



Jharkhand Rural Health Mission Society  
Department of Health and Family Welfare  
Government of Jharkhand



# STANDARD OPERATING PROCEDURES



**Integrated Family Planning –  
Immunization Services**



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Immunization Services**

**2013**

# Standard Operating Procedures: Integrated Family Planning Immunization Services

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## FOREWORD

प्रधान सचिव  
स्वास्थ्य, चिकित्सा शिक्षा  
एवं परिवार कल्याण विभाग  
राँची, दिनांक ३०.०८.२०१० ई.सं. ३९१/१५  
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In India, Inter-Sectoral convergence for providing integrated health services has been emphasized in the National Rural Health Mission (NRHM). At the service delivery level, NRHM guidelines recommend a convergence of services offered by different health providers. These guidelines also include integration of family planning services with immunization services.

In Jharkhand efforts have been made to provide overall integrated health services under the NRHM. Integrated health services are provided at different service delivery levels ranging from the district to the village level. The government has laid down operational guidelines for integration of health services on Village Health and Nutrition Day (VHND) which is conducted once a month at the village level. However, no specific training on integration of these two services has been conducted for service providers; it has not been adequately addressed at the operational level. Therefore, the nature and quality of integration can vary across service delivery points and providers. The government of Jharkhand is planning to standardize the process of integration of family planning and immunization services by developing Standard Operation Procedure (SOP) for all three cadres of providers.

Present SOP will help in standardizing delivery of information in an organized manner. I sincerely hope that Medical Officers/ANMs/Sahiyas will immensely benefit from this publication. I thank FHI 360 for providing necessary technical support in development of this SOP.



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## MESSAGE

Increased use of family planning and immunisation services is resulting in substantive fertility decline and reduction in child mortality in Jharkhand. Since its existence as an independent state in 2000 Jharkhand has made significant progress in family planning and immunisation program, however, it has more to achieve in those programs compared to many other states and meet the MDG goals by 2015.

The providers such as Medical officers/ANMs/Sahiya are striving hard to provide high-quality Family Planning and immunisation services. However, during their routine duties, there are more opportunities to provide these services as an integrated package following the life-cycle approach.

The Government of Jharkhand is planning to make available a series of Standard Operating Procedures (SOP) on 'Integrated delivery of Family Planning and Immunisation services' for Medical officers, ANMs and Sahiya working in the state government health care system.

Present SOP will help in standardizing delivery of information in an organised manner. I sincerely hope that Medical Officers/ANMs/Sahiya will be immensely benefitted from this publication. I thank for providing necessary technical support in development of this SOP.

  
Mission Director  
Jharkhand Rural Health Mission Society  
Department of Health and Family Welfare  
Government of Jharkhand



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# ABBREVIATIONS

|       |   |
|-------|---|
| ACMO  | Assistant Chief Medical Officer                         |
| ANC   | Antenatal care  |
| ANM   | Auxiliary Nurse Midwife                                 |
| ARI   | Acute respiratory tract infections                      |
| ASHA  | Accredited Social Health Activist                       |
| AWW   | Anganwadi Worker  |
| CHC   | Community Health Center                                 |
| DHFP  | Department of Health and Family Welfare                 |
| IEC   | Information education and communication                 |
| IFA   | Iron folic acid   |
| IMNCI | Integrated management of neonatal and childhood illness |
| ICDS  | Integrated child development scheme                     |
| IPC   | Inter personal communication                            |
| IPD   | In-Patient Department                                   |
| IUCD  | Intra-uterine contraceptive device                      |
| JSY   | Janani suraksha yojana                                  |
| LAM   | Lactational amenorrhea method                           |
| LHV   | Lady Health Visitor                                     |
| MCH   | Maternal and child health                               |
| MCP   | Mother and child protection card                        |
| MTP   | Medical termination of pregnancy                        |
| MO    | Medical Officer   |
| NGO   | Non-Governmental Organization                           |
| NRHM  | National rural health mission                           |
| NSV   | No scalpel vasectomy                                    |
| OCPs  | Oral contraceptive pills                                |
| OPD   | Out-Patient Department                                  |
| PHC   | Primary Health Center                                   |
| PNC   | Postnatal care  |
| SOP   | Standard operating procedure                            |
| TT    | Tetanus toxoid  |
| VHND  | Village health and nutrition day                        |
| VHSC  | Village Health & Sanitation Committee                   |





# Chapter 1



## Introduction and Background



## 1. Introduction and Background

Family Health International 360 (FHI 360) and CARE India conducted a research study examining the integration of family planning services into immunization programs in the state of Jharkhand in 2010-11. Based on the findings of this study and suggestions from key stakeholders which included the National Rural Health Mission (NRHM) in Jharkhand, program managers and service providers, Non-Governmental Organizations (NGOs), and private sector and development sector partners, the Government of Jharkhand decided to develop Standard Operation Procedures (SOPs) for various levels of service providers and program managers in Jharkhand state.

The purpose of these SOPs is to provide guidance to the frontline workers who are responsible for offering family planning, immunization, and other relevant maternal and child health services under the National Rural Health Mission in Jharkhand state. Auxiliary Nurse Midwives (ANMs), Sahiyas, and Medical Officers (MOs) are responsible for the planning, delivery, and self-evaluation of integrated service delivery of family planning (FP) and immunization services, along with other critical maternal child health services.

These series of SOPs provide guidance on how to offer integrated services at key service delivery opportunities, and they offer some simple tools for planning and implementing integrated services. These SOPs serve as complements, not substitutes, to the official technical and programmatic guidelines issued by the Government of India and Jharkhand state for delivering high-quality maternal and child health services.

### Principles of Providing Integrated Services

- Follow the life cycle approach. Provide all appropriate and relevant health services to women and their families during all phases of their lives—childhood, adolescence, adulthood, and old age
- Think of the health needs of the mother when you provide services to her child; think of the health needs of the child when you provide services to its mother
- Remember that antenatal care, postnatal care, safe delivery, FP, and immunization services are interlinked and interdependent. The quality and outcome of one service influences the need and acceptance of the other services

## 2. Integrated Service Delivery: An Overview

The World Health Organization (WHO) defines integrated service delivery as:

*“The organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.”<sup>1</sup>*

The existing technical and programmatic guidelines for ANMs, Sahiya, and MOs already recommend the provision of multiple services along the full spectrum of client contact opportunities.

For these series of SOPs, the aim of integrated service delivery is to proactively offer family planning and immunization services to women during the full range of maternal and child health services, including antenatal care (ANC), delivery, and postnatal care (PNC). These services can be used as a platform for reaching women and providing them additional needed services.

It is important to acknowledge that various integrated services are often not delivered in the field due to many challenges, including lack of time, space, supplies and equipment, staff, and training. Programs should make an effort to anticipate and plan for these challenges.

In simple terms for these SOPs, integrated service delivery means:

***Planning and delivering more than one health service, including family planning and immunization, during any one service contact.***

For example, if attendance at the Village Health and Nutrition Day (VHND) is high among women seeking ANC or immunization services, then this event is an opportunity when the ANM and Sahiya can also provide appropriate FP counseling and some contraceptive methods to the women in attendance. This will help ANMs and Sahiya reach more women who want to postpone or avoid pregnancy, but are not currently using contraception.

## 3. Potential Benefits of Providing Integrated Services

Potential advantages of integration include:

1. If one service has wider geographical reach or beneficiary coverage than another, the first service might be used as a platform to target more individuals for additional services.
2. Providing more than one service during a single client visit or contact may save time for the ANMs, Sahiya, and MOs.
3. Receiving more than one service during a single health visit may save clients' time and reduce their travel costs.
4. Offering integrated services may result in increased efficiency, which in turn could lead to better achievement on all performance targets.
5. Providing integrated services treats a mother and child as one unit, building a stronger image of a 'mother-child unit' in the community.
6. Services with specific schedules, like ANC and immunization visits, allow for regular, repeated contacts between the providers and their clients, enabling follow-up care, upcoming service visit reminders, and monitoring of a woman's changing needs for FP.

<sup>1</sup>[http://www.who.int/healthsystems/technical\\_brief\\_final.pdf](http://www.who.int/healthsystems/technical_brief_final.pdf)

## 4. Key Stakeholders in Integrated Service Delivery

Although the field providers like ANMs and Sahiyas have more opportunities than others for offering FP and immunization services along with other key maternal and child health contacts, integrated service delivery is a joint responsibility of the entire health system, ranging from policy makers, to program managers, to facility-based providers like MOs, to other field providers such as the Anganwadi worker (AWW).

The policy makers, program managers, and supervisors can play a major role in creating an enabling environment where integrated services can be effectively and efficiently delivered. An empowered community can also play a vital role by demanding a complete package of services during every visit and contact.

Thus, directly or indirectly, the entire system ranging from policy makers to the communities have an important role in planning and delivering integrated services.

A brief description of roles for various levels of stakeholders is as follows:

1. Policy level: The policy-makers at the national and state level should ensure that the concept and process of integrated service delivery is clearly defined in the policy documents, program guidelines, and job descriptions of relevant providers. The policy makers' role in monitoring and evaluation is critical for making necessary policy modifications and developing workable models for integration of FP, immunization, and maternal and child health services.
2. Program Managers at the state level: Program managers are responsible for ensuring that integrated service delivery is a built-in part of program guidelines, training courses, job aids, supervision and monitoring systems, and program evaluation.
3. Supervisors: The district- and block-level supervisors such as Civil Surgeons, Assistant Chief Medical Officers (ACMOs), MOs, Lady Health Visitors (LHVs) and Male supervisors are critical in the planning and implementation of integrated visits by the field workers, through mentoring, supportive supervision, and ensuring an uninterrupted supply chain for effective delivery of integrated services.
4. Field providers: The field providers such as ANMs, AWWs, and voluntary workers like Sahiya are the cornerstone for micro-planning and the actual delivery of integrated FP, immunization, and maternal and child health services, along with other services required by the community.

## 5. Prerequisites for providing FP-Immunization integrated services

The ANMs, Sahiya, and MOs play a very critical role in providing maternal and child health services at the community level. Since they are expected to provide integrated services, it is essential for the system to provide an adequate enabling environment where high-quality services can be delivered efficiently and effectively.

The following are the critical environmental factors to facilitate integrated service delivery:

**Knowledge and skills:** Providing effective integrated services requires that the service providers have complete and accurate knowledge and skills necessary for providing counseling and services in not just one, but a number of health areas - i.e. ANC, safe delivery, PNC, FP, and immunization services. In addition, the providers' competence in using relevant IEC materials, tools, checklists, and job aids is critical, as well as ensuring that they have effective and client-centered counseling skills.

**Physical environment (Logistics, tools and space):** An appropriate physical environment for providing a bouquet of services is critical because different healthcare services have varying space and logistics requirements. For example, immunization services can be provided in a public space but FP counseling and method provision requires private space for maintaining privacy and confidentiality.



**Supervision and monitoring:** Integrated services can be successfully provided at the field level if the integration concept and process is correctly and completely understood by the providers, supervisors, and the program managers. The supervisors at the Primary Health Center (PHC) level are critical for providing timely and supportive feedback and also hands-on support to the providers during service provision at the service delivery sites.

**Incentives and motivation:** The synergies achieved through integrated service delivery can be a motivational factor for the providers. Provision of multiple services in a cohesive manner during any given provider-client interaction may improve service efficiency, provider's performance and satisfaction, and strengthen the health system as a whole. However, it is equally important that individuals' efforts towards effectively integrating service delivery are adequately recognized and rewarded by program managers. Positive recognition can go far towards motivating providers and towards ensuring provider satisfaction and sustainability of the integrated service delivery process.

6. Quality assurance during integrated service delivery

Although integrated service delivery means provision of more than one service during a single service contact, it is imperative that quality of all services is maintained. All services must be provided according to prescribed quality norms as defined in the technical guidelines. The quality of any one service must not be compromised at the cost of providing multiple services.

Remember

Integration means that:

- People get the care they need, when they need it
- Services are user-friendly
- Services achieve the desired results
- Services provide value for money

## Chapter 2

# Standard Operating Procedures



**Medical Officers**



## 1. Opportunities and process for integrated service delivery

Medical Officer (MO) is expected to play a multifaceted role as the team-leader of the PHC and to act as a:

- a. Service provider
- b. Facility manager
- c. Supervisor and mentor for PHC/CHC team

The list of activities for each role MOs is as follows:

### A. Medical Officer (MO) as a service provider

The following are the typical service delivery contacts during the work-life of MOs with various clients or beneficiaries.

1. Routine out-patient department (OPD): This includes
  - a. Curative services for common ailments.
  - b. ANC cases referred by ANMs.
  - c. Postnatal Care (PNC) cases referred by ANMs.
  - d. Management of children suffering from various diseases including acute respiratory tract infection (ARI) and diarrhea etc.
2. In-patient department (IPD):
  - a. Clients admitted in wards for various services and ailments.
  - b. Delivery – Institutional deliveries or difficult cases referred by ANMs or Sahiya.
3. Health camps.
4. Family planning services (including FP camps).
5. School-based health services.

**Sensing and availing opportunity for multipurpose/integrated visits:** Proactive identification and notification of convergence points is central to providing integrated service delivery. The opportunities include all the potential sites as well as range of services where there is possibility of providing integrated services instead of vertical or single service provision. The opportunities also include leveraging the wider coverage of any of the services (FP or immunization) to improve access to the other services. The opportunity could also be in the form of identification of the strengths of the system or of the service providers and leveraging it for improving service delivery of the other services.

**Planning:** Whenever there is an opportunity to serve a mother or a child, the MOs need to think about the range of services that can be provided during such interactions and be prepared to offer these services.

**Organizing resources:** The MOs should refer to the program guidelines for the specific services and identify a list of the activities to be delivered during any visit or service contacts. According to these listed activities, they should organize relevant and needed records, reports, checklists, instruments, equipment, chemicals, medicines, vaccines and IEC/IPC materials.

### B. Medical Officer (MO) as a facility manager

1. Ensuring uninterrupted logistics supplies which includes medicines, instrument/equipments, vaccines and FP supplies.
2. Infrastructure: Ensuring necessary infrastructure for delivering FP and immunization services at the PHC and sub-centers.

3. Financial management: Ensuring providers get personal and programmatic financial dues in a timely manner, as per government regulations.
4. Human resources: Allocating human resources in such a way that appropriate services are delivered in PHC/CHC area including in support of integrated delivery.

### **C. Medical Officer (MO) as a supervisor**

1. Supervision of VHNDs.
2. Supportive staff supervision during routine sub-center visits.
3. Supervision of various meetings such as block level meetings and convergence meetings, VHSC meeting when possible.
4. Taking part in monthly/fortnightly/weekly review meetings.

Each of the above mentioned roles and service delivery contacts with clients and/or interactions with the PHC staff provides an opportunity to the MOs to either offer integrated services or to create an enabling environment for the staff to plan and deliver such services.

The program guidelines developed/adapted by Government of India and NRHM Jharkhand provide guidance on the above mentioned activities. Some important program guidelines applicable to the Jharkhand setting are:

1. Indian Public Health Standards (IPHS) for PHC and sub-centers 2010.
2. Skilled Birth Attendant handbook – Government of India 2010.
3. Skilled Birth Attendant quality protocols posters 2010.
4. Handbook on training of MOs on pregnancy care 2009.
5. Guidelines for pregnancy care and management of common obstetric complications by Medical Officers – Government of India 2005.
6. Skilled Birth Attendant training guidelines – NRHM Jharkhand 2009.
7. Kishori Shakti Yojana guidelines – NRHM Jharkhand 2011.
8. Village Health and Nutrition Day guidelines – Government of India and NRHM Jharkhand state 2010.
9. Contraceptive updates for doctors – Government of India 2005.
10. Standard operating procedures for sterilization services in camps 2008.

Medical officers are responsible for planning, organizing and delivering four activities listed earlier where integration of FP and immunization can be successfully achieved.

## **2. Family Planning and Immunization Integrated services during OPD Visit**

The medical officers are responsible for management of OPD and IPD services in the PHC/CHC with assistance from other staff. Being a qualified doctor and team leader provides them unique status and opportunity for winning the confidence of clients and promoting integration by providing clinical services of higher order.

### **A. OPD services and integrated service delivery**

Typically OPD clients are a mix of people attending the clinic for consultation and seeking curative or preventive services. Here the MOs have access to clients of all ages and sexes when they voluntarily come to the clinic for seeking services.

Therefore, while interacting with the mothers and children, the MOs should employ the lifecycle approach and offer 'integrated' services on FP and immunization.

The following are some simple tips for FP and immunization integrated service delivery:

Whenever a woman of reproductive age attends the clinic, besides dealing with the main complaint on a priority basis, the MOs should inquire about the reproductive intentions of the woman or family,

immunization status of children and offer these services or counseling as necessary or refer to appropriate center.

**Table 1: Service integration opportunities for Medical Officers in outpatient department**

| Client and type of service contact  | Focused service   | Integrated services, including family planning and immunization  |
|---|---|--|
| <b>Woman in the reproductive age group in OPD for any complaint</b>                     | <ul style="list-style-type: none"> <li>Provide appropriate services based on her main reason for visit</li> </ul>                       | <ul style="list-style-type: none"> <li>Take reproductive history and intentions about having more children and offer necessary FP counseling or services</li> <li>Explore immunization status of existing children (if any) and provide necessary vaccines or counseling on where to get it</li> </ul> |
| <b>Child with illness such as ARI, diarrhea or others</b>                               | <ul style="list-style-type: none"> <li>Provide appropriate treatment for current illness</li> </ul>                                     | <ul style="list-style-type: none"> <li>Inquire about immunization status and provide necessary vaccines and counseling for complete immunization as per schedule</li> <li>Discuss reproductive intentions, child spacing, and offer FP counseling/services as appropriate</li> </ul>                   |
| <b>Men with any complaints</b>  | <ul style="list-style-type: none"> <li>Provide appropriate services based on his main reason for visit</li> </ul>                       | <ul style="list-style-type: none"> <li>Take sexual history and discuss reproductive intentions. Offer appropriate FP services and/or counseling</li> <li>Counseling on child immunization</li> </ul>   |
| <b>Woman in the reproductive age group accompanied by husband and/or parents-in-law</b> | <ul style="list-style-type: none"> <li>Provide appropriate services based on her main reason for visit</li> </ul>                       | <ul style="list-style-type: none"> <li>Take reproductive history and intentions about having more children and offer necessary FP counseling or services</li> <li>Explore immunization status of existing children (if any) and provide necessary vaccines or counseling on where to get</li> </ul>    |
|   |   | <ul style="list-style-type: none"> <li>Offer FP/immunization counseling to woman's companions, depending on their status, age and possible reproductive needs</li> </ul>   |
| <b>Woman/couple attending OPD for ANC or PNC</b>  | <ul style="list-style-type: none"> <li>Provide complete package of ANC or PNC</li> </ul>  | <ul style="list-style-type: none"> <li>Offer FP counseling and/or services for women as well as men (as appropriate)</li> <li>Counseling and/or services for immunization</li> </ul>   |
| <b>Woman/couple attending OPD for Medical Termination of Pregnancy (MTP)</b>            | <ul style="list-style-type: none"> <li>Provide safe abortion services as per guidelines</li> </ul>                                      | <ul style="list-style-type: none"> <li>Offer FP counseling and services for both women and men (as appropriate)</li> <li>Immunization of existing children (if any)</li> </ul>   |
| <b>Women/men attending for STI/HIV related services</b>                                 | <ul style="list-style-type: none"> <li>Provide treatment and advice as per situation maintaining privacy and confidentiality</li> </ul> | <ul style="list-style-type: none"> <li>Counseling on condom use for dual protection</li> <li>Offer FP counseling and services for both men and women</li> <li>Immunization counseling and services (for those who have children)</li> </ul>  |



## B. Family Planning and Immunization Integrated services during Antenatal Care (ANC) visits to OPD

### *Schedule of ANC visits*

The MOs should ensure that every pregnant woman gets at least four visits for ANC, counting the first visit/registration. It should be emphasised that this is only a minimum requirement and that more visits may be necessary, depending on the woman's health/course of pregnancy and needs.

### *Suggested schedule for ANC visits*

**First visit:** Within the first 12 weeks of pregnancy—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up

**Second visit:** Between 14 and 26 weeks

**Third visit:** Between 28 and 34 weeks

**Fourth visit:** Between 36 weeks and term

Although the focus during care of pregnant woman remains on offering pregnancy related services, these visits offer an opportunity to the MOs to provide specific messages on family planning and immunization which would be of significance during pregnancy as well as after the childbirth.

The specific messages on family planning and immunization during ANC visits are listed in Table 2.

