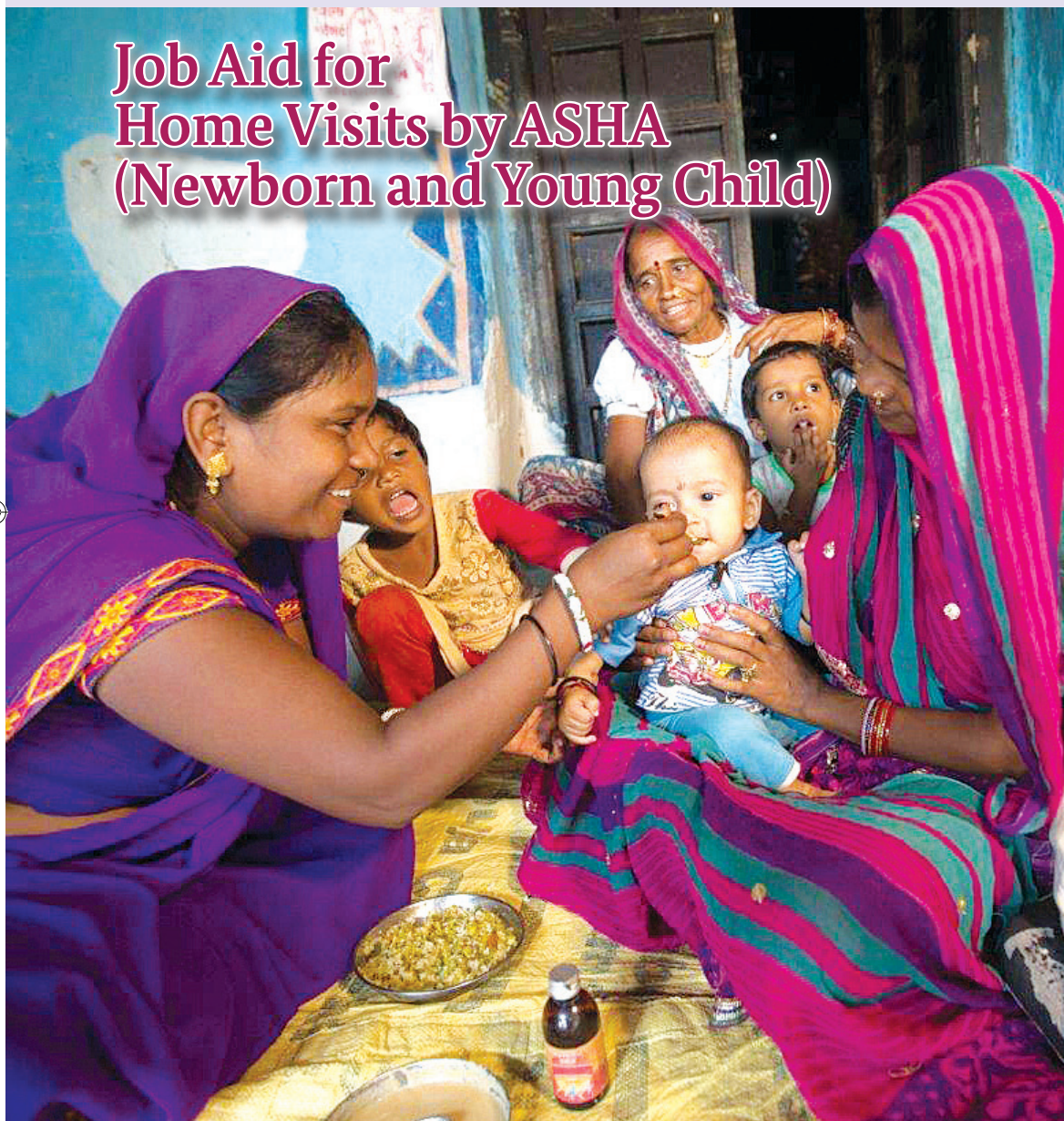


Job Aid for Home Visits by ASHA (Newborn and Young Child)





Purpose of this job aid

- As ASHA, home based care for mothers, newborns and infants in your local community is one of your key responsibilities.
- This infokit is designed to help you conduct the home visits more effectively. It will remind you of key:
 - » tasks to be undertaken during each visit; and
 - » messages to be given to the mother & family.

It covers home visits under:



Home Based Newborn Care
(between 0-42 days)



Home Based Care for Young Child
(between 3-15 months)





About Home Based Care

● Home Based Newborn Care (HBNC):

You are already providing follow up care to the mother & newborn by conducting visits on days 3, 7, 14, 21, 28 & 42.

*1st DAY → 3rd DAY → 7th DAY → 14th DAY → 21st DAY → 28th DAY → 42nd DAY

**For home deliveries, you conduct an extra visit on day of birth.*

By providing postnatal care to mother & essential care to newborns, you can identify, and promptly refer sick newborn and mothers with post natal complications thus preventing sickness and improving survival.



