GUIDEBOOK FOR
MOTHER-CHILD PROTECTION CARD 2018
FOR ANM | ASHA | AWW
LIST OF CONTRIBUTORS

Ministry of Health and Family Welfare
Ms. Vandana Gurnani, Additional Secretary & Mission Director (NHM)
Dr Manohar Agnani, Joint Secretary (RCH)
Dr Ajay Khera, Commissioner (MCH)
Dr Pradeep Haldar, Adviser (RCH)
Dr M K Aggarwal, Joint Commissioner (UIP)
Dr Veena Dhawan, Joint Commissioner (imm)
Dr Sila Deb, Additional Commissioner (CH)
Dr SK Sikdar, Additional Commissioner (FP)
Dr PK. Prabhakar, Joint Commissioner (CH)
Dr Sushma Dureja, Additional Commissioner (AH)
Dr Dinesh Baswal, Joint Commissioner (MH)
Dr Arun Singh, National Advisor, RBSK
Dr Kapil Singh, Senior Project Officer, Gavi (Imm.)
Dr Mayank Shersiya, Senior Consultant (Imm.)
Dr Disha Aggarwal, Senior Consultant (Imm.)
Dr Pragati Singh, Lead Consultant (FP)
Dr Shikha Bansal, Senior Program Officer (FP)
Dr Bhumika Talwar, Consultant (MH)
Dr Kapil Joshi, Senior Consultant (CH)
Mr Vishal Dhiman, Consultant (CH)
Dr Renu Srivastava (Adviser-MNCH, MoHFW)
Vishal Kataria, Lead Consultant-CH Division

National Health Systems Resource Centre (NHSRC)
Dr. Rajani R. Ved, Executive Director
Dr Shalini Singh, Senior Consultant
Ms Ima Chopra, Consultant

UNICEF
Dr Gagan Gupta, OIC – Chief of Health
Mr. Siddartha Shrestha, Chief of C4D
Dr Pravin Khobragade, Health Specialist
Ms Gayatri Singh, Child Development Specialist
Mr Elnur Aliyev, C4D Specialist
Mr Sadique Ahmad, C4D Specialist
Dr Bhrigu Kapuria, Immunization Specialist
Dr Apurva Chaturvedi, Health Specialist
Ms Divashri Mathur, C4D Officer
Ms Amita Tandon, Consultant
Dr Sheenu Chaudhary, Consultant
# CONTENTS

1. Introduction to the Revised Mother and Child Protection Card ........................................ 4

2. Background Section-Government Schemes ................................................................. 8

3. Beneficiary Identification ......................................................................................... 9

4. Pregnancy and Regular Check-up .......................................................................... 10

5. Antenatal Care ......................................................................................................... 12

6. Emergency Care and Preparation for Delivery ...................................................... 14

7. Post Natal Care of Mother and Newborn ............................................................... 17

8. Care of Newborn and Home Based Care for Young Child (HBYC) .................. 19

9. Pneumonia and Diarrhoea ..................................................................................... 22

10. Early Childhood Development (ECD) .................................................................. 25

11. Family Planning ....................................................................................................... 55

12. Biweekly Iron Folic Acid Supplementation (6M – 5 Years) and Biannual Deworming for Children Aged (1-5 Years) .................................................. 58

13. Growth Monitoring: Weight for Age and Weight for Length/Height .................. 61

14. Immunization ......................................................................................................... 65