**Table 2: Specific messages and services on Family Planning and Immunization during ANC visits at the clinic**

| Visit   | Family Planning Messages and Services   | Immunization Messages and Services   |
|---|---|--|
| <b>First visit: Within 12 weeks of pregnancy preferably as soon as pregnancy is suspected</b> | After all tasks such as registration, clinical examination, confirmation of pregnancy, microbirth planning and recognition of danger signs and care during early pregnancy are completed: <ul style="list-style-type: none"><li>• Initiate discussion with husband and the pregnant woman about FP and identify their reproductive intentions</li><li>• If they wish to have another child in the future, provide the following messages:<ul style="list-style-type: none"><li>o Three years spacing between two pregnancies is critical for well being of woman and the baby</li><li>o Temporary contraceptive options are available in case they wish to delay the next pregnancy</li></ul></li><li>• If they want to stop having children, advise that permanent family planning options such as male and female sterilization are available</li></ul> | After all tasks such as registration, clinical examination, confirmation of pregnancy, microbirth planning and recognition of danger signs and care during early pregnancy are completed: <ul style="list-style-type: none"><li>• Explain importance of TT vaccination during pregnancy</li><li>• Provide first dose of TT</li><li>• Set date for second dose of TT</li><li>• Taking cue from TT immunization to the woman, initiate discussion of child immunization and mention that the details about the child immunization as per national immunization schedule will be discussed in subsequent visits</li></ul> |
| <b>Second visit: Between 14 and 26 weeks</b>  | After completion of ANC tasks, discuss the following: <ul style="list-style-type: none"><li>• Remind about FP discussion during last visit and discuss briefly appropriate family planning options for spacing or</li></ul>   | <ul style="list-style-type: none"><li>• Provide second dose of TT to the pregnant woman and counsel that the second dose will offer her protection during delivery and also to the newborn</li><li>• Congratulate her for completing her TT</li></ul>  |

| Visit   | Family Planning Messages and Services   | Immunization Messages and Services  |
|---|---|---|
|   | <p>limiting pregnancies (depending on woman's/couple's reproductive intentions)</p> <ul style="list-style-type: none"> <li>• Inform the couple that if not breast feeding, fertility usually return four to six weeks after delivery so she will need to make a decision about family planning before or soon after the birth</li> <li>• Tell that there is a short term natural method of contraception such as Lactational Amenorrhoea Method (LAM)</li> <li>• Explain advantages of LAM and importance of exclusive breast feeding</li> <li>• Inform about three criteria, which should be present all at once for LAM to be effective: <ul style="list-style-type: none"> <li>o <i>Amenorrhoea</i>: The woman should be amenorrhoeic, meaning that her menstrual bleeding should not have resumed after delivery<br/>Whenever it resumes, she cannot use this method</li> <li>o <i>Lactation</i>: The woman should be exclusively breastfeeding her baby (i.e. the baby only receives breast milk without any additional food or drink, not even water), and breastfeeding on demand is followed as often as the child wants, day and night (but with no more than 4-6 hours between the feeds)</li> <li>o <i>Six months</i>: The woman cannot use</li> </ul> </li> </ul> | <p>immunization</p> <ul style="list-style-type: none"> <li>• Remind her about child immunization</li> <li>• Explain how it offers protection against life-threatening diseases</li> <li>• Inform her that the child requires 3 vaccines immediately after birth: BCG, polio and Hepatitis B</li> <li>• Assure her that the discussion will be continued in the next visit</li> </ul>  |
| <b>Third visit:<br/>Between 28 and 34 weeks</b> | <p>After completion of ANC services, discuss the following:</p> <ul style="list-style-type: none"> <li>• Remind of all appropriate postpartum FP options (for both breast feeding and non-breastfeeding women)</li> <li>• Provide the following information on IUCD: <ul style="list-style-type: none"> <li>o Copper-containing IUCDs can be inserted immediately or within 48 hours of childbirth (post-placental insertion: within ten minutes of the delivery of the placenta; immediate postpartum insertion: within 48 hours of the delivery) by a service</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Show the MCH and/or MCP card to the pregnant woman and her family members</li> <li>• Explain how all vaccines required by the baby are listed in different boxes</li> <li>• Explain that it is responsibility of the service provider as well as the family to ensure that all vaccines listed in the card are provided to the baby at the designated time</li> <li>• Explain other sections of the card depicting various antenatal services and identification of danger signs in mother and baby</li> </ul> |

| Visit | Family Planning Messages and Services   | Immunization Messages and Services |
|-------|---|------------------------------------|
|       | <p>provider who is trained specifically for postpartum IUCD insertion</p> <ul style="list-style-type: none"> <li>o Explain that in case of immediate postpartum insertion, woman should make an informed decision about using IUCD before she is in active labour</li> <li>o Alternatively, IUCD can be inserted anytime starting at six weeks post-partum</li> <li>o Emphasize that the IUCD has the advantage of offering protection for five to ten years, depending on the type of IUCD inserted</li> <li>o The IUCDs are safe and reliable, and women will have to visit the subcenter or PHC or CHC for insertionany time starting at 6 weeks after delivery if not inserted immediately or within 48 hours postpartum</li> <li>• If during earlier visit, the couple has expressed willingness for completing the family with this childbirth, provide information on male and female sterilization. However some critical messages relevant to this timing of visit are as follows:</li> </ul> <p>For NSV:</p> <ul style="list-style-type: none"> <li>o The husband can undergo NSV anytime even when the wife is pregnant</li> <li>o NSV is a simple Procedures and does not require hospitalization or long rest</li> <li>o It provides lifelong and effective protection from pregnancy, but it is not effective for the first three months after the Procedures and couple should use a backup contraceptive method (unless man is sterilized three months prior to the delivery date)</li> </ul> <p>For female sterilization:</p> <ul style="list-style-type: none"> <li>o Inform that woman can have sterilization after 24 hours but within seven days after childbirth</li> <li>o This is easily possible in case of</li> </ul> |                                    |

| Visit  | Family Planning Messages and Services  | Immunization Messages and Services   |
|--|--|--|
|  | institutional delivery <ul style="list-style-type: none"> <li>o If not provided within the first week postpartum, this method can be provided anytime after six weeks of delivery</li> </ul>   |  |
| <b>Fourth visit:</b><br><b>Between 36 weeks and term</b> | <ul style="list-style-type: none"> <li>• At this point of time the pregnant woman and her relatives would be apprehensive about safe delivery so just give a gentle reminder that since the delivery will be conducted in the hospital and if she wants to initiate IUCD, they can get IUCD inserted within 48 hours of birth and then return home. This will eliminate chances of getting pregnant again soon after delivery. Female sterilization can also be done prior to hospital discharge</li> <li>• Also remind about importance of exclusive breastfeeding for first six months which not only provides adequate nutrition to the baby but also provides protection from pregnancy (if all three LAM criteria listed above are met). If she is not planning to rely on LAM, she should start using contraceptive methods preferably at four weeks, but not later than six weeks postpartum</li> </ul> | <ul style="list-style-type: none"> <li>• Reassure the mother about safe delivery at your institution</li> <li>• Tell her that in case of the institutional delivery, the first three vaccines to the baby scheduled at birth will be provided in the institution</li> <li>• Remind that the mother and other family members must ensure that remaining vaccines are provided to the baby as per the schedule explained earlier (show the card and remind again, as necessary)</li> </ul> |

### C. Family Planning and immunization integration services during Postnatal Care (PNC) Period visits at OPD

Conventionally, the first 42 days (six weeks) after delivery are considered as postpartum period. The first 48 hours of the postpartum period are the most crucial period for the health and survival of both mother and her new-born.

*Schedule of postpartum visits (while this is a recommended postpartum follow-up schedule, women who deliver at home usually don't come to OPD for the first three visits unless they have problems or concerns. The follow-up could be done through other mechanisms, such as home visits by ANM or Sahiya)*

The recommended schedule of PNC visits is as follows:

**First visit:** First day (within 24 hours)

**Second visit:** Third day after delivery

**Third visit:** Seventh day after delivery

**Fourth visit:** Six weeks after delivery

**Table 3: Specific messages and services on Family Planning and Immunization during PNC visits within OPD**

| Visit  | Family Planning Messages and Services   | Immunization Messages and Services  |
|--|---|---|
| <b>First visit: within 24 hours</b>            | <ul style="list-style-type: none"> <li>• Explain about exclusive breast feeding and its beneficial effect on baby and how it acts as a short-term natural contraception for the woman if all three criteria of LAM are met (see above)</li> <li>• If the woman/couple has earlier opted for postpartum IUCD, provide the services or refer to appropriate center (explain that the referral should be acted upon within the first 48 hours after delivery)</li> <li>• If not inserted within 48 hours, inform that the IUCD also could be inserted any time after six weeks postpartum</li> <li>• If the couple has decided to select a permanent method, make sure that they know that male sterilization (NSV) is also available and is a very simple and effective option for men. If sterilization is not done in the clinic before hospital discharge, provide information about the place, benefits and other considerations regarding both male and female sterilization</li> <li>• Inform about other appropriate FP options. Based on the choices of the couple, provide appropriate method</li> </ul> | <ul style="list-style-type: none"> <li>• Confirm if the child has received BCG, OPV and Hepatitis B vaccine. If not, provide it</li> <li>• If home delivery and client is attending the OPD for PNC, inform the mother and the family about the nearest place of immunization and suggest them to get the vaccination done as early as possible</li> <li>• Inform the Sahiya in the village to guide the family to the immunization site/center for immunization</li> <li>• Showing the MCP/MCH card, remind the family and mother about remaining schedule of immunization as per national guidelines</li> </ul> |
| <b>Second visit: Third day after delivery</b>  | <ul style="list-style-type: none"> <li>• If exclusive breast feeding has been initiated, confirm that she understands correct intervals for breast feeding and when LAM stops being effective. She should follow breast feeding on demand- that is as often as child wants during day and night. However, the intervals between feedings should not exceed 4-6 hours</li> <li>• For other methods, provide the messages as in the first visit</li> </ul>  | <ul style="list-style-type: none"> <li>• If Polio, BCG and Hepatitis B immunization has not been provided at birth or within first 48 hours, provide it now or guide the mother and family to get it done at the nearest health center or VHND whichever is earlier and convenient</li> <li>• Request the Sahiya of the village to accompany the family for getting BCG, polio and Hepatitis B vaccine</li> <li>• Showing the MCP/MCH card, remind the family and mother about remaining schedule of immunization as per national guidelines</li> </ul>   |
| <b>Third visit: Seventh day after delivery</b> | <ul style="list-style-type: none"> <li>• If breast feeding exclusively, reconfirm that correct intervals are followed (see above) and she knows when LAM stops</li> </ul>   | <ul style="list-style-type: none"> <li>• Same as second visit</li> </ul>  |

| Visit   | Family Planning Messages and Services  | Immunization Messages and Services  |
|---|--|---|
|   | <p>being effective and another FP method should be initiated</p> <ul style="list-style-type: none"> <li>For other methods, provide the messages as in the first visit</li> </ul>   |   |
| <b>Fourth visit:<br/>Six weeks<br/>after delivery</b> | <ul style="list-style-type: none"> <li>If breast feeding exclusively, reconfirm that she does it correctly the infant only receives breast milk without any additional food or drink, not even water and breast feeding on demand is followed that is as often as the child wants, day and night (with no feedings being more than 4-6 hours apart). Also make sure that woman knows all three LAM criteria and when LAM stops being effective.</li> <li>For other methods, provide the messages as in the first visit</li> <li>Explain about Standard days method (SDM) and use of cycle beads</li> </ul> | <ul style="list-style-type: none"> <li>Since this visit is scheduled at six weeks after the delivery, it is time for first dose of DPT, OPV and next dose of hepatitis B vaccine (if the first was provided at birth or soon after as required). If the mother and child visit the clinic where immunization is available, provide these vaccines. If not, refer them to the nearest health center for vaccination</li> <li>Remind the family when to receive the next dose of DPT, OPV and Hepatitis B vaccines</li> <li>If Sahiya is accompanying the family during PNC visit, remind and request the Sahiya to guide the family to the nearest center or VHND for completing remaining immunization as per schedule</li> </ul> |

### 3. Family Planning and Immunization Integrated services for IPD clients

One of the important duties of a MO is to provide treatment and care to the patients/clients with various health problems admitted in the in-patient wards of the PHC or CHC. These services are provided on a daily basis and involve communication, clinical examination and management of identified health conditions. As a result, these service contacts can offer a great opportunity to the MO for providing focused and needs-based messages on FP and immunization to the clients and their close relatives.

After providing focus services to address a client's reason for visiting, offer immunization and family planning counseling and services as appropriate and as outlined in Table 4.



**Table 4: Specific messages and services on Family Planning and Immunization for clients in IPD**

| Visit                                | Family Planning Messages and Services   | Immunization Messages and Services  |
|--------------------------------------|---|---|
| <b>Women in postnatal period</b>     | <ul style="list-style-type: none"> <li>• Ensure that breast feeding has been initiated within an hour of birth or earlier</li> <li>• Explain about exclusive breast feeding and its beneficial effect on baby and how it acts as natural contraception for the woman</li> <li>• If the woman/couple has earlier opted for postpartum IUCD, provide the services or refer to appropriate center (if still within the first 48 hours after delivery)</li> <li>• If more than 48 hours after delivery have passed, inform that the IUCD could also be inserted anytime starting at four to six weeks after delivery</li> <li>• If the couple has decided on using a permanent method of contraception, make sure that they know that male sterilization (NSV) is also available and is a very simple and effective option for men. If sterilization is not done in the clinic before hospital discharge, provide information about where and when the Procedures can be done, and answer any questions regarding both male and female sterilization</li> <li>• Inform about other appropriate FP options including SDM. Based on the choices of the couple, provide appropriate contraceptive method and supplies</li> </ul> | <ul style="list-style-type: none"> <li>• If institutional delivery, provide Zero dose for OPV, BCG and hepatitis B vaccines to the baby</li> <li>• Educate the client and her relatives about complete immunization schedule</li> <li>• Inform them that after discharge from the PHC in-patient ward, the immunization will be available during VHND sessions in their village</li> <li>• If a Sahiya is accompanying the woman for assistance in institutional delivery, provide her guidance on helping the woman and the family in completing the immunization as per national immunization schedule</li> </ul> |
| <b>Woman in post-abortion period</b> | <ul style="list-style-type: none"> <li>• Since the MTP has been done due to unwanted pregnancy, provide information on all contraceptives including temporary and permanent methods (if woman wants no more children in the future)</li> <li>• If the woman/family makes an informed choice of any contraceptive method, provide the services or refer as appropriate</li> <li>• If woman decides on sterilization, make sure that she has receives thorough counseling and has made truly informed and voluntary choice (do not</li> </ul>   | <ul style="list-style-type: none"> <li>• If there is any child in the family eligible for immunization, provide a dose of the appropriate vaccine in the institution</li> <li>• Educate the family about remaining vaccinations and the schedule</li> </ul>   |

| Visit   | Family Planning Messages and Services   | Immunization Messages and Services  |
|---|---|---|
|   | provide sterilization at the time of the abortion Procedures itself)  |   |
| <b>Child admitted with ARI / Diarrhea / severe malnutrition</b> | <ul style="list-style-type: none"> <li>• Ask the mother of the sick child about number of children in the family and reproductive intentions of the couple</li> <li>• If the couple is willing to adopt family planning, offer information of all contraceptive methods including SDM.</li> <li>• If the couple makes an informed choice for any specific family planning method, provide appropriate services or refer</li> <li>• Schedule for a follow up visit if appropriate</li> <li>• If the Sahiya is accompanying the family, provide her guidance on follow up visits and provision of re-supplies in case of condoms, OCPs and cycle beads</li> </ul> | <ul style="list-style-type: none"> <li>• Obtain information about immunization status of the sick child as well as siblings, if any</li> <li>• Provide appropriate vaccines in the institution</li> <li>• Educate the mother of the child and other family members about importance of immunization and national immunization schedule</li> <li>• If the Sahiya of the village is accompanying the family, provide her guidance on assisting the family in completing the child immunization as per national immunization schedule</li> </ul> |

#### 4. Family Planning and Immunization Integrated Services during Special Events

The MOs are responsible for providing clinical services and technical advice during special events such as family planning camps or health check-up camps (also called Health Melas). During these events the MOs have opportunities to interact with all groups of clientele including the women and men of reproductive age, families with children, and elderly people who often are the decision-makers at home in the typical rural Indian community.

Thus, the MOs can utilize such opportunities for providing critical FP and immunization messages and services to individual clients as well as various client groups.

The list of such activities and specific messages on FP and immunization are shown in Table 5.

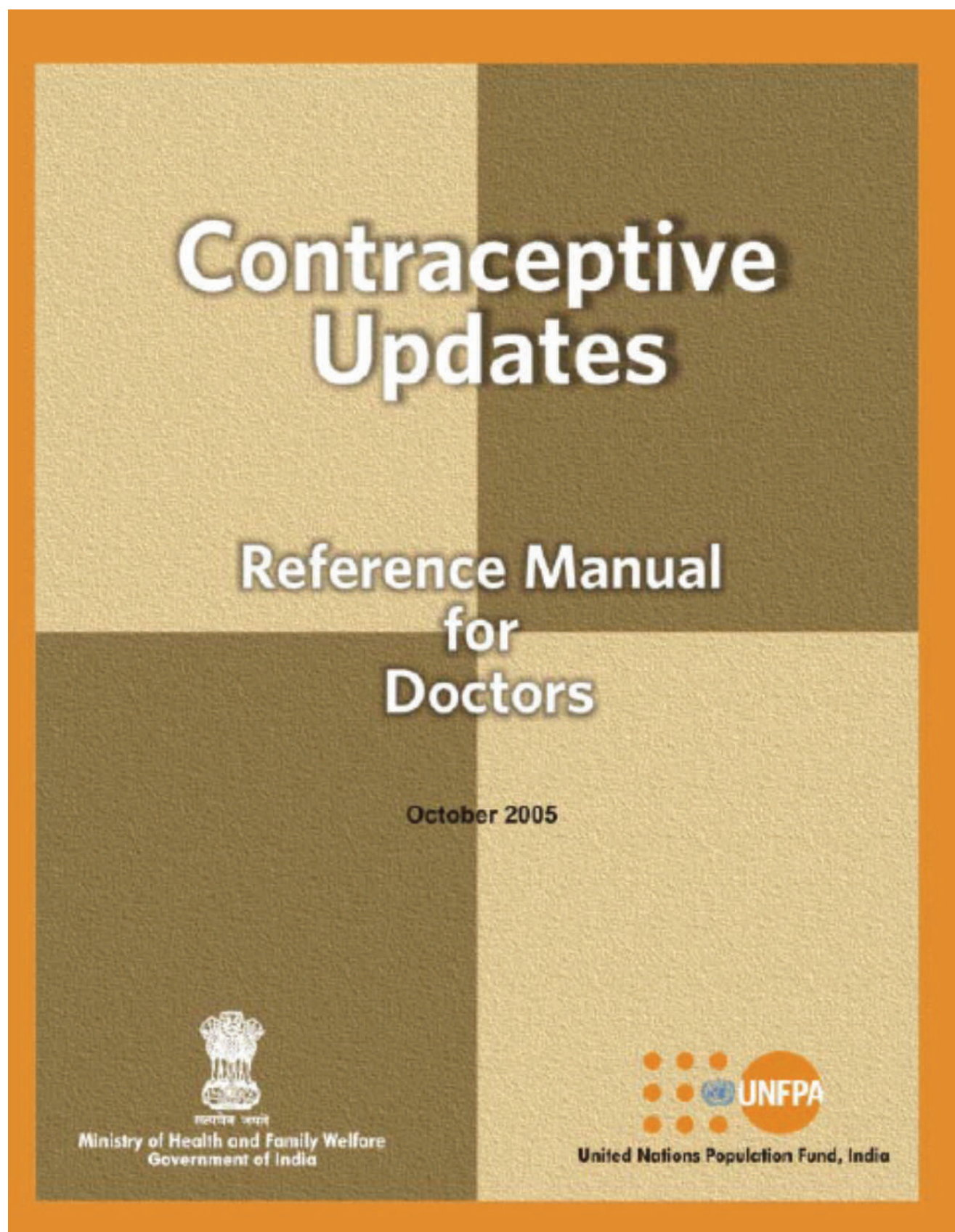
**Table 5: Specific messages and services on Family Planning and Immunization during Family Planning camps and Health Melas**

| Client and Service Contact  | Family Planning Messages and Services   | Immunization Messages and Services   |
|---|---|--|
| <b>During FP camp for men and women</b>   | <ul style="list-style-type: none"> <li>• Provide FP services to clients who came with specific contraceptive method in mind</li> <li>• Provide high-quality FP counseling and help clients who did not have a method in mind to make informed choice</li> <li>• Provide information on follow up care and where to get resupplies of the FP method (if applicable)</li> <li>• Inform the clients how ANMs and Sahiyas can help them in resolution of minor problems or questions after adopting any FP method</li> <li>• Mention that Sahiya is responsible to provide contraceptives to eligible couples at doorsteps</li> </ul>   | <ul style="list-style-type: none"> <li>• For each client, enquire about number of children, their ages and immunization status</li> <li>• Inform them how immunization provides protection against certain serious diseases and saves lives of children</li> <li>• If any family has a child who did not receive one or more vaccines, provide the vaccine immediately (if the camp is at the PHC/CHC) or send them to appropriate center for immunization</li> <li>• Advise the ANM and Sahiyas of the respective areas to ensure immunization of these children at the earliest</li> <li>• Provide information on complete national immunization schedule and encourage the family to ensure complete immunization of every child in the home</li> </ul>   |
| <b>Health camps/Health Melas – Clients include male and females of all ages</b> | <ul style="list-style-type: none"> <li>• If the clients are in the reproductive age group, provide information on importance of family planning and counsel on contraceptive options</li> <li>• To clients who made informed choice based on the information you provided, offer selected FP service or refer as appropriate. For example, if a particular service is not available at the health camp (such as sterilization services) provide information about where and when to get it</li> <li>• Inform the clients how ANMs and Sahiyas can help them in accessing the FP services and where to get resupply (for example, OCPs or condoms)</li> <li>• Mention that Sahiya is responsible to provide contraceptives to eligible couples at doorsteps</li> </ul> | <ul style="list-style-type: none"> <li>• Provide immunization at the immunization section/stall as per national immunization schedule</li> <li>• Inform parents or other adults who accompany children how immunization provides protection against certain serious diseases and saves lives of children</li> <li>• If you notice any family has a child who did not receive one or more vaccines, provide the vaccine immediately (if the camp is at the PHC/CHC) or send them to appropriate center for immunization</li> <li>• Advise the ANM and Sahiyas of the respective areas to ensure complete immunization of all children in their respective areas attending the camp</li> <li>• Provide information on complete national immunization schedule and encourage everyone attending the camp to ensure complete immunization of every child in their homes</li> </ul> |

## References

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3. Skilled Birth Attendant quality protocols posters, Ministry of Health and Family Welfare, Government of India; 2010 <http://mohfw.nic.in/NRHM/Documents/MH/SBA%20Quality%20Protocol%20PostersI.pdf>
4. Trainee Handbook on training of Medical Officers in pregnancy care and management of common obstetric complications on pregnancy care; Maternal Health Division, Ministry of Health and Family Welfare, Government of India; August 2009
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6. Skilled Birth Attendant training guidelines, Jharkhand Rural Health Mission, Government of Jharkhand; May 2009
7. Kishori Shakti Yojana Guidelines, Jharkhand Rural Health Mission, Government of Jharkhand; July 2009
8. Village Health and Nutrition Day Guidelines, Department of Health and Family Welfare and Department of Social Welfare, Government of Jharkhand, Circular no. 9/RCH-1/07/439 (HSN); December 10, 2010
9. Village Health and Nutrition Day Guidelines for AWWs/ANMs, ASHAs/PRIs; National Rural Health Mission and Ministry of Health and Family Welfare, Government of India; February 2007
10. Standard Operation Procedures for sterilization services in camps; Family Planning Division, Ministry of Health and Family Welfare, Government of India; March 2008





## Annexure 2: National Immunization Schedule

| Vaccine                     | When to give  |  | Route and site   |
|-----------------------------|---|--|--|
| For Pregnant Women          |   |  |  |
| TT-1                        | Early in pregnancy at first contact   | 0.5ml                                  | Intra muscular inupper arm   |
| TT-2                        | 4 weeks after TT-1*   | 0.5ml                                  |  |
| TT-Booster                  | If pregnancy occurs within three year so flast TT vaccinations*   | 0.5ml                                  |  |
| For Infants                 |   |  |  |
| BCG                         | At birth (for institutional deliveries) or a long with DPT-1  | 0.1ml (0.05ml for infant upto 1 month) | Intra muscular inupper arm   |
| Hepatitis B 0^              | At birth for institutional delivery, preferably within 24 hours of delivery   | 0.5ml                                  | Intra muscular in outer mid-thigh (antero-lateral side of mid-thigh) |
| OPV-0                       | Atbirth, if delivery is in institution  | 2 drops                                | Oral   |
| OPV1, 2 and 3               | At 6 weeks, 10 weeks and 14 weeks   | 2 drops                                | Oral   |
| DPT1, 2 and 3               | At 6 weeks, 10 weeks and 14 weeks   | 0.5ml                                  | Intra muscular in outer mid-thigh (antero-lateral side of mid-thigh) |
| Hepatitis B1, 2 and3        | At 6 weeks, 10 weeks and 14 weeks   | 0.5ml                                  |  |
| Measles                     | 9–12 months   | 0.5ml                                  | Sub cutaneous in right upperarm                                      |
| Vitamin A (1stdose)         | At 9 months, with measles   | 1ml (1 lakh IU)                        | Oral   |
| For Children                |   |  |  |
| DPT booster                 | 1st booster at 16–24 months   | 0.5ml                                  | Intra muscular in outer mid-thigh (antero-lateral side of mid-thigh) |
|                             | 2nd booster at 5 years of age   | 0.5ml                                  | Sub cutaneous in right upperarm                                      |
| OPV booster                 | 16–24 months  | 2 drops                                | Oral   |
| JE^                         | 16–24 months  | 0.5ml                                  | Intra muscular in outer mid-thigh (antero-lateral side of mid-thigh) |
| MR                          | 16–24 months  | 0.5ml                                  |  |
| Vitamin A (2nd to 9th dose) | 2nd do se at 16 months, with DPT/OPV Booster.<br>3rd to 9th doses are given at an interval of 6 months till 5 years of age. | 2ml (2 lakh IU)                        | Oral   |
| TT                          | 10 years and 16 years   | 0.5ml                                  | Intramuscular in upper arm   |

\*TT-2 or booster dose is to be given before 36 weeks of pregnancy.

