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

सत्यमेव जयते

GUIDEBOOK FOR

MOTHER-CHILD PROTECTION CARD 2018

FOR ANM | ASHA | AWW

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CONTENTS

ACRONYMS AND ABBREVIATIONS

MCP	-	Mother and Child Protection
AWC	-	Anganwadi Center
MWCD	-	Ministry of Women and Child Development
RBSK	-	Rashtriya Bal Swasthya Karyakram
HBYC	-	Home-Based Care for Young Child
ANM	-	Auxiliary Nurse Mid-wife
ASHA	-	Accredited Social Health Activist
IFA	-	Iron Folic Acid
VHSNC	-	Village Health Sanitation and Nutrition Committee
VHSND	-	Village Health Sanitation and Nutrition Day
PRI	-	Panchayat Raj Institutions
ICDS	-	Integrated Child Development Services
JSY	-	Janani Suraksha Yojana
JSSK	-	Janani Shishu Suraksha Karyakram
PMSMA	-	Pradhan Mantri Surakshit Matritva Abhiyan
PMMVY	-	Pradhan Mantri Matru Vandana Yojana
BCG	-	Bacillus Calmette–Guérin vaccine
OPV	-	Oral Polio Vaccine
DPT	-	Diphtheria, Tetanus and Pertussis
ANC	-	Antenatal Care
PNC	-	Postnatal Care
MCTS ID	-	Mother and Child Tracking System (MCTS) Identification Number
RCH	-	Reproductive and Child Health
LGD Code	-	LGD Code Local Government Directory Code
IFSC	-	Indian Financial System Code
PHC	-	Primary Health Centre
FRU	-	First Referral Unit
SRS	-	Sample Registration System
TT	-	Tetanus Toxoid Vaccine
Td	-	Tetanus and Adult Diphtheria Vaccine
PIH	-	Pregnancy-Induced Hypertension
PPH	-	Post-Partum Hemorrhage
LSCS	-	Lower Segment Caesarean Section
POG	-	Period of Gestation
HIV	-	Human Immunodeficiency Virus
Hbs Ag	-	Hepatitis B Surface Antigen
CHC	-	Community Health Centre
SBA	-	Skilled Birth Attendant
CS	-	Caesarean Section
KMC	-	Kangaroo Mother Care
MO	-	Medical Officer
HBYC	-	Home Based Care for Young Child
AWW	-	Anganwadi Worker
ORS	-	Oral Rehydration Salt
LPG	-	Liquefied Petroleum Gas
ECD	-	Early Childhood Development
NFHS	-	National Family Health Survey
NHM	-	National Health Mission
DEIC	-	District Early Intervention Centre
ECCE	–	Early Childhood Care and Education

IUCD	-	Intrauterine Contraceptive Device
MPA	-	Medroxyprogesterone Acetate
NSV	-	No Scalpel Vasectomy
POP	-	Progestin Only Pill
OCP	-	Oral Contraceptive Pill
FP-LMIS	-	Family Planning- Logistics Management Information System
SAM	-	Severe Acute Malnutrition
WHO	-	World Health Organization
MWCD	-	Ministry of Women and Child Development
GOI	-	Government of India
MR	-	Measles Rubella
JE	-	Japanese Encephalitis
PCV	-	Pneumococcal Conjugate Vaccine
UIP	-	Universal Immunization Programme
IPV	-	Inactivated Polio Vaccine
RV	-	Rotavirus Vaccine
CRS	-	Congenital Rubella Syndrome
SIA	-	Supplementary Immunization Activity
RI	-	Routine Immunization
AEFI	-	Adverse Events Following Immunization
MUAC	-	Mid-Upper Arm Circumference
P/V	-	Per Vaginal Examination
MI	-	Mission Indradhanush
BP	-	Blood Pressure

1 INTRODUCTION TO THE REVISED MCP CARD

The Mother and Child Protection (MCP) Card is a familiar tool being used by most of you for over a decade now. The shape and form of the card may have varied according to your states and you may have a different name for the card in your region such as 'Mamta Card' or 'Jaccha Baccha Card'. All of you know what the Mother and Child Protection Card is used for and why it is important. The MCP Card is used in your routine work for recording a pregnant woman's antenatal visits, for explaining the importance of institutional deliveries, explaining services available at AWCs, for recording immunizations availed by children etc.

Since 2010 the Ministry of Health and Family Welfare and the Ministry of Women and Child Development (MWCD) have been using a common MCP Card. As you know, several new schemes have been launched by the Government of India for ensuring improved well-being of pregnant woman, mothers and children. The immunization schedule has been expanded to introduce new vaccines, services available at the AWCs have also increased and recently programs such as Rashtriya Bal Swasthya Karyakram (RBSK) and Home-Based Care for Young Child (HBYC) programs have substantially shifted the focus from survival to the overall development of children.

Based on these developments, in 2018, several additions and modifications were made to the MCP Card.

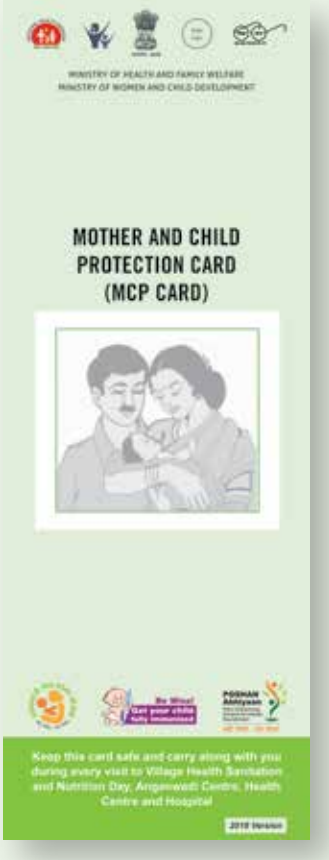
What is the MCP Card?

The MCP Card is a maternal and child care entitlement card, a counselling and family empowerment tool which would ensure tracking of mother and child cohort for health, nutrition and development purposes. As the first contact point between a pregnant woman and the health system, the MCP card has the potential to create awareness, facilitate community dialogue and generate demand for uptake of vital services being provided.

Why was the MCP Card Revised?

The main purpose of the revision was to ensure that family members take ownership of the card. The changes are meant to motivate communities and encourage responsive care by parents. The changes made in the MCP Card were not made for adding more details or for capturing more information, they were made so that family members can directly associate with the card.

Another reason for revising the card was to ensure standardization of the card across states. If a mother and her child move from one state to another, the language may change, but the pictures, color of box showing immunization and doses will be the same and this will help the ANM/ASHA of the new state to fill the card appropriately. This is why you must advise the mother to keep the MCP Card safe and always carry it with her when she travels out of the village. It will help in ensuring that the mother/child does not miss any of the services which are due.



Family Involvement and Ownership

The revised MCP Card requires direct action by parents and family members on three fronts. Families need to 1) paste a photo of their child on the first page 2) they need to mark the card when their child achieves age appropriate milestones and 3) they need to mark the Iron Folic Acid (IFA) compliance table after their child receives the appropriate dose of IFA syrup. The purpose of involving families in such a way is to encourage them to take ownership of their child's well-being. In case parents/ families are unable to understand and take appropriate action mentioned in the card, encourage them by showing them the pictures. ANMs, ASHAs and AWWs should also help families by demonstrating how to fill the card and ask more aware community members to support those parents.

Who uses the card?

The card can be used by:

A. Family Members (Mothers, Fathers, Mother and Father-in-law, Adolescent Girls, etc.)

1. To gain knowledge related to the pregnant woman's health, nutrition, danger signs of pregnancy and optimum foetal development.
2. To get necessary information related to children's health, nutrition and development.
3. To get information on what health and nutrition services are to be availed.
4. For being able to adopt and practice optimum care behavior(s).
5. To monitor and promote the growth and development of children.
6. To gain knowledge related to entitlements for mother and children under various government schemes.
7. For being alert and being able to take timely action in case of warning signs in children.
8. For using the card as an entitlement card for getting services at a place other than the place of residence.

.

B. Community Influencers (Including: Village Groups/ VHSNC/ Women's Group/ PRI Members, etc.)

1. For holding discussions in community meetings/ gatherings for promoting healthy behaviors in their communities.
2. Ensures community members/ groups have basic awareness about and where to access maternal and child services.
3. Facilitates monitoring/ social audit of effective service delivery in communities.

C. ANM/AWW/ASHA

1. For counselling families about optimal health, nutrition and child care practices for mothers and young children.
2. For recording information on utilization of health and Anganwadi Services under the umbrella ICDS programme.
3. For appropriate home visits referrals and follow up.
4. For promoting birth preparedness, counselling on where to go in emergency for care of the mother and child.
5. Track developmental milestones, advice on appropriate action to be taken by families and facilitate referral, if required.

D. Health and ICDS Supervisors

1. To ensure the introduction of the card among target families.
2. To ensure that use and significance of MCP card is properly explained to the families with support materials.
3. To track utilization of essential services and monitor the effective and efficient delivery of services to the target families.
4. To verify and validate services during supportive supervision visits.

Who are the specific target groups for the card?

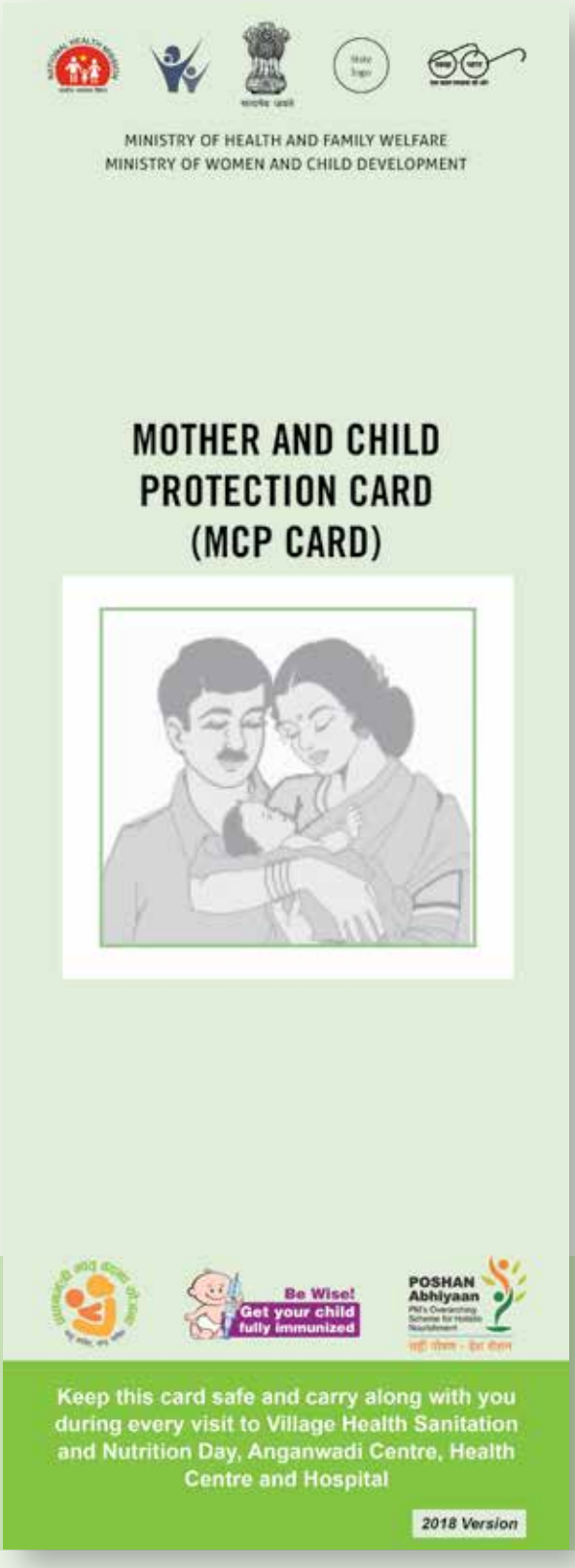
1. Pregnant women.
2. Lactating women.
3. Families with children under 3 years of age, extending up to 16 years for immunization.

Who keeps the card?

1. Pregnant woman/her family.
2. Mothers/parents of children under 3 years of age.
3. Immunization Counterfoil to be retained by ANM.

Since immunization services are provided up to the age of 16 years, the card should be kept safe till the child turns 16.

FRONT COVER



Your role as ANMs/ASHAs/AWWs

As the first point of contact for families, you must use community platforms to spread awareness regarding the use and importance of the MCP Card. Seek help of PRI members, local leaders to use the MCP Card as a discussion tool in community meetings and gatherings.

Using the Guidebook

The following sections will take you through the revised MCP Card, page by page. The content and skills can be easily mastered after continuous practice. For ease of reference, new additions/ changes in the MCP Card have been highlighted in **red color**. The Guidebook also has useful Hints for you. This is information which you need to understand and then communicate to families in an easy to understand manner. A key aspect of your job is to counsel and encourage families for uptake of services at the right time. To ensure communication is effective, you should develop and maintain a continuous relationship with family members. It would also be beneficial to take the help of PRI members or local champions to counsel fathers with regards to their role in pregnancy and child care.

The cover of the card carries an important message for the family. While giving the card ensure that you ask the pregnant woman/ mother/family to keep the card safe and carry it during every visit to VHSND, AWC, Health Centre and Hospital.

2 BACKGROUND SECTION: GOVERNMENT SCHEMES

Janani Suraksha Yojana (JSY)

Eligible mother gets cash assistance for giving birth in public health facilities and in private accredited hospitals

Benefits under Pradhan Mantri Matru Vandana Yojana (for the first live child in the family)

- 1st Installment given to beneficiaries after early registration of pregnancy at the Anganwadi Centre/approved Health facility
- 2nd Installment given to beneficiaries when at least one ANC received (can be claimed before 6 months pregnancy)
- 3rd Installment given to beneficiaries
  i. After registration of child birth
  ii. Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute

Pradhanmantri Surakshit Matritva Abhiyaan

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

Benefits under Janani-Shishu Suraksha Karyakram

For Pregnant Women

- Free and cashless delivery
- Free caesarean section
- Free drugs and consumables
- Free diagnostics (Blood, Urine tests and Ultrasonography, etc.)
- Free diet during stay (up to 3 days for normal delivery and 7 days for caesarean section)
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home
- All complications during ANC, PNC and sick infants also covered

For Sick Newborn till one year after birth

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home

It is illegal to select or determine the sex of a child before birth

Page 2

This new section aims to create awareness about entitlements under recent and existing government schemes.

- It includes details on schemes: **Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and Janani Shishu Suraksha Karyakaram (JSSK).**
- Contact your supervisor to get all scheme related information.
- Get details of other schemes which may be applicable in your district.

Hints for ANM

- Issue card to the beneficiary at the time of registering pregnancy.
- Explain scheme (JSY, JSSK, PMMVY and PMSMA) benefits to families.
- Explain that sex selection/ determination is illegal.

Hints for ASHA/ AWW

- Use home-visits/ VHSNDs/ mother's meetings/ community meetings, etc. to provide additional information about schemes.
- Ensure that families understand how to obtain benefits.
- In case of any doubt ask the families to talk to the medical officer in-charge or facilitate a visit.

3 BENEFICIARY IDENTIFICATION

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

MOTHER AND CHILD PROTECTION CARD

paste photo of child here

Is the pregnancy high risk? Yes No

FAMILY IDENTIFICATION

Mother's Name _____ Age _____
Father's Name _____
Address _____
Mobile No. Mother _____ Mobile No. Father _____
MCTS/RCH ID (Mother) _____
Eligible for PMMVY Yes ☐ No ☐
Bank & Branch Name _____
Account No. _____ IFSC _____

PREGNANCY RECORD

No. of Pregnancies / Previous Live Births _____
Last Delivery Conducted at _____
Date of Last Menstrual Period _____
Expected Date of Delivery _____
Name of Identified Delivery Institution _____
Pregnancy Outcome Live Birth ☐ Still Birth ☐

BIRTH RECORD

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

INSTITUTIONAL IDENTIFICATION

AWW _____ LGD Code _____
AWC No. _____
Village _____ Ward _____ Block _____
Postal Account _____ Postal Code _____
ASHA _____ ANM _____
Hospital Phone No. _____
SHC / Clinic _____ PHC / Town _____
Hospital / FRU _____ District _____
Sub-centre Reg. No. _____ Date _____
Fixed VHSND day _____
Referred to _____

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

ASHA Mobile Number _____
ANM Mobile Number _____
Ambulance Toll Free Phone Number _____

Page 3

The MCP card should be made available at all points in health system. MCP Card should be issued to every pregnant woman who registers her pregnancy with the ANM/Medical officer during the first Antenatal Care (ANC) visit. Even if a woman does not register her pregnancy during the first three months, she should be issued a MCP card at whatever point she comes in contact with the health system.

Important: Services should be provided even if a child/ mother does not have an MCP card. Reissue the card in case of 1) loss/damage and 2) migration (not carrying a card). In case of delivery in the private sector, ANM should note down all PNC details on page number 7 of the card, such as date of delivery, place of delivery and other details if available from private hospital records. Also, mark birth doses of vaccinations given in the private hospital on page 36 and 39 of the MCP Card.

Role of ANM

- Register the pregnancy and issue the MCP Card to the pregnant woman/ mother.
- Record details under family identification such as **mobile number of PW and husband, MCTS/RCH ID (PW), Eligible for PMMVY, Bank details of family members** and particulars of PW: **Name of identified delivery institution Pregnancy outcome.** Birth Record: **MCTS/RCH ID (child).**
- Write your mobile number on the card.
- Note important numbers: Hospital number, Ambulance Toll-free Number if required.

Role of ASHA

- Ask the family to paste a picture of the child after delivery.
- Write ASHA mobile number on the card.
- Ensure families take note of important numbers **ASHA and ANM, Hospital, Ambulance toll-free.**

Role of AWW

- Help ANM to record particulars under pregnancy and birth record.
- Provide details under **institutional identification**: AWW name, **LGD Code**, AWC Number, **Fixed VHSND, Postal Account and Code, Adhaar Number (Child and Mother).**

4 PREGNANCY AND REGULAR CHECKUP

As per Sample Registration System (SRS 2015-16), every year 32000 women die due to pregnancy, childbirth or post-partum related complications in India. Regular antenatal check contributes in the prevention of these deaths through timely detection and management of pregnancy-related complications.

The ANM/AWW should keep a record of each pregnant woman in her RCH register.

ANM/ASHA/AWW explains

- A pregnant woman must register with the health system within the first three months of the pregnancy.
- The ANM/ASHA must explain the significance and relevance of all the headings in the card.

Role of ANM

Registration

- Write the date of registration in the relevant column under the month of pregnancy.
- Register the pregnant woman in your village RCH Register, Sub-centre or PHC register.
- Record if **urine pregnancy test was conducted, tick (√) the appropriate box and note the date of test.**




Antenatal Care

- Conduct check-up and record all information (dates and information) and counsel mother using the given pictures.
- Record ANC check-up details.
- Provide TT/Td dose 1 and 2 as per schedule and record date.
- Provide Folic acid, IFA, calcium, **Albendazole** tablets and record date and number of tablets given and counsel them about their importance – One tablet of folic acid a day for the first three months of pregnancy.
  - One tablet of IFA a day for the next 6 months (i.e. 2nd and 3rd trimester) of pregnancy.
  - **Two tablets of calcium/ day for at least 6 months, after 1st trimester.**
  - **A single dose of tablet Albendazole (400 mg) after 1st trimester.**

Care during pregnancy

- Counsel on nutritional needs and need for extra rest during pregnancy during every ANC visit.
- A pregnant woman should consume frequent meals of nutritious food and more food – around 1/4th times extra than the normal diet – and get at least two hours of rest during the day in addition to 8 hours of rest at night.
- Pregnant women should use only adequately iodised/ double fortified salt.

New Vaccine: Td vaccine

- Tetanus and adult diphtheria (Td) vaccine is a combination of tetanus and diphtheria with a lower concentration of diphtheria antigen (d). To ensure protection against diphtheria and tetanus in adolescents; maternal and neonatal tetanus and diphtheria in pregnant women.
- **The Government of India has replaced TT vaccine with Td vaccine in immunization program for all age groups including pregnant women and adolescents.** Following replacement, the Td vaccine will be provided to older children/adolescents as one dose each at 10 and 16 years of age and to all pregnant mothers as part of the antenatal check-up.
- Inj Td to become a part of school/ community based immunization for children.