15. Importance of retaining and using the MCP Card ............................................... 70

Annexures .................................................................................................................. 72
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP</td>
<td>Mother and Child Protection</td>
</tr>
<tr>
<td>AWC</td>
<td>Anganwadi Center</td>
</tr>
<tr>
<td>MWCD</td>
<td>Ministry of Women and Child Development</td>
</tr>
<tr>
<td>RBSK</td>
<td>Rashtriya Bal Swasthya Karyakram</td>
</tr>
<tr>
<td>HBYC</td>
<td>Home-Based Care for Young Child</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Mid-wife</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron Folic Acid</td>
</tr>
<tr>
<td>VHSNC</td>
<td>Village Health Sanitation and Nutrition Committee</td>
</tr>
<tr>
<td>VHSND</td>
<td>Village Health Sanitation and Nutrition Day</td>
</tr>
<tr>
<td>PRI</td>
<td>Panchayat Raj Institutions</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
</tr>
<tr>
<td>JSY</td>
<td>Janani Suraksha Yojana</td>
</tr>
<tr>
<td>JSSK</td>
<td>Janani Shishu Suraksha Karyakram</td>
</tr>
<tr>
<td>PMSMA</td>
<td>Pradhan Mantri Surakshit Matriitva Abhiyan</td>
</tr>
<tr>
<td>PMM Vy</td>
<td>Pradhan Mantri Matru Vandana Yojana</td>
</tr>
<tr>
<td>BCG</td>
<td>Bacillus Calmette–Guérin vaccine</td>
</tr>
<tr>
<td>OPV</td>
<td>Oral Polio Vaccine</td>
</tr>
<tr>
<td>DPT</td>
<td>Diphtheria, Tetanus and Pertussis</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>MCTS ID</td>
<td>Mother and Child Tracking System (MCTS) Identification Number</td>
</tr>
<tr>
<td>RCH</td>
<td>Reproductive and Child Health</td>
</tr>
<tr>
<td>IFSC</td>
<td>Indian Financial System Code</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
</tr>
<tr>
<td>FRU</td>
<td>First Referral Unit</td>
</tr>
<tr>
<td>SRS</td>
<td>Sample Registration System</td>
</tr>
<tr>
<td>TT</td>
<td>Tetanus Toxoid Vaccine</td>
</tr>
<tr>
<td>Td</td>
<td>Tetanus and Adult Diphtheria Vaccine</td>
</tr>
<tr>
<td>PIH</td>
<td>Pregnancy-Induced Hypertension</td>
</tr>
<tr>
<td>PPH</td>
<td>Post-Partum Hemorrhage</td>
</tr>
<tr>
<td>LSCS</td>
<td>Lower Segment Caesarean Section</td>
</tr>
<tr>
<td>POG</td>
<td>Period of Gestation</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>Hbs Ag</td>
<td>Hepatitis B Surface Antigen</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Centre</td>
</tr>
<tr>
<td>SBA</td>
<td>Skilled Birth Attendant</td>
</tr>
<tr>
<td>CS</td>
<td>Caesarean Section</td>
</tr>
<tr>
<td>KMC</td>
<td>Kangaroo Mother Care</td>
</tr>
<tr>
<td>MO</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>HBYC</td>
<td>Home Based Care for Young Child</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Salt</td>
</tr>
<tr>
<td>LPG</td>
<td>Liquefied Petroleum Gas</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>NFHS</td>
<td>National Family Health Survey</td>
</tr>
<tr>
<td>NHM</td>
<td>National Health Mission</td>
</tr>
<tr>
<td>DEIC</td>
<td>District Early Intervention Centre</td>
</tr>
<tr>
<td>ECCE</td>
<td>Early Childhood Care and Education</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>IUCD</td>
<td>Intrauterine Contraceptive Device</td>
</tr>
<tr>
<td>MPA</td>
<td>Medroxyprogesterone Acetate</td>
</tr>
<tr>
<td>NSV</td>
<td>No Scalpel Vasectomy</td>
</tr>
<tr>
<td>POP</td>
<td>Progestin Only Pill</td>
</tr>
<tr>
<td>OCP</td>
<td>Oral Contraceptive Pill</td>
</tr>
<tr>
<td>FP-LMIS</td>
<td>Family Planning- Logistics Management Information System</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>MWCD</td>
<td>Ministry of Women and Child Development</td>
</tr>
<tr>
<td>GOI</td>
<td>Government of India</td>
</tr>
<tr>
<td>MR</td>
<td>Measles Rubella</td>
</tr>
<tr>
<td>JE</td>
<td>Japanese Encephalitis</td>
</tr>
<tr>
<td>PCV</td>
<td>Pneumococcal Conjugate Vaccine</td>
</tr>
<tr>
<td>UIP</td>
<td>Universal Immunization Programme</td>
</tr>
<tr>
<td>IPV</td>
<td>Inactivated Polio Vaccine</td>
</tr>
<tr>
<td>RV</td>
<td>Rotavirus Vaccine</td>
</tr>
<tr>
<td>CRS</td>
<td>Congenital Rubella Syndrome</td>
</tr>
<tr>
<td>SIA</td>
<td>Supplementary Immunization Activity</td>
</tr>
<tr>
<td>RI</td>
<td>Routine Immunization</td>
</tr>
<tr>
<td>AEFI</td>
<td>Adverse Events Following Immunization</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
</tr>
<tr>
<td>P/V</td>
<td>Per Vaginal Examination</td>
</tr>
<tr>
<td>MI</td>
<td>Mission Indradhanush</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
</tbody>
</table>
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 women, 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.
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.

