



Guideline for Urban Health and Nutrition Day (UHND) in Urban areas of Odisha

**Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha**

Abbreviations

AD	Auto disposable
AIDS	Acquired immune Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Mid-wife
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AYUSH	Ayurvedic, Yoga, Unani, Siddha and Homoeopathy
BCC	Behaviour change communication
BF	Breast Feeding
DPT	Diphtheria, Pertussis and Tetanus
ECP	Emergency Contraceptive Pills
ENBC	Essential New Born Care
HUP	Health of the Urban Poor
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
JSSK	Janani SishuSurakshyakaryakrama
JSY	Janani SurakshyaYojana
LHV	Lady Health Visitor
MO	Medical Officer
MP	Malaria Parasite
MPW	Multi Purpose Worker
MTP	Medical Termination of Pregnancy
NHM	National Health Mission
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
OCP	Oral Contraceptive Pills
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Therapy
PNC	Post Natal Care
PRI	Panchayat Raj Institution
RBSK	RashtriyaBalSurakshyaKaryakrama
RMNCHN +A	Reproductive, Maternal, Newborn&Child Health, Nutrition + Adolescent
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
SBA	Skilled Birth Attendants
TB	Tuberculosis
VHND	Village Health Nutrition Day
UHND	Urban Health Nutrition Day
UPHC	Urban Primary Health Centre
UASHA	Urban Accredited Social Health Activist

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1. Introduction

National Rural Health Mission (NRHM) has identified Anganwadi Centres (AWC) as a strong platform for maternal and child health services along with promoting effective inter-sectoral convergence. The Village Health and Nutrition Day (VHND) are organized once every month at the AWC and acts as an interface between the community and the health system. VHND has contributed significantly in bringing about the much needed behavioral changes in the community and improving the health-seeking behavior of the community leading to better health outcomes in the rural areas along with providing Ante Natal, post natal and child health services.

However, in urban areas, there was no such mechanism in place to look after the health needs of the urban poor especially those who live in urban slums or slum like conditions. The National Urban Health Mission (NUHM) provides space to address the health concerns of the urban poor by facilitating equitable access to available health facilities by rationalizing and strengthening of the existing capacity of health delivery for improving the health status of the urban poor.

The NUHM framework highlights the need of convergence between ICDS and health where by MAS/Urban ASHA in coordination with the ANM would organize Urban Health and Nutrition day in close coordination/collaboration with the Anganwadi Worker (AWW). The MAS/Urban ASHA would support AWW/ANM in updating the slum level health register, facilitate outreach sessions organized in the Anganwadi centers located in slums. It is envisaged that UHND would serve as a common platform to deliver maternal, child health care, nutrition and WASH services to the urban poor population. It would help in delivering health care services at the door steps of the un-served and underserved urban population thereby leading to an improvement in the health status of the urban poor.

It is expected that the UHND sessions will be helpful in achieving the following results to help improve the health status of the urban poor.

- Improvement RMNCH +A indicators
- Improvement in nutritional status among children
- Increased awareness on health and its determinants resulting in improved health and treatment seeking behavior.
- Improved demand generation at community level making the health system responsive and accountable for optimal utilization of health care services provided by Government.
- Treatment of minor ailments.

2. Objectives

- To provide essential and comprehensive health, nutrition and WASH services to pregnant women, lactating mothers, children (0-5 yrs.) and adolescent girls, early registration, ANC care, identification and referral of high risk children and pregnant women to higher facility.
- To provide an effective platform for interaction of service providers and the community (through Mahila Arogya Samiti)
- Identify suspected Leprosy, TB, HIV cases & referral.
- Surveillance for malaria and evidence based complete treatment .
- Provide treatment for minor ailments.
- To provide information and counseling to families on care of mothers and children at the household and community level through discussion of various health, establishment of linkage between health, ICDS, MAS and PHEO for convergence of services to promote maternal & child survival programs.

3. Operationalization of UHND

- **Frequency** – Once in a month at a fixed place and fixed date/day.
- **Venue**- It will be organized at Anganwadi Centre Covering the operational area of the AWC. In case of non-existence of the AWC, UHND session shall be organized for a population of approximate 1000-1500 slum dwellers. However the Population norm is not binding, rather it is specific to geographical area. If the slum is isolated or it is a Satellite Basti, a separate micro plan may be prepared so that all the population of the slum shall be covered under NUHM. Anganwadi Centre (AWC)/ Community Centre/ School premises/ any other appropriate place provided by the ULB/ any appropriate place suggested by the community may be the Venue of the UHND.
- **Display of information:** Basic information about UHND (the dates, the place, type of services, type of clients etc.) will be prominently displayed in each AWC and other strategic points in the form of fixed display boards.
- **Preparation of Micro plan:** The City/District should prepare the UHND micro plan with involvement of ANM & others. The local NGOs/MAS/CBOs may be engaged to support the community process.
- **Capacity Building:** The ANMs and other officials will be sensitized and trained on UHND sessions.
- **Event organization:** The ANMs/AWWs/ASHAs of the operational area will be jointly responsible for organizing the event. The ANM and AWW shall be present throughout the event. The ANM / AWW to ensure availability of all required logistics,

equipment/instruments at the site. Fund provision has been made for purchase of equipment/instruments for UHND under NUHM.

- **Review and supportive supervision:** The MO /CDPO / ICDS Supervisor will participate and provide necessary support for supportive supervision on monthly basis. At the City Level the Commissioner/Executive Officer, ULBs will periodically review the progress of the UHND in the city. The ADMO, Public Health will look after the program for successful organization of the program.
- **Community Mobilization:** The Urban ASHA with the support of AWW will mobilize the community specially women and children to attend the UHND sites.

