Assessment of the Knowledge and Practices of Frontline Workers in Early Childhood Nutrition: A Study in the Sitapur District of Uttar Pradesh

By

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This is to certify that **Neha Garg** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at India Health Action Trust (IHAT) from 22.2.16 to10.5.16.

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 her all success in all his future endeavors.

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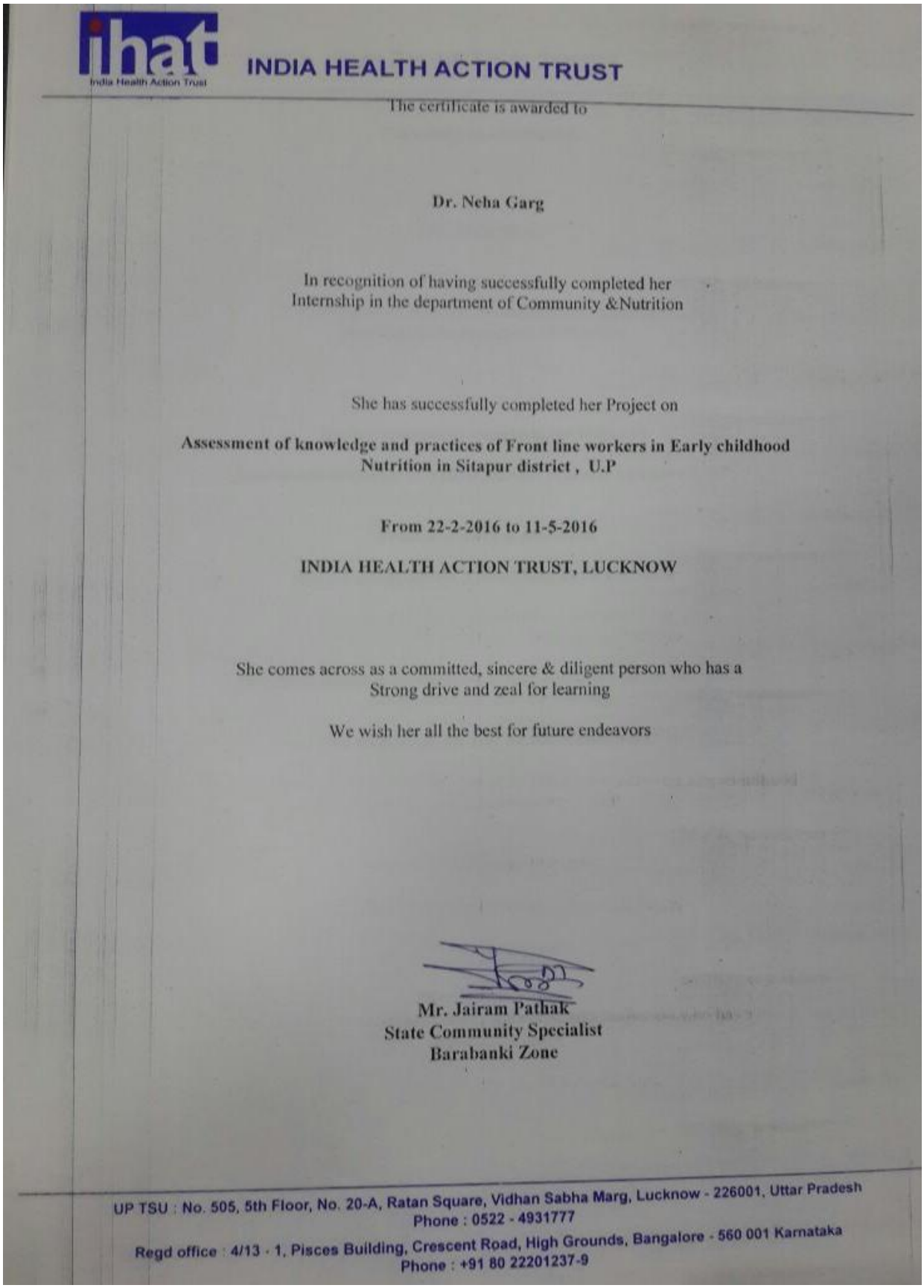

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The certificate is awarded to

Dr. Neha Garg

In recognition of having successfully completed her
Internship in the department of Community &Nutrition

She has successfully completed her Project on

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

We wish her all the best for future endeavors

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Assessment of Knowledge and Practices of Front line workers about Early Childhood nutrition in Sitapur District (HPD) of Uttar Pradesh and submitted by Neha Garg Enrollment No. 0177 under the supervision of **Professor Dr. P R Sodani** for award of MBA Hospital and Health Management of the Institute carried out during the period from **22th February 2016** to **11h May 2016** 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.

Neha Garg

Neha Garg

Signature

Acknowledgement

At the completion of my dissertation I would like to show my sincere gratit ude to the CMO,MOICs,DPM ,DPO of Sitapur authority. Without their constant support and guidance it would never be a success.