**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.
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.
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 PMMVV, 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).
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.

![Image of a pregnant woman at a desk with a healthcare provider, participating in an antenatal care visit.](image-url)
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 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.

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.
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 thread to tie the cord
- Clean surface & surroundings
- Clean blade
- Clean set of clothes for newborn
- Clean perineum
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.
CARE OF NEWBORN AND HOME BASED CARE FOR YOUNG CHILD (HBYC)

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 than 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.
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.
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. 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
Prevention of Diarrhoea

- Wash both hands with soap before preparing food, feeding the child, and after cleaning the child’s excreta.
- Ensure drinking water is clean and stored in a safe, covered container.
- Ensure that the child’s surroundings are hygienic and wash hands frequently.
- Always use a toilet, do not practice open defecation. Practice safe disposal of child’s faeces.

Treatment of Diarrhoea

- Dissolve and mix 1 packet of ORS in 1 litre of potable water.
- Immediately give ORS solution to the child as soon as diarrhoea begins and after each episode of diarrhoea.
- Mix zinc tablet in one teaspoon of water or mother’s milk and give it to the child once a day for 14 days.
- Continue feeding, including breastfeeding, during and after episodes of diarrhoea.

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 the child’s excreta.
   - Ensure drinking water is clean and stored in a 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 the 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 recover 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 the 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.

**Prevention of Pneumonia**

- Keep children covered in warm woolen clothes during winters and do not let them walk barefoot.
- Do not keep newborn without clothes.
- Use LPG gas stove for cooking to avoid smoke in the house.

**Identification of Pneumonia**

- Coughing gets worse
- Fast breathing
- Chest indrawing
- Fever

**Pneumonia can be identified by breath counts**

- For less than 2 month baby when breath count is more then 60 per minute
- For 2 month to 1 year baby when breath count is more then 50 per minute
- For 1 year to 5 year child when breath count is more than 40 per minute

**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.
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

Feeding, playing and communicating with children helps them to grow and develop physically and intellectually

<table>
<thead>
<tr>
<th>Early and exclusive breastfeeding</th>
<th>Birth to 6 months: Early and exclusive breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby has a small and tender stomach that only need mother’s breast milk. Sometimes, your baby cries because he/she wants to be held close. Keep your baby in close contact with your skin. While breastfeeding, smile, talk and look into your baby’s eyes, but don’t rock him/her while feeding.</td>
<td>Put your baby to your breast immediately after birth, definitely within 1 hour. This helps in establishing lactation and bonding.</td>
</tr>
<tr>
<td>Breast milk provides all nutrients and contains sufficient water. Do not give your baby anything else to eat or drink, not even honey or water in the first 6 months. Your baby needs only breastfeeding till 6 months of age.</td>
<td>Mother’s first yellow milk provides immunity and protects the baby from diseases &amp; infections.</td>
</tr>
<tr>
<td>Even if your baby is ill, continue breastfeeding till 6 months. After 6 months, your baby requires small frequent meals, along with breast milk and other liquids during illness.</td>
<td>Breastfeeding improves intelligence.</td>
</tr>
<tr>
<td>Consult the ANM, ASHA and AWW of your area in case you have any problem in breastfeeding your baby.</td>
<td>Your baby should be breastfed on demand both during the day and night. Frequent feeding increases breast milk flow. Don’t forget to feed the baby at night.</td>
</tr>
</tbody>
</table>

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.

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.

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.
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.

