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FIVE

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Community Level Interventions For Improving Maternal, Neonatal And Child Health: A Training Tool Kit

IMPROVING THE ENUMERATION AND TRACKING PROCESS

Community Level Interventions for Improving Maternal, Neonatal and Child Health: Improving the Enumeration and Tracking Process is the fifth module of the tool kit in a series of seven on enhancing community engagement for improving outreach, shaping demand and strengthening accountability to improve maternal, neonatal and child health outcomes in Karnataka.

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Community Level Interventions For Improving Maternal, Neonatal And Child Health: A Training Tool Kit

IMPROVING THE ENUMERATION AND TRACKING PROCESS

KHPT
Karnataka Health Promotion Trust

National Rural Health Mission
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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PREFACE

The Community Level Interventions for Improving Maternal, Neonatal and Child Health Tool Kit is a series of seven modules:

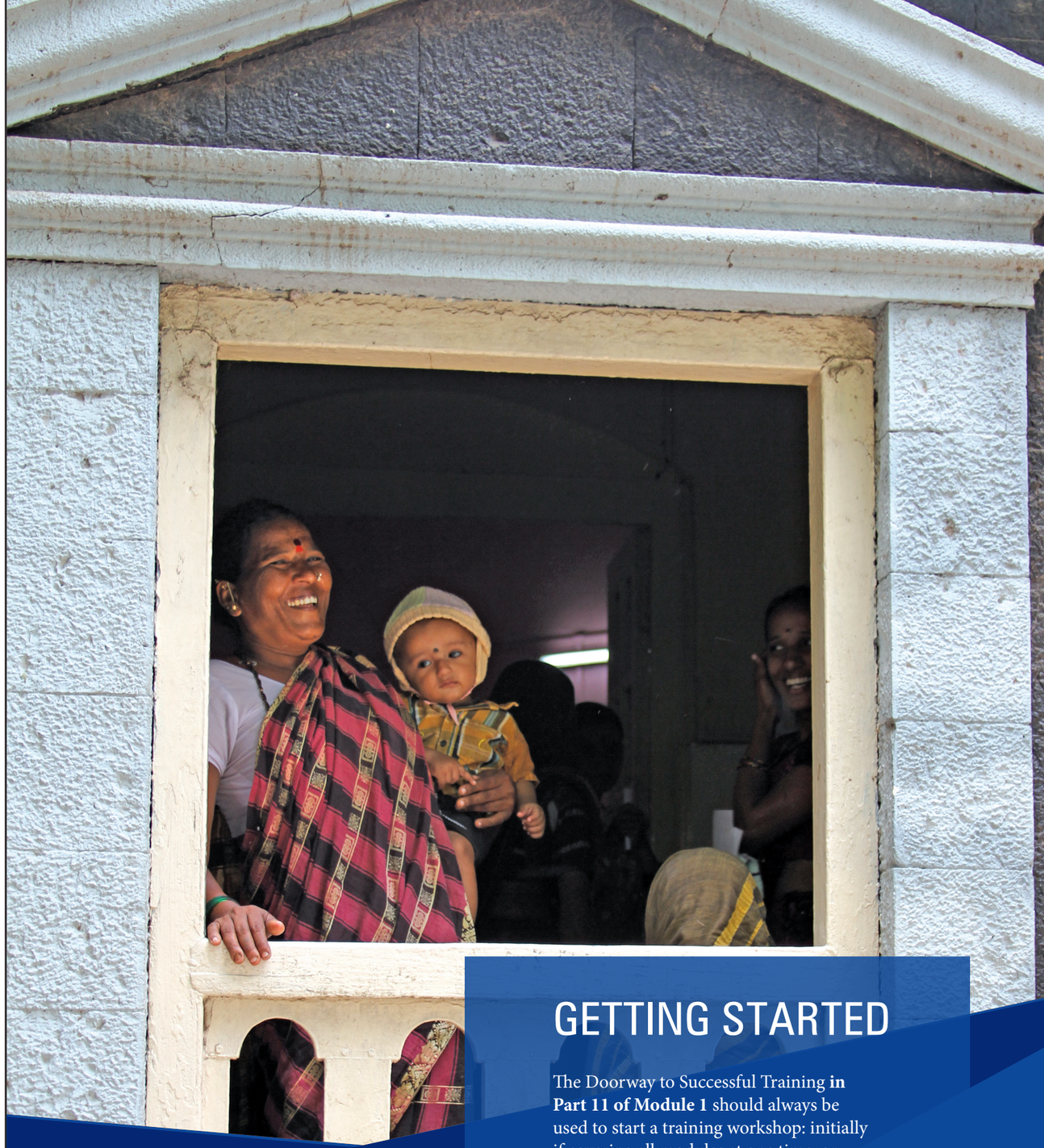
Module 1: Design, Planning and Implementation of the Sukshema Project
Module 2: Core Concepts of Maternal, Neonatal and Child Health
Module 3: Sukshema's Community Level Interventions
Module 4: Communication and Collaborative Skills for Front Line Workers
Module 5: Improving the Enumeration and Tracking Process
Module 6: Home Base Maternal and Newborn Care
Module 7: Supportive Community Monitoring

Module 5: Improving the Enumeration and Tracking Process enhances the capacities of the Accredited Social Health Activist (ASHA) and the Junior Female Health Assistant (JHA) to identify, register and track all pregnant women in her area across the Maternal Neonatal and Child Health (MNCH) continuum of care. One of the key challenges identified in the field was the absence of effective enumeration and tracking tools. This led to gaps in the number of pregnant women accessing the full extent of services throughout the MNCH continuum of care service. The Community Demand List (CDL) Tool was developed specifically to identify which women in a specific area should be given what services and when the next service is due. The practical hands-on introduction to this tool should improve utilization of all MNCH services by all pregnant or recently delivered women and their newborns.