Role of ASHA/AWW

- Preparation of due list.
- Encourage and support eligible women in your area for early detection and registration of pregnancies.
- Counsel pregnant woman and Family members especially mother-in law and husband on following
  - Importance of regular ANC, timely TT /Td injections, consuming Folic acid, IFA, calcium and Albendazole during pregnancy.
  - Feeding practices during pregnancy. A pregnant woman should consume nutritious and more food – around 1/4th times extra than the normal diet – and get at least two hours of rest during the day in addition to 8 hours of rest at night.
  - Importance of consuming iodized salt/double fortified salt.


5 ANTENATAL CARE

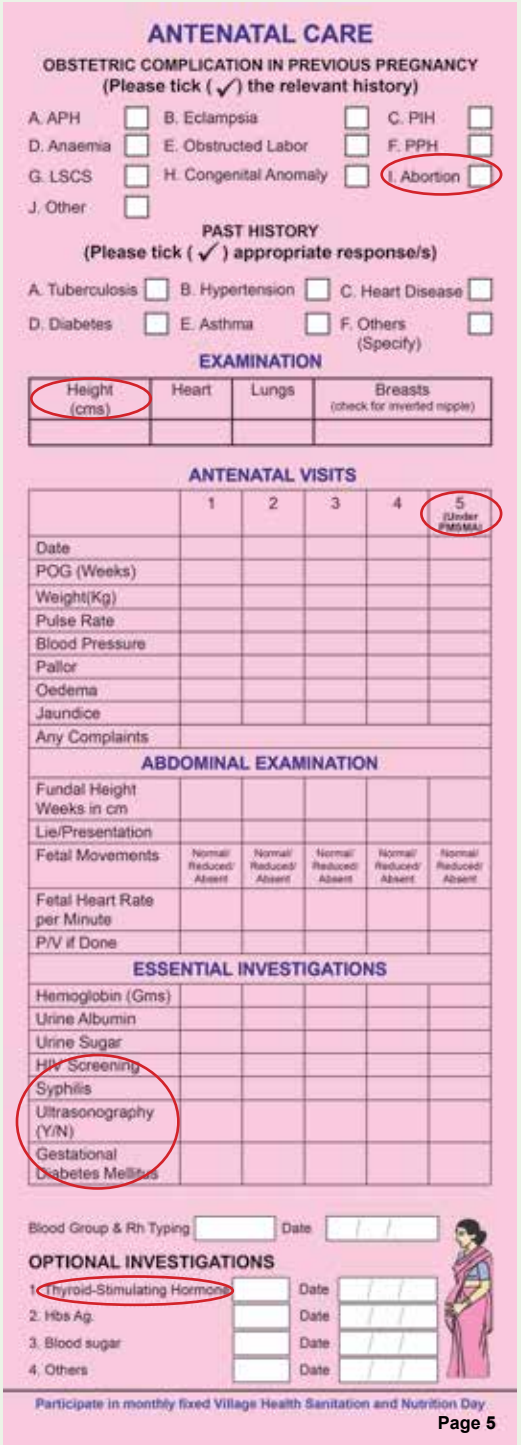
The section has been modified and makes it easier for you (ANM) to record if the mother has had any complications in previous pregnancies, as well as record her past medical history. Antenatal visits now include a 5th visit under PMSMA, wherein a pregnant woman should be checked by a doctor in the 2nd or 3rd trimester at least once.

ANM explains

A pregnant woman with a history of complications in the previous pregnancies, bad obstetric history or suffering from a chronic/ systemic disease or any abnormal finding during the examination, must be sent for consultation and examination by a specialist at the First Referral Unit (FRU).

Hints for ANM

- It is essential for the ANM to take note of the previous obstetric history of the pregnant woman since at times complications in the previous pregnancies may recur during the present pregnancy.
- Pregnant women with a bad obstetric history in previous pregnancy should be referred to a higher health facility for antenatal check-ups and delivery.
- Be particular about asking for records to validate the history given of the previous pregnancy.



ANTENATAL CARE

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

A. APH ☐ B. Eclampsia ☐ C. PIH ☐
D. Anaemia ☐ E. Obstructed Labor ☐ F. PPH ☐
G. LSCS ☐ H. Congenital Anomaly ☐ I. Abortion ☐
J. Other ☐

PAST HISTORY
(Please tick (✓) appropriate response/s)

A. Tuberculosis ☐ B. Hypertension ☐ C. Heart Disease ☐
D. Diabetes ☐ E. Asthma ☐ F. Others (Specify) ☐

EXAMINATION

Height (cms)	Heart	Lungs	Breasts (check for inverted nipple)

ANTENATAL VISITS

	1	2	3	4	5 (Under PMSMA)
Date					
POG (Weeks)					
Weight(Kg)					
Pulse Rate					
Blood Pressure					
Pallor					
Oedema					
Jaundice					
Any Complaints					
ABDOMINAL EXAMINATION					
Fundal Height Weeks in cm					
Lie/Presentation					
Fetal Movements	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent
Fetal Heart Rate per Minute					
P/V if Done					
ESSENTIAL INVESTIGATIONS					
Hemoglobin (Gms)					
Urine Albumin					
Urine Sugar					
HIV Screening					
Syphilis					
Ultrasonography (Y/N)					
Gestational Diabetes Mellitus					

Blood Group & Rh Typing ☐ Date ☐

OPTIONAL INVESTIGATIONS

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

Participate in monthly fixed Village Health Sanitation and Nutrition Day

Page 5



Role of ANM

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY

- Obtain information from pregnant women about the mentioned obstetric complications and events in the previous pregnancies and tick (√) in the relevant box.
- **Note if there was a history of abortion.**

EXAMINATION

- **Note Height of pregnant woman (if less than 145 cm, pregnant woman is considered to be at an obstetric risk).**

ESSENTIAL INVESTIGATIONS

- Record details for **HIV Screening, Syphilis, Ultrasound, Gestational Diabetes Mellitus.**
- Only note if HIV screening has been done (Record Yes) or not done (Record No). **Do not disclose the results of the screening.**

OPTIONAL INVESTIGATIONS

- **Record details for Thyroid Stimulating Hormone, Hbs Ag, Blood sugar. These are usually conducted during PMSMA visit.**

ANTENATAL VISITS

ANM/ASHA/AWW explains

- Each pregnant woman should get at least 4 antenatal check-ups including registration of pregnancy within 12 weeks (first trimester), for timely identification and management of danger signs and complications.
- Encourage husbands to accompany their wives for at least one ANC visit. Ideally, the husband should accompany the wife for all the visits.
- Under PMSMA, pregnant women should avail free antenatal check-up by a doctor during the second or third trimester of pregnancy at the PMSMA clinic held on the 9th of every month.
- It is important for the pregnant woman to come for the next ANC visit. Provide her with details of when and where to come for the ANC check-up.

ANM records

- Record details of every antenatal visit in RCH register, make a note of the **5th visit under PMSMA** conducted during the 2nd or 3rd Trimester of a woman's pregnancy.


6 EMERGENCY CARE AND PREPARATION FOR DELIVERY

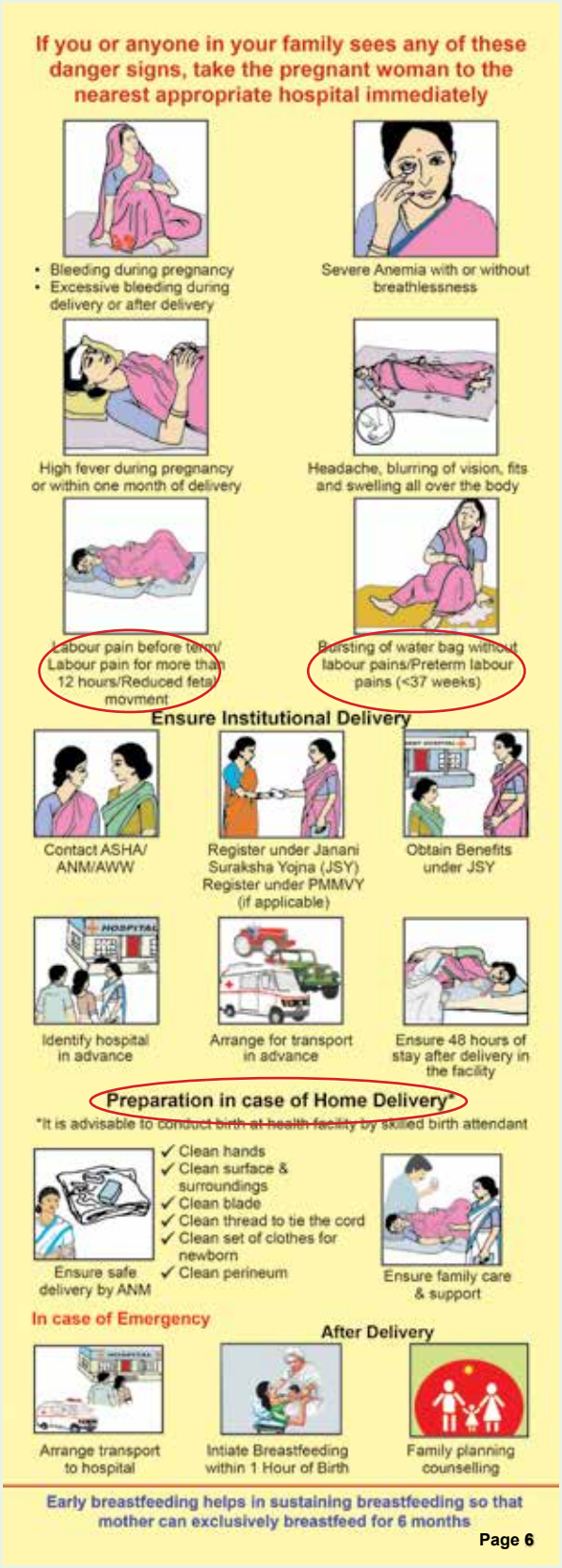
As per National Family Health Survey-4, 56 lakh women delivered at home during 2015-16. Use this section of the MCP card to counsel women and families to ensure that deliveries take place in a health facility. In unavoidable circumstances, if delivery takes place at home it should be conducted by a skilled birth attendant, only.

EMERGENCY CARE

ANM/ASHA/AWW Explains

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

- Any woman can develop complications during pregnancy. In some women, these complications can occur without warning.
- It is important that the pregnant woman and her family be aware of the danger signs and be able to recognize these signs so that timely and appropriate action can be taken to prevent complications.
- Husbands should accompany a woman during ANC visits to understand all danger signs and ensure that he is aware of emergency contact numbers including the ambulance phone number.
- It is important to emphasise to men in the family that the mobility of a women during pregnancy is limited and the role of male members is even more critical in ensuring that the woman reaches the health facility in time.
- Pregnant woman should immediately inform family members, in case she develops any of the danger/warning signs.



Role of ANM

- Counsel pregnant women/ families on danger signs during pregnancy and the appropriate actions that need to be taken during that time.
- **Danger signs include:** 1) Bleeding during pregnancy or excessive bleeding during or after delivery, 2) Severe Anaemia, 3) High fever during pregnancy or within one month of delivery, 4) Headache, blurring of vision, fits and swelling all over the body, 5) **Labour pain before term/ Labour pain for more than 12 hours/ reduced foetal movement,** 6) Bursting of water bag without labour pains, Pre-term labour (less than 37 weeks) pain.
- Counsel on benefits of institutional delivery and ask pregnant woman to **register under JSY/ PMMVY.**
- **Advice that delivery should be conducted in a health facility.**
- Explain the preparations to be made in case of home delivery: ensuring 6 Cleans.
- Counsel on the benefits of early initiation of breastfeeding (within one hour of the birth).
- After delivery, counsel mothers and families on exclusive breastfeeding for 6 months
- Counsel on family planning options (use page 26 of MCP Card).

Role of ASHA/AWW

- Counsel pregnant woman/ families on danger signs during pregnancy and appropriate actions to be taken.
- Counsel on benefits of institutional delivery.
- Counsel pregnant woman to register under JSY/ **PMMVY.**
- Counsel on the benefits of early initiation (within one hour of the birth) of breastfeeding.
- After delivery counsel mothers and families on exclusive breastfeeding for 6 months (use page 10 of MCP Card).
- Counsel on family planning options (use page 26 of MCP Card).
- ASHA is the first point of contact for a pregnant woman for any services/ information during pregnancy.

Hints for ANM/ASHA/AWW

- The danger signs should be explained to all pregnant women and their families during antenatal check-ups as well as during group meetings.
- If timely treatment is not sought, it can result in death or disability of the woman or child or both.
- A pregnant woman with danger signs should be taken to the FRU/hospital immediately.




Ensure Institutional Delivery

ANM / ASHA/ AWW explains

To prevent any complication

1. Contact ASHA/ANM/AWW.
2. Register under Janani Suraksha Yojana (JSY)/ **Register under PMMVY (if applicable).**
3. Obtain benefits under JSY and PMMVY- the MCP Card will help you understand what benefits are applicable to you under various schemes.
4. Identify a nearest functional PHC, CHC, or a District Hospital in advance which has all the necessary facilities for safe delivery.
5. Take support from the ASHA/ANM/AWW and the community resources to identify the fastest means of transportation to the health facility in advance. Make the necessary arrangements in advance.
6. For the safety of the mother and child ensure that the mother stays in hospital/ facility for 48 hrs after giving birth for a normal delivery. For a caesarean section, hospital stay should be of 7 days.

Preparation for Home Delivery

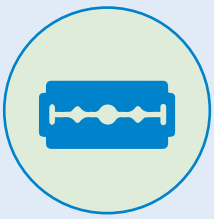
ANM / ASHA/ AWW explains

- As far as possible, delivery should be conducted in a hospital. If delivery is conducted at home, it should only be conducted by a skilled birth attendant (SBA).
- Women and newborns are at higher risk of infection during and after delivery at home.

6 C's

Clean hands

Clean surface & surroundings



Clean blade

Clean thread to tie the cord

Clean set of clothes for newborn

Clean perineum

7 POST NATAL CARE OF MOTHER AND NEWBORN

POST NATAL CARE

Date of Delivery

Place of Delivery

Institution: Normal ☐ Assisted ☐ CS ☐

Home: SBA ☐ Others ☐

Live Birth ☐ Still Birth ☐

Term/Preterm/Abortion _____

If at Institution, Period of Stay Post Delivery _____

Complications, if any (Specify) _____

Sex of baby M F *Weight of baby ☐ kg. ☐☐☐ gms

Cried immediately after birth Y N

Initiated exclusive breast feeding within 1 hour of birth Y N

Injection Vitamin K Y N

Take one tablet of iron folic acid per day for atleast 6 months after delivery

Take two tablets of calcium per day for atleast 6 months after delivery

POST PARTUM CARE

	1st Day	3rd Day	7th Day	6th Week
Any complaints				
Pallor				
Pulse Rate				
Blood Pressure				
Temperature				
Breasts (Soft/Engorged)				
Nipples (Cracked/Normal)				
Uterus Tenderness (Present/Absent)				
Bleeding P/V (Excessive/Normal)				
Lochia (Healthy/Foul Smelling)				
Episiotomy/Tear (Healthy/Infected)				
Family Planning Counselling (Y/N)				
Any other Complications and Referral Requirements (Y/N)				

If baby is less than 2 kg, contact ANM for support, for continued breastfeeding and Kangaroo mother care

CARE OF BABY

	1st Day	3rd Day	7th Day	6th Week
Weight				
Urine passed				
Stool passed				
Diarrhoea				
Vomiting				
Convulsions				
Activity (Good/Lethargic)				
Sucking (Good/Poor)				
Breathing (Fast/Difficult)				
Chest Indrawing (Present/Absent)				
Temperature				
Jaundice				
Condition of Umbilical Stump				

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

Page 7

7

The first 42 days (6 weeks) after the delivery is known as the postnatal period. However, the first 48 hours, followed by the first week are the most crucial for the health and survival of the mother and new-born. Data shows that a large proportion of maternal deaths occur during post-partum period due to Post-Partum Haemorrhage, Sepsis and other complications during post-natal period. Use this section to ensure that we eliminate preventable post-partum deaths through appropriate and timely management of complications arising after delivery.

Post-Partum Care and Care of Child

ANM should undertake postnatal care (PNC) visits with the help of ASHA/AWW and fill in the right information for facilitation of postnatal care.

Vitamin K Injection

Injection Vitamin K1 prophylaxis for all newborns delivered at both public and private facilities at all levels to prevent **Vitamin K Deficiency Bleeding.** Injection to be administered after early initiation of breast feeding /within one hour of birth.




Role of ANM

Postnatal Care

- **Record place of delivery: Institution or home, if home- record if done by SBA or others.**
- Put a tick (√) mark in the appropriate box **for Live birth/ still birth, Injection Vitamin K given.**
- **Counsel mother to consume IFA (1 tablet per day) and Calcium (two tablets per day) for at least 6 months after delivery.**
- **Ensure that sufficient number of IFA and calcium tablets are given to mother at the time of discharge from the health facility.**
- **First postnatal visit is on Day 1, second on Day 3, third on Day 7 and fourth at 6th week.**
- **In case of institutional delivery, first and second visit should ideally happen at the facility.**
- **Ensure that the child is fed only breastmilk.**
- ANM should take help of AWW and ASHA to carry out stipulated visits to the mother and child.

Post Partum Care

- During all these 4 stipulated visits. ANM needs to record the status of all post-natal health conditions of mother in the relevant boxes.
- **Counsel family members to provide extra care- including kangaroo mother care (KMC) if a child is less than 2 kgs.**
- Demonstrate the correct technique of KMC to the family members.

Care of Child

- During each visit, weight of the child should be measured, and recorded on growth chart.
- Note: Any deviation from the normal and act as per the checklist provided
- The child must be examined on the 1st, 3rd, 7th day and at 6 weeks.
- **Low birth weight babies should be visited additionally.**
- Counselling of the mother by ASHA & ANM to be done regarding her breast feeding support, Handwashing and keeping the baby warm.

Role of ASHA/AWW

- Counsel mother and family on the importance of continuing with nutritious diet, exclusive breastfeeding, **calcium and IFA supplementation throughout the postnatal period.**
- **Counsel family members to provide extra care- including kangaroo mother care if child is less than 2 kgs.**
- Help the ANM in carrying out post-partum visits for the mother and the child.



ANM Explains:

- Counsel mother/ family regarding "Danger signs" in mother, newborn and child and to consult ANM/MO if these signs are present for referral.
- MCP card should be produced during each PNC visit for the ANM to help in recording the parameters each time.
- Mother must use a clean sanitary pad to prevent infection.

8 CARE OF NEWBORN AND HOME BASED CARE FOR YOUNG CHILD (HBYC)

Care of Newborn

Please Remember:

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

Danger Signs:

Contact your Health Worker immediately if baby:

- Not able to feed
- Convulsion
- Fast breathing more than 60 breaths per minute
- Severe chest indrawing
- Axillary temperature 37.5° C or above (feels hot to touch)
- Axillary temperature less than 35.5° C (feels cold to touch)
- Movement only when stimulation or no movement at all

Home Based Child Care visits after 6 weeks (✓)

ASHA to verify at age		3 months	6 months	9 months	12 months	15 months
Whether child sick						
Breastfeeding continued						
Complementary food given	2-3 tsps of food at a time, 2-3 meals each day with 1-2 snacks between meals	×				
	½ cup serving at a time, 2-3 meals each day with 1-2 snacks between meals	×				
	¼ to 1 cup serving at a time, 3-4 times a day with 1-2 snacks between meals	×				
Weight recording by AWW						
Developmental delay checked						
Immunization status checked						
Measles vaccine given		×	×			
Vitamin A given		×	×		×	
ORS at home						
IFA syrup at home						
ASHA to provide services at age		**3 months**	**6 months**	**9 months**	**12 months**	**15 months**
Counsel for exclusive breastfeeding				×	×	×
Counsel for complementary feeding		×				
Counsel for hand washing						
Counsel on parenting						
Family planning counselling						
ORS given						
IFA syrup given		×				

Page 8

Annually a lot of preventable newborn deaths still happen in our country. However, appropriate care and nutrition at home after ensuring institutional deliveries can prevent a majority of these deaths.

ANM ASHA & AWW to counsel families on the key messages in this section for early detection of sick child through danger sings and appropriate referral.

Newborn care starts soon after the birth

Role of ANM/ASHA

- Counsel families on care of newborn.
- If baby is less then 2 kg support for continued breastfeeding and Kangaroo mother care.
- Explain Danger Signs in newborn and ask family members to immediately contact a health worker in case the newborn is not feeding well, having abnormal movements or no movements, having fast breathing or difficulty in breathing and feels hot/cold to touch.

Hints for ASHA

ASHA must explain the family that any abnormality in feeding, breathing or movement of the newborn must be reported immediately for them to take action. She should also ensure that she/family both remember that yellow discoloration of the skin also needs to be referred to ANM immediately.

