

# OPERATIONAL GUIDELINES FOR THE IMPLEMENTATION OF THE **GOAL-TRACKING CALENDAR**

---





# Operational Guidelines for the Implementation of the Goal-Tracking Calendar



Copyright text: ©2022 Behavioural Insights Unit of India

All rights reserved. This report or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of BIU.

Disclaimer: All information, ideas, views, opinions, estimates, advice, suggestions, and recommendations (hereinafter 'content') in this publication should neither be understood as professional advice in any manner nor interpreted as policies, objectives, opinions or suggestions of the Behavioural Insights Unit, NITI Aayog (BIU). Readers are advised to use their discretion and seek professional advice before taking any action or decision, based on the contents of this publication. The content in this publication has been obtained or derived from sources believed by the BIU to be reliable but the BIU does not represent this information to be accurate or complete. The BIU does not assume any responsibility and disclaim any liability for any loss, damages, caused due to any reason whatsoever, towards any person (natural or legal) who uses this publication.

Since 2018, the Centre for Social and Behaviour Change has been working on enhancing the consumption of Iron and Folic Acid (IFA) tablets among pregnant women. In this context, five interventions were designed and tested, out of which two demonstrated an impact. However, the results of the Randomised Control Trial (RCT) highlight that implementing both the interventions together may reduce their effectiveness. The choice of intervention is at the discretion of the implementer.



# TABLE OF CONTENTS

---



<b>Chapter 1: Introduction</b>	<b><u>20</u></b>
<b>Chapter 2: Goal-Tracking Calendar</b>	<b><u>23</u></b>
A: Introduction to the goal-tracking calendar	<u>23</u>
B: Implementing the goal-tracking calendar	<u>24</u>
C: Delivery Platforms for the goal-tracking calendar	<u>25</u>
D: Training on the usage of the goal-tracking calendar	<u>25</u>
E: Specifications for the goal-tracking calendar and its usage	<u>26</u>
<b>Chapter 3: Roles and Responsibilities</b>	<b><u>27</u></b>
A: Implementing Ministry/Department	<u>27</u>
B: Estimation and Printing	<u>27</u>
C: Storage and Delivery	<u>27</u>
D: Training	<u>28</u>
E: Implementation and Course Correction	<u>28</u>
<b>Chapter 4: Monitoring through Responsive Feedback</b>	<b><u>31</u></b>
<b>References</b>	<b><u>34</u></b>
<b>Annexure</b>	<b><u>35</u></b>
Annexure 1: Goal-Tracking Calendar	<u>35</u>
Annexure 2: Script for FLHWs	<u>36</u>
Annexure 3: Training guide	<u>37</u>
Annexure 4: Monitoring template	<u>39</u>

# TABLE OF CONTENTS

---

## List of tables

Table 2.1: Steps involved in the usage of the calendar	<u>26</u>
Table 2.2: Non - modifiable and modifiable aspects of the calendar and its usage	<u>27</u>
Table 3.1: Roles and responsibilities	<u>30</u>
Table 4.1: Primary learning questions and proposed methods	<u>33</u>
Table 4.2: Secondary learning questions and proposed methods	<u>34</u>

## List of figures

Figure 2.1: Goal-Tracking Calendar	<u>24</u>
------------------------------------	-----------





# LETTER FROM THE VICE CHAIRMAN, NITI AAYOG

सुमन के. बेरी

उपाध्यक्ष

**SUMAN K. BERY**  
VICE CHAIRMAN

Phones : 23096677, 23096688

Fax : 23096699

E-mail : vch-niti@gov.in



भारत सरकार  
नीति आयोग, संसद मार्ग  
नई दिल्ली - 110 001  
Government of India  
NATIONAL INSTITUTION FOR TRANSFORMING INDIA  
NITI Aayog, Parliament Street,  
New Delhi - 110 001

Maternal health is a critical priority of the Government of India, as envisioned in the National Health Policy 2017, because it is a determinant of a society's overall development. India is also committed to the Sustainable Development Goals (SDGs), where maternal health and the nutritional needs of pregnant women have key targets.

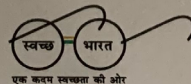
However, anaemia poses a severe threat to maternal and child health outcomes. The Government of India has committed itself to reducing the prevalence of anaemia among pregnant women from 50% in 2016 to 32% in 2022. The Ministry of Health and Family Welfare under the Anaemia Mukta Bharat strategy runs several interventions to combat the problem of anaemia in the country and one of them is to provide free Prophylactic Iron and Folic Acid (IFA) supplementation to pregnant women and lactating mothers. The strategy also includes an intensified year-round behaviour change communication campaign to mitigate the problem of anaemia.

However, in addition to strengthening IFA supply chains, it is crucial to identify and resolve demand-side challenges OR user-centric behavioural barriers to achieve the end goal of reducing the incidence of anaemia. These behavioural barriers can and do affect the uptake and consumption of the IFA tablets among pregnant women.

In the spirit of behaviour change and to overcome the behavioural barriers associated with IFA tablets, the Behavioural Insights Unit at NITI Aayog designed and tested two behavioural interventions - the counselling card and the goal-tracking calendar - that can be integrated within the existing health framework of India.

I am pleased to introduce the operational guidelines for effective integration of the goal-tracking calendar within the existing health ecosystem of the country. The said intervention aims at increasing the consumption of IFA tablets among pregnant women by providing a salient reminder to consume the tablets and demonstrating visual progress. The guidelines present a step-by-step guide for the implementers and relevant stakeholders to successfully integrate the goal-tracking calendar while retaining its behavioural features.

On behalf of NITI Aayog, I would like to express my deep gratitude to all the frontline health workers and block officials who work tirelessly to provide maternal health services and for sharing their valuable inputs in the creation of the intervention and the guidelines. I am greatly thankful to Shri Parameswaran Iyer, CEO of NITI Aayog and Shri Amitabh Kant, former CEO of NITI Aayog for their guidance in the creation of the operational guidelines and the Aspirational Districts Programme team for their inputs and support. I congratulate the BIU team for their tremendous effort in creating the guidelines and bringing behavioural change to the forefront of policy-making.



(Suman Bery)



# FOREWORD BY THE CHIEF EXECUTIVE OFFICER, NITI AAYOG



The World Health Organisation (WHO) recognises anemia as a “serious global public health problem that particularly affects young children and pregnant women”. One of the indicators under the Sustainable Development Goal of Zero Hunger (Goal 2) is the percentage of pregnant women between the ages of 15 - 49 years who are anemic. The Government of India is committed to reducing this percentage to 50% of its base value in 2015 -16 by 2025.