4 Details of the Services provided during UHND sessions

A RMNCH +A services:

Target Group	Services
Pregnant Woman	<ul style="list-style-type: none"> • BP Examination • Blood pressure measurement- • Weighing • Abdominal Examination • Hb% estimation (Testing) • Urine Albumin/ Protein estimation (Testing) • Blood sugar (Testing) • IFA 100/200 • 2TT/TT Booster Injection • Counsel and Referral for PPTCT services to the nearest ICTC • Referral of High risk pregnancies to L2/L3 facility • Test of urine sugar • Pregnancy test by Nischay kit to ensure early registration • RDK for control of malaria in Pregnancy • Ensuring institutional delivery
Lactating mothers	<ul style="list-style-type: none"> • At least 1 visit to UHND by all lactating women on 4th and/or 6th week post-partum period • Counseling on <ul style="list-style-type: none"> ✓ Initiation of breast feeding especially colostrums feeding within an hour of birth ✓ No pre- lacteal feeds ✓ Exclusive breast feeding for six months ✓ Breastfeeding the baby whenever he/she demands ✓ Follow the practice of rooming in KMC/IYCF/FW acceptance.

<p>Children –up to 3 years of age</p>	<ul style="list-style-type: none"> • Identification of SAM children • Referral to NRC if there is presence of any one/more of the following a) Bipedal edema b) Severe wasting c) MUAC <11.5cm • Assessment and Classification of Children as per IMNCI protocol by AWW and ANM and ensure necessary and treatment as per the case & referral if needed. • Blood test for Hb. estimation • RDK test for fever cases and treatment in case found positive • Bi annual supplementation of Albendazole /Vitamin A Solution /Immunization - For children above one year onwards & Vitamin A solution & Iron folic acid supplementation above 6 months.
<p>3-5 years children</p>	<ul style="list-style-type: none"> • IFA (Small Supplementation) • Referral of complicated cases of Diarrhea and ARIs • Management of worm infestations • Referral for cases of severe malnutrition • Nutrition supplementation with iron, vitamins and micronutrients • Identification of physically and mentally retarded children & referral /RBSK
<p>Adolescents</p>	<ul style="list-style-type: none"> • Preventive health check-ups • Iron and folic acid supplementation • Counseling on promotion of menstrual hygiene • Information on key adolescent health issues

B. Counseling on WASH

<p>Water</p>	<ul style="list-style-type: none"> • Importance of safe drinking water • Treatment of drinking water at the point of use • Safe handling of drinking water –Water Storage in clean container, Store container to be kept at height, drinking water in covered container, and tap usage or ladle for taking water out from containers to avoid direct contact with water
<p>Sanitation</p>	<ul style="list-style-type: none"> • Construction of individual sanitary latrine • Usage of toilet facilities – Individual toilets, community toilets or shared latrines. • Safe disposal of child faeces
<p>Hygiene</p>	<ul style="list-style-type: none"> • Hand washing at critical times – before cooking, before eating, before feeding the child, after defecation and after handling child faeces • Personal hygiene and household cleanliness • Proper menstrual hygiene • Avoidance of breeding sites for mosquitoes

5. Calendar of Health Topics to be discussed

Every month, all general topics related to health and hygiene will be discussed in addition to the focused topic for that particular month.

Calendar of Health Topics	
January	Maternal Health, Three ANC, Tetanus Immunization, IFA supplementation, Danger signs of pregnancy, Birth preparedness, Institutional Delivery & JSY
February	PNC: Breastfeeding, bleeding, P.V, Anemia, etc
March	Care of New born, Immunization, Importance of Post natal visit
April	Heat wave preparedness and prevention of communicable diseases like TB, Leprosy
May	Care of Adolescent girls, Age at marriage, Prevention of STI & RTI, HIV & AIDs, Prenatal Sex selection
June	Prevention and home management of Diarrhoea, Safe water, sanitation and personal Hygiene/waterborne disease
July	Prevention and treatment of malaria, IRS, ITBN
August	Exclusive Breast Feeding, weaning and complementary feeding and young child feeding
September	Growth monitoring, Growth faltering, referral & treatment
October	Importance of Vitamin A, ID Disorders and Anaemia control
November	ARI, Danger signs and early referral
December	Family Planning and Birth Spacing

6 Roles and responsibilities of Service Providers

6.1 ADMO (PH) is the Nodal Officer to ensure implementation of “Urban Health and Nutrition Day” in the respective city in coordination with ICDS and ULBs. The activities details are as follows. ADMO, PH will be responsible to orient UPHC - MOs, CDPOs, Supervisors on the guidelines of UHND and on the theme of the month and micro plan development.

6.2 Medical Officer UPHC & CDPO

- Orientation to ANMs, AWWs, ICDS Supervisors, MAS members and urban ASHAs on UHND guidelines and theme of the month.
- Facilitate micro-planning exercises with the ICDS Supervisors and ANMs.
- Finalization of Venue, date & time and the list is available at the MO/ CDPO office.

6.3 ICDS Supervisor

- Sample checking of the weight of the children (malnourished, underweight and severely underweight)
- Conducting training sessions for ANMs and AWWs as Resource Person
- Joint home visit with the ANM to the houses identified by the AWW / Urban ASHA

6.4 ANM

- ANC registration of pregnant women
- Abdominal examination; BP and urine examination; weighing; examination for anemia and danger signs
- Referral of eligible couples for other methods of contraception of their choice.
- Counseling for Institutional delivery & sharing of information on JSY
- Counseling of adolescent girls on anemia, menstrual hygiene.
- Counseling for JSSK entitlement.
- Treatment of minor ailments; slide collection and RDK test for Malaria
- Joint home visit with the Supervisor/AWW to the houses identified by the AWW (house with resistant family members)

6.5 AWW

- Identification of venue for UHND session
- Organizing and mobilizing community for UHND sessions
- Demonstration of weighing and feeding methods
- Listing of women and children and informing families in advance for participation in UHND
- Preparation of information sheet in proper coordination with ANM
- Accompanying severely under-nourished children to appropriate institutions and follow up of referred malnourished cases.