<table>
<thead>
<tr>
<th>Complementary Feeding Frequency:</th>
<th>Talk, smile and be patient to encourage the child to eat</th>
</tr>
</thead>
<tbody>
<tr>
<td>• On completion of 6 months: 2–3 tablespoons of thick porridge or well-mashed foods 2–3 times per day.</td>
<td>• Wash your hands with soap and water before preparing food and before feeding the baby.</td>
</tr>
<tr>
<td>• Children should be fed mashed lumpy foods and not be given foods of watery consistency such as Dal ka Pani/Chawal ka pani</td>
<td>• If feeding eggs, ensure they are well-cooked</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Thoroughly rinse raw fruits and vegetables under running water before cooking</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Cook thoroughly, use safe water, discard all leftovers on children’s plates and do not save them for later</td>
</tr>
<tr>
<td>• 13–24 months: give family foods, chopped or mashed, 3–4 times a day and 1-2 snacks. Feed 3/4–1 cup at each meal.</td>
<td>• Use only iodized salt for cooking; iodine improves intellect</td>
</tr>
<tr>
<td>• Continue to breastfeed the child for at least first two years.</td>
<td>• Give iron drops/syrup to maintain the body’s iron store for improving intelligence and physical strength</td>
</tr>
</tbody>
</table>

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.

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.

Dietary Diversity- Four out of seven food groups:

---

**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.
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.

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

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. 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 health and well-being of children.
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 NIHM 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.

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

<table>
<thead>
<tr>
<th>By 2–3 months</th>
<th>What most babies do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin to recognize the mother's face</td>
<td></td>
</tr>
<tr>
<td>Develop social smile</td>
<td></td>
</tr>
<tr>
<td>Make eye contact</td>
<td></td>
</tr>
<tr>
<td>Move both arms and both legs, when excited</td>
<td></td>
</tr>
<tr>
<td>Keep hands open and relaxed</td>
<td></td>
</tr>
</tbody>
</table>

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

- 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

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

By 2–3 months

- Begin to recognize the mother’s face
- Develop social smile
- Make eye contact
- Move both arms and both legs, when excited
- Keep hands open and relaxed

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

• 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

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

<table>
<thead>
<tr>
<th>At 6 months</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image] Lacks head control</td>
<td>![Image] Cannot sit up even with help</td>
<td>![Image] Does not grasp things within reach</td>
</tr>
<tr>
<td>![Image] Does not vocalize by making different sounds such as “ah”, “eh”, “oo”</td>
<td>![Image] Head and eyes do not move to follow/track a moving object</td>
<td>![Image] Unable to raise head when on tummy</td>
</tr>
</tbody>
</table>

- 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.**

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.

<table>
<thead>
<tr>
<th>What most babies do (parents to ✓ tick as per age)</th>
<th>Parenting tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin to recognize the mother’s face</td>
<td></td>
</tr>
<tr>
<td>Develop social smile</td>
<td></td>
</tr>
<tr>
<td>Make eye contact</td>
<td></td>
</tr>
<tr>
<td>Move both arms and both legs, when excited</td>
<td></td>
</tr>
<tr>
<td>Keep hands open and relaxed</td>
<td></td>
</tr>
<tr>
<td>ASHA/AWW please examine and mark ✓ or □ on the card as per the age of the child</td>
<td></td>
</tr>
</tbody>
</table>

- Massage gently, stretch and exercise arms and legs of babies
- Encourage babies to lie on tummy for some time every day
- Cuttle and play with babies daily. Cuddling or quickly responding to each cry shows that your baby is interested in you
- Talk to babies in your mother tongue daily
- Hang colourful moving objects 30cm (1 foot) away, for babies to focus on and follow
- Avoid use of digital media in children younger than 24 months

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

By 2–3 months

- Raise head at times, when on tummy
- By 2–3 months
  - Begin to recognize the mother’s face
  - Develop social smile
  - Make eye contact
- Move both arms and both legs, when excited
- Keep hands open and relaxed
- ASHA/AWW please examine and mark ✓ or □ on the card as per the age of the child
**Warning Signs at 3 months**

<table>
<thead>
<tr>
<th>Warning Signs at 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 3 months</strong></td>
</tr>
<tr>
<td><strong>Normal milestone/ Expected activities</strong></td>
</tr>
<tr>
<td>• The child begins to recognize the mother’s face.</td>
</tr>
<tr>
<td>• The child develops a social smile.</td>
</tr>
<tr>
<td>• The child makes eye contact.</td>
</tr>
<tr>
<td><strong>How to Elicit and Observe these milestones</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Record the response in the MCP card.</td>
</tr>
<tr>
<td><strong>Warning Signs</strong></td>
</tr>
<tr>
<td>By the age of 3 months, if the child is observed:</td>
</tr>
<tr>
<td>a. Not making an eye contact with the mother during breastfeeding or talking.</td>
</tr>
<tr>
<td>b. No social smile</td>
</tr>
<tr>
<td>Normal milestone/ Expected activities</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>• The child raises head when on tummy at times.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• The child moves both arms and both legs, when excited.</td>
</tr>
<tr>
<td>• The child keeps her/his hands open and relaxed.</td>
</tr>
</tbody>
</table>
Normal milestone/ Expected activities

- The child responds to voice or startles with loud sounds or becomes alert to new sound by quietening or smiling.

