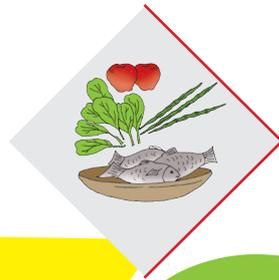
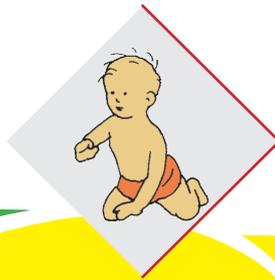




Training Capsule

for
Training Frontline Health and ICDS Workers in Uttar Pradesh



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May 2011

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for

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Introduction

Eighty percent of children in India are anemic, leading to serious consequences for their cognitive development, energy, and general health. In children under two, anemia can seriously impair brain development. The reduced intellectual capacity is irreversible, and will last a lifetime, affecting school performance and livelihoods decades later. Anemia also weakens children's physical health as well, making them more susceptible to childhood illnesses. In addition, when anemic children do fall ill, they do so with greater severity.

Iron folic acid supplementation (IFA), deworming, optimal feeding of infants and young children, as well as the prevention and treatment of malaria helps to control anemia in children. In addition, controlling anemia in pregnant women reduces their infants' chances of being born with low birth weight and increases the likelihood of being born with adequate iron stores, helping them fend off anemia. Since mother's milk does not contain a sufficient amount of iron to fulfill the child's iron requirements for first six months, the build-up of iron prior to birth is important.

Combating child anemia is possible through appropriate and adequate counseling. One of the greatest obstacles to preventing child anemia in India is ensuring that children actually take their IFA supplements. IFA – in syrup or tablet form– must be delivered by the caregiver. It is challenging for busy health workers to make this a priority, however, helping caregivers understand why it is important and how it will benefit their child is critical.

This training capsule- as an adjunct to the Government of India's training on Integrated Management of Newborn and Childhood Illnesses- seeks to better prioritize child anemia control by reminding health workers of the impact anemia can have on the health and development of children. In addition, it also aims to enhance counseling skills for health workers through the development and practice of counseling strategies and messages to caregivers, in order to urge compliance regarding practices in childcare to better protect infants and young children from childhood anemia.

Training Objectives

- Provide basic information to participants about child anemia, prevention, control and counseling.
- Develop the capacity of participants to effectively deliver services and ensure compliance through motivational counseling of care givers and family members.

This Manual

This manual is to be used by a trained facilitator to conduct trainings for a select group of health workers.

The Participants

The participants will be ASHAs/ANMs (Accredited Social Health Activist / Auxiliary Nurse Midwives) from the health department.

Preparing for the module

- Read this capsule and all the information provided within it in advance of the training.
- Plan exactly how work on the capsule will be done and what major points to make.
- Collect any necessary supplies for the exercises outlined in the capsule, and prepare for any demonstrations or role playing.
- Think about sections that participants might find difficult and questions that may arise as a result of them.
- Think about the skills taught in the capsule and how they can be applied in the participants' field.
- Ask the participants questions that will encourage them to think about employing the skills learned in this training in their own clinics (questions are suggested in appropriate places in the Facilitator Guide).

Facilitator Checklist for Session

ITEM NEEDED	NUMBER NEEDED
Facilitator Guide for training capsule	1 for each facilitator
Set of copies of Role Play (Large version -- to display on the wall)	2 sets for each small group
Set of Job Aids	1 set for each small group
Group Checklist of Counseling skills	1 per group

When Coordinating a Role Play

- Before the role play, refer to the appropriate notes in this capsule and guide to remind yourself of the purpose of the role play, roles to be assigned, background information, and major points to make in the group discussion after the role play exercise.
- As participants come to you for instructions before the role play,
 - Assign roles. At first, select individuals who are outgoing rather than shy, perhaps by asking for volunteers. If necessary, a facilitator may be a model for the group by acting in an early role play.
 - Give role play participants any background information needed. (There is usually some information for the “mother” which can be photocopied or clipped from this guide.)
 - Suggest that role play participants speak loudly.
 - Allow preparation time for role play participants.
- While the volunteers are preparing the role play, the facilitator must discuss with the participants what they should be observing and write down the observation formats in their notebooks.
- When everyone is ready, arrange seating/placement of individuals involved. Have the "mother" and "service provider/health worker" stand or sit apart from the rest of the group, where everyone can see and hear them.
- Begin by introducing the players in their roles and stating the purpose or situation. For example, you may need to describe the age of the child, cultural context, purpose of visit etc.
- If volunteers are steering the role play off course, intervene and try to put the role play into context again.
- When role play is finished, thank the participants and offer praise for their coming forward and acting for the benefit of the group.
- Try to get all group members involved in discussion after the role play. In many cases, there are questions given in the module to help structure the discussion.
- Ask participants to summarize what they have learned from the role play.

Session Plan

Session	Time	Subject	Training Methodology	Facilitator Preparation
Day one				
I	15 mins	Welcome and introduction to the session	Presentation, exercise for introduction and ice-breaker	Copies and presentation of workshop objectives
II	15 mins	Review of Basic Concepts of Child Anemia	Presentation, discussion	Questions for participants, tape flip chart on the wall for the discussion and distribute copies of handout 1 to the participants
III	20 mins	Obstacles to Compliance in giving IFA syrup	Brainstorming and open discussion	Distribute copies of handout 2, statistics on compliance, use chart to discuss what can be done by service providers to support care givers
IV	30 mins	Counseling skills and checklist	Role play and discussion	Handout 3, checklist for counseling
V	30 mins	Practice Counselling skills	Role play and feedback	Distribute handout 4, checklist for counseling skills and counseling areas
VI	10 mins	Wrap up	Discussion	Ask participants about lessons learned



Session I

Welcome and Introduction

Objective

At the end of this session, participants will be familiar with the training team, other participants and the larger objectives of the training.