6.6 Urban ASHA

Prepare the venue for UHND in coordination with AWW

- Ensures that all supplies are in place

- IEC materials are well displayed in the site
- Community growth chart is prominently displayed at the site
- Visits all beneficiaries in advance and inform families to avail the UHND services
- Coordinates with the AWW & ANM for effective organization of UHND

6.7 MAS Members

- Mobilize community for attending outreach camps, UHND sessions, routine immunization sessions, etc.
- Help in identifying left out cases for immunization/UHND and in preparation of the due list for immunization.
- Track pregnant and infants for timely immunization and other health related issues using health resource map
- Cleanliness of environment & motivation for avoiding open defecation.
- Importance of Family Planning & use of family planning measures.

7 Training

- 7.1 City level ToT: Training will be organized to create master trainers who through cascading method will impart training to middle level officials for effective organization of UHND sessions. The middle level officials will be MO-UPHC, CDPOs, ICDS Supervisors.
- 7.2 The middle level Master Trainers will impart training at sector level to ANMs, Urban ASHAs and AWWs.

8 Monitoring and Supervision

The quality of services offered & available during UHND will depend on the quality of the supervision and leadership. The ICDS Supervisors and the ANMs using standard monitoring formats (Annexure-2) will jointly visit the pre-identified sites as per roaster and submit their joint report, which will be discussed at the monthly meeting convened by the CDPO in charge of the operational areas of the event. The MO of UPHC may be invited to these monthly meeting. During the supervisory visits, special attention should be given to the following elements:

- Whether the session held as per the micro plan?
- How many women & children from vulnerable communities come forward to seek services?
- Whether Urban ASHAs were present at the session site?
- Whether all resources and materials are in place?
- Whether the beneficiaries are mobilized by the MAS members?
- Whether there is any compromise on the quality of the services?

- Whether issues related to the client satisfaction are addressed?
- Whether the IEC materials displayed and the beneficiaries are sensitized?

9. Reporting

The reporting of UHND sessions will primarily be on the basis of standard reporting formats (Annexure -3). However, some of the key activities under reporting are as follows.

- The ADMO, PH will coordinate the activities at the city level and ensure reporting on 10th of each ensuing month.
- The MO-UPHC and CDPO by joint signature will submit the report to ADMO PH by 7th day of each month.
- The ANMs and ICDS Supervisors will prepare the joint report every month and submit it to MO, UPHC/CDPOs on 5th day of each month as per the standard reporting format.
- In case of non-existence of UPHC in the city, the ANMs and ICDS Supervisors will prepare the joint report and submit the same to ADMO, PH and CPMU/ DPMU, NHM
- The ADMO, PH after consolidating the reports of all sectors/ UPHCs will submit the same to the CDMO with a copy to the ULB. The CPMU/DPMU, NHM will consolidate the same and submit the same to Director, Family Welfare, Odisha with a copy to Mission Director, NRHM, Odisha by 12th day of the Month.

10 List of equipment's, instruments and reagents available in the UHND session

- BP Instrument -1 set
 - Stethoscope – 1set
 - Examination Table / Cot with foot step
 - Thermometer – 1set
 - Digital watch/Timer device- 1set
 - Inch tape- 1 set
 - Measurement Tape; MUAC tape- 1 set
 - Weighting scale (Adult)- 1 set
 - Weighting scale (Baby)- 1 set
 - Feotoscope – 1 set
 - Hemoglobin meter- 1 set including essential reagents
 - Glucometer, Glucostrips
 - Torch -1 no
 - Uristix for urine examination and sugar test (Annual Requirement*)
 - N/10 HCL for the test (**Annual Requirement)
- *formula for calculation of Annual Requirement of Uristix. One stick per pregnant women per test (No. of pregnant women x no. of test during pregnancy)
- ** Formula for calculation of Annual Requirement of N/10 HCL-2 ml per pregnant women

Other logistics

- Hand Gloves
- ORS sachets
- Zinc tablets
- IFA tablets/syrup
- Pediatric paracetamol tablets
- Anti malarial tablets/syrup
- Oral Contraceptive, Condoms, emergency contraceptive pills
- Test tubes
- Urine collection container
- IEC materials
- Referral cards-ANC/PNC/PD/IMNCI
- Due list of beneficiaries
- Monthly topics calendar
- Reporting format
- VHND proceeding register
- Minor treatment medicine & logistic

11. Financial Guidelines and logistic arrangement

- To ensure smooth implementation of the Program, provision will be made of Rs. 100/- as incentive to Urban ASHAs per session.
- Provision has been made @ 10000/- per ANM for purchasing of equipment and instruments for UHND services
- Cost of repair of equipment/instruments will be borne from UPHC RKS funds/Contingency.
- District/city will purchase the equipment/instruments as per the financial and procurement guidelines
- Organizing cost of Rs 250/- for each UHND session like refreshment, contingency and event management cost like organizing event like quiz, story writing, drawing, mass meeting, day celebration on maternal health, child health, Adolescent health, safe water treatment of diarrhea ,sanitation etc.
- The city/district may take support of NGOs for organize of the UHND.
- At the city level, the Logistic Manager will be responsible for maintaining a database of equipment and instruments of virtual sub-centers. S/he will be responsible for updating it on a quarterly basis and sharing it with state level to DFW, Odisha/MD, NHM in a predesigned excel format. S/he will also be responsible for supply chain and logistics management for UHND and FID. Logistics registers would be developed and distributed

and recording and reporting mechanisms developed for efficient supply chain management.