How to Elicit and Observe these milestones

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/Puja 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

Warning Signs

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.

<table>
<thead>
<tr>
<th>What most babies do (parents to ✅ tick as per age)</th>
<th>Parenting tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep head steady when held upright and can sit with support</td>
<td>Communicate with babies; imitate their sounds and praise them when they imitate yours</td>
</tr>
<tr>
<td>Turn head towards direction of sound</td>
<td></td>
</tr>
<tr>
<td>✅ Attempt to reach and grasp an object</td>
<td>Put interesting things on the floor for babies to reach out and explore</td>
</tr>
<tr>
<td>✅ Laugh aloud or make squeaking sounds</td>
<td></td>
</tr>
<tr>
<td>✅ Begin to babble “ah, ee, oo” other than when crying</td>
<td>✅ Take children outdoors, and introduce them to the outside world</td>
</tr>
<tr>
<td>✅ Like to look at self in a mirror</td>
<td>✅ Children suck on their fingers and thumb for comfort. It is not a cause for concern. Do not stop this at an early age</td>
</tr>
</tbody>
</table>

Warning Signs at 6 months

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

<table>
<thead>
<tr>
<th>At 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks head control</td>
</tr>
<tr>
<td>Cannot sit up even with help</td>
</tr>
<tr>
<td>Does not grasp things within reach</td>
</tr>
<tr>
<td>Does not vocalize by making different sounds such as “ah”, “ah”, “oo”</td>
</tr>
<tr>
<td>Head and eyes do not move to follow/track a moving object</td>
</tr>
<tr>
<td>Unable to raise head when on tummy</td>
</tr>
<tr>
<td>Normal milestone/ Expected activities</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>• The child keeps the head steady when held upright and can sit with support.</td>
</tr>
<tr>
<td>• The child can turn her/his head towards the direction of sound or towards the known faces or visually attractive colorful objects.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>Normal milestone/ Expected activities</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>• The child attempts to reach and grasp an object.</td>
</tr>
</tbody>
</table>

| • 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

<table>
<thead>
<tr>
<th>At 9 months</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot roll over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs support to sit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not turn towards a sound (out of sight)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tilts head always to one side each time when looking at objects</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Normal milestone/ Expected activities

- The child can roll over in both directions.

- The child sits without support.

### How to Elicit and Observe these milestones

- 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.

- 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.

### Warning Signs

- 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.
- a. Needs support to sit.
<table>
<thead>
<tr>
<th>Normal milestone/ Expected activities</th>
<th>How to Elicit and Observe these milestones</th>
<th>Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The child grasps a toy by using all fingers/whole hand.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>• The child turns head to visually follow familiar faces or toys. • The child turns head towards the source of sounds.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>• The child looks for toys that have been hidden in front of them.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>• The child responds to name being called.</td>
<td>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.</td>
<td>a. Does not respond to own name.</td>
</tr>
</tbody>
</table>
### Normal milestone/ Expected activities

- The child utters consonant sounds pa.. pa.. pa, ma.. ma, ba.. ba.. ba, etc.

  **Warning Signs**

  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.

  **Warning Signs**

  a. The child’s head is tilted towards one side (possible sign of visual impairment).

  ![A child with head tilted]

### How to Elicit and Observe these milestones

- 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.

- 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.

### 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.

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

<table>
<thead>
<tr>
<th>By 10-12 months</th>
<th>Parenting tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit without support and reach for toys without falling</td>
<td>Place a toy slightly out of reach to encourage standing and walking while using support</td>
</tr>
<tr>
<td>Raise arms to be picked up</td>
<td>While exploring, babies might hurt others accidentally. Show them how to touch gently. Do not shout at them</td>
</tr>
<tr>
<td>Crawl to get desired toys without bumping into any objects</td>
<td>Tell your babies stories and read picture books aloud. Show and name things in their environment</td>
</tr>
<tr>
<td>Use one or two common words in mother tongue</td>
<td></td>
</tr>
<tr>
<td>Respond to simple requests like “no / come here”</td>
<td></td>
</tr>
</tbody>
</table>

