

No. 17-1/2013-WBP
Government of India
Ministry of Women and Child Development
(Central Project Management Unit)

First Floor, Janpath Hotel,
New Delhi 110 001

Dated: 30th July 2014

**Subject: ICDS Systems strengthening and Nutrition Improvement Project (ISSNIP) -
Guidelines for organizing community-based traditional events to promote and
support behaviour change to improve maternal and child nutrition - Regarding**

Sir/Madam,

The Government of India has strengthened and restructured the Integrated Child Development Services (ICDS) Scheme by introducing a number of programmatic, management and institutional reforms aimed at transforming the *Anganwadi* into a "vibrant ECD centre" and accelerating programme outcomes in respect of child under-nutrition and early childhood development. Renewed focus has been placed on strengthening interventions aimed at increasing the outreach, care and nutrition counseling, particularly for the mothers of children under three years of age. As part of this process, additional support is being provided to ICDS through a specific project with World Bank assistance called 'ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP)' ¹ which is under implementation in 162 selected districts in eight States *viz.*, Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. The project envisages enhanced focus on under-three children through specific initiatives including pilots and innovations aimed at motivating and mobilizing behaviour change among the functionaries, beneficiaries and the community at large. One such initiative under the project (Component 2) is to support organization of community based events in a systematic and structured way to promote behaviour change among the communities to improve maternal and child nutrition. Evidence from some of the States shows that such events have potential to not only create awareness about the health and nutrition positive behaviors, but also to promote the same among the communities, especially among the mothers of children under three years. A separate budget for implementation of this activity across all AWCs in the selected districts under ISSNIP has been made.

2. Based on the existing experiences of organizing community based events in some of the States, guidelines have been prepared by outlining key steps/processes involved in organizing such events in general, with specific examples of some of the events like celebration of forthcoming motherhood (*Godhbharai*) and celebrating the initiation of complementary feeding (*Annaprashan*). These operational guidelines are provided to organize the events in a systematic manner across all AWCs. These may be suitably adapted by the States to the local and cultural context. These guidelines translated into the local languages for wider use at the field level will be shared with you shortly.

¹ IDA assisted ISSNIP (Credit No. 5150-IN) in the States of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh - Administrative Approval and Guidelines MWCD, GoI (10 January 2013)

3. It is suggested that in order to organize these events in a timely manner, the States may ensure providing necessary support to the AWWs and Supervisors by suitably devising a mechanism of giving advance amounts to the CDPOs for a period of one quarter or so. The Supervisors may submit an annual utilization certificate for their sectors to the CDPOs at the end of the financial year, for the funds released under the project for the purpose of conducting community engagement programmes. The CDPOs will be required to submit the consolidated expenditure statements to their DPOs on monthly/quarterly basis, who will be responsible for compilation of monthly/quarterly expenditure reports for onward transmission to the SPMU.

4. You are requested to take all necessary actions to initiate implementation of the activity immediately, with intimation to us.

Yours Sincerely,



(Sarada Ali Khan)

Joint Secretary to Govt. of India & National Project Director (ISSNIP)

Tel. No.2338 9434

Encl: As Above.

To

Principal Secretary/Secretary in charge of ICDS Programme

(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh)

State Project Directors, ISSNIP

(Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh)

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ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP)



***Guidelines for
Organizing Community-based Events to promote and support
behaviour change to improve maternal and child nutrition***



**Central Project Management Unit
Ministry of Women and Child Development
Government of India**

July 2014

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Guidelines for Organizing Community-Based Events to promote and support Behaviour Change to improve Maternal and Child Nutrition

I. BACKGROUND

The Integrated Child Development Services (ICDS) Scheme is a flagship programme of the Government of India (GoI) for holistic development of children from prenatal to six years with a focus on breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality and to ensure optimal development of children. In 2012, the Ministry of Women and Child Development (MWCD) restructured the scheme introducing a number of programmatic, management and institutional reforms aimed at transforming the *Anganwadi* into a “*vibrant ECD centre*” through a revised package of services¹. Specifically, renewed focus was placed on strengthening interventions aimed at increasing outreach, care and nutrition counselling, particularly for mothers of children under three years of age. Promoting optimal IYCF practices through inter-personal communication (IPC), intense home contacts and village drives using relevant IEC, were broadly outlined as strategies to bring about this focus. To support this transformation, additional support is being provided to ICDS Scheme through a specific project with World Bank assistance called ‘ICDS Systems Strengthening and Nutrition Improvement Project² (ISSNIP)’ which is under implementation in 162 selected districts in eight States viz., Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. The project envisages enhanced focus on under-three children through specific initiatives aimed at motivating and mobilizing behaviour change among the functionaries, beneficiaries and the community at large. One such initiative under the project is to support organization of community based events in a systematic and structured way to promote behaviour change among the communities to improve maternal and child nutrition.