- Pregnancy test kit, Uristix (both sugar and albumin), N/10 HCl will be procured by the city and supplied to the virtual sub-centres based on quarterly indents collected / compiled by City. This will be done at city level using JSSK funds. Malaria RDTs and RPR test kits procurement will be through state-led supply mechanisms. 10% buffer would be maintained at city and district levels for the kits, consumables and drugs to ensure that there are no stock outs.

Annexure 1: UHND Micro plan template

Annexure 2: UHND monitoring format

Annexure 3: UHND reporting format

Annexure 4: Instruction for UHND reporting format

Annexure 5: Referral Slip

UHND Session Monitoring Format

Monitor's Name:	Dept. / Organization: <input type="checkbox"/> Govt. <input type="checkbox"/> Others	Designation:
Date of visit: / /	Time of visit:	Day: <input type="checkbox"/> Tue <input type="checkbox"/> Fri <input type="checkbox"/> Other
State		
District		
City /Planning Unit		
Virtual Sub Center		
Ward/Slum		
Settings: Urban <input type="checkbox"/> Urban Slum	Session Site: <input type="checkbox"/> AWC <input type="checkbox"/> Others	
Numbers by category of target group		
Plan: Pregnant women _____ Lactating women _____ Children 0-6mon. _____ Children 6mon-3 yrs. _____ Children 3-6yrs _____		
Actual: Pregnant women _____ Lactating women _____ Children 0-6mon. _____ Children 6mon-3 yrs. _____ Children 3-6yrs _____		
<input checked="" type="checkbox"/> Tick whichever is applicable		
1.	Whether Session is held If 'No', Reason for not holding the session (See bottom of the page) [∇] If 'Yes', whether the session being held as per Micro plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Who all are present at the UHND site?	MPHWF <input type="checkbox"/> MPHWM <input type="checkbox"/> AWW <input type="checkbox"/> ASHA <input type="checkbox"/> AWH <input type="checkbox"/> Member of MAS <input type="checkbox"/>
3.	Are beneficiaries being mobilized to session site by (See bottom of the page) [‡]	<input type="checkbox"/> ICDS worker <input type="checkbox"/> ASHA <input type="checkbox"/> Others <input type="checkbox"/> None

[∇] A=Both ANM as well as logistics are not available B= ANM present but logistics not available C= Logistics available but ANM absent, D= others (specify)

[‡] Multiple responses may be applicable AVD= Alternate vaccine delivery

UHND Guidelines

4.	Which of the mentioned logistics are available at session site*	<input type="checkbox"/> Examination table <input type="checkbox"/> Screen for Privacy <input type="checkbox"/> BP Instrument <input type="checkbox"/> Stethoscope <input type="checkbox"/> Foetoscope <input type="checkbox"/> Thermometer <input type="checkbox"/> Inch tape <input type="checkbox"/> MUAC tape <input type="checkbox"/> Weighing scale (adult) <input type="checkbox"/> Weighing scale (baby) <input type="checkbox"/> Haemoglobin testing Kit / Talquist paper <input type="checkbox"/> Needle/Lancet <input type="checkbox"/> Nischay kit <input type="checkbox"/> ORS Sachets <input type="checkbox"/> Zinc tablets	<input type="checkbox"/> Zinc tablets <input type="checkbox"/> Albendazoletablets / Syrup <input type="checkbox"/> Anti-malarial tablets/ Syrup <input type="checkbox"/> Cotrimoxazoletablets <input type="checkbox"/> PaediatricParacetamol <input type="checkbox"/> IFA Tablets (large) <input type="checkbox"/> IFA Tablets (small) <input type="checkbox"/> IFA syrup <input type="checkbox"/> Urine testing kit / Uristix <input type="checkbox"/> RDK kit <input type="checkbox"/> Condoms <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Emergency contraceptive Pills <input type="checkbox"/> Gentian violet lotion <input type="checkbox"/> Urine Collection Container	<input type="checkbox"/> Test tubes <input type="checkbox"/> Hand gloves <input type="checkbox"/> Toilet <input type="checkbox"/> Water Supply <input type="checkbox"/> Soap <input type="checkbox"/> Red bag for disposal <input type="checkbox"/> Cotton bandage <input type="checkbox"/> Absorbent cotton <input type="checkbox"/> IMNCI chart booklet <input type="checkbox"/> Blank MCP Cards <input type="checkbox"/> Referral cards <input type="checkbox"/> Monthly topic calendar <input type="checkbox"/> Due list of beneficiaries <input type="checkbox"/> Reporting format
5.	Are Reproductive & Child Health related IEC Materials displayed at site?	<input type="checkbox"/> Banner <input type="checkbox"/> Wall writing <input type="checkbox"/> Tinplate <input type="checkbox"/> Poster <input type="checkbox"/> Flip chart <input type="checkbox"/> Pamphlets <input type="checkbox"/> Other <input type="checkbox"/> None		

Maternal Health Service Delivery

6.	Is relevant history (obstetric/past/family/menstrual) elicited especially for women coming for the first antenatal check- up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Is privacy during examination ensured (by way of separate cabin/curtains/ sheet)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Is the Blood pressure of pregnant woman measured properly and recorded in MCP card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	Is Haemoglobin examination done and recorded in MCP card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	Is Urine examination done for estimating Albumin/Protein and recorded in MCP card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11.	Is the pregnant woman weighed and the weight recorded in MCP card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12.	Is abdominal palpation for determining fundal height, foetal lie etc.,done and recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13.	Is the foetal heart sound examined / auscultated and recorded in MCP card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14.	Are Antenatal women provided IFA tablets and counseled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15.	Is advice for next antenatal check-up provided along with dietary and relevant counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16.	Are women communicated on danger signs and action to be taken suggested (Refer MCP card)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17.	Are women referred to F-ICTC after counseling on PPTCT for blood test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Child Health Service Delivery

