

**Facilitator Guide** *for*  
**ASHA to undertake Home Visitation  
for Home Based Newborn Care +  
Care for child development up to 1 year of age**

# FACILITATOR GUIDE

*for*

## ASHA to undertake Home Visitation for Home Based Newborn Care +

Care for child development up to 1 year of age



# TABLE OF CONTENTS

Preparations for ASHA Orientation in Home Based Newborn Care Plus.....	5
Pre-post Test for ASHA.....	7
Schedule of ASHA orientation in HBNC + .....	9
<b>Day 1 .....</b>	<b>11</b>
Introduction of participants .....	11
Section 1: Common Causes of infant deaths .....	11
Section 2: Conducting home visits .....	12
Section 3: How to Perform Tasks for Home Care of Infants.....	14
Section 3.1. Ensuring growth monitoring .....	14
Section 3.2: Ensuring Compliance with exclusive breastfeeding .....	18
Section 3.3. Promoting home care and hygiene especially hand washing.....	18
Section 3.4. Continued breastfeeding and starting complementary feeding at 6 month.....	19
Summarize Day 1.....	21
<b>Day 2 .....</b>	<b>23</b>
3.5. Promoting care for development.....	23
3.6. Provide IFA supplementation.....	26
3.7. Teach preparation of ORS and give a packet to the family.....	27
3.8. Ensuring full immunization .....	28
Visit to Anganwadi.....	29
Section 4: Responding to sickness.....	30
Filling HBNC+ Card .....	31
Conducting Role Play.....	34
Summarize Day 2.....	34
<b>Day 3 .....</b>	<b>35</b>
Home Visits .....	35
Debriefing of Home Visit .....	36
Summarize Day 3.....	36
Annexures .....	37
Key to Pre-post test for ASHA .....	37
Checklist .....	39

This Facilitator Guide is a comprehensive document meant to be used by facilitators orienting ASHA on Home based newborn care plus program. This guidebook describes the preparations to be made in classroom and in field prior to the orientation. The document takes you day wise through each session. The materials required in each sessions and method to be adopted are described herein.

This Guide must be coupled with the Practical Guide for ASHA to Undertake Home Visits for Infant Care, MCP card of the Government of India and Job aid for ASHA for HBNC+.

# PREPARATIONS FOR ASHA ORIENTATION IN HOME BASED NEWBORN CARE PLUS

The orientation of ASHA and other health workers in HBNC + is a RESIDENTIAL one.

In each batch, number of Participants will be not more than 30. Participants will be ASHA, ASHA facilitator, ANM, LHV.

## Classroom session preparations:

- Seating arrangements for 30 participants with space for organizing 2 group works must be available at the venue.

## Teaching aids

- Practical Guide on HBNC + in local language (1 for each participant and facilitator)
- Facilitator Guide in local language (3-4 copies)
- Growth chart posters for boys and girl
- 3-4 ORS packets
- 1 liter bottle of water and 1 glass of 250 ml
- 3-4 bottles of IFA syrup and spoons
- Job aid for ASHA
- MCP cards being used in the state in local language (1 for each ASHA and facilitator)
- Soap, two buckets of water and mugs
- Utensil (Pateela) for measuring 1 liter of water and preparing ORS
- Large plastic Ball
- Chart papers, black board, flip charts etc.
- A bowl of roasted wheat flour
- One cup of milk
- One empty bowl and spoon to mix flour and milk
- LCD/CD player with speaker system and screen



- CD containing Video on Fast breathing and chest in drawing (IMNCI 2 months to 5 years) & Video on Early child development
- Pre and post-test papers for ASHA
- Toys for children – colourful blocks, rattles

## Field session preparation

### Anganwadi visit - Day 2

- Vehicles for transporting participants to field
- Prepare two or more Anganwadis - Invite at least 15 infants per Anganwadi with their mothers – ENSURE that mother brings the MCP card with her
- Ensure comfortable seating arrangements for participants and mothers.
- Kit for each participant containing an IFA syrup bottle, an ORS packet HBNC+ cards and an MCP card

### Home visit - Day 3

- Line list of at least 30 infants in the local area
- Vehicles for transporting participants to field
- Kit for each participant containing an IFA syrup bottle, an ORS packet HBNC+ cards and an MCP card

*Note: Arrange for water for participants in the field*

## Pre – Post test for ASHA

### Home Based Newborn Care Plus (Infant care at home)

1. Most common cause of infant death in India is:
  - i. Pneumonia
  - ii. Accidents
  - iii. Snake bite
  - iv. Anemia
2. The common age group for malnutrition is
  - i. 1-2 years
  - ii. 2-3 years
  - iii. Upto 5 years
  - iv. 6 months - 2 years
3. Common 'direct' cause for malnutrition in young children in India is:
  - i. Delayed or inappropriate complementary feeding
  - ii. Superstitions about feeding
  - iii. Lack of health services
  - iv. Illiteracy
4. If a child's weight falls in the Green colour in the growth chart, it indicates that the child is
  - i. Normal weight for age
  - ii. Less weight
  - iii. Severely underweight
  - iv. None of the above
5. Breastfeeding of a child should be continued till
  - i. 1 year
  - ii. At least 2 years
  - iii. 6 months
  - iv. 5 years
6. Hands should be washed
  - i. Before feeding the child
  - ii. After going to toilet
  - iii. Before preparing food
  - iv. All of the above



