

HAND BOOK for Anganwadi Workers



National Institute of Public Cooperation and Child Development



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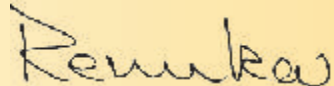
राज्य मंत्री (स्वतंत्र प्रभार)
महिला एवं बाल विकास मंत्रालय
भारत सरकार
नई दिल्ली-110001

MESSAGE

Integrated Child Development Services (ICDS) is the largest child care programme in the world that speaks of Government's commitment to children, who are future pillars for a strong human resource development needed by India.

The Anganwadi Worker is one of most important frontline workers, who owns major responsibility for delivering an integrated package of services to children & women and building up the capacity of community, especially of mothers for child-care and development. Thus, it is important that Anganwadi Worker is well equipped with reference material and has adequate skills to make ICDS reach the masses in a simple and beneficial manner.

As we move ahead in this Millennium with children at the top of the national agenda, let us all renew our commitment towards children and recognize the achievement of the ICDS Programme, especially of the Anganwadi Workers. All individuals and agencies working with children may join hands to strengthen the ICDS programme by supporting the efforts of ICDS functionaries and encourage them to fulfill the goals of child survival, growth and development that make children's rights a reality.


(Renuka Chowdhury)



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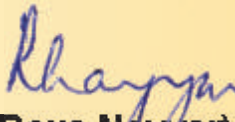
MESSAGE

ICDS embodies an integrated approach for holistic development of children for strengthening the capacity of the community for child care through a team of ICDS functionaries.

An Anganwadi Worker is an agent of social change. She runs the Anganwadi Centre in the community, which is the first point of contact with mothers and other community members for providing health, nutrition, education and other related services to children below six years of age, expectant and nursing mothers and other women.

In order to provide quality services, it is important that an Anganwadi Worker should have a standard book for reference for her day-to-day activities. I am very glad that NIPCCD, an apex Institute for ICDS training has brought out a **Handbook for Anganwadi Workers** which is an illustrative and pictorial guide, written in simple language.

I recommend this document as an excellent ready reckoner for **Anganwadi Workers and Helpers** under the ICDS programme.


(Reva Nayyar)

Preface

The Anganwadi worker is a key functionary in the ICDS programme. The successful delivery of services under the programme depends upon the knowledge and skills of this crucial functionary. The skills and knowledge of AWWs are upgraded through Job Training Courses as well as Refresher Courses at regular intervals. In order to improve her performance further, there is a need for providing her with a comprehensive and handy document which she can refer to in conducting her day-to-day activities. It is with this view that the Handbook for AWWs has been brought out. The Handbook will act as a ready reference book to the AWWs for not only effective delivery of services but will also serve as a communication tool for interacting with mothers and community members. The guiding principle behind preparing the Handbook had been to transfer knowledge, information and skills related to child survival and development into action based messages for effective delivery of ICDS services. It is a comprehensive document and is written in a simple, clear and easy to understand language.

The Handbook has six parts i.e. ICDS Programme and Services; Early Childhood Care and Development; Nutrition and Health Care; Information, Education and Communication; Community Mobilization and Participation and Management of an Anganwadi Centre.

I sincerely appreciate the efforts put in by Smt.Rita Punhani, Joint Director (Retd.) Dr.(Smt.) Neelam Bhatia, Joint Director, Dr. (Smt.) Madhu Aggarwal, Regional Director I/c Shri S.C. Srivastava, Deputy Director and Shri Chander Mohan, Research Assistant in preparing the document. The support provided by Dr. Dinesh Paul, Additional Director (TC) in this endeavour is highly appreciated. I am confident that the Handbook will meet the felt needs of Anganwadi Workers and pave the way for providing quality services as well as creating a conducive environment for promoting child survival, growth and development.



