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Government of India
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi

Dated: 20th October 2016

To

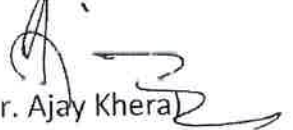
Mission Director
NHM
All States and UTs

**Subject: Revised Guidance Note for follow up of LBW and SNCU
discharged infants by ASHA**

Sir/Madam,

Please find enclosed Guidance Note for follow up of LBW and SNCU
discharged infants by ASHA

Yours faithfully,



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Enclosure: As above

Copy to:

1. Child Health Nodal officer - All States and UTs
2. Executive Director, NHSRC
3. DC(PKP) - For follow-up action
4. Office copy

***REVISED GUIDANCE
NOTE FOR FOLLOW-
UP OF LBW & SNCU
DISCHARGED
INFANTS BY ASHA***

(October 2016)

Abbreviations/ Acronyms-

1. ANM - Auxiliary Nurse Midwife
2. AWC - Anganwadi Centre
3. AWW – Anganwadi Worker
4. ASHA – Accredited Social Health Activist
5. Hb – Haemoglobin
6. IDA - Iron Deficiency Anaemia
7. IFA - Iron and Folic Acid
8. ORS – Oral Rehydration solution
9. IMNCI - Integrated Management of Neonatal and Childhood Illness
10. LBW - Low Birth Weight
11. MCP - Mother and Child Protection Card
12. MoHFW- Ministry of Health and Family Welfare
13. MWCD - Ministry of Women and Child Development
14. NFHS - National Family Health Survey
15. PHC - Primary Health Centre
16. MO – Medical Officer
17. VHND - Village Health and Nutrition Day
18. NHM – National Health Mission
19. HBNC – Home Based Newborn Care
20. SNCU – Special Newborn Care Unit
21. NCD – Non-Communicable Disease
22. MSG – Mission Steering Group
23. NBSU – Newborn Stabilization Unit
24. RBSK – Rashtriya Bal Swasthya Karyakram
25. SAM – Severe Acute Malnutrition
26. NRC- Nutritional Rehabilitation Center
27. JSSK – Janani Shishu Suraksha Karyakram
28. MCTS - Mother and Child Tracking System
29. ARI - Acute Respiratory Infections
30. CTM - Cotrimoxazole
31. ICDS - Integrated Child Development Services

Background

In India, more than 80% of the total burden of newborn mortality is primarily due to three preventable causes—prematurity, complications during childbirth, and neonatal infections. About three-fourths of the total neonatal deaths occur in the first week of life.

Under National Health Mission (NHM) the programme of facility based and home based care for the newborn was launched to complete the continuum of care from facility to community.

The Home Based Newborn Care (HBNC) programme was launched in 2011 for accelerated reduction of Neonatal mortality rates especially in rural, remote areas where access to care is either faraway or unavailable. ASHAs are expected to undertake HBNC visits to all newborns –six in case of institutional delivery, 7 in case of home delivery and extra visits for sick and small newborns (including day 1) for which they receive an incentive of Rs. 250 on the completion of visits and the newborn is alive.

Rationale

Newborn discharged after treatment of sickness from Special Newborn Care Units (SCNU) and those who are born as preterm or low birth weight babies form the two major risk groups for newborn/child mortality.

The cohort of Low Birth Weight (LBW) babies contributes significantly to the prevalence of underweight and stunted children and has higher mortality during infancy when compared to children born with normal weight. They are also likely to have compromised growth, delayed cognitive development and neurological deficits unless proactive monitoring is under taken throughout infancy to improve eventual outcomes.

The follow-up of SNCU discharged babies as per the SNCU Online reporting system indicates that almost 65% of the mortality following SNCU discharge is within one month of discharge, risk being highest during first week. SNCU discharged newborn are at additional risk of developmental delays and non-communicable diseases (NCDs) at later age. Therefore, it is imperative that these babies are followed up closely after being discharged from SNCU.