[1] Modelled based on Census 2001 population, SRS 2016 Neo-Natal Mortality Rates estimates



Home Based Care for Young Child (HBYC)

Under HBYC 5 additional home visits by ASHA at the 3rd, 6th, 9th, 12th and 15th month are done after completing the schedule of 6/7 visits under HBNC program. Period between 6th month and 2nd year of a child's life was a 'missed opportunity' for various child care and development practices. It has also been observed that at around 3 months of age and beyond problems such as discontinuation of breastfeeding occur.

The basic objective of these visits is to sustain exclusive breastfeeding for six months, promote timely introduction of complementary feeding along with breastfeeding, ensure adequate complementary feeding, ensure appropriate care seeking for childhood illnesses. In addition, promote proper hygiene and sanitation, and child rearing practices to ensure optimal physical growth and development of the child. The revised MCP Card will help ASHAs to know what needs to be checked and what services to be provided during every home visit.

Hints for ASHA

- Under Home Based Newborn Care Programme, ASHA is already providing 6-7 home visits from the 1st day of birth to the 42nd day of life on 3rd, 7th, 14th, 21st, 28th, and 42nd days of birth for the newborn.
- The first six weeks of life is a time of vulnerability for the child and your role in undertaking frequent home visits during this period to provide Home Based Newborn Care is vital. However, the period after the first 42 days to the first few years of life is also important. After this period your visits and child's contact with the health systems is limited to immunization or in case of illness.
- Period between 6th month and 2nd year of a child's life is a 'missed opportunity' for various child care and development practices.
- It has also been observed that at around 3 months of age and beyond; problems such as discontinuation of breastfeeding occur. Therefore, ASHAs should undertake additional five visits at month 3rd, 6th, 9th, 12th and 15th.
- The **objective of Home-Based Care for Young Child Programme,** is to ensure that this critical window of opportunity is utilized to provide structured home visits through which these issues can be identified early, and appropriate actions are taken, thus reducing the adverse impact of these factors.
- Further it is also submitted that the training of MCP care is integral part of HBYC training and the messages should be harmonious.

The ASHA should keep a record of the home visits in the HBYC CARD.



- Counsels the mother/family for: exclusive breastfeeding, complementary feeding, hand washing with soap, parenting (use parenting tips provided page 34 onwards), Family planning (page 55).
- If child is sick write **'yes'** and mark a Tick **(√)** under it
- Verify age appropriate growth and development of child and record status of the young child on all the parameters in the relevant boxes at **3rd, 6th, 9th, 12th and 15th months.**
- Provide ORS to families.
- Check that parents have understood milestones and warning signs.
- Tick (√) the boxes in the table after verifying that the family is following appropriate home care practices and after providing service as per the home visit schedule.
- Cross (X) the boxes in the table means that this part is not to be filled.

Role of AWW

- **Ensure timely recording of weight of boy or girl child on page 28-30, for ASHA to verify and understand** how to track growth using growth charts (page 61 onwards).
- Counsel mothers on exclusive Breastfeeding for 6 months and age appropriate complementary feeding during VHSNDs and visits at the Anganwadi centre.

Role of ANM

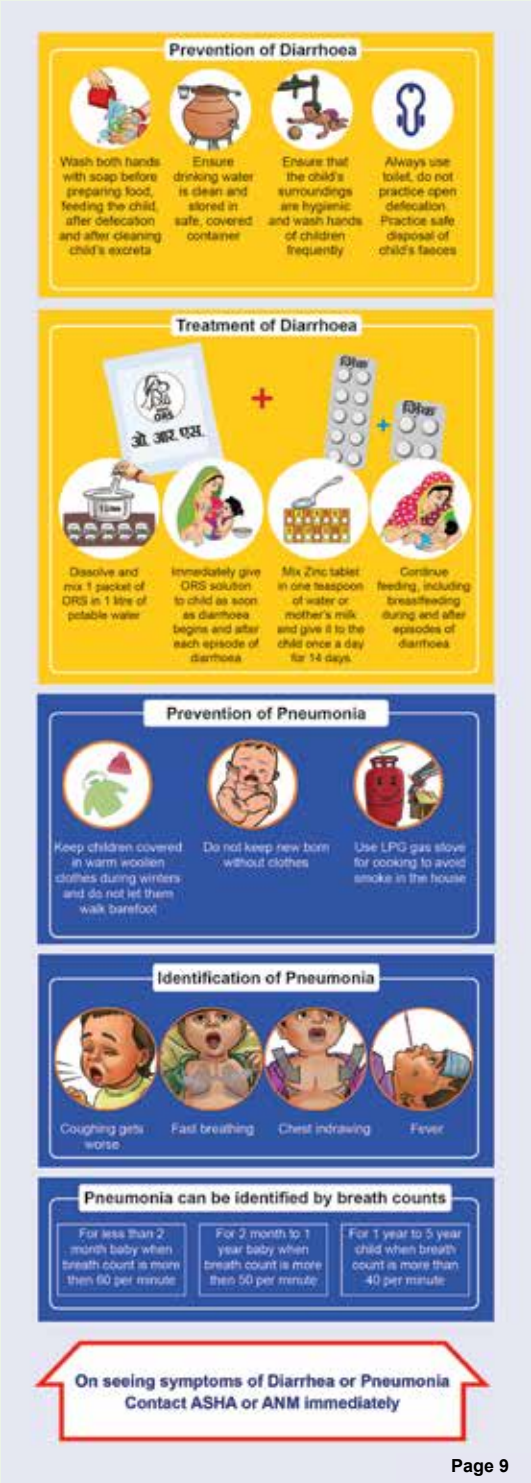
- Support ASHA during home-visit and ensure proper care in case of referral from ASHA.
- Verify home-visits as per details recorded in MCP Card and HBYC Card.
- Sign HBYC card for ASHA to collect her incentive.

Home Based Child Care visits after 6 weeks (✓)

ASHA to verify at age		3 months	6 months	9 months	12 months	15 months
Whether child sick						
Breastfeeding continued						
Complementary food given	2-3 tsps of food at a time, 2-3 meals each day with 1-2 snacks between meals	×				
	½ cup serving at a time, 2-3 meals each day with 1-2 snacks between meals	×				
	¾ to 1 cup serving at a time, 3-4 times a day with 1-2 snacks between meals	×				
Weight recording by AWW						
Developmental delay checked						
Immunization status checked						
Measles vaccine given		×	×			
Vitamin A given		×	×		×	
ORS at home						
IFA syrup at home						
ASHA to provide services at age		**3 months**	**6 months**	**9 months**	**12 months**	**15 months**
Counsel for exclusive breastfeeding				×	×	×
Counsel for complementary feeding		×				
Counsel for hand washing						
Counsel on parenting						
Family planning counselling						
ORS given						
IFA syrup given		×				

Page 8

9 PNEUMONIA AND DIARRHOEA



Pneumonia contributes to 1.4 lakh deaths and Diarrhoea contributes to nearly 1 lakh deaths amongst under-five children in India annually 3. Given the significance of the disease burden, the MCP card has included a **separate section** on these two diseases which will help you create awareness on prevention and appropriate treatment.

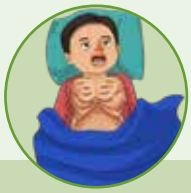
Diarrhoea

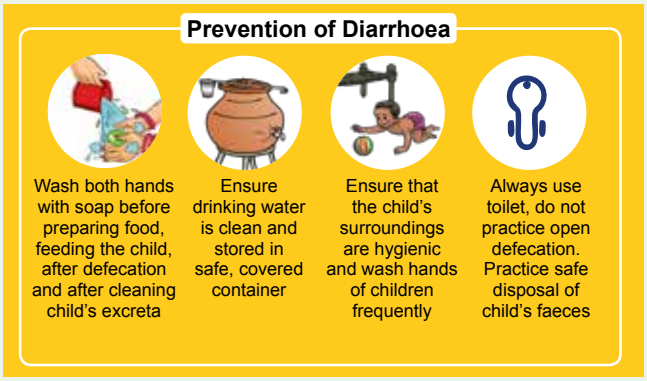
Diarrhoea is the passage of loose or watery stools. This leads to loss of water from the body of a child and results in dehydration. If the water loss is not replaced in adequate quantity, the child can become dehydrated and even die. Management of Diarrhoea should begin at home and ORS should be given immediately at the onset of Diarrhoea.

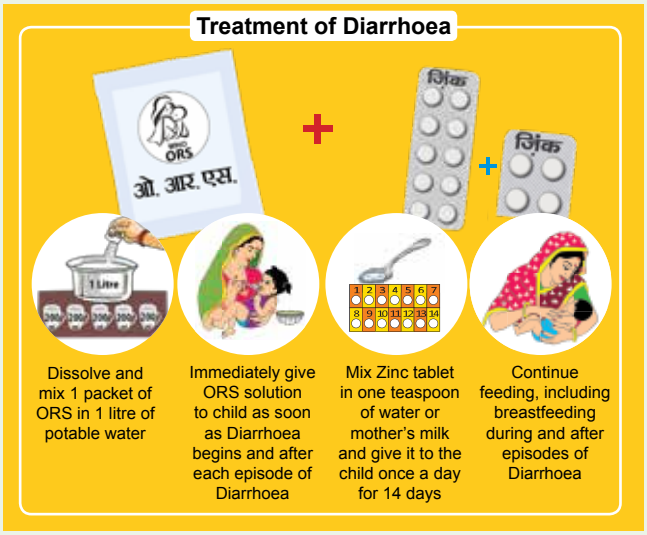
[2] 23% of all under-5 deaths in India are caused by Pneumonia and Diarrhoea: Global Burden of Disease Study 2013, published in lancet 2015

[3] Lancet Vol 17, November 2017 and Lancet Volume 17, September 2017







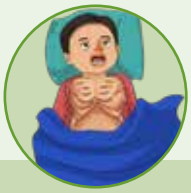
Role of ANM For Diarrhoea

- In case of no dehydration or some dehydration, treat with ORS and Zinc.
- Refer cases with severe dehydration to higher facilities.

ANM/ASHA to ensure

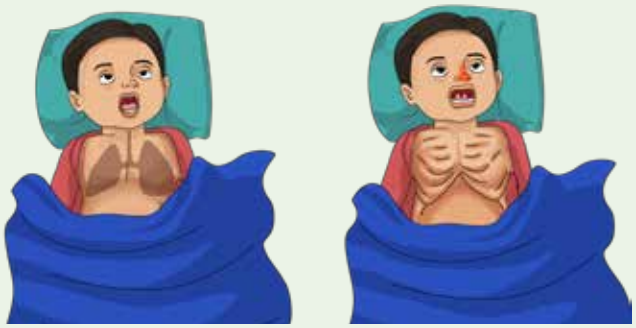
1. Family members understand the following **preventive measures** for Diarrhoea:
   - Wash both hands with soap i) before preparing food, ii) feeding the child, iii) after defecation and iv) after cleaning child's excreta.
   - Ensure drinking water is clean and stored in safe and covered container.
   - Ensure that the child's surroundings are hygienic and wash the child's hands frequently with soap.
   - Always use toilets and do not practice open defecation. Practice safe disposal of child's faeces.
2. Family members understand and follow **appropriate treatment** measures for Diarrhoea:
   - Give ORS and extra fluids to child immediately at the onset of Diarrhoea and continue till Diarrhoea stops.
   - Giving Zinc for 14 days for children (2-59 months) suffering from Diarrhoea, even if Diarrhoea stops:
     - **2-6 months: half tablet (10 mg) of zinc dispersible tablet/day**
     - **6-59 months: one tablet (20 mg) of zinc dispersible tablet/ day**
   - Use of ORS and Zinc during Diarrhoeal episodes among children is a safe treatment which makes them recovers from Diarrhoea faster.
   - Continue feeding, including breastfeeding in those children who are being breastfed and give extra feeds during and after illness.
   - Return to the health worker/centre if the child develops any of following danger signs:
     - Child becomes sicker
     - Not able to drink or breastfeed
     - Blood in stool
     - Drinking poorly
     - Develops a fever
   - Contact your ASHA or ANM for more advice on Diarrhoea
   - Demonstrate how to prepare ORS and the administration of age appropriate zinc to the children with Diarrhoea.



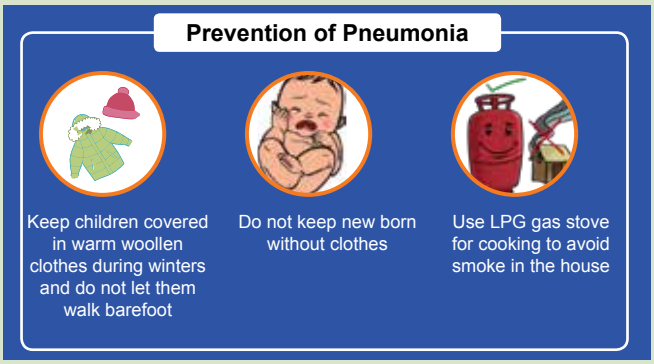
Pneumonia

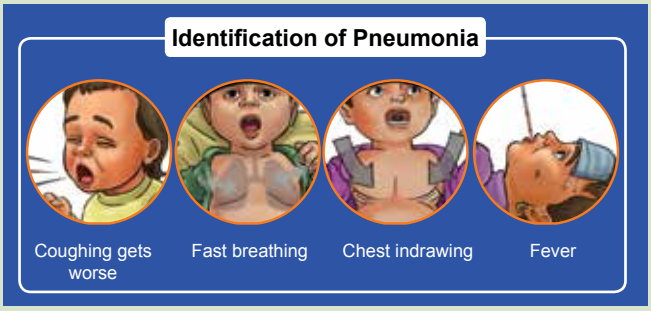
Pneumonia is a form of acute respiratory infection that affects the lungs. If the child has rapid and/or difficult breathing, take the child to the health center immediately.

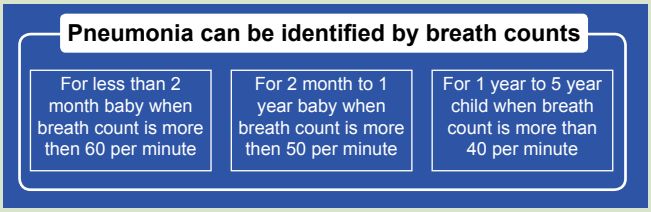


ANM/ASHA to ensure

- Family members understand the following **preventive measures** for Pneumonia:
  1. Keep children covered in warm woolen clothes during winters and do not let them walk barefoot.
  2. Do not leave newborn's body unclothed.
  3. Use LPG gas stove for cooking in place of firewood or chullahs to avoid smoke in the house. Smoke harms the health of women and children and can worsen Pneumonia.
- Family members understand and can **identify the following signs and symptoms of Pneumonia:**
- Coughing gets worse.
- Fast breathing and difficulty in breathing.
- Fever.
- **Chest indrawing:** remember that it is the inward movement of the lower chest wall when the child breathes in and is a sign of respiratory distress.
- Contact your nearest health facility immediately, if the child has one or more of these symptoms/signs.







On seeing symptoms of Diarrhea or Pneumonia Contact ASHA or ANM immediately

Role of ANM for Pneumonia

- Explain the importance of timely referral.
- Provide appropriate treatment for Pneumonia as per IMNCI protocol.
- Refer severe cases to higher health facilities.

Role of ASHA for Pneumonia and Diarrhoea

- Use home-visits to create awareness on prevention, appropriate case management at community level.
- Use HBYC section to track if ORS has been provided.
- Provide ORS and Zinc in case the child is suffering from Diarrhoea.
- Explain how to make ORS correctly and how to give zinc.
- Ensure family members understand 'fast breathing' in child.
- Ensure timely referral.

10 Early Childhood Development (ECD)

This is a **new section** and while the earlier MCP card had some messages on age appropriate milestones and parenting tips, for the first time an entire section has been added on ECD. ECD is captured in the MCP Card through guidance on the following components:

1. Section a) Nutrition and Feeding Practices
2. Section b) Early Child Development, divided into:
   - Age appropriate development milestones tracking
   - Positive Parenting Practices
   - Early Identification of Warning Signs

What is Early Childhood Development?

3. ECD encompasses physical, linguistic, cognitive, sensorial, social and emotional development of a girl or a boy, beginning from birth up to eight years of age.
4. Over 80% of a child's brain is formed by the age of three years (critical period of growth). Yet, too many children are still missing out on the 'eat, play, love' that their brains need to develop optimally.
5. Family members have the power to help their babies grow and thrive, by feeding, playing, talking, reading, hugging and singing with them.

Why is early childhood important?

- Quality of child care and relationships in early years has a direct effect on a child's brain development which affects the way they think and manage their lives in their adulthood.
- If children get positive experiences, they develop an eagerness to learn.

What is needed to build a healthy brain?

- Nutritious food, as more than half of what is eaten in each meal goes to build a child's brain.
- Play and interaction time with a lot of talking, singing, telling stories and playing.

- Trusting relationships with caring adults who show love and affection, hug, kiss, smile and laugh with their child.
- Safe, secure and happy environment to live and grow well.

When do children begin to learn?

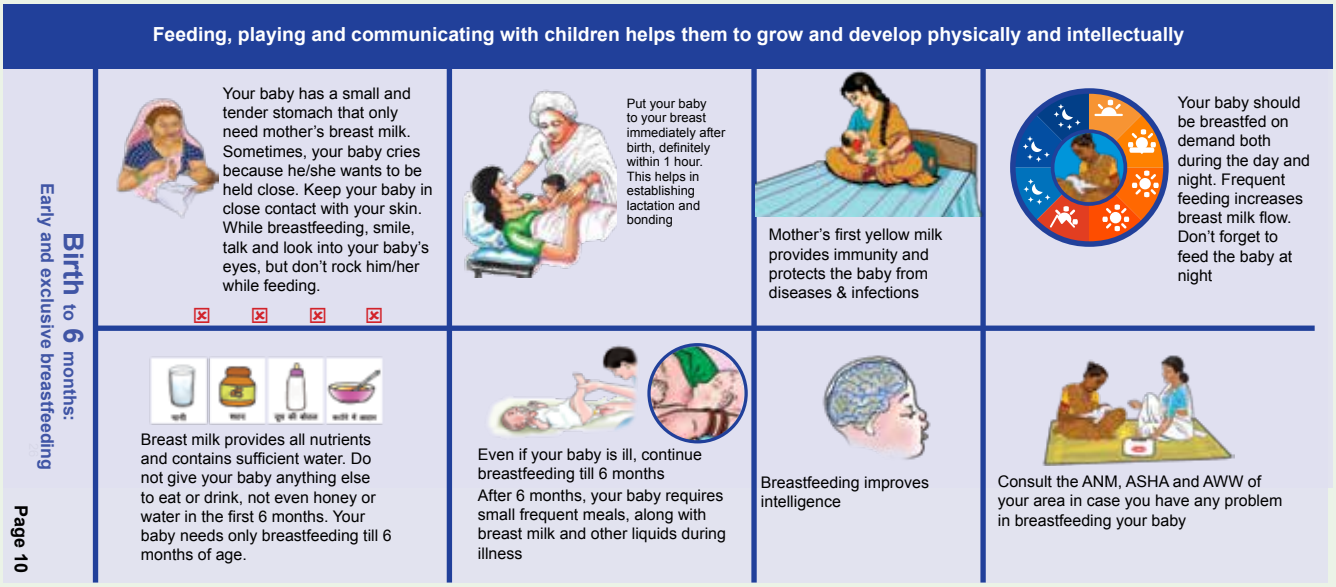
- Learning begins from birth. Right from birth children start seeing, hearing and making sense of what is going on around them.
- Children are active learners and learn all the time, through every day experiences.
- Play is their medium to learn. Through play children learn new skills. They explore, experiment, solve problems, communicate and build social relationships.
- Play time with parents helps children learn and bond with parents. This helps them develop confidence and skills that are important for lifelong learning.




a) NUTRITION AND FEEDING PRACTICES

Survey data shows that early initiation of breastfeeding is only 41%, similarly only 55% children are exclusively breastfed for the first 6 months, making them vulnerable to diseases like Diarrhoea and Pneumonia, undernutrition and higher risk of death. Specific counselling messages for the mother for early initiation of breastfeeding, importance of exclusive breastfeeding and detailed messages and guidelines for complementary feeding and general tips for feeding are added in the MCP card.

