**Reference Note for calling AWWs**

Namaskar. I am \_\_\_\_\_\_\_\_\_\_, from\_\_\_\_\_\_\_\_\_\_, working as\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

With support from UNICEF, we are supporting Social Welfare Department in intensifying Remote Sensitization and Supportive Supervision for Continuity of Essential Nutrition Services in context of COVID-19.You might be aware that in this regard a letter was issued on 1st June 2021, from Principal Secretary, Social Welfare Department’s office, regarding Intensifying Remote Sensitization and Supportive Supervision for Continuity of Essential Nutrition Services in context of COVID-19. Letter number- ***SWD.246/2015/356.***

Is it a right time to talk to you?

Thanks!

It will take 10-15 minutes or so, if you are okay, we may move further with call. If not, please tell us a good time to talk today/tomorrow. I will be asking you some questions to understand the programme and service delivery status in context of COVID19.

**Areas around which I will be framing our discussion –**

1. Infant Young Child Feeding practices (Breastfeeding and Complementary Feeding)
2. Growth Monitoring and care for children with undernutrition
3. Adolescent IFA supplementation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Question** | | **Response** | |
| **A** | **Infant Young Child Feeding (IYCF)** | |  | |
| 1 | Total number of home visits conducted by you last month in your survey area? | |  | |
| 2 | Total number of Pregnant Women reached with messages of nutrition care during pregnancy? | |  | |
| 3 | Total number of lactating mothers (of children <6m babies) contacted for breastfeeding counselling? | |  | |
| 4 | Total mothers/caregivers with children between 6-23 months contacted for complementary feeding counselling? | |  | |
| 5 | Have you been trained/oriented on IYCF? If yes, when were you trained on the same? | |  | |
| **B** | **Growth Monitoring & care for children with undernutrition** | |  | |
| 6 | During August, have you received any information telephonically or in-person from your AW Supervisor regarding continuity of services in context of AWCs being shut? ***(YES/NO)*** | |  | |
| 7 | How often do you conduct growth monitoring for children?  ***(Only single response, DO NOT PROMPT)*** | | Monthly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A  Quarterly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B  Bi-annually \_\_\_\_\_\_\_\_\_\_\_\_\_C  Yearly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D  Other (specify) \_\_\_\_\_\_\_\_\_\_98 | |
| 8 | Total number of under-five children screened for growth monitoring in your survey area? | | |  |  | | --- | --- | | Total Registered Children | Total children screened | |  |  | | |
| 9 | Number of children in your area screened for SAM during August? | | |  |  | | --- | --- | | Total Registered Children | Total children screened | |  |  | | |
| 10 | How is child with SAM identified?  ***(Only single response, DO NOT PROMPT)*** | | Weight for Age \_\_\_\_\_\_\_\_\_\_A  Weight for Height \_\_\_\_\_\_\_\_B  Only Weight \_\_\_\_\_\_\_\_\_\_\_\_C  Only Height \_\_\_\_\_\_\_\_\_\_\_\_\_D  Other (specify) \_\_\_\_\_\_\_\_\_\_98 | |
| 11 | Number of SAM children identified during last month (August)? | |  | |
| 12 | If a SAM child is also having medical complications, where should child be referred?  ***(Only single response, DO NOT PROMPT)*** | | NRC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A  Govt. health facility \_\_\_\_\_\_B  Private health facility \_\_\_\_\_C  Other (specify) \_\_\_\_\_\_\_\_\_\_98 | |
| 13 | Number of SAM children you referred to NRC/health facility during August? | |  | |
| 14 | Number of children you registered under CMAM program? | |  | |
| 15 | What all service did you provide to children registered under CMAM in August? **(YES/NO)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Services** | **Child1-name** | **Child - 2** | **Child - 3** | **Child -4** | **Child – 5** | | Additional/Double THR |  |  |  |  |  | | Counselling on MIYCN |  |  |  |  |  | | Weekly home visits |  |  |  |  |  | | Antibiotics |  |  |  |  |  | | Micronutrient supplements |  |  |  |  |  | | Medical check-ups |  |  |  |  |  | | | | |
| 16 | Did you submit the compiled report on children enrolled under CMAM to your Supervisor? | |  | |
| 17 | Have you been trained/oriented on CMAM?  If yes, when did you receive last training on it? | |  | |
| **C** | **Adolescent IFA supplementation** | |  | |
| 18 | In August, did you in your area give IFA tablets to adolescent girls? | |  | |
| 19 | If not, what were the reason for not providing IFA tablets to adolescent girls? | |  | |
| 20 | Have you been trained/oriented on IFA, WIFS or Anemia Mukt Bharat?  If yes, when did you receive last training on it? | |  | |
| **D** | | **Challenges and recommendations** | |  | |
| 21 | | How do you manage to ensure service delivery for essential nutrition services in your survey area in the time of covid19? | |  | |
| 22 | | Are there any challenges you face in service delivery, especially when AWCs are shut due to covid19?  ***(Multiple responses, DO NOT PROMPT)*** | | Community resistance during home  visits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A  Priority shift to basic or health needs  from nutritional needs \_\_\_\_\_\_\_B  Excess work load \_\_\_\_\_\_\_\_\_\_\_C  Communication barriers \_\_\_\_\_\_D  Funds not released on time \_\_\_\_E  Irregular SNP \_\_\_\_\_\_\_\_\_\_\_\_\_\_F  Overall, lack of Support from  Community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_G  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_98 | |
| 23 | | If AWCs remain close for couple of more months, how do you plan to ensure service delivery for essential nutrition services? | |  | |
| 24 | | Is there any support you require from Department? | |  | |