A.K. Gopal)
Director

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ICDS Programme and Services

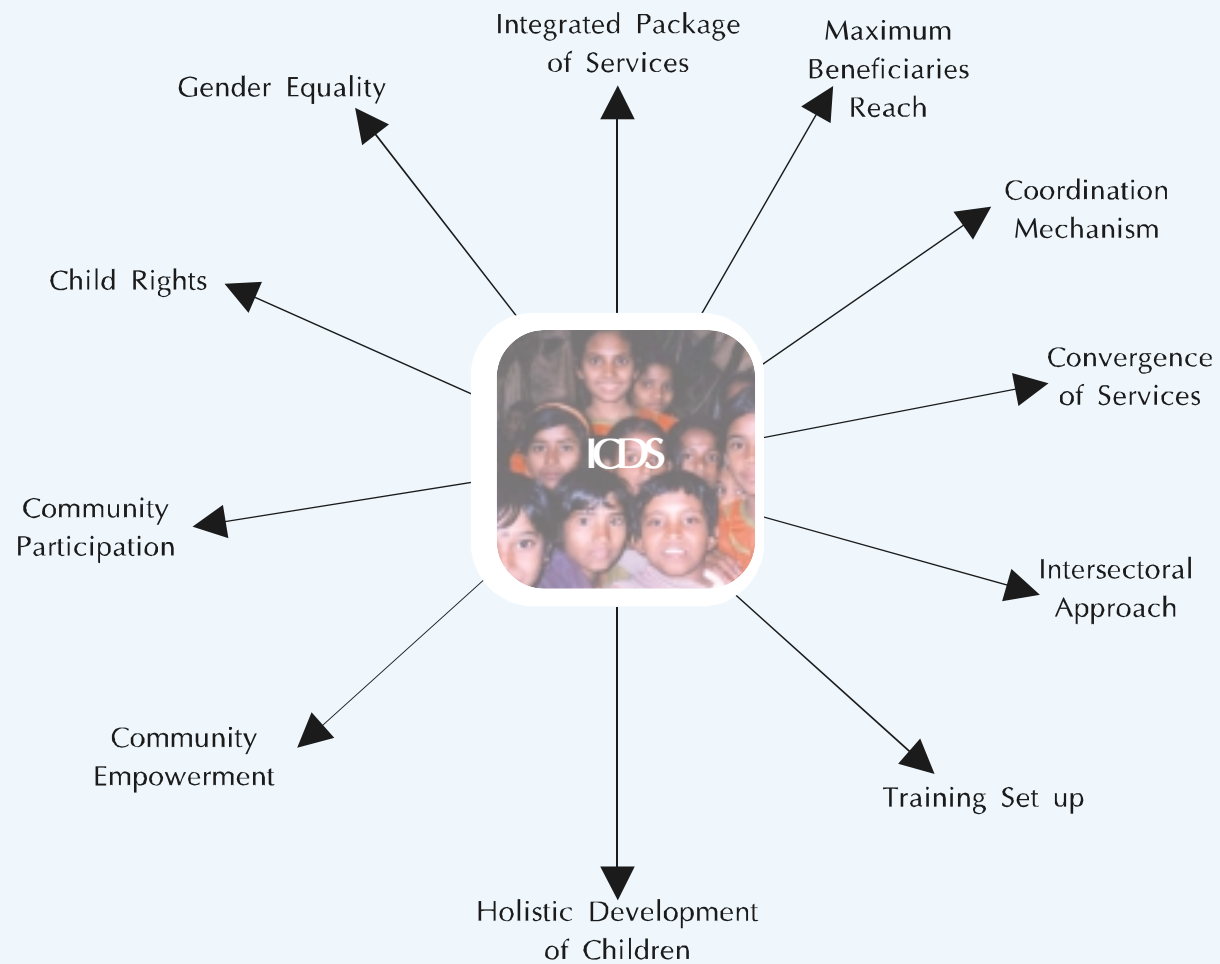


PART 1

ICDS Programme and Services

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Special Features of ICDS Programme



1.1 ICDS Programme & Objectives

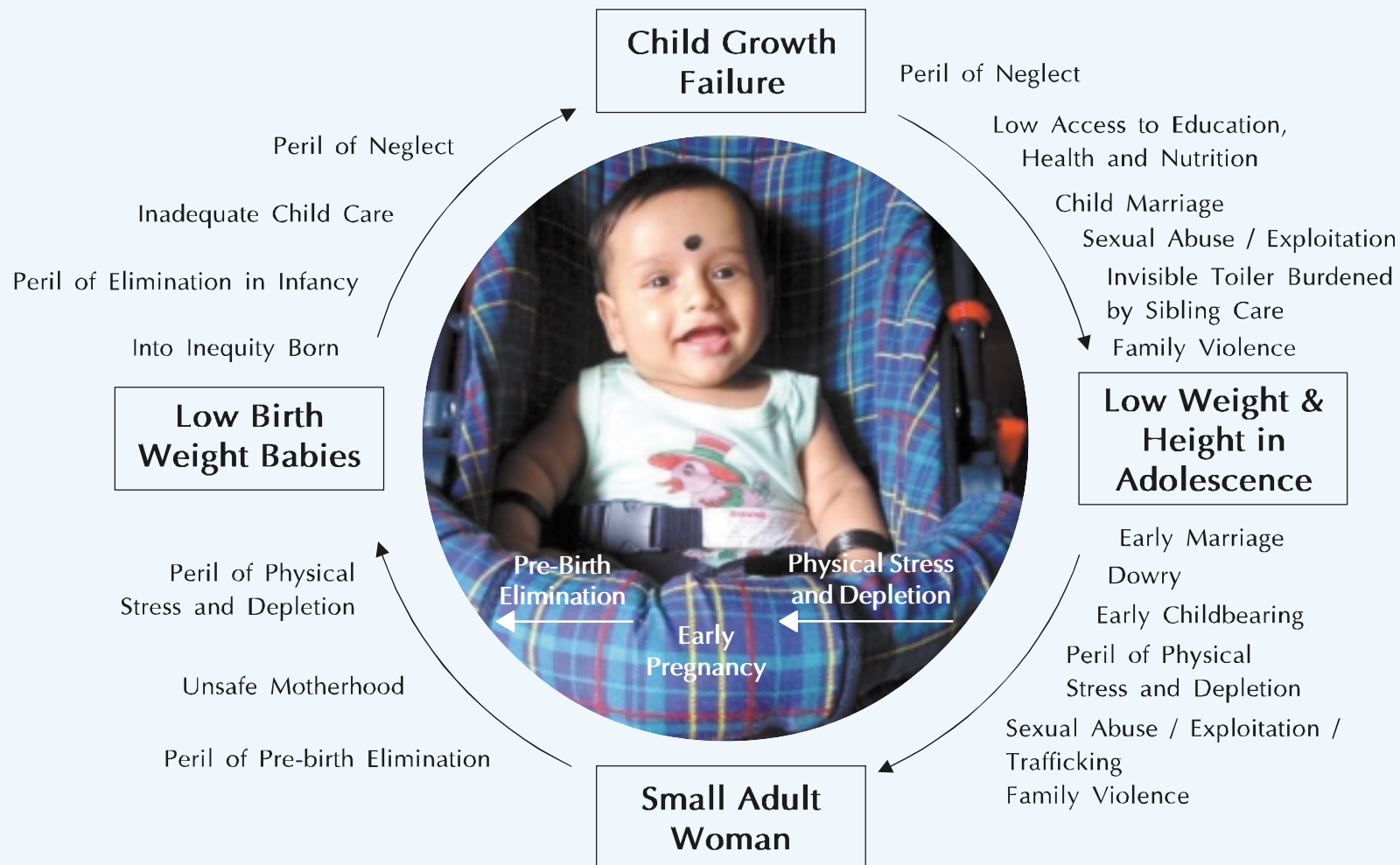
ICDS Programme

- ICDS is the country's most comprehensive & multi-dimensional programme. It is a centrally sponsored scheme of the Ministry of Women and Child Development.
- ICDS Programme was launched on 2 October, 1975 – the 106th birth anniversary of Mahatma Gandhi—the Father of the Nation.
- ICDS is the most unique programme for early childhood care and development encompassing integrated services for development of children below six years, expectant and nursing mothers and adolescent girls living in the most backward, rural, urban and tribal areas.
- ICDS has child centered approach based on the rationale that child care, cognitive and psycho - social development, and the child's health and nutritional wellbeing mutually reinforce each other.
- ICDS is a community based programme. For effective implementation of the programme, members of the community i.e. members of panchayati raj; mahila mandal & youth club; religious and local leaders; voluntary organisations and primary school bodies etc. should be actively involved.

ICDS is the symbol of India's commitment to her children

Objectives
● Lay foundation for the proper psychological, physical and social development of the child. ● Improve nutritional & health status of children below six years. ● Reduce incidence of mortality, morbidity, malnutrition and school dropouts. ● Achieve effective coordination of policy and implementation amongst various departments. ● Enhance the capabilities of the mother to look after the normal health and nutritional needs of child through proper nutrition & health education.