● Home Based Care for Young Child (HBYC):

This is a new initiative launched under National Health Mission & POSHAN Abhiyaan.

ASHA will now provide additional home visits to children when they turn

3 months, 6 months, 9 months, 12 months and 15 months of age



These visits are designed to improve nutritional status of young children, ensure proper growth, early childhood development, prevent childhood illnesses (such as diarrhoea & pneumonia) and deaths resulting from them.





Planning for home visits

To make a home visit, you are required to carry the following—

☑ **ASHA Diary/Register:**

To maintain a list of all newborns and young children (upto 15 months of age) in your area.

☑ **HBNC & HBYC Cards:**

To record details of services you have provided. This will also serve as the basis for your incentive payment. Also record visits in the MCP card.

☑ **HBNC Kit:**

This has

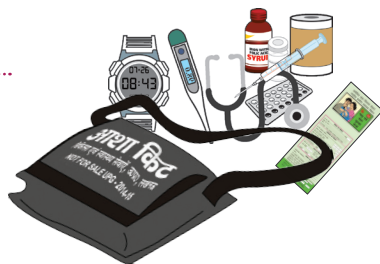
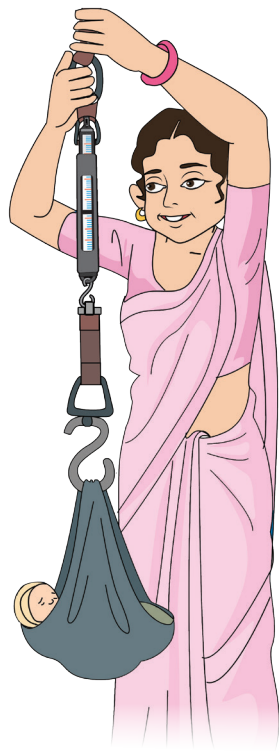
- (1) digital watch (2) digital thermometer
 - (3) weighing scale & sling (4) baby blanket
 - (5) spoon (6) medicines & consumables
- Check functionality of equipment.

☑ **ASHA Drug Kit:**

This has the medicines & supplies (such as ORS packet, IFA syrup) that you will distribute to family of young children.

☑ **MCP Card:**

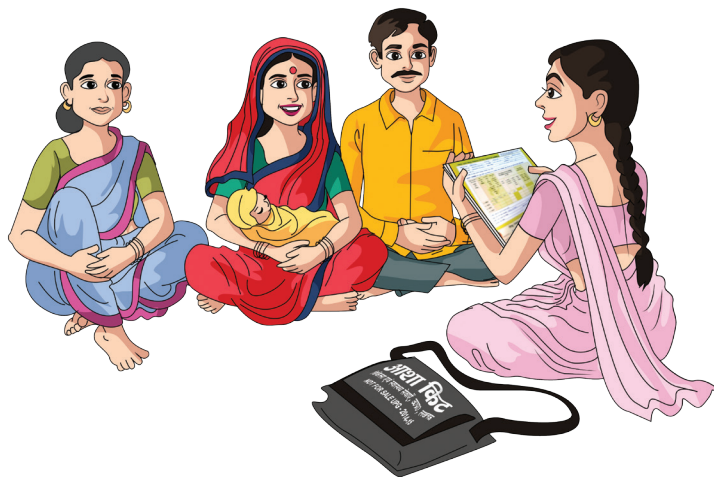
Carry at least one MCP card to help you explain the key messages (in case mother cannot find the child's MCP card).





Follow the principles of communication for a successful home visit

- Greet appropriately and ask how the family is.
- Explain the purpose of your visit.
- Ask open-ended questions (where you can get responses from the mother/parents and not just yes/no).
- Encourage the mother/parents and family members to speak.
- Listen patiently to when mother/parents and family members speak.
- Praise what the mother/parent/family member is doing correctly and build up their confidence.
- Try to find out reasons why the mother/parents are finding it difficult to follow a particular child care practice. Empathize with the family if there are any problems. Discuss possible solutions.
- Use simple words in local language when giving advice.
- Involve both the parents during the visit, whenever possible. Encourage father to be involved in care of the child.



KEY TASKS & MESSAGES DURING HOME VISITS



Provide care to the mother and newborn on the day of birth



Ask

- Well being of mother & baby
- Whether breastfeed initiated or not?
- Whether the baby is feeding forcefully or not?

Check & Record

- Bleeding, consciousness and temperature (in mother)
- If baby attaching well to the breast
- Baby's weight
- Baby's temperature
- Condition of cord and eye, body tone & cry
- Any congenital abnormality?

Refer

Mother: If she is using more than 5 pads in a day, has fever more than 102 degree F, foul smelling discharge and losing consciousness.

Baby: Weak cry or limp, not feeding well, weight <1800 GM difficulty in breathing, hot or cold to touch.

Counsel the mother

- About colostrum & importance of exclusive breastfeeding
- Do not bathe the baby and clothe the baby in 1-2 layers (summer) and in 3-4 layers (winter) to maintain temperature
- Not to apply anything to keep cord dry & clean
- Apply antibiotic (tetracycline) in baby's eye in case of swollen eye/discharge

Provide postnatal care to the mother and newborn on subsequent visits



Ask the mother

Whether she is having adequate food and breast feeding the baby ?