II. COMMUNITY-BASED EVENTS TO PROMOTE AND SUPPORT POSITIVE BEHAVIOURS TO IMPROVE MATERNAL AND CHILD NUTRITION

Rationale: Maternal and child caring and feeding behaviours are critical determinants of under-nutrition. Enhancing awareness of care givers and community members on maternal care and nutritional needs of children is therefore essential if under-nutrition is to be reduced. Platforms for providing these messages, and building community support to enable the practice of related behaviours to improve nutrition need to be created and where they exist, need to be strengthened. States like Madhya Pradesh and Andhra Pradesh, among many others, are already implementing periodic community events at the AWC to strengthen the delivery of key health and nutrition messages to individual beneficiaries as well as the community at large. These events primarily capitalize on celebration of traditional events linked to key milestones around pregnancy, childbirth,

¹ ICDS Mission: The Broad Framework for Implementation, MWCD, GOI (October, 2012),

² IDA assisted ISSNIP (Credit No. 5150-IN) in the States of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh - Administrative Approval and Guidelines MWCD, GoI (10 January 2013)

young child feeding etc. These events, when held systematically and with quality, have been found to elicit positive responses from the community and increase awareness about caring and feeding behaviors by mothers. Some of these are illustrated below:

(a) *Celebrating the forthcoming motherhood of a woman*: In Madhya Pradesh newly pregnant women are honored through a *Godh bhara* ceremony. This occasion is used to register the pregnant woman for ante-natal care, provide a MCP card, NHE and IFA supplementation. In Andhra Pradesh, a celebration *Samoohika Sreemanthalu* is organized when the mother completes six months of pregnancy. Herein she is given information on institutional delivery, immediate initiation of breastfeeding, neonatal care etc.

(b) *Celebrating the initiation of complimentary feeding*: A function called *Annaprasana* is organized at the AWC to initiate complimentary feeding to children on attaining six months. The occasion is also used to educate mothers on IYCF practices and check the immunization status of the child. Govt. of Odisha has developed specific guidelines on how to organize *Annaprasana Divas* at the AWCs.

(c) *Mobilizing the community for home visits of target beneficiaries*: Called *Balintadarshanam* in Andhra Pradesh, it entails mobilization of the ANM, ASHA, PRI representatives, and members of SHGs etc., by the AWW to collectively visit a new mother (who has recently delivered a child) and counsel her on breastfeeding practices, neonatal care, and other child care behaviors.

Despite being a good practice, the organization of these events is largely ad-hoc in the absence of specific guidelines or financial support under the ICDS programme. Mechanisms to monitor and support the organization of these events are also limited. However, given their potential to target individual beneficiaries as well as the community at large, at the critical points in their life to promote and support positive health and nutrition behaviours, the ISSNIP provides support to the States in institutionalizing these events and ensure their delivery in a planned manner with quality. Provision of a token amount of Rs. 150/- per event has been made under component 2 of the project to organize the events at the AWCs.

Objectives: The primary focus of the community based events is to capitalize on traditional celebrations of milestones in the mother's or a child's life beginning with conception, prenatal, neo natal and first three years, and use these as opportunities to promote the adoption of positive behaviours at crucial stages of life. Traditional Indian culture recognizes the importance of the stages of early development and some practices already exist to celebrate these stages within the family and the community. These traditional events are considered an opportunity to enhance awareness about maternal and child care. The specific objectives of organizing the community based events are to:

- a) *sensitize and create awareness among the community on key health, nutrition and child care practices in order to enhance community participation for the achievement of health and nutrition outcomes;*
- b) *strengthen positive practices related to survival, growth and development of children; and*

- c) *facilitate mobilisation and involvement of the community at large in promoting good nutrition and health behaviours.*

This guideline has been prepared based on the existing experiences of organizing community based events in the States. The following sections outline the processes to be followed in general, with specific examples of some events like celebration of forthcoming motherhood (*Godh bhara*) and celebrating the initiation of complementary feeding (*Annaprashana*).

