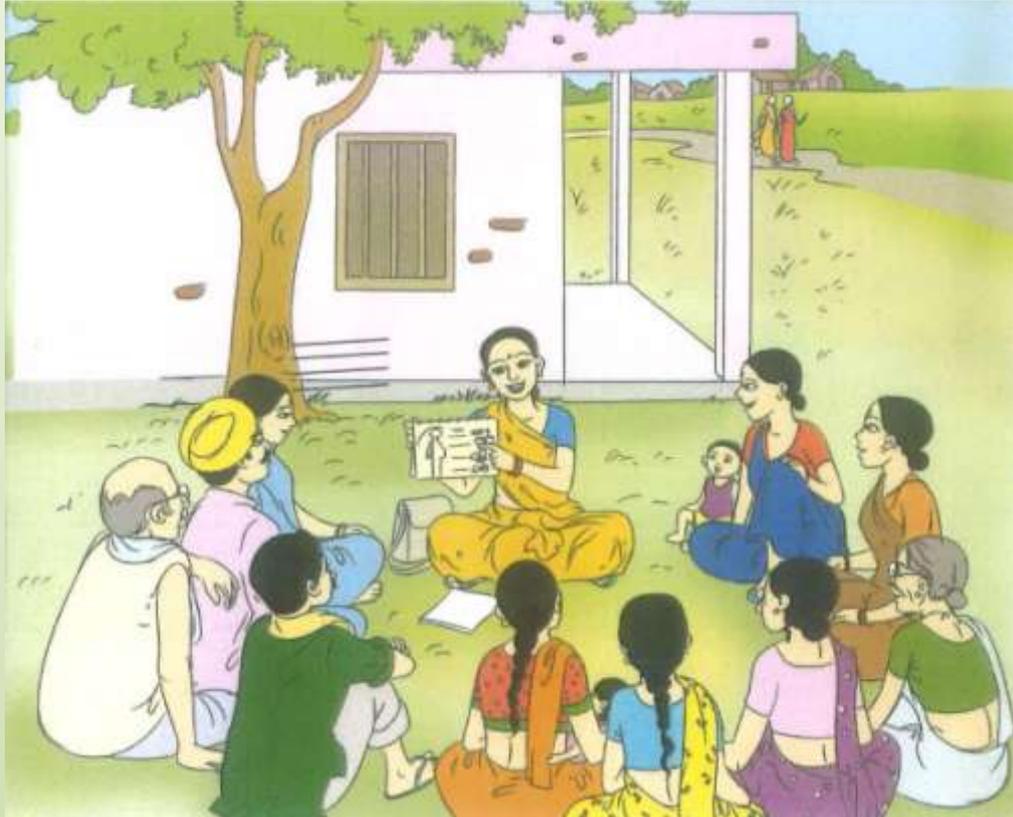


National Nutrition Mission (NNM)

Guidelines for Organising Community-Based Events

To Promote and Support Behaviour Change to Improve Maternal and Child Nutrition



Ministry of Women and Child Development
Government of India

New Delhi
JANUARY 2018



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**Ministry of Women and Child Development
Government of India
New Delhi
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Contents

Sl No.	Description	Page no.
1	Chapter 1 Introduction of National Nutrition Mission, & Community Based Events	5 -6
2	Chapter 2 The Program Objectives & Target beneficiaries	7
3	Chapter 3 Operational Guidelines for Organizing the Community Based Events	8-11
4	Chapter 4 Themes for Community Based Events 4.1 Inviting women during the first/ second trimester of pregnancy 4.2 Annaprasan Diwas (On a child completing 6 months of age) 4.3 Suposhan Diwas (Specifically focused on orienting husbands) 4.4 Getting Ready for Preschool at AWC - celebration 4.5 Messages related to Public Health	12-26
5	Chapter 5 Reports, Forms, Monitoring and Evaluation	27-28
	Annexure	
	Annexure I Format for reporting Events	
	Annexure II CBE- Quarterly Progress Report (QPR)	

Abbreviations

Abbreviation	Description
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCC	Behaviour Change Communication Programs
CBE	Community Based Events
CDPO	Child Development Project Officer
ECCE	Early Childhood Care and Education
ICDS	Integrated Child Development Scheme
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IYCF	Infant and Young Child Feeding
JSY	Janani Suraksha Yojana
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MCPC	Mother and Child Protection Card
MWCD	Ministry of Women and Child Development
NNM	National Nutrition Mission
NRHM	National Rural Health Mission
PDS	Public Distribution System
PMMVY	Pradhan Mantri Matru Vandana Yojana
PRI	Panchayati Raj Institutions
SAG	Scheme for Adolescent Girls
SHG	Self Help Group
SPMU	State Project Management Unit
THR	Take Home Ration
VHSNC	Village Health, Sanitation and Nutrition Committee
WASH	Water, Sanitation and Hygiene