Time

15 minutes

1. Welcome participants. Explain that this training will consist of discussion, experience sharing and practice in counseling for the prevention of child anemia. The training will build on what participants have learned in the IMNCI trainings to help them further develop skills to communicate and counsel caregivers to encourage optimal health-seeking behaviors for the child and herself. The training will touch on the following topics in anemia control:
 - Review the causes and consequences of child anemia.
 - Discuss why it is important to control and prevent child anemia.
 - Identify the role of the health worker in controlling and preventing child anemia.
 - Identify the role of the caregiver in controlling and preventing child anemia.
 - Discuss the many areas where counseling can improve the practices of the caregiver.
 - Practice and evaluate counseling for child anemia control.
2. Carry out icebreaker activity
3. Assess the participants' existing knowledge of child anemia prevention and control prior to the workshop with the following quiz.

Training on Child Anemia Control

Pre-workshop Assessment

Given below are 8 questions about anemia. Circle the correct answer. There is only one correct answer for each question.

1. What is anemia?

- A. Low hemoglobin levels
- B. Disease of liver
- C. Disease of bones
- D. Disease of brain

2. Why should children be given iron?

- A. Children do not get enough iron from their food
- B. Children need more iron per kilogram body weight as compared to adults
- C. Iron promotes mental growth
- D. All of the above

3. At what age should a child be started on supplementary food?

- A. 3 months
- B. 5 months
- C. 6 months
- D. 8 months

4. At what age should a child be started on iron folic acid (IFA) syrup?

- A. Newborn
- B. 3 months
- C. 6 months
- D. 12 months

5. Only those children who look pale should be given IFA.

- A. Correct
- B. Incorrect

6. If a pregnant mother is anemic how will it affect the child she is carrying?

- A. Child may be born small (low birth weight)
- B. Child will be born healthy
- C. Child will be of heavier weight
- D. Will have no effect

7. How should a child over 6 months be fed during illness?

- A. Should not be given breast milk or food
- B. Should be given more food and breast milk
- C. Should be frequently fed only breast milk
- D. Stop feeding the child

8. When should the mother initiate breastfeeding?

- A. Within one hour of birth
- B. Within six hours of birth
- C. Within 24 hours of birth
- D. Within two days of birth

Designation: _____ Area of work: _____

Date: _____



Session II

Review Basic Concepts about Child Anemia

Objective

At the end of this session, participants will share common knowledge about child anemia - why it is important; and what health workers can do to prevent it.

Time

15 minutes

Materials

Flip chart, tape, Handout 1

1. Tell participants we will be discussing some basic concepts about child anemia and ask them to think of their own work as well as the training they have received in IMNCI in order to answer a few questions. After asking questions, allow participants time to respond but be prepared to fill in answers if needed. Write the answers on a flip chart and tape pages to the wall for reference.

- a. Why is it important to control anemia in children?

Answers:

1. When anemia continues or develops early in life, the child's physical and mental capacity will remain lower as compared to healthy children
2. The child is more likely to develop infection and fall sick more often and more severely
3. The child will not have good appetite, making adequate feeding more difficult

Make the point particularly clear to participants that anemia in children 6-23 months will make the brain grow at a slower rate – so the children will not be as smart and will not think as quickly. This will not improve later, even if the anemia has been treated. These children will not do as well in school and even later in life as adults.

b. What actions should health workers take to prevent child anemia?

Answers:

- Identify all children 6-59 months in service area
- Give IFA syrup (or tablets) to caregiver for children
- Counseling and demonstration for:
 - a. IFA supplementation
 - b. Proper feeding
 - c. Deworming
 - d. Malaria prevention and control
- Encourage pregnant mothers to
 - a. Take IFA supplementation
 - b. Discuss side effects if any and seek timely help
 - c. Take extra and more nutritious food during pregnancy
- Monitor coverage regularly

Ensure that participants understand why each of these actions are important. When possible, allow participants to explain the points themselves.

c. Ask participants why it is important to counsel pregnant mothers to take IFA supplementation.

Explain that a healthy mother will give birth to a healthier baby. Anemia in mothers can lead to low-birth weight babies who are more likely to fall sick and who are more likely to be anemic as children.

Note: Counseling on malaria prevention and control should be included in those areas where malaria is a problem as defined by National Malaria Control Program.

Give Handout 1 to participants. This will reiterate the points that you have made above on causes and effect of anemia on children.

2. Ask participants whether they think that most health workers take all the key steps in order to control child anemia. Ask them what the hardest part is about trying to take all the key steps. If obstacles are identified, see if anyone in the group has a solution to suggest. Remind participants that sometimes it can be very hard to focus on all the health issues they need to focus on – but child anemia can weaken a child’s health and weaken a child’s brain, Remind participants that it is important to find time to counsel caregivers and explain how important it is to prevent child anemia.

HANDOUT I

Why is it necessary to control anemia in children?

Anemia in children can lead to:

- Poor development of the brain.
- Reduced learning capacity.
- Poor physical coordination and lethargy.
- Loss of appetite and tiredness.
- Reduced immune system to fight diseases.

For the child to be healthy, it is necessary to control anemia.

Causes of anemia in children 6-59 months

- If the mother is anemic, the new baby will be born with low iron storage which will last for only two months. Even if the child is born with normal iron stores, their stores will be used within six months and must be replenished. After the child is six months, he/she will require extra iron in amounts greater than can come from the food a child is able to consume at that age.
- Inadequate intake of iron rich food. After six months, the child must be given extra nutrition and enough iron along with mother's milk. Foods like pulses and rice do not contain enough iron that can be easily absorbed by the body.
- Occurrence of worms and malaria may further contribute to iron- deficiency, which causes anemia.