A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis, and measles before one year of age.

<sup>^</sup>JE and Hepatitis B in select states/UTs/districts/cities

*Note: The Universal Immunization Program is dynamic and hence, the immunization schedule needs to be updated from time to time.*





## Chapter 3

# Standard Operating Procedures



**Auxiliary Nurse Midwife**



## 1. Opportunities and Process for Integrated Delivery

The ANMs are expected to provide a range of services in the communities delivered either at the sub centers, PHC, during home visits, or at outreach events such as VHND or health camps.

As per existing work patterns, each service contact has one or two focused services. Thus, there will always be a primary 'focus service' during any facility- or community-level contact visit; however, there is always an opportunity of providing additional services to the mothers and/or children during these contact visits.

Common service delivery contacts for ANM are:

1. Antenatal care: At the health center or through home visits.
2. Delivery: At the institution or at home under the Janani Suraksha Yojana (JSY).
3. Postnatal Care: At the health center, through home visits, or at the VHND every month in every village.
4. Routine Immunization sessions at the sub-center and PHC.
5. Management of illnesses such as acute respiratory tract infection (ARI), diarrhea and other communicable diseases.
6. Village Health & Sanitation Committee (VHSC) meetings: Every month in every village.
7. Mothers' meetings: Every month in every village.

Each of these focused service delivery contacts provide you an opportunity to initiate or deliver a range of services which may be required either immediately or in the near future. If these opportunities are not availed, they become 'missed opportunities' and additional, separate service delivery contacts will be required to meet all of the clients' health needs.

### **Opportunities while providing routine services as per job description and program guidelines**

Every focused service contact will have one or more opportunities for delivering additional services. The opportunities could be in the form of:

- Interacting and advising additional family members beyond the main beneficiary
- Follow up on counseling or services provided in earlier visits and interactions
- Delivery of “focus services” not yet received, but which are relevant during this phase of the life-cycle

The following is an illustrative example of such opportunities for an ANM

**Table 1: Illustrative opportunities within the services provided by an ANM**

| Focused service/interaction (as listed in the program guidelines) | Opportunities   |  |  |
|---|---|--|--|
|   | Interaction with other decision-makers in the family  | Follow up on services/advice provided earlier  | Delivering “focus services” needed by the client   |
| <b>Second Antenatal care home visit/clinic</b>                    | Interaction and discussion with husband, in-laws or other decision-makers   | Review effect of intervention in the earlier visit. For example: <ul style="list-style-type: none"> <li>• Improved Hemoglobin (Hg)</li> <li>• Nausea/no nausea</li> <li>• Change in swelling of the feet</li> <li>• Change in dietary practices and hygiene</li> </ul> | Offer all ANC services appropriate during second visit as per program guidelines. See table 3. |
|   | <b>Creating platform for future services by counseling on:</b> <ul style="list-style-type: none"> <li>• exclusive breast feeding</li> <li>• micro-planning for birth in an institution</li> <li>• FP options in postnatal period</li> <li>• child immunization</li> </ul>   |  |  |
| <b>Postnatal visit home visit/clinic</b>                          | Interaction and discussion with husband, in-laws or other decision-makers   | <ul style="list-style-type: none"> <li>• Progress of recovery of mother</li> <li>• Initiation of breast feeding</li> <li>• Exclusive breast feeding</li> <li>• Baby's health</li> <li>• Vaccination at birth – done or not</li> </ul>                                  | Offer all appropriate PNC services as per program guidelines. See table 6.                     |
|   | <b>Creating platform for future services or providing services:</b> <ul style="list-style-type: none"> <li>• counseling about exclusive breast feeding</li> <li>• discussing effect of breast feeding on return to fertility</li> <li>• counseling on transitioning from LAM to another FP method</li> <li>• counseling about postpartum FP options, including method provision or referral as appropriate</li> <li>• completion of child immunization</li> </ul> |  |  |
| <b>Routine immunization to a child</b>                            | Interaction with mother and any other family member accompanying the child  | <ul style="list-style-type: none"> <li>• Postnatal recovery of mother</li> <li>• Status of exclusive breast feeding</li> </ul>   | Provision of routine child immunization as per age   |

|  |   |
|--|---|
|  | <b>Creating platform for future services or providing services:</b> <ul style="list-style-type: none"> <li>• Setting date for next dose of immunization</li> <li>• discussing effect of breast feeding on return to fertility</li> <li>• counseling on transitioning from LAM to another FP method</li> <li>• counseling about postpartum FP options, including service provision or referral as appropriate</li> </ul> |
|--|---|

## Preparing for providing integrated services

The Government of India and NRHM Jharkhand have developed or adapted program guidelines for assisting providers in planning and delivering maternal and child health services. Some important program guidelines are:

1. Guidelines for antenatal care and skilled birth attendance at birth by ANMs, LHVs and Staff Nurses – Government of India guidelines in 2010.
2. Skilled Birth Attendant handbook – Government of India 2010.
3. Skilled Birth Attendant training guidelines – NRHM Jharkhand 2009.
4. KishoriShakti Yojana guidelines – NRHM Jharkhand 2011.
5. Village Health and Nutrition Day guidelines (VHND) – Government of India and NRHM Jharkhand state 2010.
6. Family Planning guidelines – Government of India 2009.
7. Integrated Management of Neonatal and Childhood Illness(IMNCI) training modules 1-9 – Government of India 2009.

These guidelines should be adhered to and used as a platform for offering additional health services.

In addition, the following considerations should be addressed:

- **Identify opportunities for integrated visits:** Intentional and conscious identification of convergence points is central to providing integrated service delivery. The 'opportunity' includes all the potential contacts where there is the possibility of providing integrated services, instead of offering only a single "focus service." The 'opportunities' also include leveraging the wider coverage of the "focus service" to improve access to the other services. The 'opportunity' could also be in the form of identification of the strengths of the system or of the service providers, and leveraging them for improving service delivery of the other services
- **Organizing resources:** Refer to the program guidelines for the specific services and identify all potential services to be delivered during any visit or contacts. Prepare and organize all required resources including: relevant records, reports, checklists, equipment, chemicals, medicines, vaccines, and IEC/IPC materials to support an integrated approach

ANMs are responsible for planning and organizing all eight of the following activities—ANC, delivery, PNC, VHND, routine immunizations, home visits for management of illnesses, VHSC, and mothers' meetings. The details for offering integrated family planning services during these activities are described in detail in the following sections. The checklists and detailed technical specifications for each of the services such as ANC, PNC, immunization and family planning are provided in various program guidelines and can be found in the Annexure. All ANMs are expected follow these instructions.

## 2. Family Planning and Immunization Integrated Services during Antenatal Care (ANC) Visit

### What is ANC?

Antenatal care is a type of preventative care offered to women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus.

A proper ANC check-up provides necessary care to the mother and helps identify and treat any complications of pregnancy such as anaemia, pre-eclampsia, and hypertension in the mother and slow or inadequate growth of the foetus.

### Schedule of ANC visits

ANMs should ensure that every pregnant woman receives at least four visits for ANC, counting the first visit for registration. It should be emphasised that this is only a minimum requirement and that more visits may be necessary, depending on the woman's health/course of pregnancy and needs.

The recommended schedule of ANC visits is as follows:

**First visit:** Within first 12 weeks of pregnancy—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up

**Second visit:** Between 14 and 26 weeks

**Third visit:** Between 28 and 34 weeks

**Fourth visit:** Between 36 weeks and term

It is advisable for pregnant woman to visit the MO at the PHC for an antenatal check-up during the period of 28–34 weeks (third visit). Besides this, she may also be advised and guided to deliver in a facility such as the nearest PHC, Community Health Center (CHC), or First Referral Unit (FRU).

Please refer to Annexure 1 which outlines the list of activities an ANM is responsible for during each of the four ANC visits.

Counseling on FP and immunization can be an integral part of all four ANC visits. Messages and counseling on family planning and immunization should be attuned to the various stages of pregnancy.

Table 2 outlines the messages tailored for integrated FP and immunization services during any ANC visit or interaction at the clinic.



**Table 2: Specific messages and services on Family Planning and Immunization during ANC visits**

| Visit   | Family Planning Messages and Services   | Immunization Messages and Services  |
|---|---|---|
| <b>First visit:</b><br><b>Within first 12 weeks of pregnancy preferably as soon as pregnancy is suspected</b> | <p>After all tasks such as registration, clinical examination, confirmation of pregnancy, microbirth planning and recognition of danger signs, and care during early pregnancy are completed:</p> <ul style="list-style-type: none"> <li>• Initiate discussion with husband and the pregnant woman about FP and identify their reproductive intentions</li> <li>• If they wish to have another child in the future, provide the following messages: <ul style="list-style-type: none"> <li>o Three years spacing between two pregnancies is critical for the well being of the woman and the baby, and in turn the whole family</li> <li>o Temporary contraceptive options are available in case they wish to delay the next pregnancy</li> </ul> </li> <li>• If they want to stop having children, advise that permanent family planning options such as male and female sterilization are available</li> </ul>  | <p>After all tasks such as registration, clinical examination, confirmation of pregnancy, microbirth planning, recognition of danger signs, and care during early pregnancy are completed:</p> <ul style="list-style-type: none"> <li>• Explain importance of TT vaccination during pregnancy</li> <li>• Provide first dose of TT</li> <li>• Set date for second dose of TT</li> <li>• Taking cue from TT immunization to the woman, initiate discussion of child immunization and mention that the details about the child immunization as per national immunization schedule will be discussed in subsequent visits (Refer to annexure 2 National Immunization Schedule)</li> </ul>               |
| <b>Second visit:</b><br><b>Between 14 and 26 weeks</b>  | <p>After completion of ANC discuss the following:</p> <ul style="list-style-type: none"> <li>• Remind about FP discussion during last visit and discuss briefly appropriate family planning options for spacing or limiting pregnancies (depending on woman's/ couple's reproductive intentions)</li> <li>• Inform the couple that if not breast feeding, fertility can return four to six weeks after delivery so she will need to make a decision about family planning before or soon after the birth</li> <li>• Tell that there is short term natural method of contraception such as Lactational Amenorrhoea Method(LAM)</li> <li>• Explain advantages of LAM and exclusive breast feeding</li> <li>• Inform about three criteria for LAM. These three criteria should be present at the same time for LAM to be effective: <ul style="list-style-type: none"> <li>o <i>Amenorrhoea</i>: The woman should be amenorrhoeic, meaning that her menstrual bleeding should not have resumed after delivery. Whenever it resumes, she cannot use this method</li> <li>o <i>Lactation</i>: The woman should be</li> </ul> </li> </ul> | <p>After all tasks such as registration, clinical examination, confirmation of pregnancy, microbirth planning, recognition of danger signs, and care during early pregnancy are completed:</p> <ul style="list-style-type: none"> <li>• Provide second dose of TT to the pregnant woman and convey that this will offer her protection during labour and also to the newborn</li> <li>• Congratulate her for completing her TT immunization</li> <li>• Remind her about child immunization</li> <li>• Explain how it offers protection against life-threatening diseases</li> <li>• Inform her that the child requires three vaccines immediately after birth-BCG, Polio and Hepatitis B</li> </ul> |

| Visit   | Family Planning Messages and Services  | Immunization Messages and Services  |
|---|--|---|
|   | <p>exclusively breast feeding her baby, (i.e. the baby only receives breast milk without any additional food or drink, not even water), and breast feeding on demand is followed that is as often as the child wants, day and night (but with no more than 4-6 hours between the feeds)</p> <ul style="list-style-type: none"> <li>o <i>Six months</i>: The woman cannot use this method for more than six months postpartum, even if she has not started menstruating again. As soon as baby turns six months old, LAM is not considered effective. Woman should be counseled to decide in advance on what FP method she wants to use when LAM expires</li> <li>o <i>Six months</i>: The woman cannot use this method for more than six months postpartum, even if she has not started menstruating again. As soon as baby turns six months old, LAM is not considered effective. Woman should be counseled to decide in advance on what FP method she wants to use when LAM expires</li> </ul> |   |
| <b>Third visit:<br/>Between 28 and 34 weeks</b> | <p>After completion of ANC, discuss the following:</p> <ul style="list-style-type: none"> <li>• Remind of all appropriate postpartum FP options (for both breast feeding and non-breastfeeding women)</li> <li>• Provide information on IUCD: <ul style="list-style-type: none"> <li>o Copper-containing IUCDs can be inserted immediately or within 48 hours of childbirth by a service provider who is trained specifically for postpartum IUCD insertion</li> <li>o Explain that in case of immediate postpartum insertion, woman should make an informed decision about using IUCD before she is in active labour</li> <li>o Alternatively, IUCD can be inserted anytime starting at six weeks postpartum</li> <li>o Emphasize that the IUCD has the advantage of offering protection for five</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>• Show the MCH and/or MCP card to the pregnant woman and her family members</li> <li>• Explain how all vaccine required by the baby are listed in different boxes</li> <li>• Explain that it is responsibility of provider as well as the family to ensure that all vaccine listed in the card provided the baby at the designated time</li> <li>• Show them how you (the ANM) has marked the field of TT vaccine in the card, besides other basic information such as LMP, EDD and date of registration etc.</li> <li>• Also explain other parts of the card depicting various antenatal services, identification of danger signs in mother and baby</li> </ul> |

| Visit | Family Planning Messages and Services  | Immunization Messages and Services |
|-------|--|------------------------------------|
|       | <p>to ten years or even more, depending on the type of IUCD inserted</p> <ul style="list-style-type: none"> <li>o The IUCDs are safe and reliable, and women will have to visit the sub center or PHC or FRU for insertion any time starting at 6 weeks after delivery if not inserted immediately or within 48 hours postpartum</li> <li>• If during earlier visit, the couple has expressed willingness for completing the family with this pregnancy, provide information on options for male and female sterilization. Complete information on these methods is provided in Annexure 6. However some critical message relevant to this timing if visit are as follows:<br/>For NSV: <ul style="list-style-type: none"> <li>o The husband can undergo NSV anytime even when the wife is pregnant</li> <li>o NSV is a simple procedure and does not require hospitalization or long rest</li> <li>o It provides lifelong and effective protection from pregnancy, but it is not effective for the first three months after the Procedures and couple should use a backup contraceptive method (unless man is sterilized three months prior to the delivery date)</li> </ul> For female sterilization: <ul style="list-style-type: none"> <li>o Inform that woman can have sterilization immediately or within seven days after childbirth.</li> <li>o This is easily possible in case of institutional delivery</li> <li>o If not provided within the first week postpartum, this method can be provided anytime after six weeks of delivery</li> </ul> </li> <li>• Explain about Standard Days Method (SDM): <ul style="list-style-type: none"> <li>o It is a simple method to use does not need external supplies</li> <li>o Using the colored cycle beads, the woman can identify the days when intercourse should be avoided</li> <li>o Explain that postpartum women need to wait until they had three months in a</li> </ul> </li> </ul> |                                    |

| Visit  | Family Planning Messages and Services   | Immunization Messages and Services   |
|--|---|--|
|  | row of regular menstrual bleedings before they can initiate SDM   |  |
| <b>Fourth visit:<br/>Between 36 weeks and term</b> | <ul style="list-style-type: none"> <li>At this point of time the pregnant woman and her relatives would be apprehensive about safe delivery so just give a reminder that if the delivery will be done in the hospital and if she wants to initiate IUCD, they can get IUCD inserted within 48 hours of birth and then come home. This will eliminate chances of getting pregnant again soon after delivery. Female sterilization also can be done prior to hospital discharge</li> <li>Also remind about importance of exclusive breast feeding for first six months which not only provides adequate nutrition to the baby but also provides contraception (if all three conditions of LAM listed above are met). If she is not planning to breastfeed exclusively, she should start using contraceptive method preferably at four, but not later than six weeks postpartum</li> </ul> | <ul style="list-style-type: none"> <li>Reassure the mother about safe delivery at an identified institution.</li> <li>Tell her that in case of institutional delivery, first three vaccines to the baby scheduled at birth will be provided in the institution</li> <li>Remind that the mother and other family members must ensure that remaining vaccines are provided to the baby as per the schedule explained earlier (show the card and remind again, as necessary)</li> </ul> |

Thus, it is possible for an ANM to provide integrated FP and immunization services while providing routine antenatal services. The focused and incremental message delivery as given in the table above will help in preparing the mother and family for demanding and availing appropriate FP and immunization services.

### 3. Family Planning and immunization integrated services during Postnatal Care (PNC) Period

#### What is PNC?

Postnatal care(PNC), also called postpartum care, is care provided to women and newborns for the first few weeks following birth. Conventionally, the first 42 days (six weeks) after delivery are considered the postpartum period. The first 48 hours of the postpartum period, is the most crucial period for the health and survival of both the mother and her newborn.

The recommended schedule of PNC visits is as follows:

**First visit:** First day (within 24 hours)

**Second visit:** Third day after delivery

**Third visit:** Seventh day after delivery

**Fourth visit:** Six weeks after delivery

#### ANMs role during postnatal period:

- There should be three additional visits in the case of babies with low birth weight, on days 14, 21 and 28 (as per the Integrated Management of Neonatal and Childhood Illness [IMNCI] guidelines)
- The first 48 hours after delivery are the most critical in the entire postpartum period. Most of the major life-threatening complications of the post partum period, such as postpartum haemorrhage (PPH) and infection, occur during this period. Hence, a woman who has just delivered at the institution needs to be closely monitored during the first 48 hours. It is duty of clinic-based provider to inform the woman about the importance of staying at the health facility where she has delivered for at least 48 hours, so that proper care is provided to her. You must emphasise that monitoring is essential for her and the baby
- The next most critical period is the first week following the delivery. A considerable number of complications can occur during this period, both for the mother as well as the baby. Hence, visits have to be made to the mother and the baby on the third and seventh days after delivery

**Please refer to Annexures 3 and 4 for lists of services for the mother and the baby to be provided during the four postnatal visits at home or in a clinic.**

Table 3 outlines the messages tailored for integrated FP and immunization services during the PNC visits or interaction at the clinic.