UHND Guidelines

18.	Is appropriate advice / counselling related to the following aspects done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	• Breast feeding and complementary feeding (Refer MCP Card Page No.4 & 8) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	• Dietary counselling for children (Refer MCP Card Page No.4,8 &10) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	• Need for supplementation with IFA and Vitamin A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19.	• Danger signs in newborns and older children for which care is to be sought immediately and place of referral (Refer MCP Card Page No.7) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Are infants / children upto three years age weighed and weight recorded in MCPC card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Was demonstration on preparation of ORS done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Was demonstration of hand washing and hygiene practiced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Family Planning Service Delivery		
22.	Is family planning counseling provided to eligible women/couples on various spacing and permanent methods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23.	Are contraceptives provided to the beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Counselling		
24.	Did ANM/AWW/ASHA conduct group meeting with any of the target group? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Women <input type="checkbox"/> Men	
25.	<p>What was the monthly topic for group counselling / discussion?</p> <p><input type="checkbox"/> Maternal Health, Four ANC, Tetanus Immunization, IFA supplementation, Danger signs of pregnancy, Birth preparedness, Institutional Delivery & JSY Antenatal Care (Refer MCP Card Page No.2 & 3)</p> <p><input type="checkbox"/> PNC: Danger signs, bleeding, P.V, Anemia, Breast feeding etc (Refer MCP Card Page No.5)</p> <p><input type="checkbox"/> Care of New born, Immunization, Importance of Post natal visit (Refer MCP Card Page No.4 & 7)</p> <p><input type="checkbox"/> Heat wave preparedness and prevention of communicable diseases like TB, Leprosy</p> <p><input type="checkbox"/> Age at marriage, Prevention of STI & RTI, HIV & AIDs, Prenatal Sex selection</p> <p><input type="checkbox"/> Prevention and home management of Diarrhea, Hand washing, Safe drinking water, sanitation and personal hygiene (Refer MCP Card Page No.12)</p> <p><input type="checkbox"/> Prevention and treatment of malaria, IRS, ITBN</p>	<p><input type="checkbox"/> Exclusive Breast Feeding, weaning and complementary feeding and young child feeding (Refer MCP Card Page No.4 & 8)</p> <p><input type="checkbox"/> Growth monitoring, Growth faltering, referral & treatment(Refer MCP Card Page No.4,8,9,10 & 11)</p> <p><input type="checkbox"/> Importance of Vitamin A, ID Disorders and Anemia control</p> <p><input type="checkbox"/> ARI, Danger signs and early referral</p> <p><input type="checkbox"/> Birth Spacing & contraceptive devices</p> <p><input type="checkbox"/> Others(Specify)_____</p>
26.	Any Specific Observations/facts/findings :	

Interaction with ANC Mothers				
Components to be Interacted in details		ANC Mother 1	ANC Mother 2	ANC Mother 3
27	When did you register yourself for ANC	<input type="checkbox"/> Within 12weeks <input type="checkbox"/> After 12 weeks	<input type="checkbox"/> Within 12weeks <input type="checkbox"/> After 12 weeks	<input type="checkbox"/> Within 12weeks <input type="checkbox"/> After 12 weeks
28	Have you received MCP Card on your registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Have you received any kind of counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	If yes, What is the importance of IFA for health	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware
31	What is the diet you should be taking	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware
32	What are the danger signs you should be aware about	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware
33	Are you aware about Exclusive breast feeding and its importance	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware
Interaction with Lactating Mothers (0-6 months)				
Components to be Interacted in details		Lactating Mother 1	Lactating Mother 2	Lactating Mother 3
34	Where did you deliver your child	<input type="checkbox"/> Institution <input type="checkbox"/> Home by SBA <input type="checkbox"/> Non SBA	<input type="checkbox"/> Institution <input type="checkbox"/> Home by SBA <input type="checkbox"/> Non SBA	<input type="checkbox"/> Institution <input type="checkbox"/> Home by SBA <input type="checkbox"/> Non SBA
35	Are you aware about complementary feeding	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware
36	Are you aware about Birth spacing and family planning	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware	<input type="checkbox"/> Aware <input type="checkbox"/> Not aware
Verification of MCP Card Record keeping for Lactating Mothers (0-6 months)				
Component to be correctly maintained (Page Nos. of MCP Card)		Mother 1 (MCP Card)	Mother 2 (MCP Card)	Mother 3 (MCP Card)
37	Important phone numbers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	ANC and Counselling(Page-1,3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	PNC of Mothers(Page-5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	PNC of New born 0-2 months(Page-6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Illness history of children 2mon-5yrs(Page-6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
42	Up to date growth monitoring of child (Page-9 or 11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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43	Is the MCTS code recorded in MCP card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of the Monitor with date:

Signature of the ANM with date:

Signature of the AWWs / Urban ASHAs with date:

Virtual Sub-Centre Report - Urban Health & Nutrition Day (UHND)																					
This Format is to be filled up every month by the Virtual Sub-Centre (SC) ANM																					
Abbreviations' [MC - Mothers Committee; JC - Janch Committee; PW - Pregnant Women; LM - Lactating Mothers]																					
Name of the Disrict:				Name of the City:					Name of the Sub Centre with code #:							Reporting Month:					
Sl. No.	Name of the AWCs/ Site where UHND session conducted	Date of UHND															Personnel Organised & Conducted UHND Session				Sign of the AWW(s) (Maine/Mini) Present during UHND
			CDMO/ADMO (PH)/CHO /Asst. Manager, UH	DSWO/CDPO	DPM/DM/DM.RC H/	DPH N/MEI O	MOI/c	AYUSH MO	PHE O	CPM/CAM	MP HS (F)	MP HS (M)	IC DS LS	UL B Rep.	JC Rep.	others Specify	MPHW(F) / Addl.M PHW (F)	Urban ASH A	AWW	MPHW(M)/ others, Specify	
1																					
2																					
Service provided to the Pregnant Women and Lactating Mothers on the UHND (Mention all information in Numbers)																					
Sl. No.	Total No of PW due for	No. of PW Received ANC (2)	No. of Cases due for PNC (upto	No. Cases Received PNC (4)	No of PW/ Post Natal Mothers	No of PW/Post Natal Mothers referred this month	No of PW/Post Natal Mothers attended referral	No of PW/LM provided counselling (8)	No of PW/LM received IFA Tablets (9)	No of PW/LM received treatment for Minor Ailments (10)	No of PW having fever	No of PW tested for Anaemia & found severe anaemic (<	No of PW Counse lled (13)	No of LM Counse lled for Family Planning (14)							