### Warning Signs at 12 months

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

- **At 12 months**
  - Cannot pick small objects with finger and thumb
  - Does not stretch hands to be picked up
  - Does not search for half-hidden toys that the child sees you hide
  - Does not play social games like peek-a-boo (jalak/janak-michauli)
  - Does not respond to own name

---

**ASHA/AWW please examine and mark ✓ or □ on the card as per the age of the child**
<table>
<thead>
<tr>
<th>Normal milestone/ Expected activities</th>
<th>How to Elicit and Observe these milestones</th>
<th>Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The child sits without support and reaches for toys without falling.</td>
<td>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.</td>
<td>a. The child cannot sit independently without support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The child raise’s arms to be picked up.</td>
<td>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.</td>
<td>a. The Child does not stretch hands to be picked up.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. The child also shows delay in other areas of development.</td>
</tr>
<tr>
<td>• The child crawls to get desired toys without bumping into any objects.</td>
<td>Ask the mother whether the child bumps against the door ways or furniture while crawling.</td>
<td>a. The child does not show any interest and does not crawl towards the object.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. The child bumps against the objects during crawling.</td>
</tr>
<tr>
<td>• The child responds to simple requests like “no/come here”.</td>
<td>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”.</td>
<td>a. The child does not understand simple requests and does not respond appropriately to the command.</td>
</tr>
<tr>
<td>Normal milestone/ Expected activities</td>
<td>How to Elicit and Observe these milestones</td>
<td>Warning Signs</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>The child knows and responds to her/his name when called.</td>
<td>Ask the mother to go to a corner of the room and call out the child's name.</td>
<td>b. The child does not turn or respond to her/his name.</td>
</tr>
<tr>
<td>The child searches for half-hidden objects that have been hidden in front of her/him.</td>
<td>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.</td>
<td>c. The child does not remove the cloth to find the toy.</td>
</tr>
<tr>
<td>The child enjoys playing games like peek-a-boo and knows she/he has to wait for her/his turn to come.</td>
<td>The child should be in sitting position. Ask the mother to cover the child's face with a towel or Chunni/saree.</td>
<td>d. The child does not remove the towel.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>What most babies do (parents to tick as per age)</th>
<th>Parenting tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Stand and take several independent steps</td>
<td>- Provide push toy for babies to learn walking</td>
</tr>
<tr>
<td>- Use a variety of familiar gestures like waving, clapping, etc.</td>
<td>- Give some fruits, toys, etc. to children. Ask them to identify the objects, put them in and take them out of containers</td>
</tr>
<tr>
<td>- Put pebbles/small objects in a container</td>
<td>- Ask your children simple questions. Encourage them to talk</td>
</tr>
<tr>
<td>- Name and identify common objects and their pictures in a book</td>
<td></td>
</tr>
</tbody>
</table>

**Warning Signs at 18 months**

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

<table>
<thead>
<tr>
<th>At 18 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot stand on his/her own without support</td>
</tr>
<tr>
<td>Does not respond to mother’s gestures and seems to be in his/her own world</td>
</tr>
<tr>
<td>Does not use both hands for everyday activities (shows preference for one hand)</td>
</tr>
<tr>
<td>Does not say single words like “mama” or “dada”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Warning Signs at 18 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot put small objects in a container</td>
</tr>
<tr>
<td>Does not point finger at an object when named</td>
</tr>
<tr>
<td>Babli, point out where is your toy</td>
</tr>
<tr>
<td>Amma, papa, dada</td>
</tr>
</tbody>
</table>

ASHA/AWW please examine and mark ☑ or ☒ on the card as per the age of the child
### Normal milestone/ Expected activities