III. OPERATIONAL GUIDELINES FOR ORGANIZING THE COMMUNITY BASED EVENTS

These operational guidelines are provided to organize the events in a systematic manner across all AWCs. These may be suitably adapted by the States to the local and cultural context.

The community based events are envisaged as platform for disseminating essential messages and counsel pregnant and lactating women on appropriate health and nutrition behaviours. 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.

A. Participants:

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

The number of participants in the event may be kept within 10-20 persons to ensure effective organization and management of the event. Extra care may be taken to include members of the marginalized families (SC/ST).

B. Periodicity: Any one event may be organized in a month on a fixed day of the week. However, if need be, two different events may also be organized in a month preferably on two different days.

C. Organizing the Event: The events may be given special names such as given in the States of Madhya Pradesh and Gujarat as *Mangal Diwas* and *Mamata Diwas* respectively. Giving a name provides visibility to the event as a special activity under ICDS.

D. Planning:

- Supervisor to help the AWW to make time table /calendar for the events and help in its organization.
- Announce the forthcoming event during mothers' meeting, home visits or with drum beating, or through banners etc.
- Identify volunteers (adolescent girls) to assist in the management of the events

- Posters, flip charts or other visual aids relevant to the event may be displayed in the AWC

E. Venue: Preferably at the Anganwadi Centre or any other place available in the community such as *Mahila Mandal Bhawan, Panchayat Ghar/ Bhawan, Choupal* etc.

F. Duration: 1- 1.30 hrs flexible timing, convenient for the community to participate.

G. Agenda: The event may be conducted in the following sequence:

- i. Receiving and greeting
- ii. Introducing the event and performing of relevant traditional ritual associated with the event
- iii. Communicating key messages by the resource person/facilitator
- iv. Discussion – questions and answers
- v. Demonstration, if required
- vi. Recapitulating and feedback
- vii. Serving of refreshments – tea, snacks. *sharbat, lassi* etc.
- viii. Any other cultural /social event like singing dancing, role play etc.

H. Method of Communicating Messages

- a) Try and ensure that women and children of the relevant age group participate in the event. Presence of elders from the same families, or other influential opinion leaders could make the communication more effective.
- b) Use correct key messages as prescribed in ICDS/NRHM relevant to the participants.
- c) Convey messages in conversational and simple language using local terms and dialect. Use available IEC materials provided in ICDS/NRHM, if need be. Make the messaging interactive, rather than didactic, wherever possible.

I. Monitoring & Supervision

- a) AWW will keep a record of events held, with dates, the name of beneficiary(s) for whom the event was organised, number of participants and theme covered in events;
- b) Supervisor will oversee these records and ensure that AWW has provided necessary inputs as follow up to the eligible beneficiaries, during their home visits;
- c) Consolidated number of events celebrated sector-wise per month will be kept as record at the CDPO Office for quarterly reporting to the districts/SPMU in a prescribed format.

J. Financial Provision: An amount of Rs. 150 per event has been kept under the project (*please refer to the approved State Annual Action Plans for specific budgets/norm*). States may ensure giving flexibility in utilizing this amount by the AWWs. The item-wise expenditure may likely to vary from event to event. An indicative distribution of the amount is given below:

Indicative Items	Cost
Expenditure towards items needed related to the rituals of the event	Rs. 50.00
Refreshments –tea/snacks	Rs. 75.00
Any other incidental cost	Rs. 25.00
Total	Rs. 150.00

Community may also be encouraged to contribute in cash or kind towards organization of these events. Resources may also be mobilised from panchayat/local bodies in meeting expenditures towards specific items as may be required for organizing the events.

IV. GUIDELINES FOR ORGANIZING SPECIFIC EVENTS

The following section describes some of the illustrative community based traditional events that may be organized by the States. If found effective, States may like to add more themes to cover other issues, e.g., related to *Kishori Balikas*, micronutrient deficiencies, early detection of disabilities, gender discrimination, growth monitoring etc.

