

# NATIONAL NUTRITION MISSION (NNM)

## GUIDELINES FOR IMPLEMENTATION OF INCREMENTAL LEARNING APPROACH

MINISTRY OF WOMEN AND CHILD DEVELOPMENT  
GOVERNMENT OF INDIA

JANUARY 2018



Towards a new dawn



**GUIDELINES FOR  
IMPLEMENTATION OF INCREMENTAL LEARNING  
APPROACH**

*Central project Management Unit*

*CPMU*

**MINISTRY OF WOMEN AND CHILD DEVELOPMENT GOVERNMENT OF INDIA  
JANUARY 2018**

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## Abbreviations

AWW	Anganwadi Worker
ASHA	Accredited Social Health Activist
BRG	Block Resource Group
CDPO	Child Development Project Officer
CPMU	Central Project Management Unit
DRG	District Resource Group
DPO	District Programme Officer
HSC	Health Sub-Centre
ICDS	Integrated Child Development Services
ILA	Incremental Learning Approach
ICDS-CAS	Integrated Child Development Services-Common Application Software
ICT	Information and Communication Technology
ICT-RTM	Information and Communication Technology enabled Real Time Monitoring
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
JPC	Joint Project Coordinator
JSY	Janani Suraksha Yojna
LS	Lady Supervisor
MIS	Monthly Information System
MDTF	Multi-Donor Trust Fund
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MMR	Maternal Mortality Rate
MWCD	Ministry of Women and Child Development
NGO	Non Government Organisation
NHM	National Health Mission
NNM	National Nutrition Mission
PDS	Public Distribution System
PIP	Programme Implementation Plan
PMMVY	Pradhan Mantri Matru Vandana Yojna
SAG	Scheme for Adolescent Girls
SPMU	State Project Management Unit
VHSND	Village Health, Sanitation & Nutrition Day

**1. Introduction**

- 1.1 NNM is a flagship programme of the Ministry of Women and Child Development (MWCD), Government of India which ensures convergence with various programmes i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls of this Ministry(SAG), Janani Suraksha Yojana (JSY), National Health Mission (NHM), Swachh - Bharat Mission, Public Distribution System (PDS), Food & Public Distribution, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Drinking Water & Toilets.
- 1.2 NNM focuses to lay emphasis 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 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 Anganwadi Services.
- 1.3 The National Nutrition Mission (NNM) envisages establishing a system where programme functionaries 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 and guided learning may be accomplished.
- 1.4 The proposed system envisages breaking down the total learning agenda into small portions of doable actions as 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 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 a supportive supervisory mechanism is put in place.
- 1.5 By making such a system integral to routine programme implementation, it is possible for the programme to introduce new and complex content and skills at any time and expect its effective implementation in a predictable timeline.

## 2. The Programme

### 2.1 Objectives

The specific objectives of the Incremental Learning Approach are:

- Build skills based on understanding of priorities among frontline workers, through a learning-by-doing approach,
- Strengthen supervisory structures and skills through a similar approach,
- Enable coordinated functioning of ICDS and health programmes to achieve common goals.

### 2.2 Key Elements of the Incremental Learning Approach (ILA)

A fully established incremental learning system under NNM consists of the following main elements:

- a) Structured supervisory interactions for ongoing learning, planning and review;
- b) Planned learning agenda with clearly defined outputs and outcomes;
- c) Use of evidence, drawing upon ICT-RTM data, for learning and improving performance;
- d) Mechanisms for enabling convergent actions between ICDS and health programmes;
- e) Cascading system of controlled monthly inputs.

These elements are first described in brief below, followed by suggested steps for implementation:

#### i. Structured supervisory interactions for ongoing learning, planning and review

Supervisory interactions take place regularly between different functionaries in the hierarchy. Currently, these interactions are mostly restricted to administrative matters; however, these can be strengthened by structuring them, by specifying content and periodicity, as well as by providing tools and checklists to be used and data to be generated and used.

Supervisory interactions should be planned to serve three main functions: review, input and planning – and serve as the core elements of the IL system ensuring that learning is translated into action.