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NEHA GARG

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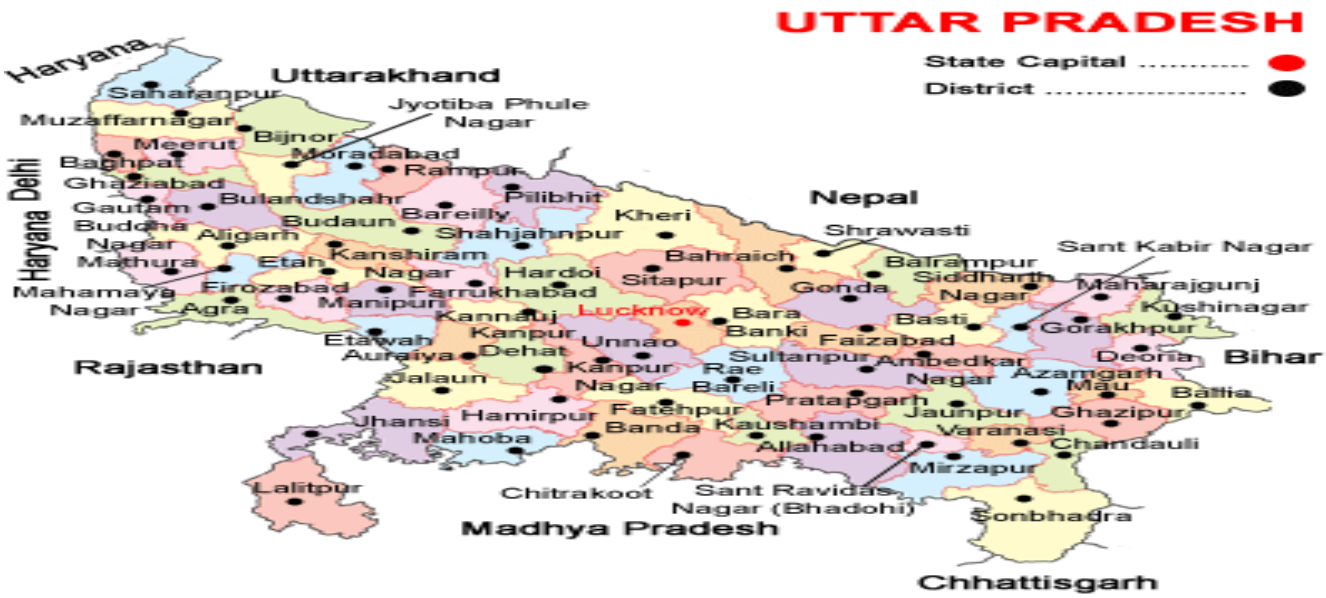
List of Figures/ Tables

Abbreviation

AG's	Adolescent Girls
AWC	AnganwadiCentres
ANM	Auxiliary Nurse & Midwifery
ANC	Ante-Natal Check-up
CDPO	Children Development Project Officer
DWCD	Department of Women and Child Development
ECE	Early Childhood Education
EBF	Exclusive Breast Feeding
ICDS	Integrated Child Development Services
IEC	Information, Education & Communication
IFA	Iron & folic acid
GM	Growth Monitoring
MCH	Maternal and Child Health
NFHS	National Family Health Survey
NM	Nursing Mothers
PHC	Primary Health Centre
PNC	Post- Natal Care
PSE	Pre-School Education

SES	Socio-economic Status
SF	Supplementary Food
UIP	Universal Immunization Programme
WHO	World Health Organization

State Profile: UTTAR PRADESH



The state of Uttar Pradesh has an area of 240,928 sq. km. and a population of 166.20 million. There are 71 districts, 813 blocks and 107452 villages. The State has population density of 689 per sq. km. (as against the national average of 312). The decadal growth rate of the state is NA (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate. The Total Fertility Rate of the State is 3.5. The Infant Mortality Rate is 61 and Maternal Mortality Ratio is 359 (SRS 2007 - 2009) which are higher than the National average. The Sex Ratio in the State is 908 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows :

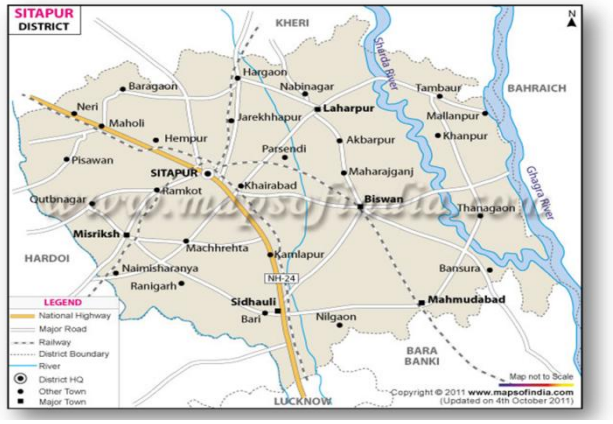
Indicator	Uttar Pradesh	India
Total Population (In Crore) (Census 2011)	19.96	121.01
Decadal Growth (%) (Census 2001)	20.09	17.64
Crude Birth Rate (SRS 2013)	27.2	21.4
Crude Death Rate (SRS 2013)	7.7	7
Natural Growth Rate (SRS 2013)	19.5	14.4
Infant Mortality Rate (SRS 2013)	50	40
Maternal Mortality Rate (SRS 2010-12)	392	178

Indicator	Uttar Pradesh	India
Total Fertility Rate (SRS 2012)	3.3	2.4
Sex Ratio (Census 2001)	908	940
Child Sex Ratio (Census 2011)	899	914
Schedule Caste population (In Crore) (Census 2001)	3.51	16.67
Schedule Tribe population (in crore) (Census 2001)	0.01	8.43
Total Literacy Rate (%) (Census 2011)	69.72	74.04
Male Literacy Rate (%) (Census 2011)	79.24	82.14
Female Literacy Rate (%) (Census 2011)	59.26	65.46