Actions to prevent and control anemia in children 6-59 months

1. Continue to breastfeed the child up to two years along with proper complementary nutrition.
2. Give IFA syrup to the child twice weekly (RI days) one ml (one dropper filled to the top) after at least one serving (katori) of food. The intention is to administer 100 doses in one year.
3. The deworming dose should be given for the first time at 12 months of age and after that every six months until 59 months. (12 – 23 months 200 mg – ½ tablet of albendazole – 1 in 6 months; (if mebendazole 1 tab x 3 days). 24 – 59 months – 1 tablet – albendazole; (if mebendazole 1 tablet x twice daily x 3 days).

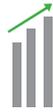
4. Nutrition counseling to be given to care givers:

- Continue to Breastfeed. A nutritional diet (80 grams of protein – for 36 – 59 months old children and 15 grams of protein for 6 – 59 months) is given at the Anganwadi Centre every day.
- Three half katori of semisolid food for children 6-8 months, three katori solid food for children 9-11 months and four katori solid food for children 12-23 months.
- Give solid and semi-solid foods such as grains or dal and/or vegetables mixed with one spoon of ghee or oil, three or four times a day along with mother's milk.
- Avoid bottle feeding.
- Once the child is 24 months, increase the serving size and quantity of meals, include all vegetables in the diet in non-mashed form.

While feeding the child remember:

- Wash hands with soap and water before feeding the child and after defecation. In addition, make the child wash his/her hands with soap and water before feeding and after defecation.
- Keep the child on your lap when you are feeding and use a spoon while talking to the child and telling him stories.

5. Protect the child from malaria by advising to get any fever investigated, and ensuring that mosquito breeding does not take place by keeping surrounding areas clean and free of any standing water. Sleep with bed nets to prevent mosquito bites.



Session III

Obstacles to Compliance

Objective

At the end of this session, participants will be able to identify key actions caregivers should take to control anemia, as well as some of the barriers caregivers face.

Time

20 minutes

Materials

Flip chart, tape, copies of Handout 2

1. Tell participants that next they will discuss some of the actions caregivers must take to prevent anemia in their children. As before, ask them to think of their own work as well as the training they have received in IMNCI to identify what caregivers should do. Allow participants time to respond but be prepared to fill in answers if needed. Write the answers on a flip chart and tape pages to the wall for reference.

Answers:

1. Give IFA syrup; 100 doses of one ml. each over the course of one year
2. Provide adequate breastfeeding and food
3. Wash hands with soap and water before feeding the child, cooking, eating and after defecation
4. Deworming dose must be taken as advised
5. Protect child from malaria by using bed nets and keeping surrounding areas dry and clean

2. Ask participants to reflect on their experience about whether they think caregivers take all these recommended steps.
3. Show the chart with the statistics on anemia:

Prevalence of anemia, in children nationally 6 to 59 months old: 69%

Prevalence of anemia in women 15 to 49 years: 62%

4. The high percentage of prevalence means that there are gaps in delivery of the services. Ask the health workers what can be the possible reasons for this.
5. Distribute Handout 2 which identifies these same key actions but provides more detail (how, when, how much). Ask participants to quickly review it, to help them to notice that these actions can be complex – with many messages that the caregiver must understand.
6. Divide participants into small groups of 3-5 for discussion. Ask participants to identify 1) reasons why caregivers may not always take these key steps to control child anemia, and 2) how they can help the caregivers do a better job. What actions can health workers take or what information can they provide.

	Reason why it may not be delivered	How can health workers help caregivers
Service		

7. Ask groups to report out on their discussion. For every obstacle groups identify, they should also report out on an action or information that could help. Make sure participants understand the important role that counseling plays in helping caregivers to engage in health-seeking behavior for their children.

HANDOUT 2

Anemia - Deficiency of Iron

Deficiency of iron is a primary cause of anemia. Iron is found in almost all foods. Dietary iron intake is therefore related to energy intake. Iron requirements are particularly high during pregnancy, adolescence and childhood.

Iron requirements are highest in the second and third trimesters of pregnancy. This need is met by utilizing the maternal stores accumulated prior to conception and during the first trimester (owing to the cessation of menstruation) as well as markedly increased absorption during the second and third trimesters.

Requirements are high in young children, particularly in those 6 - 23 months. Once birth iron reserves are exhausted at about 6 months, infants depend on weaning foods for iron because the iron content of human milk is not adequate to meet the increased requirements during the period of accelerated growth below 2 years.

State	Parameter	Total	Urban	Rural
Uttar Pradesh				
	Anemia in Children 6 – 59 months	85%	82.5%	85.7%
	Pregnant women 15 – 49 years	51%	51.3%	51.7%

Unfortunately, traditional complementary foods in UP are poor sources of bio-available iron. Iron deficiency is therefore frequently seen in children aged 6 to 23 months.

The objective of the Maternal and Child Anemia Control Strategy is to reduce anemia in pregnant mothers and young children up to 59 months. The health and ICDS sectors will participate in the implementation of the project with defined roles and responsibilities of the two sectors.

Tasks to be performed by ANM – For Pregnant Mothers

- ANM will register all pregnant women for ANC according to the list provided by ICDS and ASHA. She will distribute the Mother-Child-Card to the pregnant women and keep the counter foil for her own record.
- She will provide ANC and other services such as immunization and health check ups to pregnant women and make the stock of IFA tablets available to AWW/ASHA. The AWW and ASHA will ensure distribution of IFA tablets to all pregnant women.
- She will provide one dose of deworming medicine to pregnant women after 4 months of pregnancy (one tablet of albendazole once and 6 tablets of mebendazole - one tablet to be taken twice a day for 3 days), and will enter the same in the register.
- She will follow up on the distribution and consumption of IFA tablets and will address any complaints/problems regarding the side effects of consumption.

- It will be the responsibility of the ANM to enter the total stock and distribution details of IFA tablets and Melbendazole in the store register.
- She will provide information about distribution and consumption of IFA tablets In her monthly report, based on the information she receives from AWWs and ASHAs.
- During Sector Meetings the work of collating distributed IFA tablets will be done with the help of AWWs and ASHAs.