#### ii. Planned learning agenda with clearly defined outputs and out comes

All programme functionaries are learners under the ILA. Together they have to learn to function effectively to achieve specific programme outcomes in a range of different thematic areas. Most of the learning is by doing. The learning agenda is planned such that one thematic topic is covered in each monthly cycle. Each topic has action points to be implemented over the next month. These actions are the expected outputs for that month, and can be monitored during supervisory interactions. Over a period of time, these actions are expected to produce changes in specific outcome indicators such as coverage of services and feeding and caring behaviours.

The topics included in the illustrative list in **Annexure-1** are recommended because they are directly related to achieving desired programme outcomes. Separately, modules will be provided, including display materials and facilitator's guides, for most of the topics included in the illustrative list. Other topics can be added to each thematic area, as well, as per the State's priorities. While adding a new topic, it is important to remember that it must be short and practical so that it can be covered within the time available in the meeting platforms at each level and specific action points must be identified from the outset. These points must be included in the scope of supervisory interactions planned for the subsequent months.

**iii. Use of evidence for learning and improving performance**

The IL process at every platform includes a review of progress. It is this process that should contribute most to new learning. The review will be most productive if it is based on evidence. The evidence can come from any reliable source –from verbal reporting and discussions during a platform meeting or other supervisory interaction, from data collected during supervisory field visits, data reported in monthly reports or data from entirely independent source. One such source of independent data could be LQAS-based household surveys by lady supervisors, which is one of the other innovations to be piloted under NNM. It is expected that, based on such evidence, supervisors at every level will take decisions about what is working or not working, and make minor changes to implementation approaches to achieve better or quicker outcomes. From the same process, it will also be able to identify factors that require higher level programmatic or policy decisions to make further progress.

**iv. External facilitators/resource persons**

It is recognized that only a few functionaries will have the capacity to run such a methodical system from the outset, and that many of them will require a lot of hand- holding for a long time. Under NNM, there are several provisions for identifying and using resource persons external to the normal Anganwadi Services hierarchy of functionaries. Such external facilitators may be included as members of the District Resource Group (DRG) and the Block Resource Group (BRG), as detailed in later section. DRG and BRGs will include Anganwadi Services officials, as well as District and Block Coordinators to be recruited under NNM, resource persons from the Health department, academic institutions as well as from reputed local NGOs. Budgetary provisions may also be used to hire on contract facilitators to support supervisory interactions in different platforms, such as sector, sub-centre or block. The IL approach recognizes that all such resource persons themselves are unlikely to bring in necessary technical expertise, and thus will be oriented themselves through IL sessions at the state and district level.

**v. Mechanisms for enabling convergent actions between Anganwadi Services and health programs**

The mandate for achieving maternal and child health and nutrition outcomes through community

level interventions is shared more or less equally by the Anganwadi Services and Health Departments, and specifically by the AWW and ASHA, and their supervisors - the LS and the ANM (or ASHA Facilitator). There are at least three interfaces between the two programmes that can be optimized for best results:

- a. The presence of two frontline workers, AWW and ASHA, in each village is an advantage that should be optimized.
- b. Similarly, the presence of the ANM periodically in each village can be optimized if there is close coordination between her and the AWW/ASHA, and they all can use their individual skills and positional advantages to mutual benefit.
- c. Finally, public health facilities that provide services are important service delivery points in the first 1000 days period. Before and after receiving facility based services, beneficiaries in the community are under the charge of frontline workers. The interface between services provided in the facilities and in the community can also be optimized.

It is, therefore, important to include health functionaries within any IL process, with the specific objective of optimizing interfaces such as the above. The VHSND (Village Health, Sanitation & Nutrition Day) is an existing platform where the two programmes are expected to converge. The proposed monthly HSC meeting is another platform with demonstrated advantages. Referral and feedback systems have been tried in several States, involving the frontline workers of the two departments. In addition, regular interactions between the respective programme leadership at the block and district levels are necessary to ensure smooth and mutually beneficial exchanges at all lower levels. Such mechanisms should be an integral part of the IL approach.