Towards the achievement of the same goal, NITI Aayog has supported the Behavioural Insights Unit in the creation of behavioural interventions which aim towards overcoming behavioural barriers in the uptake and consumption of IFA tablets among pregnant women. The NITI Aayog has also sanctioned a project to reduce the prevalence of anemia in five aspirational districts.

This document provides guidelines for the integration of one such behavioural intervention - the goal - tracking calendar. Following these guidelines, the intervention may be incorporated within the country's health ecosystem such that the behavioural features of the intervention are retained. Emphasis is laid on the behavioural features as they are significant in successful implementation of the intervention and achieving the desired outcome. The guide is useful for stakeholders at all levels of governance as it recommends roles that each stakeholder can play in this process.

Even though these guidelines are focused on the scale - up of the goal - tracking calendar, they serve as a template for stakeholders in other sectors aiming to develop and incorporate behavioural interventions.

I congratulate the Behavioural Insights Unit team led by Dr. Shagata Mukherjee, for their commendable effort in putting together these guidelines.

**Shri Parameswaran Iyer**  
CEO, NITI Aayog  
June 2022





# HOW TO USE THIS REPORT

---



## Behavioural Insights and Public Policy

Traditional approaches to economics and policy-making have assumed that human beings are rational actors who make rational decisions to maximise their economic benefits. However, in reality, people often make choices that are detrimental to their well-being, such as smoking or rash driving. Behavioural science moves away from the traditional assumption of rationality to understand why people make the decisions they do in real life. It includes insights from economics, psychology and other social sciences to deconstruct decision-making in human beings, along with insights from the larger field of behavioural sciences.<sup>1</sup>

A behavioural approach to public policy is underscored by the fact that people make imperfect decisions and that the decision-making process is riddled with biases. It seeks to explore behavioural barriers of inaction (or undesired actions) to design solutions that can make it easier or more natural for people to follow a specific behaviour. As such, leveraging behavioural insights can help to design and implement more citizen-centric policies.<sup>2</sup> For example, children's immunisation is influenced by the availability of the necessary infrastructure and resources and their parents' motivation to complete the immunisation cycle. Borrowing insights from economics, psychology, and neurosciences, a behavioural lens can provide a realistic understanding of how people may respond to an intervention. Taking the above example forward, it may be likely that parents are hesitant to vaccinate their children as they are not fully aware of its benefits and side effects. A behavioural approach will explore why parents may not be vaccinating their children in the presence of physical and human infrastructure and design potential solutions to alleviate parents' concerns.

In countries such as the United States of America and the United Kingdom, behavioural economics has been used in policy-making across sectors such as agriculture, finance, environment, health and nutrition (Sunstein and Reisch, 2018). For instance, the UK introduced tax prompts leading to timely payments by more citizens by simply adding the line "most people pay their tax on time" in letters to taxpayers.<sup>3</sup> By leveraging people's desire to conform to what the majority around them are doing (paying taxes on time, in this case), the Behavioural Insights Team in the UK demonstrated how social norms can be leveraged to drive behaviour change.<sup>4</sup>

The increasing adoption of a behavioural approach in public policies creates a unique opportunity for India. On the one hand, India could learn from other countries' experiences, while on the other, emerge as a leader in the space of behavioural public policy in the Global South.

---

<sup>1</sup>Kochhar, C., Shah, S., Dua, P. D., Kapur, S., & Prasad, U. (2022). Behaviour Change. Development Monitoring and Evaluation Office (DMEO) and Behavioural Insights Unit of India, NITI Aayog, Government of India. Retrieved June 20, 2022, from <https://dmeo.gov.in/sites/default/files/2022-05/behaviour%20change%20report%2017%20May.pdf>.

<sup>2</sup> John, Peter and John, Peter, Behavioural Approaches: How Nudges Lead to More Intelligent Policy Design (August 14, 2015). Forthcoming in Contemporary Approaches to Public Policy, edited by Philippe Zittoun (LET - ENTPE, University of Lyon) and B. Guy Peters (University of Pittsburgh). Available at SSRN: <https://ssrn.com/abstract=2604377>.

<sup>3</sup> Halpern, D., & Sanders, M. (2016). Nudging by government: Progress, impact, & lessons learned. *Behavioral Science & Policy*, 2(2), pp. 53-65.

Working at the intersection of behavioural science and public policy across multiple sectors, the NITI-BIU has developed operational guidelines to scale behavioural interventions to improve the Iron and Folic Acid (IFA) consumption among pregnant women.

## About the guidelines

While the Government of India has a robust ecosystem to provide free Iron and Folic Acid (IFA) tablets to pregnant women, incorporating behavioural interventions that target pregnant women's IFA related consumption behaviours will amplify the uptake of the IFA tablets.

These behavioural interventions are - the counselling card and the goal-tracking calendar. The counselling card is a tool to be used by the Frontline Health Workers which makes information on the side effects of IFA tablets and their management salient. The goal - tracking calendar is a tool to be used by pregnant women as it provides them with a salient reminder to consume the IFA tablets and demonstrates their progress visually.

The current document serves as a guideline to operationalise the use of the goal-tracking calendar which has been created after extensive consultations with pregnant women, frontline health workers and, block, state and national level officials. The guideline lays down the step-by-step process by which the calendar can be scaled up within the existing health machinery. The roles and responsibilities of national, state, district, and block level officials have been recommended to successfully incorporate the behavioural interventions.

The success of any intervention requires continuous monitoring and evaluation to identify and solve implementation related barriers. This becomes even necessary for behavioural interventions such as the calendar so that their behavioural features are retained and continuous improvements are made to their design and delivery. In this regard, the guideline introduces the Responsive Feedback approach, which encourages implementers to refine the intervention based on the feedback and progress on the ground.

Lastly, similar to this document, another set of operational guidelines have been created for the scale- up of the counselling card. **The NITI-BIU strongly recommends the adoption of either of the two interventions and not both of them together.** Rigorous randomised evaluation has shown that the effectiveness of the interventions reduces when they are implemented together. The choice of the intervention is at the discretion of the implementer.

---

<sup>4</sup> Larkin, Chris and Sanders, Michael and Andresen, Isabelle and Algate, Felicity, Testing Local Descriptive Norms and Salience of Enforcement Action: A Field Experiment to Increase Tax Collection (April 29, 2018). Available at SSRN: <https://ssrn.com/abstract=3167575>.





# ACKNOWLEDGEMENTS

---



The operational guidelines for the integration of the goal - tracking calendar within the existing health machinery have been prepared after numerous consultations with district, block officials, and frontline health workers. We are deeply thankful to the District Magistrates, Civil Surgeons, and their teams of West Singhbhum, Simdega and Bokaro districts of Jharkhand, Medical Officers in Charge, Block Programme Managers, and all the frontline health workers from the Bandhgaon, Kolebeira and Peterwar blocks for their valuable time and inputs.

