

Government of West Bengal
Directorate of Health Services
State Family Welfare Bureau,
Swasthya Bhavan (3rd Floor) Wing 'A'
GN 29 Sector V, Salt Lake City, Kolkata 700091

Memo No: HFW-35/5/2019-SFWB Sec (DHS) (HFW)-Dept. of H &FW/974

Date: 02/08/2021

From:

State Family Welfare Officer and Jt. DHS(FW)

H&FW Department

Govt. of West Bengal

To:

The Chief Medical Officer of Health, (Alipurduar, Basirhat HD, Jalpaiguri, Nadia, North 24 Parganas, PaschimBardhaman, PurbaBardhaman)

Sub: Implementation of Home Based Care for Young Child (HBYC) - Strengthening of Health & Nutrition through Home Visits

Ref: Communication by Additional Secretary & Mission Director (NHM), MoHFW, GoI, vide D.O. No. Z-28020/177/2017/2017-CH dated 3rd May, 2018.

Sir/Madam,

The Department of Health and Family Welfare, GoWB is presently implementing Home Based Newborn Care (HBNC) since 2011 through ASHAs in all districts of West Bengal. The roll out of HBNC has demonstrated that ASHAs are able to provide home based care through defined number of structured visits. However, these visits end on the 42nd day after birth for all newborns except SNCU graduates. Beyond this, ASHAs only conduct household visits to mobilize children for immunization, administering IFA syrup under NIPI or in case when the child needs healthcare services for management of illnesses or malnutrition.

Considering the influence of diarrhoea, pneumonia, undernutrition and the importance of WASH related interventions on overall child survival and development, periodic contact with the child between 3rd and 15th months of age is crucial. Therefore, additional home visits by ASHA between 3 and 15 months are proposed under Home Based Care of Young Child (HBYC) to fill this gap. The household visits would also provide a platform to improve early childhood development through play and communication, optimal nutrition, hygienic environment and health services.

The objective of HBYC is to improve nutrition status, growth, early childhood development of young children through structured, focused and effective home visits by ASHAs and reduce child mortality and morbidity.

HBYC has been started to implement in the State in phases from FY 19-20. The districts/ health districts of Coochbehar, Diamond Harbour HD, Malda, Murshidabad, South 24 Parganas and Uttar Dinajpur have been taken up for implementation in the 1st phase. The districts/health districts of Birbhum, Dakshin Dinajpur, Howrah, Jhargram, Paschim Medinipur, Purulia and Rampurhat HD have been taken up for implementation in the 2nd phase in FY 20-21.

Now, **Alipurduar, Basirhat HD, Jalpaiguri, Nadia, North 24 Parganas, Paschim Bardhaman and Purba Bardhaman** is being taken up for implementation in the 3rd phase in this FY.

I. Major Preparatory Activities for Rolling Out HBYC Programme:

Sl.No.	Activity	Participants	Remarks
Sensitisation and Orientation of Health Officials			
1	One day online orientation of District officials on implementation of HBYC to be held through Zoom VC	Dy. CMOH-I, Dy. CMOH III, DPHNO, DPM, DPC (ASHA), Training Coordinators of the concerned DTCs, any other officer nominated by CMOH and representatives of State Training Centre.	Will be organized by Child Health Division in coordination with State ASHA Cell.
2	One day orientation of Sub Division/Block health officials on implementation of HBYC to be held at District HQ.	BMOH, BPHN/PHN and BPCs (ASHA).	After completion of Activity No. 1, districts will plan and intimate State accordingly.
3	One day orientation of GP Health Supervisors at the routine 1 st Saturday meeting held at the block level.	GP Health Supervisors.	After completion of Activity No. 2, Blocks will plan and intimate to district accordingly.
Training at Different Levels			
4	4 days residential ToT of District Trainers at Certified State Training Centre (STC) as per existing training norms for rural ASHA programme.	District Trainers of ASHA 6 th and 7 th Modules + BPHN/Sr. PHN/PHN of the implementing blocks	The participants [both District Trainers (Health System) & District Trainers (NGO)] qualified in TOT will join the pool of trainers and will conduct training of ASHAs in the district. BPHN/Sr. PHN/PHN of the implementing blocks will be trained for sensitization and monitoring of HBYC implementation at the Sub Centre and community level.
5	5 days residential training of ASHAs at District Training Centres (DTCs), including one day joint training with ANMs/ 2 nd ANMs.	ASHAs and ANMs of concerned Sub Centres.	Will be initiated after completion of Activity No. 4.