Regular home visits to these high risk children, beyond the period of first month, will ensure early identification of lag in growth and development milestones, identification of complications and prompt referral to health facilities for management of complications and thus reduction in child mortality. Counselling of parents and linking children and caregivers to trained health personnel and health institutions will result in better compliance to follow up and survival of the child. This will also be facilitated by the provisions of free treatment at public health facilities including referral transport under the Janani Shishu Suraksha Karyakaram (JSSK), for all children up to 1 year of age.

The purpose of the guidelines is to

- Enable the states to implement the strategy to ensure that the high risk newborns are provided with follow up till one year through a series of visits by the ASHAs.
- Provide guidance to the states on the key tasks to be undertaken, competencies required of ASHAs in undertaking such follow up and the role of ANM/ ASHA facilitator in supporting the ASHAs
- Help the managers and service providers in strengthening the referral linkages and integrate various existing initiatives under the NHM

Role of ASHAs -

One of the key tasks of the ASHA is to undertake home visits for providing newborn care. Since the launch of HBNC guidelines in 2011, ASHAs trained in Round 1 Module 6 &7 or equivalent modules, are expected to provide home based newborn care.

In the year 2013, the Mission Steering Group (MSG) approved an incentive for ASHAs to provide follow up newborn care for babies discharged from SNCU and for LBW newborns. The schedule of the visits has been structured to one visit per quarter linked with an incentive of Rs. 50 per visit per quarter, from the 3rd month until 1 year of age. *The incentive will be paid after completion of the age appropriate quarterly visits with completed forms and fulfilling the conditionalities irrespective of the number of visits*

Home visit Schedule

- In case of SNCU discharged newborns, the day of discharge is to be taken as **day one**. ASHAs would make the first home visit within 24 hours of discharge (**Day 1**) and complete the remaining home visits as per HBNC visit schedule i.e. 3, 7, 14, 21, 28 and 42nd day from the day of discharge.
- On completion of these visits ASHA will conduct follow up visit once every quarter starting from 3rd month onwards till one year of life i.e., **four visits** at the completion of 3rd, 6th, 9th and 12th month of life
- In case of LBW or preterm newborn **who did not require SNCU admission**, after completion of HBNC visits (till 42 days of birth), ASHA will visit once every quarter starting from 3rd month onwards till one year of life i.e., **four visits** at the completion of 3rd, 6th, 9th and 12th month of life.

Objectives of such follow up are:

1. Ensuring compliance with follow up visits and treatment as advised on the discharge- ticket by SNCU / NBSU (Newborn Stabilization Unit)

2. Timely identification of danger signs with prompt referral using JSSK referral mechanism
3. Enabling access to health care services for treatment as and when required
4. Integrating Anganwadi Center (AWC) services including growth monitoring and supplementary food

Tasks to be performed during Home Visits (as in HBNC period)

The follow up of SNCU Discharged babies will be continued after discharge and the activities performed will be same as that during HBNC

- ✓ Ensure compliance to medication and enable family to take the newborn for the follow up visits as prescribed in the SNCU discharge form
- ✓ Assess the following and refer in case of any complication-
 - i. Check whether weight is being recorded in MCP card and monitor progress in weight gain.
 - ii. Counsel the mother on danger signs and report if the baby has developed any danger signs
 - iii. Look for congenital anomaly/malformation if any and referral to the PHC/MO (as per the instructions in Rashtriya Bal Swasthya Karyakram (RBSK) Module for ASHA)
 - iv. Counsel the mother on early childhood development using the brochure and MCP card and report to ANM/MO-PHC if any abnormality/delay detected or reported by mother
- ✓ Provide information and counselling to families about –
 - i. Taking extra care of such infants at home by hand washing for prevention of infection, thermal care and appropriate feeding support
 - ii. Exclusive breast feeding till six month of age

- iii. Methods of breast feeding a LBW or preterm babies who are not able to suckle viz, expression of breast milk and use of palladi, katori spoon for feeding
- iv. Nutritional requirements of a lactating mother
- v. Suitable family planning methods for the couple
- vi. Importance of complete immunization
- vii. Timely initiation of complementary feeding and prevention of malnutrition.
- viii. Prevention of childhood illnesses like diarrhoea and pneumonia
- ix. Inform about the activities that parents can do to provide adequate stimulation for baby's growth.
- x. Micronutrient supplementation such as Syrup Iron and Folic Acid, Syrup Vitamin A as per GOI schedule