Particulars	Required	In position	Shortfall
Sub-centre	31037	20521	10516
Primary Health Centre	5172	3692	1480
Community Health Centre	1293	515	778
Health worker (Female)/ANM at Sub Centres & PHCs	24213	22464	1749
Health Worker (Male) at Sub Centres	20521	1729	18792
Health Assistant (Female)/LHV at PHCs	3692	2040	1652
Health Assistant (Male) at PHCs	3692	4518	*
Doctor at PHCs	3692	2861	831
Obstetricians & Gynecologists at CHCs	515	475	40
Pediatricians at CHCs	515	547	*
Total specialists at CHCs	2060	1740	320
Radiographers at CHCs	515	181	334
Pharmacist at PHCs & CHCs	4207	5582	*
Laboratory Technicians at PHCs & CHCs	4207	1836	2371
Nursing Staff at PHCs & CHCs	7297	2627	4670

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)

District Profile: SITAPUR



District Profile – SITAPUR

Sitapur district is spread about 89 km area from north to south & about 112 km. area from east to west. River Gomti makes the boundary from west to south of Sitapur &Hardoi. In the east river Ghagra which seprates district Bahraich from Sitapur. On the north side is district Kheri. Thus, this district adjoins Sitapur, Baharaich, Kheri, Hardoi& Lucknow. Sitapur is divided into six tehsils- Sadar, Biswan, Mehmoodabad, Sidhauli, Mishrikh& Laharpur. Northern part of the district receives more rain because it is situated near to hills. Agriculture is the main & important occupation of the district. According to the 2011 census Sitapur district has a population of 4,483,992, roughly equal to the nation of Croatia or the US state of Louisiana. This gives it a ranking of 38th in India (out of a total of 640). The district has a population density of 779 inhabitants per square kilometre (2,020 /sq mi). Its population growth rate over the decade 2001-2011 was 23.62%. Sitapur has a sex ratio of 879 females for every 1000 males, and a literacy rate of 63.38%.In 2006 the Ministry of Panchayati Raj named Sitapur one of the country's 250 most backward districts (out of a total of 640). It is one of the 34 districts in Uttar Pradesh currently receiving funds from the Backward Regions Grant Fund Programme (BRGF).

Geographical/Background Characteristics		
1	Population	4,483,992
	Male	2,375,264
	Female	2,108,728
2	Number of Tehsils	07
3	Number of Blocks	19
4	Number of Gram Sabhas	1329
5	Number of Nyay Panchayats	219
6	Number of Revenue Villages	2348
7	Total number of Pradhans	1329
8	Total number of BDC members	1526

Comparative Health Indicators

S.N.	Name of Indicators	U.P.			SITAPUR		
		2011-12	2012-13	Data Sources	2011-12	2012-13	Data Sources
1	Sex Ratio at Birth	904	921	AHS	995	938	AHS
2	Sex Ratio (0-4 Y)	913	919	AHS	983	982	AHS
3	Sex Ratio All Ages	943	946	AHS	881	882	AHS
4	Infant Mortality Rate (IMR)	71	68	AHS	82	80	AHS
5	U5MR	95	90	AHS	130	114	AHS
6	CBR	25.5	24.8	AHS	28.4	21.9	AHS
7	CDR	8.6	8.3	AHS	9	7.5	AHS
8	Unmet Need For Spacing	17.2		AHS		29.4	AHS
	Unmet Need For Limiting	12		AHS			AHS

	Total	29.7		AHS			AHS
9	MMR	300		AHS	346	311	AHS
	Institutional Delivery				46.9	56.1	AHA

Health Structure

District Hospital - 01

District Women Hospital - 01

NO. of CHCs -18

No. of BPHCs. - 02

No. of APHCs. - 60

No. of Sub-Centres - 468

PPC (Post Partum Centres) - 03

Charitable Hospitals

1. Eye Hospital, Sitapur.
2. BCM Hospital Khairabad

Basic Socioeconomic and Demographic Characteristics

S.N.	Socioeconomic/Demographic	Census 2011
1	Population in age group (0-6 yrs) (Census, 2011)	
	Total	**732695**
	Male	**381510**
	Female	**351185**
2	**Decadal Growth Rate (2001-2011) (Census, 2011)**	**23.62**
3	Density of population (persons per Sq. Km) (Census, 2011)	**779**
4	**Total Literacy Rate (Census, 2011)**	**63.38**
	Male	**72.61**
	Female	**52.80**
5	Number of Anganwadi centres	**4232**
6	Per cent of population Below Poverty Line	**37.03**
7	Sex Ratios (No. of F/1000 M) Census, 2011)	
	Overall Sex Ratios	**881**
	Child Sex Ratios	**936**
8	Infant Mortality Rate (AHS, 2012-13)	**80**
9	Neonatal Mortality Rate (2011-12) (AHS, 2011-12)	**57**

10	Under five mortality (AHS, 2010-2011)	**112**
11	Maternal mortality Rate (SRS or State report) as per AHS	**311**
12	Crude Birth Rate AHS, 2011-12)	**28.4**
13	Crude Death Rate (2010-11)(AHS, 2011)	**9.0**
14	Total Fertility Rate (NFHS,3)	**4.8**
15	Estimated number of pregnant women (2010-2011) (service statistics)	**143830**
16	Estimated number of infants (0-1 yrs.) (2012-2013) (Service statistics)	**122222**

