Assessment of ASHAs Knowledge on National Iron Plus Initiative Program at Narmada District, Gujarat

By

Navin V. Kamble

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Navin Kamble** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission, Gujarat** from 5th February to 5th May, 2018.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

(Col.) Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. J. P. Singh
Associate Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

No.DPN/Health/NHM/ Certy/ 45 /2018
Office of the Chief District Health Officer
District Panchayat Narmada, Rajpipla.
Date:- 09/05/2018.

To Whomsoever It May Concern

The certificate is awarded to

Name- Dr. Navin Kamble

In recognition of having successfully completed his

Internship in the department of

Name of Department- Health and family welfare Dept.

and has successfully completed his Project on

Title of the Project - Assessment of ASHA's knowledge on National Iron Plus Initiative Programme at Narmada District of Gujarat

Duration of Study - 5th February to 04th May 2018

Organization- National Health Mission, Gujarat

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him all the best for future endeavours

Chief District Health Officer
District Panchayat Narmada
Gujarat

Date:- 09/05/2018.
Place:- Rajpipla

IIHMR UNIVERSITY

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Assessment of ASHAs knowledge on National Iron plus Initiative program at Narmada district, Gujarat** and submitted by **Dr. Navin V. Kamble** Enrollment No. **0450** under the supervision of **Dr. J. P. SINGH** for award of MBA in Hospital and Health Management of the University carried out during the period from **05/02/2018 to 05/05/2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

NKamble

Signature

PREFACE

The MBA (hospital and health management) course is well structured and integrated course of business studies. The main objectives of practical training at MBA level are to develop skill in students by supplement to the theoretical study of business management in general. Professors give us theoretical knowledge of various subjects in the institute. But we are practically exposed of such subjects when we get the training in the organization. It is the training through which we come to know that what an organization is and how it works. During this whole training I got a lot of experience and came to know about management practices in real that how it differs from those of theoretical knowledge and the practically in the real life.

It's very beneficial to learn health care delivery system at various levels. I observed the implementation of various National Health Programs at National/State/District levels; I understood various functions of health systems by interactions with key stakeholders, policy makers, program managers, academicians and researchers.

"During my training period I had an overview of various programs undertaken By National Health Mission, Gujarat including the current status of the program I also carried out a small study on

Assessment of ASHAs knowledge on National Iron plus Initiative program at Narmada district, Gujarat

I have tried to put my best effort to complete this task on the basis of skill that I have achieved during my studies in the institute.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to The Government of Gujarat and National Health Mission, Gujarat for providing me an opportunity to work in such a wonderful organization and for making all the facilities available and giving the support in every way for completion of internship & Dissertation.

I would like to thank National Health Mission Gujarat & District Program Management Unit, Narmada for facilitating my internship work.

I would like to take this opportunity to express great indebtedness to Dr. K. P. Patel, CDHO and Dr.VipulGamit, RCHO without whom this training could not have been accomplished. I would like to extend my sincere regards to Program Officers who despite other preoccupations and busy schedule shared their views.

I would like to thank the staff of DPMU, Narmada for their support.

I would like to thank Dr.S.D.GUPTA, Director, Institute of Health Management and Research, Jaipur for his constant motivation, patience and valuable guidance.

This project would not have been completed without the tremendous contribution of my Guide, Dr.J. P, Singh right from the onset lending a helping hand at every step.

I thank to my family and friends for their moral support.

NavinKamble

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1. Abbreviations:

