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Module for Yielding Sustainable Upliftment in RMNCH+A Upshots through Urban Self-Help Groups

A Facilitator's Guide

Mysuru

DAY-NULM
Deendayal Antyodaya Yojana-National
Urban Livelihoods Mission

HSTP
Health Systems
Transformation Platform

Module for Yielding Sustainable Upliftment in RMNCH+A Upshots through Urban Self-Help Groups

(MYSURU)

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Foreword

Dr. Aman Kumar Singh
CEO, Health Systems Transformation Platform

Self-Help Groups (SHGs) have emerged as a vital component of community-driven healthcare initiatives, empowering marginalized communities to take charge of their well-being. By fostering collective action, social support, and participatory decision-making, SHGs have demonstrated remarkable potential in addressing health disparities, promoting health literacy, and enhancing access to healthcare services, particularly for vulnerable populations.

The SHG model has also shown promise in promoting health equity and social inclusion. By providing a platform for marginalized voices to be heard, SHGs help to identify and address health disparities, advocate for health rights, and mobilize community resources to support healthcare initiatives.

I am delighted to introduce the SHG module, a carefully curated resource designed to empower self-help group volunteers who are dedicated to transforming lives through the RMNCH+A program. This comprehensive module aims to equip frontline workers with the knowledge, skills, and support needed to drive meaningful change, reduce mortality rates, and improve health outcomes in their communities. By leveraging the collective strength and resilience of self-help groups, we can amplify our impact, foster a culture of health and wellness, and bring about lasting improvements in the lives of women, children, and adolescents. The SHG module is a critical component of our efforts to strengthen community-led initiatives, promote health equity, and accelerate progress towards achieving our health and development goals.

We extend our sincere appreciation to the Managing Director, National Urban Livelihood Mission (NULM), and the state and Mysuru district officials for their invaluable support and cooperation. We are also deeply grateful to the Self-Help Groups who generously shared their feedback and expectations, enabling us to refine and strengthen this module. Additionally, our special thanks to Infosys Foundation for their financial support to the Samagra Urban Mother and Child project in Mysuru, which has been instrumental in making this initiative a reality, and together, we can create a profound and lasting impact, transforming lives and communities, and building a brighter, healthier future for all.

Aman Kr Singh

Dr Aman Kumar Singh
CEO, HSTP

Preface

Dr. Sudha Chandrashekar
Advisor, Health Systems Transformation Platform

It is a great opportunity to introduce this essential module, crafted meticulously for the self-help group volunteers dedicated to improving the lives of countless individuals through the RMNCH+A (Reproductive, Maternal, Neonatal, Child, and Adolescent Health) program. As we strive to bring down the mortality rate and enhance health outcomes, this module serves as a beacon of knowledge and support for those on the front lines.

Reproductive Health is the cornerstone of this journey, ensuring that every woman has the right to safe, informed, and accessible healthcare. Our volunteers play a crucial role in educating and empowering women, creating a ripple effect that strengthens entire communities.

Maternal Health is paramount, as the well-being of mothers directly impacts the well-being of future generations. Through compassionate care and timely interventions, we can prevent countless maternal deaths and ensure that every mother has the chance to thrive.

The **Neonatal Health** of our newborns is a delicate and critical phase. This module provides valuable insights and practical tips for volunteers to ensure that every newborn receives the care and nurturing they need to survive and grow strong.

Child Health is a reflection of our society's commitment to its future. By equipping volunteers with the knowledge and tools to promote healthy practices, prevent illnesses, and address the unique needs of children, we lay the foundation for a healthier generation.

Lastly, **Adolescent Health** bridges the gap between childhood and adulthood. It is a time of rapid growth and change, and our volunteers are key in guiding adolescents through this crucial phase, fostering healthy habits, and providing the support they need to navigate these formative years.

This module is more than just a manual; it is a testament to the collective effort and unwavering dedication of self-help group volunteers. We thank the Managing Director, National Urban livelihood Mission(NULM), the state and Mysuru district officials of NULM for their support and co-operation to take this initiative forward. Our deepest gratitude to the Self-help groups who gave their feedback on expectations from this module to strengthen our efforts. We are very much obliged to **Infosys foundation support for the Samagra Urban Mother and Child project** in Mysuru for the financial support. My special thanks to my HSTP team (Debamitra, Dr. Prasad) for developing the content and my colleagues at HSTP for all the inputs provided and CEO HSTP for the encouragement and guidance throughout the development of the module.

Together, we can make a profound difference in the lives of individuals and communities, paving the way for a brighter, healthier future.

A NOTE TO FACILITATORS

Dear Facilitators,

I hope you're doing well today! First, we want to take a moment to congratulate you on the incredible work you do for the well-being of your community. As you embark on another journey to improve the health of the women in your community, we are excited to introduce the Facilitator Guide - Module for Yielding Sustainable Upliftment in RMNCH+A Outcomes through Urban Self-Help Groups (Mysuru).

Welcome to the RMNCH+A Training Session! This program is specifically designed for the Self-Help Group facilitators. The Facilitator Guide aims to equip you with comprehensive knowledge and practical skills to effectively promote and counsel on RMNCH+A outcomes within your communities. Through interactive discussions, case studies, and role-playing activities, you will gain the confidence and competence necessary to support families and communities in making informed health decisions for themselves and their infants.

To aid facilitators in conducting the sessions, the guide is organized into five sections, each focusing on a component of RMNCH+A. Each session includes case studies, group discussions, role plays, and quizzes to enhance engagement and make learning enjoyable. Key discussion points for each topic are also provided.

Facilitators must familiarize themselves with the guide thoroughly before implementing the sessions during SHG meetings.

The objective of this training is to empower SHG members and the broader community with the knowledge and behaviors needed to improve health and nutrition practices, ultimately enhancing RMNCH+A outcomes. This knowledge will enable SHG women and their families to adopt better health practices, leading to improved health and nutrition, higher productivity, reduced poverty, and a better quality of life.

Although this orientation package is tailored for SHG women, it should also serve as a reference for the entire family. The information provided in each session should be viewed as collective learning, with every family member playing a role in integrating these messages into their daily lives. The responsibility for adopting these practices does not fall solely on women; men, husbands, and older boys in the family must also ensure that the necessary arrangements are made to support RMNCH+A practices.

Wishing you all the best!

ACKNOWLEDGMENT

This Facilitator's Guide represents a milestone in advancing Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) outcomes for vulnerable populations in Mysuru, Karnataka. Developed under the visionary leadership of DAY-NULM, Health Systems Transformation Platform has developed this Facilitator's Guide to empower Self-Help Group (SHG) members to strengthen Comprehensive Primary Health Care (CPHC) services within their communities. By building resilient community structures, fostering leadership, and facilitating active community participation, we aim to promote ownership and enhanced service delivery in RMNCH+A care.

We extend our sincere gratitude to the dedicated facilitators who will utilize this guide to empower SHG members and service providers. Their role is essential in achieving improved maternal and child health outcomes by promoting the coverage and quality of RMNCH+A services across Mysuru. Additionally, this initiative seeks to advance the convergence of key stakeholders to build a cohesive and responsive health system for urban communities.

This guide is the product of a collaborative effort among DAY-NULM, HSTP, KHPT, and the Infosys Foundation, whose collective commitment to enhance RMNCH+A has significantly enriched this project. We are grateful for the invaluable support and expertise of each partner in developing this manual. We trust it will empower facilitators and SHG members to enhance healthcare quality and drive increased demand through active community engagement, ultimately strengthening RMNCH+A outcomes in Mysuru.

Thank you to all our SHGs who are our critical contributors for their unwavering dedication to this mission.

ABBREVIATIONS

AFHS: Adolescent Friendly Health Services
ANM: Auxiliary Nurse Midwife
ANC: Antenatal Care
ASHA: Accredited Social Health Activist
AWW: Anganwadi Worker
AWC: Anganwadi Center
BCG: Bacillus Calmette-Guérin (vaccine for tuberculosis)
BP: Blood Pressure
CHC: Community Health Center
DAY-NULM: Deendayal Antyodaya Yojana-National Urban Livelihoods Mission
DH: District Hospital
DPT: Diphtheria, Pertussis, and Tetanus
GBV: Gender-Based Violence
HSTP: Health Systems Transformation Platform
ICTC: Integrated Counselling and Testing Center
IFA: Iron and Folic Acid
IUD: Intrauterine Device
JSY: Janani Suraksha Yojana
KHPT: Karnataka Health Promotion Trust
LMP: Last Menstrual Period
MAS: Mahila Arogya Samiti
MCP CARD: Mother and Child Protection Card
MI: Mission Indradhuanush
MMR: Maternal Mortality Ratio
MO: Medical Officer
NCD: Non-Communicable Diseases
OBGY: Obstetrics and Gynecology
OPV: Oral Polio Vaccine
PHC: Primary Health Center
PMSMA: Pradhan Mantri Surakshit Matritva Abhiyan
PMMVY: Pradhan Mantri Matru Vandana Yojana
PNC: Postnatal Care
RKSK: Rashtriya Kishor Swasthya Karyakram
RMNCH+A: Reproductive, Maternal, Newborn, Child, and Adolescent Health
SHG: Self-Help Group
SRH: Sexual and Reproductive Health
STI: Sexually Transmitted Infection
T.T: Tetanus Toxoid
UCHC: Urban Community Health Center
UHND: Urban Health and Nutrition Day
UPHC: Urban Primary Health Center
WIFS: Weekly Iron and Folic Acid Supplementation

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BACKGROUND AND OVERVIEW

Self-Help Groups (SHGs) are informal associations of individuals who unite to improve their living conditions. The SHG movement began with the SHG Bank Linkage Project, launched by the National Bank for Agriculture and Rural Development (NABARD) in 1992, which evolved into the world's largest microfinance initiative. In 1993, NABARD and the Reserve Bank of India (RBI) allowed SHGs to open savings accounts in banks, giving a significant boost to the SHG movement and laying the foundation for the SHG-Bank Linkage Program.

In 1999, the Government of India launched the Swarn Jayanti Gram Swarozgar Yojana (SGSY) to promote self-employment in rural areas through SHG formation and skill development. By 2011, SGSY evolved into the National Rural Livelihoods Mission (NRLM), the world's largest poverty alleviation program. Over time, various government initiatives further strengthened the SHG movement.

While SHGs are primarily recognized for their role in microcredit and livelihoods, their contributions extend far beyond economic empowerment. They have been instrumental in addressing local needs, running community kitchens, generating awareness, combating stigma and discrimination, and advocating for community rights. A notable example of their impact was their response during the COVID-19 pandemic, where they effectively addressed critical community needs.

Research highlights the positive correlation between social capital generated through participation in SHGs and improved health behaviours and outcomes. For instance, the study *"The Effect of Self-Help Groups on Access to Maternal Health Services: Evidence from Rural India"* underscores that trust, solidarity, and belonging fostered by SHG participation are significant determinants of better health outcomes.

SHGs, as strong grassroots institutions, are well-acquainted with local needs, practices, beliefs, and social dynamics. Their involvement across various levels—as beneficiaries, facilitators of health activities, and planners of health programs—can amplify community voices and help align supply-side efforts with demand. Consequently, SHGs can play a pivotal role in strengthening the health system.

This module aims to equip SHGs with holistic health **knowledge and empower them to drive collaborative community action for health, enabling them to effectively act as catalysts for community well-being.**

SESSION 1- SETTING THE TONE & DEVELOPING FAMILIARITY

- *Facilitator will greet the participants, introduce themselves and start a casual conversation.*
- *Facilitator will begin by saying, we already know each other for many years, today we will try to*
- *Know some new things about our friends/peers. Let us begin with an interesting game.*
- *Then the facilitator introduces the game by saying that each participant has to narrate their name, an adjective to represent them, their favourite food and one short incident that they would like to share that no one in the group knew before. Five minutes will be given for them to recollect.*
- *Then the other participants introduce themselves by narrating the above.*
- *The game will go on till all participants introduce themselves.*
- *The facilitator now introduces briefly the objective of the workshop.*

SESSION 2: FAMILY PLANNING

2.2 Session Objectives

By the end of this session, participants will be able to:

- Understand the concept and significance of family planning.
- Identify various family planning methods and their appropriate applications.
- Develop effective counselling skills to empower women and couples to make informed decisions about their reproductive health that can help reduce unintended pregnancies, avoid teenage pregnancies
- Recognize the pivotal role of SHGs in promoting family planning initiatives.

2.2 Learnings:

By the end of this training session, participants will be able to:

- Define family planning and explain its importance.
- Differentiate between temporary and permanent family planning methods.
- Discuss the benefits of small families and the drawbacks of large families.
- Utilize effective counselling techniques to guide individuals and couples.

Activity 1: Understand Family Planning

Methodology: Group Discussion
Materials: Flipcharts (at least 2) and markers, handout1-Pictures of Two Families: one with a few members and another with many, highlighting differences in amenities, health, and happiness **(Annexure 1**) and handout 2- Family planning methods **(Annexure 2)**
Duration:

Process:

- Distribute Handout 1 (pictures of two families) to all the participants
- Divide the participants into two groups and instruct each group to sit away from each other
- Provide Chart papers & sketch pens to each group to note the discussion points
- Give each group 15 mins for group work, and 5 mins each for presenting the same
- After completion of the activity, ask them:
    - In this picture, two families are shown. What differences can you observe between them?
    - How many agree that a small family is happy and why?
    - What do you understand by 'Family Planning'?

After each group presents, ask the participants to add their thoughts and suggestions.

Discussion Points (For the Facilitator):

- Family Planning involves controlling the number of children and maintaining spacing between them.
- Recommended to plan the first child at least two years after marriage.
- A minimum spacing of three years between children is advisable for the mother's health and to prevent child malnutrition.
- Emphasize that a small family contributes to overall happiness.
- Reducing MMR and IMR

Activity 2: Importance of Family Planning

Methodology: Group Discussion
Materials: Paper balls**,** Flipcharts and markers
Duration: 20 mins

Process:

- Use "Paper Ball" for a round by passing a ball to any participant.
- Ask participants about 1 importance of family planning.
- The facilitator can categorize the importance in the chart with the following headings (e.g. Health, Social, Economic, Emotional well-being, and Non-Health)
- Next pass the ball to other participants, repeat the question, and record the answers in the chart paper
- Repeat the activity until all participants complete their responses.
- If the responses are not progressive towards health, the facilitator will ask a few facilitation questions, such as whether the mothers with more than 2 children look healthy and whether all children go to school.
- Appreciate the participant for highlighting the importance of family planning.

Discussion Points (For the Facilitator):

- Health Benefits: Prevents malnutrition and health issues in mothers and children due to frequent pregnancies.
- Economic Stability: Reduces the strain on household resources like food, clothing, education, and finances.
- Emotional Well-being: Minimizes family conflicts and anxiety related to financial and developmental pressures on children.
- Non-health benefits like better education, empowerment of women, sustainable population growth, and economic development of the country.