Tasks to be performed by ANM – For Children

- ANM will register all children 6-59 months according to the list provided by ICDS. She will issue them Mother-Child cards and keep the counter foil for her own record.
- She will provide health services to all children (regular immunization, vitamin-A, IFA, deworming medicines, etc), and make IFA syrup bottles available to AWW. AWW and ASHA will ensure distribution and consumption of IFA syrup at their own level.
- ANM will give deworming medicine to the eligible children every six months from when they are aged 12 months to 59 months. To ensure continuity, the state government has made a provision to provide it with vitamin-A on Child Health and Nutrition Day.
- ANM will follow up on distribution and consumption of IFA syrup. She will also discuss and resolve the problems relating to the side effects of taking IFA syrup.
- It will be the responsibility of the ANM to enter the total stock of IFA syrup, received from the Primary Health Centre, in the store register.
- After 50% stock of the IFA syrup bottles are distributed, the ANM will prepare a report and send it to the Medical Officer in charge in order to ensure continuity in supply of these items.
- The ANM, in her monthly report, will provide information about distribution and consumption of IFA syrup. This will be done by analyzing the information received from AWW and ASHA.
- During the Sector Meeting, the work of collating distributed IFA Syrup bottles will be done with the help of AWW.

Tasks to be performed by ASHA - For Pregnant Mothers

- ASHA will fill all relevant information in Village Health Register and make sure all information is current by updating the register regularly.
- She will enter the names of all pregnant women in this register and will help them in getting ANC services through ANM.
- She will keep the counter foils of Mother-Child cards issued by the ANM to ensure continuous monitoring of ANC services.

- ASHA will ensure two home visits within one week of delivery and will see to it that breastfeeding is initiated within two hours of delivery.
- She will provide counseling to mothers on correct methods of taking IFA tablets, eating an iron-rich diet and the possible side effects of consuming IFA tablets.
- She will help the AWW provide food supplements and counseling on gaining at least 10 – 12 kg. of weight during pregnancy.
- AWW will help ASHA to prepare a list of pregnant women who have missed ANC appointments.

In the sector meeting, the data of this register will be tallied with the data from AWW register in order to monitor the distribution and consumption of IFA tablets.



Session IV

Counseling Skills and Checklist

Objective

By the end of this session, participants will be able to identify and list six key steps for good counseling.

Time

30 minutes

Materials

Copies for all participants for Handout 3, checklist for counseling skills and the script for role play and one set of job aids showing locally available iron-rich foods.

1. Tell participants that they will now be practicing good counseling skills. Explain that counseling does not mean sharing information. It means being able to understand what the client needs and to provide and assist her with what she really needs. The goal should be to help her make good decisions for the health of her child. Write the six important steps in counseling (in bold) on a flip chart, and read the brief explanation of each action aloud:
 - **Greet:** Mothers should be greeted and made to feel welcome and comfortable.
 - **Ask:** Make sure you ask relevant questions in simple, short sentences so the mother understands and feels comfortable answering.
 - **Listen:** Advice is not generic and should be based on her individual needs. So, it is very important to listen carefully to what she has to say and her concerns.
 - **Praise:** It is important she trusts you and the health system. She should be made to feel that these are tasks she is able to carry out and succeed at. This is best obtained by genuine praise for points which are praise worthy. The fact that she is in the counseling session is in itself a positive point for praise.
 - **Advise:** It is important not only to praise what she is already doing but to clearly explain what more she needs to do. It is important to give reasons so she is not just following rules, but instead is making positive decisions regarding the health of her child.
 - **Check understanding:** This is an important step for effective communication. Did the caregiver understand what was explained? This needs to be checked by asking appropriate questions. Avoid 'yes' or 'no' questions because these questions will not give you a clear picture of her understanding. It is better to ask questions that require a more detailed answer such as "How many iron tablets you will take?" or "During what part of the day will you take table iron tablets?"

- Ask for two volunteers from the group to read aloud the script for a role play of a counseling session between a mother and a health worker. Give each participant a copy of the script, and give the one playing the health worker the job aid showing locally available iron-rich food. Ask the two participants to quietly read through the script once before reading aloud.

Meanwhile, explain to participants that they are to listen to the role play and pay particular attention to when they hear the six key steps: **Greet, Ask, Listen, Praise, Advise, and Check**. Pass out copies of the checklist for counseling skills and explain they should use the top chart to check off the steps as they hear them. Explain that they might hear some steps several times. Check their understanding one more time for each of the key steps.

Checklist for Counseling Skills

Steps	Check when you hear it (√)			
Greet				
Ask				
Listen				
Praise				
Advise				
Check				

- After the role play, ask participants to compare their checklist with their neighbors. Pass out copies of the script and ask teams to identify good examples of Greeting, Asking, Listening, Praising, Advising and Checking.
- Ask participants to read the advice about iron folate supplementation in the script. Ask participants to discuss what else they could say to help the mother understand how important it is to give the IFA syrup (the iron will help the child to stay healthy and not fall ill, if the child doesn't get enough iron his/her brain will work more slowly and he/she will have less energy, etc.) Then ask what other advice they could give about how and when to give the IFA.
- Ask participants what other advice the counselor could have given to help the mother to protect her child from anemia.

Answers:

- Give IFA supplements
- Provide adequate breastfeeding and food
- Wash hands with soap and water
- Deworming dose
- Protect child from malaria
- Ask participants to think back on the many actions the mother must take to help control child anemia (the flipchart from earlier should still be hanging up as a reminder).

