PRACTICAL GUIDE *for*

ASHA to undertake Home Visitation *for*

Home Based Newborn Care +

Care for child development up to 1 year of age

NIPI

Practical Guide

for

ASHA to undertake Home Visitation for Home Based Newborn Care +

Care for child development up to 1 year of age

Key elements of HBNC +

- Counseling for exclusive breast feeding and for initiating and continuing appropriate complementary foods.
- Ensuring growth monitoring of infants and appropriate action for growth faltering
- Providing IFA supplementation to infants
- Providing ORS and teaching preparation of ORS
- Teaching caregiver age appropriate play and communication with the infant
- Teaching and promoting hand washing
- Counsel for immunization to reduce drop outs
- Recognize signs of illness and referral.

This material has been adapted using ASHA Modules, IMNCI guidelines of GOI, and WHO/ UNICEF package on "counsel the family on care for child development"

CONTRIBUTORS

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Acronyms

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
Hb	Haemoglobin
IDA	Iron Deficiency Anaemia
IFA	Iron and Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood Illness
ITBN	Insecticide Treated Bed Nets
LBW	Low Birth Weight
LHV	Lady Health Visitor
MCP	Mother and Child Protection Card
MoHF	WMinistry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
NFHS	National Family Health Survey
PHC	Primary Health Centre
PNC	Postnatal care
VHND	Village Health and Nutrition Day

Table of Contents

COMMON CAUSES OF INFANT DEATHS

1.1. Background

In children under five years of age, pneumonia, diarrhoea and neonatal infections are the most important causes of death. Malnutrition increases the risk of death and is associated with over two thirds of these deaths. Low birth weight and poor feeding are the major reasons for malnutrition in infants and children.

Malnutrition commonly affects children between 6 months and 2 years and occurs due to a combination of factors. Inappropriate and delayed complementary feeding is one of the most common reasons for malnutrition. Anemia is also common among children and can be prevented by giving timely, regular IFA.

By some simple measures, mentioned in this book, such as counseling mother for appropriate feeding ,use of ORS in diarrhea, handwashing etc. you can contribute to decreasing the infant mortality in your area.

Apart from food, supplements and medical care, children also need adults who give them love, affection, and appreciation for their development and growth. They need adults who spend time playing and communicating with them. Mother is referred as the care giver in this manual.

ASHA support the efforts of families and other caregivers as they raise their children. Your support can be useful and critical to the child's healthy growth and development.

Group Discussion on the causes of childhood illness

1.2. Rationale for HBNC+ program

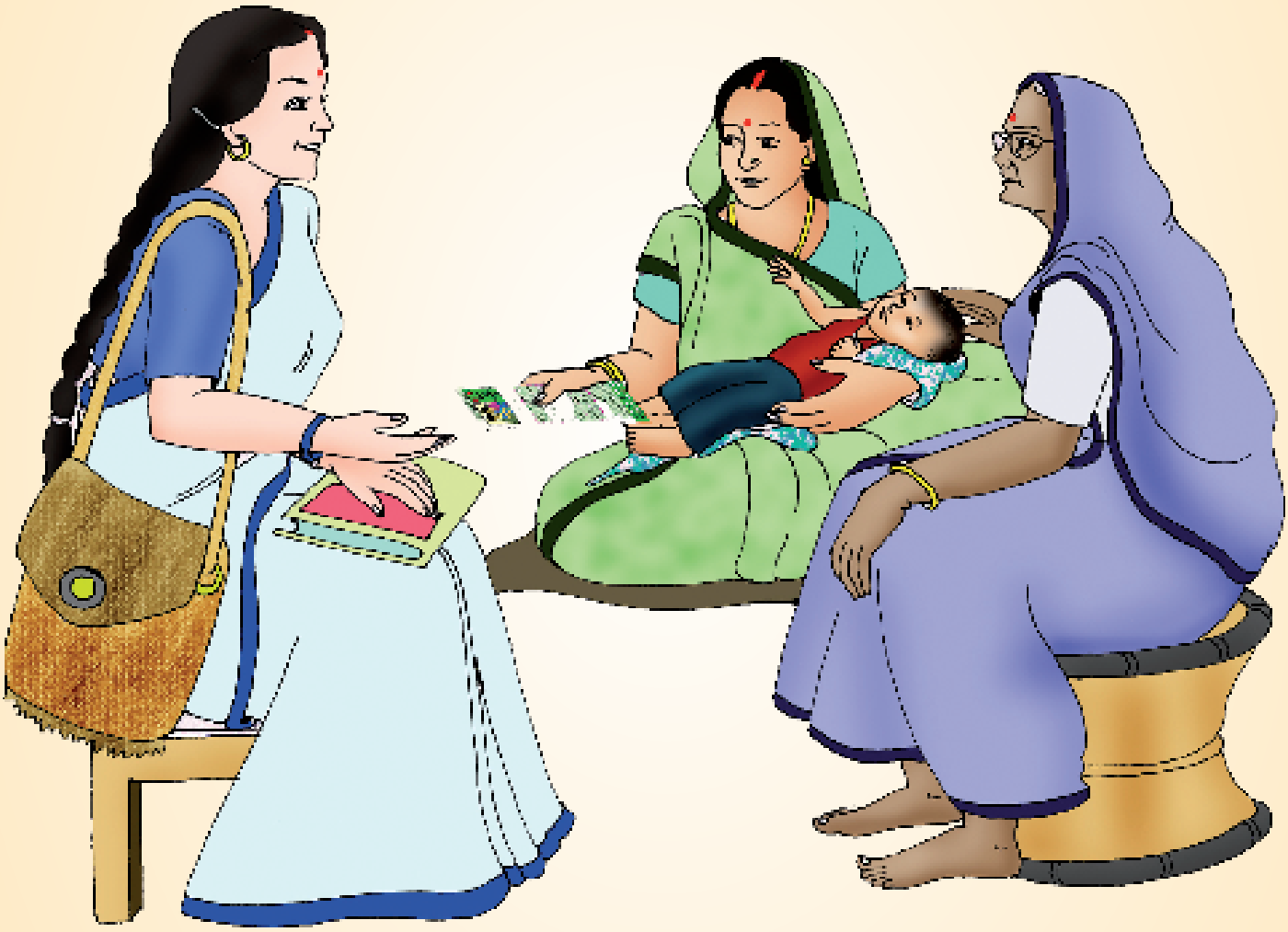
Go through the key elements of the HBNC + program given in the beginning of this book.

HBNC plus is the process of providing Care through ASHA for child survival, growth and development through play, stimulation, and communication with the child, feeding for the rapidly growing child, prevention of illnesses and responding to illness.

Many of you have been carrying out home visits for newborn care under the HBNC program. Having ensured the survival of the child during newborn period, it makes sense to ensure that the child grows and develops well. This can be done by you by making effective home visits during infancy.