We are deeply grateful to Shri Suman Bery, Hon'ble Vice Chairman, NITI Aayog and Dr. Rajiv Kumar, former Vice Chairman, NITI Aayog, for entrusting us with this work. We are thankful to Shri Parameswaran Iyer, CEO of NITI Aayog and Shri Amitabh Kant, former CEO of NITI Aayog, for their constant guidance. We would also like to acknowledge Shri Rakesh Ranjan, Mission Director of the Aspirational Districts Programme, and his team at NITI Aayog, stakeholders from the Ministry of Health and Family Welfare and the Department of Public Health and Family Welfare in Maharashtra for their invaluable inputs and support.

Lastly, we are greatly thankful to our research partner, the Centre for Social and Behaviour Change, for their leadership in designing the intervention and their support in conducting the qualitative study in Jharkhand.

# LIST OF ACRONYMS

AMB	Anemia Mukht Bharat
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BPM	Block Programme Manager
BTT	Block Training Team
CHC	Community Healthcare Centre
CMO	Chief Medical Officer
CS	Civil Surgeon
CSBC	Centre for Social and Behaviour Change
DAMBU	District Anemia Mukht Bharat Unit
DoHFW	Department of Health and Family Welfare
DPC	District Programme Coordinator
FLHW	Frontline Health Worker
HMIS	Health Management and Information System
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
MoHFW	Ministry of Health and Family Welfare
MCHTS	Mother and Child Health Tracking System
MOIC	Medical Officer In Charge
NAMBU	National Anemia Mukht Bharat Unit
NCEAR - A	National Centre of Excellence and Advanced Research - Anemia
NFHS	National Family and Health Survey
NITI - BIU	NITI - Behavioural Insights Unit
PHC	Primary Healthcare Centre
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyaan
PW	Pregnant Women
RCH	Reproductive and Child Health
RF	Responsive Feedback
SAMBU	State Anemia Mukht Bharat Unit
SC	Sub Centre
VHSND	Village Health, Sanitation and Nutrition Day



# CHAPTER 1: INTRODUCTION

As per the World Health Organisation, “anemia is a condition in which the number of red blood cells or the haemoglobin concentration within them is lower than normal. Haemoglobin is needed to carry oxygen and if you have too few or abnormal red blood cells or not enough haemoglobin, there will be a decreased capacity of the blood to carry oxygen to the body’s tissues.”<sup>5</sup> Fatigue, weakness, shortness of breath, and dizziness are some common symptoms of anemia.

Over the years, there has been an increase in the prevalence of anemia in women. As of 2019-20, 57% of women in the reproductive age group (15-49 years) are anemic as compared to 53.1% in 2015-16.<sup>6</sup> Similarly, as of 2019 – 20, 52.2% of pregnant women in India are anemic as compared to 50.4% in 2015-16.<sup>7</sup>

The disease is associated with significant adverse maternal and child health outcomes. Intrauterine deaths are 3.7 times more likely among anemic women, prematurity is four times more likely, and low birth weight is 1.9 times more likely among infants born to anemic mothers as compared to mothers who are not anemic.<sup>8</sup> Twenty percent of all maternal deaths can be directly attributed to anemia and another 50% are indirectly related to it.<sup>9</sup>

**To reduce the incidence of anemia across various target groups including pregnant women, the Ministry of Health and Family Welfare (MoHFW) launched the Anemia Mukt Bharat (AMB) strategy in 2018.** The AMB strategy builds upon Government of India’s (GoI) previous Iron and Folic Acid (IFA) supplementation initiatives including the National Iron Plus Initiative (NIPI) and Weekly Iron and Folic Acid programmes (WIPS). India’s National Health Policy (2017) recognised the need to have a multi-pronged strategy rather than scattered programmes with the aim of intensifying efforts to address all causes of anemia across all age groups and bring down the prevalence of anemia. In this context the AMB strategy was launched with a more robust and operational accountability framework than previous programmes.<sup>10</sup> The AMB strategy focuses on six interventions:

- Prophylactic IFA supplementation
- Deworming
- Intensified year round Behaviour Change Communication (BCC) campaign
- Testing and treatment of anemia
- Mandatory provision of IFA fortified foods
- Intensifying awareness, screening and treatment of non-nutritional causes of anemia in endemic pockets

<sup>5</sup> WHO (n. d.). anemia. Retrieved 15 May 2022, from [https://www.who.int/health-topics/anemia#tab=tab\\_1](https://www.who.int/health-topics/anemia#tab=tab_1)

<sup>6</sup> National Family Health Survey (2015-16, 2019-20)

<sup>7</sup> National Family Health Survey (2015-16, 2019-20)

<sup>8</sup> Lone, F., Qureshi, R., & Emanuel, F. (2004). Maternal anemia and its impact on perinatal outcome. *Tropical Medicine And International Health*, 9(4), 486-490. doi: 10.1111/j.1365-3156.2004.01222.x

<sup>9</sup> Anand, T., Rahi, M., Sharma, P., & Ingle, G. (2014). Issues in prevention of iron deficiency anemia in India. *Nutrition*, 30(7-8), 764-770. doi: 10.1016/j.nut.2013.11.022

<sup>10</sup> Intensified National Iron Plus Initiative (I - NIPI) - Operational Guidelines for Programme Managers, MoHFW, 2018

Specifically for IFA supplementation, the AMB strategy targets children between 6-59 months, school children between 5-9 years, school going adolescents between 10-19 years, out-of-school adolescent girls between 10-19 years, women of reproductive age, pregnant women, and lactating women.<sup>11</sup> Focusing on pregnant women, the strategy provides for the distribution of IFA tablets starting from the fourth month of pregnancy. However, the uptake and adherence to the consumption of IFA tablets among pregnant women remains low. As of 2019-20, only 26% of pregnant women consumed the recommended dosage of IFA tablets for 180 days.<sup>12</sup> Even though this figure marks an increase in consumption by 11.6 percentage points since 2015-16, it is still low.<sup>13</sup>

In this context, the Ashoka University's Centre for Social and Behaviour Change (CSBC) in partnership with Research Triangle Institute (RTI) International,<sup>14</sup> conducted a diagnostic study in 2018 to identify behavioural barriers in the uptake of IFA tablets. Through a comprehensive barrier mapping exercise, five key behavioural areas that could be targeted to trigger change were identified. They are:



**There is a lack of adherence to the consumption of IFA tablets** as their side effects may deter the pregnant women from continuing their consumption.