CONTENTS

ACRONYMS

ANC	Ante Natal Care
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BP	Blood Pressure
BPL	Below Poverty Line
CDL	Community Demand List (CDL) Tool
EDD	Expected Date of Delivery
FLW	Front line health worker
FRU	First response unit
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
JHA	Junior Female Health Assistant
LBW	Low Birth Weight
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MO	Medical Officer
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PNC	Post-natal Care
PPH	Postpartum Haemorrhage
SBA	Skilled Birth Attendant
SC	Sub Centre
SC/ ST	Scheduled Caste/ Scheduled Tribe
TBA	Trained / Traditional Birth Attendant
TT	Tetanus Toxoid
VHSNC	Village Health and Sanitation Nutrition Committee



GETTING STARTED

The Doorway to Successful Training **in Part 11 of Module 1** should always be used to start a training workshop: initially if covering all modules at one time, or as a refresher if modules are scheduled over a period of time. The Doorway to Successful Training contains a detailed plan of sessions that sets the stage for the workshop activities and logistics, covering welcome, introductions, objectives, hopes and fears, and ground rules.

SESSION 1: UNDERLYING CAUSES OF MOTHER AND INFANT MORTALITY

Objective

- To help participants understand the concept of outreach and related activities linked to the MNCH continuum of care.

Methodology
Group work

Duration
1 hour

Training Materials

LCD Projector, chart paper and markers

Tips for facilitators

This session clarifies exactly what outreach is linked to the MNCH continuum of care. This is critical for the ASHAs as they are the 'experts' on the ground and take the lead in delivering services.

Process

- Divide participants into four groups. Ask them to discuss and answer the following questions:
  - How would you define outreach?
  - What are the objectives of outreach activities in the context of the MNCH continuum of care?
  - What are the current challenges in outreach?
- Allow 15 minutes to discuss, then ask a representative from each group to share the main points.
- Continue on with the next 3 groups.

- Display the following definition of MNCH continuum of care at the front of the training room:
  - **Antenatal care (ANC)** – care during pregnancy
  - **Intra-natal care** – care during the delivery and first two hours after the delivery
  - **Post-natal care (PNC)** – (Mother and newborn care during the first 42 days
  - **Child care** – care of the child up to 5 years of age.

- Display the following definition of outreach on a flip chart at the front of the training room:
  Outreach is providing health education and services related to the MNCH continuum of care that can be accessed by pregnant women, recently delivered mothers, and mothers of children under 5 years old, along with their families and the community.

- Reinforce the need for providing continuous MNCH continuum of care services.
- Highlight the factors that determine a complete MNCH continuum of care:
  - All pregnant women in a village should be registered
  - All pregnant women registered should have received all the ANC care services.
  - All the new mothers and newborns should have received all the PNC care services.
  - All the children up to 5 years of age should have received all the Child care services.
- Ask the participants what are the most common MNCH services that rural women do not have access to?
- Discuss the reasons for this gap in service delivery.
- Discuss the gaps related to current challenges in providing outreach.
- Ask which health care workers are responsible for reaching people in rural areas/villages to provide health related information focused on MNCH?
- Discuss roles and responsibilities of FLWs, focusing on ASHAs.
- Highlight the importance of ASHAs fulfilling their key responsibility by delivering comprehensive MNCH outreach.
- Consolidate the activity:
  - A common understanding/definition of MNCH community outreach was agreed
  - Providing outreach related to the MNCH continuum of care was acknowledged as challenging, yet crucial.
  - ASHAs were recognized as the most important FLWs in terms of reaching people in the village and providing MNCH related information.

SESSION 2: CRITICAL ROLE OF JOB AIDS AND TOOLS IN OUTREACH

Objective

- To help the participants understand the need for job aids and tools that will contribute to the planning of outreach and to critically review the current job aids and tools in use and identify the gaps.

Methodology
Case study, small group discussion, plenary presentation and discussion

Duration
1 hour

Training Materials

Copy of case studies, markers and brown sheets/ chart paper, Job aides and registers used by FLWs (Annexure 1)

Tips for facilitators

The facilitator needs to engage the ASHA in a critical thinking process so that they recognize the need for job aids and tools that can help them do their job more effectively and efficiently.

Process

- Give each group one of the two case studies.

Case study 1:
A 24 year old married woman named Kamala had a child after one year of marriage. The ASHA in the village visited Kamala and described different family planning methods to the married couple. The couple decided to try the copper T method of family planning for birth spacing between their next planned for child. After three years, the couple decided to have their second child. Therefore, Kamala had the copper T r intrauterine device removed and she conceived again. The ASHA took Kamala to the JHA to be ANC services. Kamala's last menstrual period (LMP) was on 20/5/2011. The first ANC check-up was done by the JHA. However, Kamala missed the next ANC check-up. Kamala went into labour close to her due date and delivered at home. However, two hours after she gave birth she experience postpartum haemorrhage and died. The ASHA recorded Kamala's death and registered the newborn infant for PNC services, including immunisations.

Case study 2:
A 24 year old woman, Gauramma, was married on 1st January 2011. Her menstrual periods stopped after three months on 1/4/2011. She was taken to the JHA by family members to have a urine pregnancy test (UPT). Her pregnancy was confirmed. The JHA registered the woman and provided the Thayi card on 3/7/2011. The Thayi card number provided was 9800821. The first ANC check-up was done and Gauramma received a TT1 injection and iron and folic acid tablets. Gauramma had a normal delivery on 20/1/2012 at the closest PHC to her home. The ASHA in her village did the first PNC visit on 23/1/2012. After one and half month the ASHA visited again and the infant was given the first dose of Diphtheria, Tetanus Toxoids and Pertussis (DTP), oral polio vaccine (OPV) and Hepatitis.

- Ask group members to read the case study in the group, discuss and answer the following questions:
- What registers do you use to fill in the information of this case?
- How do you develop a follow-up plan to provide MNCH continuum of care services?
- Do the current registers help to plan your outreach? How?
- What changes in the registers would improve outreach?
- Allow 20 minutes for discussion, then ask a representative from each group to take 5 minutes to read out their case study, share their responses to the case study's question, and share the list of registers that they are currently using.

- Ask the other group to share any other key information about the case study.
- Continue with the next case studies in the same manner.
- Distribute Annexure 1 Job aides and registers used by FLWs.
- Highlight all the job aids and tools that have been identified as being used by the ASHAs.
- Add or delete according to the participants' context in the field.
- Consolidate the session:
  - Gaps of the job aids and tools have been identified.
  - Suggestions have been made for changes in the job aids and tools to improve outreach.