Introduction

Uttar Pradesh is a populous state with about eighteen crores among which 13% are under five children. Each year, about 380,000 of the state's children die before the age of five years, falling victim to malnutrition, diarrhoea and common childhood illnesses. Malnutrition continues to be a silent emergency , with 43% children below the age of 5 being underweight and almost 70% being anaemic. About 22% children are born with low birth weight. Lack of adequate information on nutritional needs has been identified as a major factor for the prevailing nutritional situation in the state. Despite a consecutive annual fund infusion of nearly Rs 3,000 crore towards the Integrated Child Development Services (ICDS) scheme, Uttar Pradesh remains among the worst performing states in the area of underweight and malnutrition among children up to 6 years of age. About 36% of the total children identified as beneficiaries of the supplementary nutrition programme under ICDS were underweight, with 62,728 falling in the Grade III and IV (severely malnourished categories). The state's figures are also considerably higher than the national average of 28%. The main objective of the Nutrition Mission is to work closely with the nodal departments of health and ICDS and other contributing departments to ensure effective implementation of ongoing schemes to reduce undernutrition among children below three years. Ten proven Nutrition Intervention for Implementations are (A)Early Initiation of breast feeding within one hour (B)Exclusive breast feeding for six months (C)Timely introduction of breast feeding after six months, continued breast feeding for at least two year of age (D)Age-appropriate complementary feeding, adequate in terms of quality, quantity, and frequency, for children ages 6–24 months (E)Micronutrient supplementation (vitamin A, Iron and Zn)(F)Safe handling of complementary foods and hygienic complementary feeding practices and fully immunized to the children (G)Referral of severely undernourished children specially those come in category of wasted and provide treatment to critical cases in nutrition rehabilitation centres (H)Continue feeding during illness, treatment diarrhoea with zinc and ORS (I) Improve food and nutrition intake for adolescent girls particularly to prevent to anemia (J) Improved food and nutrition intake of pregnant and lactating mothers and prevent them from anemia .

The frontline government functionaries of the national nutrition supplementation programme in India, play a vital role in promoting infant and young child feeding practices in the community. The Anganwadi Worker (AWW), ASHA, ANM are the frontline worker under the NHM who educate the masses on various aspects of health and nutrition especially pregnant and lactating females, adolescent girls & children under six years of age. The breast feeding practices show a great variation between different communities across the state and further differ between urban and rural areas. These practices are largely influenced by the social, cultural, economic factors existing in the society and are further predisposed to the beliefs of the people. The Anganwadi Worker (AWW) is the key functionary who can guide the mothers regarding appropriate IYCF practices in the best possible way, provided she herself is well equipped with adequate knowledge thereby helping to curb child malnutrition to a large. The ASHA is the key functionary to the home based maternal, newborn ,child care and ANM is the key functionary to the facility based care . All the frontline workers are educated and trained on basic and essential maternal and child health nutrition needs which equips them with skills & knowledge to early detect high risk cases. These front line workers are the backbone of the state and district action plans .So it is the utmost priority of the Program managers to focus on the skill development of these front line workers matching the demand of the situation. Developing the skills and capacity of frontline workers (FLWs) is a core component of the TSU .

Review of Literature

The UP govt has many state/district level campaigns and programs to improve the undesirable health indicators of the state .With over 24,000 front line workers working ,the poor performance of the state indicates the poor knowledge, practices and motivation of the FLWs . Prior reports have suggested wide gaps between the knowledge, practices and motivation of FLWs. A huge contrast between the Anganwadi/ASHA Workers' knowledge and their practices has been observed .Their inability to empathetically engage with caregivers, disregard for taking the feeding history of children, poor active listening skills and their inability to provide need-based advice are some of the concerns ,the program manager/ trainer should focus on. Several reports recommends to ensure enhanced interaction between the Anganwadi Workers, ASHA, ANMs and caregivers on infant and young child feeding practices ,for which a paradigm shift in training is required, making communication processes and counselling skills central to the training .

Many other studies suggest that gap in IYCF practices in community is due to untrained frontline workers . **Studies done on Aganwadi workers in Hoogli suggest that though the knowledge of AWW is adequate enough but practices on field are not followed .**
Similarly studies on ASHA in Orissa also spells out similar findings . Many differential studies have also been carried out in urban and rural Blocks. The present study is aimed to assess the Anganwadi Workers, ANM & ASHA's knowledge of early childhood nutrition and their ability to counsel and influence caregivers regarding these practices.

Rationale for the Study

The present study is aimed to assess the Anganwadi Workers, ANM & ASHA's knowledge of early childhood nutrition and their ability to counsel and influence caregivers regarding these practices so that accordingly training sessions , refresher trainings can be recommended further to the DPM and further action can be taken to plan out or restructure human resources requirement accordingly .

Research Question

1) What is the knowledge and practices of the frontline workers in early childhood nutrition in TSU Blocks of Sitapur?

Objective

1) To assess the knowledge of front line workers in early childhood nutrition in the TSU Blocks of Sitapur .

2) To assess the practices adopted by the frontline workers in early childhood nutrition in the TSU Blocks of Sitapur.

Methodology

Area of Study:

The study was conducted in Sitapur district of Uttar Pradesh for three months (February to May). Four TSU Blocks were selected based on the criteria of low performing indicators from the District. The data was collected by visiting VHND sessions, AAA meetings ,Cluster meetings , Block meetings and home visits in these 4 Blocks . Primary data was collected from the field through Supportive Supervison Checklist & Semistructured Questionnare, depth interviews. The checklist& questionnaire included questions related to knowledge & practices of frontline workers regarding early childhood nutrition .

Type of Study:

Descriptive cross sectional study was conducted to assess the knowledge and practices of frontline workers regarding early childhood nutrition.