Birth to Six months: Early and Exclusive Breastfeeding



ANM/ASHA/AWW to explain

- Mother and family members must understand the importance of feeding mother's milk within an hour, after delivery.
- Do not discard the first 'yellow' milk (colostrum). Mother's first yellow milk provides immunity, protects the child from diseases and infections and is rich in vitamin A.
- All Infants should be only breastfed for the first six months of age.
- Breastfeed as often as the child wants, day and night, at least 8-10 times in 24 hours.
- Continue breastfeeding for at least 2 years along with complementary feeding on completion of six months of age.




Key messages to use while counselling family members on Early Initiation of Breastfeeding:

- Early skin to skin contact with the mother gives warmth to the child.
- Helps in bonding of mother and child.
- Stimulates breast milk production.
- Research shows when mothers do not breastfeed early, their babies do not develop normal feeding pattern till 4th to 5th day. Reason being, suckling reflex is strongest in the first half an hour and thereafter, it fades.
- Also, benefits mother- Helps womb to contract and the placenta is expelled easily and reduces the risk of excessive bleeding after delivery.

Family and Mother ensures

- Child is put to the mother's breast immediately after birth (within one hour).
- Child is breastfed as often as she/he wants and for as long as she/he wants. Child is breastfed day and night at least 8-10 times in 24 hours.
- The child is fed no other liquid or food like honey or sweetened water, ghutti, cow or goat's milk, not even water for the first 6 months of age.
- No pacifiers are given to the child.

Hints for ASHA/AWW

Ensure that you help new mothers understand the following signs of having fed their child enough milk:

- Passes at least 6 urine in a day (pale yellow urine, not deep yellow)
- Adequate weight gain
- Sleeps well

Help the mother in coping with breastfeeding problems by encouraging her and asking her family members to support her. common breastfeeding problems include:

1. Delay in initiation
2. No milk secretion
3. Incorrect position and attachment
4. Short duration of breastfeeding
5. Feeding of low birth infants
6. Not enough milk

Role of ANM

- Support and encourage new mothers and fathers to spend time in understanding the key messages on ECD.
- Use all **ANC and PNC visits** to explain the importance of Early and Exclusive Breastfeeding to new and expecting mothers.

Role of ASHA

- Support and encourage new mothers and fathers to spend time in understanding the key messages on ECD.
- Encourage families, especially fathers to support and help the new mother in feeding, bathing and taking care of the child.
- Counsel fathers and explain to them that their role in providing emotional support to mothers is critical.
- Use home visits to provide counselling on Early and Exclusive Breastfeeding.
- Use **HBYC table (page 8) to track** if mothers' practice exclusive breastfeeding.

Role of AWW

- Support and encourage new mothers and fathers to spend time in understanding the key messages on ECD.
- Encourage families, especially fathers to support and help the new mother in feeding, bathing and taking care of the child.
- Counsel fathers and explain to them that their role in providing emotional support to mothers is critical.
- Explain the importance of early and exclusive breastfeeding and complimentary feeding.




Six months to two years: Complementary Feeding along with breastfeeding

The latest NFHS survey shows that between 2005-06 and 2015-16, timely introduction of complementary feeding has decreased from 52% to 42%, indicating that this is an area which needs urgent attention. This revised section in the MCP card will enable you to ensure that complementary feeding is initiated on completion of 6 months of age and that families practice appropriate feeding practices i.e the child is fed a variety of age appropriate food in required frequency and quantity.

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

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

Page 11

6 months

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

6–9 months

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

9–12 months

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

General tips:

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

Complementary Feeding Frequency:

- On completion of 6 months: 2–3 tablespoons of thick porridge or well-mashed foods 2–3 times per day.
- Children should be fed mashed lumpy foods and not be given foods of watery consistency such as Dal ka Pani/Chawal ka pani
- 6-9 months: change consistency to lumpy foods and increase diversity of food, 2-3 tablespoons, 2-3 times per day plus 1–2 snacks. Increase gradually to 1/2 cup.
- 9-12 months: 3–4 meals of finely chopped foods that require chewing and 1–2 snacks per day between meals. Feed 3/4–1 cup at each meal.
- 13- 24 months: give family foods, chopped or mashes, 3-4 times a day and 1-2 snacks. Feed 3/4–1 cup at each meal.
- Continue to breastfeed the child for at least first two years.

1 cup = 250 ml

1 table spoon = 15 ml

Role of AWW

- Ensure family members understand the importance of adequate complementary feeding:
  - Important for nourishing body, brain and mind.
  - Up to 75% of what a child eats goes to build a child's brain.
  - Feeding times help build secure and loving relationship between mother and other family members.
- Use home visits to encourage fathers to practice complementary feeding. This is beneficial for both the child as well as the father and will also help them develop a close bond between them.
- **Use mothers' meetings** to demonstrate complementary foods and feeding practices.
- Measure and record weight and height of children (page 28-31), counsel family members to promote growth of the child, provide take home rations and check and counsel family members on age appropriate feeding practices.




Role of ASHA

- Use home visits to provide counselling on complementary feeding.
- Use home visits to encourage fathers to practice complementary feeding. This is beneficial for both the child as well as fathers and will help in developing a close bond between them.
- Use HBYC table (page 8) to track if family members practice appropriate complementary feeding, general tips.
    - Encourage mothers to improve **meal frequency and diet diversity.**
    - Discourage mothers from feeding the child formula milk, food such as biscuits,commercial infant foods
    - Discourage use of pacifiers and infant feeding bottles.

Children should be fed mashed lumpy foods and not be given foods such as dal ka paani/ chawal ka paani.

Role of ANM

- Explain to family members' the guidelines for complementary feeding and counsel on general tips.
- Use home visits to encourage fathers to practice complementary feeding. This is beneficial for both the child as well as fathers and will help in developing a close bond between them.
- Discourage mothers from feeding the child formula milk, food such as biscuits,commercial infant foods, etc.
- Discourage use of pacifiers and infant feeding bottles.

Improving meal frequency and diet diversity

In most households, meals consist of vegetables, rice and lentils (dal, chawal and sabji) and are cooked twice a day. The mother can take out 1 bowl of this food before adding spices and mash it all up together and feed the child with it during meal times.

Mothers can also give the child in-between snacks that ***don't take much preparation time*** such as: mashed bananas/ papaya/potatoes, boiled eggs, muri/ murmure, dalia/ khichdi mixed with some cooked and mashed vegetables.

ANM/ASHA/AWW to explain:

- After six months, in addition to breastfeeding give semi-solid but not watery foods.
- Complementary foods should be given after breastfeeding to avoid replacing breast milk.
- Child's stomach is small therefore feed more frequently.
- Ensure mother and family members understand the importance of Active Feeding.
- Encourage mothers and family members to follow diet diversity based on locally available nutrient rich food.
- Ensure awareness on food safety and hygiene measures.

Dietary Diversity- Four out of seven food groups:




Active feeding means encouraging the child to eat more and responsively. This means:

- Separate bowl
- Talking to the child
- Showing animals etc. while feeding the child
- Encouraging the children to eat on their own

Hygiene practices by mothers/ families

- Wash your hands with soap before preparing food, before feeding a child, after using the toilet or disposing of the child's faeces.
- The child's hands should also be thoroughly washed with soap and water before meals.
- Wash your child's cup or bowl thoroughly with soap and clean water.
- Do not use feeding bottles.
- Prepare food using clean utensils.
- Prepare and store foods safely.
- Discourage use of pacifiers and infant feeding bottles
- Family should keep the floor and play area of children clean by keeping it free of urine and excrement of farm animals and humans.

b) Early Child Development

This section of the MCP Card consists of three components: age appropriate milestones, parenting tips and warning signs.

1. **Age Appropriate Milestones-** depicted in **green color** in the MCP Card.
2. **Parenting Tips**- depicted in **blue color** in the MCP Card.

The first two components will help you in ensuring that family members understand and monitor the development of their child. Parenting tips given in this section will help families in providing age-appropriate experiences that will stimulate overall development of the child. Use this section to help mothers and family members understand that providing the right stimulation at the right time is the key to brain development, for both- high risk children as well as normal children. Age appropriate play material and a caring and nurturing environment at home play a key role in the child's overall development. This section requires direct action by the family and parents have to mark the card to indicate age appropriate milestones that their child achieves. It also requires you (ASHAs/AWWs) to examine the child and verify that the child has achieved growth as per the milestones checked by the parents.

3. **Warning Signs**- depicted in **red color** in the MCP Card

Evidence shows that more than 150,000 babies continue being born with birth defects, annually.[4] If not identified and treated at the right time, these defects can develop into problems that impair the growth and development of these children. The addition of this **new section on warning signs** in the MCP card is an attempt to ensure early detection and management of health conditions in children through combined efforts of you the front-line workers and family members. The Ministry of Health and Family Welfare under the National Health Mission has also launched the **Rashtriya Bal Swasthya Karyakram (RBSK)** which is an initiative to improve

[4] RBSK Operational Guidelines. Ministry of Health and Family Welfare. February 2013




child survival and quality of life through early identification of 4 D's: Defects at birth, Diseases, Deficiencies and Developmental delays including disabilities in children between 0 to 18 years of age. The inclusion of 'warning signs' in the MCP card will, therefore, link family members to RBSK through which they can 1) understand and identify any development faltering in their child at the right time and 2) Avail free management and treatment including surgical interventions at tertiary level through NHM under RBSK.

Role of ASHA/AWW for Milestones and Parenting Tips

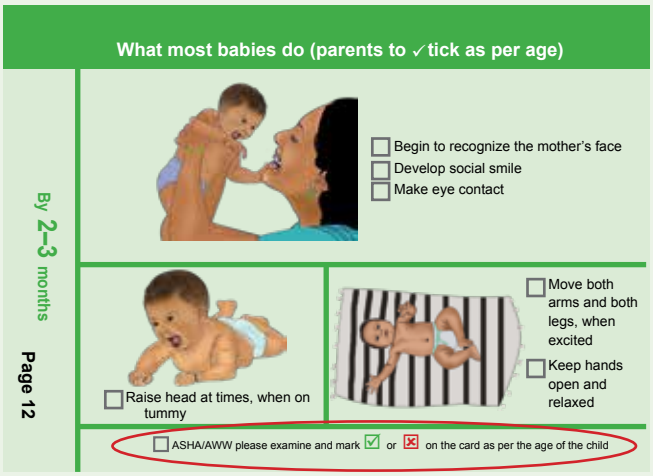
Counsel family members on:

- Why early years are important for children?
- What are the age appropriate milestones most children achieve by a given age?
- What children need to grow and develop well?
- Explain to parents their role in examining and marking **the green section (milestones)- the section has to be marked by parents, especially the mother whenever she feels that the child has achieved the particular milestone. Parents should NOT mark a cross (X) on the MCP card. In case they see a warning sign, they should immediately contact the ANM/ASHA and after the ANM/ ASHA has verified that there is a warning sign, they should mark a cross (x) on the card.**
- Encourage families, especially fathers to spend time with their children, they must play with them, feed them, make them sleep and be actively involved in taking care of them. This will help the child feel safe and develop a close bond with her/his father.
- ASHA/AWW to carry out home-visits. During the home-visit:
  - Explain the meaning of milestones to families, especially the mother and tell them/her about the milestones specific to her child's age group. In case the child is almost at the end of an age group, discuss milestones for the next age group.
  - Verify if the box (☐) has been marked.
  - If not, discuss milestones with parents and explain what has to be done.
  - If yes, request the parents to help the child demonstrate for verification.
  - When you request the parent to help the child demonstrate milestones, there could be three different scenarios:

i. Child does not cooperate → leave the card blank and check again during the next home visit (do not force the child to cooperate).

ii. Child cooperates but was unable to demonstrate activity as per milestone → revisit the child the next day and ensure that the child is unable to demonstrate milestone. **Then check for warning signs. In case you notice any warning signs**→ mark a **(X)** cross on the card and immediately refer the child to a DEIC or District Hospital.

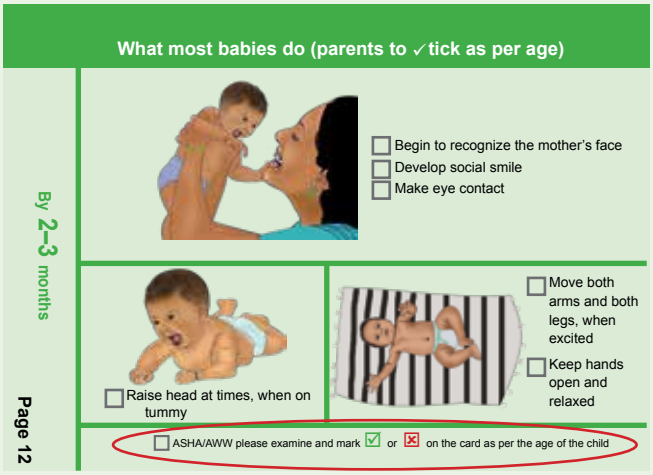
iii. Child demonstrates age appropriate milestone→ mark a tick **(√)** on the card.



- **Ensure family members understand that all children are different and develop at different rates.** While some children develop more slowly than others –it may be normal and a cause for concern only if milestones are delayed or not achieved at all (refer to warning signs).
- Explain that the **blue section** is on parenting tips for family members, especially the mother to follow for ensuring nurturing care for children in the family.
- Explain that early stimulation activities are different for different age groups and are based on what the child can do at a given age.
- **Demonstrate age-appropriate early stimulation activities.**




Role of Family members



- Family members need to check if their child is achieving **age appropriate growth** and tick (**√**) each milestone achieved by child.
- If there is no faltering→ family members should follow **Parenting Tips** and help to stimulate growth by doing age specific stimulation activities with their children.
- In case child does not achieve the milestone, they should refer to the corresponding **warning signs** to check for any faltering.
- In case of faltering→ immediately refer to a health care provider for referral under RBSK.
- Continue to follow the Parenting Tips and play, do early stimulation activities such as talking and playing with the child and giving child things to touch and play with.
- **Important for families to know: a lot of children will improve with treatment, few would become completely normal without any problems and others would have an active life with minimal problems.**

Role of ANM

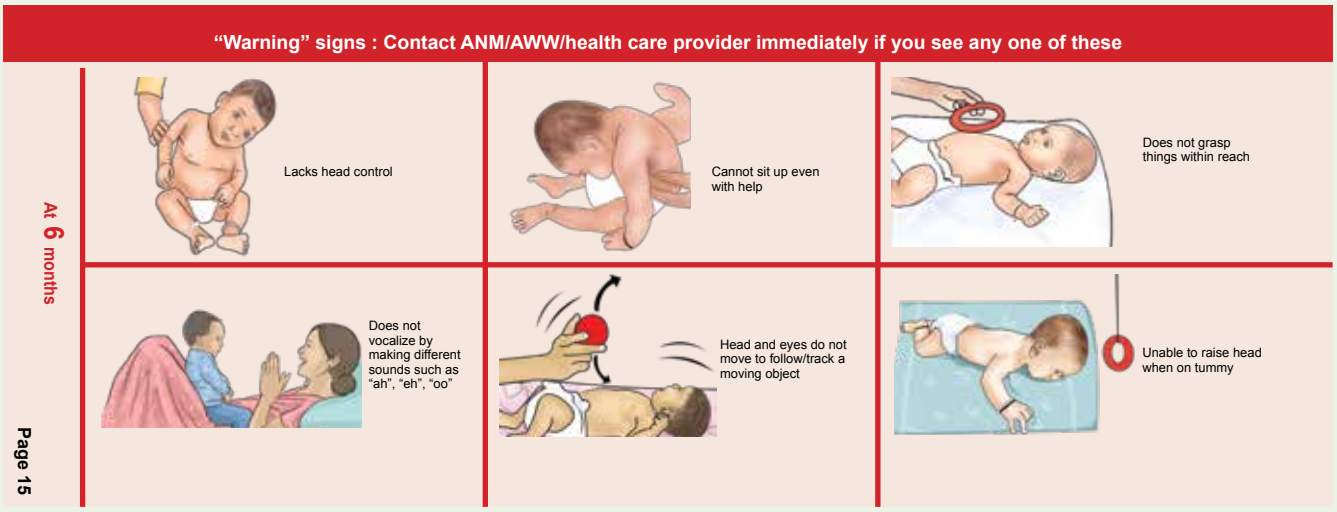
- Encourage fathers to track the growth of their child. Explain to them their role as a father is critical for ensuring a safe and loving home for the child.
- Counsel family members on importance of tracking milestones and practicing parenting tips.
- Facilitate referral to appropriate health facility/ DEIC in case of any warning signs.

Hints for ASHA/AWW

- First, spend some time in understanding the milestones and what are the early stimulation activities for different age groups before explaining this section to the mother/ family.
- Milestones are signs in children which tell us about their progress as they grow and develop, example children smile, talk and walk within a certain age range. However, each child is unique and grows and learns at her/his own pace.
- Encourage parents to use the MCP card as a 'memory book' for the child. Appeal to the mother's and father's emotions and tell her that this card is like an album in which she can mark and even note the date her/his child 'smiled for the first time', 'walked for the first time' etc. Later, she can look back at the card and always cherish these 'first moments'.




What is expected from ASHA/AWW for Early Identification of Warning Signs



- Ensure family members understand the difference between 'milestones' and 'warning signs'.
- Ensure family members understand that these red flags are very important and can make the difference between 'development is on track' and 'development is delayed'. Give them the following example of a train.
- **Achieving milestones on time** show that the **train is on track**, **delays** show that train is on track but **delayed by a few hours. Warning signs** show that the train is now **off the track** and on course for a collision unless treatment is availed at the right time.
- Take extra care to ensure that family members do not panic on seeing warning signs, they need to be assured that they can avail of the best treatment under RBSK and their child will not face discrimination or stigmatization in case they report the delay/ defect.

Role of ASHA

- Explain warning signs to family members as per their child's age.
- **Use home visits (HBYC section) to check for development delay and facilitate referral for child.**
- Explain to family members that some children develop more slowly than others and these signs are meant for them to be alert in case of some delay/ faltering in their child's growth. There is no need to panic, in case of a delay, they should take their child to the closest District Early Intervention Centre (DEIC)/ Health Facility.
- Ask family members to contact ANM/ AWW/ Health care provider immediately on seeing any one of the warning signs.

Role of AWW

- Use VHSNDs/ ECCE Days to explain warning signs to family members as per their child's age. Encourage fathers to attend VHSNDs with the child and mother.
- Encourage fathers to participate in taking care of the child and track their child's growth.
- Explain to family members that some children develop more slowly than others and these signs are meant for them to be alert in case of some delay/ faltering in their child's growth. There is no need to panic- in case of a delay, they should take their child to the closest District Early Intervention Centre (DEIC)/ Health Facility.
- **Help family members get a referral to District Early Intervention Centre (DEICs) under RBSK/ nearest Health Facility.**
- Counsel parents to continue to play and interact with the child even if they notice that the child is not responding as per the expectations.
- Facilitate referral to a DEIC/ health facility.




Role of ANM

- Explain warning signs to family members as per their child's age.
- **Ensure parents know that they must contact the nearest health facility in case they observe any of the warning signs.**
- Facilitate referral to a DEIC/ health facility.

Role of family members

- Contact ANM/ AWW/ health care provider immediately on seeing or suspecting any of the warning signs.

Millstones, Parenting Tips and Warning Signs

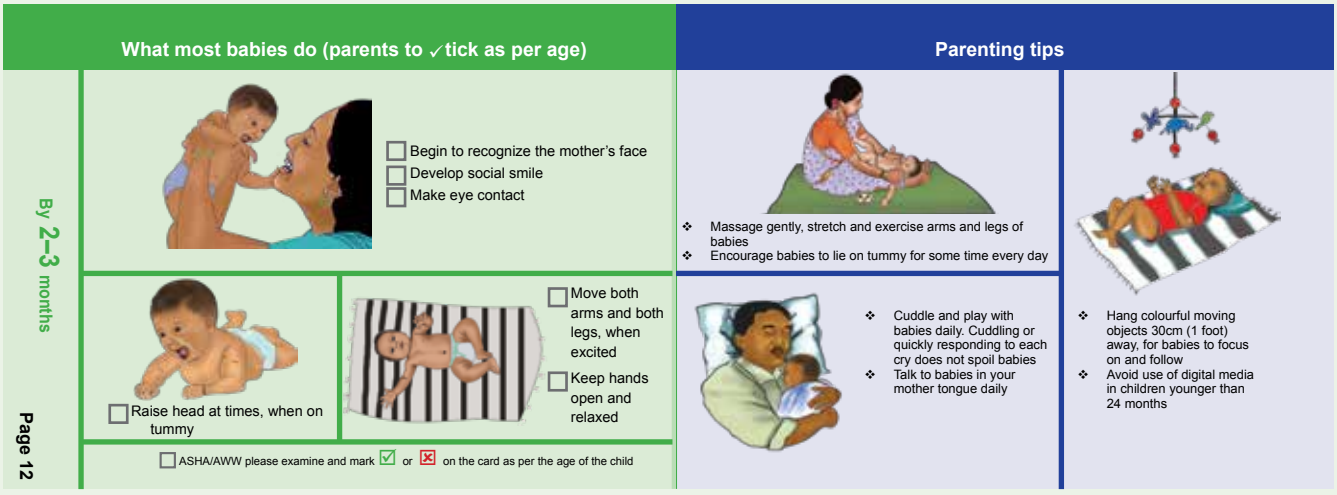
Milestones by 2-3 months

The Quiet Observer

Children use all their senses: vision, hearing, smell, touch and taste. Healthy babies can see, hear, and smell since birth. Though children are unable to move much, they begin to recognize their mothers right from the beginning. Soon they start to smile when people smile at them and find faces particularly interesting. At this age, learning is through seeing, hearing, feeling, and moving. For example, when they are shown a colorful object, they follow it with their eyes. After a few weeks or months, the child will make effort to grab it.