NIPI: National Iron plus Initiative

NHM: National Health Mission

NUHM: National Urban health mission

IFA: Iron Folic Acid

SRS: sample registration system

ASHA: Accredited social Health Activist

AWC: AnganwariCenter

AWW: Anganwari worker

CDHO: chief district health officer

MO: medical officer

NRHM-: national rural health mission

PHC: primary health centre

SC: sub centre

ICDS: integrated child development scheme

MOHFW: ministry of health and family welfare

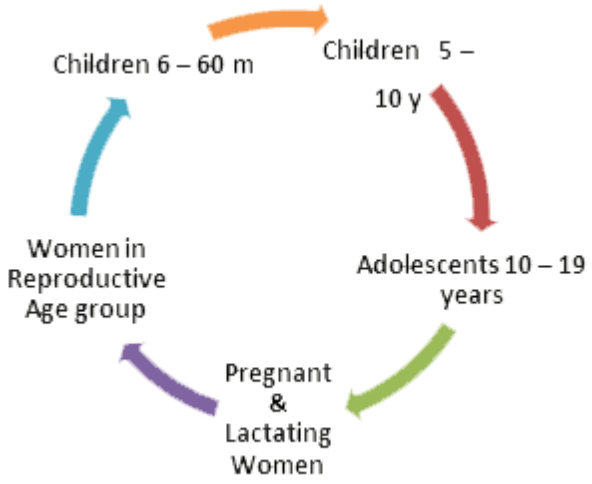
VHSC: village health and sanitation committee

INTRODUCTION

2. Background of Study:

Anaemia, a manifestation of under nutrition and poor dietary intake of iron is a serious public health problem among pregnant women, infants, young children and adolescents. NFHS 4 data reflects a higher prevalence of anaemia (among children and women in reproductive age) in our country.

Taking cognizance of ground realities discussed above, the Ministry of Health and Family Welfare (GOI) took a policy decision to develop the National Iron+ initiative. This initiative will bring together existing program (IFA supplementation for pregnant and lactating women and children in the age group of 6- 60 months) and introduce new age groups. Thus National Iron+ Initiative will reach the following age groups for supplementation or preventive programming through a **Life Cycle Approach:[1]**



- Bi- weekly iron supplementation for pre-school children 6 months to 5 years.
- Weekly supplementation for children from 1st to 5th grade in Govt&Govt Aided schools
- Weekly supplementation for out of school children (5-10 years) at Anganwadi Centers
- Weekly supplementation for adolescents (10-19 years)
- Pregnant and lactating women
- Weekly supplementation for women in reproductive age

An anaemia supplementation program across the life cycle is proposed in which beneficiaries will receive iron and folic acid supplementation irrespective of their iron/haemoglobin status.

The age specific interventions are based on WHO recommendations, synthesis of global evidence on IFA supplementation and the recommendation of national experts.[2]

3. Review of literature:

- A recent evaluation of NIPI programme conducted by NHSRC in eight states of India reported that 73 percent of beneficiary received advice on iron tablets, 65 percent consulted ASHA during pregnancy. But at the same time the study reported that ASHAs are not as effective in influencing critical health behavior proper diet, which undermines her effectiveness in bringing changes in health outcome. this has been identified as a core area for improvement by fourth review of NRHM ,which stresses on the need for all ASHAs to imbibe skills in NIPI programme including interpersonal behavior change.[3]

- One of the primary tasks of ASHAs during ANC visit by mother is to provide counseling to mothers to take iron tablets and proper nutritious diet survey data shows that significant higher number of beneficiary in NIPI implemented district has received counseling and advices by ASHA on all NIPI components. The result is significant in terms of advice received from ASHA for IFA tablets for anemic mothers. The survey showed that mother who had consulted with trained ASHAs in the community reported improved health. For example, in Orissa 55 percent of mother reported receipt of counseling.[4]

- The study was carried out with the objectives to assess baseline knowledge and practices of NIPI in ASHA workers, to impart skill based training to ASHA, to evaluate improvement in knowledge and skills of ASHA at appropriate interval, to assess health status and KAP of ASHAs. The result shown that 81.69% girls were undernourished, 57.04 % showed pallor. Health seeking behavior was poor. Satisfactory improvement was observed in ASHA regarding health checkup of adolescent girls. Communication skill also improved in form of better history taking regarding menstruation, died and effective health education.[5]

4. Rationale:

The National Family Health Survey NFHS-4(2014-15) data for Gujarat has stated anaemia as a major health problem in Gujarat, especially among women and children. It can result in maternal mortality, weakness, diminished physical and mental capacity, increased morbidity from infectious diseases, prenatal mortality, premature delivery, low birth weight, and (in children) impaired cognitive performance, motor development, and scholastic achievement.