Activities to be performed by ASHA during first year follow up

	3 rd month	6 th month	9 th month	12 th month
Ensure that the weight is recorded and plotted on the appropriate Growth chart (MCP card)				
Identify if the baby is in red zone, due to either no weight gain or weight loss.				
Counsel the mother on danger signs and report if the baby has developed any danger signs				
Counsel importance of hygiene practices like hand washing				
Counsel the family on exclusive breastfeeding				
Counsel on timely initiation of complementary feeding and continued breastfeeding				
Counsel on importance of proper diet for the child				
Check and ensure age appropriate vaccination				
Counsel the family on the importance of stimulation to the children and age appropriate activities as per MCP Card				
Report if any defect /delay noticed				
IFA supplementation				
Vitamin A supplementation				
Provide prophylactic ORS to the mother				
Provide Zinc tablets to children with diarrhoea				
Extra visits to be made based on the discretion of ASHAs				

Growth Monitoring -

- The weighing scale provided in the HBNC kit can weigh a baby of 5 kg therefore ASHA should weigh the baby using the weighing machine in the HBNC kit only till the baby weighs less than 5 kg.
- ASHA should coordinate with AWW for weighing the child (over 42 days old or weighing 5 kgs or more) and recording the information in the MCP card as well as AWC register as a routine activity. This can be done by taking the baby to AWC or at the VHND session.

Follow-up Activities

- Record names of these infants and share the list with ANM, who would maintain detailed information at sub centre and monitor the health and development of these infants for follow up activities on a regular basis and link with facilities as per the need. Like for delays contact RBSK team, for SAM (Severe Acute Malnutrition) refer to NRC (Nutritional Rehabilitation Center).
- Mobilize mothers of such infants for every VHND session to ensure complete immunization/ Vitamin A and IFA supplementation as well as for screening of selected 30 health conditions by RBSK team / ANM
- Ensure registration of such infants and their mothers with the nearest AWC for regular growth monitoring of the child and supplementary food provision for lactating mother and child (6 months to 3 years of age).

II. Capacity Building

Capacity building of ASHAs in relevant knowledge and skills is essential to enable to undertake these tasks effectively.

Training of Module 6 &7 is completed in four rounds of five days each such that skills are covered in an incremental approach in separate training round. As identification/ management of high risk child – LBW/ preterm newborn and sick newborn is taught to the ASHA in Round 3 therefore all ASHAs trained in three rounds of Module 6 &7 are equipped to undertake these tasks. The skills taught to the ASHA in various training rounds are at Annexure 1.

ASHA should inform the ANM about all LBW/ preterm and SNCU discharged and ensure that the ANM conducts a health check-up either during VHND session or through home visits and refers to RBSK team in case of any abnormality or obvious birth defect is noticed. Under RBSK Programme ASHA is being trained to detect and report any obvious birth defect during home visit. In case any sick child is detected prompt and appropriate referral to health facility may be ensured.

As regards Biweekly Iron & Folic acid supplementation ASHA will use this visit as an opportunity to provide the syrup and demonstrate the administration to the mother. She will follow it up as per the state's guidance.

III. Payment of Incentives

- ASHAs trained in Round 3 of Module 6 &7 are eligible for this incentive.
- ASHAs would be entitled to an incentive of Rs. 250 for completion of home visits as per HBNC programme till 42nd day after discharge in case of SNCU discharged newborns
- ASHAs would receive a total of Rs. 200 for four quarterly visits after completion of visits during 3rd, 6th, 9th and 12th month of life @ of Rs. 50 per quarter.

- Eligibility of ASHAs for quarterly incentive is subject to the following -
 - i. ASHA has conducted the home visit and this is duly verified by the ANM/ASHA facilitator.
 - ii. Examination of the baby by ANM to screen for any complications and developmental delays has been done
 - iii. Completion of Immunization of the child as per schedule and recommended (as per age and schedule)
 - iv. Mother and child are registered with the AWC and weight of the child is taken with growth monitoring every month by the AWW and is recorded in the MCP card
 - v. Child is alive till one year of age.