Discuss why it is important to continue care during infancy?

Section 2



Tasks of ASHA for Home Care of Infants

TASKS OF ASHA FOR HOME CARE OF INFANTS

2.1. Background

You have been visiting homes of newborns under the HBNC program. Therefore you will have a list of the newborns in your area. Prepare a list of the children born in each month.

Your support can be useful to the child's healthy growth and development.

Under HBNC+ the child will be visited at the ages of

3 months, 6 months, 9 months & 12 months

The mother and child protection card (MCP Card) is provided by the government to every mother. Major part of the card remains with the mother and counterfoil is with ANM. The card contains all information related to mother and infant. It also contains several counseling points and information. MCP card is the most important tool for the HBNC+ program. In addition to other things, this book will teach you how to use various sections of this card.

2.2. Following tasks are performed during the visits.

i. Ensuring growth monitoring

ii. Ensuring compliance with exclusive breastfeeding till 6 months of age

iii. Promoting home care and hygiene especially hand washing

iv. Continued breastfeeding for at least 2 years and starting complementary feeding at 6 month of age

v. Provide IFA supplementation, starting at 6 month of age

vi. Provide ORS packet to the family & teach its preparation,starting at 6 month of age

vii. Promoting families to play and communicate with children starting from neonatal period

viii. Ensuring full immunization

The above mentioned tasks are to be performed by you during home visits. In addition you will manage children when they are brought to you during any sickness. This is discussed in a later section.

2.3. Drugs and logistics needed during the visit

ASHA Diary, 1 ORS packet per child, IFA syrup per child above 6 months of age, fresh MCP cards and any other previous records of the child.

2.4. Keep in mind Principles of Communication

Greet the family and ask the mother if she and her baby are well

When you see the mother and her newborn infant, introduce yourself to the family and greet them appropriately. Communicate the purpose of your visit.

Ask if the newborn is well to open a dialog with the family.

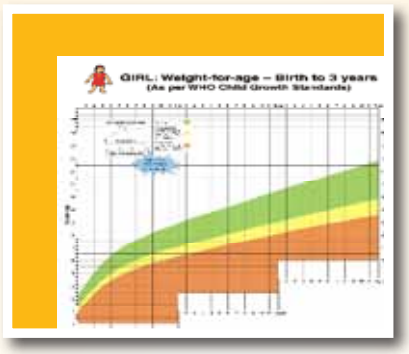
If the mother is unable to answer because she is in pain or is tired or sleepy, ask another family member who is taking care of the baby.

Here are some things you should do to develop good relations with the family.

- Greet appropriately and ask how the family is
    - Explain why you are visiting and that you are there to help
    - Be friendly and respectful
    - Speak with a gentle voice
    - Use simple words in local language
    - Empathize with the family if there are any problems
    - Do not be judgmental
- Ask the right questions. Ask open ended questions.
- Listen carefully and patiently to the mother and family. Do not be judgemental.
- Advice appropriately

Facilitator will conduct a Group Discussion on Steps of Effective Communication

Section 3



How to Perform Tasks for Home Care of Infants

HOW TO PERFORM TASKS FOR HOME CARE OF INFANTS

3.1. Ensuring growth monitoring

Growth in children varies. How a child gains or losses weight, can indicate whether the child's nutritional needs are being met, or whether the child has been well or sick.

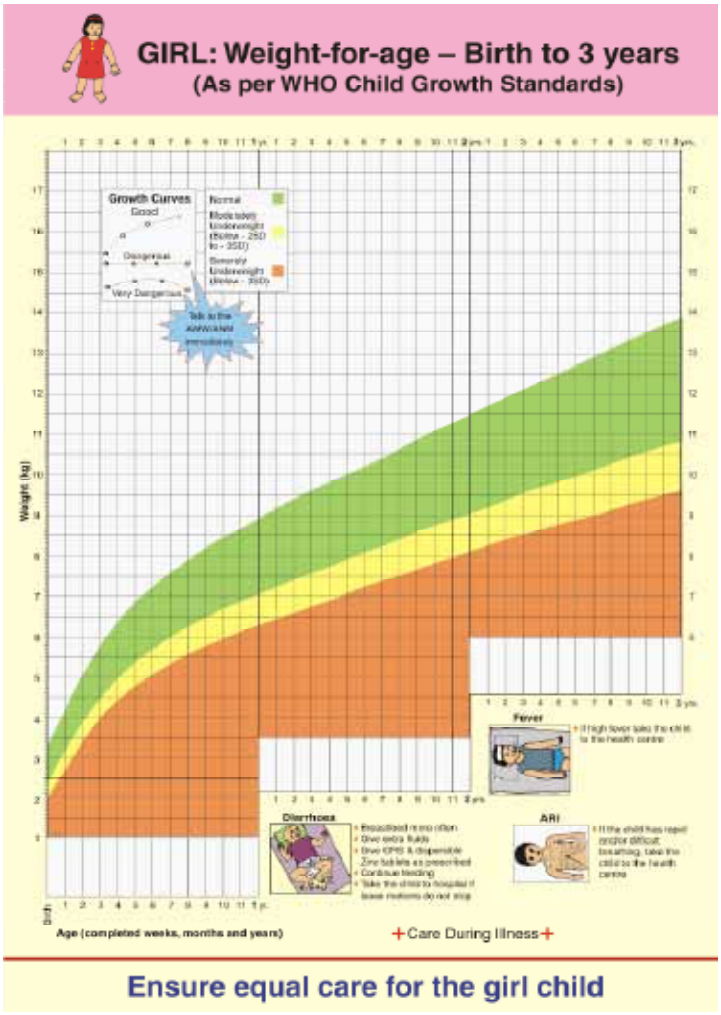
Growth of the child can be assessed by checking the weight for age of a child. Usually, the AWW of your area takes the weight and plots it on the growth chart given in the MCP Card.

3.1.1. Filling the growth chart on MCP card

Because girls and boys grow at different rates, they have different growth charts. (See the chart for boys for girls in the MCP card)

Steps:

- Find out the age of the child in months.
- Measure the weight of the child.
- Horizontal line on the chart indicates the age of the child in months (thin lines) and years (thick lines). Each box represents one month. Mark the box for the present age of the child on the horizontal line.
- The weight of the child in kg is indicated on the vertical line. Mark the box for the present weight of the child.
- Draw a line vertically from the box of the child's age until it meets the weight of the child and a horizontal line until it meets the age of the child.
- Place a dot where the two lines meet
- If there is a previous recording on the chart then join all the dots plotted on the chart to make a line.