<table>
<thead>
<tr>
<th>How to Elicit and Observe these milestones</th>
<th>Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The child stands and takes several independent steps.</td>
<td>Ask the mother to keep the child on the ground. The child will be able to stand independently and starts walking.</td>
</tr>
<tr>
<td>• The child uses a variety of familiar gestures like waving, clapping, etc.</td>
<td></td>
</tr>
<tr>
<td>• The child puts pebbles/ small objects in a container.</td>
<td>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.</td>
</tr>
<tr>
<td>• The child names and identifies common objects and their pictures in a book.</td>
<td>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.</td>
</tr>
<tr>
<td>The child uses both her/his hands for everyday activities.</td>
<td>Ask the mother to give the child a big ball, large colorful fruits and observe the child for 5-10 minutes.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>What most babies do (parents to ✗ tick as per age)</th>
<th>Parenting tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 24 months</td>
<td></td>
</tr>
<tr>
<td>□ Walk steadily even while pulling a toy</td>
<td>Provide opportunities for children to walk, run and climb in safe environments</td>
</tr>
<tr>
<td>□ Imitate household chores</td>
<td></td>
</tr>
<tr>
<td>□ Correctly point out and name one or more body parts in person or in books</td>
<td>Allow children to imitate you and master their skills. Be patient with them if they make a mess</td>
</tr>
<tr>
<td></td>
<td>• Encourage children to follow a daily routine such as sleeping and waking up at a fixed time</td>
</tr>
<tr>
<td></td>
<td>• Read aloud to children, often repeating stories. Provide books and paper, chalk, colours, etc. for scribbling</td>
</tr>
</tbody>
</table>

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

Warning Signs at 24 months

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

<table>
<thead>
<tr>
<th>At 24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not walk steadily while pulling a toy</td>
</tr>
<tr>
<td>Cannot scribble</td>
</tr>
<tr>
<td>Does not make appropriate response to gestures such as responding to bye-bye/ namaste</td>
</tr>
<tr>
<td>Does not point to body parts</td>
</tr>
<tr>
<td>Does not use two word phrases such as “give milk”</td>
</tr>
<tr>
<td>Does not seem to understand and follow simple instructions</td>
</tr>
</tbody>
</table>

Give milk, amma come…

Bye-bye
Bittoo, give me the block
Pinky, show me your nose
Give milk, amma come…
<table>
<thead>
<tr>
<th>Normal milestone/ Expected activities</th>
<th>How to Elicit and Observe these milestones</th>
<th>Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The child walks steadily, even while pulling a toy.</td>
<td>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.</td>
<td>a. The child does not walk steadily while pulling a toy.</td>
</tr>
<tr>
<td>The child scribbles when playing with crayons, pencils and books.</td>
<td>Ask the mother to give the child a coloring book or blank paper and lots of crayons and observe quietly for 5-10 minutes.</td>
<td>a. The child does not scribble spontaneous.</td>
</tr>
<tr>
<td>The child uses at least two words in the local language other than mama or dada such as dog, cat, ball, etc.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>The child makes appropriate responses to gestures like bye-bye/clap.</td>
<td>Ask a family member to pretend to leave the house and say ‘bye-bye’ to the child.</td>
<td>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.</td>
</tr>
<tr>
<td>The child imitates household chores.</td>
<td>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.</td>
<td>d. The child does not take any interest in the household activities even if encouraged to participate.</td>
</tr>
<tr>
<td>The child correctly points out and names one or more body parts in person or in books.</td>
<td>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</td>
<td>e. The child does not point to even a single body part.</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>At 3 years</th>
<th>How to Elicit and Observe these milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child drinks from a cup without spilling.</td>
<td>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.</td>
</tr>
<tr>
<td>The child climbs up and down the stairs</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child cannot eat and drink without help and the food is spilled over during her/his try.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Normal milestone/ Expected activities

The child drinks from a cup without spilling.

The child climbs up and down the stairs
### Normal milestone/ Expected activities

- The child names most familiar things consistently. Identifies colors, shapes, etc.
- The child makes a sentence by joining 3 or more words.

### How to Elicit and Observe these milestones

- 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.

### Warning Signs

- 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”.
- 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.
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:

- **IUCD 380A** (effective for 10 years)
- **IUCD 375** (effective for 5 years)
- **Injectable Contraceptive** ([Antara Programme](#))
- **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)

<table>
<thead>
<tr>
<th>Method</th>
<th>Timings of Initiation of the Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post Delivery</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td></td>
</tr>
<tr>
<td>Male Sterilization</td>
<td></td>
</tr>
<tr>
<td>Injectable Contraceptive MPA (Antara Programme)</td>
<td>As early as 6 weeks</td>
</tr>
<tr>
<td>IUCD (380A and 375)</td>
<td></td>
</tr>
<tr>
<td>Combined Oral Contraceptive Pills (Mala N)</td>
<td>After 6 months</td>
</tr>
<tr>
<td>Centchroman (Chhaya)</td>
<td>Earlier than 4 weeks</td>
</tr>
<tr>
<td>Progestin only pills</td>
<td>Earlier than 4 weeks</td>
</tr>
<tr>
<td>Condoms</td>
<td>When intercourse resumes</td>
</tr>
</tbody>
</table>
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
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:

<table>
<thead>
<tr>
<th>Population</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6-59 months</td>
<td>10-10.9</td>
<td>7-9.9</td>
<td>&lt;7</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Age</th>
<th>Dosage</th>
<th>Regime</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-59 months</td>
<td>1 ml of IFA syrup containing 20 mg of elemental iron and 100 mcg of folic acid</td>
<td>Bi-weekly through the period of 6-59 months</td>
</tr>
</tbody>
</table>

- 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), 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](https://www.unicef.org/nutrition/index_sam.html)
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.
India has one of the world’s largest immunization programs 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.
- 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
### 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.
• 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.

<table>
<thead>
<tr>
<th>Immunization Essentials</th>
<th>Birth</th>
<th>1½ Months</th>
<th>2½ Months</th>
<th>3½ Months</th>
<th>9 Months</th>
<th>1½ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>IPV</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>MR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>JE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Vaccination Name:
- 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
- OPT prevents whooping cough, diphtheria and tetanus

Additional information

MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT
2018 Version

Page 38
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 their MCP Card for every session.
- Counsel on 4 key messages.
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.

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.

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, grandparents 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.
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

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Tool</th>
<th>Picture of the tool</th>
<th>Use of the tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head Circumference Tape</td>
<td><img src="image1.jpg" alt="Head Circumference Tape" /></td>
<td>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. 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.</td>
</tr>
<tr>
<td>2.</td>
<td>Red Ring with red string</td>
<td><img src="image2.jpg" alt="Red Ring with red string" /></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Rattle</td>
<td><img src="image3.jpg" alt="Rattle" /></td>
<td>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 (&gt;12 weeks)</td>
</tr>
<tr>
<td>4.</td>
<td>Bell</td>
<td><img src="image4.jpg" alt="Bell" /></td>
<td>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.</td>
</tr>
<tr>
<td>5.</td>
<td>Raisins or Kishmish</td>
<td><img src="image5.jpg" alt="Raisins or Kishmish" /></td>
<td>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.</td>
</tr>
<tr>
<td>6.</td>
<td>1-inch Cubes</td>
<td><img src="image6.jpg" alt="1-inch Cubes" /></td>
<td>The child will stalk one cube over the other. This test should be done by 2 years of age.</td>
</tr>
<tr>
<td>7.</td>
<td>Crayons with notebook</td>
<td><img src="image7.jpg" alt="Crayons with notebook" /></td>
<td>The child will scribble spontaneously on the paper using these crayons. This test should be performed on children between 18-30 months.</td>
</tr>
</tbody>
</table>

---

72
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Tool</th>
<th>Picture of the tool</th>
<th>Use of the tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Torch</td>
<td><img src="image1.png" alt="Torch Image" /></td>
<td>The torch is used to see the eyes, ears and mouth.</td>
</tr>
<tr>
<td>9.</td>
<td>Pictorial Book with only a single photo on each page</td>
<td><img src="image2.png" alt="Pictorial Book Image" /></td>
<td>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.</td>
</tr>
<tr>
<td>10.</td>
<td>Small Mirror</td>
<td><img src="image3.png" alt="Small Mirror Image" /></td>
<td>The child loves to look at self in the mirror by the age of 4-6 months.</td>
</tr>
<tr>
<td>11.</td>
<td>Yarn red</td>
<td><img src="image4.png" alt="Yarn red Image" /></td>
<td>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.</td>
</tr>
<tr>
<td>12.</td>
<td>Doll</td>
<td><img src="image5.png" alt="Doll Image" /></td>
<td>By 24 -30 months of age, children love to play pretend play such as feeding the doll.</td>
</tr>
<tr>
<td>13.</td>
<td>Car with cloth</td>
<td><img src="image6.png" alt="Car with cloth Image" /></td>
<td>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.</td>
</tr>
<tr>
<td>14.</td>
<td>Screening kit bag</td>
<td><img src="image7.png" alt="Screening kit bag Image" /></td>
<td>The screening kit bag contains all the materials used for the screening.</td>
</tr>
</tbody>
</table>