**vi. Cascading system of controlled monthly inputs**

The IL cycles require a central mechanism of coordination and control. Either at the State or at the District level, a small group of officials must take responsibility of conceptualizing and planning the entire IL process, and utilize appropriate resource persons with requisite expertise to do so. The ICDS Directorate and Consultants under NNM in the SPMUs will provide the necessary support and direction to this core planning group. At each subsequent level, programme leaders of that level should take charge. Overall, there are two key roles to be played at each level:

● **Technical and training responsibilities**

DRG and BRG members and other external and internal facilitators will ensure that detailed plans are made for each monthly cycle, related teaching-learning materials are created or made available in sufficient numbers, and the technical integrity of training and operational planning during the month is not compromised. Some of the members may have administrative responsibilities as well.

● **Administrative and managerial responsibilities**

Supervisors and programme leaders at each level ensure implementation as planned, ensure that

data becomes available for review, use data and evidence for review and monitor progress of outputs and outcomes as planned. They may also be resource persons and members of DRG and BRG, but their main responsibility is in ensuring that planned actions are executed. If they are not also members of DRG or BRG, they will require separate technical inputs to play their roles as leaders and managers effectively.

### 3. Steps for Implementing the Incremental Learning Approach (ILA)

This section describes steps involved in successful Planning, implementing, monitoring and supervising Incremental Learning Approach Sessions at the district, block and sector level.

#### 3.1 Planning

Incremental Learning sessions or trainings will be planned and organized monthly at the district, block and sector level. Participants will include members of the district and block resource groups and all AWWs as per the recommended organization outlined in **Annexure 2**. The participation of members from the Health Department is desirable and an effort should be made to involve them. In preparation of IL sessions, the state should carry out the following:

- Constitute the State Resource Group (SRGs) from amongst the staff and consultants of the State ICDS Directorate and training institutions. The SRG will be oriented and developed into Master Trainers by a technical team led by the Ministry of Women and Child Development/Central Project Management Unit.
- Constitute District Resource Groups (DRGs) and Block Resource Groups (BRGs) (Annexure 3) for all districts and blocks covered under NNM
- Issue instructions/directives (preferably jointly with health) to all districts/blocks about ILA.
- Inform the districts and blocks about financial norms, allocations, utilization certificates and reporting mechanisms.
- Put in place financial approval systems that ensure timely availability of funds at all levels to prevent any delays in the organization of these sessions due to paucity of funds.
- Develop district and block level micro plans for conducting IL sessions that is schedules for meetings at the district, block and sector levels.
- Communicate these plans to DRG and BRG members and AWWs to ensure that they are pre-informed of the schedule and are well prepared to attend the sessions. A fixed day per month approach may be adopted for this.
- Ensure timely printing and supply of materials including modules, AWW take-aways and flip book for each IL session, up to all blocks.
- Venues need to be sufficient in size to seat all anticipated participants.
- Every block and sector level meetings needs to be planned for at least 4hours and a detailed agenda needs to be prepared in advance.
- Based on the specific mode of facilitation for a session, facilitation materials need to be prepared in advance at each platform (for example, flipcharts, flip book, videos, demonstration props etc.).
- Refreshments for participants as per approved norms.

- Develop and implement a supervision and field monitoring plan for State officials and consultants for providing supportive on-site oversight for IL sessions at the district, block and sector levels. Similar plans to be developed and implemented for DPOs and CDPOs for sessions under their jurisdiction. This is critical to ensure the quality of IL sessions.
- Knowledge tests drawing upon the e-ILA modules will be administered at the end of each IL session to assess the learning of participants at the end of the session.

### **3.2 IL Rollout**

The IL sessions will be rolled out in a cascade manner. They will start with an orientation training of DRGs on operational modalities involved in implementing ILA, as well as on the thematic modules monthly cycles by the SRG, followed by cascading training of BRGs by the DRGs; and subsequently of the AWWs by the BRGs on the same issues.