HANDOUT 3

Script for Role Play

For ANM/ASHA at the PHC, Sub-Center or home visit by the ASHA

Topic: Counseling Mothers for IFA syrup, breastfeeding, nutritious food, malaria and deworming

Characters: ANM/ ASHA

Setting: PHC or Sub-Center where the ANM and/or ASHA are present when Rani (mother/ caregiver) enters

ANM/ASHA (Greet)	<p>“Welcome Rani! How nice to see you. And you have got Sonu along with you? Do please sit down here.”</p> <p>(Welcome the mother and make her comfortable)</p> <p>“How are you?” (Ask about family and general family matters etc.)</p> <p>“Ah and this is your child? His name is Sonu, is it not? How old is he now?”</p>
Rani:	“Yes nurse Behenji, this is my son Sonu. He is now 18 months,”
ANM/ASHA: (praise, ask, listen)	“Good, Sonu looks like a healthy child, You are still breastfeeding him?”
Rani:	“Yes I still breastfeed him but do you think Sonu is weak? I came to show him to you because I thought that he was quite restless and not as energetic in playing as he was earlier.”
ANM/ASHA: (praise, ask and listen)	Firstly Rani, it is good that you are still breastfeeding him. Mother’s milk is the best food for a child. But at this age, it may not be sufficient for all his requirements. How many times in a day do you feed him milk?”
Rani:	“Can’t say exactly...but mostly four or five times in a day.”
ANM/ASHA (praise)	“That is good. Whenever Sonu asks you should give him your milk.”
ANM/ASHA (ask and listen)	“Now tell me, do you give Sonu the IFA drops?”
Rani:	“No.. I do not. Should I be giving him? And why?”
ANM/ASHA: (Advice)	Sonu needs iron for physical and mental growth. Till Sonu was six months, he was getting iron from the store that he had built while in the womb. But after this, he needs IFA syrup since his diet does not contain all the iron he needs.”
Rani:	Oh! Why is that? And what will happen if I do not give him iron?
ANM/ASHA (ask, listen)	Rani, you said you thought that Sonu is looking weak because he does not play as actively as he did earlier?”
Rani	Yes, yes, I did say that.

ANM/ASHA (Advice)	See when the body does not get enough iron, it will not make blood properly and so the child will feel tired and not be able to play as he will not have energy. Iron also helps in developing a child's brain so that the child can perform better in their studies."
Rani:	"Please tell me what I can do?"
ANM/ASHA (Advise, check)	"It is very simple Rani. Every year you need to give him 100 doses of one ml. iron syrup. Here is a bottle of 100 ml. iron syrup. You need to give him one dropper of one ml. after he has had his food. Do not give it on an empty stomach. What do you think? Can you do it?"
Rani:	"If it is really good for Sonu's physical and mental health, then I will certainly do it. But in case he vomits and is not able to digest it, what will I do?"
ANM/ASHA: (advice)	"The child may vomit if you have given the syrup on an empty stomach. Always ensure that you are giving the IFA syrup measuring one ml. with the dropper here, only after Sonu has had his meals."
Rani:	"OK. I will give him the syrup with the dropper after his food everyday."
ANM/ASHA (Advice)	"Very good. Rani, you will give him the syrup only two days in a week. These two days should be fixed by you and easy to remember. For example, you can give it on Wednesdays and Saturdays."
Rani:	"Oh! OK I will remember and give him on those two days. But what should I feed him now?"
ANM/ASHA (counsel and repeat message)	"Give him four katori solid foods in the entire day like panjeeri, dal/vegetables. And remember what I have said, Give him one ml. iron syrup after he has taken his food"
ANM/ASHA (Counsel)	"Rani also remember that usually you find that his stool has turned black after taking iron syrup, but this is normal and only shows that the syrup is effective. Continue giving him nutritious food every day."
Rani:	"Yes, I will give Sonu the syrup only after he has had a full meal, but will it affect his health if his stools turn black?"
ANM/ASHA (explain, reassure and check understanding)	"No Rani, it will not and this is only a sign that the iron is being absorbed in the body as required and remaining iron is given out. What else will you take care of Rani when you give him the syrup?"
Rani	"Behenji, you said that he should have his syrup only after having solid food, so on a full stomach."
ANM/ASHA: (Praise, advice)	"That is very good. You must also remember that when you have started feeding Sonu, it is possible that he may have worms. If that happens, worms may also contribute to taking away blood from his body."
Rani:	"Oh!! What can I do for that?"
ANM/ASHA: (advice, ask, listen))	"You must give Sonu a deworming dose every six months. Has he been given one already?"
Rani:	"Yes, he was given one half tablet when he became one year old."
ANM/ASHA: (praise, advise)	"That is good; he must have another tablet now that he is 18 months. Remember to ask ASHA Behenji for the deworming dose after every six months."

ANM/ASHA (advice)	“Now I will show you a picture card which shows the types of foods Sonu should take (tell her about locally available foods).”
Rani:	“Should he be given this food when he is sick?”
ANM/ASHA: (Advice)	“Yes you must continue feeding Sonu while he is sick. You can also add sugar or salt to make the food tastier. Along with this you should also continue breastfeeding. And remember you must always wash your hands before feeding the child or serving the food.”
ANM/ASHA: (Advise, ask, listen)	“If Sonu has fever at any time, it may be malaria so you must show him to a doctor immediately when he has fever. Good I am sure you take good care of Sonu’s health. Do you want to ask me anything?”
Rani:	“During fever should I also give food and iron syrup?”
ANM/ASHA (advise, ask, listen)	“You should continue feeding but while Sonu has fever do not give IFA syrup. Start again when his fever is gone. Can you tell me what would you give when Sonu has fever?”
Rani:	“Yes, I will continue feeding and breastfeeding but will stop IFA syrup for that period. Can I contact you when Sonu has problems?”
ANM/ASHA (Praise)	“You are taking good care of your child Rani, of course you can contact me or Behenji. That is our job.”

Counselling Mothers

- Ask and listen.
- Praise her.
- Give advice.
- Ensure that the mother has developed an understanding of the actions she can take to protect her child from anemia.

Ask and Listen

- Ask your questions in clear and simple language. Ensure that the mother understands what you are saying.
- Try to gain a clear understanding of how she is taking care of her child.
- Through this you will know about a mother’s optimal health behavior and also about behaviors/methods that need to be changed.

Praise Her

- It is possible that the mother is following some good practices, such as breastfeeding.
- Praise the mother for her good practices.
- Your praise should be genuine only for good practices that she is following.