Hints for ASHA/AWW

Under each milestone, a title (for example the Quiet Observer, the Active Looker) has been given which will help you understand the main characteristics of the particular age group of the child. If you do not observe these milestones, the child may have some developmental delay, refer to the danger signs given in the MCP Card. If you observe any danger sign, refer the child to a facility immediately.






Warning Signs at 3 months

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

At 3 months


No social smile


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


Persistent squinting after 2 months


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


Head pushed back, with stiff arms and legs


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

Page 13

Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child begins to recognize the mother's face. • The child develops a social smile. • The child makes eye contact. 	This test should be done in a quiet and calm room after feeding the child. The mother should be asked to lean over the child's face close to a distance of 10-12 inches and to smile at the child. She/ he will spontaneously smile back at her/him. The duration of this interaction increases with age. Record the response in the MCP card.	By the age of 3 months, If the child is observed: a. Not making an eye contact with the mother during breastfeeding or talking.  b. No social smile 




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
		c. The child is cranky most of the time and may be difficult to console when starts crying. d. Persistent squinting after 2 months. 
• The child raises head when on tummy at times. 	The child should be fed at least half an hour before and should remain awake. Put the child lying on stomach on the bed and observe whether the child lifts her/his head at least 2-3 inches from the surface for a brief period of time. By three months, the child will be able to raise the head more and for a longer period. Record the response in the MCP card.	The child cannot lift head at all and unable to clear her/his nose due to very low tone. 
• The child moves both arms and both legs, when excited.  • The child keeps her/his hands open and relaxed.	Place the child on the bed or observe on mother's lap. The child should be awake and fed. The child should be minimally dressed [in a diaper (chaddi) and a vest]. The ambient room temperature should be comfortable in comparison to outside temperature. The child will kick vigorously both legs alternately, horizontally and vertically and will throw both arms in different directions. While throwing her/his legs and arms, her/his shoulders and trunk will remain stable in mid line. The child will keep her/his hands open most of the time. She/he may voluntarily close and open her/his hands while playing with her/his fingers or pull mother's saree or will try to hold a small toy or rattle.	a. The child does not move arms and legs at all. b. The child only moves arm and leg of the same side and do not move the arm and leg of the other side of the body as vigorously as the other side. c. Head pushed back, with stiff arms and legs.  d. The child's hands remain fisted as a part of generalized increased stiffness of the whole body.




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child responds to voice or startles with loud sounds or becomes alert to new sound by quietening or smiling. 	Put the child lying on her/his back. The room should be quiet and free from visual distractions like door or window curtains fluttering or movement of the people in front of the child. Shake a rattle/Pooja bell three times very gently on one side of her/his head and then on the other side beyond the child's visual range. The child may react in any of the following ways: a) Frown b) Stops moving for a while c) Wide opening of eyeballs d) Turns eyes towards the source of sound e) Turns head towards the source of sound	a. The child does not react at all. b. The child turns her/his head persistently on one side and not on the other. 

Parenting Tips for 2-3 months

ASHA/AWW explains

What you as parents and family members can do

- While feeding the infant, changing clothes or giving her/him a bath, practice skin to skin contact, gently soothe, stroke and hold your child. Feeling, hearing and smelling your presence provides your child with a sense of calm and security.
- Hold the child gently, look into her/his eyes and smile. The infant will slowly notice you and learn to smile back at you. When you smile at your child, she/he learns to communicate.
- Hug and cuddle your child. Being held securely gives great comfort to the child. Gently soothe the child when she/he is upset. Hugging and cuddling the child helps develop the bond of love between the mother and the child.
- While breastfeeding, look into your child's eyes and talk to her/him. Breastfeeding is the best time to communicate with your child. Make this moment the best moment for the child.
- When the child is lying on her/his back, you can hold/hang a small dangling object (like a ribbon or bow), about 12 inches away from the child's face and slowly move it from one side to the other. By about three months, the child will follow the complete movement, with head and eyes, looking at the object.
- Place the child on her tummy and shake a rattle or bell in front of her/him. Slowly lift the rattle just a little and encourage her to lift her/him head and shoulders to watch it move. She/he will try to raise her/his head and this fosters head control and also helps your child follow the rattle with her/his eyes.
- Talk very gently to your child by saying pleasant words, the infant will respond to the tone of your voice. Both the father, mother and other family members should communicate with the newborn. Do not think that since the infant does not talk there is no point in talking to her/him. Only when the child hears talk, will she/he learn to talk.
- Promptly respond to the child's cries so that she/he develops a sense of trust in the surroundings and people around her/him.




Milestones by 4-6 months

The Active looker

Smiles spontaneously, especially at known people, attempts to grasp objects within reach and likes playing with familiar people and might cry when playing stops.

Children at this age look at their hands and feet as if they are just discovering them. They put things into their mouth because their mouth is sensitive. The mouth helps them learn warm and cool, and soft and hard, by taste and touch.

What most babies do (parents to ✓tick as per age)

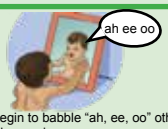
By 4–6 months

☐ Keep head steady when held upright and can sit with support

☐ Turn head towards direction of sound

☐ Attempt to reach and grasp an object

☐ Laugh aloud or make squealing sounds



☐ Begin to babble "ah, ee, oo" other than when crying

☐ Like to look at self in a mirror

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

Page 14

Parenting tips

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

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

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

Warning Signs at 6 months

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

At 6 months

Lacks head control

Cannot sit up even with help

Does not grasp things within reach

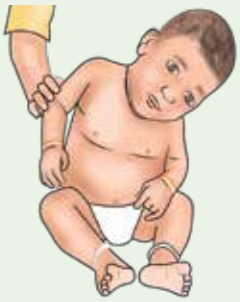
Does not vocalize by making different sounds such as "ah", "eh", "oo"

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

Unable to raise head when on tummy

Page 15




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child keeps the head steady when held upright and can sit with support. • The child can turn her/his head towards the direction of sound or towards the known faces or visually attractive colorful objects. 	*Position of the infant:* Ask the mother to hold the child up right in the lap or hold her/him in a sitting position with legs stretched forward. The child should be able to hold her/his head up straight in midline for a longer time. During this age, the child needs to be held around her/his upper or middle of the trunk as the child does not achieve enough stability of the trunk to support her/his head upright. The child will turn her/his head and look around towards the family members or colorful toys etc.	a. The child is unable to lift his or head up.  b. The child is unable to maintain head upright even if she/he manages to lift head (head wobbles).  c. The child cannot be brought to a sitting position due to abnormal tone. d. Sudden dropping of the head or sudden back thrust that topples her/his balance.
• The child lifts head up bearing weight on forearms. Moves arms forward to reach for an object brings elbows in front of shoulders and turns head to follow an object. 	Ask the mother to keep the child flat on the tummy on the bed or ground. The child should lift head up through bringing elbows in front of shoulders to put weight on it. At 6 months of age, the child should be able to hold her/his head and upper trunk for brief periods bearing weight on forearms.	a. The child is unable to lift the head up despite visual and auditory stimulation. 




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child attempts to reach and grasp an object. 	Ask the mother to keep the child lying on her/his back on the bed. The child should be in an alert state. Ask the mother to show a small rattle or a bright colored toy just at an arm's length in front of her/his eyes. The child will extend her/his hand to reach for the toy.	a. The child is unable to raise her/his shoulders and arms due to low muscle tone. b. The child does not regard the toy held above either due to visual problem or due to lack of understanding and motivation. c. The child only reaches with one arm and the other arm remains stiff with forearm rotated inwardly and fisted hand. d. The child is unable to reach with arms due to strong retraction of shoulders due to hypertonicity (abnormally high muscle tension). 
• The child laughs aloud or make squealing sounds. 	Ask the mother to keep the child in her lap. The child should be kept in a lying position. The child laughs aloud as you talk and shake your head. You can also tickle her/him as you sportingly talk to. You will hear her/him giggling in such interactions.	The child does not vocalize by making different sounds and does not regard an adult's interaction such as talking/smiling due to lack of understanding (cognitive error). 
• The child begins to babble "ah, ee, oo" other than when crying. • The child likes to look at self in a mirror. 	The child should be in an alert state. Observe the child's natural interaction with the mother. Explain to the mother that you want to observe the child's response as she talks to her/him. The child will look at her and will vocalize with sounds like aaaa, eeee, uuuu. There will be an exchange of smile. More the mother talks to her/him with different intonation of voice more the child reacts by vocalizing with higher pitch and increase in body and limb movements.	a. The child does not regard her/his mother's face either due to lack of hearing or due to lack of understanding (cognitive error). b. The child does not vocalize by making different sounds such as "ah, eh, oo" or there are no body movements due to excitement that mother's presence brings in the child.




Parenting Tips for 4-6 months

ASHA/AWW explains

What you as parents and family members can do

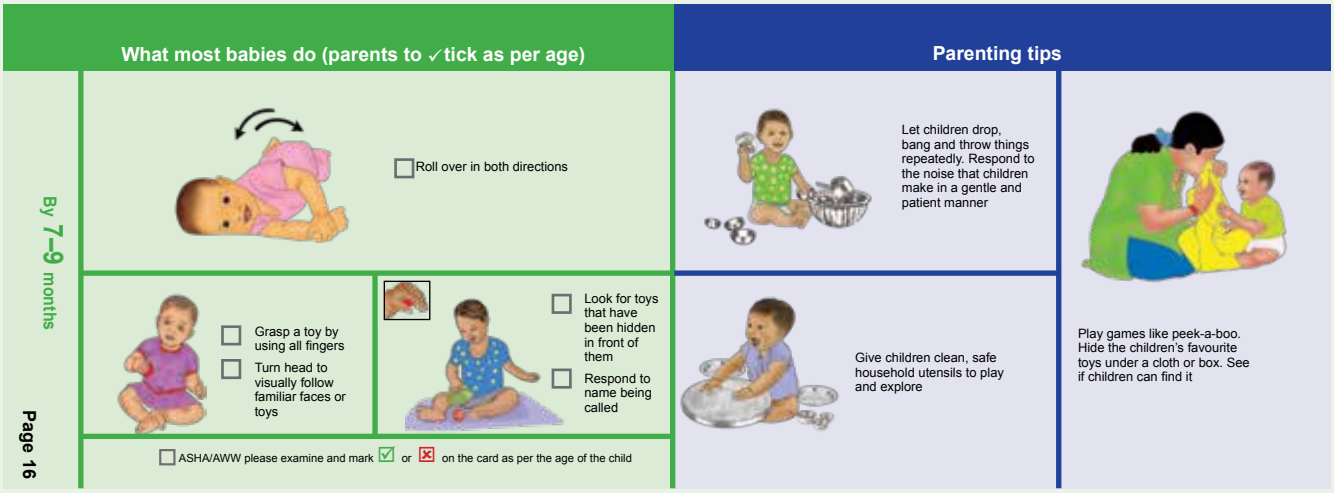
- Child at this age likes to reach for objects. Clean, safe and colorful things from the household, such as metal cup or a plastic bowl or a colorful toy, can be slowly moved for your child so that she/he follows the object the object and reaches for it. This helps in developing the infant's visual sensory skills. As the infant grasps' objects, her/his fine motor skills develop and her/his eye-hand coordination improves.
- Securely suspend a crib toy over the child's cot so that the child can reach out for it.
- Give the child a variety of objects (actual objects from the environment) of different textures that can be picked, held, squeezed and moved. This will stimulate her/his five senses.
- Carry the infant and walk around the room and the house so that she/he can see the things around her/him. Draw the infant's attention to objects, people or pets around. While showing her/him various things, talk to the child, name the object and point to some specific feature.
- Child, now enjoys, making new sounds like squeals, and laughs. Talk to your child and copy her/his sounds or gestures. When you imitate these sounds, the child responds with more sounds, copies sound she/he hears and starts learning how to make a conversation with another person.
- Sing songs and lullabies in mother-tongue to you child. These help the infant to perceive sounds and rhythms and help in developing language.

Milestones by 7-9 months

The Cruiser

Rolls over in both directions and crawls and looks for toys that have been hidden in front of her/him.

Children enjoy making noises by hitting or banging with a cup and other objects. They may pass things from one hand to the other and to other family members, dropping them to see where they fall, what sounds they make, or if someone will pick them up. Even before children say words, they learn from what family members say to them and can understand a lot.






Warning Signs at 9 months

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

At 9 months


Cannot roll over


Needs support to sit


Does not turn towards a sound (out of sight)

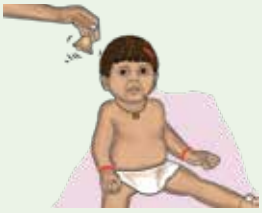

Does not utter pa.. pa..pa, ma.. ma, ba.. ba..ba, etc


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

Page 17

Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child can roll over in both directions. 	Ask the mother to leave the child on the mat on the floor. The child will spontaneously turn to either side depending on the source of motivation such as an attractive toy or the sound of a known person by turning her/his head first and then shoulder, trunk and pelvis follow towards the source of stimulation. This is the type of mobility the child uses to move about the floor.	a. The child does not roll over due to stiff posture.  b. The child rolls over only from one side of the body and rolls over into one side only. c. The child has wide range, flinging movements – unable to maintain symmetry and stability. d. The child lacks motivation to move.
• The child sits without support. 	Ask the mother to keep the child in sitting posture on the floor mat. Give the child a few toys and observe whether she/ he maintains the sitting posture without support.	a. Needs support to sit. 




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child grasps a toy by using all fingers/whole hand. 	Ask the mother to keep the child in sitting position on the floor mat and put a block or a small toy within the reach of the child. The child will pick the object by either hand. She/he will keep the block in the palm of her/his hand by flexing all the fingers.	a. The child keeps her/his hand fisted all the time as a part of generalized stiffness. b. The hands are loosely open and does not close due to generalized floppiness (abnormally lose muscles). c. The child has grasp only in one hand and the other hand remains fisted.
• The child turns head to visually follow familiar faces or toys. • The child turns head towards the source of sounds.	The testing room should be absolutely free of any noise. Stand behind the child and call the child in a whispering voice. Do it from both sides. The child will immediately turn her/his head to locate the source of the sound. If she/he lacks head control, her/his facial expression will change such as frowning, wide opening of eyeballs, sudden movement of body and limbs, smile or cry. Repeat three times in a row on each side.	a. The child does not react at all.  b. The child reacts repeatedly on one side only. c. The child changes her/his facial expression but does not turn head due to lack of head control. d. The child does not turn her/his head even if she/he hears the sound.
• The child looks for toys that have been hidden in front of them. 	Ask the mother to show the child a toy and then cover it with a handkerchief in front of her/him. The child will remove the cover to find the toy.	a. The child does not mind or care to look for the hidden toy. b. The child also has delay in other areas of development.
• The child responds to name being called. 	Ask the mother to keep the child on the floor mat in lying or sitting position and call her/his name. In response, the child will immediately look at her/him.	a. Does not respond to own name. 




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child utters consonant sounds pa.. pa..pa, ma.. ma, ba.. ba..ba, etc. 	Ask the mother to keep the child on a floor mat and position a mirror in front of the child or take the child to a mirror placed somewhere in the house. The child will utter sounds such as pa.. pa..pa, ma.. ma, ba.. ba..ba, etc. while playing on the floor or in the mother's lap.	a. The child does not utter any sound.  Does not utter pa.. pa..pa, ma.. ma, ba.. ba..ba, etc
• The child keeps head steady while looking at an object.	Ask the mother to keep the child in the lap or in sitting position and show her/him a toy or an object and observe the position of the head. The head should be in midline without any tilt to one side.	a. The child's head is tilted towards one side (possible sign of visual impairment). 

Parenting Tips for 7-9 months

ASHA/AWW explains

What you as parents and family members can do

- Make the infant sit on the floor with play materials and colorful things around, such as a wooden spoon or plastic bowl, to reach for and touch, or bang and drop around her/him. The play objects should be unbreakable, preferably made of cloth, wood or rubber and be safe for the infant.
- Children learn to understand words and begin to speak. The child starts speaking her/his first words, like mama/papa. Interact with the child and encourage the child's efforts to communicate by praising her/his each effort.
- Say your child's name as much as possible, so that she/he starts associating herself with the sound of her/his name. She/he will also look to see who is saying it and will try to reach out to the person.
- Never speak or sing too loudly, as this may scare babies.
- Smile as much as possible and provide your child with comfort and trust.
- Cut out simple pictures of familiar things, people and animals. Try to gather pictures showing lots of different colors, textures, scenes and faces. Talk about the pictures as your child looks at them. You should observe how your child listens to what you tell her/him and participates in her/his own way.
- Encourage the child to do things for himself/herself example sipping, eating a biscuit, and sitting. However, you must be around in case the child bites off a big piece.
- Family members can help the child learn to speak by talking to her/him and telling the names of things and people. They should use every opportunity to make conversation with the child, when feeding and bathing the child, and when working near the child.
- Encourage the child when she/he tries to walk, play new games and learn new skills.
- Ask simple questions: "Where is your nose?", or "Where is the cat?" Together they can look at pictures and talk about what they see. Give lots of time for the answer. Count to 10 in your head. If no answer comes, then answer the question yourself. Try an easier question the next time.




Milestones by 10-12 months

The Explorer

Starts to crawl to get desired toys and is able to avoid bumping into any furniture/objects. Picks tiny objects and drops them in an attempt to get familiar with them. Show or point to an object that she/he desires. For example, asks for toys by pointing.

Children enjoy playing with simple things from the household or from nature. When children learn a new game or skill, they repeat it over and over again. These discoveries make them happy and more confident. Children begin to understand what others say and can follow simple commands. They often can say some simple words in their mother tongue.

By 10–12 months Page 18	What most babies do (parents to ✓tick as per age)	Parenting tips
	 ☐ Sit without support and reach for toys without falling ☐ Raise arms to be picked up	 Place a toy slightly out of reach to encourage standing and walking while using support
	 ☐ Crawl to get desired toys without bumping into any objects	 Tell your babies stories and read picture books aloud. Show and name things in their environment
	 ☐ Use one or two common words in mother tongue ☐ Respond to simple requests like "no/ come here"	 While exploring, babies might hurt others accidentally. Show them how to touch gently. Do not shout at them
	☐ ASHA/AWW please examine and mark ☑ or ☒ on the card as per the age of the child	

Warning Signs at 12 months

At 12 months Page 19	"Warning" signs : Contact ANM/AWW/health care provider immediately if you see any one of these		
	 Cannot pick small objects with finger and thumb	 Does not stretch hands to be picked up	 Does not respond to own name
	 Does not search for half hidden toys that the child sees you hide	 Does not play social games like peek-a-boo (jhalak/ anakh-michauli)	




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child sits without support and reaches for toys without falling. 	Ask the mother to put the child on a mat in a sitting position and place a toy in front of her/him. The child will be able to reach the toy with one hand independently. The sitting posture will be maintained without falling.	a. The child cannot sit independently without support.
• The child raise's arms to be picked up. 	Ask the mother to let the child play with some toys on the ground alone. After seeing the mother, the child will generally stretch her/his arms towards the mother as if she/he wants to be picked up.	a. The Child does not stretch hands to be picked up.  b. The child also shows delay in other areas of development.
• The child crawls to get desired toys without bumping into any objects. 	Ask the mother whether the child bumps against the door ways or furniture while crawling.	a. The child does not show any interest and does not crawl towards the object. b. The child bumps against the objects during crawling.
• The child responds to simple requests like "no/come here". 	Ask the mother whether her child stops doing an activity if she says, "do not do it." This is to find out whether the child understands the meaning of "No".	a. The child does not understand simple requests and does not respond appropriately to the command.