Activity 3: Identifying Target Groups Who Should Practice Family Planning

Methodology: Interactive and Brainstorming
Materials: Pictures showing two families **(Annexure 1),** flipcharts, and markers
Duration:

Process:

1. Interactive Discussion Using Visual Cues:
    - Present pictures from Activity 1 to participants.
    - Prompt participants to identify which families in the images may benefit from adopting family planning methods.
2. Brainstorming and Documentation:
    - Encourage participants to share their thoughts and write their responses on a flipchart.
    - Group responses under common themes or target groups for clarity.
3. Slide Presentation on Target Groups:
    - Use the provided slide to explain the specific target groups, ensuring participants understand the rationale behind each category:
        - Newly married couples delaying parenthood-Those who wish to delay having children for education, career, or relationship strengthening.
        - Couples with multiple children for birth spacing- These couples aim to maintain healthy spacing between births.
        - Couples completing their family-Who does not wish to have more children.
4. Facilitated Q&A and Clarification:
    - Allow participants to ask questions or share concerns about identifying target groups.
    - Provide clarifications or additional examples to enhance understanding.

<u>Activity 4: Understanding & Selecting the Right Family Planning Methods</u>

Methodology: Role Play
Materials: Handouts of Temporary Methods & Permanent Methods of Family Planning (**Annexure 2)** and 5 Handouts of role-play scripts **(Annexure 3)** (in Kannada language)
Duration:

Process

- The facilitator will remind participants of the previous discussions on family planning, its importance, and the target groups requiring counselling.
- Introduce the objective: to understand and practice counselling on family planning methods tailored to the couple's needs and affordability with the help of an activity
- Explanation of Role Play Scenario:
    - Describe the role play as an interactive activity where participants will simulate a counselling session, addressing hesitations and providing appropriate advice.
    - Outline the scenario:
        - A couple with resistance to adopting family planning methods.
- Selection of Participants for the Role Play:
    - Randomly choose three participants from the group to take on the following roles:

        - Counsellor: A SHG member practicing counselling skills.
        - Wife (Participant 1): A pregnant woman expressing health-related concerns about family planning.
        - Husband (Participant 2): A confused partner leaving the decision to the wife.
        - The script in the local language will be given to the selected participants before the start of the role-play to attain familiarity with the roles they are going to play. Ten minutes should be given to them.
- Facilitating the Role Play:
    - Guide the selected participants to enact the scenario, encouraging natural responses.
    - Provide prompts as needed to ensure the counselor addresses resistance empathetically and shares accurate information about family planning methods.
- Debrief and Feedback:
    - After the role-play, discuss the interactions with the group.
    - Highlight strengths and areas for improvement in the counselling approach.
    - Encourage participants to share their observations and learning points.

Role Play Script

Settings*: A couple arrives at the UPHC for the routine immunization of their third child. During the visit, the Auxiliary Nurse Midwife ANM observes that the wife is visibly pregnant with their fourth child. She overhears a Self-Help Group SHG member discussing the details of their upcoming monthly meeting with the ASHA worker. Recognizing an opportunity for intervention, the ANM signals to the SHG member to guide the couple.*

Counsellor: "Hello, I understand you've just had your third child immunized. I also noticed that you're expecting your fourth child. It's great that you're coming in for regular check-ups, but I wanted to talk with you about family planning options. Would you be open to discussing this?"

Wife: I didn't plan for this pregnancy. I feel tired throughout the day. I'm worried about my health with all these pregnancies. But I'm also not sure about using family planning methods. Will they affect my health? I'm worried about the side effects."

Husband: "I don't know about this either. I don't want any more children for now, but I'm not sure if these methods are right for us. It's a big decision. What if they cause problems? I think we should just leave things as they are."

Counselor: It's important to talk about these things. Family planning is a very personal decision, and many different methods can help you space or limit the number of children you have. Some methods are temporary, and some are permanent. Temporary methods give you the flexibility to have children later, while permanent methods are for those who feel they don't want any more children."

Wife: But I've heard that some of these methods can make you sick or cause problems with your body. I don't want to take anything that will harm me or make me feel worse."

Counselor: Your concerns are completely valid, and it's important to understand how each method works. Let me share some of the most common options, and we can talk about their benefits and any possible side effects."
(The counselor opens the handout and shows it to both the wife and husband)

Counselor:
"Temporary methods include:

- **Contraceptive tablets:** Taken daily, they are a very common method, and most women adjust well to them.
- **Contraceptive injections:** These are given every three months and are very effective. Some women may experience mild side effects, but many don't have any issues.
- **Male and female condoms:** These are used during intercourse and are effective immediately. They also protect against sexually transmitted infections (STIs).
- **Intrauterine Device (IUD or Copper T):** This is inserted into the uterus and lasts for several years. It's very safe, and many women find it to be a convenient option."

Husband: But will it be painful? Risky?

Counsellor: "That's a great point, and I'm glad you're looking out for her comfort. Some women do feel mild discomfort when the IUD is first inserted, but this usually goes away within a day or two. It's also one of the most reliable methods, and it doesn't require daily attention like pills do. If there's any discomfort, your wife can talk to the healthcare provider, and they'll be able to help. But, if this isn't a good fit, there are other methods we can consider, like the pill or the injection."

Wife "But what about permanent methods? What if we don't want to have any more children at all?"

Counsellor: "Permanent methods like tubectomy for women and vasectomy for men are options for couples who are sure they do not want to have any more children. These methods are very safe and effective, but they are irreversible, meaning once they are done, you cannot have more children. So, it's very important that both of you feel completely sure about this decision before going ahead."

Husband: If I'm not ready for something permanent. What if we change our minds in the future?"

Counsellor: "That's understandable. Permanent methods are a big decision, and it's okay to want more time to think about it. The good news is that temporary methods can give you the control you need to plan your family while leaving you the flexibility to decide later. You don't have to make a permanent decision now if you're not ready."

Wife: "Okay, I'm feeling a bit better. But how do we know which method is the best for us?"

Counsellor: "The best method is the one that fits your lifestyle and health needs. Some women prefer the pill because it's simple, while others like the IUD. After all, it's long-term and low-maintenance. There's no one-size-fits-all. I suggest trying one of the temporary methods first, and you can always come back and discuss how it's working for you."

Husband: Okay, I think we can try one of the temporary methods. I just want to make sure it's safe for her."

Counselor: "That's a great choice. All of these methods are available for free at government health centers, so you won't have to worry about the cost. And remember, you can always return for a follow-up if you have any questions or if you want to change methods. Family planning is all about what works best for both of you."

Wife: "Thank you for explaining everything. I feel more confident now. We'll start with something temporary and see how it goes."

Husband: "Yes, thank you for your patience. I'm more comfortable with this now."

Counselor: "I'm happy to help! Don't hesitate to come back if you need more information or support. It's great to see you both working together on this important decision."

Post-Role Play Discussion:
After the role-play, the facilitator should lead a discussion with the group to reflect on the interaction. Here are some key points for the discussion:

1. **What went well in the role play?**
    - Did the counsellor address the concerns of both the wife and the husband effectively?
    - Was the communication clear and empathetic?
2. **What could have been improved?**
    - Was there any part where the counsellor could have provided more information or been more reassuring?
    - How could the counsellor better handle the resistance, especially from the husband?
3. **How did the counsellor address the resistance from both partners?**
    - How did the counsellor validate the concerns of both the wife and the husband?
    - What strategies did the counsellor use to reassure and inform the couple?
4. **Why is it important to provide information about both temporary and permanent methods in family planning counselling?**
    - How can the counsellor ensure that both partners feel involved in the decision-making process?
5. **What should SHG members take away from this role play?**
    - The importance of listening to and addressing both partners' concerns in family planning counselling.

This role-play scenario shows resistance from both the wife and husband, providing SHG members the opportunity to practice empathetic listening, providing clear information, and offering reassurance to overcome doubts and resistance about family planning.

Steps for Effective Counselling

1. **Engage with the Couple:**
    - The SHG member approaches the couple warmly, introduces herself, and explains her role.
    - Acknowledge their commitment to ensuring their children's health through immunization.
2. **Create a Supportive Environment:**
    - Ensure privacy and a non-judgmental tone during the conversation.
    - Use active listening to understand their perspective, challenges, and concerns.
3. **Identify Needs and Concerns:**
    - Ask open-ended questions to explore their understanding of family planning and reasons for having another child.
    - Address specific concerns, such as health risks to the mother and the well-being of their children.
4. **Provide Tailored Information:**
    - Explain the importance of spacing between births for maternal and child health.
    - Introduce family planning methods suitable for their situation, highlighting options that are safe, effective, and affordable.
5. **Address Resistance:**
    - Empathize with the couple's concerns and dispel common myths about family planning.
    - Share relatable examples or success stories from the community.
6. **Encourage Decision-Making:**
    - Empower the couple to make an informed choice by explaining the benefits of various methods.
    - Offer to arrange a follow-up session with the ANM or ASHA worker for further guidance or services.

Key Points for SHG Members to Remember

- Approach the couple with sensitivity and avoid any judgmental language.
- Focus on building trust and rapport to encourage open communication.

- Always provide accurate, evidence-based information about family planning methods.
- Collaborate with the ANM or ASHA worker to ensure follow-up support is available.

Discussion Points (For the Facilitator):

1. Temporary Methods (Short-Term):

1. Contraceptive Tablets
2. Contraceptive Injections
3. Female Condoms
4. Male Condoms
5. Intrauterine Device (IUD)-Copper T

2. Permanent Methods (Long-Term):

1. Tubectomy (Women)
2. Vasectomy (Men)

Discussion Points:

- Temporary methods are reversible and suitable for spacing or delaying children.
- Permanent methods are irreversible and intended for couples who do not wish to have more children.
- All methods are available free of cost at government health centers.

Role of Self-Help Groups

- Ensure all SHG members are well-informed about various family planning methods.
- They should inform families that these methods are available for free at government health facilities.
- They should collaborate with ASHA (Accredited Social Health Activist) and ANMs (Auxiliary Nurse Midwife) for effective implementation.

Wrap-up/Takeaways

- Summarize key messages covered in the session.
- Thank participants

SESSION 3: ANTENATAL CARE AND POSTNATAL CARE

3.1 Session Objectives- Antenatal Care and Postnatal Care

By the end of the session, the participants will learn about:

- The significance of early registration of pregnancy (within 12 weeks)
- Importance of antenatal care and birth preparedness
- Identifying problems and danger signs during pregnancy
- Key components of ante-natal checkups and immunization to protect both mother and child from infectious diseases
- Pradhan Mantri Matru Vandana Yojana (PMMVY)
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- Birth preparedness and PNC

3.2 Learning Outcomes

By the end of this training session, participants will be able to:

- Understand the importance of registering a pregnancy within the first 12 weeks to ensure timely access to antenatal care and necessary health interventions.
- Learn how regular antenatal care visits and preparing for childbirth contribute to the health and safety of both the mother and baby.
- Gain the ability to identify warning signs and complications during pregnancy, ensuring early medical attention when needed.
- Explore the key components of antenatal check-ups and immunizations that protect the mother and child from infectious diseases.
- Understand the benefits and implementation of schemes like Pradhan Mantri Matru Vandana Yojana (PMMVY) and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), aimed at supporting maternal health and postnatal care.

Activity 1: Understanding the Importance of Adequate Care during Pregnancy

Methodology: Storytelling and Brainstorming
Materials: Flipcharts, and Markers OR White board markers (if whiteboard available), Typed or printed sheet of the story **(Annexure 4),** Handouts of Thayi Card **(Annexure 5)** and Danger Signs during Pregnancy
Duration: 30 mins

Process:

- The facilitator must narrate the story in their local language.
- The facilitator must ensure that, if there is any participant with the same name as given in the story, then the case name can be changed and narrated accordingly.

Rekha is a 22-year-old woman living in an urban slum with her husband and extended family. She is currently six months pregnant with her first child. While her husband has been supportive since learning about the pregnancy, he believes that the traditional practices followed by his family are sufficient to ensure Rekha's well-being. Rekha has not registered her pregnancy with the local health center, and she has not attended any antenatal checkups. Her husband is reluctant to allow her to visit the health facility, thinking that it is unnecessary, and prefers to rely on advice from older women in the family.

Despite Rekha's family believing that she is doing well, she often feels fatigued, and dizzy, and has developed swollen feet. When the ASHA worker learned about Rekha's pregnancy, she tried to contact the family, offering to explain the importance of regular antenatal checkups and the benefits of registering the pregnancy. However, Rekha's husband refused to engage with them, stating that Rekha was receiving adequate care at home and that there was no need for outside intervention. The ASHA worker further discussed the issue with the ANM and AWW.

Process:

1. **Introduction and Context Setting:**
    - Begin by defining maternal mortality: the death of a pregnant woman during pregnancy or within 42 days of its termination, excluding accidental or incidental causes.
    - Highlight the five primary medical causes of maternal mortality globally: hemorrhage, sepsis, hypertensive disorders, obstructed labor, and unsafe abortion.
    - Emphasize the importance of essential antenatal and postnatal care to prevent these deaths.

2. **Story Narration:**
    - Share the story of Rekha to contextualize the discussion and make it relatable for participants.
    - Ensure the narrative illustrates the challenges and decisions impacting maternal health care.

3. **Engaging Participants with Discussion Questions:**
   Ask the participants the following questions:
    a. How many think the decision taken by Rekha's husband was correct?
    b. Do you think Rekha was receiving adequate care during pregnancy?
    c. What barriers did Rekha face in accessing antenatal care?
    d. If you were the ASHA/ANM/AWW, what would you have suggested to Rekha's husband to ensure better care for his pregnant wife?

4. **Group Discussion:**
    - Divide the participants into 4 groups.
    - Allocate 15 minutes for participants to discuss the questions.
    - Encourage active participation and ensure a comfortable environment for sharing opinions.

5. **Capturing Responses:**
    - Listen attentively as groups share their responses.
    - Jot down key points and ideas on a flipchart for everyone to see.

6. **Discussion Points: Registration of Pregnancy**
   Summarize the key learnings from the discussion with the following points:

   - Once the pregnancy is confirmed, visit the UPHC or the nearest Anganwadi Centre for registration.
   - The ANM or nurse will record the pregnant woman's name in the register and provide the Thayi Card free of cost.
   - The Thayi Card contains important information about pregnancy, childbirth, specialized childcare up to two years, and immunizations.
   - Keep the Thayi Card safe and bring it during every visit

Wrap-up/Takeaways:

- The facilitator should emphasize the critical role of timely and adequate maternal health care in preventing maternal deaths, including the importance of early pregnancy registration.
- Conclude the session by thanking participants for their active engagement and encouraging them to share their knowledge with women in the community who are of reproductive age or pregnant, highlighting the significance of antenatal care.

Activity 2: Understanding the Key Components of Antenatal Care

Methodology: Activity
Materials: Slips/cards, flipcharts, markers, and pens
Duration:

Process:
To help participants actively engage with and understand the essential components of antenatal care (ANC) through a game

Game Instructions

1. **Preparation:**
   - Prepare cards or slips of paper with each of the ANC components written on them (e.g., "Early registration," "Blood test for anemia").
   - Include additional cards or slips of paper with information about antenatal services available at Anganwadi centers and primary health centers, as well as the role of husbands in ANC.
   - Have a chart or board with columns labeled **"Essential ANC Components"** and **"Support Services and Roles"** for categorization.

2. **Activity Setup:**
   - Divide participants into small groups and provide each group with a set of shuffled cards.
   - Assign one participant from each group to be the "Presenter."

