

**BEST PRACTICES IN
ANGANWADI SERVICES
SCHEME UNDER
UMBRELLA ICDS**

A Compilation



TRAINING DIVISION

**National Institute of Public Cooperation and
Child Development**

5, Siri Institutional Area, Hauz Khas, New Delhi



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PREFACE

The present documentation on Best Practices in Anganwadi Services Scheme under Umbrella ICDS is an eye opener for Policy Makers, Planners, Training Institutions, State Government Officials and Field Functionaries working with commitment for achievement of nutrition and health related outcome of women and children in our country. The Anganwadi Services Scheme (renaming of ICDS) was piloted in 33 Community Development blocks of our country to improve the nutrition and health status of children; lay the foundation for holistic development of children; reduce morbidity, mortality, malnutrition and school dropout among children & women; achieve effective coordination with allied departments for attainment of nutrition outcome and enhance the capability of mothers & care givers to understand the nutrition and health needs of children.

The document is an effort of the Institute to share and highlight the initiatives put by Ministry of Women and Child Development and State/UT Governments for effective implementation of Anganwadi Services Scheme under Umbrella ICDS. The document is the compilation of information/activities pertaining best practices were exclusively collected from the secondary sources – websites, news clippings and experiences shared by the officials of State/UT Governments dealing with Anganwadi Services Scheme.

Efforts have been made to document the best practices in the areas of Anganwadi Services implementation in general and ECCE, nutrition, community participation and monitoring of the scheme in particular. Besides these, innovations/initiatives taken by the MWCD and states/UT, some innovations/initiatives taken by development partners and corporate sectors have been identified and have been documented to understand its impact on nutrition and health related outcome for children. The best practices would definitely help the State/UT governments for replication in their own contexts to scale up its evidence. It has been observed that various innovations/initiatives and best practices have been taken up by the State/UT governments which have produced substantial impact in reduction of morbidity, mortality and malnutrition among children. It is assumed that the documented best practices/initiatives, if replicated in other settings keeping

in view the homogeneity of population and context variable it would yield significant result in curbing mortality, morbidity and malnutrition across the country. It is an endeavor to report the best practices/initiatives of the State governments for wider dissemination among the functionaries of Anganwadi services schemes under umbrella ICDS so that they would get the opportunity to acquire knowledge, improve and adapt strategies for its replication in their own contexts. It would also enable them to conduct activities through feedback, reflection and analysis, and implement sustained and more effective interventions to bring significant changes in the nutrition and related outcome.

(M A IMAM)
Director

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BEST PRACTICES IN ANGANWADI SERVICES SCHEME UNDER UMBRELLA ICDS

Introduction

Over the years, Anganwadi Services Scheme under Umbrella ICDS has evolved with differential approaches across the States and there are many examples of innovative and successful models implemented by the State Governments that have shown good results and have potentials of being scaled up. Various innovations including graded best practices / potential good practices could be piloted by other states or scaled up under the central fund. Under this component, the ICDS would provide flexibility to the State/UT Governments to initiate relevant innovative interventions with proven track record of improving the availability, accessibility and quality of child development services, especially those interventions that are not covered by the existing components of the Anganwadi Services Scheme under Umbrella ICDS.

Best Practice may be defined as a practice with various special characteristics such as innovativeness, ability to lead an actual change, having an impact on policy environment, replicable and sustainable (ability to self-support), contribute to increase efficiency of the initiative (that is, optimum use of resources to enhance outputs and outcomes) and increase the effectiveness (that is, its contribution to the achievement of the set objectives of the scheme in which the practice occurs).

Best practices” are exemplary public practices that have achieved results, and which need to be scaled up so as to benefit more people. The expansion and institutionalization of successfully tested best practices requires strategic planning. There are several creative and constructive actions by people, organizations, Corporate Sector and Development Partners in the Anganwadi Services sector to improve the nutrition and health outcomes of people. Disseminating knowledge of such actions widely may prevent the repetition of mistakes and loss of valuable time. Thus, the main rationale for documenting and sharing “best practices” is to enable Policy makers, Officials, persons and organizations working in the Anganwadi Services sector to avoid reinventing the wheel; to improve performance and avoid the mistakes of others. Documenting and sharing best practices affords one the opportunity to acquire knowledge on lessons learned, how to improve and adapt strategies and activities

through feedback, reflection and analysis, and implement large-scale, sustained and more effective interventions. Identifying best practices involves judgement, which requires prior analysis using the following set of criteria- effectiveness, efficiency, relevance, sustainability and possibility of replication. A best practice need not meet all the above criteria but if it has given any impetus for learning the lessons and has the potential to be replicated it would be of more useful in the development context. A best practice is commonly defined as a technique or method that, through experience and research, has proven reliably to lead to the desired result. These practices need to be shared and adopted to benefit more people.

Objectives

The objectives of the present document are to -

- ❖ Identify best practices/ initiatives/Schemes of the State/UT Governments/Development Partners and Corporate Sectors which have been piloted in Anganwadi Services Scheme under Umbrella ICDS
- ❖ List out the development partners/ Implementing agencies who have piloted the interventions and document their initiatives on holistic development among women and children
- ❖ Document the initiatives taken by the MWCD, GOI from time to time for strengthening implementation of Anganwadi Services Scheme

BEST PRACTICES / INITIATIVES OF STATE GOVERNMENTS ON PROGRAMME IMPLEMENTATION

Anna Amrutha Hastham (AAH)

The Government of Andhra Pradesh is providing one full meal under Anna Amrutha Hastham (AAH) for pregnant and lactating women in all Anganwadi Centres (AWCs). The aim of this programme is to reduce Infant Mortality Rate (IMR), low birth weight, Maternal Mortality Rate (MMR) and anaemic condition among pregnant women. The programme will be implemented under 255 Integrated Child Development Scheme (ICDS) projects by the Women Development and Child Welfare (WD&CW) Department vide G.O.Ms.No.33 of Dept. for WCD&SC, dt.01-12- 2012. The Govt. has approved this programme as a part of "Maarpu" to strengthen the Supplementary Nutrition component of ICDS.

The one full meal consists of rice, dal with leafy vegetables/sambar, vegetables, egg and 200 ml milk for a minimum of 25 days in a month. The one full meal will meet 40% of the daily calorie and 40% of protein and calcium requirement per day of the pregnant and lactating mothers. Along with the meal, Iron Folic Acid (IFA) tablet is also to be administered to the pregnant and lactating women. As many as 4.46 lakh pregnant and lactating women will be benefited under AAH if it is extended to all the ICDS projects in the State. The government will spend Rs. 13/- per day on each beneficiary for 300 days and the estimated cost of the project is Rs. 121.76 crore per year. With the government's decision, AAH will be implemented in all the 55,607 anganwadi centres, including 48,770 main and 6,837 mini centres in the 13 districts in the State.

Under this programme Rice, Dal and Oil is procured from Civil Supplies Department/Oil Federation and milk, eggs, vegetables, and other condiments are procured by Village Organizations/Self Help Groups locally at the rates approved by DPC and amount is transferred into VOs account by CDPOs. For transparency and effective implementation a five member committee is constituted with President of Village Organization (VO) as chairperson and one member of the VO involved in procurement, one representative each from Pregnant and Lactating women and AWW as members have been constituted to monitor attendance, quality of food, hygiene and

also mobilize pregnant and lactating women to avail the One Full Meal Programme. The impact of the above program is to -

- ❖ Enhance the quality and acceptability of meals by the mothers;
- ❖ ensure that food supplied is consumed by the mothers only rather than the whole family;
- ❖ ensure that pregnant women consume 90+ IFA tablets;
- ❖ improve the enrolment of mothers at Anganwadi Centers;
- ❖ decrease number anaemia and under nutrition among mothers;
- ❖ reduce the incidence of low birth weight babies and malnutrition among children;
- ❖ ensure that mothers receive health check -ups and immunization; and
- ❖ Reduce the incidence of infant mortality and maternal mortality.

According to the National Family Health Survey (NFHS- 4) for 2015-16, the IMR is 35 in Andhra Pradesh (20 in urban areas and 40 in rural areas). Anaemic children aged between 6 and 59 months were 58.6 and pregnant women aged between 15 and 49 years were 52.9 %.

Arogya Laxmi Programme

Scientific evidence shows that malnutrition starts early in life and its effects become irreversible after 2-3 years. Meeting the nutritional needs of Pregnant & Lactating women is therefore one of the critical windows of opportunity available to prevent malnutrition. Hence a need was felt to modify the nutrition programme of ICDS especially as the Take Home

Ration (THR) provided to Pregnant and Lactating women under ICDS is not only too meagre but also gets shared by all members of the family. In this regard, the Government of Telangana introduced Arogya Laxmi Programme which involves spot feeding of “one full meal” for Pregnant and Lactating women at the



Anganwadi centre along with administration of Iron & Folic Acid (IFA) tablet. The programme was started on 01.01.2013 in ICDS Projects with most adverse health and nutrition indicators.

Objectives of the Arogya Laxmi programme are to –

- Enhance the quality and acceptability of supplementary nutrition by the Pregnant and Lactating women;
- ensure food supplied is consumed by only the Pregnant and Lactating women rather than the whole family;
- ensure that Pregnant and Lactating women consume 90+ IFA tablets;
- improve the enrolment of mothers at Anganwadi Centers (AWCs);
- reduce the incidence of low birth babies and malnutrition among children; and
- Ensure that Pregnant and Lactating women receive health check- ups and immunization.

Balamrutham – Weaning Food for Children from 7 months to 3 years

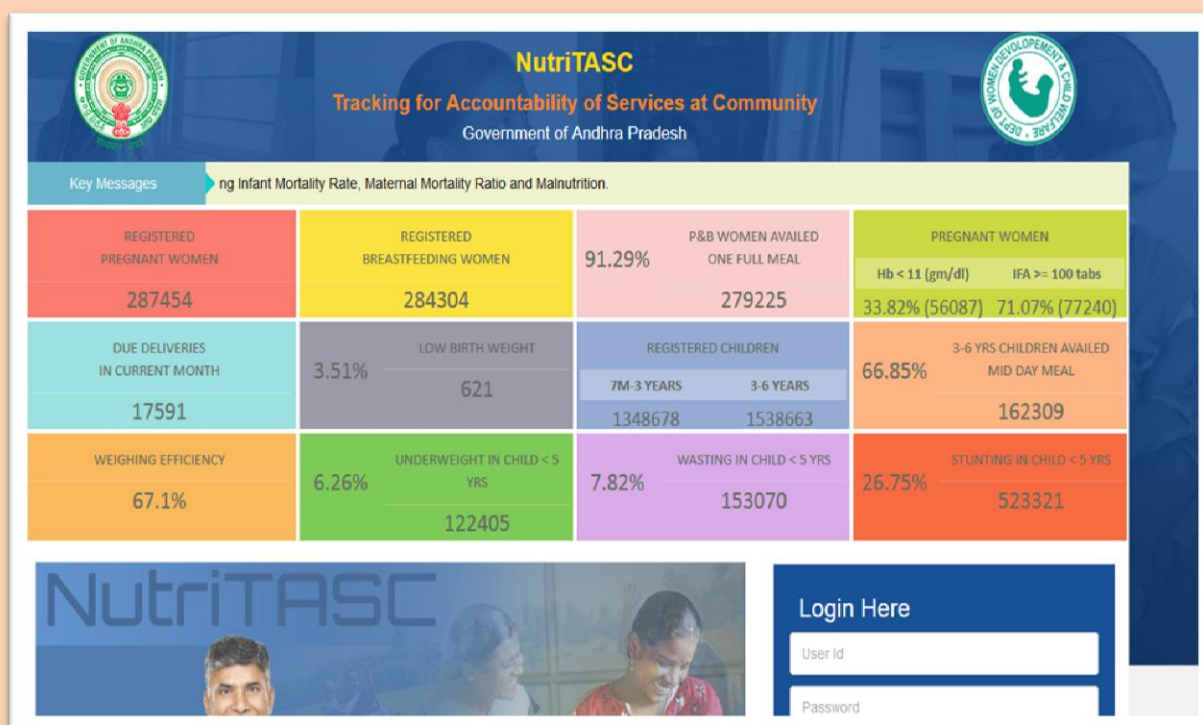
It is the weaning food introduced under Department of Women Development and Child Welfare, Government of Telangana to provide improved supplementary nutrition to children between 7 months to 3 years. The weaning food is a preparation of wheat, chana dal, milk powder, oil and sugar. It is fortified and thus provides 50% of iron, calcium, vitamins and other RDA that children require per day. The programme was introduced as per the G.O.Ms. No. 14, WCD&SC Dept., dt.28.02.2014. The recommended quantity is 100 gms which are given 3-5 times to children every day. For children below one year, Balamrutham is served as porridge mixed with hot water and in the form of “Laddu” to older children.

Balamrutham is distributed in packets of 2.5 Kg per child per month. It is distributed on first day of every month on Nutrition Health Day to mothers of 7 months - 3 years children as Take Home Ration. Along with Balamrutham packet, these children also receive 2 eggs a week at the AWC under ICDS Food Model for 7months to 3 years under ICDS. It is expected that Balamrutham will serve as an effective supplementary nutrition during the child’s crucial period of 7 months to 3 years and along with counseling to mother on IYCF practices will help to prevent incidence of chronic

malnutrition. Balamrutham serves not only as a weaning food but also as a caloric dense food to reduce malnutrition and is therefore used as part of Supervised feeding for malnourished children.

Nutri TASC (Tracking of Accountability of Services at Community)

The Department of Women Development and Child Welfare, Government of Andhra Pradesh has developed the Nutri TASC tool for name-based tracking of registered beneficiaries under ICDS services. This monitoring system enables close follow-up of pregnant women, lactating mothers, children below one year and malnourished children below five years for availing nutrition services. The Nutri-TASC has been developed to track maternal and child nutrition services; facilitate and follow-up health services; ensure close follow-up of every high risk pregnant women; ensure special care and supervised feeding of malnourished children below five years, adolescent girls and pregnant women. The Objectives of name-based tracking are to - track nutrition services and facilitate for health care service delivery among beneficiaries; improve nutritional status of children below five 5 years; pregnant and lactating women; and achieve the desired goals for reducing Infant Mortality Rate, Maternal Mortality Ratio and Malnutrition among women and children.



Nutrition Health Tracking System

The Women Development and Child Welfare Department, Government of Telangana has developed a Software **Nutrition and Health Tracking System** for Name Based Tracking of Pregnant Women, Lactating Mother, and Children below Six Years and Malnourished Children below Six Years as per office Circular Memo. No- 225-/MIS/2015 dated 10th March 2016.

Department for Women, Children, Disabled & Senior Citizens
Government of Telangana

NHTS
NUTRITION & HEALTH
TRACKING SYSTEM

e-sadhana Reports

- NHTS Data Entry Status Report
- NHTS Monthly Services Entry Status Report
- NHTS No of Beneficiaries Received food under Arogyalaxmi
- Anganwadi Centers at your place
- Download List of AWCs

Other Links IT Initiatives

- Women's & Children's Institutions Licensing
- Track the Missing Child Portal
- Balsahara(Homes Monitoring Software)
- Girl Child Protection Scheme

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The present method of MIS reporting facilitates only consolidation and compilation of information rather making close follow up of each and every beneficiaries or categorise beneficiaries who are at risk (Pregnant women and children who are underweight and malnourished). Therefore, the IT based individual tracking system was developed to ensure timely delivery of all services to the target group and enable identification of beneficiaries who are at risk and provide services for reduction of vulnerabilities. The Objectives of Nutrition and Health Tracking System are to –

- Ensure that pregnant women have undergone ANCs, TT injections and availed nutrition services;

- ensure that lactating mothers have undergone PNCs and availed nutrition services;
- ensure that every child below one year has received immunization doses as per due dates;
- ensure that feeding practices are followed by mothers;
- ensure a close follow up of every high risk pregnant women;
- ensure special care and supervised feeding of malnourished children below six years; and
- Ensure referral care for children who are ill.

The expected outcome of NHTS will enable desired impact in reducing IMR, MMR and Malnutrition. The report enables one to closely follow up the high risk pregnancy, targeted beneficiaries and accurate reconciliation with data of health and community during convergence committee meeting.

Community Managed SNP

The Community Managed SNP is being implemented in two ICDS Projects of Karimnagar District viz. Siricilla and Vemulavada of Telangana. They cover 51,277 beneficiaries. The supplementary Nutrition programme is managed by community members. The Mothers Committees procure raw material, prepare food and supply to the AWCs. They supply Jowar Mix containing Jowar, Groundnuts, Roasted Chana and Sugar. Each Mothers Committees provides food to 20 to 40 AWCs in the selected projects. Income of Rs.800-1000/P.M. is assured for each member of the Mothers committee every month. The children are given 90 grams of food containing 400 K. Cal and 11 grams of protein; and pregnant & lactating women are given 140 grams of food containing 543 K. Cal and 15 grams of protein. Besides these, two boiled eggs per week are given to all beneficiaries.

Nandi Foundation

M/s Nandi Foundation is supplying hot cooked supplementary nutritious food to the 3-6 years children in five ICDS Projects of Hyderabad district. The recipes provided by Nandi foundation include – Kichidi, Pulav and Kurma, Hot Dalia and Idly Sambar. Besides these, Biscuits or fruits are given as snacks to children for two days and egg

once in a week. AP Foods is supplying food to 6 months to 3 years children and Pregnant and Lactating women in these projects.