#### **A. District Resource Group (DRG) and Block resource Group (BRG) Trainings**

- The overall organization of trainings is provided in annexure 2.
- Frontline workers including AWW, ASHA, ANMs, ICDS Supervisors, CDPOs, PHC officials and DPOs will be oriented incrementally on the operational details of each technical intervention through DRGs and BRGs.
- IL sessions at district and block levels will mainly focus on actions to be taken, and will emphasize on the explanation of the content and technical rationale of all proposed actions.
- In addition to the technical knowledge communicated through the IL session, at each level, three kinds of action points will be conveyed:
  - how to 'run' the next lower level of IL meeting or interaction;
  - how to be an effective Supervisor, especially in the context of the intervention and actions being decided; and
  - how to execute individual responsibilities effectively, especially related to the intervention.

For instance, a BRG member would need to show how the next month's sector meeting should be run (what the review/planning/training should be), how the Supervisor should support the AWWs during one-to-one interactions and what other actions independent of AWWs are expected of the supervisors (such as home visits, data collection).

- The IL sessions will also be used as a platform for periodic review of progress and to initiate corrective actions at the State, district and block levels.

#### **B. Sector Level Trainings and Review Meetings**

The facilitation of the sector level meeting is critical, therefore presence of a strong supervisor/ or another co-facilitator will improve effectiveness of the dissemination and understanding of the content by the AWW/ASHA.

### **Where formal training has not been undertaken**

Each IL session at the sector level will essentially comprise of the following sessions:

- i. Review session: Status of implementation of actions decided in the previous IL round as well as any problems faced by the service providers during the last month will be discussed.
- ii. Input session: Issues relating to selected technical interventions (like appropriate complementary feeding or vitamin A supplementation etc) and the operational steps to deliver the interventions (e.g., what and how to tell mothers during home visits to promote age-appropriate complementary feeding; organizing special events/ community meetings etc.) will be discussed.
- iii. Planning session: Here facilitators will help each AWW/ASHA develop an action plan for delivering the new technical interventions to all relevant mothers/children and families in the coming month through decided operational steps. This will involve identification of mothers/families through the ICDS-CAS/ home-visit planner who will be met during the coming month to deliver Inter Personal Counseling. Moreover, it will also include scheduling of community events to be organized; and discussing problems faced in behaviour change communication with specific households.
- iv. Materials to facilitate each cycle will include hand-outs for participants, IL thematic modules and any additional set of questions, notes/ guide to lead the discussion for each session.

### **Where formal training has been under taken:**

Where IL sessions have already been implemented, the agenda for the sector meeting is suggested as follows:

- Review of action plan from the previous meeting and assess why specific actions were not undertaken.
- Review of ICDS\_CAS dashboard by the ICDS supervisor and her field visit records to identify key gap areas
- Identification of specific gap areas on maternal, infant and young child nutrition to focus on during the specific sector meeting
- Refreshing the technical knowledge on the identified thematic area
- Discussion on problems encountered during implementation of identified thematic module.
- Use of CAS videos and flip book to problem solve.
- Identification of actions to be taken by next sector meeting.

The emphasis of the session will be to assess the current status of service delivery of the sector and nutritional status of children, key issues and how they can be addressed. For example, if the data from ICDS-CAS dashboard highlights that 50% of the children are underweight, the discussion should center around which villages do these children belong and the possible reasons for this. If complementary feeding appears to be one of the primary reasons for this (based on supervisory home visit records), then the session should focus on thematic updation of technical knowledge and skills around complementary feeding counseling through the IL module, CAS videos and the flipbook. The discussion should also focus on practical actions that need to be undertaken to address these gaps. There should be explicit focus on reviewing data of home visits to help AWWs and supervisors prioritise households where visits are required.

Every sector meeting will cover one module until all thematic modules are completed and then the cycle should be repeated as per the needs and priorities of the state.

SPMUs at the State level will ensure content integrity of the modules and facilitators' guides.

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SPMUs at the State level will ensure content integrity of the modules and facilitators guides.

### **3.4 Micro planning**

The State Team will assist district officials prepare the micro-plans for the district and block levels. DPOs, assisted by project staff and DRG members can facilitate formulation of micro-plans within each block.