3. **Gameplay:**
   - Ask participants to sort the cards into the correct categories:

        - **Essential ANC Components** (e.g., "Blood pressure measurement," "Two doses of Tetanus Toxoid").
        - **Support Services and Roles** (e.g., "Services at Anganwadi centers," "Husbands accompanying wives").
    - Groups have 10 minutes to complete the sorting task.

4. **Discussion:**
    - After the sorting, each group's presenter explains their choices and reasoning to the larger group.
    - The facilitator reviews the sorted cards, provides clarifications, and shares the following:

- **Essential Components of Antenatal Care:**

✓ Early registration
✓ Regular weight check
✓ Blood test for anaemia
✓ Urine test for protein and sugar
✓ Measure blood pressure
✓ One tablet of IFA every day for three months to prevent anemia, starting from the second trimester for 180 days. Avoid all tablets in the first trimester.
✓ Treatment for anaemia
✓ Two doses of Tetanus Toxoid between 27 -36 weeks.
✓ Nutrition counseling
✓ Preparing for birth

Also, share:

- Antenatal services are available at the Anganwadi Center on health check-up and vaccination days.
- Pregnant women can also access these services at nearby primary health centers.
- Husbands are encouraged to accompany their wives for check-ups and participate in the consultations.

DO NOT FORGET TO CARRY YOUR THAYI CARD DURING EVERY ANC VISIT

5. **Reflection:**
    - Ask participants to share their thoughts on how they can promote these ANC practices in their community.
    - Highlight the importance of involving husbands in ANC consultations and accessing services at Anganwadi centers or health centers.

6. **Wrap-Up:**
    - Conclude by reinforcing the significance of each ANC component and its role in ensuring maternal and child health.
    - Encourage participants to share this knowledge with women in their communities and to advocate for greater involvement of husbands in ANC.

Activity 3: Knowledge about the THAYI CARD (Annexure 5)– the Mother-Child Protection Card

Now that the participants have heard about the Thayi card, ask them whether they have seen/used the card.

Discuss with all the participants to share their understanding of the benefits of the Thayi card and write the discussion points on a flip chart.

Discussion Points (For the Facilitator)
Note to the Facilitator: Distribute the Thayi Card Handouts to all the participants

- **What is a Thayi card?**

The Thayi card is issued to all pregnant women at the time of registration of pregnancy or during the first contact with the health system. This card is a key tool that records the type of vaccines received by the mother/child (date and age). It also ensures the number of vaccine doses due for the mother/child. It is available free of cost to mothers/caregivers of children at the first contact or at the time of administering the first vaccines as per schedule. An SHG member should emphasize to mothers/caregivers the importance of keeping this card safe and bringing it along every time they come for vaccination. However, if a pregnant woman has not received or has lost her card, then a new card may be re-issued at the earliest. SHG members may ensure this.

- **Role of SHG members:**
  - Identify vulnerable households/individuals with coordination of ASHA and ensure that they are not being excluded from receiving Routine Immunization services.
  - Special focus on identifying, enlisting, tracking, and mobilizing the migratory population for any vaccine to be covered.
  - Special focus on mobilizing pregnant women and mothers of children especially from marginalized families to avail of immunization services.
  - Spread awareness, generate demand, and mobilize the community about the importance of immunization and completing the vaccination schedule through home visits, MAS meetings, and community meetings at regular intervals.
  - Create awareness through interpersonal communication at the family level, supported by mass communication at the community level.
  - Encourage the target beneficiaries to avail the benefits of various state run schemes **(Annexure 6)**

Activity 4: Understanding the importance of 4 ANC visits during pregnancy- *`ANC Bingo'*

Methodology: Activity
Materials: Pre-made Bingo cards (3x3 grid) with ANC-related items written in each box (examples below), Markers or small tokens for participants
Duration:

Process

1. Preparation

- Distribute Bingo cards to all participants. Each card should have a mix of ANC-related items, such as:
    - "Visit PHC within 12 weeks"
    - "Take iron tablets"
    - "Get tetanus shots"
    - "Eat healthy foods"
    - "Check baby's growth"
    - "Avoid heavy work"
    - "Register pregnancy"
    - "Attend 4 visits"
    - "Consult a Medical Officer (MO)"

2. How to Play

1. The facilitator reads out statements or questions related to ANC, such as:
    - *"What do you do in the first ANC visit?" (Answer: Register pregnancy)*
    - *"What week is the second ANC visit due?" (Answer: 14–26 weeks)*
2. Participants mark the correct answers on their Bingo cards if they match.
3. The first participant to complete a row (horizontal, vertical, or diagonal) shouts "BINGO!" and wins a small prize (badge pinned on the SHG member)

Badge content for the winners:

Badge Content
Front Side:
ANC Champion/ Healthy Moms Advocate/ANC Awareness Hero/4 Visits, 1 Healthy Journey/Champion of Maternal Care
"Supporting Healthy Moms and Babies!"

Back Side:
Winner of the ANC Game! "Because every visit counts—4 ANC visits for a safe and healthy pregnancy!"

Include a small visual, such as a heart, baby, or stethoscope icon, to make the badges more vibrant and appealing.

3. Discussion

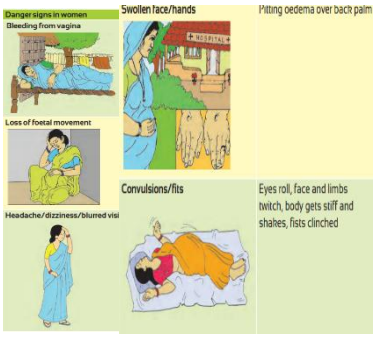
- After the game, discuss the importance of completing all 4 ANC visits.
  Discussion Points:
  Facts about Antenatal Care

    - Four antenatal visits must be ensured, including registration within the first three-month period.

  The suggested schedule is as below:

    - 1st visit: Within 12 weeks—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up

- 2nd visit: Between 14 and 26 weeks
- 3rd visit: Between 28 and 34 weeks
- 4th visit: After 36 weeks the pregnant woman should visit the Medical Officer (MO) at the PHC for the fourth antenatal check-up, as well as availing of the required investigations at the PHC.



4. Wrap-up/Takeaways

- Reinforce the benefits participants learned during the game.
- End with a group pledge: ***"We commit to supporting antenatal care for every pregnant woman in our community!"***
- Thank the participants

<u>Activity 5: Spotting the Danger Signs of Pregnancy</u>

Methodology: Activity-Danger Sign Relay"
Materials: Flashcards or slips with each danger sign written on them (e.g., "Vaginal bleeding," "High fever"), a basket or bowl to hold the cards, Handouts of Danger Signs of Pregnancy **(Annexure 7)**
Duration:

Process:

1. Setup:

- Gather participants in a circle or two small groups for a team activity.
- Place the basket with danger sign cards in the center.

2. The Game:

- Each participant takes turns drawing a card from the basket.
- The participant must:
- *Read the danger sign aloud.*
- Share why they think it is a danger sign (if they know).
- If they are unsure or answer incorrectly, another participant can assist.
- After discussing, the facilitator confirms whether it is a danger sign and explains its importance briefly.

3. **Discussions**

Once all the cards are discussed, the facilitator recaps the full list of danger signs using the handouts which have the following discussion points:

Discussion Points: (Note to the Facilitator: Distribute the Danger Signs of Pregnancy Handouts to all the participants- Annexure 7)

- Regular antenatal check-ups are helpful in the identification of danger signs during pregnancy that can be acted upon in time to avoid any untoward event. Some of the danger signs are:
    - Vaginal bleeding.
    - No movement of the baby in the womb.
    - Convulsion/fit.
    - Leg swelling and pain
    - Severe headache and blurred vision, High B.P.
    - Pelvic pressure or pain with urinating- UTI
    - High fever

4. Wrap-Up

- Reinforce the importance of seeking immediate medical help for any of these signs.
- Tell the participants any pregnant woman who has suffered either of the above-mentioned danger signs during a previous pregnancy must be more careful this time.
- End the game with a group chant: ***"Danger signs we know, to the UPHC we'll go!"***
- Thank the participants.

<u>Activity 6: Antenatal Care Services</u>

Methodology: Group Discussion and Brainstorming
Materials: Flipchart and markers, Handouts detailing antenatal care services (**Annexure 8)**
Duration:

Process

Step1: Begin by asking participants:
"What do you know about the services provided during antenatal check-ups?"

- Set a collaborative tone and emphasize that the goal is to share knowledge and learn together.

Step 2: Brainstorming

- Ask participants to share their understanding of antenatal care services.
- Write all responses on a flipchart without judgment or correction.
- Encourage participants to reflect on:
    - Services they received during pregnancy (if applicable).
    - Information they have heard from family or neighbors.

Step 3: Structured Discussion

1. Write the responses on the flipchart as a starting point.
2. Address each service in the discussion points, ensuring all key elements are covered:

- **Essential services provided during antenatal check-ups**
    - **Physical examination:** The abdomen, eyes, tongue, nails, teeth and feet are examined.
    - **Blood Pressure** is monitored every time. Pregnant women should be careful about their blood pressure as well as blood sugar levels. High level of either or both may lead to complications.

- **Weight:** The pregnant woman's weight is taken at every check-up. It is advised that the pregnant woman should gain at least 10 to 12 kilograms during the pregnancy period.
- **T.T. Vaccines:** Two doses of T.T. are given during pregnancy. The first one is when pregnancy is detected, and the second dose is given after a month of the first dose. The ideal time to give TT is between 27 -36 weeks so that antibodies can be passed onto the newborn to protect from tetanus at birth.
- **Blood and urine tests** are done, so that the dangers of pregnancy, if any, can be detected at the right time.
- **Ultrasound** should be undertaken once between 18 to 19 weeks of pregnancy.
- **IFA and Calcium:** A pregnant woman must take 180 iron pills and 360 calcium tablets during pregnancy, starting from the fourth month of pregnancy.
- **De-worming:** A pregnant woman must take one tablet of albendazole in the second trimester for deworming.
- **Counseling on diet:** A pregnant woman should eat at least one extra meal in the day and maintain diet diversity; should consume 5 of 10 recommended food groups.

Distribute the handouts of ANC services to the participants (Annexure 8)

Women who are at RISK

- Mothers who had a complication in a previous pregnancy (C-section, prolonged labor, stillborn, neonatal death)
- Pregnant women with severe anemia.
- Pregnant women having any of the danger signs of the antenatal period that are persisting at the time of delivery.

Some women are to be considered more at risk of developing complications during delivery and therefore, must opt for an institutional delivery. These include:

- Young mothers (below 19 years of age)
- Mothers who are over 40 years of age
- Mothers who already have three children
- Mothers who have excessive weight gain or do not gain enough weight.

Step 4: **Wrap-Up/Key Takeaways**

- Summarize the essential antenatal care services and highlight the importance of institutional delivery for at-risk women.
- Distribute handouts with a detailed list of antenatal care services
- Conclude with a group slogan or pledge: ***"Healthy moms, healthy babies—antenatal care for a better future!"***
- Thank the participants

Benefits of Antenatal Care

- Physical examination provides timely information about the health of both mother and child.
- Blood Pressure (BP) is checked, so that dangers like seizures, etc. can be detected at the right time.
- Appropriate weight gain of the pregnant woman reflects adequate development of the baby. The baby may be born weak due to the mother not gaining as much weight as it should.
- The TT vaccine prevents both the mother and the child from the risk of getting tetanus.
- Taking IFA and Calcium in recommended quantities helps fetal brain development and reduces the risk of anemia in the pregnant woman and problems during delivery.
- Consuming the right amount of nutritious food during pregnancy keeps both the mother and child in good health.

Activity 7: - Birth Preparedness-Case study

Methodology: Storytelling and Brainstorming- `Ready, Set, Birth: From Panic to Preparedness'

Materials: Case study printouts or slides **(Annexure 9**), Sticky notes or whiteboard markers, Flipcharts for recording responses, Markers, Prepared prompts/questions for discussion, and pens

Duration:

Reena is in her last trimester of pregnancy, eagerly awaiting the arrival of her first child. Despite advice from the local health worker, Reena and her husband, Ravi, did not prioritize preparing for the delivery. They believed there was still plenty of time, and since everything had been going smoothly, they felt confident about managing when the time came.

However, one evening, Reena started experiencing labor pains earlier than expected. Panic set in as Ravi scrambled to find transportation to the nearest hospital, which was 10 kilometers away. They had not arranged for emergency contacts or identified a reliable transport option. Ravi hurriedly packed a bag with essential items, but in the rush, he forgot important documents, including Reena's Mother Child Protection (MCP) Card, which contained her medical history. When they finally arrived at the hospital, Reena's condition required immediate attention. The delay in reaching the facility and the absence of her medical records created additional stress for the medical team.

Process

1. Storytelling and Reflection

- **Read the Case Study and Prompt for Initial Reflections:** Ask participants to silently reflect on the case study for a moment. Example Questions:

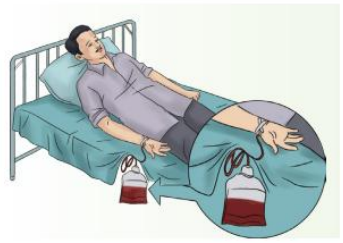
- What steps do you think are essential for preparing for delivery? How can early planning help prevent last-minute stress?
- In Reena's case, the lack of a transportation plan caused delays. What strategies can be implemented to ensure reliable transportation when labor begins?
- Why is it important to have designated emergency contacts and plans in place before delivery? How can this support the family during unexpected situations?
- What key documents should be kept readily available for hospital visits during delivery? How can forgetting important documents impact the quality of care received?
- Write down all the responses on a flip chart. Do not give them any answers.

2. Instructions for Brainstorming:

1. Encourage group members to brainstorm ideas together.
2. Ask participants to list their responses on sticky notes or a piece of paper.
3. Remind groups to NOT overthink or wait for the 'right' answer. Every idea is valid.

3. Guided Discussion & Key Insights

- After all the participants share their findings:
  - Facilitate a collective discussion. Ask participants to connect their ideas and responses to real-life practices.



  - Pose additional reflective questions such as:

▪"What would have changed if Reena and Ravi had created a transportation and emergency plan earlier?"

▪"How might the availability of key medical documents like the Thayi Card have improved their experience?"

4. Discussions:

- Summarise the main points and strategies identified with the following key points:

The pregnant woman and her family members must:

- Identify the hospital for delivery and keep contact details before the expected date of delivery.
- Visit the identified center and meet the providers, at least once before the delivery
- Prepare birth plans: including identifying funding sources should money be required at short notice. Sometimes Self-Help Groups (SHGs) may advance money in an emergency even if the woman is not a member. This is most important for women in remote areas, or in communities that are currently not availing of institutional delivery or those at high risk for complications.
- Know what transport is available- whether funded by the state or other private means - that is easily accessible and affordable and how to call on it when the need arises.

- Identify person/s who can donate blood and keep their contacts, in case there is a need during delivery.
- Keep a bag ready for the hospital with clean clothes, and necessary items including the MCP card, and a copy of key contact numbers.
- Keep the numbers of the ambulance ready for call.
- Keep the number of the ANM/ASHA ready for call.
- Keep some money ready for meeting the expenses.
- Be sure to check with your doctor in the hospital before the expected date of delivery.
- For any reason or emergency, if you must
- get the delivery done at home, keep ready:
    - Contact number of a trained nurse.
    - Clean space for delivery at home.
    - Clean, cotton and dry cloth.
    - New blade.
    - New thread.
    - New soap.