A. Celebration of Forthcoming Motherhood

The related traditional event in Madhya Pradesh is celebrated by the name of ‘*Godbharai*’, whereas in Andhra Pradesh it is known as ‘*Samoohika Sreemanthalu*’. The States may like to give a suitable nomenclature to the event. Typically, this is celebrated in the seventh month of pregnancy, and also marks the event after which a lady departs for her maternal home for delivery. While this is traditionally celebrated at home with a few relatives in attendance, we may use the existing traditional practices and rituals prevalent in the community to add cultural flavour to the celebration by having it publicly, such as at the AWC, and inviting a wider participation, particularly by other pregnant women more or lesser advanced in pregnancy. Elders could also be invited for blessing the women by offering flowers, vermilion (*sindoor*), coconut, bangles etc, according to local tradition, and being sensitive to religious and community sentiments. An elderly woman from the community may be requested to perform the lead role. The pregnant women may then be honoured and provided with necessary information for ensuring the remaining antenatal care, a safe birth, a plan to act swiftly in case of a medical emergency, information about caring for the birth of a healthy baby at birth, preparing for the next conception, and details of various entitlements available for the woman and her family and to make use ANC services provided by ICDS. It may also include discussion on the importance of health, hygiene, adequate rest and positive family support.

Objectives: The purpose of this event is to provide psycho-emotional care to the pregnant woman and sensitize her family members and the community to:

- *Recognize the would-be mother as a special person deserving attention, affection and care;*
- *Felicitate and encouraging her to take care of herself during pre natal period;*
- *Ensure that the services and provisions available for pregnant mother under ICDS and NRHM are utilized optimally;*
- *Motivate the family and the community to be supportive and sensitive to her needs;*
- *Ensure an adequate plan for birth and for a possible emergency, including an assurance that the community will stand by her in a moment of need; and*
- *Identify a family member who can be trained by the AWW or ASHA for immediate newborn care.*

Participants: Beneficiary pregnant women, preferably in the 7th month (with some variation according to local tradition) belonging to the AWC area, their family members (preferably including men), and other community representatives.

Illustrative messages to be conveyed

Complete at least two ANC health check-ups in the remaining period of pregnancy

Why it is important: A proper antenatal check-up provides 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. It also provides the opportunity to discuss a birth plan and identify the facility for delivery and referral in case of complications. Most maternal complications occur late in pregnancy and around the time of delivery. Some of these can be detected with frequent check-ups in the third trimester, hence at least two check-ups are recommended.

Preparing for Institutional delivery

Why it is important: Institutional deliveries are important as it ensures that there are trained professionals to look after you, there is life saving equipment and hygienic conditions that can help reduce the risk of complications that may cause death or illness to mother and child. The government is also providing financial assistance to families to enable them to come for institutional deliveries, through its *Janani Suraksha Yojana* Scheme.

What is required to prepare for institutional delivery: To prepare for institutional delivery the woman should (a) seek guidance from ASHA about the Janani Suraksha Scheme (JSY) scheme and its benefits (b) identify a hospital/health centre where they want to go for institutional delivery (c) identify a means of transport in case they need to travel to the hospital/health centre in a hurry, (d) identify a person to accompany her to the hospital who can assist her in different ways, and (e) save money just in case the need arises.

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 delivery*
- *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 bag without labour pains*
- *Labour pain for more than 12 hours*

Ensure completion of consumption of 100 IFA tablets

Why it is important: Anaemia during pregnancy can be detrimental to both the mother and foetus and increases the risk of maternal and perinatal mortality. If a pregnant woman is anaemic it also likely reduces the iron stores in the baby, which could affect its optimal growth and development. IFA supplements prevent anaemia and therefore are good for the health of the mother and baby. It will not harm the mother or baby in any way.

How much to consume: Pregnant women should take one tablet per day regularly.

How to consume: Avoid or limit tea and coffee one hour before and after taking IFA.

Potential side effects: Black stools, stomach upset, constipation and diarrhoea. These effects are not serious and should subside in a few days. If they do not, women should take IFA at night or with food.

Eating nutritive diet and healthy food

Why it is important: Eating a healthy and nutritious diet during pregnancy will keep the mother fit and well, meet needs of the growing foetus, and facilitate successful lactation.

What and how much to eat: 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 now growing big, so eat as much as you can, as much as your appetite permits. It may be difficult to eat much in one meal, so have many small meals. Eat a variety of foods, as available with you, and then you will be able to eat more. Foods made of milk, meat, eggs, *dal*, vegetables, fruits are good for you.

How much to work: 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. Rest during the day as well. Lie down turned to one side.