1. Introduction

- 1.1 To ensure convergence with various programmes i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls(SAG) of this Ministry; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of Ministry of Health and Family Welfare; Swachh - Bharat Mission; Public Distribution System (PDS); Food & Public Distribution; Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS); Drinking Water & Toilets of Ministry of Panchayati Raj ect Government of India has approved setting up of National Nutrition Mission (NNM) on 30.11.2017. Administrative approval in this regard was issued by MWCD on 18.12.2017.
- 1.2 The problem of malnutrition is inter-generational and is dependent on multiple factors which, inter-alia, include optimal Infant & Young Child Feeding (IYCF) practices, Immunization, Institutional Delivery, Early Childhood Development, Food Fortification, Deworming, access to safe drinking water & proper sanitation, Dietary diversification, Ors-Zinc and other related factors. Therefore, in order to address the problem of stunting, under-weight and wasting, especially in children, there is a need to take-up sustained efforts requiring multi-pronged approach and bring grass-root synergy and convergence.
- 1.3 The mission envisages enhanced focus on under-three children through specific initiatives aimed at motivating and mobilising behaviour change among the functionaries, beneficiaries and the community at large. One such initiative under the NNM is to promote behaviour change among the communities to improve maternal and child nutrition. Behaviour change communication programs (BCC) use the most powerful and fundamental human interaction – communication – to positively influence these social dimensions of health and well-being. BCC has proven effective in several health areas. In this context communication goes beyond the delivery of a simple message or slogan to encompass the full range of ways in which people individually and collectively convey meaning. Among the powerful tools employed by BCC programs are mass media, community-level activities, interpersonal communication, and information and communication technologies.

- 1.4 BCC capitalizes on opportunities for change and addresses obstacles to change to help people change behaviours. It recognizes that, individuals have choice and responsibility and social context also influences behaviours. The social context can include the family, the community, values, and the environment in which change must take place. Structural considerations also matter, such as whether facilities and policies support the change.
- 1.5 To address the problem of malnutrition the focus of NNM on the first 1000 days of the child, 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, it will help to reduce both Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). Additional one year of sustained intervention (till the age of 3 years) would ensure that the gains of the first 1000 days are consolidated. Attention is also given on children in the age group of 3-6 years for their overall development through the platform of the Aanganwadi Centres (AWCs). One such initiative under the NNM is to promote behaviour change among the communities and to improve maternal and child nutrition is to organise community based events in a structured way.
- 1.6 The community based events are envisaged as platform for disseminating essential messages and to counsel pregnant women and lactating women on appropriate health and nutrition behaviours and healthy practices. It provides an opportunity of face to face interaction between the beneficiaries, community representatives and facilitators. It further provides a forum wherein community support can be mobilised to motivate and enable the pregnant woman and mother to practice the behaviours being recommended.

2. The Programme

2.1 Objectives

- 2.1.1 To sensitize and create awareness among pregnant women and mothers of children up to 2 years of age and their key influencers on key health, nutrition and child care practices in order to strengthen positive practices related to survival, growth and development of children;
- 2.1.2 To create awareness about the benefits available to pregnant woman and Lactating mothers (PW & LM) under PMMVY and JSY;
- 2.1.3 To improve health seeking behaviour amongst the Pregnant Women (PW) and Lactating Mothers (LM);
- 2.1.4 To enhance community participation in promoting good nutrition and health behaviors.

2.2 Target beneficiaries

- 2.2.1 Target group: Caregivers viz., mothers, and family members including fathers, grandparents and older siblings.
- 2.2.2 Community Representatives: Community leaders, Religious Leaders, PRI Members, SHG Members, VHSNC Members.
- 2.2.3 Facilitators/Resource Persons: AWW, ASHA, ANM and ICDS Supervisors

3. Operational Guidelines for Organizing Community Based Events

This operational guideline is provided to organize the event in a systematic manner across all AWCs. This may be suitably adapted by the States to the local and cultural context. It provides a forum wherein community support can be mobilized to motivate and enable the pregnant women and mother to practice the behavior being recommended.

3.1 No. of Participants

The number of participants in the event may be kept within 10-20 persons to ensure effective organisation and management of the event.

- Extra care may be taken to include members of the marginalised families (SC/ST).