5. **Wrap-up/Key Takeaways**

- Emphasize that these planning strategies can make a life-saving difference and should be a focus for families and healthcare workers.
- Thank the participants

<u>Activity 8: Postnatal Care Wheel of Choices</u>

Methodology: Storytelling and Brainstorming

Materials: Handouts of the Case study of Gita **(Annexure 10),** Wheel of Choices,

Duration:

Process:

Gita, a first-time mother, gave birth to her daughter in a government hospital, where her husband, sister-in-law, mother-in-law, and father-in-law were present. Eager to take Gita and the newborn home, the family rushed the discharge process. Despite the nurse providing essential tips for postnatal care, Gita's mother-in-law dismissed this advice and pressured Gita to disregard it. As a result, Gita did not breastfeed her baby immediately after birth, opting instead to give her honey and water.

Once home, Gita and her newborn appeared uncomfortable. The family celebrated traditional practices, prioritizing rituals over proper care. Gita left the hospital earlier than recommended, feeling excited about motherhood but soon facing challenges. After returning home, she experienced severe fatigue and abdominal pain, attributing these symptoms to the normal recovery process.

Days later, Gita's condition worsened, and she struggled with breastfeeding. Unsure if it was a typical issue, she hesitated to seek medical help. Her husband, Rajesh, also suggested they wait

to see if she improved. After a week of increasing discomfort, Gita insisted on seeing a doctor, realizing her health was deteriorating and feeling anxious about the delay.

Process:

1. Wheel segments

Divide the wheel into segments with the following options:

1. **Breastfeeding Practice** - "Why is breastfeeding within the first hour important?"
2. **Nutrition for Recovery** - "What should new mothers eat to support recovery?"
3. **Hospital Stay & Discharge** - "How long should a new mother and baby stay in the hospital post-delivery?"
4. **Postpartum Rest** - "Why should a new mother rest for at least 42 days?"
5. **Family Planning Discussion** - "How can family members support discussions about family planning?"
6. **Hygiene Awareness** - "Why should hands always be washed before touching a newborn?"
7. **Seeking Medical Advice** - "When should you contact your ANM or healthcare provider?"
8. **Exclusive Breastfeeding** - "Why is exclusive breastfeeding for 6 months important?"
9. **Iron & Calcium Supplements** - "How do iron/IFA and calcium tablets benefit a new mother?"
10. **Checkups Before Discharge** - "Why is it essential to check both the mother and newborn before hospital discharge?"

2. How to Play the Game:

- Split the participants into **small groups -4 to 5 members in each group**
- **Spin the Wheel:** A volunteer from each group will take turns spinning the wheel.
- **Answer the Question:** Once the wheel lands on a segment, the facilitator reads the corresponding question aloud.
- The participant (or team) will then have **1-2 minutes to provide their responses** to keep the game fast-paced and engaging.

3. Discussions

- Summarise the main points and strategies identified with the following key points:

Discussion Points:

- Remember to breastfeed the child within one hour of birth.
- Discharge from the hospital should be at least 48 hours after delivery.
- Both the mother and child must be thoroughly examined before being discharged.

- Mother should take special care of her nutrition and eat extra amount of food after delivery.
- Mother should take adequate rest for 42 days, not lift heavy weights, rest for at least 2 hours in the day, and eat well. Remember that no type of food is prohibited for a postnatal woman.
- The new mother should take iron/IFA and calcium tablets regularly.
- The newborn should not be given anything other than breast milk for six months.
- Always wash hands with soap before touching a newborn.
- The couple should discuss and adopt a suitable family planning method.
- Contact your ANM or health care provider in case of any problem.
- Highlight the role of husband and family during this period and that all these points above should be ensured after the baby is born. Whoever is accompanying the woman in the hospital should also ensure that a proper checkup of the new mother and newborn is done before discharge.

Points to Remember!!!!!

The first 48 hours following delivery are the most critical in the entire postpartum period. Most of the important complications of the postpartum period which can lead to maternal death occur during these 48 hours. Hence, a woman who has just delivered needs to be closely monitored during the first 48 hours.

Empowering Mothers: Understanding the Pradhan Mantri Matru Vandana Yojana (PMMVY)

A. Pradhan Mantri Matru Vandana Yojana (PMMVY)

A yojana that supports pregnant women and lactating mothers with a cash incentive of ₹5,000 in three installments, ensuring they can rest adequately before and after the birth of their first living child. The cash incentive aims to promote positive health practices and improve maternal and child health outcomes.

As a Self-Help Group member, you must know the following:

- ❖ All Pregnant Women & Lactating Mothers are eligible except those employed with the Central/State Government, PSUs, or receiving similar benefits under any other scheme.
- ❖ Only applicable for the first living child for pregnancies occurring on or after January 1, 2017. Eligibility is based on the Last Menstrual Period (LMP) date recorded on the health card.
- ❖ After institutional delivery, eligible women can receive an additional incentive through the Janani Suraksha Yojana (JSY), totaling up to ₹6,000.

Action Points for SHG Members

- ❖ Identify and Reach Out to Eligible Women
  - Locate eligible women (pregnant women and lactating mothers) within the community and inform them about the scheme's benefits and eligibility requirements.

- ❖ Assist with Registration and Application
  - Help women access and navigate the registration process:
  - Direct them to visit https://pmmvy.nic.in.
  - Instruct them to enter their 10-digit mobile number, verify it, and complete their registration.

- ❖ Support in Fulfilling Conditions
- Encourage women to meet each condition for installment eligibility:
  - 1st Installment: Register early in pregnancy.
  - 2nd Installment: Complete at least one antenatal check-up after six months.
  - 3rd Installment: Ensure the child's birth is registered.

- ❖ Coordinate with Health Facilities and AWCs
- Work closely with Anganwadi Centers and local health facilities to support documentation and timely access to benefits.

Role of Self-Help Group (SHG) Members

- ❖ Awareness Building
  - Inform women in the community about the PMMVY scheme, its benefits, and eligibility criteria.

- ❖ Supporting Registration
- Assist eligible women in completing the application forms for registration and claiming installments at their nearest Anganwadi Center (AWC) or health facility.

- ❖ Facilitating Access to Scheme Benefits
  - Guide women on fulfilling scheme conditions (early pregnancy registration, antenatal check-ups, and birth registration) for timely installment releases.

Did You Know?

As part of Pradhan Mantri Matru Vandana Yojana (PMMVY), eligible pregnant women and lactating mothers can receive a cash incentive of ₹5,000 in three installments for their first child. This benefit is aimed at reducing the wage loss so that mothers can focus on rest and healthcare for better maternal and child health outcomes.

Antenatal Care for All: Insights into the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

PMSMA was launched to provide fixed-day assured, comprehensive, and quality antenatal care universally to all pregnant women (in 2nd and 3rd trimesters) on the 9th of every month.

As a Self-Help Group member, you must know the following:

- ❖ While antenatal care is routinely provided to pregnant women, special ANC services are provided by OBGY specialists/radiologists/ physicians at government health facilities under PMSMA.
- ❖ As part of the campaign, a minimum package of antenatal care services is provided to pregnant women in their 2nd/ 3rd trimesters at Government health facilities (PHCs/ CHCs, DHs/ urban health facilities, etc) in both urban and rural areas.
- ❖ Using the principles of a single window system, it is envisaged that a minimum package of investigations and medicines such as IFA and calcium supplements, etc would be provided to all pregnant women attending the PMSMA clinics.
- ❖ One of the critical components of the Abhiyan is the identification and follow-up of high-risk pregnancies and red stickers are added to the Thayi Cards of women with high-risk pregnancies.

Action Points for SHG Members to carry out the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

- ❖ Understanding the Initiative
- Recognize the purpose of PMSMA, introduced by the Hon'ble Prime Minister of India on July 31, 2016, as part of the Mann Ki Baat program.
- The initiative aims to provide comprehensive and free maternal healthcare services on the 9th of every month, particularly for high-risk pregnancies.

- ❖ Promoting Doctor Participation
- Spread awareness in your community about the importance of PMSMA and encourage local doctors with the help of ASHAs and ANMs to dedicate 12 days a year to the program to support safe motherhood.
- Inform doctors in your network, especially those working in the private sector, about the program's objectives and the opportunities to volunteer.
- Facilitating Doctor Registration

Support ASHAs and ANMs help doctors register as PMSMA volunteers by providing them with the following registration options

---

Toll-Free Number: Encourage doctors to call 18001801104 to register.

SMS Registration: Instruct doctors to send an SMS with the message 'PMSMA <Name>' to 5616115.

Online Portal: Guide doctors to register at the PMSMA portal (pmsma.nhp.gov.in).

Mobile Application: Inform doctors about the 'Volunteer Registration' feature on the PMSMA mobile application.

❖ Supporting the Initiative Locally

- Coordinate with UPHCs to identify and encourage eligible healthcare professionals who can contribute to safe maternity care.
- During SHG monthly meetings ensure to share updates, progress, and further encourage community participation in PMSMA events.

Did you know?

As part of the Hon'ble Prime Minister's vision for a 'Digital India,' a mobile and web-based application has been created to help pregnant women easily locate their nearest Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) facility. To access this service, pregnant women can visit *https://pmsma.nhp.gov.in/* or download the PMSMA mobile application.

Have You Pledged for 9 yet?

PMSMA 'I PLEDGE FOR 9' ACHIEVERS AWARDS' HAS BEEN DEVISED TO FCELEBRATE INDIVIDUAL AND TEAM ACHIEVEMENTS, IDENTIFY AND RECOGNIZE EXCELLENCE IN PERFORMANCE IN PMSMA AT VARIOUS LEVELS, AND FOCUS ON AWARDING GOVERNMENT TEAMS AND PRIVATE SECTOR DOCTORS WHO HAVE VOLUNTEERED FOR THE PROGRAMME.

Role of SHG members:

- All pregnant women in your families are registered at the Anganwadi center and they attend all antenatal checkups.
- The husbands are informed about the MCP Card and actively participate in preparations for safe delivery.

- You assist all pregnant women in the group and their families in preparing for delivery, and take the following steps:
    - Help identify a nearby hospital for delivery.
    - Find and communicate with a potential blood donor, if necessary.
    - Keep the ASHA's contact number and ambulance number handy.
    - Set aside funds for delivery expenses.
    - Prepare a bag with essential items, including the contact number of a trained nurse, clean clothes, a new blade, new thread, and soap.

Wrap-up/Key Takeaways

- Summarize key messages covered in the session.
- Thank participants

SESSION 4. NEWBORN CARE

Session Objectives

By the end of this session, participants will be able to:

- Understand the significance and key preparations of newborn care practices.
- Explain what can be done to deal with underweight neonates and how to keep the baby warm.
- Inform the mothers/ group members on the immunization schedule for children.
- Promote exclusive breastfeeding.

4.1 Learning Outcomes

By the end of this training session, participants will be able to:

- Recognize the importance of proper newborn care and the necessary preparations to ensure the baby's health and well-being.
- Learn effective methods to care for underweight newborns and strategies to keep them warm, reducing the risk of hypothermia.
- Understand the immunization schedule for children and the benefits of exclusive breastfeeding for the first six months to promote optimal growth and immunity.

Activity 1: Understanding Newborn Care

Methodology: Group Discussion
Materials: Handouts of case study of Sunita **(Annexure 11),** Flipchart, and markers
Duration:

Sunita, a 25-year-old first-time mother, gave birth to a baby boy weighing just 1.6 kg at a private hospital. Throughout her pregnancy, Sunita faced significant challenges, including anemia and fatigue, but her family dismissed her concerns, believing that she would regain her strength after delivery. After a long labor, Sunita delivered her baby boy. Excited to welcome their new family member, her husband, Vikram, and her mother, Nirmala, were eager to celebrate. However, when it was time for the baby's first feed, Nirmala insisted on giving the newborn a spoonful of sugar water, claiming it would help strengthen him and cleanse his stomach. Sunita, still exhausted and unsure, felt pressured but hesitated to contradict her mother.

Just as Nirmala was about to feed the baby, the hospital pediatrician entered the room. Noticing the situation, the pediatrician intervened and explained the critical importance of exclusive breastfeeding for the first six months, especially for low-birth-weight infants. The doctor emphasized that feeding anything other than breast milk, particularly sugar water, could jeopardize the newborn's health and lead to further complications. She explained that newborns weighing less than 2.5 kg are at higher risk for various health issues and need careful monitoring and proper nutrition to thrive. Sunita felt relieved to hear the doctor's advice. Empowered by the information, she expressed her strong desire to breastfeed her baby

exclusively. The pediatrician demonstrated the proper technique for initiating breastfeeding, ensuring Sunita felt confident in her ability to nourish her child.

Process:

1. Share Sunita's story to set the context for the discussion.
2. Present the four guiding questions:
    - Why is exclusive breastfeeding crucial for newborns, especially those with low birth weight, during the first six months of life?
    - What potential risks can arise from feeding a low-birth-weight infant anything other than breast milk immediately after birth?
    - How can family members, like Nirmala in the case study, be encouraged to support proper newborn care practices, particularly the importance of breastfeeding?
    - What are some key signs that a newborn, especially one with low birth weight, may need immediate medical attention or closer monitoring after birth?

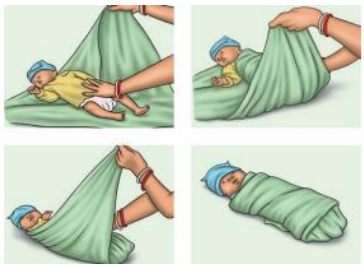
3: Divide Participants into Small Groups for focused discussions
    - Allow each group to discuss the questions and share their perspectives.
    - Encourage participants to share personal insights or community experiences related to the case study.
    - Use the flipchart to note down the main ideas and findings from each group's discussion.

4. Discussions
    - Summarize the responses by using the following key points (PPT slide) and handouts to be distributed to the participants

Discussion Points: Right and timely care is a must for the healthy life of a newborn.

- Immediately after delivery, the newborn should be cleaned with a soft moist cloth and then the body and the head wiped dry with a soft dry cloth.
- The baby should be kept close to the mother's chest and abdomen.
- Warm water-filled bottles wrapped in cloth may be kept on either side of the baby's blankets, when not being kept close to the mother's body.
- Keep the umbilical cord dry and clean
- The newborn should be given the mother's first yellow milk within 1 hour of birth.
- Mothers who start breastfeeding immediately after the delivery help in quick delivery of the placenta and minimize bleeding. Starting to breastfeed immediately after the birth makes the baby stronger.
- The child should be fed only the mother's milk from birth to 6 months; no liquid or foods such as sugar water, honey, ghutti, goat's/cow's milk, and **not even a drop of water.**
- Breastfeed as often as the baby wants and for as long as the baby wants. Baby should be breastfed day and night at least 8-10 times in 24 hours.
- Chances of the baby's death and getting sick are higher among the babies born before time (pre-term) and in LBW babies.
- It is important to keep the newborn warm, therefore the head and body of the baby should always be covered.
- The room should be warm enough for an adult to feel just uncomfortable. The room should be free from strong wind.