Sampling Procedure:

Random sampling was done against the prepared list of the functional and available front line workers of the 4 TSU blocks. Random number was generated to select Flw's.**The sample size targeted 40% of all presently working FLW.**

Inclusion Critera – All the FLW's who were ready to participate in the study till its complete

Exclusion Criteria – All those who were not available on the day of data collection or questionnaire distribution

Discussion and Results

The research study was conducted in 4 Blocks of Sitapur namely – Behta , Biswa, Khairabad and Mahmoodabad .The total number of ANM working in these blocks are 85 ;total no of ASHA working are 583 and AWW are 518 . The target sample size set before the study was 40% of all presently working FLW, but due to non avalaiblity & time constraints , data from only 15%of Flws was collected in rational scientific manner at VHND sessions, AAA meetings, Cluster meetings and home visits. Data has been collected from 161 Flw's as 34ANM(N_1=85);73 ASHA (N_2=583); 54 AWW (N_3=518).

Table 1 shows frequency distribution of FLWs according to age . Twenty four percent of FLWs are lie in 39-44 age group **.**

age in years	Total Number of flw
19-24 years	8
24-29 years	8
29-34 years	7
34-39 years	27
39-44 years	39
44-49 years	33
49-54 years	28
54-59 years	11

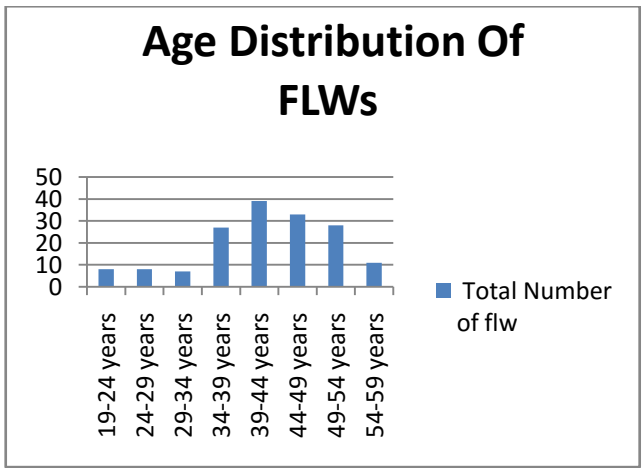


Table 2 shows the frequency distribution of Flws according to education . Twenty seven percent of Flws are secondary school pass outs ,followed by twenty two percent graduates.

Acc to education	
Education status	Total no of flws

no education	11
Primary	33
Middle	31
Secondary	44
Graduation	36
post graduate	6

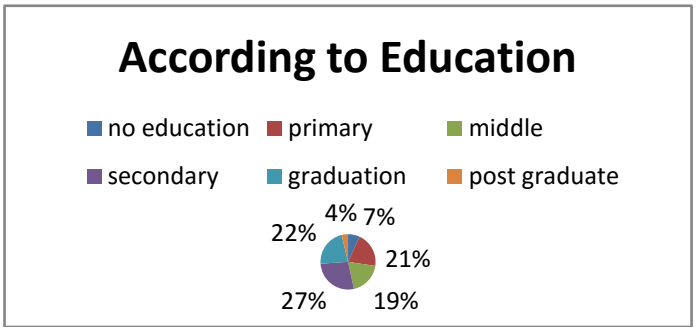
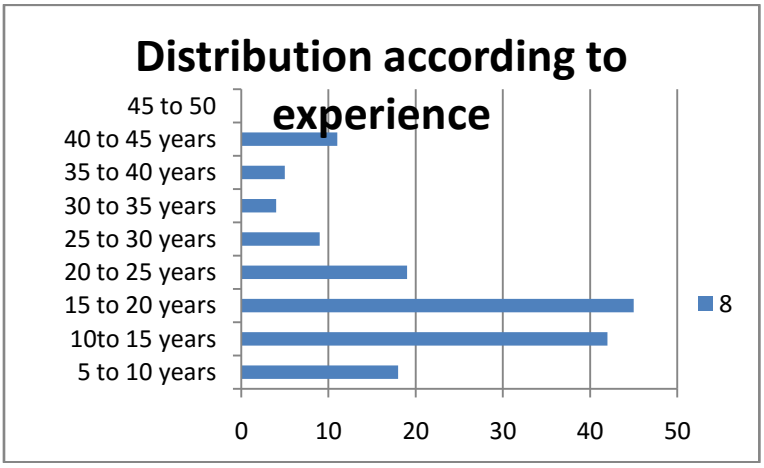


TABLE 3 tabulates number of FLWs according to their years of working experience.Twenty seven percent Flws have 15-20 years of experience.

no of years	no of flws
0 to 5years	8
5 to 10 years	18
10to 15 years	42
15 to 20 years	45
20 to 25 years	19
25 to 30 years	9
30 to 35 years	4
35 to 40 years	5
40 to 45 years	11
45 to 50	0



Since the study focuses on knowledge and practices of Front line workers ,their knowledge was tested during AAA, Cluster and Block meetings through semistructured questionnaire & practices was observed through the prepared

checklist during VHND and Home visits. Table 4 shows the knowledge indicators against the number of correct response from Flws

Knowledge indicators	Number of correct responses by flw (n)
Early Initiation Of Breast Feeding	151
Prelacteal Feeding	152
Colostrum	161
Recognizes Correct Attachment For Breast Feeding	121
Signs Of Right Attachment	131
More Areola Visible Above Top Lip	112
Mouth Wide Open	128
Chin Touching Breast	131
Lower Lip Curled Outwards	134
Identification Of Reliable Signs	
For Milk Insufficiency	144
Poor Weight Gain	146
Exclusive Breast Feeding	152
Expressing & Storing Breast Milk	131
Continuing Breast Feeding	152
Complementary Feeding	141
Age Of Introduction Of Complementary Foods	152
Consistency Of Complementary Food	148