**Low priority is attached to the IFA tablets. There is also forgetfulness in taking the tablet.** This is because anemia is not perceived as a health condition and, by extension, IFA tablets as not considered a necessity.



**The consumption of IFA tablets is deprioritized** as the benefits of taking IFA tablets including reduced risk of iron deficiency, development of a healthy baby and timely delivery are not readily visible and clear to pregnant women (non-salient benefits of IFA tablets).



**Low preference for taking IFA tablets** due to the prevalence of traditional health beliefs and norms. Women think that their nutritional habits are working and the need for consuming IFA tablets for the health of the mother and child is not salient. Women also feel that the IFA tablets make their child bigger and harder to deliver, darken their skin color and increase the possibility of miscarriages.



**There is a lack of trust in IFA tablets** since they are provided for free by the government.

<sup>11</sup> Intensified National Iron Plus Initiative (I-NIPI) - Operational Guidelines for Programme Managers, MoHFW, 2018

<sup>12</sup> National Family Health Survey (2019-20)

<sup>13</sup> National Family Health Survey (2015-16, 2019-20)

<sup>14</sup> RTI International is a non-profit organisation headquartered in North Carolina, United States of America. From RTI, Edmond Baron, Aditi Roy and Jon Poehlman were involved in the diagnostic study with CSBC.

Based on these barriers, five interventions were designed and tested. One of these was the goal-tracking calendar.<sup>16</sup> The **goal-tracking calendar is designed to be used by pregnant women** to remind them to consume IFA tablets by demonstrating visual progress. It was tested to be effective in increasing the consumption of IFA tablets in a lab-in-the-field experiment in Haryana (2018) and a Randomised Control Trial (RCT) in Madhya Pradesh (2019) conducted by CSBC.<sup>17, 18</sup>

Further, in 2022, the Behavioural Insights Unit at NITI Aayog (NITI-BIU) in partnership with The Curve conducted a qualitative study in the West Singhbhum, Simdega, and Bokaro districts of Jharkhand to understand the efficacy and sustainability of the goal-tracking calendar when integrated within the AMB strategy, or scaled up within the existing health machinery of the country.

This document serves as an operational guideline for the implementation of the goal-tracking calendar within the AMB strategy. Since the distribution of IFA tablets falls under the purview of the AMB strategy, the calendar may be integrated within the same. This guideline has been created based on the findings from a qualitative study conducted by the NITI-BIU as well as consultations with national, state, and district level stakeholders. It lays down the key features of the behavioural intervention and the operational steps involved in its effective implementation including estimation, delivery, distribution, training, and monitoring. The guideline also recommends integrating the **Responsive Feedback (RF)** approach in the implementation of the intervention and offers actionable ways for the implementers to refine the intervention based on continuous feedback and progress on the ground.<sup>19</sup> Behavioural interventions, such as the goal-tracking calendar, depend on the behaviours of both the FLHWs and the pregnant women, which can vary from region to region. In this case, it is recommended that the RF approach is adopted to ensure that the intervention is correctly delivered and has the greatest impact.

The guideline is meant to provide a framework for effective scale-up of the goal-tracking calendar and facilitate its implementation through different stages of programme delivery.

---

<sup>15</sup> Since 2018, the Centre for Social and Behaviour Change has been working on enhancing the consumption of IFA tablets among pregnant women. In this context five interventions were designed and tested, out of which two demonstrated an impact. However, the results of the RCT highlight that implementing both the interventions together may reduce their effectiveness. The choice of intervention is at the discretion of the implementer.

<sup>16</sup> The other intervention that was designed and tested was the counselling card to be used by frontline health workers to make information on the side effects of IFA tablets and their management salient to pregnant women. This guideline only focuses on the goal - tracking calendar.

<sup>17</sup> A lab-in-the-field experiment is when the lab is taken to the field and the lab experiment is conducted in the natural environment of the subjects. This is different from field experiments as they are conducted entirely in natural settings such that at times the respondents may not even be aware that they are a part of the experiment.

<sup>18</sup> The experiment in Haryana was conducted in Sonapat and the RCT in Madhya Pradesh was conducted in Vidisha and Hoshangabad.

<sup>19</sup> To learn more about the Responsive Feedback approach, the reader is encouraged to visit <https://the-curve.org/resources/>. Further, guidance and resources can be accessed here, including a free e-Learning course developed by the Harvard School of Public Health and Geneva Learning Foundation.

# CHAPTER 2: GOAL-TRACKING CALENDAR



## Introduction to the goal-tracking calendar

Under the existing health machinery, IFA-related counselling to pregnant women may be delivered through the Village Health Sanitation and Nutrition Days (VHSNDs) and the Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA) on the 9th of every month. The benefits or payoffs of Iron and Folic Acid (IFA) tablets including reduced risk of iron deficiency, development of a healthy baby and timely delivery are not readily visible and clear to pregnant women as a result of which their consumption gets deprioritized. The goal-tracking calendar targets this behavioural barrier and serves the dual purpose of reminding the pregnant women to consume IFA tablets on a daily basis and making the benefits of their consumption salient.

### How does the calendar serve as a reminder tool?

Created for a period of six months, the calendar consists of 180 cells (each cell representing one day) which must be scratched off every time the pregnant women consume IFA tablets. This act of scratching off serves as a reminder to pregnant women to consume the tablets.

### How does the calendar make the benefits of IFA tablets salient?

Scratching off the calendar each time after consuming the IFA tablet reveals a picture of a healthy and happy baby. This enables the pregnant women to establish a mental link between the consumption of IFA tablets and them delivering happy and healthy babies. Such demonstration of visual progress makes the benefits of IFA tablets salient.

The calendar (refer to Figure 2.1) may be placed in a central location within the house such that it is visible to the pregnant woman and her family members. It may be scratched off using a coin or a fingernail.

The calendars may be distributed to pregnant women by **Auxiliary Nursing Midwives (ANMs) or Accredited Social Health Activists (ASHAs) (with guidance from ANMs)** the very first time IFA tablets are delivered to them (irrespective of the month of pregnancy) along with IFA related counselling.

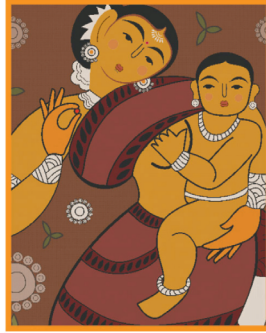
Figure 2.1: Goal - Tracking Calendar

Name of pregnant woman : \_\_\_\_\_

Start date of IFA tablet consumption : \_\_\_\_\_



**1st Month**



**When the pregnant mother consumes IFA tablets  
she gives birth to a healthy child**

**How to use the calendar**

Everytime you consume an IFA tablet, scratch-off one box



Demo box





## B. Implementing the goal-tracking calendar

### Auxiliary Nursing Midwives

It is proposed that ANMs be the **primary distributors** of the calendar as they are responsible for the distribution of IFA tablets to pregnant women during Antenatal Care (ANC) visits. **The ANMs may deliver the calendars the very first time pregnant women are given IFA tablets** (irrespective of the month of pregnancy). In situations when pregnant women are advised to take more than one tablet per day, the ANMs may give more than one calendar in case the first one gets used up before the completion of 180 days.