- It is recommended that the baby should not be bathed until the first seven days but if the family insists, the baby could be bathed after the second day. But in the case of LBW baby, you must insist on their waiting for at least seven days.



- It is better to wipe the baby with a warm wet cloth and dry the baby immediately.
- The person handling the newborn and the mother should wash hands with soap and keep them clean before touching the child, before feeding the newborn, and after cleaning the stool of the newborn.
- To protect the newborn from infections, it is necessary not to apply anything on his umbilical cord. If any swelling, blood, wound, or redness is seen on or around the navel, immediately show the child to a doctor. The umbilical cord usually dries and falls off on its own in five to ten days, do not try to pull it.
- People who are sick with cold, cough, fever, skin infection, diarrhoea, etc. should not hold the baby or come in close contact with the baby.

Facilitators and Volunteers must distribute Handouts of How to Keep the Baby Warm (Annexure 12) (see below) to all the participants

Role of SHG members:

- The group members to ensure that pregnant women and other family members have adequate information and know what should be done related to newborn care.
- It should also be ensured that men, specifically husbands of new mothers get complete vaccination done of the newborn and have all information on newborn care.
- The group should ensure that the required information is provided by the ASHA/ other health providers during home visits regarding the care of the newborn.
- Members of the group should support and make sure that if there is a weak or sick newborn in the family or around, the child gets immediate help from a doctor or nurse.

Wrap -Ups/Takeaways

- Summarize key messages covered in the session.
- Thank participants for attending and encourage them to understand the importance and process of newborn care.

SESSION 5. CHILD HEALTH & NUTRITION

Session Objectives

By the end of this session, participants will be able to:

- Communicate essential messages about malnutrition and how to prevent it
- Inform the mothers/ group members on the immunization schedule for children.

5.1 Learning Outcomes

By the end of this session, participants will be able to:

- Learn how to communicate key messages about malnutrition, its risks, and effective strategies to prevent it.
- Gain knowledge about the immunization schedule for children and its importance in protecting them against preventable diseases.

Activity 1: Understanding Malnutrition

Methodology: Storytelling and Brainstorming
Materials: Handouts of the story **(Annexure 13),** PPT /slides on malnutrition **(Annexure 14),** flipcharts, markers, and pens
Duration:

Pooja, a 19-year-old, is 8 months pregnant with her second child. She lives in an urban slum and already has a two-year-old son. Her husband, Ramesh is a daily wage laborer, while Pooja manages the household chores, including cooking and fetching water from the tubewell in her neighbourhood. She often has to carry her son on her back while performing these tasks.

Due to her heavy workload, Pooj finds little time to take care of her health or prepare a balanced diet. Her diet mostly consists of roti, and lentils with pickles with little variety, and she seldom eats more than two meals a day. For her son, she mainly offers porridge or leftover food from the previous day. Lately, Pooja has been feeling increasingly fatigued and weak, often experiencing dizziness while working.

While she was buying vegetables from the nearby market, an ASHA worker noticed her pale appearance, she looked underweight. The ASHA worker during her home visit observed a lack of nutritious food in the household. Concerned about the health of both Pooja and her young son, she decided to have a conversation with Ramesh and Pooja about the importance of maternal nutrition, balanced meals for the infant, and the risk of malnutrition for both the mother and child.

Process:

1. Share Pooja's story and highlight her diet struggles: limited variety, skipping meals, and signs of weakness like fatigue and dizziness. Distribute the handouts.
2. **Pose the questions to the partcipants:**

- How many feel Pooja and her son show signs of malnutrition?
- What steps can Pooja and Ramesh take to improve their family's nutrition?
- How can Pooja manage her daily workload while ensuring she and her child receive proper nutrition?
- What role can you play in breaking the cycle of malnutrition for families like Pooja's?
- What do you understand by malnutrition?

3. **Divide the Groups**
   - Split participants into two groups and have each group sit apart from the other.
     - Distribute one flipchart and marker to each group for the discussion.

4. Group Discussion
   - Instruct groups to discuss the questions and record their answers on the flipcharts.
   - Encourage creative thinking and practical solutions while focusing on Pooja's story and the issues of malnutrition

5. Share Insights
   - Call on each group to present their flipchart findings to the larger group.
   - Present the **PowerPoint on malnutrition** and connect the shared insights to the session's key learning points.

6. Discussions:
   - Summarize the activity, highlighting key learnings with the help of the following points:
     Discussion Points:

- Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.
- The term malnutrition covers 2 broad groups of conditions.
  - One is 'undernutrition'— which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).
  - The other is overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes, and cancer).
- Women who have less haemoglobin levels, who get pregnant and become mothers at a young age, who have less gaps between pregnancies, who eat less quantity and less nutritious food than required and fall sick frequently.
- Children who have less weight than normal, have less height according to age, less weight according to height, or have more weight than normal fall in the category of being malnourished
- Young girls who are malnourished have low weight and generally have less than normal height. When these girls become mothers, they mostly give birth to low weight newborns. If the child is a girl and she stays malnourished, this cycle continues. That is why attention to good health and nutrition is necessary at every stage.

   - Thank participants for their engagement and participation.

FIRST 1000 DAYS

The first 1000 days refer to a child's life from the time they are conceived until they have reached two years of age. This is a time when their brain, body, and immune system grow and develop significantly.

The period of pregnancy till 2 years of the child is equally important for the physical as well as mental development of the child because:

- Brain development starts from the 16th day after conception.
- 80% of the brain develops in the first 1000 days.
- The physical growth is so rapid that the child's length doubles from birth in the first six months and triples in the first year of birth.

Activity 2: Immunization Awareness

Methodology: Activity-QUIZ

Materials: Handouts of QUIZ sheets **(Annexure 15)** and Immunization **(Annexure 16)**

Duration:

Activity Structure:

1. **Participants: Divide into teams or play individually.**
2. **Distribute the QUIZ sheets to the participants**

Discussions: End the quiz, and distribute the handouts on Immunization to all the participants.

Role of SHG Members

- Help ASHA workers identify children and pregnant women who have missed vaccinations.
- Mobilize families to attend immunization sessions at local health centers.
- Support AAA conduct outreach activities, such as Mission Indradhanush and Urban Health and Nutrition Day (UHND).
- Discuss ways with AAA to advocate for the timely completion of the immunization schedule for every child and pregnant woman.

Wrap-Up/Key takeaways

- Recognition: Acknowledge high scorers with Achiever's Badge .
- Thank the participants

SESSION 6. ADOLESCENT HEALTH

6.1 Session Objectives

By the end of the session, the participants will be able to:

- Understand the significance of nutrition and health care during adolescent
- Carry out what needs to be done to deal with malnutrition, anemia, and other important considerations during adolescence.
- Understand adolescent-friendly health clinics, such as SNEHA CLINICS, and how they can benefit.

6.2 Learning Outcomes

By the end of the session, the participants will be able to:

Recognize the importance of nutrition and healthcare in adolescence and develop actionable strategies to address malnutrition, anemia, and other critical health needs. This includes utilizing adolescent-friendly resources like SNEHA Clinics for comprehensive support.

Activity 1: Introduction to Adolescents & Adolescent Health

Methodology: Group Discussion
Materials: Flipcharts and Markers, PPT/Chart on Issues faced by Adolescents
Duration:

Process:

- Ask the group what they understand by the term `adolescent' and why adolescence is an important phase in the growth and development of one's life.
- Initiate discussion by asking the participants about the issues they may have faced with their children or other adolescent children of the family.
- Give the working groups 20 minutes to discuss the question and share their responses.
- Present the PowerPoint /Chart on issues faced by adolescents and refer to their thoughts when it is applicable.

Discussion Points:

- Adolescents are people aged between 10 to 19 years
- It is a transitional stage of physical growth and mental development from childhood to adulthood.
- About 23% of the total population of India are adolescents.
- Adolescence is the fastest growing stage marked by the onset of puberty.
- It is characterized by physical growth, reproductive maturation, and cognitive, functional and metabolic transformation. Physical and lifestyle changes affect nutritional need and eating habits respectively.
- Adolescent girls are at greater physiological stress because of menstruation.

- Maintaining nutritional health is of utmost importance for optimum growth and for preventing future health-related problems.
- Prevention of adolescent pregnancy
- Immunization coverage for hepatitis, hepatitis B pneumococcal vaccine, MMR vaccine, chicken pox vaccine, and HPV Vaccine for prevention of cervical cancer.

Message on the Chart: What Happens When an Adolescent Gets Inappropriate Diet and Healthcare

- Retarded physical growth, delayed sexual maturation.
- Lack of concentration, poor school performance slow learning.
- Deficiencies and disorders such as anemia, undernutrition, obesity, eating disorders, diabetes, etc.

Do's & Don't's of Nutritional Status

Activity 2: Anemia in Adolescents

Methodology: Storytelling and Brainstorming
Materials: Flipcharts and Markers, Duration:

Sangeeta's Journey Towards Overcoming Anaemia and Malnutrition

Sangeeta, a 10-year-old girl living in an urban slum, has always seemed fragile. Her mother, Lakshmi, noticed that Sangeeta struggled to keep up with other children in school, often complained about feeling tired, and found it hard to concentrate on her studies. She would frequently forget simple things and even showed signs of shortness of breath after minor physical activities. Sangeeta's condition gradually worsened, leading to her missing several days of school due to frequent illnesses, which affected her mental and emotional well-being.

Identifying the Problem

Lakshmi, concerned about her daughter's declining health, sought advice from the Anganwadi Worker who is also Lakshmi's cousin. She then took Sangeeta to ANM and after examining Sangeeta she immediately suspected anemia, given the common occurrence of the condition in the community due to poor dietary practices and the lack of healthcare awareness. Sangeeta's signs of fatigue, pale appearance, and difficulty concentrating were classic symptoms of anemia, often caused by iron deficiency and malnutrition. The ANM explained to Lakshmi how anemia not only impacts physical health but also has serious mental health implications, including poor cognitive development. Sangeeta went for the hemoglobin level test.

Diagnosis and Intervention

The anemia test results confirmed that she was indeed suffering from severe anemia. The primary health center staff initiated immediate interventions to manage her condition, including dietary recommendations and supplementation:

1. Dietary Recommendations: ASHA and ANM educated Lakshmi about the importance of an iron-rich diet combined with foods high in Vitamin C, which helps the body absorb iron more effectively. They advised including green leafy vegetables, lentils, eggs, and citrus fruits like oranges in Sangeeta's daily meals.

2. Iron and Folic Acid Supplementation: As part of the Ministry of Health and Family Welfare's Weekly Iron and Folic Acid Supplementation (WIFS) Programme, Sangeeta was given a weekly iron tablet to improve her iron levels. Her mother was instructed not to give the tablet on an empty stomach and to avoid taking it with milk, tea, or coffee, as these could interfere with iron absorption.

3. Deworming Medication: Sangeeta was also given a tablet of Albendazole to eliminate intestinal worms, which can contribute to poor nutrient absorption and worsen anaemia. The health centre recommended repeating the deworming treatment every six months.

4. Regular Monitoring and Follow-Up: Lakshmi was encouraged to bring Sangeeta for regular check-ups to monitor her haemoglobin levels and overall health progress.

Results and Impact

With consistent dietary improvements, supplementation, and deworming treatments, Sangeeta's health began to improve. She became more energetic and could concentrate better at school. Her attendance improved significantly, and she started performing better in her studies. The ASHA worker continued to follow up with Lakshmi and provided additional nutritional support whenever possible.

Process:
Ask the participant

- Do they agree with Sangeeta's story?
- Are these the correct ways to diagnose anemia and overcome malnutrition?
- Have they now understood how critical it is to address anemia and malnutrion?

Role of SHG Members

- ❖ Dietary Changes: Encourage families to include iron and folic acid rich in their diets, like spinach, other green leafy vegetables peas, peanuts, broccoli, Banana, potato.
- ❖ Weekly Iron Supplementation: Promote the WIFS Programme along with ASHA and ANM and guide families on the proper use of iron supplements.
- ❖ Deworming Awareness: Educate the community on the importance of regular deworming.
- ❖ Recognize Symptoms: If children show signs of fatigue, poor concentration, or pallor, advise families to visit a health center for anemia testing.

Wrap-up/Key Takeaways

- o Facilitator must highlight the critical issue of anemia and malnutrition in urban slums and underscore the importance of awareness, early diagnosis, and a comprehensive approach to treatment.
- o Thank the participants.

<u>Activity 3: Understanding Adolescent Friendly Health Clinics (AFHCs)</u>

Methodology Role Play

Note to the Facilitator: Let's do a Role Play

a. Choose any two participants from the group.
b. One participant will play the role of the mother of an adolescent girl and the other participant will play the role of an Angawadi Helper who is her neighbour.
c. Give the participant who will play the role of mother the list of questions that she will ask before the Role Play begins so that she can go through the questions and be confident to perform.
d. The facilitator will enact the role of Counsellor of AFHC at an UPHC
e. 1st Participant- Triveni-Mother of an adolescent
f. 2nd Participant- Gita- Anganwadi Helper
g. Name of the Adolescent Girl- Vasundhara

Facilitator: Good morning/afternoon, everyone! Today, we're going to discuss an important topic: **Adolescent Friendly Health Clinics**. To start, can anyone tell me if you have heard about these clinics before or know what services they provide?

(Pause and allow participants to respond. Acknowledge responses.)

(At this point, the Role Play begins. Set the scene with a chair and table. The Counsellor (Facilitator) is seated, reviewing some documents, as the mother and the Anganwadi Helper enter the room...)

Counsellor: (On seeing them she smiles, and signals them to come in) Please come.

Anganwadi Helper: Thank you, Didi.

Counsellor: You both look concerned! Please share what's troubling you, and we'll be more than happy to offer all the support you need.

Anganwadi Helper: (looking at her neighbour) She is Triveni, my neighbor. I've known her family for several years. She has an 11-year-old daughter, Vasundhara, who often looks frail and frequently misses school. Whenever I visit their home, I find Vasundhara either lying down or complaining of menstrual cramps. I quickly suspected that it might be due to poor dietary habits or a lack of proper medical care.

Counsellor: (Listening very carefully and writing down all the key points)

Now Triveni, the mother of the adolescent girl speaks…

Triveni: Yes, Didi. Gita is correct. I'm worried about my daughter's health but don't know what to do or where to seek help. My neighbor, Gita, suggested that I come to the AFHC and speak with you. Please help me. I want to see my daughter happy, healthy, and attending school like all the other children.

Counsellor: Sure! You have come to the right place. We will provide all the necessary support you and your daughter need.

Triveni: (still looking confused) So, what exactly is this AFHC?

Counsellor: Good question! Adolescents often face challenges not only in accessing health services but discussing many health concerns even with their parents. Those health issues range from Sexual and Reproductive Health (SRH) to Nutrition, Substance abuse, Injuries and Violence (including Gender-based violence, Non-Communicable Diseases, and Mental Health. Due to lack of knowledge, cultural barriers, privacy concerns, or lack of support from family members, they hesitate to seek help and share their issues. That impacts both physical and mental well-being.

These clinics under Rashtriya Kishor Swasthya Karykram (RKSK) are specifically designed to overcome these challenges and make health services more accessible. These clinics provide comprehensive services, including counseling and treatment for all the issues mentioned above.

Triveni: That is great! I never knew these kinds of support centers existed in our community.