IV. Field level support

The ASHA should be monitored by the ASHA Facilitator and ANM to check whether the quarterly visits are being conducted or not. At least one quarterly joint household visits with ASHAs should be planned to provide on the job mentoring, monitoring and support using supervisory checklists. ANMs should mentor the ASHAs in tasks requiring technical skills such as identification of sick newborn/child.

- Care of LBW/ preterm newborns and of SNCU discharged newborns until one year of age, requires coordinated efforts of ASHA, ANM and AWW at the village level. It is essential that once such a newborn is identified, ASHAs, ANM and AWW share the information about child's status and act as a team to ensure better health status of the child.
- Payment vouchers of ASHAs would be verified by ANM / ASHA facilitator after due validation of home visits and all the conditionality as mentioned above. ANM/ AF can verify the activities undertaken by ASHA and access of services to

the child (AWC, immunization, growth monitoring and health services) during their visits to the village.

- ANMs are expected to examine all such children till one year of age either by visiting their households (preferably joint visits with ASHAs) and/ or during the VHND session.
- ANM should also ensure that the MCP card of such children is duly filled and entry is made in the MCTS.

Medical officer should utilise the monthly meetings as a platform for hand holding and mentoring the activities performed by ASHAs and ANMs. Every meeting some skill up gradation must be done like recognition of danger signs, measuring temperature, hand washing, re-orientation of MCP card etc.

V. Facility Follow Up

Facility follow up of all the newborn that are being discharged from SNCU must be continued as counselled at the time of discharge irrespective of the home visits by ASHA. Each visit for immunisation if at the facility must be utilized in getting the follow up.

In case the newborn cannot be taken to SNCU at district level ASHA should counsel the family to let the infant be examined at the nearest health facility. The list of SNCU graduates should be shared with the RBSK team at the DEIC and also with PHC MO I/C during monthly meeting to have convergence with RBSK programme. This message should also be reiterated during the training of ASHAs.

VI. Recording and Reporting of the Follow up activities

ASHAs will have to record the activities done in a simple reporting format (attached as Annexure 2). The format will be verified by the ANM/ASHA Facilitator. The information will be collected by ANM/ ASHA Facilitator and compiled at the block level by Block Community Mobilizer and collated at the state level by the child

health programme officials. The collate information is to be shared with the Child Health Division in the prescribed reporting format at Annexure 3.

States are encouraged to develop a mechanism to send sms alerts or call alerts to ASHAs, as soon as any newborn whether normal or SNCU admitted or LBW newborn is discharged from the health facility. Such systems can be developed by integrating existing MCTS (Mother and Child Tracking System) and SNCU software. This system would ensure that ASHA receives timely information about newborn's arrival in the village and would enable her to follow up all newborn as soon the family returns to village.

VII. Indicators

The following indicators can be used to measure the progress of the program

Process Indicators

- Percentage of ASHAs oriented on activities for follow-up up to one year
- Percentage of ASHAs with ORS

Output indicators-

- Percentage of newborns who were visited within the first day of discharge from SNCU by ASHA
- Percentage of LBW and SNCU discharged infants who received all the four quarterly visits by ASHA
- Percentage of LBW and SNCU discharged infants who were examined by ANM/AF
- Percentage of LBW and SNCU discharged infants for whom growth monitoring was completed by AWW
- Percentage of LBW and SNCU discharged infants who were referred to RBSK team
- Percentage of infants referred to health facility by ASHAs for further assessment

Outcome indicators -

- Percentage of eligible (LBW and SNCU discharged infants) mother who were counselled for exclusive breastfeeding
- Percentage of eligible (LBW and SNCU discharged infants) mother who were counselled for timely complementary feeding
- Percentage of LBW and SNCU discharged infants who received age appropriate vaccination
- Percentage of eligible (LBW and SNCU discharged infants) mother who were counselled for IFA supplementation
- Percentage of LBW and SNCU discharge infants who received ORS during diarrhoeal episode during last quarter
- Percentage of LBW and SNCU discharged infants deaths reported amongst those under follow up
- Percentage of ASHAs who completed all visits and received incentive payments.