SESSION 3: CHALLENGES IN OUTREACH

Objective

- To identify critical challenges faced by ASHAs in conducting outreach

Methodology

Group work and presentation

Duration

1 hour

Training Materials

Copies of the Job aides and registers used by FLWs (Annexure 1), chart paper and sketch pens

Tips for facilitators

Ensure that the discussions are connected to the core topic of improving outreach. FLWs may share personal grievances such as issues around salary payment or other factors which may not be directly under the control of the project. Keep the group focused on outreach.

Process

- Divide participants into two groups.
- Ask each group to review the job aides and registers commonly used during outreach work as identified in Session 2. (See Annexure 1)
- Ask group members to discuss the following question:
  - What are the current problems and challenges in ensuring complete entry and continuity of all MNCH services to the target populations?
- Allow 20 minutes for discussion. Ask a representative from each group to take 5 minutes to share their answers in plenary.
- Ask the other group to share their answers and compare key information.
- Highlight the challenges they face.
- Brainstorm what they think is essential to meet these challenges and improve outreach.
- Note their responses on a flip chart.
- Consolidate the session:
  - Gaps in outreach can be overcome by developing a plan for ensuring entry of continuum of care services for all target groups at the village level.

SESSION 4: INTRODUCTION AND PRACTICE OF THE COMMUNITY DEMAND LIST (CDL1) TOOL

Objective

- To introduce the Community Demand List (CDL1) Tool to the participants and to facilitate a participatory practice session of entering details of pregnant women and newborns into CDL1 Tool.

Methodology

Group work and discussion

Duration

2 hours

Training Materials

Copies of the CDL1 Tool (Annexure 2) and Guidelines (Annexure 3)

Tips for facilitators

Before this session, thoroughly review the training materials, including Annexures 1, 2 and 3, to be able to lead this participatory hands-on exercise. Do not expect the participants to understand the tool completely at this juncture. Assure them that they will be able to acquaint themselves more through practical exercises in the field.

Process

- Discuss the purpose and uses of the CDL1 Tool.
- Some of the uses are:
  - Reduces workload of the ASHA: reduces time in filling in multiple formats
  - ASHAs may not need to refer to as many registers to get information about one beneficiary
  - Tool is easy to carry from one place to other
  - Less educated ASHAs can also use this format easily
  - Helps in providing timely health services to all target populations
  - Can track women who migrate
  - Can help plan outreach as the CDL1 Tool gives information about all beneficiaries and all important indicators in one place.
  - Helps prepare monthly plans for follow-up based on the understanding of who is due for what services.
  - Enables ASHA to prepare a list of beneficiaries requiring services
  - Helps track the services due and the services received by every registered person from pregnancy to delivery and until the baby is 18 months old.
  - Helps ASHA self-evaluate and reflect upon her own performance.
- Distribute the CDL1 Tool to every participant (See Annexure 2).
- Distribute Guidelines on how to fill-in the CDL1 Tool. (See Annexure 3)
- Review the CDL1 Tool by reading through each section and explaining every indicator in each of the sections/ columns in the tool.
- Demonstrate the entry of pregnant woman and newborn details in each column of the tool based on the example provided in the tool.
- Divide the participants into four groups.
- Ask each group to pick one case of a pregnant woman entered in their earlier job aides and registers. Tell them to transfer the details of that case into the CDL1 Tool.
- Allow 20 minutes for group work and discussion.
- Ask a representative from each group to take 5 minutes to share the case they were using and the process of transferring the details into the CDL1 Tool.
- Continue with the next 3 groups in the same manner.
- Clarify any misunderstandings.
- Consolidate the session:
  - The CDL1 Tool will ensure complete entry and continuity of MNCH care by helping the ASHAs to develop a plan for tracking pregnant women in the village.
  - The four sections of the CDL1 Tool: Identification details; ANC details; PNC details and Immunization details need to be filled in completely for every pregnant woman in the ASHAs area.

SESSION 5: INTRODUCTION AND USE OF THE COMMUNITY DEMAND LIST 2 (CDL2) TOOL

Objective

- To introduce participants to and provide hands on experience of using the Community Demand List 2 (CDL2) Tool

Methodology

Group work and discussion

Duration

1.5 hours

Training Materials

Copy of the CDL2 Tool (Annexure 4) and Definition of Indicators (Annexure 5) and Demonstration of using CDL2 (Annexure 6)

Tips for facilitators

Before this session, thoroughly review the training materials, including Annexures 4, 5 and 6 to be able to lead this participatory hands-on exercise. Resource persons (RPs) should assist the groups with practicing the use of the CDL2 Tool.

Process

- Distribute the CDL2 Tool to each participant (Annexure 4).
- Highlight the objectives and uses of the CDL2 Tool focussing on the importance of self-planning and self-review.
  - *Serves as a self-reflection and review tool. It has a list of 16 indicators derived from the CDL1 Tool. It helps the ASHA to identify and list only those indicators that are very critical to MNCH care such as registration of the pregnant woman, TT injection, PNC visits, family planning, etc. The CDL2 Tool is designed to help the ASHA carry out self-assessment of the progress she has made on these critical indicators, develop a plan to effectively address the gaps seen, evolve her monthly action plan, reinforce her personal targets, and engage in constructive reflection of her performance and challenges.*
  - *Provides the ASHA with information about beneficiaries due for services during the month as well as tracks those who have received services during that month. CDL1 Tool has the list of the names of the beneficiaries. However, CDL2 Tool only has the*

corresponding serial numbers. Therefore the ASHA does not need to write the names of the beneficiaries each time that she identifies their service due in this format. The CDL2 Tool is expected to be filled in by the ASHA the 21st of every month as her reporting period is from the 21st to the 20th of the next month. The process involves transferring the details of pregnant women and newborn from the CDL1 Tool to the CDL2 Tool.

- Distribute the Definition of Indicators to each participant (Annexure 5).
- Explain that for every indicator in the CDL2 Tool, there are defining targets and achievements. These are a standardized process and all indicators are listed.
- Divide the participants into pairs. Tell each pair to transfer the details of at least 10 to 15 pregnant woman from the CDL1 Tool to the CDL2 Tool.
- Allow 20 minutes.
- Distribute Demonstration of using CDL2 (Annexure 6) to each participant.
- In plenary, use the example provided in the demonstration tool as a reference for cross checking this documentation exercise.
- Ask the participants about their views on the CDL2 Tool: how does it help them to improve outreach of MNCH services?
- Consolidate the session:
  - The CDL2 Tool documents beneficiary information and serves as a self-reflection and self-review tool to assess performance for that month and identify strategies to fill gaps.