Anganwadi Helper: Didi, are these clinics located only in U-PHCs?

Counselor: AFHCs can be found at Urban Primary Health Centers, Community Health Centers, District Hospitals, and Medical Colleges. The clinical and counseling services are delivered through trained service providers- Medical Officers, ANM, and Counsellors.

Triveni: So, what do the counselors do at these clinics?

Counselor: Good question! Counselors play a key role in operationalization of Adolescent Friendly Health Clinics. They inform, educate and counsel clients on Adolescent Health issues and refer clients to health facilities, or other service delivery points such as Integrated Counselling Testing Centre (ICTC), de-addiction center, Non-Communicable Diseases clinics etc.

Triveni and Gita spoke at the same time….

Do we need to come to these centers for the services every time?

Counselor: No, these services aren't limited to the clinics themselves. The outreach services by counselors are carried out at schools, colleges, youth clubs, and in the community at least twice a week to sensitize the adolescents, caregivers, and influencers on various adolescent health issues and apprise them of various available adolescent-friendly health services. This helps raise awareness about the services available and educates not just adolescents, but also parents, caregivers, and influential community members.

Anganwadi Helper: That's very good! Outreach helps break down barriers and ensures that adolescents, who might be hesitant to visit a clinic on their own, learn about the help available. It's also a way to educate the entire community on the importance of adolescent health.

Looking at the thin film of perspiration on Triveni's forehead, the Counselor comforted Triveni and urged her to share all her concerns and clarify the smallest doubts she harboured. Feeling supported, Triveni asks……

Triveni: How can we encourage our children to visit these clinics?

Counselor: That's a very important question. We should make sure that our adolescent children know about these clinics and feel supported to seek help from the counselors. If they're uncomfortable talking to family members about certain issues, these clinics provide a safe space where they can get the advice and support they need.

Counselor: And let's not forget, fathers and other male members must be also involved. Men in the family play an important role in ensuring the well-being and overall development of their children.

Counselor: To wrap up, let's remember that AFHCs are not just places for medical treatment; they also act as resource centers for building the capacity of healthcare providers and have educational materials on adolescent health. By encouraging our children to use these services, we're taking an important step toward ensuring their healthy development.

Triveni looked happy and thanked the Counselor and Gita for all the support and guidance she needed to take care of her daughter and provide correct and timely emotional and medical support.

Facilitator: Does anyone have any questions, or would anyone like to share their experiences?

a. Open the floor for questions and additional discussions.
b. Ask the participants what they have understood from this role play.
c. Record all the responses and share the role of SHG members
d. Thank participants for their engagement- Thank you, everyone, for your active participation today. Let's continue spreading awareness and encouraging our adolescents to make the most of these valuable health services!

Role of SHG members:

- Encourage community members to listen to adolescents in their families, so that adolescent girls and boys feel they have a safe, supportive space to voice their problems and anxieties.
- The group members should also ensure that all adolescents in their families are aware of other issues and get adequate information to deal with issues if they arise.
- The SHG members should be able to connect the adolescents in their families with the Adolescent Friendly Health Clinics for any counseling or support that may be required.

Wrap-Ups/ and Takeaways

- Summarize key messages covered in the session.
- Thank participants for attending and encourage them to spread the word about the importance of addressing the adolescent health and mental issues.

ANNEXURES

ANNEXURE 1: Family Planning: Small Family is a Happy Family

Image 1

Image 2

ANNEXURE 2: Family Planning Methods

Temporary family planning methods

Measures	When to apply/use	When to apply/use	Initial troubles
Contraceptive pills 	Six months after delivery	• Easy usage, can be used regularly • Safe for most of the females • No interruptions during sexual intercourse.	• Irregular menstrual cycle • Heavy flow during menstruation • Gastro-intestinal discomforts • Mild headache
Contraceptive injections 	Six weeks after delivery	• Safe to use • No risk of pregnancy till 3 months	• Irregular flow during initial months of menstruation • Change in body weight
Copper T 	Immediately after delivery or after 6 weeks	• Safe to use • No risk of pregnancy up to 5 years	• Heavy flow during initial months of • menstruation
Exclusive Breastfeeding 	Since birth till the child is six months old	• Exclusive breast feeding prevents chances of conception • Safe to use • Reduces obesity in mothers	• Stopping of menstrual bleeding
Condom (Male/Female) 	Whenever you have sexual intercourse	• Effective immediately • Prevents sexually transmitted diseases • Usage can be stopped anytime • No effects on breastfeeding or milk production	• Carefulness during its usage

Permanent family planning methods

Measures	When to apply/use	Benefits
Tubectomy	• Immediately or within one week of delivery. • At anytime when no more children are desired.	• Permanent method • No interruption in sexual intercourse
Vasectomy	• At any time, when no more children are desired	• Permanent method • No interruption in sexual intercourse
		After operation, for initial 3 months use condom during sexual intercourse.

ANNEXURE 3: Role Play-Family Planning Methods

Role Play Script

Settings*: A couple arrives at the UPHC for the routine immunization of their third child. During the visit, the Auxiliary Nurse Midwife ANM observes that the wife is visibly pregnant with their fourth child. She overhears a Self-Help Group SHG member discussing the details of their upcoming monthly meeting with the ASHA worker. Recognizing an opportunity for intervention, the ANM signals to the SHG member to guide the couple.*

Counselor: "Hello, I understand you've just had your third child immunized. I also noticed that you're expecting your fourth child. It's great that you're coming in for regular checkups, but I wanted to talk with you about family planning options. Would you be open to discussing this?"

Wife: I didn't plan for this pregnancy. I feel tired throughout the day. I'm worried about my health with all these pregnancies. But I'm also not sure about using family planning methods. Will they affect my health? I'm worried about the side effects."

Husband: "I don't know about this either. I don't want any more children for now, but I'm not sure if these methods are right for us. It's a big decision. What if they cause problems? I think we should just leave things as they are."

Counselor: "It's important to talk about these things. Family planning is a very personal decision, and many different methods can help you space or limit the number of children you have. Some methods are temporary, and some are permanent. Temporary methods give you the flexibility to have children later, while permanent methods are for those who feel they don't want any more children."

Wife : But I've heard that some of these methods can make you sick or cause problems with your body. I don't want to take anything that will harm me or make me feel worse."

Counselor: Your concerns are completely valid, and it's important to understand how each method works. Let me share some of the most common options, and we can talk about their benefits and any possible side effects."
(The counselor opens the handout and shows it to both the wife and husband)

Counselor:
"Temporary methods include:

- **Contraceptive tablets:** Taken daily, they are a very common method, and most women adjust well to them.
- **Contraceptive injections:** These are given every three months and are very effective. Some women may experience mild side effects, but many don't have any issues.
- **Male and female condoms:** These are used during intercourse and are effective immediately. They also protect against sexually transmitted infections (STIs).
- **Intrauterine Device (IUD or Copper T):** This is inserted into the uterus and lasts for several years. It's very safe, and many women find it to be a convenient option."

Husband: But will it be painful? Risky?

Counselor: "That's a great point, and I'm glad you're looking out for her comfort. Some women do feel mild discomfort when the IUD is first inserted, but this usually goes away within a day or two. It's also one of the most reliable methods, and it doesn't require daily attention like pills do. If there's any discomfort, your wife can talk to the healthcare provider, and they'll be able to help. But, if this isn't a good fit, there are other methods we can consider, like the pill or the injection."

Wife "But what about permanent methods? What if we don't want to have any more children at all?"

Counselor: "Permanent methods like tubectomy for women and vasectomy for men are options for couples who are sure they do not want to have any more children. These methods are very safe and effective, but they are irreversible, meaning once they are done, you cannot have more children. So, it's very important that both of you feel completely sure about this decision before going ahead."

Husband: If I'm not ready for something permanent. What if we change our minds in the future?"

Counselor: "That's understandable. Permanent methods are a big decision, and it's okay to want more time to think about it. The good news is that temporary methods can give you the control you need to plan your family while leaving you the flexibility to decide later. You don't have to make a permanent decision now if you're not ready."

Wife: "Okay, I'm feeling a bit better. But how do we know which method is the best for us?"

Counselor: "The best method is the one that fits your lifestyle and health needs. Some women prefer the pill because it's simple, while others like the IUD. After all, it's long-term and low-maintenance. There's no one-size-fits-all. I suggest trying one of the temporary methods first, and you can always come back and discuss how it's working for you."

Husband: Okay, I think we can try one of the temporary methods. I just want to make sure it's safe for her."

Counselor: "That's a great choice. All of these methods are available for free at government health centers, so you won't have to worry about the cost. And remember, you can always return for a follow-up if you have any questions or if you want to change methods. Family planning is all about what works best for both of you."

Wife: "Thank you for explaining everything. I feel more confident now. We'll start with something temporary and see how it goes."

Husband: "Yes, thank you for your patience. I'm more comfortable with this now."

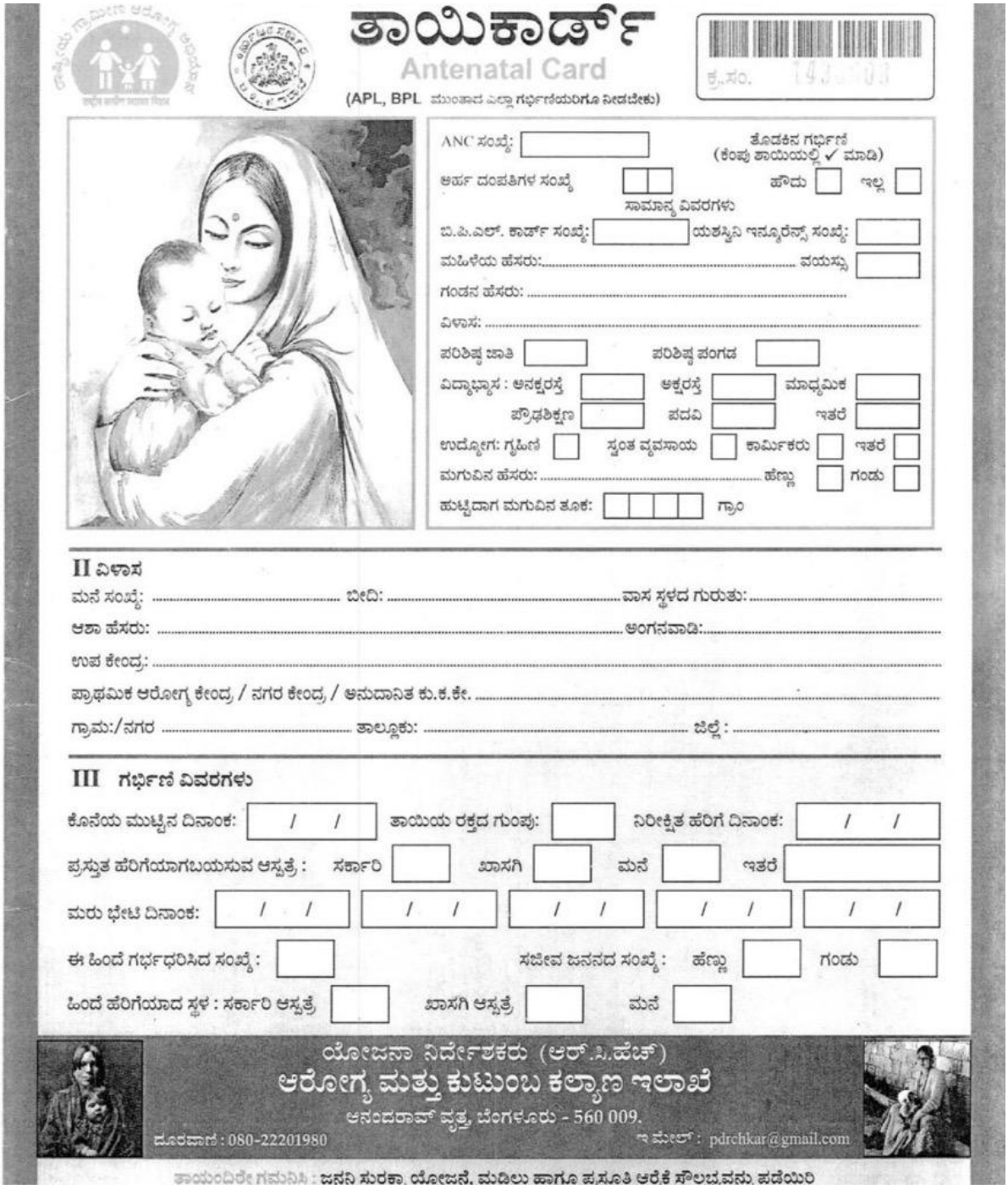
Counselor: "I'm happy to help! Don't hesitate to come back if you need more information or support. It's great to see you both working together on this important decision."

Annexure 4: Handout of Story of Rekha

Rekha is a 22-year-old woman living in an urban slum with her husband and extended family. She is currently six months pregnant with her first child. While her husband has been supportive since learning about the pregnancy, he believes that the traditional practices followed by his family are sufficient to ensure Rekha's well-being. Rekha has not registered her pregnancy with the local health center, and she has not attended any antenatal checkups. Her husband is reluctant to allow her to visit the health facility, thinking that it is unnecessary, and prefers to rely on advice from older women in the family.

Despite Rekha's family believing that she is doing well, she often feels fatigued, and dizzy, and has developed swollen feet. When the ASHA worker learned about Rekha's pregnancy, she tried to contact the family, offering to explain the importance of regular antenatal checkups and the benefits of registering the pregnancy. However, Rekha's husband refused to engage with them, stating that Rekha was receiving adequate care at home and that there was no need for outside intervention. The ASHA worker further discussed the issue with the ANM and AWW.

Annexure 5: Thayi Card



ತಾಯಿಕಾರ್ಡ್

Antenatal Card

(APL, BPL ಮುಂತಾದ ಎಲ್ಲಾ ಗರ್ಭಿಣಿಯರಿಗೂ ನೀಡಬೇಕು)

ಕ್ರ.ಸಂ.

ANC ಸಂಖ್ಯೆ:

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ಸಾಮಾನ್ಯ ವಿವರಗಳು

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ಗಂಡನ ಹೆಸರು:

ವಿಳಾಸ:

ಪರಿಶಿಷ್ಟ ಜಾತಿ ಪರಿಶಿಷ್ಟ ಪಂಗಡ

ವಿದ್ಯಾಭ್ಯಾಸ : ಅನಕ್ಷರಸ್ಥೆ ಅಕ್ಷರಸ್ಥೆ ಮಾಧ್ಯಮಿಕ

ಪ್ರೌಢಶಿಕ್ಷಣ ಪದವಿ ಇತರೆ

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II ವಿಳಾಸ

ಮನೆ ಸಂಖ್ಯೆ: ಬೀದಿ: ವಾಸ ಸ್ಥಳದ ಗುರುತು:

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ಉಪ ಕೇಂದ್ರ:

ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ / ನಗರ ಕೇಂದ್ರ / ಅನುದಾನಿತ ಕು.ಕ.ಕೇ.

