NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते

POSHAN Abhiyaan
PM's Overarching Scheme for Holistic Nourishment
सही पोषण - देश रोशन

# Home Based Care for Young Child (HBYC)

## Strengthening of Health & Nutrition through Home Visits

## OPERATIONAL GUIDELINES

April 2018

A Joint Initiative of Ministry of Health and Family Welfare &
Ministry of Women and Child Development

# HOME BASED CARE FOR YOUNG CHILD (HBYC)

## STRENGTHENING OF HEALTH & NUTRITION THROUGH HOME VISITS

# OPERATIONAL GUIDELINES

जगत प्रकाश नड्डा
Jagat Prakash Nadda

सत्यमेव जयते

स्वास्थ्य एवं परिवार कल्याण मंत्री
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Minister of Health & Family Welfare
Government of India

# MESSAGE

Nutrition is central to the achievement of National and Global Sustainable Development Goals. The rationale for investing in Nutrition is well recognized and crucial for upholding basic human rights of the most vulnerable section especially children. Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development with high economic returns.

Children in India continue to suffer from under-nourishment despite positive changes the country has witnessed over the years. The window of opportunity to address this problem is only till the first two years of life. Improving the health of mother and children continues to be the top priority. Taking cognizance of the importance of nutrition in child survival and development, Government of India has recently launched several initiatives such as the *POSHAN Abhiyaan, Pradhan Mantri Surakshit Matritva Abhiyan and Swachh Bharat Mission.*

To go a step further to address undernutrition, a novel initiative in the form of operational guidelines for Home Based Care for Young Child (HBYC) has been launched. The objective of Home Based Care for Young Child (HBYC) is to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young children through additional home visits by our community health worker, the ASHA and Anganwadi worker. This is the first kind of initiative in world where the community health workers will be providing preventive services at the doorstep of the beneficiary starting at the age of 3 months till the 2nd year of life

I urge all the states to come together to implement Home Based Care of the Young Child (HBYC) and ensure that all our young children are provided effective home based care.

Let us all come together to realize the mission of our Hon'ble Prime Minister of India to eradicate the problem of undernutrition by 2022.

(Jagat Prakash Nadda)

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# FOREWORD

Investing in the early years of life is one of the most effective investments that we can make to create the human capital that contributes towards economic growth. Undernutrition in young children continues to be a major public health problem in India. Although the level of malnutrition has slightly decreased as per the NFHS 4 survey, but the decline is not sufficient to eradicate the menace of malnutrition in a time bound manner. Malnutrition is a multifaceted problem and the key reasons for malnutrition setting in early life are sub optimal infant & young child feeding practices & child care, childhood illnesses, poor vaccination coverage, low birth weight, and lack of awareness.

Government of India has accorded high priority to the issue of nutrition especially among the women and children. The interventions to bring about improvement in the nutritional status and survival of children are delivered by two key frontline workers of the Ministry of Women and Child Development and Ministry of Health & Family Welfare that is Anganwadi worker and ASHA.

To address the very important issues of child nutrition and early child development it has been decided to implement the Home Based Care of Young Child (HBYC) for children in the age group of 3-15 months. HBYC shall ensure the continuum of care from the time of birth and help us meet the objective for adequate complementary feeding, growth monitoring, vaccinations and sickness related counselling in early childhood.

This Operational Guideline has been developed to facilitate the implementation of Home Based Care of Young Child in states and districts. We hope that the States will take this up on a priority basis so as to strengthen the efforts of Government of India in tackling the burden of child malnutrition and related child mortality in the country.

Rakesh Srivastava
Secretary (MWCD)

Preeti Sudan
Secretary (MOHFW)

# MESSAGE FROM MISSION DIRECTOR

The most critical elements of child, adolescent and adult health, wellbeing and productivity take shape during the early years and in particular the first 1000 days. Preventive and promotive interventions in the early years achieve more and cost less than remedial interventions at later ages.

National Health Policy (NHP) 2017, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services, envisages the attainment of the highest possible level of health and wellbeing for all at all ages.

Nutrition being central to the achievement of other National and Global Sustainable Development Goals and thus it is critical to prevent undernutrition as early as possible to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival and undermining gender equality. Numerous gaps and barriers are still observed in the delivery and practice of Infant and Young child feeding (IYCF) recommendations.

Ensuring nurturing care is a multi-sectoral issue and requires co-ordinated action across sectors as the risk factors are spread across sectors. Ministry of Women and Child Development and Ministry of Health and Family Welfare have joined hands in taking forward the home visits conducted by ASHA in imparting the key messages regarding nutrition, play and communication placing families at the centre of nurturing care for young children during the critical first two years of life. It is envisaged that ASHA, Anganwadi worker under the close supervision of ANM will work as a team in true spirit.

I earnestly hope that this operational guideline on Home based care of young child ably prepared by Child health Division along with the experts will go a long way in guiding both programme managers and service providers in taking the agenda forward.

Shri Manoj Jhalani
ASMD NHM

# PREFACE

During the last decade, the country has made commendable achievements in reducing the mortality rates of mothers and children. India's under-five mortality rate showed a huge decline of 69% during the period 1990-2016. As per the NFHS-4 survey level of malnutrition has slightly decreased but the decline is not sufficient to eradicate the menace of malnutrition in a time bound manner.

Under-nutrition in young children continues to be a major public health problem in India. It restricts survival, growth and development of children and also contributes to morbidity and mortality in vulnerable population. Status of nutrition also has a close linkage with optimum WASH practices at individual and community level. An increasingly global digital world places even greater premiums on the capacities that originate in early childhood, such as the ability to reason, learn, communicate and collaborate.

Success of Home Based Newborn Care Programme has proved that home visits can support parents and caregivers to provide nurturing care for newborn. It paves way for extending this platform for delivering services from multiple sectors play across to protect, promote and support early childhood development and create an enabling environment.

In this regard, it has been decided to expand the home visits by ASHA, ANM and AWW into second year of life. This will also serve as a link to Swachh Bharat Mission by improving the hand washing practices in the community and increasing awareness about hygiene.

I sincerely hope that the operational guideline of Home Based Care for young children (HBYC) will enable the states to implement and ensure that all young children are provided home based care through a series of visits by the ASHA, ANM and AWW and ensuring that they have the skills and support to do so.

Ms. Vandana Gurnani
JS RCH

# ACKNOWLEDGEMENT

India witnessed a higher decline in maternal and child mortality compared to global averages since the inception of National Health Mission (NHM). With the NHP 2017 in place, there is an unprecedented opportunity to build upon the gains made in the last ten years and achieve Sustainable Development Goals.

Malnutrition continues to be the underlying cause of death in 35% among children under the age of five years. The interaction between undernutrition and infection can create a vicious cycle of worsening illness and deteriorating nutritional status. Interventions promoting infant and young child feeding are known to improve child survival, growth and intellectual development. Numerous gaps and barriers are observed in the delivery and practice of IYCF recommendations. Research points to the benefits of integrated delivery platforms, notably combining nutrition interventions with support for parents in promoting play-based learning.

To fill the design gap in the present health and nutrition programmes for children, the Government of India is now implementing Home based care for Young Children (HBYC) through a series of structured home visits schedule by ASHAs to all children attaining the age of 3 months onwards with an objective to ensure counselling for complementary feeding, growth monitoring, vaccination, WASH practices and sickness related counselling.

The guidelines have been developed under the able leadership of Dr . Vinod Paul, Member Niti Aayog and supported by Ms. Vandana Gurnani, RCH and Dr. Rajesh Kumar Joint Secretary, MWCD. I place on record special acknowledgement of the efforts of JHPIEGO-NIPI team especially Dr. Harish Kumar for developing the Operational Guidelines on Home based Care for Young Children (HBYC).

I sincerely thank my colleagues Dr. PK Prabhakar and Dr. Sila Deb, Deputy Commissioners, Child Health Division, child health consultants- Dr. Nimisha, Dr. Vishal and technical experts from NHSRC, WHO & UNICEF, academicians, and non-governmental organizations for their valuable and constructive suggestions for the preparation of this document.

I earnestly hope that this document will guide the service providers, managers and other stakeholders working at all levels of the health system in bringing a focus on childhood nutrition and ECD and provide a strong nurturing environment for all children of our country.

Dr. Ajay Khera
Deputy Commissioner

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# LIST OF ABBREVIATIONS

| | |
|---|---|
| **ANC** | Ante Natal Care |
| **ANM** | Auxiliary Nurse Midwives |
| **ASHA** | Accredited Social Health Activist |
| **AWC** | Anganwadi Centre |
| **AWW** | Anganwadi Worker |
| **BCG** | Bacille Calmette Guerin |
| **CMHO** | Chief Medical Health Officer |
| **DPT** | Diphtheria, Pertussis and Tetanus |
| **ECD** | Early Child Development |
| **EFT** | Electronic Fund Transfer |
| **HBYC** | Home Based Care for Young Child |
| **HBNC** | Home Based Newborn Care |
| **IFA** | Iron Folic Acid |
| **IMR** | Infant Mortality Rate |
| **IYCF** | Infant and Young Child Feeding |
| **LBW** | Low Birth Weight |
| **MCP** | Mother and Child Protection |
| **MCTS** | Mother and Child Tracking System |
| **MDG** | Millennium Development Goal |
| **MOIC** | Medical Officer in-charge |
| **MoHFW** | Ministry of Health and Family Welfare |
| **NFHS** | National Family Health Survey |
| **NGO** | Non-Government Organization |
| **NHM** | National Health Mission |
| **NHP** | National Health Policy |
| **NRC** | Nutrition Rehabilitation Centre |
| **NRHM** | National Rural Health Mission |
| **OPD** | Out Patient |
| **ORS** | Oral Rehydration Solution |
| **PCTS** | Parent and Child Tracking System |
| **PHC** | Primary Health Center |
| **PIP** | Programme Implementation Plan |
| **SBCC** | Social Behavior Change Communication |
| **SBM** | Swachh Bharat Mission |
| **SNCU** | Special Newborn Care Unit |
| **SRS** | Sample Registration System |
| **VHND** | Village Health Nutrition Day |
| **VHSNC** | Village Health Sanitation and Nutrition Committee |
| **WASH** | Water Sanitation and Hygiene |

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# SECTION 1
# INTRODUCTION & RATIONALE

Improving the health of mother and children continues to be a priority under National Health Mission (NHM) as is reflected in National Health Policy 2017. Taking congnizance of the importance of nutrition in child survival and development, Government of India has recently launched POSHAN Abhiyaan which has set the targets to prevent and reduce stunting & undernutrition amongst children in the age group of 0-6 years by 2% per year and reduce the prevalence of anemia among young Children (6-59 months) by 3% per year. Child nutrition also has close linkage with optimum WASH practices at individual and community level. To accelerate the efforts towards achieving universal sanitation coverage and optimum WASH practices at community level, the Hon'ble Prime Minister of India launched the Swachh Bharat Mission(SBM) in 2014.

Significant decline in child mortality has been registered in last decade and under five mortality in India currently stands at 39 per 1000 live births (SRS 2016). One third of under five child deaths are due to preventable causes such as diarrhoea, pneumonia and measles. Nearly 35% of child mortality is attributable to undernutrition. It also poses irreversible hindrance to children's cognitive development and physical growth while increasing their susceptibility to childhood infections. All these factors culminate in diminished learning capacity and poorer school performance among children, finally affecting adult productivity and thus resulting in economic loss to the country. As per Global Nutrition Report 2017, Investing in this area offers a $16 return for every $1 invested. Thus there is a need for focussed attention on the strategic interventions for achiveing National Health Policy Goals, Sustainable Development Goals and also to achieve the target of POSHAN Abhiyaan.

A close look at the determinants of undernutrition reflects that suboptimal Infant & Young Child Feeding (IYCF) practices at community level is one important determinant of undernutrition in children. Latest national survey (NFHS- 4) reports early initiation of breastfeeding among children under 3 years of age is 41.6% although insititutional delivery stands at around 80%. Status of children age 6-8 months receiving solid or semi-solid food and breastmilk dropped from 52.6% (NFHS-3) to 42.7% (NFHS-4) (Table- 1).