Important considerations during micro-planning should include:

- a) Determining the requirement of additional/external facilitators (such as BRG members) and their availability at each level, particularly at the block, sector and HSC levels, and scheduling meetings of each platform to ensure convenient participation of these facilitators. The availability of ANMs in sector meetings needs to be ensured.
- b) Logistics of production and distribution of teaching-learning materials and data forms related to each cycle, to ensure that these are synchronized with the planned schedule of meetings.
- c) The mode of use of facilitation materials at each platform (flipcharts, posters, etc).
- d) Ensuring that every level of meeting at block and lower levels is planned for at least 3 to 4 hours.
- e) Venues of block, sector and HSC level meetings must be sufficient in size to seat all anticipated participants, and to ensure proximity to all /most participants.

- f) Participation of Supervisors and ANMs in making micro-plans, to maximize realistic planning and ownership.
- g) Refreshments to be included, to make the meetings attractive as per the approved norms.

#### **4. Budgets and Funds Flow Mechanism**

- 4.1 Specific budgets with indicative cost norms have been provided in the administrative guidelines of NNM for conducting different activities related to Incremental Learning, actual budgets will be approved as part of the Annual Action Plans of NNM.
- 4.2 Honorarium and travel reimbursements for external resource persons functioning as DRG and BRG members will be as per approved Annual Action Plans of the State. Travel reimbursements for other DRG/ BRG members, may be made for the days on which they undergo the trainings; and are engaged in IL activities.
- 4.3 Payments for DRG level activities will be made by DPO Office against submission of monthly invoice, and tour diary with signature of District Coordinator of NNM and of CDPOs of blocks where they facilitated block level IL sessions. Similarly, payments for BRG level activities will be made by CDPO Office upon production of invoice and tour diary with signatures of Block Coordinator of NNM and respective LS where they facilitated IL sessions at sector level.
- 4.5 SPMUs will design and share formats for invoice and tour diary for all DRG and BRGs along with expenditure norms and approval procedures.
- 4.6 For sector level meeting costs, expenses related to BRG members will be reimbursed by the respective CDPOs upon submission of invoice and travel expenses by the BRG members, duly certified by concerned LS (supported by BRG member on that day).
- 4.7 For the meeting expenses (like refreshments and other materials for participants), the Lady Supervisor (LS) of that sector will submit a meeting report (with attendance) and vouchers for expenses incurred to the CDPO. The CDPO will reimburse the amount. A system of providing advances to CDPOs and to LSs is to be established, with a condition of settlement before next IL cycle so as to enable timely implementation.

#### 4.8 Indicative Cost Norm

The layout of organization of ILA with cost norm is given as below:

<b>Level of Engagement on ILA</b>	<b>Composition of Trainees</b>	<b>Batch size</b>	<b>Facilitators</b>	<b>Frequency and Time allocation</b>	<b>Indicative cost norms *</b>
<b>State (SRGs)</b>	<b>10-15 members per State:</b> (Select members of the SPMU Other identified resources )	10-15	Central Team (from Central CPMU and World Bank)	2 days every quarter	@ <b>1,50,000/- each SRG</b>
<b>District (DRG)</b>	<b>8-10 members per district:</b>  (DPO, District Coordinator, CDPOs, District RCHO/ DIO, DPM, District Public Health Nurse, 3-4 Master trainers/external resource persons)	@ 30 per batch (3 districts together)	2SRG members per batch	2 days every quarter	@ <b>30,000/- each DRG</b>
<b>Block (BRG)</b>	<b>25 -30 members per block:</b>  CDPO, All Supervisors, NNM Block Coordinator, Block Public health nurse, External Resource Persons	@ 30 per batch	DRG	1 day every month	@ <b>4000/- per block per theme</b>
<b>Sector (AWWs)</b>	<b>All AWWs in a given sector,</b>  (as in routine sector meetings and ASHA/ANMs who are available)	All AWWs in the sector and available ASHA/ ANMs	Supervisor and co-facilitator for support	Monthly, 4 hours for IL agenda	@ <b>1500/- per sector per theme</b>

## 5 Monitoring, Supervision and Evaluation

5.1 The ICDS officials (DPOs/CDPOs) will be primarily responsible for supervision and review of the IL sessions and their quality of implementation (**Annexure 4**). After every round of IL, structured review of process will be done in the subsequent rounds at the block, district and State levels. Officials/Consultants of the State ICDS Directorate will also undertake regular review of the process in the field and during review meetings at all levels as per the supervision and field visits plans. To assess quality of IL sessions they will use quality checklists (**Annexure 5**)

5.2 NNM Officials/consultant at the State level, District Coordinators at the District and Block level will be responsible for synthesizing the findings and use of it for programme refinement. Officials/Consultants of the State ICDS Directorate will also undertake regular review of the process in the field and during review meetings at all levels as per the supervision and field visits plans.