It is recommended that ANMs counsel pregnant women on the consumption of IFA tablets before the distribution of calendars. When distributing the calendars, they may use the demo box on the first page of the calendar to demonstrate its usage. In doing both, they may refer to the script attached in [Annexure 2](#).

### Accredited Social Health Activists

The ASHAs may play a supportive role in distributing the calendars under the guidance and instructions from the ANM. While doing so, they may refer to the script attached in [Annexure 2](#).

### Responsive Feedback approach

In order to ensure the successful implementation of the goal-tracking calendar and retain its behavioural features stakeholders may adopt the RF approach. The RF approach allows for ongoing and systematic data collection on priority indicators, regular review and feedback for timely course correction (refer to [Chapter 4](#) for more details).

Broadly, the steps involved in the RF approach are:

- 1. Convene stakeholders:** The first step in ensuring successful implementation is for all involved stakeholders to learn and work together as a team such that decision making and program iteration can happen smoothly. For example, learnings from the ground can be discussed in district and state level review meetings for program iteration. [Chapter 4](#) details out a suggested mechanism for all relevant stakeholders to work in a collaborative manner.
- 2. Identify assumptions:** The successful usage of the calendar is dependent upon the completion of certain activities. For example, the effective delivery of the calendar requires that the ANMs/ASHAs explain the usage of the calendar to pregnant women, which is a critical assumption.
- 3. Develop learning questions:** The learning questions enable the implementers to understand if certain critical activities are being implemented. For example, during VHSNDs reviews, designated officials and the nodal officials can use the VHSND checklist to capture if the ANMs are carrying all their materials.
- 4. Seek evidence:** These are the data collection methods that can answer the learning questions. The data may be collected through existing portals, such as the Health Management Information System (HMIS).
- 5. Evolve:** This is the stage wherein the findings from the data collection process are assessed and decisions are made regarding changes to implementation.

### C. Delivery Platforms for the goal-tracking calendar

The calendars may be used at all sites of distribution of IFA tablets. These include VHSNDs, the ANC check-up under PMSMA on the 9th of every month and walk-in visits to sub-centres by pregnant women.

Table 2.1 below presents the steps involved in the delivery and usage of the goal-tracking calendar.

**Table 2.1: Collection and usage of goal-tracking calendar**

Steps	Roles and Responsibilities	
	ANM	ASHA
Collection of the goal - tracking calendar	The ANMs may collect the calendars from their Community Healthcare Centre (CHC) or Primary Healthcare Centre (PHC) and store the same at their sub-centres	ASHAs may collect the calendars from ANMs
	If it is not available, the ANM may access the digital version of the calendar <a href="#">here</a>	
Usage of the goal - tracking calendar	<p>The ANMs may distribute the calendars at all sites of distribution of IFA tablets to women in the second and third trimester of pregnancy. These include:</p> <ul style="list-style-type: none"> <li>■ VHSND</li> <li>■ ANC check - up on the 9th</li> <li>■ Walk-in visits to the sub-centre</li> <li>■ The ANMs may use a sample calendar to demonstrate its usage</li> <li>■ Before the distribution of the calendar, the ANMs may counsel the pregnant women on the consumption of IFA tablets</li> </ul>	<ul style="list-style-type: none"> <li>■ The ASHAs may distribute the calendars at all sites of distribution of IFA tablets (VHSND, ANC check-up on the 9th, walk-in visits to sub-centre) as per the guidance and instructions received from the ANMs</li> </ul>

### D. Training on the usage of the goal-tracking calendar

To retain the **behavioural effectiveness** of the calendar it is crucial for the ANMs and ASHAs to understand the importance and usage of the calendar. It is recommended that the training on the calendar is interactive and engaging such that the ANMs and ASHAs are able to distribute the calendars comfortably and deliver its key messages to pregnant women. As such, the training guide attached in [Annexure 3](#) may be used for training. Moreover, while using the calendars the ANMs and ASHAs may refer to the script attached in [Annexure 2](#) which will be printed on the back of the intervention.

## E. Specifications for the goal-tracking calendar and its usage

Table 2.2 below highlights the non-modifiable and modifiable specifications for the design and usage of the goal-tracking calendar, from the objective of retaining the behavioural effectiveness of the calendar.

**Table 2.2: Usage specifications**

	Non-modifiable	Modifiable
Design of the calendar	<ul style="list-style-type: none"> <li>■ A prototype of the calendar is attached in <a href="#">Annexure 1</a>. It should be created for a period of six months with 180 cells. Each cell must have a grey colored scratch off feature</li> <li>■ Each cell should have a picture of a healthy and happy baby which should be revealed after scratching the cell off</li> <li>■ The script included in <a href="#">Annexure 2</a> maybe be printed at the back of the calendar in the local or official state language</li> </ul>	<ul style="list-style-type: none"> <li>■ It is recommended that each page of the calendar is printed on an A5 sheet (5 7/8 X 8 1/4 inches) of 170 GSM. However, these specifications may be modified based on budgetary constraints</li> <li>■ The language on the calendar may be changed as per the local context</li> <li>■ The baby pictures on the calendar may be modified as per the local context</li> </ul>
Usage of the calendar	<ul style="list-style-type: none"> <li>■ The calendar is a take-home tool</li> <li>■ Depending on the number of tablets prescribed to be consumed in a day, the pregnant women may scratch off one cell each time an IFA tablet is consumed</li> </ul>	<ul style="list-style-type: none"> <li>■ If pregnant women are consuming more than one tablet a day, the calendar may get used up before the completion of 180 days. In such cases, pregnant women may be provided with one more calendar</li> </ul>

# CHAPTER 3: ROLES AND RESPONSIBILITIES

It is proposed that the goal-tracking calendar be integrated within the framework of the AMB strategy. However, state departments and district administrations may choose to integrate the calendar within any other anemia-related scheme.

## A. Implementing Ministry/Department

At the national level, the MoHFW may be the implementing ministry and at the state level, the Department of Health and Family Welfare (DoHFW) may be the implementing department. Within the concerned department, Anemia Mukht Bharat Units that have been established under the AMB strategy may hold responsibility for the implementation.