Knowledge Of Three Local Iron & Viatmin A Rich Food	158
Portion Size	131
Promotion Of Food Diversity	
Grains	136
Pulses	140
Fat & Oils	154
Fruit	161
Green Vegetables	161
Poutry & Meat	153
Milk & Dairy Products	161

-

Table 4 shows results of flws' knowledge on breast feeding practices and supplementary and complementary feeding practices.For each indicator, a case situation was given to the FLWs and their responses were recorded,

a)Early initiation of breastfeeding: FLWs were asked to advise a mother who had newly delivered, about breastfeeding. initiation of breastfeed-ing or within one hour of child birth. The remaining 6% advised the mother to wait for the breastfeeding.

b)Pre-lacteal and colostrum feeding: In a situation where a family holds the opinion that something 'sweet' should be given to the new-born, 94% FLWs reported that they would strongly advise mothers against giving pre-lacteal feeds. Similarly, all AWWs concurred that the mother should feed colostrum to the baby and not discard it. Further asked to FLWs highlighted immunity and the protection it provides against infections. How ever, very few could highlight the nutritional properties of colostrum.

c)Attachment for breastfeeding: Correct breastfeeding technique is important for ensuring successful breast-feeding, as incorrect technique may cause breast en-gorgement leading to painful breasts.75% Flws were able to respond correctly .
The FLWs were evaluated for their ability to identify the correct attachment for breastfeeding by showing different pic-tures. About 81% of s identified correct attach-ment to the breast during feeding. Regarding specific awareness about signs of correct attachment, about 81% of FLWs stated visibility of areola above the top lip and widely open mouth during suckling whereas about 29% and 21% of AWV and chin respectively. None was able to explain all four signs of correct attachment.

d)Identification of signs for milk insufficiency: One of the common reasons for early termination of breastfeeding is that caregivers believe that they are not pro-ducing enough milk and therefore F insufficient milk supply. About 40% of the FLWs proposed they would consider poor weight gain as one of the signs for judging breast milk insufficiency. 90% of Flws were able to respond correctly.

E)**Exclusive breastfeeding (EBF):** To judge knowledge of the FLWs with respect to feeding additional food to an infant less than 6 months, about 96% of the FLWs reported that giving cow's milk as an addition-al feed to a three month old infant was an incorrect practice. To further assess their understanding of the benefits of EBF, 87% AWWs reported it reduced infections, 84% believed it provided all required nutrients, 91% reported that it helped to gain weight and 87% stated that it was enough to satisfy the hunger of the child.

f)Expressing and storing breast milk: To sustain exclusive breast feeding, especially in the case of a working mother, FLWs should have knowledge and skills to teach the method of expressing breast milk.

About 98 % of the FLWs were aware of the procedure for expressing and storing breast milk for later feeding and advised the mother to do the same.

g) **Continuation of breastfeeding:** When asked, through a given situation, to advise a mother regarding continuation of breastfeeding after the mother had introduced complementary f s to the 6 months child, about 95% of FLWs shared that breastfeeding should be continued along with other feeds while 5% believed that it should be substituted with additional feed.

h) Age of introduction of complementary foods and implications of delay: About 94% of FLWs felt that six months was the right age to start feeding complementary foods to the infant while 6% were in favour of starting complementary feeding prior to six months. Regarding implications for delayed complementary feeding, about 71% of FLWs referred to inadequate weight gain, 63% stated compromised growth and development in children while 25% referred to increased risk of infections.

i)Consistency (thickness) of complementary food: To assess knowledge on correct consistency/thickness of food for infants, pictures of food with different consistencies were shown to FLWs and they were asked to select the correct pictures and provide reasons. About 86% of AWWs could identify the correct consistency for the food .

J) Knowledge of three local iron &Vitamin A rich food : About 98% Flws were Able to respond correctly .

h) Portion Size : 86% of FLws were able to corelate portion size with age accordingly

k) Promotion of food diversity : -About 84% to 100% were able to correctly identify food items, their diversity and their nutritional content.

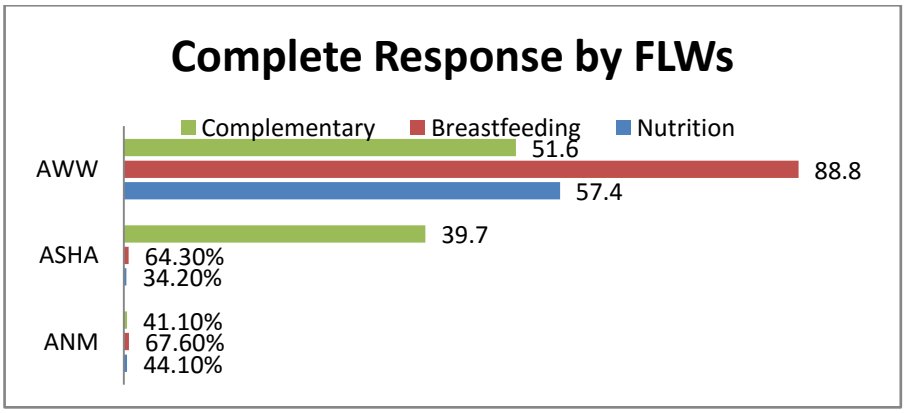
For assessing their practices a checklist was followed during VHND sessions and Home Visits . It was further observed that only 44% OF Flws were correctly Practicing Nutrition section , 73.2% in breast feeding and 44%in Complementary feeding (Table 5)

Completeness	TOTAL FLW
Nutrition	44%
breastfeeding	73.2
Complementary feeding	44%

After further analysing, it was found out that AWW had best practices in all the three components followe

By ANM and then ASHA .