7. Complementary feed should be initiated
  - i. When child is 9 months old
  - ii. When child is 1 year old
  - iii. When child is 6 months old
  - iv. None of the above
8. Which of the following is an appropriate complementary food?
  - i. Banana
  - ii. Biscuits
  - iii. Cerelac
  - iv. Fruit juice
9. Mother/caregiver should not play with the child while feeding because it distracts the child– TRUE/FALSE
10. Food need not be especially prepared for a child of 9 months. Child can be fed whatever is prepared at home – TRUE/FALSE
11. Mother should feed the child from her own plate at each meal – TRUE/FALSE
12. Only boiled water should be used for preparing ORS– TRUE/FALSE
13. ORS is prepared by mixing
  - i. One spoon ORS in one glass of water
  - ii. Half packet of ORS in half litre of water
  - iii. One packet ORS in one litre of water
  - iv. None of the above
14. ORS should be given to
  - i. Only when a child shows signs of dehydration
  - ii. Any child who develops Diarrhoea
  - iii. Can be given at any time
  - iv. Only when advised by a doctor
15. \_\_\_\_\_% of children in our country suffer from Anemia

# SCHEDULE OF ASHA ORIENTATION ON HBNC +


Time	Particulars
<b>Day 1</b>	
1.	Registration
2.	Welcome and Introduction
3.	Inauguration
4.	HBNC+ and role of ASHA
5.	Conducting home visits Tasks to be performed during home visits
6.	Ensuring growth monitoring
<b>Lunch</b>	
7.	Ensuring Compliance with exclusive breastfeeding
8.	Promoting home care and hygiene especially hand washing
9.	Continued breastfeeding and starting complementary feeding at 6 month
10.	Summarize Day 1
<b>Day 2</b>	
11.	Promoting care for development
12.	Provide IFA supplementation
13.	Teach preparation of ORS and give a packet to the family
14.	Ensuring full immunization
15.	Visit to Anganwadi
<b>Lunch</b>	
16.	Responding to sickness
17.	Filling HBNC+ Card
18.	Conducting Role Play
19.	Summarize Day 2
<b>Day 3</b>	
20.	Home Visits
21.	Debriefing of Home Visits
22.	Summary of tasks during each visit
<b>Lunch</b>	
23.	Summarize Day 3
24.	Annexures
25.	Key to Pre-post test for ASHA
26.	Checklist



# DAY 1

Distribute the materials to participants – Practical Guidebook and MCP card in local language


## Introduction of participants

**Time:** 15 mins 

- A. Introduce yourself and other trainers. Introduce the training in brief and introduce the resource materials.
- B. Play a game for introducing the participants. Explain the game to participants. Ask each participant to introduce her neighbor on her left, in few sentences by mentioning her name, village, educational status, work experience, trainings taken, likes and dislikes etc.

Give 5 minutes for preparation.

## Section 1: Common Causes of infant deaths


**Time:** 45 mins 

**Materials:** Small chits of paper for each participant, Flip chart and pens/White Board/Black Board

**Steps:** 

- A. Ask participants what they know about causes of infant deaths. (10 mins.)
- B. Provide a chit of paper to each participant and request to write a common cause of death among children. (35 mins.)
  - Open chit, categorize on board into pathological (Diarrhea, Pneumonia) and social causes (malnutrition, anemia, poor complementary feeding, poor hygiene etc.). Discuss that as an ASHA you have been already providing essential newborn care as part of HBNC activities. You have been playing an important role in improving the newborn care in your area by promoting breast feeding, ensuring warmth, educating the community about cord care and hygiene and counseling the mother about home care of a young infant through home visitation. Further, give emphasis on importance of good counseling, exclusive breast feeding, appropriate and timely complementary feeding and hygiene for preventing diseases and death among infants.

## Section 2: Conducting home visits

**Time:** 60 mins 

**Materials:** Black board/White board

**Steps:** 

- Ask participants what would be the best way to communicate the messages discussed in the previous session to mothers? What would be the suitable age of infant for counseling mother on infant care. (5 mins.)
- Draw the months of the year on the board and ask participants to mark on the boxes when do the mothers contact health facility in the infant's life? (15 mins.)
  - Emphasize that at the time of initiating complementary feeding i.e. 6 months of age there is no contact between the mother and health facilities. The only contact is with ASHA. Therefore, it is crucial for ASHA to know how to counsel mother to initiate appropriate complementary feeding.

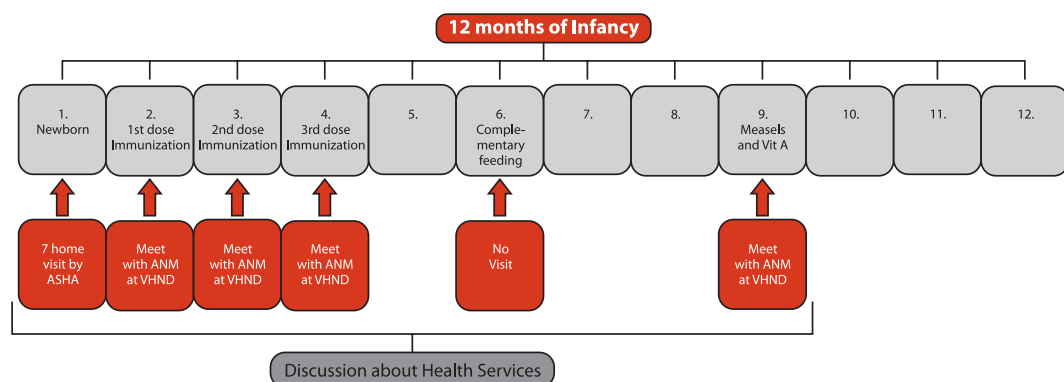


Figure 1: Months of infancy and contacts with the health system

- Ask participants how do they plan for a home visit?
  - Inform about the home visit schedule under HBNC+ as an extension of the HBNC+ visits to newborns. Inform that for home visits for HBNC+, visits are to be timed properly. Therefore ASHA must maintain a proper record and make a monthly plan for the visits. (5 mins.)
- Inform tasks of ASHA during home visit for HBNC + as given in the practical guide. Inform that ASHA must go on home visits prepared with her kit containing ORS packets, IFA syrup and MCP card. (5 mins.)
- Explain principles of communication as given in the practical guide. Put emphasis on 'listening to mother' and taking feedback from mother to assess how much she has understood of the counseling session. (30 mins.)