**Table-1: Changes in child health and nutrition indicators over last decade.**

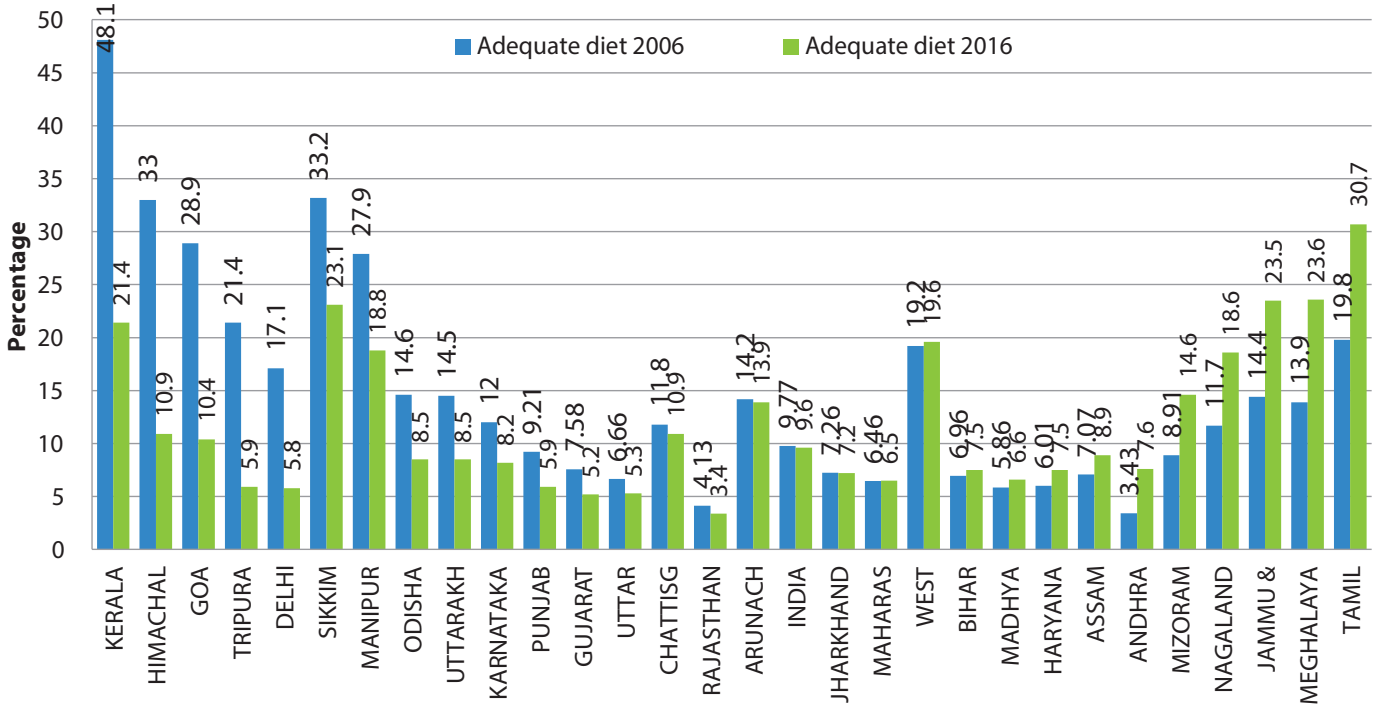
| Indicators | NFHS III (2005-06) | NFHS IV (2015-16) |
|---|---|---|
| Children 12-23 months fully immunized (%) | 43.5 | 62.0 |
| Children with ARI/fever sought treatment/advise in last 2weeks (%) | 64.2 | 73.2 |
| Children with diarrhea received ORS in last 2 weeks (%) | 26.2 | 50.6 |
| Children under 3 years breastfed within one hour of birth (%) | 23.4 | 41.6 |
| Children under age 6 months exclusively breastfed (%) | 46.4 | 54.9 |
| Breastfeeding children age 6-23 months receiving an adequate diet (%) | -- | 9.6 |
| Children age 6-8 months receiving solid or semi-solid food and breast milk (%) | 52.6 | 42.7 |
| Children under 5 years who are underweight (weight-for-age) (%) | 43.0 | 35.7 |
| Children age 6-35 months who are anaemic (%) | 79.2 | 58.4 |
| Institutional births (%) | 38.7 | 78.9 |

### State Variation in Children Receiving Adequate Diet

The proportion of children age 6–23 months who received adequate diet in 2016 was very low, ranging from 0 to 31 percent. **Nationally, percentage of children receiving adequate diet continues to be less than 10%,** although some states have shown improvement (Figure 1). Only in Tamil Nadu and Puducherry did more than 30 percent of children receive an adequate diet. **Adequate diet in a child 6-24 months is defined as a child fed either breastmilk/source of dairy; and age-appropriate number of food groups and age-appropriate number of meals per day.**

Numerous gaps and barriers observed in practice of IYCF include poor awareness on feeding practices and inadequate knowledge on timing and quality of complementary feeding.

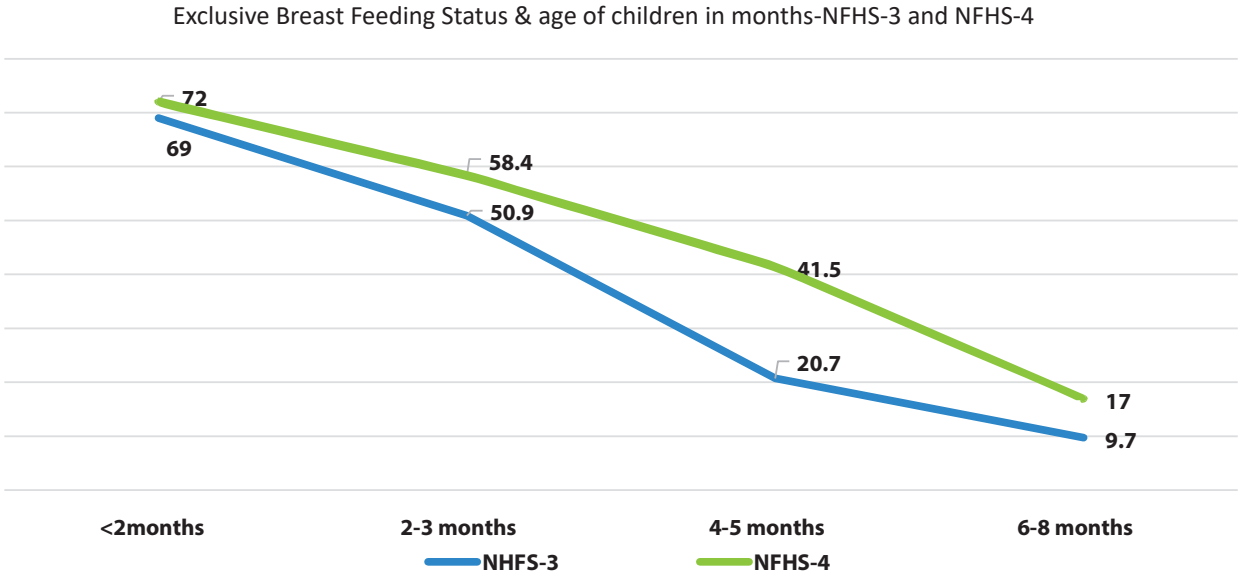
**Figure 1: State variation in children receiving adequate diet**




### Exclusive Breastfeeding Faltering from 2-3 Months of Age.

The median duration of exclusive breastfeeding is shown to be 3 months for boys and 2.8 months for girls. Lack of breastfeeding or faltering in exclusive breastfeeding from age of 3 months onwards plays as one important risk factor of the diarrhoea and pneumonia related morbidity and mortality during this first two years of life (Figure 2).

**Figure 2: Status of exclusive breastfeeding by age of young children, NFHS4: 2015-16**

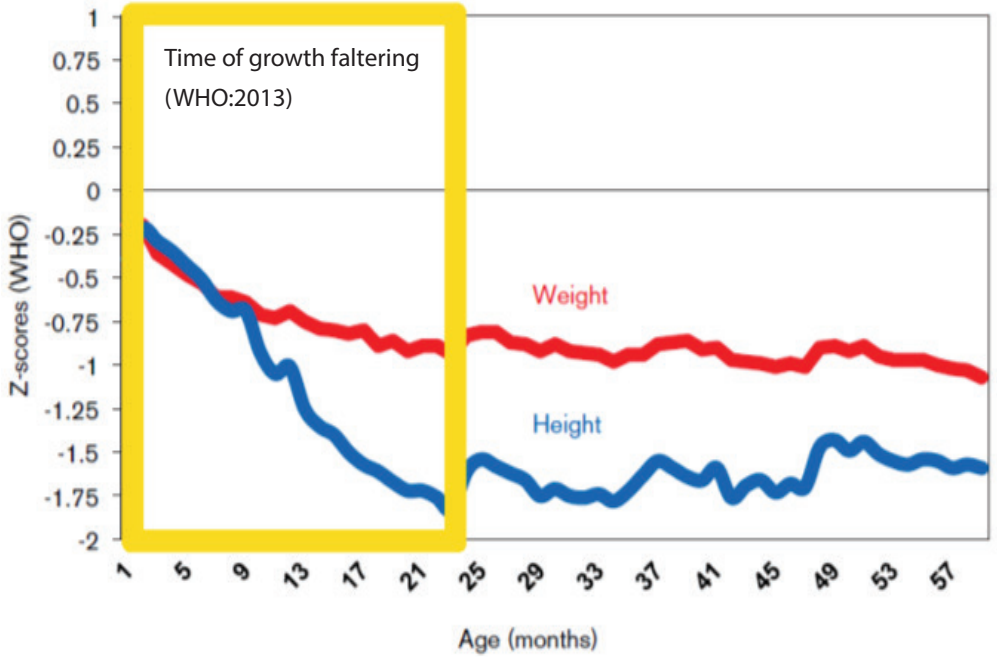



Lack of breastfeeding or faltering in exclusive breastfeeding from age of 3 months onwards plays as one important risk factor for undernutrition and sickness during this first two years of life.

**Importance of Early Childhood for Better Nutrition and Development**

Analyses, using the WHO Growth Standards, confirm the importance of the first two years of life as a window of opportunity for growth promotion (Figure 3). These findings highlight the need for early-life interventions to prevent the growth failure that primarily happens during the first two years of life, including the promotion of appropriate infant feeding practices.

**Figure 3: Importance of early childhood for better nutrition and development**



Early childhood also is the most rapid period of development in human life. The years from conception through birth to first few years of age are critical to the complete and healthy cognitive, emotional and physical growth of children. This in turn ensures optimum health and wellbeing in adult life.

Lancet 2013 analysis shows that 72% of diarrhoea associated deaths and 81% of pneumonia associated deaths occur in the first two years of life indicating that an increased emphasis on prevention and treatment is required in children in this age group.

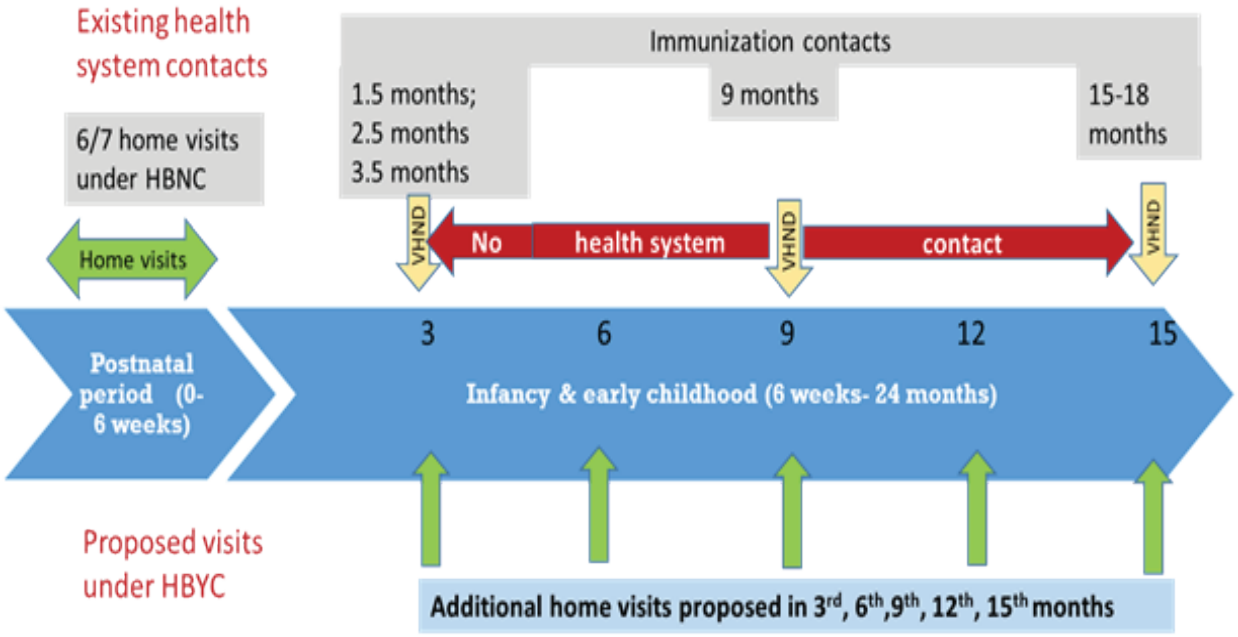
Global evidence shows that community-based intervention packages can reduce 27 percent of the child mortality indicating scaling up of community-based care through packages which can be delivered by a range of community workers. This in turn enables mothers to practice appropriate health and nutrition related behaviors including increased risk perception of childhood illnesses. Within Indian context, the health system contact between four months to second year of life of the young child is a 'missed opportunity' for promotion of various child caring and development practices during this crucial period.

