



सत्यमेव जयते

Indira Gandhi Matritva Sahyog Yojana

- A Conditional Maternity Benefit Scheme

A Training Module



नए समाज की ओर
Towards a new dawn

Ministry of Women & Child Development
Government of India
Shastri Bhawan, Dr. Rajendra Prasad Road,
New Delhi-110 001
www.wcd.nic.in



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कृष्णा तीरथ
Krishna Tirath



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MINISTRY OF WOMEN & CHILD DEVELOPMENT
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NEW DELHI-110001

MESSAGE

The health condition of women in India continues to be pathetic even after 62 years of Independence due to unsatisfactory socio-economic conditions, illiteracy and lack of health awareness. Unfortunately, every third woman in India suffers from malnutrition, as revealed by the National Family Health Survey - 3 (NFHS-3). Main reason behind the high level of under nutrition is economic; they continue to be on the job till end of pregnancy period and revert to work routine soon after delivery to resume earning livelihood. The practice does not allow them minimum of rest essential in this condition. It was to partly address this issue that the Janani Suraksha Yojana (JSY) providing one-time cash incentive to pregnant women for institutional delivery/home delivery through skilled assistance was launched by Ministry of Health & Family Welfare.

The scope of support to pregnant women being limited, the Ministry of Women and Child Development (MWCD) came up with a new scheme for pregnant and lactating mothers, viz. Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit Scheme. Under this centrally sponsored Scheme approved to be run on pilot basis in 52 select districts, full grant-in-aid would be provided to States/UTs. The Scheme provides for cash incentive of Rs. 4,000/- directly to women aged 19 years and above for first two live births subject to certain conditions.

The present module takes into cognizance the guidelines of IGMSY, so that the various sessions of the module facilitate conceptual clarity on implementing, monitoring and evaluation of the Scheme. I believe, instructors and trainers shall be duly benefitted with the use of this manual.


(Krishna Tirath)

INTRODUCTION

1

Undernutrition continues to adversely affect majority of women in India. In India, every third woman is undernourished and every second woman is anemic¹. When poor nutrition starts in utero, it extends throughout the life cycle, particularly in women. Owing to economic and social distress many women continue to work to earn a living for their family right up to the last days of their pregnancy. Furthermore, they resume working soon after childbirth, even though their bodies might not permit it, thus preventing their bodies from fully recovering on one hand, and also impeding their ability to exclusively breastfeed their young infant in the first six months.

Although Janani Suraksh Yojana (JSY) by Ministry of Health and Family Welfare provides a one-time cash incentive to a pregnant woman for institutional delivery/home delivery through skilled assistance, however, it does not address wage loss during pregnancy and after delivery.

In view of the above, the Ministry of Women and Child Development (MWCD) formulated a new Scheme for pregnant and lactating mothers called Indira Gandhi Matritva Sahyog Yojana (IGMSY) ñ a Conditional Maternity Benefit Scheme. Under this Scheme, a cash incentive of Rs. 4000 will be provided directly to women 19 years and above for the first two live births subject to the woman fulfilling specific conditions relating to maternal child health and nutrition. Cash incentive will be provided in three installments, between the second trimester of pregnancy till the infant completes 6 months of age.

IGMSY is a Centrally Sponsored Scheme under which full grant-in-aid would be provided to State Government (SGs)/Union Territories (UTs). It has been approved by the Government on pilot basis in 52 selected districts across the country. The focal point of implementation will be the Anganwadi Centre (AWC).

❖ About the Module

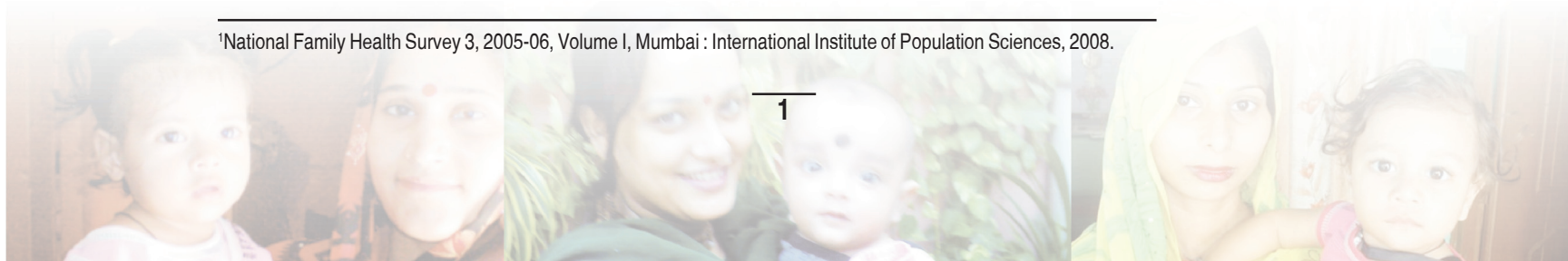
- The module is designed based on the guidelines of the Scheme prepared by MWCD, Government of India as a reference and converts information from the guidelines into specific sessions to provide conceptual understanding on how to implement, monitor and evaluate the Scheme and reporting process to be followed.
- The module comprises four sessions for the ICDS functionaries and trainers.

❖ Who can Use this Module?

- This module can be used by the Master Trainers and Trainers of MLTCs (Middle Level Training Centres) and AWTCs (Anganwadi Workers Training Centres) for training of ICDS functionaries on Indira Gandhi Matritva Sahyog Yojana (IGMSY).
- Each session has the following components:

- Session title

¹National Family Health Survey 3, 2005-06, Volume I, Mumbai : International Institute of Population Sciences, 2008.



- Objectives
- Time required
- Content
- Materials required
- Training method
- Learning outcome
- Instructions for trainer
- Supporting information
- Summing up

❖ Instructions for Trainers

Dear Trainers,

The training module has been prepared to help you in conducting one day training on IGMSY scheme.

You are expected to go through the entire module and prepare yourselves to conduct the training.

Each session is detailed out. Make sure that you have read the session before the start of the same.

You should communicate the session objectives and the process that will be followed during the session to the participants.

The content of each session provides basic key points on how to deliver it. Trainers can use their creativity during the sessions to make it participatory and more interesting.

The sessions are to be preceded by a pre-test followed by a post-test.

To access the learning gaps, some interesting techniques of getting feedback from trainers as post-test may be used.

You will also need to plan and manage the time at your disposal so that all sessions are given the required time and input.



Make Sure that

- All your participants know well in advance about the timing of the training.
- There is sufficient training materials, training equipments for effective transaction and training sessions.

As Trainers you should

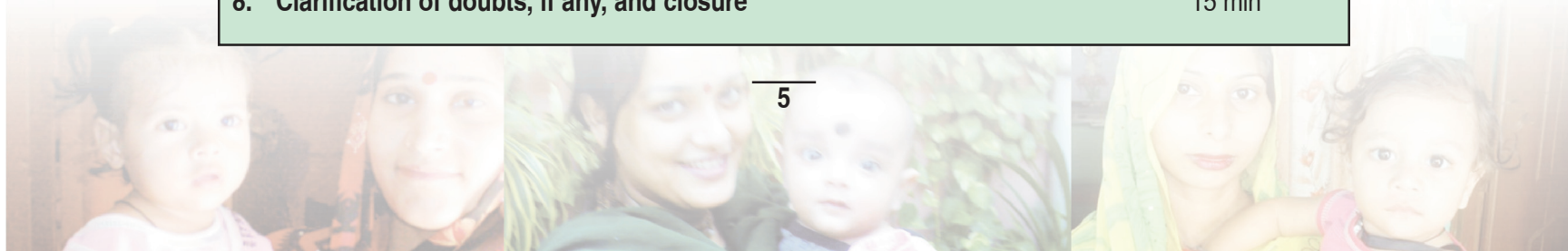
- Concentrate on the essential facts, skills and attitudes. It is neither possible nor desirable to teach everything.
- Conduct training adapting to the level of the participants.
- Encourage each participant to take active part in discussion.



TRAINING SCHEDULE

2

Session		Duration
1. Prayer		05 min
2. Pre-test		10 min
3. Session 1	Situational Analysis of Women and Young Infants in India	20 min
4. Session 2	<ul style="list-style-type: none"> What is IGMSY? What are its objectives? Who can be beneficiaries of the Scheme? What does one have to do to get enrolled in the Scheme? What are the financial benefits under the Scheme? How can one get these financial benefits? Financial benefits for the AWW and AWH 	1 hr
5. Session 3	<ul style="list-style-type: none"> Enrollment/registration Opening bank/post office account Community Mobilisation Ensuring fulfillment of Conditions Monitoring How to fill the Registers? How to fill the Monthly Progress Report? Addressing grievances 	2 hrs
6. Session 4	<ul style="list-style-type: none"> Implementation of the Scheme Monitoring Reporting formats Convergence Awareness, Communication & IYCF counselling IGMSY cells and functions Grievance Redressal 	1 1/2 hr
7. Post-test		10 min
8. Clarification of doubts, if any, and closure		15 min



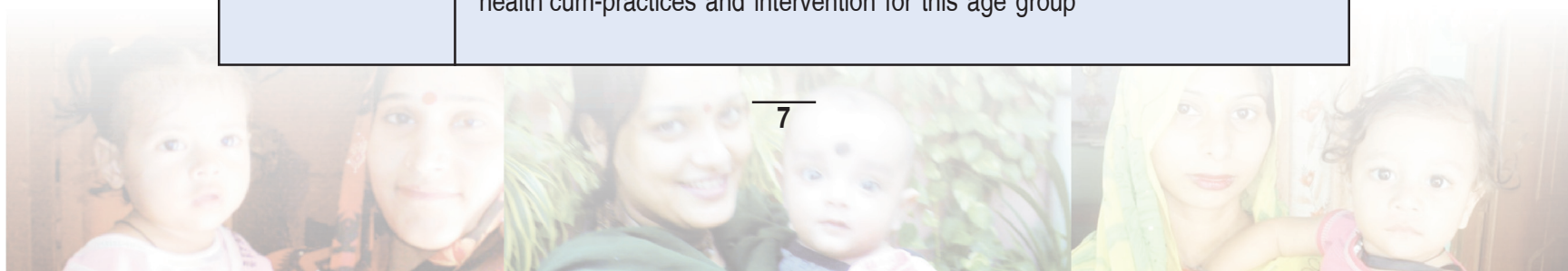
SESSIONS

3

SESSION 1

Situational Analysis of Women and Young Infants in India

Session Objective	<ul style="list-style-type: none">• Discuss the health and nutrition status of pregnant and lactating women and young child in the concerned State/district.• Explain appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation.• Explain reasons for children being underweight and being born low birth weight.
Time required	20 min
Content	<ul style="list-style-type: none">• Demography/Vital Statistics- Infant mortality rate, neonatal mortality, post neonatal mortality and still births• Percentage of women marrying before 18 years.• Health Status of Pregnant and Lactating Women: Nutritional Anemia Consumption of IFA Tablets, Immunisation, Antenatal checkup, Home Vs. Institutional Delivery, Low birth weight and underweight children• Infant and Young Child Feeding (IYCF) practices• Immunisation
Material Required	<ul style="list-style-type: none">• Power point presentation, if LCD projector available• OHP Sheets with OHP machine, Fact Sheets, Chart Papers, Marker & Board, Pen• Film (optional)• Hand out for distribution
Training Method	Lecture-cum-Discussion, Class exercise
Learning Outcome	The participants would appreciate need for appropriate nutrition and health cum-practices and intervention for this age group



❖ Instructions for Trainers

- The trainer should start the session with brainstorming on the situation pertaining to health of women in general for 10 minutes followed by health of children for 10 minutes so that the present understanding of participants is sought.
- Participants need to be briefed about the Status of women in general and the pregnant and lactating women along with young infants in their respective states by showing the key State/district-specific statistics of rural, urban and tribal pockets, as the case may be.
- The data related to India is given in **Handout 1.1**. The similar data at State/District level (**Handout 1.2**) can be collected by the trainers for presentation. The trainers can put the statistics related to status either on a chart or can be shown through a power point presentation. (**Hand Out 1.2 to be developed by the trainers**)
- A video clipping on the health and nutritional status of Pregnant and Lactating Women of India may be shown, if available.
- The group should be sensitised to the issues through group sharing of field realities from ICDS project areas.
- Vital indicators like deaths of infants, low birth weight, immunisation, status of children, prevalence of underweight in children, anaemia, spacing, followed by the factors like effects of home delivery, inadequate food intake, poverty, poor health service accessibility, irregular health check up, awareness of health and nutrition education and lack of family support to pregnant women may be discussed.

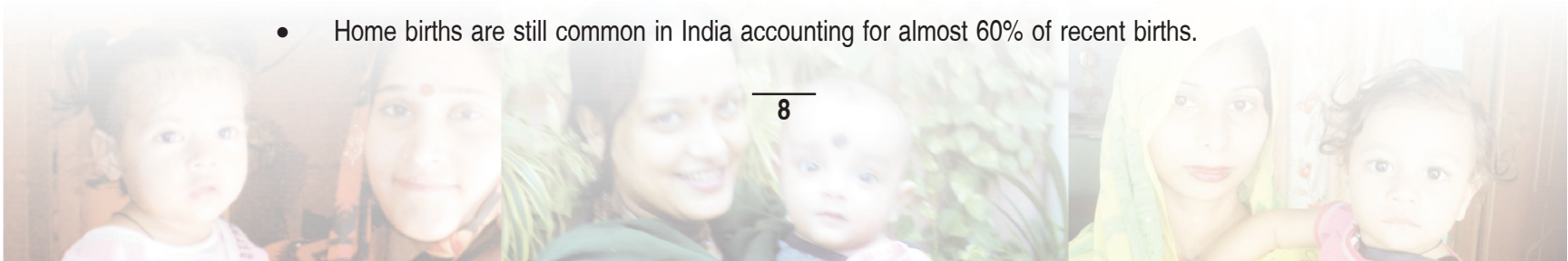
❖ Supporting information for the Trainers for Session 1

❖ *Nutritional Status of Women and Children in India*

- It is essential that the trainer should compile and use their state/district-specific data in their deliberation instead of using data related to country as a whole.

❖ *According to NFHS-3 (2005-2006) and SRS (2009 and 2011), some facts are as under:*

- The Maternal Mortality Ratio (MMR) in India is 254 deaths per 100,000 live births (SRS, 2009).
- Infant mortality rate is 50 deaths per 1,000 live births (SRS, 2011) .
- No less than 58% of pregnant women suffer from anaemia.
- Only 65% of women receiving antenatal care received iron and folic acid supplements and only 23% took the supplements for at least 90 days.
- Home births are still common in India accounting for almost 60% of recent births.



- 16% were delivered by a relative or other untrained person.
- More than one-third of women are too thin.
- 22% children are born low birth weight in India.
- Poor women continue to work to earn a living for the family right upto the last days of their pregnancy, thus not being able to put on as much weight as they otherwise might. They also resume working soon after childbirth, even though their bodies might not permit it preventing their bodies from fully recovering, and their ability to exclusively breastfeed their new born in the first six months.