Not only NFHS, but also state government's School Health Program (SHP) has indicated the number of anaemic and malnourished children on a rise. As per the latest SHP report for the year 2015-16, the number of anaemic children is 6.06 lakh that increased from 5.13 lakh in 2014-15[.6,7]

5. Methodology:

5.1. Research Question:

What is the knowledge level of National Iron plus Initiative Program among Accredited Social Health Activist (ASHA's) in Narmada district of Gujarat?

5.2. Objective: To assess the knowledge level of National Iron plus Initiative Program among Accredited Social Health Activist in Narmada district of Gujarat.

5.3. Research design:

5.3.1. Study design:

The study Design is cross-sectional descriptive study(Non-Experimental Observational Study) design to assess the existing Knowledge among Accredited Social Health Activist On National Iron plus Initiative Program.

5.3.2. Study setting

This study was conducted in all the blocks (Nandod, Tilakwada,sagbhara,Dadiapada and Garudeshwar) of Narmada District Gujarat.

5.3.3. Study population:

The entire Accredited Social Health Activist (ASHAs) of Narmada District Gujarat.

5.3.4.Duration of study's

Three months Duration from 5thFebruary 2018 to 6th May 2018.

5.4 Sampling:

5.4.1. Sampling technique: Purposive Sampling.

5.4.2. Sample size: Total 672 ASHA's are currently working in all blocks of Narmada District. From each block randomly 10% ASHAs selected from these in each blockNandod, Tilakwada,sagbhara,Dadiapada and Garudeshwar respectively 14,21,11,12 and 12total 70 ASHAs selected as sample size.

5.5. Research Instrument:

5.5.1. Source of data collection: The source of data collected was primary in nature. For this purpose, a structured schedule was used.

5.5.2. Data collection Technique: Face to Face interview was conducted for data collection.

5.5.3. Data collection Tool: A structured Schedule was used as a tool for data collection. It had two parts: Basic information and Knowledge of ASHA's regarding NIPI.

5.6. Procedure:

First,from all blocks of Narmada 70 ASHA's were selected. Then data was collected personally by making personal visits to anganwadi centers. For ensuring proper implementation of the program, registers were also checked.

5.7. Data Analysis: After the collection of data, it was compiled inMicrosoft excel. Most of the data analysis was done on Microsoft excel

6. Ethical consideration:

An informed consent process was carried out prior from start of data collection. To All participants (ASHA) gave a chance to ask questions before starting of the interview activities. Confidentiality of the participants was given utmost importance. I explained the informed consent process by sitting in on the session with the participant and making sure the participant understands the study procedures and wascomfortable. To all participant Informed and reminded that they may refuse to answer any and all questions and may discontinue their involvement in the study at any time.

7. Results:

Knowledge of ASHA regarding National Iron plus Initiative program:

7.1. Knowledgelevel of ASHAs regarding Basics of NIPI:

- Three indicators were taken to measure the knowledge of ASHA regarding Basics of National iron plus initiative program. Following were the indicators:
    - About National iron plus initiative
    - Is implemented in her area
    - About fixed day approach.

Table 1. Knowledge of ASHA regarding Basics of NIPI

Sr.No.	Indicators	Frequency	Percentage
1	About National iron plus initiative	60	86
2	Is implemented in her area	58	83

3	About fixed day approach	53	76

In the Table 1, complete knowledge of ASHA regarding basics of NIPI for all the beneficiaries was shown. It includes basic of NIPI, Implementation and fixed day approach. According to the table, 86 percent of ASHA have knowledge about national iron plus initiative and 83percent have knowledge regarding implementation in their area and 76 percent know about fixed day approach From these results, it is clear the most of the ASHA have clear knowledge about the basics of the NIPI.