Akshyapatra Foundation (ISKCON)

M/s. Akshyapatra Foundation is supplying Nutritious food to all categories of beneficiaries in four ICDS Projects namely Visakhapatnam (U) - I, Visakhapatnam (U) - II, Anakapalli and Sherlingampalli covering 42,580 beneficiaries. The recipes provided by the foundation include - Rice Kichidi, Sweet Pongal, Dhalia, Rice Kheer, Veg Kichidi and Sweet Dhalia. The snacks such as boiled chick peas (Kala Channa or Kommu Senagalu) @ 25 gms for four days and boiled eggs for two days in a week are provided to all categories of beneficiaries.

Mahila Sishu Chaitanyam

The Department of Women Development and Child Welfare, Government of Telangana organise one week IEC campaign with participation of all stakeholders i.e. Women & Child Development, Health & Family Welfare, Primary & Secondary Education, Revenue, PRIs, Elected Representatives, Print & Electronic Media etc. at the village, mandal, and district levels to create awareness and disseminate information pertaining to nutrition, health and social issues such as child marriages, child sex ratio, dowry, domestic violence etc. Standardized tools have been developed for helping the AWWs to identify counseling needs of mothers on nutrition and to conduct purposeful counseling sessions to strengthen the monitoring of AWCs by supervisors. Further, Mother Support Groups are constituted to sensitize the families on IYCF practices.

1. **Home visits planner for AWWs** - A standardized tool is developed for making prioritized home visits and all the AWWs are oriented on how to use the tool. This is a tool that helps AWWs to list the ICDS beneficiaries as per the critical periods covering pregnant women to children up to 2 year.
2. **Structured Supervision using a Supervisory checklist** - The checklist helps the Supervisor to structure the monitoring visit of Anganwadi Centre.

3. **Mother Support Groups** are formed to counsel mother in law , mother, husband on the importance of Infant and Young Child Feeding (IYCF) practices and ensures colostrum feeding within one hour.

Monitoring mechanism

- a. DMHO and PD meet on regular basis to review Nutrition and Health activities and conduct of NHDs.
- b. Regular Video Conferences with CDPOs and PDs by Principal Secretary and Commissioner.
- c. Sector meetings of AWWs by Supervisors and monthly meetings by CDPOs.
- d. Review of MPRs by CDPOs and PDs

Nutrition and Health Days

A Group of Secretaries (GoS) under the chairmanship of Chief Secretary is constituted at State Level to monitor the implementation of health and nutrition services in all villages. A list containing 20 key interventions have been identified for monitoring among which Nutrition and Health Days is one of the indicators. District Level Committees under the Chairmanship of Collector are formed to monitor the Nutrition and Health Days. Two NHDs are being conducted every month. During the first NHD, the activities taken up are immunization, health check-ups, ANC, IFA distribution, counseling and THR to pregnant and lactating women; and in second NHD, the activities such as Growth Monitoring, counselling of mothers and distribution of THR are conducted. In house monthly magazine named “**Indira Darshini**” is distributed to educate the departmental personnel about various issues dealt by the Dept. and to all AWWs, Supervisors, CDPOs, PDs and Training Centres.

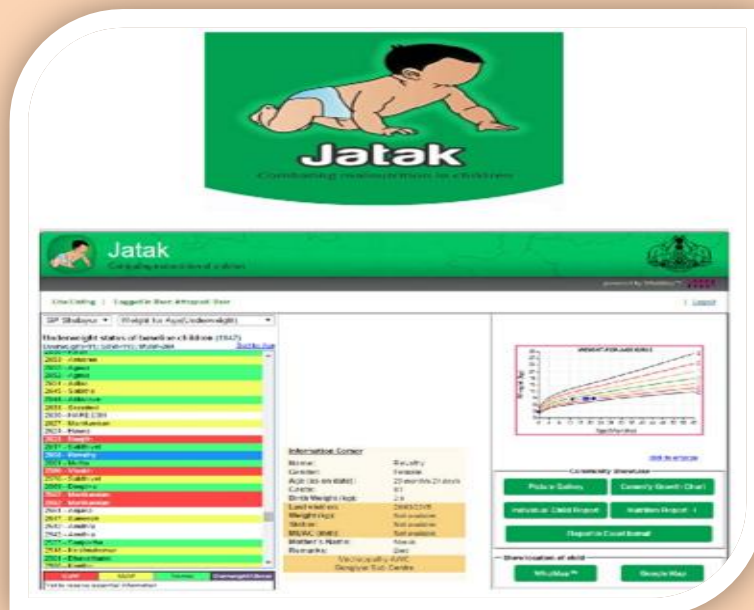
T – Sat Programme for Strengthening Training

In order to strengthen training component, Master Trainers at State / District / Block Levels were given support materials on ECCE, Nutrition, IYCF, Assessment cards for Pre-School Children and usage of MUAC. The changes in Departmental activities, messages are communicating through T- Sat Programmes. Study materials

are also communicated to instructors of AWTCs. Preparation of material on Growth Monitoring, community based management of malnourished children and mothers, assessment cards for Pre-School Children, Hand book for Counselling etc are provided and these materials are printed in the Department Magazine - **Samsidda** and are supplied to all AWCs every two months.

Jatak Application: Real Time Monitoring of Malnourished Children

The Department of Women and Child Development, Government of Maharashtra has entered into a MoU with Riddhi Management Services Pvt. Ltd. under Corporate Social Responsibility (CSR) for development of Jatak Software application to track the nutritional status of children. The objectives of real time tracking the nutrition status of under - 5 children



will enable the ICDS machinery to take further steps in improving the nutrition status of these children. Jatak Application is being used for this purpose. Jatak uses a combination of technologies such as GPS, Interactive Voice Response System (IVRS) and other Mobile/ Server based Software Applications. This application will analyse the data and generate report on nutritional status of the under - 5 children in Bhivandi II Project in Thane District. Interactive Voice Response System (IVRS) has been customized to collect Nutritional status monitoring data directly from the Anganwadi Workers. Android based mobile application is used to capture location (latitude-longitude) of Anganwadi Centers, picture of the SUW/MUW children. The smart phones will be also used by the data transcribe –cum - validator. It includes integrating the App with the web based Jatak application.

Jatak uses a combination of technologies such as GPS, Interactive Voice Response System (IVRS) and other Mobile/ Server based Software Applications. Jatak

would be helpful in bringing underweight children into immediate focus and highlighting those children whose growth is found to be faltering for necessary action in Thane district.

Signing of Memorandum of Understanding (MoU) between WCD Dept. and Britannia Nutrition Foundation

The Department of Women and Child Development, Government of Maharashtra has signed Memorandum of Understanding (MoU) with the Britannia Nutrition Foundation to address the problem of child malnutrition in Melghat region of Amravati district. The objective of this initiative is achieving reduction in underweight levels in the under-5 child population, more specifically in the under-3 segment. Both the organizations are working in collaboration to put concerted efforts for reduction of child malnutrition in the above region. Melghat is a predominantly tribal populated area and comprises of two ICDS projects namely Dharni and Chikhaldara. These projects are using "Jatak" application software for GPS and IVRS based real time monitoring of health and nutrition status of every under- 5 children in the Melghat region. Using the monthly weights of under- 5 children reported by Anganwadi workers, the software will list out children under- 5 who are in the severely underweight (SUW) category and those who have not gained weight or the weight is declining over a three months period.

Rajmata Jijau Mother- Child Health & Nutrition Mission

Maharashtra was the first state in the country to take a decision to tackle malnutrition in 'Mission – mode' and with this purpose, Rajmata Jijau Mother – Child Health & Nutrition Mission was established. The first phase of the Health and Nutrition Mission was set up in 2005, and the second phase in November 2011. The aim of the Mission is to reduce child malnutrition in Maharashtra by focusing on the first 1000 days from conception, i.e. the period of -9 to 24 months.

The Rajmata Jijau Mission works as an autonomous technical and advisory body fully funded by UNICEF. It aims at improving convergence and coordination between Public Health Department, and ICDS Commissionerate, Government of Maharashtra. The Mission was given full freedom and autonomy to reduce malnutrition in the State. The role of the Mission includes advocacy on importance of the first 1000 days, act as a

'think tank' to give policy advice to the government regarding evidence-based interventions and achieve convergence between different departments with the common objective of reducing malnutrition. Pursuant to this role, multi-sectoral action plan outlining strategies for contribution by different departments towards reducing malnutrition directly or indirectly was prepared by the Mission.

Kitchen Garden Initiative by Reliance Foundation

The Department of Women and Child Development in collaboration with Reliance Foundation has taken initiatives for developing kitchen gardens across Maharashtra to reduce malnutrition and improve health and nutrition status of women and children in the state. Initially the Kitchen Gardens initiative will cover six districts i.e. Pune, Thane, Palghar, Yavatmal, Parbhani and Nashik. As a first step, Kitchen Gardens will be established at one Anganwadi in every block in each of these 6 districts for demonstration purposes. Further, if possible Kitchen Garden shall also be facilitated in Village Schools, PHCs and Sahyogini's Home.

WCD Department and Rajmata Jijau Mother-Child Health & Nutrition Mission are working towards building awareness on nutrition, identification of Anganwadis, mobilization of trainees, Providing Training Infrastructure and so on. The Reliance Foundation Team is carrying out Orientations / Workshops, Trainings and Handholding support for establishment of these demonstration units of Kitchen Gardens. Eventually, these Kitchen Gardens shall serve as training centers for the rest of the Anganwadis in a block.

Holistic Interventions to Strengthen AWCs by Corporate Sectors

The Department of Women and Child Development and M/s Dewan Housing Finance Corporation Limited and M/s Samhita Social Ventures private Limited has taken initiatives to strengthen more than 990 AWCs of Vasai and Palghar Taluka in Palghar District, Maharashtra. In this initiative, the corporate partners are undertaking a situational analysis to design holistic interventions that would cater the needs and requirements of identified AWCs of Palghar district. The Interventions include improving the delivery of pre-school education (PSE) of children between the age group of 3 – 6 years through capacity building of CDPOs, Supervisors, Anganwadi Workers and

Sevikas through customized training sessions and exposure visits to 'Model Anganwadi' Centres.

As part of this intervention, The AWCs would be equipped with teaching and learning aids/ kits to facilitate PSE activities. The Corporate Partners will also work towards designing a comprehensive program to strengthen and supplement the efforts of WCD Department and making provisions for creating access to potable drinking water and sanitation facilities in the AWCs.

Community Management of Acute Malnutrition

The Department of Women and Child Development has signed Memorandum of Understanding with Jamshedji Tata Trust and UNICEF for implementation of Community Management of Acute Malnutrition ("CMAM Project") at Nandurbar District. This initiative aims at improving survival and development outcome of estimated 11,500 SAM (Severe Acute Malnutrition) Children in all six blocks of Nandurbar District and compare the outcomes of three nutrition protocols – MNT / RUTF, SF and ARF recipes.

Child Health Nutrition Committee

The Department of Women and Child Development, Government of Maharashtra; Municipal Corporation of Greater Mumbai (MCGM) and Society for Nutrition, Education and Health Action (SNEHA) have entered into a Memorandum of Understanding (MoU) to form Mumbai Child Health and Nutrition Committee under a convergence model In order to Improve health and nutrition of women and children in informal urban settlements of Mumbai. The committee has been formed with the following objectives to ensure achievement of maternal and health outcomes -

- Effective and Efficient use of material and human resources;
- Increase convergence of mother and children and reaching out to vulnerable pockets;
- Increase uptake of ICDS and Health Services;
- Timely and Effective Referrals and Follow-ups; and
- Sustained Community Ownership

Tackling Child Malnutrition (Suddrirha Bharat Abhiyan)

The Department of Women and Child Development and JSW Foundation are working together to tackle child malnutrition (Suddrirha Bharat Abhiyan) among the children in Anganwadi areas of Jawhar Taluka of Palghar District. The key components of this collaboration are -

- Nutrition Surveillance including technology based growth monitoring of children
- Growth Promotion through complimentary meal
- Watershed development and farm - based productivity enhancement for the long-term solution through livelihood generation and food security
- Long-term Institutional strengthening processes

As a part of collaboration, standardized training materials/ packages & monitoring tools for delivery of trainings to ICDS staff on topics such as Community based Management of Acute Malnutrition, Infant and Young Child Feeding etc. have been developed by the foundation. In this collaboration efforts were made to promote community role in management of malnutrition through technical assistance and support to the AWCs and refer medically complicated SAM children to Nutrition Rehabilitation Centers (NRCs)

Rajmata Jijau Mother-Child Health & Nutrition Mission and Fight Hunger Foundation

The Department of Women and Child Development in collaboration with Rajmata Jijau Mother-Child Health & Nutrition Mission and Fight Hunger Foundation took initiative to reduce malnutrition in the areas of Mokhada, Vikramgad ,Jawahar block of Palghar District and Dharni Block of Amravati District which were identified as high burden district by NITI Aayog. The identified districts were Konkan, Nagpur, Nashik and Amravati. The objective of this CSR projects is on reduction of malnutrition in the identified areas having high tribal predominance, poor health indicators and high malnutrition prevalence.

The activities carried out in collaboration were ddevelopment of standardized training materials/packages, monitoring tools for delivery of trainings to ICDS Staff on

topics such as community based management of acute malnutrition, Infant and Young Children Feeding (IYCF), counselling and communication skills.

Besides these, these foundations also hire additional staff and conduct training, support referral of medically complicated SAM Children to Nutritional Rehabilitation Centres (NRC), layer existing projects with the 1000 days initiative or micro nutrient powder supplementation as and when need identified, support implementation of the VCDC Centres wherever applicable and support in management of uncomplicated SAM.

Bal Sanjeevani

It is a community based management of children with severe acute malnutrition (CMAM) implemented in Nandurbar district of Maharashtra. The components of Bal Sanjeevani included –

- Promotion of infant and young child feeding practices, child stimulation for development, hygiene and other practices and services to prevent SAM;
- community level screening of children for identification and referral of children with SAM;
- facility based management of SAM children with medical complications;
- community based or outpatient management of children with severe acute malnutrition without complications; and
- Follow up of children discharged from the CMAM program to avoid relapse

Bharat Ratna APJ Abdul Kalam Amrut Yojna

The Department of Women and Child Development, Government of Maharashtra has approved APJ Abdul Kalam Amrut Yojna scheme to provide one full hot cooked nutritious food to pregnant, lactating women in the tribal areas. AWCs falling under Women and Child Department in 16 districts of states having predominant tribal population will implement the scheme. The scheme will replace the earlier 'Take Home Ration (THR) scheme which provided packets of sheera or upma to lactating or expectant mothers in tribal areas of state.

Village Child Development Centre (VCDC)



The Department of Women and Child Development, Government of Maharashtra has introduced a concept of Village Child Development Centre (VCDC) to address the management of moderately and severely acute malnourished children and prevent them from child malnutrition related to child mortality. The Government of Maharashtra has set up a three-tier system to treat severely acute malnourished (SAM) and moderately acute malnourished (MAM) children starting with screening by Anganwadi

Workers using the 'weight-to-height' criteria. The VCDC model includes health protocol, nutrition protocol, training protocol and monitoring protocol. Those children identified as SAM or MAM, with no medical complications, are admitted to village child development centres (VCDCs) for 30 days. It has been reported that about 70 per cent children show improvement at this stage itself, given the special nutrition protocol designed for the VCDCs. Children with medical complications who do not show improvement in VCDCs are referred to child treatment centres (CTC) at district hospitals for 21 days. After the treatment, children are sent back home. However, those with severe complications are referred to nutrition treatment centres (NTC) at the district hospital for 14 days. The only difference in the new process will be the use of Mid Upper Arm Circumference (MUAC) measurement at the Anganwadi itself.