❖ Trends in undernutrition among Children less than 5 years (%)

- Almost half of children under age five years (48%) are chronically malnourished. In other words, they are too short for their age or stunted.
- Forty-three percent of children under age five years are underweight for their age. Underweight status is a composite index of chronic or acute malnutrition. Underweight is often used as a basic indicator of the status of a population's health.

❖ Trends in undernutrition among Children less than three years (%)

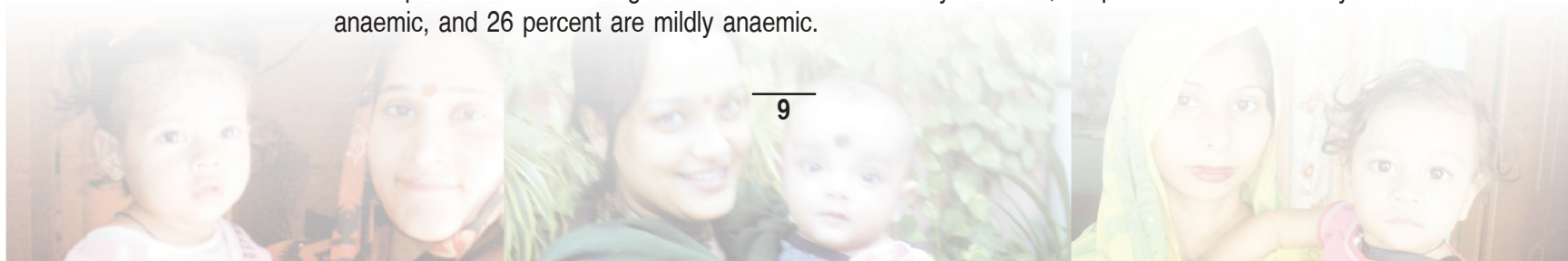
Despite efforts to improve the nutritional status of young children, there has not been much improvement in the nutritional status of children under three years of age in recent years.

- The percentage of children who are too short for their age (stunted) decreased by less than one percentage point per year over the seven years between the two surveys, from 51 percent in NFHS-2 to 45 percent in NFHS-3.
- The percentage of children who are underweight also decreased, but only by three percentage points. Over this period, the percentage of underweight children decreased by 4 percentage points in urban areas, but by less than 2 percentage points in rural areas.

❖ Anaemia among Children age 6-59 Months

In NFHS-3, three levels of anaemia were distinguished based on the level of hemoglobin: mild anaemia (10.0-10.9 grams/deciliter), moderate anaemia (7.0-9.9 g/dl), and severe anaemia (less than 7.0 g/dl).

- Seven out of every 10 children age 6-59 months in India are anaemic.
- Three percent of children ages 6-59 months are severely anaemic, 40 percent are moderately anaemic, and 26 percent are mildly anaemic.



❖ Definitions a trainer should know

Infant Mortality Rate (IMR): Number of infants (one year of age or younger) dying per 1000 live births.

Maternal Mortality Rate (MMR): The number of maternal deaths per 100,000 live births. It is the number of registered deaths among women in the reproductive age group, from any cause related to or aggravated by pregnancy (excluding accidental or incidental causes) during pregnancy, childbirth or within 42 days of termination of pregnancy, irrespective of the duration of pregnancy or site of the pregnancy.

Stunted child: A stunted child has a low height as compared to a well nourished child of same age. Low height means that the height of the child is at least 2 standard deviations (SD) below the median for the WHO Child Growth Standards. It is a sign of chronic undernutrition which is failure to achieve expected length/height as compared to a healthy, well-nourished child of the same age. Stunted children are too short for their age can result from failure to receive adequate nutrition over a long period and may be exacerbated by recurrent and chronic illness. It is associated with a number of long-term factors such as poverty, poor infant and young child feeding practices, low dietary intake and frequent infections. The effects of stunting extend beyond reduced stature. Children who are stunted fail to reach their optimum size as adults (limiting their physical capacity and child-bearing health). Such children would have reduced learning potential, reduced ability to concentrate on studies, have low IQ etc and are at greater risk of infection and illness, which can kill many children during their early years of life.

Underweight child: An underweight child has a weight-for-age z score that is at least 2 SD below the median for the WHO Child Growth Standards. These children have low weight for their age which can be due to (i) inadequate nutritional intakes alone or (ii) due to inadequate nutritional intake exacerbated with frequent illness. A child can be underweight because of chronic or acute undernutrition, or both, i.e., short term and long term undernutrition.

❖ Summing up

In the end, the session should be summarised. A list of the problems causing poor health status of women and young infants may be prepared with help of trainees.



Key Indicators for India

Vital Statistics		
	Infant Mortality rate ¹	50
	Female sex ratio ²	940
Marriage and Fertility		
	Women married before legal age of 18 (%)	58
	Women age 15-19 who were already mothers or pregnant at the time of the survey (%) .	16
	Median age at first birth for women age 25-49	20
Material and Child Health (for births in the last 3 years)		
	Mothers who had at least 3 antenatal care visits for their last birth (%)	52
	Mothers who consumed IFA for 90 days or more when they were pregnant with their last child (%)	23
	Birth assisted by a doctor/nurse/LHV/ANM/other health personnel (%)	47
	Percentage who received two or more TT injections during the Pregnancy	76
	Institutional births (%)	39
	Mothers who received postnatal care from a doctor/nurse/LHV/ANM/other health personnel within 2 days of delivery for their last birth (%)	37
Child Feeding Practices and Nutritional Status of Children		
	Children under 5 years breastfed within one hour of birth (%)	24
	Children age 0-5 exclusively breastfed (%)	46
	Children age 6-9 months receiving solid or semi-solid food and breast milk (%)	56
	Children under 3 years who are underweight (%)	40
Anaemia among Women and Children		
	Children age 6-59 months who are anaemic (%)	70
	Pregnant women age 15-49 who are anaemic (%)	59

Source: 1. NFHS-3, 2005-06, SRS Bulletin, January 2011; 2.Census, 2011



Key Indicators for the State of _____ / ____ (District)

(To be developed by the trainers from Census, NFHS, DLHS, and other sources as far as possible)

Vital Statistics	
Neonatal mortality rate	
Infant Mortality rate	
Female sex ratio	
Marriage and Fertility	
Women age 20-24 married by age 18 (%)	
Women age 15-19 who were already mothers or pregnant at the time of the survey (%)	
Median age at first birth for women age 25-49	
Material and Child Health (for births in the last 3 years)	
Mothers who had at least 3 antenatal care visits for their last birth (%)	
Mothers who consumed IFA for 90 days or more when they were pregnant with their last child (%)	
Birth assisted by a doctor/nurse/LHV/ANM/other health personnel (%)	
Percentage who received two or more TT injections during the Pregnancy	
Institutional births (%)	
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/other health personnel within 2 days of delivery for their last birth (%)	
Child Feeding Practices and Nutritional Status of Children	
Children under 3 years breastfed within one hour of birth (%)	
Children age 0-5 exclusively breastfed (%)	
Children age 6-9 months receiving solid or semi -solid food and breast milk (%)	
Children under 3 years who are underweight (%)	
Anaemia among Women and Children	
Children age 6-35 months who are anaemic (%)	
Pregnant women age 15-49 who are anaemic (%)	



SESSION 2

What is Indira Gandhi Matritva Sahyog Yojana (IGMSY)? Information ICDS functionaries should know

Session Objective	Participants are equipped with basic understanding of the Scheme and its features
Time required	1 hr
Content	<ul style="list-style-type: none"> • What is IGMSY? • Objectives of the Scheme • Who can be enrolled under the Scheme? • What does one have to do to get enrolled in the Scheme? • What are the financial benefits under the Scheme? • How can one get these financial benefits? • Financial benefits for the AWW and AWH
Material Required	<ul style="list-style-type: none"> • Presentation on IGMSY/Flip Chart of the presentation (Handout 2.1) in case LCD projector is not available and IEC Pamphlet (Handout 2.2) • Implementation guidelines as an additional reference • Hand outs for distribution
Training Method	Presentation followed by discussion
Learning Outcome	The participants would assimilate about IGMSY scheme in order to implement the same in their respective areas.

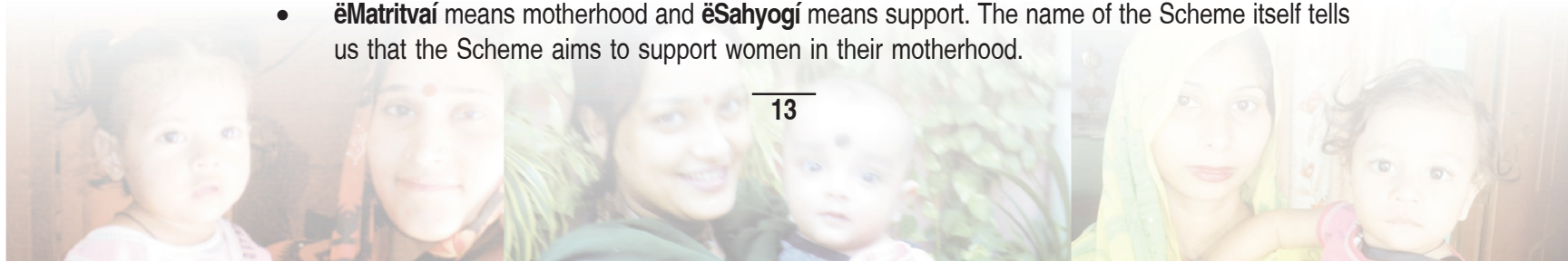
❖ Instructions for Trainer:

- Introduce the IGMSY scheme.
- Initiate discussion by asking the participants what all they know about Indira Gandhi Matritva Sahyog Yojana, and its linkage with ICDS and what is the meaning of 'Matritva' and what is the meaning of 'Sahyog': Responses may be summarized on a flip chart, Tell the group that one-day training would help them to get a shared understanding of the Scheme and help them to clear all doubts.

❖ Supportive information for the Trainers

❖ What is Indira Gandhi Matritva Sahyog Yojana (IGMSY)?

- 'Matritva' means motherhood and 'Sahyog' means support. The name of the Scheme itself tells us that the Scheme aims to support women in their motherhood.



❖ Why was this scheme initiated?

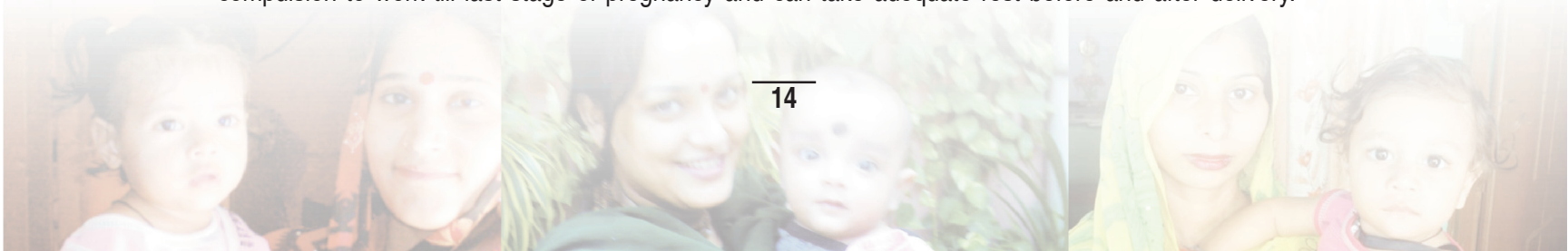
- In India, every third woman is undernourished. An undernourished mother almost inevitably gives birth to a low birth weight baby. When poor nutrition starts in the womb, it extends throughout the life cycle, particularly in women. We all know that due to poverty many women continue to work outside home during pregnancy and resume working soon after delivery. Due to the time and economic constraints they cannot take good care of themselves and their newly born baby. Keeping this in mind, the Ministry of Women and Child Development formulated IGMSY, new Scheme for pregnant and lactating mothers.
- IGMSY is a Conditional Cash Transfer Scheme. This means that a woman enrolled under the scheme will get .cash assistance upon completion of specific conditions. The total cash benefit amount is ₹ 4000/- which will be provided to beneficiaries who enroll under the Scheme in three installments subject to fulfillment of specific conditions.
- Cash incentive is envisaged to support health and nutritional needs of pregnant and lactating women and partly compensate the woman for the wage loss that she might incur while caring for herself and the child. It would also increase the demand for mother and child health services by providing incentives based on fulfillment of specific conditions relating to health and nutrition of the mother and child.
- **Cash transfer will provide short-term income support but its main objective of Scheme is to promote appropriate maternal and young infant feeding behaviours by bringing out behavioural and attitudinal changes through participation and co-responsibility of community.**

❖ Objective of the Scheme

To improve the health and nutrition status of Pregnant and Lactating (P & L) women and their young infants by:

- i. Promoting appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation.
- ii. Encouraging women to follow (optimal) Infant and Young Child Feeding (IYCF) practices including early and exclusive breastfeeding for the first six months.
- iii. Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and lactating women.

Note: The Scheme aims to promote correct maternal and young infant feeding behaviours, increase demand for health services and also provide partial compensation for the wage loss so that the woman is not under compulsion to work till last stage of pregnancy and can take adequate rest before and after delivery.



❖ Who can be beneficiaries of the Scheme?

Any woman is entitled to receive the benefit of the Scheme if she fulfills 4 criteria:

1. Pregnant women
2. Not less than 19 years old
3. This is her first or second live birth
4. She or her husband does not work in Government / Public Sector Undertaking (Central and State)

Note: AWWs and AWHs may also avail the benefit under the Scheme if they are not receiving paid maternity benefits from the Government and fulfill the above-mentioned 4 criteria.

❖ What does one has to do to get enrolled under the Scheme?

If a woman fulfills the above-mentioned 4 criteria, she can become a beneficiary but for that she needs to:

1. Register at the AWC as soon as she gets to know about her pregnancy
2. Sign an undertaking, which the AWW would maintain separately for each beneficiary. This undertaking says that the information given by the beneficiary is true and in case of wrongful claim, the amount paid to her may be recovered. Failing which, she would be liable for prosecution.
3. Open a Bank/Post Office account so that cash benefits can be transferred in it
4. Ask for services to be provided by AWW and ANM
5. Ensure that the services she receives are marked in the MCP Card

❖ What are the financial benefits under the Scheme?

❖ **1st installment is of ₹1500 which the beneficiary would get on completion of 6 months of pregnancy if she does the following things:**

- ✓ Registers her pregnancy within 4 months at the AWC or Health Centre (Sub-centre/ PHC/ CHC/ district hospital/ empanelled private doctor under JSY).
- ✓ Receives at least one antenatal check-up (out of optimal 3).
- ✓ Receives IFA tablets.
- ✓ Receives at least one TT vaccination (out of optimal 2).
- ✓ Attends at least one counselling session at the AWC/ Village Health and Nutrition Day (VHND)/Home Visit.