7.2. Knowledgelevel of ASHAs regarding medicines used in NIPI:

- Five indicators were taken to measure the knowledge of ASHA regarding medicines used in National Iron plus Initiative program.
- Following were the indicators:
    - IFA for children 6 month- 5 year
    - IFA for children 5to 10 year
    - IFA for adolescents 10 to 19 year
    - IFA for pregnant and lactating woman
    - IFA for woman of Reproductive age group 15 to 49 year

Table 2 Knowledge of ASHA regarding Medicines used in NIPI

Sr.No.	Indicators	Frequency	Percentage
1	IFA for children 6 month- 5 year	40	51
2	IFA for children 5to 10 year	43	61
3	IFA for adolescents 10 to 19 year	38	54
4	IFA for pregnant and lactating woman	52	74
5	IFA for woman of Reproductive age group 15 to 49 year	47	67

In the Table 2, complete knowledge of ASHA regarding medicines used in NIPI shown. The table shows that only 51.14percent ASHA have knowledge about IFA for children 6 month- 5 year ,61 percent about IFA for children 5to 10 year,54 percent about IFA for adolescents 10 to 19 year, 74 percent about IFA for pregnant and lactating woman, 67 percent about IFA for woman of Reproductive age group 15 to 49 year.

7.3 Knowledge level of ASHAs regarding Dosage of medicines used in NIPI:

- Six indicators were taken to measure the knowledge of ASHA regarding dosage of medicine used in National Iron plus Initiative program.
- Following were the indicators:
    - Dose for children 6 month- 5 year
    - Dose for children 5 to 10 year
    - Dose for adolescents 10 to 19 year
    - Dose for pregnant woman
    - Dose for lactating woman
    - Dose for woman of Reproductive age group 15 to 49 year

Table 3 Knowledge of ASHA regarding dosage of Medicines used in NIPI			
Sr.No.	Indicators	Frequency	Percentage
1	Dose for children 6 month- 5 year	43	61
2	Dose for children 5 to 10 year	25	35
3	Dose for adolescents 10 to 19 year	23	32
4	Dose for pregnant woman	59	84
5	Dose for lactating woman	32	45
6	Dose for woman of Reproductive age group 15 to 49 year	35	50

- In Table 3, knowledge of ASHA regarding dosage of medicines used in NIPI shown, the table shows that only 61 percent of ASHA have knowledge about Dose for children 6 month- 5 year ,35 percent about Dose for children 5 to 10 year,32 percent about Dose for adolescents 10 to 19 year,84 percent about Dose for pregnant woman,45 percent about Dose for lactating woman ,50 percent about Dose for woman of Reproductive age group 15 to 49 year

7.4. Knowledgelevel of ASHAs regarding regime of dosage of medicines used in NIPI:

- Five indicators were taken to measure the knowledge of ASHA regarding regime of dosage of medicine used in National Iron plus Initiative program.
- Following were the indicators:
    - Regime of Dose for children 6 month- 5 year
    - Regime of Dose for children 5 to 10 year
    - Regime of Dose for adolescents 10 to 19 year
    - Regime of Dose for pregnant and lactating woman

      Regime of Dose for woman of Reproductive age group 15 to 49 years

Table 4 Knowledge of ASHA regarding regime of dosage of Medicines used in NIPI

Sr.No.	Indicators	Frequency	Percentage
1	Regime of Dose for children 6 month- 5 year	43	61
2	Regime of Dose for children 5 to 10 year	26	32
3	Regime of Dose for adolescents 10 to 19 year	22	31
4	Regime of Dose for pregnant and lactating woman	51	72
5	Regime of Dose for woman of Reproductive age group 15 to 49 year	34	48

- In Table 5, knowledge of ASHA regarding regime of dosage, the table shows that 61 percent of ASHA have knowledge about Regime of Dose for children 6 month- 5 year,32 percent about Regime of Dose for children 5 to 10 year,31 percent about Regime of Dose for adolescents 10 to 19 year 72 percent about Regime of Dose for pregnant and lactating woman and 48 percent about Regime of Dose for woman of Reproductive age group 15 to 49 year

7.5 Knowledge level of ASHAs regarding Avail of medicines:

- Two indicators were taken to measure the knowledge of ASHA regarding Availability of medicine used in National Iron plus Initiative program.
- Following were the indicators:
    - From where you can avail the medicines
    - Tablets are provided to school