Intergenerational Cycle of Malnutrition



- ICDS intervenes across the life cycle as early as possible to fulfill the needs and rights of the **girl child**
- ICDS through its package of services creates an environment to reduce gender discrimination at all stages

ICDS is a major programme channel for addressing child rights related to survival, protection, participation and development

Right to Survival

Rights for survival include rights related to life, health, nutrition, water, sanitation, environment, adequate standard of living, right to a name from birth, right to acquire nationality, right to know and be cared by his or her parents.

Right to Protection

Rights for protection include rights related to protection of children from all forms of discrimination, exploitation, abuse, inhuman or degrading treatment and neglect, disability, right to special protection in situations of emergency and armed conflicts.



Right to Participation

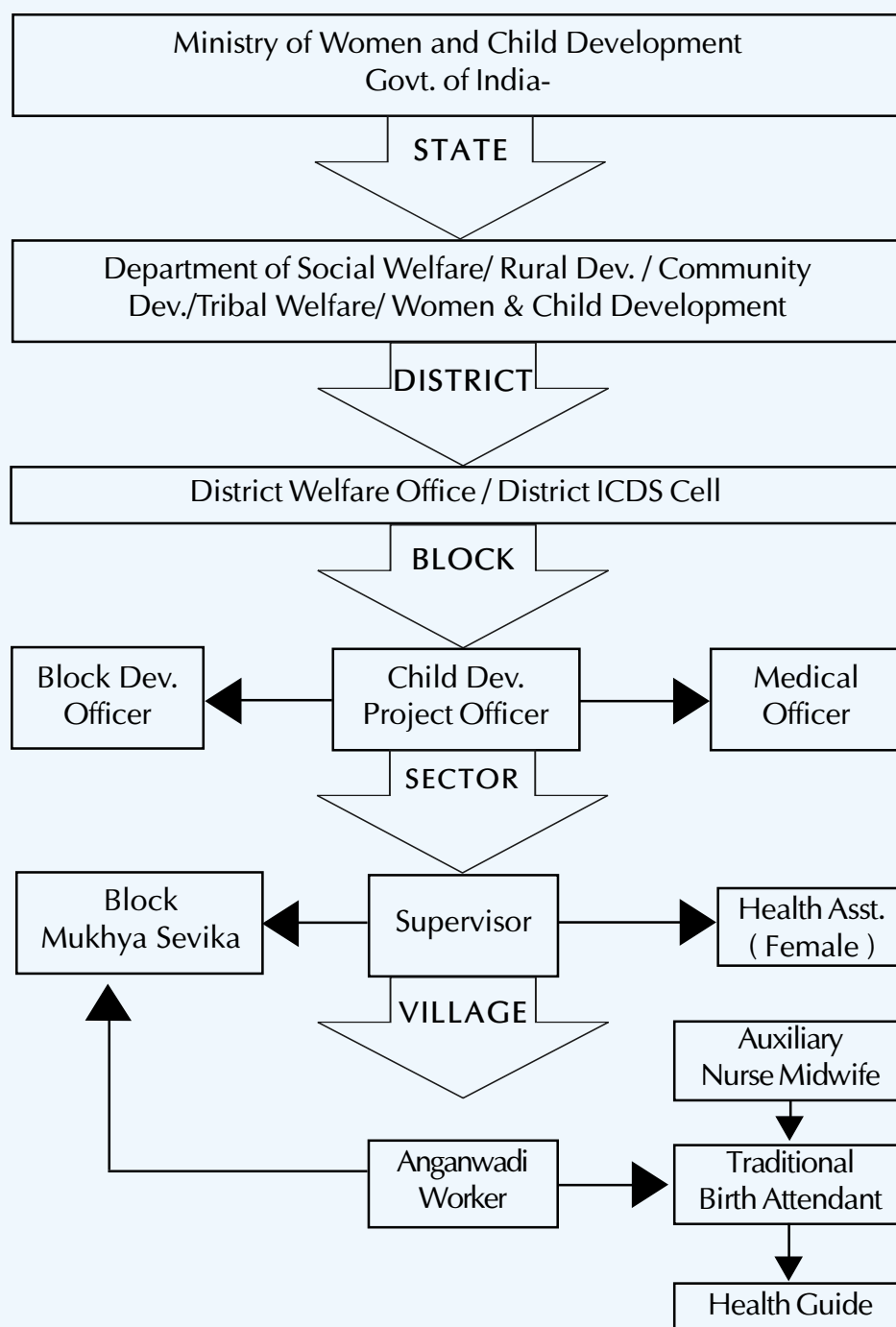
Rights for participation include rights related to respect for the views of the child, right to freedom of expression, thoughts, conscience and religion; freedom of association and peaceful harmony; access to appropriate information and awareness.

Right to Development

Rights for development include rights related to education, support for early childhood development and care, social security and right to leisure, recreation and cultural activities.

1.2 Administrative & Organisational Set up

- ICDS has well planned administrative and organizational set up.
- The Administrative Unit for the location of an ICDS Project is a Community Development Block in the rural areas, a Tribal Development Block in the tribal areas and a group of slums in urban areas.
- In the selection of the location of a Project, consideration is given to the areas inhabited predominantly by Scheduled Castes or Tribes especially Backward Tribes or nutritionally dependence areas or areas poor in reach of social services.



1.3 ICDS Coverage and Reach

Population Coverage in an ICDS Project			
Area	Population Covered / Project	Population Covered / AWC	No. of AWC / Project
Rural	1,00,000	1000	100
Urban	1,00,000	1000	100
Tribal	35,000	700	50

In hilly and desert areas an Anganwadi may be set up in every small village or hamlet having a population of 300 or more. Very small villages/hamlets (with a population less than 300) can be covered by the adjoining Anganwadis or mini AWC can be set up.