Strengthening quality Improvement in Preschool Education

The WCD Department, Government of Maharashtra has signed an Memorandum of Understanding with Dewan Housing Finance Corporation Limited and Samhita Social Ventures Private Limited for Improving the Quality Delivery of Pre-School education for children between the age group of 3 – 6

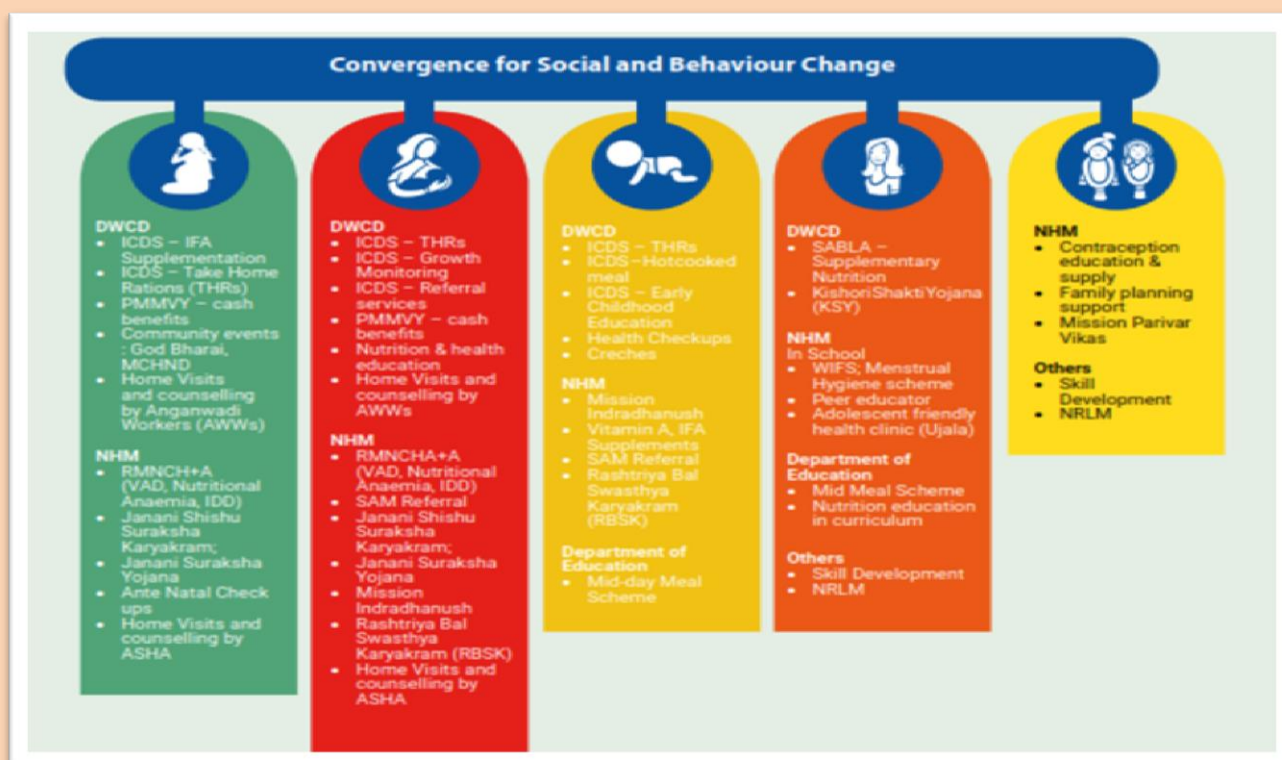


years in AWCs of Palaghar and Vasal Talukas. These Corporate Sectors have conducted capacity building programmes for AWWs, Supervisors and CDPOs to develop right perspectives towards ECCE Methodologies, developmental milestones, stimulation therapy for brain development of children, effective communication skills to counsel mothers.

The AWCs were provided with adequate teaching learning materials in the ECCE kit to implement PSE activities as per the AKAR syllabus. These corporate sectors will map out the infrastructural requirement of the AWCs in these districts and local administration will be approached for up gradation of AWCs to Child Friendly ECCE centre. These corporate partners are also designing a comprehensive programme to strengthen and supplement the efforts of WCD department to focus on clean and safe drinking water, and sanitation facilities at the AWCs.

Social Behaviour Change Strategy to Fight Under nutrition

Social and Behaviour Change (SBC) Communication is an approach which helps in building political and society-wide awareness and commitment to nutrition improvement. It enhances individual behaviours and household practices, promotes collective actions in communities, improves the delivery of nutrition counselling services



and demand for these services and enhances the overall enabling environment for good nutrition outcomes. In this regard, Department of Women and Child Development, Government of Rajasthan has developed a SBCC framework and strategy to improve mother and child nutrition outcomes in the state. The Behaviour Change strategy builds upon a life-cycle approach, synergising health, nutrition, care and maternity protection messaging across the first 1000 days, adolescence and a multi-departmental convergence to tackle the burden of under nutrition in the state.

The SBCC interventions will promote consolidation of SBCC interventions undertaken by various development partners in Rajasthan and simultaneously encourage innovation. It also proposes a roadmap for multi- sectoral responses to Behaviour Change through convergence of on- going programmes within the state steered by other departments such as Health, Rural Development, Panchayati Raj, Education and Food and Civil Supplies. The strategy document is meant to be used by policy makers across the GoR and its collaborators, including nutrition, Behaviour Change and Information, Education and Communication (IEC) experts, NHM, NRLM, state communication agencies, development partners, Non-governmental Organisations (NGOs), and media agencies.

State Nutrition Strategy – ‘Nourishing Rajasthan – Vision 2022’ which set out the mechanism for programmatic convergence through the setting up of a state level convergence committee. One of the key aims of the committee is to ensure the convergence through joint development of State/District Implementation Plans for ICDS, NHM and Swachh Bharat and other allied departments to address different determinants of under nutrition together.

The tools to achieve programmatic convergence at the field level will include –

- MCHND as a platform for convergence of services to the mother and child and a forum for growth promotion and behavioural change counselling.
- Joint community monitoring of nutrition status of children below three years at Panchayat, Village/AWCs and health sub centres.
- Joint community communication and village contact drive by mapping and weighing of children, in front of the community, making under nutrition visible.

- Linking the concept of “Kuposhan Mukta Panchayats” to the convergent gram panchayat plans being prepared for rural development. Trained panchayat members (especially women) and women’s SHGs mobilised under NRLM will play a key role in this.
- Strengthening of the Village Health Sanitation and Nutrition Committees, (VHSNC) recognised as sub committees of Panchayats.
- Joint planning, training and capacity development of front line workers on effective counselling and problem solving

Praveshotsav (Anganwadi Chalo Abhiyaan)



The Department of Women and Child Development, Government of Rajasthan has taken various initiatives in making AWCs first point of contact for all kind of service delivery related to Pre-School Education, Health and Nutrition & Empowerment of Women. Efforts have been made to

establish integrated delivery of services in a responsive, proactive, sustainable and continuous manner through convergent efforts, shared leadership and common accountability, initiatives such as Praveshotsav, Toy Bank, Shikshan Samagri,

Parinda, Community Participation etc. have been taken massively.



Toy Bank Initiative



Nanda Ghar Yojana

In order to increase the community participation in Anganwadi Services under Umbrella ICDS scheme, Government of Rajasthan has initiated Nanda Ghar Yojana to bring innovation and create model AWCs. The provisions of Nand Ghar Yojana include **Participation** – It is the adoption of an AWC by the Donors, Social workers, NGOs, Corporate sector etc. It is encouraged to adopt one or more AWCs for the period of five years. They would provide additional funding for the effective functioning of AWC.

(a) **Activities at AWCs** – The donors/CSR personnel/NGOs/Trustees shall provide all assistances in respect of



conducting activities at AWCs along with the support provided by the DWCD, GoR to convert the AWCs as model AWCs. They may provide PSE kit, TLMs, white board, pants and shirts etc. Support may be provided in regard to repair of AWCs, Kitchen, construction of toilets, kitchen garden and boundary wall. They may also

support in providing SNP, protein mix food, contributions of fruits, vegetables to enrich quality of Supplementary Nutrition at AWCs.

(b) **Provision for Model AWCs** – The donors may like to provide piece of land as per the standard requirements, bear entire expenditure on construction of building and its boundary wall or they may construct building boundary wall on the piece of land provided by the Government. If any donors adopt more than 100 AWCs and give any constructive feedback for development of model AWCs, the same may be implemented with approval from State Government.

Rajposhan Software

Under the Anganwadi Services Scheme, the Department of Women and Child Development, Government of Rajasthan has developed Rajposhan Software with the help of NIC for successful operation, monitoring and monitoring of this program. This will monitor and ensure honorarium payment and other types of payments on time to the functionaries.



Khushi Anganwadi Programme

Khushi is a unique tri-partite Public–Private–People initiative aiming to reach 3055 Anganwadi centres (AWC) in select Blocks of Ajmer, Bhilwara, Chittorgarh, Rajsamand and Udaipur districts. The goal is to strengthen the efficacy of Government's Integrated Child Development Services (ICDS) Scheme to improve health and well-being of children below 6 years of age. This programme was re-launched in 2295 (out of 3055) Anganwadi Centers in association with reputed NGO partners like CARE India, 'Gramin Evam Samajik Vikas Sanstha', 'Seva Mandir' and 'Jatan Sansthan'. Through this programme about 36,000 children in the 3 to 6 years age group, and another 63,000 children below 3 years of age are getting benefit in respect of child development related outcome. The intervention has resulted in an increase in attendance of children and quality of preschool education at AWCs.

Vedanta Foundation & Nand Ghar

Vedanta has signed an Memorandum of Understanding (MoU) with the Ministry of Women and Child Development, Government of India to construct 4,000 new age Anganwadis



called Nand Ghars across India. The Company is contributing to this landmark initiative by funding to Vedanta Foundation for setting-up Nand Ghars. This model reimagines existing Anganwadis into Nand Ghars equipped with state-of-the art infrastructure including access to nutritious food, e-learning, clean water, skill development, sanitation and perennial solar power supply.

Lupin Human Welfare & Research Foundation

The Bharatpur district office of the LHRWF has agreed adopt 100 Anganwadi Centres situated in five districts across Rajasthan and develop them to achieve the objectives of providing nutritious food to children and reducing maternal and child mortality ratio.

A Memorandum of Understanding (MoU) for the purpose, under the Nandghar Yojana of the Rajasthan Government's Women and Child Development Department, was signed. Lupin Foundation has agreed to adopt 58 Anganwadi Centres in Bharatpur district, 10 in Dholpur, 6 in Sawai Madhopur, 12 in Karauli and 14 in Alwar. The Foundation will spend Rs. 70 lakhs on their development. The Foundation had installed growth monitoring machines at the centres operating under the Child Development Project to measure the growth rate of children, which are connected online and provide instant information.

It is understood that the public-private partnership and better management of Anganwadi Centres would help achieving significantly better results for resolving the problem of malnutrition of children and women. The Nandghar Yojana has been launched in the state precisely with this objective and the Nandghar Yojana has started getting positive support of industrial houses, non-government organizations, voluntary bodies and other groups.

Suposhan Choupal

In order to improve the nutritional status among mothers and children, the Department of Women and Child Development, Government of Chhattisgarh



initiated a 'Suposhan Choupal'. The Suposhan Choupal will be organised at the Anganwadi centers of 17 high burden districts (with maximum number of malnourished children) of the State on every third Thursday of the month.

The Women and Child Development Department issued a circular to the Collectors and District Programme Officers of the concerned districts and instructed that activities like 'Godbharai', 'Annaprashan', 'Balbhoj', etc., would be undertaken in the 'Suposhan Chaupal'. The high burden districts identified by the Department include Balod, Bemetara, Baloda-Bazar, Bastar, Gariaband, Durg, Kabirdham, Mahasamund, Korba, Jashpur, Narayanpur, Dantewada, Bijapur, Sukma, Kanker and Raipur.

It was expected that by organising such activities at AWCs, the participation of community members will increase in the Anganwadi Services Scheme under Umbrella Integrated Child Development Scheme (ICDS) and thus help in achieving the millennium development goal.

It is reiterated that under **Godbharai** programme at AWCs, the registered pregnant women, pregnant women with seven months pregnancy and one or two members of their family will be invited. Similarly for **Annaprashan**, the children completing six months of age, children up to age of nine months registered at AWCs, their parents and family members will be invited for participation in the programme.

Besides this, the moderate and severely malnourished children, their parents, children targeted in '**Sneh Shivar**' and '**Nava Jatan**' scheme and medical officers will participate in the Suposhan Chaupal. The participants will be welcomed and motivational song will be sung by the local heroes. The experiences mother in-law, ideal mothers, parents who have successfully taken care of their children and improved the nutritional status from malnourished to normal status etc., would be made the chief guest of the programme.

The Community Members will be made aware of the importance of nutrition through these activities and discussions will also be held on the issues like care during pregnancy, nutritious food, management of malnutrition etc. Information related to services and facilities provided under different government schemes like Sneh Shivar, Nava Jatan, Chief Minister Bal Sandarbh Yojna, Nutrition Rehabilitation Center etc will

also be given to the participants during the Chaupal. Moreover, since 2009, malnutrition eradication programme is also underway in the State. Under 'Mukhyamantri Bal Sandarbh Yojana' health care facilities are provided through home-based management and additional health services to children with critical malnutrition condition.

The State Government also took an initiative to include '**Suposhan Mitra**' (Nutritional Friends) as members in the Mothers Committee to inspect the quality of cooked meals, breakfast and nutritious supplements. Government of Chhattisgarh also directed Officials of ICDS to organise special Gram Sabhas and get assistances of Self-Help Groups (SHGs) to cure the condition of malnutrition among children.

During capacity building training, the trainees were informed about the basic activities of Nava Jatan, marking of main beneficiary, affectionate behaviour of family for better nutrition, inspiring children for physical, mental and social development, role of self-help groups and 'Suposhan Mitra' in community, roles and responsibilities of Panchayats, effects of ready-to-eat, nutritious meal menu, Nava Jatan email, software, Vazan Tyohar (Weighing Festival) software etc.

Phulwari Scheme

According to UNICEF (India) report, more number of children die annually within the first week of their lives and one out of four children under three years of age suffer from wasting due to acute under nutrition. The state also records about 57 per cent of neonatal mortality and anaemia among more than half of adolescent girls. In this context, to eradicate under nutrition and malnutrition, the Government of Chhattisgarh has launched a new programme named as "**Phulwari Scheme**" for the children in the age group between 6 months to 3 years. Under this scheme, the children will be allowed to stay in a creche for six to seven hours per day. During

their stay, they will be provided a cooked meal, snacks with high protein and high energy mixture "sattu". They will also be provided boiled eggs and iron supplements, twice in a week.



Jan Swasthya Sahyog (JSS) a non-profit organization for health professionals at Bilaspur, Chhattisgarh has tied up with other organizations such as Panchayat Raj Institutions and Integrated

Child Development Scheme (ICDS) Centres to implement the "Phulwari Scheme". The team of Jan Swasthya Sahyog includes specialists in Medicine, Paediatrics, Public health, Gynaecology, Surgery, ENT, Ayurvedic Medicine and Microbiology. The objective of the scheme is to provide nutritious food to the children of age group between six months to three years. Creches are run by women volunteers. Each woman is assigned 10 children. They are trained on basic hygiene, nutrition, health and child learning by JSS. These creches will operate for about six to seven hours in every day which enables mothers to work. Timings may change as per the requirements of the community. Sattu prepared by women group and packed by JSS for distribution in creches. The beneficiaries such as pregnant women, mother of infants and children below three years are provided boiled egg and iron supplements, twice a week.

Phulwari is the first scheme in the nation which has been opened with the help of Gram Panchayats and Mitanins of Health Department in Chhattisgarh. In Phulwari centres, no government employees or workers have been appointed. Instead, mothers of the children enrolled in Phulwari themselves attend the children and serve meal to them in rotation. Provision has been made to enroll minimum 5 children and maximum 20 children in every Phulwari Centre. The scheme has been formulated particularly to save children below 3 years of age from malnutrition and to improve their health. Panchayat and Rural Development Department officials had informed that the most important feature of this scheme is public participation, especially participation of mothers of such children.

Vazan Tyohar:

The Department of Women and Child Development, Government of Chhattisgarh has taken an initiative to observe 'Vazan Tyohar' from March 1 to March 6 to assess the actual status of malnutrition in children below five years and take necessary measures to eradicate it.



During this week, weights of nearly 22 lakh children aged five years and below would be recorded through more than 50,000 AWCs and mini-AWCs in the State. This data would be entered in online software to analyse the status of malnutrition in children and to

diagnose the children suffering from disabilities caused due to malnutrition. It is worth mentioning that the continuous efforts of State Government since last 10 years have reduced the level of malnutrition in State from 53 per cent to nearly 47 per cent. Now, under Millennium Development Goals, collective efforts are being made to reduce this level of malnutrition to nearly 27 per cent.

Anganwadi Services Scheme under Umbrella ICDS, Mukhyamantri Bal Sandarbh Yojana, Nava Jatan programme and establishment of Nutrition Rehabilitation Centres are some of the major steps taken by the department to eradicate malnutrition in the State. Vazan Tyohar being an important medium of estimating and analysing the actual status of malnutrition in state, the Department is widely publicising the 'Vazan Tyohar' event through banners, posters, pamphlets, invitation cards, etc., so as to ensure maximum participation.

Massive Inspection Drive

On 17th June 2017, Department of Women and Child Development, Government of National Capital Territory, Delhi conveyed its intention to reform its Anganwadis a massive Anganwadi inspection drive by 800 Delhi Government Officers, Chief Minister, Dy. Chief Minister and the entire cabinet. Delhi Government Officials and the Ministers inspect one or two AWCs each and submit their report online. In this process the Government has initiated many reformative measures, scaling up of innovations to transform Delhi's Anganwadis. At the core of these reforms, it is the Government's belief that decentralization by **empowering citizens to become partners** in bringing change, **use of technology to enhance efficiency and accountability** and **building capacity of its employees** are the three most powerful tools to solve complex problems of governance. Key initiatives and innovations made by the Delhi Government in its mission to revitalize the structure and functioning of Delhi Anganwadis are -

SERVICE DELIVERY & INFRASTRUCTURE

1. Augmented and improved curriculum for ECCE
2. Creation of Anganwadi Hubs
3. Incentivized up-gradation of Anganwadi Scheme
4. Improved SNP

5. Smartphones with CAS and data connection for Workers

HUMAN RESOURCE

1. Augmented honorarium to Worker and Helper.
2. Filling up of vacant posts of CDPOs and Supervisors by new hiring and promotions.
3. Training of Workers, Supervisors and CDPOs

SUPERVISION & SUPPORT

1. Compulsory visits by all ministers and officers to Anganwadi centres.
2. Involving community and beneficiaries through Anganwadi Support and Monitoring Committee (ASMC aka Anganwadi Samiti)
 - App for ASMC members
 - Training of ASMC members in ICDS, vision and role and responsibility of ASMC
3. CCTV cameras in Anganwadi and Kitchens, Artificial Intelligence to analyse CCTV feed

Creation of Anganwadi Hubs

Anganwadi Hubs are centers where 3 - 4 Anganwadis have been combined in high density residential areas to give the look and feel of a play school. By combining the resources of participating Anganwadis, renting of bigger area with open space for free play and multiple rooms for age wise segregation of children has become possible. Other benefit of Hub centres is synergies that are created by combining the efforts of multiple Workers and Helpers who function together as a team and divide the work efficiently. Hubs are serving as spacious vibrant ECCE centres. In the pilot phase 110 Anganwadi Hubs have been created comprising 390 AWCs.