SESSION 6: VULNERABLE GROUPS: IDENTIFICATION AND PROBLEM SOLVING

Objective

- To help participants identify the reasons for gaps in the service provision, to identify vulnerable groups, and to suggest solutions to the problems.

Methodology

Group work and discussion

Duration

2 hours

Training Materials

Filled in CDL1 Tool and CDL2 Tool, chart paper and marker pens, copies of the Gap Analysis Exercise (Annexure 7)

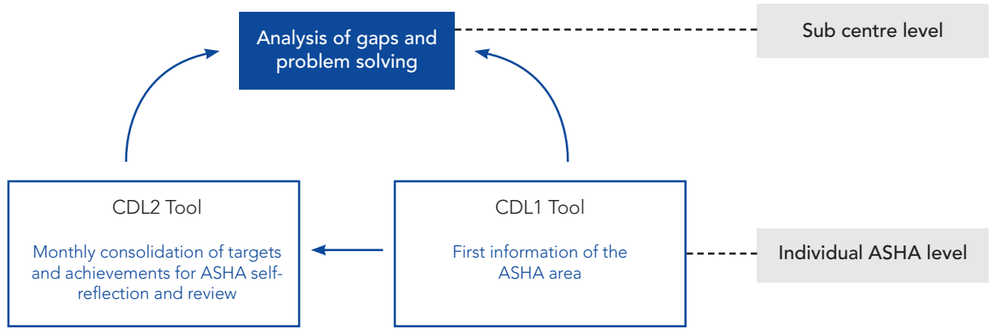
Tips for facilitators

This session can be facilitated at various levels: it can be carried out with a group of ASHAs in the village, but it is recommended that this session be presented at the SC level so that the FLWs can understand the overall SC's performance in terms of service provision. This session demands close engagement of the facilitator. The participants could feel frustrated at the sudden emphasis on formats and numbers which is analytical and demands close attention. The ASHAs probably have never engaged in this type of exercise before. Ensure that you allow them to freely express their doubts and fears. Be patient and engage them in energizers if they are fatigued.

Process

- Ask them to review their filled in CDL1 Tool and CDL2 Tool.
- Ask them which pregnant women have missed services?
- Tell them that women who often miss out on services are called vulnerable groups.
- Ask them who might be considered vulnerable in their areas.
- Note their responses on a flip chart.
- Highlight that the following women could be considered vulnerable:
  - Pregnant women who have not been registered and are already in the second trimester at the time of tracking.
  - Pregnant women with more than three gravida and poor birth spacing with the age of last child within 12 months.
  - Pregnant women who belong to SC/ST category and have a Below Poverty Line (BPL) status.
  - Pregnant women below 18 years.
  - Pregnant women who have repeatedly missed scheduled ANC services which include TT injections, IFA tablets and ANC check-ups
  - Pregnant women with a previous history of complications in pregnancy/delivery.
  - Pregnant women with complications in the current pregnancy.
  - Mothers who have not received counselling and PNC care post-delivery.
  - Mothers who have currently delivered at home.
  - Newborns who have missed the scheduled immunisation doses.
  - Any woman with a reported infant death(s) in the remarks section.
- Display the Flowchart for using the CDL1 Tool and CDL2 Tool and explain the process.
- Divide participants into four groups.
- Distribute one copy of the Gap Analysis Exercise (Annexure 7) to every group.
- Ask the groups to fill in the form listing the vulnerable groups and specifying the possible reasons for each gap. Tell them to categorize the reasons as either:
  - **External** (if the reason for gaps in services is due to the poor health seeking behaviour of the pregnant woman and her family); or
  - **Internal** (if the reason for gaps in services is due to lapses from service provider's side.
- Then ask them to analyse the gaps in services and to suggest solutions for these problems.
- Allow 30 minutes for discussion. Ask a representative from each group to take 5 minutes to share their most important points and solutions.
- Ask other groups to share any other key information about those vulnerable groups.
- Continue with the next 3 groups in the same manner.
- Highlight that possible solutions identified can be linked to different Sukshema community interventions such as family focused communication (FFC); home based maternal and newborn care (HBMNC) and discussion of issues pertaining to maternal and infant death in community platforms such as the VHSNC committee. The learning from FFC trainings could be used as a probable solution to minimize the gaps in communication with the families, which is also an internal reason for a gap in service utilization.
- Consolidate the session:
  - The importance of identifying vulnerable groups, identifying gaps, analysing the reasons for them and identifying solutions to the problems.
  - FLWs should now be able to link all the benefits of the CDL1 Tool and CDL2 Tool and begin to analyse the situation in the field.

FLOWCHART FOR USING THE CDL1 TOOL AND CDL2 TOOL



SESSION 7: TRAINING EVALUATION AND FEEDBACK

Objectives

- To assess what affect the module had on the participants' attitudes, knowledge and practice levels.
- To obtain feedback from the participants on the usefulness of the training and suggestions for enhancing future effectiveness.

Methodology

Reflection

Duration

30 minutes

Training Materials

Training evaluation and feedback form

Tips for facilitators

The training evaluation and feedback form will assess what affect the module had on the participants' attitudes, knowledge and practice levels and obtain feedback on the usefulness of the training and suggestions for enhancing future effectiveness.

Process

- Distribute the training evaluation and feedback form. Go over all the areas that the participants will need to think about while filling it in.
- Allow 20 minutes to complete it.
- Collect the training evaluation and feedback forms from the participants.
- Before the closing ceremony begins, ask the participants to share their feelings about the training: encourage anyone who is keen to orally share two positive aspects and two areas that need improvement.
- At the closing ceremony thank all the participants for their enthusiastic participation, congratulate them and wish them the best as they go back to their own field areas and begin to initiate the intervention on ground.
- Thank everyone else who contributed to the training program. This might have included administrative staff, venue owners, facilitators, guest speakers and the organizers.

TRAINING EVALUATION AND FEEDBACK FORM:

KARNATAKA HEALTH PROMOTION TRUST
Training Evaluation and Feedback Form

Name: _____ Designation: _____ Place of training: _____
Training dates: _____ Name of the PHC: _____

S.No.	Subject	Excellent	Good	Poor
1	Training content and sessions			
2	Training methodology and activities used			
3	Training skills of the facilitators			
4	Logistics at the training (Food, stay and comfort)			
5	Relevance and usefulness of training			

List the three aspects of the training that you found most useful.