Approximate Population Coverage in an ICDS Project as per the Services								
	Target	Services	Rural / Urban Project (Population 100,000: Villages 100)			Rural / Urban Project (Population 35,000: Villages 550)		
			Total Population	Target Population	Percent Coverage	Total Population	Target Population	Percent Coverage
1	Children below 6 yrs.	- Supplementary Nutrition - Immunisation - Health Check-up - Non-formal Preschool Education	17,000 8,000	6,800 17,000 17,000 4,000	40 100 100 50	5,950 2,800	4,462 5,950 5,950 2,100	75 100 100 75
2	Expectant and Nursing Mothers	- Supplementary Nutrition - Health Check-up - Immunisation (Tetanus)	4,000 4,000 2,400	1,600 4,000 2,400	40 100 100	1,400 1,400 910	1,050 1,400 910	75 100 100
3	Mothers (15-45) yrs.	Nutrition & Health Education	20,000	20,000	100	7,000	5,250	75

ICDS Beneficiaries and Services

Beneficiary

Children Less than 3 years

Children between 3-6 Years

Expectant and Nursing Mothers

Other Women 15-45 Years

Adolescent Girls between 11-18 Years



Services

10

- i) Supplementary Nutrition
- ii) Growth Monitoring
- iii) Immunization
- iv) Health Check-up
- v) Referral Services

- i) Non-formal Preschool Education
- ii) Supplementary Nutrition
- iii) Growth Monitoring
- iv) Immunization
- v) Health Check-up
- vi) Referral Services

- i) Health Check-up
- ii) Tetanus Toxoid Immunization to pregnant women
- iii) Supplementary Nutrition
- iv) Nutrition & Health Education

- i) Nutrition & Health Education
- ii) IFA Supplementation & de-worming intervention
- iii) Non-formal education
- iv) Home-based skill training and vocational training
- v) Supplementary nutrition

1.4 ICDS Beneficiaries and Services

- **ICDS Beneficiaries**

- Children below six years
- Expectant and Nursing Mothers
- Adolescent girls
- Women in the age group 15-45 years

- **Services under ICDS**

- ICDS provides a package of integrated services in a comprehensive and cost effective manner to meet the multi - dimensional and interrelated needs of children.
- ICDS beneficiaries receive health, nutrition and early childhood care and education related services. In addition, there is coverage of other important supportive services like safe drinking water, environmental sanitation, women's development and education programmes.
- All services in ICDS are expected to converge at the same time on the same set of beneficiaries i.e. group of children and their family to create an appreciable impact.

Integrated Package of Services under ICDS	
Nutrition ● Supplementary Nutrition ● Growth Monitoring ● Nutrition and Health Education Health ● Health Check up ● Immunization ● Identification and Treatment of Common Childhood Illnesses and Minor Ailments ● Referral Services	Supportive Services and Convergence ● Supportive Services, such as Safe Drinking Water, Environmental Sanitation, Women's Empowerment Programmes and Adult Literacy Early Childhood Care & Preschool Education ● Early Care and Stimulation of Children Under Three Years ● Preschool Education to Children in the 3-6 Years Age Group

1.5 The Anganwadi Centre

- An Anganwadi Centre - a courtyard play centre - located within the village or a slum is the focal point for delivery of all the services under ICDS programme in an integrated manner to children and women.
- An Anganwadi is a centre for convergence of services for children and women.
- An Anganwadi is a meeting ground, where women / mother's groups can come together/ with other frontline workers to share views and promote action for development of children and women.
- An Anganwadi is run by an Anganwadi Worker who is supported by a Helper in service delivery.



1.6 ICDS Team, their Role & Job Responsibilities



Child Development Project Officer (CDPO)

Supervisor (4-5)



Anganwadi Worker (AWWs) (100)



Anganwadi Helper (100)