Table 5 Knowledge of ASHA regarding avail of medicines			
Sr.No.	Indicators	Frequency	Percentage
1	From where you can avail the medicines	38	54
2	Tablets are provided to school	31	44

- Table 5 shows that only 54 percent of ASHA have knowledge regarding From where you can avail the medicines and 44 percent knowledge regarding Tablets are provided to school

7.6Knowledge level of ASHAs regarding side effects:

- Three indicators were taken to measure the knowledge of ASHA regarding side effects.
- Following were the indicators:
    - Most common side effect

- Doing during the complications
- About ERS

Table 6 Knowledge of ASHA regarding side effects			
Sr.No.	Indicators	Frequency	Percentage
1	Most common side effect	14	20
2	Doing during the complications	13	18
3	About ERS	7	10

- . Table 6 shows that only 20 percent of ASHA have knowledge regarding side effects, 18 percent know about what to do during complications and 10 percent know about ERS

7.7 Knowledge level of ASHAs regarding Counselling:

- Four indicators were taken to measure the knowledge of ASHA regarding counseling she is doing.
- Following were the indicators:
  - Food suggest to beneficiaries
  - Can we give IFA along with calcium tab
  - Can take IFA with tea and coffee
  - condition not advised to take IFA

Table 7 Knowledge of ASHA regarding counseling			
Sr.No.	Indicators	Frequency	Percentage
1	Food suggest to beneficiaries	49	70
2	Can we give IFA along with calcium tab	15	21
3	Can take IFA with tea and coffee	12	17
4	condition not advised to take IFA	8	11

- In Table 7 includes counseling part by ASHA to beneficiaries. It shows 70 percent ASHA have knowledge aboutFood suggest to beneficiaries , 21 percent about Can we give IFA along with calcium tab,17 percent about Can take IFA with tea and coffee and 11 percent about condition not advised to take IFA

7.8 Knowledge level of ASHAs regarding recording and reporting:

- Three indicators were taken to measure the knowledge of ASHA regarding records and reports keeping and maintained by her she is doing.

- Following were the indicators:
    - Responsible for manage records at AWC
    - Records and registers maintained at AWC
    - Responsible for managing stock of medicines.

Table 8 Knowledge of ASHA regarding recording and reporting			
Sr.No.	Indicators	Frequency	Percentage
1	Responsible for manage records at AWC	59	84
2	Records and registers maintained at AWC	55	78
3	Responsible for managing stock of medicines.	58	82

- Table 8 shows result that 84 percent of ASHA knows that she is Responsible for manage records at AWC ,78 percent knows that Records and registers maintained at AWC and 82 percent know that she is Responsible for managing stock of medicines.

9. Discussion:

Narmada is a one of the high priority Tribal district in Gujarat. And now at grass root level RCH is majorly dependent on ASHA. NIPI is important program for reducing anaemia for all as per life cycle and continuum of care. As per the result in Narmada, NIPI implement in whole district. But when we got overall result of NIPI still 81 percent has knowledge regarding basic of NIPI. And if we talk about medicines/IFA used in NIPI 61 percent ASHA has knowledge. So from here it clearly indicate that if in Narmada district wants to implement in better way of NIPI needs to give training as refresher training in some duration of time in a year. In next dosage of medicines again more than 51 percent have knowledge. And in regime of dosage of IFA it was 49 percent. About the where they can avail the medicines more 49percent knows but there are 51percent of ASHA those who don't know anything about these. One of the major disappointed results in side effects only 16 percent of ASHA know about side effects and what they need to do during complications and side effects. Again in counselling part only 30 percent have knowledge regarding counselling. In recording and reporting result is quite good as compare to other indicators 81 percent have knowledge means they have responsibility regarding this.

Conclusion:

The overall knowledge of ASHA regarding NIPI program is Good in Narmada district as result shown, However, Majority of the ASHA have satisfactory knowledge in IFA medicines and their dosage and regime but they needs to improve about side effects from IFA and what needs to do

during side effects and complications. Counselling part also has to improve. They have good knowledge in recording and reporting. Training is need in period of time for refreshing the knowledge. NIPI is the important program for reducing anaemia as life cycle.