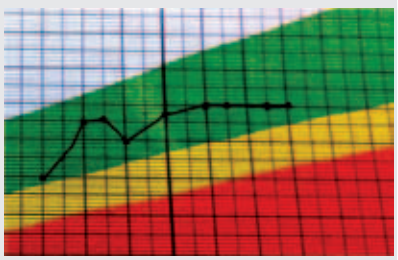
- There are three lines on the growth chart. The area between the upper line and the middle line is coloured green, the area between the second and the third line is coloured yellow while the area below the third line is coloured brown.

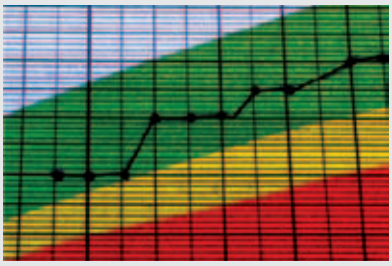
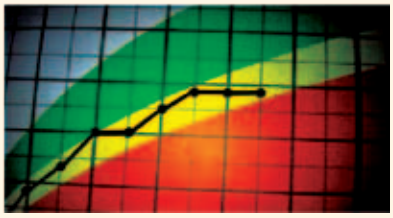
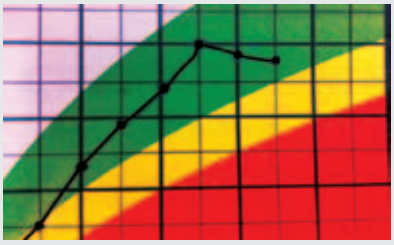
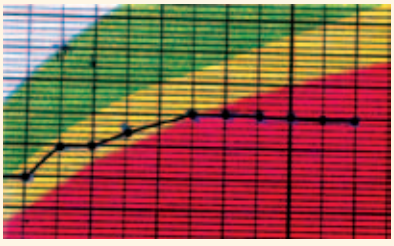
The green line on the growth chart indicates normal weight. The weight in yellow colour means underweight while in brown colour indicates severely undernourished.

The CURVE that presents on joining the weight dots on the growth chart is called GROWTH CURVE. The direction of the growth curve indicates the progress of the child.

Good	Dangerous	Very Dangerous
The child's weight is increasing normally	Weight is not increasing, the curve is flat but has not gone down to another colour band	Weight is declining or if flat it moves dow n into another colour band
Praise, and assess feeding to reinforce the good practices of the mother (care giver)	Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance.	Refer

With good nutritional counselling mothers can correct the direction of the child's growth over the next several visits.

S. No.	Child	Growth curve		Action (Counsel/Refer)
1	Mona, age 1 years	Flat over 3 months but still normal weight for her age		Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance.

S. No.	Child	Growth curve		Action (Counsel/Refer)
2.	Jagdish, age 6 months	Going down, crossing into the yellow colour		Refer to health facility
3.	Tara, age 9 months	Going up, conti- nuously and remains in green colour throughout		Praise, and assess feeding to reinforce the good practices of the mother (care giver)
4.	Geeta age 9 months	Flat but remains in the yellow colour		Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance.
5.	Rakesh 3 months	Going down, but remains in the same colour area and no illness		Review feeding, praise what she is doing well and identify feeding problems for bringing about change. Follow up after 5 days to ensure compliance.
6.	Jamuna age 12 months	Going down has crossed from yellow to brown area. She has diarrhoea		Provide ORS packets and refer immediately to health facility

Refer a child who is severely underweight and has illness, or if there is no improvement in food intake after 5 days of advice, to the health facility.

During each visit, ASHA must ensure that the MCP card is up to date for growth monitoring

3.2. Ensuring Compliance with exclusive breastfeeding

3.2.1. What is exclusive breastfeeding?

Exclusive breastfeeding means giving a baby only breast milk, and no other liquids or solids, not even water. Drops or syrups consisting of vitamins, mineral supplements or medicines (including ORS) are permitted.

In this chapter we will discuss how to support mothers who are feeding young children.

3.2.2. Check for exclusive breastfeeding (at 3 months)

Greet the woman in a kind and friendly way while using the mother's and baby's name. Ask her to tell you about herself and her baby in her own way, starting with the things that she feels are important. Then, look at the child's growth charts. These may tell you some important facts and save you asking some questions.

Ask the questions that will tell you the most important facts about the child's feeding. Ask questions like,

- What do you feed the child?
- If child is breastfed, ask how many times a day child is breastfed?
- Is the child given anything other than breast milk (other milk, water etc)?

Listen but be careful not to sound critical. Try not to repeat questions. Some mothers tell you these things spontaneously. Others tell you when you empathize, and show that you understand how they feel. Others take longer.

3.2.3. Counsel for breastfeeding

The counseling session at 3 months of age will be about 'building confidence and giving support' for continuing exclusive breastfeeding of the infant.

You have been taught in other trainings about the common reasons for decreased/stopping breastfeeding.

It is seen that mothers start giving top feeds around the age of three months. One of the commonest reasons for this is that mother thinks she does not have enough milk for the growing baby.

Counsel the mother that almost all mothers can produce enough breast milk for one or even two babies upto 6 months of age. Usually, even when a mother thinks that she does not have enough breast milk, her baby is in fact getting all that he needs. Build her confidence and support her to breastfeed. Tell her to increase the number of times she feeds the baby.

Messages on breastfeeding given in MCP card

If the woman is working, counsel her to feed the child before going for work and after coming back. She can also express milk for the day which can be given to the baby by other caretakers.

Discuss what should be done if mother has started top feeding.

During 3rd month visit, ensure that exclusive breastfeeding is provided for 6 months

In each subsequent visit, counsel mother for breastfeeding for 2 years.

3.3 Promoting home care and hygiene especially hand washing

3.3.1. Advise the family on the importance of hand washing

Diarrhoea, common colds, pneumonia, and other illnesses can pass from person to person by unclean hands. The community health worker can encourage families to wash their hands during each home visit to prevent such infections.

3.3.2. Advise the family when to wash hands

Family members should wash their hands:

- After using the latrine or toilet.
- After changing the child's nappies.
- Before preparing and serving food.
- Before feeding children.
- Before eating

Washing of hands frequently with soap and water is important and this should be done at least three times in a day (after the child has passed urine or stool). While washing the hands say a rhyme 'this is the way we wash our hands'. The baby puts hands into its mouth there is a risk of baby getting sick by infection from unclean hands. Wash the baby's hands also with soap and water.

All members of the family need to wash hands to prevent the spread of illness within the household.

ASHA has to ensure that hand washing is being practiced during each visit. During each visit, ensure that hand washing is being practiced.

3.4 Continued breastfeeding and starting complementary feeding at 6 month

The Mother and Child Protection Card, provides information about feeding children up to 3 years.