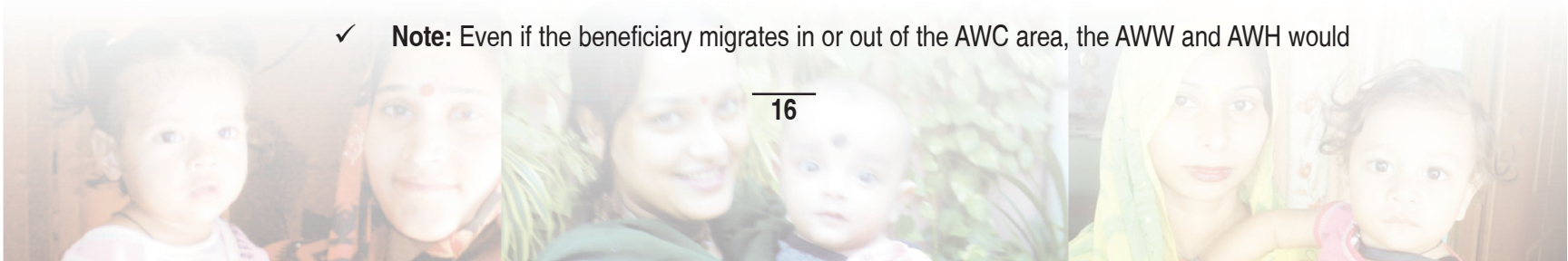


- **2nd installment is of ₹1500 which the beneficiary would get when her child turns 3 months old if she does the following things for the baby:**
 - ✓ Registers child's birth at AWC
 - ✓ Get Polio and BCG vaccination
 - ✓ Get Polio and DPT-1 vaccination
 - ✓ Get Polio and DPT-2 vaccination
 - ✓ Get child weighed at least two times after birth (out of optimal 4 times including weighing at birth)
 - ✓ After delivery, attend at least two IYCF counselling sessions at the AWC/VHND/Home Visit (out of optimal 3 times)

- **3rd installment is of ₹1000 which the beneficiary would get when her child turns 6 months old if she does the following things for the child:**
 - ✓ Exclusively breastfeeds the child for first six months (not even water is given), unless necessitated or recommended by a medical doctor (*self certified by mother*).
 - ✓ Introduces complementary foods on completion of age six months (*self-certified by mother*).
 - ✓ Get Polio and DPT-3 vaccination.
 - ✓ Get child weighed at least two times between age 3 and 6 months (out of optimal 3)
 - ✓ Attends at least two IYCF counselling sessions between 3 and 6 months of lactation, at the AWC/VHND/Home Visit (out of optimal 3).

- ❖ This financial benefit can be transferred to the beneficiary in her bank/post office only, after AWW's verification of conditions from MCP card and IGMSY register.

- ❖ **Financial benefits for the AWW and AWH**
 - ✓ AWW will receive a cash incentive of ₹ 200 per beneficiary after all the due cash transfers to the beneficiary are completed.
 - ✓ AWH will receive a cash incentive of ₹100 per beneficiary after all the due cash transfers to a beneficiary are completed.
 - ✓ All AWWs and AWHs have bank accounts in which their honorarium is credited. The incentive under IGMSY to the AWW and AWH should also be credited in the same account.
 - ✓ **Note:** Even if the beneficiary migrates in or out of the AWC area, the AWW and AWH would



be entitled to the complete cash incentive amount if **all due cash transfers** to the beneficiary are completed. For example in some cases it might be the first two installments after which the beneficiary migrates out of the area, in other cases it might be that the beneficiary is eligible for the last two installments only, since as a result of migration she registered herself at the AWC for this Scheme after delivery.

❖ **What are the financial benefits under the Scheme for Special Conditions?**

- ✓ If the beneficiary fulfils the conditions for the 1st installment, but undergoes a miscarriage she may be given the 1st installment upon producing proper documentation.
- ✓ Up to March 2011, a beneficiary was allowed to register at any stage of pregnancy or lactation. From 2011-12 onwards, a woman has to be registered in the Scheme from the stage of pregnancy, preferably within 4 months of pregnancy, to avail the benefit of the Scheme unless she gives reasons as to why she was left out or did not register at AWC.
- ✓ The beneficiary will be given the 1st installment only after the 2nd trimester is completed even if the beneficiary has fulfilled the conditions for the 1st installment earlier.
- ✓ If the beneficiary has a still birth, she will be eligible for the 2nd installment subject to attending 2 counselling sessions for her own health and well being.
- ✓ If the beneficiary fulfils the conditions for the 2nd installment but the infant does not survive between birth and 3 months of age, she will be given the 2nd installment, upon producing proper documentation to ensure that it was not a case of infanticide especially for the girl child.
- ✓ If the beneficiary on her first delivery gives birth to live twins she can avail the benefit of the Scheme only once (since the wage loss and rest required would be only once).
- ✓ If the beneficiary has one child and then in second delivery gives birth to twins she can avail the benefit of the Scheme for the second time (even though there are now 3 children).
- ✓ Beneficiary can receive the cash benefit of the Scheme only from the AWC where the beneficiary is registered. For example, if the woman is pregnant and has registered at one AWC and for her delivery she goes to her maternal village and receives some services, she can avail the cash benefit only from one AWC, that is the AWC where she has registered, on showing the filled up MCP card.

Note 1: Exclusive breastfeeding for the first six months means that for the first six months of life the infant receives only breast milk and nothing else (no food, drink or water) but allows the infant to receive ORS and vitamins/mineral/medicine as drops or syrup.

Note 2: Complementary foods are soft, semi-solid or mashed foods which should be introduced in the infant's diet when the infant completes six months of age as after the age of six months breast milk alone cannot meet the needs of the growing infant.



❖ Summing up

- Beneficiary needs to enroll herself at an AWC, sign an undertaking and receive services and counselling from the AWC/Health Centre to avail the financial benefit under the Scheme.
- Each beneficiary will receive ₹4000 (₹1500+1500+1000) in three installments after fulfilling the conditions.
- For each beneficiary who has fulfilled all due conditions, AWW will get ₹200 and AWH will get ₹ 100.
- Filling up the MCP card is very important, as it is a means of verification.



Presentation of the Scheme

WHAT IS INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY)?



• Matritvaí means Motherhood

• Sahyogí means Support

It is a pilot Scheme of M/WCD to support women in their motherhood through Conditional Cash Transfer (CCT)

CCT means beneficiary will get Cash incentive upon fulfillment of specific conditions

WHY WAS THIS SCHEME INITIATED?



- In India every 3rd woman is underweight
- Chances that an underweight mother gives birth to a baby with LBW are high
- Due to income constraints, many women continue to work outside home during pregnancy and soon after delivery
- Due to the time and economic constraints they cannot take good care of themselves and their newly born baby



IGMSY: OBJECTIVES



To improve health & nutrition status of pregnant & lactating women and their infants by :

- Encouraging mothers to follow good practices in pregnancy and lactation for themselves
- Increasing utilisation of services to them & their baby
- Encouraging women to follow optimal IYCF practices for the first six months
- Providing cash incentives on fulfillment of specific conditions and as partial compensation for wage loss

IGMSY: DISTRICTS



- 52 Districts across the country
- In District: All AWCs to be covered including mini AWCs and urban AWCs



IGMSY: TARGET GROUP



A woman is entitled to receive the benefit of the Scheme if she fulfills 4 criteria:

1. Pregnant
2. Not less than 19 years old
3. This is her first or second live birth
4. She or her husband do not work in Government/Public Sector Undertaking (Central and State)

IGMSY: TRANCHES



Cash Transfer	Conditions	Amount
1 st Installment (at the end of Second trimester)	<ol style="list-style-type: none"> 1. Pregnancy registered within 4 months at AWC/Health Centre 2. Received at least one ANC 3. Received IFA tablets 4. Received at least one TT vaccine 5. Received at least one counselling session at AWC/VHND/Home Visit 	₹1500
Incentive under JSY	JSY package for institutional delivery as per JSY norms; including promoting early initiation of breastfeeding and colostrumfeeding	

AWC = Anganwadi Centre, IFA - Iron Folic Acids Tablets, TTV = Tetanus Toxoid Vaccination, VHND = Village Health and Nutrition Day

IGMSY: TRANCHES (Contd.)



Cash Transfer	Conditions	Amount
2nd Installment (3 months after delivery)	<ol style="list-style-type: none"> 1. Birth registered at AWC/Health Centre 2. Child received OPV & BCG 3. Child received OPV & DPT-1 4. Child received OPV & DPT-2 5. Child weighed at least 2 times after birth 6. Mother attended at least 2 IYCF counselling sessions at AWC/VHND/Home Visit 	₹1500

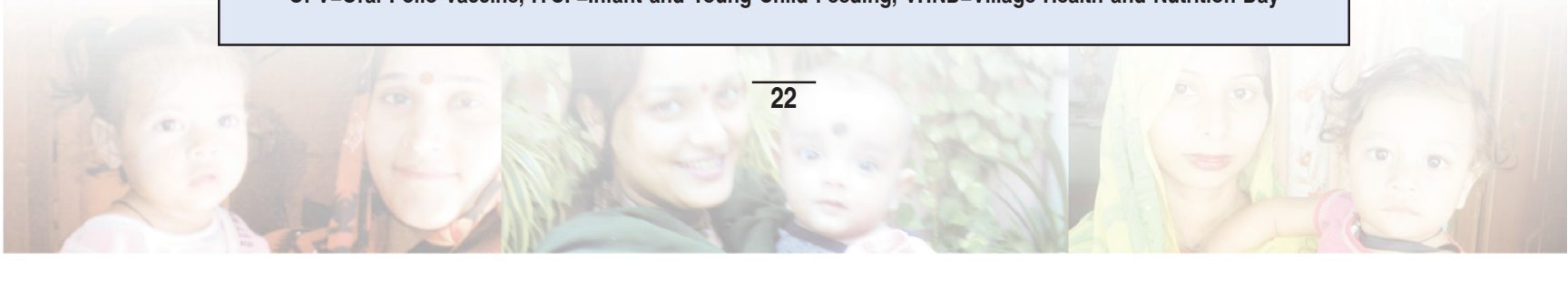
OPV=Oral Polio Vaccine, IYCF=Infant and Young Child Feeding, VHND=Village Health and Nutrition Day

IGMSY: TRANCHES (Contd.)



Cash Transfer	Conditions	Amount
3rd Installment (6 months after delivery)	<ol style="list-style-type: none"> 1. Child exclusively breastfed for first 6 months 2. Child introduced complementary foods on completion of age 6 months 3. Child received OPV & DPT-3 4. Child weighed at least 2 times b/w age 3 and 6 months 5. Mother attended at least 2 IYCF counselling sessions organised at AWC/VHND/ Home Visit on IYCF promotion b/w 3 and 6 months of lactation 	₹ 1000

OPV=Oral Polio Vaccine, IYCF=Infant and Young Child Feeding, VHND=Village Health and Nutrition Day



IGMSY: IMPORTANT CONSIDERATIONS TO TAKE CARE OF



- Beneficiary is entitled to the due installments in:
 - Miscarriage
 - Still Birth
 - Death of Child
- Now on enrollment should be of P/W women only
- Twins: entitled to receive benefit once only
- Beneficiary can get the FINANCIAL BENEFIT THROUGH ONE AWC only. SET UP VIGILANCE MECHANISMS TO AVOID DUPLICATION OF BENEFITS

IGMSY: VERIFICATION OF THE CONDITIONS



BY AWW

- MCP card
- IGMSY Register
- Growth Monitoring Register
- BY SUPERVISOR
 - Cross-check registers and MCP card
 - Check MPR for correctness



IGMSY: ROLE OF WORKERS



- All beneficiaries have MCP cards & Bank/Post office accounts
- VHND days: Full coverage & Counselling
- Monthly fixed day: fixed time fixed place counselling sessions can be planned (2nd and 4th Friday as counselling days)

IGMSY: MODE OF CASH TRANSFER TO BENEFICIARY



- No disbursement should be in form of 'cash' or 'cheque'
 - Modalities may be decided by State Government
 - Suggestive modes of transfer:
 - Nationalised/Cooperative banks
 - Business correspondent model of banks
 - Post Offices
- (SEE ANNEX C FOR EXAMPLES)
- Actual disbursement to Bank/Post office account of beneficiary to be completed within 1 month of claim

IGMSY: INCENTIVE TO WORKERS



- Incentives to AWW and AWH on disbursement of ALL due installments to beneficiary:
 - AWW: ₹ 200 per beneficiary
 - AWH: ₹ 100 per beneficiary
- If beneficiary migrates in or out, the AWW and AWH would be entitled to the complete cash incentive amount
- AWWs and AWHs are entitled to be beneficiaries if they are not receiving paid maternity benefits
- Cash incentive to be transferred in their salary account

IGMSY: ADDRESSING GRIEVANCES



- Grievance is any discontent which needs to be addressed
- Transparency: Wall Painting at each AWC
- Suggestive ways
 - ñ collectors' grievance redressal unit
 - ñ Forwarding problems to project-level steering and monitoring committee
 - ñ Special Mahila Sabhas
 - ñ Toll-free number



IGMSY: CONVERGENCE

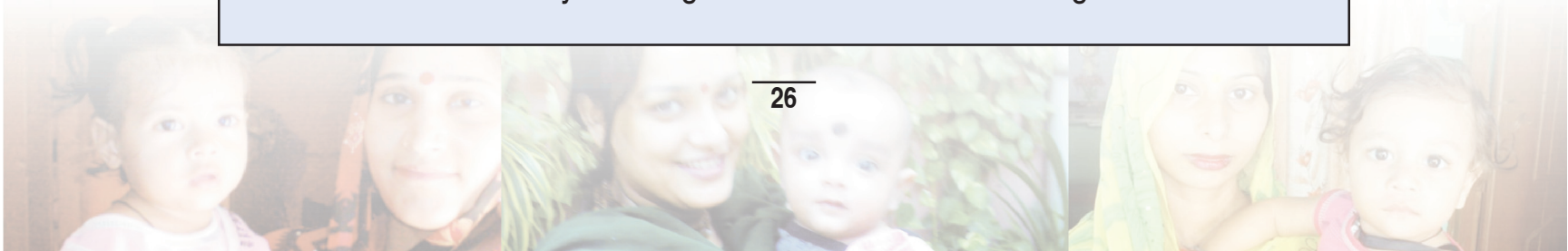


- **Health Department**
 - Conditionalities are related to health services like ANC, supply of IFA tablets, Immunisation etc .
 - Ensuring timely supply/other required services
- **Post Office/Banks** for devising mechanisms of transactions
- **Training Institutes/Medical Colleges** for training curriculum to include IGMSY
- **Panchayati Raj Institutions** for mass awareness & addressing grievances
- **Department of Public Relations** for publicity
- **NGOs/Civil society:** community mobilization

IGMSY: HOW TO IMPLEMENT THE SCHEME ñ STEPS FOR AWW



1. List eligible women & update in Part I of register
2. Hold a sensitization & mobilization meeting
3. Ask beneficiary to sign undertaking (Part II (A) and write beneficiary details in Part II (B) of register
4. Give each beneficiary an IEC pamphlet and a MCP card
5. Ask beneficiary to open a bank account
6. Support beneficiary in completing conditionality (VHND & counselling Days)
7. On 3rd of each month: Update Part II (B), Part III & prepare MPR, Submit MPR to supervisor
8. Hold a community meeting/Mahila Sabha to address grievances



To get the benefit under the Scheme you need to...