1.
2.
3.

Name any session during the training that you did not understand properly/ or that was not communicated well.

1.
2.
3.

What are the three most important lessons that you can take back to your work place from this training?

1.
2.
3.

Please list suggestions for improved facilitation in future trainings.

1.
2.
3.

ANNEXURE 1 - Job Aides and Registers used by FLWs

1. Pregnancy register
2. Delivery register
3. Birth and death register
4. Immunization register
5. Survey register
6. Daily work diary
7. High Risk pregnant women's register
8. Blood examination register
9. Eligible couple register
10. RTI/STI and ICTC test register
11. Certification register for providing support in delivery
12. Drug storage register
13. Birth and death register
14. Family Planning register
15. CNA survey format
16. Larvae survey
17. VHSNC register

ANNEXURE 2 - CDL1 Tool

COMMUNITY DEMAND LIST - CDL-1 (ETT-1)

Estimated number of pregnant women: ASHName: ASHAArea Name:

1	Chan-dramma Nanjun-dappa A+ve	9 9 / 10	808659 9 9 / 10	9731918060	26	Others	V	G2, P1,A0	1	303	X	18 5 / 10

Village Name: Sub Centre Name: Code:

		18 5 / 10	25 2 / 11	3		9 9 / 10	6 1 / 11	3 2 / 11			6 10 / 10	6 11 / 10		30	6 10 / 10	30	8 11 / 10	40	10 1 / 11							

01	02	03	04	05	06	07	08	09	10	11		12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
S. No.	Women's Name & Husbands Name/ Blood group	Date of Registering Women in CDL-1	Registration done by JHA: Thayi Card No. & Date	Phone Personal (P), Neighbour's (N)	Age in Years	Caste SC/ST / Others	BPL if received card tick v if not mark X	Gravida (G) Para, (P) Abortion (A)	No. of Living Children (L)	Boy	Girl	Age of the last child months	Previous pregnancy/ delivery complica-tions Yes v No X	L.M.P First day of last Menstrual period	E.D.D. L.M.P +7 days +9 months (Date)	Pregnancy in months at the time of registration	ANC check ups Date and type of facility --> PHC/ Private/ Other Govt. Facilities 1st checkup	2nd checkup	3rd checkup	4th checkup for high risk	TT 1st Visit	2nd Visit	3rd Visit	IFA tablets Number and date of receiving it 1st Dose Date	2nd Dose Date	Booster Dose Date	Pregnancy complica-tions Yes v / No X) --> Refer to the tool guidelines f or details
																	Ante-natal care details										
														Identification details														
1																											
2																											
3																											
4																											
5																											
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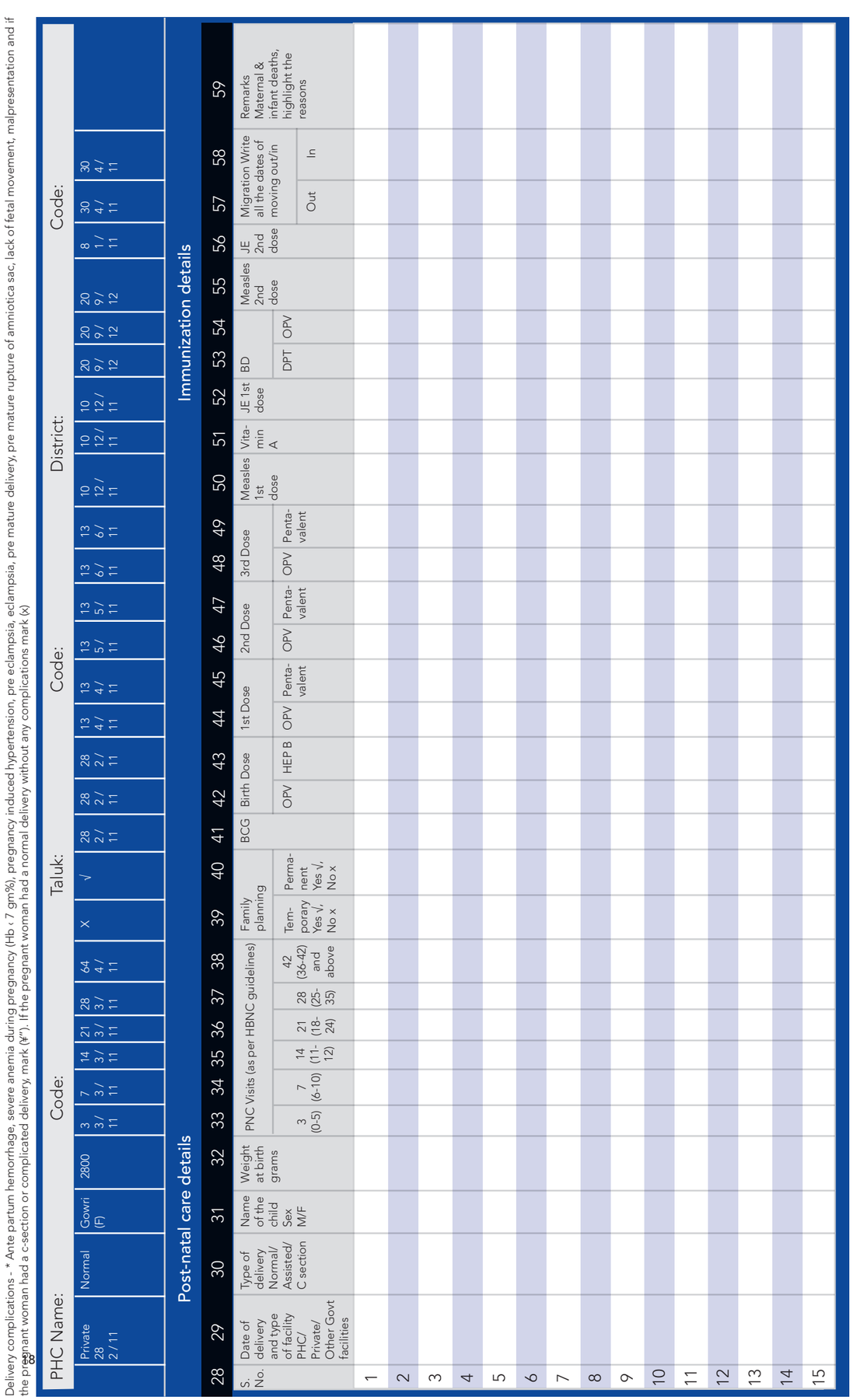
14																											
15																											

General Instructions: (1) This toll is used to document and ensure everey pregnant woman in your area enters and stays in the MNCH care continuum through her pregnancy, delivery, postnatal care and child immunizationa services till the child is 18 months old. (2) This tool is also useful to identify gaps in service utilization, and prioritize women for outreach. (3) The information recorded here, except most part of the childhood immunization section, comes from the HBMNC tool that you use for every pregnant and recently delivered woman. An example of filling the tool has been provided above.