3.4.1. To assess feeding of an infant ask mother following questions:

- **Do you breast feed the child?**
  - How many times in a day?
  - Do you breast feed the child at night?
- **Does the child take any other foods or fluids?**
  - What foods or fluids?
  - How many times per day?
  - Are the foods thick or thin?
  - What do you use to feed the child?
  - How large are the servings (katori, teaspoon)?
  - Does the child receive separate serving?
  - Who feeds the child and how?
- **Ask if the child's feeding has changed during the illness?**
  - If yes how?

Messages on infant feeding given in MCP card.

The mother's answers to these questions will give you an idea whether a 3 months old child is being breastfed properly or not. You will also learn the feeding pattern of a child 6 months and older.

Remember, a child older than 6 months still benefits a lot from breastfeeding. From age 6 up to 12 months, breast milk provides half of the child's nutritional needs. Breast milk also continues to protect the child from many illnesses, and helps the child grow. Therefore, a mother should continue to breastfeed as often as the child wants and should continue it as long as possible or at least till the age of 2 years.

3.4.2. Complementary feeding

Complementary foods are foods that are given to the young child in addition to breast milk since the breast milk is not sufficient to meet the needs of the child at 6 months of age and above.

Appropriate complementary foods are:

1. Timely: Introduced when need for energy and nutrients exceeds that provided by BF
2. Adequate: Should provide sufficient energy, protein, and micronutrients
3. Properly Fed: Active feeding method and proper frequency according for age
4. Safe: Should be hygienically prepared, stored and fed

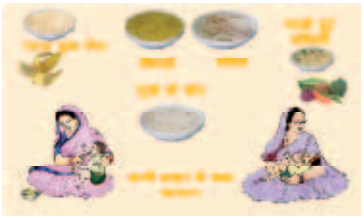
Why start complementary foods at 6 months?

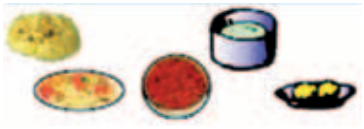
Till 6 months of age, breast milk sufficient to promote growth and development. However, energy and nutrient gap appears after 6 months and widens thereafter. Additionally, an infant's development and behavior makes him ready for other foods, like, infant holds objects and takes everything to mouth, chewing movements start and the tendency to push solids out decreases. The infant also has eruption of teeth and beginning of biting movements.

Disadvantages of adding foods too soon	Disadvantages of adding foods too late
• Decrease the intake of breast milk resulting in a low nutrient diet • Increase risk of illness esp. diarrhea	• Growth and development slows down or stops • Risk of deficiencies and malnutrition

Good complementary foods are nutrient-rich, energy-rich, and locally available.

Help the family introduce and then increase the amount and variety of complementary foods to give a child. A ***nutrition-rich diet*** requires a variety of foods. Iron, vitamin A and iodine are very important for development of the brain as well as for child's growth.





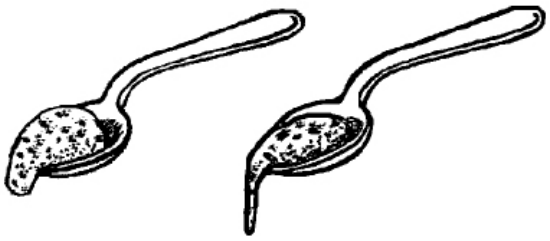
For child, age 6 up to 12 months

Provide foods especially prepared for the child (like panjeeri, la ddoo, halwa, upma, idli, poha etc). Family foods can also be given as snacks in small quantities. These are given in between meals.

Complementary foods as meals are those that are especially prepared for the child. These are soft, easy to digest in a semi solid form and nutritious. These can also be family foods that are made suitable for the consumption by the young child. Examples include dal with rice or crushed bread (chapati), boiled vegetables with butter or ghee as thick soup, or mixed with crushed bread (chapati). There should be no spices in the child's food and additional oil is put for making it rich, tasty and easy to swallow.

To be an ***energy-rich food***, the food should also be prepared thick—so it stays on a spoon. Thin soups and cereals fill the stomach but do not provide enough energy for a growing child.

Consistency of energy-rich complementary



Just right - stays on spoon **Too thin - drips easily off spoon**

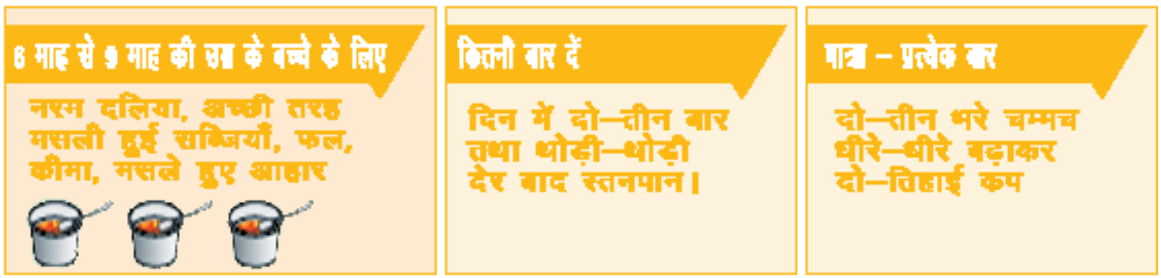
Advise families to start by giving one third to half karchi of well mashed food, 2 to 3 times each day. Gradually encourage—but do not force—the child to eat more.

छोटे बच्चे के पेट में एक कटोरी जितनी ही जगह होती है, इसलिए उसे थोड़ा–थोड़ा करके बार–बार खिलाऐं।

With the child's cup or bowl, you must demonstrate how much is 1/2, 3/4, and a full katori. The size of karchi and katoris can vary in size and shape. Try to standardize with one standard measure and explain to the family in terms of common household utensils that are used in the family for serving food.

One katori equals about 200 ml and serving spoon 100 ml (the volume can vary). Give ½ Katorie 3 times a day to children at 6 months of age and increase to ¾ katorie 4-5 times a day from 9 months onward.

1/2 katori **3/4 katori** **1 katori**



Hygiene of complementary foods

Unhygeinically prepared foods increase the risk of infectious illness (esp. diarrhea) compromising nutritional status and undermine the parents' confidence leading to give complementary foods.

It is very important that the complementary foods are prepared hygienically. This can be done by washing mother's and child's hands before preparing, handling and eating food, using clean water and raw materials to cook food.

Store foods safely by keeping food covered and serving shortly after preparation. Use clean utensils to prepare & serve food and use clean bowls & cups when feeding child. Never use feeding bottles.

3.4.3. Feed the child responsively

Children need help to eat. They eat slowly and are easily distracted. It is difficult to give enough food to them. Help the family to be patient during meals and gently encourage the child to eat. (Read the box on Responsive Feeding.)