	ANC (as per MCTS record) (1)	6 months (3)			Mothers upto 6 weeks	Lactating Mothers (6 wks - 6 mths)	Total	PW	Mothers upto 6wks	PW	Mothers upto 6wks	PW	Mothers upto 6wks	PW	LM (upto 6 months)	PW	LM (upto 6 months)	PW	LM (upto 6 months)	PW	& tested for Malaria (11)	7 gms) (12)	ICTC/ PPTCT	Received OC/CC/ECP	For IUCD	For Sterilization
		New Cases	Old cases	Total																						
1																										
2																										
Counselling session topic(s)																										
Service provided to the 0-5 Years Children on the UHND (Mention all information in Numbers)																										
Sl. No.	No of 0-3 Years children weighed (1)		Nutritional Status Of 0-3 Years Children (2)				No of 3-5 Years children weighed (3)			No of Parents OR Guardians counseled on Growth Promotion (4)	No of children(0-5yrs) Referred to PD during this Month (5)	No of children(0-5yrs) attended PD (Referred last Month) (6)	No of children having fever & tested for Malaria (7)	No of Children (0-5yrs) tested for Anaemia & found severe anaemic (< 7gms) (8)	Treatment Received for Minor Ailments (IMNCI protocol)* (9)		Distribution status of Medicines (In Number/Bottles/Packets as applicable) (10)									
	Due (All in AWC)	Weighed on	Normal (Green)	Underweight (Yellow)	Severely underweight	MUAC <11.5 CM (Red/Yellow)	Total No. in AWC	Due Cases	Weighed on						No of 0-3 Years	No of 3-6 Years	Deworming Syrup/Tabs	IMNCI Drugs / Other Medicines	Small IFA	ORS (Packets)	Zinc tablets					
1																										
2																										

Name of the Virtual Sub-Centre

ANM:

Signature of the Virtual Sub-Centre

ANM:

		PW due for ANC (as per MCTS record) (1)				due for PNC (upto 6 months) (3)				Mothers identified having danger sign (5)														
			New Cases	Old cases	Total		Mothers upto 6 weeks	Lactating Mothers (6 weeks)	Total	PW	Mothers upto 6wks	PW	Mothers upto 6wks	PW	Mothers upto 6wks	LM (upto 6 months)	PW	LM (upto 6 months)	PW	LM (upto 6 months)	ICTC/ PPTCT	Received OC/CC/ECP	For IUCD	For Sterilization
1																								
2																								
Counselling session topic(s)																								
Service provided to the 0-5 Years Children on the UHND (Mention all information in Numbers)																								
Sub Centre	Name of the Sub Centre	No of 0-3 Years children weighed (1)		Nutritional Status Of 0-3 Years Children (2)				No of 3-5 Years children weighed (3)			No of Parents OR Guardians counselled on Growth Promotion (4)	No of children(0-5yrs)Referred to PD during this Month (5)	No of children(0-5yrs) attended PD (Referred last Month) (6)	No of children having fever & tested for Malaria (7)	No of Children (0-5yrs) tested for Anaemia & found severe anaemic (< 7gms) (8)	Treatment Received for Minor Ailments (IMNCI protocol)* (9)		Distribution status of Medicines (In Number/Bottles/Packets as applicable) (10)						
		Due (All in AWC)	Weighed on UHND	Normal (Green)	Underweight (Yellow)	Severely underweight (Red)	MUAC <11.5 CM (Red/Yellow)	Total No. in AWC	Due Cases MUAC	Weighed on UHND						No of 0-3 Years	No of 3-6 Years	Deworming Syrup/Tabs	IMNCI Drugs / Other Medicines	Small IFA Tablets/Syrup	ORS (Packets)	Zinc tablets		
1																								

Note: Blocks having more than 20 Sub-Centres are requested to attach Xerox sheets of this format for Sub-Centre wise reporting

Name of the Medical Officer(I/C):

UHND Guidelines

**Signature of the Medical
Officer(I/C) with Seal:**

District Report - Urban Health & Nutrition Day (UHND)

This Format is to be filled up every month by the Maternal & Child Health Coordinator/DHIO referring Block Report

Abbreviations' [MC - Mothers Committee; JC - Janch Committee; PW - Pregnant Women; LM - Lactating Mothers]