PHC Name: Code: Taluk: Co

Private 28 2/11 | Normal | Gowri (F) | 2800

Delivery complications - * Ante partum hemorrhage, severe anemia during pregnancy (Hb ‹ 7 gm%), pregnancy induced hypertension, pre eclampsia, eclampsia, pre mature delivery, pre mature rupture of amniotica sac, lack of fetal movement, malpresentation and if the pregnant woman had a c-section or complicated delivery, mark (*). If the pregnant woman had a normal delivery without any complications mark (x)

Post-natal care details

Immunization details

28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
S. No.	Date of delivery and type of facility PHC/ Private/ Other Govt facilities	Type of delivery Normal/ Assisted/ C section	Name of the child Sex M/F	Weight at birth grams	PNC Visits (as per HBNC guidelines)						Family planning		BCG	Birth Dose			1st Dose				3rd Dose			Measles 1st dose	Vita-min A	JE 1st dose	BD		Measles 2nd dose	JE 2nd dose	Migration Write all the dates of moving out/in		Remarks Maternal & infant deaths, highlight the reasons
					3 (0-5)	7 (6-10)	14 (11-12)	21 (18-24)	28 (25-35)	42 (36-42) and above	Tem-porary Yes √, No x	Perma-nent Yes √, No x		OPV	HEP B	OPV	Penta-valent	OPV	Penta-valent	2nd Dose	OPV	Penta-valent				DPT	OPV			Out	In	
				2800	3 3/ 11	7 3/ 11	14 3/ 11	21 3/ 11	28 3/ 11	64 4/ 11	X	√	28 2/ 11	28 2/ 11	28 2/ 11	13 4/ 11	13 4/ 11	13 5/ 11	13 5/ 11	13 6/ 11	13 6/ 11	10 12/ 11	10 12/ 11	10 12/ 11	20 9/ 12	20 9/ 12	20 9/ 12	8 1/ 11	30 4/ 11	30 4/ 11	
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** If DPT and Hep B vaccines were admisnitered then write that date, if Pentavalent vaccine was adminsitered instead of DPT and Hep B then write that date in the same column.

ANNEXURE 3 - Guidelines for using the CDL1 Tool

The CDL1 Tool developed for the ASHA's has been broadly divided into four major sections: identification details, ANC details, PNC details and immunization details. The top portion of the tool consists of a column which mentions the estimated number of pregnant women in the area. The ASHA's should enter the number of estimated pregnant woman after referring to the eligible couple register (ECC). This helps the ASHA enter all the details of the women/children in her area of work and track them through their service cycle ensuring that no one missed any specific across the ANC, delivery and PNC up to the age of 18 months of the new born. The tool filling instructions for each of the columns are specified below:

SECTION 1: GUIDELINES TO FILL THE IDENTIFICATION DETAILS

Column 1 – Serial number- Serial numbers have to be used. E.g.: 1, 2, 3

Column 2 – Enter the names of the woman and her husband as also her blood group. E.g.: Chandramma, Husband – Nanjundappa, A +ve.

Column 3 – ASHA registration- Record name of pregnant woman, mother and children; should also include the date of registration/entry,e.g.: 9/ 9/ 10

Column 4 – Number/ Date on the Thai card- The serial number present in the Thai card and the date when it was issued should be note. E.g.: 808659; Date: 12/10/10

Column 5 – Telephone number- The telephone number of the pregnant woman has to be recorded. If it is a personal number identify it as (P) and neighbor's phone as (N). E.g.: 9731918060 (P)

Column 6 – Age- Record the completed age of the woman. E.g.: 26 years

Columns 7 – Caste group- If the woman belongs to the scheduled caste or tribe record it as SC or ST. If not record it as "Other"

Column 8 – BPL status of the pregnant woman-If the family has a BPL card affix a (√) mark against the place if issued or else affix a (×)

Column 9 – Pregnant (G), Delivery (P), Abortion(A)- Pregnancies (Current + Previous) have to be recorded as G1, G2 and so on. Previous deliveries have to be recorded as P1, P2, and so on. If there has been no previous delivery mark it as P0. If there has been a spontaneous (miscarriage) or induced abortion during any previous pregnancy, then record it as A1, A2, and so on. If there has been no previous instance of any miscarriage or induced abortion, then record it as A0.

Column 10 and 11 – Number of living children - Record the number of children currently alive under the sub column 'boy' and 'girl'

Column 12 – Age of the youngest child- The name and the age in completed months of the youngest child has to be recorded here.

SECTION 2: ANC DETAILS

Column 13 – Complications experienced during the previous pregnancy/delivery- Affix a (√) symbol if there have been any complications in the previous pregnancy/ delivery and affix a (×) mark if there have not been any complications and it has been a normal delivery. *Commonly seen danger signs/ complications during pregnancy and delivery are provided as head notes in the tool.*

Column 14 – Date of the Last Menstrual Period (LMP)- Record the date of the first day of the last menstrual period. E.g.: 18/05/2010

Column 15 – Expected delivery date or EDD- On the basis of the LMP, the EDD can be calculated. Expected Delivery Date is calculated by summing up date of first day of LMP +7 days+9months. To fill this, use the EDD table of calculation. E.g.: If the LMP is 1st of January the corresponding EDD will be October 8th.

Column 16 – Period of pregnancy at registration- Indicate which month of pregnancy the woman was in at the time of registration by JHA. E.g.: 3 months

Columns 17, 18, 19, 20 – Number of ANC checkups conducted before delivery- Record the date of the first ANC checkup in *column 17*, 2nd in *column 18*, 3rd in *column 19* and if it is a complicated pregnancy, the date of the 4th ANC check up should be recorded in *column 20*.