Responsive feeding means gently encouraging—not forcing—the child to eat. Showing interest, smiling, or offering an extra bit encourages the child to eat. A parent also can play games to help the child to eat enough food and to encourage the child to try new foods. For example: Open wide for the bird to come inside. OR I will take a bite first. Yum. Yum. Now it is your turn to take a bite. Both the caregiver and the child feel encouraged and happy when the child eats well.

Open wide for the bird to come inside.

Adults need to provide adequate servings of food, and ensure that other children do not eat the child's food.

Feeding should be ACTIVE. This means enough food for the child is served in a separate plate and katori and fed by the caregiver. At the end of the meal some food should be left. This indicates that the child has taken enough food.

Feeding during illness

Responsive feeding is especially important when a child is sick or when a child is malnourished.

During illness, children may not want to eat much. Gentle encouragement and patience are needed.

The appetite of children during recovery from illness is increased. The mother should encourage the child to eat more during this period.

During illness, soft foods may be easier to eat than hard, uncooked food. These recommendations also apply to malnourished children. Malnourished children may have less appetite but the appetite improves as the child gets better.

After illness, good feeding helps make up for the weight lost and helps prevent malnutrition. When children are well, good feeding helps prevent future illness.

From 6 months onwards, ensure that child is being given nutritious food in adequate amount through responsive feeding

3.5. Promoting care for development

3.5.1. What is child development?

Children become more capable as they grow older. They learn to talk, walk, and run. They learn to think and solve problems. These changes are examples of the child's development.

- **Much of what children learn, they learn when they are very young**
  - The brain develops most rapidly before birth and during the first two years of life.
  - Hearing and sight areas of the brain develop most rapidly during the first 3 and 4 months of life.
  - Language areas develop most rapidly between age 6 months and 2 years.
  - The areas of the brain for thinking and solving problems begin to develop at birth and reach the peak for the most rapid change at age 12 months.

3.5.2. How children learn

messages on playing with a 6-9 months old child given in MCP card

Each child is unique at birth, and the differences among children affect how they learn. Their early care also affects their learning. Experiences during the first years with their mothers and other caregivers affect the kind of adults children will become.

Children can see and hear at birth. Starting when they are very young, children need opportunities to use their eyes and ears, in addition to good nutrition. For their brains to develop well, children also need to move, to have things to touch and explore, and to play with others. Children also need love and affection. All these experiences stimulate the brain to develop.

From birth, babies can see and hear. The mother's face is the favorite thing the young baby wants to look at. The baby sees her mother's face and loves to respond to her smiles and sounds. A mother should begin to talk to her child from birth—and even before birth.

- **Children need a safe environment as they learn**

Children are always exploring new things while they are learning new skills. They need a clean, safe, protected physical environment to be safe from injuries and accidents while they are playing and learning.

When children are young, they often explore by putting things into their sensitive mouths. With their mouths, as well as with their hands, children learn what is soft and hard, hot and cold, dry and moist, and rough and smooth.

Families must be sure that the things that young children put into their mouths are large enough so that they cannot swallow them in their breathing passages. Also, they should not let children put long, thin, or sharp objects into their mouths since this can hurt them.

Low weight babies and sick children need extra stimulation with play and communication activities, to grow and develop well.

Any object a child plays with should be clean. Putting the child on a clean blanket or mat helps to keep playthings clean.

You can help mothers encourage the efforts of their children to learn. Adults can encourage their children by responding to their children's words, actions, and interests with sounds, gestures e.g. copying, gentle touches, and words.

Children also should be protected from violence and strong anger at them and around them.

- **Children need sensitivity and responsiveness**

Some children show an interest or skills in an activity earlier than others or later than others. Respond to what a child shows an interest in doing. Then, increase the difficulty ("scaffold" it), when the child is able to do the activity easily.

Help the family learn basic care giving skills—sensitivity and responsiveness

Through play and communication, the mother or other primary caregiver learns to be sensitive to what the child communicates (the child's signals) and to respond appropriately.

A sensitive caregiver is aware of the child and recognizes when the child is trying to communicate, for example, hunger, pain and discomfort, interest in something, or affection.

A responsive caregiver then acts immediately and appropriately to the child.

Sensitivity and responsiveness lead to a greater satisfaction in the child as well as the mother.

These skills help caregivers recognize when a child is sick and needs medical care.

- **Children learn by playing and trying things out, and by observing and copying what others do.**

Children are curious. They want to find out how they can affect people and things around them, even from the first months of age. Play is children's work. Play gives children many opportunities to think, top test ideas and solve problems. Children are scientists who are always exploring and experimenting.

Children can learn by playing with pots and pans, cups and spoon and other clean household items. They learn by banging, dropping, and putting things in and taking things out of containers. Children learn by stacking things up and watching things fall, and testing the sounds of different objects by hitting them together. Children learn a lot from doing things themselves. This is experimentation and exploration which are the key for development and learning.

Children learn by experimenting and solving problems.

Children also learn by copying what others do. For example, a mother who wants her child to eat a different food shows the child by eating the food herself. To learn a new word, a child must hear it many times. For a child to learn to be polite and respectful, a father needs to be polite and respectful to his child.

Children also learn how to react to things by how others react—whether by fear, anger, patience, or joy.

Children learn language and other skills by copying.

3.5.3. Assess the interactions between caregiver and child

- **Three questions can identify how to help families interact with their young children.**

1. How do you play with your child?

Families often play with their children since birth. However, some do not. They might think that play is something that children do with each other, when the child is older. They do not know that their child will learn by playing with adults. Or they might play with their children, but do not call it play.

Helping adults understand the importance of play, and to enjoy it will encourage their greater participation in playing with their children.

2. How do you talk with your child?

Some families talk to children from their birth, even before birth. Others do not talk to their children. They may think that they do not need to talk until the child is able to talk. It is important the language is developing continuously starting from birth and non- verbal communication is the way child communicates with the caregivers.

It is useful to help families understand that their voices can be comforting, even before the child's birth. Talking before the child talks also prepares the child for talking—words, patterns of speech (who does what, to whom, with what), and exchanges in communication (when to talk, when to listen, when to respond).

3. How do you get your child to smile?

Caregivers who interact well with a child from birth have many ways to capture the attention of the child and encourage the child to smile. Ask them to show how they get their child to smile. Perhaps they make a funny face, or gently rub the child's tummy, or clap their hands.

Some parents do not know how to get the child to smile or their attempts are not "natural"—they are not in response to the child. To help them get started with interacting with their child, introduce play or communication activities. During the activity, help them be more sensitive to the child's reactions and respond appropriately with encouraging smiles.

3.5.4. Counseling the caregiver - Play and communication activities for the child's age

Once you have assessed how the caregiver interacts with the child, use the MCP card to counsel caregiver for appropriate play and communication activities that will help families stimulate the development of the child's physical, cognitive, social, and emotional skills.