5.3 Standardized reporting of these sessions will be ensured through reporting formats (provided separately). Reports from the sector level will be collated at the block and district level, such that the status of implementation of the entire cascade is available with the State every month

5.4 Pre and post training assessments and field visits need to be undertaken by SPMU Consultants to assess AWWs' knowledge and skills. Based on the analysis of findings from such assessments, improvements in AWWs' knowledge and skills related to themes being delivered in ILA will be understood and actions will be planned.

### An Illustrative List of Thematic Areas for Monthly IL Cycles

Under each theme, there are a number of topics in a recommended sequence. For a given monthly IL cycle, one topic each from any two thematic areas may be selected. It is recommended that this selection is done in such a manner that one of the thematic areas is the same as one of the thematic areas covered in the previous month. While the sequencing of themes over months is flexible, the sequencing of topics should not be arbitrarily changed.

S. No.	Sequence under NNM ILA Module Name/Topic
1	Mapping and enumeration: Survey and listing family details- Planning and Management
2	Use of home visit planner to plan and record home visits- Planning and Management
3	Planning and execution of community based events at Anganwadi Center- Planning and Management
4	Observation of breastfeeding - Breast Feeding
5	Identification and care of the weak new born- Newborn Care
6	Use of home-available variety in complementary feeding- Complementary feeding
7	Maternal anemia –IFA – Maternal Nutrition and Pre and post –Natal Care
8	Identification of under nutrition: weight and height measurement- Management of Undernourished children
9	Complementary feeding-quantity and specificities- Complementary feeding
10	Support to exclusive breastfeeding - Breast Feeding
11	Care for weak new born- Newborn Care
12	Initiation of complementary feeding: home visits in 6 <sup>th</sup> and 7 <sup>th</sup> months- complementary feeding
13	Identification of MAM and action required- Management of Undernourished children
14	Feeding during illness – Complementary Feeding + follow up on Complementary Feeding- Complementary feeding
15	Supporting mothers with breastfeeding issues- Breast Feeding
16	Kangaroo mother care for weak new born- Newborn Care
17	Identification and referral of the sick newborn- Newborn Care
18	Hand-washing and hygiene- Complementary feeding
19	Anemia in adolescent girls and children (split IL module 14)- Maternal Nutrition and Pre and post –Natal Care
20	Preparation for institutional and home deliveries- Maternal Nutrition and Pre and post – Natal Care
21	Preparedness during pregnancy for neonatal care + Family Planning - Maternal Nutrition and Pre and post –Natal Care



## Recommended Organization of IL at all levels

Level of Engagement on ILA	Trainees	Composition of Trainees	Batch size	Facilitators	Frequency and Time allocation	Indicative cost norms *
State	State Resource Group	10-15 members per State: Select members of the SPMU Other identified resources	10-15	Central Team (from Central CPMU and World Bank)	2 days every quarter	@ 1,50,000/- each SRG
District	District Resource Group	8-10 members per district: DPO, NNM District Coordinator, CDPOs District RCHO/ DIO, DPM, District Public Health Nurse, 3-4 Master trainers/external resource persons	@ 30 per batch (3 districts together)	2SRG members per batch	2 days every quarter	@ 30,000/- each DRG
Block	Block Resource Group	25 -30 members per block: CDPO All Supervisors NNM Block Coordinator, Block Public health nurse External Resource Persons	@ 30 per batch	DRG	1 day every month	@ 4000/- per block per theme
Sector	AWWs	All AWWs in a given sector, as in routine sector meetings and ASHA/ANMs who are available	All AWWs in the sector and available ASHA/ ANMs	Supervisor and co-facilitator for support	Monthly, 4 hours for IL agenda	@1500/- per sector per theme

\* Expenditure for undertaking the orientation / training / meeting activities may be incurred as per the respective State Norms duly approved by the State Steering Committee within the overall allocation of ILA.