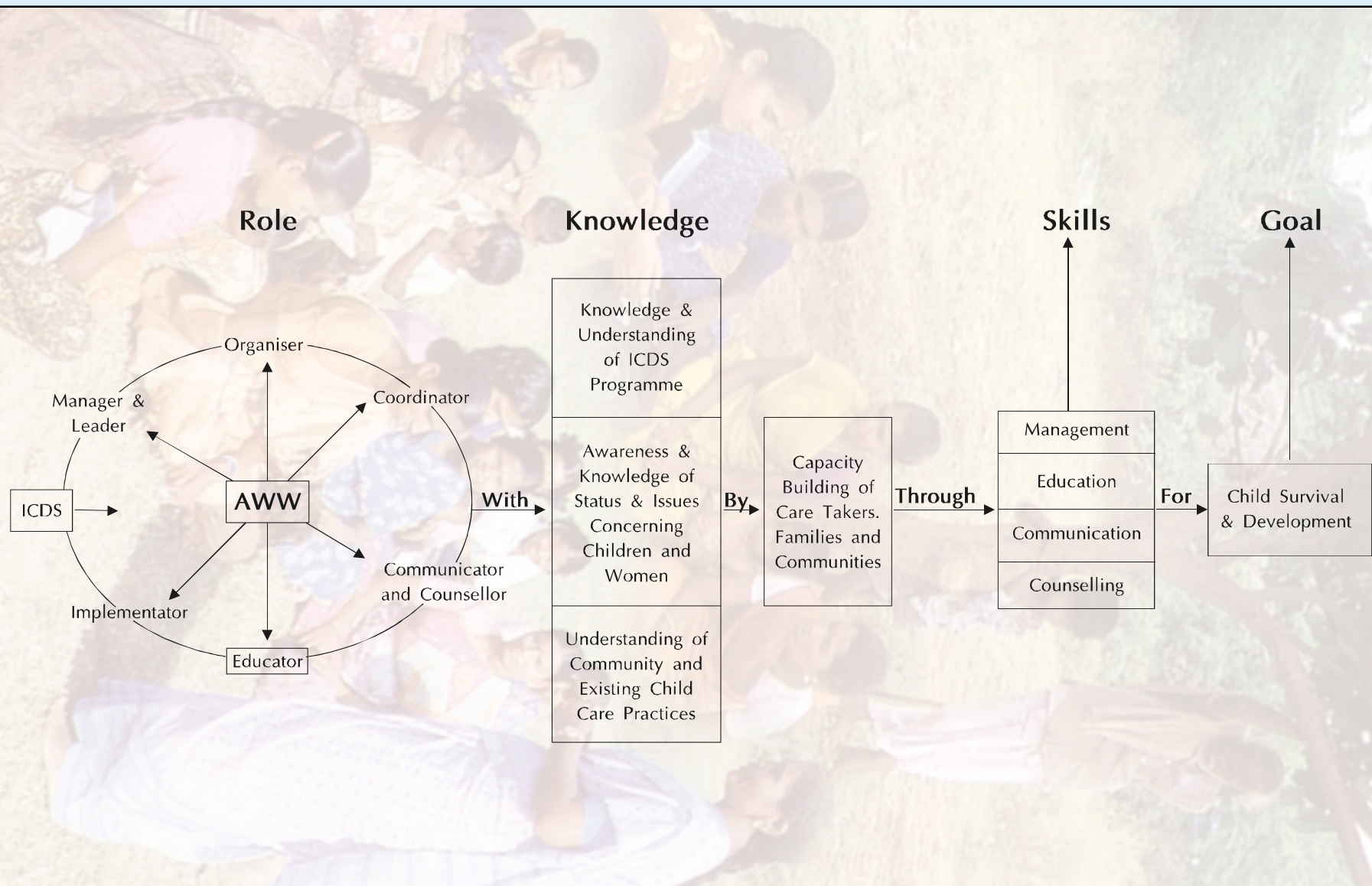


Health Functionaries in ICDS



- A CDPO is an overall incharge of an ICDS Project and is responsible for planning and implementation of the Project.
- A CDPO is supported by a team of 4-5 Supervisors who guide and supervise AWWs.
- In large ICDS Projects, where there are more than 150 AWCs in a Project, an Assistant Child Development Project Officer is also a part of the team.
- A Supervisor has the responsibility of supervising 20, 25 and 17 Anganwadi Workers in rural, urban and tribal projects respectively.
- A Supervisor guides an AWW in planning and organising delivery of ICDS services at AWC and also gives on the spot guidance and training as and when required.
- An Anganwadi Worker is a community-based frontline voluntary worker, selected from within the local community. The selection is made by a committee at the Project level.
- An AWW is mainly responsible for effective delivery of ICDS Services to children and women in the community.
- An AWW is an honorary worker who gets a monthly honorarium.
- At each AWC, a Helper is appointed to assist an AWW.
- Helper is an honorary worker and is paid monthly honoraum.
- Health Services in ICDS are given by a team of Health Functionaries comprising Medical Officer, Lady Health Officer, ANM and Female Health Worker from Primary Health Centre and Sub-Centre in the Project. At the community level **ASHA** will be the first port of call for any health related demands of deprived sections of the population, especially women and children.

Role knowledge & Skills of an AWW



1.6.1 Role & Job Responsibilities of an AWW

An AWW's multifarious role requires managerial, education, communication and Counselling Skills. The various job responsibilities of an AWW are:

A. Planning for Implementation of ICDS Programme

1. Village Mapping
2. Rapport Building with Community
3. Conducting Community Survey and Enlisting Beneficiaries
 - Children 0-6 years
 - Children 'At Risk'
 - Expectant and Nursing Mothers
 - Adolescent Girls
4. Birth and Death Registration

B. Service Delivery

1. Preparation and Distribution of Supplementary Nutrition
 - Children 6 months to 6 yrs.
 - Expectant and Nursing Mothers
 - Children and Mothers 'At Risk'
2. Growth Monitoring
Promote Breast feeding and counsel mothers on IYCF
3. Assisting Health Staff in Immunization and Health Check-up of Children and Mothers
4. Referral Services
5. Detection of Disability among Children
6. Providing Treatment for Minor Ailments and first aid.
7. Management of Neonatal and Childhood Illnesses
8. Health and Nutrition Education to Adolescent Girls, Women and Community
9. Organising Non-formal Preschool Education Activities

10. Depot holder of medicine kit contraceptives of ASHA and under ICDS
11. Counseling Woman on Birth Preparedness
12. Assist CDPOs/Supervisors in implementation of KSY and NPAG

C Information, Education and Communication

1. Communicating with counselling Parents, Families and Communities etc.
2. Organising Awareness Campaigns, Street Plays, etc.
3. Prepare Communication and Educational Material

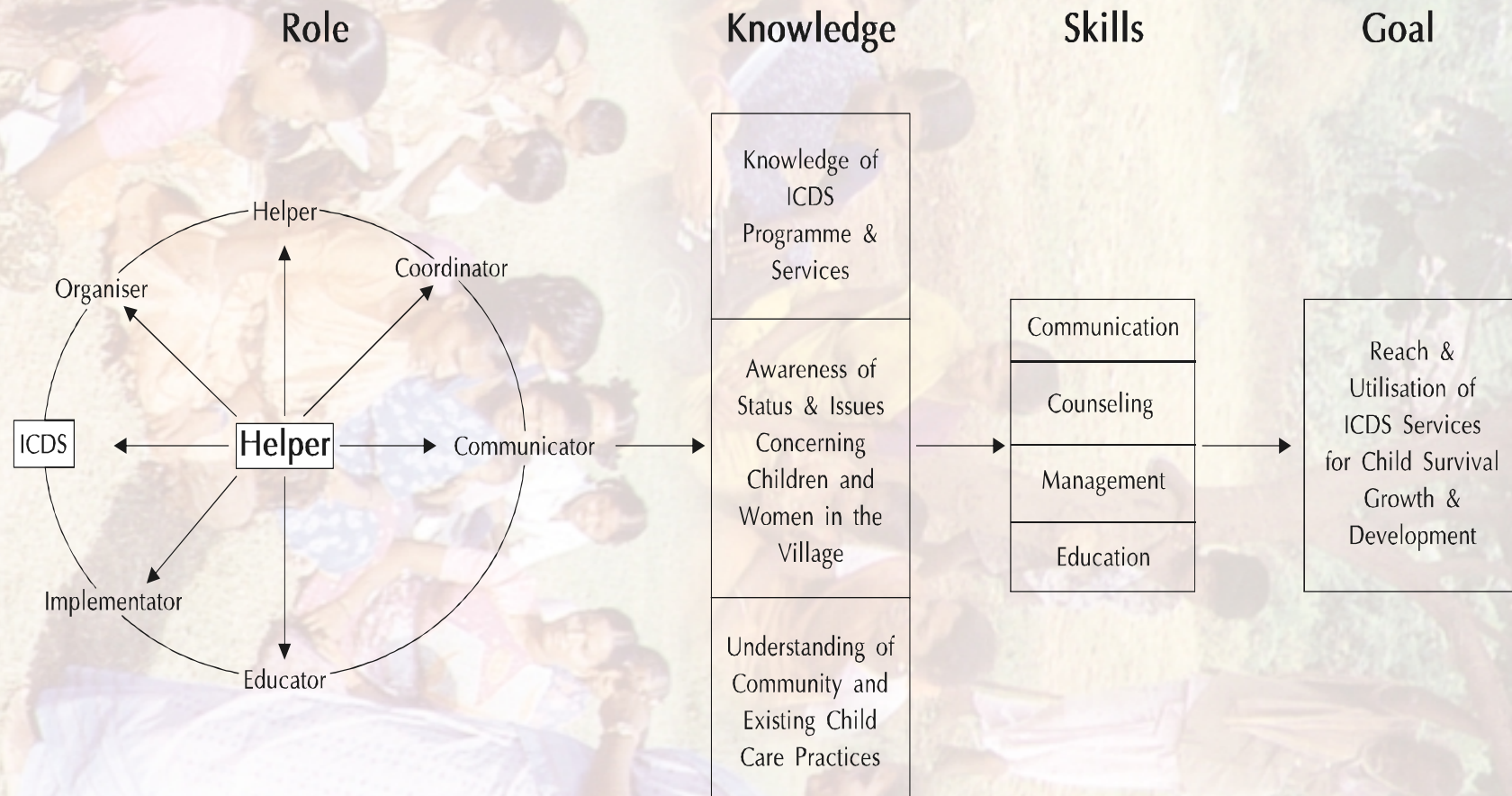
D. Community Contact

1. Mobilise Community & Elicit Community Participation
2. Maintain Liaison with Panchayat, Primary Schools, Mahila Mandals and Health Functionaries etc.