## Keep Principles of Communication in mind:

### GALPAC

**G - Greet the mother and give a friendly smile. Communicate the purpose of your visit.**

**A - Ask the mother how she and her infant are.**

- Record what the mother tells you
- An important reason for asking this question is to open good communication with the mother. Using good communication helps to reassure the mother that her infant will receive good care.
- Ask other appropriate questions

**L - Listen carefully to what the mother tells you.**

- This will show her that you are taking her concerns seriously.
- Use words the mother understands. If she does not understand the questions you ask her, she cannot give the information you need.
- Give the mother time to answer the questions
- Ask additional questions when the mother is not sure about her answer.
- Other tips for effective communication:
  - Sit at the mother's level
  - Touch appropriately or play with child
  - Nod, hmmm.... when mother is saying something. It makes her feel she is understood.
  - Do not appear to be in a hurry
  - Use appropriate body language
  - 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.

**P - Praise the family (or mother) when appropriate**

**A - Advise the mother/family appropriately.**

- Empathize with the family if there are any problems
- Do not be judgmental

**C – Check understanding of mother**

- Ask mother to repeat what has been told. This will help you gauge mother's level of understanding. If she has not understood, repeat the message. If she has understood, praise her and reinforce the messages.

Thank the family for their cooperation during your visit.

## Section 3: How to Perform Tasks for Home Care of Infants

### Section 3.1: Ensuring growth monitoring

**Time:** 90 mins



**Materials:** MCP card for each participant, Growth chart posters

**Steps:**



- A. Display the growth chart posters for boys on the wall. Then distribute MCP card. Request participants to study the growth chart. Ask participants what they know about the growth chart? (10 mins.)
  - Explain that different charts are used for boys and girls and why.
  - Inform about the meaning of the three colors on the growth chart.
  - Explain how to plot weight on the chart and how to prepare the growth curve by connecting the dots.
- B. Exercises 1A, 1B and 1C – (50 mins.)

Teach to plot weight on growth curve - Write exercises on the board

#### Exercise 1 A.

##### Child Rakesh

Age	Weight
Birth	3.9 kg
1 month	4.8 kg
2 months	6.0 kg
3 months	6.5 kg
5 months	8.5 kg
10 months	9.6 kg
1 year	10.5 kg

#### Exercise 1B.

##### Child Sona

Age	Weight
Birth	2.8 kg
1 month	3.5 kg
2 months	4.4 kg
3 months	5.2 kg
4 months	5.0 kg
5 months	5.0 kg
6 months	5.0 kg



## Exercise 1C.

### Child Poonam

Age	Weight
Birth	2.2 kg
2 month	4.0 kg
4 months	4.4 kg
6 months	5.9 kg
7 months	5.5 kg
8 months	5.3 kg
9 months	5.0 kg

- Ask participants to plot the weights given in the exercises on the growth chart displayed on the wall. Ask a participant to connect the dots.

### Solutions to Exercise 1:

#### 1A. Child Rakesh -

The curve goes UPWARDS. This indicates that Rakesh has steadily gained weight at each measurement and is growing well. This mother and family should be praised and encouraged to keep up the good child rearing practices.

**1B. Child Sona** gained weight till 3 months of age after which her growth curve remained flat indicating no gain in weight. The curve moved from the green to yellow area and then remained FLAT. The feeding history of this child should be assessed for exclusivity of breastfeeding. This mother and family should be counseled for breastfeeding the child exclusively and adequately. They should also be counseled for hygienic practices. The child should be followed up after 5 days for assessing adherence to the advice given and weight monitoring. If there is no improvement, the child should be referred to the ANM.

**1C. Child Poonam** was a low birth weight child at 2.2 kgs but gained weight steadily till 6 months of age. After this her weight started declining to cross from the green to yellow to red zone showing a DOWNWARD trend. This child should be referred to a health facility.

### General principles to follow for interpreting growth curve



**Table: Interpreting the growth curve**

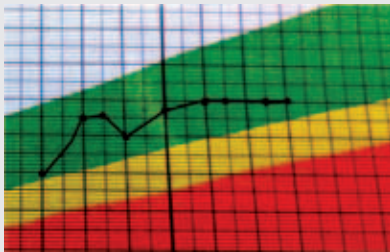

Good	Dangerous	Very Dangerous
The child's weight is increasing normally	Weight is not increasing, the curve is flat but has not gone down to another colour band	Weight is declining or if flat it moves down into another colour band
Praise, and assess feeding to reinforce the good practices of the mother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

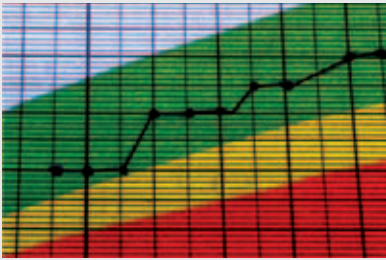
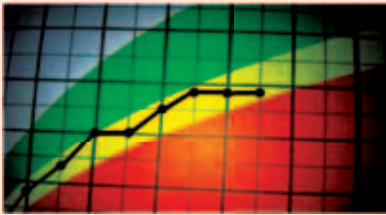
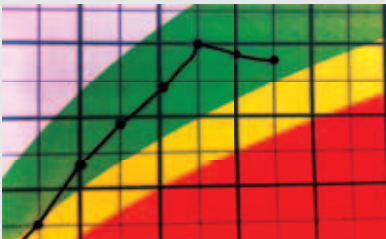
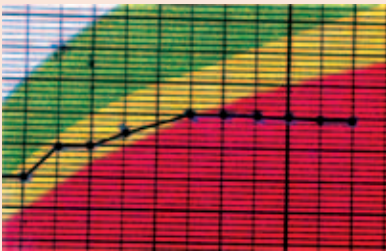
D. Discuss if weight is not recorded on the MCP card, ASHA must take the mother and child to the nearest AWC for recording and plotting weight on the card.