Look in mother for

- Excessive bleeding, high temperature or foul smelling discharge.
- Cracked nipples/painful or engorged breasts.

Counsel the mother

- Having food more than 4 times per day.
- Keeping breast clean and lubricated, if cracked nipples.
- Breastfeeding more frequently or expressing milk if engorged breasts.
- Applying warm compression and gentle massage for hard breasts.
- Washing hands with soap and water after defecation and changing the diapers of the baby.
- Keeping the baby away from people who are sick.
- Not to bathe the baby for 48 hours.
- Not to start bottle feeding.



**During the visit, record observations in MCP card.
Fill the information on home visit forms.**

If newborn is not alive on any day of the visit, notify the date and time of death as per guidelines. Similarly notify in case of maternal death.

Provide postnatal care to the mother and newborn on subsequent visits



Measure and record weight in checklist

Measure and record temperature of newborn

Check MCP card for birth dose of vaccines (given or not)

Check the newborn for:

- cracks or redness on skin folds or pustules
- oozing umbilicus; eye discharge
- yellowness in eyes or skin
- signs of sepsis

Refer newborn if

- Signs of sepsis are present. Give referral dose of oral syrup amoxicillin.
- Yellowness noticed on Day 1 or after Day 14.

- If weight not increasing, check for adequacy of feeding.
- If baby weighs <2.5 kg & temperature < 97 degree F, counsel about keeping baby warm (maintain room temperature, provide skin to skin contact and frequently feeding the baby).
- If <1.8 kg; advise regarding KMC, feeding expressed breast milk and refer.
- Inform parents the due date for first dose of vaccines.
- Provide care for skin, cord and eyes.

Explain danger signs and how to keep the baby warm



Counsel the family about danger signs in the baby .

- Not able to feed
- Weak cry or limp
- Breathing is fast or difficult
- Feels hot or cold to touch
- Yellowness of palms and soles

Inform parents that under Janani Shishu Suraksha Karyakaram free treatment and transport is provided.

How to keep the baby warm at home

If the baby is small then provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.

When Skin to Skin contact not possible:

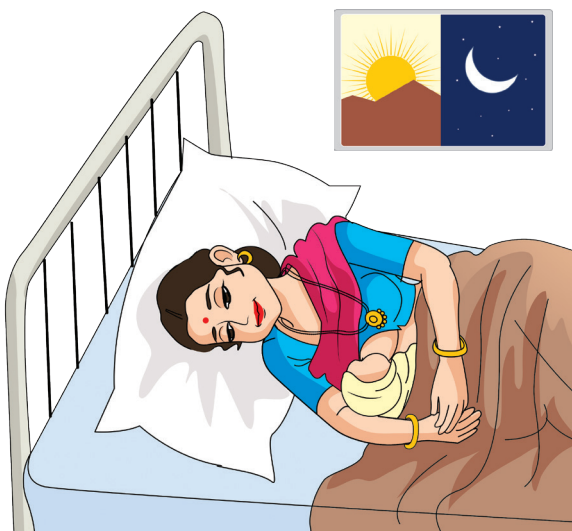
- Mother lies together with the baby on a soft, thick bedding
- Cover the baby and mother using additional quilt, blanket or shawl in cold weather
- Keep the room warm with a home heating device
- Clothe the baby in 1-2 layers (summer) and in 3-4 layers (winter)
- Cover the head, hands and feet with cap, gloves and socks respectively





Ensure compliance with exclusive breastfeeding

- Ask the mother: Do you breastfed the child? How many times? Do you give any other food or fluids?
- Exclusive breastfeeding means giving baby only breast milk, and no other liquids or solids, not even water upto 6 months of life. Medicine drops or syrup can be given, when prescribed by a service provider.
- Explain that all mothers produce enough breast milk for one or even two children up to 6 months of age. Build her confidence and support her to breastfeed.
- If mothers wants to resume work, counsel her to feed the child before going and after coming back. She can express breastmilk, which can be given to the child for the day.



Frequent breastfeeding will help the mother produce more milk.

Emphasize on demand breastfeeding both day & night. At least 8 times per day.

- During every visit in newborn period and 3rd month visit, emphasize the importance of exclusive breastfeeding.
- In visits from 6th month onwards, counsel mother to continue breastfeeding along with complementary food.



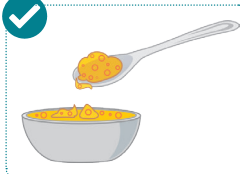


Start complementary feeding after 6 months

At 6th month visit, advise mother about starting complementary foods in addition to breastfeeding.