Some sample activities are given here.

Age	Play activity	Communication activity
Young infant, age upto 3 months	• Provide ways for child to see, hear, feel, move freely, and touch you. • Move colourful objects (e.g. ribbon bow) in front of baby's eyes to help the baby learn to follow and reach.	• Look into baby's eyes, and talk to baby. • Smile and laugh with the baby. • Get a conversation going by copying the baby's sounds and gestures.
Child, age 3 upto 6 months	• Move colourful objects slowly in front of the child's face and on the sides so that child can move the face with the movement of the object, help child grab and hold objects. • Give child a shaker rattle or rings on a string. • Give child wooden spoon and other household objects to reach for, grab, and examine. • Play with ball, rolling the ball back and forth.	• Smile and laugh with child. • Get a conversation going by copying the child's sounds and gestures. • Talk softly to child and respond. • Get a conversation going by copying the child's sounds and gestures
Child, age 6 upto 12 months	• Give child clean, safe household things to handle, bang, and drop. • Hide a child's favourite toy under a cloth or box. See if the child can find it. • Place safe objects in front of the child so that child picks them with thumb and finger • Play peek-a-boo. • Play Tata and bye-bye with the child • Help the child to stand up	• Respond to your child's sounds and interests. • Call child's name and see child respond. • Say Papa Mama and Dada to the child to encourage the child to repeat. • Tell child the name of things and people. • Play hand games, like bye-bye.

Note: The timing of these guidelines is flexible.

You will now watch a video.

The video has many examples of play and communication activities that help a child learn. As you watch the video, make a list of learning activities you see.

During each home visit,ensure that family plays and communicates with the child appropriately for the age

3.6. Provide IFA supplementation

3.6.1. What is Anemia?

Anaemia is a disease commonly caused by deficiency of Iron and folic acid in the diet. More than 2 out of 3 children in our country are anaemic. Anemia in children causes lethargy and poor school performance. The child is unable to reach his/her full potential physically and mentally.

To overcome this large problem, the Government of India promotes supplementation of iron folic acid (IFA) for 100 days for all children of age 6–60 months. IFA given twice a week is seen to be effective in preventing Anemia due to Iron deficiency.

One of your tasks is the provision of IFA to the family. IFA may be supplied as tablets or as syrup. When you provide IFA to the family, also teach them how to use it.

3.6.2. Method of giving IFA syrup

Depending on the strength of IFA syrup available in your area, measure one dose containing 20 mg elemental iron (this may be 5 ml or 1 ml depending on the IFA syrup available. Clarify the dose with your supervisor). The cap/dispenser/dropper provided with the IFA syrup should be filled up to the mark of 5 ml or 1 ml and the content given to the child twice a week.

Fix the days for giving the IFA dose so that mother can remember the days. E.g. Monday and Thursday of each week.

Do **NOT** give IFA with milk since milk hinders the absorption of Iron in the body.

Ensure that mother measures the dose correctly. The child must be held in the mother's lap. Encourage the child to open the mouth. If the child does not open the mouth, you may need to press the cheeks gently together for the mouth to open. Mother must pour the dose entirely into the child's mouth and watch the child swallow the entire dose.

Child should be given IFA on an empty stomach, either one hour after or before food.

Convey to the mother that child may get black stools after IFA and this is normal.

If a child has high fever, omit the dose on that day and continue subsequent doses

Keep the IFA bottle out of reach of children in a clean and safe place.

3.6.3. Counsel for IFA

ASK the mother if she has heard of Anemia (khoon ki kami)?

Inform the mother that Anemia is very common among children. Inform the mother of the harmful effects of Anemia on a child. Explain the benefits of giving IFA supplementation to her infant. Explain to her how to give the dose. Persuade her to give the first dose under your supervision. Before giving the dose, ensure that the baby has been fed at least one hour earlier and remember NOT to give IFA with milk.

> IFA syrup should be provided to the family for each infant after the child is 6 months of age

Advice the mother to give Iron rich diet to the infant which includes preparations of Green leafy vegetables like Palak, Bathua, Pudina, Dhania, Methi. Other foods like Gur, Black gram, Rajma are also rich sources of Iron.

During your next visit, make sure to see that the IFA syrup given during previous visit has been consumed before giving the next one.

Ensure that child is given iron supplementation from 6 month onward (Replace with 100 doses must be given to child from 6 months to 5 years)

3.6.4 Teach preparation of ORS and provide a packet to the family

As you have read before, dehydration due to diarrhea is a common cause of death among children. Giving ORS to the child is a very effective means to prevent death.

During your home visits, give 1 packet of ORS to the mother after the child is 6 months age.

Advice mother that when she notices her child having diarrhoea, she must immediately start the child on ORS.

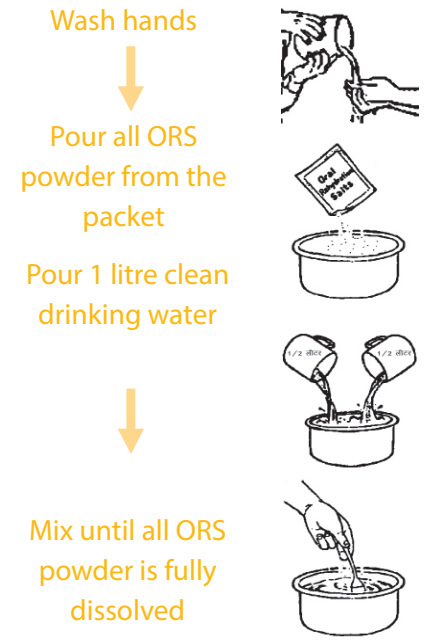
The child should continue to be fed as much as the child takes. If the child is reluctant to eat, then feed smaller amounnts of food more often.

As soon as the child recovers the child's appetite would return and mother should give extra feeds to make up for the excessive losses during the disease.

Mother should consult a health worker after starting ORS for additional treatment and advise that may be needed, such as, assessment of dehydration, use of Zinc in children with diarrhoea, and drugs/referral in selected cases.

Teach the mother how to Prepare ORS

1. Wash your hands thoroughly with soap and water
2. Pour all the ORS powder from a packet into a clean container
3. Measure one litre of clean drinking water and pour it in to the container in which you poured ORS. (If you have ORS packets for 1/2 litre of water then take 1/2 litre water).
4. Stir until all the powder in the container has been mixed with water and none remain at he bottom of the container
5. Taste ORS solution before giving it to the child. It should taste like tears - neither too sweet not too salty. If it tastes too sweet or too salty then throw away the solution and prepare ORS solution again.