E. Do Exercise 2 – Time 30 mins

- Read aloud columns 1 and 2 of Table below and ask participants what action - referral or counseling should you take for the children with each child.
- Seek answers from participants and discuss. (Answers are given in column 4 in this book and also in the Practical guide available with the participants).


**Table: Direction of Growth Curve and Actions to be taken**

S. No.	Child	Growth curve		Action (Counsel/ Refer)
1	Mona, age 1 years	<b>Flat</b> 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.  <b>Follow up after 5 days to ensure compliance.</b>
2.	Jagdish, age 6 months	<b>Going down,</b> crossing into the <b>yellow colour</b>		Refer to health facility

S. No.	Child	Growth curve		Action (Counsel/ Refer)
3.	Tara, age 9 months	<b>Going up,</b> continuously 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	<b>Flat</b> but remains in the yellow colour		Review feeding, praise what she is doing well and identify feeding problems for bringing about change. <b>Follow up after 5 days to ensure compliance.</b>
5.	Rakesh 3 months	<b>Going down,</b> 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. <b>Follow up after 5 days to ensure compliance.</b>
6.	Jamuna age 12 months	<b>Going down</b> has crossed from yellow to brown area. She has diarrhoea		Provide ORS packets and refer immediately to health facility

Inform that it is not ASHA's job to take or plot the weight of the child. However, ASHA must ensure that the weight of the child is taken and plotted on the growth curve. She must help mother understand growth pattern of her child. ASHA must use the chart to provide feeding advice.

## Section 3.2: Ensuring Compliance with exclusive breastfeeding


**Time:** 40 mins 

**Materials:** MCP card, large plastic ball

**Steps:** 

- A. Play a game of throwing a ball. Throw a ball towards the group and ask participants to catch it. Whoever catches the ball, answers a question. Explain the game to participants. Ask the questions:
  1. When should breastfeeding be initiated?
    - i. Breastfeeding must initiated be as soon as possible after birth
  2. Till what age of child should breastfeeding be continued?
    - i. Breastfeeding should be continued as long as possible and at least till 2 years of age
- B. Discuss why some mothers do not practice exclusive breastfeeding and how will you address this issue?
  - Discuss the points given in the Practical Guide
  - Emphasize the importance of repeated counseling and support to mother to ensure continuity of exclusive breastfeeding
- C. Request participants to open the MCP card at the section giving messages on breastfeeding. Read aloud this section.
- D. Explain that at 3 months visit, ensuring exclusive breastfeeding is the most important issue and must be given due time and emphasis by ASHA while counseling mother.

## Section 3.3: Promoting home care and hygiene especially hand washing

**Time:** 20 mins 


**Materials:** MCP card, Bucket of water, empty bucket, mug, soap

**Steps:** 

- A. Ask participants, do you think washing hands is important? When should hands be washed?
  - Discuss that it is seen that with proper hand washing, a large number of infections can be prevented including Diarrhoea and pneumonia
  - Discuss when hands should be washed

- B. Now, arrange the aids on the floor for demonstration of hand washing in a way that the entire group can see - Bucket of water, empty bucket, mug, soap.
- Request a participant to demonstrate how hands should be washed. Praise if done correctly. Correct the steps that are done incorrectly.
- C. Inform about other ways of maintaining personal hygiene and hygiene at home

### Section 3.4.: Continued breastfeeding and starting complementary feeding at 6 month

**Time:** 90 mins 

**Materials:** Bowl with flour, glass of milk, empty bowl, spoon

**Steps:** 

- A. Ask participants what do they understand by complementary feeding? And, when should it be started and why?
- Discuss that once the child is 6 months old, it is time to start foods other than breast milk. This is called complementary feeding.
- B. Inform why complementary foods should be initiated at 6 months and why not before or after.
- C. Ask what is appropriate complementary feeding?
- Explain that complementary feeding should be timely, adequate, properly fed and safe.
- D. Ask what is the commonly used food material being used for complementary food in your area? With what food materials should it be started?
- Inform that good complementary foods must have adequate energy and nutrients to fulfill the infant's needs.
  - Inform about the various nutrients that should be consumed by the growing child.
  - Inform about the importance of breastfeeding given along with complementary feeds
- E. Discuss the questions that help asses complementary feeding as given in table below.

### Does the child take any other foods or fluids other than breast milk?

- What foods or fluids?
- How many times per day?
- How large are the servings (katori, teaspoon)?
- Does the child receive separate serving?
- Who feeds the child and how?

F. Inform what is a **meal** and what is a '**snack**'

G. Draw the following Table I. on the board.

- Ask the participants what they consider a good complementary food as meal and what complementary foods are available locally? Enlist these in column 1 of the table. Then, discuss with participants to evaluate the foods. Tick [✓] the characteristics that best describe the food. Discuss whether the food is a good complementary food for a growing child [Yes or No]. Start in the group with the example of ground nuts. Note that a good complementary food might not meet all the qualities listed. Discuss the decisions when everyone has finished.