## Formation of District Resource Group and Block Resource Group

### District Resource Group (DRG)

#### Composition of DRG

Each district will constitute a DRG following directives from the SPMU. Each DRG may consist of about 8-10 members (depending on size of the district, ensuring that at least one member takes responsibility of 1-2 blocks) with the following composition:

- ICDS DPO/ DSW – 1(lead)
- CDPOs –3
- District Coordinator, NNM –1
- District Public Health Nurse (DPHN) – 1 (*if available*)
- Other Officials from Health Department(District RCHO/ DIO/DPM) –2-3
- 3-4 external resource persons available in the district, like Master trainers who have used in IMNCI/ Vitamin A/ RI programs, select staff of AWTC/ MLTC in the district and from other academic institutions.

In States, where external resource persons are limited, all CDPOs can be part of DRGs and all LS can be part of BRGs, with very few or no external resource persons. District and Block Coordinators under NNM will have to ensure such consistency of quality. At least 3-4 external resource persons need to be included in each DRG so that they can support block level sessions wherever required. As per directive from SPMU, DPO in consultation with SPMU is responsible for constituting and notifying DRG. S/he is also responsible for getting BRGs constituted in all blocks of the district.

### Roles and Responsibilities of DRG

- Participating in full-day quarterly orientation on upcoming IL cycles, facilitated by SRG.
- Conducting full-day (6 hour) BRG orientations in assigned block/s monthly on upcoming IL cycles.
- Support and monitor BRGs in the assigned block/s to conduct block level interactions as needed and feasible - on sample basis.
- Undergoing intensive training twice a year by SRGs to remain up-to-date.

### Block Resource Group (BRG)

#### Composition of BRG

Each block in the project district will constitute a BRG. SPMUs will develop and circulate required directives to constitute BRGs. Each BRG will consist of all ICDS supervisors in the block and will have the following composition:

- CDPO (*lead*)
- All Supervisors

- Block Coordinator, NNM –1
- Block Public Health Nurse –1
- 3-4 Master trainers/external resource persons available in the block like IMNCI/ Vit-A master trainers.

At least 3-4 external resource persons are to be included in each BRG so that they can support sector level ILA sessions, especially where Supervisors require additional handholding support. CDPO in consultation with the DPO and SPMU consultant is responsible for constituting and notifying BRG.

#### **Roles and Responsibilities of BRG**

- Participating in monthly full-day orientation on upcoming ILA cycles, facilitated by the DRGs.
- Conducting 3-4 hour monthly orientations of all LSs of the block and of block officials and ANMs on upcoming IL cycles.
- Supporting LSs/ANMs in the assigned sector to conduct IL sessions as per design.
- Undergoing intensive training twice a year by DRG to remain up-to-date.

## **Role of SPMU, District ICDS and Technical Partners in implementing**

### **A. Role of SPMU**

The technical consultants in the SPMU will support in adapting modules/materials for the State. They will eventually function as the main trainers and supporters of DRGs and provide monthly orientations to DRG members on the themes of upcoming IL rounds. Through regular field visits, the SPMU Consultants will monitor implementation on the ground and bring findings to refine the IL contents. They will also function as the resource pool that the DRG/ BRG members can access (over phone/ emails) in order to solve problems as and when required.