There is a narrow window of opportunity between 6 months and 2 years to prevent malnutrition in children

**Current Gap in Health System Contacts During Early Childhood**

The Ministry of Health and Family Welfare is presently implementing Home Based Newborn Care (HBNC) since 2011 through ASHAs who have reached more than 1.1 crore newborns during 2017. The roll out of HBNC has demonstrated that ASHAs are able to provide home based care through defined number of structured visits. However, these structured visits end on the 42nd day after birth. Beyond this, ASHAs only conduct household visits to mobilize children for immunization or in case when the child needs healthcare services for management of illnesses or malnutrition. This means that there is no household contact with the child by the ASHA unless the family reports a childhood illness.

**Figure 4: Existing Health System contacts and proposed visits under HBYC**



**Summary of Problems**

- Slow Progress in Child Feeding Practices countrywide
- Nationally, percentage of children receiving adequate diet continues to be less than 10%
- Exclusive Breastfeeding Faltering from 2-3 months of age
- First 2 years are critical for inproving nutrition, promoting development and reduction of diarrhoea and pneumonia
- No contact with health system during critical window period of 6 months to 2 years

Considering the influence of diarrhoea, pneumonia, undernutrition and the importance of WASH related interventions on overall child survival and development, addressing this gap in health system contact is crucial. Therefore, additional home visits by ASHA between 3 and 15 months are proposed under Home Based Care of Young Child (HBYC) to fill this gap. The household visits would also provide another platform to improve early childhood development through play and communication, optimal nutrition, hygienic environment and health services.

Home visits by ASHA starting from 2- 3 and continuing in second year till 15 months are proposed under Home Based Care of Young Child (HBYC) to plug the gap between health system contacts with family and provide platform to improve child nutrition, immunization, development, hygiene practices and reduce common childhood illnesses such as diarrhea and pneumonia

# SECTION 2
# OBJECTIVES

The objective of Home Based Care for Young Child is to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young children through structured, focused and effective home visits by ASHAs.

**Purpose of Home Visits**

The purpose of the additional home visits by ASHAs are promotion of evidence based interventions delivered in four key domains namely nutrition, health, child development and WASH (water, sanitation & hygiene). The domain specific actions are listed in Table 2.

**Table 2: Domain specific actions under HBYC**

| KEY DOMAINS | SPECIFIC ACTIONS |
|---|---|
| NUTRITION | Exclusive breastfeeding for six months<br>Adequate complementary feeding from six months and continued breast feeding up to two years of age<br>Iron and folic acid (IFA) supplementation<br>Promote use of fortified food |
| HEALTH | Full immunization for children<br>Regular growth monitoring<br>Appropriate use of Oral Rehydration Solution (ORS) during diarrhoea episodes<br>Early care seeking during sickness |
| CHILD DEVELOPMENT WASH | Age appropriate play and communication for children |
| WASH | Appropriate hand washing practices |

**Salient features of Home Based Care of Young Child programme**

- **Convergent action by MWCD & MoHFW,** leveraging existing community level platforms.
- **Evidence based interventions** for child health & nutrition , bundled as a service package.
- **Convergence and integration across interdependent domains of Health, Nutrition, WASH & Early Childhood Development.**
- **Five additional home visits** by ASHA in coordination with AWW starting from 3rd months and extending into 2nd year of life (in 3rd, 6th, 9th, 12th and 15th months).
- **Additional incentive** of INR 250/- for five visits to be provisioned for ASHA under NHM and disbursed using existing ASHA payment mechanisms
- **SBCC (Social Behaviour Change Communication)** plan to focus on addressing adverse social norms in health care seeking especially for the girl child.

# SECTION 3
# OPERATIONAL STRATEGY

Existing Home Based Newborn Care (HBNC) comprising of six home visits in case of institutional delivery (Days 3,7,14,21,28 and 42) and seven visits in case of home delivery with an additional visit for home delivery on day 1 (Day 1,3,7,14,21,28 and 42) will be continued as per the current operational guidelines. In case of SNCU discharged babies, day of discharge will be counted as day 1 of home visit schedule and the six remaining visits shall be completed as per schedule.

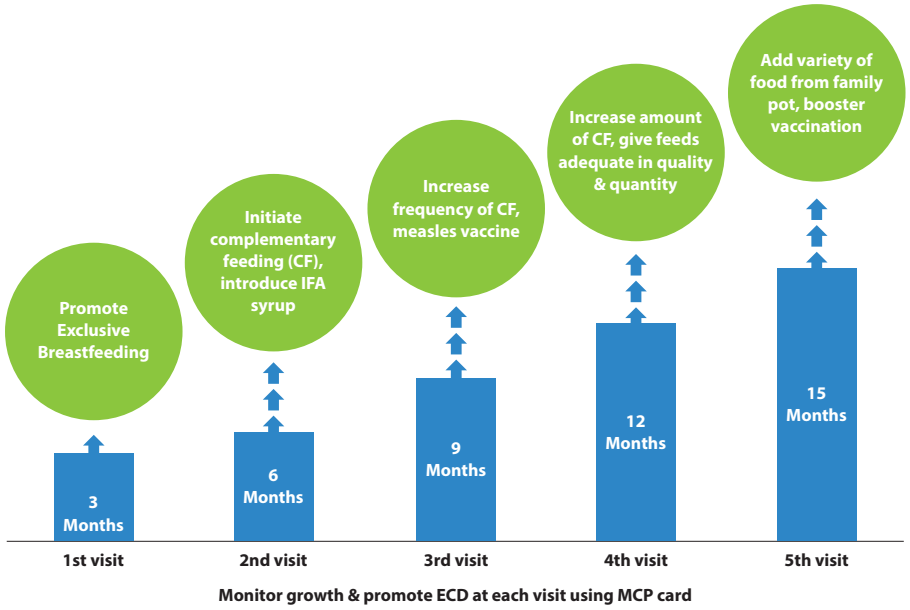
Under Home Based Care of Young Child (HBYC) programme, the additional five home visits will be carried out by ASHA with support from Anganwadi workers. From 2-3 month onward ASHAs will provide quarterly home visits (3rd, 6th, 9th, 12th and 15th months) and ensure exclusive and continued breastfeeding, adequate complementary feeding, age-appropriate immunization and early childhood development. The quarterly home visits schedule for low birth weight babies, SNCU & NRC discharges will now be harmonized with the new HBYC schedule.

Anganwadi workers will continue to provide **'Take Home Ration'** and nutrition-specific counselling to mothers. In addition, she will record weight of the young children and monitor growth and development using MCP card as per guidelines. Based on the growth chart, underweight children will be identified and taken up for further management. Age appropriate tasks for ASHAs and AWWs to be performed under the HBYC visits are presented below.

**Table 3: Tasks for ASHAs and AWWs under HBYC**

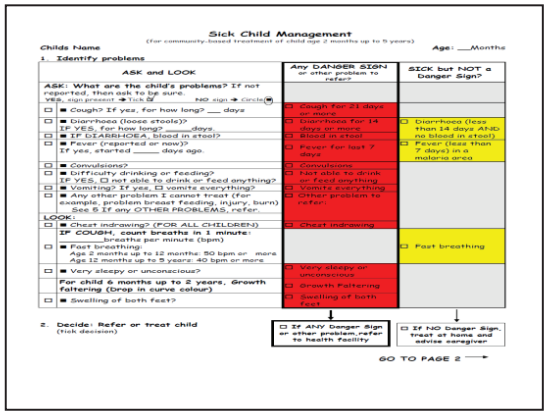
| Home Visits | ASHA | AWW |
|---|---|---|
| At 3rd Month | ▪ Support for exclusive breastfeeding<br>▪ Counsel on hand washing practices<br>▪ Appropriate play and communication<br>▪ Check immunization status<br>▪ Check weight recording in MCP card; identify growth faltering | ▪ Monthly weighing of infants<br>▪ Weight recording and plotting on growth chart<br>▪ Detect underweight children & take further action<br>▪ Counsel mother for exclusive breast feeding |
| At 6th, 9th, 12th and 15th Months | ▪ All above activities PLUS<br>▪ Counsel on initiation of complementary feeding & continued breastfeeding<br>▪ Age appropriate & adequate complementary feeding for children<br>▪ Age appropriate play and communication<br>▪ Ensure full immunization<br>▪ Distribution of prophylactic IFA and ORS and counselling for their appropriate usage<br>▪ Depot holder for ORS & Zinc | ▪ 'Take Home Ration' and nutrition-specific counselling to mothers<br>▪ Monthly weighing and supplementary food from AWC<br>▪ Counselling regarding complementary feeding<br>▪ Weight recording on growth chart; detect underweight children & take further action<br>▪ Record length/height<br>▪ Counsel for deworming of children above 1 year of age |

**Figure 4: Age-appropriate interventions to be promoted during HBYC home visits**




During home visits most of the children are likely to be healthy. Complete the assigned tasks using age specific job aid (Annexure-1). Provide age specific nutrition counselling as per Annexure-2.

If child is found sick complete the assessment including referral as per Annexure-3.




## Additional financial incentive for ASHA

ASHAs will be provided financial incentive and the additional commodities namely ORS packet and Iron Folic Acid syrup. Each ASHA will be entitled for a sum total of INR 250 for completion of 5 additional home visits for each young child as per the recommended schedule. In case of more than one child like twins/triplets the amount of incentive will be provided per child. The payment will be given after validating that age appropriate vaccination is completed and recorded along with the weight in MCP card. It is also desirable that at least 10% home visits are duly verified by the ANM/ ASHA Facilitator after checking the required documentation. The existing mechanism of payment to ASHAs will be followed to ensure timely payment. In addition, ASHAs shall also receive the specified share of team based incentive under domain of child health and nutrition as per the guidelines issued by MoHFW.

# SECTION 4
# CAPACITY BUILDING

A defined set of skills will be required by ASHA and AWW to conduct effective home visits and fulfill the specified objectives. Many of the skills to deliver relevant information and services through home visits is taught to ASHAs in Modules 6 & 7. In order to reinforce existing skills and provide new set of skills, an additional round of 3 days training shall be conducted with adequate hands on practice.

Refresher trainings should also be held periodically to ensure knowledge and skill retention. The supply of HBYC cards (Annexure-4), ORS and IFA syrup should be replenished regularly, as per requirement.

In addition, joint training of front line workers – ASHAs, ANMs and AWWs will be conducted to bring about role clarity and build synergy of actions. The content of the training package shall include new skills required for accomplishing tasks such as promoting ECD, IFA supplementation and reinforcing ORS use, complementary feeding, and hand washing etc. specified under HBYC. The training package for the same shall be developed under the guidance of MoHFW by NHSRC and the experts and other stakeholders.

ASHA, AWW and ANM shall require the following additional skills for conducting HBYC:

- Communication and counselling skills for motivating families for behaviour change of recommended practices and deliver age appropriate messages (regarding hygiene, IYCF, play & communication, Iron supplementation etc.) The ASHA is expected to be equipped with appropriate job aids to impart key messages.
- Age appropriate play and communication
- Use of MCP card for weight measuring and recording on growth chart for detecting growth faltering
- Providing ORS and IFA & demonstration of their correct usage and dose
- Documentation of skills for correct recording & reporting as required under the programme

Special focus needs to be given to the new MCP Card in capacity building and implementation (Annexure-5).

# SECTION 5
# SUPPORTIVE SUPERVISION

The supportive supervision to both AWW and ASHA shall be provided by respective supervisors from Anganwadi Services and NHM. As the tasks are to be jointly accomplished BY ASHA and AWW, the ANM, ASHA Facilitator and Anganwadi Services Supervisor will also be included in two days joint training programme to enhance their supervisory skills.

The supervisors during their routine visit should review and provide 'on the job' mentoring support using supervisory checklists. Each supervisor should ensure that at least one visit in each quarter is provided to each ASHA & AWW under their supervision. This means that on an average 6-7 workers will be visited each month. Planning for joint supportive supervision should also be carried out during monthly review meetings to develop a calendar of villages to be visited by each supervisor.

ANM should undertake joint home visits with ASHAs to at least 10% newborns in her sub centre area. She should review the HBYC forms filled by ASHAs and also mentor and support the ASHAs in completing the tasks effectively. The platform of Village Health and Nutrition Day should be used by ANM to review the coverage and quality of care provided by ASHAs to young children. This activity of ANM should be monitored by Medical Officer and reviewed at district level.