Advise Her

- Advice should be given on a case-by-case basis.
- Language should be clear and simple.
- Illustrations and other media should be used appropriately.
- While giving advice regarding inappropriate practices, ensure that you do not use words or language that may hurt the mother's feelings.

Confirm the Mother Understands the Information Given to Her

- Ask the mother what she has understood and what more needs to be explained.
- Ask questions that require detailed responses and not 'yes' or 'no' answers.
- Praise the mother for her good understanding.

Assessment of Understanding

- Ask the mother what she understands of the information given and ask what more needs to be explained.
- Ask questions that require detailed responses and not just 'yes' or 'no' answers.
- Ask questions that start with words like why, what, where, when, how many, how much and how.
- Pause after asking the question, giving the mother time to think and formulate her answer.
- Praise the mother for her good understanding.

Assessment of understanding

Good Questions	Bad Questions
<ul style="list-style-type: none"> ● How will you prepare ORS solution? ● How many times do you breastfeed your child? ● How many <i>katoris</i> (bowls) of food do you give your child? ● Why is it necessary to wash hands before feeding the child? 	<ul style="list-style-type: none"> ● Do you remember how to make the ORS solution? ● Do you breastfeed your child? ● Do you know the method of feeding the child? ● Do you remember to wash your hands before feeding your child?

Information and Messages for Children 6-59 Months

Children, from six months onwards are most vulnerable to malnutrition, and require a package of services to prevent malnutrition.

1. Continue Breastfeeding: Mothers must continue to breastfeed the child as often as the child wants. Breastfeeding should not be discontinued even if the mother or child is sick.

2. Complementary Feeding: Children need energy in a much higher proportion to their body weight than adults. So after six months, besides breast milk, a child will need extra food that should be fed to the child with active efforts by the mother/family members. Also, ghee or oil can be used to make this food rich in energy. Small children require extra meals because they have smaller stomachs than adults, letting them eat less. For this reason children should get increased meals with higher nutrition content.

A mother should actively feed her child to ensure that the child consumes all the food offered. It is going to take some extra efforts by the mother to make sure that the child consumes all of its food. Before feeding the child, the mother must wash hands with soap and water. Quantity and foods are depicted in the boxes:

<p>6 -8 Months (BF+3 half katori full semisolid food) Breastfeed as often as the child wants.</p> <ul style="list-style-type: none"> ● Give at least one katori serving*at a time <ul style="list-style-type: none"> ● Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR ● Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the serving <p>OR</p> <ul style="list-style-type: none"> ● Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR ● Mashed boiled/fried potatoes 	<p>9 - 11 Months (BF+3 full katori full semisolid food) Breastfeed as often as the child wants.</p> <ul style="list-style-type: none"> ● Give at least one katori serving* at a time <ul style="list-style-type: none"> ● Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR ● Mashed roti/rice/bread mixed in thick dal with added ghee/oil or kichri with added oil/ghee. <p>Add cooked vegetables also in the servings</p> <p>OR</p> <ul style="list-style-type: none"> ● Serian/dal/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR ● Mashed boiled/fried potatoes
<p>* 3 times per day if breastfed; 4 times if not breastfed</p> <p>Remember:</p> <ul style="list-style-type: none"> ● Wash your own and child’s hands with soap and water every time before feeding ● Keep the child in you lap and feed with your own hands/spoon 	<p>* 3 times per day if breastfed; 5 times if not breastfed</p> <p>Remember:</p> <ul style="list-style-type: none"> ● Wash your own and child’s hands with soap and water every time before feeding ● Keep the child in you lap and feed with your own hands/spoon

Children aged 6-8 months must have at least three katori of semi-solid food during the day. 9-11 months should have at least three katori of energy rich food during the day. For children over one year, the mother or parent should ensure that the child finishes all of his/her food, which should be at least four full katori of energy rich food daily.

3. Iron Syrup: Child should get one ml. of IFA syrup (to be taken from bottle using attached one ml. dropper). The syrup should only be given to the child after it has been fed. The IFA supplement must be given on two fixed days of the week (Wednesday and Saturday preferably or as suitable to mother/family). One member of the family should be responsible for IFA syrup administration. Over dose should be avoided. IFA syrup should be stored at a cool and dry place and away from the reach of children.

4. Deworming Medicine: Given after their first birthday. One course consists of three tablets (one tablet daily for three days) of mebendazole. This should be given every six months until the child turns five years old.

5. Protection from Fever/Malaria: Children should be protected from malaria by advising them to sleep under mosquito netting and seeing a doctor when they have fever. Surrounding areas must be kept clean and free of standing water to avoid mosquito breeding.

Up to 6 Months of Age

- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours,
- Do not give any other food or fluids not even water,

Remember:

- Continue breastfeeding if the child is sick.

12 Months up to 2 Years

(BF+4 full katori full solid food)

- Breastfeed as often as the child wants,
- Offer food from the family pot,
- Give at least 1 1/2 katori serving* at a time of:

- Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables also in the servings OR
- Mashed roti/rice /bread/biscuit mixed in sweetened undiluted milk OR
- Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
- Mashed boiled/fried potatoes

* 4-5 times per day.

Remember:

- Wash your child's hands with soap and water every time before feeding
- Sit by the side of child and help him to finish the serving

How to counsel the mothers to benefit them and their children?

Counseling does not mean sharing information. It means understanding the needs of the client and offering her assistance and help, so she can make the best possible decision regarding the health of her child.