- ⦿ These are food items given to the young child after the age of 6 months when the breastmilk alone is not sufficient to meet all the nutritional needs of the child.
- ⦿ **Quantity** increases with the age of the child and at about one-year of age the child gets half the mother's nutrition.
- ⦿ Make child's food energy-dense by adding a spoon of some edible oils or fats/ghee/butter; sugar/jaggery (gur) to each feed.
- ⦿ **Variety**: add fruits and vegetables. The rule is that the greener it is, or the more red and yellow is the feed, the more is the protective quality.
- ⦿ Give food items that are locally available, fresh and seasonal.
- ⦿ **Frequency** increases with the age of the child and number of feeds will increase gradually with increase in age of the child.
- ⦿ Store food **safely** by keeping it in covered utensils.
- ⦿ Remember that **consistency** of the food depends on age of the child and readiness to chew and swallow. Initially include soft and mashed foods. Move gradually to foods with appropriate thick consistency so that it is energy rich.

Thick food stays on the spoon. Thin food fills the stomach but does not provide sufficient energy.





Iron and Vitamin C rich complementary foods prevent anaemia

Ask parents if they have heard of anaemia (khoon ki kami)?

Explain that anaemia means low hemoglobin in the blood, which results from iron deficiency.

Iron helps in physical and mental development of the child. It improves well-being, makes the child more energetic, alert and attentive. It improves school performance.







Advise parents to introduce iron-rich & Vitamin C rich complementary foods after age of 6 months. Talk about food items that are available locally and seasonally.

- Iron rich food items are dark green leafy vegetables (sarson saag, turnip leaves, methi, bathua, pudina, chaulai, dhania, palak), sprouted pulses, cereals, jaggery, fresh peas, fresh beans, watermelon, raisins, animal foods (e.g. meat, fish, chicken, egg).
- Vitamin C rich food like tomatoes, citrus fruits like orange, lemon, amla, guava, melon, cabbage, cauliflower, etc. enhance absorption of iron.





Give age appropriate complementary food

| Age | Type of food | How often | How much |
|---|---|--|---|
| Initiating complementary feeding after 6 months | Start with soft porridge, well mashed food including fruits, vegetables, dal & cereals | Start with 2–3 times /day | Start with 2–3 table spoons at each meal (1 table spoon is 15 ml)  |
| During 7–9 months | Include at least 4 food groups: (1) cereals; (2) green vegetables & fruits; (3) oil, ghee; (4) dal/meat/fish egg (hard boiled) | Increase to 3–4 times. Along with it give 1–2 snacks | Gradually increase amount to half katori  |
| During 10–12 months | Give finely chopped foods that baby can pick up with thumb & fingers. Introduce family foods & food that requires chewing | Give 3–4 times/ day along with 1–2 snacks | Increase amount to three-fourths to one katori (1 katori= 200 ml)  |
| During 13–15 months | Give family food (with less spices, & adding extra oil/ ghee) | Give 3–4 times/ day along with 1–2 snacks | Give 1 full katori at each meal  |

- Continue breastfeeding till the age of two years.
- Introduce one food at a time.
- Increase amount of feeds gradually.
- Feed the child from a separate plate.
- Snacks are ready-to-eat foods & are given in between meals. They must NOT replace the meals.





How to feed your baby

- Wash your hands with soap and water before preparing food and feeding the child and also wash child's hand.
- Use clean water and wash raw material before cooking.
- Use clean plate and bowl for offering food.
- Serve food fresh/shortly after preparation.
- Feed yourself and be patient in feeding the child.
- Do not force the child to eat.
- Show interest, smile or play games to encourage children to eat enough food and try new food items.



**Children of both gender needs equal
attention of the mother.**





Provide IFA supplementation to the child

- ⦿ At 6th month visit, provide a bottle of IFA syrup to mother.
- ⦿ Teach parents how to administer 1 ml of iron syrup through auto-dispenser fitted on to the bottle.
- ⦿ Note the date of giving IFA bottle in the MCP card.

Advise parents to

- ⦿ Give iron syrup twice a week on fixed days. Ask the mother to pour the dose entirely into the child's mouth and watch the child swallow the entire dose.
- ⦿ Mark a tick (✓) in the MCP card after giving a dose.
- ⦿ Give iron syrup half to one hour after feeding.
- ⦿ Not to give iron syrup with milk.
- ⦿ Not to worry if child has black stools. This is expected when child takes iron syrup.
- ⦿ Bring the child to the ANM if there is any problem after giving the iron syrup.

At subsequent visits, check if mother is giving iron syrup bi-weekly by checking the tick marks in MCP card.

Inform parents that

- ⦿ You will provide a new bottle every six months.
- ⦿ IFA bottle should be kept out of reach of children.
- ⦿ Deworming tablets shall be administered twice a year.





Continue feeding the child during an illness and give extra feeds

Ask if child's feeding has changed during the illness?
If yes, how?

Advise parents to continue feeding the sick child and give more food during recovery period.

This helps to make up for the weight loss and prevent malnutrition and further episodes of illnesses.