E. Management and Organisation

1. Management of Anganwadi Centre
2. Maintenance of Records, Registers and Visitor's Books
3. Preparation of monthly progress Reports

Role knowledge & Skills of a Helper



1.6.2 Role & Job Responsibilities of a Helper

- In an Anganwadi, a **Helper** assists an AWW for the following activities:



General Duties

1. Assisting Anganwadi Worker in conducting all the activities of the Anganwadi Centre, such as:
 - a. Counselling mothers and other caregivers of beneficiary children.
 - b. Pre-school education activities.
 - c. Health check-up, weighing of children, immunization of children / mothers.
 - d. Mothers / community meeting.
 - e. Maintenance of discipline among children.

Specific Duties

- (i) Cleaning premises of Anganwadi Centre and surrounding area.
- (ii) Fetching drinking water for daily use.
- (iii) Cooking and serving supplementary nutrition for beneficiaries.
- (iv) Inspection of cleanliness of children and assisting them in grooming themselves.
- (v) Preparation of preschool teaching aids under the guidance of an Anganwadi Worker.
- (vi) Collection and storage of items received for supplementary nutrition.
- (vii) Collecting and dropping small children.
- (viii) Contacting beneficiaries, parents and others in the community to attend meetings or for conveying messages.
- (ix) Opening and closing of an Anganwadi Centre under supervision of an Anganwadi Worker.
- (x) Performing all the duties of an Anganwadi Worker when she is sick, absent or away from duty or on leave.



1.6.3 Convergence of Services Among ANM, AWW and ASHA at Village Level

S. No.	ANM	AWW	ASHA
1.	To be invited to the meetings of the Village Health & Sanitation Committee	To be invited to the meetings of the Village Health & Sanitation Committee	To be invited to the meetings of the Village Health & Sanitation Committee
2.	To assist in preparation of Village Health Plan	To assist in preparation of Village Health Plan	To assist in preparation of Village Health Plan
3.	Organize Village Health Day at AWC (Immunization, Antenatal Check ups (ANC), Postnatal Check ups (PNC), Health Check ups etc.)	Assist in organizing Village Health Day. Register children and women for Immunization, ANC, PNC, Health Check ups etc.	Assist in organizing Village Health Day. Help AWW in registering children and women for Immunization, ANC, PNC, Health Check ups etc.
4.	—	Mobilize beneficiaries (with the AWH/ASHA) for the Village Health Day through SHGs, Mothers Committee, beneficiaries of the ICDS Scheme.	Mobilize beneficiaries for the Village Health Day under the guidance of AWW.
5.	Attend to such referred cases on priority	Refer sick children, pregnant/lactating mothers to sub-centre, PHC/CHCs	Refer cases to sub-centre, PHC/CHC
6.	Impart Health & Hygiene Education to the beneficiaries of Kishori Shakti Yojana (KSY) / Nutrition Programme of Adolescent Girls (NPAG).	Assist CDPO/ICDS Supervisor in implementation of Kishori Shakti Yojana (KSY)/Nutrition Programme of Adolescent Girls (NPAG)	Assist AWW in her activities pertaining to KSY & NPAG.
7.	—	Depot Holder of Medicine Kit/Contraceptives of ASHA & under ICDS.	Receive ASHA Kits / Contraceptives from AWW.
8.	Administer such drugs as specified by the M/O HFW	Administer OTC drugs Distribution of ORS/IFA Tabs, DDK, OP & Condoms.	Administer OTC drugs Distribution of ORS/IFA Tabs, DDK, OP & Condoms.

S. No.	ANM	AWW	ASHA
9.	Implement IMNCI. Home visits once in two months during pregnancy. (Once in the first week of delivery)	Home Visits-Once a month during pregnancy, Once in the first week of delivery. Second visit in second or third week as per the need.	Implement IMNCI. Home visits at least once in a month during pregnancy. (Once in the first week of delivery).
10.	Maintain and Update Eligible Couple Register.	–	Help ANM to maintain and update Eligible Couple Register.
11.	–	Counsel women on birth preparedness	Counsel women on birth preparedness
12.	Guide/Counsel women on safe/institutional delivery.	Guide/Counsel women on safe/institutional delivery.	Assist ANM/AWW in this work.
13.	–	–	Assist /Escort women for institutional delivery.
14.	Guide TBA (Trained Birth Attendant)	–	Guide TBA (Trained Birth Attendant)
15.	–	–	Facilitate referral of difficult cases.
16.	Nutrition & Health Education	Nutrition & Health Education	Nutrition & Health Education
17.	Promote breastfeeding of Infant & Young Child Feeding Practices.	Promote breastfeeding of Infant & Young Child Feeding Practices.	Promote breastfeeding of Infant & complementary Feeding Practices.
18.	Share available information with the Village Registrar of Births & Deaths.	Share available information with the Village Registrar of Births & Deaths.	Ensure registration of all births and deaths of mothers with the Village Registrar of Births & Deaths.

* Please note that in addition to the above listed activities, ASHA will also play an active role in preventive and promotive activities of all health programmes in the village, including communicable and chronic diseases. She will be guided and monitored both by the ANM and the AWW. The Anganwadi Centre will form the base of her activities.

1.7 How to Start and Organise an Anganwadi Centre?

An AWW has the responsibility of starting and setting up an Anganwadi Centre (AWC).

A. Location

- Location of an Anganwadi is important for proper utilisation of ICDS services.
- An AWC should be located at a place which is easily accessible, away from congested or traffic areas, does not have ponds or rivers or other dangerous places nearby, and is near the locality of weaker sections of the society.