**Table 3: Specific messages and services on Family Planning and Immunization during PNC visits**

| Visit                               | Service beneficiary and Potential audience for messages   | Family Planning Messages and Services  | Immunization Messages and Services  |
|-------------------------------------|---|--|---|
| <b>First visit: within 24 hours</b> | <ul style="list-style-type: none"><li>• Postnatal woman</li><li>• Infant</li><li>• Her husband</li><li>• Parents-in-law</li><li>• Other decision makers in the family</li></ul> | <ul style="list-style-type: none"><li>• If institutional delivery, ensure that breastfeeding has been initiated within an hour of birth or earlier</li><li>• Explain about exclusive breastfeeding and its beneficial effect on baby and</li></ul> | <ul style="list-style-type: none"><li>• If institutional delivery, provide zero dose for OPV, CG and first dose of Hepatitis B vaccines</li><li>• If home delivery, inform the mother and the family about the nearest place of</li></ul> |

| Visit   | Service beneficiary and Potential audience for messages  | Family Planning Messages and Services  | Immunization Messages and Services  |
|---|--|--|---|
|   |  | <p>for natural contraception (if all three criteria of LAM are met)</p> <ul style="list-style-type: none"> <li>Advise the couple regarding the return of fertility.</li> <li>Advise the couple on birth spacing or limiting the size of the family</li> <li>If the woman/couple has earlier opted for postpartum IUCD, provide insertion within the first 48 hours</li> <li>If IUCD cannot be offered on-site within 48 hours of delivery, inform that it could be inserted anytime starting at six weeks after delivery even at the sub center</li> <li>If the couple has decided to select sterilization, inform them that NSV is very simple option for men, which is very effective starting at three months after the procedure. In case of female sterilization, the Procedures can be done within the first seven days postpartum or delayed until six weeks. Provide information about the benefits, place, and other arrangements regarding both male and female sterilization</li> <li>Advise the couple to abstain from sexual intercourse for about 6 weeks postpartum or, if she has perineal tears or wounds, abstain until they heal</li> </ul> | <p>immunization and suggest them to get the vaccination done as early as possible</p> <ul style="list-style-type: none"> <li>Inform the Sahiya in the village to guide the family to the immunization site/center for immunization</li> <li>Showing the MCP/MCH card, remind the family and mother about remaining schedule of immunization as per national guidelines (see table above)</li> </ul> |
| <b>Second visit:<br/>Third day after delivery</b> | <ul style="list-style-type: none"> <li>Postnatal woman</li> <li>Infant</li> <li>Her husband</li> </ul> | <ul style="list-style-type: none"> <li>If exclusive breastfeeding has been initiated, confirm that the infant only receives</li> </ul>   | <ul style="list-style-type: none"> <li>If immunization has not been done at birth or within first 48 hours, provide it now or</li> </ul>  |

| Visit  | Service beneficiary and Potential audience for messages   | Family Planning Messages and Services  | Immunization Messages and Services   |
|--|---|--|--|
|  | <ul style="list-style-type: none"> <li>Parents-in-law</li> <li>Other decision makers in the family</li> </ul>   | <p>breast milk without any additional food or drink, not even water and breastfeeding on</p> <ul style="list-style-type: none"> <li>demand is followed that is as often as the child wants, day and night (with no intervals between feeding exceeding 4 to 6 hours)</li> <li>Inform the mother that whenever her menstrual bleedings begin again, or she stops exclusive breastfeeding, or her baby turns 6 months, she can conceive even after a single act of unprotected sex</li> <li>Inform the couple about the various choices of contraceptive methods available and help them choose the method most</li> </ul> | <p>guide the mother and family to get it done at the nearest health center or VHND whichever is nearer and convenient</p> <ul style="list-style-type: none"> <li>Request the Sahiya of the village to accompany the family for getting BCG, Polio and Hepatitis B vaccine</li> <li>Showing the MCP/MCH card, remind the family and mother about remaining schedule of immunization as per national guidelines (see table above)</li> </ul> |
| <b>Third visit:<br/>Seventh day after delivery</b> | <ul style="list-style-type: none"> <li>Postnatal woman</li> <li>Infant</li> <li>Her husband</li> <li>Parents-in-law</li> <li>Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>If relies on exclusive breastfeeding, reconfirm that she doesn't introduce any other liquids and follows appropriate intervals during feedings (see above)</li> <li>Inform the mother that whenever her menstrual bleedings begin again, or she stops exclusive breastfeeding, or her baby turns 6 months, she can conceive even after a single act of unprotected sex</li> <li>Inform the couple about the various choices of contraceptive methods available and help them choose the method most suitable to them. (Refer to Annexure 5 and</li> </ul>                         | <ul style="list-style-type: none"> <li>Same as second visit</li> </ul>   |



| Visit   | Service beneficiary and Potential audience for messages   | Family Planning Messages and Services   | Immunization Messages and Services  |
|---|---|---|---|
|   |   | <p>6—Postpartum family planning)</p> <ul style="list-style-type: none"> <li>Advise the couple to abstain from sexual intercourse for about 6 weeks postpartum or, if she has perineal tears or wounds, abstain until they heal</li> </ul>   |   |
| <b>Fourth visit:<br/>Six weeks after delivery</b> | <ul style="list-style-type: none"> <li>Postnatal woman</li> <li>Infant</li> <li>Her husband</li> <li>Parents-in-law</li> <li>Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>If relies on exclusive breastfeeding, reconfirm that she doesn't introduce any other liquids, follows appropriate intervals during feedings and remains amenorrheic (see above)</li> <li>Emphasize the importance of using contraceptive methods for spacing or limiting the size of the family. (Refer to Annexure 5 and 6—Postpartum family planning)</li> <li>Also provide information on Standard Days Method (SDM): It is a simple method to use and does not need external supplies. Using the colored cyce beads, the woman can identify the days when intrecourse should be avoided. The method has no side effects, but woman cannot initiate it until she resumes her regular menstrual cycles and has had at least three concecutive regular menstrual bleedings</li> <li>If couple gets ready to use any contraceptive then provide the service</li> </ul> | <ul style="list-style-type: none"> <li>Since this visit is due at six weeks after the delivery, it is time for first dose of DPT, OPV and next dose of Hepatitis B. If the mother and child visit the clinic or subcenter where immunization is available, provide these vaccines. Else refer them to the nearest health center for vaccination</li> <li>Remind the family about the second dose of DPT, OPV and Hepatitis B</li> <li>Remind and request the Sahiya in the village to accompany the family and guide them to the nearest center or VHND for completing immunization for three vaccines. Also remind her to stay in touch with the family for further immunization as per the schedule</li> <li>Provide the family information about nearest health center or VHND event where immunization services will be available in the near future or on the due date for that specific baby</li> </ul> |

ANMs can offer various FP options to the woman, her husband and other family members who can influence decision-making during various phases of postnatal period following the childbirth. Annexure 5 shows various FP methods and appropriate time when they can be offered.

The details of family planning messages for postpartum woman, her husband and other family members who can influence decision-making are provided in Annexure 6.

#### **4. Family Planning and Immunization Integrated services and Village Health and Nutrition Day (VHND)**

##### **What is the VHND?**

The VHND is an outreach event organized in every village of the primary health center on a fixed day. The purpose of VHND is to deliver a bouquet of health and Integrated Child Development Scheme (ICDS) services under one umbrella, through the convergence of health and ICDS workers at the village level.

The service providers available at the VHND are: 1) sub-center ANMs, 2) AWW from the Anganwadi center under ICDS, and 3) Sahiya, a village health volunteer. The Medical officers and LHVs are expected to provide supervisory support as per pre-planned schedule.

As per NRHM Jharkhand guidelines, about ten different activities are expected to be delivered during any VHND (For details, please refer to VHND guidelines issued by NRHM Jharkhand in 2010).

The major activities during VHND include routine immunization, ANC, PNC, child growth monitoring and provision of nutritional supplements.

Since critical maternal and child health services are provided during VHND, this platform offers an excellent opportunity for delivering integrated FP and immunization services.

Earlier sections of this SOP have provided the details about integration of FP and immunization services during ANC and PNC. The following are the steps for achieving integration during routine immunization at the VHND.

The routine immunization sessions offered at VHND targets:

1. All children eligible for any vaccine as per age groups recommended in the national immunization schedule, the focus being on children up to 18 months of age.
2. Pregnant women.

In the typical context the mothers bring their children for immunizations at the VHND, although sometimes both parents attend the VHND together. Both scenarios provide opportunities for ANM to offer FP counseling and services in addition to the immunization services and counseling.

Table 4 outlines the key messages on immunization and FP that can be provided to the mothers or parents of the child while providing different vaccines at appropriate ages.

**Table 4: Specific messages and services on Family Planning and Immunization during routine immunization session at the VHND**

| Age of the child                              | Counseling and Services   |   |  | Recommended vaccines                |
|---|---|---|--|-------------------------------------|
|   | Target audience   | Family Planning   | Immunization   |                                     |
| <b>At birth or within seven days of birth</b> | <ul style="list-style-type: none"> <li>• Postnatal woman</li> <li>• Infant</li> <li>• Her husband</li> <li>• Parents-in-law</li> <li>• Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>• Discuss the reproductive intentions of the couple</li> <li>• Depending on whether they wish to have more children or limit the family, offer FP choices to the postpartum woman and her husband as per Annexure 5</li> <li>• Counsel about LAM: explain that exclusive breastfeeding can provide contraceptive protection up to six months after childbirth as long as menses have not returned</li> <li>• Provide complete counseling and condoms and OCPs if they choose one or both of these methods</li> <li>• For IUCD (if within the first 48 hours after delivery) and sterilization services (if within seven days after delivery), refer them to nearest health center</li> </ul> | <ul style="list-style-type: none"> <li>• Explain importance of vaccines</li> <li>• Showing the MCP card, explain complete immunization schedule and importance of completion of immunization as per national immunization schedule</li> <li>• Provide BCG, OPV and Hepatitis B Vaccine</li> <li>• Provide the family date of next immunization at six weeks after the birth of baby</li> </ul> | BCG, Polio zero dose, Hepatitis B   |
| <b>Six weeks after childbirth</b>             | <ul style="list-style-type: none"> <li>• Postnatal woman</li> <li>• Infant</li> <li>• Her husband</li> <li>• Parents-in-law</li> <li>• Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>• Discuss return to fertility and impact of breastfeeding. Remind woman she can get pregnant even before her regular bleeding returns</li> <li>• Explain when LAM stops being effective (see above) and discuss transition from LAM to another FP method</li> <li>• If the woman is not practicing exclusive breastfeeding, provide counseling on other temporary and permanent methods to assist the woman/couple in making informed choice</li> <li>• If the woman/couple opts for any specific FP method, provide services for OCPs (as appropriate based on breastfeeding status*) or condoms on site. For IUCD ask her to come to sub center for</li> </ul>                             | <ul style="list-style-type: none"> <li>• Provide vaccines as per schedule</li> <li>• Remind about next dose of vaccines</li> </ul>   | DPT first dose, OPV and Hepatitis B |

| Age of the child                  | Counseling and Services   |  |  | Recommended vaccines             |
|-----------------------------------|---|--|--|----------------------------------|
|                                   | Target audience   | Family Planning  | Immunization   |                                  |
|                                   |   | insertion, refer to health center sterilization <ul style="list-style-type: none"> <li>If she wants to use SDM, provide Cycle Beads, but explain that she cannot initiate the method until she has had at least three consecutive months with regular menstrual bleedings</li> </ul> *Breastfeeding women generally should delay COCs initiation until six months postpartum   |  |                                  |
| <b>Ten weeks after childbirth</b> | <ul style="list-style-type: none"> <li>Postnatal woman</li> <li>Infant</li> <li>Her husband</li> <li>Parents-in-law</li> <li>Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>Same as above</li> </ul>  | <ul style="list-style-type: none"> <li>Provide vaccines as per schedule</li> <li>Remind about next dose of vaccines</li> </ul> | DPT, OPV and Hepatitis B         |
| <b>14 weeks after childbirth</b>  | <ul style="list-style-type: none"> <li>Postnatal woman</li> <li>Infant</li> <li>Her husband</li> <li>Parents-in-law</li> <li>Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>Same as above</li> </ul>  | <ul style="list-style-type: none"> <li>Provide vaccines as per schedule</li> <li>Remind about next dose of vaccines</li> </ul> | DPT, OPV and Hepatitis B         |
| <b>9-12 months</b>                | <ul style="list-style-type: none"> <li>Postnatal woman</li> <li>Infant</li> <li>Her husband</li> <li>Parents-in-law</li> <li>Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>If the woman has not adopted any FP method and is not pregnant, offer counseling as in the past visit including SDM and help her choose a family planning method as appropriate</li> <li>Discuss the importance of healthy timing and spacing of pregnancies</li> <li>Remind woman she can get pregnant even if her regular bleeding has not returned</li> <li>If she has adopted any FP method, provide follow-up services. Check for side effects or complications and manage it appropriately. Provide a resupply of method if needed</li> </ul> | <ul style="list-style-type: none"> <li>Provide measles vaccine and Vitamin A</li> </ul>  | Measles and Vitamin A first dose |

| Age of the child    | Counseling and Services   |   |  | Recommended vaccines                                       |
|---------------------|---|---|--|--|
|                     | Target audience   | Family Planning   | Immunization   |  |
| <b>16-24 months</b> | <ul style="list-style-type: none"> <li>• Postnatal woman</li> <li>• Infant</li> <li>• Her husband</li> <li>• Parents-in-law</li> <li>• Other decision makers in the family</li> </ul> | <ul style="list-style-type: none"> <li>• If the woman has not adopted any FP method and is not pregnant, offer counseling as in the past visit including SDM and help her choose a family planning method as appropriate</li> <li>• Discuss the importance of health timing and spacing of pregnancies</li> <li>• Remind woman she can get pregnant even if her regular bleeding has not returned (although most women resume regular menses when they stop breastfeeding or even before then)</li> <li>• If she has adopted any FP method, provide follow-up</li> <li>• services. Check for side effects or complications and manage it appropriately. Provide a resupply of method if needed</li> </ul> | <ul style="list-style-type: none"> <li>• Provide vaccines as per schedule</li> </ul> | DPT, OPV booster, (JE and MMR if recommended in your area) |

## 5. Family Planning and immunization integrated services during Home visits for child illness or other communicable diseases

ANMs have to frequently make home visits for diagnosis and management of childhood illnesses such as Acute Respiratory Infections (ARI), diarrhea, and other communicable diseases.

Besides focusing on identification and management of these illnesses, these visits provide excellent opportunity for ANMs to convey messages and provide FP and/or immunization services.

ANMs need to hone and use their IPC skills to maneuver the discussion from existing focus services to FP and immunization by creating effective and logical link between various services.

For example, in families where you observe recurrence or progression of illnesses (such as diarrhea or ARI from mild to severe forms), you can initiate a discussion about the health benefits of smaller families and longer intervals between children, as well as how to achieve that by adopting family planning methods.

Also, if you are visiting a family with children suffering from any of the vaccine preventable diseases, in addition to providing treatment to the child, this opportunity could be used to provide specific messages related to the importance of complete and timely immunization of every child in the household.

For ARI and diarrhea, the ANMs should follow the assessment and management guidelines as per IMNCI protocols. Please refer to Annexure 7- IMNCI training modules for details.

Table 5 provides the specific messages that could be delivered during home visits.

**Table 5: Specific messages and services on Family Planning and Immunization during home visits**

| Focus service              | Potential client and audience for services/IPC   | Integrated FP and immunization messages and services  |  |
|----------------------------|--|---|--|
|                            |  | Family Planning   | Immunization   |
| <b>Diarrhea and/or ARI</b> | <ul style="list-style-type: none"> <li>• Mother and father of child</li> <li>• Other decision makers in home such as grandparents</li> </ul> | <ul style="list-style-type: none"> <li>• First provide diarrhea/ARI management services as per IMNCI guidelines</li> <li>• Identify the possible cause of diarrhea which could be poor hygiene, malnutrition, food poisoning, etc</li> <li>• Assure that treatment provided according to guidelines is safe</li> <li>• Inquire about family size, number and age of siblings, and their health condition</li> <li>• Explore reproductive intentions of the couple, time since last birth, breastfeeding status</li> <li>• Accordingly offer counseling on natural, temporary or permanent methods of FP, including SDM, using information in Annexure 5</li> <li>• Besides advantages and limitations of each FP method, provide information where to get it</li> <li>• Offer assistance in reaching appropriate center with Sahiya help</li> <li>• If opted for temporary method such as OCPs or condoms, provide the supplies with instructions for usage</li> <li>• Request Sahiya for follow up visits to ensure regular supplies of OCPs and/or condoms and for any problems/concerns</li> <li>• Suggest women to come to sub center for IUCD insertion if desire</li> <li>• Refer for sterilization if desired</li> </ul> | <ul style="list-style-type: none"> <li>• First provide diarrhea/ARI management services as per IMNCI guidelines</li> <li>• Identify the possible cause of diarrhea which could be poor hygiene, malnutrition, food poisoning, etc</li> <li>• Assure that treatment provided according to guidelines is safe</li> <li>• Inquire about family size, number of siblings, and their health condition</li> <li>• Inquire immunization status of the sick child as well as siblings according to their age</li> <li>• If immunization is not completed according to national immunization schedule, refer them to appropriate facility or upcoming VHND to complete needed immunizations</li> <li>• Showing MCP/MCH card explain complete immunization schedule</li> <li>• If Sahiya is accompanying, request Sahiya to provide assistance to the family in completing child immunization</li> <li>• Provide follow up visit to this household to ensure that immunization of all children is completed as per age</li> <li>• Request Sahiya for follow up visits for reminder on immunization dates and time at the nearest facility or VHND</li> </ul> |

## 6. Family Planning and immunization integrated services during Village Health & Sanitation Committee meetings

The ANMs are an integral part of the VHSC meetings in their sub center areas. They are expected to participate in the meetings to primarily perform the following functions:

1. Assist VHSC in management of flexi-funds as per government guidelines.
2. Provide information to VHSC members about various health activities in the village in the near future.
3. Encourage VHSC members to participate and to facilitate the organization of various community-level activities such as VHNDs, routine immunization, and hygiene and sanitation efforts in the village to avert epidemics of communicable diseases.
4. Inform VHSC about new initiatives and the role of VHSC in planning and organizing these initiatives.

As a result of the ANMs' intense involvement in planning and implementing village-level activities, the ANMs have excellent opportunities to communicate messages about integrated service delivery, and thereby creating a demand for seeking integrated services by the community.

Table 6 includes the message regarding FP and immunization services that an ANM can provide to the VHSC members, AWWs, and Sahiyas during the VHSC meeting:

**Table 6: Specific messages and services on Family Planning and Immunization during VHSC meetings**

| Audience                            | Family Planning Messages/Services  | Immunization Messages/Services   |
|-------------------------------------|--|--|
| <b>VHSC members, AWW and Sahiya</b> | <ul style="list-style-type: none"> <li>List the services for pregnant woman and children less than first year of age and inform the group that this complete package of services (ANC, PNC, safe delivery, family planning, and immunization) is the job responsibility of all ANMs. Therefore, the VHSC can help the ANMs in conveying this information to the community and motivate the families to demand appropriate and complete service package whenever they visit the sub center or when ANM home visits or VHNDs</li> </ul>  |  |
| <b>VHSC members, AWW and Sahiya</b> | <ul style="list-style-type: none"> <li>Discuss with VHSC how to identify couples in need of family planning (for example, a couple who has a child of age two years and wants to delay or avoid another pregnancy, but is not using contraception)</li> <li>Explain various FP options including SDM and tell which facilities offer these services</li> <li>Clarify that even Sahiya can provide supplies for temporary FP methods such as OCPs, condoms and cycle beads</li> <li>Inform the group that Sahiya can accompany the willing couples/clients for seeking long-acting and permanent FP services at the centers where trained providers and adequate facilities are available</li> <li>Provide messages regarding ANC, PNC and</li> </ul> | <ul style="list-style-type: none"> <li>Explain national immunization schedule (see annexure 5)</li> <li>Explain how vaccines offer protection from various communicable diseases</li> <li>Share current child immunization status of village</li> <li>Inform the group about sites and events where immunization is provided. This includes routine immunization sessions, VHND and PHC/CHC</li> <li>Share the list of dropouts and request VHSC members to motivate the families about completing immunization</li> <li>Share and leave behind MCH/MCH cards as reminder for the VHSC</li> <li>Inform the group about role and responsibilities of AWW and Sahiya in</li> </ul> |



| Audience | Family Planning Messages/Services   | Immunization Messages/Services                                      |
|----------|---|---|
|          | <p>JSY scheme for institutional deliveries or deliveries by trained birth attendants</p> <ul style="list-style-type: none"> <li>Clarify that Sahiya and AWW are the depot holder for temporary FP methods OCPs, condoms and cycle beads</li> <li>Mention that Sahiya is responsible to provide contraceptives to eligible couples at their doorsteps</li> <li>Inform about Mamta vehicle which can be called 24x7 in cases of health related emergencies. Provide them the telephone number for this service</li> </ul> | achieving full immunization for every eligible child in the village |

## 7. Family Planning and immunization integrated services during Mothers' meetings

ANMs are expected to organize meetings of expectant mothers and women in the postnatal period (6 weeks after delivery) to share and discuss critical issues that can influence the health of both mothers and children.

This forum provides an opportunity to the ANMs for providing key messages related to family planning and immunization.

Table 7 identifies the messages on FP and immunization for the women participating in these meetings:

**Table 7: Specific messages and services on Family Planning and Immunization for the women participating in mother's meetings**

| Audience   | Family Planning Messages/Services   | Immunization Messages/Services   |
|--|---|--|
| <b>Pregnant women, women in postnatal period and other curious women</b> | <ul style="list-style-type: none"> <li>List the services for pregnant woman and children less than one year of age and inform the group that this complete package of services (ANC, PNC, safe delivery, family planning, and immunization) is the job responsibility of all ANMs. Therefore, the VHSC can help the ANMs in conveying this information to the community and motivate the families to demand appropriate and complete service package whenever they visit the sub center or when ANM home visits or VHNDs</li> <li>Provide complete information on ANC and PNC service packages, JSY scheme and child health issues as per annexure 1-5</li> </ul> |  |
| <b>Pregnant women, women in postnatal period and other curious women</b> | <ul style="list-style-type: none"> <li>Discuss situations when women may be in need of family planning. For example, if couple wants to delay or avoid another pregnancy but they are not using any contraceptive, suggest them to adopt family planning method</li> <li>Explain various FP options, including SDM, using the information in Annexure 6 and tell which facilities</li> </ul>  | <ul style="list-style-type: none"> <li>Explain national immunization schedule (see Annexure 5)</li> <li>Explain how vaccines offer protection from various communicable diseases</li> <li>Share current child immunization status of village</li> <li>Inform the group about sites and events where immunization is provided. This includes routine</li> </ul> |

| Audience | Family Planning Messages/Services   | Immunization Messages/Services  |
|----------|---|---|
|          | <p>offer these services</p> <ul style="list-style-type: none"> <li>• Clarify that even Sahiya can provide supplies for temporary FP methods such as OCPs, condoms and cycle beads</li> <li>• Mention that Sahiya is responsible to provide contraceptives to eligible couples at their doorsteps</li> <li>• Inform the group where to get IUCD and male/female sterilization. Explain that Sahiya can accompany couples who seek long-acting and permanent FP methods to the centers where trained providers and adequate facilities are available</li> <li>• Provide messages regarding ANC, PNC and JSY scheme for institutional deliveries or deliveries by trained birth attendants</li> <li>• Clarify that Sahiya and AWW are the depot holder for temporary FP methods OCPs, condoms and cycle beads. Inform about Mamta vehicle which can be called 24X7 in cases of health related emergencies. Provide them the telephone number for this service</li> </ul> | <p>immunization sessions, VHND and PHC/CHC</p> <ul style="list-style-type: none"> <li>• Share the list of dropouts and request VHSC members to motivate the families about completing immunization</li> <li>• Make use of the MCH/MCH cards to convey your messages in pictorial form</li> <li>• Inform the group about role and responsibilities of AWW and Sahiya in achieving full immunization for every eligible child in the village</li> </ul> |

A summary of all key activities and opportunities for integrated services during above listed focused services is enclosed in a matrix format as Annexure 8 of this SOP. ANMs can use this matrix as a job aid during preparation and actual delivery of integrated services.

## 8. Family Planning and immunization integrated services during Family Planning camps

Family planning camps are organized on a regular basis at the PHC/CHC where predominantly male and female sterilization services are provided. However, other FP services such as IUCD insertion, OCPs and condoms are also provided.

These camps also provide an opportunity for provide immunization related messages to the FP clients or couples.