3.2 Periodicity, Venue and Duration

- Any one event based on the themes given may be organised in a month on a fixed day of the week.
- However, if need be, two different events may also be organised in a month preferably on two different days.
- If at one Anganwadi the number of participants are less, then two Anganwadis can jointly organize the event.
- The **Suposhan Diwas** may be organized once a quarter in collaboration with the Panchayat.
- Venue can be preferably at the Anganwadi Centre or any other place available in the community such as Mahila Mandal Bhawan, Panchayat Ghar/ Bhawan, Choupal etc.
- Duration can be 1 – 1.30 hrs flexible timing, convenient for the community to participate.

3.3 Providing Name to the Event

The events may be given special names as done in the States of Madhya Pradesh and Gujarat as Mangal Diwas and Mamata Diwas respectively.

3.4 Planning

A. Prior preparations (at least 2-3 days in advance)

1. List all pregnant women/mothers of children less than 2 years of age in the community
2. Invite all listed pregnant women, mothers of children less than 2 years of age in the community their husbands and Mother In Laws
3. AWW, ASHA, ANM and ICDS Supervisor as Facilitators /Resource Person

4 **Also Invite:**

- a) PRI members, Community leaders, VHSNC members
- b) Members of SHGs and other local committee/women
- c) Adolescent girls
4. Posters, Flipcharts or other visual aids relevant to the event may be displayed in the AWC

5 **Preparation on the day of the event**

- Clean the AWC/or place of event and ensure adequate space for participants
- Arrange and keep the following ready-
 - a) Functional weighing scale
 - b) Contact details of Ambulance services
 - c) IFA tablets
 - d) Diverse food samples (vegetables and fruits, pulses, cereal, millets.) if available for Demonstration
 - e) Relevant IEC material for counseling
 - f) Mat for sitting and Safe drinking water
 - g) Tea and refreshments for the participants

Read through the guidance of key messages to be delivered during the event to refresh memory.

6 **Key activities during the event**

- Welcome all participants
- Bless the pregnant women and families for a safe pregnancy (perform relevant traditional ritual) if the event is around maternal nutrition; and bless the child if the event is around complementary feeding

- Explain reasons for celebrating this event and communicate key messages that the women and family members need to remember and practice
- Provide package of contact details of ambulance services, IFA tablets if the event is focused on maternal nutrition.
- Carry out food demonstration if the event is focused on complementary feeding.
- Weigh, and record the weight of all pregnant women; weigh and record the weight of all children.
- Show CAS videos related to the theme.

7 Engaging participants

- Ask the target women and their families if they recall the messages provided
- Advise the husbands and Mother In Laws on their specific roles in supporting the women in practicing the recommended behaviors

8 Wrap up

- Seek commitment from participants to follow the advice
- Inform participants about the next celebratory event
- Take attendance and record in relevant register/format
- Close the event with traditional song and offer tea/snacks to participants

9 Remember to follow up in the next week

- Home visit the pregnant women and lactating mothers following week to reinforce the messages and ascertain if the advice is being followed

3.6 Financial Provision

- An amount of ₹ **250/-** per event has been kept under this activity.
- States may ensure giving flexibility in utilising this amount by the AWWs.
- The item-wise expenditure may likely to vary from event to event.
- Resources may also be mobilised from panchayat /local bodies in meeting expenditures towards specific items as may be required for organising the events.

Table 1: Indicative Distribution of Amount Indicative Items	Cost in ₹
Expenditure towards items needed related to the rituals of the event	₹. 100.00
Refreshments —tea/snacks	₹ 125.00
Any other incidental cost	₹ 25.00
Total	₹ 250.00

4. Themes for Community Based Events

- The primary focus of the community based events is to take advantage of traditional celebrations of milestones in the mother or a child life beginning with conception, prenatal, neonatal and first two years. Use these as opportunities to promote the adoption of positive behaviour. The themes under Community Based Events are associated with maternal, newborn/children health and nutrition.

4.1 Inviting women during the first/second trimester of pregnancy

4.1.1 Objective:

- To advise the pregnant women and key members of her family on nutrition and health care practices important for a safe pregnancy
- To provide information on health and ICDS services available for her to access
- To create a supportive environment by sensitizing her immediate family and friends on the need for care during pregnancy
- To create awareness regarding PMMVY & JSY scheme and the benefits available under this scheme to them.

4.1.2 Primary Target Group:

- Women in their 3rd or 4th month of pregnancy, who have registered their pregnancy at the AWC
- Husband and mother-in-law of the pregnant woman

Additional participants:

- Care takers within the family sister sister-in-law, aunties, Senior ladies with experience of motherhood
- Members of women's groups
- ANM, ASHA

4.1.3 Key messages to be conveyed during the event:

✓ Cash benefits available under PMMVY & JSY programme

- Explain about maternity benefits available under PMMVY for first child in family and incentive available under JSY available under this programme.