Monthly review meetings at the level of the PHC are to be held for problem solving and building the linkages for referral support. At the village level the ASHA is to be supported by a functional Village Health, Sanitation and Nutrition Committee (VHSNC) /Women's health committee. Any grievances are to be addressed promptly through grievance redressal mechanisms for ASHA.

# SECTION 6
# INSTITUTIONAL ARRANGEMENTS

**Actions at the National level**

Under POSHAN Abhiyaan a National Council on India's Nutritional Challenges has been set up for review of all nutrition related programmes. The committee will also review the progress of the Home Based Care for Young Child. Similar committees at state and district level with involvement of all stakeholders would also be constituted.

A technical unit under the overall guidance of MoHFW shall also be established at NHSRC for developing and dissemination of the Home Based Care for Young Child guidelines, training packages, job aids and communication materials. Capacity building of front line workers (FLWs) and regular hands-on-support will be provided by NHSRC through leveraging existing ASHA system. Budget for different activities will be proposed by the States under appropriate budget heads in the PIP for approval by relevant ministry.

**Actions at the State level**

1. Coordinated planning between NHM and Anganwadi services for activities such as training, printing (training packages, job aides, formats, checklists and reporting formats), additional incentives and commodities and prepare budget proposal.
2. Ensure smooth flow of funds to districts and blocks for timely procurement of commodities and incentive payment.
3. Ensure that State Level Resource Center are in the state of preparedness for providing training support to district and block level trainings. The progress of District Training Plan is to be monitored.
4. Establish systems to monitor the services delivered and young children reached through HBYC. Regular review of implementation status of HBYC during monthly and quarterly review meetings.

**Actions at District level**

1. Similar to the state level activities, the district ASHA cell in coordination with Anganwadi Services at district level shall plan for convergent activities with role clarification of the village health team.
2. Regular monitoring and review of the implementation status during Block meetings again in coordination with Anganwadi Services team. Report in designated formats (Annexure-6) to the state at specified periodicity.
3. District ASHA Training Center to undertake trainings, develop training micro-plan and monitor progress of trainings, their quality and timely conduct and completion.
4. Review the stocks and ensure availability and supply of essential commodities in time sync with ASHA trainings.
5. Ensure availability of funds by coordinating with the State counterpart and review the ASHA incentive payment mechanism to accommodate additional payments timely for HBYC and implement activities for community mobilization.

**Table 4: Summary of activities at state and district level**

| Activities | State level | District level |
|---|---|---|
| Developing joint action plan | ▪ Joint planning by NHM and Anganwadi Services regarding schedule of key activities, role clarity of front line workers, joint training plan, and availability of commodities<br>▪ Orientation of key stakeholders<br>▪ Printing of training packages, job aides, formats, checklists and reporting formats | ▪ Joint planning by district level NHM & Anganwadi Services<br>- Orientation of key stakeholders<br>- Joint training and community mobilization plan for the district |
| Capacity building | - Ensure the preparedness of ASHA resource centre to provide support for district and block level trainings of front line workers & supervisors.<br>- Advance planning by state team to support the district resource centres for conducting training; ongoing monitoring for quality of training | - District Resource Centre to gear up for training and HBYC related activities<br>- Develop training micro plan and accordingly review its own the preparedness for conducting quality trainings<br>- Refresher trainings /reorientation for workers in each quarter |
| Commodities | - Projection of annual requirement for commodities, budgeting & approvals | - Timely procurement of commodities to avoid stock outs |
| Funds | - Timely approvals & allocation of funds to districts; ensure smooth fund flow to districts | - Timely payment of incentives |
| **Activities** | **State level** | **District level** |
| Monitoring and Supervision | - Regular monitoring of services delivered and children covered during specified period in each district<br>- Share reports at specified periodicity with national counterparts<br>- State level review meeting to assess progress and make mid-course corrections | - Regular monitoring of HBYC activities; data analysis; review in monthly meetings<br>- Develop joint supportive supervision plan<br>- Share data at specified periodicity with state cell/teams |

**Table 5: Proposed timeline for key activities**

| Activity /Months | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Planning & budget approvals | | | | | | | | | | | | |
| State & district level orientation | | | | | | | | | | | | |
| Printing | | | | | | | | | | | | |
| Capacity building | | | | | | | | | | | | |
| Home visits | | | | | | | | | | | | |
| Supportive supervision | | | | | | | | | | | | |
| IEC /BCC activities | | | | | | | | | | | | |
| Monthly reporting, incentive payments | | | | | | | | | | | | |

# SECTION 7
# MONITORING AND EVALUATION

The progress of implementation of the HBYC programme will be closely monitored at the national level on monthly basis. The states are expected to provide details of the trainings and home visits conducted under HBYC. The data collection system will maintain child wise tracking of young child provided HBYC home visits and will be linked with RCH portal of Government of India.

A HBYC card will be filled by ASHA for each young child provided home visit under HBYC. These HBYC cards will be collected, compiled and recorded in HBYC registers by ASHA supervisors in monthly ASHA meetings. A web based child wise tracking and data collection system should be established in all states as is being implemented by some states. In such a system child wise data is linked with RCH portal and it also facilitates the verification of incentive payments to ASHAs for complete set of home visits.

Till the web based system is rolled out, a manual child wise data collection system collected by ASHA and compiled by ASHA supervisors is suggested. The compiled data of each ASHA supervisors will be collected by Block Data Entry Operator on monthly basis and will be entered in excel sheet. Compiled excel sheets of HBYC will be further compiled at district for all the blocks. The data compilation will also take place at state and national level on monthly basis. Analysis of the HBYC progress focusing on key indicators will be conducted on regular basis at block, district, state and national level for identifying the areas for improvement.

The outcome of the HBYC visits would be measured in terms of child health and nutrition indicators which are specified in the team based incentive system for frontline workers by MoHFW. The team based incentive system of MoHFW would be used as an evaluation mechanism for the performance of frontline workers including ASHA under Home Based Care for Young Child programme.

**Child Health and Nutrition Indicators for Team Based Incentives**

1. (EBF) Exclusive breastfeeding >80% for infants (<6months)
2. Complementary feeding initiated > 80% for infants over six months of age
3. Children in the age group of 12-23 months who have received all due vaccines (BCG to Measles 1st dose) before the first year of life >90%
4. Children in the age group of 24 months to 35 months who have received all due vaccines (up to Measles 2nd dose and DPT 1st booster) within 2 years of life >90%
5. Growth monitoring of all eligible children as per MCP cards >90%
6. Children six months to 59 months receiving bi-weekly doses of IFA syrup >90%
7. Awareness level about use of ORS/Zinc in Diarrhoea >80%
8. Awareness about Danger signs of pneumonia >80%
9. **Severe underweight children referred to Nutritional Rehabilitation Centres >90%**

In addition, evaluation of the HBYC will be integrated with the concurrent evaluation mechanisms such as National Health Surveys, National Family Health Survey etc. Besides additional need based evaluations in specific geographic areas such as aspirational districts will further guide and strengthen the programme.

# SECTION 8
# ESTIMATED BUDGET

Estimated cost of Home Based Care for Young Child implementation includes cost of capacity building of frontline workers, incentive payment to frontline workers and supervisors, IEC/ BCC activities and cost for monitoring of the programme. An estimated cost of INR 2 Crore shall be required for an average sized district with population of 15 lakhs which translates to INR 1000 per child for carrying out the recommended home visits.

**Estimated Budget details:**

Estimated cost of HBYC implementation includes onetime cost of capacity building of frontline workers, and recurring cost for incentive payment, IEC/ BCC activities, supportive supervision and monitoring and supervision. An estimated annual expenditure of approximately INR 2.00 Crore will be incurred for an average sized district with population of 15 lakhs in first year, which translates to less than INR 1000 per child in the first year and will comes down to less than INR 400 in subsequent years for the complete set of 5 visits.

**Assumption for an average sized district with population of 15 lakh:**

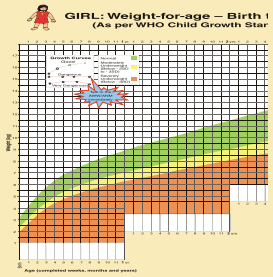
| | | |
|---|---|---|
| 1 | Average Population | 15,00,000 |
| 2 | No. of Block | 14 |
| 3 | No of ASHAs in position (may vary depending on vacancies) | 1,350 |
| 4 | No of ASHA Supervisors ( 1 per 20 ASHAs may vary depending on vacancies) | 60 |
| 5 | No of expected annual live births in the district (19.3 birth rate per 1000 population as per Census 2011 and estimated for 2016) | 29,000 |
| 6 | Approx. number of young children to receive 5 completed visits /year/ASHA (Assuming 80% coverage) | **23,200** |
| 7 | Expected training load in one district (1,350 ASHAs +1,190 AWWs,+60 ASHA Facilitator +100 ANMs) | **2,700** |
| 8 | Expected number of training batches @ 30 participants per batch (2,700 / 30) | **90** |

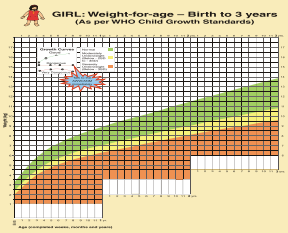
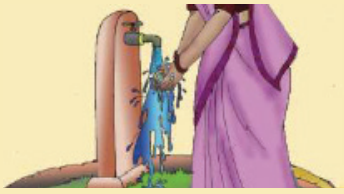
**Normative estimation of budget in an average sized district with population of 15 lakh:**

| Sr. No. | Particulars | Amount in INR |
|---|---|---|
| 1. | **One time cost:** | |
| | ***Training budget at District level** (ASHA, AWW, ANM and Supervisors with batch size 30 for 3 days) (@ 90 Batches x 1,17,300 per batch training) | **1,05,57,000** |
| 2. | **Recurring cost (annual):** | |
| | **IEC materials and printing** (Posters, Banners, Stickers, AV, HBYC cards & registers @ 100,000 per block and printing of HBYC cards & registers) | **15,19,000** |
| | **Monitoring** (Data collection cost of HBYC (@23,200 children per year x 5 entries per infant x INR 5 per entry ) + Cost for periodic assessments (@ 1,00,000 per periodic assessment every 6 months in one district) | **7,80,000** |
| | **Total annual incentive to Supervisors** (60 Supervisors @ 500 per month*12 months) | **3,60,000** |
| | **Total annual incentives to ASHAs** (**23,200 infants** @ 250 per child (INR 50 X 5 visits)) | **58,00,000** |
| **Total** | | **1,90,16,000** |

** The budget for ASHA training is already provisioned under NHM and the same may be used.*

# ANNEXURE 1
# JOB AID

| Visit at 3-4 months of age | |
|---|---|
| Ensure growth monitoring in the MCP card. |  |
| Counselled for Hand washing (mother) |  |
| Exclusive breast feeding till 6 months |  |
| Family Counselled how to play and communicate with the child |  |
| Immunization Status checked |   |

| Visit at 6-7, 8-9, 12-13 and 15-16 months of age | |
|---|---|
| Ensure Growth monitoring in the MCP card |  |
| Counselled for Hand washing (Baby and mother) |  |
| Breast feeding continued & nutritious food in adequate amount using responsive feeding:<br>❖ Between 6 to 8 months: 2 to 3 tablespoons of food at a time, 2 to 3 meals each day and offer 1 to 2 snacks between meals.<br>❖ At 10 months: half cup serving at a time, 3 to 4 meals each day and offer 1 to 2 snacks between meals.<br>❖ At 12 mo nths: ¾ cup serving at a time, 3 to 4 meals each day and offer 1 to 2 snacks between meals. |  |
| Family counselled for how to play and communicate with the child |  |
| Family given IFA supplementation and ORS and know how to use IFA & ORS |  |
| Immunization Status checked |   |

# ANNEXURE 2

# NUTRITION COUNSELLING

## FEEDING RECOMMENDATIONS

### 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 foods or fluids not even water.

**Remember:**

- Continue breastfeeding if the child is sick.

### 6 up to 9 Months

- Breastfeed as often as the child wants.
- Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cups (1 cup = 250 ml).
  - Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk OR thick dal with added ghee/oil or khichri with added oil/ghee.
  - Add cooked vegetables also in the servings, OR
  - Sevian/dalia/halwa/kheer prepared in milk, OR
  - Any cereal porridge cooked in milk, OR
  - Mashed boiled/fried potatoes
- Give 2 to 3 meals each day. Offer 1 or 2 snacks each day between meals when the child seems hungry.

**Remember:**

- Keep the child in your lap and feed with your own hands
- Wash your own and child's hands with soap and water every time before feeding

### 9 up to 12 Months

- Breastfeed as often as the child wants.
- Give at least half cup serving* at a time of
  - Mashed roti/ rice /bread/biscuit mixed in sweetened undiluted milk, OR
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee.
  - Add cooked vegetables also in the servings OR
  - Sevian/dalia/halwa/kheer prepared in milk, OR
  - Any cereal porridge cooked in milk, OR
  - Mashed boiled/fried potatoes
- Give 3 to 4 meals each day. Offer 1 or 2 snacks between meals. The child will eat if hungry.
- For snacks, give small chewable items that the child can hold. Let your child try to eat the snack, but provide help if needed.