**Table I.– Assessing good complementary foods**

List the local complementary foods as meals:	Energy- or nutrient-rich?	Widely available at low cost?	Easy to prepare in a soft form?	Liked by children?	Can be a snack?	Culturally acceptable	A good complementary food?	Remarks
Ground nuts	✓	✗	✓	✓	✓	✓	Yes	May be unaffordable in some areas
Banana	✓	✓	✓	✓	✓	✓	Yes	Suitable
Potato	✓	✓	✓	✓	✓	✓	Yes	Suitable
Daal ka paani	✗	✓	✓	✓	✓	✓	No	Not energy rich, contains few nutrients
Halwa	✓	✓	✓	✓	✓	✓	Yes	Suitable
Biscuits	✗	✗	✓	✓	✓	✓	No	Not energy rich. May induce constipation
Tea	✗	✗	✗	✗	✗	✓	No	Contains no nutrients

H. Similarly, discuss about local complementary foods as snacks made at home and local complementary foods as snacks (purchased from the market).

- I. To **demonstrate proper consistency** of complementary food, arrange on the table, the teaching materials in a way that all can see what is being done.
  - Ask a volunteer participant to come and mix the flour and milk to a consistency appropriate for complementary feeding. Praise if correct.
  - Demonstrate the correct consistency by mixing the flour and milk in appropriate quantities. Inform that adequate nutrition can only be provided to the child if the food is not too thin (as is the usual practice in most regions of our country) or too thick.
- J. Discuss the **quantity** of complementary food required by a 6 month old.
- K. Discuss how to introduce new foods and **increase the frequency and consistency** of complementary foods as the child grows.
  - Give  $\frac{1}{2}$  Katorie 3 times a day to children at 6 months of age and increase to  $\frac{3}{4}$  katorie 4-5 times a day from 9 months onward.
- L. Ask participants if they have observed children being fed? Are they fed by hand by the mother/grandmother? Or are they handed food like chapatti etc. to nibble by themselves?
  - Explain what is **responsive feeding** and why it should be practiced. Explain how participant can counsel the family for responsive feeding.
- M. Explain that it is crucial to assess the child's feeding especially in children that show growth faltering. Complementary feeding counseling is of utmost importance in such cases. Teach the **steps of counseling** for complementary feeding.

## Summarize Day 1

### Recap main points

1. Common causes of infant death are Diarrhoea and Pneumonia. Malnutrition and Anemia are the most important underlying causes.
2. HBNC plus is the process of providing care to infants through ASHA for child survival, growth and development
3. Under HBNC+ the child will be visited at the ages of 3 months, 6 months, 9 months & 12 months
4. ASHA must perform seven core tasks during home visits for infant care
5. ASHA must ensure that MCP card is up to date for growth monitoring and facilitate the same if not done during each visit
6. During 3rd month visit, ensure that exclusive breastfeeding is provided for 6 months



7. In each subsequent visit, ensure that child receives breast feeding for 2 years
8. ASHA has to ensure that hand washing is being practiced during each visit.
9. From 6 months onwards, ASHA must ensure that child is being given nutritious food in adequate amount through responsive feeding.

**Note:** If time permits let participants do a ROLE PLAY depicting a home visit of an ASHA to a 6 months baby. Conditions are last weight has not been recorded and complementary feeding not started.

## DAY 2

### Section 3.5.: Promoting care for development (ECD)

**Time:** 90 mins 

**Materials:** Video on ECD, Exercise on true or false

**Steps:** 

- A. Inform participants that now they will be learning about early child development, a topic that has never been introduced to them earlier. It may take time for them to understand the importance and need of this subject but they must bring it into practice during their HBNC + visits as a step to promote better mental development of each child.
- B. Play a true and false game. Each participant pairs with the one sitting on the left of her. Give each pair one statement from the set of TRUE OR FALSE questions. (50 mins.)  
Give 10 minutes to discuss among themselves whether the statement is true or false.

#### Exercise TRUE or FALSE

1. A mother does a better job when she feels confident about her activities to provide care	2. The brain develops more rapidly when the child first enters school than any other age	3. Young children learn more by trying out and copying others than by being told what to do
4. A father should talk to his child even before the child can speak	5. Before a child speaks, the only way to communicate is crying	6. A baby can hear at birth
7. A baby cannot see at birth	8. Talk to your child, but do not talk to a child while breastfeeding, it will distract the child from feeding	

Take feedback from each group and discuss the answers:-

1. **True.** A mother does a better job when she feels confident about her abilities to do so. It is the health worker and ASHA's job to build a mother's confidence
2. **False.** The brain develops most rapidly before birth and during the first two years of life.
3. **True.** Hearing and sight areas of the brain develop most rapidly during the first

3 and 4 months of life and 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. Therefore, young children learn more by trying and copying others than by being told what to do.

4. **True.** A father/mother should talk to the child before the child can speak. This helps the child learn how to speak as the child learns more by copying.
5. **False.** A child communicates in various ways. A child uses its eyes and its body language to convey what it wants to say. The caregiver must be sensitive and responsive to the child's needs and ways. Crying is the last resort of the child when the other signals are not being heeded.
6. **True.** A child can hear at birth.
7. **False.** A baby can see at birth.
8. **False.** During breastfeeding, a baby and mother are very close. They communicate by responding to the slightest movement and sound, even smell, of the other person. The baby becomes "attached" to the person who consistently responds to her, holds her, loves her, and helps her feel safe. This connection or bond lasts a lifetime. Ongoing interaction between the child and the mother helps both of them through mutual reinforcement. Talking to the child while breastfeeding helps strengthen the bond between mother and baby as the baby feels comforted by the mother's voice.