Immunization of Tetanus Toxoid

Why it is important: The Tetanus Toxoid (TT) vaccine prevents the likelihood of tetanus infection in the mother and also in the baby, as the protection that is given to the mother through the injection is passed on to the baby and protects the baby for a few months after birth. It also helps prevent premature delivery.

What is required: If you have not taken TT in the last three years, you need to take two injections of TT during this pregnancy, one month apart. If you have taken TT in the last three years, one injection during this pregnancy will suffice. If you have not yet completed taking TT, do so at the earliest.

Use of iodized salt

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

Using the Mother and Child Protection (MCP) Card

What is it: It is a multipurpose card which provides information on various types of services delivered through ICDS and NRHM, which the families can access and utilize for growth and development of their children and health of the mothers.

Why it is important: It is a tool to help her and her family to learn, understand and follow positive practices for achieving good health for herself and her child. It provides information on various types of services which she needs to access for her own health and well-being, and that of her children; and will help her make decisions for improved health and nutritional status of their young children

What is required: She should keep the card safely, and bring it along whenever she visits the AWC, sub-centre, health centre, private doctor and/or a hospital.

In addition, the event may be used to demonstrate food items prepared out of the take home ration (THR) provided by the AWC to introduce variety in the diet and encouraging the pregnant women to eat more frequently in adequate amount.

B. Celebrating Initiation of Complementary Feeding

The initiation of complementary feeding in children six months of age is an important cultural event and a critical point from a nutrition perspective. When a child attains six months of age, breast milk is no longer enough to meet its nutritional needs and complementary foods should be included in the diet of the child. This period of transition from exclusive breastfeeding to complementary feeding along with breastfeeding from 6 to 24 months of age is a very vulnerable period, as it is the period when malnutrition starts in many infants.

In order to highlight its relevance, it is proposed to organise a function celebrating the initiation of complementary feeding for children on the attainment six months of age. In this event, the mothers will be provided with knowledge about Infant and Young Child Feeding (IYCF) practices, immunization schedule and care during sickness. The event will be celebrated with enthusiasm and mothers advised about the variety of culturally prevalent appropriate food items that can be added in child's diet. Existing cultural practices will be weaved into the organisation of the event to make it more lively and acceptable to the community. An elderly family member or community leader will be invited for blessing the child and feeding her/him the first bite/spoon of complementary food. The mother will then be provided information on IYCF, including a small demonstration on the preparation of complementary foods. She will also be taken through the key messages of feeding and caring practices outlined in the Mother and Child Protection Card for children 6-12 months. The event may also be used for presenting marked feeding bowls and spoons to mothers, as symbolic items, supporting and motivating her to initiate cereal diet/complementary feeding for her child.

This event, is currently, celebrated in a number of States within ICDS using different nomenclatures such as "Annaprashana" or 'Kheer khilai'. The project will support this activity by streamlining and standardising the tasks and messages to be conveyed during this event, along with finances to facilitate these tasks.

Objectives

- *Create awareness among the family and the community about the initiation of complimentary food*
- *Educate the mothers and family members about locally available nutritious food for children*
- *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;*
- *Ensure Complementary Feeding is initiated for all the infants who have completed 6 months of age*

Participants

- All the infants who have completed 6 months during the last month, as well as those who participated in the last two months' *annaprashana* ceremonies (children 7-9 months old)
- Mothers of children in the age group of 4 to 9 months.
- Caretakers within the family such as grandfather, grandmother, father or elder brothers/sisters of all participating infants
- Relevant community members and leaders, including other women from the community with small children
- AWW and ASHA as facilitators
- Wherever possible, these events should be scheduled such that either the ICDS Supervisor or the ANM, or other additional support is available to organize the event.

Activities:

This event should be mainly a *demonstration* of complementary feeding.

- i. 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.
- ii. 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.
- iii. Demonstrate how taste can be varied by the use of salt, sugar, oil, ghee and vegetables, and how to use sugar sparingly.
- iv. Demonstrate responsive feeding, how to look for signs of hunger, how not to force-feed a child.
- v. 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.
- vi. Emphasize the need to be patient and to feed the child when s/he is interested, rather than at a fixed time.
- vii. 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.
- viii. 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.
- ix. Demonstrate how not to use the *sari pallu* for wiping hands or utensils (bowl, spoon, etc), explain how dirty it is.
- x. Talk about how dirty our hands get from many activities, and that the hands are the main sources of contamination of food and water.