**Remember:**

- Keep the child in your lap and feed with your own hands
- Wash your own and child's hands with soap and water every time before feeding

* A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal porridge with added oil); meat, fish, eggs, or pulses; and fruits and vegetables. Egg is a good snack where culturally acceptable.

## 12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Offer food from the family pot
- Give at least 3/4 cup 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
  - Offer banana/biscuit/ cheeko/ mango/ papaya
- Give 3 to 4 meals each day. Offer 1 to 2 snacks between meals. Continue to feed your child slowly, patiently.
- Encourage your child to eat.

**Remember:**

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

## 2 years and older

- Give a variety of family foods to your child, including animal source foods and vitamin A-rich fruits and vegetables.
- Give at least 1 full cup (250 ml) at each meal.
- Give 3 to 4 meals each day.
- Give 1 or 2 nutritious food between meals, such as: Banana/biscuit/ cheeko/ mango/papaya as snacks

**Remember:**

- Ensure that the child finishes the serving
- Teach your child wash his hands with soap and water every time before feeding

# ANNEXURE 3
# SICK CHILD MANAGEMENT

**Sick Child Management–** (for community-based treatment of child age 2 months up to 5 years)

1. **Identify problems**

| ASK and LOOK | | Any DANGER SIGN or other problem to refer? | SICK but NOT a Danger Sign? |
|---|---|---|---|
| **ASK: What are the child's problems?** If not reported, then ask to be sure. YES, sign present ➔ Tick ☑ NO sign ➔ Circle ● | | | |
| ☐ | ■ Cough? If yes, for how long? __ days | ☐ Cough for 21 days or more | |
| ☐ | ■ Diarrhoea (loose stools)? IF YES, for how long? _____days. | ☐ Diarrhoea for 14 days or more | ☐ Diarrhoea (less than 14 days AND no blood in stool) |
| ☐ | ■ IF DIARRHOEA, blood in stool? | ☐ Blood in stool | |
| ☐ | ■ Fever (reported or now)? If yes, started _____ days ago. | ☐ Fever for last 7 days | ☐ Fever (less than 7 days) |
| ☐ | ■ Convulsions? | ☐ Convulsions | |
| ☐ | ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything? | ☐ Not able to drink or feed anything | |
| ☐ | ■ Vomiting? If yes, ☐ vomits everything? | ☐ Vomits everything | |
| ☐ | ■ Any other problem I cannot treat (for example, problem breast feeding, injury, burn) If any OTHER PROBLEMS, refer. | ☐ Other problem to refer: | |
| **LOOK:** | | | |
| ☐ | ■ Chest indrawing? (FOR ALL CHILDREN) | ☐ Chest indrawing | |
| ☐ | **IF COUGH, count breaths in 1 minute:** _____breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | ☐ Fast breathing |
| ☐ | ■ Very sleepy or unconscious? | ☐ Very sleepy or unconscious | |
| | **For child 6 months up to 5 years, MUAC strap colour: _____** | ☐ Red on MUAC strap | |
| ☐ | ■ Swelling of both feet? | ☐ Swelling of both feet | |

2. **Decide: Refer or treat child**
(tick decision)

☐ **If ANY Danger Sign or other problem, refer to health facility**

☐ **If NO Danger Sign, treat at home and advise caregiver**

**GO TO next PAGE →**

**Child's name: _____ Age:_____**

**☐ If ANY Danger Sign or other problem, refer to health facility**

**☐ If NO Danger Sign, treat at home and advise caregiver**

**3. Refer or treat child** (tick treatments given and other actions)

| If any danger sign, **REFER URGENTLY to health facility:** | |
|---|---|
| **ASSIST REFERRAL to health facility:**<br>**☐Explain why child needs to go to health facility.**<br>**☐FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:** | |
| ☐ If **Diarrhoea** | **☐Begin giving ORS solution** right away. |
| ☐ If **Fever** (in malaria area) | **☐Give first dose of oral antimalarial ACT**<br>☐Age up to 12 months— AS ½ SP 1/4<br>☐Age 12 months up to 5 years— AS SP and Primaquine 1<br>☐Age 5 yrs up to9 yrs— AS SP and Primaquine 2, 1 .5 and 2 tablets |
| ☐ If **Chest indrawing,** or ☐ **Fast breathing and danger sign** | **☐Give first dose of oral antibiotic** (cotrimoxazole adult tablet—80/400)<br>☐Age 2 months up to 12 months—1/2 tablet<br>☐Age 12 months up to 5 years— 1 tablet |
| **☐For any sick child who can drink, advise to give fluids and continue feeding.**<br>**☐Advise to keep child warm, if child is NOT hot with fever.**<br>**☐Write a referral note.**<br>**☐Arrange transportation, and help solve other difficulties in referral.**<br>**➔FOLLOW UP child on return at least once a week until child is well.** | |

| If no danger sign, **TREAT at home and ADVISE on home care:** | |
|---|---|
| ☐ If **Diarrhoea** | **☐Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty.<br>**☐Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool.<br>**☐Give zinc supplement.** Give 1 dose daily for 14 days:<br>☐Age 2 months up to 6 months—1/2 tablet (total 5 tabs)<br>☐Age 6 months up to 5 years—1 tablet (total 10 tabs)<br>Help caregiver to give first dose now. |
| ☐ If **Fever** (malaria risk) | **☐Give oral antimalarial ACT.**<br>☐Age up to 12 months—AS ½ SP 1/4<br>☐Age 12 months up to 5 years—AS SP and Primaquine 1 tablet D-1 D2 and D3 1 tablet AS only<br>☐Age 5 yrs up to9 yrs— AS SP and Primaquine 2, 1 .5 and 2 tablets **on D-1** D2 and D3 1 tablet 1 tablet AS only<br>**☐Advise caregiver on use of a bednet (ITN).** |
| ☐ If **Fast breathing** | **☐Give oral antibiotic** (cotrimoxazole tablet—20/100).<br>Give twice daily for 5 days:<br>☐Age 2 months up to 12 months—2 tablet (total 20 tabs)<br>☐Age 12 months up to 5 years—3 tablet (total 30 tabs)<br>Help caregiver give first dose now. |
| ☐ For **ALL children treated at home, advise on home care** | **☐Advise caregiver to give more fluids and continue feeding.**<br>**☐Advise on when to return.** Go to nearest health facility or, if not possible, return immediately if child<br>☐ Cannot drink or feed<br>☐ Becomes sicker<br>☐ Has blood in the stool<br>**☐Follow up child in 3 days** (schedule appointment in item 6 below). |

**4. CHECK VACCINES RECEIVED**
(tick ☐/ vaccines completed, circle ■ vaccines missed)

| Age | Vaccine | | ➔ Advise caregiver, if needed: WHEN is the next vaccine to be given? WHERE? |
|---|---|---|---|
| Birth | ☐ ■ BCG | ☐ ■ OPV-0 | |
| 6 weeks* | ☐ ■ Penta 1 | ☐ ■ OPV-1 | |
| 10 weeks* | ☐ ■ Penta 2 | ☐ ■ OPV-2 | |
| 14 weeks* | ☐ ■ Penta 3 | ☐ ■ OPV-3+IPV | |
| 9 months | ☐ ■ MR | [Give OPV-4, if OPV-0 not given at birth] | |

**5. If any OTHER PROBLEM or condition you cannot manage, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)** Describe problem: _____

6. Counsel for Age appropriate feeding

# ANNEXURE 4
# HBYC HOME VISIT CARD

**HBYC Home Visit Card**
(To be filled by ASHA at the completion of each home visit.)

Name of Child: ..... Date of birth: DD/MM/YY .....
Sex of Child (M/F): .....

Name of village: ..... Block/District: ...../.....

MCTS NO. ..... Contact No. (Mobile No.)- .....

Does mother have MCP card? (Y/N): .....

Please Tick (√) on completion of activity. Cross (X) if not able to complete activity.

| | Date of visit (DD/MM/YY) | Whether the child is in green zone (Y/N) leave blank if weight is not recorded in MCP Card) | Immunization received as per age | Provision of ORS packet (Y/N) | Provision of IFA Bottle. (Y/N) |
|---|---|---|---|---|---|
| 3 Month | | | | | |
| 6 Month | | | | | |
| 9 Month | | | | | |
| 12 Month | | | | | |
| 15 month | | | | | |

Whether the child was referred to hospital for management of Sickness (Y/N)

Name and Signature of ASHA .....
Name and Signature of AWW .....
Signature of ANM.....

Date of submission of card: DD..... /MM..... YY.....

Amount of Incentive paid to ASHA & date of payment.....

**ASHA counter foil-HBYC**

Name of Child: ..... Date of birth: DD/MM/YY .....

Sex of Child (M/F): .....

Name of village: ..... Block/District: ...../.....

MCTS NO. .....

Name and Signature of ASHA .....

Date of submission of card: DD..... /MM..... /YY.....

Amount of Incentive paid to ASHA & date of payment.....

# ANNEXURE 5
# REVISED MCP CARD

State logo

MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

## MOTHER AND CHILD PROTECTION CARD

paste photo of child here

**Is the pregnancy high risk?** ☐

**FAMILY IDENTIFICATION**

Mother's name _____ Age _____
Father's name _____
Address _____
Mobile Number Mother_____Father_____
MCTS/RCH ID _____
Bank & Branch Name _____
Account No. & IFSC Code _____

**PREGNANCY RECORD**

Date of last menstrual period _____
Expected date of delivery _____
No. of pregnancies / previous live births _____
Last delivery conducted at _____
Current delivery _____

**BIRTH RECORD**

Child's Name _____
Date of Birth _____ Birth Weight _____
☐ Male ☐ Female Birth Registration No. _____
MCTS/RCH ID (Child) _____

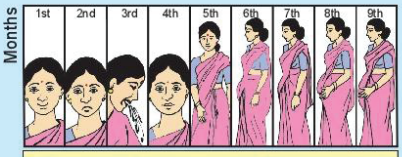
**INSTITUTIONAL IDENTIFICATION**

AWW No. _____ Block/Village/Ward _____
ASHA _____ ANM _____
SHC / Clinic _____
PHC / Town _____ Hospital / FRU _____
ANM Contact No. _____
Hospital Contact No. _____
AWC Reg No. _____ Date _____
Sub-center Reg. No. _____ Date _____
Referred to _____ _____ _____ _____ _____

Child's Aadhaar No. _____
Mother's Aadhaar No. _____

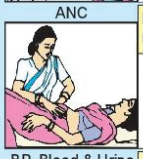
**Ambulance Toll Free Number:-** _____

## Regular checkup is essential during pregnancy



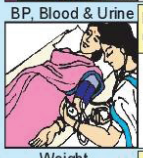

Register with the health centre in the 1st trimester.

ANC



Have at least 3 antenatal checkups, after registration.

BP, Blood & Urine

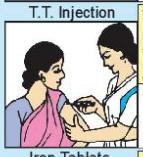


Have blood pressure (BP) checked and blood and urine examined at each visit.

Weight

Have weight checkup at each visit. Gain at least **10-12** kg. during pregnancy. Gain at least **1** kg every month during the last **6** months of pregnancy.