Basic steps of counseling include:

Greet: Mothers should be greeted and made to feel welcome and comfortable

Ask: Make sure you ask relevant questions in simple, short sentences so the mother understands and feels comfortable answering

Listen: Advice is not generic and should be based on her individual needs. So, it is very important to listen carefully to what she has to say and her concerns

Praise: It is important she trusts you and the health system. She should be made to feel that these are tasks she is able to carry out and succeed at. This is best obtained by genuine praise for points which is praise worthy. The fact that she is in the counseling session is in itself a positive point for praise

Advise: It is important not only to praise what she is already doing but to clearly explain what more she needs to do. It is important to give reasons so she is not just following rules, but instead is making positive decisions regarding the health of her child

Check understanding: This is an important step for effective communication. Did the caregiver understand what was explained? This needs to be checked by asking appropriate questions. Avoid 'yes' or 'no' questions because these questions will not give you a clear picture of her understanding. It is better to ask questions that require a more detailed answer such as "How many iron tablets you will take?" or "During what part of the day will you take table iron tablets?"



Session V

Practice Counseling Skills

Objective

By the end of this session, participants will have practiced counseling caregivers on IFA supplementation, feeding, handwashing, deworming and malaria control.

Time

30 minutes

Material

Role play cards, A and B, participant Handout 1, 2 and 4, Checklist for Counseling Skills and Checklist for Counseling Areas.

1. Tell participants that they are now going to practice counseling. Tell them that they should try to pay attention to the key steps for good counseling (Greet, Ask, Listen, Praise, Advise and Check). Tell them they should also try to cover each of the areas where caregivers need to take action (IFA, feeding, handwashing, deworming, and malaria).
2. Divide participants into groups of three or four. One participant should be the health worker and one should be the other caregiver. The others in the group should listen to make sure the key steps are followed and the appropriate content areas are covered. There will be more than one role play so the ones listening will get the opportunity to participate in the next role play. Those listening can use the checklists to help them in identifying good counseling steps or counseling areas that are missing. Distribute role play cards A.

Checklist for Counseling Skills

Steps	Check when you hear it (√)			
Greet				
Ask				
Listen				
Praise				
Advise				
Check				

Checklist for Counseling Areas

Steps	Check when you hear it (√)			
IFA Supplementation				
Adequate Feeding				
Hand-washing				
Deworming				
Malaria Control				

3. After participants have had a chance to discuss role play A, tell them they will be changing roles. Those that were listening will now be speaking. Hand out cards for role play B. Ask participants to repeat what they did in Step 2, above.

HANDOUT 4

Script for Role Play (A)

For ANM/ASHA at the PHC, Sub-Center or home visit by the ASHA

Topic: Counseling mothers for IFA syrup, breastfeeding, nutritious food, malaria and deworming

Characters: ANM/ASHA, mother-in-law, mother, (Saroj), Nita (six-month-old baby girl of Saroj)

Setting: PHC or sub-center where the ANM and/or ASHA are present when Saroj and her mother-in-law enter with the baby

ANM/ASHA: (Greet)	<p>“Namaskar Ammaji, Saroj!”</p> <p>(Welcome the mother and her family members and make them comfortable)</p> <p>“How are you?”</p> <p>(Ask about family and general family matters etc.)</p> <p>“Ah and this is your child?”</p>
Saroj:	“Yes nurse Behenji, this is my daughter Nita. She is now 6 months old.”
ANM/ASHA: (praise, ask, listen)	“Very pretty daughter you have”. (Take her pulse, look for signs of health.) “Good, Nita looks like a healthy child, are you breastfeeding her?”
Mother-in-law:	“Yes Behenji, but I have told her that she now needs to start giving the baby food.”
Saroj:	“Behenji, you had told me that I should give only breast milk, so I wanted to ask your advice”
ANM/ASHA: (praise, advice)	“Firstly Saroj, it is good that you are breastfeeding her. Mother’s milk is the best food for a child. Ammaji is right though and now Nita needs to be given soft food.” (Show her the chart of the foods that the child must be started with, explain the foods that must be given)
Saroj:	“OK, I will remember this.”
ANM/ASHA: (advice)	“Saroj, you must now also start giving Nita iron syrup.”
Ammaji:	“Nita is not sick Behenji”
ANM/ASHA: (praise, advice)	“God forbid, Saroj and you have been looking after her well Ammaji, but this syrup is to be given to all children for 100 days every year till they turn 5 years.”
Saroj:	“But why do I need to give it if Nita is not sick?”
ANM/ASHA: (advice)	(Explain why the syrup is given)
Saroj:	“Oh, in that case please tell me how I should give it?”

ANM/ASHA: (advice)	“It is very simple. Here is the bottle that you can use for the 100 days.” (Explain to her how the dose is to be given)
ANM/ASHA: (ask, listen)	“Have you understood Saroj, will you repeat what I have just told you?”
Saroj:	“I will give her the iron syrup after her food, twice a week. I will give only one dropper full of the syrup.”
ANM/ASHA: (praise, advice)	“That is good. And if her stools turn black, you must not worry. It is a normal sign and shows that her body is taking in the iron that we are giving the baby. If you have any other problems, you can always ask me.”
Saroj:	“OK Behenji”
ANM/ASHA: (advice)	“...and remember Saroj, you must always wash your hands before preparing food, serving and feeding the baby.” (Show her the chart on feeding and explain it)
Ammaji:	“I will make sure that she does that Behenji, but Saroj is careful always about washing her hands.”
ANM/ASHA: (praise, advice)	“That is very good Ammaji, I am sure you have been giving her good advise. Have you also told Saroj about how she must take care for fever?”
Saroj:	“What is that Behenji?”
ANM/ASHA: (advice)	“Saroj, if you feel that Nita has fever, at any time and you have mosquitoes around your house, you must get her tested for malaria.”
Saroj:	“I will do that Behenji, but during fever also should I give food and iron syrup?”
ANM/ASHA: (advise, ask, listen)	“You should continue feeding, but while Nita has fever do not give her IFA syrup. Start again when her fever is gone. Can you tell me what would you give when Nita has fever?”
Saroj:	“Yes, I will continue feeding and breastfeeding but will stop IFA syrup for that period. Can I ask you more when Nita develops problems?”
ANM/ASHA: (Praise)	“You are taking good care Nita Saroj and Ammaji is helping you well. Of course you can ask me, that is my job.”