### **B. Role of District and Block ICDS Officials**

The DPOs and CDPOs will provide the overall management and administrative leadership to the planning and implementation of IL in their area. They will be responsible for ensuring:

- ✓ Selection of appropriate DRG and BRG members and their participation in trainings
- ✓ Development of micro-plans for IL sessions at district, block and sector levels
- ✓ Assign external resource persons (members of DRG and BRG) to CDPOs and Supervisors that need facilitation support
- ✓ Monitor conduct of IL sessions in their programme areas and provide feedback to DRG and BRGs
- ✓ Manage the fund flow and payments to DRG and BRG members in a timely manner

The District and Block Coordinators and the Programme Assistants at district and block level will also play a significant role in planning and implementation of ILA. They will perform some of the following roles:

- ✓ Conduct trainings and monthly orientations of DRG and BRGs
- ✓ Plan/schedule block level orientations of LSs by BRGs
- ✓ Monitor sector level IL sessions
- ✓ Block Coordinators will support the weak Supervisors at sector level (as being part of BRG)
- ✓ Help to develop micro plans for sector level IL meetings and coordinate with blocks/ districts to undertake any modifications in the micro plans as and when required (due to change in supervisors or modifications to DRG/ BRG member schedules)
- ✓ Ensure reporting on sector level IL sessions for consolidation and reporting
- ✓ Prepare reports of DRG and BRG trainings and monthly orientations
- ✓ Undertake field visits to understand difficulties faced by AWWs and their Supervisors and report upwards so that modifications in IL modules/tools can be made.

### **C. Role of Technical Partner**

The facility of Technical Assistance (TA) for conducting the ILA Training of State Level Master Trainer will be made available to States/UTs through Technical Partner like World Bank Executed Multi-Donor Trust Fund (MDTF) or any other agency.

**Reporting formats**

The following reporting formats are being provided for each session

1. Monthly Reporting format for CDPO
2. Monthly Summary Report of DPO
3. Monthly Summary Report of JPC
4. Monthly Reporting Format for Supervisor for Sector Level Meeting
5. Monthly Reporting Format for DPO on BRG Trainings
6. Reporting Format for JPC on DRG trainings

### 1. ILA Monthly Reporting Format for CDPO

National Nutrition Mission						
State				Name of The Department		
District						Month:
Sl. No	Sector	Total No. of AWW Center	Total Number of AWW	Date of Meeting of Sector	Total number of AWW present in Meeting	Topic of discussion in the meeting
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Total					

Date:

Chief Development Project Officer

Sign:

Name:

Seal

## 2. ILA Monthly Summary Report of DPO

National Nutrition Mission

National Nutrition Mission					
State				Name of The Department	
District				Month	
Sl. No.	Child Development Project	Date of BRG	Total number of BRG members	Number of participants present in BRG	Topic of discussion in the meeting
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Sign:

Name:

Seal

Date:

District programme Officer

3. ILA [Monthly Summary Report of JPC](#)

National Nutrition Mission					
State			Name of The Department		
Quarterly Report					
Sl. No.	District Name	Date of DRG	Total number of DRG members	Number of participants present in DRG	Topic of discussion in the meeting
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Date:**  
**Sign:**

**Name:**  
**Seal:**

**Joint Project Officer:**

#### 4. ILA Monthly Reporting Format for Supervisor for Sector Level Meeting

National Nutrition Mission			
State		Name of The Department	
Sector		Month	
Total number of AWW center in Sector		Date of Meeting	
Total number of trainee present in meeting		Topic of Discussion	
Sl. No.	Name of AWW /ASHA	Name of AWW / Sub center	Signature
1			
2			
3			

4			
5			
6			
7			
8			
9			
10			
	Total		

Date:

Supervisor

Sign:

Name:

**5. ILA Monthly Reporting Format for DPO on BRG Trainings**

National Nutrition Mission			
State		Name of The Department	
Topic of discussion in the meeting			Date of BRG
Total number of BRG members		Number of BRG member present in meeting	
Sl. No.	Name of BRG Member	Post & Name of the Department	Signature
1			
2			

3			
4			
5			
6			
7			
8			
9			
10			
	Total		

Date :

District Programme Officer

Sign:

Name:

Seal

### 6. ILA Reporting Format for JPC on DRG trainings

National Nutrition Mission			
State		Name of The Department	
District		Date of DRG	
Total number of DRG members		Number of DRG member present in meeting	
Topic of discussion in the meeting			
Sl. No.	Name of DRG Member	Post & Name of the Department	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total		

Date :

Joint Project Coordinator

Sign:

Name:

Seal