T.T. Injection



Take two T.T. Injections. T.T.1 when pregnancy is confirmed and T.T.2 after **1** month. (Fill in the date)
**Give one dose of T.T. if previously vaccinated within 3 years.*

Iron Tablets

Take one tablet of iron folic acid a day for at least **6** months after first trimester. Take at least **180** tablets. (Fill in quantity and date issued)

Take two tablets of calcium per day for at least 6 months after 1st trimester

Take single dose of tablet albendazole (400 mg) after 1st trimester

### Care During Pregnancy

- Consume a variety of foods
- Consume more foods- around 1/4th times extra than the normal diet
- Consume SNP from the AWC regularly
- Rinse the mouth after every meals brush the teath atleast twice a day
- Take at least two hours of rest during the day.
- In addition to 8 hours of rest at night.
- Use only adequately iodised salt

**Ensure nutrition counselling at every ANC**

# ANTENATAL CARE

**OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY**
**(Please tick (✓) the relevant history)**

| | | | | | |
|---|---|---|---|---|---|
| A. APH | ☐ | B. Eclampsia | ☐ | C. PIH | ☐ |
| D. Anaemia | ☐ | E. Obstructed labor | ☐ | F. PPH | ☐ |
| G. LSCS | ☐ | H. Congential anomaly in baby | ☐ | I. Others | ☐ |

**PAST HISTORY**
**(Please tick (✓) the box of the appropriate response/s)**

| | | | | | |
|---|---|---|---|---|---|
| A. Tuberculosis | ☐ | B. Hypertension | ☐ | C. Heart Disease | ☐ |
| D. Diabetes | ☐ | E. Asthma | ☐ | F. Others | ☐ |

## EXAMINATION

| Heart | Lungs | Breasts (check for inverted nipple) |
|---|---|---|
| | | |

## ANTENATAL VISITS

| | 1 | 2 | 3 | 4 | 5 (under PMSMA) |
|---|---|---|---|---|---|
| Date | | | | | |
| Any complaints | | | | | |
| POG (Weeks) | | | | | |
| Weights(Kg) | | | | | |
| Pulse rate | | | | | |
| Blood Pressure | | | | | |
| Pallor | | | | | |
| Oedema | | | | | |
| Jaundice | | | | | |

## ABDOMINAL EXAMINATION

| | | | | |
|---|---|---|---|---|
| Fundal height Weeks/ cm | | | | |
| Lie/Presentation | | | | |
| Fetal movements | Normal/ Reduced/ Absent | Normal/ Reduced/ Absent | Normal/ Reduced/ Absent | Normal/ Reduced/ Absent |
| Fetal heart rate per minute | | | | |
| P/V if done | | | | |

## ESSENTIAL INVESTIGATIONS

| | | | | |
|---|---|---|---|---|
| Hemoglobin | | | | |
| Urine albumin | | | | |
| Urine sugar | | | | |
| Urine Pregnancy Test | | | | |
| HIV Screening | | | | |
| Syphilis | | | | |
| Ultrasonography | | | | |
| Gestational diabetes Mellitus | | | | |

Blood Group & Rh Typing ☐ Date ☐☐/☐☐/☐☐

## OPTIONAL INVESTIGATIONS

1. Thyroid-Stimulating Hormone ☐ Date ☐☐/☐☐/☐☐
2. Hbs Ag. ☐ Date ☐☐/☐☐/☐☐
3. Blood sugar. ☐ Date ☐☐/☐☐/☐☐

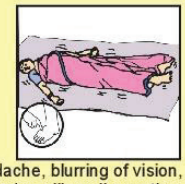
**Participate in monthly fixed village Mother Child Health & Nutrition Day**

## If you or anyone in your family sees any of these danger signs, take the pregnant woman to the hospital immediately

- Bleeding during pregnancy
- Excessive bleeding during delivery or after delivery

Severe Anemia with or without breathlessness

High fever during pregnancy or within one month of delivery



Headache, blurring of vision, fits and swelling all over the body

Labour pain for more than 12 hours

Bursting of water bag without labour pains

### Ensure Institutional Delivery

Contact ASHA/ ANM/AWW

Register under Janani Suraksha Yojna (JSY)

Obtain Benefits under JSY


Identity hospital in advance

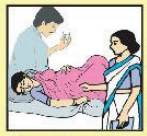
Arrange for transport in advance

Ensure 48 hours of stay after delivery

### Preparation in case of Home Delivery

Ensure safe delivery by ANM

- ✓ Clean hands
- ✓ Clean surface & surroundings
- ✓ Clean blade
- ✓ Clean thread to tie the cord
- ✓ Clean set of clothes for newborn



Ensure family care & support

**In case of Emergency**


Arrange transport to hospital

**After Delivery**

Intiate Breastfeeding within 1 Hour of Birth

Yes ☐ No ☐

Family planning counselling

**Ensure early and exclusive breastfeeding 0-6 months**

## POST NATAL CARE

Date of delivery | Place of delivery | Type of delivery (N. / Assisted / CS)

| | | | | |
|---|---|---|---|---|
| | | | | |

Term/Preterm/Spontaneous abortion _____

If at institution period of stay post delivery _____

**Complications, if any (Specify)** _____

Sex of baby M | F  *Weight of baby ____ kg. ____ gms

**Cried immediately after birth** Y | N

Initiated exclusive breast feeding within 1 hour of birth Y | N

*(Three extra visits if birth weight < 2.5kg)

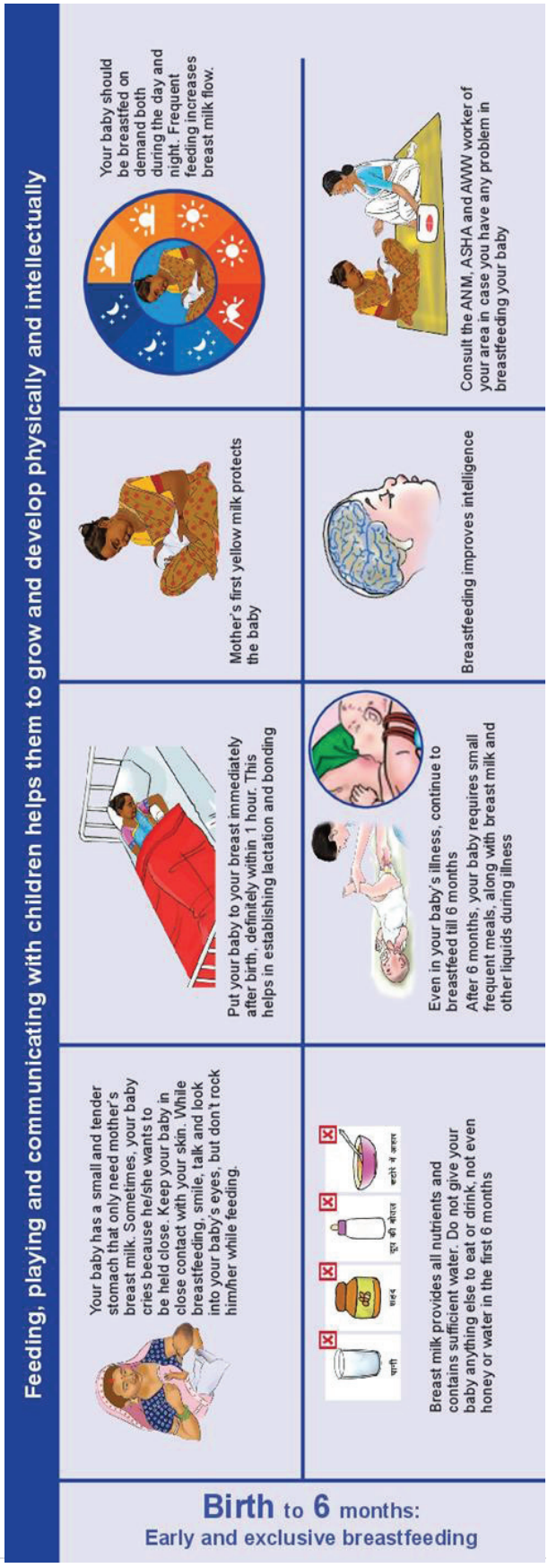
Injection Vitamin K Y | N

## POST PARTUM CARE

| | 1st Day | 3rd Day | 7th Day | 6th Week |
|---|---|---|---|---|
| Any complaints | | | | |
| Pallor | | | | |
| Pulse rate | | | | |
| Blood pressure | | | | |
| Temperature | | | | |
| Breasts Soft/engorged | | | | |
| Nipples Cracked/normal | | | | |
| Uterus Tenderness Present/ absent | | | | |
| Bleeding P/V Excessive/normal | | | | |
| Lochia Healthy/foul smelling | | | | |
| Episiotomy/Tear Healthy/ injected | | | | |
| Family planning Counselling | | | | |
| Any other complications and referral | | | | |

## CARE OF BABY

| | 1st Day | 3rd Day | 7th Day | 6th Week |
|---|---|---|---|---|
| Urine passed | | | | |
| Stool passed | | | | |
| Diarrhoea | | | | |
| Vomiting | | | | |
| Convulsions | | | | |
| Activity (good/lethargic) | | | | |
| Sucking (good/poor) | | | | |
| Breathing (fast/difficult) | | | | |
| Chest indrawing Present/absent | | | | |
| Temperature | | | | |
| Jaundice | | | | |
| Condition of umbilical stump | | | | |
| Skin pustules present/absent | | | | |
| Any other complications | | | | |



## Talk, smile and be patient to encourage the child to eat

**6 months to 2 years:**
**Continue frequent on demand breastfeeding until 2 years and beyond. Also introduce soft foods**

### 6 months

- Continue breastfeeding
- On completion of 6 months, start feeding baby with 2–3 table spoons of soft, well-mashed foods 2–3 times a day
- Introduce one food at a time, such as a small amount of vegetables, followed by fruits, dal and cereals
- Increase amount of the feed slowly
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

### 6–9 months

- Continue breastfeeding
- Change consistency to lumpy feeds given 3–4 times a day
- Feed 2–3 times and 1–2 snacks
- Increase quantity and diversity of the feeds
- Introduce one new food at a time such as khichri, dalia
- Include at least 4 food groups such as: 1) cereals, 2) green vegetables and fruits, 3) oil, ghee; 4) mashed dal/fish/egg (only hard-boiled)
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

### 9–12 months

- Continue breastfeeding
- After 9 months, feed at least half katori of food that requires chewing 3–4 times a day
- After 12 months, introduce family foods, give 3/4th–1 katori, 3–4 times each day along with 1–2 snacks
- Give finely chopped foods that baby can pick up using thumb and fingers. Allow children to eat with own hands, even if they mess up
- Give Vitamin A syrup for improving eyesight
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

### General tips:

- Wash your hands with soap and water before preparing food and feeding the baby.
- If feeding eggs, ensure they are well-cooked
- Thoroughly rinse raw fruits and vegetables under running water before cooking
- Cook thoroughly, use safe water, discard all leftovers on children's plates and do not save them for later
- Use only iodized salt for cooking; iodine improves intellect
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

## What most babies do

**By 2–3 months**

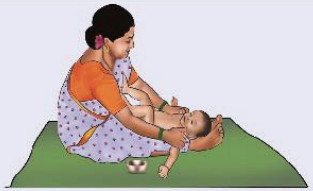
- ☐ Begin to recognize the mother's face
- ☐ Develop social smile
- ☐ Make eye contact

☐ Raise head at times, when on tummy

- ☐ Move both arms and both legs, when excited
- ☐ Keep hands open and relaxed

☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child

## Parenting tips



- Massage gently, stretch and exercise arms and legs of babies
- Encourage babies to lie on tummy for some time every day

- Cuddle and play with babies daily. Cuddling or quickly responding to each cry does not spoil babies
- Talk to babies in your mother tongue daily

- Hang colourful moving objects 30cm (1 foot) away, for babies to focus on and follow
- Avoid use of digital media in children younger than 24 months

## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

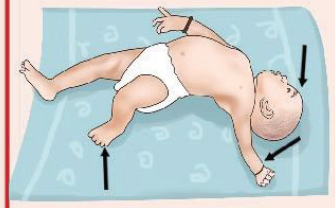
**At 3 months**

No social smile

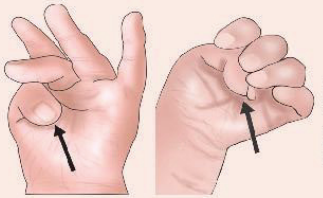
Does not make any eye contact when being fed, cuddled or spoken to

Persistent squinting after 2 months

Does not startle/ wake up/ cry in response to sudden loud sound



Head pushed back, with stiff arms and legs



Persistently hold thumb inside the palm, with hands kept open or fisted

## What most babies do

**By 4–6 months**

- ☐ Keep head steady when held upright and can sit with support
- ☐ Turn head towards direction of sound

- ☐ Attempt to reach and grasp an object
- ☐ Laugh aloud or make squealing sounds

- ☐ Begin to babble "ah, ee, oo" other than when crying
- ☐ Like to look at self in a mirror

☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child

## Parenting tips

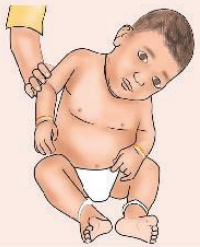
Communicate with babies; imitate their sounds and praise them when they imitate yours

Put interesting things on the floor for babies to reach out and explore

- ❖ Take children outdoors, and introduce them to the outside world
- ❖ Children suck on their fingers and thumb for comfort. It is not a cause for concern. Do not stop this at an early age

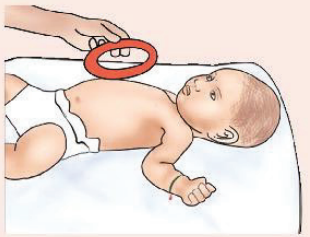
## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