Budget Calculation for a single ASHA has been done for simplification for the state to calculate the compiled budget for a district.

Budget calculation for LBW and SNCU discharged babies

As per population norms, ASHA caters to a population of 1000. The below calculations are for block and may be projected to district and state calculations for the same.

S.No	Calculations	Expected Number/ amount per ASHA per Year
1	Current Crude Birth rate @ 21.6 per 1000 population per year	22 Live births
2	Current rate of LBW babies @ 17.6 % (RSOC)	4 LBW
3	Total number of LBW and SNCU Discharge babies will be <ul style="list-style-type: none"> • Assuming that 10% of the babies will need hospital care. (2) • As the incentive is mutually exclusive between LBW and SNCU discharge and on an average 50% of SNCU admissions will be LBW babies.(1) 	5 (4 + 1) LBW+SNCU
4	As per norms each ASHA will be paid Rs 200 @ Rs 50 per quarterly visit. Total incentive per ASHA will be	$5*200 = \text{Rs } 1000$ per year
5	Assuming that there will be 100 ASHA for a population of one lakh per block. Total expenditure at block level will be	$1000* 100 = \text{Rs } 1,00,000/=$

The state needs to sum up the budget ASHA – BLOCK---District—State

Annexure 1

Learning Objectives		
	Skills and knowledge	Training
Home based newborn care	<p>Skills –</p> <ol style="list-style-type: none"> 1. Components of Essential Newborn Care. 2. Importance of early and exclusive breastfeeding. 3. Common problem of initiating and maintaining breastfeeding which can be managed at home.(assisted feeding with spoon and katori or paladi, milk expression) 4. Signs of ill health or a risk in a newborn. <p>Knowledge-</p> <ol style="list-style-type: none"> 1. Provide normal care at birth (dry and wrap the baby, keep child warm and initiate breastfeeding). 2. Observation of child at 30 seconds and 5 minutes for movement of limbs, breathing and crying. 3. Conduct examination of new born for abnormality. 4. Provide care of eyes and umbilicus 5. Measure newborn temperature 6. Weigh newborn and assess if child is normal or low birth weight 7. Counsel for exclusive breastfeeding. 8. Ability to identify hypothermia and hyperthermia in newborns. 9. Keep newborns warm.(elaborate on the techniques again) 	Round 1 of module 6/7
Child Care	<p>Skills –</p> <ol style="list-style-type: none"> 1. Immunization schedule. (as per recommended in the area) 2. Child's entitlements in ICDS (Integrated Child Development Services) services 3. Weaning and adequacy in complementary feeding.(how to prepare and give) 4. Feeding during an illness. 5. Causes and prevention of diarrhoea 6. Knowledge of signs of Acute Respiratory Infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild Vs moderate ARI with Cotrimoxazole (CTM), and refer the severe ones. 	Round 2 of module 6/7

Knowledge –

1. Planning the home visits- which child to visit and at what frequency
2. Child immunization tracking skills to ensure complete immunization in the community.
3. Weighing of children below five years of age- assessing grades of malnutrition.
4. Analysis of the causes of malnutrition in a specific child- the role of feeding practices, role of illnesses, of familial and economic factors and access to services.
5. Diagnosis of dehydration and ability to ascertain if referral is required
6. Skill to make adaption of the message of six essential feeding advice to each household
7. Skill in preparing and demonstrating ORS use to the mother/caregiver
8. Signs of Acute Respiratory infections (ARI) – fever, chest in drawing, breath counting; and ability to manage mild versus moderate ARI with CTM, and refer the severe ones
9. Skill in counselling the mother for feeding during diarrhoeal episode
10. Testing for anaemia and ensuring appropriate treatment.

Annexure -2

Recording and reporting format for the Activities performed during each home visits by ASHAs for LBWs and SNCU discharged babies

ASHA will fill this format at 3rd, 6th, 9th and 1 year of age of child and submit it to PHC at the end of one year

The mother will be informed about the activities performed during each visit.