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Schedule with Consent

Consent:I am working with NHM, Narmada District of Gujarat. A study is being conducted on assessing the knowledge of ASHA regarding National iron plus initiative program in Narmada District. All responses will be kept confidential. Your interview responses will only be shared with research team members and will ensure that any information we include in our report does not identify you as the respondent. It is very important for the success of this study that you take part in this survey. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Please fill the response in corresponding box and signature/ Thumb Impression.

Yes.....1 ⟶ COUNTINUE

No.....2 ⟶ END INTERVIEW

Responder

Sign/Thumb Impression

SECTION A: Basic Information

Sr. No.	Question	Answer
A.1	Name of Block	
A.2	Name of sub centre	
A.3	Name of AWC	
A.4	Name of ASHA	
A.5	Age of ASHA	
A.6	Class Passed	
A.7	Experience as an ASHA	
A.8	Are you Received Training For NIPI Program	

SECTION B: Knowledge assessment of ASHA Regarding NIPI

Sr. No.	Question	
B.1	About Basics of NIPI	
B.1.1	Do you know about NIPI?	Service of Packages for treatment and management of anaemia across levels of care
B.1.2	Is NIPI Implemented in your area?	Yes-Continue interview No- End interview
B.1.3	Do you aware about fixed day approach and which are days?	Wed and Saturday
B.2	Knowledge about medicines used in NIPI	
B.2.1	Children 6 month to 5 year?	IFA Syrup
B.2.2	Children 5 to 10 year?	Small pink IFA Tab.
B.2.3	Adolescents 10-19 year?	Blue IFA Tab
B.2.4	For pregnant and lactating Woman?	Large Red IFA Tab.
B.2.5	Woman of Reproductive age group 15-49 year?	Large Red IFA Tab.
B.3	About Dosage of Medicines used in NIPI?	

B.3.1	Children 6 month to 5 year?	One ML
B.3.2	Children 5 to 10 year?	1 tablet
B.3.3	Adolescents 10-19 year?	1 tablet
B.3.4	For pregnant?	1 Tablet (From 2nd trimester to delivery)
B.3.5	For lactating woman?	1 Tablet (Delivery to 6th months of lactation period)
B.3.6	Woman of Reproductive age group 15-49 year?	1 Tablet
B.4	About Regime of Dose of Medicines used in NIPI?	
B.4.1	Children 6 month to 5 year?	Biweekly
B.4.2	Children 5 to 10 year?	Weekly
B.4.3	Adolescents 10-19 year?	Weekly
B.4.4	For pregnant and lactating Woman?	Daily
B.4.5	Woman of Reproductive age group 15-49 year?	Weekly
B.5	About avail of medicines?	
B.5.1	Do you from where you can avail these medicines?	Sc and PHC
B.5.2	Which are the tablets are provided to school for children from PHC & SC?(because Asha is mobilize availability in school)	Small pink IFA & Blue IFA Tab
B.6	About side effects of medicines?	
B.6.1	Do you know about the most common side effects of these tablet?	Black discoloration of stool
B.6.2	What are you doing during any complications occurred due to these tablets?	Contact to ERS formed by PHC
B.6.3	Do you know about ERS?(Emergency Response System)	Committee created by PHC MO for emergency response
B.7	Counselling	
B.7.1	Which food you suggest beneficiaries?	Green vegetables & Fruits like-Chickpea(chana), spinach(palak), Fenugreek leaves(methi), Mustard

		leaves (sarsokasaag)etc.
B.7.2	Can we give beneficiaries IFA along with calcium tablet?	No
B.7.3	Can beneficiaries take IFA tab with tea and coffee?	NO, only with water
B.7.4	In which condition beneficiaries are not advised to take IFA?	When More side effects and complications occur by IFA.
B.8	Recording and Reporting?	
B.8.1	Who all are Responsible for managing Records at AWC?	Asha& AWW
B.8.2	Which are the records-registers will be maintained at AWC for this program?	R-Register C-Compliance card MR-monthly Report
B.8.3	Who is responsible for managing the stock of medicines at AWC?	Asha& AWW