**At 6 months**



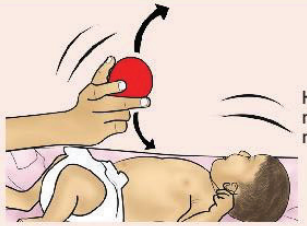
Lacks head control

Cannot sit up even with help



Does not grasp things within reach

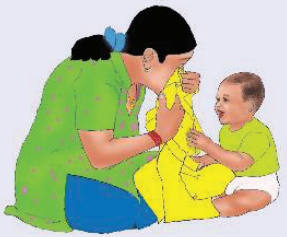
Does not vocalize by making different sounds such as "ah", "eh", "oo"



Head and eyes do not move to follow/track a moving object

Unable to raise head when on tummy

| What most babies do | Parenting tips |
|---|---|
| **By 7–9 months** | |
|  ☐ Roll over in both directions |  Let children drop, bang and throw things repeatedly. Respond to the noise that children make in a gentle and patient manner |
|  ☐ Grasp a toy by using all fingers<br>☐ Turn head to visually follow familiar faces or toys |  ☐ Look for toys that have been hidden in front of them<br>☐ Respond to name being called |
| |  Give children clean, safe household utensils to play and explore |
| ☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child | |

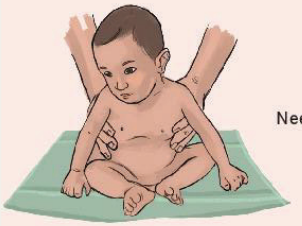


Play games like peek-a-boo. Hide the children's favourite toys under a cloth or box. See if children can find it

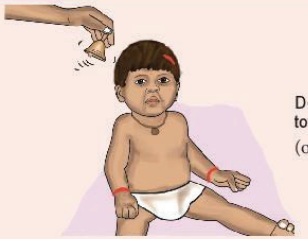
## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

**At 9 months**

Cannot roll over

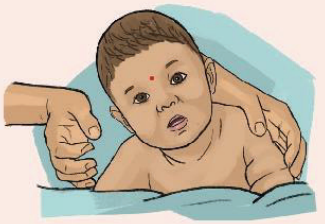


Needs support to sit



Does not turn towards a sound (out of sight)

Does not utter pa.. pa..pa, ma.. ma, ba.. ba..ba, etc



Tilts head always to one side each time when looking at objects

## What most babies do

**By 10–12 months**

☐ Sit without support and reach for toys without falling

☐ Raise arms to be picked up

☐ Crawl to get desired toys without bumping into any objects


☐ Use one or two commonwords in mother tongue

☐ Respond to simple requests like "no/ come here"

☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child

## Parenting tips

Place a toy slightly out of reach to encourage standing and walking while using support

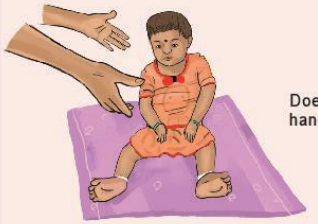
While exploring, babies might hurt others accidentally. Show them how to touch gently. Do not shout at them

Tell your babies stories and read picture books aloud. Show and name things in their environment

## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

**At 12 months**

Cannot pick small objects with finger and thumb



Does not stretch hands to be picked up


Does not respond to own name

Does not search for half hidden toys that the child sees you hide

Does not play social games like peek-a-boo (jhalak/ anakh-michauli)

## What most babies do

**By 18 months**

- ☐ Stand and take several independent steps
- ☐ Use a variety of familiar gestures like waving, clapping, etc.

- ☐ Put pebbles/ small objects in a container

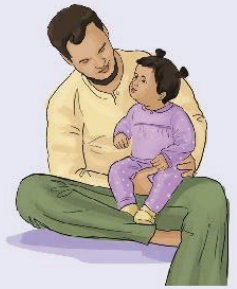
- ☐ Name and identify common objects and their pictures in a book

☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child

## Parenting tips

Provide push toy for babies to learn walking

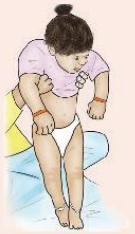
Give some fruits, toys, etc. to children. Ask them to identify the objects, put them in and take them out of containers



Ask your children simple questions. Encourage them to talk

## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

**At 18 months**



Cannot stand on his/her own without support

Cannot put small objects in a container


Does not point finger at an object when named

Does not respond to mother's gestures and seems to be in his/her own world

Does not use both hands for everyday activities (shows preference for one hand)

**Amma, papa, dada**

Does not say single words like "mama" or "dada"

**By 24 months**

## What most babies do

☐ Walk steadily, even while pulling a toy

☐ Imitate household chores

☐ Correctly point out and name one or more body parts in person or in books

☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child

## Parenting tips

Provide opportunities for children to walk, run and climb in safe environments

Allow children to imitate you and master their skills. Be patient with them if they make a mess

- Encourage children to follow a daily routine such as sleeping and waking up at a fixed time
- Read aloud to children, often repeating stories. Provide books and paper, chalk, colours, etc. for scribbling

## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

**At 24 months**

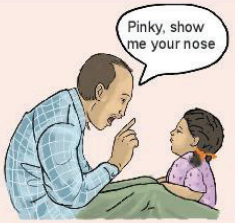
Does not walk steadily while pulling a toy

Cannot scribble

**Give milk, amma come...**

Does not use two word phrases such as "give milk"


Does not make appropriate response to gestures such as responding to bye-bye/ namaste

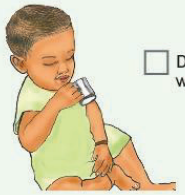



Does not point to body parts


Does not seem to understand and follow simple instructions

## What most babies do

**By 3 years**



☐ Drink from a cup without spilling

**Cat Dog Bird**

☐ Name most familiar things consistently. Identify colours, shapes, etc.

☐ Make a sentence by joining 3 or more words

☐ Climb up and down the stairs

☐ ANM please examine and mark ☑ or ☒ on the card as per the age of the child

## Parenting tips

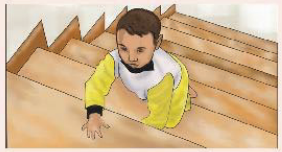
Play outdoor games with your children which require movement and physical activity

Give variety of materials (including blocks, puzzles, rings, etc.) to children

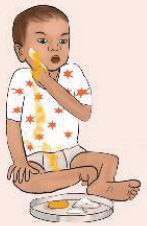
Allow children to use their hands and fingers in different ways to improve their skills

## Contact ANM/AWW/health care provider immediately if you see any one of these "Warning" signs

**At 3 years**



Has trouble climbing up and climbing down stairs



Cannot eat without help


Does not communicate meaningfully and frequently repeats others' speech


Does not play "Pretend" games

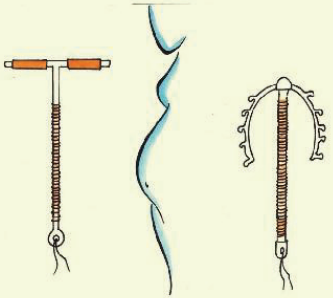
Continuous drooling/ unclear speech

**Mummy give milk**

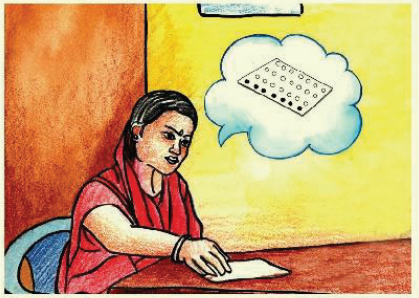
Does not speak in simple and three word sentences such as "mummy give milk"

## Maintaining spacing of 3 years between two children has a healthy impact on both the mother and baby`s health. You can avail any spacing method from the wide basket of choices offered under the Family Planning Programme such as:

- Injectable MPA (Antara programme)



- IUCD (CU 380 A & 375)
- Post-partum IUCD (PPIUCD) (within 48 hours of delivery)



- Combined Oral contraceptive pills (Mala N, Mala D)
- Centchroman (Chhaya, Saheli)
- Progesterone-only pill


- Condoms

## Iron-Folic Acid Supplementation for children aged 6 months to 5 years (Compliance Card)

| Mention date of provision of IFA bottle to mother | | Bottle 2 | Bottle 4 | Bottle 6 | Bottle 8 |
|---|---|---|---|---|---|
| | Bottle 1 | Bottle 3 | Bottle 5 | Bottle 7 | Bottle 9 |

| Months | 6-12 months | 1-2 years | 2-3 years | 3-4 years | 4-5 years |
|---|---|---|---|---|---|
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |

### Important things to remember:

1. Provide iron folic acid (IFA) syrup every Wednesday and Saturday
2. Give 1 ml of Iron folic acid syrup using the auto-dispenser
3. Don't give iron syrup to a child when s/he is sick or severly undernourished
4. Always give iron folic acid syrup to the child after consumption of food
5. One 50-ml iron folic syrup bottle lasts for six months and once its finished, contact your ASHA/ANM didi for a new bottle
6. After providing a dose of iron folic acid syrup, mark a tick in the card
7. In case of any problem after consumption of iron folic acid syrup, contact your ANM immediately

## Immunization Essentials

| VACCINATION NAME | BIRTH | 1½ months | 2½ months | 3½ months | 9 months |
|---|---|---|---|---|---|
| **BCG** prevents tuberculosis | ✓ | | | | |
| **HepB** prevents liver disease | ✓ | | | | |
| **OPV** prevents polio | ✓ | ✓ | ✓ | ✓ | |
| **Penta** prevents whooping cough, diphtheria, tetanus meningitis, & more | | ✓ | ✓ | ✓ | |
| **PCV** prevents pneumonia | | ✓ | | ✓ | ✓ |
| **Rota** prevents diarrhoea | | ✓ | ✓ | ✓ | |
| **MR** prevents measles, rubella | | | | | ✓ |
| **JE** fights brain fever | | | | | ✓ |

NATIONAL HEALTH MISSION

**With your help, we have eradicated polio and eliminated maternal and neonatal tetanus!**

During the 2nd/3rd trimester of your pregnancy, avail at least one ANC checkup by a doctor on the 9th day of the month under the

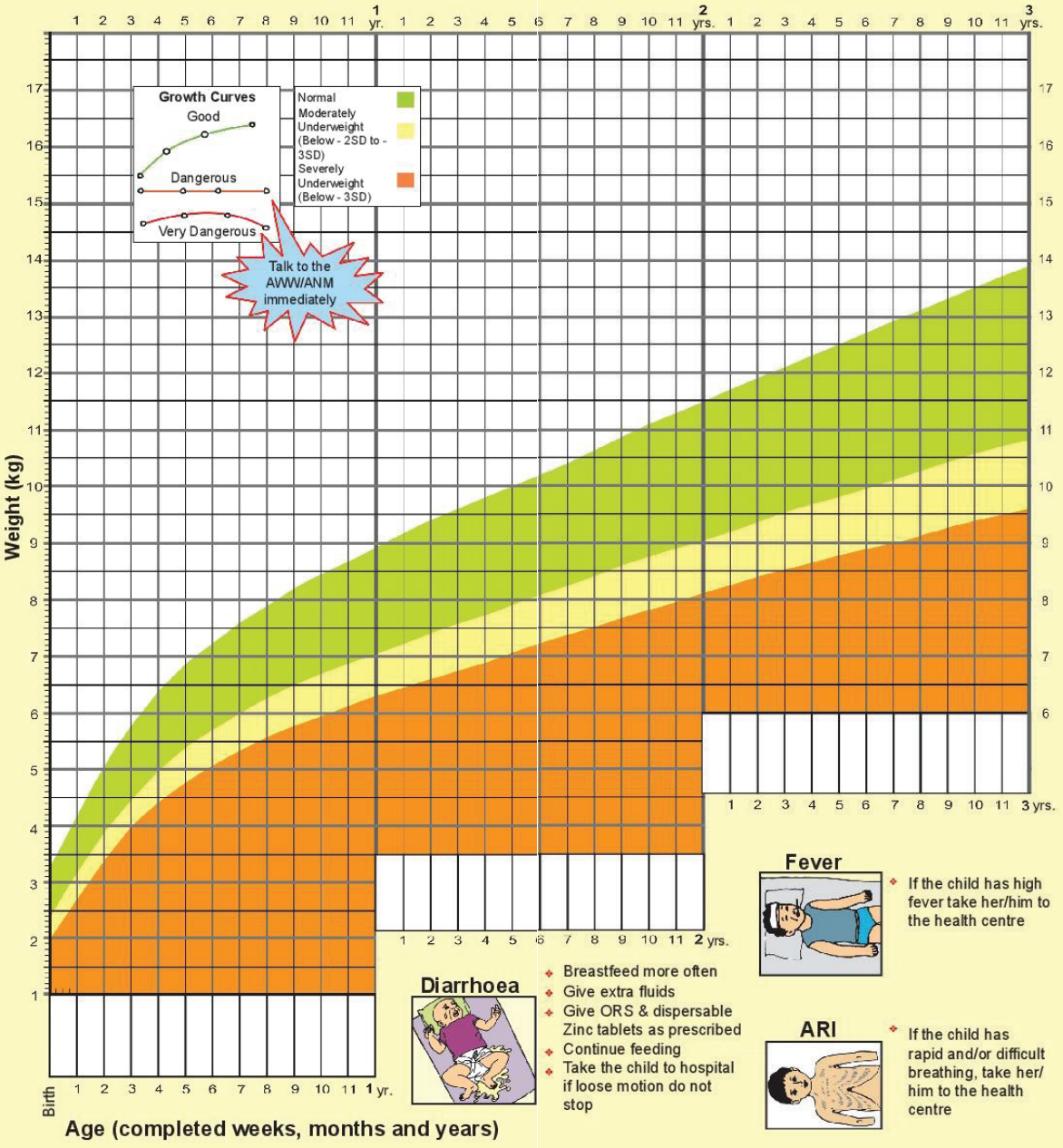
**"Pradhanmantri Surakshit Matritva Abhiyaan"**