The following specific immunization messages could be provided during FP camps:

**Table 8: Specific messages and services on Family Planning and Immunization during family planning camps**

| Client  | Immunization Messages /Services   |
|---|---|
| <ul style="list-style-type: none"> <li>FP acceptors and their accomplice</li> </ul> | <ul style="list-style-type: none"> <li>Inquire about number and age of children in the family</li> <li>Inquire about immunization status of every child</li> <li>Show the MCP card and explain complete immunization schedule as per national guidelines</li> <li>Explain importance of complete immunization</li> <li>If any child with incomplete immunization is identified during above exploration, inform the parents about place and time of immunization</li> <li>If the child is present at the site and immunization is available at the PHC/CHC, provide relevant vaccine immediately</li> <li>Inform the parents about next dose of vaccine and where to get it</li> <li>Inform the Sahiya of the village for follow up visit and complete immunization during VHND at the village</li> </ul> |

## 9. Team work and integrated services delivery

As per new directives from the NRHM, each sub center will have two ANMs. Additionally, the Sahiya are expected to work in close collaboration with the ANMs. The supervisors of ANMs (e.g. LHV) may also visit the sub centers or join the ANMs during outreach events such as VHNDs.

The team of providers can make best use of available human resources during such visits or events when more service providers for delivering additional and better integrated services can be involved. However, this needs proper planning and coordination among the ANMs, Sahiya, and AWW.

ANMs can consult with their supervisors and make such plans by obligating different responsibilities to the available providers which can improve the quantum of services delivered. The assignment of responsibilities should be complementary to each other. This has also been recommended in some program guidelines.

VHND is a good example of when a team of ANM, AWW and Sahiya, with support from their supervisors (e.g. LHV), are expected to deliver as many as 19 services prescribed in the NRHM Jharkhand guidelines on VHND. During VHND, it is important for the team of providers to perform complementary activities for some critical integrated services as shown in the table below:

**Table 9: Integrated services through teamwork**

| Services*               | Service providers   |   |  |   |
|-------------------------|---|---|--|---|
|                         | ANM   | AWW   | Sahiya   | LHV   |
| <b>Site preparation</b> | <ul style="list-style-type: none"> <li>Provide site specification and types of services delivered</li> <li>Organize tables and logistics for delivery of services such as ANC, PNC, Immunization</li> </ul> | <ul style="list-style-type: none"> <li>Identify site in consultation with ANM and local panchayat members</li> <li>Ensure clean drinking water and hygiene, private space for FP counseling,</li> </ul> | <ul style="list-style-type: none"> <li>Assist AWW in identification and organization of identified site</li> </ul> | <ul style="list-style-type: none"> <li>Provide mentoring support in site organization and management</li> </ul> |

| Services*           | Service providers   |   |   |   |
|---------------------|---|---|---|---|
|                     | ANM   | AWW   | Sahiya  | LHV   |
|                     |   | ANC services <ul style="list-style-type: none"> <li>Organize place for delivering services such as THR distribution, growth monitoring</li> </ul>   |   |   |
| <b>Immunization</b> | <ul style="list-style-type: none"> <li>Provide immunization services to children and pregnant women</li> <li>Provide advice regarding next dose of vaccine</li> <li>Complete records and reports</li> </ul>   | <ul style="list-style-type: none"> <li>Refer eligible children</li> <li>Report dropouts to ANM</li> </ul>   | <ul style="list-style-type: none"> <li>Community mobilization for 100% coverage of children in the village</li> <li>Counseling for completing immunization as per recommended schedule</li> </ul> | <ul style="list-style-type: none"> <li>Assist ANM in immunization in case of heavy client load</li> <li>Provide technical support to ANM during immunization and record completion and record completion</li> </ul> |
| <b>ANC</b>          | <ul style="list-style-type: none"> <li>ANC services as per government guidelines, including counseling</li> </ul>   | <ul style="list-style-type: none"> <li>Refer pregnant women to ANM for examination and ANC</li> </ul>   | <ul style="list-style-type: none"> <li>Community mobilization to ensure 100% registration of pregnant women<sup>1</sup> counseling on institutional delivery and birth preparedness</li> </ul>    | <ul style="list-style-type: none"> <li>Technical support to ANM during examination and assist in service delivery in case of heavy client load</li> </ul>   |
| <b>FP</b>           | <ul style="list-style-type: none"> <li>FP counseling for informed choice</li> <li>Provision of OCPs, condoms and cycle beads</li> <li>Provide IUCD services at sub center or refer wherever available</li> <li>Referral for permanent FP methods</li> </ul> | <ul style="list-style-type: none"> <li>FP counseling for informed choice</li> <li>Provision of condoms and contraceptive pills</li> <li>Referral for IUCD and permanent FP methods</li> </ul> | <ul style="list-style-type: none"> <li>FP counseling for informed choice</li> <li>Provision of condoms and contraceptive pills</li> <li>Referral for IUCD and permanent FP methods</li> </ul>     | <ul style="list-style-type: none"> <li>Technical guidance to entire team</li> <li>Assist in counseling as requested by the ANMs/AWWs</li> </ul>   |

\*As Government of Jharkhand VHND guidelines, as many as 10 different services are expected during any VHND organized in every village on a fixed day.

## Reference

1. Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs; Maternal Health Division, Ministry of Health and Family Welfare, Government of India; April 2010
2. A handbook for Auxiliary Nurse Midwives, Lady Health Visitors and Staff Nurses; Maternal Health Division, Ministry of Health and Family Welfare, Government of India; April 2010
3. Skilled Birth Attendant training guidelines; Jharkhand Rural Health Mission, Government of Jharkhand; May 2009
4. Kishori Shakti Yojana Guidelines; Jharkhand Rural Health Mission, Government of Jharkhand; July 2009
5. Current Universal Immunization Program Schedule; National Rural Health Mission, Government of India; 2009 (<http://mohfw.nic.in/NRHM/Immunization.htm>)
6. Village Health and Nutrition Day Guidelines; Department of Health and Family Welfare and Department of Social Welfare, Government of Jharkhand, Circular no. 9/RCH-1/07/439 (HSN); December 10, 2010
7. Village Health and Nutrition Day Guidelines for AWWs/ANMs, ASHAs/PRIs; National Rural Health Mission and Ministry of Health and Family Welfare, Government of India; February 2007
8. Integrated Management of Neonatal and Childhood Illness (IMNCI), Modules 1-9; Ministry of Health and Family Welfare, Government of India; 2009

## Annexure 1: List of services to be provided during ANC visits<sup>2</sup>

| ACTIVITIES                         |   | VISITS                          |                             |                             |                                    |
|------------------------------------|---|---------------------------------|-----------------------------|-----------------------------|------------------------------------|
|                                    |   | 1st visit<br>Before 12<br>weeks | 2nd visit<br>14-26<br>weeks | 3rd visit<br>28-34<br>weeks | 4th visit<br>(36 weeks<br>to term) |
| History<br>-taking                 | Date of LMP   |                                 |                             |                             |                                    |
|                                    | Order of pregnancy,<br>birth interval   |                                 |                             |                             |                                    |
|                                    | Symptoms during<br>present pregnancy  |                                 |                             |                             |                                    |
|                                    | History of previous<br>pregnancies  |                                 |                             |                             |                                    |
|                                    | History of systemic illnesses   |                                 |                             |                             |                                    |
|                                    | Family history of systemic<br>illnesses   |                                 |                             |                             |                                    |
|                                    | History of drug intake or<br>allergies/ habit-forming<br>substances                   |                                 |                             |                             |                                    |
| Physical<br>examination<br>General | Pallor  |                                 |                             |                             |                                    |
|                                    | Pulse   |                                 |                             |                             |                                    |
|                                    | Respiratory rate  |                                 |                             |                             |                                    |
|                                    | Blood pressure  |                                 |                             |                             |                                    |
|                                    | Oedema  |                                 |                             |                             |                                    |
|                                    | Weight  |                                 |                             |                             |                                    |
|                                    | Jaundice  |                                 |                             |                             |                                    |
|                                    | Breast examination  |                                 |                             |                             |                                    |
| Any other                          |   |                                 |                             |                             |                                    |
| Abdominal<br>examination           | Fundal height (in weeks)  |                                 |                             |                             |                                    |
|                                    | Foetal lie and presentation   |                                 |                             |                             |                                    |
|                                    | Foetal heart rate   |                                 |                             |                             |                                    |
|                                    | Foetal movements  |                                 |                             |                             |                                    |
|                                    | Multiple pregnancy/breech<br>presentation/transverse<br>lie-Refer in these conditions |                                 |                             |                             |                                    |
| Laboratory<br>investigations       | Hemoglobin estimation   |                                 |                             |                             |                                    |
|                                    | Urine test for sugar  |                                 |                             |                             |                                    |



| ACTIVITIES    |   | VISITS                          |                             |                             |                                    |
|---------------|---|---------------------------------|-----------------------------|-----------------------------|------------------------------------|
|               |   | 1st visit<br>Before 12<br>weeks | 2nd visit<br>14-26<br>weeks | 3rd visit<br>28-34<br>weeks | 4th visit<br>(36 weeks<br>to term) |
|               | Urine test for proteins   |                                 |                             |                             |                                    |
|               | Blood group, including Rh factor                                    |                                 |                             |                             |                                    |
|               | Rapid test for syphilis   |                                 |                             |                             |                                    |
| Interventions | IFA supplementation given   |                                 |                             |                             |                                    |
|               | TT injection (2 injections)   |                                 |                             |                             |                                    |
|               | Malaria (conduct rapid diagnostic test only in endemic)             |                                 |                             |                             |                                    |
| Counseling    | Planning and preparing for birth (birth preparedness)               |                                 |                             |                             |                                    |
|               | Recognizing and preparing for danger signs (complication readiness) |                                 |                             |                             |                                    |
|               | Diet and rest   |                                 |                             |                             |                                    |
|               | Infant-feeding  |                                 |                             |                             |                                    |
|               | Sex during pregnancy  |                                 |                             |                             |                                    |
|               | Domestic violence   |                                 |                             |                             |                                    |
|               | Contraception   |                                 |                             |                             |                                    |

<sup>2</sup> Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs, Ministry of Health and Family Welfare, Government of India, April 2010

White color denotes activities that need not be repeated

**Note:** The first visit refers to a woman's first contact with the ANM/clinic. If the first visit is later than recommended then carry out all the activities recommended up to time of the first visit regardless of the gestational age.

*Remember that it is not advisable to give a pregnant woman any medication during the first trimester unless advised by a physician. Even then it must be ensured that the drugs given are proven to be safe during pregnancy and do not have teratogenic effects (causing disability/ defects) on the fetus.*

## Annexure 2: National Immunization schedule<sup>3</sup>

| Vaccine                     | When to give  |   | Route and site  |
|-----------------------------|---|---|---|
| For Pregnant Women          |   |   |   |
| TT-1                        | Early in pregnancy at first contact   | 0.5 ml                                    | Intramuscular in upper arm  |
| TT-2                        | 4 weeks after TT-1*   | 0.5 ml                                    |   |
| TT-Booster                  | If pregnancy occurs within three years of last TT vaccinations*   | 0.5 ml                                    |   |
| For Infants                 |   |   |   |
| BCG                         | At birth (for institutional deliveries) or along with DPT-1   | 0.1 ml (0.05 ml for infant up to 1 month) | Intradermal in left upper arm                                       |
| Hepatitis B 0^              | At birth for institutional delivery, preferably within 24 hours of delivery   | 0.5 ml                                    | Intramuscular in outer mid-thigh                                    |
| OPV - 0                     | At birth, if delivery is in institution   | 2 drops                                   | Oral  |
| OPV 1, 2 and 3              | At 6 weeks, 10 weeks and 14 weeks   | 2 drops                                   | Oral  |
| DPT 1, 2 and 3              | At 6 weeks, 10 weeks and 14 weeks   | 0.5 ml                                    | Intramuscular in outer mid-thigh (antero-lateral side of mid-thigh) |
| Hepatitis B1, 2 and 3       | At 6 weeks, 10 weeks and 14 weeks   | 0.5 ml                                    |   |
| Measles                     | 9–12 months   | 2 drops                                   | Subcutaneous in right upper   |
| Vitamin A (1st dose)        | At 9 months, with measles   | 1 ml (1 lakh IU)                          | Oral  |
| For Children                |   |   |   |
| DPT booster                 | 1st booster at 16–24 months   | 0.5 ml                                    | Intramuscular in outer mid-thigh                                    |
|                             | 2nd booster at 5 years of age   | 0.5 ml                                    | Intramuscular in upper arm  |
| OPV booster                 | 16–24 months  | 2 drops                                   | Oral  |
| JE^                         | 16–24 months  | 0.5 ml                                    | Intramuscular in outer mid-thigh (antero-lateral side of mid-thigh) |
| MR                          | 16–24 months  | 0.5 ml                                    |   |
| Vitamin A (2nd to 9th dose) | 2nd dose at 16 months, with DPT/OPV booster.<br>3rd to 9th doses are given at an interval of 6 months till 5 years of age | 2 ml (2 lakh IU)                          | Oral  |
| TT                          | 10 years and 16 years   | 0.5 ml                                    | Intramuscular in upper arm  |

\* TT-2 or booster dose is to be given before 36 weeks of pregnancy.

A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis (wherever implemented), and measles before one year of age.

<sup>^</sup> JE and Hepatitis B in select states/UTs/districts/cities

*Note: The Universal Immunization Programme is dynamic and hence, the immunization schedule needs to be updated from time to time.*

<sup>3</sup> Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs, Ministry of Health and Family Welfare, Government of India, April 2010

### Annexure 3: Postnatal care - Services for mothers<sup>4</sup>

| ACTIVITIES     |   | VISITS  |  |  |   |
|----------------|---|---|--|--|---|
|                |   | 1 <sup>st</sup> visit:<br>1 <sup>st</sup> day<br>(within 24<br>hours) | 2 <sup>nd</sup> visit:<br>Third day<br>after<br>delivery | 3 <sup>rd</sup> visit:<br>Seventh<br>day after<br>delivery | 4 <sup>th</sup> visit: 6<br>weeks after<br>delivery |
| History taking | Place of delivery   |   |  |  |   |
|                | Who conducted delivery  |   |  |  |   |
|                | Any complications during the delivery?  |   |  |  |   |
|                | Bleeding P/V (how many pads or pieces of cloth are getting soaked with blood)   |   |  |  |   |
|                | Foul smelling discharge   |   |  |  |   |
|                | convulsions or loss of consciousness  |   |  |  |   |
|                | Pain in legs  |   |  |  |   |
|                | Abdominal pain  |   |  |  |   |
|                | Fever   |   |  |  |   |
|                | Dribbling or retention of urine   |   |  |  |   |
|                | Any breast tenderness   |   |  |  |   |
|                | Has the mother started breastfeeding the baby?<br>Any problem with breastfeeding  |   |  |  |   |
|                | Has she started her regular diet?   |   |  |  |   |
|                | Has menstruation resumed  |   |  |  |   |
|                | Any other complaints  |   |  |  |   |
| Examination    | Check the woman's pulse, blood pressure, temperature and respiratory rate   |   |  |  |   |
|                | Check for the presence of pallor  |   |  |  |   |
|                | Conduct an abdominal examination. Normally, the uterus will be well contracted, i.e. hard and round. If it is soft and uterine tenderness is present, |   |  |  |   |

| ACTIVITIES                        |   | VISITS  |  |  |   |
|-----------------------------------|---|---|--|--|---|
|                                   |   | 1 <sup>st</sup> visit:<br>1 <sup>st</sup> day<br>(within 24<br>hours) | 2 <sup>nd</sup> visit:<br>Third day<br>after<br>delivery | 3 <sup>rd</sup> visit:<br>Seventh<br>day after<br>delivery | 4 <sup>th</sup> visit: 6<br>weeks after<br>delivery |
|                                   | Examine the vulva and perineum for the presence of any tear, swelling or discharge of pus   |   |  |  |   |
|                                   | Examine the pad for bleeding to assess if the bleeding is heavy, and also see if the lochia is healthy and does not smell foul (for puerperal sepsis) |   |  |  |   |
|                                   | Examine the breasts for any lumps or tenderness, check the condition of the nipples and observe breast feeding  |   |  |  |   |
| <b>Management/<br/>counseling</b> | Postpartum care and hygiene   |   |  |  |   |
|                                   | Diet and rest   |   |  |  |   |
|                                   | Contraception   |   |  |  |   |
|                                   | Breast feeding  |   |  |  |   |
|                                   | Danger signs  |   |  |  |   |

<sup>3</sup>Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs, Ministry of Health and Family Welfare, Government of India, April 2010

#### Annexure 4: Postnatal care - Services for baby<sup>5</sup>

| ACTIVITIES     |   | VISITS  |  |  |   |
|----------------|---|---|--|--|---|
|                |   | 1 <sup>st</sup> visit:<br>1 <sup>st</sup> day<br>(within 24<br>hours) | 2 <sup>nd</sup> visit:<br>Third day<br>after<br>delivery | 3 <sup>rd</sup> visit:<br>Seventh<br>day after<br>delivery | 4 <sup>th</sup> visit: 6<br>weeks after<br>delivery |
| History taking | When did the child pass urine and me conium?  |   |  |  |   |
|                | Has the mother started breast feeding the baby and are there any difficulties in breast feeding?  |   |  |  |   |
|                | The baby has fever  |   |  |  |   |
|                | The baby is not suckling well (could have ulcers or white patches in the mouth—thrush)  |   |  |  |   |
|                | The baby has difficulty in breathing  |   |  |  |   |
|                | The umbilical cord is red or swollen, or is discharging pus   |   |  |  |   |
|                | The movements of the newborn are less than normal (normally, newborns move their arms or legs or turn their head several times in a minute) |   |  |  |   |
|                | There is skin infection (pustules)—red spots which contain pus or a big boil  |   |  |  |   |
|                | There are convulsions   |   |  |  |   |
|                | Are there any other complaints  |   |  |  |   |
| Examination    | Count the respiratory rate for one minute   |   |  |  |   |
|                | Look for severe chest indrawing   |   |  |  |   |
|                | Check the baby's colour   |   |  |  |   |
|                | Weight  |   |  |  |   |
|                | Check the baby's body temperature   |   |  |  |   |
|                | Examine the umbilicus for any bleeding, redness or pus  |   |  |  |   |

| ACTIVITIES                        |   | VISITS  |  |  |   |
|-----------------------------------|---|---|--|--|---|
|                                   |   | 1 <sup>st</sup> visit:<br>1 <sup>st</sup> day<br>(within 24<br>hours) | 2 <sup>nd</sup> visit:<br>Third day<br>after<br>delivery | 3 <sup>rd</sup> visit:<br>Seventh<br>day after<br>delivery | 4 <sup>th</sup> visit: 6<br>weeks after<br>delivery |
|                                   | Examine for skin infection  |   |  |  |   |
|                                   | Examine the newborn for<br>cry and activity                                       |   |  |  |   |
|                                   | Examine the eyes for<br>discharge   |   |  |  |   |
|                                   | Examine for congenital<br>malformations and any<br>birth injury                   |   |  |  |   |
|                                   | Diarrhea or blood in stool  |   |  |  |   |
|                                   | Look for jaundice   |   |  |  |   |
|                                   | Convulsions   |   |  |  |   |
| <b>Management/<br/>counseling</b> | Hygiene   |   |  |  |   |
|                                   | Baby kept warm at all times   |   |  |  |   |
|                                   | Do not apply anything on<br>the cord, and must keep the<br>umbilicus and cord dry |   |  |  |   |
|                                   | Exclusive Breastfeeding with<br>proper/good attachment                            |   |  |  |   |
|                                   | Immunization/advice for<br>immunization   |   |  |  |   |

<sup>5</sup>Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs, Ministry of Health and Family Welfare, Government of India, April 2010

### Annexure 5: Contraceptive options during postpartum period

| Contraceptive method                             | COC  | DMPA  | ECP   | IUCD  | FS   | NSV      |
|--|--|---|---|---|--|----------|
| Breastfeeding (fully or nearly fully or partial) |  |   |   |   |  |          |
| <6 weeks post-partum                             | No   | No (unless other more suitable options are not available) | Non – applicable as there is no risk of pregnancy | Post- placental insertion within 10 minutes of delivery, only by trained provider | Immediate post-partum sterilization immediately or within the first 7 days of childbirth | Any time |
| ≥6 Weeks to <6 months post-partum                | No   | Yes   | Yes   | Immediate postpartum <48 hours of childbirth by trained provider                  | or   |          |
| ≥6 Months post-partum                            | Yes (linked with return of menstrual cycles) | Yes   | Yes   | Post-partum: inserted anytime starting at 4 to 6 weeks after delivery             | > 6 weeks post-partum  |          |
| Not breastfeeding                                |  |   |   |   |  |          |
| <21 days   | No   | Yes   | Yes   | <48 hours after childbirth or >6 weeks post-partum                                | After 24 hours to 7 days of after childbirth   | Any time |
| >21 days   | Yes  | Yes   | Yes   |   | Or >6 weeks post-partum  |          |