II. Norms related to ASHA Training:

- The ASHAs who have completed Refresher Training will be eligible to participate in HBYC Training.
- The 3rd day of this training will be held jointly with ASHAs and ANMs of concerned Sub Centres. The ANMs/2nd ANMs of the relevant SCs will have to mandatorily participate on the 3rd day of training.
- The MCP card will be used as a training tool for session based practice and teaching the relevant record keeping in the MCP card by ANM/ASHAs. Hence, CMOH may kindly ensure that all

ANM and ASHAs should mandatorily carry the MCP card provided to them during the "Training of ASHAs on Mother and Child protection Card (MCPC) and IPC skill Training in Routine Immunisation (BRIDGE)" or any other training on MCP card at district level. The District Training centre (DTC) will not be able to provide any MCP card as training tool in HBYC training.

III. Reporting of the HBYC Activities:

All reports related to HBYC will follow the mechanism stated below:

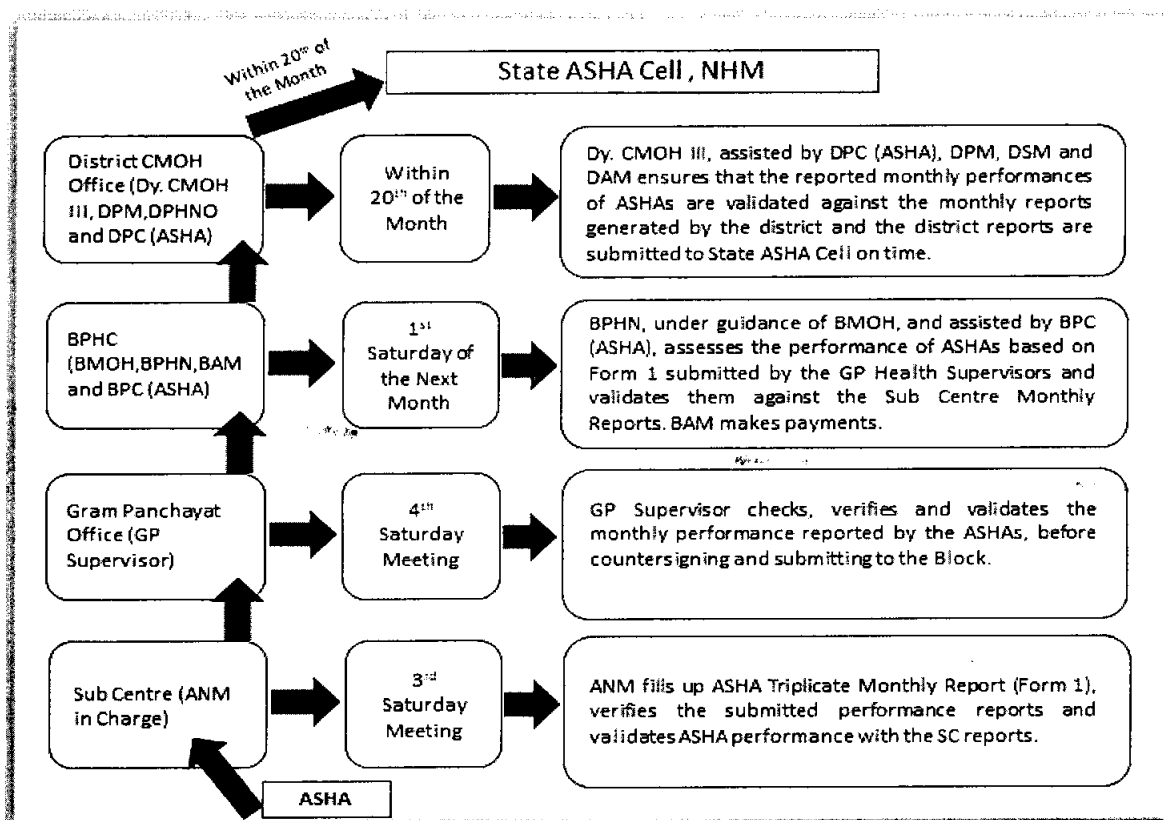
1. Reports Related to Training of ASHAs:

As per existing mechanism, all DTCs will submit the following reports:

- Training Completion Report (TCR) will be submitted to State ASHA Cell within 3 days of training completion.
- Monthly Reports (MR) will be submitted by 10th of every month to State ASHA Cell.

2. Reporting of ASHA Performances:

For reporting of performances related to HBYC by ASHAs the existing mechanism as shown below will be followed:



Roles and Responsibilities of Stakeholders:

Level	Stakeholders	Responsibility
State	SFWB – CH Division	Will be responsible for overall implementation, monitoring and supervision of HBYC programme in the State and districts.
	State ASHA Cell	Will be responsible organising ToT and ASHA trainings, Compilation of training reports and field reports after implementation of the activity in the respective districts.