- If the child is on breastfed, exclusively breastfeed the child more number of times and for longer durations.
- During sickness, give small frequent meals and more fluids, including breastmilk.
- Encourage the sick child to eat and drink by offering the foods that the child likes.
- After recovery from illness, give the child more food and more times than usual, at least for a period of two weeks.





Play and communicate with the child

Ask the parents/ mother

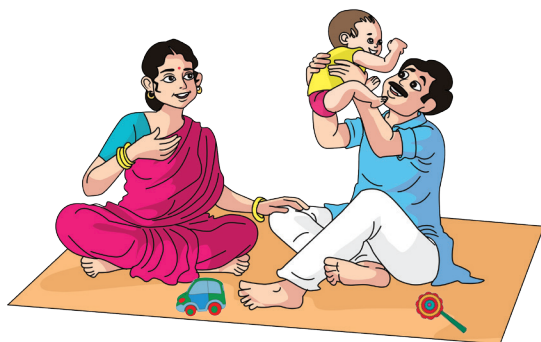
- How do you play with the child?
- How do you talk with your child?
- How do you get your child to smile?

Observe the mother and father/family members playing with the child and note if the baby responds appropriately.

Give parenting tips as described in MCP card.
During each home visit, explain how the mother/family members can play and communicate with the child appropriately for the age.

Explain

- Babies can see, hear and feel right after birth. Their brain develops most rapidly in first 2 years.
- Parents should play and communicate with the child right from birth.
- While breast feeding the baby, mother should hold the baby close, look at the baby, smile, sing, touch and stimulate (stroke baby's head or back lightly).
- As the child grows older, play and communication activities are combined with other activities such as feeding, bathing etc.



Malnourished children
may not be very active
but they benefit from
stimulation through play
& other activities.





Age appropriate play and communication with the child

| Age | Key messages |
|--|---|
| 1 st week | Hold the baby and stroke gently to soothe. Baby can see your face and hear your voice. Look at the eyes and talk softly. Let baby move arms and legs. |
| Beyond 1 st week – 6 months | Provide ways for your child to see, hear, move arms and legs freely and touch you. Gently stroke and hold your child close. Clean, safe and coloured things from the household, such as a metal cup or a plastic bowl, can be given to your child to reach for and touch. |
| 6–9 months | Making noises by hitting or banging with a cup and other objects letting the child pass things from hand to hand to other family members, dropping them to see where they fall, what sounds they make, or if someone will pick them up. Call the baby by name and watch them turn toward you. Copy the sounds. |
| 9–12 months | Play peek a boo with the baby. Make them pick things up with thumb and fingers. Hide something and let them look for it. Wave bye-bye. |
| 12 months and beyond | Show them new things and talk about them. Ask where the nose is. Child can point to it now. Listen patiently as your child can tell you what they need. |

Help your baby learn new skills by trying them out

Baby's brain grows when the baby is allowed to see, touch things and move



Ensure that child has received all immunization as per schedule

- ☑ Check the MCP card for immunization status.
- ☑ Inform the parents about the due date for next vaccination.
- ☑ For a missing or delayed vaccine, discuss when & where the family can take the child for next vaccination.
- ☑ Allay the anxiety of the parents regarding vaccinations.

Inform them that:

- ⦿ Minor illness in a child is not a contraindication for vaccination.
The child may still be vaccinated even if he or she has:
 - » Low-grade fever (less than 100 degrees)
 - » Cold, runny nose or cough
 - » Ear infection
 - » Mild diarrhoea
- ⦿ Child may cry a little after vaccination but usually settles down soon with a feed or some comfort provided by the family member.
- ⦿ Common side-effects such as slight fever, pain, swelling or redness at the site of the injection, and irritability are normal and usually resolve without any serious consequences.
- ⦿ Extra fluids, rest and paracetamol helps the child recover soon from the effects of immunization.
- ⦿ However, if other reactions or changes in the child's body are observed, bring the child immediately to the ANM/nearest health facility.

From 9th month visit, check if
Vitamin A doses have been given.





Immunization essentials

| VACCINATION NAME | BIRTH | 1 1/2 months | 2 1/2 months | 3 1/2 months | 9 months | 1 1/2 years |
|--|-------|--------------|--------------|--------------|----------|-------------|
| BCG prevents tuberculosis | ✓ | | | | | |
| Hepatitis B prevents liver disease | ✓ | | | | | |
| OPV prevents polio | ✓ | ✓ | ✓ | ✓ | | ✓ |
| IPV prevents polio | | ✓ | | ✓ | | |
| Penta prevents whooping cough, diphtheria, tetanus, Hep B and Hib infections | | ✓ | ✓ | ✓ | | |
| PCV prevents pneumonia | | ✓ | | ✓ | ✓ | |
| Rota prevents diarrhoea | | ✓ | ✓ | ✓ | | |
| MR prevents measles, rubella | | | | | ✓ | ✓ |
| Japanese encephalitis prevents brain fever | | | | | ✓ | ✓ |
| DPT prevents whooping cough, diphtheria and tetanus | | | | | | ✓ |



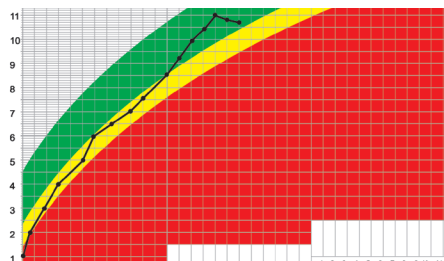


Ensure growth monitoring

- Ask the mother /family member to bring the MCP card.
- Check the weight recording in the growth chart.
- Discuss the progress in the growth of the child during each visit by referring to the gender specific growth chart.