## Annexure 6: Postpartum family planning counselling<sup>6</sup>

| Methods  | Benefits   | Limitations   | Client Considerations   |
|--|--|---|---|
| Lactational Amenorrhea Method (LAM)                  | <ul style="list-style-type: none"> <li>• Good for mother and newborn</li> <li>• Can be used right after delivery no delay</li> <li>• No additional supplies/materials/ expense</li> <li>• 98% effective if all three criteria met</li> </ul>   | <ul style="list-style-type: none"> <li>• Good for mother and newborn</li> <li>• Does not protect against STIs, including HIV/AIDS</li> <li>• Short-term method can be used only for six months</li> </ul>   | <ul style="list-style-type: none"> <li>• Effective if ALL three criteria are met:               <ol style="list-style-type: none"> <li>1. Exclusive breast feeding, day &amp; night</li> <li>2. Monthly bleeding has not returned</li> <li>3. Baby is less than six months old</li> </ol> </li> <li>• Transition to another contraceptive method if any of the three criteria expires</li> </ul>  |
| Postpartum Intra Uterine Contraceptive Device (IUCD) | <ul style="list-style-type: none"> <li>• Safe for nearly all women can be inserted right after delivery or within the first 48hours</li> <li>• &gt;99% effective</li> <li>• Immediate return of fertility after removal</li> <li>• Short-termorlong-termprotection</li> <li>• Has no effect on breastfeeding</li> </ul>                              | <ul style="list-style-type: none"> <li>• For first few cycles bleeding may bebehavior, more painful than usual (however because women postpartum remain amenorrheic for some time, they may adjust to IUCD before first menses and experience fewer side effects)</li> <li>• Does not protect against STIs, including HIV/AIDS</li> </ul> | <p>Not appropriate for women who have:</p> <ul style="list-style-type: none"> <li>• Cervical cancer ortrophoblastic disease</li> <li>• Uterine distortion (fibroids, septum) Very high risk of having Gonorrhea/Chlamydia</li> <li>• AIDS and not clinically well/on ARV therapy</li> </ul> <p>Delay in sersion until after six weeks postpartum, if not inserted during first 48 hours postpartum</p>  |
| Combined Oral Contraceptive Pills (COCs)             | <ul style="list-style-type: none"> <li>• Safe for nearly all women</li> <li>• About 99%</li> <li>• effective, if used correctly no delay in return of fertility after stopping</li> <li>• Protects against cancer of the ovaries and cancer of the uterine lining</li> <li>• Makes menstrual cycles regular and menstrual bleedings light</li> </ul> | <ul style="list-style-type: none"> <li>• Must remember to take a pill everyday</li> <li>• May have some irregular bleeding with first few cycles</li> </ul>   | <ul style="list-style-type: none"> <li>• Not appropriate for some women, including those who:               <ul style="list-style-type: none"> <li>• Have liver cirrhosis or tumor</li> <li>• Have blood pressure 140/90 or higher</li> <li>• Are more than 35 years old and smokes</li> <li>• Has ever had stroke, blood clot, heart attack</li> <li>• Have breast cancer (or history of breast cancer)</li> </ul> </li> <li>• Delay start until 6months for breastfeeding woman and 3 weeks for non-breast feeding woman</li> </ul> |
| Emergency Contraceptive Pills (ECPs)                 | <ul style="list-style-type: none"> <li>• Safe for all women Can prevent pregnancy, if taken within 120 hours after unprotected sexual intercourse</li> <li>• No delay in return of fertility after stopping</li> </ul>   | <ul style="list-style-type: none"> <li>• Pill must be taken within 120 hours of unprotected sexual intercourse</li> <li>• Not as effective as most of the regular contraceptive methods</li> <li>• Does not protect</li> </ul>  | <ul style="list-style-type: none"> <li>• May be used any time during the postnatal period within 120 hours following unprotected sexual intercourse, the sooner the better</li> <li>• To stay protected, the women should start using another</li> </ul>  |

| Methods                                   | Benefits   | Limitations   | Client Considerations  |
|---|--|---|--|
|   |  | against STIs, including HIV/AIDS  | regular, appropriate contraceptive method immediately <ul style="list-style-type: none"> <li>Can provide supply of ECPs before discharge (especially if woman didn't decide on regular contraceptive option)</li> </ul>  |
| Progestin only Injection (DMPA)           | <ul style="list-style-type: none"> <li>Safe for nearly all women</li> <li>&gt; 99% effective if all injections are taken on time</li> <li>Does not require daily action</li> <li>After using injectables for 12 to 24 months, most women stop having monthly bleedings altogether (which can be beneficial for women with anemia)</li> </ul> | <ul style="list-style-type: none"> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Requires injection every three months</li> <li>Return of fertility is often delayed by a few months</li> <li>Cause irregular and / or prolonged bleeding for the first 3-9 months of use</li> </ul> | <ul style="list-style-type: none"> <li>May be used immediately after delivery in the non breastfeeding woman, and at 6 weeks after delivery for the breastfeeding woman</li> <li>Injection may be given up to two weeks early or up to four weeks late</li> </ul>  |
| Condom                                    | <ul style="list-style-type: none"> <li>Can protect against pregnancy and some sexually transmitted infections, including HIV</li> <li>Can use as soon as couple resumes intercourse</li> <li>98% effective if used consistently and correctly (although correct and consistent use may be hard to achieve)</li> </ul>                        | <ul style="list-style-type: none"> <li>Must have reliable access to resupply</li> <li>About 85% effective as commonly used</li> </ul>   | <ul style="list-style-type: none"> <li>Has liver cirrhosis or tumor</li> <li>Must be used with EVERY act of sexual intercourse</li> <li>Must be used CORRECTLY every time</li> <li>Requires good partner communication and motivation</li> <li>Can provide supply at the time of discharge</li> </ul>                            |
| Female Sterilization                      | <ul style="list-style-type: none"> <li>Permanent method of FP</li> <li>&gt;99% effective</li> <li>Simple procedure, has no side effects, serious complications rare</li> </ul>   | <ul style="list-style-type: none"> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Requires surgical procedure</li> </ul>  | <ul style="list-style-type: none"> <li>For women who are certain that they do not want any more children</li> <li>Hospitals must be equipped to offer surgical procedures</li> <li>Can be done immediately or within the first seven days postpartum Also can be done any other time starting at six weeks postpartum</li> </ul> |
| No-Scalpel Vasectomy (NSV) (For husbands) | <ul style="list-style-type: none"> <li>Safe and simple surgical procedure</li> <li>Permanent method of FP</li> <li>&gt;99% effective</li> </ul>  | <ul style="list-style-type: none"> <li>Does not protect against STIs, including HIV/AIDS</li> <li>Requires surgical procedure</li> </ul>  | <ul style="list-style-type: none"> <li>For couples who are certain that they do not want any more children</li> <li>Hospitals must be equipped to offer surgical procedures</li> </ul>   |

| Methods | Benefits | Limitations   | Client Considerations   |
|---------|----------|---|---|
|         |          | <ul style="list-style-type: none"> <li>Not effective immediately</li> </ul> | <ul style="list-style-type: none"> <li>The couples should use other methods of contraception like condoms, OCPs and others for three months post-NSV Procedures as the Procedures takes three months to become effective</li> </ul> |

<sup>6</sup> Adapted from 'Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs', Ministry of Health and Family Welfare, Government of India, April 2010



**Ministry of Health & Family Welfare,  
Government of India  
New Delhi  
2009**

**INTEGRATED MANAGEMENT OF  
NEONATAL AND CHILDHOOD ILLNESS  
(IMNCI)**

**Module 1 to 9**



**World Health Organization**



**Unicef**

## Annexure 8: Opportunities for providing integrated services – Summary

Clients who may benefit from counseling include the woman, her husband, and any person in the home who can influence decision-making including adoption of family planning or use of immunization services

| Opportunity/Key service as listed in existing services package | Timing as per life cycle   | Existing Services package  |   | Integration messages to emphasize  | Settings/ infrastructure  |
|--|--|--|---|--|---|
|  |  | Service  | Counseling/ Information   |  |   |
| <b>ANC at clinic</b>   | <b>At least four visits during antenatal period:</b><br><br>First visit: Within 12 weeks<br>Second visit: Between 14-26 weeks<br>Third visit: Between 28-34 weeks<br>Fourth visit: Between 36 weeks and term | Antenatal care services as per Government of India – Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs and Staff Nurses - 2010<br><br>Components of ANC: <ul style="list-style-type: none"> <li>History taking</li> <li>Physical examination</li> <li>Laboratory investigations</li> <li>Interventions such as IFA supplementation, TT immunization, malaria prophylaxis and treatment, micro birth planning, counseling on care during pregnancy,</li> </ul> | <ul style="list-style-type: none"> <li>Birth preparedness</li> <li>Registration of pregnancy</li> <li>Identification of skilled provider at birth for institutional and/or home delivery</li> <li>Complication readiness</li> <li>Diet and rest</li> <li>Breastfeeding</li> <li>Sex during pregnancy</li> <li>Domestic violence</li> <li>Family planning</li> </ul> | In addition to ANC: Management of other health problems, if any + Maternal immunization + immunization of previous child + FP counseling for spacing/ limiting | Clinic settings as per Indian Public Health Standards (IPHS) for Primary Health Centers and Health subcenters |
| <b>ANC during home visit</b>                                   | <b>At least 4 visits during antenatal period:</b><br><br>First visit: Within 12 weeks<br>Second visit: Between 14-26 weeks<br>Third visit: Between 28-34 weeks<br>Fourth visit: Between 36 weeks             | Antenatal care services as per Government of India – Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs and Staff Nurses – 2010<br>Components of ANC: <ul style="list-style-type: none"> <li>History taking</li> <li>Physical examination</li> <li>Interventions such as IFA</li> </ul>  | <ul style="list-style-type: none"> <li>Birth preparedness</li> <li>Registration of pregnancy</li> <li>Identification of skilled provider at birth for institutional and/or home delivery</li> <li>Complication readiness</li> <li>Diet and rest</li> <li>Breastfeeding</li> </ul>   | In addition to ANC: FP counseling for spacing and limiting + counseling and referral for mother and child immunization   | Private space for examination and counseling  |

|   |                            |   |   |   |   |
|---|----------------------------|---|---|---|---|
|   | and term                   | supplementation, TT immunization, malaria prophylaxis and treatment, micro birth planning, counseling on care during pregnancy  | <ul style="list-style-type: none"> <li>Sex during pregnancy</li> <li>Domestic violence</li> <li>Family Planning</li> </ul>  |   |   |
| <b>Care during delivery – Home delivery</b> | <b>Full term pregnancy</b> | <ul style="list-style-type: none"> <li>Care during labour as per national guidelines – Management of all four stages of labour and complications, if any</li> <li>Newborn care - Kangaroo mother care (KMC), management of complications such as birth asphyxia, hypothermia, Zero polio dose, BCG, and first dose of hepatitis B vaccine (if all/any are available at home visit), initiation of exclusive breastfeeding within one hour of birth</li> </ul> | <p>For newborn:</p> <ul style="list-style-type: none"> <li>Counselling and referral for BCG, Zero polio and hepatitis B vaccination (if not available at a time of home visit)</li> <li>Counselling on care of cord</li> <li>Initiation of breastfeeding and importance of exclusive breastfeeding explaining beneficial effects on baby (nutrition, developing immunity) and mother (contraception through Lactational Amenorrhea Method–LAM),</li> <li>For mother: Consumption of iron tablets</li> <li>Diet and rest</li> <li>Family Planning– importance</li> </ul> | Care during delivery + immediate newborn care (delivery itself is not a good time for integrated counseling messages) | <p>For home delivery:</p> <ul style="list-style-type: none"> <li>Observe 5 cleans as per guidelines</li> <li>Trained birth attendant</li> <li>Delivery kit as per guidelines</li> <li>Supplies of medicine and vaccines for baby.</li> </ul> <p>IEC/IPC materials developed by NRHM Jharkhand</p> |

|   |  |  |  |   |   |
|---|--|--|--|---|---|
|   |  |  | and referral<br>if required<br>Follow up<br>visits Child<br>immunization   |   |   |
| <b>Institutional<br/>delivery</b>           | <b>Full-term<br/>pregnancy</b>   | <p>As per guidelines for antenatal care and skilled birth attendance at birth by ANMs/LHVs and Staff Nurses 2010</p> <p>Critical steps:</p> <ul style="list-style-type: none"> <li>• Assessment of stage of labour</li> <li>• Supportive care – diagnosing stages of labour</li> <li>• Monitoring and managing 4 stages of labour</li> <li>• Post-delivery care of mother and newborn</li> <li>• Immunization of the</li> <li>• baby (Zero polio, BCG, first dose of hepatitis B vaccine)</li> <li>• Immediate postpartum IUCD insertion (if chosen by woman prior to delivery and skilled provider is available) or female sterilization (when counseling and voluntary decision about sterilization happened prior to delivery)</li> </ul> | <p>For mother:</p> <ul style="list-style-type: none"> <li>• Hygiene</li> <li>• Diet and rest</li> <li>• Identification of danger signs</li> <li>• Exclusive breastfeeding</li> <li>• Family Planning</li> <li>• Child immunization schedule</li> </ul> <p>For newborn:</p> <ul style="list-style-type: none"> <li>• Danger signs and referral centers</li> <li>• Immunization</li> </ul> | <ul style="list-style-type: none"> <li>• Care during delivery + Newborn care + Family planning counseling and services + Immunization + management of complications if any</li> </ul> | <ul style="list-style-type: none"> <li>• Delivery room as per IPHS</li> </ul> |
| <b>Postnatal<br/>services at<br/>clinic</b> | <p><b>At least four<br/>visits in<br/>postpartum<br/>period:</b></p> <p>First visit: first</p> | Postnatal care services as per Government of India – Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs  | First visit for mother: Postpartum care and hygiene, nutrition, contraception,   | Postpartum care for woman as per guidelines + FP  | <p>Clinic set up as per IPHS standards</p> <p>IEC/IPC materials</p>           |



|                        |  |   |  |  |   |
|------------------------|--|---|--|--|---|
|                        | <p>day after delivery</p> <p>Second visit: third day after delivery</p> <p>Third visit: seventh days after delivery</p> <p>Fourth visit: six weeks after delivery (First one or two visits happen at the clinic and the other two at home or outpatient facility based on circumstances)</p>     | <p>and Staff Nurses – 2010</p> <p>First visit for mother: History taking and physical examination to check progress of recovery, avoiding infections</p> <p>First visit for Baby: History taking for assessment of problems, if any, Clinical examination: to identify and manage-</p> <ul style="list-style-type: none"> <li>• Respiratory problems</li> <li>• Chest in-drawing</li> <li>• Signs of jaundice</li> <li>• Body temperature</li> <li>• Skin infection</li> <li>• Cord care</li> <li>• Infections of eyes Check for congenital malformations</li> </ul> <p>Complete required immunizations for baby (if not done at birth)</p> | <p>breastfeeding, birth registration, IFA supplementation, recognition of danger signs in postpartum period</p> <p>First visit for baby: Baby's hygiene Discuss immunization schedule for baby</p>               | <p>counseling and services + Child immunization counseling and services</p>  | <p>developed by NRHM Jharkhand</p>  |
| <b>PNC home visits</b> | <p><b>At least four visits in postpartum period:</b></p> <p>First visit: first day after delivery</p> <p>Second visit: third day after delivery</p> <p>Third visit: seventh days after delivery</p> <p>Fourth visit: six weeks after delivery</p> <p>after delivery</p> <p>Fourth visit: six</p> | <p>Postnatal care services as per Government of India – Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs and Staff Nurses – 2010</p> <p>For example: First visit for mother: History taking and physical examination to check progress of recovery, avoiding infections</p> <p>First visit for Baby: History taking for assessment of</p>   | <p>Postnatal counseling as per Government of India – Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs and Staff Nurses – 2010 and SBA training guidelines issued by NRHM Jharkhand</p> | <p>Postpartum care for woman as per guidelines + FP counseling and services + Child immunization counseling and services</p> | <p>Private space for maintaining confidentiality</p> <p>IEC/IPC materials developed by NRHM Jharkhand</p> |

|                                    |   |   |  |  |   |
|------------------------------------|---|---|--|--|---|
|                                    | weeks after delivery  | <p>problems, if any, Clinical examination: to identify and manage</p> <ul style="list-style-type: none"> <li>• Respiratory problems</li> <li>• Chest in-drawing</li> <li>• Signs of jaundice</li> <li>• Body temperature</li> <li>• Skin infection</li> <li>• Cord care</li> <li>• Infections of eyes Check for congenital malformations</li> </ul> | guidelines issued by NRHM Jharkhand  |  |   |
| <b>Exclusive FP service visits</b> | <b>Anytime to an eligible woman in reproductive age group</b> | Providing FP services as per informed choice of the client  | Counsel about contraceptive options to assist client in making informed choice. Counsel about correct and consistent use of FP method, possible side effects and signs of problems (if applicable) | <p>Counseling about immunization of children (if any)</p> <p>Completion of immunization as per recommended schedule</p>  | <p>Private space in the household where privacy could be mentioned</p> <p>IEC/IPC materials developed by NRHM Jharkhand</p> |
| <b>VHSC meetings</b>               | <b>Every month</b>  | None, unless demanded   | Advice and counseling on FP and immunization, safe delivery support by the VHSC, active participation in VHND, community mobilization for all services   | <p>Inform community about different service packages and create demand for integrated services which will ensure delivery of multiple services in one service contact or event</p> <p>Review and provide guidance to Sahiya in</p> |   |

|                              |                   |  |  |   |   |
|------------------------------|-------------------|--|--|---|---|
|                              |                   |  |  | spending the NRHM flexi-funds as per guidelines   |   |
| <b>Community meetings</b>    | <b>As planned</b> | As demanded, in emergency situations   | Provide information on current status of services such as ANC, PNC, births, birth registration, family planning, child immunization and water and sanitation | Demand creation for services such as ANC, PNC, births, birth registration, family planning, child immunization and water and sanitation   | Space in panchayat or Anganwadi center<br><br>IEC and IPC materials supplies by NRHM  |
| <b>Mothers' meetings</b>     | <b>As planned</b> | As demanded in cases of emergencies  | Provide information on services such as ANC, PNC, births, birth registration, family planning, child immunization and water and sanitation                   | Demand creation for services such as ANC, PNC, births, birth registration, family planning, child immunization  | Space in panachayat or Anganwadi center<br><br>IEC and IPC materials supplies by NRHM |
| <b>Family Planning camps</b> | <b>As planned</b> | Provision of all FP methods – temporary and permanent as per government guidelines given in annexure 2 | FP counselling to eligible couples<br>Counseling about follow up services and referrals to appropriate sites   | In addition to FP counseling and services:<br>Child immunization counseling and services<br>+Demand creation for services such as ANC, PNC, clinic-based births, birth registration, family planning, child immunization and water and sanitation | Space in panachayat or Anganwadi center<br><br>IEC and IPC materials supplies by NRHM |



## Chapter 4

# Standard Operating Procedures



Sahiyas



## 1. Opportunities and Process for Integrated Service Delivery

### Preparing for providing integrated services

**Sensing and availing opportunities for multipurpose/integrated visits:** Proactive identification and notification of convergence points is central to providing integrated service delivery. The 'opportunities' include all the potential sites as well as range of services where there is possibility of providing integrated services instead of vertical or single service provision. The 'opportunities' also include leveraging the wider coverage of any of the services (FP or immunization) to improve access to the other services. The 'opportunity' could also be in the form of identification of the strengths of the system or of the service providers and leverage it for improving service delivery of the other services.

**Organizing resources:** Refer to the Sahiya training modules for specific services and identify and list the activities to be delivered during any visit or service contacts. According to these listed activities, organize relevant and needed records, reports, checklists, instruments, equipment, chemicals, medicines, vaccines and IEC/IPC materials.

The Government of India and NRHM Jharkhand have developed/adapted training modules of Government of India for assisting Sahiyas in planning and delivering maternal and child health services. Some important program guidelines are:

1. ASHA training modules – Government of India 2009.
2. Sahiya training modules – NRHM Jharkhand 2009.
3. Village Health and Nutrition Day guidelines – Government of India and NRHM Jharkhand state 2010.

### Activities of Sahiyas:

Sahiyas' work consists mainly of following activities:

1. **Home Visits:** For two to three hours every day, for at least four or five days a week, the Sahiya should visit the families living in her allowed area. Home visits should take place at least once in a month if not more. Home visits are mainly for health promotion and preventive care. Over time, families will come to her when there is a problem and she would not have to go so often to their houses. Meeting them anywhere in the community/village is enough. However, where there is a child below two years of age or any malnourished child or a pregnant woman, she should visit the families at home for counseling them. Also, if there is a newborn in the house, a series of four visits or more becomes essential.
2. **Attending the Village Health and Nutrition Day (VHND):** On one day every month, when the ANM comes to provide immunization. This is the correct spelling that we also use. and other services in the village, ASHA will promote attendance by those who need the AWW or ANM services and help with service delivery.
3. **Visits to the health facility:** This is usually accompanying a pregnant woman or some other neighbour who requests her services for escort. The visit could also be to attend a training programme or review meeting. In some months, there would be only one visit, in others, there would be more.
4. **Holding village level meeting** of women's groups, and the Village Health & Sanitation Committee (VHSC), for increasing health awareness and to plan health work.
5. **Delivery of contraceptives at the doorsteps:** As per new directives from NRHM, to improve access to contraceptives by the eligible couples, it has been decided to utilize the services of Sahiyas to deliver contraceptives (Condom, OCPs, and ECPs) at doorsteps of household in selected districts.