B. Building

- Local community should provide accommodation for running an AWC free of rent. In this way the community can be involved in ICDS programme right from the beginning.
- Most of the time, in rural and tribal ICDS projects, the community either provides a room / building for running an Anganwadi free of rent or get a room constructed for the same.
- If the local community is not able to arrange a rent free accommodation for Anganwadi, the AWW should contact the community leader for arranging the accommodation on rent.
- Anganwadi building can also be constructed by utilising the National Rural Employment Programme funds and a grant of Rs. 1500/- (commuted rent for 5 years) from ICDS Scheme or contribution in cash or kind from the community & other sources.
- An AWC can be in a pucca / semi – pucca building.

Points to Remember

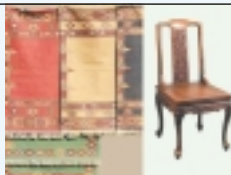
- Well ventilated room to accommodate 40 children for sitting as well as indoor activities.
- Space for storage of play equipment & material.
- Space for cooking and storage of kitchen equipment & food.
- Arrangement for safe drinking water supply and toilet facilities.
- Sufficient open space for outdoor activities.

C. Equipment

The basic equipment required in an AWC is sent by a CDPO. In case it is not received, an AWW should contact concerned Supervisor / CDPO.

Items for General Use

- a) Small mats or durries
- b) One closed shelf for storing equipment
- c) One or two wooden racks
- d) Low wooden chair and table for Anganwadi worker.
- e) Weighing Machine
- f) First aid box and medicines for common ailments
- g) One locally made mud vessel (with a tap and lid) for keeping drinking water
- h) A National Flag
- i) Files, registers and records
- j) Mother and Child Protection cards / growth chart register



Kitchen Equipment

- a) Tumblers, plates and spoons
- b) Two or three vessels with lids for cooking
- c) Stove with kerosene oil

Bathroom Equipment

- a) Two buckets or vessels for storing water
- b) Two mugs
- c) Two soap containers
- d) Four towels
- e) Disinfectant fluid
- f) Brooms, brushes and other cleaning material.

Indoor Play Equipment

- a) Wooden building blocks of different sizes
- b) Counting frames
- c) Paints, brushes and coloured chalk sticks
- d) One dholak (beating drum)
- e) Three scissors

D. Supplies and Material

Play Material

- AWW can prepare the following PSE material from locally available resources with the help of community members



Indoor Play Material

1. Puppets
2. Doll's House
3. Flash cards for story telling
4. Models of animals, fruits, vegetables etc. from card or mud.
5. Blocks from card board
6. Charts
7. Stuffed Dolls
8. Drums made out of waste tin boxes
9. Rattlers from soda water lids etc.
10. Colour, number and alphabets matching card from card board.

Outdoor Play Material

1. Simple swings from locally available ropes, cycle tyres etc.
2. Sand Pit
3. Small mud pots for growing plants.

Preschool Education (PSE) Kit

1. An AWC is given a PSE Kit by the State Govt.

Medicine Kit

1. An AWC is given a Medicine Kit by the State Govt.

1.7.1 Activities at Anganwadi Centre (AWC)

An AWW should plan and organise activities at AWC in such a manner that all the ICDS services are delivered covering all the beneficiaries in the village

- An Anganwadi is expected to run an AWC for 4 ½ hrs. The timings of AWC should be according to the convenience of the community.
- An AWW should open and close AWC on time.
- An AWW and the Helper should daily reach Anganwadi **before time** for the following activities:
 - a) Cleaning of the Anganwadi
 - b) Supply of drinking water.
 - c) Making arrangements for PSE activities.
 - d) Cooking supplementary food (If required) or keeping the food ready for distribution.

Daily Activities at AWC	Monthly / Quarterly / Periodical Activities at AWC
a) Inspection of children for cleanliness. b) Organising Supplementary Nutrition for children and expectant and nursing mothers. c) Washing hands of children before and after taking Supplementary Food. d) Organising Preschool Education activities. e) Treatment of common childhood illnesses & minor ailments. f) Referral Services as and when required g) Conducting Home Visits. h) Record Keeping.	a) Health check up of children and mothers b) Immunization (As per the schedule) c) Weighing children and Growth Monitoring (Once in a month) d) Distribution of Vitamin A and Iron Folic Acid tablets e) Organising mother's meeting f) Preparing Monthly Progress Report (MPR) g) Updating Family Survey Register

1.7.2 Expected Time for Daily Activities at AWC

An AWW should adhere to the time allotted for health, nutrition and education activities so that all the services are provided to the beneficiaries

Daily Tasks	Expected Time
Preschool Education	2 Hours (120 min.)
Preparation and Distribution of Supplementary Nutrition	1½ Hour (30 min.)
Treatment of Common Childhood Illnesses/ Ailments & Referral	1½ Hour (30 min.)
Filling up Records and Registers	1½ Hour (30 min.)
Making 2-3 home visits	1 Hour (60 min.)
TOTAL	4½ Hours (270 min.)



1.8 Training of ICDS Functionaries and Trainers

- NIPCCD is an apex Institute for planning, coordination and monitoring training of ICDS functionaries and trainers.



- NIPCCD has the responsibility of cutting edge training, training of CDPOs / ACDPOs, building - up capabilities of institutions engaged in training of ICDS functionaries; organising training of trainers; designing, revising, standardising and updating syllabi, preparation of training modules; and preparation, procurement and dissemination of training material.
- In the country, there is a net work of Institutes for training of ICDS functionaries & trainers comprising Middle Level Training Centres (MLTCs) and Anganwadi Workers Training Centres (AWTCs). In a few States, State Training Institutes (STIs) have been identified.
- All the ICDS functionaries i.e. Helpers, Anganwadi Workers, Supervisors and CDPOs are given initial job training, and then refresher training and innovative / skill training from time to time.
- UDISHA has redefined ICDS training. UDISHA in Sanskrit means the first rays of new dawn. It is the nation wide training component of the World Bank assisted Women and Child Development Project which is being implemented since 1999.