## B. Estimation and Printing

As per the existing structure of the AMB strategy, the State Anemia Mukht Bharat Unit (SAMBU) may:

- Estimate the number of calendars based on the number of pregnant women in each district. Please note that on an average each ANM and/or ASHA must be given as many calendars as pregnant women under her.
- Design and/or print the calendars based on the recommendations made in Table 2.2.
- Share the printed calendars or prototype and specifications with the district administrations.

## C. Storage and Delivery

The counselling cards may be stored and delivered in the following ways:

- **District level:** The calendars may be stored at the warehouse/storehouse of the district hospital or its equivalent.
- **Block level:** The supply of calendars and their corresponding instructions may be shared with the relevant block-level health officer such as Block Health Officer and Medical Officer in Charge (MOIC). The relevant health officer may collect and store the materials at the warehouse of the CHCs or PHCs.
- **Sub-centre level:** ANMs may collect the calendars from their CHC or PHC warehouse or storehouse and store them at their respective sub-centres. They may share the calendars with the ASHAs working with them.

## D. Training

The training guide attached in [Annexure 3](#) may be used to train the ANMs and ASHAs. Their training may be conducted as per the training architecture in the concerned state.

The ANMs and/or ASHAs may refer to the script printed at the back of the calendars to counsel the beneficiaries.

## E. Implementation and Course Correction

The ANMs and/or ASHAs may be responsible for the last mile implementation. They may use the goal-tracking calendar at the time of distribution of IFA tablets.

To ensure the retention of the behavioural feature of the calendar and continuous course correction in its implementation, the adoption of the RF approach is recommended (refer to [Chapter 4](#) for more details). It may be adopted as follows:

- **State level:** The SAMBU or the relevant state authorities may discuss the implementation progress and challenges and suggest recommendations on a half yearly basis.
- **District level:** The Chief Medical Officer (CMO) or Civil Surgeon (CS) or an equivalent district officer may discuss on the ground challenges and suggestions to the design and implementation of the intervention in district level meetings on a quarterly basis.
- **Block level:**
  - The MOIC or an equivalent block officer may identify and assess the ground challenges and suggestions based on feedback from FLHWs and other stakeholders in monthly block review meetings.
  - Reviewing officers may observe the delivery of the calendars by the ANMs/ASHAs at sites of distribution of IFA tablets (data collection methodology recommended in [Chapter 4](#))

Table 3.1 presents the detailed roles and responsibilities of each stakeholder across governance levels.

**Table 3.1: Roles and responsibilities**

Roles and Responsibilities	Stakeholders		
	State	District	Block
Estimation and Printing	<p>The <i>State Nodal Officer</i> under AMB or Official managing IFA distribution may ensure that:</p> <ul style="list-style-type: none"> <li>■ Specifications given in Table 2.2 are followed in the design of the calendar</li> <li>■ Number of calendars required by districts is estimated accurately</li> <li>■ Printed and translated calendars are delivered to the districts or a prototype along with printing specifications are shared with the districts</li> </ul>	<p>The <i>Chief Medical Officer or Civil Surgeon or an equivalent district officer</i> may ensure that:</p> <ul style="list-style-type: none"> <li>■ Calendars are received from the state or printed as per the prototype and printing specifications shared by the state</li> <li>■ Printed cards are delivered to the blocks</li> <li>■ If only the district is scaling the intervention, the number of calendars required should be estimated by the relevant department in the district administration</li> </ul>	N/A
Storage	N/A	<p>The <i>Chief Medical Officer or Civil Surgeon or an equivalent district officer</i> may ensure that:</p> <ul style="list-style-type: none"> <li>■ Calendars are stored securely in the warehouse of the district hospital once received by the state</li> <li>■ The calendars are delivered to the blocks</li> </ul>	<p>The <i>Medical Officer in Charge or an equivalent block officer</i> may ensure that:</p> <ul style="list-style-type: none"> <li>■ Calendars are received from the district and stored in the warehouse of the community healthcare centre</li> <li>■ The calendars are shared with the ANMs</li> </ul> <p><i>The ANMs may collect the calendars from the community healthcare centre and store the same at sub - centres. They may share the same with ASHAs</i></p>
Training	Training may be conducted as per the state's training architecture		

<p>Implementation and Course Correction</p>	<p>The <i>State Anemia Mukht Bharat Unit or the relevant state authorities</i> may discuss the implementation progress and challenges and suggest recommendations on a half yearly basis</p>	<p>The <i>Chief Medical Officer or Civil Surgeon or an equivalent district officer</i> may discuss on the ground challenges and suggestions to the design and implementation of the calendar in district level meetings on a quarterly basis</p>	<ul style="list-style-type: none"> <li>■ The <i>Medical Officer in Charge or an equivalent block officer</i> may identify and assess the ground challenges and suggestions based on feedback from FLHWs and other stakeholders in monthly block review meetings</li>   <li>■ Reviewing officers may observe and record the delivery of the calendars at sites of distribution of IFA tablets</li>   <li>■ The ANMs may distribute the calendars to pregnant women at the time of distribution of IFA tablets through antenatal care platforms including VHSNDs, ANC check-ups on the 9th and walk-in visits to sub-centres</li>   <li>■ The ASHAs may distribute the calendars under the guidance and instructions provided by the ANMs</li>   <li>■ Both ANMs and ASHAs may refer to the script printed on the back of the calendar to counsel pregnant women</li> </ul>
---	--	--	---

## CHAPTER 4: RESPONSIVE FEEDBACK

---

Given that the goal-tracking calendar is a behavioural tool, it is recommended that implementation takes into account how users and FLHWs are responding. The RF approach helps the implementers to identify and assess ground realities and implementation constraints.<sup>20, 21</sup> The findings can be used to inform and improve implementation on an ongoing basis.

The RF approach aims to collect timely feedback for planners and implementers, such that appropriate changes can be made to the interventions while they are still in progress. There are other similar approaches, such as adaptive management, feedback loops/mechanisms, and rapid cycle innovations which have been developed. The RF approach is similar to them but also builds on these approaches to offer an integrated, systematic, and systemic method to improve outcomes. In brief, it:

- Calls for eschewing silos and engaging all stakeholders in the design, execution, and maintenance of an intervention.
- Encourages an explicit theory of change that continuously questions and tests assumptions driving the interventions.
- Recommends built-in data collection methods to periodically test assumptions and adapt changes based on the data.
- Advocates periodic pause and reflect sessions to engage all stakeholders on the intervention.

Using the RF approach, a Learning Agenda for the implementation activities has been outlined. Tables 4.1 and 4.2 present the learning questions mapped against key program activities, proposed methods of collecting data and the role of stakeholders responsible for executing the proposed methods to answer each learning question.