FLW	Nutrition	Breastfeeding	Complementary
ANM	44.10%	67.60%	41.10%
ASHA	34.20%	64.30%	39.7
AWW	57.4	88.8	51.6



According to the checklist , the first component was related to nutritional counselling to pregnant mothers .The Points in checklist were focussing on dequate food quantity ,dietary recall , iron folic acid tablets ,first hour breast feeding and skills . The second component of the checklist was related to practices of breast feeding as it is one of the most important issue related to infant young child practices . The points included benefits of breast feeding , correct way of breast feeding the child, managing inadequate milk production etc. The third part of the checklist was related to supplementary and complementary feeding practices. It included child's dietary recall adequate feeding according to age , right proportion, hand washing , planning child's meals etc. Accordingly results were calculated against each question and percentage was calculated for every right response.

The below table shows percentage of Flws following desired correct practices.

Column1	TOTAL FLW
NI	76.3
N2	88.1
N3	81.3
N4	88.8
N5	82.6
N6	93.7
N7	85.7
N8	75.7
BF1	82.6
BF2	99.3
BF3	82.6
BF4	88.8
BF5	82.6
BF6	93.7

CF1	75.7
CF2	86.3
CF3	82.6
CF4	88.1
CF5	82.6
CF6	96.8
CF7	75.7
CF8	88.1

Conclusion

Frontline workers mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government. FLW's are the first port of call for any health related demands of deprived sections of the population, who find it difficult to access health services. FLWs mobilise the community towards local health planning and increased utilisation and accountability of the existing health services. Periodical and continued monitoring and assessment of frontline workers is essential for understanding the deliverables of the program and indentify any bottlenecks in implementation. To ensure right IYCF practices among community its is required that the front line workers be trained in early childhood nutrition practices . Constant and regular supportive supervision is needed to guide front line workers through the implementation which UP TSU is focussing on . Capacity Building of front line workers should be a priorty for sustainability of implementation of Programs . In this study it was observed that though all the front line workers have adequate level of knowledge about IFCF but not all FLWs are practising it correctly on fields causing a gap in implementation ,resulting in higher rates of under 5 mortality in Sitapur.

Recommendations

- Regular monitoring and supportive supervision to blocks during AAA, Cluster meetings , VHND sessions , Home vists to ensure best efficiency out of front line workers
- Refresher training to non performing and performing FLWs in Batches.
- Analysing service delvery platforms like VHND and home visits to ensure better delivery and outcomes.
- Allocation of Budget for IEC in TSU
- Availability and implementation of IEC among Front line workers
- Regular Updates of VHIR , RCH and Aganwadi registers to ensure coverage and targeted reach out .
- One register for Aganwadi Worker as well so that she is able to focus & give time to Home visits.
- To ensure motivation and coordination among front line workers ,incentives should be re planned .
- AAA , Cluster meetings should be monitored exhaustively to know the identify the problems of community .
- Use of Same criteria(WAZ) for admission of children in NRC from all sources - AWC or hospital
- Proper referral Mechanism should be established .
- Initiative like mobile kunji should also be available for Childhood nutrition .

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Annexure

पोषण पर परामर्श – प्रेक्षक चेकलिस्ट

ऊपरी आहार पर परामर्श

शिशु का नाम : शिशु की उम्र (महीने में):

परामर्श की जगह : कार्यकर्त्री:

प्रेक्षक को 'हाँ' या 'नहीं' में चिन्हित (✓) करना है

	ऊपरी आहार (6-23 महीने के शिशु)	हाँ	नहीं
1.	क्या कार्यकर्त्री शिशु को पिछले 24 घंटों में खिलाए गए भोजन के बारे में पूछती है और उम्र के अनुसार सही मात्रा में ठोस/अर्द्धठोस भोजन देने के बारे में सलाह देती है और करके दिखाती है?		
2.	क्या कार्यकर्त्री ज्यादा से ज्यादा दो या तीन विषयों पर सुझाव देती है और माँ से पूछती है कि उसे समझ में आया?		
3.	क्या कार्यकर्त्री रोजाना और प्रत्येक दिन चार विभिन्न प्रकार के आहार खिलाने पर सलाह देती है, (जैसे – दुग्ध उत्पाद, अण्डा मछली, नारंगी, फल और गहरी हरी पत्तेदार सब्जियाँ, गाढ़ी दाल के साथ–साथ अतिरिक्त एक चम्मच तेल) और स्तनपान जारी रखने का सुझाव देती है?		
4.	क्या कार्यकर्त्री अच्छी भूख बनाए रखने के दो या तीन तरीके याद दिलाती और दिखाती है? – खाना खिलाते समय शिशु से बात करें, उसकी प्रशंसा करें और खिलाने के दौरान शिशु को प्रोत्साहन दें। – शिशु को जबरदस्ती खाना नहीं खिलाएँ । शिशु को खुद खाना उठाने और खाने की अनुमति दें । – शिशु को अन्य तरह के पोषक आहार, जो शिशु को पसंद हों, खिलाएँ। – शिशु को तब खाना खिलाए जब उसे भूख लग रही हो, वह खाने के लिए तैयार हो और उसे नींद न आ रही हो । – शिशु को खाना खिलाने के लिए पूरा समय दें। – शिशु को सिर्फ पेट भरने देने वाले तरल पदार्थ, पानी, चिप्स, जूस, बिस्कुट आदि नहीं दें।		
5.	क्या कार्यकर्त्री माताओं को पानी और साबुन को पास में रखना और शौचालय के बाद, शिशु का पखाना साफ साफ करने के बाद तथा भोजन बनाने और उसे शिशु को खिलाने से पहले साबुन से हाथ धोने के बारे में याद दिलाती है ?		
6.	क्या कार्यकर्त्री एक बीमार शिशु को खिलाने के तीन तरीके याद दिलाती है कि : – कम अंतराल पर और लंबे समय तक दिन और रात स्तनपान कराना चाहिए। – कम मात्रा में कम अंतराल पर ठोस/अर्द्धठोस भोजन देना चाहिए । – बीमारी से ठीक होने के बाद कम से कम 2 सप्ताह के लिए अधिक भोजन देना चाहिए।		
7.	क्या कार्यकर्त्री माताओं की चिंताओं को ध्यान से सुनती है?		
8.	क्या प्रेक्षक ने प्रशंसा की तथा दोस्ताना तरीके से कार्यकर्त्री को अपनी राय दी?		