Some examples of useful and harmful home available fluids to give during Diarrhoea are given in the table below:

Useful fluids	Harmful Fluids
1. Breast Milk	1. Soft drinks
2. Lassi	2. Fruit juices (sweetened)
3. Lemon drink	3. Coffee
4. Rice water	4. Tea
5. 'Dal' (lentil)	
6. Vegetable soup	
7. Fresh Fruit Juice (unsweetened)	
8. Plain clean water	

How much fluid to give after each episode of Diarrhoea

Age	
up to 2 years	**2 years and more**
1/4 - 1/2 cup (50-100 ml)	1/2 - 1 cup (100-200 ml)
Give more if the child wants.	

After each episode of Diarrhoea, tell the mother to give ORS slowly with a spoon. An older child who can drink it in sips should be given one sip every 1-2 minutes.

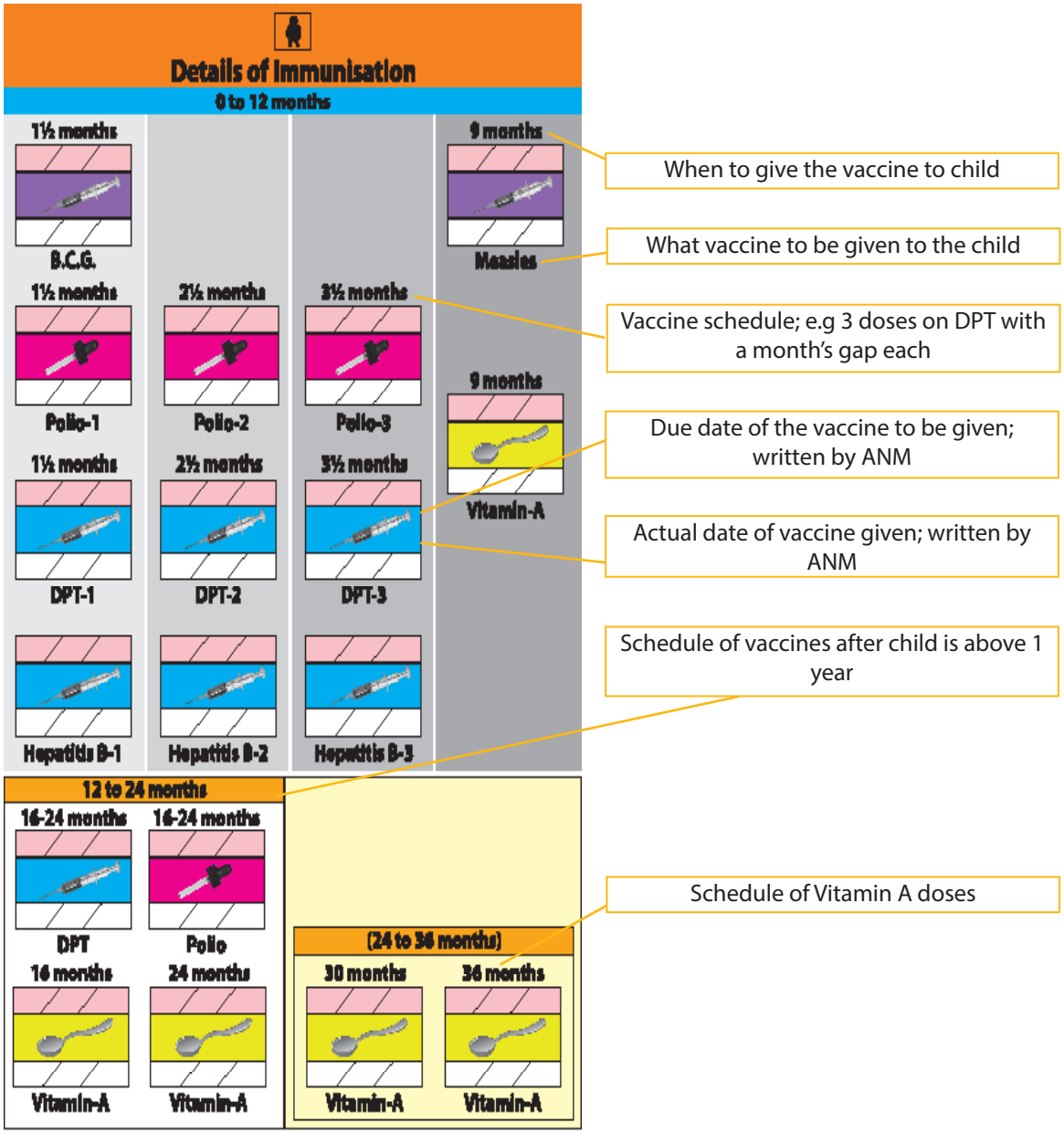
Provide family ORS packet and ensure that family knows how to prepare ORS. Do this in each visit.

3.7 Ensuring full immunization

3.7.1.

During a visit, ask the family for the child's MCP card. Check whether the child has received all the vaccines required by the child's age. For a missing or late vaccine, or a vaccine needed soon, discuss when and where the family can take the child for the next vaccination. At the age of nine months the child should also get vitamin A. This is useful for the eyes, vision and brain development of the child.

A filled MCP card tells you the date on which a child was vaccinated as well as other details e.g. due date for the next vaccine. The ANM fills the card for each child at the time of Immunization, during VHND.



3.7.2. Reduce drop outs

If a dose is missed, enquire into the reasons for it. In your diary, you have a list of children eligible for immunization. Along with the ANM prepare a due list of children for the next dose of immunization.

You would need to visit all the children as per the names compiled in your due list. Remember to give at least one visit earlier and a reminder on the morning of the VHND. You have to make a special effort to cover the dropouts and likely drop outs as mentioned above. Be sure to visit the home of these children on the day of VHND to escort them for Immunization

During each visit, ensure that child is up to date with the immunization schedule

Job aid for ASHA

Summary of Tasks During Each Visit

Visit 3 months old

Weight recorded and plotted on appropriate growth chart and their is no sudden weight loss or baby below 3rd centile on growth chart	
Hand washing	
Exclusive breast feeding till 6 months	
Family knows how to play and communicate with the child	
Immunization Status	• BCG • Oral polio • DPT • Hepatitis B • HIB

Job aid for ASHA

Visit. 6, 9 & 12 months old

Weight recorded and plotted on appropriate growth chart and their is no sudden weight loss or baby below 3rd centile on growth chart	
Hand washing	
Breast feeding is continued & Family started giving from 6 month onward nutritious food in adequate amount using responsive feeding	
Family knows how to play and communicate with the child	
Family given IFA supplementation and ORS and know how to IFA & ORS	
Immunization Status	• BCG, Oral polio, DPT • Hepatitis B, HIB, Measles • Vitamin A

RESPONDING TO SICKNESS

You have already learnt management of a sick child during your trainings as ASHA in various modules. Let us recap what you can do for a child with these illnesses.