On the basis of priority, it is recommended that the approach proposed in Table 4.1 is adopted to review the calendar's performance. Table 4.2, proposes an additional mechanism that may be adopted depending upon feasibility. Both the methods tap into the already existing process of the AMB programme and other RCH processes. However, it is upon the discretion of the implementers to modify or add to the various columns of the tables.

---

<sup>20</sup> Under RFM, this is undertaken through Learning Questions, which present opportunities to ask questions about factors potentially affecting the success of the interventions.

<sup>21</sup> To learn more about the Responsive Feedback approach, the reader is encouraged to visit <https://the-curve.org/resources/>. Further, guidance and resources can be accessed here, including a free e-Learning course developed by the Harvard School of Public Health and Geneva Learning Foundation.



**Table 4.1: Primary learning questions and proposed methods\***

Assumptions	Learning Questions	Method(s)	Stakeholders	Responsibility
Activity: ANM or ASHA provides pregnant woman clear guidance on how/when/why to use the calendar as goal - tracking device for IFA supplementation				
1.1 ANM/ASHA explains the usage of the calendar in the prescribed manner	Does the ANM or ASHA carry the calendars with her?	The monitoring template attached in <b>Annexure 4</b> may be used to record data. It may be incorporated in any of the existing templates such as the VHSND checklist	Reviewing Officer	Data may be recorded by officials who are reviewing or observing the sites of distribution of IFA tablets
	Is the ANM or ASHA delivering the calendars as trained during the counselling?			
	Are IFA pills being distributed to women in their second and third trimester?	Health Management and Information System (HMIS) and the Mother and Child Health Tracking System (MCHTS) or Reproductive and Child Health (RCH) Portal	ANM or ASHA or BPM	ANMs or ASHAs fill weekly and monthly reports. The data from the reports is collated to be uploaded on the portals by the office of the MOIC or an equivalent block officer
		VHSND checklist	Reviewing Officer	Data is recorded by officials reviewing or observing the VHSNDs
Under what circumstances are IFA pills not being distributed?	The status of IFA pill distribution in a block is discussed during monthly review meetings, chaired by the MOIC or an equivalent block officer and attended by the BPM (or an equivalent block officer) and ANM	MOIC or an equivalent block officer	In monthly block meetings, the MOIC or an equivalent block officer holds the responsibility of discussing the implementation as an agenda item, problem solving and measuring change or improvement on a monthly basis	
1.2 The counselling card is acceptable among different types of beneficiary groups (for example, educated versus uneducated pregnant women)	Do all pregnant women accept and understand the counselling in the same manner? If not, what are these differences?	The implementation of the calendar in the block may be an agenda item in the block level monthly review meeting, chaired by the MOIC or an equivalent block officer and attended by the BPM (or an equivalent officer) and ANM	MOIC or an equivalent block officer	In monthly block meetings, the MOIC or an equivalent block officer will hold the responsibility of discussing the implementation as an agenda item, problem solving and measuring change or improvement on a monthly basis
	What kinds of challenges need to be overcome to make the counselling card acceptable across all kinds of beneficiaries?			

\*ANM: Auxiliary Nurse Midwife, ASHA: Accredited Social Health Activist, BPM: Block Programme Manager, HMIS: Health Management and Information System, MCHTS: Mother and Child Health Tracking System, MOIC: Medical Officer In Charge, VHSND: Village Health, Sanitation and Nutrition Day

**Table 4.2: Secondary learning questions and proposed methods**

Assumptions	Learning Questions	Method(s)	Stakeholders	Responsibility
Activity: Pregnant woman takes the calendar home and uses it daily or often and scratches off the calendar when she takes an IFA tablet				
1.1 Pregnant woman understands how to use the calendar and find it useful		ASHA workers and reviewing officers may observe during home visits	ASHA or Reviewing Officer	Observations may be made by ASHA worker or officials conducting home visits
	Is the pregnant woman using the calendar as she should? If no, why not?	The usage of the calendar by pregnant women can be an agenda item in the block level monthly review meeting chaired by the MOIC or an equivalent block officer and attended by the BPM (or an equivalent officer) and ANM	MOIC or an equivalent block officer	In monthly block meetings, the MOIC or an equivalent block officer will hold the responsibility of discussing the usage of the calendar by pregnant women as an agenda item, problem solving and measuring change or improvement on a monthly basis
	Are pregnant women consuming IFA tablets?	Monthly report prepared by the ANMs or ASHAs may be used to record the data	ANM or ASHA	ANMs or ASHAs fill monthly report wherein data on the consumption of IFA tablets may be recorded

While the above list of questions are recommended, implementers may collect data on as many questions as relevant and feasible. Once collected, it is suggested that the data and feedback from the field may be discussed at regular frequency at the district and state-level to identify course correction, if required. Some of the proposed avenues for the same have been listed below:

- Findings that may impact the implementation of the intervention **may be collated by the MOIC or an equivalent block officer** and discussed at district-level monthly review meetings every quarter.
- Suggestions and solutions from the discussions at district level monthly review meetings **CMO or CS or an equivalent district officer** and presented to the SAMBU or the relevant state authorities every six months, where progress and suggestions to the design and implementation of the intervention may be discussed.

# REFERENCES

---



1. Anand, T., Rahi, M., Sharma, P., & Ingle, G. (2014). Issues in prevention of iron deficiency anemia in India. *Nutrition*, 30(7-8), 764-770. doi: 10.1016/j.nut.2013.11.022
2. Halpern, D., & Sanders, M. (2016). Nudging by government: Progress, impact, & lessons learned. *Behavioral Science & Policy*, 2(2), pp. 53-65.
3. Intensified National Iron Plus Initiative (I-NIPI)- Operational Guidelines for Programme Managers, MoHFW. (2018).
4. John, Peter and John, Peter, Behavioural Approaches: How Nudges Lead to More Intelligent Policy Design (August 14, 2015). Forthcoming in *Contemporary Approaches to Public Policy*, edited by Philippe Zittoun (LET- -ENTPE, University of Lyon) and B. Guy Peters (University of Pittsburgh), Available at SSRN: <https://ssrn.com/abstract=2604377>.
5. Kochhar, C., Shah, S., Dua, P. D., Kapur, S., & Prasad, U. (2022). Behaviour Change. Development Monitoring and Evaluation Office (DMEO) and Behavioural Insights Unit of India, NITI Aayog, Government of India. Retrieved June 20, 2022, from <https://csbc.org.in/images/niti/download/Behavior-Change-Report.pdf>
6. Larkin, Chris and Sanders, Michael and Andresen, Isabelle and Algate, Felicity, Testing Local Descriptive Norms and Salience of Enforcement Action: A Field Experiment to Increase Tax Collection (April 29, 2018). Available at SSRN: <https://ssrn.com/abstract=3167575>. or <http://dx.doi.org/10.2139/Ssrn.3167575>.
7. Lone, F., Qureshi, R., & Emanuel, F. (2004). Maternal anemia and its impact on perinatal outcome. *Tropical Medicine And International Health*, 9(4), 486-490. doi: 10.1111/j.1365-3156.2004.01222.x
8. National Family Health Survey. (2022). Retrieved 29 April 2022, from <http://rchiips.org/nfhs/>
9. Resources - The Curve. (2022). Retrieved 24 June 2022, from <https://the-curve.org/resources/>
10. Sunstein, C. R., & Reisch, L. A. (2018). Behavioral Economics and Public Opinion. *Intereconomics: Review of European Economic Policy*, 53(1), 5-7. <https://doi.org/10.1007/s10272-018-0710-2>
11. WHO (n. d.). anemia. Retrieved 15 May 2022, from [https://www.who.int/health-topics/anemia#tab=tab\\_1](https://www.who.int/health-topics/anemia#tab=tab_1)