**Continue vaccinating your child. Thank You!**

MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

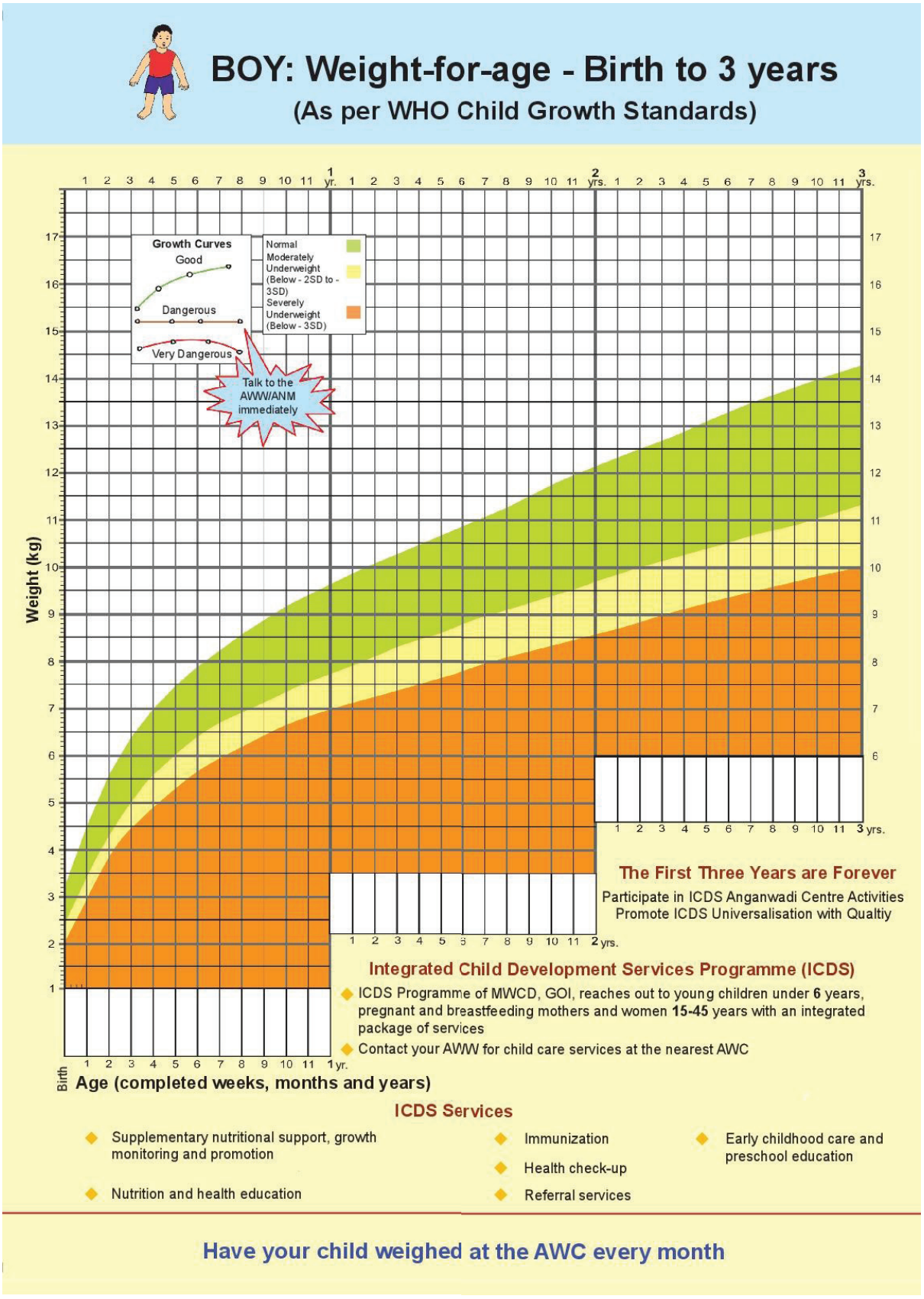
# GIRL: Weight-for-age - Birth to 3 years

## (As per WHO Child Growth Standards)




**+ Care During Illness +**

**Ensure equal care for the girl child**


BOY: Weight-for-age - Birth to 3 years
(As per WHO Child Growth Standards)
Growth Curves
Good
Dangerous
Very Dangerous
Normal
Moderately Underweight (Below - 2SD to - 3SD)
Severely Underweight (Below - 3SD)
Talk to the AWW/ANM immediately
Weight (kg)
Age (completed weeks, months and years)
The First Three Years are Forever
Participate in ICDS Anganwadi Centre Activities
Promote ICDS Universalisation with Qualtiy
Integrated Child Development Services Programme (ICDS)
ICDS Programme of MWCD, GOI, reaches out to young children under 6 years, pregnant and breastfeeding mothers and women 15-45 years with an integrated package of services
Contact your AWW for child care services at the nearest AWC
ICDS Services
Supplementary nutritional support, growth monitoring and promotion
Nutrition and health education
Immunization
Health check-up
Referral services
Early childhood care and preschool education
Have your child weighed at the AWC every month

| BIRTH | 1 1/2 MONTHS | 2 1/2 MONTHS | 3 1/2 MONTHS | 9 MONTHS |
|---|---|---|---|---|
| Expected date of delivery / / | Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / |
| DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): |
| OPV-0 / / | OPV-1 / / | OPV-2 / / | OPV-3 / / | MR-1 / / |
| Hep B *give within 24h of birth* / / | Penta-1 / / | Penta-2 / / | Penta-3 / / | JE-1 / / |
| BCG / / | Rota-1 / / | Rota-2 / / | Rota-3 / / | Vitamin A-1 / / |
| / / | PCV-1 / / | / / | PCV-2 / / | PCV booster / / |
| / / | IPV-1 / / | / / | IPV-2 / / | / / |
| / / | / / | / / | / / | / / |

Be Wise! Get your child fully immunized

# Neonatal Care

**Please remember:**

- Keep the child warm.
- Start breastfeeding within 1 hr after birth
- Feed the baby only mother's milk
- Do not bathe the child for the first 48 hours
- Keep the cord dry
- Keep the child away from sick people
- Special care if child < 2.5 kg at birth.

**Danger signs:**

**Contact your health worker if the baby:**

- Is sucking weakly or refuses to breast feed
- Is unable to cry or has difficulty in breathing
- Has yellow palms and soles
- Has fever or is cold to touch
- Has blood in stools or convulsions,
- Is lethargic or unconscious

**Congratulations!** Your child is vaccinated for the 1st year of life.

| 16-24 MONTHS | 5-6 YEARS | 10 YEARS | 16 YEARS |
|---|---|---|---|
| Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / | |
| DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): |
| DPT Booster-1 / / | DPT Booster-2 / / | TT / / | TT / / |
| Vitamin A-2 / / | / / | / / | / / |
| MR-2 / / | / / | / / | / / |
| JE-2 / / | / / | / / | / / |
| OPV Booster / / | / / | / / | / / |

**SIA / OTHER**

| VACCINE NAME | DATE GIVEN (mm/dd/yyyy): |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**VITAMIN A**

| | CHILD AGE | DATE GIVEN (mm/dd/yyyy): |
|---|---|---|
| Vit-A-3 | 2 years | / / |
| Vit-A-4 | 2.5 years | / / |
| Vit-A-5 | 3 years | / / |
| Vit-A-6 | 3.5 years | / / |
| Vit-A-7 | 4 years | / / |
| Vit-A-8 | 4.5 years | / / |
| Vit-A 9 | 5 years | / / |

**MISSED DOSE TRACKING**

| NAME & DOSE OF MISSED VACCINE | DATE OF VACCINE DOSE MISSED | REASON WHY VACCINE DOSE MISSED | NEXT SESSION DATE FOR MISSED DOSE | SIGN OF ANM |
|---|---|---|---|---|
| | | | | |
| | | | | |

**FOUR KEY MESSAGES ON IMMUNIZATION**

1) What vaccine was given and what disease it prevents
2) When and where to come for the next visit
3) What minor adverse events could occur and how to deal with them.
4) To keep the immunization card safe and bring it along for the next visit

**Congratulations!** Your child is vaccinated for the 2nd year of life.

# Routine Immunization Counterfoil

**FAMILY IDENTIFICATION**

Child's name _____

Child's birth date _____/_____/_____

Father's name _____

Mother's name _____

Address _____

MCTS No. _____

ASHA Signature _____

**ASHA INCENTIVE TRACKING**

**Full Immunization (FIC):**

Completed on _____/_____/_____

Incentive received? ☐ Yes ☐ No

If yes, date received _____/_____/_____

**Complete Immunization (CIC):**

Completed on _____/_____/_____

Incentive received? ☐ Yes ☐ No

If yes, date received _____/_____/_____

**NOTES**

| BIRTH | 1 1/2 MONTHS | 2 1/2 MONTHS | 3 1/2 MONTHS | 9 MONTHS |
|---|---|---|---|---|
| Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / |
| DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): |
| OPV-0 / / | OPV-1 / / | OPV-2 / / | OPV-3 / / | MR-1 / / |
| Hep B *give within 24h of birth* / / | Penta-1 / / | Penta-2 / / | Penta-3 / / | JE-1 / / |
| BCG / / | Rota-1 / / | Rota-2 / / | Rota-3 / / | Vitamin A-1 / / |
| / / | PCV-1 / / | / / | PCV-2 / / | PCV-3 / / |
| / / | IPV-1 / / | / / | IPV-2 / / | / / |
| / / | / / | / / | / / | / / |

| 16-24 MONTHS | 5-6 YEARS | 10 YEARS | 16 YEARS |
|---|---|---|---|
| Next Vaccination Date: / / | Next Vaccination Date: / / | Next Vaccination Date: / / | [Return Card to Ministry] |
| DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): | DATE GIVEN (mm/dd/yyyy): |
| DPT Booster-1 / / | DPT Booster-2 / / | TT / / | TT / / |
| Vitamin A-2 / / | / / | / / | / / |
| MR-2 / / | | | |
| JE-2 / / | | | |
| OPV Booster / / | | | |
| / / | | | |

**MISSED DOSE TRACKING**

| NAME | DATE GIVEN | REASON | NEXT VACCINATION DATE | ANM INITIAL |
|---|---|---|---|---|
| | / / | | / / | |
| | / / | | / / | |
| | / / | | / / | |
| | / / | | / / | |

**VITAMIN A 3–9**

| | DATE GIVEN (mm/dd/yyyy): |
|---|---|
| Vit-A-3 | / / |
| Vit-A-4 | / / |
| Vit-A-5 | / / |
| Vit-A-6 | / / |
| Vit-A-7 | / / |
| Vit-A-8 | / / |
| Vit-A 9 | / / |

# ANNEXURE 6

# DISTRICT LEVEL REPORTING FORMAT (FOR COMPILATION OF DATA FROM BLOCKS)

| District level MPR for HBYC | | |
|---|---|---|
| **Name of the District** | | |
| **Date of reporting** | **Month** | **Year** |
| **No of Blocks Reported=** | | |
| **No. of ASHAs=**<br><br>**No. of ASHAs trained this month=** | **No. of Supervisors=**<br><br>**No. of Supervisors trained this month=** | |
| **Indicator** | **Achieved** | |
| Total no. of young children visited by ASHA | | |
| No. of young children visited at age of 2-3 months | | |
| No. of young children visited at age of 6 months | | |
| No. of young children visited at age of 9 months | | |
| No. of young children visited at age of 12 months | | |
| No. of young children visited at age of 15 months | | |
| No. of young children received ORS packet from ASHA | | |
| No. of young children received IFA syrup from ASHA | | |
| No. of young children who are underweight (Yellow) | | |
| No. of young children who are Severe Underweight (Red) | | |
| No. of young children referred for treatment | | |
| No. of severe underweight children referred to NRC | | |
| No. of ASHA reported shortage of ORS/IFA with them for last one month | | |
| No. of ASHA received supervisory visits | | |