paid to the woman and when? (mention the date)<br><br>How much money was paid to the recognized worker and when? (mentionl the date) | Yes/No<br>(if no, tell the reason and inform the beneficiary) _____<br>_____<br>Yes/No<br>(If there was any complication, please explain and enclose the discharge slip)<br>Yes/No<br>Yes/No<br>Rs _____ Rs in words _____<br>Date of payment _____ if thre was a delay, write the reason _____<br>_____<br><br>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.

# 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 yourprogram.**
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.

# HANDOUT 17

## MOIC Job Card - Anemia Control Program

### 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.
f 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 1/6$^{th}$ 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, distribution of IFA tablets 100 at a time or 50 witheach TT so that the maximum number of mothers get 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 generating 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.

# 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:_____

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D. In a clean and ventilated place

Name:_____

Designation:_____

Area of work:_____

Date: _____

# 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:

# Presentations

## Presentation 1

### 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 amongst children 6-59 months throughout India.

| Anemia Prevalence | State |
|---|---|
| Anemia prevalence more than 70 percent | Bihar, Madhya Pradesh, Uttar Pradesh, Haryana, Chhattisgarh, 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) | |

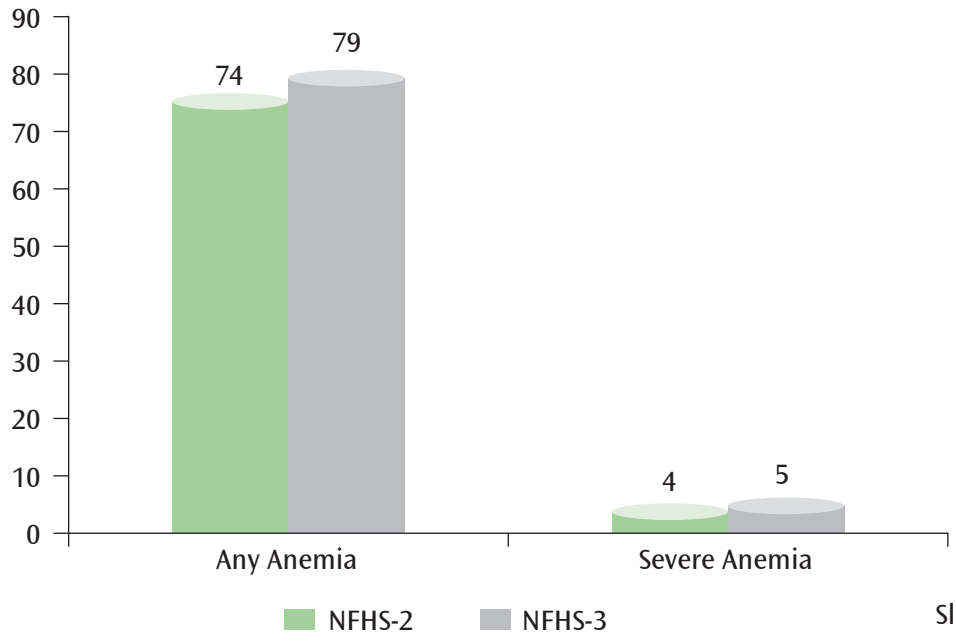
Slide 5

## 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.

Presentation 2

# Prevention and Control of Anemia in Children

## For Day 1: Session IV

Slide 1

## Consequences of Anemia

### For the child 6-23 month

- 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

## 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 two 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

# 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 (Matru evam Shishu Swasthya evam Poshan Maha) during February and August.
- 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 contact 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 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

# 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 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 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 for counseling, checking side-effects and ensuring compliance.

Slide 6

## Presentation 6

# Counseling

## For Day 2: Session V

Slide 1

### Steps for Good Counseling

- Ask and listen.
- Praise her.
- Give advice.
- Ensure that the 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.

## Advice Her

- Advice 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 the 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 reply 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