ಗ್ರಾಮ:/ನಗರ ತಾಲ್ಲೂಕು: ಜಿಲ್ಲೆ :

III ಗರ್ಭಿಣಿ ವಿವರಗಳು

ಕೊನೆಯ ಮುಟ್ಟಿನ ದಿನಾಂಕ: / / ತಾಯಿಯ ರಕ್ತದ ಗುಂಪು: ನಿರೀಕ್ಷಿತ ಹೆರಿಗೆ ದಿನಾಂಕ: / /

ಪ್ರಸ್ತುತ ಹೆರಿಗೆಯಾಗಬಯಸುವ ಆಸ್ಪತ್ರೆ : ಸರ್ಕಾರಿ ಖಾಸಗಿ ಮನೆ ಇತರೆ

ಮರು ಭೇಟಿ ದಿನಾಂಕ: / / / / / / / / / /

ಈ ಹಿಂದೆ ಗರ್ಭಧರಿಸಿದ ಸಂಖ್ಯೆ : ಸಜೀವ ಜನನದ ಸಂಖ್ಯೆ : ಹೆಣ್ಣು ಗಂಡು

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ಯೋಜನಾ ನಿರ್ದೇಶಕರು (ಆರ್.ಸಿ.ಹೆಚ್)

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು - 560 009.

ದೂರವಾಣಿ : 080-22201980 ಇ ಮೇಲ್ : pdrchkar@gmail.com

ತಾಯಂದಿರೇ ಗಮನಿಸಿ : ಜನನಿ ಸುರಕ್ಷಾ ಯೋಜನೆ, ಮಡಿಲು ಹಾಗೂ ಪ್ರಸೂತಿ ಆರೈಕೆ ಸೌಲಭ್ಯವನ್ನು ಪಡೆಯಿರಿ

Annexure 6: Karnataka State Schemes for pregnant women

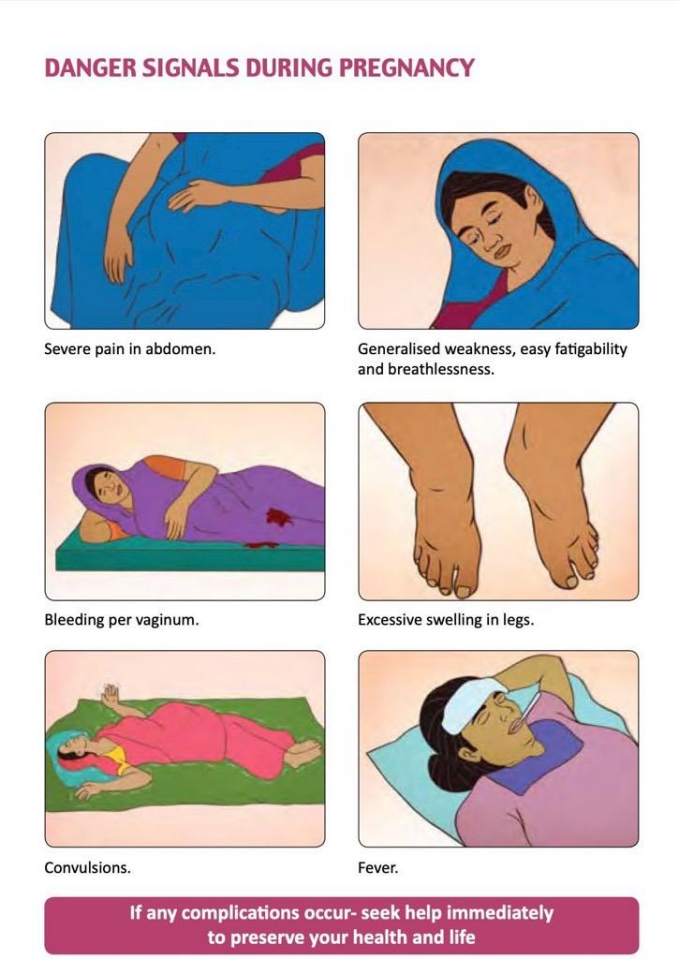
- **Janani Suraksha Yojana (JSY):** This scheme aims to encourage all BPL and Scheduled Caste/Scheduled Tribe (SC/ST) pregnant women to deliver in healthcare institutions. The payment details are as follows: ₹700 for deliveries in rural areas, ₹600 for urban deliveries, ₹500 for home deliveries, and ₹1,500 for C-section deliveries.

- **Mathrushree** – Prenatal Stage: This scheme provides financial aid to pregnant and lactating women, offering Rs. 6,000 through direct benefit transfer (DBT) to mothers throughout (BPL) their pregnancy and post-delivery period.

- **Madilu Yojana**: Under this scheme, a Madilu kit is provided to mothers for up to two institutional deliveries. Women who deliver in private hospitals will receive Rs. 1,000 in place of the Madilu kit. Madilu Kit is one of the components of the Samagra Mathru Aarogya Palane Scheme which is started for the welfare of pregnant and lactating women.

- **Mathrupoorna Scheme**: This scheme provides one hot cooked meal a day to pregnant women and lactating mothers, served at Anganwadi centers, in place of take-home rations.

Annexure 7: Danger Signs of Pregnancy



Annexure 8: Essential services of ANC

- **Essential services provided during antenatal check-ups**
    - **Physical examination:** The abdomen, eyes, tongue, nails, teeth and feet are examined.
    - **Blood Pressure** is monitored every time. Pregnant women should be careful about their blood pressure as well as blood sugar levels. High level of either or both may lead to complications.

- **Weight:** The pregnant woman's weight is taken at every check-up. It is advised that the pregnant woman should gain at least 10 to 12 kilograms during the pregnancy period.
- **T.T. Vaccines:** Two doses of T.T. are given during pregnancy. The first one is when pregnancy is detected, and the second dose is given after a month of the first dose. The ideal time to give TT is between 27 -36 weeks so that antibodies can be passed onto the newborn to protect from tetanus at birth.
- **Blood and urine tests** are done, so that the dangers of pregnancy, if any, can be detected at the right time.
- **Ultrasound** should be undertaken once between 18 to 19 weeks of pregnancy.
- **IFA and Calcium:** A pregnant woman must take 180 iron pills and 360 calcium tablets during pregnancy, starting from the fourth month of pregnancy.
- **De-worming:** A pregnant woman must take one tablet of albendazole in the second trimester for deworming.
- **Counseling on diet:** A pregnant woman should eat at least one extra meal in the day and maintain diet diversity; should consume 5 of 10 recommended food groups.

Annexure 9: Handout of Story of Reena

Reena is in her last trimester of pregnancy, eagerly awaiting the arrival of her first child. Despite advice from the local health worker, Reena and her husband, Ravi, did not prioritize preparing for the delivery. They believed there was still plenty of time, and since everything had been going smoothly, they felt confident about managing when the time came.

However, one evening, Reena started experiencing labor pains earlier than expected. Panic set in as Ravi scrambled to find transportation to the nearest hospital, which was 10 kilometers away. They had not arranged for emergency contacts or identified a reliable transport option. Ravi hurriedly packed a bag with essential items, but in the rush, he forgot important documents, including Reena's Mother Child Protection (MCP) Card, which contained her medical history. When they finally arrived at the hospital, Reena’s condition required immediate attention. The delay in reaching the facility and the absence of her medical records created additional stress for the medical team.

Annexure 10: Handout of Story of Gita

Gita, a first-time mother, gave birth to her daughter in a government hospital, where her husband, sister-in-law, mother-in-law, and father-in-law were present. Eager to take Gita and the newborn home, the family rushed the discharge process. Despite the nurse providing essential tips for postnatal care, Gita’s mother-in-law dismissed this advice and pressured Gita to disregard it. As a result, Gita did not breastfeed her baby immediately after birth, opting instead to give her honey and water.

Once home, Gita and her newborn appeared uncomfortable. The family celebrated traditional practices, prioritizing rituals over proper care. Gita left the hospital earlier than recommended, feeling excited about motherhood but soon facing challenges. After returning home, she experienced severe fatigue and abdominal pain, attributing these symptoms to the normal recovery process.

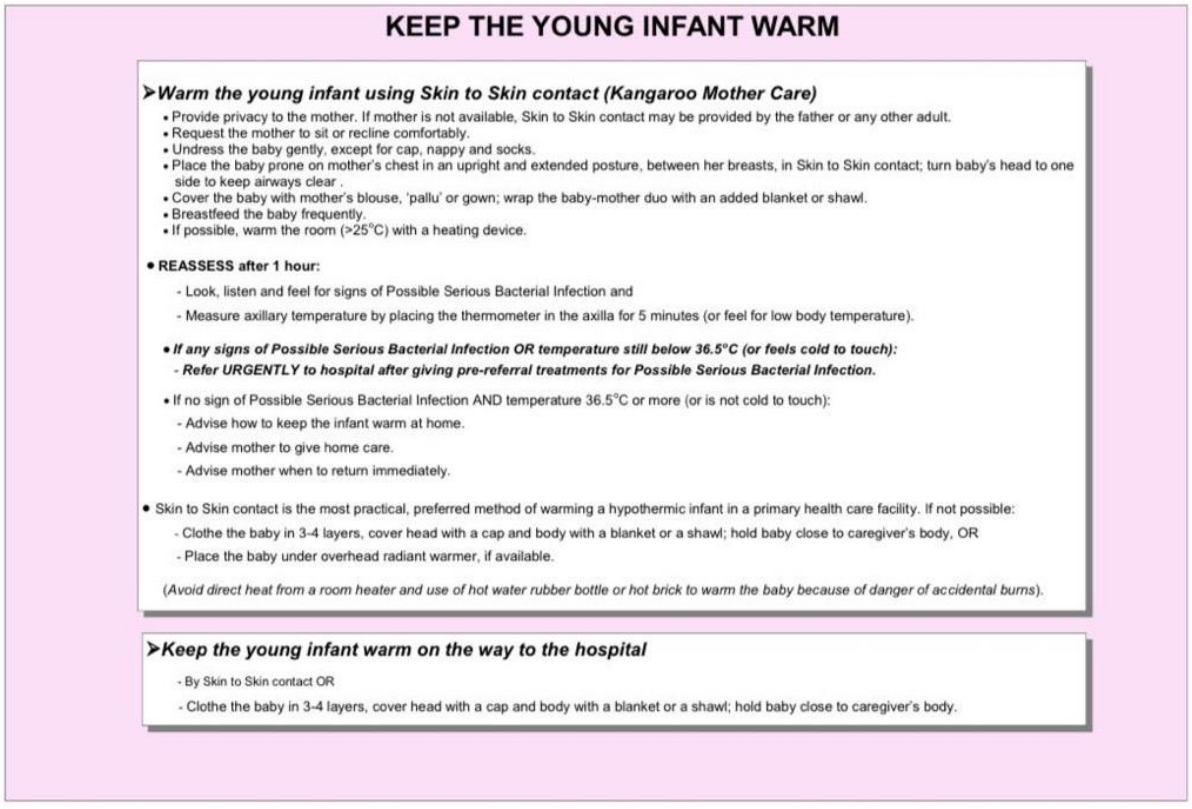
Days later, Gita's condition worsened, and she struggled with breastfeeding. Unsure if it was a typical issue, she hesitated to seek medical help. Her husband, Rajesh, also suggested they wait to see if she improved. After a week of increasing discomfort, Gita insisted on seeing a doctor, realizing her health was deteriorating and feeling anxious about the delay.

Annexure 11: Handout of Story of Sunita

Sunita, a 25-year-old first-time mother, gave birth to a baby boy weighing just 1.6 kg at a private hospital. Throughout her pregnancy, Sunita faced significant challenges, including anemia and fatigue, but her family dismissed her concerns, believing that she would regain her strength after delivery. After a long labor, Sunita delivered her baby boy. Excited to welcome their new family member, her husband, Vikram, and her mother, Nirmala, were eager to celebrate. However, when it was time for the baby's first feed, Nirmala insisted on giving the newborn a spoonful of sugar water, claiming it would help strengthen him and cleanse his stomach. Sunita, still exhausted and unsure, felt pressured but hesitated to contradict her mother.

Just as Nirmala was about to feed the baby, the hospital pediatrician entered the room. Noticing the situation, the pediatrician intervened and explained the critical importance of exclusive breastfeeding for the first six months, especially for low-birth-weight infants. The doctor emphasized that feeding anything other than breast milk, particularly sugar water, could jeopardize the newborn's health and lead to further complications. She explained that newborns weighing less than 2.5 kg are at higher risk for various health issues and need careful monitoring and proper nutrition to thrive. Sunita felt relieved to hear the doctor's advice. Empowered by the information, she expressed her strong desire to breastfeed her baby exclusively. The pediatrician demonstrated the proper technique for initiating breastfeeding, ensuring Sunita felt confident in her ability to nourish her child.

Annexure 12: How to keep the baby warm



Annexure 13: Handout of Story of Pooja

Pooja, a 19-year-old, is 8 months pregnant with her second child. She lives in an urban slum and already has a two-year-old son. Her husband, Ramesh is a daily wage laborer, while Pooja manages the household chores, including cooking and fetching water from the tubewell in her neighbourhood. She often has to carry her son on her back while performing these tasks.

Due to her heavy workload, Pooj finds little time to take care of her health or prepare a balanced diet. Her diet mostly consists of roti, and lentils with pickles with little variety, and she seldom eats more than two meals a day. For her son, she mainly offers porridge or leftover food from the previous day. Lately, Pooja has been feeling increasingly fatigued and weak, often experiencing dizziness while working.

While she was buying vegetables from the nearby market, an ASHA worker noticed her pale appearance, she looked underweight. The ASHA worker during her home visit observed a lack of nutritious food in the household. Concerned about the health of both Pooja and her young son, she decided to have a conversation with Ramesh and Pooja about the importance of maternal nutrition, balanced meals for the infant, and the risk of malnutrition for both the mother and child.

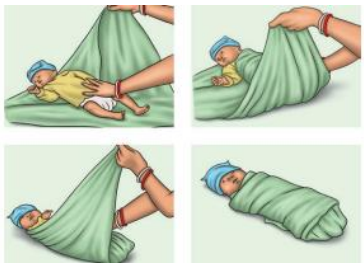
Annexure 14: PPT on Malnutrition ppt?

Slide 1: Title: Malnutrition: Understanding the Cycle of Deficiency and Excess

- **Subtitle:** A critical look at malnutrition and its impact on women and children

Slide 2: What is Malnutrition?

- **Definition:** Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients.
- Visual: Infographic or image showcasing both undernutrition and overnutrition.



Slide 3: Types of Malnutrition

Two Broad Groups of Conditions:

1. **Undernutrition:**
    - Stunting (low height for age)
    - Wasting (low weight for height)
    - Underweight (low weight for age)
    - Micronutrient deficiencies or insufficiencies
2. **Overnutrition:**
    - Overweight and obesity
    - Diet-related non-communicable diseases (heart disease, stroke, diabetes, cancer)

Slide 4: Malnutrition in Women

- Women with:
    - Low haemoglobin levels
    - Early pregnancies

    - Short gaps between pregnancies
    - Insufficient and less nutritious food intake
    - Frequent illnesses
- Visual: Diagram highlighting the causes and effects of malnutrition in women.

Slide 5: Malnutrition in Children

- **Indicators of Malnutrition in Children:**
    - Low weight for age
    - Low height for age
    - Low weight for height
    - Overweight or obesity
- Visual: Table or chart comparing normal vs. malnourished growth patterns.