ASHA's Name	ANM's Name	Aaganwari centre			
Name of Baby	Mother's Name	Father's Name			
Date of birth (dd/mm/yy)	Sex	Weight at birth			
Name of village	Block	District			
MCTS No.					
SNCU ID No	Mobile Number of ASHA				
Follow up visit schedule	3rd Month	6th Month	9th Month	One Year	Any extra Visit/s
Date of visit					
Weight of child recorded in MCP card by AWW. If Yes then record weight in column					
Counseling on Handwashing (Y/N)					
Counseling on Exclusive Breastfeeding (Y/N)					
Counseling on Continued Breastfeeding during sickness (Y/N)					
Counseling on complementary feeding. (Y/N)					
Record the age (In Months) when the					

complimentary feeding is initiated					
Counseling of family on stimulation - play & communication (Y/N)					
Child received age appropriate immunization(Y/N) Check MCP/Immunization Card					
Family provided IFA syrup for child? (Y/N)					
Counseled on ORS preparation and usage (Y/N)					
Child received Vitamin A supplementation at 9m (Y/N)					
Any danger sign identified in the child?					
If yes, what was the action taken					
ORS available with ASHA (tick if yes)					
Zinc tablet available with ASHA (tick if yes)					
Did infant suffered from diarrheal episode during last quarter (tick if yes)					
Mother used ORS during diarrheal episode					
Mother used Zinc along with ORS during diarrheal episode					
Counselling for use of IFA syrup as per State's recommendation (tick if yes)					
Signature of ASHA					
Signature of ANM/ AF following home visit					
Date of deposit of this format					
Details of Extra visits (How many visits/dates/Reasons/Outcome etc.)					
Additional Comments (danger signs/Referral etc):					
Rs 200 @ Rs 50 per visit to be paid at the end of four visits to ASHA					
Signature of MO					

Annexure 3

Reporting format for compilation of LBW and SNCU discharged babies

(This is the reporting format from block/district/state. The compiled state report is to be submitted every quarter to GOI). The reporting mechanism will be same as that of HBNC reporting

Name of block/district/state	
Name of MO/CDMO/SPO	
Total Number of Live births in block/district/state	
Total number of ASHAs in block/district/state	
Number of ASHAs oriented for follow up activities (state)	
Total number of ASHAs received incentive for follow up activity in block/district/state	
Number of ASHAs who had all functional HBNC equipment	
Total Number of ASHAs with ORS available	
Total Number of ASHAs with Zinc available	
Total Number of LBWs estimated in block/district/state	
Total Number of LBWs visited by ASHAs (completed 4 visits)	
Total Number of SNCU discharged infants in block/district/state	
Total Number of SNCU discharged infants visited by ASHAs within the first day of discharge *	
Total Number of SNCU discharged infants visited by ASHAs (completed 4 quarterly visits from 3 rd month onward)	
Number of infants completed 6 months of age	
Number of LBW and SNCU discharged babies counseled for exclusive breastfeeding	
Number of eligible (LBW and SNCU discharged babies) mothers who were counseled for timely complementary feeding	

Number of eligible (LBW and SNCU discharged babies) mothers who were counseled for IFA Supplementation	
Number of LBWs and SNCU discharged babies administered IFA syrup twice a week	
Number of LBWs and SNCU discharged babies who received age appropriate vaccination	
Number of mothers used ORS during Diarrheal episode	
Number of LBWs and SNCU discharged babies who received Zinc along with ORS during Diarrheal episode	
Number of LBWs and SNCU discharged babies referred to nearest health facility for any reason	
Number of LBWs and SNCU discharged babies' deaths during one year follow up	
Number of LBWs and SNCU discharged babies referred to RBSK team by ASHAs	
Number of LBWs and SNCU discharged babies checked by ANM	
Number of LBWs and SNCU discharged babies for whom growth monitoring was done by AWW on a monthly basis	
Number of ASHAs provided mentoring visit by ANM/ASHA Facilitator in the last quarter	
Total approved budget during financial year (one time data state level)	
Total expenditure of budget during financial year (one time data state level)	