This learning helps them to do well in school and, when they grow up, to contribute to their families and communities.

C. Ask participants what they understand by the term 'caregiver'. Who can be a caregiver?

- To feel safe, young children need to have a special relationship with at least one person who can give them love and attention. The sense that they belong to a family will help them get along well with others. It will also give them confidence to learn.
- In the Indian context, most of the times, the mother or grandmother are the caregivers.
- Children naturally want to communicate with another person from birth. They become especially close to the mothers who feed them, spend time playing and communicating with them, and give them love and affection. In most cases mother should be the caregiver. This will help in developing bonding and attachment between the mother as care giver and the child.



Children need consistent loving attention from at least one person.


- D. Discuss with participants how to assess the interaction between the caregiver and child by asking three questions (10 mins.) -
1. How do you play with your child?
  2. How do you talk with your child?
  3. How do you get your child to smile?
    - These questions will help the ASHA understand the interaction between the mother and baby. ASHA will understand who is the caregiver for the child and how responsive is the caregiver to the needs of the child.
- E. Inform and discuss how the caregiver can play and communicate with the child. (10 mins.)
- Adults can help their children develop into happy, healthy persons by looking at and talking about the attempts of young children to do new things, to make sounds and to talk, even when children are not yet able to speak. This also provides opportunity to the adults to learn and get satisfaction. These efforts have very good results in depressed mothers, low birth weight and premature babies and malnourished children and sick children.

Principles to follow to promote early child development	Counseling points for mother
Combine play and communication with child feeding and child care	No extra time is needed. Improves feeding. Strengthens relationship between mother and the child. Both would be more responsive and will also enjoy and learn together.
Patience	Recognize that the child is learning very rapidly even though it is not able to perform as per adult expectations. Since the child is exploring and innovating continuously, the mother should be patient to allow the child to continue the exploration without interruption. The mother should know that the child is likely to be slow in response. Patience would help both the mother and the child.
Be interactive	Spend time with the child, with full attention to its behavior, even if the child cannot express verbally. It helps to reduce the frustration that might occur when the child or the mother is unable to respond. It also helps the mother to become more sensitive and responsive.
Creativity and innovation	The child experiments all the time, mother should also be creative and innovative through verbal and non-verbal communication and improvising play even in the absence of toys and play materials.

Principles to follow to promote early child development	Counseling points for mother
Stay with one activity at a time	This will avoid confusion in the mind of the child, will help to sustain interest, encourages innovation by trying alternatives and contributes to improvement of motor, cognitive social and emotional skills together
Increasing the complexity of the activity (scaf folding)	Start with simple and easy activity what the child already knows and then encourage the child to participate in more complex tasks in the same activity. This encourages learning and mastery of skills. Continue until the child loses interest.
Be prepared for a variable response	The child may not respond as per the expectations of the mother since the child has not yet perfected the skill. Child has its own way since the perfection is evolving. The mother should not get frustrated.
Interpretation of the child's response	The child is learning rapidly but the response in terms of action or language that adults understand may not be the same. The mother should observe the child regularly to understand the child's responses and be able to interpret. This will contribute to sensitivity and responsiveness.
Avoid confusion in child's mind	Do not overwhelm the child with too many toys since this leads to confusion in child's mind. Also avoid over stimulation of the child by doing too many things at the same time. The child will lose focus and not likely to learn.

- F. Ask participants to look at the relevant sections in the MCP card to identify how to play and communicate with infant
- G. Show the Video of early child development and discuss (10 mins.)

### Section 3.6: Provide IFA supplementation

**Time:** 15 mins 


**Materials:** IFA syrup bottle, Ball, plastic bottle cap or dropper - as appropriate

**Steps:** 

- A. Play a game of throwing a ball towards the group and ask participants to catch it. Whoever catches the ball, answers a question. Explain the game to participants. Ask the questions:
  - What do you know about anemia and its prevention?

- How many children below 5 in our country are affected by Anemia.
    - 80% children are found to be affected by anemia in our country.
  - How does anemia affect the child's physical and mental growth?
    - Anemia causes decrease in physical strength and sluggish mental faculties. An Anemic child will grow up to have poor school performance.
  - Ask is there any government program to control anemia in the community?
    - GOI has launched an Iron + initiative under which 100 doses of Iron must be given to all children between the ages of 6 months to 5 years. IFA must be given to the child two times in 7 days.
  - What foods can be given to increase Iron in the body?
    - Green leafy vegetables, black gram softened
- B. Discuss that to ensure that mother is convinced about giving Iron to her child, mother must be counseled on – importance of Iron for the child for physical and mental well being. ASHA must help mother fix days of the week for the doses like Monday and Thursday so that mother remembers to give the dose. Give clear instructions for giving IFA – IFA must be given in the right dose, 1 hour before or 1 hour after meals, it should never be given with milk.
- C. Demonstrate how to measure IFA for children and allow participants to practice

### Section 3.7.: Teach preparation of ORS and give a packet to the family

**Time:** 15 mins 


**Materials:** Packets of ORS, container, bottle of 1 liter capacity, 1 liter of water, stirrer

**Steps:** 

- A. Discuss with participants what is meant by Diarrhoea death? What causes an infant to die of Diarrhoea? Ask how dehydration can be prevented?
- B. Arrange on the table the materials for preparing ORS. Arrange in such a way that it is visible to all. Get a volunteer to demonstrate how to prepare ORS. Praise if correct. Reinforce the steps for preparation of ORS with emphasis on usage of 'safe'/potable water, importance of **mixing the entire packet in 1 liter of water.**
- C. Inform the participants that at each home visit, they must assess what mother does in case child has Diarrhoea? They must inform mother about the benefits of ORS and ensure that the family has a packet of ORS stored safely (should be kept in a clean, dry place). Teach family how to prepare and give ORS.