**A. Infant Young Child Feeding: -**

**Breastfeeding within one hour –**

A child must be initiated with breastfeeding within one hour after birth. First yellow milk (colostrum) is also called first immunization to child, it prevents child from many infections and diseases, prevents neo-natal mortality. It has good amount of vitamin A, and Nutrients required to the child. Also, after delivery soon child goes into deep sleep then it may become difficult to do breastfeeding, so breastfeeding must be initiated immediately after birth, maximum within one hour of birth.

**Exclusive Breastfeeding till 6 months of age –**

A child should be given exclusive breastfeeding till six months of age. Even water should not be given during this period. Till six months, mothers’ milk is alone enough to meet the nutritional requirement of the child. If a child is started with complementary feeding before six months, then child may suffer diseases like diarrhea as his/her digestive system is not strong enough to digest family food. Also, there is a risk of infections due to which child may suffer malnutrition, morbidity or mortality.

**Breastfeeding in context of COVID19 –**

Mother with any symptoms of COVID19 who is breastfeeding or having skin-to-skin contact with her child should continue to breastfeed while taking all COVID precautionary measures such as: (1) use mask when bear the child (ii) cover nose and mouth with handkerchief while sneezing and coughing (iii) wash hands for at least 40 seconds before contact with child (iv) regularly clean/disinfect any surface she has touched by cleaning with soap or alcohol-based sanitiser.

**Complementary Feeding –**

After a child has completed 180 days or 6 months, then the child should be started with complementary feeding as mothers’ milk alone cannot fulfil child’s nutritional needs, however breastfeeding should be continued till two years age. This period between 6-23 months is called complementary feeding period. At the start of complementary feeding a child is started with semi-solid foods like Khichari, Kheer etc. so that it can be eaten and digested easily. Frequency and amount of food required increases as child grows up. **6-8 months:** Offer food at least 2-3 meals a day (total 200 gms) (Start with 2–3 tablespoon in each meal), **9-11 months:** Offer food at least 3-4 meals a day plus 1-2 snacks (total 300 gms) (1/2 of a 250 mL katori in each meal), **12-23 months:** Offer food at least 3-4meals a day, plus 1-2 snacks (total 400- 500 gms) (3/4 to one katori in each meal).