You are entitled to the benefit under the Scheme if you fulfil 4 criteria...

Indira Gandhi Matritva Sahyog Yojana



Register yourself at the AWC as soon as you know about your pregnancy



Open a bank/post office account so that money can be transferred to it



Demand services to be provided by the AWW or ANM



Ensure service(s) and counselling you receive are noted in the MCP Card

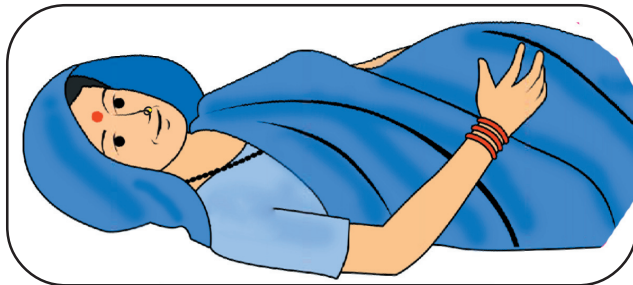


You are Pregnant

You are not less than 19 years old

This is your first/second live birth

You or your husband donot work in Government/Public Sector Undertaking/State Public Sector Undertaking



Information Pamphlet for Empowerment of Pregnant & Lactating Women



Ministry of Women and Child Development
Government of India

For further queries contact your AWW & ANM
For any grievance contact.....
at

1st Installment Amount : ₹ 1500

You are entitled to this amount at the end of 6 months of pregnancy, if you fulfill the following

Register pregnancy within 4 months at the AWC or Government health centre or Empanelled private doctor under JSY



Receive atleast one Antenatal Check-up*



Receive IFA tablets*



Receive atleast one dose of TT.



Attend atleast one counselling session at the AWC/Village Health and Nutrition Day (VHND)/Home by AWW/ANM



* At Health Centre or AWC

2nd Installment Amount : ₹ 1500

You are entitled to get this amount 3 months after delivery, if you do the following for the Baby :

Register his/her birth at AWC



Get Polio & BCG Vaccination dose*



Get Polio & DPT-1 Vaccination dose*



Get Polio & DPT-2 Vaccination dose*



Get the baby weighed atleast two times between birth and 3 months of age*



After delivery, attend atleast two IYCF counselling sessions by AWW/ANM at AWC/Home



* At Health Centre or AWC

3rd Installment Amount : ₹ 1000

You are entitled to this amount 6 months after delivery, if you do the following for the Baby :

Exclusively Breastfeed him/her for first 6 months



*Do not give even water to the baby.

Introduce complementary food on completion of 6 months (Annaprashan)*



Get Polio & DPT-3 Vaccination dose**



Get the baby weighed atleast two times between 3 and 6 months of age**



Attend atleast two IYCF counselling sessions by AWW/ANM between 3 and 6 months of lactation of AWC/Home



* Self certified by you. No proof is required

** At Health Centre or AWC

SESSION 3

How to implement IGMSY: Steps every ICDS functionary should know

Session Objective	Participants would be equipped with understanding of operationalization of the Scheme at field level.
Time required	2 hours
Content	<ul style="list-style-type: none"> • Registration • Opening bank/post office account • Mobilisation, VHND & IYCF Counselling • How to monitor implementation of the Scheme? • How to fill the register? • How to fill the Monthly Progress Report? • Addressing grievances
Material Required	<ul style="list-style-type: none"> • Presentation, playcards, IGMSY register, MCP card and IEC pamphlet on IGMSY, Flash Cards on IYCF • Handouts for distribution
Training Method	Demonstration, Role Play, Practice Sessions using worksheets
Learning Outcome	ICDS functionary would be familiarised with how to implement the Scheme in their catchment areas

❖ Instructions for Trainer

- This session should be made as participatory as possible with role plays, spot questions and games.
- You can do a presentation to acquaint the group on the steps which would be required for implementing the scheme. This presentation should be done such that after every step there is a break and scope for questions.
- Relevant Handout/IEC material can be used for communicating the technical information.



❖ Supporting information for Trainers

❖ Steps to follow for implementation of the Scheme

• Step 1: Enlisting eligible women

Enlist all pregnant and lactating women in the village/locality. You have been given an IGMSY register. Since you had already conducted a baseline survey of pregnant and lactating women, you already have names of these women. Just re-write this information down in Part I of the IGMSY register. Apart from these women, write details of all women who have become pregnant after the baseline survey was conducted. You can transfer this information from the ICDS register. Use Part I to screen how many women are eligible. **The trainer should give photocopy of register to the participants and use Handout 3.1 to explain how to fill up Part I of the register.**

• Step 2: Sensitisation about the Scheme in the community & enrollment

Hold a sensitisation meeting with all eligible women and tell them about the Scheme as you have learned in Session 2. If interested to avail the benefit of the Scheme, it is mandatory that the beneficiary signs an undertaking which is given in Part II (A) of the IGMSY register.

During the sensitisation meeting, the family members of the beneficiary, elders in the community, members of the village health and sanitation committee/village council/coordination committee should be present. During this meeting the objectives of the Scheme should be shared and it should be emphasised that this Scheme aims at improving behaviours and community will be co responsible for ensuring both demand of the services and addressing supply gaps from service providers.

• Step 3: Writing details of the beneficiaries in Part II (B) of the register:

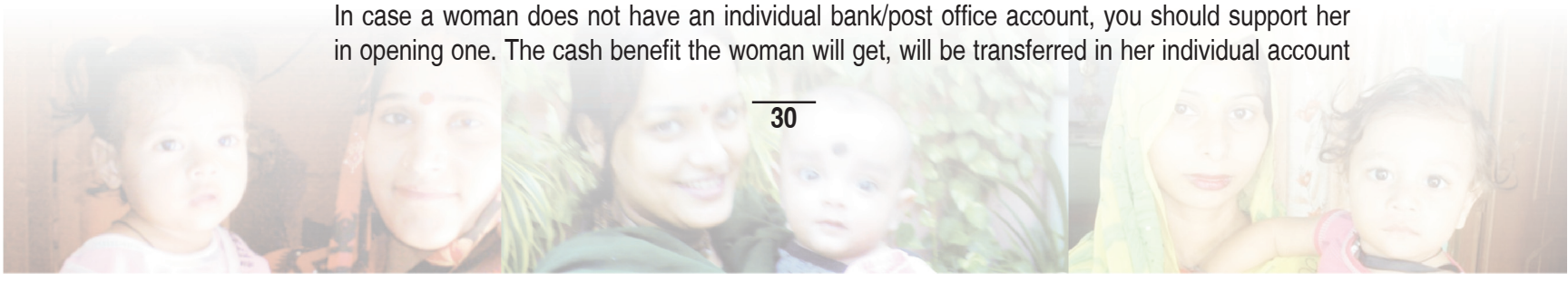
Once a woman registers and fills the undertaking in Part II (A), write her details in Part II (B) of the register. Part II (B) is the individual record of the IGMSY beneficiaries on the conditions fulfilled. It is to be filled-in upon registration under the Scheme and updated as and when the actual beneficiary fulfills conditions and receives payment until the beneficiary exits from the Scheme.

• Step 4: Give each beneficiary an IEC pamphlet and MCP card

Upon signing the undertaking an IEC pamphlet, which has all basic information which the woman and her family need to know about the Scheme should be given to her. MCP card is a verification tool for the conditionality, so tell the woman that she should carry it with her and mark the service she receives in the MCP Card. In case, the beneficiary does not have an MCP card, the AWW may give it to her.

• Step 5: Ask the beneficiary to open a bank/Post Office account

In case a woman does not have an individual bank/post office account, you should support her in opening one. The cash benefit the woman will get, will be transferred in her individual account



directly and not given to her by **icashî** or **ichequeî**. Hence, opening this account is, mandatory. Simple precautions of banking such as how to fill forms, keeping the papers safely, remembering/writing down the pin number in case a smart card is being used should be discussed.

Note: Step 2 to 5 may also be done through a mass enrollment drive (e.g., Matritva *Melas* for mass propagation and enrollment on one day) wherein community members (particularly eligible beneficiaries) should be informed about the Scheme, eligible beneficiaries screened and persons from Bank/Post Office should be present to support opening accounts in the village/locality itself. Such mass enrollment drives may be done in coordination with Village-level committees and under the supervision of the Supervisor of ICDS.

- **Step 6: Support beneficiaries in fulfillment of conditions and reaffirm to her is not a difficult task**

In total, the conditions that can be easily fulfilled if the beneficiary comes to the AWC twice a month. Once to attend the immunisation and village health and nutrition day where the beneficiary will receive vaccinations and get the baby weighed; second, the beneficiary has to come to attend a counselling session. So fix a day and time every month for counselling pregnant and lactating women. This information should be informed to the beneficiary on which days she needs to come to the centre to receive services/counselling.

- **Step 7: Mobilisation, VHND and IYCF Counselling**

This is the most important aspect of the Scheme, as it will ensure more and more women understand the benefit of the Scheme and avail its benefit. Trainer should discuss how to organise the counselling session and issues using flash cards on pregnancy and Infant and Young Child Feeding (IYCF). Existing flip charts on care during pregnancy and Infant and Young Child Feeding may be used. **Handout 3.2** contains key messages on pregnancy and on IYCF.

A **monthly session calendar** can be made for these counselling sessions taking one topic in every month (Trainer should help the participants make an activity calendar). Trainer should help the AWW to organise the **[Handout 3.2]** information into 12 sessions and discuss key messages/activities to be conducted in these monthly sessions. In total 12 sessions are to be organized in a year for pregnant and lactating women. Village Health and Nutrition Day (VHND) is another day for mobilisation of community members and counselling of beneficiaries. The waiting time of beneficiaries during the VHND should be utilised for counselling, in case a separate day for counselling is not being organised.

- **Step 8: Verification of conditionality by AWW and Supervisor**

Verification of each conditionality should be done by the AWW and Supervisor. Trainer can ask the group to suggest what are the conditions which could be gauged from MCP card. Exclusive breastfeeding and initiation of complementary foods are to be self-certified by the mother. Field monitoring visits should be preferably on the VHND days and counselling days to gain first hand information about the problems.



- **Step 9: Updating the IGMSY register**

On the 3rd of each month update the Part I and II of the register and then make a monthly summary in Part III. Handout 3.1 includes how to fill the register.

- **Step 10: Fill up your Monthly progress report**

AWW will give a Monthly Progress Report (MPR) on the Scheme to the Supervisor in the format given in **Handout 3.3**. Trainer should ask the group to suggest names of 10 pregnant and 5 lactating women, along with their age, caste, number of children, employment status. Write this on a flip chart. Give the group an exercise and ask the group to fill the register and the monthly progress report using information about these 15 women.

- **Step 11: Addressing grievances and solving field problems**

- ✓ Paste the entitlements under the Scheme, eligibility criteria and list of beneficiaries at the AWC to maintain transparency.
- ✓ Share issues and grievances related to the Scheme in the meeting of the Village Health and Sanitation Committee (VHSC) and forward them along with your MPR report to the Supervisor for necessary action.
- ✓ Further for Social Audits, IGMSY should be an agenda point during the Gram Sabhas.
- ✓ Wherever possible, special Women Gram Sabhas (Mahila Sabhas) may be convened by the Women Sarpanch/Panchayat member. During the Mahila Sabhas, names of IGMSY beneficiaries should be informed to the community members by the Anganwadi Worker. Representatives of Bank, Post office and District IGMSY cell may also be invited to these meetings. Mahila Sabha meetings may be held twice a year.

❖ **Summing up**

- Ask the group to sum-up what has been discussed in this session.



Hand Out 3.1

IGMSY Register

Indira Gandhi Matritva Sahyog Yojana Register Department of Women and Child Development [Name of State/UT]

Financial Year:

Name & Address of AWC:

Date of Opening of Register:

Name of Village/Mohalla/Locality:

AWC Code No.:

Name of Sector/Ward:

Name of AWW:

Name of Project:

Name of AWH:

Name of District/City:

Name of ANM:

Name of Attached Sub-centre
Urban Health Post or Centre :

Name of ASHA:



नए समाज की ओर
Towards a new dawn

Ministry of Women and Child Development
Government of India



PART I : RECORD OF ALL PREGNANT AND LACTATING WOMEN IN THE AWC AREA

(DETAILS OF ALL PREGNANT AND LACTATING WOMEN IDENTIFIED DURING BASELINE SURVEY SHOULD BE ENTERED HERE, FOLLOWED BY ALL WOMEN WHO COME FOR REGISTRATION UNDER IGMSY EACH MONTH, IN THE YEAR)

S. No.	Name (First, Middle & Last Name)	Category (SC/ST/ Others)	Date of Registration with IGMSY (dd/mm/yy)	D.O.B. (dd/mm/yy)	Age (in completed years as on date of registration with IGMSY)	No. of live births	Self/ Husband Working in Govt./ PSU Yes - Y No - N	Status at the time of registration		P/L woman eligible under IGMSY (Write 'Y' if Col. 6 is ≥ 19 & Col. 7 is 0 or 1 & Col. 8 is N. Otherwise write N)	Actual P/L woman beneficiary under IGMSY (Out of eligible i.e., Y of Col. 11 & who have signed the undertaking at Part II (A))	Month of exit of actual beneficiary from Scheme (Fill from Col. 13, Part III of Register of month when beneficiary exists from Scheme)	
								Pregnant - P Lactating - L	Month of Pregnancy/ Lactation				
1	2	3	4	5	6	7	8	9	10	11	12	13	
BASELINE SURVEY (MM/YY) :													
1													
2													
21													
JANUARY													
25													
FEBRUARY													
29													
SEPTEMBER													
TOTAL (WRITE IN PENCIL)								P = ____ L = ____ Total = ____	Total of Y		P = ____ L = ____ Total = ____	Total of Y	
								P = ____ L = ____ Total = ____			P = ____ L = ____ Total = ____		

PART II (A): UNDERTAKING BY THE BENEFICIARY

(TO BE FILLED IN FOR THE BENEFICIARY AT THE TIME OF REGISTRATION)

Village: _____

Project: _____

District: _____

SUB: APPLICATION FOR REGISTRATION UNDER THE IGMSY SCHEME

MY PERSONAL DETAILS

Name _____ (full name)

Wife/daughter of _____ (name of Husband/Father)

Resident of _____ (name of village/mahalla/locality), (district/city)

Age _____ (age in completed years)

Number of live births _____

I certify that I or my husband is not an employee of the Central/State Government/Public Sector Undertaking. I have registered myself on _____ (date) with AWC _____ (name and address of AWC) to avail benefit under IGMSY. **I am not enrolled with any other AWC for this Scheme.**

The aforesaid statements made by me are true, complete and correct to the best of my knowledge and belief. I also agree that any misrepresentation of information would mean removal from the Scheme. I undertake to repay the amount paid to me in such a case. Failing, I may be made liable for prosecution.