- Cash incentives are provided in three installment i.e. first installment of ₹.1000/- on early registration of pregnancy at AWC; Second installment of ₹.2000/- after six months of pregnancy on receiving at least one ante-natal checkup; Third installment of ₹.2000/- after child birth is registered and the child has received the 1st cycle of BG, OPV, DPT and Hepatitis-B, or its equivalent/substitute
 - The eligible beneficiaries would receive the remaining cash incentive as per approved norms towards the maternity benefit under JSY after institutional delivery so than on an average a pregnant women gets ₹ 6000.
- ✓ **The importance of the Mother Child Protection (MCP) Card:**
- MCP Card is a recording and counseling card for pregnant, post partum women and under 5 children
 - It provides information on various types of services delivered through ICDS and NRHM, which the family can access for the growth and development of their children and health of the mothers.
 - It also outlines health and nutrition care practices for achieving good health for herself and her child.
 - Beneficiaries should keep the card safely, and bring it along whenever she visits the AWC, sub-center, health center, private doctor and/or a hospital
 - Beneficiaries should ask AWW/ANM/ASHA to fill the card after availing the services, to keep her health information update, which remains with her and she knows what action is due next.
- ✓ **The need for Ante-natal care (ANC) checkups, what they entail and why they are important:**
- Take the target group (pregnant women of 1st and 2nd trimester) through the ANC sections in the MCP card, pointing out that they should:
- have at least 3 ANCs after registration, ensure their BP is checked and blood and urine examined in each visit and weight monitored
 - Point out that proper antenatal check-ups provide necessary care to the mother and helps identify any complications of pregnancy such as anaemia, hypertension etc. in the mother and slow/inadequate growth of the foetus. It allows for the timely

management of complications through referral to an appropriate facility for further treatment

- Highlight the importance of weight monitoring during pregnancy. Advice and encourage them for Institution Delivery.

✓ **Awareness about obstetric complications their recognition and response**

Additional care needs to be taken by the woman during pregnancy Specifically she and her family members need to monitor for any danger signs that indicate the need for a hospital/ doctor's visit. These danger signs include:

- Bleeding during pregnancy or excessive bleeding during or after pregnancy
- High fever during pregnancy
- Severe anaemia with or without breathlessness
- Headache, blurring of vision, swelling all over body
- Fits/ convulsions or unconsciousness
- Bursting of water abg without labour pain
- Labour pain for more than 12 hours

✓ **Ensure consumption of one IFA tablet per day after food during pregnancy (atleast 100 IFA tablets)**

✓ **why it is important:**

- Anemia affects the optimal growth and development of the baby as it reduces the iron stores in the baby.
- Severe anemia during pregnancy increases the risk of maternal/ prenatal mortality.
- IFA supplements prevent anemia of the mother and baby. It will not harm the mother or baby in any way.
- Pregnant women should take one tablet per day for at least 100 days.
- Black stools, stomach upset, constipation and diarrhea are potential side effects on IFA consumption. However, these effects are not serious and should subside in a few days. Taking IFA after food and drinking more water is essential.
- Pregnant and lactating Women should avoid drinking tea/coffee minimum 1 hour before or after consuming IFA. Eating fruits rich in vitamin c such as lemon, orange, guava improves absorption of iron in the body.

✓ **Ensuring timely immunization of Tetanus Toxoid and Deworming**

- Take 2 TT injections, one when pregnancy is confirmed and the other after 1 month
- Between fourth and sixth month of pregnancy, the pregnant woman should take Albendazol tablet (deworming tablets) to ward off diseases caused by soil borne worms, which cause anemia and malnutrition.

✓ **Taking calcium tablets**

- Take calcium tablets from the fourth month of pregnancy and continue taking the tablets until the newborn turns 6 months old.
- Do not take Calcium tablets on an empty stomach as it may cause gastric problem.
- Do not take IFA and Calcium tablets together

✓ **Use of iodized salt**

Iodine is essential for normal growth and development in children and prevents cognitive disabilities. In adults it prevents goitre. Use only iodised salt for all cooking and eating.

✓ **Eating nutritive diet and healthy food**

- Eating a healthy and nutritious diet during pregnancy is important to meet needs of the growing foetus and facilitate successful lactation
- Eat all items that are available or cooked at home, which everyone else consumes. There is no need to avoid eating any item.
- You need to eat enough for yourself and your baby, who is growing. It may be difficult to eat much in one meal, so have many small meals.
- Eat a variety of foods; such as fresh seasonal vegetables and fruits, milk and milk products, Pulses, cereals, millets, households that are non vegetarian may continue food items that are good source of high quality protein, Vitamin A and Vitamin D.
- Do not do heavy work in the remaining months, such as lifting heavy loads (such as carrying water or laborious paid work) but remain active doing light work that does not tire you out. When tired, take enough rest.