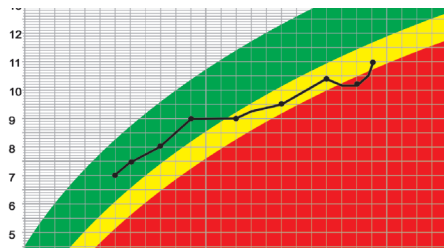
The curve is moving upwards.

It means that child is gaining weight.
Praise & reinforce the good practices
of the mother/caregiver.



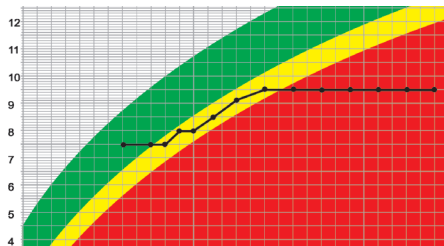
The curve is flat, but has not gone
down to another colour band.

It means child is not gaining weight.
Identify feeding problems if any,
and give appropriate feeding advice.
Check for any episode of illness.
Take corrective action. Follow up for
compliance.



The curve is moving down, into
another colour band.

It means that child is losing weight.
Refer the child to ANM/AWC/PHC
for further assessment.



Explain the importance of regular weighing. Ensure registration of all children at the nearest AWC. Ensure that every mother takes the child to AWC every month for weighing specially a sick/malnourished child.





Advise the family on the importance of handwashing

Demonstrate the steps of hand-washing to the mother/family members.



All family members, including children should wash hands with soap and clean water.

It is most important to wash hands:

- Before eating food or feeding children
- After using the toilet
- After cleaning children — child has passed urine or stool
- After quick and safe disposal of child's faeces



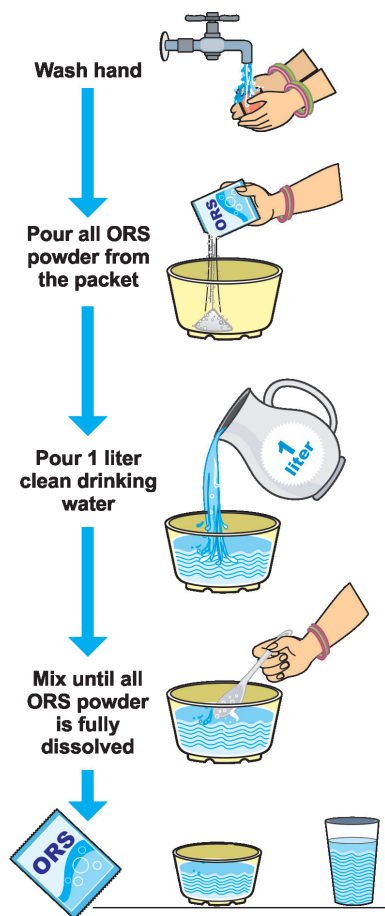
Hands should also be washed:

- When they get soiled/dirty
- Before preparing and serving food
- After eating food
- Before attending to a child or sick person
- After coughing or sneezing, wiping or blowing nose or being in contact with someone who is ill
- After contact with animals, animal feed and animal waste
- After outdoor activities
- After touching garbage/waste or after cleaning



Teach preparation of ORS & provide a packet to the mother

Teach parents to prepare ORS.



Explain that when child has diarrhoea

- Prepare ORS in 1 liter of clean drinking water.
- Give one sip of ORS and repeat every 1–2 minutes.
- If the child vomits the ORS then wait for 10 minutes. Restart ORS but give more slowly than before.
- Give breastmilk to breastfed babies in between ORS.
- Throw away any ORS which is left over after 24 hours.

Amount of ORS to be given after each loose stool

Upto 2 months



5 tea spoons after each loose stool

2 months upto 2 years



1/4–1/2 glass after each stool

2 years and more



1/2–1 cup after each stool

Give more if the child wants.



Tell parents what to do when child has diarrhoea

Ask if child had an episode of diarrhoea in the last two weeks.

What did the parents do?

Counsel the parents on appropriate management of diarrhoea.

When child has loose stools, give extra fluids to drink in order to make up for the fluids lost from the body.

- If the child is breastfed, breastfeed more frequently.
- Give home available fluids, e.g. soups, coconut water, rice water, etc. to older children.
- Continue complementary feeding.

Explain how to give ORS and Zinc tablets.



Inform them to bring the child to the ANM/PHC if he becomes sicker.