# ANNEXURE



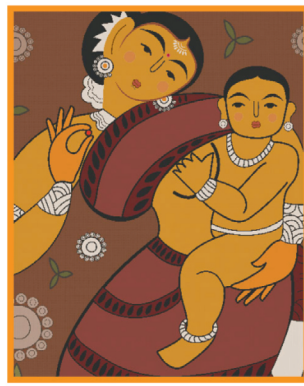
## Annexure 1: Goal-Tracking Calendar

Name of pregnant woman : \_\_\_\_\_

Start date of IFA tablet consumption : \_\_\_\_\_



### 1st Month



**When the pregnant mother consumes IFA tablets  
she gives birth to a healthy child**



#### How to use the calendar

Everytime you consume an IFA tablet, scratch-off one box



Demo box



## Annexure 2: Script for FLHWs

From the fourth month of pregnancy till a child is 6 months old, women must take the IFA tablet every day. Sometimes, if pregnant women are anemic then the IFA tablet must be consumed twice a day. Even if they are not anemic, they should take the IFA tablet once a day during pregnancy and 6 months after their delivery, along with Vitamin C rich foods to increase the absorption of iron. The tablet should be taken at least one to two hours after having a meal. If they do this, it will benefit both mother and child. The woman will grow stronger and the child will be healthy. It will also help a pregnant woman have a smooth delivery.

At the beginning of a course of IFA tablets, a woman might experience some side effects for a few days. You might feel nauseous and dizzy, or constipated, or start to see a black stool when you go to the toilet. Do not worry too much about these effects, as they can be reduced and usually go away after a short time. The best way to reduce these effects is simply to take the IFA tablet on an empty stomach soon before you go to sleep at night. This way, you allow your body to rest and you won't feel the side effects as much. You should stop feeling the side effects after 3-7 days.

## Annexure 3: Training guide

### Part A: Training FLHWs

1. Distribute the tracking calendar and to each FLHW.
2. Ask the FLHWs on why women do not consume IFA tablets every day/regularly. Discuss how forgetfulness and lack of motivation is a common reason why.
3. Explain how the calendar works. Emphasise on the behaviour change aspects of the calendar:
  - a) The calendar should be placed in the house so that the pregnant woman and her family look at it everyday and are reminded to take IFA tablets everyday.
  - b) Using the scratch-to-reveal feature to see a picture of a healthy and happy baby will motivate the pregnant woman to use it everyday.
  - c) The pregnant women will establish a link between consuming the IFA tablets everyday and a healthy pregnancy and baby.
4. Instruct the FLHWs to provide this calendar to pregnant women after counselling on anemia and while giving them IFA tablets. They should explain how to use it and also motivate them on its use.
5. Remind the FLHWs to always carry enough calendars with them at all sites of distribution of IFA tablets.

### Part B: Roleplay/demonstration exercise

1. Instruct the FLHWs to organise themselves into groups of 2-3 members each.
2. Ask them to take turns posing as FLHWs and pregnant women and perform a mock counselling session as would take place in a VHSND camp or any other place. They will occupy separate areas of the room to carry out these activities. Each FLHW should get the chance to demonstrate the calendar in this manner.
3. The FLHWs playing themselves are to think about how they would introduce the calendar to a pregnant woman, and how they would conduct the activity to get her attention and ensure her understanding. The FLHWs posing as pregnant women are to think of relevant and common questions to ask in response to the counselling.
4. Ask a couple of groups to perform their roleplay in front of the large group to display interesting questions from pregnant women and good delivery by FLHWs.

5. Observe the following during the roleplaying session:

- FLHW explains how the calendar is to be used correctly
- FLHW emphasises on using the calendar daily and using it as a reminder
- FLHW establishes link between consumption of IFA tablets and healthy baby/pregnancy
- FLHW checks for the pregnant woman's comprehension and answers questions

### Part C: Post-training exercise

This exercise is to check if FLHWs have understood the key features of the behaviourally-informed materials.

1. Ask the FLHWs to select the most important feature of the calendar, by raising their hand when their preferred feature is called out. Call out the features in the following order and count the number of hands raised for each answer out of the total group:

- a. Wall hanging display at home to be reminded daily
- b. Information about IFA tablets
- c. Scratch boxes with baby photos for motivation
- d. One box per day for daily tracking, like a calendar
- d. Images of pregnant women

2. Correct/validate their responses by reiterating that the © scratch boxes with baby photos and having (d) one box per day are the most important features of the calendar, followed by a (a) wall hanging display.

## Annexure 4: Monitoring template

Name of observer					
Designation of observer					
Date of visit					
Village name	FLHW observer (AStHA/ANM)	Are the calendars available? (Yes/No)	Did the FLHW give the calendar to pregnant women? (Yes/No)	Rate the quality of delivering the calendar to pregnant women (0-3)	List points of feedback for FLHW
<b>Counselling Rating Criteria</b> 0 = No explanation provided on the usage of the calendar 1 = FLHW explains the usage of the calendar 2 = FLHW counsels on IFA adherence and explains the use of calendar 3 = FLHW counsels on IFA adherence and explains the use of calendar, and encourages question from pregnant women					







---

The Behavioural Insights Unit of India (BIU) was constituted in November 2019, as a collaboration between NITI Aayog, Centre for Social and Behaviour Change and Bill & Melinda Gates Foundation. It is an independent unit under the office of the CEO of NITI Aayog, aimed at enhancing the design and delivery of public policy in India using a behavioural approach

"To learn more,  
please scan the QR code"