- xi. Explain the need to wash hands properly after defecation. Along with the demonstration, other matters can also be discussed, such as the importance of measles vaccine, vitamin A, de-worming, iron supplements for children, etc.

Illustrative messages to be conveyed

Importance of complementary feeding: The first year 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 food, variety, texture and recipes of complimentary food: It is important for the child to receive foods in addition to breast milk from 6 months onwards. The table below indicates how much food a child should be fed at different ages and at what frequency. This is only a rough guide. In practice, a child should be offered food and allowed to eat as much and as frequently as s/he desires.

Guide for how much to feed a child in addition to breastfeeding

<i>Age of the child</i>	<i>How many times to feed in 24 hours</i>	<i>How much to feed in 24 hours</i>
6-8 months	2-3 meals a day	2 katoris*
9-11 months	3-4 meals a day	3 katoris*
12-23 months	3-4 meals a day, with snacks	4-6 katoris*

*Small katori that can hold 100 ml of water

Start with soft, semisolid foods (but never liquid or watery foods like *daal-ka-paani, maand*) 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*, egg, meat, fish, *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.

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 pathogens.

Responsive feeding and importance of tender love and care in feeding: The adequacy of complementary feeding not only depends on what the child is fed, but also on how the

child is fed. 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.

Continuation of breast feeding³: It is important for the mother to continue breastfeeding the child while giving adequate complementary food to the child. The child gets energy, high quality protein, vitamin A, anti-infective properties and other nutrients from breastfeeding in addition to emotional comfort, which is much needed for the optimum development of the child.

In the beginning, when complementary foods are introduced after six months of age, the complementary food should be fed when the infant is hungry. As the child starts taking complementary foods well, the child should be given breastfeeding first then the complementary food. This will ensure lactation.

Maintenance of vaccination schedule and vaccinations for DPT, polio, measles: Immunisation helps to protect your child against various diseases. It is therefore important to ensure that the child gets vaccinated on time for all the relevant diseases such as DPT (diphtheria, pertussis (whooping cough), and tetanus), polio and measles. The Mother and Child Protection (MCP) Card clearly lists all the vaccines that the child is supposed to receive and also indicates the times when she/he is supposed to receive them. The mother should refer to the MCP card to keep a check on when her child's vaccination is due and take her child to the health centre to get vaccinated.

Vitamin A supplementation starting at 9 months: Vitamin A supplementation reduces the risk of blindness, infection, under-nutrition and death associated with vitamin A deficiency. Six monthly doses of Vitamin A are given to children between 9 months and 3 years, by the health functionaries, during immunisation days. Details of date and time of when Vitamin A supplementation is to be given to the child are also listed in the Mother and Child Protection Card, and the mother should ensure that these are also given by the health workers.

Adequate weight gain as per last 2 weighing: Weighing the child regularly and plotting the weight on the Mother and Child Protection Card is an important tool for monitoring the growth of the child. It is a tool that tells the worker and the mother if the child is of normal weight and growing well, or is underweight and needs additional care. It is therefore important for the mother to bring the child to the centre every month and get her/him weighed. The centre also provides additional food to children who are underweight.

Management and care of childhood illnesses and diseases: The mother should recognise key childhood illnesses such as diarrhoea, pneumonia, malaria and measles and seek advice from the AWW, ANM and doctor for timely and appropriate treatment and management.

³ National IYCF Guidelines, MWCD, GoI

Importance of de-worming: Children are easily infected by worms which are prevalent in soil such as roundworm and hookworm, which further affects the nutritional status of the child impacting her/his growth and physical development. It is therefore, important to get the child de-wormed every six months. De-worming tablets are provided at the health centre.

C. 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 household members about the importance of early childhood care and education (ECCE) and stimulation for the optimal growth of the child. The event will be a celebration of the child's entry into the larger world beyond home.

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.*

Participants

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

Illustrative messages to be conveyed

- Balanced nutritional supplementary food for the optimal growth of the child
- Getting booster dose vaccination
- Key developmental milestones and their monitoring, including awareness about referral services in case of identified disabilities
- Inculcating hygiene and cleaning habits
- Providing stimulating environment, communication, play opportunity, toys, picture books
- Use of traditional lullabies /songs, games, story telling
- Regular interaction with the child
- Encouraging independence – self dressing up, toilet training and self-feeding