✓ **Weight gain during pregnancy**

- Weight should increase by at least 10 to 12 kg during pregnancy. In the last 6 months of pregnancy weight should increase by at least 1 kg per month. It is important to monitor this and get weight taken during each ANC.



4.2 Annaprasan Diwas

4.2.1 Objective:

- To create awareness among the family and the community about the initiation of complementary food
- To educate the mothers and family members about locally available nutritious food for young children
- To foster supportive responsibility amongst the family members and the community in the process of transition from mother's milk to semi-solid and later solid diets;
- To ensure complementary feeding is initiated for all the infants who have completed 6 months of age

4.2.2 Primary Target Group and Key additional participants:

- Women with infant age group of 4-9 months
- All infants who have completed 6 months
- Care takers within the family such as grandfather, grand mother, father or elder brothers/ sisters of all participating infants.

**Ask the primary target group to get home cooked food (dal chawal or khichdi) from home*

- Other beneficiaries and members of women's groups
- Community leaders
- AWW and ASHA as facilitator

4.2.3 Key messages to be conveyed during the event:

✓ Importance of complementary feeding:

- The first 2 years of a child's life is a period of speedy physical and mental growth. Lack of proper care of the child during this period can affect the child's development and increase the likelihood of malnutrition.
- Once the child reaches six months of age, breast milk is not enough to meet her/his nutritional needs and semi-solid foods need to be introduced in her/his diet.

✓ Demonstration of complementary feeding:

- Demonstrate the preparation and feeding of complimentary foods using food already

- cooked at home, and using as many different items as available. Ask participants to bring food they have cooked for the day.
 - Demonstrate how to wash hands with soap before touching the food or feeding the child. Encourage washing of hands of the child as well. Show how different foods can be mixed into a soft paste or semisolid consistency.
 - Demonstrate how taste can be varied by the use of salt, sugar, oil, ghee and vegetables, and how to use sugar sparingly.
 - Demonstrate using a katori, age specific quantities of food required in addition to breastmilk.
 - Demonstrate responsive feeding, how to look for signs of hunger, how not to force-feed a child.
 - Demonstrate how to use a clean spoon to feed, how much to feed at one time, what to do if the child seems to spit out the food.
 - Emphasize the need to be patient and to feed the child when s/he is interested, rather than at a fixed time.
 - Emphasize that anyone at home can and should feed the child because it is so important for the child and so time-consuming that the mother alone can never cope with doing all household chores on her own, as well as feeding the child.
 - Ask mothers of children who have already started giving complementary feeding to narrate their experiences and offer their suggestions to those who are starting to feed.
 - Demonstrate how not to use the *sari pallu* for wiping hands or utensils (bowl, spoon, etc.), explain how dirty it is.
 - Talk about how dirty our hands get from many activities, and that the hands are the main sources of contamination of food and water.
- ✓ **Quantity of complimentary food and responsive feeding:**
- At 6-8 months 2-3 meals a day 2 *katoris** (*small katori that can hold 100 ml of water*)
 - At 9-11 months 3-4 meals a day 3 *katoris**
 - At 12-23 months 3-4 meals a day, with snacks 4-6 *katoris**
 - Mothers and caregivers should feed the child in a responsive manner, that is, be responsive to the child clues for hunger and encourage the child to eat through active engagement and stimulation.

- Increase the quantities of complementary food being fed after illness until the child regains lost weight and strength.

- ✓ **Variety and texture of complementary food:**
 - Start with soft, well cooked and mashed foods (but never liquid or watery foods like *daal-ka-paani*) and make the consistency more solid as the child gets used to eating.
 - Start with available cereal-*dal* mix without *masala*, and add other available food items, making sure they are well cooked.
 - Foods that are most nutritious for the child include milk (with cream), dahi, dal, oil/ghee, green and yellow-orange vegetables, fruits and nuts. There is no need to avoid giving any of these foods at this age – the child requires as much of these as possible to grow well.

- ✓ **Reiterate the need for ensuring cleanliness in cooking, serving and preserving complimentary food meals:**
 - Cleanliness, that is, personal hygiene and hygienic preparation and storage of complementary foods is critical, because if not observed, it may do more harm than good to the child by introducing infections in the child.
 - Foods should therefore be prepared and given in a safe manner. Measures, such as washing the bowl and spoon used to serve the food, washing hands before cooking and feeding the child, washing the hands of the child before feeding her/him, covering the bowl of food if the child is not eating immediately should be taken to minimize the risk of contamination of foods with germs.