* This data may be collected from SNCU Online software at the state level

Annexure 4 – Indicators for Monitoring and their data sources

Sr. No	Indicator	Numerator	Denominator	Data Source
Process Indicators				
1	Percentage of ASHAs oriented on activities for follow-up up to one year	Number of ASHAs oriented on activities for follow-up up to one year	Total Number of ASHAs currently available	Annexure 3
2	Percentage of ASHAs with ORS	Number of ASHAs with ORS available	Total Number of ASHAs undertaking home visits for LBW & SNCU discharged babies	
3	Percentage of ASHAs who received mentoring visit by ANM/ ASHA Facilitator in the last quarter	Number of ASHAs who received mentoring visit by ANM/ ASHA Facilitator in the last quarter	Total Number of ASHAs currently available	
Output Indicators				
1	Percentage of newborns who were visited within the first day of discharge from SNCU by ASHA	Number of newborns who were visited within the first day of discharge from SNCU by ASHA	Total number of newborns discharged from SNCU	Annexure 3 / SNCU Online
2	Percentage of LBW	Number of LBW	Total Number	Annexure 3

	and SNCU discharged infants who received all the four quarterly visits by ASHA	and SNCU discharged infants who received all the four quarterly visits by ASHA	of LBW and SNCU discharged infants available	
3	Percentage of LBW and SNCU discharged infants who were examined by ANM	Number of LBW and SNCU discharged infants who were examined by ANM	Total Number of LBW and SNCU discharged infants available	Annexure 3
4	Percentage of LBW and SNCU discharged infants for whom growth monitoring was completed by AWW	Number of LBW and SNCU discharged infants for whom growth monitoring was completed by AWW	Total Number of LBW and SNCU discharged infants available	Annexure 3
5	Percentage of LBW and SNCU discharged infants who were referred to RBSK team by ASHA	Number of LBW and SNCU discharged infants who were referred to RBSK team by ASHA	Total Number of LBW and SNCU discharged infants available	RBSK team register / ANM register
6	Percentage of LBW and SNCU discharged infants referred to health facility by ASHAs for further assessment	Number of LBW and SNCU discharged infants referred to health facility by ASHAs for further	Total Number of LBW and SNCU discharged infants available	Annexure 3

		assessment		
Outcome indicators				
1	Percentage of eligible (LBW and SNCU discharged infants) mother who were counselled for exclusive breastfeeding	Number of eligible (LBW and SNCU discharged infants) mother who were counselled for exclusive breastfeeding	Total Number of LBW and SNCU discharged infants available	Annexure 3
2	Percentage of eligible (LBW and SNCU discharged infants) mother who were counselled for timely complementary feeding	Number of eligible (LBW and SNCU discharged infants) mother who were counselled for timely complementary feeding	Total Number of LBW and SNCU discharged infants available	Annexure 3
3	Percentage of LBW and SNCU discharged infants who received age appropriate vaccination	Number of LBW and SNCU discharged infants who received age appropriate vaccination	Total Number of LBW and SNCU discharged infants available	Annexure 3
4	Percentage of eligible (LBW and SNCU discharged infants) mother who were counselled for IFA	Number of eligible (LBW and SNCU discharged infants) mother who were counselled for IFA	Total Number of LBW and SNCU discharged infants available	Annexure 3

	supplementation	supplementation		
5	Percentage of LBW and SNCU discharge infants who received ORS and Zinc during diarrhoeal episode during last quarter	Number of LBW and SNCU discharged infants who received ORS and Zinc during diarrhoeal episode during last quarter	Number of LBW and SNCU discharged infants suffered from diarrheal episode during last quarter	Annexure 3
6	Percentage of LBW and SNCU discharged infants deaths reported amongst those under follow up	Number of LBW and SNCU discharged infants deaths reported amongst those under follow up	Total Number of LBW and SNCU discharged reported under follow up	Annexure 3
7	Percentage of ASHAs who completed all visits and received incentive payments	Number of ASHAs who completed all visits and received incentive payments	Total Number of ASHAs undertaking home visits for LBW and SNCU discharged infants	Annexure 3