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
The child knows and responds to her/his name when called.	Ask the mother to go to a corner of the room and call out the child's name.	b. The child does not turn or respond to her/his name.
The child searches for half-hidden objects that have been hidden in front of her/him.	Ask the mother to place a toy in front of the child. Then partially cover it with a cloth/handkerchief in front of her/him.	c. The child does not remove the cloth to find the toy.
The child enjoys playing games like peek-a-boo and knows she/he has to wait for her/his turn to come.	The child should be in sitting position. Ask the mother to cover the child's face with a towel or chunni/ saree.	d. The child does not remove the towel.

Parenting Tips for 10-12 months

ASHA/AWW explains

What you as parents and family members can do

- Place a toy at some distance from the child. Once she/ he crawls to it, let her/him play with it for some time. Then gently take it away and place it a little far from her/him to motivate her to crawl.
- Encourage the child to hold your finger and to walk a few steps. Make sure that the child's environment is free of dangers such as open sockets, sharp pointed objects, etc. as she/he practices walking.
- Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.
- The child can now enjoy a simple story. She/he does not understand it totally, but shows delight during the narration. Repeating simple rhymes and stories in your mother tongue helps in language development.
- Draw the infant's attention to objects, people, animals, birds, different vehicles, etc. in the surrounding. While showing her various things, talk to the child, name the objects and point to their specific features and imitate their sounds, such as calls of birds.
- Point to the eyes, nose and mouth on a doll. After showing one part on the doll, touch the same part on yourself and on your child. Take your child's hand and have her/him touch the eyes, nose and mouth on the doll, you and himself. Slowly, the child will be able to memorize and identify these different words and relate them to his body parts.
- The child is now developing relationships. Hold the child physically close to you, cuddle and caress her many times during the day. This conveys the message of love and warmth to the child.

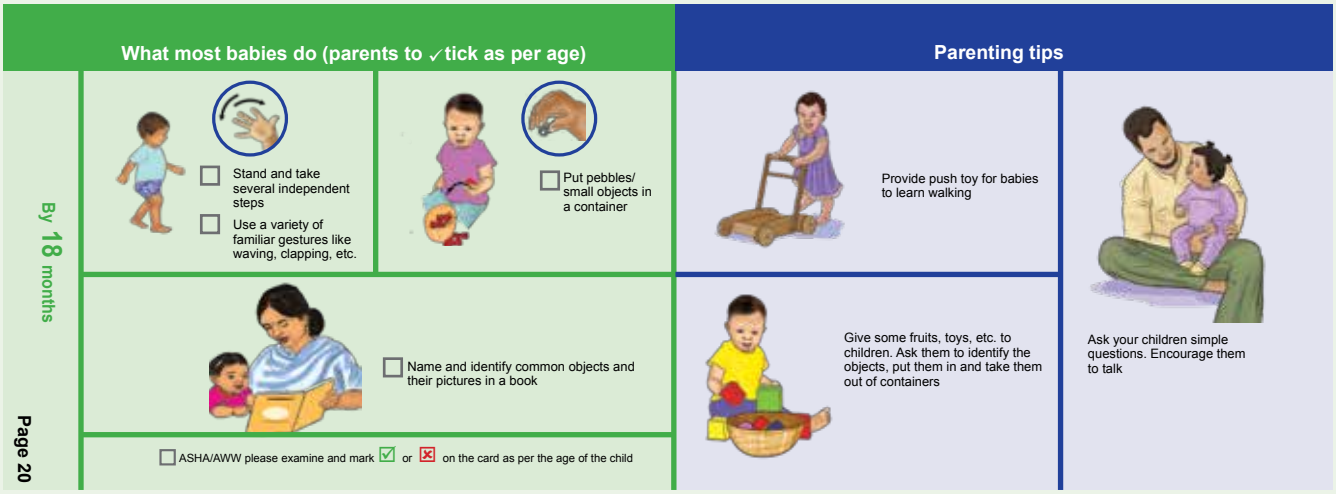



Milestones by 18 months

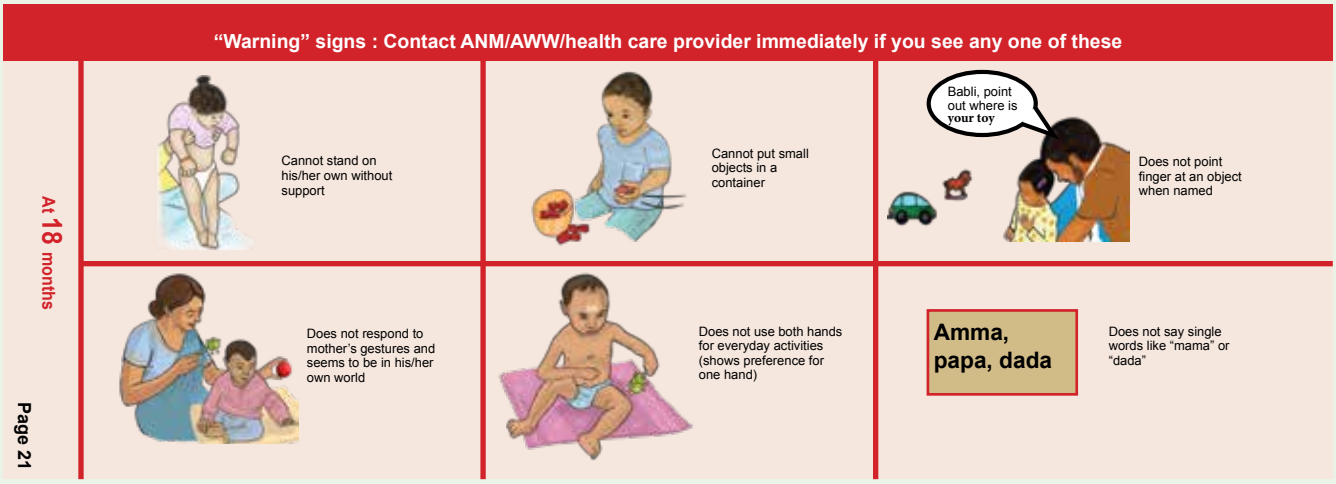
The Walker

Starts to talk and can say 4-5 words like mama, papa, dada. Starts to use familiar gestures like clapping or waving.

Children learn to walk at this age. They need encouragement as they try to walk, play new games, and learn new skills. Be patient with your child and offer loving encouragement no matter how many times they fail, this will help them gain the confidence they need.



Warning Signs at 18 months






Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child stands and takes several independent steps.  • The child uses a variety of familiar gestures like waving, clapping, etc.	Ask the mother to keep the child on the ground. The child will be able to stand independently and starts walking.	a. The child cannot stand on her/his own without support. 
• The child puts pebbles/ small objects in a container. 	Ask the mother to make the child sit on the mat. Keep some small objects like spoon, small containers in front of the child. The child will be able to pick up the objects with her/his index and thumb fingers and will enjoy putting it into the container (cup or katori) if available near the child.	b. The child cannot pick the objects to put into the container (cup or katori). 
• The child names and identifies common objects and their pictures in a book. 	Ask the mother to show some pictures of common objects, in a picture book with a single picture on each page and ask the child to identify it. The child will be able to identify common daily use objects/ birds/ animals/ fruits, etc.	c. The child is not able to identify and name even a single common object in the picture book.
The child uses both her/his hands for everyday activities.	Ask the mother to give the child a big ball, large colorful fruits and observe the child for 5-10 minutes.	d. The child keeps one hand stiff and at 90 degree angle and does not use it at all, even when trying to grasp all the fruits.

Parenting Tips for 18 months

ASHA/AWW explains

What you as parents and family members can do

- Provide suitable objects/toys, furniture items, etc. to enable the child to grasp, pull, push, hold and draw, hold and stand, start walking using support.
- The child likes to put things into cans and boxes, and then take them out. She/he also likes to stack things up until they fall. Encourage her/him to learn new skills by playing with the child and offering help.
- Give your child safe things to stack up, and to put into containers and take out. This helps in the development of eye-hand coordination. **Sample toys:** Nesting and stacking objects, container and cloth clips.
- Take a katori (bowl) and show the child how to put smaller objects like 'pebbles' in the container and then empty them out. Take care that the child does not accidentally swallow small objects.
- Play with your toddler and offer help: "Let's do it together". This would make her happy and more confident.
- Use every opportunity to engage in a conversation, including when feeding or bathing, or when working near her/him. The child may use gesture or point out to indicate her/his wants. Encourage your child to use words to ask for things.
- Ask your child simple questions and respond to your child's attempts to talk. She should be willing to interact by responding and/or asking further questions.
- **Do picture reading:** take a big picture which shows some interesting events/ objects which the child will understand and point to things in a picture, describe and name them.




Milestones by 24 months

The Doer

Imitates household chores/ tasks and repeats words they hear, begin to run and kick a ball, starts to scribble.

At this age, she/he starts imitating the happenings in her/his surroundings. The child can imitate household work, feed the doll and pretend to take care of it. This way the child in play will imitate the way adults care for the child.

By 24 months — Page 22

What most babies do (parents to ✓tick as per age)

☐ Walk steadily, even while pulling a toy

☐ Imitate household chores

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

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

Parenting tips

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

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

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

Warning Signs at 24 months

At 24 months — Page 23

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

Does not walk steadily while pulling a toy

Cannot scribble

Give milk, amma come…

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

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

Does not point to body parts

Does not seem to understand and follow simple instructions




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
• The child walks steadily, even while pulling a toy. 	Ask the mother to give the child a pull toy with a string attached to it and show her/ him how to pull and play with it, the child will be able to walk steadily without falling even while pulling the toy.	a. The child does not walk steadily while pulling a toy. 
The child scribbles when playing with crayons, pencils and books.	Ask the mother to give the child a coloring book or blank paper and lots of crayons and observe quietly for 5-10 minutes.	a. The child does not scribble spontaneous.
The child uses at least two words in the local language other than mama or dada such as dog, cat, ball, etc.	Ask the mother to talk to the child and ask her/him to name common objects/ name common animals/ pets, the child is familiar with.	b. The child does not understand the question or is unable to respond to the mother's queries. **Note:** Ask the mother and family members if the child uses more than one word in the routine course. If they say she/he does know local words, come back and repeat the test at a later stage.
The child makes appropriate responses to gestures like bye-bye/clap.	Ask a family member to pretend to leave the house and say 'bye-bye' to the child.	c. The child does not respond at all. **Note:** Ask mother if her child imitates actions like "namaste", "bye-bye" as demonstrated to her/him. If she says yes, come back and repeats the test at a later stage.
The child imitates household chores. 	Ask the mother to show the child the common household tasks for example- sweeping the floor and the child should be encouraged to participate in the task. The child will be able to perform the task in the same manner as the mother was performing.	d. The child does not take any interest in the household activities even if encouraged to participate.
The child correctly points out and names one or more body parts in person or in books. 	Ask the mother to ask the child to point out a body part. For example: • Show me your nose • Show me your mouth • Show me your eyes	e. The child does not point to even a single body part. 




Parenting Tips for 24 months

ASHA/AWW explains

What you as parents and family members can do

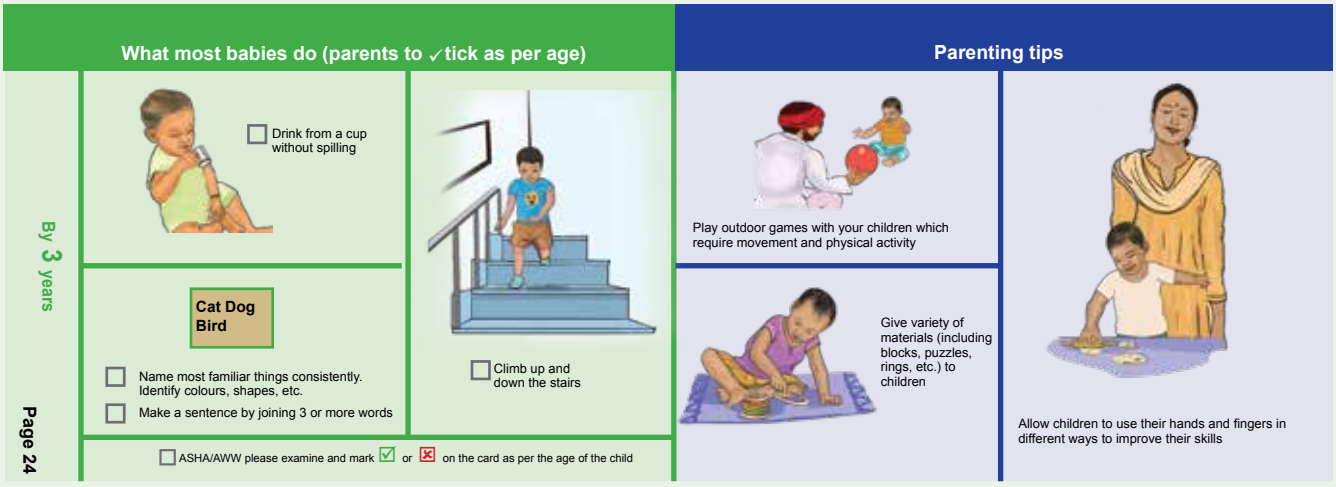
- Hold your child's hand and let him or her stand on one leg, while supported.
- Make available simple homemade toys for the child to play with.
- Respond to and praise child's efforts to learn a skill. Do not force her to complete an activity.
- Provide objects/toys of different color and shapes, such as sticks, blocks made of wood or plastic, puzzles, etc. Help your child sort and compare things.
- Provide 2-piece jigsaw puzzles, increase the number of pieces gradually. You can make simple puzzles from old pictures, cards, covers of boxes, etc.
- Play ball games. For example, roll a ball to the child. Encourage the child to roll the ball back to you. Also, encourage catching, throwing and kicking the ball and passing it through a tunnel.
- Give the child a paper and a thick pen or crayon to draw and scribble as she/he wants. The child can also draw with a hard stick.
- Read age-appropriate story books to the child. Ask simple questions based on the story such as Where did the tiger go? What did he do there?

Milestones by 3 Years

The Communicator

Suddenly starts talking a lot in child language. Starts to speak in sentences by joining two to three words like "mama -come". Understands simple instructions like 'give me the toy', plays pretend games like feeding the doll.

By age 3 years, children can listen and understand. Asking simple questions and listening to the answers encourages children to talk. Answering a child's questions encourages the child to explore the world. Remember that children enjoy playing with simple homemade toys. They do not need expensive toys. For example, they can learn to draw with chalk on a stone or with a stick in the sand. Picture puzzles can be made by cutting magazine pictures or simple drawings into large pieces.






Warning Signs at 24 months

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

At 3 years


Has trouble climbing up and climbing down stairs


Cannot eat without help

Does not communicate meaningfully and frequently repeats others' speech

Does not play "Pretend" games


Continuous drooling, unclear speech

Mummy give milk

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

Page 25

Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
The child drinks from a cup without spilling. 	Ask the mother to put some water or milk in the cup and give it to the child, the child will be able to drink from cup without spilling it outside.	The child cannot eat and drink without help and the food is spilled over during her/his try. 
The child climbs up and down the stairs 	Ask the mother to take the child near a safe staircase having proper railing. Strictly supervise the child to avoid any accidents. The child will be able to climb the stairs independently without any difficulty.	a. Has trouble climbing up and climbing down stairs. Either the child will not be able to climb the stairs or will face great difficulty in climbing the stairs. 




Normal milestone/ Expected activities	How to Elicit and Observe these milestones	Warning Signs
The child names most familiar things consistently. Identifies colors, shapes, etc. • The child makes a sentence by joining 3 or more words.	Ask the mother to interact with the child for 5-10 minutes and ask the child to name most familiar things such as colors, shapes, animals, birds etc. by showing a picture book. Ask the mother to observe if the child identifies and starts naming most familiar things consistently.	a. The child is unable to name even the single object in a picture book. b. The child does not communicate meaningfully and frequently repeats others' speech.  c. The child has continuous drooling, unclear speech.  d. The child does not speak in simple and three-word sentences such as "mummy give milk".
The child plays games with toys such as dolls, stuffed animals etc.	Ask the mother to place a doll, a bowl and spoon in front of the child and ask her to feed the doll.	e. The child does not talk or play with the doll.

Parenting Tips for 3 Years

ASHA/AWW explains

What you as parents and family members can do

- Place obstacles like toys, a few chairs or plastic boxes in a path. Encourage the child to walk in the path avoiding these obstacles.
- For fine motor development give the child opportunities such as putting large beads in a string, playing with clean sand, paper tearing and crumpling.
- Take the child on a walk. Encourage her to collect things she/ he likes from the natural environment. Back in the room help the child to sort the collected items into groups. For example – all leaves in one box, all stones in another box, all twigs in another one, etc.
- Encourage your child to talk and respond to her/his questions. Tell your child stories, songs and play word games with your child. Ask her/him to recall the stories, rhymes, etc.
- Asking simple questions like 'where is the ball' and listening to the answers will encourage the child to talk. Respond to the child's questions with interest.
- Read stories to your child and ask questions about what you see in the book. Encourage the child to tell her/his own stories.
- Fill big buckets with water. Provide containers of different sizes, plastic bottles and let the child explore.
- Play memory games (show some objects to the child and then remove them and ask the child to name the objects she/ he saw) hide and seek, guessing what an object could be on seeing only a part of it.
- Give easy responsibilities to the child example bringing plates from the kitchen, putting the toys in the cupboard.

11 FAMILY PLANNING

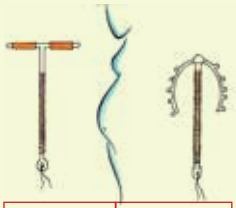
Promoting healthy timing and spacing of birth and responsible parenthood is a very important task which has the potential of improving maternal and child health outcomes. As per NFHS-4, 47.8% of the married women in India are currently using modern methods of contraception. Therefore, this new section includes messages for couples for delaying birth of first child and maintaining healthy spacing between children as well, and provides information on different types of contraceptive methods available under the National Family Planning programme. It aims at: 1). Generating demand for family planning; 2). Improving knowledge about different family planning methods; both temporary and permanent methods.

This will act as a reference material to have a discussion with eligible couples on available contraceptives as per their needs.

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

If your family is complete, you/your spouse can opt for a permanent method of contraception

Injectable Contraceptive (**Antara** Programme)



IUCD 380A (effective for 10 years)	**IUCD 375** (effective for 5 years)

IUCD can be inserted as:
- **Interval IUCD:** after 6 weeks of delivery
- **Post partum IUCD:** within 48 hours of delivery

- **Mala N-**Combined Oral Contraceptive Pills
- **Chhaya-**Centchroman
- **Progesterone only Pills**

Nirodh- Condom

Female Sterilization

Male Sterilization

Hints for ASHA

Different women and couples have varied contraceptive needs; therefore, when you counsel a woman/couple on family planning, you should keep in mind the following:

- **Marital status:** All spacing and limiting methods can be provided to the women/ couples as per the 'Medical Eligibility Criteria Wheel for Contraceptive Use- India, 2015'.
- **Post-partum period or post abortion period:** Spacing methods like IUCD (PPIUCD- within 48 hours of delivery/ PAIUCD- within 12 days of completion of abortion), COCs (after 4 weeks of delivery only if woman is NOT breastfeeding/ after abortion), condoms, Centchroman (any time after delivery/ abortion) and Injectable contraceptive MPA (at 6 weeks post-delivery in breastfeeding women/ within 7 days of abortion) or permanent method of contraception like female sterilization (concurrently or within 7 days of delivery/ abortion) can be adopted in post pregnancy period. (P.S. Male sterilization can be adopted anytime)
- **Fertility Preference:**
  - If woman/ couple wants to delay birth of first child or maintain spacing between births, she can be provided with spacing methods (like condoms, OCPs, IUCD 380A or 375, injectable contraceptive MPA)
  - If the woman/ couple do not want more children and the family size is complete, adoption of permanent methods may be advised.