Columns 21, 22, 23 – TT injection- Record the date of the 1st TT injection in *column 21*, date of 2nd TT in *column 22* and the date on which BD (Booster Dose) was taken has to be recorded in *column 23*.

Columns 24, 25, 26 – IFA tablets- Record the date and number of IFA tablets taken in the above mentioned columns.

Columns 27 – Complications associated with the current pregnancy- If there are any complications seen in the pregnant woman then affix a (√) symbol, otherwise affix (×) symbol. *Commonly seen danger signs/ complications during pregnancy are provided as head notes in the tool.*

SECTION 3: PNC DETAILS

Column 28 – Record the serial number given to the pregnant woman

Column 29 – Date of delivery and place- Record the date in the form date/month/year. E.g.: 12/03/2012. Place of delivery can be PHC/other government hospital/ private hospital. If it is not an institutional delivery record it as a home delivery.

Column 30 – Mode of delivery- The mode can be recorded as normal, cesarean or assisted delivery.

Column 31 – Name and sex of the baby- The name of the child and the sex 'M' for male and 'F' for female

Column 32 – Weight of the baby- Record the weight of the baby in grams. E.g.: If the weight of the baby is 2 kilograms, record it as 2000 grams.

Columns 33, 34, 35, 36, 37 and 38 – PNC visits (As per HBMNC guideline)- The visits on the days 3, 7, 14, 21, 28 and 42 are to be recorded with date of visit.

Columns 39, 40 – Family planning- Temporary/ Permanent- affix a symbol (√) in column 39 if the couple are practicing any temporary method, else mark (x), and if she/husband adopted any permanent method of contraception (Tubectomy/ Vasectomy) affix a (√) in column 40, else mark (x)

SECTION 4: IMMUNIZATION DETAILS

Column 41 – BCG- Record the date on which the BCG vaccine was administered. E.g.: 13/2/2011

Columns 42, 43 – 0 dose- Record the date on which OPV0 and HepatitisB0 were administered.

Columns 44 and 45 – First dose (OPV and Pentavalent)- Record the date on which the first dose of OPV and Pentavalent were administered

Columns 46 and 47 – Second dose (OPV and Pentavalent)- Record the date on which the second dose of OPV and Pentavalent were administered

Columns 48 and 49 – Third dose (OPV and Pentavalent) - Record the date on which the third dose of OPV and Pentavalent were administered

Column 50 – Measles (1st dose) - Record the date of administration of the measles vaccine

Column 51 – Vitamin A- Record the date on which Vitamin A was given

Column 52 – Brain fever (1st dose) - Record the date on which brain fever (JE) vaccine was administered

Columns 53 and 54 – Booster dose (DPT, OPV) - Record the date on which the booster dose injections DPT & OPV were administered in respective columns

Column 55 – Measles (2nd dose) - Record the date on which the 2nd dose of measles vaccine was given

Column 56 – Brain fever (2nd dose) - Record the date of administering the 2nd dose of the brain fever vaccine (JE)

Columns 57 and 58 – Migration- During the follow up period in the out migration column, record the date on which the pregnant woman/mother left the area and in the in migration column, record the date on which a pregnant woman/mother has come to this area. If a particular pregnant woman has migrated multiple times all the dates have to be recorded.

Column 59 – Reasons for mother and child mortality- The date along with reasons for the death of the pregnant woman/mother or child as recognized by the ASHA has to be recorded in this column.

ANNEXURE 4 - CDL2 Tool

COMMUNITY DEMAND LIST CDL2 TOOL

Month:
(To help ASHA to prepare her monthly action plan and to self-reflect on her own performance)

ASHA Name: Sub Centre: PHC:

S.No	Services	Eligible women/ children (Ref # of cdl-1)	Actual Target	Presently Staying in the village	Service Accessed	Performance -1 (% to Actual target)	Remarks
1	Total Registration [ ], Registration this month [ ], Pregnant women registration this month [ ]						
2	Thai Card Issuing (Column # 4)						
3	**ANC Check-up** (Column # 17,18,19 & 20)						
4	**TT** (Column # 21,22 & 23)						
5	**IFA** (Column # 24,25 & 26)						
		List of those who received 100/200 IFA tablets					
6	**EDD** (Column #15)						
7	**PNC Services** (Column # 33,34, 35, 36, 37 & 38)						
		List of those who completed all PNC visits					
8	**Family Planning** (Column # 39 &40)						
9	**Family Planning** (Those who are not listed in CDL1) (Column # 39)						
10	**BCG** (Column # 41)						
	0 Dose - OPV (Column # 42)						
	0 Dose - Hep B (Column # 43)						
11	**1st Dose - OPV** (Column # 42)						
	1st Dose - Pentavalent (Column # 43)						
12	**2nd Dose - OPV** (Column # 46)						
	2nd Dose - Pentavalent (Column # 47)						
13	**3rd Dose - OPV** (Column # 48)						
	3rd Dose - Pentavalent (Column # 49)						
14	**1st Dose - Measles** (Column # 50)						
	Vit A (Column # 51)						
	JE (Column # 52)						
15	**Booster Dose - DPT** (Column # 53)						
	Booster Dose - OPV (Column # 53)						
	2nd Dose - Measles (Column # 55)						
	2nd Dose - JE (Column # 56)						
	Measles - 2nd Dose (Column # 55)						
16	ASHA's performance in providing services to all (Total numbers)						