- Is not able to drink or breast feed or feeds poorly
- Has blood in stool
- Develops fever
- If the child is restless or irritable
- Has sunken eyes
- Skin on pinching goes back very slowly





Tell the parents what to do when child has cough and cold

During your visit, you may come across children with cough and cold and/or difficulty in breathing. These children may have Acute Respiratory Infection (ARI).

If the child has cough & cold, advise parents to:

- Give safe homemade remedies to comfort children like honey and ginger, tea with lemon, hot soups, turmeric drink, tulsi and ginger drink, etc.
- Breast milk is the best soothing remedy for a breastfed child.
- Avoid medicines for cough & cold. This makes the child sleepy and s/he may not breastfeed/eat properly.

Some of these children may have pneumonia

Identification of pneumonia



Coughing gets worse



Fast breathing



Chest indrawing



Fever

Refer these children after giving the first dose of Cotrimoxazole to ANM or the nearest health center for further management.





Inform parents about danger signs in sick children that require hospitalization

The child should be immediately taken to the health centre if the child:

- Is not able to drink or breastfeed
- Vomits everything or
- Has convulsions/fits or
- Is lethargic (less movements, difficult to wake/very sleepy) or unconscious
- Has high fever
- Has blood in stools
- Has fast and difficult breathing





Counsel parents on child safety measures

At visits starting from 3rd month, discuss with parents how to protect children from injuries & accidents.



Advise parents to:

- Keep dangerous substances like medicines, poisons, insecticides, bleach, acids and liquid fertilizers and fuels (kerosene) out of children's reach. Store carefully in clearly marked containers.
- Keep children away from fires, cooking stoves, hot liquids and foods, and exposed electric wires to prevent burn injury.
- Never leave young children alone in or near water as they can drown in a very small amount of water, even in a tub/bucket.
- Do not let young children play on or near the road; always have someone older supervise them.
- Secure stairs, roofs and windows using barriers in order to protect children from falling.
- Keep sharp objects like knives, scissors, out of reach of children.
- Keep small objects, such as coins, nuts and buttons out of reach as young children like to put them in their mouth. This can lead to choking.

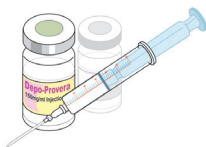




Give family planning advice

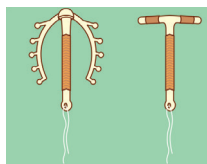
Ask whether couple has adopted any contraceptive method. If not, discuss contraceptive options available, preferably with both husband and wife.

Injectable MPA (Antara Programme)



- Three monthly injection
- Examination by a doctor before initiating is a must
- Reversible; return to fertility takes 7–10 months
- Does not affect quality/quantity of milk; safe for breast feeding mothers
- Can be started as early as 6 weeks post-delivery/immediately after abortion

IUCD



- Long acting reversible method (Immediate return of fertility on removal)
- Effectiveness: IUCD 380A for 10 years; IUCD 375 for 5 years
- Can be adopted as Interval IUCD/PPIUCD/PAIUCD

Condoms



- Provides protection against HIV/AIDS in addition to contraception
- Involves active male participation
- Safe and with no side effects
- Fresh condom to be used by a man during each intercourse





Combined Oral Pills



- A safe hormonal pill which needs to be taken daily
- Examination by doctor/ANM is a must before initiating
- Breastfeeding women should not take this for six months after delivery

Centchroman (Chhaya)



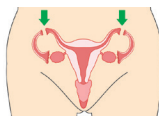
- Does not contain any hormone.
- Examination by a doctor before initiating is a must
- Safe for breastfeeding women,
- can be adopted earlier than 4 weeks of delivery

Progestin only pill



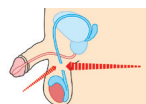
- One pill has to be taken daily at the same time without any break
- Safe for breast feeding women as it doesn't affect quality/quantity of milk

Female Sterilization



- Permanent Method and it is difficult to reverse.
- Can be adopted within 7 days after delivery/abortion or after 6 weeks
- May be adopted once the family size is complete

Male Sterilization



- Permanent Method and it is difficult to reverse
- No cut, no stitches, no weakness
- Can be adopted anytime
- May be adopted once the family size is complete

Women should preferably conceive only after attaining 20 years of age.

3 years spacing between two pregnancies ensures a healthy mother and a healthy child.

All contraceptive are available free of cost in public health facilities.





Check if parents have understood the key messages

Towards the end of the visit:

- ✓ Ask them to register at the nearest AWC if they have not already done so.
- ✓ Answer queries of the family members or parents if they have any.
- ✓ Fill information in all the relevant forms (home visit forms, MCP card).
- ✓ Return the MCP card and ask parents to store it safely, preferably in a plastic cover.
- ✓ Ask relevant questions to check if parents have understood the key messages.
- ✓ Inform them about the date of your next visit.
- ✓ Thank the parents at the end of the visit.



SUMMARY OF KEY TASKS DURING HBYC





TASKS TO BE COMPLETED DURING HOME VISITS TO YOUNG CHILD (1)

Greet the mother & family members.