Signature/thumb print of Beneficiary: _____ **Date:** _____



S.No.

PART II (B): INDIVIDUAL RECORD OF BENEFICIARIES

(TO BE FILLED IN FOR ALL ACTUAL BENEFICIARIES i.e., THOSE MARKED AS 'Y' IN COLUMN 12 OF PART I)

Name (First, Middle, Last) :

Beneficiary details at the time of Registration (transfer relevant info. from Part I):
 Husband/Father's Name : _____
 Category (tick one) : SC / ST / Others _____
 Date of Registration with IGMSY :
 Status (tick one) : Pregnant - P / Lactating - L _____
 Month of Pregnancy/Lactation (tick 1) : 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 _____
 Aadhaar No. (if available) :

Contact Address : _____

 Contact Number : _____

Date of Child Birth
 Place of Birth (tick 1) : Home / Government Hospital / Private Hospital or clinic _____

Name and address of Bank/PO. _____

 Account Number : _____

Conditions	Fulfilled Conditions Yes-Y No-N	Date (s)	Signature of AWW on fulfillment of all conditions	Signature of Beneficiary on receipt of payment with date*
1	2	3	4	5
First Installment Conditions				
1. Pregnancy registered within 4 months of pregnancy at: (tick 1) : AWC / Health Centre				
2. Received 1 ANC				
3. Received IFA tablets				
4. Received 1 TT vaccination				
5. Received 1 counselling session at : (tick 1) : AWC / VHND / Home				
Second Installment Conditions				
1. Child birth registered				
2. Child received BCG				
3. Child received DPT-1 / OPV - 1				
4. Child received DPT-2 / OPV - 2				
5. Child weighed 2 times in last 3 months		(i) _____ (ii) _____		
6. Received IYCF counselling at least two times in last 3 months at : (i) (tick 1) : AWC / VHND / Home (ii) (tick 1) : AWC / VHND / Home		(i) _____ (ii) _____		
Third Installment Conditions				
1. Child exclusively breastfed up to age 6 months				
2. Child has been introduced complementary foods				
3. Child received DPT-3 / OPV-3				
4. Child weighed 2 times in last 3 months		(i) _____ (ii) _____		
5. Received IYCF counselling at least 2 times in last 3 months at : (i) (tick 1) : AWC / VHND / Home (ii) (tick 1) : AWC / VHND / Home		(i) _____ (ii) _____		

*Write 'Pending' in Column 5, if beneficiary has not received payment after 1 month of fulfilling conditions

Date of Exit from Scheme

Reasons for Exit (tick 1):

- Received all due installments
- Out-migrated
- Death of Mother
- Death of Child



How to fill the IGMSY register Instructions for the Anganwadi worker

a) Purpose of the IGMSY register

The IGMSY register is meant to identify and keep a record of all beneficiaries under the Scheme in the AWC area. **Every financial year a new register is to be opened.** The register needs to be filled in blue ink/ball point pen.

b) Organisation of the register

There is a cover page and Parts I, II and III of the IGMSY register.

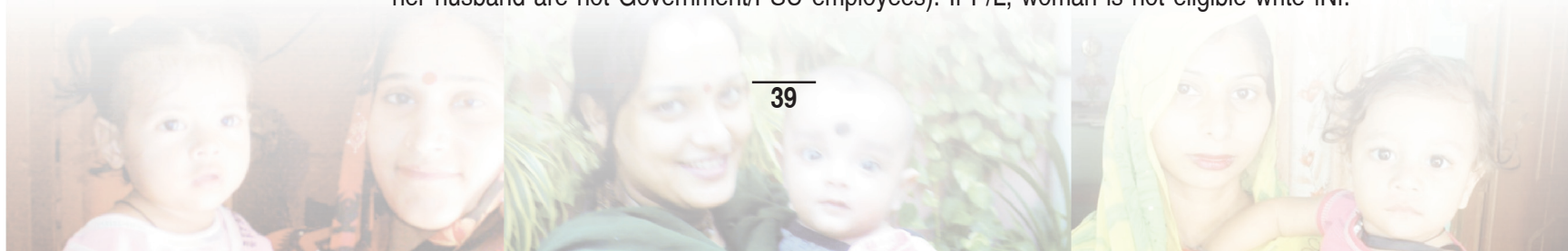
- i. **Part I** is the record of all Pregnant and Lactating (P & L) women in the AWC area. Part I helps in identifying the eligible and actual beneficiaries out of all P & L women and keeps record of month when the actual beneficiaries exit out of the Scheme.
- ii. **Part II** is the record of actual beneficiaries. It has two parts. Part II (A) is the undertaking to be filled by the beneficiary at the time of registration into the Scheme. Part II (B) is the individual record of actual IGMSY beneficiaries. It is to be filled-in for all actual beneficiaries upon registration under the Scheme and updated as and when the actual beneficiary fulfills conditions and receives payment until the beneficiary exits from the Scheme.
- iii. **Part III** is the monthly record of all actual beneficiaries in terms of their present status and installments which are due, received or pending.

c) How to fill the register?

- i. **Cover Page:** There are 14 items to be filled on the cover page.
 - Write the name of State/UT.
 - Write the financial year and date of opening of the register in that financial year in dd/mm/yy format. For the financial year 2010-11 the date of opening of register will be the date of start of IGMSY baseline survey. E.g., 01.12.10.
 - Write the complete name and address of the AWC and the AWC Code number.
 - Write your name, name of the AWH, ASHA and ANM.
 - Write the name of Village / Mohalla / Locality.
 - Write the name of the ICDS Sector / Ward and Project as well as the District / City under which the AWC falls.
 - Write the attached Sub-Centre or Urban Health Centre/Post.



- ii. **Part I of IGMSY register-Record of all Pregnant and Lactating Women in the AWC area):** Write the month of the baseline survey and fill the table on this sheet column wise. After the baseline survey, the name of each month is to be written and entries to be filled below it. E.g., Write January and then entries for January. Thereafter write February and then entries for February and so on.
- Col 1: **S.No.:** Serial Number of the entry.
 - Col 2: **Name:** First, Middle and Last Name of the P/L woman should be written as it is generally written by her. E.g., Rajni Ben Vaidya.
 - Col 3: **Category:** Write 'SC' or 'ST' and if the family belongs to neither of these categories then write 'Other'. All General categories, OBCs, Minorities etc. will be written as 'Other'.
 - Col 4: **Date of Registration with IGMSY:** Write the date in dd/mm/yy format when the woman comes to register herself with IGMSY at the AWC.
 - Col 5: **Date of Birth:** The date of birth of the P/L woman is to be entered (if available) in dd/mm/yy format. E.g., 06.10.96.
 - Col 6: **Age of woman:** Age of the P/L woman in completed years on the date of registration with IGMSY should be entered. E.g., if the woman is 19 years and 2 months, write '19'.
 - Col 7: **Number of live births:** The number of live births the P/L woman has had on the date of registration with IGMSY needs to be entered here. Live births includes the children who were born alive but does not include still births. E.g., if the woman has had 4 deliveries, but one child was born as still birth and then one child died after age of 8 months, the entry will be '3'.
 - Col 8: **Self/Husband working in Govt./PSU:** If the woman or her Husband is an employee of Central/State Government/Public Sector Undertaking, write 'Y' (meaning Yes) otherwise write 'N' (meaning No).
 - Col 9: **Status:** Write 'P' if the woman is Pregnant and 'L' if the woman is a Lactating woman at the time of registration with IGMSY.
 - Col 10: **Month of Pregnancy/Lactation:** Write the month of Pregnancy/Lactation as reported by the woman at the time of registration with IGMSY. E.g., if the woman is 3 months pregnant write '3'. If the child is 1 month old means the woman is lactating write '1'. Col 9 & 10 together will give the status.
 - Col 11: **P/L woman eligible under IGMSY:** 'Y' is to be filled in Column 11 if the woman is eligible i.e., Column 7 is ≥ 19 (meaning woman is 19 years or above) and Column 8 is 0 or 1 (meaning woman has up to 2 live births) and if Column 9 is N (No) (meaning the woman or her husband are not Government/PSU employees). If P/L woman is not eligible write 'N'.



- **Fill Column 12 onwards ONLY if Column 11 is Y.**
 - **Col 12: P/L woman actual beneficiary under IGMSY:** If P/L woman is eligible under IGMSY (i.e., Col 11 is 'Y') and is actually availing the benefit of the Scheme and signed the undertaking given in Part II (A), then write 'Y' in Col. 12. If not availing write 'N'.
 - **Col. 13: Month of exit of actual beneficiary from the Scheme:** Fill from Part II (B) of Register (individual record of actual beneficiary) month when the beneficiary exits from the Scheme is to be written here.
 - **TOTAL:** Calculate totals from Col. 9, 11 and 12 P/L wise. Only the 'Y' is to be counted in Col. 11-12. Since these totals will be changed every month, the entry should be done in pencil. .
- iii. **Part II (A) of IGMSY Register-Undertaking by the Beneficiary:** Part II (A) is an undertaking to be filled in for the beneficiary at the time of registration under the Scheme, The undertaking is a self-certification of the eligibility of the beneficiary into the Scheme and is availing the benefit of the Scheme from one AWC only. The personal details of the woman are to be filled in first. At the bottom, the beneficiary will sign or put her thumb print. The undertaking should necessarily be filled.
- iv. **Part II (B) of IGMSY Register- Individual record of the beneficiaries**
- On the top right corner first write the S.No. in 3-digit. E.g., 001, 012. This S.No. will be written in Part III of the register. This number will continue till her exit from the Scheme.
 - Write the first, middle and last name of the beneficiary.

BOX

- **Box 1:** Fill the following beneficiary details given by the beneficiary at the time of registration from Part I of the register: Status at the time of registration - Pregnant / Lactating - L (tick one), tick on the month of Pregnancy / Lactation at the time of registration) and tick on the category (SC / ST/Other). Write the Husband's/Father's name and Adhaar number, if available (in the 12 box spaces).
- **Box 2:** Write the date of child birth in dd/mm/yy format. Tick whether the child birth took place at home, a government hospital or a private hospital or clinic.
- **Box 3:** Write the contact address of the beneficiary. Write the Contact number: mention mobile number or landline number, whichever is available.
- **Box 4:** Write the details of bank/post office account of beneficiary - the address of Bank/ Post Office and account number.



Table:

- Col. 1: **Conditions:** is the conditionality for the three installments which is already printed. In case of counselling received (which is a conditionality for all three installments) a tick has to be marked at the place where the counselling was received (AWC or VHND or home).
- Col. 2: **Fulfilled Conditions Yes-Y/No-N:** Write 'Y' if the conditionality is fulfilled and 'N' if the conditionality is not fulfilled.
- Col. 3: **Dates(s):** Write the date of fulfillment of conditions. In case of weighing of child and counselling, write the dates when weighing and counselling was done.
- Col. 4: **Signature of AWW on fulfillment of conditionality:** This is to be signed only once after the beneficiary completes ALL the conditions for that installment.
- Col. 5: **Signature of the beneficiary on receipt of payment with date:** This is to be signed/ thumb printed by beneficiary on receiving the due installment. Write Pending in Col. 5 if the beneficiary has not received payment even after 1 month of fulfilling the conditions.
- At the bottom of the table, write date when the beneficiary exits from the Scheme and tick one of the reasons for exit.

v. **Part III of IGMSY Register- Monthly record of actual beneficiaries under IGMSY Scheme:** One page has to be filled each month to give updated information for that month. This should be filled-in by 3rd of every month.

- Col 1: **S. No. in Part II (B) of register:** Write the 3-digit S.No. of the beneficiary as given in Part II (B) of the Register (Individual record of actual beneficiary i.e., 001. This will not change for the beneficiary till she exits from the Scheme. This will be her identification number for IGMSY.
- Col 2 & 3: **Name & Category:** This should be the same as information from Part I.
- Col 4 & 5: **Status in reporting month:** The current status of the woman - whether the woman is Pregnant or Lactating and what is her month of Pregnancy or Lactation will be written here. P 8 means the woman is 8 months pregnant. L 4 means the woman is 4 months lactating. E.g., if a woman is P6 in February, she will be P7 in March and so on.
- Col 6-8: **Type of Beneficiary:** Whether the beneficiary is continuing from previous month or is a new entrant needs to be ticked in the respective Columns. E.g., tick in Col. 6 she was a beneficiary in previous month also. Tick in Col. 7 if the beneficiary is a new entry because she is newly pregnant. Tick in Col. 8 if the beneficiary is a new entry because she has migrated in the area.
- Col 9-11: **Installment(s):** In that particular month, write currently which installment is pending (Col. 9) and due (Col. 10) to the beneficiary and which installment has the beneficiary received (Col. 11). Write '0' / '1st' / '2nd' / '3rd', in the respective columns.

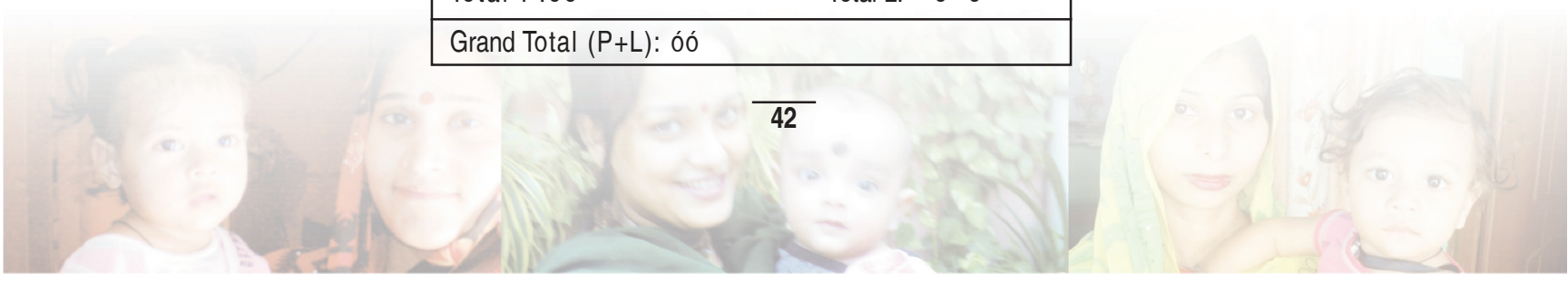


- Pending (Col. 9) is to be filled from Col. 5, Part II (B) of register. Pending means that the beneficiary had fulfilled conditionality for receiving a particular installment last month but has not received installment even after 1 month of fulfilling the conditionality.
- Due (Col. 10) is to be filled from Col. 4 of Part II (B) of register. Installment due means installment for which the beneficiary has fulfilled the conditionality this month.
- Received (Col. 11) is to be filled from Col. 5 of Part II (B) of register. Received means that beneficiary has received the installment in this month.
- Please note that installment pending and received in that particular month can be more than one.
- Col 12: **Reason for exit from Scheme:** When the beneficiary exits from the Scheme, write the code for the reason of exit. Write '1' if she has received all due installments- '2', Write '3' if she has migrated out. However this information would need verification since the beneficiary would not be there. Write '4' if the beneficiary dies during the Scheme period. Write '5' if the infant dies between birth and 6 months of age.
- **TOTAL:** Calculate totals from Col. 4 and 6-12, as indicated. For Col 9-11, against 1st, the total number of beneficiaries for whom 1st is written is to be counted. In case, 1st and 2nd both are written, each will be counted and so on.

vi. **ABSTRACT OF THE MONTH**

- After filling-up the details in Part III of the register i.e., the monthly record of actual beneficiaries under IGMSY Scheme, write an abstract of number of Pregnant and Lactating women status-wise in the format given below on the left-side margin of Part III of register.