- ✓ **Continuation of breast feeding:**
 - It is important for the mother to continue breastfeeding the child while giving adequate complementary food. The child gets critical nutrients, energy, high quality protein, and anti-infective properties from breastfeeding in addition to emotional comfort, which is much needed for the optimum development of the child.
 - As the child starts taking complementary foods well, the child should be breastfed first and then provided complementary food. This will ensure lactation.

- ✓ **Importance of regular growth monitoring**

- It is important to monitor the weight and height/length of the child, especially in the first two years of life. This will tell you if the child is growing well and to its full potential
- You should track your child's weight on your MCP card
- You should also measure your child's height/length and remember that your child should grow about 24 centimeters in the first year of life, and 12 centimeters more in the second year

4.3 Suposhan Diwas (Specifically focused on orienting husbands)

4.3.1 Objective:

- To create awareness and educate husbands about the relevance of maternal and child nutrition
- To foster supportive responsibility amongst men in the family to ensure the practice of recommended maternal, infant and young child behaviors at home

4.3.2. Primary Target Group:

- Husbands of pregnant woman and fathers of children less than 2 years of age

Key additional participants:

- Other beneficiaries and members of women's groups
- Community leaders
- AWW and ASHA as facilitators

4.3.3 Key messages to be conveyed during the event:

✓ Eating nutritive diet and healthy food

- Eating a healthy and nutritious diet during pregnancy is important to meet the needs of the growing foetus
- Women should eat all items that are available or cooked at home, which everyone else consumes. There is no need to avoid eating any item. It may be difficult to eat much in one meal, so have many small meals.
- Eat a variety of foods; such as fresh seasonal vegetables and fruits, milk and milk products, Pulses, cereals, millets, households that are non vegetarian may continue food items that are good source of high quality protein, Vit A and Vit D.
- Women should not do heavy work during pregnancy, such as lifting heavy loads (such as carrying water or laborious paid work) but remain active doing light work that does not tire you out. When tired, take enough rest.

- ✓ **The need for ante-natal care (ANC) checkups for women, what they entail and why they are important:**
 - Take the target group through the ANC sections in the MCP card, pointing out that they should have atleast 3 ANCs after registration, ensure their BP is checked and blood and urine examined in each visit and weight monitored
 - Point out that proper antenatal check-ups provide necessary care to the mother and helps identify any complications of pregnancy such as anemia, hypertension etc. in the mother and slow/inadequate growth of the foetus. It allows for the timely management of complications through referral to an appropriate facility for further treatment
 - Highlight the importance of weight monitoring during pregnancy

- ✓ **Consumption of one IFA tablet a day during pregnancy (at least 100 IFA tablets) and why it is important:**
 - Anemia affects the optimal growth and development of the baby as it reduces the iron stores in the baby.
 - Severe anemia during pregnancy increases the risk of maternal mortality.
 - IFA supplements prevent anemia and therefore are good for the health of the mother and baby. It will not harm the mother or baby in any way.
 - Pregnant women should take one tablet per day for at least 100 days, starting as early as possible in pregnancy.
 - Some women may feel nauseous or get black stools, stomach upset, constipation and diarrhea on IFA consumption. However, these effects are not serious and should subside in a few days. Drinking more water will overcome constipation problem and darkening of the stool is a common thing, there is no need to panic.
 - Women should take IFA at night with food; and should avoid drinking tea either before or after consuming IFA. Eating citrus fruits (lemon/orange) during dinner will also allows proper assimilation of IFA's iron in the body

- ✓ **Weight gain during pregnancy**
 - Weight should increase by at least 10 to 12 kg during pregnancy. In the last 6 months of pregnancy weight should increase by at least 1 kg per month. It is important to monitor this and get weight taken during each ANC.

✓ **Importance of regular growth monitoring**

- It is important to monitor the weight and height/length of the child, especially in the first two years of life. This will tell you if the child is growing well and to its full potential
- Remember that your child should grow about 24 centimeters in the first year of life, and 12centimeters more in the second year

✓ **Importance of complementary feeding:**

- The first 2 years of a child's life is a period of speedy physical and mental growth. Lack of proper care of the child during this period can affect the child's development and increase the likelihood of malnutrition.
- Once the child reaches six months of age, breast milk is not enough to meet her/his nutritional needs and semi-solid foods need to be introduced in her/his diet.

✓ **Quantity of complimentary food and responsive feeding:**

- At 6-8 months 2-3 meals a day 2 *katoris** (*small katori that can hold 100 ml of water*)
- At 9-11 months 3-4 meals a day 3 *katoris**
- At 12-23 months 3-4 meals a day, with snacks 4-6 *katoris**
- Mothers and caregivers should feed the child in a responsive manner. That is, be responsive to the child clues for hunger and encourage the child to eat through active engagement and stimulation.
- Increase the quantities of complementary food being fed after illness until the child regains lost weight and strength.