Slide 6: The Cycle of Malnutrition

- **Young Girls:**
    - Low weight, below-average height
    - Malnourished girls give birth to low-weight newborns
- **Cycle Continues:**
    - If newborn is a girl and remains malnourished
- **Conclusion:** Attention to nutrition is necessary at every stage.
- Visual: Cycle diagram illustrating the generational impact of malnutrition.

Slide 7: Importance of Addressing Malnutrition

- **Why Focus on Nutrition?**
    - Ensures healthy mothers and children
    - Breaks the intergenerational cycle of malnutrition
    - Prevents diet-related diseases in the long term
- Visual: Positive image of healthy food and happy families.

Slide 8: Call to Action

- **What Can Be Done?**
    - Promote awareness about nutrition
    - Support maternal and child health programs
    - Strengthen policies to address malnutrition at every stage
- Visual: Hands forming a circle around food or a heart.

Annexure 15: Immunization Awareness QUIZ

Round 1: Multiple Choice Questions

Q1: What is the primary purpose of immunization?
a) To cure diseases
b) To make a person immune to an infectious disease
c) To provide instant energy
d) To prevent all illnesses

Q2: When does the process of child immunization start?
a) At birth
b) In utero
c) At 1 month of age
d) After the first year

Q3: What is a fully immunized child?
a) A child vaccinated against measles
b) A child who has received all vaccines recommended in the NIS before completing 1 year
c) A child vaccinated only during the first year
d) A child who has not missed any Vitamin A doses

Q4: Which vaccines are given to a newborn under the National Immunization Schedule?
a) OPV, BCG, Hepatitis B
b) DPT, Rotavirus, IPV
c) Measles, JE, Pentavalent
d) TT, Vitamin A, MR

Q5: What is the purpose of the Thayi card?
a) To record the child's growth milestones
b) To track immunization schedules
c) To issue birth certificates
d) To provide food supplements

Round 2: True/False

Q1: Immunity is the ability to resist infections caused by microorganisms.

Q2: All vaccines provided in government facilities are of lower quality than those in private clinics.

Q3: A sick child suffering from mild illness can be safely vaccinated.

Q4: OPV can lead to infertility or impotency.

Q5: Vitamin A is a vaccine provided under the National Immunization Schedule.

Round 3: Open-Ended Challenge

1. **Explain why timely vaccination is essential.**
2. **Describe the precautions to be taken after vaccination.**
3. **Discuss the reasons why a child might suffer from a vaccine-preventable disease despite being vaccinated.**

4. **What role does Vitamin A play in a child's health, and how does its deficiency manifest?**
5. **How does the Thayi card help caregivers and health workers?**

Bonus Round: Fill-in-the-Blanks

1. Immunization is the process where a person is made _____ or _____ to an infectious disease.
2. A _____ immunized child has received all vaccines recommended in the NIS before completing one year.
3. _____ card records the immunization details of pregnant women and children.
4. Under the NIS, _____, _____, and _____ vaccines are given to newborns.
5. _____ blindness is an early sign of Vitamin A deficiency.

Scoring:

- Correct answers earn points (e.g., 2 points per MCQ, 1 point per True/False, and 5 points for open-ended questions).

Annexure 16: Immunization

What is Immunity?

Immunity refers to resistance against infection caused by microorganisms (bacteria and viruses) and their products (toxins).

What is Immunization?

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

When does the process of child immunization start?

Immunization process starts when a child is in utero. Immunity developed from TT vaccine given to pregnant women passes to her child and protects from neonatal tetanus. Immunity against some infections, like measles, is transferred to child as passive immunity and protects from infection for some period after birth. Under National Immunization Schedule, BCG, OPV, and Hep B vaccines are given to child immediately after birth.

Why is timely vaccination important?

Age of administration of vaccines is decided by medical and public health experts after careful study of disease epidemiology and protective efficacy of different vaccines. Vaccines ensure 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. The recommended age for vaccination by different vaccines aims to achieve the best immune protection to cover the period in life when vulnerability to disease is highest. When children are not vaccinated at all or get vaccinated beyond the recommended age, they remain unprotected and may get infected from a vaccine-preventable disease.

Is there any diff erence in the vaccine quality provided by private practitioners and those provided at the government health facilities?

Both government and private sectors have same regulatory mechanisms and all vaccines are procured from government approved manufacturers. All vaccines are approved by Central Drugs and Standards Control Organization (CDSCO) which is the National Regulatory Authority (NRA). Drug Controller General of India (DCGI) heads the CDSCO and grants permission to conduct clinical trials; registers and controls the quality of vaccines.

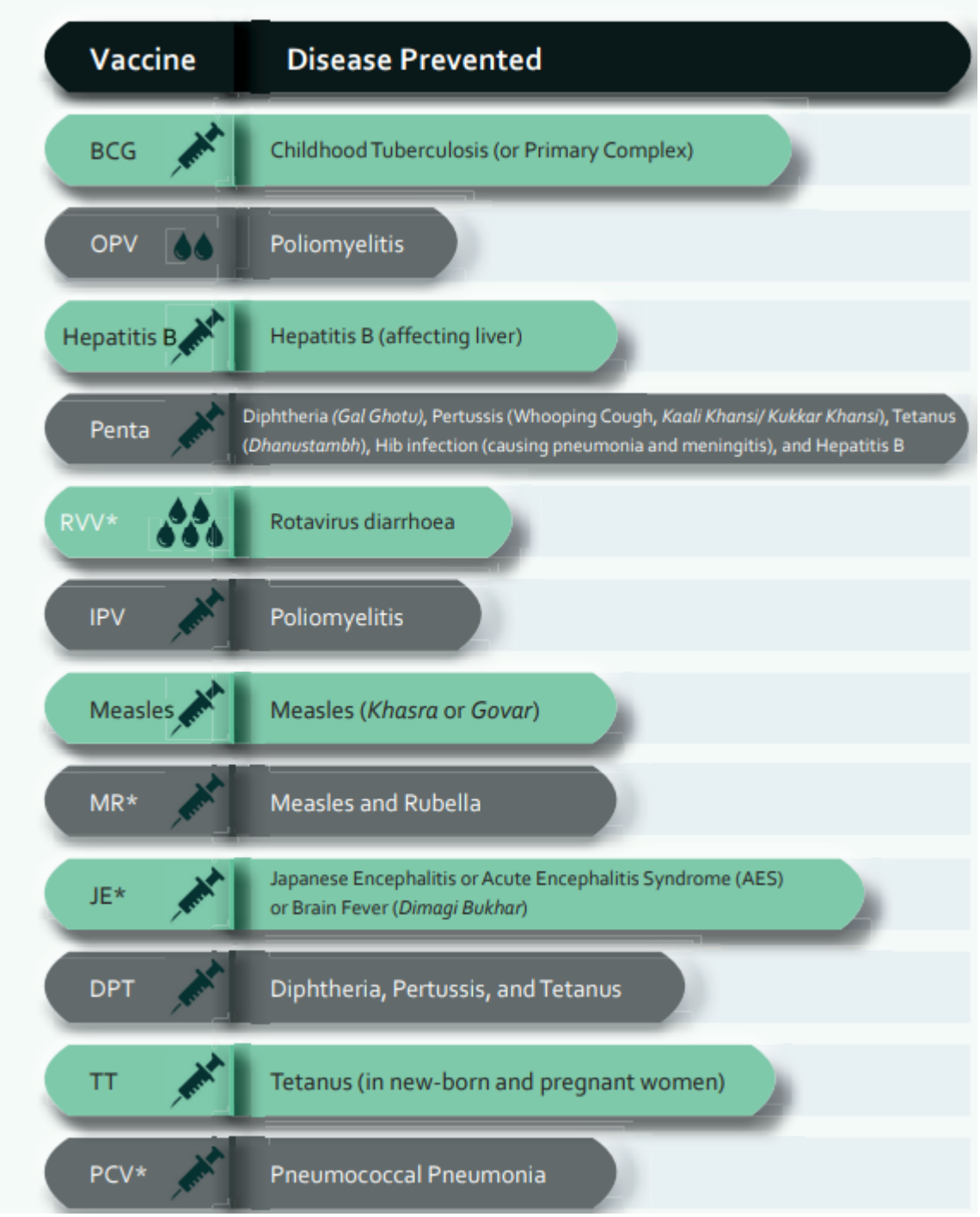
What is the reason that some children suffer from vaccine-preventable disease though they have been vaccinated against that disease?

Vaccines have been used for decades and have proven to be effective. Like any other medicine, no vaccine is 100% efficacious. The immunity produced by vaccines varies from child to child. There may be children who do not develop sufficient protective immunity against a disease-causing pathogen due to malnutrition, repeated episodes of diarrhoea leading to diminished immunity or individual specific immune response to a vaccine. Because of these reasons, some children suffer from vaccine-preventable disease despite receiving vaccination against it. However, in such cases the disease is of less severity than in children who have never been vaccinated.

What is the National Immunization Schedule (NIS) under Universal Immunization Programme?

National Immunization Schedule is a vaccination plan that all children and pregnant women should follow and complete to ensure protection against vaccine-preventable diseases. This schedule includes: a. Name of vaccine; b. Recommended age/s of administration; c. Total doses required; d.Route and site of administration; e. Volumes of doses.

Which vaccines are currently given to a child in India's Universal Immunization Programme and against which diseases these vaccines prevent?



What is the meaning of a fully immunized child?

A fully immunized child is one who has received all vaccines recommended in the National Immunization Schedule in required doses, before completing one year of age.

What is the meaning of a completely immunized child?

A child who has received all vaccines recommended for the first and second year in the NIS is said to be completely immunized.

- First year: One dose of BCG, Measles/MR and JE vaccines, 3 doses of OPV, Pentavalent vaccine, Rotavirus vaccine and PCV, and 2 doses of IPV
- Second year: Second dose of Measles/ MR and JE vaccines, and one booster dose of OPV and DPT

What are left outs and drop outs?

- Left outs are those children who have never been vaccinated or reached (thus remaining unimmunized)
- Drop outs are those children who started vaccination but did not the schedule (thus remaining partially immunized)

What vaccines are recommended for pregnant women in National Immunization Schedule?

In National Immunization Schedule, two doses of Tetanus Toxoid (TT) vaccine are recommended for all pregnant women. First dose is given as soon as the pregnancy is confirmed, and the second dose 4 weeks after the first dose. However, if any pregnant woman has not received TT vaccination during her pregnancy, she should be given one dose of TT at the time of labour.

Is it safe to give TT doses in all pregnancies?

Yes. Recommended doses of TT vaccine should be given to a woman every time she gets pregnant. Repeat doses only enhance immunity and do not cause any harm to the woman or her child.

What vaccines should be given to a new-born?

According to NIS, one dose each of three vaccines, OPV, BCG, and Hepatitis B, should be given to newborns irrespective of the place of delivery. This is recommended for all institutional and non-institutional deliveries, in both public and private sectors.

What are the side effects of vaccination?

All vaccines induce immunity by causing the recipient's immune system to react to the vaccine. Therefore, local reactions, fever and systemic symptoms can result as part of the immune response.

Can a sick child be vaccinated?

Yes. A sick child suffering from mild illness can be safely vaccinated.

What precautions should be taken after vaccination?

As a health worker, you should ensure that the parents/caretakers wait for 30 minutes at the health facility or the session site after vaccination. This is required to ensure that immediate care can be sought if there is any side effect or adverse event. Breastfeeding can be done after vaccination, even after giving oral vaccines. There is no effect of breast milk on efficacy of the vaccines. You should ensure that parents/caretakers do not apply any medicines or herbs at the injection site. In case of redness or swelling at the injection site, cold water compresses (i.e. a pad of clean cloth dipped into cold water) can be used. Please recommend Paracetamol for providing symptomatic relief to the child.

Why should the parents be asked to wait for some time after vaccination?

In rare cases, vaccines can lead to an allergic reaction or any other kind of adverse event. These events require early diagnosis and management. Therefore, it is advised that parents/caretakers are asked to stay at the session site for at least 30 minutes after receiving vaccination.

Can any vaccine, like OPV, lead to infertility or impotency?

No. All vaccines used in Universal Immunization Programme are pre-tested and recommended by WHO. All these vaccines are highly safe and effective and are being used in many other countries besides India. No vaccine can lead to infertility or impotency, and this, like many other myths related to vaccines, is baseless and wrong.

Can more than one vaccine be administered to a child at the same time?

Yes. More than one vaccine can be administered to a child at the same time. Different vaccines have different mechanisms for generating immune responses in the body.

Is Vitamin A also a vaccine?

No. Vitamin A is not a vaccine. It is a micronutrient required by body for growth and development. It also helps in maintaining immunity and supports good vision.

What are the signs of Vitamin A deficiency in children?

Night blindness is the first sign of Vitamin A deficiency, and in this condition affected children have poor vision in darkness but can see normally when adequate light is present. There are other signs which can be detected by medical officer at any health facility.

What is the immunization component of Thayi Card?

Thayi card is a document mentioning the record of vaccines received (date and age), and dates for vaccines due. This card is given to all beneficiaries (pregnant women and children), free of cost, at first contact or at the time of administering first vaccine as per schedule. You should emphasize to caregivers the importance of keeping this card safe and bringing it along every time they come for vaccination.
Thayi card is given to a pregnant woman at the time of confirmation of pregnancy and administration of the first dose of TT vaccine, and the same card continues till complete vaccination (including boosters and vitamin A doses) of her child. However, if a pregnant woman has not received or has lost her card, then a new card may be issued to her child.

Where are Vaccines Available?

- Urban Primary Health Centers (UPHC), Urban Community Health Centers (UCHC), District Hospitals, Municipal Corporation Hospitals, etc.
- During Urban Health and Nutrition Day (UHND), special immunization drives such as Mission Indradhanush (MI) and polio campaigns.
- During sessions held at Anganwadi Centers (AWC).

National Immunization Schedule (NIS) for Infants, Children and Pregnant Women

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month age)	Intra-dermal	Left Upper Arm
Hepatitis B - Birth dose	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (OPV can be given till 5 years of age)	2 drops	Oral	Oral
Pentavalent 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Rotavirus#	At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)	5 drops	Oral	Oral
IPV	Two fractional dose at 6 and 14 weeks of age	0.1 ml	Intra dermal two fractional dose	Intra-dermal: Right upper arm
Measles /MR 1st Dose$	9 completed months-12 months. (can be given till 5 years of age)	0.5 ml	Sub-cutaneous	Right upper Arm
JE - 1**	9 completed months-12 months.	0.5 ml	Sub-cutaneous	Left upper Arm
Vitamin A (1st dose)	At 9 completed months with measles-Rubella	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster-1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles/ MR 2nd dose $	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
JE-2	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin A* (2nd to 9th dose)**	16-18 months. Then one dose every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

- *Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.
- **JE Vaccine is introduced in select endemic districts after the campaign.
- *** The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.
- #Phased introduction, at present in Andhra Pradesh, Haryana, Himachal Pradesh and Orissa from 2016 & expanded in Madhya Pradesh, Assam, Rajasthan, and Tripura in February 2017 and planned in Tamil Nadu & Uttar Pradesh in 2017.
- $ Phased introduction, at present in five states namely Karnataka, Tamil Nadu, Goa, Lakshadweep and Puducherry. (As of Feb' 2017)

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