The Sahiya can provide integrated services and messages during above mentioned events or visits. The following table shows how she can deliver integrated services or messages to various community and client groups and which topics could be covered during such meetings/visits

**Table 1: Potential opportunities for integrated service delivery for Sahiyas**

| Event/<br>activity  | Client                      | Services*   | Key integrated<br>messages<br>to emphasize in order to<br>generate community/<br>family<br>awareness*  | Audience for<br>awareness<br>generation  | Financial<br>incentives for<br>Sahiya if the<br>service/service-package is<br>delivered |
|---|-----------------------------|---|--|--|---|
| <b>Home visits</b>  | Pregnant woman              | <ul style="list-style-type: none"> <li>Antenatal care</li> <li>Birth planning</li> <li>Referral if any problems or signs of complications</li> <li>Information on Janani Suraksha Yojana (JSY)</li> </ul> | Counseling about: <ul style="list-style-type: none"> <li>Care during pregnancy</li> <li>Diet and rest</li> <li>Birth planning</li> <li>Institutional delivery</li> <li>Immunization during pregnancy</li> <li>Post-delivery FP options</li> <li>Child immunization</li> <li>JSY scheme and benefits to pregnant woman</li> <li>Mamta vehicle scheme and contact number for transportation in health emergencies</li> </ul> | <ul style="list-style-type: none"> <li>Antenatal care</li> <li>Pregnant woman</li> <li>her husband</li> <li>parents- in-law other decision makers at home</li> </ul> |   |
|   | Delivery (if home delivery) | <ul style="list-style-type: none"> <li>Cleanliness</li> <li>Psychological support</li> <li>Referral in complicated cases</li> <li>JSY scheme</li> </ul>   | <ul style="list-style-type: none"> <li>Financial and transport readiness for referral in complicated cases</li> <li>Facilitate service delivery through local providers such as ANM, TBA or other trained Provider</li> <li>Assist the family in calling Mamta vehicle if required</li> </ul>  | <ul style="list-style-type: none"> <li>Pregnant Women</li> <li>her husband</li> <li>parents-in-law other decision makers at home</li> </ul>                          |   |
| <b>Accompanying pregnant woman for institutional delivery</b> | Pregnant woman              | <ul style="list-style-type: none"> <li>Help family</li> <li>organize transport/call for Mamta vehicle</li> <li>Reminder for financial arrangement</li> </ul>  | Counseling about: <ul style="list-style-type: none"> <li>Child immunization at birth</li> </ul> Counseling about: <ul style="list-style-type: none"> <li>Post-natal family planning options</li> <li>Initiation of breast feeding and exclusive</li> </ul>   | <ul style="list-style-type: none"> <li>Pregnant women</li> <li>Husband of the Pregnant woman</li> <li>parents- in-law</li> </ul>                                     |   |

| Event/<br>activity | Client                              | Services*  | Key integrated<br>messages<br>to emphasize in order to<br>generate community/<br>family<br>awareness*  | Audience for<br>awareness<br>generation   | Financial<br>incentives for<br>Sahiya if the<br>service/servi<br>ce-package is<br>delivered |
|--------------------|-------------------------------------|--|--|---|---|
|                    |                                     | <ul style="list-style-type: none"> <li>• Provide psychological support in transit</li> <li>• Provide medical assistance in transit</li> </ul>  | breast feeding<br>Importance of staying in institution for at least 48 hours after delivery<br><ul style="list-style-type: none"> <li>• Postnatal care – schedule and services Required vaccination at birth</li> </ul>                                | <ul style="list-style-type: none"> <li>• other person accompanying the woman</li> </ul>   |   |
|                    | Women having institutional delivery | <ul style="list-style-type: none"> <li>• Facilitate arrangements for safe delivery in coordination with staff of institution</li> <li>• Provide support to the woman in labour</li> </ul>  | Counseling about: <ul style="list-style-type: none"> <li>• Newborn immunization for BCG, OPV and first dose of Hepatitis B</li> <li>• Post-natal family planning options</li> <li>• Initiation of breastfeeding and exclusive breastfeeding</li> </ul> | <ul style="list-style-type: none"> <li>• Pregnant woman</li> <li>• Husband of the pregnant woman</li> <li>• parents- in-law</li> <li>• other person accompanying the woman</li> </ul> | Rs. 150 per case on delivery<br>Rs. 250 if the Sahiya organizes the transport               |
|                    | Postnatal woman (four visits)       | <ul style="list-style-type: none"> <li>• Identification of danger sign</li> <li>• Assist in seeking ANM/ institutional visits for follow up</li> <li>• Assist ANM in child immunization all doses</li> <li>• Breastfeeding advice and support</li> </ul> | Counseling about: <ul style="list-style-type: none"> <li>• Child immunization schedule</li> <li>• Post-natal family planning options</li> <li>• Exclusive breastfeeding</li> </ul>   | <ul style="list-style-type: none"> <li>• Postnatal woman</li> <li>• her husband,</li> <li>• parents- in-law</li> <li>• other decision makers at home</li> </ul>                       | Rs. 250 if PNC is provided within seven days and baby is immunized for BCG                  |
|                    | Newborn care (five visits)          | <ul style="list-style-type: none"> <li>• Promote exclusive breast feeding</li> <li>• Assist in getting vaccines</li> <li>• Identification of danger signs and referral as necessary</li> </ul>   | Counseling about: <ul style="list-style-type: none"> <li>• Exclusive breast feeding– importance and advantages for woman and baby</li> <li>• Child immunization schedule and importance</li> </ul>   | <ul style="list-style-type: none"> <li>• Postnatal woman</li> <li>• their spouses</li> <li>• parents- in-law</li> <li>• other decision makers at</li> </ul>                           |   |

| Event/<br>activity                    | Client  | Services*  | Key integrated<br>messages<br>to emphasize in order to<br>generate community/<br>family<br>awareness*   | Audience for<br>awareness<br>generation   | Financial<br>incentives for<br>Sahiya if the<br>service/servi<br>ce-package is<br>delivered                  |
|---------------------------------------|---|--|---|---|--|
|                                       |   |  | of complete immunization <ul style="list-style-type: none"> <li>• Identification of danger signs</li> <li>• Hygiene of baby</li> <li>• Counsel about all post-natal family planning options</li> </ul>  | home in the village   |  |
| <b>VHND</b>                           | Pregnant women, postnatal women, children                                 | <ul style="list-style-type: none"> <li>• Inform about the date, time and venue</li> <li>• Mobilization of all beneficiaries</li> <li>• Assistance in seeking services from ANM and AWW**</li> <li>• Provide FP supplies such as condoms and oral pills to eligible couples</li> <li>• Follow up plans</li> </ul> | <ul style="list-style-type: none"> <li>• Participation in VHND to seek services</li> </ul> Counseling about: <ul style="list-style-type: none"> <li>• Importance of family planning and options for postnatal women and her husband</li> <li>• Immunization schedule and importance of full immunization</li> <li>• Nutritional requirements of pregnant woman, lactating mother, adolescent and child</li> </ul> | <ul style="list-style-type: none"> <li>• Postnatal woman</li> <li>• postnatal woman</li> <li>• their spouses</li> <li>• parents- in-law</li> <li>• other decision makers at home in the village children</li> </ul> | Rs. 150 per VHND session   |
| <b>Holding village level meetings</b> | Village Health & Sanitation Committee (VHSC) members and other interested | <ul style="list-style-type: none"> <li>• Information sharing</li> </ul>  | Share information and solicit assistance on : <ul style="list-style-type: none"> <li>• Preparation of village health plan</li> <li>• Information on coverage of maternal and child health services including family planning and immunization</li> <li>• Encourage VHSC members to participate and facilitate acceptance of maternal and child health including family planning and other</li> </ul>              | <ul style="list-style-type: none"> <li>• Village Health &amp; Sanitation Committee members</li> <li>• other community members</li> <li>• ANM</li> <li>• AWW</li> </ul>  | Rs. 75 per household for promoting installation of toilets<br><br>Rs. 250 per patient for completion of DOTS |

| Event/<br>activity                     | Client           | Services*  | Key integrated<br>messages<br>to emphasize in order to<br>generate community/<br>family<br>awareness*   | Audience for<br>awareness<br>generation   | Financial<br>incentives for<br>Sahiya if the<br>service/servi<br>ce-package is<br>delivered                 |
|--|------------------|--|---|---|---|
|  |                  |  | services by the<br>community <ul style="list-style-type: none"> <li>Request VHSC members to assist in ensuring community participation in VHNDs</li> </ul>                                  |   |   |
| <b>Home Delivery of Contraceptives</b> | Eligible Couples | Counseling about: <ul style="list-style-type: none"> <li>importance of family planning</li> <li>Provide information about contraceptive methods including SDM</li> <li>Provide supplies such as condoms and oral pills, ECPs to eligible couples depending on their choice and requirement</li> <li>Follow up plans</li> </ul> | Counselling about: <ul style="list-style-type: none"> <li>Importance of family planning and available options</li> <li>Immunization schedule and importance of full immunization</li> </ul> | <ul style="list-style-type: none"> <li>Eligible Couples</li> <li>Parents- in-laws</li> <li>Decision makers in the family</li> </ul> | Rs.1 for pack of 3 condoms<br>Rs. 1 for a cycle of OCP and Rs. 2 for a pack of one ECP from the beneficiary |

\*Details of these services and counseling are provided in the Sahiya training modules. A brief description is provided in the following pages.

\*\*As per NRHM Jharkhand guidelines 12 services are provided during any VHND which includes ANC registration and care, full immunization for children, IFA supplementation to women, Vitamin A supplementation, ORS distribution, growth monitoring, identification of malnourished children and referral, food supplements to eligible beneficiaries (women, children and adolescent girls) and record keeping in MCH/MCP card.

## 2. Family Planning and Immunization Integrated service during Antenatal Care (ANC) Period

### What is ANC?

Antenatal care is a type of preventative care offered to women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus.

A proper antenatal check-up provides necessary care to the mother and helps identify and treat any complications of pregnancy such as anaemia, pre-eclampsia, and hypertension in the mother and slow or inadequate growth of the foetus.

### Schedule of ANC visits

As per Sahiya training manuals, the Sahiyas are expected to provide at least 4 visits as follows to the household of a pregnant woman.

The recommended schedule of ANC visits is as follows:

**First visit:** Within first 12 weeks of pregnancy—preferably as soon as pregnancy is suspected—for registration of pregnancy and first antenatal check-up

**Second visit:** Between 14 and 26 week

**Third visit:** 28 and 34 week

**Fourth visit:** Between 36 weeks and term

The purpose of these visits is to provide various levels of care required at that point of time. The list of activities during these visits focusing on ANC is listed in Module 2 of Sahiya training manual.

These visits provide a platform to the Sahiyas in providing specific messages regarding family planning and immunization. The following table includes the specific messages related to family planning and immunization that Sahiya can provide to the pregnant woman, her husband and other decision-makers in that household.

**Table 2: Specific messages and services on Family Planning and Immunization during ANC visits**

| Visit  | Family Planning Messages/Services  | Immunization Messages/sevices   |
|--|--|---|
| <b>First visit:<br/>Within the first 12 weeks—preferably as soon as pregnancy is suspected</b> | <p>Since this is first visit, focus more on critical tasks such as registration, organize ANM visit or visit to the sub-center or PHC for clinical examination, confirmation of pregnancy, preparing a micro birth plan and learning about danger signs and care during early pregnancy etc.</p> <ul style="list-style-type: none"> <li>Initiate discussion with husband and the pregnant woman about FP and identify their reproductive intentions</li> <li>If they wish to have another child then provide the following messages: <ul style="list-style-type: none"> <li>Three years spacing between two pregnancies is critical for well-being of woman and the baby</li> <li>Tell them that temporary contraceptive options are available in case they wish to delay the next pregnancy</li> </ul> </li> <li>If they want to stop having children, advise that permanent family planning options such as male and female sterilization are available</li> </ul>   | <ul style="list-style-type: none"> <li>Since this is first visit, focus more on critical tasks such as registration, organize visit to the sub-center or PHC for clinical examination, confirmation of pregnancy. With assistance from the ANM, help the woman prepare a micro birth plan and recognition of danger signs and care during early pregnancy etc.</li> <li>Explain importance of TT vaccination during pregnancy</li> <li>Guide the pregnant woman for first dose of TT</li> <li>Set date for second dose of TT</li> <li>Taking cue from TT immunization to the woman, initiate discussion of child immunization and mention that the details about child immunization as per national immunization schedule will be discussed in subsequent visits. (Refer to Annexure 2 National Immunization Schedule)</li> </ul>   |
| <b>Second visit:<br/>Between 14 and 26 weeks</b>   | <p>After completion of ANC tasks, discuss the following:</p> <ul style="list-style-type: none"> <li>Remind about FP discussion during last visit</li> <li>Inform that if not breastfeeding, fertility can return in four to six weeks after the delivery so she will need to make a decision about family planning before or soon after the birth</li> <li>Tell that there is a short term natural method of contraception called the Lactational Amenorrhoea Method (LAM)</li> <li>Explain advantages of LAM and exclusive breastfeeding</li> <li>Inform about three critical criteria, which should be present all at once for LAM to be effective: <ul style="list-style-type: none"> <li><i>Amenorrhoea</i>: The woman should be amenorrhoeic, meaning that her menstrual bleedings should not have resumed after delivery. Whenever bleeding resumes, she cannot use this method</li> <li><i>Lactation</i>: The woman should be exclusively breastfeeding her baby, i.e. the baby should be given no complementary foods or fluids. Daytime breastfeeding should be no more than four hours apart and night-time</li> </ul> </li> </ul> | <p>After completion of ANC tasks, discuss the following:</p> <ul style="list-style-type: none"> <li>Inform and guide the pregnant woman to get second dose of TT at the subcenter or during VHND and convey that this will offer her protection during labour and also to the newborn</li> <li>Congratulate her for completing her TT immunization</li> <li>Remind her about the child immunization schedule</li> <li>Explain how child immunization offers protection against life-threatening diseases</li> <li>Inform her that the child requires three vaccine immediately after birth- BCG, polio and first dose of hepatitis B</li> <li>Inform the woman that if the delivery takes place at the institutions such as PHC or CHC or other hospitals, the immunization will be available instantly</li> <li>Promise her to continue this discussion in the next visit</li> </ul> |

| Visit   | Family Planning Messages/Services   | Immunization Messages/Services  |
|---|---|---|
|   | <p>feedings no more than six hours apart, even a single missed feed increases the risk of pregnancy</p> <ul style="list-style-type: none"> <li>o <i>Six months:</i> The woman cannot use this method for more than six months postpartum, even if she has not started menstruating again. As soon as baby turns six months old, LAM is not considered effective. Woman should be counselled to decide in advance on what FP method she wants to use when LAM expires</li> </ul>   |   |
| <b>Third visit:<br/>Between<br/>28 and 34<br/>weeks</b> | <p>After completion of ANC, discuss the following:</p> <ul style="list-style-type: none"> <li>• Remind of all appropriate postpartum FP options (for both breastfeeding and non-breastfeeding women)</li> <li>• Provide following information on IUCD: <ul style="list-style-type: none"> <li>o Copper-containing IUCDs can be inserted immediately or within 48 hours of childbirth by a service provider who is trained specifically for post-placental or postpartum IUCD insertion</li> <li>o Explain that in case of immediate postpartum insertion, woman should make an informed decision about using IUCD before she is in active labour</li> <li>o Alternatively, IUCD can be inserted anytime starting at six weeks postpartum</li> <li>o Emphasize that the IUCD has the advantage of offering protection for five to ten years or even more, depending on the type of IUCD inserted</li> <li>o The IUCDs are safe and reliable, and women will have to visit the subcenter or PHC or FRU for insertion where trained providers are available</li> <li>o Inform her that you can assist her in getting complete advice on IUCD from the ANM who also provides IUCD insertion services</li> </ul> </li> <li>• If during earlier visit, the couple has expressed willingness for completing the family with this pregnancy, provide information on options for male and female sterilization. Some critical message relevant to this visit are as follows:<br/><b>For NSV:</b> <ul style="list-style-type: none"> <li>o The husband can undergo NSV anytime even when the wife is pregnant</li> <li>o NSV is a simple Procedures and does not require hospitalization or long rest</li> <li>o It provides lifelong and effective protection from pregnancy, but it is not</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Show MCH and/or MCP card to the pregnant woman and her family members</li> <li>• Explain how all vaccines required for the baby are listed in different boxes</li> <li>• Explain that it is the responsibility of ANM as well as the family to ensure that all vaccine listed in the card are provided to the baby at the designated time</li> </ul> |



| Visit  | Family Planning Messages/Services  | Immunization Messages/Services   |
|--|--|--|
|  | <p>effective for the first three months after the Procedures and couple should use a backup contraceptive method (unless man is sterilized three months prior to the delivery date)</p> <p>For female sterilization:</p> <ul style="list-style-type: none"> <li>o Inform that woman can have sterilization after first 24 hours of childbirth or within first seven days</li> <li>o This is easily possible in case of institutional delivery</li> <li>o If not sterilized within the first 7 days postpartum, this method can be provided anytime after six weeks of delivery</li> <li>• Explain about Standard Days Method (SDM): <ul style="list-style-type: none"> <li>o It is a simple method to use does not need external supplies</li> <li>o Using the colored cycle beads, the woman can identify the days when intercourse should be avoided</li> <li>o No side effects</li> <li>o Cannot be initiated postpartum until woman had three consecutive cycles with regular menstrual bleedings</li> </ul> </li> </ul> |  |
| <b>Fourth visit: Between 36 weeks and term</b> | <ul style="list-style-type: none"> <li>• At this point in time, the pregnant woman and her relatives might be apprehensive about safe delivery so just give a gentle reminder that since the delivery will be done in the hospital and if she wants to initiate IUCD, an IUCD can be inserted within 48 hours of birth before she comes home. This will eliminate chances of getting pregnant again soon after delivery. Female sterilization can also be done prior to hospital discharge</li> <li>• Also remind about importance of exclusive breastfeeding for first six months which not only provides adequate nutrition to the baby but also provides contraception (provided three LAM criteria listed above are met). If she is not planning to breastfeed exclusively, she should start using contraceptive method preferably at four weeks, but not later than six weeks postpartum</li> </ul>   | <ul style="list-style-type: none"> <li>• Reassure the mother about safe delivery at the identified institution</li> <li>• Tell her that in institutional delivery, first three vaccines to the baby scheduled at birth will be provided in the institution</li> <li>• Remind that the mother and other family members must ensure that remaining vaccines are provided to the baby as per the schedule explained earlier (show the card and remind again, as necessary)</li> </ul> |

### 3. Family Planning and Immunization Integrated Services during Intranatal Care and Postnatal Care (PNC) Period

#### What is Intranatal care period?

Intranatal Care refers to the process of Childbirth. Intranatal care is of extreme importance for every pregnancy.

### **Sahiyas role during intranatal period:**

- The Sahiyas are expected to play an important role in ensuring safe delivery by providing support to the pregnant woman and her family for
- Identification of an appropriate facility where trained providers and equipment are available for safe institutional delivery
- Informing the family about JSY scheme which aims at providing a financial package to the pregnant woman so that she avails all the services recommended in the JSY package
- Accompanying the family to the identified health center for institutional delivery
- Staying with the pregnant woman until she delivers safely and returns home

As a result of close contact with the pregnant woman and her family during critical phases of pregnancy and delivery, Sahiyas can utilize these contacts for preparing the family for future services such as FP and child immunization.

### **What is PNC?**

Postnatal care (PNC), also called postpartum care, is care provided to women and newborns for the first few weeks following birth. Conventionally, the first 42 days (six weeks) after delivery are considered the postpartum period. The first 48 hours of the postpartum period are the most crucial for the health and survival of both mother and her newborn.

The recommended schedule of PNC visits is as follows:

**First visit:** First day (within 24 hours)

**Second visit:** Third day after delivery

**Third visit:** Seventh day after delivery

**Fourth visit:** Six weeks after delivery

### **Sahiyas role during PNC period:**

- There should be three additional visits for babies with low birth weight, on days 14, 21 and 28 (as per the Integrated Management of Neonatal and Childhood Illness [IMNCI] guidelines)
- The first 48 hours after delivery are the most critical in the entire postpartum period. Most of the major complications of the postpartum period, such as postpartum haemorrhage (PPH) and infection, which can lead to maternal death, occur during this period. Hence, a woman who has just delivered needs to be closely monitored during the first 48 hours. It is essential for the Sahiyas to inform the woman about the importance of staying at the health facility where she has delivered for at least 48 hours, so that proper care is provided to her. The Sahiyas, with assistance from the ANM, must emphasise that monitoring is essential for her and the baby
- The next most critical period is the first week following the delivery. A considerable number of complications can occur during this period, both for the mother as well as the baby. Hence, Sahiya should coordinate with the ANM and must visit the mother and the baby on the third and seventh day after delivery

**Table 3: Specific messages and services on Family Planning and Immunization during intranatal care and postnatal care period**

| Visit   | Service beneficiary and Potential audience for messages   | Family Planning Messages/ Services  | Immunization Messages/ Services   |
|---|---|---|---|
| <b>During intranatal period</b>   |   |   |   |
| <b>While preparing and accompanying the woman and her family to identified institution for delivery</b> | <ul style="list-style-type: none"> <li>• Pregnant woman</li> <li>• Her husband</li> <li>• Parents- in-law</li> <li>• Other decision makers in the family</li> </ul>                   | <p>Provide psychological support to the woman assuring safe delivery at the institution by trained providers and</p> <ul style="list-style-type: none"> <li>• If the couple has opted for postpartum IUCD insertion or sterilization, reconfirm their commitment</li> <li>• Remind them that the Procedures will be done at the institution it self and by the trained providers</li> <li>• Re-emphasize that exclusive breastfeeding is helpful for the baby and can serve as a natural contraception for the first six months as long as a woman did not resume her periods since delivery</li> </ul>   | <ul style="list-style-type: none"> <li>• Provide psychological support to the woman assuring safe delivery at the institution by trained providers and:</li> <li>• Remind the woman/family about child immunization immediately after baby is born. Reassure that zero doses for OPV, CG and first dose of hepatitis B vaccines will be provided at the institution</li> <li>• Remind the woman that breastfeeding plays an important role in increasing immunity of child to some communicable diseases</li> </ul>                   |
| <b>Immediately before and after the delivery</b>  | <ul style="list-style-type: none"> <li>• Pregnant woman</li> <li>• Her husband</li> <li>• Parents- in-law</li> <li>• Other decision makers in the family</li> <li>• Infant</li> </ul> | <ul style="list-style-type: none"> <li>• Within one hour of childbirth, encourage and assist the mother to initiate breastfeeding</li> <li>• Inform ANM/MO about postpartum FP choices of the woman/couple, if they have already made an informed choice</li> <li>• Assist the ANM in preparing the woman for receiving FP service as scheduled by the MO or ANM at appropriate time after the delivery</li> <li>• If the woman/couple has not made any choice of FP methods during antenatal period, inform her/them about the FP options including LAM which can provide contraception for the first six months as long as a woman did not resume her periods since delivery and as long as she is exclusively breastfeeding</li> </ul> | <ul style="list-style-type: none"> <li>• If institutional delivery, coordinate with ANM and assist the family in getting zero dose for OPV, CG and first dose of hepatitis B vaccines to the baby</li> <li>• If the woman is discharged from the hospital in 48 hours after delivery, explain them the remaining schedule of immunization as per national immunization schedule</li> <li>• Assure the family that you (Sahiya) will remind them again when the vaccination will be available in their village through VHND</li> </ul> |
| <b>During postnatal period</b>  |   |   |   |
| <b>First visit: within 24 hours</b>   | <ul style="list-style-type: none"> <li>• Pregnant woman</li> <li>• Her husband</li> <li>• Parents- in-</li> </ul>   | <ul style="list-style-type: none"> <li>• Encourage the mother to initiate breastfeeding as soon as possible (if not yet initiated)</li> <li>• Explain about exclusive</li> </ul>  | <ul style="list-style-type: none"> <li>• If institutional delivery, ensure that zero dose for OPV, CG and first dose of hepatitis B vaccines</li> </ul>   |