Benefits of Family Planning

1. Helps the couples make informed choice about their family size
2. Ensures Healthy Timing and Spacing of Pregnancy
3. Helps improve maternal and child health outcomes
4. Helps in breaking the vicious cycle of repeated unwanted pregnancies and abortions

Remember: Fertility can return before return of menses in post-partum and post abortion period




Family Planning Choices

Spacing Methods:

- Condoms (Nirodh)
- Oral Contraceptive Pills:
  - Combined Oral Contraceptives (Mala N)
  - Centchroman (Chhaya)
  - Emergency Contraceptive Pills (Ezy pills) (not a regular contraceptive method)
- IUCD (380 A and 375)
- Injectable Contraceptive (Antara Programme)

Permanent Methods:

- Male Sterilization (Vasectomy/ NSV)
- Female Sterilization (Laparoscopic Sterilization/ Minilap sterilization)

Method	Timings of Initiation of the Method		
	Post Delivery		Post Abortion
	Breastfeeding women	Non-Breastfeeding women	
Female Sterilization	Concurrently/ within 7 days		
Male Sterilization	Anytime		
Injectable Contraceptive MPA (Antara Programme)	As early as 6 weeks	As early as 4 weeks	Immediately
IUCD (380A and 375)	Within 48 hours		Within 12 days
Combined Oral Contraceptive Pills (Mala N)	After 6 months	After 3 weeks	Immediately
Centchroman (Chhaya)	Earlier than 4 weeks		Immediately
Progestin only pills	Earlier than 4 weeks		Immediately
Condoms	When intercourse resumes		




Role of ASHA

- Prepare and update the list of eligible couples in her allotted area
- Provide eligible couples with information on available spacing and limiting methods under the National Family Planning programme
- Deliver contraceptives at doorstep of eligible couples and ask them to contact her/ other health care provider in case of any issue/ query
- Explain the couples about the benefits of 'healthy timing and spacing of pregnancy' on the health of mother and child
- Get the new clients screened by MO/ ANM before providing OCPs (Mala N and Chhaya)
- Regularly place indent and update stock through FP-LMIS and collect the commodities from CHC/ block PHC
- Explain the benefits of having a small family
- Inform that all contraceptive services are available free of cost at all public health institutions and escort them, whenever necessary

Role of ANM

- Explain the couples about the benefits of 'healthy timing and spacing of pregnancy' on the health of mother and child
- Explain that the couple can chose from various contraceptive methods available under the National Family Planning Programme
- Provide information on spacing and limiting methods available in the basket of contraceptive choices
- Provide family planning services to the clients as per their preferred contraceptive method

Role of AWW

- Explain the couples about the benefits of 'healthy timing and spacing of pregnancy' on the health of mother and child
- Use VHSNDs and Anganwadi Centres to provide information on contraceptives to couples and decision makers and motivate couples to use them
- Explain the benefits of having a small family
- Inform that all contraceptive services are available free of cost at all public health institutions

12 BIWEEKLY IRON FOLIC ACID SUPPLEMENTATION (6M – 5 YEARS) AND BIANNUAL DEWORMING FOR CHILDREN AGED (1-5 YEARS)

Bi-weekly Iron-Folic Acid Supplementation and bi-annual deworming for children aged 6 months to 5 years (Compliance Card)

Mention date of provision of IFA bottle to mother	Bottle 1	Bottle 2	Bottle 3	Bottle 4	Bottle 5
	Bottle 6	Bottle 7	Bottle 8	Bottle 9	Bottle 10

Month-wise Bi-weekly IFA syrup supplementation

Age	Week	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
6-12 month	1												
	2												
	3												
	4												
	5												
1-2 Year	1												
	2												
	3												
	4												
	5												
2-3 Year	1												
	2												
	3												
	4												
	5												
3-4 Year	1												
	2												
	3												
	4												
	5												
4-5 Year	1												
	2												
	3												
	4												
	5												

Albendazole (write date)

Age	1-2 Year	2-3 Year	3-4 Year	4-5 Year
Dose - 1				
Dose - 2				

Important things to remember:

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

Page 27

Evidence shows that prevalence of Anaemia is high in India and 58% of the under-5 population is anaemic. This **new section** in the MCP card will help you to target the high prevalence of Anaemia and ensure healthy growth among children. It Includes dates and doses of IFA and Albendazole with table for compliance to be marked and important reminder messages for family members. **One important change in the MCP Card related to IFA and deworming is that from now on family members have to mark the MCP card after providing IFA syrup.**

ANM/ASHA to explain:

- Anaemia in children causes poor learning ability, low concentration, tiredness, poor school performance and poor coordination of language.
- The child is unable to reach her/his full potential both physically and mentally.

Line Listing of all anemic children to be maintained by ANM/ASHA/AWW

Role of ANM

- Screen children aged 6-59 months for Anaemia at VHSND/ Sub-centre/ session site.
- Counsel family members on **important reminder messages** for IFA supplementation.
- Record date of administering Albendazole.
- Monitor family members mark the table after child receives a dose of IFA.

.



ANMs need to diagnose Anaemia using the Haemoglobin levels (g/dl) given below:

Population	Mild	Moderate	Severe
Children 6-59 months	10-10.9	7- 9.9	<7

Role of ASHA

- Collect the required number of IFA syrup bottles from respective PHC/SC.
- Distribute IFA syrup bottle to mothers to provide bi-weekly IFA dose at household.
- Record date of providing IFA bottle.
- After child attains 6 month of age provide one bottle of 50 ml IFA syrup to the family and this to be replenished every 6 months
- Please revise as Ensure family members mark the table a dose of IFA and date of albendazole administration.
- For children aged 12-59 months provide two 50 ml bottles per child per year.

Age	Dosage	Regime
6-59 months	1 ml of IFA syrup containing 20 mg of elemental iron and 100 mcg of folic acid	Bi-weekly through the period of 6-59 months

- Provide IFA supplementation twice a week for one week during home visits.
- From second week onwards up to the month end (15th- 30th of the month), undertake fortnightly home visits to supervise IFA supplementation provided by mother.
- Counsel the mothers and family members on importance of providing the IFA supplementation and bi-annual deworming in children; its positive impact on physical and mental development of the child example improvement in well-being, attentiveness in studies and intelligence, etc.
- Record the compliance in the MCP card with a tick (√) and also teach the mothers to mark the compliance.
- Explain to families that they are required to mark in the relevant section of the table in the MCP card after child has been given a dose of IFA.
- Counsel families on important reminder messages for IFA supplementation.
- **Use HBYC section to track if IFA has been given to child as per age.**
- Check quantity of IFA in bottle during home-visit and verify that mothers/ family members have marked the MCP Card for compliance.
- Counsel family members on the importance of including iron-rich and folic acid rich foods in the diet of the child- dark green leafy vegetables, nuts, dry dates, raisins, whole wheat flour, animal foods/non-vegetarian sources like meat, liver, poultry, egg and fish, etc.

Key messages for ASHA to use while counselling family members:

- Minor side effects associated with IFA administration include black discoloration of stools.
- IFA bottle should be stored in a cool and dark place, away from reach of children, keeping the lid of the bottle tightly closed each time after administration, etc.
- Family should contact either ASHA or the ANM for a new IFA syrup bottle when the bottle finishes.
- Family should immediately contact the ANM in case of any problem after consumption of iron folic acid syrup.

Role of AWW

Use VHSNDs to ensure family members understand IFA prevents Anaemia and Albendazole prevents worms in their children.

Provide bi-annual deworming tablet to children (1-5 years) as per dose schedule -1/2 tablet for children (1-2 years) and 1 tablet for children (2-5 years).

Role of Family members

- Inform the ANM/ASHA in case your child is sick.
- Make sure you have fed the child before giving IFA syrup.
- Inform the ASHA/ANM in case your IFA syrup finishes.
- Mark a tick (✓) in the box of the table for IFA Compliance Card every time your child is given the dose of IFA. Write the date of albendazole administration as per age of administration and dose.
- In case of any problem after consumption of albendazole or IFA syrup, contact ASHA/AWW/ANM of your area immediately.

Important things to remember:

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



When should you not give IFA to children?

- Prophylaxis and Treatment of Anaemia with iron and folic acid supplementation should be withheld in case of:
  - During the course of acute illness (fever, Diarrhoea, Pneumonia, etc.).
  - Known case of thalassemia major/history of repeated blood transfusion.
  - In children with severe acute malnutrition (SAM)[5], IFA supplementation should be continued as per SAM management protocol.
- Anaemia in these cases should be treated as per the standard treatment guidelines, by the attending doctor, as per the merit of the individual case.

Severe Acute Malnutrition (SAM) is the most extreme and visible form of under-nutrition. A child with SAM looks frail and skeletal and requires urgent treatment to survive. Children with SAM have very low weight for their height and severe muscle wasting. They may also have nutritional oedema – characterized by swollen feet, face and limbs. Severe acute malnutrition is an important underlying cause of death in children under 5, and its prevention and treatment are critical to child survival and development. https://www.unicef.org/nutrition/index_sam.html

13 GROWTH MONITORING: WEIGHT FOR AGE AND WEIGHT FOR LENGTH/HEIGHT

Growth monitoring and promotion of young children is an important responsibility of an Anganwadi Worker. Growth Monitoring means keeping a regular track of the growth of the child with the help of key nutrition indicators related to their age like weight or height. Growth Monitoring is a useful tool in many ways and enables AWW to:

1. Detect early growth faltering and prevent undernutrition.
2. Identify underweight children who need special care and feeding at home, in addition to single take home ration received at the AWC.
3. Identify severely underweight children who need special care and feeding at home and referral advice, in addition to double take home ration received at the AWC.
4. Provide special attention to children whose weight for length/height falls in the yellow or orange band (refer below). These children will be treated in line with the directives from the Ministry of Women and Child Development.
5. Counsel families on feeding and care of these children.
6. Refer all children with illness to the nearest ANM.
7. Refer all children with complications or serious sickness to the nearest Health centre.
8. Identify many causes of weight loss or no gain in weight i.e., illnesses such as Diarrhoea and Acute Respiratory Tract Infections; inadequate or insufficient food and feeding; mother's illness; etc. and take corrective and timely action.
9. Educate, counsel and support mothers and families for optimal nutrition, health care and development of their children.

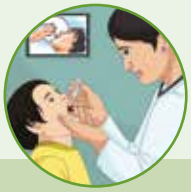
In Anganwadi Centres, growth monitoring is done using **weight-for-age** based on WHO Child Growth Standards (2006). As per these standards, there are separate growth charts for girls and boys, as they have different weights and lengths beginning at birth and grow to different sizes related to their age. Growth charts are used to identify normal growth of a given child, as well as identify growth problems or trends for early preventive action. It enables effective counselling for promoting young child's growth.

The Growth Monitoring Charts are a part of the MCP Card. In addition to monitoring weight for age, the MCP card will now help you monitor **weight for length/height** in children below 3 years of age which will give a more comprehensive way of tracking and preventing severe acute malnutrition among children. Equipment and tools required for growth monitoring are weighing scales, infantometers, stadiometers and MCP Card.

Hints for AWW

Growth chart is a tool for assessing and monitoring the growth of a child. **Pink border** growth charts are for **girls** and **blue border** charts are for **boys**. There are two Growth Charts, one for recording **weight-for-age** and the other for recording **weight-for-length/height.**



Weight-for-Age Chart

In the **weight-for-age** chart, the horizontal line at the bottom of the Chart is the **X Axis**. This is for recording the age of the child and is called '**month axis**'. The vertical line at the far left of the Chart is the **Y Axis**. This is for recording the weight of the child from birth onwards and is called **'weight axis'**.

The **month axis** of each Growth Chart has **three boxes**, representing three years. Each box contains 12 small squares representing 12 months i.e. each small square on month axis represents 1 month. Age is recorded in completed weeks/ months/years. It is recorded in completed weeks only for a child below 1 month. Similarly, on the **weight axis,** lines are marked for recording weight in kilograms and grams. Each thick extended line represents 1 kg, each line extended from a small square represents 500gms. and very thin and small extended lines represent 100gms.

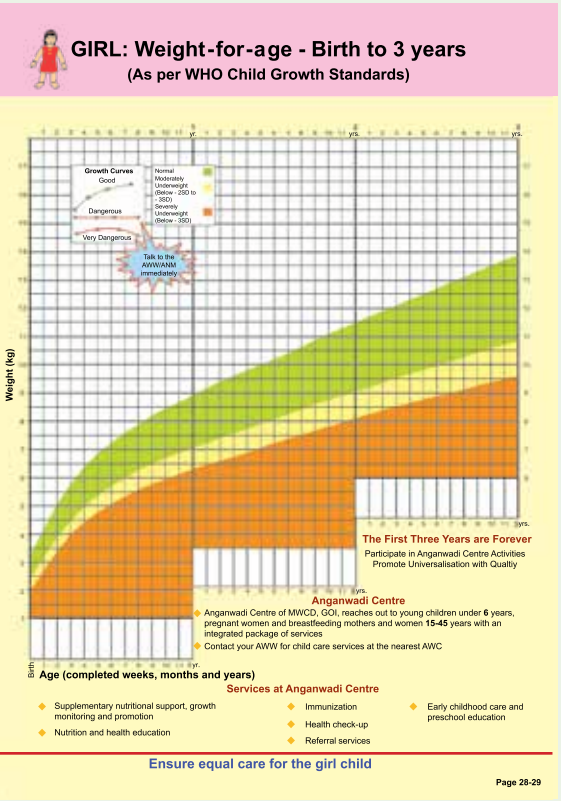
White rectangles below the 'month axis' are for writing months and years as per the date of birth of the child. On each visit, weight of the child taken is recorded under the relevant rectangle.

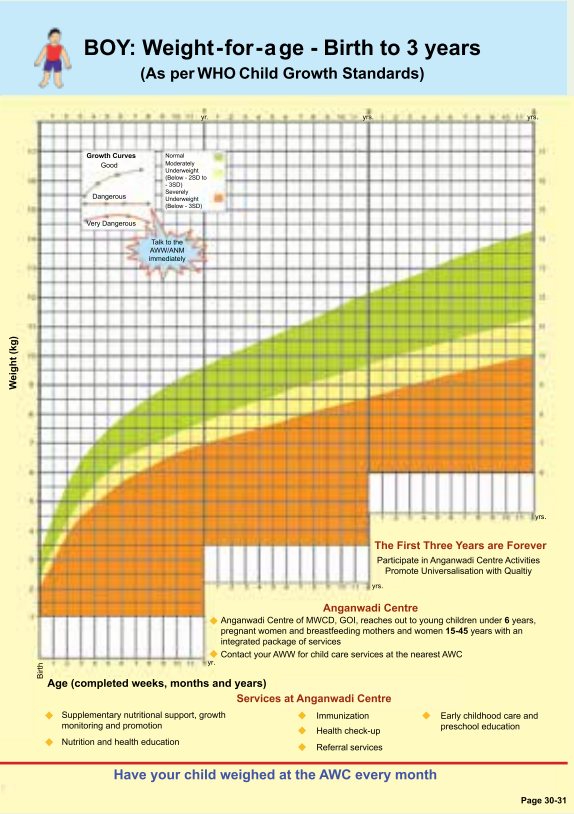
A point on a Growth Chart, where a line extended from a measurement on the 'month axis' i.e. age, intersects with a line extended from a measurement on the 'weight axis' i.e. weight, is called a **plotted point.**

A **Growth Curve** is formed by joining the plotted points on a Growth Chart. The direction of the growth curve indicates whether the child is growing or not and is more important than the actual weight of the child at any point.

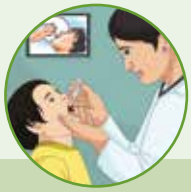
On each Growth Chart, there are **3 pre-printed Growth Curves**. These are called Reference Lines or Z Score Lines and are used to compare and interpret the growth pattern of the child and assess her/ his nutritional status. The 1st/ top curve line on the growth chart is the median which generally speaking is the average. The other two curve lines are below the average and are at a distance.

Weight of all normal and healthy children plotted on the Growth Chart, fall above 2nd curve **(dark green band)**; weight of moderately underweight children falls between the 2nd curve and to the 3rd curve **(yellow band)**; and weight of severely underweight children fall below the 3rd curve **(orange band).** A plotted point or a growth curve of a child, which is much above or far below from the 1st pre-printed curve indicates a growth problem.







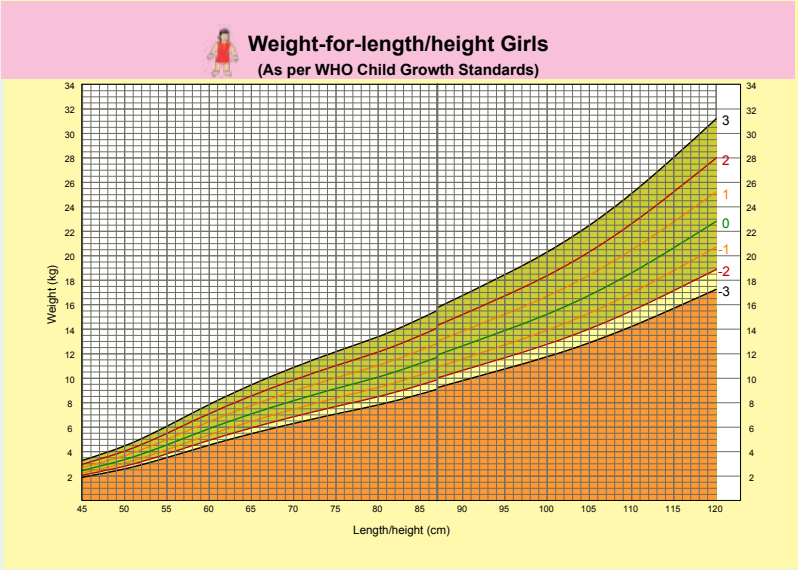



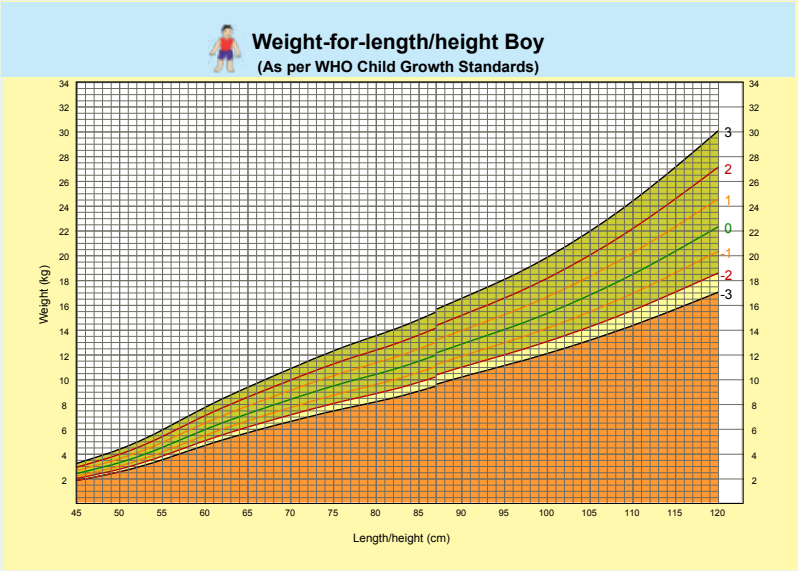
Weight-for-Height/Length Chart

The horizontal line at the bottom of the Chart is the **X Axis.** This is for recording the length/height of the child for five years. The vertical line at the far left of the Chart is the **Y Axis**. This is for recording the weight of the child from birth onwards and is called **'weight axis'**.

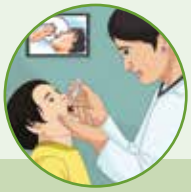
On each Growth Chart, there are **3 pre-printed Growth Curves**. These are called Reference Lines or Z Score Lines and are used to compare and interpret the growth pattern of the child and assess her/ his nutritional status. The 1st/ top curve line on the growth chart is the median which generally speaking is the average. The other two curve lines are below the average and are at a distance.

Weight of all normal and healthy children according to their length/height, plotted on the Growth Chart, falls above 2nd curve **(dark green band)**; weight of children with moderate acute malnutrition fall between 2nd curve to 3rd curve **(yellow band)**; and weight of children with severe acute malnutrition fall below the 3rd curve **(orange band)**. A plotted point or a growth curve of a child, which is much above or far below from the 1st pre-printed curve indicates a growth problem.







Role of AWW

- **Start** growth record of the child from birth or when the mother brings the child to the Anganwadi for the first time. Use MCP Card to **record** and counsel family members on growth of child using **Weight-for-Age charts**.
- Maintain the weight for length/height chart for each child and use this chart to screen children with acute malnutrition or the more dangerous form of malnutrition. **Use** one Growth Chart for each child.
- **Use pink border** charts for **girls** and **blue border** charts for **boys.**
- **Fill up** the information related to the child and the family in the **'Index'** in the register.
- **Fill up** Information Box given on the left-hand side of each Growth Chart before using it.
- **Weigh** all children under five years of age once a month.

Remember to:

  - Weigh newborn babies as early as possible after birth– within 2 days.
  - Weigh children every month.
- Measure length/height of the child every three months and plot it in the weight for length/height growth chart.