Anganwadi Hub in Maindan Garhi, Delhi

Anganwadi Hub at Peeragarhi, Delhi

Incentivized up gradation of Anganwadi Scheme

This innovative scheme has been introduced to incentivize Anganwadi Worker, Supervisor and ASMC (Anganwadi Support and Monitoring Committee aka Anganwadi Samiti) to work as a team and improve the working of their Anganwadi. Delhi Anganwadis don't have a uniform standard of operation or service delivery. In such a scenario, it is clear that all Anganwadi centres are not ready for many additional interventions and most have to work on putting their house in order; get the basics right and raise their standard up to a certain minimum level. An incentivized approach to Anganwadi Upgradation can ensure uniform and systematic across all Anganwadis in Delhi. In addition, the graded and phased approach is practical to implement the same and make it sustainable in the long run. In this approach WCD incentivizes the triangular team of Anganwadi Worker – Supervisor – Anganwadi Monitoring and Support Committee (Anganwadi Samiti) to score points for their Anganwadi and earn the upgradation of their AWCs based on the points scored. By incentivizing all three stakeholders we can ensure they together feel the ownership and work as a team to uplift their AWCs.

S. No.	Anganwadi Feature	Incentive points scored
1	Room size min 225 sq feet (equal of 15 ft X 15 ft), devoid of any land lord furniture (for some areas, like say JJ Clusters where pukka accommodation is not available, this criterion will have to be customized to reflect the best possible accommodation available in the catchment area of the Anganwadi)	1
2	Clean Toilet facility (with daily cleaning)	1
3	Clean Drinking Water facility	1
4	Interior cleanliness, painted walls	1
5	Natural light and ventilation	1
6	Adequate Electrical Lighting	1
7	Working Fan	1
8	Clean, clear and safe approach to Anganwadi	1
9	Min 20 children (2.5 yrs and above) attending anganwadi regularly (6 days a week, 3.5 hrs/day) for ECE (with regular, timely and full duration operation of anganwadi by both Worker and Helper)	1
10	Fully functional Anganwadi Samiti (with complete membership structure and regular meetings)	1
	TOTAL	10

(Point scoring scheme: A 10/10 score earns the team Anganwadi Upgradation)

Smartphones with Common Application Software (CAS) for Anganwadi Worker

Delhi Government strongly believes in the power of data especially when schemes have to make impact at scale. With 6.5 lakh beneficiary base, data is a key for ICDS monitoring, policy making and for continuous improvement. The government has approved internet data pack reimbursement to Anganwadi Workers worth Rs.500/- per month to use CAS (ICDS-Common Application Software). Anganwadi Workers will be given smartphones with CAS application pre-loaded. Most of the data that the worker records in her registers never makes it beyond the Anganwadi. With CAS, Worker will enter daily data about attendance, SNP, beneficiary's details and progress etc. CAS will generate dashboards which will enable birds' eye view as well as Anganwadi level MIS.

Access to data and relevant MIS will be a powerful tool in realizing true potential of ICDS.



Anganwadi Support and Monitoring Committee -- ASMC, also known as Anganwadi Samiti

The Inspection visits of Government Officials and Ministers revealed poor service delivery system at AWCs of Delhi. From rampant truancy to fake beneficiary data, from closed centers to barely functional ones, from poor quality of meals to rooms without natural light and ventilation – the Anganwadis were plagued with many problems.

Delhi Government's policy of decentralisation by empowering citizens to expect better services from the government and to partner with the government to help improve these services, was the perfect intervention in Delhi Anganwadis. On lines of empowered SMCs in Schools, which have played a pivotal role in the education revolution in Delhi, Anganwadi Support and Monitoring Committee - ASMC aka Anganwadi Samiti was notified. In this direction the local community and families of beneficiaries were mobilized to volunteer as committee members. Delhi Government placed an advertisement in city newspapers seeking educated housewives, social workers and general public to apply for the voluntary positions.

ASMC or Anaganwadi Samiti is headed by a Chairperson who is a graduate woman from the community and has parents of children and beneficiary pregnant woman and nursing mother as members of the Samiti. Its complete composition is given below-

Sl.No	Composition	Number	Role
1	Graduate Woman from the community (a criterion which is relaxed where such member is not available)	1	Chairperson
2	Woman Beneficiary (pregnant lady/nursing mother)	2	Member
3	Social Workers from the community/Community Teacher/Retd. Govt. Official	2	Members
4	Parent of beneficiary children	3	Member
5	ASHA Worker	1	Member
6	Sakhi under Sabla Program (if any)	1	Invitee
7	Kishori under KSY Program	1	Invitee
8	Representative of MLA	1	Member
9	Anganwadi Worker	1	Convenor

The first meeting of Anaganwadi Samiti was held across Delhi in November 2017. In the meeting the Anganwadi Samiti members filled a short survey to assess the quality of infrastructure, food (Supplementary Nutrition) and Early Childhood Education activities at the Anganwadi. Apart from working closely



with the Anganwadi Worker, Samiti members have enthusiastically engaged with children in various fun- filled activities. Samiti members celebrated various festivals and sought support from community which have resulted in making vibrant and cheerful AWCs. Anganwadi Worker and Supervisors have welcomed Anganwadi Samiti. The AWWs/AWHs have found the Samiti Members as partners who share the same

concerns and vision and collaborate with them to improve their AWCs. Following are examples of Aanganwadi Samiti led initiatives:-



Birthday celebration of children by community members is encouraged at Anganwadis



Good show Mr.Heavyweight !



She seems to be worried about her weight :)



Samiti members inspecting food at their Anganwadi



Training of AWWs on Implementation of ECCE

When Worker trainings needed to be planned, the first step was to map all past trainings, a task which increasingly seemed futile, since data was not readily available on individual level and also because almost 50% Workers had not had a single training ever! It was not only shocking to know that 50% of Delhi Anganwadi Workers



Training of Supervisors who further train their Workers in a cascade model

had not had the mandatory job training ever, but it was also an indication of how capacity building and on job performance had been completely pushed to the back burner. Many of those who had their job training had not had refresher training in more than a decade. In such a scenario it was clear that it was pointless prioritizing Workers based on who needed training first but all needed fresh training urgently.

A cascade model was worked out for maximum coverage and high level of involvement of all functionaries. In this model Supervisors and CDPOs go through extensive ECCE training and also train to be trainers. After which Supervisors, under the guidance of their CDPOs, train their Workers. ECCE training involves training in the new curriculum for Pre School Education.

- The team from Pratham & Jamia trained supervisors in 2 phases. CDPOs participated in this training.
- The training schedule included 5 days classroom training followed by 2 weeks on-the-job training culminating in 2 days of evaluation & feedback. Supervisors were also graded as Good, Average & Poor based on certain criteria. The "Good" Supervisors became eligible to train the AWWs with the support of the "Average" Supervisors.
- Trained supervisors are now training the 10,000+ AWWs in the Cascade Model, out of which 1000 have been trained, while 4000 are currently under training.

Chalo Anganwadi Kendra Se Jude Hum Abhiyan

The Department of Women and Child Development, Government of Jharkhand has initiated Chalo Anganwadi Kendra se Jude Hum Abhiyan in May 2013. In this abhiyan, approximately three lakh children were enrolled at the AWC. This Abhiyan ensured 100 percent attendance of pre enrolled child at the AWC, effective participation of PRI members with ownership and social audit of resources available at AWC. The Department organized the statewide campaign on Chalo Anganwadi Kendra Se Jude Hum Abhiyan without involving any extra financial cost. The objectives of the abhiyan were to ensuring 100 percent attendance of pre- enrolled children at the AWC; New enrollment of children between the age group of 3 to 5 years at AWC within their catchment area; and social audit of the assets available at AWC like – medicine kit, pre-school education kit, SABLA kit and other amenities provided at AWC.

The DWCD, Government of Jharkhand conducted a State Level Meeting with departmental officials, development partners, corporate agency (TATA, Jindal) and NGO for usage of their resources in concerned areas for designing of Plan of Action (POA) for this campaign. The POA was shared with all Deputy Commissioners, DSWOs and other partners Letter to interdepartmental secretaries for convergence during the campaign Letter issued to all deputy commissioner, DSWO, and DO letter to all PRI members for conducting meeting with field functionaries for making this event successful.

Strategy Adoption Malnutrition Treatment Center

The children identified and screened as SAM were referred to MTC. These children received treatment according to the health protocol. Children without having medical complication and children who discharged from MTC after treatment were given to the civil society for sponsorship / adoption. In this regard the district administration sensitized and involved Civil Society, Government Functionaries for fighting malnutrition in the State.

Jan Samvad

Officials of District Administration covered 500 villages as means of generating awareness on Malnutrition and ways and means of improving the status of malnourished children through the use of locally available energy dense/nutritional food. Various IEC activities were conducted through Song and Drama Division to spread the messages of ill effects of malnutrition and how families could keep their children healthy and avoid vicious cycle of malnutrition.

Strategy Adoption of Nutrition Package

During a workshop at the District level, representatives from UNICEF shared the concept of making nutritious food with the locally available food materials. The District Administration suggested the same to the sponsors and shared the method of making the special packaged diet. The ingredients to make 100gm meal are; Whole Wheat 30 gm, Soybean 20 gm, Bengal Gram Flour (Sattu) 5 gm, Sugar 35 gm, Edible Refine Oil 10 gm.

Sapath Patra

During the celebration of Nutrition Week, the Department took an initiative towards launch of Sapath Patra to ensure the up gradation of nutrition and health status by community behavioural changes.

Adoption of AWC under the Corporate Social Responsibility (CSR)

Abhijit Group, Tata Steel, Usha Martin Limited has adopted AWCs in Latehar, East Singhbhum and West Singhbhum district respectively. The support and activities extended by them were betterment of physical infrastructure in the AWC, separate room for ANC and health checkup, kitchen garden, wall painting & indoor playing facility at AWC, outdoor playing space with swings, support in the supplementary nutrition programme in the AWC (providing nutritional food) and Community mobilization in the catchment area of AWC

Establishment of Real-time- Monitoring Cell

Real time monitoring cell was established at the state level for monitor the services at Anganwadi Center. The cell was started in 2010-11 at the state level and decentralized at district level in 2012- 13. The cell telephonically monitor (direct call to AWW, PRI member etc.) randomly selected AWC (on remote area) on daily basis. The results shows that AWCs are opening regularly and services are effectively delivered to the beneficiaries at AWC.

Sneh Shivar

A positive deviance approach with an objective of identifying solution to community problem within the community was started by the Department. The State's Strategies include *FOR WHOM* – it is for the moderate and severely undernourished children between 6 month to 59 months along with their mothers/caregivers; *WHERE* - where there is a high prevalence of moderate and severe under nutrition children of the community. Out of a cluster of four to five AWCs based on 4 A's (*Accessibility, Availability, Acceptability & Approachability*) of the target group, then *HOW* - duration of Sneh Shivar will be a 12 days NCCS (Nutritional Counseling and Care Sessions) at AWCs followed by 18 days follow-up at the home of the children, who have attended

the Sneh Shivar and the Nutrition, Health, Sanitation, personal health and hygiene would be the pillars of NCCS.

SRUSTI - Providing Egg

The State Government is providing egg which is extremely nutritious, an excellent source of protein and provide essential nutrient for improving the nutritional status among children.



One large (53g) egg contains 6g of protein and only 70 calories. The egg plays a unique role in stimulating muscle protein synthesis. Egg has high quality protein which helps built antibodies and repair muscles. The normal children are given eggs for two days, Moderate and severely underweight children are given eggs for five days respectively at AWCs of five backward districts namely Raichur, Bider, Gulbarga, Koppal, and Yadgeri. The Outcomes of the Srusti Programme is optimal increase in weight of children, reduction of under weight and reduction of wasting in children and Increase in enrolment of children at AWCs.

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Ksheera Bhagya (Milk)

Milk is one of the most nutritious drinks. Not only is it rich in high-quality protein, it is also an excellent source of vitamins and minerals, such as calcium, vitamin B12, and riboflavin.

- Ksheera Bhagya benefit has been extended over one crore children across state from AWC and Schools



- Children from 6 months to 6 years of age are provided whole milk for five days a week at AWCs and School going children get milk at school. At AWC normal and moderately underweight children get 150 ml and 200 ml milk per day.

Balasnehi



In its efforts to provide quality services in Anganwadi Centers, the Department of Women & Child Development, Government of Karnataka, has taken an innovative approach in the name of **Balasnehi**. Under the Balasnehi several interesting, joyful, colorful and

content related visuals are created in the Anganwadi Centre. The beauty of Balasnehi is that children without being taught they learn and do so joyfully. Balasnehi, is now consider an efforts to make the Anganwadi a happy and joyful place for learning among children. The DWCD, Government of Karnataka has developed 10,000 Balasnehi AWCs across the State in 2016-17 with the intention of innovatively treating the space and the built elements to make the existing AWCs architecture more resourceful with higher educational value in a child friendly manner. In 2017-18, it proposed 5,000 Balasnehi AWCs to focus on strengthening Pre-school education and attracting children to AWCs.

Welfare measures for AWWs and AWHs



The DWCD, Government of Karnataka has increased the honorarium of AWW and AWH. The Honorarium hike is seen as a move to motivate them to cater to the development needs of children in the 0- 6 years age group and lactating

mothers. The AWWs/AWHs get 15 days summer holiday given during May every year and 20 days casual leave per annum. Death relief of Rs.50, 000/- and medical reimbursement of Rs.50, 000/- is given to Anganwadi workers and helpers respectively. If anganwadi workers/helpers die while in service, or are suffering from severe ailments, their families are given some compensation and financial relief. A sum of Rs.20, 000/- is sanctioned to the legal heir of the deceased anganwadi worker and Rs. 10,000/- is sanctioned to the legal heir of the deceased Anganwadi Helper as death relief fund. From September 2014 the death relief amount has been increased to Rs.50, 000/- for both AWW and AWH. Those AWWs/Helpers who have completed a minimum of one year of service are eligible for financial assistance under the scheme. New Pension Scheme (NPS) Lite-a contributory pension scheme in which Anganwadi Workers and Helpers will contribute Rs.150/- and Rs.84/- as monthly contribution respectively and State government will contribute the same amount.

Mathrupoorna (One Full Meal programme)

Anganwadi Services Scheme under Umbrella Integrated Child Development Scheme (ICDS) is one of the major national flagship programmes that is being implemented in the State for the past four decades. Under the Supplementary Nutritious Program, Pregnant and lactating women are provided with nutritious food which provide about 600 calories per day for six days a week. Despite the SNP programme the improvement in the Maternal and Child Health indicators of Karnataka has been slow compared to the rest of the south Indian States. The State Government decided to provide nutritious food to pregnant and lactating women. In this scenario, to achieve the goals of DWCD, it was decided to provide one complete Meal to Pregnant and Lactating mothers along with IFA Supplementation, Calcium and deworming followed by counseling. The objectives of the programme were to -

- Improve the nutrient intake of pregnant women through spot feeding by providing One Full Meal in order to reduce the incidence of low birth babies and undernutrition among women & child;
- enhance the quality and acceptability of supplementary nutrition by the Pregnant and Lactating women;

- bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of pregnant and lactating women;
- ensure early registration of pregnancy & improve the enrolment of mothers at Anganwadi Centers (AWCs);
- ensure Pregnant and Lactating women consume 100+ IFA tablets, Calcium tablets, deworming in 2nd trimester and receive health check-ups and immunization;
- reduce prevalence of anaemia among pregnant women; and
- Reduce the incidence of IMR, MMR, low birth babies and malnutrition

DWCD is providing hot cooked meal to pregnant women and breastfeeding mothers through the existing system of Anganwadi Centers. On pilot basis the scheme is implemented from February 2017 in four most backward/Backward talukas of Karnataka (Raichur-manvi, Mysore-H.D.Kote, Bagalkote-Jamakhandi, Tumkur-Madhugeri)

Sl. No.	Item	Nutritive Value		
		Energy (kcal)	Protein (g)	Calcium (mg)
1	Rice	517.56	10.2	15
2	Dal (Toor Dal)	104.4	7.25	22.50
3	Oil	144	0	0
4	Milk	273	10.03	490
5	Egg	100.92	7.76	35
6	Vegetables	52.5	1.8	16.06
7	Peanut Chikki	150	4	-
		1342.38	41.04	578.56

covering around 36313 pregnant and lactating women. This was first piloted in 4 above 4 blocks of Karnataka and extended to all 30 districts from October 2017. The one full meal consists of Rice, Dal with leafy Vegetables/sambar, vegetables for a minimum of 25 days, boiled Egg and 200ml. milk for 25 days in a month and chikke.