Script for Role Play (B)

For ANM/ASHA at the PHC, Sub-Center or home visit by the ASHA

Topic: Counseling mothers for IFA syrup, breastfeeding, nutritious food, malaria and deworming

Characters: ANM/ ASHA, Mother (Rekha), 14 month old baby

Setting: Rekha’s home

ANM/ASHA (Greet)	Hello Rekha! Can we come in?
Rekha :	Yes , yes Behenji,please come in.
ANM/ASHA (Ask, listen)	Rekha, you are looking worried, is everything all right?
Rekha	Yes Behenji, everything is all right.

ANM/ASHA (ask, listen)	Where is your baby Rekha, I don't see him around? Is he sleeping
Rekha	Yes, Behenji, but he will get up any time now. What can I do? He is looking so tired all the time. I think he plays so much that he gets tired.
ANM/ASHA (ask)	Can I look at him Rekha?
Rekha	Yes Behenji, come in, he is sleeping in this room.
ANM/ASHA (Check, ask, listen)	Let me also look at the iron syrup bottle that I have given you Rekha. Are you giving the iron syrup to him regularly?
Rekha	No Behenji, he has been vomiting every time I give him the medicine.
ANM/ASHA (Check, listen)	Is that so Rekha? Tell me how you give it to him?
Rekha	Oh, I give him as soon as I finish my morning work, otherwise I will forget.
ANM/ASHA (Check, listen)	And how many times are you giving it Rekha?
Rekha	I told you Behenji, sometimes I forget, so I give him the dose that I have forgotten with the one he is supposed to have.
ANM/ASHA (Ask, listen)	And what are you feeding him?
Rekha	I am breastfeeding him as you have told me Behenji. Sometimes I give him suji halwa with badam as he will then get the energy he needs
ANM/ASHA (Ask, advice, listen)	Rekha, did you not come for the film that we had shown at the Anganwadi about how to feed a young child? Remember Rekha, Rahul is still small and needs to have food that his system can digest easily. (Show the chart with the foods that the child should be given and explain)
Rekha	Oh my God! I have been so wrong. Is that why he is so restless?
ANM/ASHA (advice, check)	Rekha, you must also remember that you must give the IFA syrup to Rahul, only after he has had a full meal. One dropper which is one ml. and twice a week without fail. If you forget, do not give two doses, but give the regular dose and continue as you have scheduled. Now tell me how you will give the Iron syrup?
Rekha	I will give him one dropper full on Wednesdays and Saturdays after he has had a full meal. And if I forget, I will not give him two dropper full, but give him the next dose on the day that I have set. Will he become all right Behenji?
ANM/ASHA (advice)	He will Rekha, but remember before cooking food, serving it or feeding Rahul, you must wash your hands with soap and water.
Rekha	I will do that Behenji
ANM/ASHA (Ask, listen)	Have you given him his deworming dose when he became 12 months Rekha?
Rekha	Yes Behenji, I had taken him to the Sub-Center then.

ANM/ASHA (Praise, advice, check)	Very good Rekha. When children start eating, there is a possibility of worms getting in their system. When this happens, it may cause anemia in children. So you must remember to give him his deworming dose now after every six months till he is five years old. Will you do that?
Rekha	Yes Behenji, so now I must give it to him when he is 18 months, that is after another four months.
ANM/ASHA (Praise, advice)	You are a good mother Rekha. That is right, you now need to give him when he is 18 months. Also remember that if he has fever at any time, you must take him to the doctor and get him checked for Malaria. What precautions do you take for Malaria?
Rekha	I ensure that we do not have any water collecting around the house and in the evenings, I put full sleeves clothes for him. I also use neem smoke in the evening so that we do not get mosquitoes
ANM/ASHA (Praise, advice)	Very good Rekha. You seem to know everything. Now take care and do not be irregular in giving him his IFA syrup. You will see that he becomes very active soon.
Rekha	Thank you Behenji, I will take care.



Session VI

Wrap Up

Objective

To consolidate the learning of this module

Time

10 minutes

Material

Flip Chart

1. Tell the participants that they have been very helpful and have participated very well in the role plays
2. If they have any queries or doubts regarding the topics covered, they should raise their questions
3. Put down the questions on the flip chart and then take up all the questions together
4. In the process put up the main points of the training as well:
 - a. Define anemia
 - b. Causes of anemia in children
 - c. Effects of anemia in children
 - d. Controlling anemia in children and the role of the service provider
 - e. Steps in counseling
5. Assess the participants' knowledge of the topics covered after the workshop to find out if their comprehension has improved

Training on Child Anemia Control

Post-workshop assessment

Given below are 8 questions about anemia. Circle the correct answer. There is only one correct answer for each question.

1. What is anemia?

- A. Low hemoglobin levels
- B. Disease of liver
- C. Disease of bones
- D. Disease of brain

2. Why should children be given iron?

- A. Children do not get enough iron from their food
- B. Children need more iron per kilogram of body weight than adults
- C. Iron promotes mental growth
- D. All of the above

3. At what age should a child be started on supplementary food?

- A. Three months
- B. Five months
- C. Six months
- D. Eight months

4. At what age should a child be started on Iron Folic Acid (IFA) syrup?

- A. New born
- B. Three months
- C. Six months
- D. 12 months

5. Only those children who look pale should be given IFA.

- A. Correct
- B. Incorrect

6. If a pregnant mother is anemic, how will it affect the child she is carrying?

- A. Child may be born small (low birth weight)
- B. Child will be born healthy
- C. Child will be of heavier weight
- D. Will have no effect

7. How should a child over six months be fed during illness?

- A. Should not be given breast milk or food
- B. Should be given more food and breast milk
- C. Should be frequently fed only breast milk
- D. Stop feeding the child

8. When should the mother initiate breastfeeding?

- A. Within one hour of birth
- B. Within six hours of birth
- C. Within 24 hours of birth
- D. Within two days of birth

Designation: _____ Area of work: _____

Date: _____