MONTH: _____			
Number of Pregnant Women (P)		Number of Lactating Women (L)	
P1	ó ó	L1	ó ó
P2	ó ó	L2	ó ó
P3	ó ó	L3	ó ó
P4	ó ó	L4	ó ó
P5	ó ó	L5	ó ó
P6	ó ó	L6	ó ó
P7	ó ó		
P8	ó ó		
P9	ó ó		
Total P: óó		Total L: ó ó	
Grand Total (P+L): óó			



- This abstract should be made by the 3rd of every month, when the Part III of the register is filled. Details of number of women of each status are available in Col 4 & 5 of Part III of Register. Eg., if there are 4 women whose status is P6 in Col 4 & 5, then 4 will be written against P6. The total of monthly abstract should be same as total of Col 4 of Part III of register.
- This abstract will give an overview of the status-wise (Eg., P8, L4, etc.) number of beneficiaries in every month. This will also reflect clearly as to how many women are due for installments in the month. Eg., women with status P7 will be due for 1st installment and women with status L4 will be due for 2nd installment if conditions are fulfilled. Women with status L6 will be due for 3rd installment in next month. These numbers should tally with Col 10 of Part III of register.



Nutrition of Pregnant Women

A pregnant woman needs:

- ❖ An adequate nutritious diet
- ❖ Adequate rest
- ❖ Iron and Folic Acid tablets throughout the pregnancy
- ❖ Immunisation

Diet

- ❖ It is important that a woman should gain 10-12 kg weight during pregnancy
- ❖ Increase food intake.
- ❖ Whole gram, pulses and legumes, sprouted pulses, dark green leafy vegetables, jaggery, dates, groundnuts, gingelly seeds are foods of plant origin having good iron content. These may be included in the daily diet.
- ❖ Include green leafy vegetables in daily diet right from the beginning as all foliage provide folic acid much needed during early months.
- ❖ Consume one seasonal fruit daily. Milk, curd, butter milk, egg, meat, fish are helpful.
- ❖ Iodised salt should be consumed as pregnant women require sufficient iodine for brain development of the child in the womb.
- ❖ Take plenty of fluids/water. Take small and frequent meals.

Rest

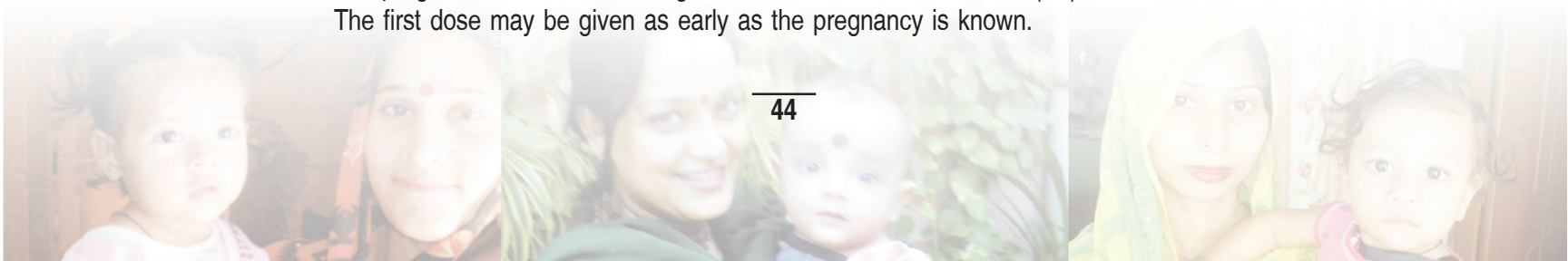
- ❖ Heavy work should be avoided throughout the pregnancy.
- ❖ Rest (in lying down position) during third trimester is important to enable adequate flow of nutrients from mother to the child. Two hours rest in addition to sleep of 8 hrs during day time.

Iron and Folic Acid tablets

- ❖ IFA tablets prevent anaemia and help a women to deliver a normal healthy baby
- ❖ IFA tablets should be consumed during pregnancy (daily one tablet for 100 days starting soon after you get to know of your pregnancy).
- ❖ Iron tablets may cause black stools which is harmless.

Immunisation

- ❖ The pregnant woman should be given two doses of tetanus toxoid (TT) at an interval of 4 weeks. The first dose may be given as early as the pregnancy is known.



Hand Out 3.2 (b)

Nutrition of Lactating Mothers

- ❖ A lactating mother requires to eat more than what she was eating during pregnancy.
- ❖ A lactating mother requires to eat one extra meal and snack to meet the needs of production of breast milk for the new born baby.
- ❖ A good nutritious diet prepared from low cost locally available foods, family support and care, and a pleasant atmosphere in the family helps improve lactation and ensures health of both the mother and the baby.

Diet

- ❖ Include more of cereals, pulses and green leafy vegetables in daily diet.
- ❖ Take vegetables and one seasonal fruit a day.
- ❖ Take milk, butter milk, fluids and a lot of water.
- ❖ Egg, meat, fish are beneficial include in the diet if affordable.
- ❖ Use of energy-dense foods is necessary to meet the increased energy needs. Traditional preparations like panjiri, laddoo are useful.

Rest

- ❖ Breastfeed the child with a relaxed mind. Any type of mental tension decreases milk secretion.

IFA tablets

- ❖ Take iron and folic acid tablets for first six months of lactation.



Optimal Infant and Young Child Feeding Practices

A. BREASTFEEDING

- 1. Start breastfeeding immediately after birth-within 1 hour and exclusively.** This is has many benefits for both the baby and mother.

Benefits to the mother	Benefits to the baby
<ul style="list-style-type: none"> - Helps womb to contract and the placenta to be expelled easily - Reduces risk of excessive bleeding after delivery 	<ul style="list-style-type: none"> - Early skin to skin contact with the mother gives warmth to the baby. - It helps in early secretion of breast milk. - Feeding first milk (colostrum) protects the baby from diseases. - Helps mother and baby to develop a close and loving relationship.

- 2. Exclusively breastfeed the baby for first six months of life.** Do not give any other food or drinks and not even water. Breast milk provides all the water the baby needs. Babies do not need extra water even during summer months. Giving other food or fluid may harm the baby in the following ways:
 - Reduce the amount of breast milk taken by the baby.
 - It may contain germs from water or on feeding bottles or utensils. These germs can cause diarrhoea.
 - It may be too dilute, so that baby becomes undernourished.
 - It may not contain all vitamins and nutrients of breast milk.
 - Baby may develop allergies.
 - Baby may have difficulty digesting animal milk. This may result in diarrhoea, rashes or symptoms.
- 3. Breastfeed as often as the baby wants and for as long as the baby wants.** Baby should be breastfed during day and night at least 8-10 times in 24 hours. Feeding more often helps in production of more milk. More the baby sucks more the breast more milk is produced.



4. Baby should be held in a correct position and be put to the breast in the correct position to get maximum benefits of breastfeeding.

Baby is in the correct position is when:

- While holding the baby the mother also supports the baby's bottom and not just the head and shoulders and holds the baby close to her body.
- The baby's face is opposite the breast, with nose facing the nipple.

Baby is put correctly to the mother's breast when:

- The baby's chin touches the breast
- The baby's mouth is wide open
- The baby's lower lip is turned outside
- Most of the areola (dark part around the nipple) is in the baby's mouth.

5. Breastfeed more frequently and for a longer period at each feed when the child is ill.

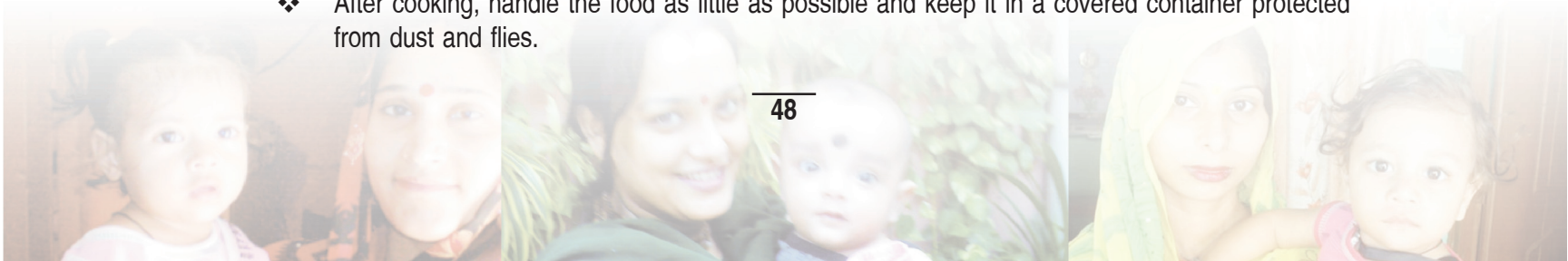
Breastfeed from one breast fully until soft before switching to the other. This will give your infant hind milk nutrients.

6. Breastfeeding must be continued upto the age of two years or beyond. Continuing breastfeeding while giving adequate complementary foods to the baby provides all the benefits of breastfeeding to the baby.



Part B: COMPLEMENTARY FEEDING

1. **AGE OF INTRODUCTION OF COMPLEMENTARY FOODS:** Introduce complementary foods when the infant completes 6 months of age. After the age of six months breast milk alone cannot meet the needs of growing infant.
2. **MAINTENANCE OF BREASTFEEDING:** Breastfeed as often as the infant demands. Continue breastfeeding for atleast 2 years or longer.
3. **PRACTICE RESPONSIVE FEEDING**
 - ❖ While Feeding, use clean katori and spoon. This will help you to know how much food the infant has eaten. Wash your hands properly with soap before start feeding.
 - ❖ Make mealtimes the happy times - talk to infant, keep eye to eye contact, cuddle, kiss and pat the infant's back if the infant has eaten fully.
 - ❖ Feed slowly and patiently. Do not feed when infant is sleepy. Do not apply force to feed. This would increase stress and decrease his/her interest in eating meals. The infant may eat a bit, play a bit and then eat again; be patient. Once the infant has stopped eating, wait a little and then feed more.
 - ❖ Watch out for hunger cues and feed as soon as the infant demonstrates them. If you wait too long and he/she would get upset and may lose their appetite.
 - ❖ If an infant's appetite decreases, it is a sign that something is wrong. Perhaps the infant is ill or unhappy with diet or demanding extra attention. Watch what the infant likes and try new recipes with the infant's favourite foods.
 - ❖ If the infant refuses to eat a particular food, try again next week and re-introduce the food when hungry; mixing it with infants favourite food.
 - ❖ Girls and boys require the same amount of attention and time for feeding. They should receive the same quantity and quality of food. Both parents should take part in feeding the child.
4. **SAFE PREPARATION AND STORAGE OF COMPLEMENTARY FOODS**
 - ❖ Hands should be washed with soap and water before handling the food and feeding the child as germs that cannot be seen in dirty hands can be passed on to the food and to the child.
 - ❖ Utensils used should be scrubbed, washed well, dried and kept covered.
 - ❖ Cooking kills most germs. The foods prepared for infants should be cooked properly so as to destroy harmful bacteria present, if any.
 - ❖ After cooking, handle the food as little as possible and keep it in a covered container protected from dust and flies.



- ❖ Cooked foods should not be kept for more than one to two hours in hot climate unless there is a facility to store them at refrigeration temperature.
- ❖ Store ingredients in closed containers so that they cannot get contaminated.

Other hygiene practices to follow

- ❖ Keep the house and outside areas clean. A clean home reduces the risk of illness.
- ❖ If the infant has urinated or defecated never leave the infant dirty and wet. Clean the infant immediately and wash dirty nappies straightaway or put them in a tightly sealed plastic bag or bucket to keep flies off them.
- ❖ Wash hands with soap after using the toilet and after cleaning the baby.
- ❖ Avoid the use of feeding bottles. Feeding from unclean bottles can lead to diarrhoea.
- ❖ Keep drinking water in a pot with closed lid and use a ladle for drawing the water. If water is unclean it can lead to diarrhoea.

5. AMOUNT OF COMPLEMENTARY FOOD TO FEED

- ❖ At 6 months of age, start with small amounts of food and gradually increase the quantity as the infant gets older, while maintaining frequent breastfeeding.
- ❖ The energy needs from complementary foods for infants with average breast milk intake are approximately 200 kcal per day at 6-8 months of age, 300 kcal per day at 9-11 months of age, and 550 kcal per day at 12-23 months of age. Thus, the grams of complementary food a breastfed infant needs to be fed per day are approximate.
 - 130-187 grams per day at 6-8 months of age
 - 206-281 grams per day at 9-11 months of age
 - 378-515 grams per day at 12-23 months of age

6. FOOD CONSISTENCY

- ❖ Infants can eat mashed pureed foods beginning at six months. Feed thick but smooth gruels. Thin gruels do not provide sufficient energy.
- ❖ By 8 months most infants can also eat finger foods.
- ❖ By 12 months, most infants can eat the same types of foods as consumed by the rest of the family, cut into small pieces or softened as needed.



- ❖ Avoid feeding foods that may cause choking (i.e., items that have a shape and/or consistency that may cause choking, such as nuts, grapes, raw carrots).

7. NUMBER OF TIMES TO FEED COMPLEMENTARY FOODS

- ❖ **6-8 months:** Children should breastfeed frequently and receive other foods two to three times a day. Parents should start with soft or mushy foods (such as porridge) and gradually increase the consistency (thickness) of food. Animal foods such as meat, eggs and fish can be given as early as possible, but they should be mashed, minced or cut into very small pieces. Start with 2-3 spoonfuls per feeding, increasing gradually to 1/2 of a 250-millilitre cup.
- ❖ **9-24 months:** Children should receive other foods three to four times a day in addition to breastfeeding. Give infants aged 9-11 months 1/2 of a 250-millilitre cup per feeding. Provide children aged 12-23 months 3/4 to 1 whole 250-millilitre cup per feeding. Give children 2 years and older at least 1 whole 250-millilitre cup per feeding. Foods from animals, such as meat, fish and eggs, should be included as much as possible.
- ❖ **By 12 months:** Most children are able to consume 'family foods' of a solid consistency. They can still be offered semi-solid foods, which are easier for young children to eat. Additional nutritious snacks (such as fruit, bread or bread with nut paste) can be offered once or twice per day, as desired, starting at six months. If the quality or amount of food per meal is low, or the child is no longer breastfeeding, give 1-2 cups of milk plus one or two extra meals each day.