The one full meal will meet 40-45% (RDA: 1342 Calories, 41gms Protein, 578mg Calcium) of the daily calorie, protein and calcium requirement per day of the pregnant and lactating mothers. Along with the meal, Iron Folic Acid (IFA) tablet will be administered & gestational weight monitoring will be ensured for pregnant women. Based upon the previous experience in pilot blocks and positive response from the beneficiaries and visible results in some of the short term indicators, Govt. of Karnataka has scaled up Mathrupoorna scheme to all the Districts of Karnataka from 2nd October benefiting around 12 lakh pregnant and lactating women covering 65911 AWC.

Meeting medical expenses for severely mal-nourished children



- Under this scheme Rs.2000/- is given to each severely malnourished child for meeting medical expenses and for therapeutic food as per doctor's prescription so as to improve the child's health and bring it to normalcy.

Strengthen training component Through Satellite Programme

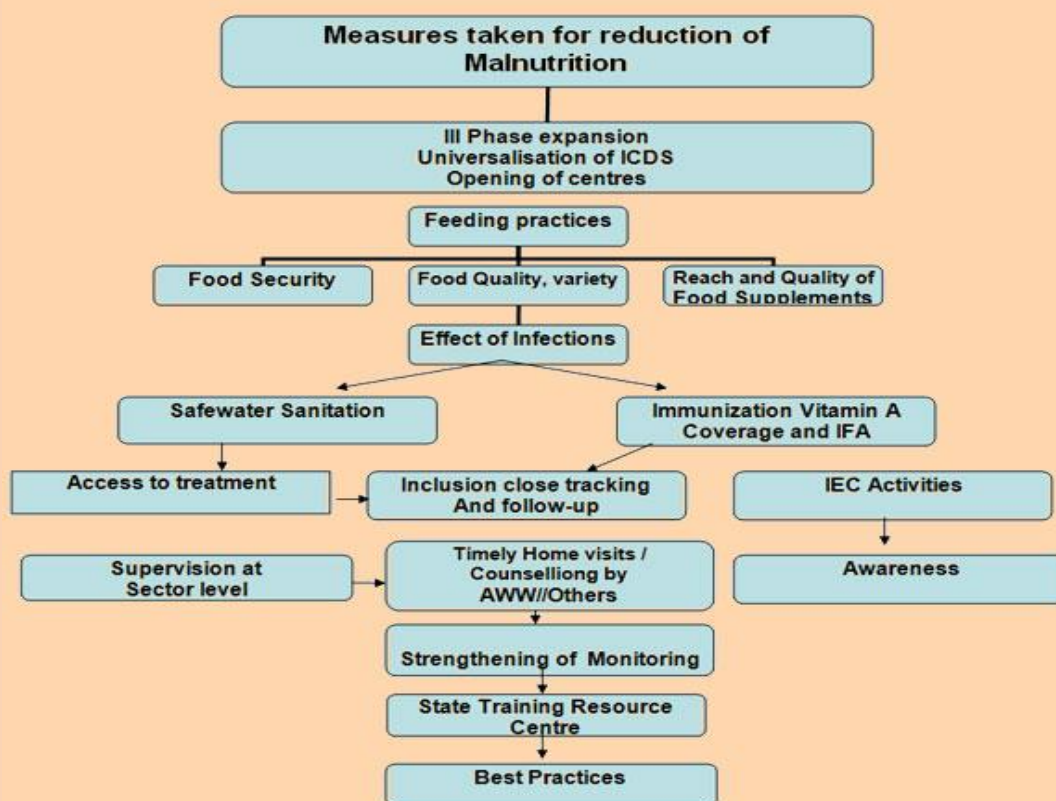
The Department of Women and Child Development, Government of Karnataka has developed a training module in association with UNICEF to train Supervisors on "Nutrition" to improve their knowledge and skills. The Anganwadi Workers are also being taught about growth monitoring through Satellite programme.

Noon Meal Programme

Puratchi Thalaivar M.G.R. Nutritious Meal Programme was launched in rural areas and was further extended to Urban Areas from 15.09.1982. Every day hot cooked meal containing Rice, Dal, Oil and Vegetables is provided to the children in the age group of 2 to 5+ years in AWCs. The noble objective of the scheme is to increase the literacy rate and eradicate malnutrition. The children of 2 - 5+ years of age are provided with Nutritious Meal throughout the year i.e.365 days and dry ration is given on Sunday. In order to enrich the diet of the children, protein rich food i.e., 20 grams of Black Bengal Gram or Green Gram is being given on Tuesday, 20 grams of boiled potato on Friday, three eggs per week to 2 - 5+ years children on Monday, Wednesday and Thursday and one egg every Wednesday to 1 to 2 year children along with Nutritious Meal in ICDS centres and children who do not eat eggs are provided with a banana weighing 100 grams. Further, Double Fortified Salt (DFS) only is used in all Anganwadi Centres for cooking noon meal.

The '**Akshaya Pathiram**' Programme (Voluntary contribution of vegetables/eatables by community/mothers of Anganwadi children) is also being implemented in all

AWCs, through which the vegetable intake of the children has increased. Through 'Akshaya Pathiram' programme, children are encouraged to bring one vegetable to Anganwadi Centre. This not only adds the nutrition content in noon meal but also inculcates the habit of sharing among children. The government has also introduced Variety Rice Scheme since 2013 considering the special nature and digestive capacity of the little children attending AWCs in each District and weekly menu in this regard has also been prepared. The Flow chart shows that State government tries to reduce malnutrition both under ICDS and other than ICDS.



IEC PROGRAMME ACTIVITIES

Communication programme activities were planned in such a way that it should disseminate messages to bring attitudinal changes. A number of Communication programmes were planned and conducted in the field-

1. "Community Baby Shower programme" for Antenatal Mothers.
2. Workshop for "Newly Married Couple".
3. "Traditional Food Festival"

4. Broadcasting Radio Jingles in FM Radio Station.
5. Conducting cooking demonstration in Anganwadi Centres on preparation of low cost nutritious recipes.
6. Periodical educational sessions for community working groups such as (Women's Working Group, Adolescent Girls Working Group and Children's Working Group).
7. Production of IEC support materials.
8. Publication of Bi-monthly newsletter "Chittukuruvi".
9. Area specific, need based IEC activities
10. Community Based Events (CBE) towards propagating POSHAN Abhiyaan

The state government is Updating information and improving knowledge and skill of field functionaries through Bi-monthly newsletter, "CHITTU KURUVI" (sparrow). The impact of IEC activities were reduction in severe and moderate malnutrition among children; improved Nutrition and Health status of antenatal and postnatal mother; awareness generation has been increased among the adolescent girls in the components of Nutrition, Health, Life skills education and empowerment as a whole; and community Participation has been augmented manifold.

Decentralized Pattern of Training

Tamil Nadu has an unique decentralized pattern of training system, percolated from Block/Project level to grass root level and vice versa. Every Project/Block has a Trainer. The training at block level is conducted by a team of Trainers i.e Block Training Team – BTT comprising of ICDS Trainer (Gr.I Supervisor) and Child Health Nurse from Health and Family Welfare Department. These trainers are competent enough to handle training to the grass root level functionaries. Due to this, AWWs and AWHs are highly motivated and involved in the whole process of training as they are tension free & stress free.

Initiatives to Strengthen ECCE



AWC with Baby friendly Toilets



AWC with RAMP facility



Odi Vilayadu Pappa

Learning in the Balwadi

experience

I play

I explore

10/12/2018

I love to learn!

opportunity

21

PRE-SCHOOL EDUCATION



10/12/2018

Service Benefits to AWWs/AWHs

In the event of the death of an employee of child (Anganwadi Worker/Helper) while in service, the legal heir of the deceased is given compassionate appointment under scheme by the Government. The order came into force since November 2009. Besides these, two days casual leave allowed at a time in a month including the unavailed leave of previous months, festival advance of Rs. 2000/- is sanctioned once in a year to the staff of Anganwadi Centres, Medical Allowance of Rs. 100/- per month to all the staff of AWCs, Additional Charge Allowance is increased from Rs. 2/- to Rs. 10/- per day to Anganwadi Workers who hold additional charge of other centres, 50% of Service rendered as Anganwadi Workers will be taken into account for calculating the pension for those who are appointed as Grade II Supervisors / Multi- purpose Health Workers/BT Teachers before 01.04.2003, and 10 days of Medical Leave will be allowed to those staff who undergo surgery under the New Insurance Scheme. Further, promotional opportunities to the eligible Anganwadi Workers for appointment as Office Assistants/Record Clerks in the Social Welfare and Nutritious Meal programme Department and to the Anganwadi Workers as Grade II Supervisors, Travelling Allowance is enhanced to Rs. 40 per month from Rs. 20 per month to Anganwadi Workers, Maternity leave allowed for six months and two sets of Uniforms (sarees) per year have been provided to all the Anganwadi Workers/Helpers etc.

New innovations/good practices that have proven evidence to show results in the State of Assam with detailed description of such interventions and their scalability are as follows-

Pratham Ahar Diwas (Annaprashan)

To promote initiation of complementary food after completion of 6 months of a child with the view of preventing malnutrition and support proper development, Pratham Aahar Diwas was celebrated in some selected districts of Assam. This is done under the initiative of an NGO (NEDSF) under the Project "Manthan, Child Development & Nutrition" supported by UNICEF in collaboration with Department of Social Welfare.

Matri Amrit Ahar

Matriamrit is introduced by NGO – NEDSF with UNICEF support in five districts of Assam, namely Morigaon, Kamrup, Barpeta, Goalpara and Darrang in collaboration with department of social welfare. This ceremony is organized for pregnant women in last trimester and comprise of providing nutritious food like locally available fruits, pulses etc., and imparting messages and care to be taken during pregnancy. AWWs and other health functionaries counsel pregnant women by interacting personally and motivate them for institutional delivery.

Kitchen gardens

Kitchen Garden is an innovative approach for promoting nutrition security and food diversity to fulfill the additional nutritional requirements of adolescence age and also adding micronutrients in hot cooked meal to children 3- 6 years served at AWCs. Kishori Samooh (under SABLA) and Adolescent girl clubs (under UNICEF supported child protection program) are formed and trained to develop and maintain kitchen gardens. It is also propose to organise cooking demonstration and recipes contest to teach the adolescents and Matri Sahayak Gut (MSG) members for preserving nutrients through with the help of home science colleges and FNB (food and nutrition board, Government of India) to combat malnutrition among children below five years.

Nutrition Surveillance to Strengthen Nutrition Rehabilitation Centers (NRC)

Nutrition Rehabilitation Centre (NRC) is a facility based care center to manage children with severe acute malnutrition –SAM (under 5 years) through Therapeutic diets, Medical care and counseling of mothers for better feeding & care practices at home. The objectives are to reduce malnutrition among under five children and treat severe malnutrition among the children aged 6 months to 60 months in the state.

Improving Service Delivery through Peer Learning/Education Sessions: Creating field learning sites

NEDSF (an NGO) in partnership with UNICEF under the project 'MANTHAN, CHILD DEVELOPMENT & NUTRITION' in collaboration with department of Social Welfare has been successfully conducting community based innovation for child

growth, development and nutrition since 2008 focusing ICDS blocks of five districts namely Barpeta, Morigaon, Darrang, Kamrup and Goalpara. NEDSF's presence in the field has supported the AWWs of selected AWCs for community based innovations, use of tracking tool and organizing community gatherings to improve beneficiary coverage and adoption of infant care and feeding practices.

In 2012, NEDSF under the same project has undertaken an initiative in developing their focus AWCs as 'Field Learning Sites' (FLS). These AWCs were adopted as FLS had capacitated the nearby 10 AWWs focusing the areas of their service delivery. The activities under FLS are undertaken with active involvement of concerned Supervisors and CDPOs under the guidance and support of the Directorate of Social Welfare, Assam.

With the view of developing AWCs provided with all facilities, it was initiated to create model AWCs in all the ICDS blocks. These AWCs will be developed focusing on effective delivery of services by upgrading the skills of the AWWs and AWHs through need based trainings and making available all the TLM/Charts and IEC materials/facilities in the centres. Adoption of AWCs will be done in a phased manner.

The ECCE curriculum has been presented for pilot testing in two ICDS projects- one in urban project and another in rural project namely Guwahati (U) (Kamrup district) and Bhurbandha ICDS project (Morigaon district) in 2012 under the technical guidance of NIPCCD and UNICEF, Assam.

The activities/ strategies include - 10 AWCs will be adopted from each project by the concerned CDPOs and efforts will be put to develop them into model centres, these centres will be provided all the required facilities viz TLM/Charts and IEC materials, Up gradation of skills of the AWWs and AWHs will be done for ensuring effective and smooth delivery of all the services under ICDS with the support from other departments and development partners like NRHM, UNICEF, SSA, etc. Some NGOs working in the field of women & Child Development can also be supportive in the building capacity of the functionaries, regular monitoring and supervision will be done in these centres and flexi funds will be used for this purpose.

Improve Monitoring & Supervision: Group Supervision in Difficult Areas

As Assam is widely diverse and complex in its topography from hilly terrain to uneven valley including hilly areas, tea garden, forest and border, riverine etc., AWCs located in these areas are not easily accessible for regular supervision by Anganwadi Services functionaries (Supervisors, CDPOs and DSWO). Therefore, regular supervision of these AWCs has posed a major challenge for the ICDS functionaries. To address this challenge, Group Supervision was initiated. This practice has been proved to be rewarding. The objective was to cover all the AWCs in difficult blocks/areas for regular supervision and ensure effective implementation of ICDS services. The following activities are carried out -

- Joint visits by two or more Supervisors to reach AWCs;
- Joint visits Supervisors with health staff to river island by using boats provided by NRHM especially those AWCs which were cut off during monsoon due to rain/flood;
- Mobile units are arranged by NRHM for delivery of health services to the areas where the AWWs and Supervisors find difficult to make joint visits in many districts with poor road connectivity;
- Group monitoring - One AWC is selected where AWWs of the nearby AWCs (around 10 nos.) are asked to attend with all their records and registers and record review and supervision of all the AWWs is done in group. This has also helped and promoted peer learning among the AWWs.
- Regular ICDS funds for supervision and NRHM resources/facilities viz- boat clinic/mobile clinic/mobile health unit will be used for transportation

Involving Communities for Creating Social Pressure Groups and Institutionalise Social Audit System

Mother's Support Group or Matri Sahayak Gut (MSG)

The State Government of Assam has initiated vide its notification no. SWD.617/2011/61 dated 2nd March 2012 the constitution of 'Mother's Support Group (MSG) or Matri Sahayak Gut' in each AWCs in all ICDS projects of Assam w.e.f. 1st

April, 2012. In this process the mothers as stakeholders will be fruitful if involved in management and supervision of the scheme, mobilisation of beneficiaries and counselling. The process/activities are as follows -

Mothers of all the children registered at AWC, together form a group, designated as "Matri Mandal". This matri mandal elect seven mothers out of their group to constitute "Matri Sahayak Gut" (MSG). The president and the secretary will be made ex-officio members of VHSNC (under NRHM), and AWCMC. The Matri Mandal meeting is to be held on 5th of each month, where MSG will discuss issues relating to AWC & performance of AWW. The secretary of MSG shall be responsible to keep record of proceedings of meetings. State resources will provide necessary funds for Matri Mandal meetings & events. Reports of performance of AWC shall be presented and discussed at Gaon sabha, VHSNC, AWCMC meetings. Performance of AWW & AWH to be assessed on parameters relating to attendance of AWC, timely opening of AWC, provision of good quality morning snacks, hot cooked meal & THR, maintenance of growth card/registers, VHND, RI etc on scale of outstanding, good and poor, and reports shall be submitted to CDPO/DSWO through concerned supervisor by 10th of each succeeding month.

The responsibilities of MSG include management and supervision of ICDS scheme and mobilization of beneficiaries. The total beneficiary houses will be divided among the MSG members to share responsibility of mobilization of beneficiary for registration and availing services under AWC. MSG members will also support AWW to organize monthly meeting of Matri Mandal and events viz. Prathom Aahar at every 2nd month, Matri Amrit quarterly and bi annual demonstration of recipes will be organise to cover 12 months of year for one event every month. MSG members also coordinate with ASHA & AWW to ensure attendance of beneficiaries in VHND, NHED and make people aware about facilities provided under ICDS through interpersonal communication & IEC via songs, street play etc. They will advise villagers on the matters like anaemia, malnutrition, ARSH, early marriage & pregnancy.

MSG members are provided training under Sensitization programmes organized by ICDS supervisors, CDPOs, DSWOs by end of April, each year. The training programmes are interactive and cover topics viz. supplementary nutrition, Growth

monitoring & use of MCP cards, , PSE and TLM from low cost no cost materials, common health problems pertaining to that area, personal hygiene, nutritional value of different local foods, orientation to performance assessment of AWW etc.

At the end of year MSG will assess their own performance, based on attendance of matri mitra, beneficiaries in VHND etc, participation of president & secretary in Gaon Sabha and AWCMC meetings. The DSWO on basis of self- assessment report submitted by MSG will recommend top five best performing MSG for citation and recognition by Deputy Commissioner on 15th August of each year.

Accreditation of AWCs

Since the Ministry of Women and Child Development is insisting on a uniform system for grading the AWCs across the country on the basis of overall quality of service being rendered by each AWC to improve the present status of the programme, an initiative was taken by Dibrugarh district with support from UNICEF to give accreditation to the AWCs. The Department of Social Welfare, Government of Assam has adopted the process of accrediting the AWCs in all district with the help of MIS cell.