Care giver should ensure proper hygiene while cooking or feeding the child. Food diversity should be maintained, and child should consume at least 4 food groups out of 7 food groups each day. (1. Cereals, grains, roots, tubers - *Rice, wheat, potato etc.* 2. Pulses, legumes - *All dals i.e., Chana, Moong, Masoor, Rajama, peanuts, walnuts etc*.3. Vitamin A rich fruits and vegetables - *Those fruits and vegetables that are orange and yellow from inside e.g., Mango, Orange, Carrot, Pumpkin etc*. 4. Other fruits and vegetables - *Paleng, Methi, Jatilau,kobi,potol, bengena, sojina,etc. 5.* Milk and milk products. 6. Animal meat, fish. 7 Egg.

VHSNDs/RI sessions, home visits THR visits, telephonic means can be used as platforms for counselling on infant feeding for mothers/caregivers of children under-two years of age.

**B. Growth Monitoring and care for children with undernutrition: -**

When you assess weight-for-age of any child, you are screening the child for underweight. Only when you assess weight-for-height for the child, you assess him/her for severe acute malnutrition.

Once you identify a child with SAM, you are required to get the child medically assessed by ANM to understand whether the child has any other medical complications or not. For children with SAM and accompanying medical complications, please refer the child to Nutrition Rehabilitation centre. If your district doesn’t have an NRC, please refer the child to nearest health facility. Of all the children identified as SAM, only 10-15% children require such facility-based care. Most children (i.e., 8-9 children out of 10 children) do not have accompanying medical complications and can be managed at community level. These children should be enrolled under CMAM programme which means following services should be provided:

Package of services under CMAM include –

1. ***Antibiotics***: All children enrolled under CMAM should be administered **antibiotics** with support from ANM.
2. ***Double THR/dry ration:*** All children enrolled under CMAM should be provided **double THR**.
3. ***Weekly home visits and telephonic follow-up –*** AWW should continue home visits to assess progress of child; and counsel on energy-dense foods, breastfeeding, and complementary feeding behaviours. In addition to home visits, AWWs should telephonically reach out to parents of enrolled children.
4. ***Micronutrient supplementation –*** AWW to ensure that children with SAM receives micronutrients (Vitamin-A; IFA) and deworming (Albendazole) as per protocol.
5. ***Fortnightly weight-for-height assessment and health check-up by ANM/ASHA –*** AWW should assess weight-for-height of the child every fortnight to assess progress. Also, with support from ANM/ASHA health check-up for all children with SAM should be facilitated.
6. ***Follow-up –*** to be continued until child reaches normal weight-for-height or in green zone. Children who continue to remain under SAM category (in red zone) even after 12weeks should be referred to NRC for admission.

This is known as CMAM. There is state directive elaborating on the package of services in letter number ***DSW MIS (cell) 32/2021/6***, ***Dated 24-05-2021.*** As per the format included in this letter, you are required to share the report with Supervisor by last date of every month for further compilation and submission to Project.

**C. IFA supplementation for out-of-school Adolescent Girls:**

Adolescence is the age when girls go through puberty and grows at fastest speed, physically, mentally and reproductively. These, together, affects nutritional needs and eating habits, as biological changes may create stress in them. These all factors can lead to anemia and malnutrition among adolescent girls. To prevent malnutrition, specially anemia adolescent girls should consume weekly iron folic acid tablets which come in blue colour. All adolescent girls aged 10-19 should consume 1 IFA tablet weekly. School going girls receive it at their school.

AWWs should ensure weekly IFA (blue) tablet administration to all Out-of-school Adolescent girls (10-19 years). Iron folic acid tables prevents anemia in adolescent girls. At first, adolescents may have discomforts like diarrhea, nausea, black stools or constipation etc. these are normal signs which gradually will subside. Adolescents should not be scared of it and should not discontinue weekly consumption. Consuming IFA with lemon water or other Vitamin C rich foods helps better absorption of iron. It should not be taken with milk, tea or coffee.

In addition. as per state directives, weekly IFA (blue) tablet administration for all out-of-school Adolescent girls (10-19 years) through home visits is to be continued in context of COVID19. In case of any shortage of stock, please collect from nearby subcentre. For IFA supplementation also, please submit your report to both AW supervisor and the ANM.

If you have any questions, please do share. Can you summarise the action points that you have noted for yourself so that we can be sure we have covered everything as planned? ***(Check how much she has understood and if anything needs to be repeated)***