If the child is well, continue with the tasks below.

Ask if child is doing well.

If mother says the child is/has been unwell, verify whether child is sick.

Decide accordingly if referral or home care is required.

Assess for the presence of general danger signs.

Give support for exclusive breastfeeding.

Ask the mother about the feeding; the frequency and exclusivity of breastfeeding.

At 3rd month visit:

If mother is exclusively breastfeeding, praise her efforts and motivate her to continue till the age of 6 months.

If she is not, assess the problems she is facing in practicing exclusive breastfeeding. Advise accordingly.

Check weight recording in MCP card; look for growth faltering.

Check the growth chart in the MCP card. Note if the weight has been recorded.

Explain the growth curve and colour zones to the mother.

If child is growing well (upward curve), praise the mother.

If child shows growth faltering (flat/downward curve) assess the reasons (any recent episode of illness, feeding problem). Counsel mother about changes required in feeding practices. Follow up to check if she is following your advice.

If curve crosses colour zone, refer to ANM/PHC/AWC. If weight is not recorded, ask mother to visit the AWC or accompany her.





TASKS TO BE COMPLETED DURING HOME VISITS TO YOUNG CHILD (2)

Check immunization status.

Check the MCP card for immunization status.

If incomplete, ask if there is any specific reason that the vaccination was missed.

If all vaccines received, praise the mother. Inform her the due date for the next vaccination.

If incomplete, inform the mother when & where to get the vaccinations.

Remember to follow up with the mother on the day of the VHND/immunization session.

Try to address any specific concerns of the mother/family members for not immunizing the child. Where required, ask support from ANM.

Counsel regarding appropriate play and communication.

Check for key milestones & mark on the card.

Give mother parenting tips as described in MCP card.

Encourage mother/family to provide extra care- play and communicate with the low birth weight baby through touch and movement.

Inform parents of all children when to visit the AWC (if visit of RBSK team is planned in near future).

Counsel on hand washing practices.

Demonstrate the steps of hand-washing using soap and water.

Remind them that it is most critical to wash hands:

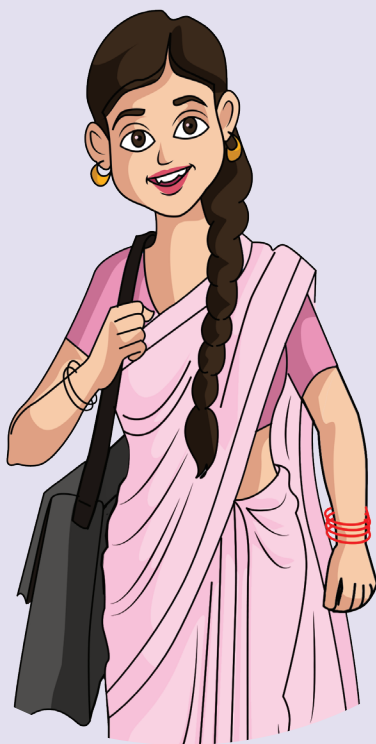
- ⦿ Before eating food or feeding children.
- ⦿ After using the toilet.
- ⦿ After cleaning children — child has passed urine or stool.
- ⦿ After quick and safe disposal of child's faeces.





TASKS TO BE COMPLETED DURING HOME VISITS TO YOUNG CHILD (3)

| | |
|--|---|
| Counsel on initiation of complementary feeding & continued breastfeeding. | <p>At 6th month visit:</p> <p>Discuss about initiation of complementary feeding after 6 months of age.</p> <p>At subsequent visits (9th, 12th, 15th month):</p> <p>Ask about the quantity, quality, frequency and variety of foods being given.</p> <p>Counsel regarding age appropriate diet using MCP card.</p> <p>Advise mother to continue breastfeeding along with complementary feeding, till the age of two years.</p> |
| Provide bottle of IFA syrup and counsel for their appropriate usage. <i>Provide the bottle and explain that this shall last about 6 months.</i> <i>Teach how to administer syrup through autodispenser.</i> | <p>At the 6th month visit, explain mother:</p> <ul style="list-style-type: none">● Give 1 ml of syrup twice a week (specify the days of the week).● Always give this syrup after consumption of food.● In case of any problem noticed after giving the syrup, contact ANM immediately. <p>At subsequent visits (9th, 12th, 15th month):</p> <p>Check the IFA syrup bottle & MCP card for tick marks to monitor consumption.</p> <p>Replace if the syrup exhausted or bottle lost.</p> |
| Provide prophylactic ORS and counselling for its appropriate usage. | <ul style="list-style-type: none">● Provide mother with ORS packet.● Demonstrate how to make ORS with one litre of water and● Explain when and how to administer. |
| Ask if the parents have adopted a family planning method. | <ul style="list-style-type: none">● If not adopted inform them about available methods.● If already adopted any method of family planning, appreciate and counsel regarding continuing same. |



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Child Health Division, Ministry of Health and Family Welfare, Government of India