Name of the District:										Reporting Month:					Total No of AWCs (Main) in the District:			
Total No of Cities in the District:										Total No of City submitted Report:					Total No of AWCs (Mini) in the District:			
Total No of UHND Planned during the Month:										Total No of UHND conducted during the Month:					Total No of UHND monitored/Supervised during the Month:			
Personnel present for Supportive supervision/ Monitoring during UHND (Mention YES=1 & NO=0)														Personnel Organised & Conducted UHND Session				
CDMO/AD MO (FW)	DSWO/ CDPO	DPM/DDM/ DM.RCH	DPHN/ MEIO	BMO	AYUSH MO	PHC MO	BPM/BDM	PHEO	MPHS (F)	MPHS (M)	ICDS LS	PRI Rep.	JC Rep.	others Specify	MPHW(F) / Adl.MPH W (F)	ASHA(s)	AWW(s)	MPHW(M)/ others, Specify
1) Observation on Knowledge and Skill of Service Providers, Coverage of beneficiaries, Availability of Medicines and other related materials etc.:																		
2) Topics discussed in the Counselling Sessions																		
Service provided to the Pregnant Women and Lactating Mothers on the UHND (Mention all information in Numbers)																		
Block	Name of the Block	Total No of PW due	No. of PW Received ANC (2)	No.of Cases due for PNC (upto 6 mont	No.Cases Received PNC (4)	No of PW/ Post Natal Mothers identified having danger sign (5)	No of PW/Post Natal Mothers referred this month (6)	No of PW/Post Natal Mothers attended referral last month (7)	No of PW/LM provided counselling (8)	No of PW/LM received IFA Tablets (9)	No of PW/LM received treatment for Minor Ailmen	No of PW having	No of PW tested for	No of PW	No of LM Counsellor for Family Planning (14)			

Block	Name of the Block		Nutritional Status of 0-3 Years Children (2)			No of 3-5 Years children weighed (3)			No of Parents OR Guardians counselled on Growth Promotion (4)	No of children(0-5yrs) Referred to PD during this Month (5)	No of children(0-5yrs) attended PD (Referred last Month) (6)	No of children having fever & tested for Malaria (7)	No of Children (0-5yrs) tested for Anaemia & found severe anaemic (< 7g/dl) (8)		Treatment Received for Minor	Distribution status of Medicines (in Number/Bottles/Packets as applicable)					
	Due (All in UHND)	Weighed on UHND	Normal (Green)	Underweight (Yellow)	Severely underweight (Red)	MUAC <11.5 CM (Red/Yellow)	Total No. in AWC	Due Cases MUAC <11.5CM (Red/Yellow)					Weighed on UHND	No of 0-3		No of 3-6	Deworming	IMNCI	Small IFA	ORS (Packets)	Zinc tablets
1																					
2																					
Counselling session topic(s)																					
Service provided to the 0-5 Years Children on the UHND (Mention all information in Numbers)																					

Note: Districts having more than 20 Blocks are requested to attach Xerox sheets of this format for Block wise reporting

Name of the CDMO/ADMO (PH):

Signature of the CDMO/ADMO (PH) with Seal:

**Virtual Sub-Centre Report-Urban Health & Nutrition Day (UHND)
INSTRUCTION SHEET**

Annexure -4

This Format is to be filled up every month by the Virtual Sub-Centre (SC) ANM

Abbreviations' [MC - Mothers Committee; JC - Janch Committee; PW - Pregnant Women; LM - Lactating Mothers]

Personnel present for Supportive supervision/ Monitoring during VHND (Mention YES=1 & NO=0)

Personnel Organised & Conducted VHND Session

CDMO/ ADMO (PH)/CH O	DSWO / CDPO	DPM/DDM/D M.RCH.	DPHN/ MEIO	MO l/c	AYUSH MO	PH EO	Asst Manage r UH/CPM /CAM	MP HS (F)	MPH S (M)	ICD S LS	UL B Re p.	JC Rep .	oth ers Spe cify	MPHW(F) / Addl.MPHW (F)	Urban ASHA	AWW	MPHW(M)/Oth ers, Specify
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Exact number of UHND session(s) Monitored/Supervised by each of the personnel to be mentioned (ULB & JC Rep. even if they are more than ONE, Please mention-1)

Exact number of Personnel Present during the UHND session(s) to be mentioned

Service Provided to the Pregnant Women and Lactating Mothers on the UHND (Mention all information in Numbers)

INDICATORS	Total No of PW due for ANC (as per due list) (1)			Total No of LM due for PNC (upto 6 mths) (3)	No.Cases Received PNC (4)			No of PW/ Post Natal Mothers identified having danger sign (5)		No of PW/Post Natal Mothers referred this month (6)		No of PW/Post Natal Mothers attended referral last month (7)		No of PW/LM provided counselling (8)		No of PW/LM received IFA Tablets (9)		No of PW/LM received treatment for Minor Ailments (10)		No of PW having fever & tested for Malaria (11)	No of PW tested for Anaemia & found severe anaemic (< 7 gms) (12)	No of PW Counsellled (13)	No of LM Counsellled for Family Planning (14)	
	N e w C a s e s	O l d c a s e s	Tot al		Mot hers upto 6 wee ks	Lactating Mothers	Tot al	PW	Mothers upto 6wks	PW	Mothers upto 6wks	PW	LM (upto 6 months)	PW	LM (upto 6 months)	PW	LM (upto 6 months)	ICTC/ PPTCT	Received OC/CC/ECP				For IUCD	For Sterilization

INSTRUCTIONS
Due list to be prepared based on expected PW those who need to be received Services (ANC) on that particular UHND (Number to be mentioned)
Number of New Cases registered and received Services (ANC) on that Particular
Number of Old Cases received Services (ANC) on that Particular UHND
Total number of New+Old Cases
Due list to be prepared based on expected LM (upto 6 months only) those who need to be received Services (PNC) on that particular UHND (Number to be
Number of mothers upto 6 weeks received services on that particular UHND
Number of mothers from 6 wks-6 months received services on that particular
Number of LM upto 6 wks+6 months received Services on that Particular UHND
Refer SBA training module for danger signs (Number of PW identified with danger signs on this UHND as per the indicators to be mentioned)
Refer SBA training module for danger signs (Number of Mothers upto 6 wks identified with danger signs on this UHND as per the indicators to be mentioned)
Number of PW identified having danger signs and referred to FRU/PHC on this UHND
Number of Mothers upto 6 wks identified having danger signs and referred to FRU/PHC on this UHND
Number of PW attended FRU/PHC last month, those identified having danger signs and referred last month's UHND (Information to be gathered either inquiring
Number of Mothers upto 6 wks attended FRU/PHC last month, those identified having danger signs and referred last month's UHND (Information to be gathered either inquiring directly LM if she is available on this day, or to be inquired with
Refer SBA training module for Individual Counselling (Number of PW Counselling
Refer SBA training module for Individual Counselling (Number of LM upto 6 months Counselling Individually on this UHND to be mentioned)
Only Number of PW those received IFA tablets to be mentioned (e.g.3 women or so)
Only Number of LM upto 6 months those received IFA tablets to be mentioned
If PW has received any medicines by ANM on this UHND, number of those PWs to be mentioned
If LM has received any medicines by ANM on this UHND, number of those LMs to be mentioned
Number of PW complaining of fever visited UHND and undergone Malaria test on this day to be mentioned
PW tested for Anaemia on this UHND and number of those PW whose Hb% is below 7 gms to be mentioned
PW Counselling for HIV test for PPTCT on this UHND to be mentioned
Number of LM who has received OCs/CCs/ECPs on this day of UHND either by ASHA or by ANM
Number of LM referred to FRU/PHC for IUCD insertion to be mentioned
Number of LM counselled for Sterilisation/Tubectomy to be mentioned