प्रेक्षक का नाम: प्रेक्षक की स्थिति: तिथि:

नोट्सः

पोषण पर परामर्श - प्रेक्षक चेकलिस्ट

गर्भवती महिला के पोषण पर परामर्श

माँ का नाम : गर्भावस्था (प्रथम/द्वितीय/तृतीय/तिमाही):

परामर्श की जगह : कार्यकर्त्री:

प्रेक्षक को 'हाँ' या 'नहीं' में चिन्हित (✓) करना है

	गर्भवती महिला	हाँ	नहीं
1.	क्या कार्यकर्त्री माँ को उसके भोजन की मात्रा के बारे में पूछती है और उसे याद दिलाती है कि उसे दिन में तीन बार डेढ़ गुना अधिक भोजन करना चाहिए?		
2.	क्या कार्यकर्त्री माँ को पूछती है कि उसने पिछले चौबिस घंटे में क्या–क्या खाया और याद दिलाती है कि उसे प्रत्येक दिन कम से कम पाँच प्रकार के खाद्य पदार्थ (जैस –दुग्ध उत्पाद, अण्डा, मछली, नारंगी फल और गहरी हरी पत्तेदार सब्जियाँ, गाढ़ी दाल के साथ अतिरिक्त एक चम्मच तेल) खाने चाहिए?		
3.	क्या कार्यकर्त्री माँ को याद दिलाती है कि उसे रोजाना शाम को खाना खाने के बाद आयरन फॉलिक एसिड की एक गोली खानी चाहिए?		
4.	क्या कार्यकर्त्री माँ को याद दिलाती है कि जन्म के तुरन्त बाद उसे शिशु को स्तन से लगाना चाहिए और उसे अपने दूध के अतिरिक्त कुछ नहीं देना चाहिए?		
5.	क्या कार्यकर्त्री माताओं को शौचालय के बाद, शिशु का पखाना साफ करने के बाद तथा भोजन बनाने और उसे शिशु को खिलाने से पहले साबुन से हाथ धोने के बारे में याद कराती है?		
6.	क्या कार्यकर्त्री गर्भवती महिला को गर्भावस्था के छह महीनों के बाद भारी काम न करें और दिन में कम–से–कम एक घंटा आराम करने के बारे में याद दिलाती है ?		
7.	क्या कार्यकर्त्री महिला की चिंताओं को ध्यान से सुनती है?		
8.	क्या प्रेक्षक ने प्रशंसा की तथा दोस्ताना तरीके से कार्यकर्त्री को अपनी राय दी?		

स्तनपान पर परामर्श

शिशु का नाम : शिशु की उम्र (महीने में):

परामर्श की जगह : कार्यकर्त्री:

प्रेक्षक को 'हाँ' या 'नहीं' में चिन्हित (✓) करना है

	स्तनपान (0-6 महीने या 0-180 दिन के शिशु)	हाँ	नहीं
1.	क्या कार्यकर्त्री माँ को 6 महीने तक सिर्फ स्तनपान कराने यानि एक बूँद पानी या ऊपर का दूध भी नहीं देने के लाभ (कम संक्रमण और माँ के दूध की आपूर्ति बनाए रखना) के बारे में याद दिलाती है?		
2.	क्या कार्यकर्त्री स्तनपान के समय शिशु की अवस्था और उसके स्तन से जुड़ाव देखने के बाद माँ को सहायता देती है?		
3.	क्या कार्यकर्त्री माँ को याद दिलाती है कि वह दूध की आपूर्ति कैसे जान सकती है (अच्छी तरह से बढ़ता और सक्रिय शिशु प्रतिदिन 6 बार पेशाब करता है, अच्छी तरह से सोता और खेलता है)?		
4.	क्या कार्यकर्त्री दूध की भरपूर मात्रा बनाए रखने के तरीकों के बारे में याद दिलाती है, जैसे कि कम अंतराल पर और लंबे समय तक दिन और रात बिना पानी दिए स्तनपान कराना?		
5.	क्या कार्यकर्त्री माताओं की चिंताओं को ध्यान से सुनती है, और बाधाओं और स्तन से सम्बन्धित कठिनाइयों के लिए सलाह देती है (स्तन की सूजन, बुखार, दर्द आदि)?		
6.	क्या प्रेक्षक ने प्रशंसा की और दोस्ताना तरीके से कार्यकर्त्री को अपनी राय दी?		

प्रेक्षक का नाम: प्रेक्षक की स्थिति: तिथि: