



सत्यमेव जयते
Government of India

2015



Towards a new dawn

COMPENDIUM FOR FIELD VISIT AND GROUP WORK

*Training of Trainers of SIRDs on
Communitisation of ICDS and Village
Convergence & Facilitation Service
(VCFS)*



NATIONAL INSTITUTE OF PUBLIC COOPERATION
AND CHILD DEVELOPMENT



CASE STUDY

PSK project in Pali district, Rajasthan- Achievements

- National Mission for Empowerment of Women (NMEW) under Ministry of Women & Child Development got operationalized in 2011 and has been working on the mandate to strengthen the processes that promote all round development of women. Of the many initiatives operationalized under NMEW, the most significant initiative for community outreach of women at Gram Panchayat level is Poorna Shakti Kendras (PSK).
- Poorna Shakti Kendras (PSK) is the first point of contact for women from programme village to enable greater awareness and utilization of schemes /programmes meant for women. In district Pali, Rajasthan the PSKs were launched on a pilot basis in 150 GPs. In other states, 13 districts have operationalized PSKs in 10GPs each.
- Each PSK consisted of two Village Coordinators with a sole responsibility of underpinning the convergence activities by associating all other stakeholders and existing institutions at village level.
- PSK became focal point of convergence action at ground level. Village Coordinators disseminated information on government schemes/services such as widow pension, old age pension etc. They helped eligible women complete formalities and get the sanction done. They have also been used as third party auditors in various other government programmes.

Major activities undertaken under the Pali PSK project during FY 2012-2013, 2013-14, 2014-15 are:

- Convergence with key department at grassroots level:
 - Social Justice & Empowerment Department for pension schemes;
 - Education department for encouraging enrolment of girl children, targeting drop-out children to school;
 - Women & Child Development Department to facilitate Aaganwadi centres, ensure 100% immunization, monitor that centres are opening as per schedule & pre-school education is being given, help ANMs ensure 100% immunization of children coming to kendras.
 - Health department for spreading awareness on Janani Suraksha Yojna, Shubh Laxmi Yojna, Institutional delivery, immunization, pulse polio campaign, Vigilance against Sex determination etc.

- o Creation of “Matri Raksha Dal”, which constitutes senior and educated women as members. Dal undertakes advocacy on violence against women (VAW), health and sanitation.
- o Organizing “Nari Ki Chaupal”¹ to mobilize community on issues such as declining Child Sex Ratio, gender biased sex selection, domestic violence valuing the girl child and other social evils.
- o Celebrating “Beti Janmotsava” - birth of a girl child on a quarterly basis in a traditional way.

Achievements of the PSK project in Pali are:

- Sex ratio at birth has improved in Pali and Samerpur blocks from 904 & 867 in 2011-12 to 980 & 939 in 2014-15 respectively under Pali district.
- Improvement in the awareness, access and utilization of different women oriented schemes & services of the State & centre while bridging the gaps between demand and supply. Number of women beneficiaries who have benefitted has increased over the years.

Sr. No.	Name of Scheme/Programmes	No. Beneficiary Women				Total
		2012-13	2013-14	2014-15	2015-16	
1	Widow Pension	1986	2029	2389	55	6459
2	Old Age Pension	3255	21083	16603	208	41149
3	Indira Awas Yojana	180	228	368	7	783
4	B.P.L. Daughter Marriage Grant	16	53	61	1	131
5	Disabled Pension	632	502	421	7	1562
6	MGNREGA JOB CARD	432	902	2294	322	3950
7	Janani Shishu Suraksha Yojana	502	1932	2996	130	5560
8	Palanhar Yojana	936	332	487	19	1774
9	Mukhya Mantri Awas Yojana	442	343	133	5	923
10	Nirmal Bharat Abhiyan Toilets	3587	2272	25167	6057	37083
11	Domestic Violence Cases	137	69	113	0	319
12	Various Information Benefeciaries	8246	22400	32223	3513	66382
13	Khishori Swasthya Janch	16815	34050	44320	1705	96890
14	Distribution of Iron Tablets	1440	1550	19922	3807	26719
15	Help in opening of Bank Accounts	424	3118	5753	896	10191
16	Problem's Solved by Matri Raksha Dal	150	180	316	6	652
17	Other (Aadhar Card, Ration Card, EPIC, Birth Certificate, Shablaomi Scheme, POP Scheme, Caste & Domicile Certificate etc.)	2980	3010	10796	14588	31374
TOTAL		42160	94053	164362	31326	331901

¹ “Nari Ki Chaupal” aims to create a vibrant meeting space that enables a large number of community groups, CSOs and women from different cross sections to come together, reflect and have a dialogue on issues that affect them, with an approach towards finding solutions. Women and men can sit together to share their stories, experiences and learning and in turn, become aware of various government schemes and programmes targeted at achieving women’s empowerment. Various key messages on a range of thematic issues can be disseminated through interesting, pre-designed and structured activities.



- Regular organization of “Nari Ki Chaupal”, have ensured that women’s issues are addressed in Gram Sabhas. It has influenced the mind-set to high social evils like dowry, domestic violence, declining CSR, child marriages etc.
- More than 17,000 girl children have been felicitated through “Beti Janmotsava” under the project since 2012.
- Decreased drop-out rate of girls, 787 Drop Out girls were re-enrolled in schools. 6 GP’s (Kherwa, Bhanwari, Gundoj, Khokhara, Banta, Kharda) has been declared drop-out free. There has also been motivation for enrolment of girls/women for digital education
- Awareness against domestic violence. About 111 Cases of domestic violence has been solved by exhortation of couples since 2012.
- Facilitation of medical services, encouraging institutional deliveries increased awareness regarding health and sanitation issues. 30 GPs are ODF now
- Through awareness generation, 133 Parents were counseled and restrained from child marriage from 2012 last year with the help of administration
- About 1655 SHGs groups have been created and about 1616 have been facilitated for credit linkages.

CHECKLISTS

CHECKLIST FOR UNDERTAKING VILLAGE CONVERGENCE FACILITATION SERVICES

Convergence of Various Services	
Preparation of Village mapping to identify beneficiaries	
Mechanisms to identify the beneficiaries	
<p>Number of programmes being implemented at the District</p> <ul style="list-style-type: none"> • Programmes being implemented by GOI <ul style="list-style-type: none"> ➤ ICDS ➤ Mission Indradhanush • Programmes being implemented by State <ul style="list-style-type: none"> ➤ Bhamsha Card ➤ Palanhar Yojana ➤ Arogya Rajasthan ➤ Gaon Swachhata Abhiyan ➤ Basic Literacy Programme under SSA 	
Activities conducted to create awareness about programmes	
Numbers of Meetings/Gram Sabha Conducted (duration) and activities undertaken to create awareness	
Services provided to the beneficiaries at grass root level	
Cases discussed in the Gram Sabha and what actions are taken	
Strategies to initiate action and how long it takes to resolve the issues	
<p>Linkages with VHND, VHSNC, and other meetings</p> <ul style="list-style-type: none"> • How frequently it is conducted • What activities are undertaken • Who participates in these meeting – Beneficiaries/service providers 	
Grievances redressal mechanisms if any	
Coordination with ASHA/ANM/ other PRI functionaries	
Facilitate convergence with SHGs	

<p>Coordination with CSOs/NGOs</p> <ul style="list-style-type: none"> • Number of NGOs • Activities undertaken by them • Best Practices if any 	
<p>How do PRI members participate and facilitate the VCFS</p>	
<p>Rating of Involvement of PRI members in VCFS (satisfactory)</p>	
<p>About the VCFS</p> <ul style="list-style-type: none"> • Inside the village • Accessible to all women groups • Strengthening Physical Infrastructure • Space – adequate/inadequate • Availability of Water/ other facilities • Availability of IEC materials • Availability of Registers and its maintenance • Availability of MIS format for reporting • Frequency of organizing mahilasabha/ Gram sabha/ Narikichoupal • Skills of Volunteers/coordinators • Training status of Volunteers 	
<p>Give brief description about organization of Nari Ki Chaupal</p>	
<p>Give Brief description about BetiJanmostav</p>	
<p>Best Practices with regard to</p> <ul style="list-style-type: none"> • Accessibility of Programmes/ services • Availability of Services • Awareness about Services by (Service providers/community) • Addressing the issues related to women and children • Arrangement of alternate mechanisms to solve the issues 	
<p>Preparation of village Health Plan</p>	

Awareness of PRI members on Village Health Plan and how does the Rs. 10,000/- untied fund is being used in VHSNC	
Availability of circulars and guidelines regarding various schemes/ programmes	
Role of Mahila Gram Samanvayak/ Project Coordinator on addressing women issues <ul style="list-style-type: none"> Detailed description of various Acts/ programmes being implemented 	
Convening of Coordination committee meeting with ICDS, Education and Health Department at Block and district level	
Strategies to strengthen Inter sectoral convergence/ coordination with Health, ICDS, Education PRI and others	
Involvement of Religious/Community leaders/ Influential person in strengthening Convergence	
Display of IEC materials on critical women issues in public places like- School, Panchayat Bhawan, Hospital, Police Station, AWC, entry & exit of villages etc.,	
Role of District Mission Authority headed by Collector for functioning of PSK	
Observe provisioning of Drinking water, PSE kit and growth chart, weighing scale, Register	
Detailed guidelines for implementation of programme at village level <ul style="list-style-type: none"> Salient features of different schemes/ Acts (PWDV & PCPNDT) Monitoring mechanisms 	
Approaches of PSK coordinators and their acceptability in villages- Reasons	
Organization of Different days <ul style="list-style-type: none"> VHND VHSNC Vaccination Day BetiJanmostava Deworming day (collect directives of DEO on the same) Hand wash day 	

<ul style="list-style-type: none"> • Nirmal Bharat Abhiyan (Public Health Engineering) 	
<p>Community perception about the government Programme</p> <ul style="list-style-type: none"> • Servicers are meant for marginalised section of the people • Services are given free means it is of inferior quality • Community shows more interest for programme having cash incentives • Women from Low SES group don't avail SN from AWCs because it would cause loss of wages • Purdah system was a constraint for free interaction among women and Mother in law don't allow for availing services at AWCs. 	
<p>Mechanisms of convergence with ICDS</p> <ul style="list-style-type: none"> ➤ Mobilising pregnant Mothers for ANC ➤ Mobilising lactating mothers for PNC ➤ Attend the immunization day and help the AWWs and ANM in conducting immunization ➤ Spread awareness about the importance of immunization ➤ Check the weight of children who are malnourished ➤ Refer severely underweight children to MTC, Pali ➤ Involve AWW in the Nari Ki Chaupal ➤ Distribution of IFA tablets to AGs 	

Indicators for Assessing the Performance of the CDPOs (Quarter -----)

- A. Name of the CDPO/ACDPO/Project Incharge:-----
 B. Name of the ICDS Project: -----(Rural/Tribal/Urban)
 C. Year of Experience : As CDPO-----As ACDPO-----
 D. Training: Trained/Untrained

E. No. of Circles :

F. No. of AWCs :

Sl.No	Indicators	Targets	Achievements	Remark, if any.
1.	No. of AWCs visited	25		
2.	No. of Meetings organized with - AWWs - Supervisors - LHV & ANMs - Local Leaders			
3	No. of meetings with Beneficiaries			
4	No. of Joint Visits with Medical Officers			
5.	No. Coordination Meetings convened /addressed - at village level - block level - district level			
6	No. of Coordination meetings with Health Deptt			
7.	No.& Type of Problems solved			

8	<p>Whether Targets are achieved</p> <ul style="list-style-type: none"> - Immunization - Family Planning - SHG Formation - KSY - Trg AWWs - Trg Supervisors - Trg Helpers 			
9.	<p>Achievements of Vital Indicators</p> <ul style="list-style-type: none"> - IMR - MMR - Birth Rate - Children Referred - Women with at risk referred - Consumption of IFA tablets by Preg & Lactating - Early Registration of Preg Women - Exclusive Breast Feeding 			
10	<p>Quality of Preschool Education</p> <ul style="list-style-type: none"> - Avg. Attendance - % of enrollment of PS Children - AWCs having adequate PSE material - Use of Time-table 			
11	<p>No. of Continuing Education Sessions Attended in 12 months</p>			
12	<p>No. of Counseling Sessions /NHED Sessions Attended in a year</p>			
13	<p>No of IEC /Advocacy Campaign Organized</p>			

14	No. of AWCs updated- Survey Register/Attendance			
15	Performance Assessment - Weak AWWs - Good AWWs - Weak Supervisors - Good Supervisors			
	Self Analysis			
	- I am aware of the strength of the Project - I know the weak points of the Project - I know each AWWs & Supervisors - I am not regular in organizing meeting with AWWs & Supervisor. - I need to improve my leadership skills/ communication Skills/			

Name & Signature of CDPO/ACDPO/Incharge Date :

Programme Officer(ICD

Verified & Remarks by :

Name : Date

District

Self - Assessment Proforma for Supervisors

A. Name of Supervisor:

B. Name of Circle:

C. Quarters : Jan.....April.....July.....October

Sl.No	Indicators	Target(s)	Achievements	Remarks, if any.
1	No. of AWCs Visited	25		
2	No. of Families visited			
3	No. of Community Meetings Organized			
4.	No. of SHGs Formed			
5	No of Joint Visits with LHVs Organized			
6	No. of Continuing Education Sessions Organized & Topics Covered			
7	<ul style="list-style-type: none"> • No. of AWWs(AWCs) found • Not Using Time Table in PSE • Weak in the Organization of Activities Properly • Growth Monitoring • Planning & Organizing NHED/Counseling Sessions • Planning Home Visits • Updating Survey Register • Maintaining Records 			

8.a	Total No of Low Birth weight Babies			
b.	No of Severe & Moderate Under- weight Children			
9	Total No. Pregnant Women Registered Early in the AWCs:			
10	No. of AWCs not given Colostrums at Birth			
11	No. of AWCs not having Exclusive Breast Feeding			
12	No. of AWCs identified children with disabilities & Type			
13	No. of AWCs having no Health Check Up			
14	No. of AWWs given Training and mention the Areas/Topics			
15	No of AWWs applied Change after Training and mention the Areas/Services			
16	No. of Advocacy Campaigns Organized & Name the Topics			
17	No. of AWCs are rated as	Good	Poor	Needs to be improved

Name & Signature of Supervisor

Date:

Verified by the CDPO

Signature & Date

(Name & Cell Number)

Results:

- No of Families Take Milk Products/ Fats/Carbohydrates/etc
- Families take Green Leafy Vegetable/
- Families Take Fruits of different colors
- Families take only rice, bread, chapatti etc.
- Families have taboos for some food for preg & lact women
- Other Details

Action Plan

- Organise Families and discuss the issues in small group after SNP
- Take up the serious issues relating food habits and taboos in mothers meeting
- Use games/exercises/antakshri / sanke & ladder game on food habits etc
- Plan Home Visit and record changes in the families
- Self Assessment

Name & Signature of Supervisor

Date :

Final

Monthly Visit to AWC by the Supervisor

Name of the Supervisor-----

Name of AWC-----Circle-----AWC Code: -----

Name of the Village-----

Date of the Visit : -----Time of Arrival-----Time of Departure-----

Observation of Activities of AWC

- Supervisors need to observe the activities/services provided/ conducted by the AWW without disturbing her at the time of her arrival.
- Supervisors must record first the aspects/activities of AWW using the table given below. Write information correctly with bullet points. Try to collect vital information if available.

You can attach separate sheet in case you wish to record more information.

Sl. No.	Activities/Aspects Observed (PSE/SNP/NHED/CP/Records & Registers (survey, attendance, growth chart, feeding, meetings register/daily diary)	Method of Teaching/ Communication/ Handling/ Any other, if.	Teaching/ Communication Material Used	Duration of Stay in AW (mention the actual time) From----- To-----

A Sample Exercise –

Activities Observed	Duration Time (from – to)	Methods & Material Used by AWWs	Comments/ (deficiencies/weak points observed)	Specific Action Taken & explained to the AWW on the Spot
1. Action Songs (Shivaji hun)	10.00 am 10.30- am	a. No Masks	<ul style="list-style-type: none"> • Right aids not Used • Old action song • AWW act & children followd • All not involved 	<ul style="list-style-type: none"> • Prepared 2-3 masks • Demo action Song again by dramitizing
2. Story telling (Monkey & Crocodile)	10.30 am – 10. 50 a.m	<ul style="list-style-type: none"> b. No aids/pictures b. No dramatization c. No Feedback 	<ul style="list-style-type: none"> • No proper seating arrangement • Children were not involved • Techniques not followed • No Picture/Flannel cloth 	<ul style="list-style-type: none"> - Narrated Story - Made Seating Arrangements - Arrange Picture cards - Took Feedback from Children
3. Teaching Color All colors	11.00 am- 11.30 a.m	<ul style="list-style-type: none"> • No proper method 	<ul style="list-style-type: none"> • No explain about basic colors • Teach colors by songs, showing charts • No examples • No child activity • AWW ex-tempo 	<ol style="list-style-type: none"> 1. Taught basic colors 2. Teach proper method 3. Show children flowers, leaves etc from local environment 4. Action song 5. Riddles 6. Advise to teach only one colour a day
Comments	She lacks concentration, attachment to Activities, not adoptive to the requirement of children, does not know how children learn, needs regular guidance and support etc			

The activities recorded above in the format are true and suggestions given have been explained to AWWs.

Name & Signature of the Supervisor

Date:



Proforma for Monitoring of ICDS Project
for
Anganwadi worker

Details of ICDS Project/ AWCs monitored

A. Background Information:

1. Name of the State:
 2. Name of the District:
 3. Name of the Project:
 4. Name of Anganwadi Worker:
 5. Name of Helper:
 6. Name and Number code of AWC:
 7. Address of AWC:
- Telephone: [With STD code] Mobile:

B. Anganwadi Centre Information:

1. Type of the Project: Rural Urban Tribal
2. Year of Starting AWC:
3. Experience of AWW in ICDS: Up to one Year 2- 5Years 5-10 years 10 Years & above
4. Educational qualification: Below Matric Matriculate 110+2 Graduate
 Post Graduate
5. Monthly Honorarium:
6. Training of AWW

Type of Training	Duration (No. of working days)	Month/ Year of Training
Job		
Ref		
Orientation		
IGMSY		
SABLA		
Others		

C. Physical Infrastructure of AWC:

1. Type of Building: Kuchcha Pucca Open Space
2. Ownership of AWC Building: Constructed under ICDS Rent free Govt. building
 School building Community/Panchayat building without rent
 Rented building Own House Helper's House
3. Is the sign board of AWC displayed? Yes No
 - a) Is the sign board visible from the road Yes No
 - b) Condition of sign board Good Satisfactory Poor
4. Distance of AWC from the village:
 Less than 100 Mts 100-200 Mts 300-400 Mts More than 500 Mts
 Within Village
5. Total built size of AWC: Adequate Inadequate
- 5.1 Number of rooms in AWC? One Two Three More
6. Is Separate Kitchen Available at AWC? Yes No
7. If No, what are the cooking arrangements?
 Cooking is done under covered space Cooking is done in open space
 Cooking is done by SHGs At AWW's house Any Other (Specify) _____
8. Is there a separate space for storage : Available Not Available
9. If No, what are the arrangement for storage:
 In the Anganwadi itself
 At school
 AWW/AWH House
 Any other place [Please specify]
.....
10. What is the source of Drinking Water:
 Deep hand pump available in AWC campus
 Deep hand pump available nearby AWC
 Shallow hand pump/ Well/ Pond
 Tap water supply from PHD/local Admn.

11. What is the Drinking Water Storage facility available at the AWC? [Observe]

- Directly from the source (Tap)
- Stored in covered utensils with ladle
- Stored in uncovered utensils
- Stored in un-cleaned utensil in unhygienic condition

12. Is Toilet Facility available in the AWC? Available Not Available Available but not usable
 Available but not child friendly

13. Is there a separate toilet facility for Girls and Boys Yes No

14. Current position of toilet facility:[Observation by investigator]

- Toilet available with water facility in usable condition
- Toilet available without water facility but usable
- Toilet available but not usable

15. Arrangement where toilet facility is not available/usable

- Facility provided by community
- Go to road side
- Go to nearest house
- Go to own house

D. ECCE

1. Status of Early Childhood Care and Education:

Total number of children (3-6 yrs) in the AWC area	Total number of children (3-6yrs) registered in AWC	Average number of children attending AWC for last three months

2. Skill of AWWs on organization of PSE activities in 10 point rating scale by observing PSE activities organized by AWWs [based on organising objective based activities, activities as per time table, using guidebook, using PSE kit, satisfying curiosity of children and sustaining interest of the children and their involvement]

3. Availability ECCE Material available at AWC

Material/ Aids	Availability [Yes / No]
Availability of time table for PSE at AWC	Yes / No
Availability of appropriate & adequate PSE material	Yes / No
Availability of appropriate & adequate PSE Kit	Yes / No
Availability of any Guidebook issued by State Govt. for PSE	Yes / No

4. Rating on use of PSE Materials/aids

Material/ Aids	Rating on 10 points scale
Extent of coverage of all aspects of child development with the help of PSE materials/aids	
Extent of use of Time table	
Use of PSE Material	
Use of Guide Book issued by State Govt.	

5. Enrollment status of AW children in primary school as on the date of visit

Total number of children eligible for enrollment in Primary School	Total number of children Enrolled in Primary School on the last occasion

6. Are you aware of ECCE day? Yes No

7. How many ECCE days have been conducted in the last two quarters before the visit?

Ist	IInd

8. Do you receive support of parents in organizing PSE activities? Yes No

9. Do parents contribute in preparation of PSE material/ Aids? Yes No

10. If yes what type of support is received?

1.
2.
3.
4.

11. Number of parents involved with organization of PSE activities in the last two quarters before visit

Quarter	Number of parents involved
1 st Quarter	
2 nd Quarter	

[1st quarter means first 3 months preceding the month of visit for example, if the visit is made in November 2013, then 1st quarter would be from August- October 2013. Similarly, 2nd quarter means second 3 months preceding the month of visit for an example, if the visit is made in November 2013 then, 2nd quarter would be from May – July 2013. This meaning will be applicable in all term “quarter” used in all monitoring schedules.]

12. Efforts made by AWW to improve Early Childhood Stimulation?

Number of mothers guided for conducting early childhood stimulation activities			
1 st Quarter before visit		2 nd Quarter before visit	
Birth- 1 yrs	1-3 yrs	Birth- 1 yrs	1-3 yrs

13. Number of PSE materials developed and nature walk conducted by AWW to improve PSE?

Quarter	Materials developed	Nature walk conducted
First Quarter		
Second Quarter		

E. Supplementary Nutrition:

1. Details of Beneficiaries:

Category	Total No. in the area covered by AWC		Total No. of beneficiaries registered	
	1 st Quarter before visit	2 nd Quarter before visit	1 st Quarter before visit	2 nd Quarter before visit
Pregnant women				
Lactating mothers				
Children (6mo - 3 yrs)				
Children (3-6 years)				
Adolescent girls				

2. Beneficiaries availing SN

Category	Total No. of beneficiaries who availed SN during in 1 st Quarter before the visit	Total No. of beneficiaries availing SN in 2 nd Quarter before visit
Pregnant women		
Lactating mothers		
Children (6 mo- 3 yrs)		
Children (3-6 years)		
Adolescent girls		

3. Type of Food Supplied to beneficiaries:

Categories	Morning Snacks	HCM	THR	Others*	Average Quantity given per beneficiary, per day basis
6 months-3yrs.					
3yrs.-6yrs.					
Pregnant Women & Nursing Mother					
Adolescent Girls					

* Please mention Morning snacks, energy dense, micronutrient, Fortified food etc.

4. Is the quality of the supplementary nutrition satisfactory Yes No
5. Is the supplementary nutrition acceptable to the beneficiaries Yes No
6. Is the quantity of the supplementary nutrition as per norm/menu (as observed by investigator) Yes No
7. Does AWW have adequate cooking utensils Yes No
8. Does AWW have adequate serving utensils Yes No
9. Any interruption in supplementary nutrition in the last six months Yes No
10. If yes, (I) Interruption in no. of working days :

(II) Reasons for interruption

- i.
- ii.
- iii.
- iv.

F. Growth monitoring

1. Has new WHO Growth standards been implemented in the AWC? Yes No
2. Skills of AWW for growth monitoring of children [observation]
- a) Weighing Accurate Inaccurate
- b) Plotting Accurate Inaccurate
- c) Interpretation Accurate Inaccurate
- d) Counselling mothers/care givers Accurate Inaccurate

[AWW should be asked to demonstrate the skill]

3. Status of Growth monitoring of the children of the AWC visited:

Category	Number of children					
	Before 3 months			Current month/as on the date		
	Boy	Girl	Total	Boy	Girl	Total
Normal						
Moderately underweight						
Severely Underweight						
Total						

4. Are you aware of the Nutrition Rehabilitation Centre (NRC)? Yes No

5. Is there any NRC in your project area? Yes No Do not know

6. Do you refer severely underweight children? Yes No

6.1 If yes, whether refer is made to Health centre or NRC ? Health Centers NRC

7. Number of children referred to NRC during last 3 months:

8. Has State initiated Sneha Shivirs? Yes No

[Sneha Shivir- 12 day nutrition counseling programme for underweight children]

9. Number of children referred to Sneha Shivir during last 3 months:

10. Please discuss the 12 day counseling programme with AWW

[Topics & suggestions given by them/ no. of beneficiaries attended programme etc.]?

.....

.....

.....

.....

G. Immunization

1. Status of vaccination among children & pregnant women:

S.No.	Vaccines	Last month	
		Number of eligible children/ women	Total Children/women immunized
1.	BCG		
2.	DPT/OPV(First dose)		
3.	DPT/OPV(Second dose)		
4.	DPT/OPV(Third dose)		
5.	Measles		
6.	Vitamin A		
7.	Hepatitis		
8.	TT (First dose)		
9.	TT (Second dose)		
10.	Any other (specified by State Govt.)		

2. At which place immunization for children and pregnant women are conducted?

- Sub centre
- Primary Health centre
- Anganwadi centre
- Others (please Specify.....)

3. If Immunization is conducted at AWC indicate your role from the following?

[Please ✓ one or more as applicable in the space provided]

- Provide information to beneficiaries about date and day.
- Conducting immunization during VHNDs
- Managing sitting arrangement (chairs & durries)
- Provide support to ANM
- Helping beneficiaries' mothers/ care takers
- Arranging snacks
- Arranging drinking water
- Updating the immunization registers
- Any other (please specify).....

H. Health Check-Up

1. Frequency of Health check- up of children:

- i. Monthly
- ii. quarterly
- iii. six monthly
- iv. unplanned
- v. never during last six month

- Aspects of health check-up of children

i	Checking and recording weight	Y	N
ii	Checking and recording height	Y	N
iii	Checking mile stones in growth and development of the child	Y	N
iv	Checking up skin	Y	N
v	Checking-up eyes	Y	N
vi	Checking up ears	Y	N
vii	Checking worm infestation	Y	N
viii	Checking up for diseases like diarrhea	Y	N
ix	Checking up for diseases like dysentery	Y	N
x	Checking up for diseases like ARI	Y	N
xi	Checking up for Anaemia	Y	N
Xii	Checking up for Vitamin-A deficiency diseases	Y	N
Xiii	Checking up for Iodine deficiency diseases	Y	N

xiv	Blood test	Y	N
xv	Urine test	Y	N
xvi	Oedema	Y	N
xvii	Pallor	Y	N
xviii	Any other	Y	N

2. Average number of ANC/ Health check- up provided to pregnant women in your area? [Please ✓]

- One
 Two
 Three
 Four
 Five

3. What is the average month for first ANC/ Health check- up of pregnant women in your area?

- < 3 months
 3-4 months
 5-6 months
 7-8 months
 9th months

- Aspects of health check-up of pregnant women

i	Taking weight	Y	N
ii	Measuring blood pressure	Y	N
iii	Urine examination	Y	N
iv	Examination of blood	Y	N
v	Measuring pulse rate	Y	N
vi	Checking oedema	Y	N
vii	Checking fetal movement	Y	N
Viii	Any other	Y	N

- Aspects of health check-up of lactating mother

i	Pallor	Y	N
ii	Pulse rate	Y	N
iii	Blood pressure	Y	N
iv	Temperature	Y	N
v	Breasts Soft/engorged	Y	N
vi	Nipples Cracked/normal	Y	N
vii	Uterus Tenderness Present/absent	Y	N
viii	Bleeding P/V Excessive/normal	Y	N
ix	Lochia Healthy/foul smelling	Y	N
x	Episiotomy/Tear Healthy/infected	Y	N
xi	Family planning Counselling	Y	N
Xii	Any other complications And referral	Y	N

I. Referral Services

1. Do you refer beneficiaries to health facility? Yes No
2. Do you have referral slip to refer beneficiaries to health facilities? Yes No
3. Do you use these referral slips? Yes No
4. Number of referral case:

S.No.	Category of beneficiaries	No. of beneficiaries referred during last six months
1.	Pregnant women	
2.	Lactating mothers	
3.	Children (7-36 months)	
4.	Children (3-6 years)	
5.	Adolescent girls	

5. Number of cases have been followed up by AWW

J. Nutrition and Health Education (NHE)

1. Number of NHE Sessions conducted during last - three months
2. Number of participants participated in the NHE sessions during last three months:

S.No.	Category	Total of Number attended in all sessions conducted during last three months
1.	Women beneficiaries	
2.	ANM	
3.	LHV	
4.	Medical Officer	
5.	Adolescents Girls	
6.	PRI/Community leaders	
7.	Nutrition Counselor	
8.	ASHA /Link Worker	
9.	Supervisor/CDPO	
10.	Others	

3. List of major topics covered in the NHE sessions conducted in the last three months:
 - 1.....
 - 2.....
 - 3.....
 - 4.....

4. Rating by investigator on 10 point scale based on observations of Women beneficiaries who attended NHE sessions:

S.No.	Criteria	Rating
1.	Knowledge	
2.	Skill	
3.	Understanding	

[The officer should visit some of the beneficiaries to make the assessment of effectiveness of above NHED sessions; Also AWW may conduct an NHED session]

5. Participation of Adolescent Girls in the activities of AWC: Excellent Very Good Good None

K. Mother & Child Protection Card:

1. Has the MCPC been provided to the eligible beneficiaries? Yes No
 2. Has the MCPC been filled properly with right information by both AWW and ANM? Yes No
 3. If no, indicate the gap/the information not filled-up.

- 1.....
 2.....
 3.....
 4.....

4. Has the MCPC been used by women/mothers (Discussions to be held with women)? Yes No

5. If Yes, how? [List down usage (Discussions to be held with women)]

- 1.....
 2.....
 3.....
 4.....

6. Has MCPC been timely updated? Yes No

7. Based on the observation of filled MCP cards, has the AWW/ANM got the right understanding and skill for filling-up MCPC (Rating in 10 point scale)?

L. IGMSY:

1. Is IGMSY implemented in the project? Yes No
 2. No of registered beneficiaries under IGMSY [Please write No. in the box provided]

3. Status of reimbursement of installments [from last one year]:

Total No. of Pregnant women	Total No. of Pregnant women enrolled in IGMSY	First Installment		Second Installment		Third Installment	
		No. of Pregnant women entitled	No. of Pregnant women actually received payment	No. of Pregnant women entitled	No. of Pregnant women actually received payment	No. of Pregnant women entitled	No. of Pregnant women actually received payment

4. a) Are you aware of the cash incentives to AWW and AWH under IGMSY? Yes No

b) If yes, indicate the amount of cash incentive

AWW	
AWH	

5. Problems if any, in implementation of IGMSY?

.....

.....

.....

.....

.....

.....

6. Is MCP card used as tool for verification for IGMSY? Yes No

8. If yes, who fills the card AWW ANM ASHA

M. SABLA

1. Does this project implement SABLA scheme? Yes No

2. How many adolescent girls are registered under SABLA? [Number]

3. No. of Kishori Samooh formed as on date of visit. [Please write No. in the box provided]

4. Status of Kishori diwas & Kishori card:

Total No. of Adolescent girls	No. of girls having kishori card	No. of kishori cards having updated information	Number of Kishori Diwas conducted in the last one year	No. of Kishori Diwas attended by health officials

5. List down services provided to adolescent girls

1.
2.
3.
4.
5.

6. List down the training activities organised for adolescent girls

1.
2.
3.
4.
5.

7. Problems if any, in implementation of SABLA.

.....
.....
.....
.....
.....
.....

N. Medicine Kit

1. Is medicine kit available at AWC during the visit? Yes No

2. When the medicine kit was supplied last? Date

3. List the medicines mostly given to the beneficiaries?

1.
2.
3.
4.
5.

4. List the medicines that are rarely given to the beneficiaries?

1.
2.
3.
4.
5.

5. List the medicines that are never given to the beneficiaries?

1.
2.
3.
4.
5.

6. Rate the understanding level of AWW about symptoms of diseases and doses of medicine in 10 point scale.

7. Rate use of medicine in 10 point scale.

O. Involvement of Community

1. Perception of the community on delivery of ICDS services

[Discussion with at least 10 beneficiaries / non-beneficiaries to be held for getting their views and record their perception]

- | | | | | | |
|---|------------------------------------|-------------------------------|---------------------------------------|----------------------------------|-------------------------------|
| I. ECCED: | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| II. SN: | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| III. Counselling: | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| IV. Health: | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| V. Advocacy: | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| VI. Village Health & Sanitation Committees [Community based monitoring] | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

2. List the efforts made by AWW to involve community in the implementation of ICDS programme?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

3. Please enlist the contribution made by the community and their involvement in implementation of ICDS?

1.
2.
3.
4.
5.
6.

4. What is the role of community in monitoring activities of AWC?

.....
.....
.....

5. How far the community is involved in monitoring/village level committee?

.....
.....
.....
.....
.....

P. Records & Registers:

1. Are the new records and registers available at AWC? Yes/ No

2. If No, what are the reasons?

.....
.....
.....

3. Have you been trained for filling up and maintaining new records and registers? Yes No

4. Are the records and registers been updated? Yes/ No

5. If No, what are the reasons?

.....
.....
.....

Q. Home visit

1. Number of home visits made by AWW per week as per the guidelines?
2. Number of home visits made by AWW in the last week (Before monitoring visit)?
3. List down the purpose and activities during home visits made last week:
 1.
 2.
 3.
 4.
 5.
4. Does the AWW use Home Visit Planner for conducting home visit? Yes No

R. Additional Work

1. Name of additional work performed by AWW in the last six months indicating the working days?
 1.
 2.
 3.
 4.
 5.
2. Problems experienced by AWWs in performing the additional work:
 1.
 2.
 3.
 4.
 5.

S. Crèche facilities

1. Do you have crèche facilities at your AWC? Yes No
2. Type of building for AWC- cum – Crèche? Own Rented
3. In case of rented building; Do you pay additional rent for the crèche facility? Yes No
4. If Yes, How much? Rs _____/-
5. What is the approx. *percentage* of working women in area out of the total women's population?
 - 10- 30%
 - 31- 50%
 - 51- 80%
 - 81- 100%

6. What is the nature of work they are usually involved in?

- Farming
- Daily wage worker
- Domestic helper
- Self Employed/ Business
- Any other (Please Specify)

7. Number of hours women are engaged in a day?

- 3-4 hrs
- 5-8hrs
- 10-12 hrs
- > 12hrs

8. If yes, what are working hours of the crèche?

- Upto 2 hrs
- Upto 4 hrs
- Upto 6 hrs
- Upto 8 hrs
- Upto 10 hrs

9. Is there an additional worker? Yes No

10. If No, Who manages the crèche?

.....

11. What is the monthly honorarium provided by State Government to additional worker or to you for providing crèche facilities at AWC? Rs _____/-

12. List the additional facilities provided in the AWC- cum- crèche?

.....
.....
.....
.....

13. As an additional worker crèche worker what are your roles & responsibilities?

- Providing care & attention
- Providing supplementary nutrition for children under 3
- Conducting play way activities
- Making them sleep/rest
- Overall management
- Any other (Please Specify)

14. Total no. of children present in the centre for full day (on the day of visit)?
15. Average number of children in the current month.
16. What is the cost of SN per child provided at AWC- cum- crèche? Rs _____/-
17. For how many days SN is provided in a year?
18. Does the AWC- cum- crèche has adequate space? Yes No [6-8 sq-ft/child]
19. Is the AWC- cum crèche facility located in protective/ safe environment? Yes No
20. Does AWC- cum crèche centre worker, work on Full time basis/ on shift basis?
21. In case AWC- cum- crèche is running on shift basis how much time is devoted by workers?
 2 hrs 3-4 hrs Upto 6 hrs
22. Has the additional worker received basic care training for children under six? Yes No
23. If yes, please specify the place of training with address

24. What was the focus of child care training for children under six?
 PSE for 3-6 yrs
 Crèche management
 Care & stimulation of under 3
 None of the above
 All of the above
25. Is there any non – government organisation implementing this model? Yes No
26. If Yes, Specify (Name & Address)

27. Do you get support from other local bodies as well AWC- cum- crèche? Yes No,
 If yes please ✓ from whom
 Panchayat
 Local NGO
 MNREGA
 Primary school teacher
 Any Other

EXTRA READING MATERIAL

Leadership of Women

Leader

- ❖ Leader is a person who has the ability to lead the group and has new ideas to succeed.
- ❖ Leader must have a good convincing power so as to motivate and negotiate with the group members.



Leadership

- ❖ Leadership is the art of influencing and directing people in such a way that will win their confidence, respect and cooperation in achieving goals.
- ❖ Leadership is about managing things effectively.

Qualities of a Leader

- ❖ Energetic
- ❖ Knowledge of human relations
- ❖ Objectivity
- ❖ Empathy
- ❖ Communication skills
- ❖ Teaching Ability
- ❖ Social Skills
- ❖ Technical Competence
- ❖ Integrity
- ❖ Conceptual Skills
- ❖ Flexibility
- ❖ Ability to ascertain priorities



Qualities of a Leader

- ❖ **Energetic:** A leader must be energetic and enthusiastic. She/he must carry out the work with full enthusiasm so that others in group get motivated.



- ❖ **Knowledge of human relations:** A Leader must have the quality of placing the people into work situations so as to motivate them to work together harmoniously.

- ❖ **Objectivity:** A Leader has to have a fair outlook free from bias which does not reflect his willingness towards a particular individual.

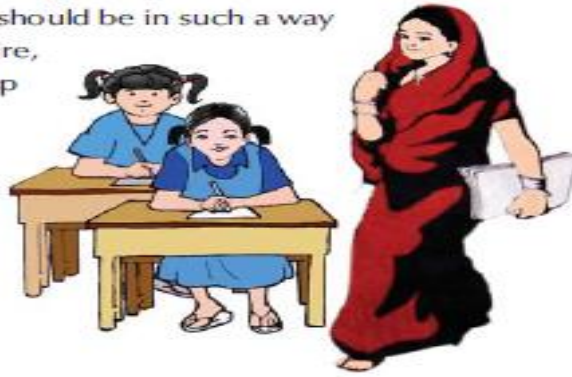


- ❖ **Empathy:** A leader should understand the problems and complaints of group members and should honour the needs and aspirations of the group members.

- ❖ **Communication skills:** A leader should have good communication skills. She/he should be able to convey the message effectively.



- ❖ **Teaching ability:** The teaching ability in a leader is very important. Teaching should be in such a way that it can challenge, inspire, motivate, encourage group members and support & guide them to be future leaders.



- ❖ **Social skills:** Social skills help in maintaining relationships and building network and expertise in building and leading team.

- ❖ **Technical competence:** Technical competence is actually the knowledge and skill that is necessary to perform a particular type or level of work activity.



- ❖ **Integrity:** Integrity is an important aspect for a leader. A leader should be trustworthy and must have the trust of other group members.

- ❖ **Conceptual skill:** Is the ability to conceptualize the welfare of group members. If a leader has a conceptual skill she/he sees the organisation as a whole.
- ❖ **Flexibility:** A leader should have flexible mind. This means that there should be flexibility over the decisions of a leader according to the situation and circumstances. There should be no-hard and fast rule and the decision should also be in favour of the team members.

- ❖ **Ability to ascertain priorities:** Focusing on main things is the easiest and most effective way to achieve goals.



Roles and Responsibilities of a Leader

The roles and responsibilities of a leader which help the team in completing its missions are-

- ❖ **Initiator:** A leader should take an initiative to start the task so that other follow.
- ❖ **Information seeker:** A leader must be an information seeker. She/he should ask for information, view points and suggestions from team members before initiating any task.
- ❖ **Contributor:** A leader must also contribute to the tasks of the team so as to bring about better results. Working as a team member gives good results.





- ❖ **Opinion seeker:** A leader must consider the opinions of all the team members before taking up any decision.
- ❖ **Elaborator:** A leader must express his/her feelings and work in greater length and in great detail. She/he must spell out suggestions in terms of examples also.
- ❖ **Critic:** A leader must be critical in nature. She/he must express a reasoned judgement to set some standards. She/he must frequently find the shortcomings and make clear judgement.
- ❖ **Energizer:** A leader must be an energizer for the other team members. She/he must stimulate the group towards higher level and better quality of work.
- ❖ **Recorder:** A leader must keep a written record of the group's task.

Panchayati Raj

What is a Panchayat

- ❖ Panchayat is the name of the local government system in India.
- ❖ Panchayat means a group of "Five Persons".
- ❖ In simple words, a Panchayat is a council of elders representing a village.
- ❖ The Panchayat system covers the village level (Gram Panchayat), clusters of villages (block Panchayat) and the district level (District Panchayat).

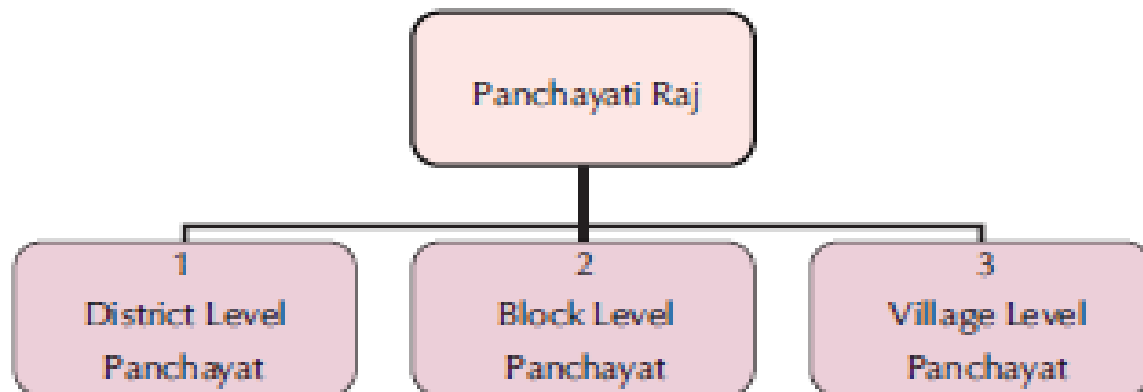
What is the Panchayati Raj System

- ❖ Panchayati Raj is a form of government at the village level where each village is responsible for its own activities.
- ❖ The Amendment Act of 1992 contains provision for passing the powers and responsibilities to the panchayat for preparation of plans for economic development and social justice.



Levels of Panchayati Raj Institutions

The 3-tier system of Panchayati Raj consists of :



Village Level Panchayat

- ❖ It is a local body working for the welfare of the village.
- ❖ Panchayati Raj is a system of governance in which Gram Panchayat are the basic units of administration.
- ❖ The number of members usually ranges from 7 to 31; occasionally, groups are larger, but they never have fewer than seven members.
- ❖ The council leader is named Sarpanch in Hindi, and each of the five members is a Gram Panchayat Sadasya or Panch.
- ❖ In such a system, each villager can voice his opinion in the governance of his village.
- ❖ Decisions are taken without long legal procedure.



Block Level Panchayat

- ❖ The block-level institution is called the Panchayat Samiti.
- ❖ Panchayat samiti is a local government body at the tehsil or Taluka level in India.
- ❖ It works for the villages of the Tehsil or Taluka that together are called a Development Block.
- ❖ The Panchayat Samiti is the link between the Gram Panchayat and the district administration.
- ❖ The samiti is elected for 5 years and is headed by the chairman and the deputy chairman.



The common departments in the Samiti are General Administration, Finance, Public Works, Agriculture, Health, Education, Social Welfare, Information Technology and others.

District Level Panchayat

- ❖ At district level, panchayati raj system is called as "Zila Parishad".
- ❖ It looks after the administration of the rural area of the district and its office is located at the district headquarters.
- ❖ It is headed by the "District Collector" or the "District Magistrate" or the "Deputy Commissioner".
- ❖ The Chairman of all the Panchayat Samitis form the members of Zila Parishad.
- ❖ It is the link between the State Government and the Panchayat Samiti.

- ❖ The major functions of a district level panchayat is to provide essential services like supply of improved seeds, running schools, PHC's and hospitals, construction of bridges and roads etc.

Role of Women in the Panchayati Raj System

- ❖ Bringing women into the mainstream of development is a major concern.
- ❖ The Constitutional (73rd) Amendment Act, 1992 provides for reservation of selective posts for women.
- ❖ Women members and Chairpersons of Panchayats, who are new entrants in Panchayats, have to gain the required skill which is imparted by training institutions for which the financial assistance is provided by the Ministry of Rural Development.



Household Survey and Redressal Forum

What is a Household Survey?

The Household Survey is a multi-purpose continuous survey carried out by the Office for National Statistics (ONS) to collect information on:

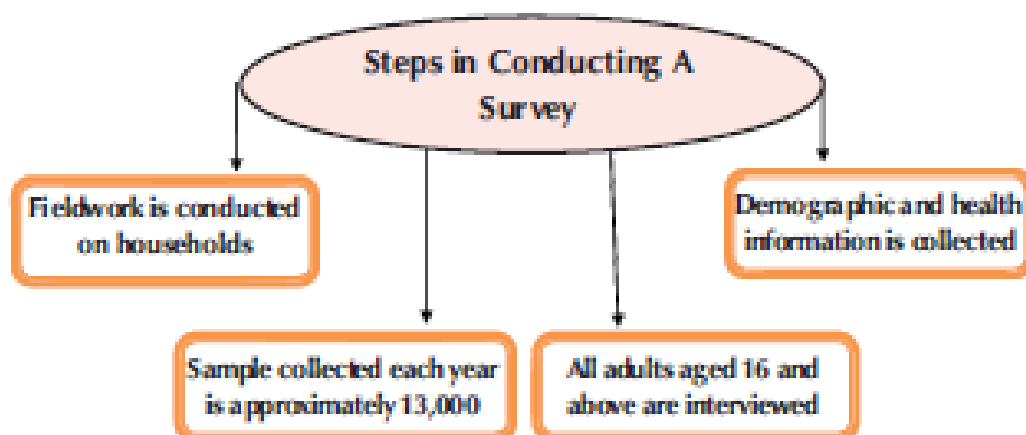
- ❖ household and family information
- ❖ housing tenure and household accommodation
- ❖ consumer durables including vehicle ownership
- ❖ employment
- ❖ education

- ❖ health and use of health services
- ❖ smoking and drinking
- ❖ family information including marriage, cohabitation and fertility
- ❖ income
- ❖ demographic information about household members including migration

Steps in Conducting a Survey

- ❖ The information collected is used by government departments and other organisations for planning, policy and monitoring purposes.
- ❖ To present a picture of households, families and people to society.
- ❖ The household survey predicts the major changes in households, families and people which have occurred over the past few years.
- ❖ It also records changes in housing, such as the growth of home ownership, and the increasing proportion of homes with household facilities and goods such as washing machines, microwave ovens and home computers.

Steps in Conducting a Survey



What is the National Family Health Survey (NFHS)?

- ❖ National Family Health Survey (NFHS) is conducted every 5 years by Indian Institute of Population Studies. It provides approximation of indicators of population, health, and nutrition by background characteristics at the national and state level.
- ❖ Information is collected about households, and individual interviews are conducted with women age group of 15-49 years and men 15-54 years. This survey also includes height and weight measurement and blood tests for HIV and anaemia.

What is BPL List?

- ❖ Depending on the cost of the basic needs of life, the government calculates how much money a person needs to live a decent life.



- ❖ Those who cannot earn even that much money are said to come under Below Poverty Line list (BPL list).
- ❖ A BPL family is decided on the basis of score based ranking on relative deprivations as indicated by 13 parameters - land holding, type of house, clothing, food security, sanitation, consumer durables, literacy status, labour force, means of livelihood, status of children, type of indebtedness, reasons for migrations, etc.

Benefits Provided by the Government

There are several schemes by the Government of India for the benefit of people below poverty line. Some of them are:

- ❖ **Indira Awaas Yojana** provides houses free of cost to BPL SC/ST families (40%), physically & mentally challenged (3%) and non-SC/ST BPL households staying in rural areas.



- ❖ **Antyodaya Anna Yojana** provides 35 kg of food grains per family at highly subsidised rates to 1.5 crore BPL families.



- ❖ **Annapurna Scheme** provides 10 kg of food grains per month free of cost to BPL persons.

- ❖ **Swamajayanti Gram Swarozgar Yojana** provides sustainable income to rural poor and BPL families. Under this scheme, credit-cum-subsidy is provided for self-employment, skill development, etc.



- ❖ **Jawahar Gram Samridhi Yojana** provides a demand-driven community village infrastructure including durable assets to enable poor to increase the opportunities for sustained employment and generation of supplementary employment.





Redressal Forum

- ❖ One of the most important responsibilities of the government is to redress (rectify) various grievances (complaints) of the public.
- ❖ With the emergence of local bodies in rural and urban areas, people are largely dependent on the government.

The Objectives of the Redressal Forum

- ❖ To offer rural citizens an improved access to information on Government schemes and services.
- ❖ Facilitating process for any grievances.
- ❖ To enhance transparency in government functioning and offer scope for improved service delivery.

Redressal Mechanism

- ❖ Grievance (complaint) Redressal Mechanism is a part of the machinery of any administration.
- ❖ In fact, the grievance redressal mechanism of an organisation is the measure to determine its efficiency and effectiveness as it provides important feedback on the working of the administration.
- ❖ Allowing Citizens to register their grievance through toll free telephone, instant SMS to field staff, automatic FAX to the higher officials will ensure speedy corrective action. Disposal of grievance will dramatically improve.
- ❖ Access to information, backed with relevant infrastructure and services, not only allows rural population to improve its quality of life but also adds confidence on the government deliveries.



Issues Related To Women

Sexual Harrasement



- ❖ Actual or attempted rape or sexual assault.
- ❖ Unwanted pressure for sexual favours.
- ❖ Unwanted deliberate touching, leaning over, cornering, or pinching.
- ❖ Unwanted sexual looks or gestures.
- ❖ Unwanted letters, telephone calls, or materials of a sexual nature.
- ❖ Unwanted pressure for dates.
- ❖ Unwanted sexual teasing, jokes, remarks, or questions.
- ❖ Referring to an adult as a girl, hunk, doll, babe, or honey.
- ❖ Whistling at someone.
- ❖ Sexual comments.
- ❖ Turning work discussions to sexual topics.
- ❖ Asking about sexual fantasies, preferences, or history.
- ❖ Personal questions about social or sexual life.
- ❖ Sexual comments about a person's clothing, anatomy, or looks.

Dowry

- ❖ Dowry originated in upper caste families as the wedding gift to the bride from her family during Kanyadanam.
- ❖ Kanyadanam is an important part of Hindu marital rites. Kanya means daughter, and daan means gift.



- ❖ Dowry or Dahej is the payment in cash or/and kind by the bride's family to the bridegroom's family along with the giving away of the bride (called Kanyadaan) in Indian marriage.



- ❖ The groom often demands a dowry consisting of a large sum of money, farm animals, furniture, and electronics which is legally prohibited but still it is highly practiced.

Child Marriage

- ❖ Child marriage is a widespread practice of marrying a young child (generally defined as below the age of fifteen). In this practice, it is almost always a young girl married to a man elder to her age.
- ❖ Child marriage is a violation of human rights whether it happens to a girl or a boy, but it represents the most prevalent form of sexual abuse and exploitation of girls.



- ❖ The harmful consequences include separation from family and friends, lack of freedom to interact with peers and participate in community activities, and decreased opportunities for education.
- ❖ The legal age for marriage in India is 18 years for woman and 21 years for man.
- ❖ Any marriage of a person younger than this is banned in India, and any person found guilty of going against this Act is liable to be punished.

Female Foeticide and Sex Selective Abortions

- ❖ Female foeticide is violence against girls in the womb.
- ❖ Female foeticide is avoiding the birth of girl child.
- ❖ The determination of the sex of the foetus by ultrasound/scanning has aggravated this situation.
- ❖ Sex-selective abortion (also referred to as son preference or female de-selection) is method of sex-selection which is practiced in areas where male children are valued over female children.



Domestic Violence

- ❖ Domestic violence, also known as domestic abuse, spousal abuse, child abuse or intimate partner violence (IPV), can be broadly defined as a pattern of abusive behaviours by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation.



- ❖ Domestic violence has many forms including physical aggression (hitting, kicking, biting, throwing objects), sexual abuse, emotional abuse, coercion, threats, irritation, passive/covert abuse (e.g., neglect), and economic deprivation.



- ❖ Domestic violence may or may not constitute a crime.



Bell Bajao is a high profile national campaign using innovative media outreach throughout India. With the support of the Ministry of Women and Child Development and campaign ambassador and popular film star Boman Irani, the campaign was launched in August 2008.

Trafficking

- ❖ Trafficking of children and women for various purpose including sexual exploitation one of the against crimes humanity.
- ❖ Trafficking involves hiring or transporting young girls and boys to place them in a situation of exploitation.
- ❖ They are forced into prostitution and undergo slavery-like practices such as bonded labour and receive cruel treatment from employers for whom they work as domestic help.



Outcomes of Trafficking

- ❖ Victims suffer immediate physical or financial problems associated with being a crime victim.



- ❖ Many times the victim is interrogated by the police and questioned by others, family, friends, etc., in a negative manner suggesting that the victim caused or did something to increase their chances of becoming a victim of crime.
- ❖ Victims suffer from stress and anxiety and long-term physical conditions.
- ❖ **Homicide** - refers to the act of a human killing a human being. For example, murder.
- ❖ **Suicide** - is the term used for intentional killing of oneself. The most common cause is an underlying mental disorder which includes depression, alcoholism and drug abuse.
- ❖ **Mental stress** - Stress is a normal part of life. Most of the stress is self generated and we all deal with stress in our own way. For example getting sick or dying, jobs being lost or people criticizing or becoming angry. Stress affects both the body and mind and can lead to a series of problems.



Law Related to Crime

Public Interest Litigation (PIL)

PIL was started to protect the fundamental rights of people who are poor, ignorant or in socially/economically disadvantaged position.



A PIL can be filed when the following conditions are fulfilled:

It is for the enforcement of basic human rights of weaker sections of the community who are ignored and whose fundamental and constitutional rights have been ignored.



How to File a PIL

A PIL may be filed like a writ petition.

Against Whom One Can File PIL

A Public Interest Litigation can be filed only against a State & Central Government, Municipal Authorities, and not any private party.

For example, in the case of a private factory in Delhi, causing pollution, then people living in its vicinity or any other person can file a PIL against the Government of India, the State Pollution Board and also against the private factory.



Rights of Women

Rights mean those freedoms which are essential for personal good as well as good of the community.



Right to Life: States that you own your body. It is the right of an unborn child to be born, and not to have its life ended by an abortion or other medical procedure.



Right to Liberty: Liberty means an individual has the right to act according to his or her own will. You may do what you want, when you want, provided you don't step on the rights of anyone else.

Right to Personal Security: Both man and woman have the right to be free from all forms of violence.



Right to Vote: Women have equal right as men to vote. Every person who is 18 years of age and is citizen of India can give vote.



Reproductive Right:

The reproductive right of women should be free from discrimination on the basis of their social and economic status of women.

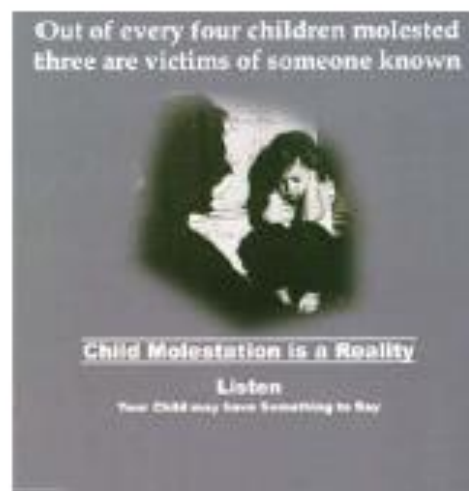
Right to Social Security: The right to social security offers protection to the vulnerable members of society. It is the obligation of the state to make sure that they are provided with adequate food, healthcare and housing.

Right to Education: Provides free and compulsory primary education to all children and makes secondary and higher education accessible to all children. It also provides basic education for individuals who have not completed primary education.



Right Against Exploitation: Provides abolition of forced labour, child labour (employment of children below the age of 14 years). Trafficking in humans for the purpose of prostitution is also prohibited by law.

Right to Conserve Ones Language, Script and Culture: The 'right to conserve' means: to preserve, to maintain; and to work for one's own language, script or culture.





Right to Admission to any Educational Institution without Discrimination:
All children have equal right to admission in educational institutions. No citizen shall be denied admission into any educational institution on the basis of religion, race, caste, language or any of them.

Educational Schemes for Women

National Literacy Mission (NLM)

- ❖ National Literacy Mission is run by Directorate of Adult Education.
- ❖ The mission is to impart literacy to illiterate persons in the age group of 15-35 years.
- ❖ Special care is taken to bring disadvantaged groups like women, scheduled castes and tribes and backward classes into the programme.



Jan Shiksan Sansthan (JSS)

- ❖ It is a programme of adult education for workers in urban and industrial areas.
- ❖ It improves skills through non-formal, adult and continuing education.
- ❖ It provides academic and technical support to Zilla Saksharta Samitis in both urban and rural areas.



National Institute of Open Schooling (NIOS)

- ❖ Open Basic Education Programmes are offered through NIOS at three levels: A, B, C, equivalent to Classes III, V and VIII, respectively, of formal school.
- ❖ NIOS also offers education at secondary and senior secondary levels through open and distance education.
- ❖ There is no upper age limit for studying through NIOS.

NIOS



Sarva Shiksha Abhiyan (SSA)

- ❖ It aims at ensuring that all children in the age group of 6 to 14 years have access to a primary school, upper primary school or an alternative educational facility.
- ❖ It helps school to improve the quality of teaching and provides proper buildings, toilets, drinking water, blackboards and playground facilities, as required.

Integrated Child Development Services

Objectives of ICDS programme are:

- ❖ To improve the nutritional and health status of children in the age-group of 0-6 years;
- ❖ To lay the foundation for proper psychological, physical and social development of the child;
- ❖ To reduce the incidence of mortality, morbidity, malnutrition and school dropout;



- ❖ To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- ❖ To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

ICDS programme has been universalized to cover all 14 lakhs habitations. It provides following services for betterment of children and women:

1. Supplementary nutrition
2. Non-formal pre-school education
3. Immunisation
4. Health Check-up
5. Referral services
6. Nutrition and Health Education



Employment

An activity to which one devotes time or an activity which consumes time or attention. For example, business or service as, agricultural; mechanical, government; public employments.

Importance of Employment

- ❖ To earn money
- ❖ To improve lifestyle
- ❖ For survival
- ❖ To gain confidence



Types of Employment

- ❖ **Full-time employment:** Is an employment in which the employee works the full number of hours defined by his/her employer.
Example: All regular employees.

- ❖ **Part time employment:** In part time employment, an employee is not obliged to have only one employment.
Example: Students working, Drivers working for two or more places.



Skills required for the employed are punctuality, honesty, hardwork, diligent and loyalty to employer.

Time Management

- ❖ Time management refers to a range of skills, tools, and techniques used to manage time when accomplishing specific tasks, projects and goals. It is skillful handling or use of time as a resource.

- ❖ One should be able to manage time according to the activities required to be done daily for example: cooking food, cleaning, household chores, teaching children or doing some activities related to income generation.

Employment Schemes

A number of employment schemes are implemented by central/State government to benefit women and men. Some of them are listed as below:

The Prime Minister's Rozgar Yojana (PMRY)

- ❖ The Prime Minister's Rozgar Yojana has been designed to provide employment to uneducated youth between the age group of 18 and 35 years.
- ❖ All educated youth with a minimum qualification of Class VIII (passed) are covered under this scheme.
- ❖ Preference is also given to the weaker sections of society, including women.
- ❖ The scheme has 22.5 percent reservations for Scheduled Castes and Tribes, and 27 percent for OBC.



Employment Gurantee Scheme (EGS)

- ❖ The scheme is implemented through District Rural Development Agencies (DRDAs) and Panchayats.
- ❖ It helps in creating infrastructure in rural areas like roads, wells and tanks etc.
- ❖ The scheme hires the people of the area to do the work and pays them wages, thus this scheme helps them to earn money when there is no work on their farms.



Jawahar Gram Samridhi Yojana (JGSY)

- ❖ The scheme gets its money from the central and state governments.
- ❖ People are hired to build and construct roads and other infrastructure needed in the villages.
- ❖ The scheme also helps members of the Schedules Castes and Tribes, who have no work and are below the poverty line (BPL) so that they can have continuous work to earn money.

Swaranjayanti Gram Swarozgar Yojana (SGSY)

- ❖ All areas of self-employment are covered by the scheme.
- ❖ It begins by organizing the people into self-help groups, gives them training and provides money in the form of loan to set up their own small businesses.
- ❖ Help is provided to people living below the poverty line in each block. This is done by giving them utensils to cook and sell food, tools for repairing bicycles and other items with which they can earn money.
- ❖ Some of the money is given as loan from banks and some is given by the government. This help is given to individuals, families or Self-Help Groups.



Livelihood

Livelihood means how one lives, especially of earning enough money to feed oneself, etc. Subsistence or living, as dependent on some means of support; support of life; maintenance.



The Sustainable Livelihood Approach (SLA)

- ❖ The sustainable livelihood approach (SLA) is a way to improve understanding of the livelihood of poor people.
- ❖ It can be used in planning new development activities and in assessing the contribution that existing activities have made to sustaining livelihoods.
- ❖ The SLA framework places people, particularly rural poor people, at the centre of a web of inter-related influences that affect how these people create a livelihood for themselves and their households.
- ❖ SLA is used to identify the main limitations and opportunities faced by poor people, as expressed by them.

Livelihood Strategies

- ❖ This component of the framework examines how people use their assets to derive a livelihood.



- ❖ People engaged in a diverse range of activities, and several members in a single household may have different strategies in a variety of geographical locations including urban and rural.
- ❖ The range of options available to people for making a living, are partly determined by their access to different assets.

Health and Hygiene

What is Health

Health is defined as being "a state of complete physical, mental and social well-being and not merely the absence of disease".

What is Personal Hygiene

In general personal hygiene is looking after one-self.

- ❖ Personal hygiene refers to practices that lead to cleanliness and health protection. For example bathing daily, wearing clean clothes, cutting nail, combing hair, cutting, shaving, brushing teeth, etc.
- ❖ Many illnesses like diarrhoea, are caused by unhygienic practices such as unclean, stale food, unclean hands, utensils or surfaces used for preparing and serving food.
- ❖ Maintaining personal hygiene will help to increase immunity and minimise the chances of getting ill.



Good Habits

- ❖ Brush teeth regularly, every morning and at night before going to sleep



- ❖ Have a bath everyday and wear clean clothes

- ❖ Cut nails and keep them clean



- ❖ Wash hair regularly

- ❖ Clean ears and eyes



- ❖ Wash hands with soap before and after eating food and after using the toilet

Physical Activity

Physical activity is any bodily movement that requires energy.



Types of Physical Activity

Exercise

Is an activity that enhances or maintains physical fitness and overall health or wellness.



Yoga



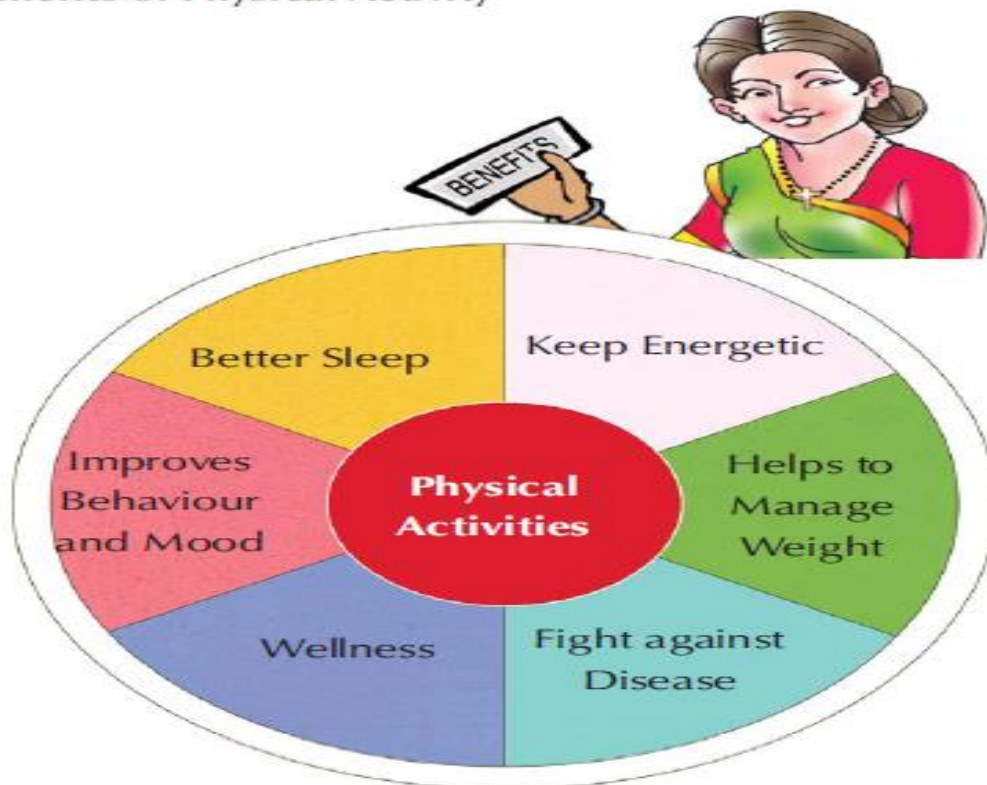
The word has many meanings, and is derived from the Sanskrit root "yuj", meaning "to control", "to yoke" or "to unite". It helps maintaining healthy body.

Meditation

It is a practice to get beyond the "thinking" mind into a deeper state of relaxation or awareness.



Benefits of Physical Activity



What is the Reproduction Cycle

The reproductive cycle is a monthly cycle that begins with menstruation, it may or may not ends in pregnancy.

What is the Menstrual Cycle

The menstrual cycle is a physiological change that initiates puberty in female. Personal hygiene during menstruation is very important.



Hygienic Practices During Menstruation

- ❖ Keep the body parts clean.
- ❖ Bath every day.
- ❖ After excretion clean yourself from the front to the back. Do not clean in the reverse direction, as that may cause infection.

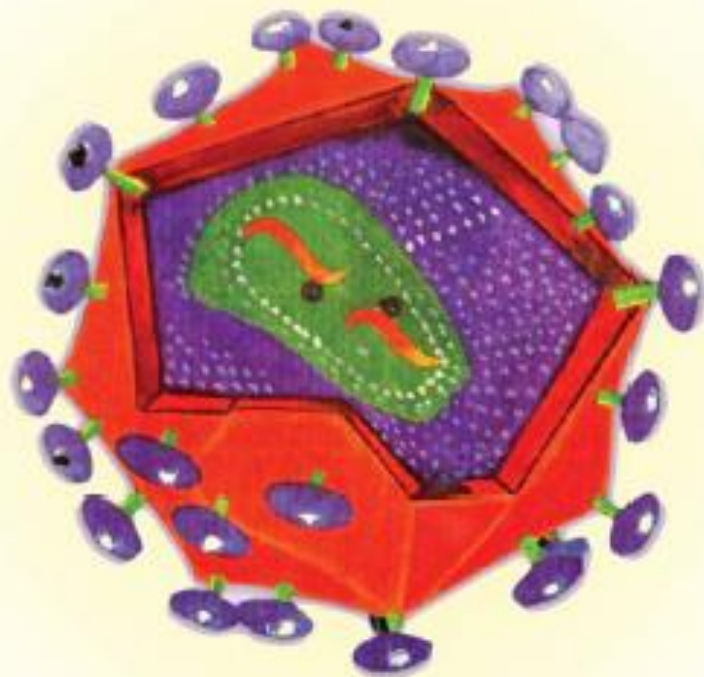


- ❖ Wear clean under clothes.
- ❖ Wear cotton cloth/pad/sanitary napkins.
- ❖ The sanitary pad/cloth may be change whenever it becomes wet and is uncomfortable. One may have to change at least two to three times a day.
- ❖ Wash the cloth in clean water and dry it in the sun. The sunlight kills the germs.
- ❖ The cloth needs to be stored in clean bag in a clean place after use.



Common Problems Faced by Girls During Menstruation

Problem	Symptoms	What can be done
Contraction of the uterus	Pain in lower abdomen Muscular cramps Loose motion	Keep hot water bottle Seek help of ANM/doctor
Heavy bleeding	The flow is over in 7 days The interval between two periods is less than three weeks Blood clot (mass) gets released Symptoms of anaemia	Take rest Eat iron rich food to combat anaemia and take IFA tablet Keep the genital area clean Consult a doctor if the girl cannot carry on routine tasks due to tiredness
Irregular periods First menstruation is followed by some irregularity When the body weight is too low, mental tension Anaemia can cause less bleeding	The interval between two periods is too long (more than 42 days) Periods last only one or two days and the bleeding is very little May be symptom of anaemia	Consult a doctor if the irregular period continues or reappears after one year of menarche If other associated problems are present consult a doctor Eat iron rich food and supplement it with IFA
End of menstruation Menstruation continues till a woman is 45-50 years old and stops at menopause	If menstruation stops before menopause it may be due to: Pregnancy, acute emotional stress, malnutrition, diseases psychiatric (mental) problems, or endocrinal disorders	Essential to consult a doctor for check up and diagnosis

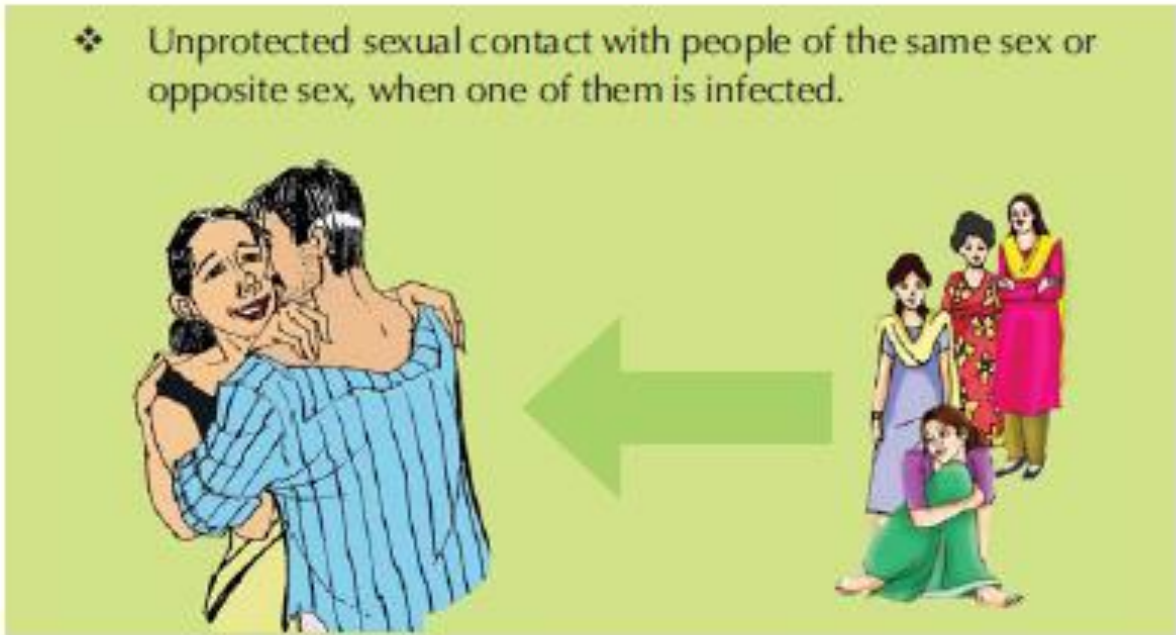


HIV/AIDS

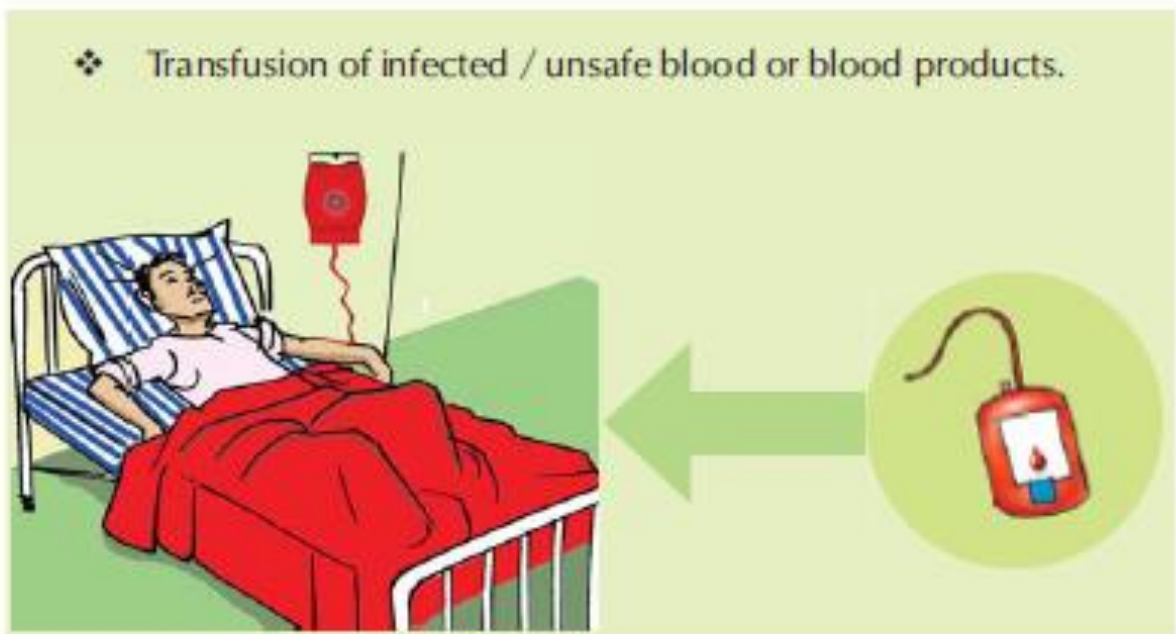
- ❖ HIV is Human immune deficiency virus which can only be detected by blood test.
- ❖ HIV causes Acquired Immunodeficiency Syndrome (AIDS)- a condition in which the immune system begins to fail, leading to life-threatening infections.
- ❖ HIV means "human immunodeficiency virus". This is the virus that causes AIDS.
- ❖ Acquired means you can catch it; Immune Deficiency means a weakness in the body's system that fights diseases.

HIV is Transmitted Through

- ❖ Unprotected sexual contact with people of the same sex or opposite sex, when one of them is infected.



- ❖ Transfusion of infected / unsafe blood or blood products.



- ❖ From an infected mother to child during pregnancy, delivery or breastfeeding.



- ❖ Sharing of infected syringes and needles and skin-piercing instruments.



HIV is not Transmitted Through

- ❖ Shaking hands with an HIV infected person.



- ❖ Shared use of towels, utensils and clothes.

- ❖ Eating and drinking from the same plate or cup.



- ❖ Use of common toilets, bathing in a pond/lake/canal or river.

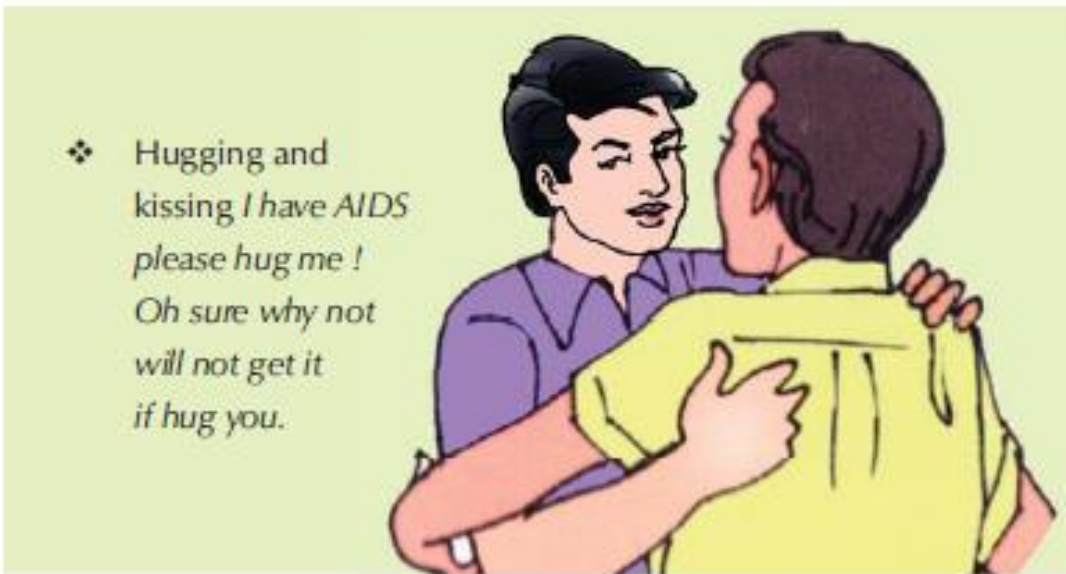


- ❖ Donating blood with new/sterile needles.





- ❖ Caring for and touching a person infected with HIV.



- ❖ Hugging and kissing *I have AIDS please hug me !*
Oh sure why not will not get it if hug you.



- ❖ Playing or travelling with an HIV infected person.

Signs and Symptoms of AIDS

- ❖ Weight loss greater than 10% of body weight.



- ❖ Diarrhoea lasting for more than one month and severe weakness.

- ❖ Constant fever for more than one month.



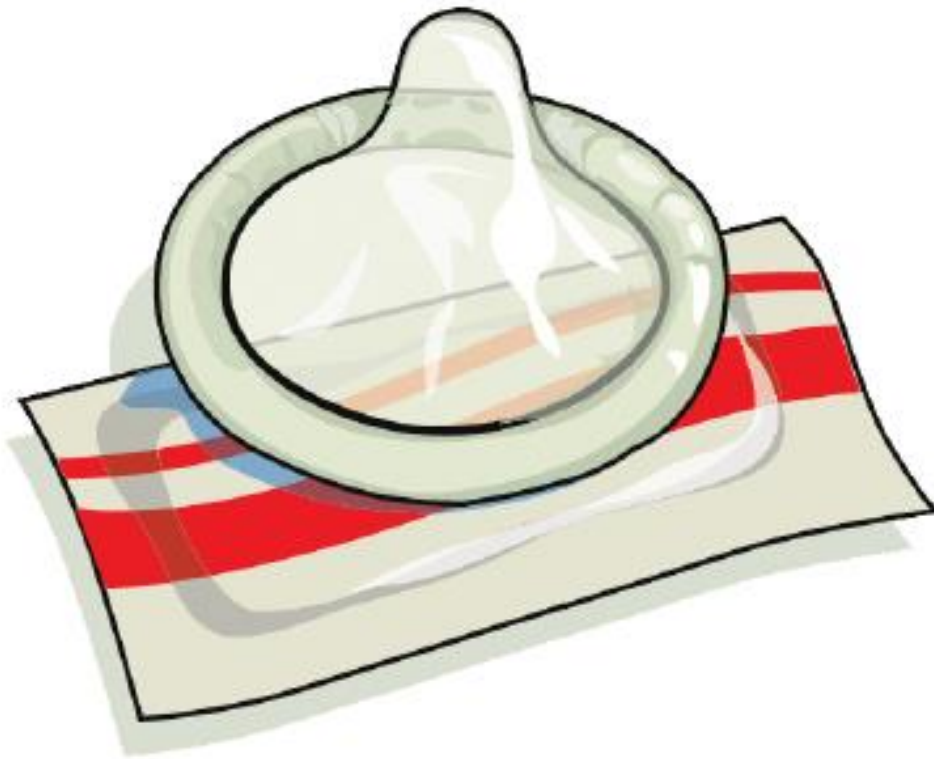
- ❖ Cough for more than a month.

- ❖ However, when several of these occur at the same time and they are constant, this may indicate AIDS.



Prevention of AIDS

❖ Safer sex practices



Safer sex practices should be followed with an HIV positive person or with a person whose sexual history is unknown.

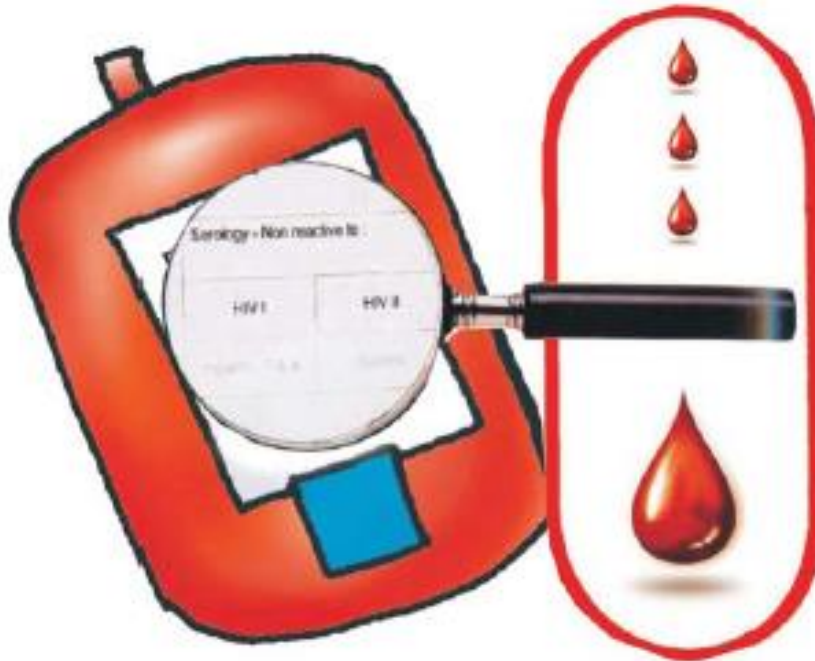
❖ Drug use and limiting HIV exposure

People who use injection drugs risk exposure to HIV if they share needles and syringes with others.

SIGNS: person should never share syringes for drug use as it increases risk to HIV exposure.



❖ **Minimizing HIV exposure from medical procedures**



HIV has been transmitted through transfusions of contaminated blood and blood components. These measures include various heat-treating techniques and screening of donated blood for evidence of HIV.





First Aid

First aid is the provision of initial care for an illness or injury. It is usually performed by a non-expert person to a sick or injured person until medical treatment can be given.

Why we need First Aid

- ❖ **Preserve life** - The aim of all medical care, including first aid, is to save lives.
- ❖ **Prevent further harm** – To prevent the condition from worsening, this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.
- ❖ **Promote recovery** – Promotes the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

How to make a First Aid Kit

- ❖ Try to keep your first aid.
- ❖ Store it with multi-use items.



- ❖ Inexpensive nylon bags, personal kits, or make-up cases serve very well.
- ❖ Put wound supplies in one bag and medications in another.

What to Put in Your Household Kit

- ❖ **Adhesive tape** 
- ❖ **Anesthetic spray or lotion** 
- ❖ **4" x 4" sterile gauze pads** - For covering and cleaning wounds
- ❖ **2", 3", and 4" Ace bandages** - For wrapping sprained or strained joints



❖ **Adhesive bandages (all sizes)**



❖ **Gloves - For infection protection**



❖ **Antibiotic cream - Apply to simple wounds to avoid infection**



❖ **Non adhesive pads - For covering wounds and burns**



❖ **Pocket mask**



❖ **Safety pins (large and small)**



❖ **Scissors**



❖ **Towel**



Nutrition

Why Is Food Necessary?

- ❖ Life cannot exist without food.
- ❖ Proper nutrition and balanced diet is essential for good health.
- ❖ It helps in mental and physical growth of all human beings during developmental stages of life, be it the newborn child, growing adolescent, pregnant women, or elderly persons.



Functions of Food

Physiological Functions

- ❖ Provides energy
- ❖ Provides nutrients for growth, tissue building and body repairs
- ❖ Gives protection from diseases.

Psychological Functions

- ❖ Satisfies emotional need
- ❖ Gives security



Social Functions

- ❖ Brings people together by means of sharing

Nutrients

The six nutrients required by our body are:

1. Carbohydrates (energy giving)
2. Proteins (body building)
3. Fats
4. Vitamins
5. Minerals (protective)
6. Water








Balanced Diet






Balanced Diet is a diet in which all the nutrients are present in the right amount as required by the body.








Sources and Functions of Essential Nutrients

S. No.	Nutrients	Sources	Functions
1	Carbohydrates 	Cereals, millets, roots and tubers, potatoes, yam, tapioca, colocasia (arbi), sugar and jaggery.	These are helpful in providing energy to the body.
2	Proteins 	Fresh or dried milk, cheese, curd, nuts, soya bean, pulses, meat and cereals.	Proteins are helpful in building and repairing the body tissues, muscles and vital fluids like blood.
3	Fats 	Butter, ghee, vegetable oils and fats, nuts and soya bean.	Fats serve as a concentrated source of energy and provide essential fatty acids.
4	Vitamins and Minerals 	Fish liver oil, milk and milk products (curds, butter, ghee) yellow and red fruits, green leafy and yellow vegetables (carrots, pumpkins).	These help in keeping the body healthy by building up immunity against illnesses.
5	Water 	Tap water, bottled water, some foods with high water content, including many fruits and vegetables provide water to the body.	It helps in transportation of vital nutrients in the body and unnecessary waste out of the body to regulate temperature.

Importance of Vitamins and Minerals

S. No.	Nutrients	Sources	Functions
1	Vitamin A 	Dark green leafy vegetables (spinach, mint and radish leaves, drumstick leaves) yellow vegetables and fruits (carrot, pumpkin, mango, papaya) and animal foods like milk, milk products (butter and ghee).	Helps in preventing blindness, good for skin and provide immunity to the body.
2	Vitamin B 	Legumes and pulses, meat, fish, eggs, milk and milk products, nuts and cereals.	Helps to prevent mouth and tongue ulcers. There are a number of vitamins in this group that are essential for normal growth.
3	Vitamin B6 	Potatoes, nuts, spinach.	Promotes white blood cell production.
4	Folate 	Peas.	Increases activity of white blood cells.
5	Vitamin C 	Guava, amla, citrus fruits like orange, grapes, green chilly and tomato.	Enhances immunity essential for good health and protection against diseases. It is also an anti-oxidant.

S. No.	Nutrients	Sources	Functions
6	Vitamin D 	Fish liver oil, cod liver oil, butter and egg	Is essential for the formation of bones.
7	Vitamin E 	Vegetable oils and grains.	Is anti oxidant that stimulates immune response to infectious diseases.
8	Calcium 	Vegetables, spinach, mustard greens. Animal source: Cheese, milk, yoghurt, butter milk.	Is essential for normal development of bone and teeth.
9	Zinc 	Egg, whole grains.	Promotes wound healing.
10	Iron 	Green leafy vegetables, like spinach, methi, legumes.	Is needed for oxygen transport and for blood formation.

Nutritional Deficiencies and Prevention

Anaemia

Symptoms

Person looks weak and pale and gets tired very easily.



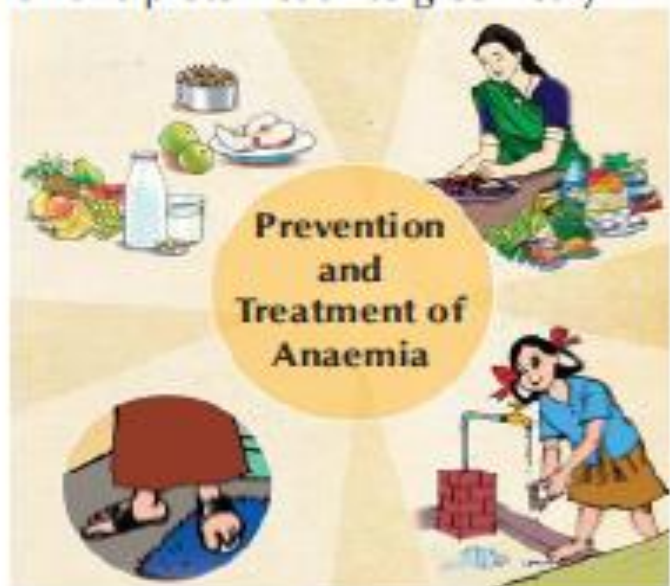
Causes

- ❖ Low absorption of iron in body.
- ❖ Worm infestation.
- ❖ Insufficient intake of iron rich foods.
- ❖ Frequent episodes of malaria.
- ❖ Loss of blood through menstrual bleeding in adolescent girls and women.



Prevention and Treatment of Anaemia

- ❖ Eat foods that are rich in iron and protein such as green leafy vegetables, (spinach, mint, raddish leaves), sprouted grams, soyabean, jaggery, egg yolk.
- ❖ Include foods rich in vitamin C such as guava, amla, oranges, lime, green leafy vegetables.



- ❖ Do not drink tea or coffee with meals or for at least one hour after taking iron tablets.
- ❖ Take plenty of dark green leafy vegetables.
- ❖ Maintain personal hygiene.
- ❖ Wear footwear to prevent worm infestation.

Vitamin A Deficiency

Symptoms

Problem with vision, Skin damages, troubles, convulsions and paralysis.



Causes

- ❖ Not feeding colostrum at the time of child birth.
- ❖ Delayed breastfeeding.
- ❖ Delayed and inappropriate complementary feeding.
- ❖ Frequent illness like diarrhoea, measles, etc. and loss of appetite.
- ❖ Low intake of vitamin A rich foods.



Prevention and Treatment of Vitamin A Deficiency

- ❖ Initiate breastfeeding as early as possible.
- ❖ Feed colostrum to child at the time of birth.
- ❖ Initiate appropriate complementary feeding at six months of age.
- ❖ Eat foods that are rich in vitamin A such as yellow, red and green leafy vegetables and fruits such as pumpkin, carrot, papaya, mango, spinach, mint, radish leaves, milk and milk products and egg.
- ❖ Increase intake of ghee/oil/butter in the diet.

Iodine Deficiency Disorders (IDD)

Symptoms

Enlargement of the gland, visible externally as a swelling on the front of the neck.



Causes

- ❖ Lack of iodine in the body.
- ❖ Consumption of foods grown on land deficient in iodine.
- ❖ Ignorance about using iodized salt.

Prevention of Iodine Deficiency Disorders (IDD)

- ❖ Always consume iodized salt.
- ❖ Sea foods may be used, if acceptable and affordable.



Healthy Cooking And Eating Habits

Sprouting

Sprouting is the practice of soaking, draining and then rinsing seeds at regular intervals until they germinate, or sprout.



Benefits of Sprouting

- ❖ Helps to prevent constipation and gas formation.
- ❖ It increases Vitamin B complex and C.
- ❖ Rich in vitamins.
- ❖ They are healing food and are as good as vegetables and greens.

Food Fortification

Food fortification is a method of adding nutrients to food item to increase its nutritional value.

At the household, level following are a few ways by which we can fortify food items:

- ❖ If we mix soya flour in wheat flour it increases the protein content of our chapattis.
- ❖ If we mix ragi flour into wheat flour it increases the calcium content of our chapattis.
- ❖ If we mix bajra flour into wheat flour, it increases iron content of our chapattis.
- ❖ Sun dry amlas and then it may be added to any dal or vegetable to increase the Vitamin C content of food.
- ❖ Similarly sun dry carrots to increase Vitamin A content of our food.
- ❖ Use iodized salt.

By Doing the Above We Can:

- ❖ Improves the micronutrient content of the food.
- ❖ Increases the consumption of nutrients in the body.
- ❖ Enables to use food items which are generally not liked by people.



Nutrient Loss during Washing and Cutting

Food contains a lot of useful nutrients like vitamins and minerals, which can easily be destroyed.

- ❖ When the vegetables are washed after cutting into small pieces for cooking.
- ❖ Cooking at high temperatures leads to destruction of nutrients.
- ❖ Poor cutting and washing practices easily destroy B-group vitamins

Benefits of Cooking

- ❖ Cooking makes food edible and helps in easy digestion.
- ❖ Cooking destroys harmful germs.
- ❖ Good cooking practices increase the nutritional value of food items.



Nutrient Loss During Cooking

- ❖ The most easily destroyed nutrients are the water soluble ones. e.g. Vitamin B complex and C are lost by exposure to excess water, air, heat, and light.
- ❖ Fat-soluble vitamins e.g. A, D, E, and K are more stable. Cooking in acid medium has a protective effect against vitamins.
- ❖ Proteins are not lost in daily cooking. They may get denatured if overcooked.

Some Cooking Tips

- ❖ Consumption of properly washed raw and fresh vegetables is always beneficial as washing removes pesticides.
- ❖ Wash rice in cold water for a minimum number of times, before soaking because when we soak the rice the vitamins are mixed into water, and if we wash them after soaking its nutritive value is decreased
- ❖ The amount of water used to cook rice and vegetables should be so adjusted that it is absorbed and is not drained.
- ❖ If the water in which rice, dal or vegetables are cooked is extra, it should not be thrown, may be used in soups or kneading dough because it contains vitamins/minerals.

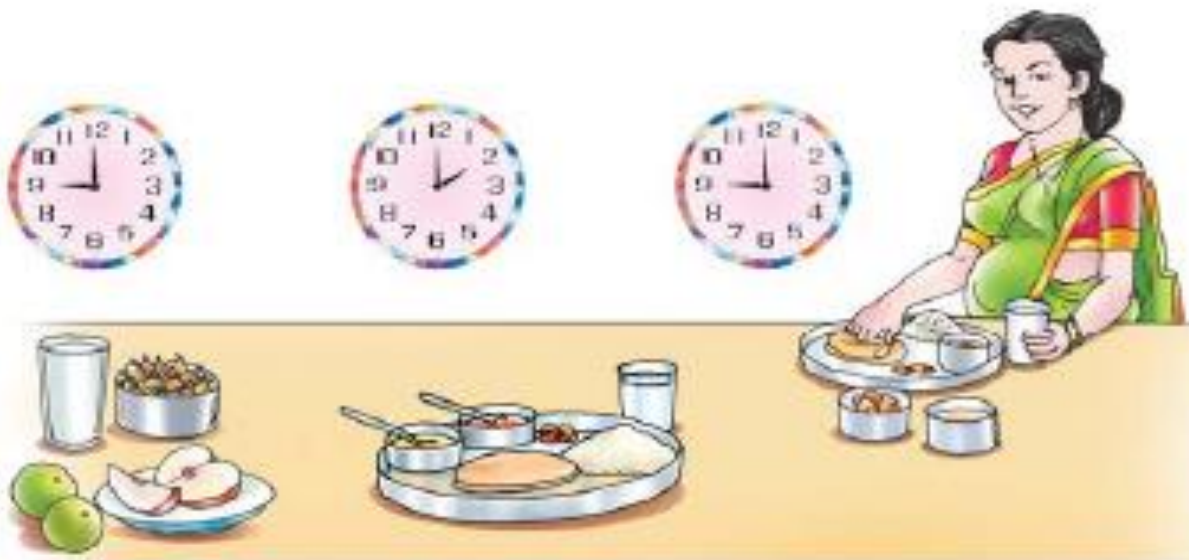


- ❖ Add finely chopped green leafy vegetables to rice, chapatis and dal.
- ❖ Cook cereals and pulses together to increase nutrients.
- ❖ Use fresh vegetables.
- ❖ Include sprouted cereals and pulses in the diet.
- ❖ Wash vegetables or fruits before cutting and peeling. Cut or peel them just before cooking.
- ❖ When we prepare paneer out of milk, the whey water should never be thrown away. We can add sugar or salt into it and can drink it. It is a very nutritive drink.
- ❖ We should always cover and then cook green vegetables, it takes less time and nutrients are not lost.
- ❖ Vitamin C is destroyed while cooking therefore we may add lemon while serving food and not while cooking it.

Nutrition During Pregnancy and Lactation

Nutritional Care during Pregnancy

- ❖ Eat balanced diet and variety of foods, to meet nutritional needs during pregnancy.



- ❖ Eat four to five times a day.
- ❖ Increase intake of cereals, pulses, milk and milk products and green leafy vegetables.
- ❖ Consume meat, fish and egg, if culturally accepted and affordable.
- ❖ Include oil or ghee in the diet as these are concentrated source of energy.
- ❖ Consume iodized salt.



- ❖ Drink plenty of water.
- ❖ Consume small amounts of food at short intervals if suffering from nausea and vomiting one should not stop eating.
- ❖ Excessive intake of tea, tobacco and alcohol should be discouraged.
- ❖ Consume "Supplementary Food" provided at AWC daily and regularly.
- ❖ Ignore harmful beliefs and food practices during pregnancy.

Nutritional Care during Lactation

- ❖ In addition to normal diet a nursing mother needs good quality meal every day to meet her nutritional requirements and to feed her baby.
- ❖ A nursing mother needs more proteins (high quality) for milk production. Eat more of whole grain cereals, pulses/dals, milk, curd, green leafy vegetables and fruits.
- ❖ Iodised salt should be used.
- ❖ A nursing mother should drink plenty of fluids.



- ❖ A nursing mother should not eat excessive spicy and high calorie food such as ghee, nuts, etc.
- ❖ If a nursing mother does not consume nutritious diet, her own body stores will be used up for production of milk, thus affecting her health.
- ❖ Food beliefs and practices which have no scientific basis should be discouraged.
- ❖ A nursing mother should consume the supplementary food provided at the Anganwadi Centre for six months after delivery to meet the increased nutritional requirements of breastfeeding.

Malnutrition

- ❖ Malnutrition is the insufficient or imbalanced consumption of nutrients.
- ❖ Malnutrition can be both over nutrition or under nutrition.



Effects of Malnutrition

- ❖ Mortality
- ❖ Illness
- ❖ Psychological

Causes of Malnutrition

- ❖ Hunger
- ❖ Poverty
- ❖ Inadequate Dietary practices or unbalanced diet
- ❖ Problems with digestion or absorption
- ❖ Certain medical conditions
- ❖ Late initiation of breastfeeding and complementary feeding
- ❖ Lack of education about proper nutrition

Prevention of Malnutrition

Breastfeeding a baby for at least six months is considered the best way to prevent early-childhood malnutrition.



- ❖ Consume plenty of fruits, grains, and vegetables.
- ❖ Eat a variety of foods that are low in fats and cholesterol and contain only moderate amounts of salt, sugar, and sodium.



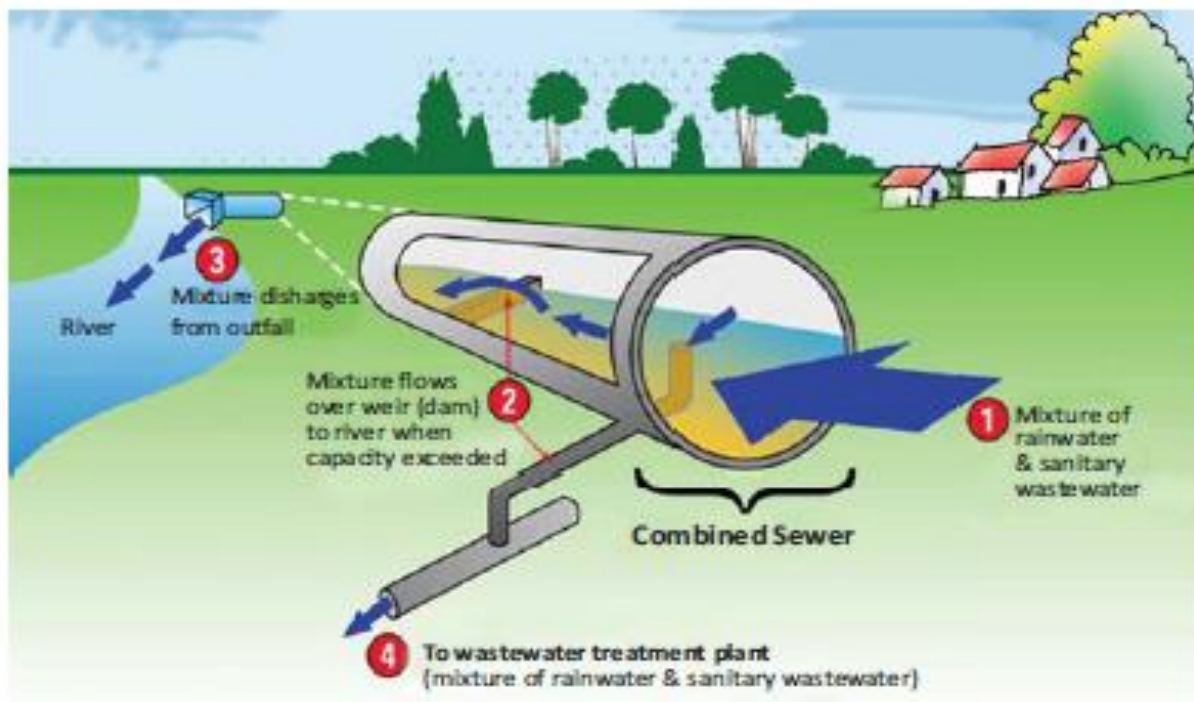
- ❖ Engage in moderate physical activity to achieve or maintain the ideal weight.



Waste Water Sanitation and Solid Waste Disposal

Wastewater Sanitation

Wastewater Sanitation means promoting health through prevention of human contact with the hazardous wastes. Hazards can be physical, biological or chemical agents of disease.



Wastewater Collection

- ❖ In general, a collection system is located at or near the point of wastewater generation to receive one or more wastewater streams and direct these streams to treatment and/or storage systems.
- ❖ Waste water streams from different points throughout the industrial facility normally enter the collection system through individual drains or trenches connected to a main sewer line.

- ❖ The drains and trenches are usually open to the atmosphere. Junction boxes, sumps, trenches, lift stations, and weirs will be located at points requiring waste water transport from one area or treatment process to another.

Wastewater Treatment



- ❖ It is the process of removing contaminants from wastewater and household sewage.
- ❖ It includes physical, chemical, and biological processes to remove all (physical, chemical and biological) contaminants.
- ❖ Its objective is to produce a waste stream suitable for discharge or reuse back into the environment.

Reuse of Wastewater

Urban reuse: For irrigation of public parks, school yards, highway, residential landscapes, for fire protection and toilet flushing in commercial and industrial buildings.



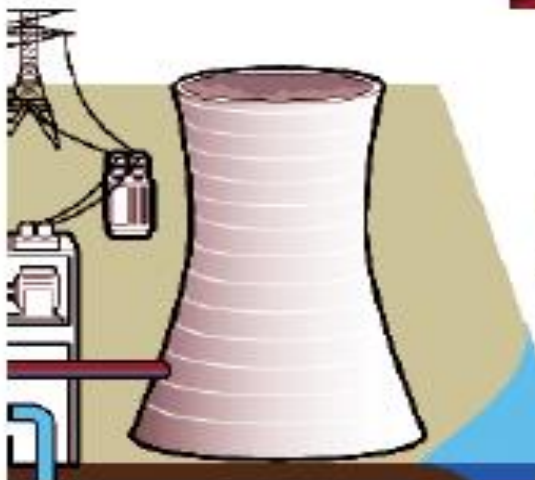
Agricultural reuse: Irrigation of non-food crops (fodder and fibre), nurseries, and pasture lands. High-quality reclaimed water is used to irrigate food crops.



Recreational impoundments: Ponds and lakes.



Environmental reuse: Creating artificial, natural wetlands, and sustaining stream flows.



Industrial reuse: Process water and cooling tower water.

Solid Waste Disposal

Disposal of solid waste can be done by landfills, recycling, composting and conversion to biofuels. Daily cover also minimizes odour emissions and reduces windblown litter.



Open Dumping

Advantages:

Inexpensive

Disadvantages:

- ❖ Health-hazard - insects, rodents, etc.
- ❖ Damage due to air pollution
- ❖ Ground water and run-off pollution

Recycling

Advantages:

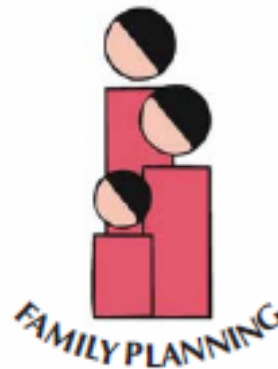
Key to providing a livable environment for the future

Disadvantages:

- ❖ Expensive
- ❖ Some wastes cannot be recycled
- ❖ Technological push needed
- ❖ Separation of useful material from waste difficult



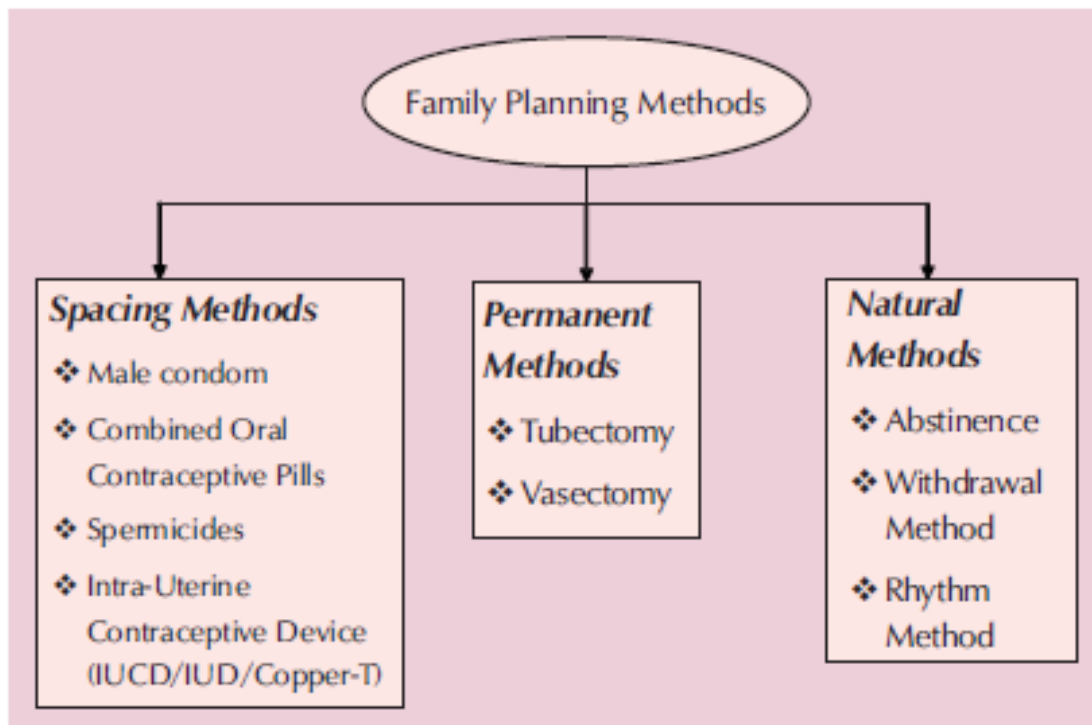
Family Planning








Working out a plan with your partner on how to increase the family within the context of a sexual relationship. This covers when to get pregnant, the number of children wanted, how to deal with fertility issues, how to avoid getting pregnant, whether to consider an abortion or adoption if an unwanted pregnancy occurs, etc.

Different Types of Contraceptive Methods

Contraception is a way of preventing pregnancy. The different types of contraceptive methods are



Effectiveness of the Contraceptive Methods

Contraceptive Method	To be used by	Appropriateness for married adolescents	Protection from STI/HIV Infection
Abstinence	Both	Not practical	Yes
Withdrawal Method	Man	Male partner's motivation/control is required	No
Rhythm Method	Woman	Require proper calculation of fertile and infertile days during a girl's menstrual cycle Sexual intercourse is avoided during fertile days	No
Male Condoms 	Man	Appropriate but male dependent	Yes when used correctly and consistently
Female Condoms 	Woman	Appropriate but not easily available	Yes when used correctly and consistently
Spermicides	Woman	Appropriate but not easily available	Protection not sure
Combined Oral Pills/Mini Pills 	Woman	Appropriate	No
IUCD/IUD/Copper-T 	Woman	Appropriate	No
Vasectomy 	Man	Appropriate	No
Tubectomy	Woman	Appropriate	No

Family Planning Choices



Withdrawal

Abstain



Source:

<http://newton007.com/article/wp-content/upload/2010/06/familyplanning.in>

<http://www.buzzle.com/img/articleimages/21611-8.jpg/grefenn=http://>

<http://health/indiamart.com/familyplanning/gifts/familyplanning/.jpg/imgref>

Common Childhood Illness and Immunisation





Common Childhood Illness






Environmental hygiene is as important as personal hygiene for good health. Small children are at high risk and fall sick easily. Most of the diseases are caused by drinking unsafe water, breathing unclean air and easily spoilt food.



Their Signs and Symptoms, Prevention and Control

Disease	Signs and Symptoms	Prevention and Control
Diarrhoea 	<ul style="list-style-type: none"> ⊙ Tired or unconscious ⊙ Depressed eyes ⊙ Not able to drink ⊙ Restless, irritable ⊙ Headache ⊙ Fever ⊙ Loss of appetite ⊙ Dark coloured urine 	<ul style="list-style-type: none"> ⊙ Breast-feed babies for as long as possible, at least until they are two years old ⊙ Do not bottle-feed the infant ⊙ Give nutritious food to your child ⊙ Do not leave food uncovered ⊙ Use safe drinking water ⊙ Give the child plenty of water, soup, tea, coconut water, dal and rice water at regular intervals ⊙ Give the child Oral Rehydration Solution (ORS)
Hepatitis/ Jaundice 	<ul style="list-style-type: none"> ⊙ Fever ⊙ Headache and weakness ⊙ Loss of appetite ⊙ Vomiting ⊙ Yellow coloured urine and excessive sweating ⊙ Eyes and skin look yellow 	<ul style="list-style-type: none"> ⊙ Personal hygiene and sanitation ⊙ Proper disposal of faeces ⊙ Safe drinking water ⊙ Isolation of the patient ⊙ Prevention: Hepatitis vaccine

Disease	Signs and Symptoms	Prevention and Control
Polio 	<ul style="list-style-type: none"> ⊙ Fever and weakness ⊙ Loss of appetite and vomiting ⊙ Pain and hardness in the neck ⊙ Weakness of the limbs and muscles 	<ul style="list-style-type: none"> ⊙ Good personal hygiene and sanitation ⊙ Proper disposal of faeces ⊙ Isolation of the patient ⊙ Prevention: Polio vaccine
Tuberculosis (TB) 	<ul style="list-style-type: none"> ⊙ Persistent cough for more than 3 weeks ⊙ Fever, chest pain ⊙ Loss of weight ⊙ Loss of appetite ⊙ Blood in the sputum (cough) and vomiting 	<ul style="list-style-type: none"> ⊙ Good personal hygiene and sanitation ⊙ Proper disposal of sputum ⊙ Isolation of the patient ⊙ Prevention: BCG vaccine
Tetanus 	<ul style="list-style-type: none"> ⊙ History of injury ⊙ Fever ⊙ Painful spasms in the muscles ⊙ Rigidity and jerk of the muscles ⊙ Irritation to bright light 	<ul style="list-style-type: none"> ⊙ Clean all wounds immediately and thoroughly ⊙ Good personal and environmental sanitation ⊙ Isolation of the patient and treatment at the hospital ⊙ Prevention: Tetanus toxoid vaccine
Measles 	<ul style="list-style-type: none"> ⊙ Fever with rashes on the skin ⊙ Loss of weight, weakness and diarrhoea ⊙ Pneumonia ⊙ Infection in the ears ⊙ Convulsions (fits) 	<ul style="list-style-type: none"> ⊙ Community awareness ⊙ Isolation of the patient ⊙ Prevention: Measles vaccine

Disease	Signs and Symptoms	Prevention and Control
Rubella (German Measles) 	<ul style="list-style-type: none"> ⊙ Low-grade fever ⊙ Sore throat ⊙ Enlargement of the glands in the neck area 	<ul style="list-style-type: none"> ⊙ Community awareness ⊙ Isolation of the patients ⊙ Prevention: MMR vaccine
Mumps 	<ul style="list-style-type: none"> ⊙ Fever with enlargement of the neck glands ⊙ Swelling of the face ⊙ Difficulty in swallowing 	<ul style="list-style-type: none"> ⊙ Community awareness ⊙ Isolation of the patient ⊙ Prevention: MMR vaccine
Typhoid 	<ul style="list-style-type: none"> ⊙ Fever for 3-4 weeks ⊙ Body ache and loss of appetite ⊙ Blood in the stool and pain in the abdomen 	<ul style="list-style-type: none"> ⊙ Good personal hygiene and sanitation ⊙ Do not eat fruits that has been cut and left for a long time ⊙ Proper disposal of faeces ⊙ Safe drinking water ⊙ Isolation of the patient ⊙ Prevention: TAB vaccine
Diphtheria 	<ul style="list-style-type: none"> ⊙ Fever and sore throat ⊙ Pneumonia ⊙ Loss of appetite ⊙ Loss of weight ⊙ Bleeding from the nose ⊙ Difficulty in swallowing ⊙ Convulsions (fits) 	<ul style="list-style-type: none"> ⊙ Good personal hygiene and sanitation ⊙ Isolation of the patient ⊙ Prevention: DPT vaccine
Pertussis (Whooping cough) 	<ul style="list-style-type: none"> ⊙ Fever and dry cough ⊙ Pneumonia ⊙ Bleeding from the nose and eyes ⊙ Convulsions (fits) 	<ul style="list-style-type: none"> ⊙ Good personal hygiene and sanitation ⊙ Isolation of the patient ⊙ Prevention: DPT vaccine

What is Immunisation

Immunisation is an act of preventing childhood diseases such as whooping cough, measles, diphtheria, chicken pox, small pox, poliomyelitis and yellow fever by giving chemical substance which has the causative organize of the infection to reduce dangerous.

The Need of Immunisation

- ❖ It reduces mortality rate among children.
- ❖ It protects the child from childhood diseases.
- ❖ On the part of parents especially mothers have the sign of relief due to surviving rate of their children. They do not pass through painful experiences of taking their wards to doctors and medicines where they have to pay huge sums of money before treating the child.

	At birth	15 months	25 months	35 months	4 months	16 months
BCG						
DPT						
Polio						
Measles						

REMEMBER : Children should be immunised even if they have a mild sickness such as fever, cold, cough, or diarrhoea.

Pulse Polio : Polio doses may be given on pulse polio days in addition to the regular immunisation.

Immunisation Schedule

National Immunisation Schedule for Infants, Children and Pregnant Women

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper arm
TT-Booster	If received 2 TT doses in a pregnancy within last 3 yrs*	0.5 ml	Intra-muscular	Upper arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1 ml (0.05 ml till 1 mth age)	Intra-dermal	Left upper Arm
Hepatitis B	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1,2 & 3	At 6 weeks, 10 weeks and 14 weeks	2 drops	Oral	Oral
D PT 1,2 & 3	At 6 weeks, 10 weeks and 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh

Vaccine	When to give	Dose	Route	Site
Hep B 1,2 & 3	At 6 weeks, 10 weeks and 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles	9 completed months-12 months	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin-A (1st dose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT Booster	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid- thigh
Measles 2nd dose	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
Japanese Encephalitis**	16-24 months	0.5 ml	Sub-cutaneous	Left upper Arm
Vitamin-A*** (2nd to 9th dose)	16 months. Then, one dose every 6 months up to the age of 5 years	2ml (2 lakh IU)	Oral	Oral
DPT Booster	5-6 years	0.5 ml	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

*Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to women in labour, if she has not previously received TT.

**JE Vaccine, in selected endemic districts after the campaign.

*** The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.

Home Remedies

- ❖ Home remedies are made at home and work out less expensive than other medicines.
- ❖ Homemade remedies are harmless when compared to other modern medicines and rarely cause reactions or side effects.
- ❖ The popular belief to home remedies is that they merely consist of consuming herbs, fruit juices, and vegetable juices. These items are just the beginning.





❖ Natural home remedies also include physical therapies like stretching, exercises, acupuncture, acupressure, and yoga.

❖ When opting for natural home remedies to treat any disease, one should keep in mind that natural home remedy will not give immediate results, wait for the results with patience.

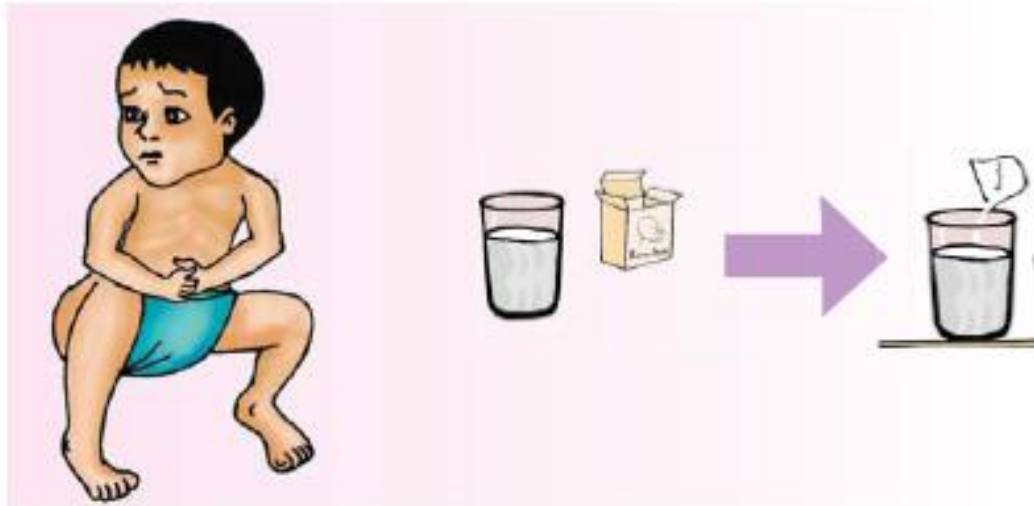
❖ It is a known fact that diseases like Diabetes, Asthma, Hypertension cannot be cured completely but adopting such a remedy will definitely control the disease and provide relief.

Examples of Home Remedies

For cough: Soak almonds overnight. Remove their skin. Make a paste of these almonds with little butter and sugar. Very useful for a dry cough. 2) Hot tea with lemon and raspberry jam, drink as much as possible. Drink hot milk with honey at bedtime for cough relief.



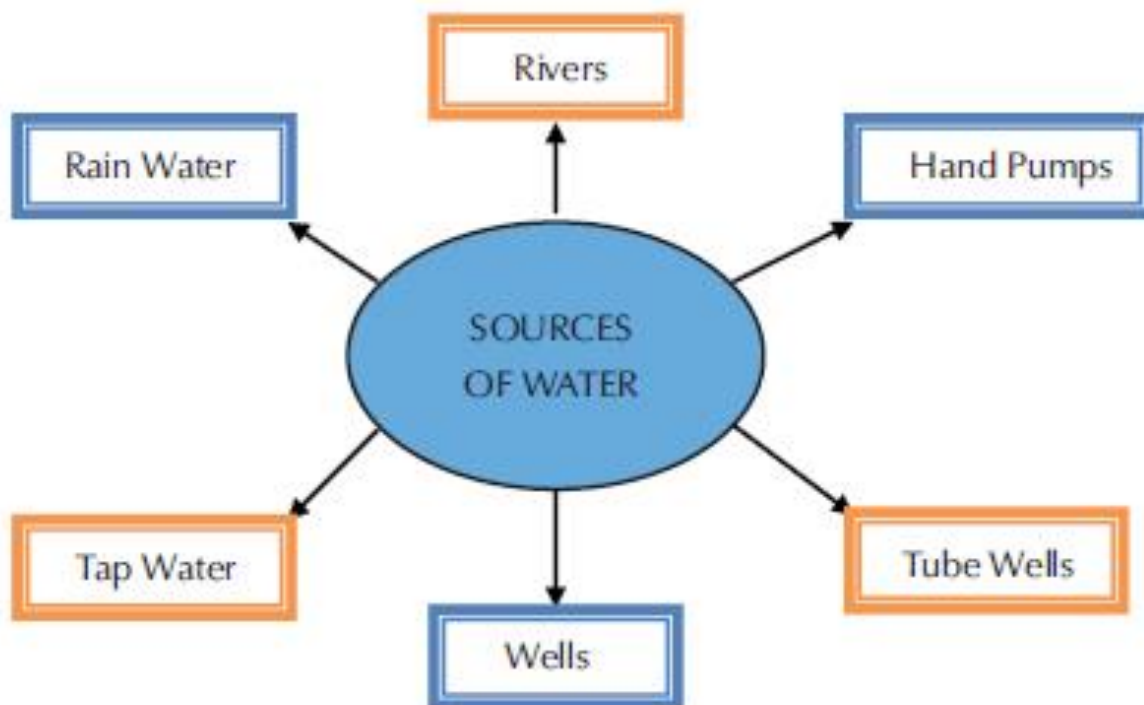
For indigestion: Mix equal parts of baking soda and water in a glass. Drink as soon as you feel indigestion coming.



Safe Drinking Water

Importance and Need of Safe Drinking Water

- ❖ Clean drinking water is a basic human need for healthy living. Unfortunately more than one in six people still lack access to this resource.
- ❖ Safe drinking water can prevent many illnesses such as diarrhoea and jaundice.



Sources of Water

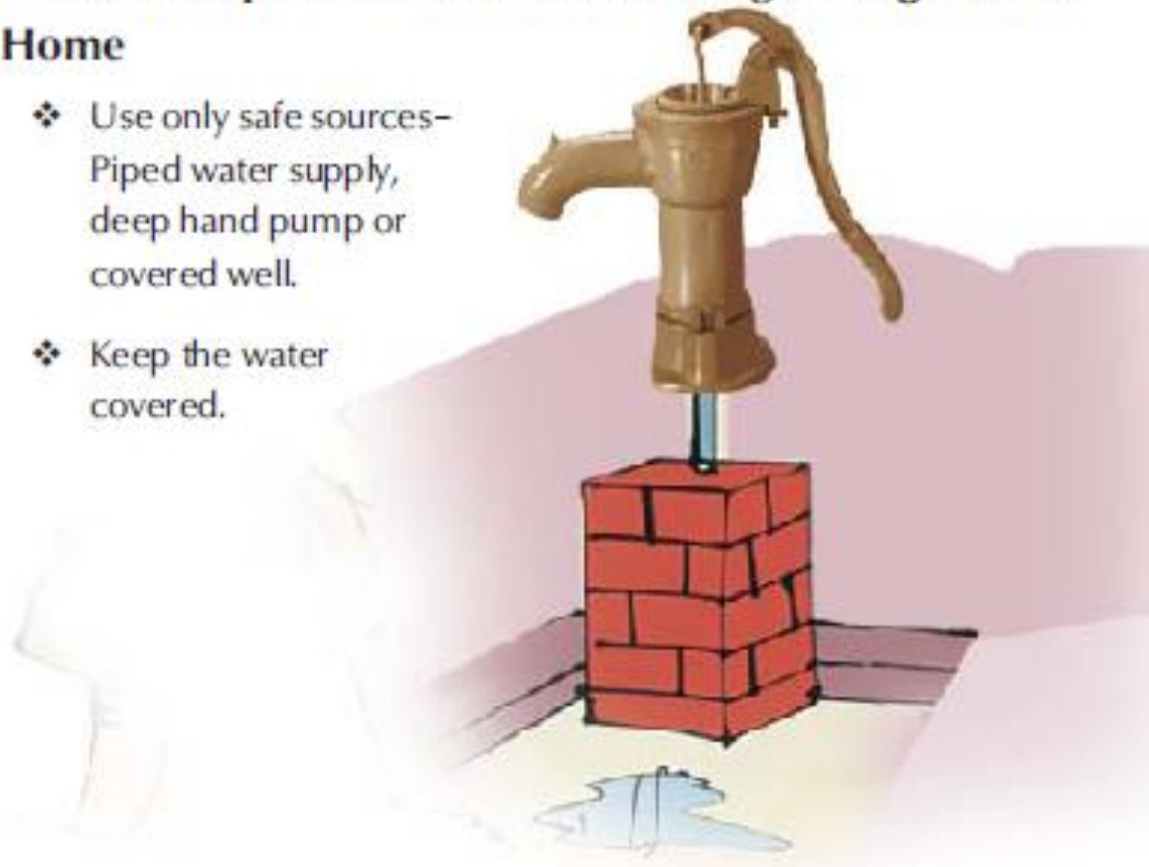
How Water Becomes Unsafe

- ❖ Water becomes unsafe with disease-causing germs which comes from human & animal excreta or other sources.
- ❖ Human activities in the surrounding area of water sources make the water reservoirs contaminated.



How to Keep Water Safe for Drinking at Anganwadi/ Home

- ❖ Use only safe sources- Piped water supply, deep hand pump or covered well.
- ❖ Keep the water covered.





- ❖ Strain the water in a clean cloth. It will remove bigger particles.
- ❖ Do not dip hands in the water containers. Use a ladle to take out water.
- ❖ Make water safe by boiling it for about 15-20 minutes after the boiling starts.

Water can be purified by following simple steps given below:

- ❖ Take one litre of water in a jar.
- ❖ Add a teaspoonful of well-kept bleaching powder to it.
- ❖ Stir it well and keep it for five minutes.
- ❖ Pour the solution into a plastic bottle using a filter.
- ❖ Keep off the undissolved powder.
- ❖ Cap the bottle; it can be used for 2 days.

Infections/Illnesses Caused by Contaminated Water

Cholera

Causes

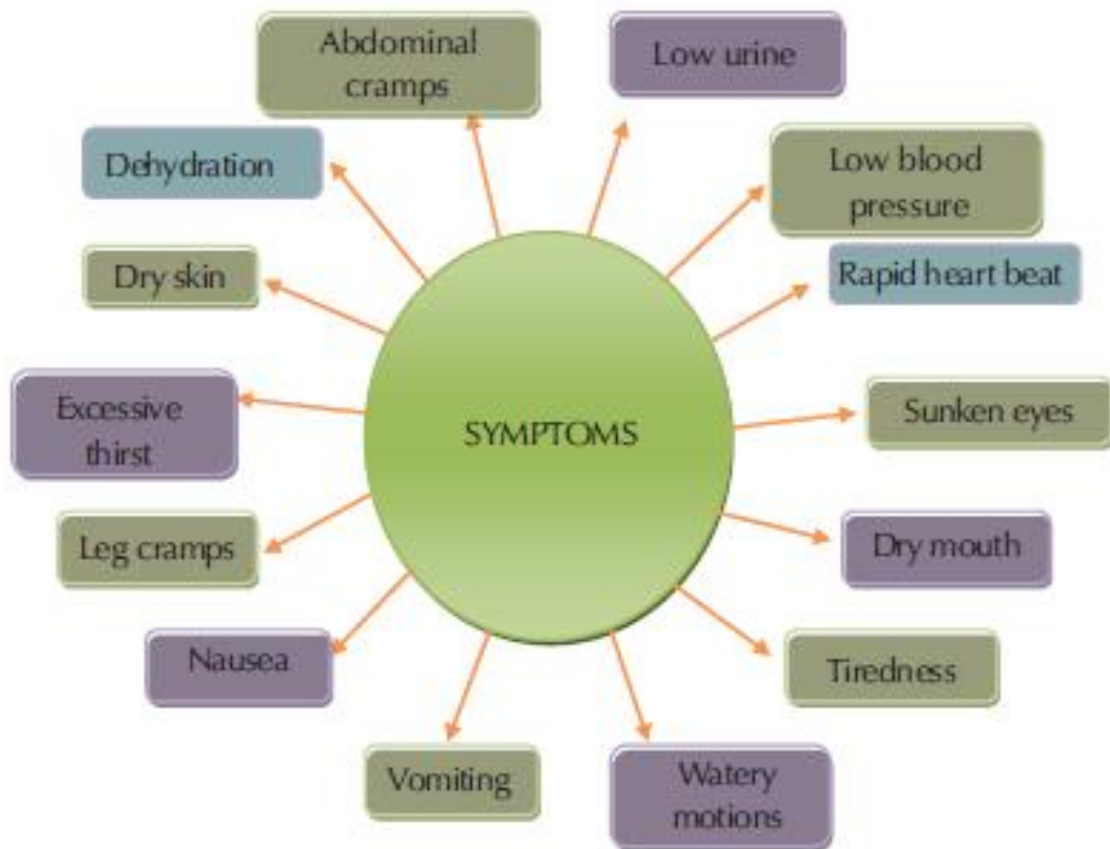
The most common causes of cholera are:

- ❖ Poor hygiene
- ❖ Eating raw or undercooked food
- ❖ Regular use of unclean water and food supplies

Prevention of Cholera

- ❖ Drink only boiled water or water that has been treated with chlorine.
- ❖ Avoid undercooked or raw food.





- ❖ Make sure that all vegetables are cooked properly.
- ❖ Avoid foods and beverages from street hawkers.
- ❖ Check for proper sanitation and water purification systems.
- ❖ Give liquid foods, lemon, onions and mint to the patient.



- ❖ New vaccines for cholera are available which provide immunity and fewer side-effects.

Home Treatments for Cholera

- ❖ **Use of Lemon:** The sweetened or salted lemon juice can help the patient in overcoming the illness.

- ❖ **Use of Onion:** Onions are another remedy for cholera. About 30 grams of onion and black peppers crushed finely may be given to the patient in two or three doses during the day.

- ❖ **Use of Bitter Gourd (Karela):** The fresh juice of bitter gourd is an effective medicine in the early stages of cholera. Two small spoons of this juice mixed with an equal quantity of white onion juice and a teaspoon of lemon juice, should be given twice daily for the treatment of this condition.

- ❖ **Use of Clove (Laung):** Cloves are also useful in cholera. About four grams of cloves should be boiled in three litres of water until half of the water has evaporated and should be given to the patient several times during the day.

Diarrhoea

Causes

- ❖ **Bacterial/Viral Infections:** Several types of bacteria/virus that get into our body through contaminated food or water are the main cause of diarrhoea.
- ❖ Unhygienic habits and consumption of stale food may also cause diarrhoea.
- ❖ Parasitic infections are also a cause for diarrhoea.
- ❖ **Food intolerance:** Some people are not able to digest specific component of food properly, such as lactose, the sugar found in milk - which ultimately leads to diarrhoea.



Home Treatment of Diarrhoea Includes

- ❖ Intake of home -available fluids
- ❖ Oral Rehydration Solution (ORS)
- ❖ Continued feeding
- ❖ Continued breastfeeding



Hepatitis

- ❖ Hepatitis (Jaundice) is a broad term for irritation of the liver; it has a number of infectious and non-infectious causes.
- ❖ Among the infectious causes, hepatitis A and hepatitis E are associated with inadequate water supplies, poor sanitation and hygiene, leading to infection and inflammation of the liver.
- ❖ Hepatitis A and E viruses, while unrelated to each other, are both transmitted via the faecal-oral route, most often through contaminated water and from person to person.
- ❖ Hepatitis A could also be transmitted via food contaminated by infected food-handlers, uncooked foods, or foods mishandled after cooking. The illness starts with an abrupt onset of fever, body weakness, loss of hunger, vomiting and abdominal pain, followed by jaundice within a few days.
- ❖ The disease may range from mild (lasting 1-2 weeks) to severe (lasting several months).

Prevention of Hepatitis

- ❖ Good Sanitation
- ❖ Personal Hygiene
- ❖ Availability of adequate drinking water



Typhoid

- ❖ Typhoid is an infection caused by bacteria. Typhoid germs are passed in the faeces and urine of infected people.

- ❖ Contaminated water is one of the pathways of transmission of the disease.

- ❖ People become infected after eating food or drinking beverages that have been

handled by a person who is infected or by drinking water that has been contaminated by sewage containing the bacteria.

- ❖ Symptoms can be mild or severe and include fever as high as 39° - 40°C for a long time (4-21 days), vomiting, headache, constipation or diarrhoea, rose-coloured spots on the chest area and enlarged spleen and liver. Symptoms are seen 1-3 weeks after exposure.

- ❖ Even after recovery from typhoid, some individuals (called carriers) continue to carry the germs in their body and can be a source of infection for others.





Prevention of Typhoid

- ❖ Use safe drinking water
- ❖ Proper Sanitation System
- ❖ Wash Hands Before food preparation and after using toilet
- ❖ Personal Hygiene

Electricity Supply

Who has a Right to Electricity Supply

In most circumstances, an electricity company must agree to supply you electricity but they can refuse to supply electricity if:

- ❖ The wiring in your house is in a dangerous condition.

- ❖ The supply has been disconnected and there is no obligation to reconnect.
- ❖ Security money has not been paid.
- ❖ A prepayment meter has been refused.

Electricity Meters

- ❖ The meter receives the electricity supply from the service head and measures the consumption of power in the house.
- ❖ The dials on the meter record the number of units of power used so that you can be billed.

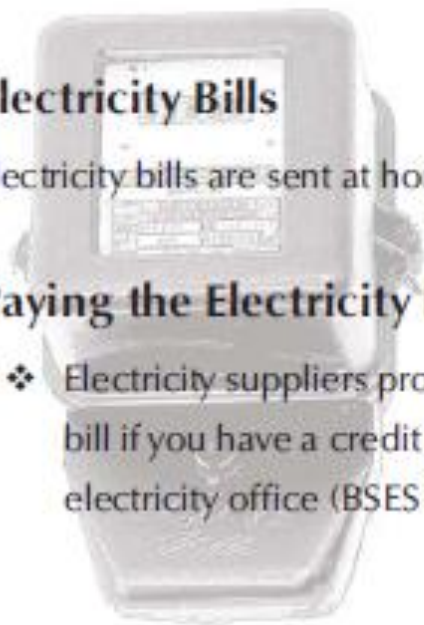


Electricity Bills

Electricity bills are sent at home at regular intervals.

Paying the Electricity Bill

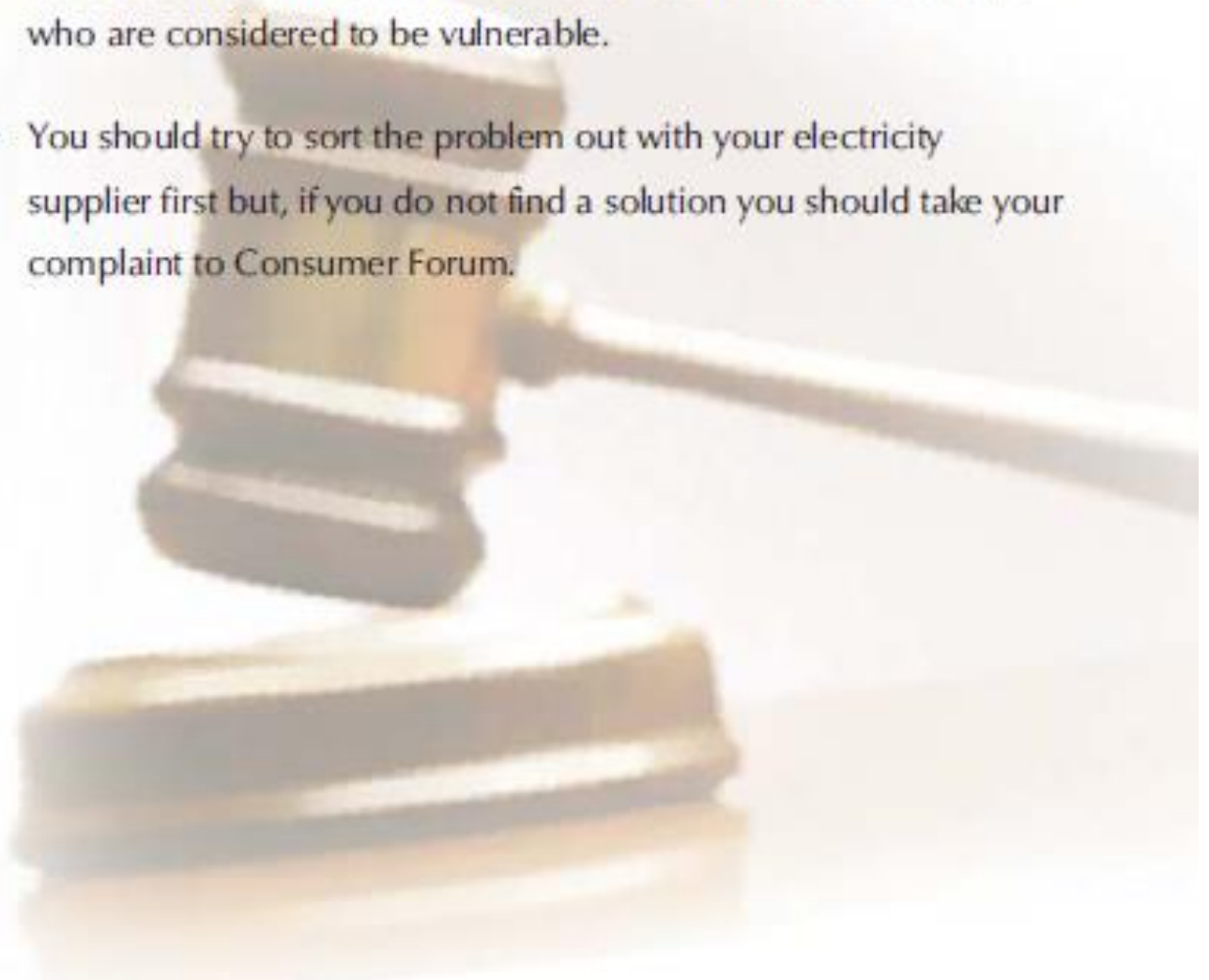
- ❖ Electricity suppliers provide a variety of ways for you to pay your bill if you have a credit meter. For e.g. Easy bill outlets, bank, electricity office (BSES office) in the area.



- ❖ The minimum requirement is that an electricity supplier must allow you to pay by cash, cheque, postal order or monthly direct debit.

Redressal of Complaints

- ❖ If you have a complaint about your electricity supplier, you should first raise it with the electricity supplier.
- ❖ However, the complaints process is different for customers who have been disconnected or are threatened with disconnection, or who are considered to be vulnerable.
- ❖ You should try to sort the problem out with your electricity supplier first but, if you do not find a solution you should take your complaint to Consumer Forum.



Life Skills

- ❖ Life skills are the abilities that help a person to fulfill the demands and challenges of everyday life.
- ❖ Everyone should use these skills for creating better serving.
- ❖ It helps a person to face problems of life and solve them.

Some Basic Life Skills

Problem Solving

- ❖ We often find two or more people arguing or unable to come to an agreement.
- ❖ Sometimes, it is not certain on how to decide a matter.
- ❖ Whatever the problem, it needs to be solved and a decision has to be taken.
- ❖ Problem-solving and decision-making go together.



Critical Thinking

- ❖ Critical thinking helps us in our daily lives when we have to take decisions.
- ❖ We are able to understand the problem without getting upset.
- ❖ It helps us to judge and decide what is right and what is wrong.



Self Awareness

- ❖ Self awareness means that we know and understand ourselves.
- ❖ We know our strengths and weaknesses, likes and dislikes.
- ❖ It helps us to overcome stress and tension.
- ❖ It helps us to communicate with other people and have good relations with them.
- ❖ A person who does not have self-awareness will not be able to understand other people's problem.

Empathy

- ❖ Empathy means being able to understand the feelings and problems of other person.
- ❖ We may put ourselves in the other person's situation and try to understand things from their point of view.
- ❖ Empathy can help us to accept other people exactly the way they are, even if they are different from ourselves.



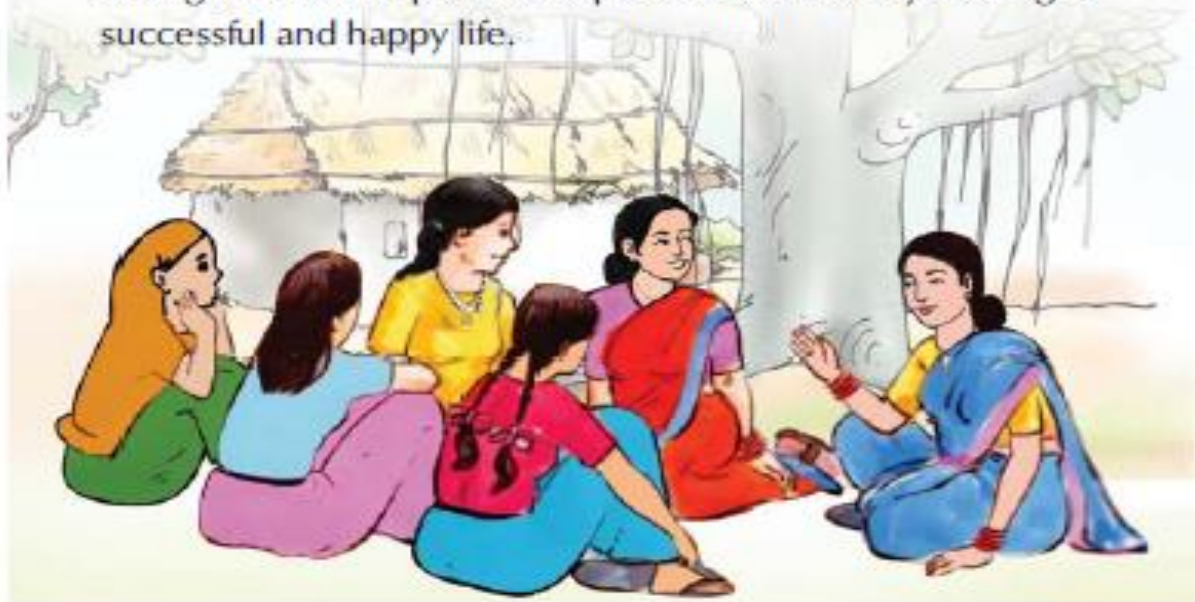
Creative Thinking

- ❖ The people who think creatively think differently.
- ❖ They have new and different ideas and do things in new and different ways.



Emotional Intelligence

- ❖ Emotional intelligence basically means to understand others.
- ❖ While intelligence is basically determined at birth, emotional intelligence is essentially learned.
- ❖ Emotional intelligence develops creative thinking and positive attitude.
- ❖ Positive attitude also helps in achieving greater inner power and strength. It also helps to solve problems effectively leading to successful and happy life.



Decision Making

- ❖ We all take decisions which affect our lives.
- ❖ Decision-making includes, thinking about the problem and the available options for solving it.
- ❖ Decision needs to be taken peacefully with mind and not with emotions so that one does not regret afterwards.

Effective Communication

- ❖ Effective communication helps a person to express himself/herself effectively through gestures and behaviour.
- ❖ They can express their opinions, needs and fears without hurting others.



- ❖ Communication is not only through speaking, talking and listening. We also communicate using expressions, gestures and body language.
- ❖ All relationships are based on our communication skills.

Interpersonal Relationships

- ❖ This relationship between different people and groups is called Interpersonal relationship.
- ❖ Good interpersonal relationship and communication are important life skills to deal with everyday situations in life.
- ❖ Good interpersonal relationship builds trust and confidence between people.
- ❖ They help us to behave in positive ways with people around us.
- ❖ A person with good interpersonal relationship is a friendly person.



Coping With Stress

- ❖ Stress is the body's response to an unpleasant situation.
- ❖ Stress affects both our body as well as our mind.
- ❖ It affects thinking and decision making process which in turn reduces concentration in work.



We can Cope with it in the Following Ways:

Physical measures: simple exercises such as stretching, breathing, morning walk, laughing out aloud, listening to music, performing yoga and changing eating habits.

Mental measures: talk less, think positive, look at good things that have happened to you, talk about your stress to someone who cares for you, try to meditate.

Coping With Emotions

- ❖ Emotions are the feelings of the heart like happiness, sadness, anger. Common emotions are fear, anger, happiness, anxiety, loneliness, irritation, hatred.
- ❖ We must not allow our emotions to get too strong.
- ❖ We can cope with emotions in following ways:
 - ❖ **The traffic light approach:** Stop (red); think (yellow); and speak (green). This is a simple way to calm down when we are very upset and emotional. It brings our reaction under control.
 - ❖ **Positive signals:** When faced with an unpleasant feeling or emotion, we must encourage ourselves to think of pleasant words. Positive words are: happiness, enjoyment, love, cheerful, excited, and joyful.



Vocational Training

- ❖ Vocational education or vocational education and training (VET), also called career and technical education (CTE), prepares trainees for jobs that are based on manual or practical activities, traditionally non-academic, and totally related to a specific trade, occupation, or vocation.
- ❖ It is sometimes referred to as technical education as the trainee directly develops expertise in a particular group of techniques or technology.
- ❖ Vocational courses are taught through the Jan Shiksan Sansthan and other institutions like ITIs.
- ❖ Learners are taught reading and writing as well as vocational skills.



In India Vocational Training is provided by a number of ministries under various programmes of Government of India. Some of these are:

- ❖ Industrial Training Institutes (ITIs)
- ❖ Industrial Training Centres (ITCs)
- ❖ Vocational Schools
- ❖ Community Polytechnics

- ❖ Khadi and Village Industries Commission
- ❖ Krishi Vigyan Kendras
- ❖ NGO projects supported by Ministry of Women and Child Development, Ministry of Rural Development, Department of Science and Technology, Ministry of Social Justice and Empowerment, Ministry of Tourism, etc.

National Rural Employment Programme

- ❖ The National Rural Employment Guarantee Act (NREGA) is a job guarantee scheme of Ministry of Rural Development, enacted by legislation on August 25, 2005.



- ❖ The scheme provides a guarantee for one hundred days of employment every year to adult members of any rural household willing to do public work-related unskilled manual work at a minimum wage of Rs.100 per day.
- ❖ This act was introduced to improve the purchasing power of the rural people, primarily semi or un-skilled work to people living in rural India, whether or not they are below the poverty line.
- ❖ Around one-third of the stipulated work force is women.

Process

- ❖ Adult members of rural households should submit their names, age and address with a photo to the Gram Panchayat.
- ❖ The Panchayat registers households after verification and issues a job card.
- ❖ The job card contains the details of the adult member enrolled and his/her photo.
- ❖ A registered person can submit an application for work in writing to the panchayat.
- ❖ The panchayat officer accepts the valid application and issues a dated receipt of application.
- ❖ A letter providing employment will be sent to the applicant and also displayed at the panchayat office.
- ❖ Employment will be provided if possible within a radius of 5 km; if it is above 5 km, transport allowance and 10% extra living allowance will be paid.
- ❖ New public works can be started when at least 50 workers become available who cannot be absorbed under existing schemes.
- ❖ If employment under the scheme is not provided within 15 days of receipt of the application, daily unemployment allowance will be paid to the applicant.

No discrimination between men and women is allowed under the act. Therefore, men and women must be paid the same wage. All adults can apply for employment.



Self Employment

Some people want to be independent in their career and prefer to start their own business or profession. Such persons are said to be self employed.

- ❖ Self employment means working for oneself rather than for other person/ company. In other words, it is, earning one's livelihood directly from one's own trade or business.
- ❖ To be self-employed, an individual is required to be highly skilled in a trade or business.



Self Employed Women's Association (SEWA)

- ❖ SEWA is a trade union registered in 1972.
- ❖ It is an organisation of poor, self-employed women workers.
- ❖ These women earn a living through their own labour or small businesses. They are the unprotected labour force of our country.



Pot Making



Knitting



Papad Making

Wage Employment

In your locality you must have seen people busy in different economic activities. Some of them may be working for others to earn wages or salary. The others may be doing their own business and earn profit.

Importance of Wage Employment

- ❖ Wage employment provides a regular and steady income for the individual to earn his livelihood and to sustain his family.
- ❖ Wage employment can be made as a career and individuals can excel in their respective fields.
- ❖ Wage employment involves much less risk than self-employment. There is no need to invest in land, building etc. for wage employment.

Avenues of Wage Employment

Availability of wage employment depends primarily on the local or regional job vacancies. Some of the major avenues of wage employment are listed below:

1. Small factory/shops: super market, departmental store
2. Business firms: manufacturing and trading organisations
3. Service organizations, railways
4. Government and semi-Government organisations like municipal offices, government hospitals etc.
5. Public enterprises like Electricity Boards, Water Supply department
6. Private institutions for example private hospitals, nursing homes
7. Agricultural sector like plantations, dairy, poultry firms.



Difference Between Wage Employment and Self- Employment

Wage Employment	Self-Employment
The status of the individual is that of an employee	The status of the individual is that of an owner employer
The individual works for others	The individual works for self
Income is in the form of salary or wage	Income is in the form of profit
Earning is limited. It is mostly predetermined and fixed having regular increments	The scope of earning is unlimited. It depends upon the capability and contribution of the individual
The nature of work is mostly routine except where one has to take independent decisions on policy and strategic matters	The work involved is flexible and depends on what the individual wants to do
Entire supervision and control lies with the employer	The individual controls and supervises his own work



Home Management

Home management is the process of preserving, protecting, improving and maintaining your home. Although most of us think of home management as maintenance, but it is a process of making the most out of your home. A well managed home is more satisfying to live in, saves money and significantly improves time management. Effective home management practices can thus, help in managing home in a better way.

Income

- ❖ Income is the earnings through an employment or an enterprise/business of a person within a specified time frame, which is generally expressed in monetary terms.
- ❖ However, for households and individuals, "income is the sum of all the wages, salaries, profits, interest's payments, rents and other forms of earnings received in a given period of time".



Records of the income can be maintained. Different ways of maintaining records are:

Daily Accounts



Date	Items purchased	Quantity	Amount spent (Rs.)

Weekly and Monthly Accounts



	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
1st Week								
2nd Week								
3rd Week								
4th Week								
Total								

Annual Accounts



Month	Income	Expenditure	Balance/Savings
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

Advantages of Keeping Records

- ❖ Keeps a check on spending.
- ❖ Helps in reduction of wasteful expenditure.
- ❖ Helps in achievement of family goals.

Budget

- ❖ Budgeting is generally planning of all expenses and revenues. It is a plan for expenditure spending and saving.
- ❖ It should be incorporated in everyday life.



Savings

Saving is the simple process of putting aside a part of your earnings usually in the form of cash in hand or putting it in a savings account or post office or in any other form which is safe such as governmental bonds.



Benefits of Savings

Savings help in:

- ❖ Fulfilling various needs of the family.
- ❖ Meeting emergencies.
- ❖ Ensuring security in old age.
- ❖ Maintaining good standard of living.



Investment

- ❖ Investment is the commitment of money or capital to purchase financial instruments or other assets in order to gain profitable returns in form of interest, income or appreciation.
- ❖ It is the process by which money is paid to an agency for its safe upkeep and earning interest. e.g. bank.
- ❖ It can be made in the form of material goods i.e. purchasing land, tractor or even gold for security.
- ❖ The most common agencies are bank, post office, life insurance corporations etc. or it can be in the form of land, gold, and shares & stocks.



Means of Investment



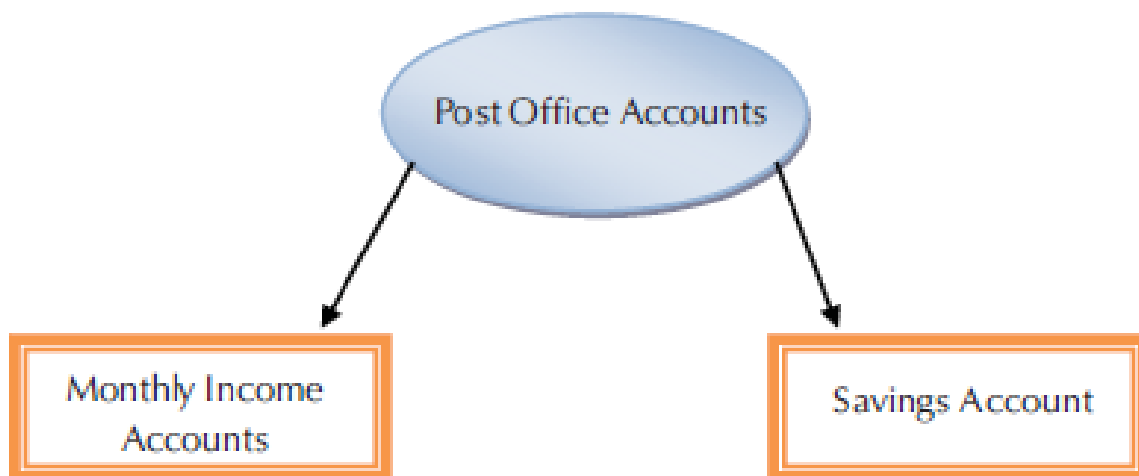
Investing in a Bank

- ❖ Opening and managing a bank account is really easy. It is not only a safe way of keeping your money but also to have easy access to money.
- ❖ In order to open an account, you must provide some information to the bank, which includes your name, birth date, address and identification proof.
- ❖ After the account is open, you can easily deposit or withdraw your money with ease. And with the opening of ATMs it has become a lot simpler.



Investing in a Post Office

Post offices have the largest service network in India. Reach of post office has been greater than banks and this is the reason behind the government running monthly income account and savings account through post offices.



Post Office Monthly Income Accounts

- ❖ It is meant for those investors who want to invest a lumpsum and earn interest on monthly basis for their livelihood.

- ❖ One can invest in any head post office/sub-post office by cash, demand draft or local

cheque. You have to fill up the prescribed form and submit it with the amount. It would entitle you to withdraw an amount every month.

- ❖ Minimum invested amount has to be Rs. 1500. Maximum amount is Rs. 4.5 lakh for single account and Rs. 9 lakh for joint account. Minors have a limit of investment of Rs. 3 lakh and the same is not clubbed with the limit of guardian.



Who can Invest

- ❖ An adult

- ❖ 2 or 3 adults jointly

- ❖ A minor of minimum ten years

- ❖ A guardian on behalf of a minor/a person of unstable mind



Maturity and Rate of Interest

- ❖ It is a six years account, yielding interest of 8% per annum, payable monthly.
- ❖ One can withdraw money before time if required after one year.
- ❖ There is a facility of premature closure of account after 1 year to three years @ 2% discount.
- ❖ There is deduction of 1% if account is closed prematurely at any time after three years.
- ❖ Facility of reinvestment on maturity of account.
- ❖ Maturity proceeds not drawn are eligible to earn saving account interest rate for a maximum period of two years.
- ❖ Account is transferable to any post office in India, free of cost.
- ❖ Nomination facility is available.
- ❖ Monthly interest can be credited to the savings bank account in the same post office.
- ❖ Five percent maturity bonus is also given.

Tax Benefits

- ❖ Deposits are not eligible for rebate under section 80C.
- ❖ Deposits are exempt from wealth tax.
- ❖ No Tax Deduction at Source (TDS).

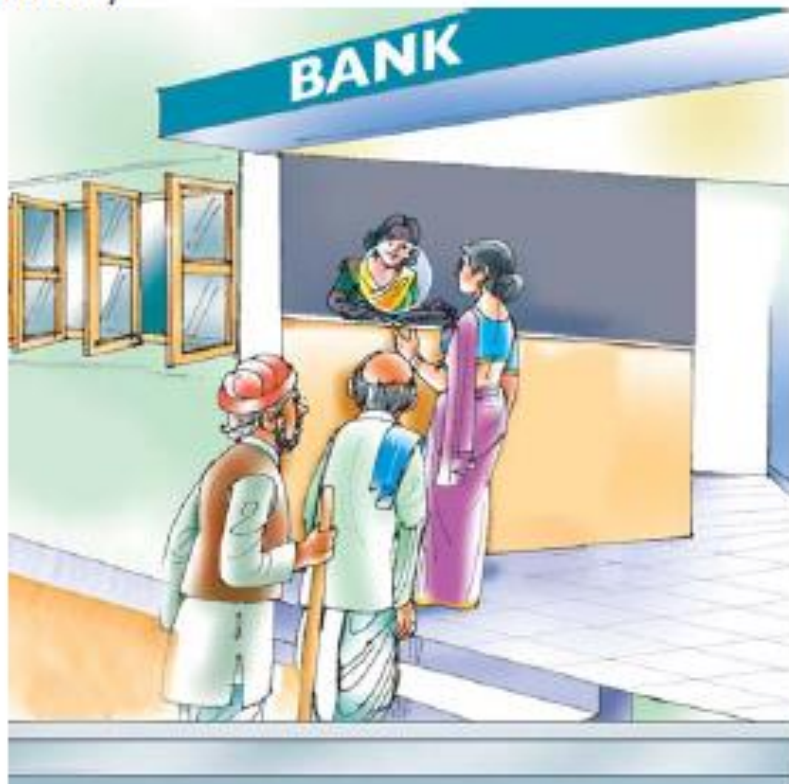


Post Office Saving Account

- ❖ Post office saving account is similar to a saving account in a bank. Post office saving accounts are especially suited for those living in rural and semi rural areas.
- ❖ An adult and a minor with minimum age of 10 years, or a guardian on behalf of a minor or a mentally challenged person can open a single account. Two or three adults can also open a joint account.
- ❖ The account can be opened at any post office with a minimum balance of Rs. 500 or so. Maximum of Rs. 1 lakh for single account holder and Rs. 2 lakh for joint account holders can be deposited.
- ❖ There is no lock-in or maturity period. To open an account, one just has to walk into a post office, meet the clerk and fill up an account opening form. One will require two photographs and identification proof.

Withdrawal of Money

The amount can be withdrawn anytime subject to keeping a minimum balance of Rs. 100 or so in saving account and Rs. 500 for cheque facility



accounts.

Interest Paid

Rate of interest is decided by the central government from time to time. Interest is calculated on monthly balance and credited annually. Usually it is between three to four percent. Nomination facility is also available and tax benefits are there.

Time Management

- ❖ There is always not enough time to get through everything you've put on your daily "to do" list. However, there are some simple practices that you can help you manage your time in a little better way.
- ❖ Time management is a simple and practical technique of planning and structuring your day.



Steps in Time Management

- ❖ Planning
- ❖ Following the plan
- ❖ Reviewing its effectiveness
- ❖ Making necessary changes if required

Factors to be Included in a Time Plan

- ❖ Priority
- ❖ Freedom from stress
- ❖ Exercise
- ❖ Flexibility
- ❖ Balanced tasks

Some Tips

Allocate realistic time allowances for tasks: While planning your day think realistically about how much time each task would require to be completed.

Example

Buying milk and bread at the grocery store should take just 5 minutes, but what about the length of time it takes to get to the store and back? Is it likely that you'll stop to talk to someone on the way? What about the check-out lines? All of these things will add time to your 5 minute errand and will mean you are running behind your schedule. The key is to allocate enough time for each task.

The more items you check off, the less stressed you'll be. The less stressed you are, the more you will accomplish.

Group tasks by location: Group your chores so that you aren't running all over the place all day long.

Example

If you have to go to the Post Office, then pick up dry cleaning and groceries in the same trip. The less time you spend "commuting" between items on your 'to do' list, the less time they take to do. You should find yourself a little ahead of schedule by the end of the day.

Create a 5-Minute Blitz List: It's amazing how much you can accomplish in 5 minutes. Create a list of things that you can do in 5 minutes in each room of your home.

Example

Each day try to add at least three 5-minute blitz tasks to your to do list and while you're waiting for the kids to get their teeth cleaned, or the pasta to cook for supper, get these done.

Effectively Use Waiting Times: Use waiting time to plan ahead.

Example

If you're waiting for the kids to come out of school, or holding to speak to someone on the phone, think through what you need to do next and put it on your to-do list. This not only keeps your next task at the front of your mind, but also helps you start thinking about what you need to do in order to accomplish it.

Alternatively use that time to think about something that's on the list for later in the day for which you're not yet prepared - for example what do you need for a meeting with a client, or to prepare supper.