4.4. Celebrating Coming of Age - Getting Ready for Pre-School at AWC

- One important milestone in a child's life is the beginning of the pre-school, when s/he leaves the home for her/his first experience of institutional care and learning.
- To celebrate this event, it is proposed to organise a celebration for all children turning three years of age who will start attending pre-school sessions at the AWC.
- The event will include an assessment of the child's attainment of major developmental milestones (cognitive, motor and socio-emotional), as detailed out in the Mother and Child Protection Card.
- The child will be given a gift which may include items such as crayons, painting book,

picture book and other play materials/toys.

- Additionally, the child's weight will be recorded and medical check-up done to update her/his records at the AWC. Information will also be provided to the mother, and other

4.4.1 Objectives

- Generating awareness about the importance of early years and ECCE amongst the community and families;
- Counselling family members of the role they can play to promote psychosocial development of the child;
- Preparing the child to be ready to participate and avail ECCE services at the AWC;
- Sensitizing the community to participate in AWC and support its activities and educate house hold members about the importance of early childhood care and education (ECCE) and stimulation for the optimal growth of the child.

4.4.2 Participants

- Children of 3 years of age
- Mothers of all children in the age group of 2-3 years
- Caregivers within the family such as grandfather, grandmother, father or elder brothers/sisters of all such children

4.4.3 Key messages to be conveyed

- Balanced nutritional supplementary food for the optimal growth of the Child
- Encouraging independence – self dressing up, toilet training and self-feeding.

4.5 Messages Related to Public Health for Improvement of Nutrition and to Reduce Illness

Messages related to Public health will be organized if AWW does not have any pregnant women /Lactating mother in any month in her area.

4.5.1 Objective:

- To create awareness and importance of public health to reduce decease

4.5.2 Primary Target Group:

- Women and Men of any age group
- Community leaders& PRIs
- Adolescent Girls

4.5.3 Key messages to be conveyed during the event:

✓ **Hand Washing**

▶ **Explain the importance of hand washing to reduce illness**

- **Eliminating germs & reducing illness**

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others.

- **Less time off work & school**

Thousands of school and work days are missed every year due to avoidable illness, such as flu or pneumonia that could be prevented through hand washing.

- **Reduced Medical Bills**

When kids come into contact with germs, they can unknowingly become sick simply by touching their eyes, nose, or mouth. Once they're infected it's just a matter of time before the entire family comes down with the same illness, leading to many visits to the doctor and spending money on medical bills.

▶ **When to Wash Hands:**

- Before eating and cooking
- After using the bathroom
- After cleaning anything
- After touching animals, including family pets
- Before and after visiting sick people
- After being outside (playing, gardening, walking the dog, etc.)
- After blowing your (or someone else's) nose, coughing or sneezing (Remember when you cough or sneeze not to do it into your hand but to rather use a tissue or raise your arm up to your face and aim for your sleeve. Throw away tissues as soon as you use them)

▶ **Steps/Technique of hand washing**

- Wet your hands with running water — either warm or cold.
- Apply bar or powder soap.
- Lather well.

- Rub your hands vigorously for at least 20 seconds. ...
- Rinse well.
- Turn off your elbow



✓ **WASH (Water, Hygiene, and Sanitation)Explain the Importance of WASH to all the audience.**

- Clean drinking water, hygiene, and sanitation play an important part in maintaining health.
- Access to safe drinking water and sanitation are vital for family well-being.
- It results in control of diseases, and boosts child and every one’s health.

▶ **Maintain Hygiene at Home and Public Places**

- During the cold and flu season, coughing and sneezing spreads diseases. To reduce the spread carry Handkerchief / tissues and use them to catch coughs and sneezes. Dispose of tissues or clean the hanker chief as soon as possible,
- Routine cleaning sites and surfaces of Kitchen,
- Washing of fruits and vegetables before consumption,
- Routine cleaning of toilet seats and handles, door and tap handles, work surfaces bathroom
- Personal hygiene(washing scalp hair, wearing clean clothing, brushing teeth, cutting finger nails, besides other practices.) and hand washing before meals and after using the toilet
- Water stagnation and garbage free surroundings should be ensured in villages/towns.