8. TYPES OF FOODS TO FEED: Food given to infant should be of 3 types:

- ❖ **For strength:** cereals such as rice, chappati from wheat whole/makka, jowar, bajra, potato/sweet potato, sugar, gur, ghee and oil.
- ❖ **For growth:** Pulses (Moong, arhar, channa, masoor, urad), Milk and milk products, anemia products such as egg and meat.
- ❖ **For protection from illnesses:** dark green leafy vegetables and deep yellow orange vegetables and fruits e.g., carrots, pumpkin, papaya, mango, orange, amla.
- ❖ Use only iodised salt it prevents permanent brain damage.
- ❖ In between meals feeding mashed boiled potato, mashed seasonal fruits such as papaya, banana, chikoo, mango or you can also make Halva or Kheer.
- ❖ Try not to give the staple foods (rice, ragi) alone but try to add a nutrient rich food such as pulse and nut paste.
- ❖ Just like India's flag cannot be complete without three colours, each time you feed the infant even his feeding cannot be completely nutritious without three colours. Each time you feed the baby, the Katori should have three coloured foods from the family pot. E.g. Rice (2 parts)+ Pulse (1 part) + 1/2 part Green Leafy vegetable.



- ❖ If you want the infant to gain weight just increase the energy density of food by adding 1/2-1 tsp of oil/ghee, sugar/jaggery/3-4 tsp of roasted ground nut powder, as appropriate

9. FEEDING DURING AND AFTER ILLNESS

A infant may eat less when ill because:

- ❖ the infant does not feel hungry
- ❖ the infant is vomiting
- ❖ the mouth or throat is sore
- ❖ the infant is less active and/or sleeps for a longer period than usual.

Feeding during illness

- ❖ increase the number of breastfeeds.
- ❖ offer small frequent meals (perhaps every 2 hours).
- ❖ Small quantities of oil/ghee should be added to the food to provide extra energy.
- ❖ gently coax and encourage the infant to eat even if not hungry.
- ❖ keep the infant in close contact with you and warm and away from the draught.
- ❖ give soft foods, especially if the mouth or throat is sore.
- ❖ give extra fluids if the infant has diarrhoea or fever like rice kanji (mand), buttermilk (lassi), lemon water with sugar and salt (shikanji), dal soup, vegetable soup, fresh fruit juice (unsweetened), or other locally available fluids and ORS during diarrhoea.
- ❖ give foods that the infant likes, frequently in small quantities.
- ❖ feed when the infant is alert, not sleepy.
- ❖ If the infant has a sore throat, soothe the throat and relieve the cough with a safe home made cough remedy: (made into a tea) such as sugar, ginger, lemon, mint/tulsi leaves or option 2 (sonf, elaichi, ginger).
- ❖ If fever: use cold/wet sponge on the forehead and limbs during high fever and take the child to the health center.
- ❖ If the infant's nose is blocked and interferes with feeding, clean the nose by putting in nose drops (boiled and cooled water mixed with salt) and by cleaning the nose with a soft cotton wick.



- ❖ Danger signs to seek referral: Take the infant to a doctor immediately if:
 - Unable to drink or suck on breast
 - Has difficulty in breathing or breathing faster than normal
 - Loose motions do not stop
 - Develops blood in stools
 - Develops fever

Feeding during recovery

- ❖ An infant's appetite usually increases after illness. So this is a good time to give extra food so that lost weight is quickly regained.
- ❖ For at least two weeks after illness, continue frequent feeding and give at least one extra meal to the infant.

Checking progress: Signs that an infant is healthy are that the infant :

- ❖ is growing at a healthy rate
- ❖ is eating well
- ❖ is active, happy and playful
- ❖ is not sick often
- ❖ recovers quickly from common illnesses.

10. GROWTH MONITORING

- ❖ Get your infant weighed every month at the Anganwadi centre. Each time the infant is weighed, the weight must be recorded by marking a point on the growth chart. These points are joined by a line. This line is called growth curve.
- ❖ Direction of the growth curve indicates whether the child is growing or not.
 - An upward growth curve showing adequate weight gain for the age of the child indicates that the child is growing well.
 - A flat growth curve indicates child has not gained weight and requires attention.
 - A downward growth curve indicates loss of weight and requires immediate attention.



- ❖ If the infant's weight is not appropriate for his/her age increase feeding amount and frequency and add 1/2-1 tsp of oil in the food to help in the weight gain. Take care that hygienic conditions are maintained so that the child does not fall ill due to any infection.

Key Messages to Mother about Care of Young Child at all Times

- Brain development is most rapid during first two years of life. So young children need to be stimulated by playing with others, moving around, hearing sounds, having things to see, touch and explore.
- Teach the child to communicate by speaking, listening and playing with him/her.
- Illness interferes with normal growth and development. To prevent illness, immunise the child, when sick, take to the nearest health care provider for treatment.
- Protecting children from physical and emotional distress helps them gain confidence to explore and learn



MONTHLY PROGRESS REPORT OF IGMSY BY AWW

PART ñ A

- 1) Reporting Month and Year: _____ / ____ - ____
- 2) Name of District, Project and Sector: _____ / _____ / _____
- 3) Name of AWC and Code: _____ / _____
- 4) Coverage:

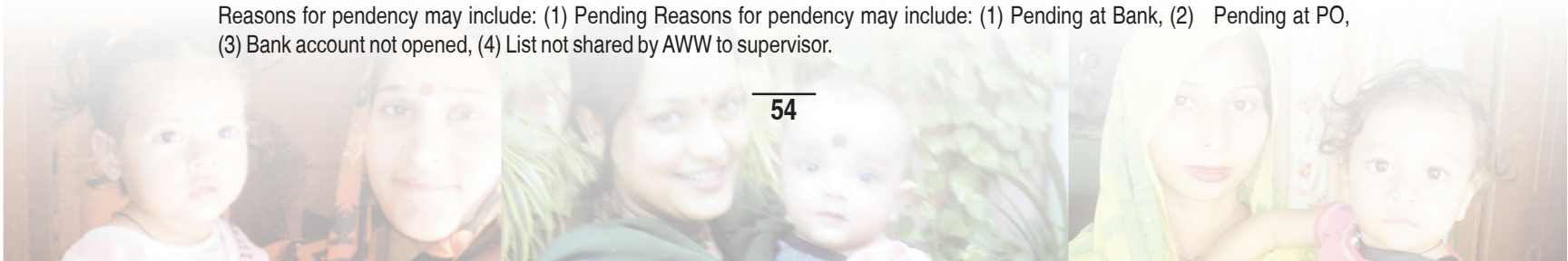
	SC	ST	Other	Total
4a. Pregnant Women				
(a) Total number in AWC area <i>(total of P of Col. 9 of Part I of register)</i>				
(b) Number eligible for IGMSY, out of (a) <i>(total of P of Col. 11 of Part I of register)</i>				
(c) Number of actual beneficiaries, out of (b) <i>(total of P of Col. 12 of Part I of register)</i>				
4b. Lactating Women (0-6 months)				
(a) Total number in AWC area <i>(total of L of Col. 9 of Part I of register)</i>				
(b) Number eligible for IGMSY out of (a) <i>(total of L of Col. 11 of Part I of register)</i>				
(c) Number of actual beneficiaries out of (b) <i>(total of L of Col. 12 of Part I of register)</i>				

5) Details of cash transfer to actual beneficiaries

5a) Details of actual beneficiaries whose previous months' payments are pending i.e., for whom a tick was marked in Col. 9 of Part III of register for this month

S.No. Name	Category (tick one)			Reasons for pendency
	SC	ST	Others	
1st Installment				
1.				
2.				
Total				
2nd Installment				
1.				
2.				
Total				
3rd Installment				
1.				
2.				
Total				

Reasons for pendency may include: (1) Pending at Bank, (2) Pending at PO, (3) Bank account not opened, (4) List not shared by AWW to supervisor.



5b) Details of beneficiaries whose have fulfilled conditionality for receiving installment in reporting month:
(Fill details of actual beneficiaries for whom a tick was marked in Col. 10 of Part III of register using information from Part II (B) of Register)

S.No.	Name	Category (tick one)			Name and Address of Bank/PO	Account Number	Contact No.
		SC	ST	Others			
1st Installment							
1.							
2.							
Total							
2nd Installment							
1.							
2.							
Total							
3rd Installment							
1.							
2.							
Total							

5c.) Details of payments received by beneficiaries upto the reporting month: i.e., for whom a tick was marked in Col. 11 of Part III of register for this month

S.No.	Name	Category (tick one)		
		SC	ST	Others
1st Installment				
1.				
2.				
Total				
2nd Installment				
1.				
2.				
Total				
3rd Installment				
1.				
2.				
Total				

Note: Installment received means payment has been credited in the beneficiary account

6) AWW/AWH incentive amount, due, received and pending in reporting month:

Incentive Amount in ₹	AWW	AWH
i. Due		
ii. Received		
iii. Pending		

- 7) Number of actual beneficiaries this month (from Part III of Register, for this month):
- (i) Carry forward from previous month : _____ (total of Col. 7, Part III)
- (ii) New Entry : _____ (total of Col. 8&9, Part III)
- (iii) Exit : _____ (total of Col. 13, Part III)
- (iv) Total beneficiaries : Pregnant: _____ Lactating: _____ (total of Col. 5, Part III)
- 8) ICDS supervisor visited the AWC this month (tick one): Yes / No
- 9) VHND / Immunisation day held this month (tick one)? Yes / No
- 10) Special counselling day organised for Pregnant and Lactating women (tick one)? Yes / No / Held as part of VHND
If Special counselling day was organized:
- (i) For Pregnant Women: Date: _____ No. of Pregnant women who attended the session: _____
- (ii) For Lactating Women: Date: _____ No. of Lactating women who attended the session: _____
- 11) Problems being faced with regard to the IGMSY Scheme: (tick in box, as appropriate)
- i. Inadequate supply of vaccines
- ii. Inadequate supply of IFA tablets
- iii. Shortage of MCP cards
- iv. Delays on part of Bank/Post Office in opening accounts
- v. Antenatal Check-ups not conducted by ANM
- vi. Infant weighing scales not available/broken
- vii. Any Other: _____

AWW

Name : _____

Signature : _____

Date : _____



MONTHLY PROGRESS REPORT OF IGMSY BY AWW

PART - B

IGMSY CLAIM FORM FOR THE AWW AND AWH FOR RECEIVING CASH INCENTIVE

To,
The CDPO
Project: _____
District: _____

Date: _____

Respected Sir/Madam,

SUB: CLAIM FOR CASH INCENTIVE UNDER IGMSY

Certified that the following beneficiaries have received all due cash transfers after fulfilling the conditionalities under IGMSY. Kindly credit an amount of _____ (in words _____) in my account and _____ (in words _____) in the AWH's account (Name of AWH: _____).

S.No.	Name of beneficiary	Date of receipt of all due cash transfers [Fill from Part II (B) of Register]	Contact number
Total			
1. Total number of beneficiaries who have received all due cash transfers =			
2. Total cash incentive due to AWW in ₹ (Total ₹200) =			
3. Total cash incentive due to AWH in ₹ (Total ₹00)=			

AWW

AWH

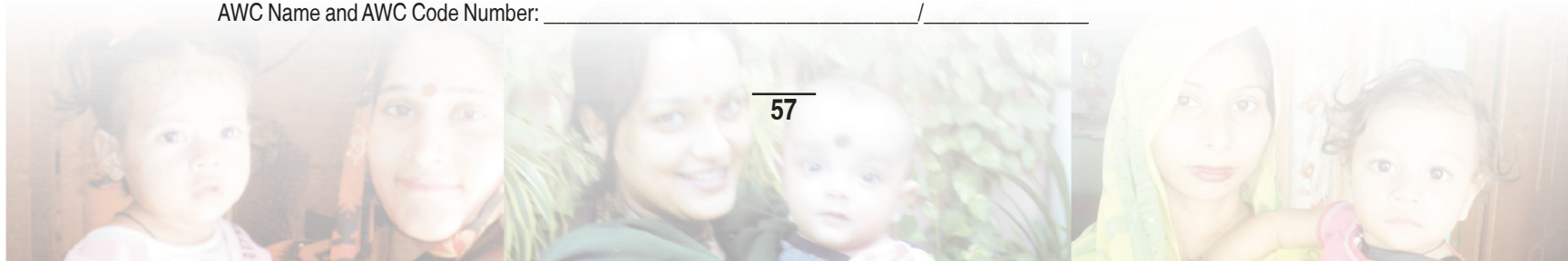
Name: _____

Name: _____

Signature: _____

Signature: _____

AWC Name and AWC Code Number: _____ / _____



SESSION 4

Role of ICDS and Health Functionaries

Session Objective	To discuss the role of ICDS and Health functionaries in ensuring effective implementation of the Scheme at Sector-level and block-level respectively.
Time required	2 hrs
Content	<ul style="list-style-type: none"> • Training • Monitoring • Reporting • Convergence • IEC, awareness and IYCF counselling • Grievance Redressal
Material Required	Flip Chart, Marker Pens and formats for Monthly Progress Report of Supervisor and CDPO (Handout 4.1 and 4.2)
Training Method	Group Discussion and Exercises using worksheets
Learning Outcome	The participants will become aware of their role and responsibilities in the implementation of the Scheme.

❖ Instructions for Trainers

- Ask the group to identify what is their envisaged role in ensuring effective implementation of the Scheme. Summarize the groups' views on a flip chart and add missing information from the Discussion Points. The group discussion will be followed by an exercise on filling up the MPR report (Handout 4.1 and 4.2).

❖ Supporting Information for Trainers

❖ CDPO

- S/he is in-charge of supervising the Supervisors and submitting a Sector-wise report to the District Programme Officer.



- S/he has to open a special IGMSY Bank account in a nationalized Bank
- S/he is responsible for the disbursement of funds to the target beneficiaries through Bank/ Post Office transfers.
- Organization of mass enrollment drives for sensitization and enrollment of beneficiaries including opening of accounts may be planned by the CDPO in her project. VHND should be capitalised for providing counselling, enrollment and provision of services. Each IGMSY beneficiary needs to be given a Unique identification number so as to avoid duplication of receipt of benefits. This can be done by tie-up with Health Department.
- S/he is in-charge of day-to-day convergence with Health and other departments and Post Office/Banks.. S/he should attend the convergent meetings with these departments and ensure supply and services are provided.
- S/he has to set up a project-level steering and monitoring committee and community/ village level educational committee for monitoring and supervising this Scheme.
- S/he is to ensure that community awareness activities are undertaken in the project area and grievances are addressed with participation of the local community.
- S/he has to ensure relevant IEC material and training is given to the AWWs to conduct counselling sessions on a fixed day and time each month. Random monitoring visits should be made by her to ensure this counselling day is conducted.
- S/he has to ensure that grievances are recorded at project-level in a formalised manner and addressed in the project-level steering and monitoring committee meeting.
- She/he has to submit a MPR for the Scheme for her project and ensure supervisor submits sector MPR (Handout 4.1 and 4.2). Trainer should discuss the filling-up of the MPR.
- She should coordinate with Health Department at project-level and participate in joint meetings to ensure services/supply are available at village/locality level.