Level	Stakeholders	Responsibility
	STC	Will be responsible for conducting ToTs as per training plans provided by State ASHA Cell and sharing of training reports with State ASHA cell. Will be responsible for undertaking Handholding Visits
District	CMOH	Will be responsible for overall implementation of HBYC in his/her district.
	Dy. CMOH (I)	Will support Dy. CMOH (III) in the procurement of HBYC Kits and other logistics as per requirement of the programme
	Dy. CMOH (III)	Will be the Nodal Officer for HBYC and undertake monitoring visits at regular intervals. S/he will intervene as per requirement of the programme from time to time in concurrence with SPO, CH. S/he will also be responsible for sensitisation programmes to be undertaken at all levels in the District
	DPHNO	Will be the Nodal Person for trainings to be undertaken at all levels within the District Will be responsible for monitoring the HBYC implementation up to the community level
	DPC (ASHA)	Will support Dy. CMOH (III) and DPHNO in overall coordination of training, reporting, and performance monitoring of ASHAs at district level
	DTC	Will be responsible for conducting ASHA training as per training plans approved by district administration Will be responsible for submission of training reports in this regard. Will be responsible for undertaking Handholding Visits for this activity.
Block	BMOH	Will be responsible for overall implementation of HBYC in the block. Will undertake monitoring visits at regular intervals
	BPHN/PHN	Will be responsible for all sensitisation programmes to be undertaken at all levels within the Block Will be responsible for monitoring of HBYC implementation at the sub centre and community level. Will undertake monitoring visits at regular intervals
	BPC (ASHA)	Will support BMOH and BPHN/PHN in overall coordination of training, reporting, and performance monitoring of ASHAs at Block level
Sub Centre	ANM/ANM in Charge/2 nd ANM	Will be responsible for overall implementation of HBYC under the jurisdiction of her Sub Centre. Will be responsible for monitoring of HBYC implementation at the community level. Will undertake monitoring visits at regular intervals and will verify the HBYC reports submitted by the ASHAs.
	ASHA	Will provide quality HBYC services at community level including proper documentation and reporting.

IV. Implementation of Home Based Care for Young Child Activities:

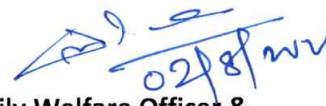
- While preparing training plan, block wise ASHA training must be planned. Once all ASHAs in a particular block, barring the training dropouts, complete the designated HBYC training at the District Training Centre, the district/health districts will start implementation of HBYC for

that particular block and provide incentives to ASHAs as per the order vide Memo No. HFW-27011/386/2018-NHM SEC-Dept. of H & FW/1727 dated: 17.06.2021 issued by Mission Director, NHM.

- The District Training centre (DTC) will submit the report to the Dy. CMOH-III and DPC (ASHA) of the concerned district/ health district as and when the training of ASHAs in a particular block gets completed, stating the number of ASHAs who have completed training against the no. of ASHAs planned to be trained. Accordingly, the concerned district/health district will send intimation to the Child Health Division of DoH&FW, GoWB with a copy to State ASHA Cell within 10th of every month. Based on the intimation received, the SFWO will issue the permission letter to the concerned districts/health districts allowing them to initiate activities from upcoming reporting period, i.e. from 21st of the month in coordination with State ASHA Cell.

The districts/health districts are requested to initiate action as per the activities listed above and take necessary action in this regard.

Yours faithfully,



**State Family Welfare Officer &
Jt. Director of Health Services (FW),
H&FW Dept., Govt. of West Bengal**

Memo No: HFW-35/5/2019-SFWB Sec (DHS) (HFW)-Dept. of H & FW/974/1(28) Date: 02/08/2021

Copy forwarded for necessary information and action to:

1. Dr. Kaninika Mitra, Health Specialist, UNICEF
- 2 – 8. Dy. CMOH I - Alipurduar, Basirhat HD, Jalpaiguri, Nadia, North 24 Parganas, Paschim Bardhaman, Purba Bardhaman
- 9 – 15. Dy. CMOH III - Alipurduar, Basirhat HD, Jalpaiguri, Nadia, North 24 Parganas, Paschim Bardhaman, Purba Bardhaman
- 16 – 22. DPHNO - Alipurduar, Basirhat HD, Jalpaiguri, Nadia, North 24 Parganas, Paschim Bardhaman, Purba Bardhaman
23. Assistant Director, Training, CINI
- 24 – 27. District Training Centres – West Bengal Voluntary Health Association for Jalpaiguri and Alipurduar Districts, Gana Unnayan Parshad for North 24 Parganas and Basirhat HD, Sreema Mahila Samity for Nadia District, Saheed Shibsankar Seba Samity for Purba Bardhaman and Paschim Bardhaman.
28. Office Copy for State ASHA Cell



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Jt. Director of Health Services (FW),
H&FW Dept., Govt. of West Bengal**