- D. Ask participants to list on the board in tabular form, what are the useful and harmful fluids during Diarrhoea. Ensure that the family knows how much fluid to give to a child age wise during Diarrhoea and to take the child immediately to the doctor.

### Section 3.8.: Ensuring full immunization

**Time:** 30 mins 

**Materials:** MCP card

**Steps:** 

- A. Ask for each of these children, which vaccines should the child have received? When should the child go for the next vaccines?
- Child 1. Anu, age 3 months.
    - a. Child should have received BCG, DPT 1, DPT 2, Hep 1, Hep 2, OPV 1 & 2.
  - Child 2. Ashok, age 6 month,
    - a. BCG, DPT 1, 2 & 3, Hep 1, 2 & 3, OPV 1, 2 & 3.
  - Child 3. Geeta, age 1 year
    - a. BCG, DPT 1, 2 & 3, Hep 1, 2 & 3, OPV 1, 2 & 3, Measles, Vit A
- B. Discuss the immunization schedule. Let participants discuss how to reduce drop outs.



## Visit to Anganwadi

**Time:** 90 mins



**Materials:** ORS packets, IFA syrup, MCP cards, Anganwadi register with growth plotting, infant weighing scale, job aid for ASHA

### Preparation for Anganwadi Visit

Timeline	Tasks
1 week before 2 -3 days prior to field visit	Identify 2-3 Anganwadis to seat 10 participants and mothers in each
2-3 days prior to field visit	Hold meeting with AWW, ANM and ASHA of the Anganwadi area to inform for calling mothers with infants between 3 months to 1 year to the center at the time decided. Mothers must be told to bring MCP card Ensure that each AWW has a weighing scale for infants and the growth charts for each child (available with AWW)
One day prior to field visit	Divide participants into 3 groups of 10 participants each. Ensure that each group has enough ORS packets and IFA syrup to give to each mother they meet during the visit. Brief participants for performing the tasks for HBNC+ during the Anganwadi visit with special focus on growth monitoring Arrange for carrying water for participants
Day of visit	Once in the Anganwadi. Ensure that all participants can see the demonstration. Cover all points including communication skills and the seven tasks for HBNC+ during the demonstration. After demonstration, allot one child to two participants and give 30 minutes to cover the seven tasks while following communication points. Participants must use the job aid given in their module as their guide. Use checklist to assess the participants performance (Attached as Annexure) At the completion of visit, thank the local staff and mothers

After the visit, take feedback from the participants. What did they learn about mother's behavior for infant care? Where are the gaps? What were the points for counseling? What messages were welcomed by the mothers and which ones were not understood?

Provide your feedback. What were the good points of the visit. What was missing. What can be improved in the next day's visit at home.

## Section 4: Responding to sickness

**Time:** 60 mins



**Materials:** Video of sickness in children, referral card

**Steps:**



- A. Group discussion on what participants know about Diarrhea and Pneumonia management and what are the danger signs? Who can recognize the danger signs? When and how the child should be referred to a health facility?
- B. Show video of fast breathing and chest in-drawing
- C. Explain why it is necessary to support mother for referral and how ASHA can help. Discuss what preparations are needed while taking the infant in the vehicle.
- D. Ask participants to open the Referral card. Go through it with them line by line.

**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**

## Conduct a Role Play for complementary feeding (20 mins.)

### Role play practice

Work with a partner to practice helping a mother learn the quantity and consistency of complementary food her child needs. Follow the example in the demonstration. Decide on the roles.

**ASHA**— Gather items that you will need to demonstrate the quantity and consistency of food the child needs (bowl, roasted flour and milk).

**Mother**— Your child is age six months. You would like to know how much quantity to feed him.

## Filling HBNC + card

**Time:** 30 mins



- Explain to participants how to fill relevant sections in HBNC+ card.

This card is to be filled for a child during each visit. The card contains information on each task that ASHA is expected to complete during her visit. After each visit, ASHA fills the relevant row with a 'Yes' or 'No' as appropriate. At the end of each visit she gets the row signed by mother.

The card is important as a recording tool for ASHA and as a verification of her visit for her payment.

## 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 (X) 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.)	
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.)	
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.....

## Conduct Role Play

Objective of the role play

### Putting it all together in a counseling session

**Materials:** Doll, MCP card, measuring katori and spoon, bag of toys, water bowls (no water needed)

#### Instructions for participants

You will work with a partner. One partner will play the role of mother with child of 6 months, and you will practice counseling her. Practice a counseling session from the greeting to the moment you say goodbye and leave the home.

After you receive your assignment, with your partner, prepare for the session:

- Set up your space for counseling the parent.
- Quickly review the MCP card for the age of the child.
- Organize your counseling materials (MCP card, measuring katori and Spoon, selected toy items). You do not need to practice washing hands with soap and water, but act out washing hands at the appropriate time in the counseling.

Use the MCP card to counsel the mother or father. Complete the counseling process.

Mock fill in the HBNC Plus card


## Summarize Day 2

### Recapitulate the main points:

1. During each home visit, ensure that family plays and communicates with the child appropriately for the age
2. Ensure that child is given iron supplementation from 6 month onward (100 days in a year). Provide a bottle of IFA syrup to each family.
3. Provide family ORS packet and ensure that family knows how to prepare ORS.
4. Do this in each visit.
5. During each visit, ensure that child is up to date with the immunization schedule
6. Identify signs of sickness and assist the referral of the sick child to prevent delay in getting urgent treatment.
7. Fill in the HBNC+ card carefully and correctly. Submit this card to appropriate authorities and get paid your incentive.