Capacity Building of AWMC members in Monitoring of AWCs

In order to improve the implementation of Anganwadi Services Scheme, efforts were made to strengthen AWCMC and involve PRI members through orientation of AWCMC and PRI members in Dibrugarh district. The innovation is scaled-up in three ICDS projects viz. Titabor (Jorhat district), Chaygaon (Kamrup district) and Dimoria (Kamrup district). The Developmental Screening Schedule (DSS), namely the Childhood Developmental Screening Schedule - Mental Health (CDSS-MH) is specifically developed to be used in the AWCs of Assam for children in the age group of 0 to 6 years.

Training- Management Information System (T- MIS) & Angan App

To keep the record, track, manage, planning and evaluate the work of ICDS functionaries and training institutions, ICDS directorate, Bihar developed an IT based system T-MIS. State Training Resource Team comprising from government and

development partners for the revision of syllabus for Anganwadi workers is being formed. The Directorate also monitors and provides supportive supervision of ECCE indicators through web based ANGAN App. Children are encouraged for free writing in green wall painting done in ICDS building. Provision has been made to strengthen ECCE through development of model AWCs in each ICDS project through conceptualizing Building as Learning Aid (BaLA) mode.

Cheeranjeevi Yojana

The Chiranjeevi Scheme, implemented by the Government of Gujarat, aims at encouraging the BPL families to access institutional delivery at a private hospital. This is done by providing financial protection to these families and covering their out-of-pocket costs incurred on travel to reach the healthcare facility. The scheme also provides financial support to the accompanying person for loss of wages. The scheme uses several mechanisms to target the BPL family, the main mechanism being the BPL card. This card is issued to families earning less than a particular level of income and certain asset ownership criteria. The BPL card helps identify this group of population for provision of various benefits and to target the benefits.

The Chiranjeevi Scheme was launched as a one-year pilot project in December 2005 in five backward districts namely Banaskantha, Dahod, Kutch, Panchmahals, and Sabarkantha. The scheme has now been extended to the entire state. When the scheme was initiated, the pilot districts were selected on the basis of remoteness and highest rate of infant mortality. The private medical practitioners (mainly obstetricians) in these districts are empanelled in the scheme to provide delivery-care services to BPL women. These care providers are reimbursed on a fixed rate for deliveries carried out by them.

Doodh Sanjeevani Yojana

It is an initiative of State Government of Gujarat to tackle malnourishment in three talukas of Surendranagar district. The Doodh Sanjeevani Yojana will now be extended to Dhrangadhra, Patdi and Lakhtar. Under the Yojana, the primary school children in these three districts will get milk with their midday meal. Under the scheme, each primary school student will get flavoured milk pouch containing 200ml with the

midday meal for the five days a week. Doodh Sanjeevani Yojana was launched and implemented to improve the nutrition level in children in tribal areas of central and eastern Gujarat. But the scheme has been also extended to other developing talukas in order to improve health of children there.

Kasturba Poshan Sahay Yojana (KPSY)

Under this scheme, the financial assistance is given to the pregnant women belonging to below poverty line (BPL). This scheme has been initiated in order to achieve the goals i.e. to ensure safe motherhood and institutional deliveries and to reduce the morbidity and mortality. The objectives of the scheme are to -

- Ensure safe motherhood and institutional deliveries (i.e deliveries should be at the Government Hospitals or at respective well-facilitated Hospitals) to pregnant women from the grassroots level;
- reduce the morbidity and mortality that is linked to malnutrition and anemia in the entire State of Gujarat for BPL mothers; and
- Conditional cash transfer is a nutrition intervention which shall ensure the coverage of services, access to nutritious food and micronutrient supplement during the vital period of pregnancy.

An amount of Rs. 2100/- is given to the beneficiaries periodically in three stages. The pregnant women will be eligible for the financial assistance i.e., First instalment of Rs.700/- is given at the end of the first-trimester subject to early registration in Mamta Divas; Second instalment of Rs.700/- is given within one week of delivery in Government institution or Chiranjeevi Yojana facility; and Third instalment of Rs.700/- is given to mother of the infant for nutrition support after completion of full immunization schedule in Mamta Divas ending with Measles vaccination along with Vitamin A after nine months and before infant completes 12 months.

Khilkhilat

It is the name given to a special kind of ambulance in the state of Gujarat. Khilkhilat ambulances are specially designed to drop the mother and the new born child to their home at free of cost. Khilkhilat ambulances are pink in colour, with cartoons over its body, and funny horn that sounds like a laughing



child's voice. It does not have siren as in common ambulances. This ambulance also provides nutrition kit for the newly-born and list of vaccines to be given at specific times and information about nearby government hospitals. The Khilkhilat ambulance is fitted with cushions and LCD screen giving information to the mother and her relatives about childcare practices.

Micronutrient Fortified Extruded Blended Food as Take Home Ration'

In last one decade, Government of Gujarat has taken so many new initiatives in the field of health and nutrition under Anganwadi Services Scheme under Umbrella ICDS. One such initiative/ best practices include providing supplementary food as micronutrient fortified extruded blended food as Take Home Ration to all the children under 6 years, adolescent girls, pregnant and lactating mothers. Under this scheme, all registered beneficiaries receive energy dense extruded fortified blended "Ready to Cook" food BalBhog, Sukhadi, Sheera and Upma packets free of cost from their respective AWCs.

This THR is enriched with all essential macro and micronutrients like iron, protein, vitamin A, Calcium, Thiamine, Riboflavin, Niacin, Vitamin C and Folic Acid etc., needed for a proper mental and physical development. These "Ready to Cook" pre-mixes only take few minutes to prepare nutritious and tasty recipes. More than 70 different types of recipes can be prepared from these pre-mix packets. The

supplementary food as micronutrient fortified extruded blended food is presently implemented in all the districts of Gujarat. The cost sharing for Supplementary nutrition program for Take Home ration given to the beneficiaries at AWCs is 50:50 of GOI and GOG. Further, State Government of Gujarat is providing energy dense fortified supplementary nutrition to adolescent girls fully funded by the State. All adolescent girls from every AWC receives free of cost supplementary nutrition.

Annaprashan Diwas

Timely initiation of complementary feeding after attaining 6 months of age is very important for overall development of children. Thus, in order to improve timely initiation of complementary feeding and educate mothers about appropriate complementary feeding practices, Annaprashan Diwas is celebrated every fourth Friday between 12 noon to 2 pm at every AWC. On this day children in the age group of six months to nine months; nine months to three years of severely malnourished children are given Bal-Bhog to initiate complementary feeding. The Government of Gujarat is providing uninterrupted distribution of energy dense fortified food for all (children till 6 years, Pregnant and lactating mothers) for at least 300 days per year. For this State has taken steps for community participation through gradual involvement of Self Help Groups, Mahila Mandals, Sakhi Mandals in procurement, provision and distribution of food. Gujarat has taken an initiative of providing hot cooked food to children (3 to 6 years) through Matru Mandals and Sakhi Mandals (Self Help Groups). Besides this, locally available or seasonal fruits are distributed six day a week to 3 - 6 years of children at AWCs through Matru Mandals and Sakhi Mandals. In partnership with local dairies, 100 ml of Fortified flavoured double toned pasteurized milk is given to all the children six day a week at AWC in 109 tribal blocks.

Medicine Kit

In the year 2015-16 under ICDS Scheme, Gujarat Medical Services Corporation Ltd. has provided 52,137 Medicine Kit to Anganwadi Centres in the State.



Electronic Weighing Machine

In the year 2015-16 under ICDS Scheme, total 33,797 Electronic Weighing Machines has been provided to the Anganwadi Centers of 26 districts.



Mata Yashoda Award

The Government of Gujarat has introduced Mata Yashoda Award for Best Anganwadi Worker and Helper Award Scheme which consists of various citation & cash awards to strengthen the services & motivate AWW and AWH in the state since 2007-08 for exemplary work done by them. The State level award for AWW and AWHs is Rs. 51,000/- and Rs.31,000/- respectively; District level is Rs. 31,000/- and Rs.21,000/- respectively.

Mobile Anganwadis

It is an innovative scheme of the Gujarat. A total of 36 Mobile Anganwadis have been started in all districts of Gujarat State wherein, beneficiaries of NREGA scheme, children of Agariya - migrant workers from Balmandir - crèches facilities (6 months to 6 years), pregnant women, nursing mothers and adolescent girls are provided supplementary nutrition.



CONSTRUCTION OF NEW ANGANWADI CENTRES (NANDGHARS) AWC as 'NANDGHAR'

The Department of women and Child Development, Gujarat Government envisions Anganwadi centers as 'Nandghar'.



The Anganwadi worker is considered as 'Mata Yashoda' based on the Indian mythology of Sri Krishna Story wherein God Sri Krishna was raised by his foster mother 'Yashoda Mata' and foster father 'Nanda'. In the similar fashion, Anganwadi is a center wherein the Anganwadi worker takes care of the children coming

to the AWCs. Thus the Anganwadi centers are considered as 'NANDGHAR'. As an extended role of AWC day care centres, labelled as Nand Ghar are developed in phased manner. This shall be a care and nutrition support for the children of working mothers.

Demonstrative Feeding

With an aim to enhance and ensure the consumption of Supplementary Nutrition among children of 6 months to 3 years and to provide age appropriate nutrition counselling to mothers, Government of Gujarat has introduced demonstrative feeding for 6 months to 3 years children. The 6 months to 1 year are given 'Raab' (in semi liquid form) and older children 1 - 3 years are given 'Sukhadi' which is prepared by mixing jaggery to THR- Balbhog. The incentive of 25 paise per child per day to AWW and AWH each is given for ensuring consumption of the demonstrative feeding and IFA syrup.

LPG Gas Connection, Stoves and Cooker for Anganwadi Centres

As per the Hon'ble Supreme Court's order prepared supplementary nutrition needs to be provided every day at the Anganwadi Center and in order save the AWW and AWH from harmful exposure of the smoke from chulha, Gujarat Government is providing gas connection along with Stove and an idli cooker at each AWC.



Third Meal

Third Meal' as 'Carry Away Meal' in form of laddoo is given to the moderate and severely underweight children of 3 - 6 years (yellow and orange zone according to New WHO Child Growth Standard) for increasing Calorie and Protein. Third meal would have shelf-life of at-least two days so that child can consume at any time after going home. State Government has made the budgetary provision for providing an extra supplementary meal to all underweight children. Third Meal is prepared and provided through Gram Panchayat by selected Matru-Mandal / Self Help Group.

Promotion & Publicity under IEC for Public Awareness

- Live SATCOM programs on nutrition and health practices for guiding district, block and anganwadi staff
- Talk shows on nutrition & child care on DD Gujarati
- TV spots on private TV channels and Doordarshan between news and other popular programs
- Radio on private FM channels, All India Radio (AIR) News and Vividh Bharti programs
- Designs of Posters, Hoardings & ST Bus panels



Intensive Nutrition Campaign Center (INCC)

In order to reduce the prevalence of Under-nutrition in Gujarat, Department of Women and Child Development have started Intensive Nutrition Campaign Center (INCC) known as **Ghanishth Poshan Abhiyan**. INCC is a camp based approach of 30 working days which is planned considering the prevalence of moderate and severe underweight children in anganwadi center. Total number of 7021 INCC centers have been completed all over Gujarat in which 112841 children have been admitted of which 51286 children has shown improvement in their nutritional status. Total budget for one INCC for 20 children for 30 days is Rs. 27000.

Activities under INCC

- Identification of children to be admitted in INCC. (Minimum 10 and maximum 20 children to be admitted). Working hours for INCC is 9:00 am to 17:00 pm.
- Identification of the AWC and training of the AWW where INCC has to be started.
- To provide five time meal as per the menu to the children admitted in INCC (Timings: 9:00am, 11:00 am, 13:00 pm, 15:00 pm and 17:00 pm)
- Regular Anthropometric measurement of children.
- Health Check-up of the underweight children in convergence with health department wherein the children are prescribed medicines as per the requirement (IFA syrup, Multivitamin and B complex and Albendazole) by the doctor.
- Counselling of the parents of underweight children on sanitation and hygiene, proper feeding practices etc

Admission Criteria of children under INCC:

- Children with MUAC <11.5 cm or 11.5 to 12.5 cm also children with W/L <-3Z or <-2Z with no medical complication
- Moderate and Severe Underweight Children with no medical complication.
- SAM children without medical complication and appetite test pass.

Best Practices In Anganwadi Services

The AWWs, AWHs, Members of Youth Club participate and provide support in creating child friendly pictures at various AWCs of Resubelpara ICDS project of Meghalaya. The Children are provided Uniform and community members do support in other activities at AWCs.

Uniform for AWC children



Community Participation and Wall Painting



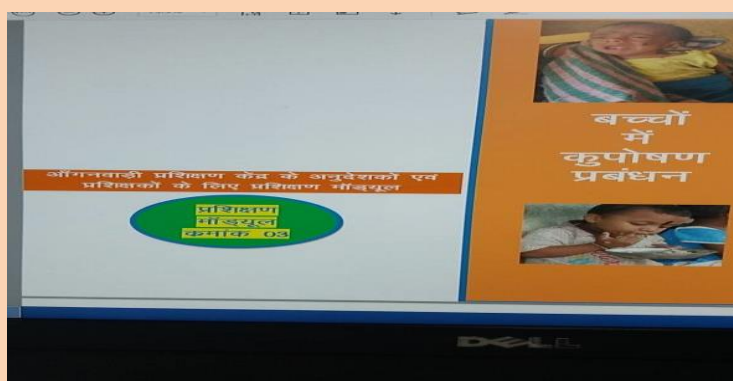
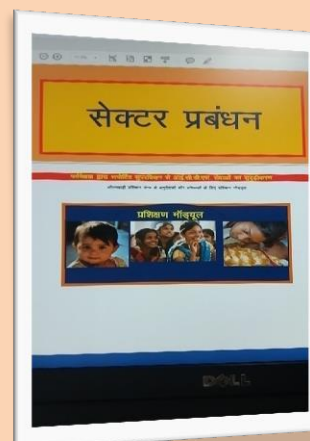
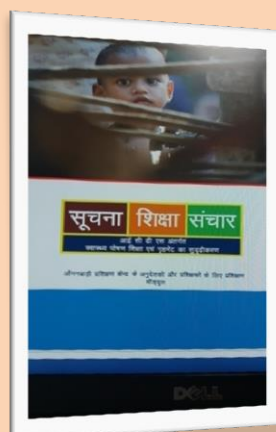
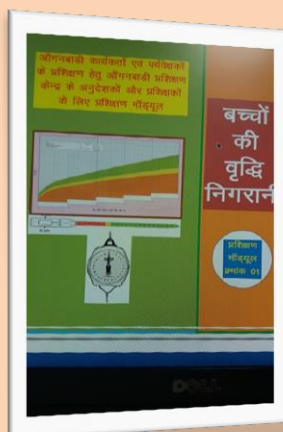
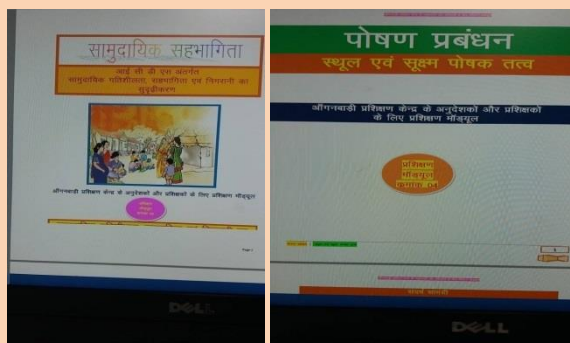
Atal Bal Poshan

In an effort to address this situation, in late 2010, the Government of Madhya Pradesh launched the Atal Bal Aarogya Evam Poshan Mission (referred to as Atal Bal Mission) to bring about a systematic reduction in child malnutrition. The mission's strategic objectives include integrated planning by multiple government departments from various sectors, including women and child development, public health, rural development, tribal welfare, food and civil supplies, school education, and finance.

The operational framework and detailed strategy of the mission incorporated the following elements- convergent action, evidence-based interventions, enhancement of human resources, community engagement and empowerment, research and innovation, and information management. Various developmental partners such as DFID, Unicef, CARE, Micronutrient Initiative, World Vision etc. Since the mission's inception in 2011, the partners in the mission instituted a number of new programmes, including provision for additional meals to pregnant women and severely underweight children; promoting and constructing child-friendly anganwadi centres (AWCs); counseling women to adopt improved behavioral practices, such as infant and young child ; feeding, kangaroo care, and institutional delivery; Identifying and managing anemia among pregnant and lactating women and establishing daycare centers in select AWCs in tribal areas

Strengthening Training

The Department has developed seven e- modules with all supportive essentials related to ICDS. These modules have been designed to strengthen the training component of Anganwadi Services Functionaries in the State. The modules developed by the State are Community Participation, Management Information System, Management of Malnutrition, Sector management, Growth Monitoring etc. Apart from these modules various videos, flip books and other materials related to new Schemes and programmes have been developed.



Nutrition Operation Plan (NOP)

The Nutrition Operational Plan (NOP) supported by DFID (Department for International Development) has emerged as an evidence based plan to accelerate the pace of underweight reduction in Odisha. Nutrition Operation Plan focuses on the 15 'High Burden' districts of Odisha viz. Angul, Bhadrak, Bolangir, Guajarati, Jharsuguda, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Nawarangpur, Nuapada, Rayagada, Sambalpur and Sundargarh. It has been developed based on the following

principles and strategies to support convergent health and nutrition services at the grass root level encompassing disease control and prevention activities; education to improve home based newborn and child care; feeding practices including diet diversification and micronutrient supplementation and greater convergent health and nutrition actions; uninterrupted and quality delivery of ICDS services with a focus on nutritionally vulnerable, poor and socially excluded; and improve departmental coordination between ICDS, Health, Rural Water Supply and Sanitation (RWSS) and Panchayati Raj (PR) for improving child survival in the State.