JHA Signature	ASHA Signature

ANNEXURE 5 - Definitions of Indicators for using CDL2 Tool

INDICATOR	TARGET	ACHIEVEMENT
ANC registration	This is a constant number every month –Estimated number of pregnant women as per the recent CNA/12, rounded off to the nearest integer	# of pregnant women issued Thayi card in the reporting month, based on the date of registration in CDL1 Tool
TT injection	# of pregnant women who have not received any TT injection so far irrespective of the month of pregnancy PLUS # of pregnant women who had received the first TT a month ago AND have not received the 2nd TT	# of pregnant women who received TT injections (either TT1 or TT2 or TT Booster) in the reporting month
IFA 100	# of pregnant women in their 4th to 9th month of pregnancy who have so far received <100 IFA tablets PLUS # of severely anaemic pregnant women in their 4th to 9th month of pregnancy who have so far received <200 IFA tablets	# of pregnant women who reached a cumulative of 100/200 IFA tablets in the month
ANC check-up	# of pregnant women in their 3rd to 6th month of pregnancy who did not receive any ANC check-up from a medical doctor (either in a government or a private facility) PLUS # of pregnant women in their 7th to 8th month of pregnancy who received <2 ANC check-ups from a medical doctor (either in a government or a private facility) PLUS # of pregnant women in their 9th month of pregnancy who received <3 ANC check-ups from a medical doctor (either in a government or a private facility)	# of pregnant women who received ANC check-up from a medical doctor (either in a government or a private facility) in the reporting month
Delivery	# of pregnant women who are due for delivery in the reporting month, based on the EDD	This has two parts: 1. # of women who delivered at home in the reporting month 2. # of women who delivered in a facility (government or private) in the reporting month
PNC visits	# of delivered women who have received <6 PNC visits (based on PNC visit dates) within 42 days of delivery (based on date of delivery)	# of delivered women who received 6+ PNC visits in the reporting month
BCG	# of children age <12 months who did not receive a BCG vaccination	# of children age <12 months who did not receive a BCG vaccination
OPV (can be given anytime within 5 years of age)	# of children under age 15 days who have not received OPV birth dose PLUS # of children age 45 days and above who have not received the 1st dose of OPV PLUS # of children age 75 days and above who have not received the 2nd dose of OPV PLUS # of children age 105 days and above who have not received the 3rd dose of OPV	# of children age <12 months given OPV vaccination in the reporting month
Hep B [Can be administered only during the first year of life and should only be given along with DPT; thus if a child age <12 months has already received three doses of DPT but missed any dose of Hep B, the child cannot be administered Hep B and would move out of target]	# of children within 24 hours after birth who have not received Hep B birth dose PLUS # of children age 45 days and above who have not received the 1st dose of Hep B # of children age 75 days and above who have not received the 2nd dose of Hep B # of children age 105 days and above who have not received the 3rd dose of Hep B	# of children age <12 given HepB vaccination in the reporting month
DPT [Can be administered till attainment of two years of age]	# of children age 45 days and above who have not received the 1st dose of DPT # of children age 75 days and above who have not received the 2nd dose of DPT # of children age 105 days and above who have not received the 3rd dose of DPT	# of children age <12 months given DPT vaccination in the reporting month
Pentavalent vaccine	# of children age 45 days and above who have not received any dose of pentavalent vaccine and any dose of Hep B,DPT and OPV	# of children age <12 months given pentavalent vaccine in the reporting month
Measles	# of children age 9 months and above who have not received measles vaccine	# of children age <12 months given measles vaccination in the reporting month
Family planning	Local resident women listed in the CDL1 Tool who are not currently using any family planning methods	# of local resident women who are currently using any family planning method, separately for permanent and temporary methods

ANNEXURE 6 - Demonstration of CDL2 Tool

Below is a brief demonstration of filling in the CDL2 Tool. This exercise is focused on the first two indicators, which have numbers inserted as per CDL1 Tool. This will help the ASHA to prepare her monthly action plan and to self-reflect on her own performance.

COMMUNITY DEMAND LIST CDL2 TOOL

Month:
(To help ASHA to prepare her monthly action plan and to self-reflect on her own performance)

ASHA Name: Sub Centre: PHC:

S.No	Services	Eligible women/ children (Ref # of cdl-1)	Actual Target	Presently Staying in the village	Service Accessed	Performance -1 (% to Actual target)	Remarks
	1	2	3	4	5	6	7
1	Total Registration [ ], Registration this month [ ], Pregnant women registration this month [ ]						
2	Thai Card Issuing (Column # 4)						

1.1- Services- This section indicates which information the ASHA needs to derive from the CDL1.

1.2- Eligible women/ children-
Total registration- In this column the ASHA has to record the serial numbers of all the women registered so far. This is a cumulative count.
Registration this month- this refers to the serial numbers of pregnant women/mothers registered in the current month alone. These are new entries.
Pregnant women registration this month- this refers to the serial numbers of the new pregnant women the ASHA herself registered in her area in the current month.

1.3-Actual target refers to the total numbers of those that require services and not the serial numbers of women.

1.4- Presently staying in the ASHA area- In this column the ASHA record this number- Of the total target, how many are currently residing in the ASHA area

1.5- Service Accessed- In this column the ASHA will record this number- Of the numbers staying in the village, how many she was able to give or link to services. This indicates the achievement.

1.6- Performance- This % refers to:
The number recorded under the service accessed column _____ X 100
The number recorded under presently staying in the ASHA area

1.7- The remarks column allows for the ASHA to record reasons for not being able to achieve the target.
Example 2- Thai Card issuing

2.1- Refer to CDL1, column # 4 for this indicator- This refers to the women who have been issued Thai card

2.2- Eligible women/ children- this refers to the serial numbers of women who have received Thai card. It is a cumulative count.

2.3- Expected Beneficiary- refers to the total numbers of women to be issued Thai card in the current month.

2.4- Presently staying in the village- In this column the ASHA record this number- Of the total expected beneficiaries, how many are currently residing in the village/ ASHA area

2.5- Service Accessed- In this column the ASHA will record this number- Of the numbers staying in the village, for how many she could manage a Thai card. This indicates the achievement.

2.6- Performance- This % refers to:
The number recorded under the service accessed column _____ X 100
The number recorded under presently staying in the ASHA area

2.7- The remarks column allows for the ASHA to record reasons for not being able to achieve the target.
Indicator number 16 which is the last in CDL2, is a consolidation of the targets and achievements of all the previous 15 indicators. The ASHA adds up the total numbers under the three columns- Expected Beneficiaries, Presently Staying in the village and Service accessed based on which she then calculates her % performance. This indicator is used by the ASHA to carry out a self reflection and self assessment of her performance during the month. She does this every 21st during the ASHA meeting. Below this the concerned ASHA should affix her signature and get the signatures of the ASHA facilitator and Junior Female health Assistant as well every month.

ANNEXURE 7 - Gap Analysis Exercise

Pregnant women and newborn in the vulnerable list	Gaps Identified	Reasons for gaps		Solutions identified
		Service seekers* (External)	Service providers** (Internal)	

* Service seekers: Mother and newborn, ** Service providers: Health system and the health workers.

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