5.1. Table: Danger signs that need referral in children 2 months to 5 years of age

General Danger Signs	• Not able to drink or breastfeed • Vomits everything • Has Convulsions • Is lethargic or unconscious
Very Severe Febrile Disease	• Any General Danger sign or stiff neck
Severe Dehydration	• Two of the following signs: • Lethargic or unconscious • Sunken Eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly\
Dysentry	• Blood in the stool
Severe Persistent Diarrhoea	• Diarrhoea for 14 days or more
Severe Pneumonia or Very Severe Disease	• Any general danger sign or chest in drawing
Severely malnourished	• Visible severe wasting/ Oedema of both feet

All of the above danger signs of illness have been taught to ASHA in module-7 training.

Video on signs of sickness

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.
	• **Give caregiver 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.
	• **Give zinc supplement.** Give 1 dose daily for 14 days:
	  • Age 2 months up to 6 months—1/2 tablet (total 5 tabs)
	  • Age 6 months up to 5 years—1 tablet (total 14 tabs)
	Help caregiver to give first dose now.

• If **Fever** (malaria risk)	• **Give oral antimalarial.** • **Advise caregiver on use of a insecticide treated bednet (ITN).**

• If
Fast breathing
	• **Give oral antibiotic** (cotrimoxazole tablet—20/100).
	Give twice daily for 5 days:
	  • Age 2 months up to 12 months—2 tablet (total 20 tabs)
	  • Age 12 months up to 5 years—3 tablet (total 30 tabs)
	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.**
	• **Advise on when to return.** Go to nearest health facility or, if not possible, return immediately if child
	  • Cannot drink or feed
	  • Becomes sicker
	  • Has blood in the stool
	• **Follow up**

You also can assist the referral of the sick child to prevent delay in getting urgent treatment.

5.2. Take the sick child to a health facility

The child with one or more danger signs must go urgently to the health facility. Your efforts to assist the family may make the difference in whether the family leaves right away or delays the trip, until the child becomes sicker.

If the child is sick, even without a danger sign, the child needs to go to the health facility to receive treatment that might prevent a more serious illness. If there is poor access to medical care, help the family get started with treatment

Explain why the child needs to go to the health facility

The family needs to understand the importance of seeking urgent care. A health worker can identify the problem. The child may need treatment that only the health facility can give.

Advise the mother to continue breastfeeding or give other fluids on the way

Families in some communities are concerned that giving fluids and feeding a sick child will be harmful. However, when children are sick, they lose more fluids than usual, especially children with fever, cough and runny noses, and vomiting, as well as diarrhoea. The lost fluids need to be replaced.

If the child is still breastfeeding, advise the mother to continue breastfeeding on the way to the health facility. Offer the breast more frequently and for a longer time at each feed.

If the child is not breastfeeding, advise the mother or other caregiver to take water with them and offer water frequently.

Advise to keep the child warm—but not too warm—on the way

How the caregiver covers the child's body will affect the body temperature.

To keep the child warm, help the family cover the child, including her head, hands, and feet with a blanket. Keep the child dry, if it rains. If the weather is cold, advise the family to put a cap on the child's head and hold the child close to the mother's body.

If the child has fever, covering the body too much will raise the temperature of the child. A light blanket may be enough to cover the child with a fever if the weather is warm

5.3. Write a referral note

- To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. Use your local referral form.

Referral Card

(to be filled by ASHA to refer a sick infant)

Child's Name .....

Name of the village ..... Age/Sex .....

Name of ASHA ..... Date and time .....

Referred to (Name of facility) .....

Reason for referral .....

Findings .....

Treatment given .....

Signature of ASHA

Table: Difficulties in referral and finding solutions

The caregiver does not want to take the child to the health facility because:	How to help and calm the caregiver's fears:
• The health facility is scary, and the people there will not be interested in helping my child.	• Explain what will happen to her child at the health facility. Also, you will write a referral note to help get care for her child as quickly as possible.
• I cannot leave home. I have other children to care for.	• Ask questions about who is available to help the family, and locate someone who could help with the other children.
• I don't have a way to get to the health facility.	• Help to arrange transportation. In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify ways to find transportation. For example, the community might hire a motor cycle or scooter, or arrange transportation with a truck.
• I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	• Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.
• Other common concerns in your community.	• Discuss how you could address the concerns.

Assist the referral of the sick child to prevent delay in getting urgent treatment.

Home Based Newborn Care Plus Card

(ASHA Copy)

(To be filled by ASHA at the completion of each home visit)

Name of Child..... Date of birth..... Sex of child (M/F).....

Name of village.....Block/District .....MCTS No.....

Contact No.(Mob No.).....Does mother have MCP card?....., If not, did you provide MCP card? Y/N.....

Tick (✓) on completion of activity. Cross (✘) if not able to complete activity.

Age of child at visit	Date of Visit	Weight Plotted on MCP card? Yes/No If yes, mention wt.	Has the infant received due vaccine as per the age?	Was family counseled for the following?				Did you provide		Signature of mother
				Hand washing	Exclusive breast feeding till 6 months	Appropriate complementary feeding after 6 months	Play and communication	ORS* (No.)	IFA* (No.)	
3 Month										
6 Month										
9 Month										
12 Month										

* If not been given, please specify reason? .....

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

Date of submission of card .....

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

Home Based Newborn Care Plus Card

(PHC Copy)

(To be filled by ASHA at the completion of each home visit)

Name of Child..... Date of birth..... Sex of child (M/F).....

Name of village.....Block/District .....MCTS No.....

Contact No.(Mob No.).....Does mother have MCP card?....., If not, did you provide MCP card? Y/N.....

Tick (✓) on completion of activity. Cross (✘) if not able to complete activity.

Age of child at visit	Date of Visit	Weight Plotted on MCP card? Yes/No If yes, mention wt.	Has the infant received due vaccine as per the age?	Was family counseled for the following?				Did you provide		Signature of mother
				Hand washing	Exclusive breast feeding till 6 months	Appropriate complementary feeding after 6 months	Play and communication	ORS* (No.)	IFA* (No.)	
3 Month										
6 Month										
9 Month										
12 Month										

* If not been given, please specify reason? .....

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

Date of submission of card .....

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

Process of payment of incentive

Activity	Health Personnel	Services
• Home Visits as per the HBNC schedule by ASHA. • 4 visits (3,6,9 and 12 months)	ASHA	• Fills and counsels as per MCP Card • Provide to ANM to verify field visit and countersign
• Supportive supervision	ANM, MO and BPM	• Supportive supervision to ASHA
• ASHA submits card to BMO	BMO	• BMO approves and gives to accountant for release of incentive
• Monthly review	MO/BMO	• Review status. Drug kit replenished