The strategies of NOP include strengthened institutional arrangements for improved access and utilization of ICDS services, decentralized planning focus on identification of block priorities, ensuring community participation in planning, implementation and monitoring; strengthening service delivery for nutrition, result based monitoring and evaluation, Early Childhood Education, Inter departmental Convergence and Integrated Behaviour Change Communication (BCC)

Mamata Diwas

It is a joint initiative to strengthen the on going Mother and Child Health Services by the Department of Health and Family Welfare and DWCD. The Mamata Divas is organised with the objectives to provide essential and comprehensive health and nutrition services to pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls; ensure early registration, identification and referral of high-risk children and pregnant women; provide an effective platform for interaction between service providers and the community (through Gaon Kalyan Samiti or the mother's group); provide information to families on the care of mothers and children at the household and community level through discussion of various health topics (as envisaged in the Health Calendar); ensure establishment of linkage between health & ICDS to promote maternal & child survival programmes.

This is held throughout the State at AWCs once in a month either on Tuesday or Friday to provide the services like Health Promotion of Adolescent Girls; Ante Natal Care and Post Natal Care services for pregnant women & lactating mothers, Promotion of Infant and Young Child Feeding practices; Growth Monitoring of children up to 6 years; Identification, referral and follow-up of malnourished children; Management of

common childhood illnesses; Family Welfare services and Counselling on Health Promotion.

Pustikar Diwas

The Department of Women and Child Development, Government of Odisha has initiated Pushtikar Diwas which is being organised on the 15th of every month in Block PHC/CHC. Severely undernourished children as per New WHO Child Growth Standards are referred by the AWW/ANM to the Block PHC/CHC for management & treatment. The Medical Officers undertake detailed examination, investigation(s), diagnosis and treatment of referred children, as per the treatment protocol. Through Pushtikar Diwas, the State is implementing a community-based approach with an objective to-

- Reduce the risk of death and disease amongst (0-6 yrs) children due to malnutrition;
- Prevent malnutrition in early childhood through the promotion of improved child feeding, caregiving, and care seeking practices at the facility, family and community levels;
- Strengthen the convergence between Health & ICDS in order to improve the nutritional status of (0-5 yrs) children;
- Strengthen the capacity of individuals, families, communities and the health systems to effectively manage and prevent malnutrition;

MAMATA – A conditional Cash Transfer

In order to address the Issues of Infant and Maternal Mortality, Government of Odisha envisaged a state specific scheme for pregnant and lactating mothers called “Mamata” to reduce MMR and IMR; and improve the nutrition and health status of pregnant and lactating mothers and their infants. The scheme was launched on 5th



September 2011.

The objectives of the scheme are to provide partial wage loss compensation for the pregnant women, increase utilization of maternal and child health services and brings an improvement in child care practices. The scheme is operational in all 338 ICDS projects across 30 districts of the State. The strong will of the Government of Odisha to bring a positive change in the life of women and children led to sanction of huge funds from the State budget (second largest social sector scheme from the State fund).



Initiatives by Ministry of Women and Child Development

Convergence of ICDS with Mahatma Gandhi National Rural employment Guaranty Scheme

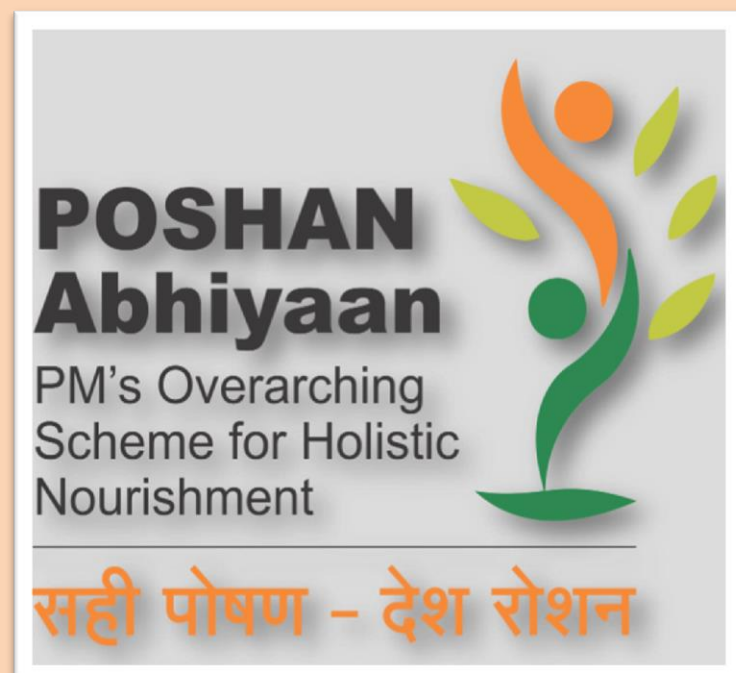
Since 2015, MGNREGS and ICDS have converged to construct Anganwadi Centres with an to Construct Anganwadi Centres in 2,534 Backward Blocks. 50, 000 per year; 2 lakh AWCs by 2019. The objectives are to provide Pucca building for Anganwadis in 2,534 Blocks, Serve objectives of pre-school education, nutrition centre,

semi formal public health unit, and community centre, To create durable assets and improve village infrastructure, To provide a creche facility for MGNREGS Workers



POSHAN Abhiyan (Prime Minister's Overarching Scheme for Holistic Nourishment)

The first 1000 days of a child are most critical, which includes the nine months of pregnancy, six months of exclusive breastfeeding and the period from 6 months to 2 years to ensure focused interventions on addressing under-nutrition. Besides increasing the birth weight, timely intervention will help reduce both Infant Mortality



Rate (IMR) and Maternal Mortality Rate (MMR). Additional one year of sustained intervention (till the age of 3years) would ensure that the gains of the first 1000 days are consolidated. Attention is also needed on children in the age group of 3-6 years for their overall development through the platform of the Aanganwadi Centers (AWCs). The Mission targets reduction in the level of under-nutrition and other related problems by ensuring convergence of various nutrition related schemes.

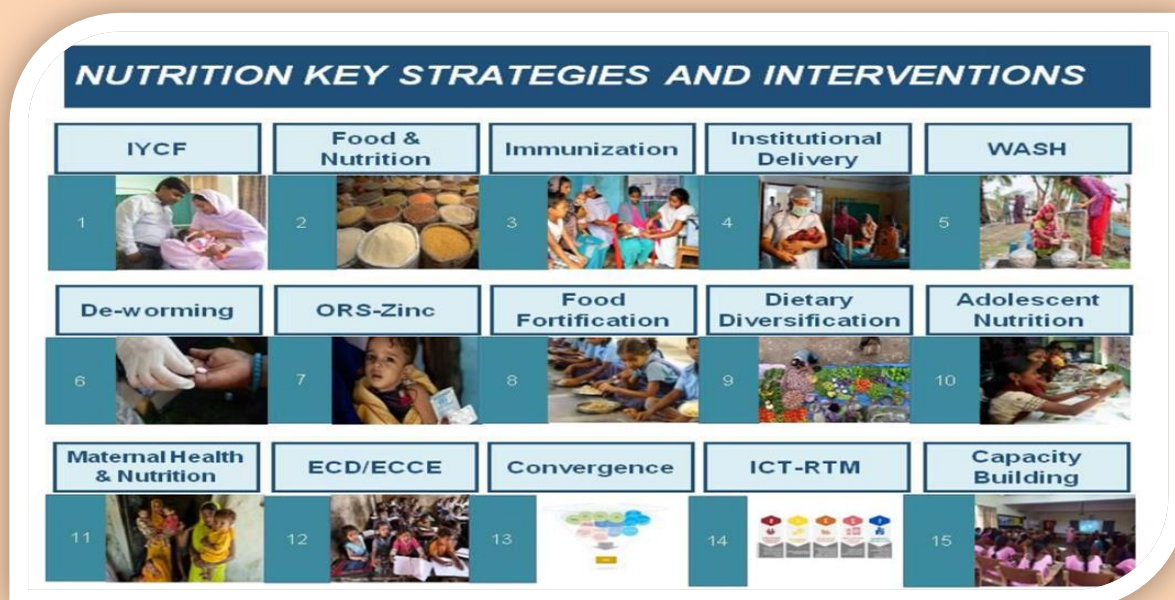
The Mission is to ensure convergence of all nutrition related schemes of MWCD on the target population. NNM will ensure convergence of various programmes i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of MoH&FW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development.

National Nutrition Mission was started in the 2017-18 in 315 common districts identified in the descending order of prevalence of stunting from amongst 201 districts identified by NITI Aayog on the basis of National Family Health Survey -4 data, 162 ISSNIP districts and 106 districts of Scheme for Adolescent Girls. In the year 2018-19, 235 districts based on the status of

Under – nutrition in various States/UTs to be identified generally based on prevalence of stunting. Rest of the districts will be covered in 2019-2020. The objectives of this programme are to –

- Prevent and reduce Stunting in Children (0-6years) @ 2% per annum;
- Prevent and reduce Under – nutrition (Underweight prevalence) in Children (0-6years) @ 2%per annum;
- Reduce Low Birth Weight (LBW) @ 2% per annum;

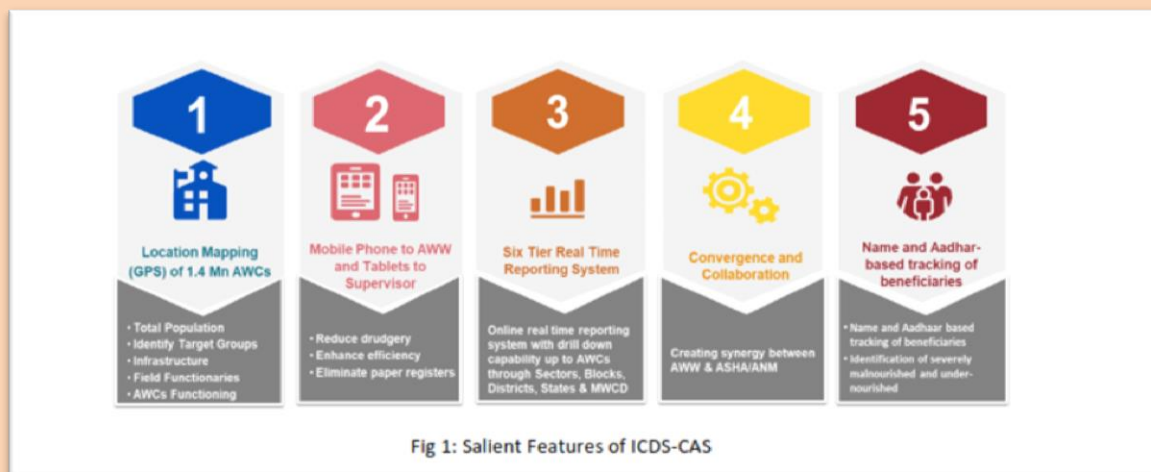
- Reduce the prevalence of Anaemia amongst Young Children (06 - 59months) @ 3% per annum; and
- Reduce the prevalence of Anaemia amongst Women and Adolescent Girls (15 - 49years) @ 3% per annum.



Information Computers Technology Enabled Real Time Monitoring of Schemes (ICT-RTM)

The ICDS-CAS has two components, namely the mobile application which is made available to the field functionaries preloaded on mobile phones and a six-tier monitoring dashboard for desktops. The application is aimed to augment system strengthening in Anganwadi Service Delivery and looks at improving the nutrition outcomes through effective monitoring and timely intervention.

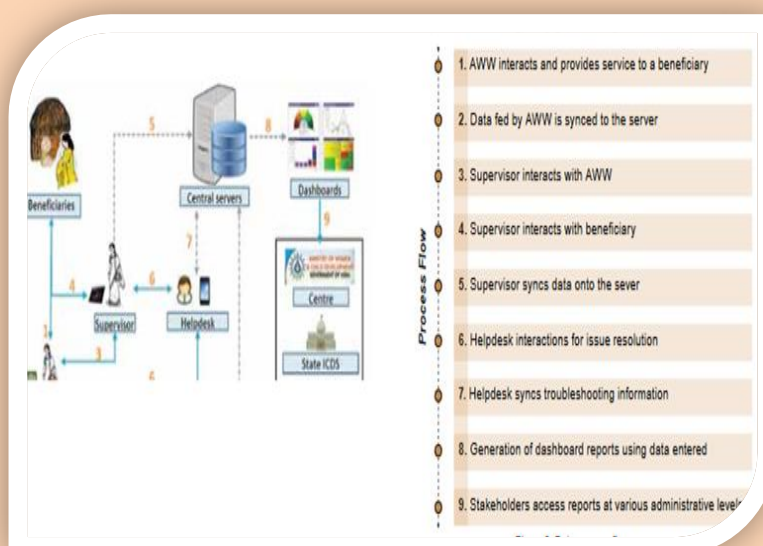
The software allows the capture of data from the field on electronic devices (mobile/tablet). It enables collection of information on Anganwadi Service Delivery and its impact on nutrition outcomes of beneficiaries on a regular basis. This information is available to the States/UTs and MWCD on real time basis on web based dashboards. It is aimed to improve service delivery and also enable the Mission to effectively plan and take fact based decisions.



Discontinuation of ICDS Registers at AWCs - At present AWCs maintain 11 registers

in which the service delivery and record of beneficiaries is retained. 10 out of these 11 registers have been digitized as part of the software application being deployed in NNM. Within 3 to 6 months of deployment of smart phones with software application by field

functionaries the States/UTs will discontinue manual recording of data in the registers, as the same will be readily available in the mobile application. Only one Register to maintain a monthly summary of AWC activities will be retained in physical form. The format of the register will be shared separately.



Incremental Learning Approach (ILA)

The National Nutrition Mission (NNM) envisages establishing a system where programme functionaries especially at field level, will become more effective by learning to plan and execute each task correctly and consistently through methodical, ongoing capacity building, called 'incremental learning approach (ILA)'. Such a system will use opportunities in the form of existing supervisory interactions at different levels, through which practical, guided learning may be accomplished. Since the range of skills and tasks to be learnt is quite substantial, and since adults naturally learn *by doing* rather than through theory alone, the proposed system envisages breaking down the total learning agenda into small portions of doable actions. The approach is to build incrementally on small amounts of learning at a time, until all skills, understanding and actions have been put into regular practice, and have been internalized by the functionaries and finally a supportive supervisory mechanism is put in place.

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Sl. No	Name of the Module
1	Why this Monthly Meeting?
2	Making or updating Home Visit Planner & Initiating Home Visits
3	Planning and Organizing Community Based Events at AWC
4	Observing Breastfeeding in New born Babies - Why and How
5	Identification and Care of a Weak New born baby
6	Complementary Feeding: Diet Diversity
7	Preventing Anemia in Women
8	Assessment of Growth in Children
9	Ensuring that Complementary Feeding improves over time
10	Ensuring Exclusive Breastfeeding
11	Care of the Weak New born Baby - How many weak babies are we

	missing?
12	How to ensure timely initiation of Complementary Feeding
13	Identifying and preventing Severe Acute Malnutrition
14	Feeding During Illness
15	Supporting mothers with issues in Breastfeeding
16	How to take care of weak new born with the help of Kangaroo Mother Care
17	Identification & Referral of Sick New born
18	Preventing illnesses to avert Malnutrition and Death
19	Prevention of Anemia in girls and adolescents
20	Birth Preparedness- For Institutional and Home Delivery
21	Preparation During Pregnancy: For New Born Care & Family Planning

District lead (Prerak) – Swasth Bharat Prerak Programme

A joint initiative of the Ministry of Women and Child Development & Tata Trusts has created 'The India Nutrition Initiative (TINI)' with a panel of leading experts, in order to develop and advocate an informed stand on policy relating to nutrition. In addition, TINI designs, implements, and monitors strategic interventions, in partnership with Governments and other leading organizations relating to improve nutrition status in India. To address the challenge of stunting, Tata Trusts are taking an intense multi-sectoral approach looking at maternal care, water and sanitation, behavioural change communication and poverty alleviation in an integrated way. In order to address the challenges of micronutrient deficiencies, TINI is looking at fortification of staple food such as flour, salt, oil, and milk.

TINI is strengthening the capacity of districts by providing technical and management support as they work towards achieving superior Nutrition, the Swasth Bharat Preraks initiative has been launched by the Ministry of Women and Child Development and TINI, Tata Trusts. The Swasth Bharat Preraks, highly qualified young professionals, will provide inputs of strategy, implementation, monitoring, and reporting of the National Nutrition Mission in the Districts. The Prerak will join the office of District Magistrate to work in teams on leading and driving the National Nutrition Mission in the District for effective implementation of National Nutrition Mission.

Community Based Events (CBE)

The Ministry of Women and Child Development, Government of India under POSHAN Abhiyan has directed the State/UT governments for organizing community based traditional events to promote and support behaviour change, improve maternal and child nutrition, and increase awareness among the stakeholders. Each AWC will organize one CBE event every month and ₹250/- shall be reimbursed for the same.