- **Follow Five Steps** of Growth Monitoring:

1. Assess the correct age of the child in completed weeks or months or years and months.
2. Determine the correct weight of the child to the nearest 100 grams.
3. Plot weight and height accurately on the Growth Chart.
4. Interpret position of the plotted point and the direction of the Growth Curve.
5. Discuss child's growth with the mother and the family, counsel and follow up.

- **Use** the growth chart to identify normal growth of a child, as well as the growth problems or trends that suggest that a child is at risk and needs urgent attention. Discuss the growth of the child with the mother and the family, using the growth chart.

Use MCP Card to

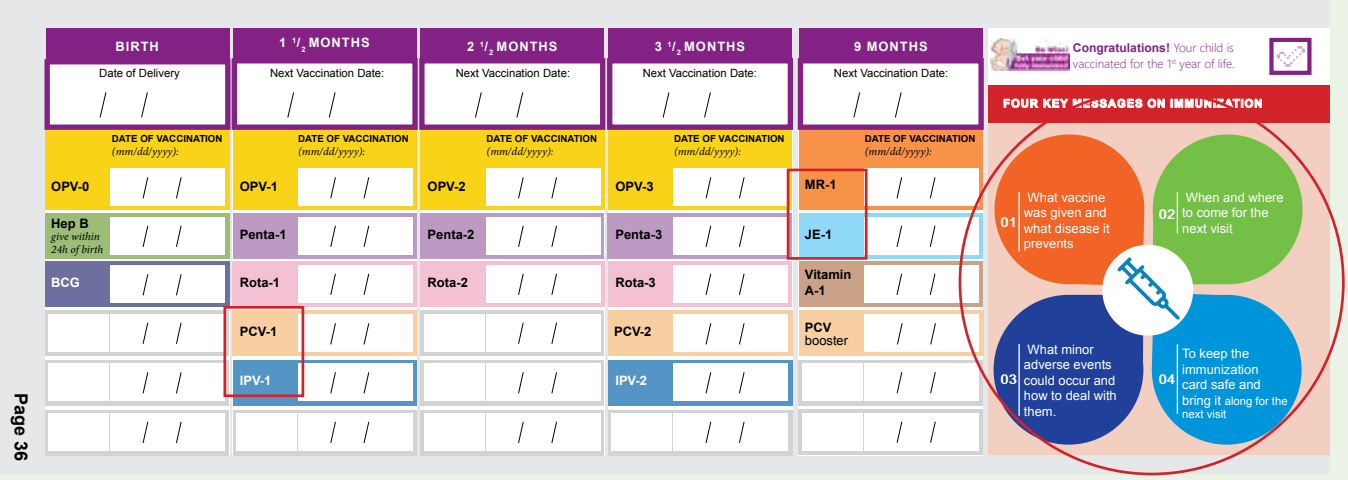
- Discuss feeding and child care practices and care for development.
- Increase utilization and tracking of key services.
- Counsel mother, father and families on importance of appropriate growth and nutrition practices.
- Use VHSNDs/mothers' meetings/ ECCE Days to counsel on importance of regular growth monitoring and to create awareness in families.
- Counsel on services provided at AWC and importance of regularly bringing child to AWC for weight and height monitoring.

14 IMMUNIZATION

India has one of the world's largest immunization program in the world. With your efforts, a large number of previously unvaccinated children have now been immunized. You are also actively involved in Mission Indradhanush (MI) for improving the immunization coverage of your area. However, many challenges persist and need our attention. Full immunization coverage among children 12-23 months continues to be low at 62%[1]. The revision of the immunization section in the MCP card provides an update on new vaccines introduced and other related updates in the Universal Immunization Program (UIP). Entering the correct and updated Immunization information in the MCP card is very essential for correct reporting and tracking the beneficiary, thus helping in improving the immunization coverage.

Hints for ANM/ASHA/AWW

- Children are born with natural immunity against some diseases, which they get from their mothers and by breastfeeding in the early days of their life. But as they grow, this immunity gradually decreases.
- Immunization further enhances children's immunity and protects them against vaccine-preventable diseases. Immunization prevents the child from developing many diseases that can cause disease, death and disability.
- Timely immunization is important because vaccines ensure the best protection when they are given at the right time. India's National Immunization Schedule has been designed to protect children since birth and at the ages when they are vulnerable to specific vaccine-preventable diseases.



Revised immunization schedule

- Under the Universal Immunization Program (UIP), vaccines are provided against 9 vaccine preventable diseases (VPDs) nationally and against 3 VPDs sub-nationally. Details of vaccines against these 12 VPDs are captured in the MCP Card.
- The **8 nationally available vaccines are:** BCG, Hepatitis B, OPV, IPV, MR, DPT, Td and Pentavalent. The **3 vaccines that are available in select states/districts** are: JE, PCV and Rotavirus.
- **New vaccines added in MCP Card:** IPV (inactivated polio vaccine), PCV (Pneumococcal conjugate vaccine), Rota (rotavirus vaccine), MR (Measles Rubella), JE (Japanese encephalitis).
- Adds **4 key messages on immunization** to ensure family members understand the importance of complete immunization for their children.

[1] NFHS 4 2015-16




Recent vaccine-related developments for ANM and ASHA to know:

Pneumococcal Conjugate Vaccine (PCV)

- Approximately 82,000 children die of pneumococcal pneumonia annually, in India[6].
- PCV reduces the mortality and morbidity due to pneumococcal disease.
- PCV 1 and 2 to be given at 6 and 14 weeks and PCV booster at 9 months.
- PCV is a safe and effective vaccine that can be given concurrently with all other scheduled vaccines in the UIP.
- The government has introduced the vaccine sub-nationally and is being gradually scaled up.

Rotavirus Vaccine (RVV)

- Rotavirus is a leading cause of Diarrhoea in children, responsible for 40% of all the cases of moderate to severe Diarrhoea.
- RVV reduces mortality and morbidity due to Rotavirus Diarrhoea.
- To be given at 6, 10 and 14 weeks orally.
- The government has introduced the vaccine sub-nationally and is being gradually scaled up.

Measles-Rubella (MR) Vaccine:

- Measles is an acute viral infection that spreads via respiratory secretions. Symptoms include fever, rash, cough, conjunctivitis. Complications and mortality are highest in children < 2 years. and in adults.
- Rubella is a contagious, generally mild viral infection that occurs most often in children and young adults. Rubella infection in pregnant women may cause foetal death or congenital defects known as congenital rubella syndrome (CRS). There is no specific treatment for rubella, but the disease is preventable by vaccination. CRS during pregnancy may result in spontaneous-abortion, stillbirth, serious birth defects.
- MR vaccine has been introduced through campaign targeting age group of 9 months to 15 years in a phased manner. Now MR vaccine has replaced Measles vaccine in Routine Immunization Program as MR 1st dose in the 9th month and 2nd dose in between 16th and 24th month.

Inactivated Polio Vaccine

- In line with the polio endgame strategy, Inactivated Polio Vaccine (IPV) was introduced in the country to provide double protection to children against polio and to arrange safe environment for withdrawal of Oral Polio Vaccine from Immunization Program.
- To be given as fractional doses at 6 weeks and 14 weeks of age, intradermally.

Hints for the ANM

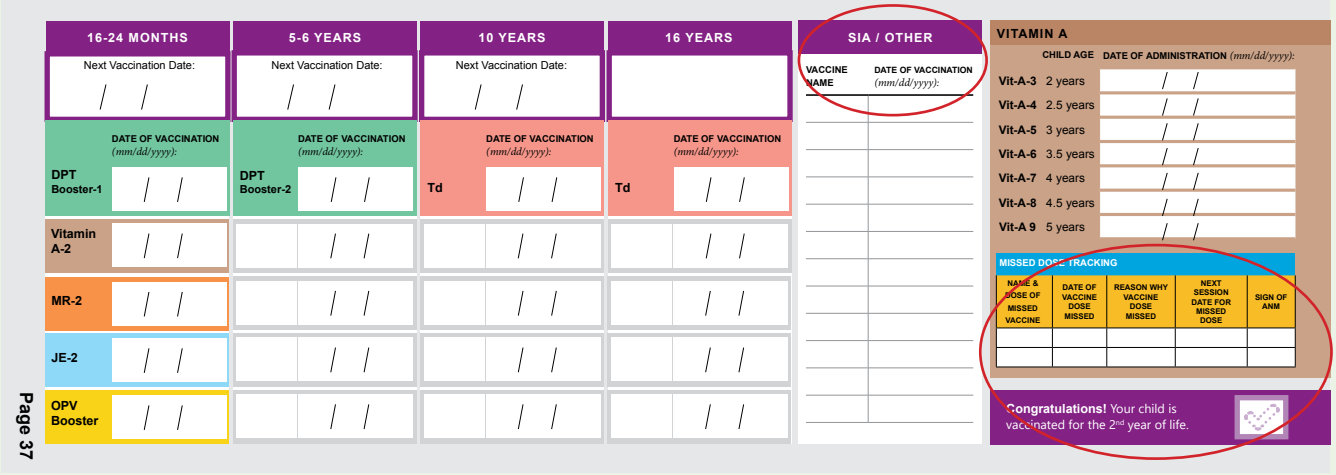
- The schedule in the card gives information about the immunization and the doses of Vitamin A to be given to the child till 16 years of age.
- Boxes in the chart indicate each type of vaccine, date to be given, date when it was given and the age.
- An additional column has been incorporated to enter the details of vaccines given during the campaign or any other vaccine (except UIP) given to the child.

ANM/ASHA to explain:

- At birth, the child is given BCG, OPV and Hepatitis B vaccine. Hepatitis B vaccine should be given within 24 hours of birth.
- A child should be taken to the nearest immunization session at village/sub-centre/AWC or to the nearest health facility at 1½, 2½, 3½ and 9 months of age for all due doses of vaccines as per immunization schedule.
- Children 16-24 months and older also need to be given all due doses as per immunization schedule.
- **Children aged 10 to 16 years will receive the Td vaccine in place of the TT vaccine (refer to chapter 4 on Pregnancy and Regular Check up for details on Td vaccine).**
- **Space has also been provided for inclusion of future new vaccines.**
- **Motivate family members using congratulatory messages.**
- Adds a **table on missed dose tracking** to ensure that children receive the scheduled vaccines in the next session, understand the reason behind not vaccinating on time and to prevent such instances in future.

[6] Lancet Volume 17, November 2017



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

SIA / OTHER	
VACCINE NAME	DATE OF VACCINATION (mm/dd/yyyy):

VITAMIN A

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

MISSED DOSE TRACKING

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

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

Page 37

Hints for AWW

If after the immunisation, the child develops high fever, seek the help of ANM/AWW for referral to a health centre.

After vaccination reactions like mild rash, fever or redness and swelling at the local site may develop. It should not be an immediate cause for worry but should be observed closely. If it does not subside in 24-48 hours and keeps increasing, see a health worker.

Other signs like excessive crying, seizures, severe rash and swelling may also be referred to a health centre.

Role of ANM

- Provide immunization as per the age of the child.
- Record the date in the **colored boxes** when the child is vaccinated for a particular vaccine.
- The date to be written in the **white box** is for when the child is expected to come next for her/his vaccination. The date of next immunization given to the child should correspond to the date of the village health nutrition days or predetermined Immunization day.
- Counsel on **4 key messages** related to routine immunization.
- Fill **missed dose tracking section** to ensure compliance in the next session.
- Use section on immunization essentials to educate parents on the benefits of each vaccine and reduce drop out due to adverse events following immunization (AEFI).
- Fill **ASHA incentive tracking section** to ensure timely payment to ASHA.
- Verify family details and Sign RI counterfoil. Retain RI Counterfoil.
- Some individuals may be allergic to vaccines, which may manifest into skin rash, etc. However, very rarely Anaphylaxis may occur after immunization. To handle the same, health workers are empowered to administer single age appropriate dose of intramuscular injection of adrenaline at the session site before transporting the patient to the nearest health facility. The event is to be also recorded on the MCP card to avoid such recurrence in future. It may be recorded under the space provided for the additional information on pg 38.




Immunization Essentials

VACCINATION NAME	BIRTH	1½ Months	2½ Months	3½ Months	9 Months	1½ Years
BCG prevents tuberculosis	✓					
HepB prevents liver disease	✓					
OPV prevents polio	✓	✓	✓	✓		✓
IPV prevents polio		✓		✓		
Penta prevents whooping cough, diphtheria, tetanus Hep B and Hib infections		✓	✓	✓		
PCV prevents pneumonia		✓		✓	✓	
Rota prevents Diarrhoea		✓	✓	✓		
MR prevents measles, rubella					✓	✓
JE Prevents brain fever					✓	✓
DPT prevents whooping cough, diphtheria and tetanus						✓

- MCP Card includes an immunization schedule **'immunization essentials'** to educate parents on the benefits of each vaccine and to reduce fears associated with vaccination.
- Includes space for ANM to record any **additional information**.
- **RI counterfoil has been modified** to include ASHA incentives to motivate ASHA to ensure that immunization services reach even the most excluded and vulnerable communities.

Additional information

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

2018 Version

Page 38

Routine Immunization Counterfoil

FAMILY IDENTIFICATION

Child's name _____

Child's birth date ___/___/_____

Father's name _____

Mother's name _____

Parents Mobile Number _____

Address _____

MCTS/RCH No. _____

ANM Signature _____

Page 39

Role of ASHA/AWW

- Counsel family members on importance of RI.
- Use Immunization Essentials Section during home-visits to motivate family members for next due vaccination.
- Explain to family members that if for any reason, a date for any vaccination is missed, the child should be brought for vaccination as soon as possible.
- Mobilize family members for RI session and ask them to bring there MCP Card for every session.
- Counsel on 4 key messages.

15 IMPORTANCE OF RETAINING AND USING THE MCP CARD

As front-line workers you use the MCP card in your routine work which involves providing health and nutrition services and counselling to pregnant women, mothers and families. However, while more than 90% of women receive the MCP card, many don't retain this card. The retention and use of the MCP card depend on your ability to convince the parents of the need and utility of the card. When you explain to a parent how this card will benefit their child or tell a family what are the GOI schemes that will aid them during pregnancy or ill health-they will see the importance of the card. The effort you make during interpersonal communication to create an emotional appeal for the card will ensure that parents connect to this card! In this section, you will find answers to some of the questions you may have in mind regarding the use and retention of this vital card.

What is the added value of the MCP card?

1. The MCP Card is a comprehensive source of information for pregnant women and their children.
2. It creates a sense of ownership in families and communities as it also requires direct action by parents and family members on several fronts- making them feel responsible. When talking to families make them understand the actions they need to take:

- Paste a photo of their child on the first page
- Mark the card when their child achieves age appropriate milestones
- Be aware of the warning signs that may hamper their child's growth and development
- Understand and follow the parenting tips to encourage growth and development as well as follow tips to prevent diseases such as pneumonia and Diarrhoea and other diseases

3. It motivates families and communities to promote health seeking norms and encourage responsive care by parents
4. Encourages positive parenting and responsive care by father's, grandfathers and other men in the family, so that the onus of care does not fall exclusively on the mother, who in many cases is not the decision maker.

Why should the MCP Card be retained by families?

1. The MCP card has an emotional appeal for families- especially first-time parents as it answers most of their doubts related to pregnancy and the growth of their child.
2. The MCP card is not just a card in the hands of a parent, it is a tool which increases the knowledge of parents and families to understand, internalize and adopt healthy practices and behaviours, encourages them to seek services and educates them about their entitlements. In simple words it is health and protection 'passport' in a parent's hands.
3. The MCP when explained properly to families through IPC and community mobilization activities, enables ownership - once the community understands what is in the card - they will be able to demand services based on their learning.
4. The MCP card enables each parent to realize their dreams for the best for their child to receive health services and the card helps them to choose the best for their children.
5. The current MCP card has been developed basis the learnings of the previous MCP cards. As such the card is a much more comprehensive one and incorporates almost all aspects from the first 1,000 days till the child is 16 years of age.
6. The card can be equated to a child's 'passport' for his/her healthy and protected life which starts with availing various vital and free services such as immunization, nutrition etc.

What are the platforms where FLWs can use the MCP card for demand generation and creating awareness about the utility of the card?

The following occasions provides IPC opportunities to health workers and allied functionaries to mobilize caregivers to recognize the importance of the card:

1. During house to house visits whether under HBYC or by AWWs for providing nutrition related counselling under POSHAN or for ECCE, by MMUs and RBSK teams, swachhagrahis etc particularly focusing on the most vulnerable communities.
2. At RI/other session sites, to reinforce behaviours related to health and nutrition.



3. While interacting with people visiting primary health centers, sub-centres, Health and Wellness Centers, RBSK centres etc.
4. At PRI meetings, community meetings, mothers meeting, SHG meetings, VHSNC's meetings and influencers meeting etc.
5. At all other community platforms such as kishor-kishori mandals, swachhata drives, religious centres, haat bazaars, health camps, education camps, fairs and festivals etc. where champions, influencers, FBOs, CBOs and volunteers can converge to mobilize communities on various aspects such as health, education, nutrition and WASH.

The MCP card as such is a convergence tool which can be used at various platforms which focus on the well-being of communities and children.

How can families be encouraged to use and retain the MCP Card?

Front-line functionaries consisting of AAAs and their supervisors are the soldiers to ensure that the MCP card is retained and used by families and communities. This can be done through the following measures:

1. All AAAs and their supervisors must undergo trainings and refreshers on all (focus on new/revised) aspects of the MCP card so that they can provide families with quality counselling and monitor progress.
2. Forging partnerships at the ground level- FLWs need to work in tandem with community based organisations and influential groups to promote and encourage all pregnant women to register their pregnancies and record them in the card.
3. FLWs need to emphasise that services available under the MCP Card are free and safe for all pregnant women and children and that having a record of services such as immunization helps the medical functionaries to provide the right service at the right time.
4. FLWs need to focus on ensuring that fathers are equally engaged in the process of pregnancy and childcare as they are the ones who decided what services should be availed. Family based counselling during routine home visits are the best platform for this.
5. AAAs need to identify that the new ECD section of the MCP card has an emotional appeal for parents and requires direct action by them, therefore they should focus on this portion during IPC, encourage questions, clarify doubts so that families start feeling that this card is for them and in the process create a connection with the card.
6. Finally, parents who use the card and avail services (even if limited) should be recognized and promoted as champions in the community. These parents should be appreciated for their efforts, even if they avail only 20-30% of the services- so that they inspire their peers.

Annexure 1

Sr. No.	Tool	Picture of the tool	Use of the tool
1.	Head Circumference Tape		Head circumference tape is used to measure the head circumference as an indirect indicator of the brain size and used periodically right from the birth to 5 years of age.
2.	Red Ring with red string	 	The red ring should be tied with a string of thread and it is dangled in front of the eyes of the child at a distance of 30 cm from the level of the eyes. This tool is used for testing the visual fixation, tracking of the eyes and to check if the child reaches for the object at 4 months of age.
3.	Rattle		This simple rattle is used for a different purpose: 1. To attract infant's attention 2. To test response to sound in young infants (Observe behavioural responses) at 2 months 3. Holds rattle when placed in hand (>12 weeks)
4.	Bell		This simple household pooja bell is used to test response to sound in young infants (Observe behavioral responses as the head turns towards the bell) – 2-3 Months. • Bell is held at a distance of at least 30 cm away from the ear and out of sight of child and should be rung and the response of the child should be noted.
5.	Raisins or Kishmish		Some raisins or **kishmish** are kept in front of the child. The child will pick up these raisins using thumb and index finger. This test should be performed for children between 12-15 months.
6.	1-inch Cubes		The child will stalk one cube over the other. This test should be done by 2 years of age.
7.	Crayons with notebook		The child will scribble spontaneously on the paper using these crayons. This test should be performed on children between 18-30 months.

Sr. No.	Tool	Picture of the tool	Use of the tool
8.	Torch		The torch is used to see the eyes, ears and mouth.
9.	Pictorial Book with only a single photo on each page		The child will be able to identify and name common objects in the picture book. This test should be performed by the 18 months of age.
10.	Small Mirror		The child loves to look at self in the mirror by the age of 4-6 months.
11.	Yarn red		This is used to make colorful objects and to tie the red ring to hang it in front of the eyes of the child for the fixation and tracking assessment. Used for the children who are between 4-6 months old.
12	Doll		By 24 -30 months of age, children love to play pretend play such as feeding the doll.
13.	Car with cloth		When the child becomes 12-15 months old, she/he searches for completely hidden objects such as a hidden toy car covered with small piece of cloth.
14.	Screening kit bag		The screening kit bag contains all the materials used for the screening.

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