## DAY 3

### Home Visit

**Time:** 3 hours 

**Materials:** To each participant give 1 ORS packet, 1 IFA bottle (to provide to family of infant visited), 1 MCP card, 1 HBNC+ card, 1 Job aids

#### Objectives of field visit:

Visit homes of infants between 3 months to 1 year to perform the tasks delineated under HBNC + program.

#### Preparation for field visit to homes

S. No.	Timeline	Tasks
1.	1 week before visit 2 -3 days prior to field visit 2-3 days prior to field visit	Identify 1-2 villages within 15-20 minutes driving distance of the venue  Hold meeting with AWW, ANM and ASHA of the village to enlist at least 30 mothers with infants between 3 months to 1 year and seek the mother's consent for the upcoming home visit of participants. Mothers must be told to keep MCP cards ready.  Ensure that the list of infants with address is ready with the ANM/ASHA
2.	One day prior to field visit	Divide participants into 2-3 groups as appropriate, to take them to villages. At least 2 facilitators must accompany each group.  Ensure that each group has enough ORS packets and IFA syrup to give to each mother they meet during the visit.  Brief participants for performing the tasks for HBNC+ during the home visit  Ensure that participants carry the job aid for ASHA.
3.	Day of visit	Once in the village, request ASHA/ANM to drop off 2 participants at each infant's house. Remind participants about what is to be done and give them 60 minutes to complete the assignment. Request them to collect at one point after 60 minutes.  Randomly visit 4-5 houses where the participants are and use checklist to assess the participants performance  At the completion of visit, thank the local staff

## Debriefing of Home Visit

- After the visit, take feedback from the participants. What did they learn about mother's behavior for infant care? Where are the gaps? What were the points for counseling? What messages were welcomed by the mothers and which ones were not understood?
- Provide your feedback. What were the good points of the visit. What was missing. What can be improved in the next day's visit at home.

## Summarize Day 3

Summarize the main learning from the home visits.



# ANNEXURES

## Key to Pre – Post test for ASHA

Home Based Newborn Care Plus (Infant care at home)

1. Most common cause of infant death in India is:
  - a. Pneumonia
  - b. Accidents
  - c. Snake bite
  - d. Anemia
2. The common age group for malnutrition is
  - a. 1-2 years
  - b. 2-3 years
  - c. Upto 5 years
  - d. 6 months - 2 years
3. Common 'direct' cause for malnutrition in young children in India is:
  - a. Delayed or inappropriate complementary feeding
  - b. Superstitions about feeding
  - c. Lack of health services
  - d. Illiteracy
4. If a child's weight falls in the Green colour in the growth chart, it indicates that the child is
  - a. Normal weight for age
  - b. Less weight
  - c. Severely underweight
  - d. None of the above
5. Breastfeeding of a child should be continued till
  - a. 1 year
  - b. At least 2 years
  - c. 6 months
  - d. 5 years
6. Hands should be washed
  - a. Before feeding the child
  - b. After going to toilet
  - c. Before preparing food
  - d. All of the above

7. Complementary feed should be initiated
  - a. When child is 9 months old
  - b. When child is 1 year old
  - c. When child is 6 months old
  - d. None of the above
8. Which of the following is an appropriate complementary food?
  - a. Banana
  - b. Biscuits
  - c. Cerelac
  - d. Fruit juice
9. Mother/caregiver should not play with the child while feeding because it distracts the child– TRUE/FALSE
10. Food need not be especially prepared for a child of 9 months. Child can be fed whatever is prepared at home – TRUE/FALSE
11. Mother should feed the child from her own plate at each meal – TRUE/FALSE
12. Only boiled water should be used for preparing ORS– TRUE/FALSE
13. ORS is prepared by mixing
  - a. One spoon ORS in one glass of water
  - b. Half packet of ORS in half litre of water
  - c. One packet ORS in one litre of water
  - d. None of the above
14. ORS should be given to
  - a. Only when a child shows signs of dehydration
  - b. Any child who develops Diarrhoea
  - c. Can be given at any time
  - d. Only when advised by a doctor
15. \_\_\_\_\_70-80\_\_\_\_\_ % of children in our country suffer from Anemia

- |           |           |            |            |
|-----------|-----------|------------|------------|
| 1). a     | 2). d     | 3). a      | 4). a      |
| 5). b     | 6). d     | 7). c      | 8). a      |
| 9). False | 10). True | 11). False | 12). False |
| 13). c    | 14). b    | 15). ..... |            |

## Checklist for Assessment of Participants During Field Practice Session

(For use by facilitator during field sessions (Anganwadi and Home visits))

Place a tick (✓) in box if task is performed satisfactorily, an (O) if it is not performed satisfactorily, or N/O if not observed.

Satisfactory: Performs the step or task according to standard procedure or guidelines

Unsatisfactory: Does not perform the step or task according to standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Name of observer.....

Name of trainee being observed.....

Designation.....

Block/District ..... Venue of training.....

Date Observed.....

STEP/TASK	OBSERVATIONS
Uses MCP card	
Greets appropriately	
States the objective(s) of the visit	
Arranges counseling area appropriately	
Asks questions and encourages mother to ask questions.	
Listens carefully to mother's responses and responds appropriately	
Counsels appropriately	
Explains growth monitoring and growth chart to mother	
Counsels on play and communication activities appropriate to age	
Provides ORS gives appropriate advice	
Provides IFA and gives appropriate advice	
Practices good communication techniques	