✓ **Deworming**

▶ **Importance of giving medicine for deworming**

Anemia during pregnancy is a public health problem with long term implications for both mother and child. Worm infections can cause anaemia, malnourishment, impaired mental and physical development; and may cause a serious threat to

children's health, education, and productivity. The worms feed on body organs including blood to cause anaemia. They also cause a deficiency of Vitamin A. They cause loss of appetite, thereby leading to -

- Reduced food intake.
- Physical growth and development are affected.
- Mental development is hampered.
- Educational advancement is limited.
- Whipworm causes diarrhoea and dysentery.

Advice: To prevent these, women in pregnancy should consult to doctor in PHC/CHC or AWW/ANM for deworming tablets.

Chapter 5

5 Reports, Forms, Monitoring and Evaluation

The monitoring will be done through formats and dashboard status. The following reporting formats are developed for monitoring & evaluation.

1. Reporting of each event to be submitted by AWW to Supervisor [Annexure-I]
2. Quarterly Progress Report is to be submitted by Supervisor to CDPO [Annexure-II]

5.1 General Instruction:

5.1.1 For Field Worker

- The AWW will keep a record of events held, with dates, name of beneficiary(s) for whom the event was organised, number of participants and theme covered in events as per the Annexure I and a copy of same shall also be submitted to Supervisor.
- Based on the receipt of report from AWCs Supervisor shall submit quarterly report to CDPO.
- In case the details are submitted through ICDS-CAS the submission of physical report is not required.
- While filling up the information and they have to click the photo of the event also.

5.1.2 For supervisor/CDPO

- Supervisor will oversee these records and ensure that AWW has provided necessary inputs as follow up to the eligible beneficiaries, during their home visits;
- All the supervisors will fill the quarterly form given as Annexure II and submit to the CDPO office. Where the ICT-CAS has been rolled out, this information will be auto-generated on the supervisory dashboard.
- Consolidated number of events celebrated in each AWC per sector per month will be kept as record at the CDPO Office for quarterly reporting to the districts/ SPMU in a prescribed format. Where the ICT-CAS is rolled out, this information will be auto-generated on the supervisory dashboard.

5.1.3 Roles and responsibility

- Monitoring and review of the community based events shall be done by MWCD NNM unit and State ICDS Directorates through the ICT-CAS dash board.
- All the States government shall ensure transfer of money to AWWs for conducting events.

- All Collectors, DPOs, CDPOs and Anganwadi Services Supervisors in the State/UT shall monitor the number of events organized at each AWW center by reviewing quarterly reporting formats. In districts where ICT-CAS has been rolled out, this may be reviewed on the supervisory Dashboard. All the supervisors shall collect the monthly progress forms from _____ the _____ AWWs.

Annexure I

**Format for reporting event (submitted by AWW to Supervisor)
National Nutrition Mission (NNM)**

Community Based Events - Monthly Progress Report

1. Basic details:

Name of the Anganwadi Centre:			
AWC Code:		Date of the event:	
Name of the event:			
Target group: (Beneficiaries for whom CBE organized)			
Total no of participants:		Amount incurred:	

2. Participants (Attendance):

Sl. No	Month of Pregnancy/ Age of Child	Category (tick in relevant box)
		PW[] ; Girl [] ; Boy []
		PW[] ; Girl [] ; Boy []
		PW[] ; Girl [] ; Boy []
		PW[] ; Girl [] ; Boy []
		PW[] ; Girl [] ; Boy []

Sl. No	Other Participants	Category (tick in relevant box)
		PW [] ; LM [] ; Husband/Father of target beneficiary[] ; Mother in Law of Target Beneficiary [] ; Others []
		PW [] ; LM [] ; Husband/Father of target beneficiary[] ; Mother in Law of Target Beneficiary [] ; Others []
		PW [] ; LM [] ; Husband/Father of target beneficiary[] ; Mother in Law of Target Beneficiary [] ; Others []
		PW [] ; LM [] ; Husband/Father of target beneficiary[] ; Mother in Law of Target Beneficiary [] ; Others []
		PW [] ; LM [] ; Husband/Father of target beneficiary[] ; Mother in Law of Target Beneficiary [] ; Others []

		PW []; LM []; Husband/Father of target beneficiary[]; Mother in Law of Target Beneficiary []; Others []
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Date:

Name of the Anganwadi Worker:

Signature

**National Nutrition Mission
Community Based Events
Quarterly Progress Report (QPR)**

Quarter:	Name of the State/UT:
Districts:	Number of AWCs:

S.No	District	Operational Total AWCs	No of AWCs where CBEs were conducted in the past month			No of target beneficiaries (women) participated in the event	No of target beneficiaries (children) participated in the event	No of Husbands of target beneficiaries who participated in the event	No of Husbands of target beneficiaries who participated in the event	No of other community members who participated in the event
			Panjikaran Diwas	Annaprasana	Suposhan Diwas					
	Total									

Date:
Signature with seal