Information, Education & Communication (IEC) and Advocacy

IEC activities play a very important and strategic role in the area of public health. A successful IEC plan would help in refuting myths and misunderstandings prevalent in the society and will lead to a demand for the various health services being provided, thus bringing about a behavioural change among individuals and the community at large. IEC strategy aims to create awareness and disseminate information regarding the benefits available under the various nutrition and health related government schemes and to guide the citizens on how to access them. The objective is also to encourage build-up of health seeking behaviour among the masses in keeping with the focus on promotive and preventive healthcare. The IEC strategy will cater to different needs of the rural and urban masses through the various tools used for communication. Separate funds shall be allotted for this purpose at Centre and State level. The IEC activities mostly will be done through the following methods.

- (a) Print Media.
- (b) Television.
- (c) All India Radio.
- (d) Social Media Campaigns.

Jan Andolan

The Mission will focus on converting the agenda of improving nutrition into a Jan Andolan through involvement of Panchayati Raj Institutions/Villages Organizations/SHGs etc. and ensuring wide public participation.

Development of Yoga Module for Children (3 - 6 yrs), Pregnant Women and Lactating Mothers

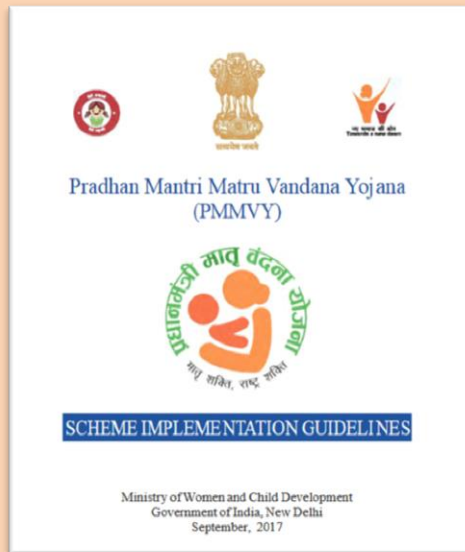
Practicing Yoga can help improve flexibility, strengthen muscles and improve balance. Children need at least one hour of physical activity daily. Only about half of the children are active at this level. Practicing Yoga can help children incorporate more physical activity into each day. Healthy habits established in childhood are likely to endure into adulthood. The practice of Yoga at young ages can help children develop lifelong healthy habits that will be sustained long-term. Research showing the behavioural benefits of Yoga for children is limited, but some suggest that this type of exercise can improve children's attention, relationships, self-esteem and listening skills.

Studies suggest that Yoga can improve symptoms of attention deficit hyperactivity disorder (ADHD) in children with this condition. Other studies suggest Yoga may reduce anxiety and negative behaviours. Yoga is inexpensive, requiring no special equipment, and can be performed nearly anywhere. Practicing Yoga with children should be different from Yoga practice with adults. Yoga poses need not to be perfect for children. The purpose of kids' Yoga is to increase fitness, decrease stress and improve mental focus in a joyful ways. Yoga at an early age encourages self-esteem and body awareness with a physical activity that's non-competitive. Fostering cooperation and compassion instead of opposition is a great gift to give our children in the current scenario.

Pradhan Mantri Matru Vandana Yojana (PMMVY)

Under –nutrition continues to adversely affect majority of women in India. In India, every third woman is undernourished and every second woman is anaemic. An undernourished mother almost inevitably gives birth to a low birth weight baby. When poor Nutrition starts in-utero, it extends throughout the life cycle since the changes are largely irreversible. 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

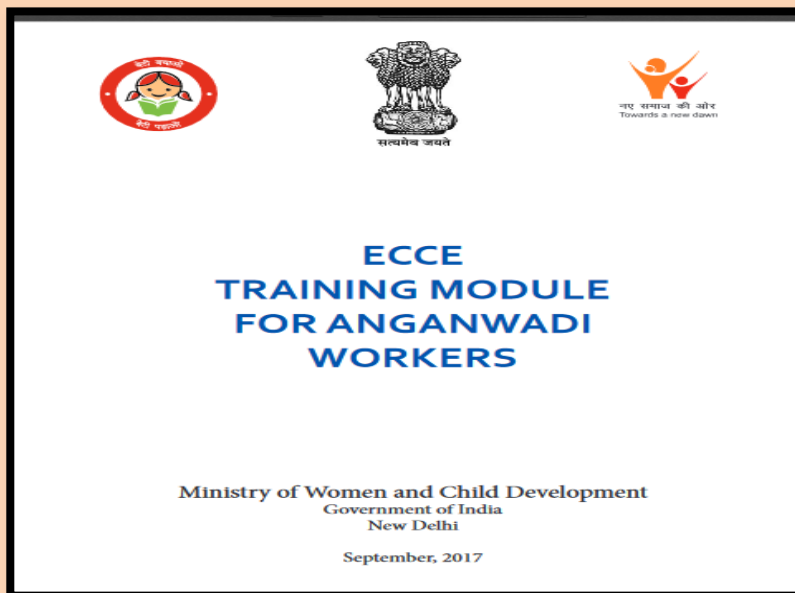
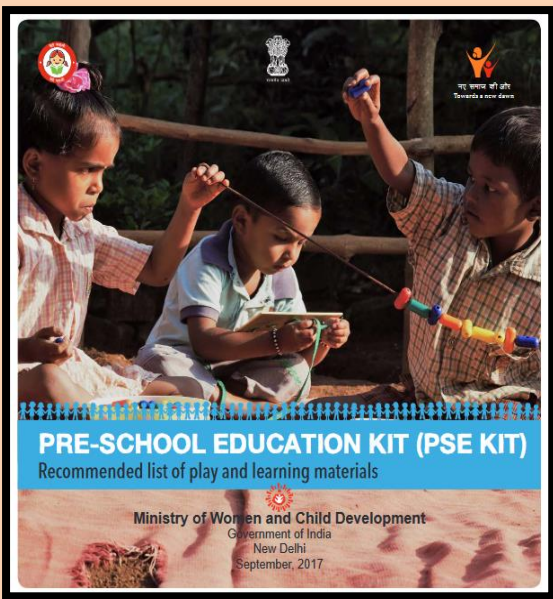


One hand, and also impeding their ability to exclusively breastfeed their young infant in the first six months. Under PMMV Y, a cash incentive of 5000/- would be provided directly in the account of Pregnant Women and Lactating Mothers (PW&LM) for first living child of the family subject to their fulfilling specific conditions relating to Maternal and Child Health. The eligible beneficiaries would receive the remaining cash incentives as per approved norms towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional

delivery so that on an average, a woman will get 6000/- . PMMVY, a Centrally Sponsored Scheme, would provide grants-in-aid to the State Governments/Union Territory Administrations (UTs) in a dedicated Escrow account for the purpose of direct benefit transfer to the beneficiaries

Early Childhood Care and Education (ECCE)

The Ministry of Women and Child Development, Government of India has taken various steps to strengthen ECCE component of Anganwadi Services Schemes under umbrella ICDS through formulation of National ECCE Policy, Development of prototype for National curriculum framework, quality standards, ECCE training module for AWWs, Activity books for 3-4 yrs, 4 -5 yrs and 5-6 yrs children. Besides these, efforts have been made to devise guidelines for Preschool Education Kit and Child assessment Card for 3 -6 yrs age groups of children.



AGE GROUP: 5-6 YEARS

Domains of Development	Assessment month	1st Assessment		2nd Assessment		3rd Assessment		4th Assessment	
		Needs Help	Performs well	Needs Help	Performs well	Needs Help	Performs well	Needs Help	Performs well
Physical and Motor Development	Participates actively in team games and outdoor play								
	Can throw/ball a ball in a given direction								
Sensory Perception and Cognitive Development	Can identify objects on basis of their contents (shape, colour and size), e.g. identify small yellow circle								
	Can identify different objects based on volume, texture and features, etc.								
Language, Literacy and Communication	Can express feelings and ideas in simple sentences and short paragraphs								
	Participates in story making with other children by sharing her/his ideas								
Personal, Social and Emotional Development	Shows readiness to help activities (e.g. compare different objects with given material)								
	Participates in drama, stories and role activities								
Creativity	Shows imagination in drawing, art work and projects making								

CHILD ASSESSMENT CARD 3-6 YEAR OLDS

Photo of the child who is being assessed in Anganwadi Centre

Photo of the staff who is conducting the Anganwadi Centre

Name and No. of Anganwadi Centre: _____ Name of the Anganwadi worker: _____

Address of the Anganwadi Centre: _____

Child's Name: _____

Mother's Name: _____ Father's Name: _____

Sex: Female Male

Date of Birth: _____ Date child started coming to Anganwadi Centre: _____ Date child graduated from Anganwadi Centre: _____

Note to Parents

This report will help you understand your child's learning and development needs. This assessment card will help you to find out how your child is developing in terms of her/his age, what she is able to do well and where she may need further help and support. The Anganwadi worker will carry out this assessment of your child's learning and development once in every three months.

Note to Anganwadi worker

This child's progress is to be assessed and reported to parents once every three months on given developmental indicators as per her/his age. You can further track every child's progress in a continuous manner each day through her/his participation in classroom activities and your interaction with the child. It is important that children are given opportunities and support to learn at their own pace. If a child is not able to perform as per the developmental domains and needs support, plan for and provide the necessary support to the child.

Information obtained through assessment of the child will guide you in planning your preschool program. It will help you to:

- Understand if your preschool curriculum is effective and responsive to the needs of all the children.
- Plan a more developmentally appropriate and need-based curriculum.
- Identify children who may have special abilities or special needs for which they need additional support.
- Provide parents with information on their child's progress, to be discussed during parent-teacher meetings; they can help parent understand what further needs to be done to support their child's learning and development at home and in the Anganwadi Centre.

Ministry of Women and Child Development
Government of India, New Delhi, www.wcd.nic.in

Ministry of Women and Child Development, New Delhi
September, 2017

AGE GROUP: 3-4 YEARS

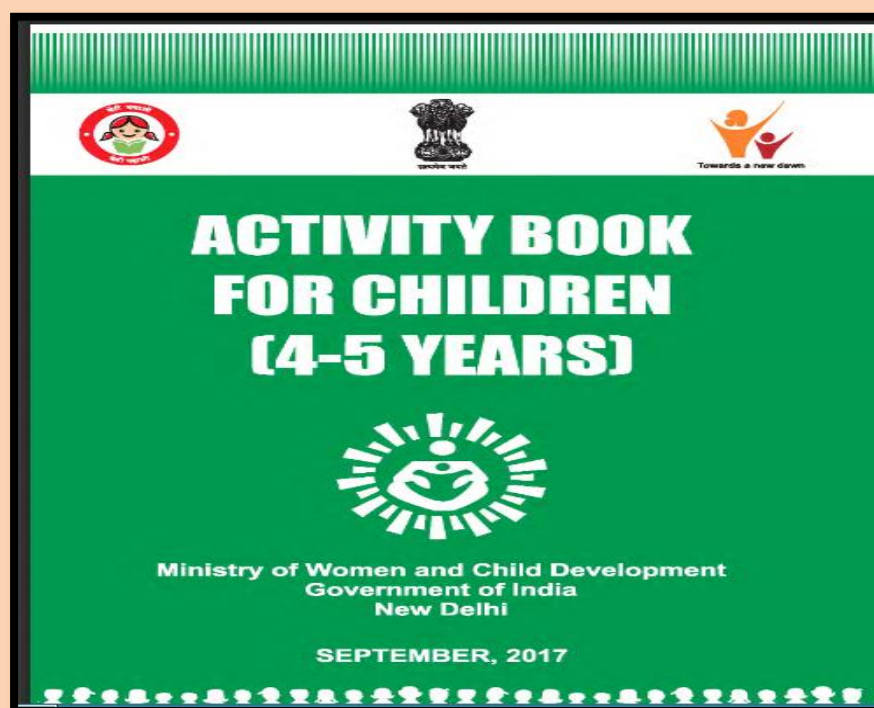
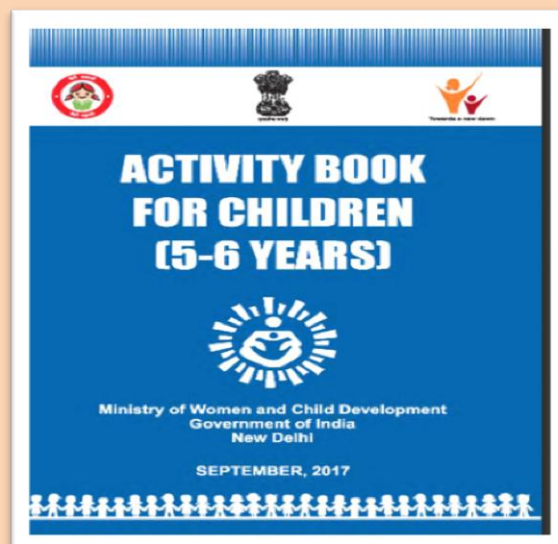
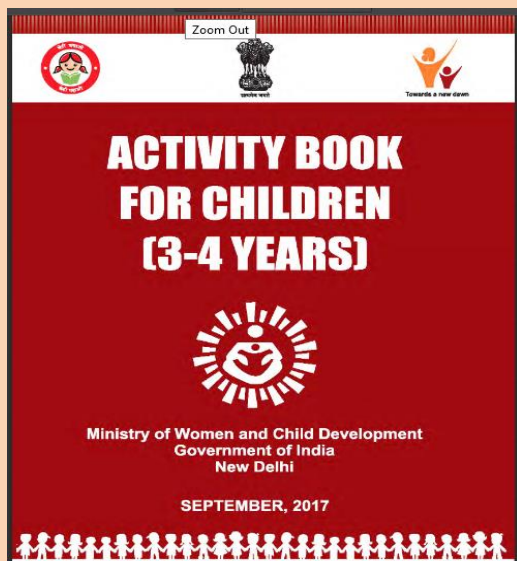
Domains of Development	Assessment month	1st Assessment		2nd Assessment		3rd Assessment		4th Assessment	
		Needs Help	Performs well	Needs Help	Performs well	Needs Help	Performs well	Needs Help	Performs well
Physical and Motor Development	Participates actively during outdoor play								
	Can throw a ball with both hands								
Sensory Perception and Cognitive Development	Can identify objects on basis of shape and colour, e.g. identify all red objects, etc.								
	Can identify different colours, textures, shapes and features, etc.								
Language, Literacy and Communication	Can express feelings and ideas in simple sentences and short paragraphs								
	Participates in story making and role playing								
Personal, Social and Emotional Development	Shows readiness to help activities (e.g. compare different objects with given material)								
	Participates in drama, stories and role activities								
Creativity	Shows imagination in drawing, art work and projects making								

AGE GROUP: 4-5 YEARS

Domains of Development	Assessment month	1st Assessment		2nd Assessment		3rd Assessment		4th Assessment	
		Needs Help	Performs well	Needs Help	Performs well	Needs Help	Performs well	Needs Help	Performs well
Physical and Motor Development	Participates actively during play time								
	Can throw, kick and catch a big ball								
Sensory Perception and Cognitive Development	Can identify objects on basis of their contents (shape, colour and size), e.g. identify yellow circle								
	Can identify different objects based on volume, texture and features, etc.								
Language, Literacy and Communication	Can express feelings and ideas in simple sentences and short paragraphs								
	Participates in story making and role playing								
Personal, Social and Emotional Development	Shows readiness to help activities (e.g. compare different objects with given material)								
	Participates in drama, stories and role activities								
Creativity	Shows imagination in drawing, art work and projects making								

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Pictorial Handbook for Quality ECCE

The Ministry of Women and Child Development, Government of India has brought out the National ECCE Policy. In a move towards improving the standards of infrastructure and services, quality of care, stimulation and learning the Ministry has formulated a Quality Standards Framework for ECCE. The framework identifies the key

principles, indicators and exemplary good practices required for assuring quality in



Early Childhood Care and Education (ECCE) services. Pictorial Handbook on Quality in ECCE- elaborates on the concept of quality, as envisaged in the Policy. It illustrates, through pictures, different aspects of quality, provides glimpses on good practices of different dimensions of quality and attempts to create a common understanding of quality amongst people at all levels, from national-

level functionaries to Anganwadi Workers/ECCE teachers/caregivers. It is a practitioners' tool to be used by ECCE teachers/caregivers at the ECCE centres.

Considering the diversity of our country in terms of its geographical locations, demography, nature of ECCE programmes and services, it has not been possible to represent the entire gamut in this handbook. It is an attempt to represent some acceptable examples of practices that demonstrate different dimensions of quality. This Pictorial Handbook on Quality in ECCE would prove useful to ECCE teachers/ caregivers, their supervisors, Program Managers, mentors as well as trainers in bringing about a high standard of quality in early childhood programme across the country.



Conclusion

Collaboration and convergence with different departments and development partners has the potential to provide better health services to address malnutrition among women and children. Decentralizing the planning and management of Anganwadi Services Scheme under Umbrella ICDS provides enough flexibility to the

States/UT Governments to move out from the routine activities and explore possibilities for new innovations based on local demands. The innovations couples with the scientific demands would definitely pave the way for scaling up of its replication in other states. The Information related to innovation, best practices in Anganwadi Services collected through secondary sources are very rich and have brought significant impact on reduction of malnutrition and promotion of child care practices in many States. Some of the innovation may have long lasting impact if it is practised very systematically. The State/UT Governments shall be encouraged to conduct need analysis of their vulnerable pockets of population and assess the innovations/ best practices that would produce evidence based analysis to augment the child development related outcome.