Counselling session topic(s) Exact name of the topics discussed to be mentioned

Service Provided to the 0-3 Years and 3-5 yrs Children on the UHND (Mention all information in Numbers)

INDICATORS	No of 0-3 Years children weighed (1)	Nutritional Status Of 0-3 Years Children (2)	No of 3-5 Years children weighed (3)	No of Parents OR Guardians counselled on Growth	No of children(0-5yrs) Referred to PD during this Month (5)	No of children(0-5yrs) attended PD (Referred last Month) (6)	No of children having fever and tested for Malaria (7)	No of Children (0-5yrs) tested for Anaemia & found severe anaemic (< 7gms) (8)	Treatment Received for Minor Ailments (IMNCI protocol)* (9)	Distribution status of Medicines (In Number/Bottles/Packets as applicable) (10)
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INSTRUCTIONS		Due (All in Weighed on Normal (Green) Underweight (Yellow) Severely underweight MUAC <11.5 CM (Red/Yellow) Total No. in AWC Due Cases MUAC Weighed on UHND)	Promotion (4)
Number of 0-3 yrs Children as per the AWW's register to be			
Number of 0-3 yrs children weighed on this UHND			
Number of 0-3 yrs Children who are in Green zone (Post Plotting on WHO growth chart)			
Number of 0-3 yrs Children who are in Yellow zone (Post Plotting on WHO growth chart)			
Number of 0-3 yrs Children who are in Red zone on (Post Plotting on WHO growth chart)			
Number of 0-3 yrs Children whose MUAC is measured less than 11.5 cms (either from Red OR Yellow zone from the growth chart) on this UHND			
Number of 3-5 yrs Children as per the AWW's register to be mentioned			
Number of 3-5 yrs Children whose MUAC is measured less than 11.5 cms (either from Red OR Yellow zone) as per AWW's weighing			
Number of 3-5 yrs Children whose MUAC is less than 11.5 cms (either from Red OR Yellow zone) weighed again on this UHND			
(Plotting on WHO growth chart should be done on the spot before the child and parent leaves the premises) Number of parents OR guardians counselled based on children's (0-5yrs) Nutritional Status on this UHND			
Children (0-5yrs) whose MUAC measured less than 11.5cms either from Red zone or from Yellow zone on this UHND to be referred and to be mentioned			
Number of Children (0-5yrs) who are referred on last UHND and have attended PD to be mentioned (Information to be gathered either inquiring directly Parents/Guardians if they are available on this day, or to be inquired with AWW/ASHA)			
Number of Children complaining of fever visited UHND and undergone Malaria test on this day to be mentioned			
Children (0-5yrs) tested for Anaemia on this UHND and number of those Children whose Hb% is below 7 gms to be mentioned			
If Children (0-3 yrs) has received any medicines by ANM on this UHND, number of those children to be mentioned	No of 0-3 Years Children		
If Children (3-6 yrs) has received any medicines by ANM on this UHND, number of those children to be mentioned	No of 3-6 Years Children		
Exact number of bottles distributed on this UHND to be mentioned	Deworming Syrup		
Exact Number of tablets or incase of syrup number of bottles distributed on this UHND	IMNCI Drugs / Other Medicines		
Exact Number of strips/bottles distributed on this UHND	Small IFA Tablets/Syrup		
Exact Number of sachet distributed on this UHND	ORS (Packets)		
Exact Number of tablets distributed on this UHND	Zinc tablets		

Referral Slip

Regn. No 1 st Referral Slip	Regn. No 1 st Referral Slip	Regn. No 1 st Referral Slip
Name of the AWC.....	Name of the AWC.....	Name of the AWC.....
VSC	VSC	VSC
Sl. No. Date	Sl. No. Date	Sl. No. Date
Name of the Child	Name of the Child	Name of the Child
Age	Age	Age
Sex: M/F	Sex: M/F	Sex: M/F
Birth Order	Birth Order	Birth Order
Grading II/III/IV	Grading II/III/IV	Grading II/III/IV
MUAC	MUAC	MUAC
Complaint	Complaint	Complaint
Referred to	Referred to	Referred to
Distance in Km from AWC to 1 st referral point	Distance in Km from AWC to 1 st referral point	Distance in Km from AWC to 1 st referral point
Is AWW/Urban ASHA accompanying the child? If yes, mention name of AWW/ASHA	Is AWW/Urban ASHA accompanying the child? If yes, mention name of AWW/ASHA	Is AWW/Urban ASHA accompanying the child? If yes, mention name of AWW/ASH
Signature of the referrer (ANM/AWW)	Signature of the referred person	Doctors Signature
	Signature of the I/c Desk (CDPO/MO)	Name.