❖ Supervisors

- S/he is in-charge of implementation of the Scheme in her Sector.
- S/he should hold sensitisation meeting with community to information them about the relevance and benefits under the Scheme and organize mass enrollment drives for enrollment of beneficiaries into the Scheme.
- S/he should ensure all AWWs have the IGMSY register, MCP card, IEC pamphlet and required supply of IFA tablets in their centre. Incase weighing scale is dysfunctional s/he should ensure that weighing scale is provided.



- S/he is expected to train workers and helpers for implementing the Scheme.
- S/he is expected to make a monthly counselling calendar and ensure all AWWs have required IEC to conduct this counselling. The counseling day may be organized as a food demonstration and counselling day. Supervisor may use Handout given in Section 3 to prepare the monthly counselling day.
- S/he has to compile the monthly progress reports given by the workers and prepare a sector-level report.
- S/he has to undertake field checks on the spot during her observation visits. These visits should be tied-up with VHND or counselling days.
- She should coordinate with Health Department at Sector-level and participate in joint meetings to ensure services/supply are available at village/locality level.

❖ **AWW:**

- She is responsible for overall coordination and management of the activities of the IGMSY at the village level.
- She is responsible for registration of pregnant and lactating mothers under IGMSY and maintain necessary records.
- She is responsible for assisting all pregnant and lactating mothers in opening an account in the nearest Post Office or Bank.
- She is to assist the mother in getting the child birth registration done.
- She is responsible for ensuring all beneficiaries avail the health and nutrition services in the village.
- She is responsible to coordinate with the health workers for timely health checkups, ANC and immunisation of pregnant and lactating women in the village/ward (as in ICDS).
- She is responsible for organizing a monthly fixed day fixed site and fixed time counselling session on IYCF and for pregnant women.
- She is responsible to provide appropriate referral services for pregnant women detected with complications related to pregnancy or child birth
- She has to maintain liaison with other institutions in the village/ward. viz. Panchayat, Mahila Mandals, Schools, Mothers and Parents Groups, Village Health and Sanitation Committee (VHSC), local organisation etc. and seek their support and participation in IGMSY.
- She has to prepare and submit monthly report to the supervisor.



❖ **Anganwadi Helper:**

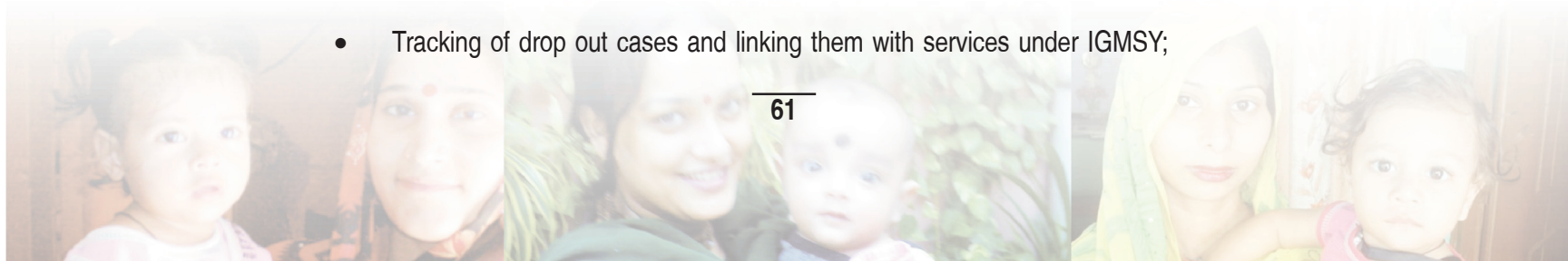
- She has to provide assistance to the AWW in discharging her duties for effective implementation of the IGMSY at the village level.
- She is required to support in collecting data/information on the pregnant and lactating women in the community, bring pregnant and lactating mothers to the AWC on VHND and counselling day

❖ **Auxiliary Nurse Midwife (ANM)**

- Within the overall responsibilities assigned under the NRHM, the **Auxiliary Nurse Midwife (ANM)** would support all health related interventions under the IGMSY in coordination with the AWWs. The responsibilities of would include:
 - Provide information to AWW about registration of pregnant women at PHC/CHC/ Sub Centre.
 - Coordinate with the ASHA and the AWW.
 - Ensure that the VHND is held regularly on time.
 - Ensure that the supply of vaccines and other supplies reach the site well before the VHND.
 - Timely health checkups, ANC and immunization of pregnant and lactating women registered under IGMSY in the village/ ward;
 - Health and nutrition education to pregnant and lactating women including antenatal and IYCF counselling.
 - Linking pregnant women registered under JSY with IGMSY and visa versa
 - Primary health care and first aid to pregnant and nursing mothers
 - Registration of new births.

❖ **ASHA**

- Under the overall supervision of the ANM, the ASHA would support all health related interventions under the IGMSY in coordination with the AWWs. The specific roles and responsibilities include:
 - Make Home Visit in coordination with AWWs for identification and timely registration of pregnant women;
 - Tracking of drop out cases and linking them with services under IGMSY;



- Facilitate ANC for all pregnant women registered under IGMSY;
- Facilitate immunization of infants and young children;
- Ensure attendance of pregnant women on the VHN Day;
- Support AWWs in carrying out nutrition and health education;
- Community sensitisation and awareness generation;
- Coordinate with the AWW and the ANM.



Hand Out 4.1

MONTHLY PROGRESS REPORT OF IGMSY BY SUPERVISOR

[CONSOLIDATE MPRS OF AWWs AND PREPARE THIS REPORT]

- 1) Reporting Month and Year: _____/_____/____
- 2) Name of District, Project and Sector: _____/_____/_____
- 3) A. Number of AWCs in your Sector: _____
B. Number of AWCs for which MPR is being submitted: _____
- 4) Coverage:

	SC	ST	Other	Total
4a. Pregnant Women				
(a) Total number in your Sector				
(b) Number eligible for IGMSY out of (a)				
(c) Number of beneficiaries out of (b)				
4b. Lactating Women (0-6 months)				
(a) Total number in your Sector				
(b) Number eligible for IGMSY out of (a)				
(c) Number of beneficiaries out of (b)				

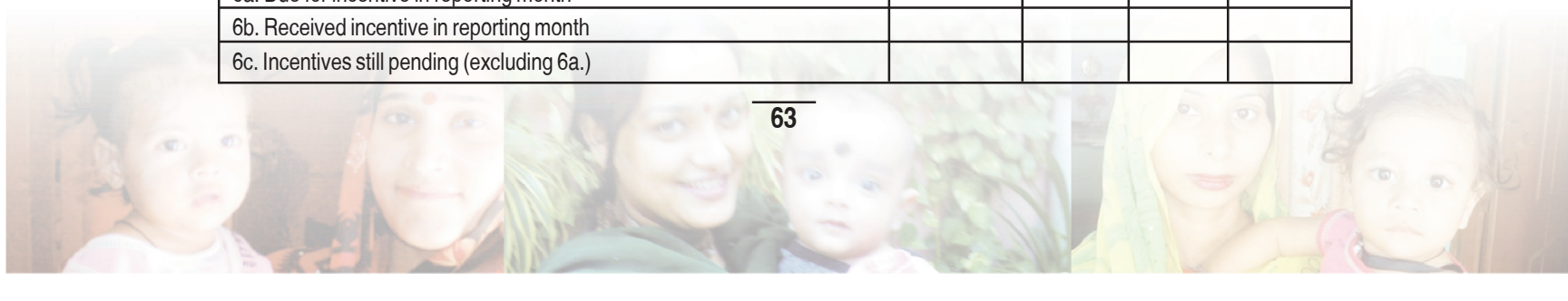
5) Details of cash transfer of beneficiaries in reporting month:

	Number of Beneficiaries			
	SC	ST	Other	Total
5a. Previous months' payments pending				
1 st Installment				
2 nd Installment				
3 rd Installment				
Total				
5b. Fulfilled conditionality for payment				
1 st Installment				
2 nd Installment				
3 rd Installment				
Total				
5c. Received payment				
1 st Installment				
2 nd Installment				
3 rd Installment				
Total				

Note: received payment means payment has been credited in the beneficiary account

6) Details of incentive to AWW/AWHs

	Number		Total Amount	
	AWW	AWHs	AWW	AWHs
6a. Due for incentive in reporting month				
6b. Received incentive in reporting month				
6c. Incentives still pending (excluding 6a.)				



- 7) Number of actual beneficiaries this month :
- (i) Carry forward from previous month : ____
 - (ii) New Entry : ____
 - (iii) Exit : ____
 - (iv) Total beneficiaries : Pregnant: _____ Lactating: _____
- 8) Number of AWCs visited by you this month for IGMSY monitoring : _____
- 9) Number of AWCs where a VHND/Immunisation day was held this month : _____
- 10) Counselling sessions for pregnant/lactating women:
- i. Number of AWCs where counselling session was part of VHND : _____
 - ii. Number of AWCs where special counselling sessions were held
 - a) For pregnant women: _____ No. of pregnant women who attended the session : _____
 - b) For lactating women: _____ No. of lactating women who attended the session : _____
 - iii. Number of AWCs where no counselling session was held at all : _____
- 11) Number of AWWs who reported:
- i. Inadequate supply of vaccines : _____
 - ii. Inadequate supply of IFA tablets : _____
 - iii. Shortage of MCP cards : _____
 - iv. Bank/Post Office delays in opening bank accounts : _____
 - v. Antenatal Check-ups not conducted by ANM : _____
 - vi. Infant weighing scales not available/broken : _____
 - vii. Any Other: _____ : _____

Name of Supervisor: _____ Signature _____ Date: _____



Hand Out 4.2

MONTHLY PROGRESS REPORT OF IGMSY BY CDPO

[CONSOLIDATE MPRS OF SUPERVISORS AND PREPARE THIS REPORT]

- 1) Reporting Month and Year: _____/_____/_____
 2) A. Name of District and Project : _____/_____/_____
 B. No. of Sectors in your Project: _____
 3) A. No. of AWCs in your Project: _____
 B. No. of AWCs for which MPR is being submitted: _____
 4) Coverage

	SC	ST	Other	Total
4a. Pregnant Women				
(a) Total number in your Project				
(b) Number eligible for IGMSY out of (a)				
(c) Number of beneficiaries out of (b)				
4b. Lactating Women (0-6 months)				
(a) Total number in your Project				
(b) Number eligible for IGMSY out of (a)				
(c) Number of beneficiaries out of (b)				

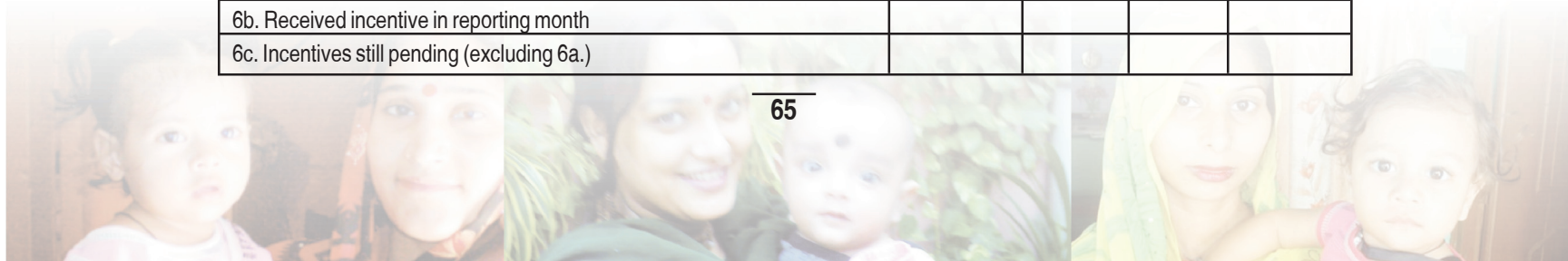
5) Details of cash transfer of beneficiaries in reporting month:

	Number of Beneficiaries			
	SC	ST	Other	Total
5a. Previous months' payments pending				
1 st Installment				
2 nd Installment				
3 rd Installment				
Total				
5b. Fulfilled conditionality for payment				
1 st Installment				
2 nd Installment				
3 rd Installment				
Total				
5c. Received payment				
1 st Installment				
2 nd Installment				
3 rd Installment				
Total				

Note: received payment means payment has been credited in the beneficiary account

6) Details of incentive to AWW/AWHs:

	Number		Total Amount (₹)	
	AWW	AWHs	AWW	AWHs
6a. Due for incentive in reporting month				
6b. Received incentive in reporting month				
6c. Incentives still pending (excluding 6a.)				



- 7) Number of actual beneficiaries this month :
- (i) Carry forward from previous month : _____
 - (ii) New Entry : _____
 - (iii) Exit : _____
 - (iv) Total : Pregnant: _____ Lactating: _____
- 8) A. Number of AWCs visited by ICDS Supervisors this month for IGMSY monitoring : _____
- B. Number of AWCs visited by you this month for IGMSY monitoring : _____
- 9) A. Number of AWCs where a VHND/Immunisation day was held this month : _____
- B. Was a project-level IGMSY steering and monitoring committee meeting held this month? Yes / No
- 10) Number of AWCs where counselling sessions were organized for pregnant/lactating women
- i. Number of AWCs where counselling session was part of VHND : _____
 - ii. Number of AWCs where special counseling sessions were held
 - a) For pregnant women: _____ No. of Pregnant women who attended the session : _____
 - b) For lactating women: _____ No. of Lactating women who attended the session : _____
 - iii. Number of AWCs where no counselling session was held at all : _____
- 11) Number of AWWs who reported:
- i. Inadequate supply of vaccines : _____
 - ii. Inadequate supply of IFA tablets : _____
 - iii. Shortage of MCP cards : _____
 - iii. Bank/Post Office delays in opening bank accounts : _____
 - iv. Antenatal Check-ups not conducted by ANM : _____
 - v. Infant weighing scales not available/broken : _____
 - vi. Any Other: _____ : _____

Name of CDPO: _____ Signature _____ Date: _____



5. TRAINING PRE-POST TEST CHECKLIST

(Tick on appropriate box)

Question	Yes	No
1. Exclusive breastfeeding means that infant is fed only mother's milk, but water can be given sometimes during summers.		
2. On completion of six months the child should be initiated semi-solid foods.		
3. The third payment of ₹ 1000 has to be paid to the beneficiary.		
4. A pregnant woman who having two living children has come to register with AWC for IGMSY. Should an AWW register her		
5. A sum of ₹ 1500 has to be paid as 2 nd Installment to the beneficiary under IGMSY in case of still birth.		
6. A pregnant woman requires two IT vaccinations during pregnancy.		
7. Cash can be given to beneficiary of IGMSY on completion of conditions.		
8. MCP card is the means for verification for most conditions. Hence, each beneficiary should have this card.		
9. IGMSY is only for pregnant women belonging to BPL families.		
10. I am 17 years and pregnant for the first time, can I become an IGMSY beneficiary?		