| Visit   | Service beneficiary and Potential audience for messages   | Family Planning Messages/ Services   | Immunization Messages/ Services   |
|---|---|--|---|
|   | law <ul style="list-style-type: none"> <li>• Other decision makers in the family</li> <li>• Infant</li> </ul>   | breastfeeding and its importance for the baby and contraceptive effect (LAM) <ul style="list-style-type: none"> <li>• Explain the criteria required for LAM to be effective</li> <li>• Advise the couple regarding the return of fertility</li> <li>• Advise the couple on birth spacing or limiting the size of the family</li> <li>• If the woman/couple has decided to use IUCD or female sterilization and the delivery has been done in an institution, coordinate with the MO and ANM for IUCD insertion or sterilization Procedures with in appropriate time frame (within the first 48 hours for IUD and after 24 hours but within the first seven days for female sterilization)</li> <li>• If the couple has decided to select sterilization, inform them that NSV is very simple option for men, which is very effective starting at three months after the procedure. In case of female sterilization, the Procedures can be done within the first seven days postpartum or delayed until six weeks. Provide information about the benefits, place and other arrangements regarding male or female sterilization</li> <li>• Advise the couple to abstain from sexual intercourse for about six weeks postpartum or, if she has perineal tears or wounds, to abstain until they heal</li> </ul> | are provided <ul style="list-style-type: none"> <li>• If home delivery, inform the mother and the family about the nearest place of immunization and suggest them to get the vaccination done as early as possible</li> <li>• Showing the MCP/MCH card, remind the family and mother about remaining schedule of immunization as per national guidelines (see table above)</li> </ul> |
| <b>Second visit:<br/>Third day after delivery</b> | <ul style="list-style-type: none"> <li>• Pregnant woman</li> <li>• Her husband</li> <li>• Parents- in-law</li> <li>• Other decision makers in the family</li> <li>• Infant</li> </ul> | <ul style="list-style-type: none"> <li>• If the woman/couple/family has not earlier thought of adopting FP method, counsel about FP options, which they can initiate now or, if they decided to rely on LAM, after LAM effectiveness expires</li> <li>• Inform about return of fertility after postnatal period, which can be as early as four to six weeks for non- breastfeeding women</li> </ul>  | <ul style="list-style-type: none"> <li>• If immunization has not been done at birth or with in first 48 hours, guide the mother and family to get it done at the nearest health center or VHND whichever is earlier and convenient</li> <li>• Accompany the family for getting BCG, polio and first dose of hepatitis B vaccine</li> </ul>  |

| Visit  | Service beneficiary and Potential audience for messages   | Family Planning Messages/ Services   | Immunization Messages/ Services   |
|--|---|--|---|
|  |   | <ul style="list-style-type: none"> <li>Assure that you will coordinate and accompany them to the center or a trained provider for seeking their preferred FP method</li> <li>If the couple opts for condom use, inform them that condoms are available with you and provide to them</li> </ul>   | <ul style="list-style-type: none"> <li>Showing the MCP/MCH card, remind the family and mother about remaining schedule of immunization as per national guidelines (see table above)</li> </ul>  |
| <b>Third visit:<br/>Seventh day after delivery</b> | <ul style="list-style-type: none"> <li>Pregnant woman</li> <li>Her husband</li> <li>Parents- in-law</li> <li>Other decision makers in the family</li> <li>Infant</li> </ul> | <ul style="list-style-type: none"> <li>Same as second visit</li> </ul>   | <ul style="list-style-type: none"> <li>Same as second visit</li> </ul>  |
| <b>Fourth visit:<br/>Six weeks after delivery</b>  | <ul style="list-style-type: none"> <li>Pregnant woman</li> <li>Her husband</li> <li>Parents- in-law</li> <li>Other decision makers in the family</li> <li>Infant</li> </ul> | <ul style="list-style-type: none"> <li>Since this visit is scheduled at six weeks after the delivery, assist the couple in getting their preferred FP method that they might have decided upon during earlier counseling sessions</li> <li>If the couple is practicing LAM, confirm that they understand the correct intervals between feedings (not more than four hours between feeds during daytime and not more than six hours at night) and that woman does not get amenorrhea. Remind that LAM cannot be effective beyond 6 months postpartum</li> <li>Also provide information on Standard Days Method (SDM): It is a simple method to use, which does not require external supplies. Using the colored cycle beads, the woman can identify the days when intercourse should be avoided. It has no side effects, but postpartum woman cannot initiate SDM until she has had three consecutive cycles with regular menses</li> </ul> | <ul style="list-style-type: none"> <li>Since this visit is due at six weeks after the delivery, it is time for the first dose of DPT, OPV and second dose of hepatitis B. Motivate and accompany the mother during visit to the clinic or subcenter where immunization is available</li> <li>Remind the family when the next dose of DPT, OPV and hepatitis B should be given</li> <li>Provide the family information about nearest health center or VHND event where immunization services will be available in the near future or on the due date for that specific baby</li> </ul> |

## 4. Family Planning and Immunization Integrated Services and Village Health and Nutrition Day (VHND)

### What is the VHND?

VHND is a special event organized in every village of the primary health center on a fixed day. The purpose of VHND is to deliver a bouquet of health and ICDS services under one umbrella, through the convergence of health and ICDS workers at the village level.

The service providers available at the VHND are: 1) subcenter ANMs, 2) AWW from Anganwadi center under ICDS, and 3) Sahiya, a village health volunteer. The Medical officers and LHVs are expected to provide supervisory support as per pre-planned schedule.

As per NRHM Jharkhand guidelines, about ten different activities are expected to be delivered during any VHND. (For details, please refer to VHND guidelines issued by NRHM Jharkhand in 2010).

The major activities during VHND include routine immunization, ANC, PNC, child growth monitoring and provision of nutritional supplements.

Since all the critical maternal and child health services are provided during VHND, this platform offers excellent opportunity for delivering integrated FP and immunization services.

Earlier sections of this SOP have provided the details about integration of FP and immunization services during ANC and PNC. The following are the steps for achieving integration during routine immunization at the VHND.

The routine immunization sessions provide services to:

1. All children eligible for any vaccine as per age groups recommended in the national immunization schedule, the focus being on children up to 18 months of age.
2. Pregnant women.

In the typical context, the mothers bring the children for immunization, sometimes accompanied by both parents. This provides an opportunity for the service providers to offer FP counseling and services in addition to the immunization services and counseling.

Table 4 outlines the key messages on immunization and FP that could be provided to the mothers or parents of the child while providing different vaccines at appropriate ages.

**Table 4: Specific messages and services on Family Planning and Immunization during routine immunization session and/or at the VHND**

| Age of the child                       | Counseling and Services   |  |  | Recommended vaccines  |
|--|---|--|--|---|
|  | Target audience   | Family Planning  | Immunization   |   |
| At birth or within seven days of birth | Mother, father or any other family member accompanying the child                                      | <ul style="list-style-type: none"> <li>• Discuss their productive intentions of the couple</li> <li>• Depending on whether they wish to have more children or limit the family, offer FP counseling to the postpartum woman and her husband as per Annexure 1</li> <li>• Explain that exclusive breastfeeding can provide protection from pregnancy for six months as long as woman did not resume her menses</li> <li>• If they accept any temporary method such as condom or OCP provide complete counseling and supplies</li> <li>• For IUCD and sterilization services, refer them to nearest health center</li> </ul> | <ul style="list-style-type: none"> <li>• Explain importance of vaccines</li> <li>• Showing the MCP card, explain complete immunization schedule and importance of completion of immunization as per national immunization schedule</li> <li>• Facilitate BCG, OPV and Hepatitis B Vaccination<br/>Provide the family date of next immunization at six weeks after the birth of baby</li> </ul> | <ul style="list-style-type: none"> <li>• BCG, Polio zero dose, first dose of hepatitis B</li> </ul> |
| Six weeks after childbirth             | Mother, father and any other family member accompanying who can influence the decision on FP adoption | <ul style="list-style-type: none"> <li>• If the woman is not practicing exclusive breastfeeding, provide counseling on other temporary and permanent methods to assist the woman/couple making informed</li> </ul>   | <ul style="list-style-type: none"> <li>• Explain importance of vaccines</li> <li>• Showing the MCP card, explain complete immunization schedule and importance of completion of immunization as</li> </ul>   | <ul style="list-style-type: none"> <li>• BCG, Polio zero dose, first dose of hepatitis B</li> </ul> |



| Age of the child          | Counseling and Services   |  |  | Recommended vaccines  |
|---------------------------|---|--|--|---|
|                           | Target audience   | Family Planning  | Immunization   |   |
|                           |   | <p>choice</p> <ul style="list-style-type: none"> <li>Also provide information on Standard Days Method (SDM): It is a simple method to use, it does not need external supplies. It has no side effects, but postpartum woman cannot initiate SDM until she has had three consecutive cycles with regular menses</li> <li>If the woman/couple opts for any specific FP method, provide services for OCP or condoms on site or refer to health center for IUCD and sterilization</li> </ul> | <p>per national immunization schedule</p> <ul style="list-style-type: none"> <li>Facilitate BCG, OPV and Hepatitis B Vaccination</li> </ul> <p>Provide the family date of next immunization at six weeks after the birth of baby</p> |   |
| 10 weeks after childbirth | Mother, father and any other family member accompanying the who can influence the decision on FP adoption | <ul style="list-style-type: none"> <li>Same as above</li> </ul>  | <ul style="list-style-type: none"> <li>Provide vaccines as per schedule</li> <li>Remind about next dose of vaccines</li> </ul>   | <ul style="list-style-type: none"> <li>DPT-2, OPV- 2 and third dose of Hepatitis B</li> </ul> |
| 14 weeks after childbirth | Mother, father and any other family member accompanying the who can influence the decision on FP adoption | <ul style="list-style-type: none"> <li>Same as above</li> </ul>  | <ul style="list-style-type: none"> <li>Provide vaccines as per schedule</li> <li>Remind about next dose of vaccines.</li> </ul>  | <ul style="list-style-type: none"> <li>DPT-3, OPV-2 and fourth dose of Hepatitis B</li> </ul> |
| 9-12 months               | Mother, father and any other family member accompanying the who can                                       | <ul style="list-style-type: none"> <li>If the woman has not adopted any FP method and not pregnant, offer counseling as in the</li> </ul>  | <ul style="list-style-type: none"> <li>Provide measles vaccine and Vitamin A</li> </ul>  | <ul style="list-style-type: none"> <li>Measles and Vitamin A first dose</li> </ul>            |

| Age of the child | Counseling and Services   |  |  | Recommended vaccines  |
|------------------|---|--|--|---|
|                  | Target audience   | Family Planning  | Immunization   |   |
|                  | influence the decision on FP adoption   | past visit <ul style="list-style-type: none"> <li>If she has adopted any FP method, provide follow-up services. Check for side effects or complications and manage or refer as appropriate</li> </ul>  |  |   |
| 16-24 months     | Mother, father and any other family member accompanying the who can influence the decision on FP adoption | <ul style="list-style-type: none"> <li>If the woman has not adopted any FP method and not pregnant, offer counseling as in the past visit</li> <li>If she has adopted any FP method, provide follow-up services. Check for side effects or complications and manage or refer as appropriate</li> </ul> | <ul style="list-style-type: none"> <li>Provide vaccines as per schedule</li> </ul> | <ul style="list-style-type: none"> <li>DPT-booster, OPV-4, (JE and MR if recommended in your area)</li> </ul> |

## 5. Family Planning and Immunization Integration Services during home delivery of contraceptives at the doorsteps

As per new directives from NRHM, to improve access to contraceptives by the eligible couples, it has been decided to utilize the services of ASHA to deliver contraceptives (Condom, OCPs, and ECPs) at doorsteps of household.

To provide these services ASHA will prepare the list of eligible couples in the village. She will counsel them about various types of contraceptives and if the couple gets ready to use the contraceptive then provide them the contraceptive. OCPs should be given after due screening and on advise of ANM/MO.

The following table outlines the key integrated messages that can be delivered at the time of home delivery of contraceptives.

**Table 5: Specific messages and services on Family Planning and Immunization during home delivery of contraceptives at doorsteps**

| At the doorstep of eligible couple | Family Planning Messages/Services  | Immunization Messages/Services   |
|------------------------------------|--|--|
| Eligible Couple                    | <ul style="list-style-type: none"> <li>If the woman is not practicing exclusive breastfeeding, provide counseling on other temporary and permanent methods to assist the woman/couple in making</li> </ul> | <ul style="list-style-type: none"> <li>If child is less than six years provide vaccines as per schedule</li> </ul> |

| At the doorstep of eligible couple | Family Planning Messages/Services  | Immunization Messages/Services |
|------------------------------------|--|--------------------------------|
| Eligible Couple                    | <p>informed choice</p> <ul style="list-style-type: none"> <li>Also provide information on Standard Days Method (SDM): It is a simple method to use and does not need external supplies<br/>No side effects</li> <li>If the woman/couple opts for any specific FP method, provide services for OCP or condoms on site or refer to health center for IUCD and sterilization</li> </ul> |                                |

## 6. Team Work and Integrated Services Delivery

As per new directives from NRHM, each subcenter will have two ANMs. Also, the Sahiyas are expected to work in close collaboration with the ANMs. The supervisors of PHC may also visit the subcenters or join the team during special events such as VHNDs.

The team of providers can make best use of available human resources during such visits or events when more service providers for delivering additional and better integrated services. However, this needs proper planning and coordination among the ANMs, Sahiyas, and AWW.

ANMs being the team leader can consult PHC supervisors and make such plan by obligating different responsibilities to the available providers which can improve the quantum of services delivered. The assignment of responsibilities should be complementary to each other. This has also been recommended in some program guidelines.

VHND is a good example of when a team of ANM, AWW and Sahiya, with support from their supervisors (e.g. LHV), are expected to deliver as many as 19 services prescribed in the NRHM Jharkhand guidelines on VHND. During VHND, it is important for the team of providers to perform complementary activities for some critical integrated services as shown in the table below:

**Table 6: Integrated services through teamwork**

| Services*               | Service providers   |  |  |   |
|-------------------------|---|--|--|---|
|                         | ANM   | AWM  | Sahiya   | LHV   |
| <b>Site preparation</b> | <ul style="list-style-type: none"> <li>Provide site specification and types of services delivered</li> <li>Organize tables and logistics for delivery of services such as ANC, PNC, Immunization</li> </ul> | <ul style="list-style-type: none"> <li>Identify site in consultation with ANM and local panchayat members</li> <li>Ensure clean drinking water and hygiene, private space for FP counseling, ANC services</li> <li>Organize place for delivering services such as THR distribution, growth monitoring</li> </ul> | <ul style="list-style-type: none"> <li>Assist AWW in identification and organization of identified site</li> </ul> | <ul style="list-style-type: none"> <li>Provide mentoring support in site organization and management</li> </ul> |

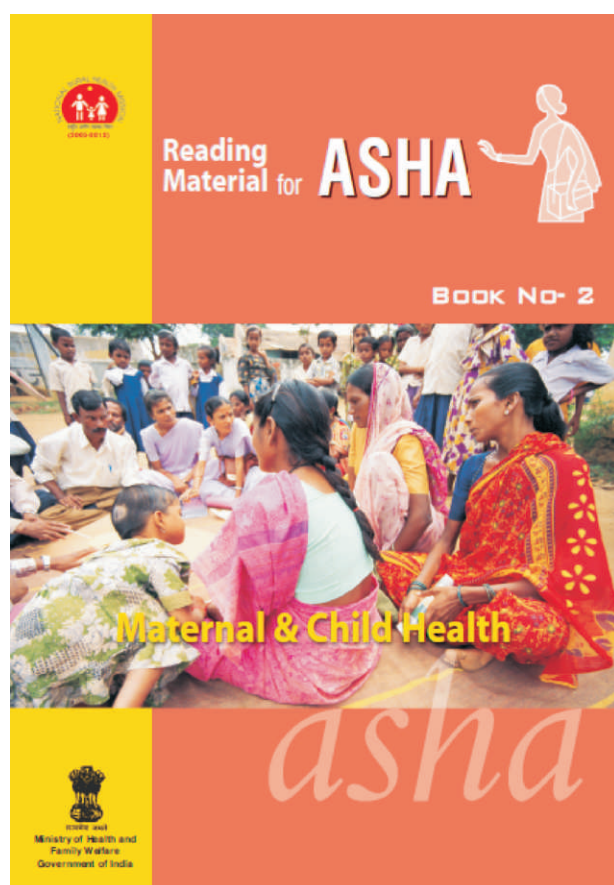
| Services*           | Service providers  |   |  |   |
|---------------------|--|---|--|---|
|                     | ANM  | AWM   | Sahiya   | LHV   |
| <b>Immunization</b> | <ul style="list-style-type: none"> <li>• Provide immunization services to children and pregnant women</li> <li>• Advice for next dose of vaccine</li> <li>• Complete records and reports</li> </ul>                        | <ul style="list-style-type: none"> <li>• Refer eligible children and dropout to ANM</li> </ul>  | <ul style="list-style-type: none"> <li>• Community mobilization for 100% coverage of children in the village</li> <li>• Counseling for completing immunization as per recommended schedule</li> </ul>                              | <ul style="list-style-type: none"> <li>• Assist ANM in immunization in case of heavy client load</li> <li>• Provide technical support to ANM during immunization and record completion</li> </ul> |
| <b>ANC</b>          | <ul style="list-style-type: none"> <li>• ANC services as per government guidelines, including counseling</li> </ul>  | <ul style="list-style-type: none"> <li>• Refer pregnant women to ANM for examination and ANC</li> </ul>   | <ul style="list-style-type: none"> <li>• Community mobilization to ensure 100% registration of pregnant women' counseling on institutional delivery and birth preparedness</li> </ul>  | <ul style="list-style-type: none"> <li>• Technical support to ANM during examination and assist in service delivery in case of heavy client load</li> </ul>                                       |
|                     | <ul style="list-style-type: none"> <li>• FP counseling for informed choice</li> <li>• Provision of OCP, condoms and cycle beads</li> <li>• Provision or referral for IUCD and referral for permanent FP methods</li> </ul> | <ul style="list-style-type: none"> <li>• FP counseling for informed choice</li> <li>• Provision of OCP and condoms</li> <li>• Referral for IUCD and permanent FP methods</li> </ul> | <ul style="list-style-type: none"> <li>• FP counseling for informed choice</li> <li>• Provision of OCP, condoms</li> <li>• Delivery of contraceptives at doorstep</li> <li>• Referral for IUCD and permanent FP methods</li> </ul> | <ul style="list-style-type: none"> <li>• Technical guidance to entire team</li> <li>• Assist in counseling as requested by the ANMs/AWWs</li> </ul>   |

\*As Government of Jharkhand VHND guidelines, as many as 10 different services are expected during any VHND organized in every village on a fixed day.

## Reference

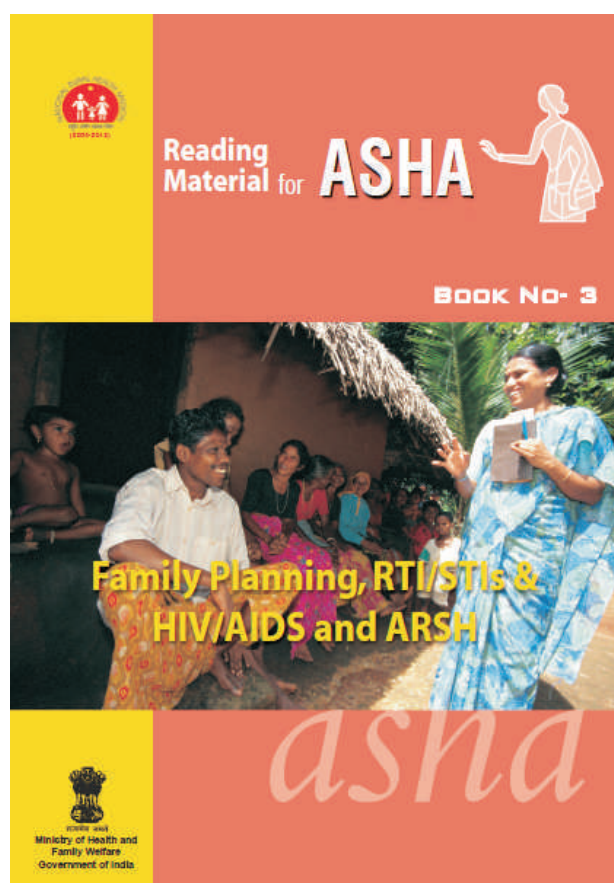
1. Reading material for ASHA: Book 1; Ministry of Health and Family Welfare, Government of India; 2009
2. Sahiya training modules: Jharkhand Rural Health Mission, Government of Jharkhand; 2009
3. Village Health and Nutrition Day Guidelines, Department of Health and Family Welfare and Department of Social Welfare, Government of Jharkhand, Circular no. 9/RCH-1/07/439 (HSN); December 10, 2010

## Annexure 1



### ASHA Training Module 3

## Annexure 2



### Chapter 2 : Preventing Unwanted Pregnancies

### Annexure 3: NATIONAL IMMUNIZATION SCHEDULE FOR CHILDREN AND PREGNANT WOMEN

| NAME OF VACCINE           | WHEN TO GIVE  | DOSE                              | ROUTE         | SITE            |
|---------------------------|---|-----------------------------------|---------------|-----------------|
| <b>For Pregnant Women</b> |   |                                   |               |                 |
| TT-1 or Booster           | Early in pregnancy  | 0.5 ml                            | Intramusclar  | Upper Arm       |
| TT-2                      | 4 weeks after TT-1  | 0.5 ml                            | Intramusclar  | Upper Arm       |
| <b>For Infants</b>        |   |                                   |               |                 |
| BCG                       | At birth or any time up to one year   | 1.1 ml<br>0.05 ml (Up to 1 month) | Intramusclar  | Left Upper Arm  |
| OPV-0                     | At birth or if delivery is in institution, but can be given up to 2 weeks.  | 2 drops                           | oral          | oral            |
| OPV-1 , 2 & 3             | At 6 weeks, 10 weeks & 14 weeks but can be given up to 5 years  | 2 drops                           | oral          | oral            |
| DPT-1 , 2 & 3             | At 6 weeks, 10 weeks & 14 weeks but can be given up to 2 years  | 0.5 ml                            | Intramuscular | Mid-outer thigh |
| Measles                   | 9 Months (9-12 months); should be given up to 5 years   | 0.5 ml                            | Subcutaneous  | Right upper Arm |
| Vitamin-A                 | At 9 months with measles  | 1 ml                              | oral          | oral            |
| <b>For Children</b>       |   |                                   |               |                 |
| DPT booster               | 16-24 months  | 0.5 ml                            | I/M           | mid-outer thigh |
| OPV Booster               | 16-24 months  | 2 drops                           | Oral          | Oral            |
| Vitamin-A                 | 16 months with DPT/OPV booster<br>24 months, 30 months & 36 months.<br>(Minimum interval between two doses is 6 months) | 2 ml                              | Oral          | Oral            |
| DT                        | 5 years   | 0.5 ml                            | Intramuscular | Upper Arm       |
| TT                        | 10 years & 16 years   | 0.5 ml                            | Intramuscular | Upper Arm       |



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