Training of ICDS Functionaries and Trainers			
Category	Total Duration	Working Days	Training Institute
ICDS Functionaries			
* JTC for CDPOs / ACDPOs	32	26	NIPCCD HeadQuarters(HQs), Regional Centres (RCs) & State Training Institutes (STIs)
* JTC for Supervisors	32	26	Middle Level Training Centres (MLTCs)
* JTC for AWWs	32	26	Anganwadi Workers Training Centres (AWTCs)
* Induction Training of CDPOs/ACDPOs	7	5	NIPCCD HQs, RCs and STIs
* Induction Training of Supervisors	7	5	MLTCs
* Induction Training of AWWs	8	6	AWTCs
* Orientation Training of Helpers	8	6	AWTCs
* Refresher Training of CDPOs/ACDPOs	7	5	NIPCCD HQs, RCs and STIs
* Refresher Training of Supervisors	7	5	MLTCs
** Refresher Training of AWWs	6	5	AWTCs
** Refresher Training of Helpers	5	4	AWTCs
Trainers of AWTCs and MLTCs			
* Orientation Training of Instructors of MLTCs / STIs	12	8	NIPCCD HQs & RCs
* Orientation Training of Instructors of AWTCs	11	8	MLTCs
* Refresher Course for Instructors of MLTCs and STIs	7	5	NIPCCD HQs & RCs
* Refresher Course for Instructors of AWTCs	7	5	MLTCs

* Inclusive of one day before and after the course and exclusive of holidays falling during the course except Sunday

** Inclusive of half a day each before and after the course.

1.9 Kishori Shakti Yojana

Kishori Shakti Yojana

- Under ICDS Programme, since 2000, Kishori Shakti Yojana (KSY) is being implemented to empower adolescent girls so as to enable them to grow and develop to take charges of their lives.
- KSY is redesign of the already existing Adolescent Girls Scheme being implemented since 1992 using ICDS infrastructure. The Scheme comprised two subschemes i.e. Girl to Girl Approach for Adolescent Girls in the age group 11-15 years and Balika Mandal to reach Adolescent Girls in the age group 11-18 years.
- Under Sub-Scheme I, at a time, 3 Adolescent Girls are attached to AWC for 6 months. They receive 3 days basic training from a Supervisor followed by one day session every month so as to become capable of managing the centre on their own. During this period, they assist AWW in delivery of services also.
- Under Sub-Scheme II (Balika Mandal), Twenty girls in the age-group of 11-18 years are identified from all eligible girls in the anganwadi centre. Only 10% of the total AWCs in an ICDS Project are selected to serve as “Balika Mandals”. All the 20 girls are enrolled for a period of 6 months in the Balika Mandal. Thus during the year, each Balika Mandal

caters to 40 Adolescent Girls in the age-group of 11-18 years. The Anganwadi Worker is the regular honorary instructor for the Balika Mandal and provides general education and literacy to adolescent girls. Instructors of AWTCs and MLTCs and training centres of Health and Family Welfare Department are enlisted for visiting Balika Mandals from time to time to provide continuing education. These girls participate in the activities of Balika Mandal and are provided with supplementary nutrition equivalent to the entitlement for a pregnant/lactating woman for 6 days in a week.

- KSY is being implemented through AWCs in rural and urban settings in all the 6118 of ICDS blocks.



The following Activities are conducted in KSY Schemes

* Adolescent Girls Scheme I
Girl to Girl Approach
(11-15 yr old girls)

1. Simple and Practical messages on
 - * Preventing health, hygiene, nutrition and education
 - * Working of the anganwadi center
 - * Family life educationa
2. Supplementary nutrition

Adolescent Girls Scheme-II
Balika Mandal
(11-18 yr old girls)

1. Learn about significance of
 - * Education and life skills
 - * Personal hygiene
 - * Environmental sanitation
 - * Nutrition and Home nursing
 - * First aid, communicable diseases, vaccine-preventable diseases
 - * Family life, child care and development Constitutional rights and their impact on the quality of life
2. Participate in creative activities and learn through the sharing of experiences and discussions of issues that affect their lives.
3. Skill development
4. Supplementary Nutrition

Objectives of KSY

- Improve the nutrition and health status of girls in the age group of 11-18 years.
- Provide the required literacy and numerate skills through the non- formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities.
- Train and equip the adolescent girls to improve/upgrade home based and vocational skills.
- Promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measures so as to facilitate their marrying only after attaining the age of 18 years and if possible, even later
- Gain a better understanding of their environment related social issues and the impact on their lives; and
- Encourage adolescent girls to initiate various activities so as to become productive and useful members of the society.
- KSY has a number of programmatic options for States / UTs based on the area-specific needs and requirements. States can select the **programme interventions** that respond best to the local context.



Early Childhood Care & Development



PART 2

Early Childhood Care & Development

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2.1 Child Development, Definition, Process and Characteristics



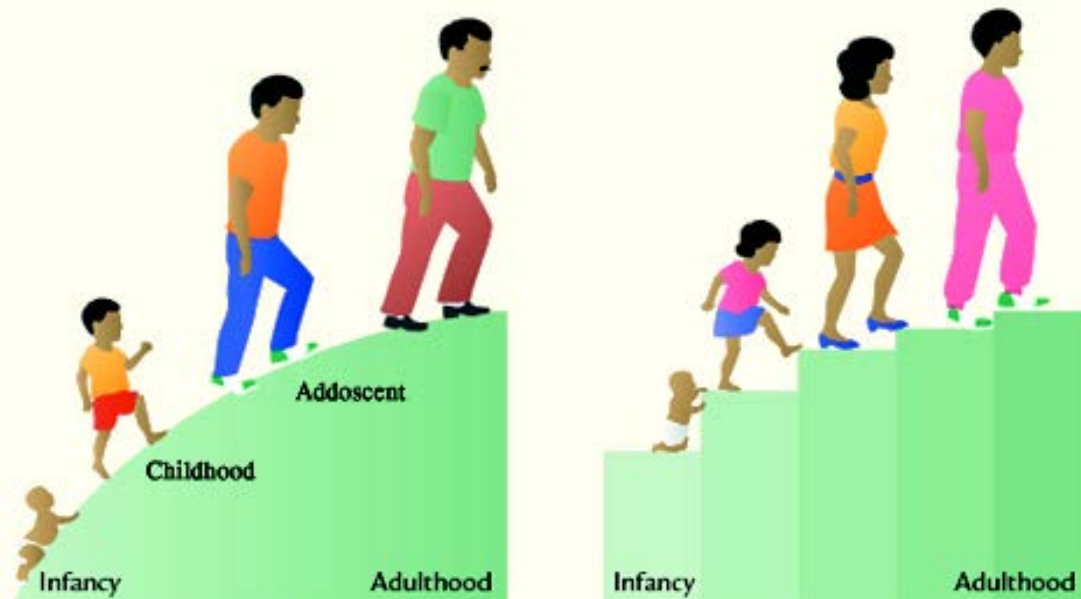
2.1.1. Who is a Child?

- As per the Constitution of India, a person below 14 years is a child.
- The Census of India also considers a person below 14 years as a child.
- As per the Convention on the Rights of the Child (CRC), a child means every human being below the age of 18 years.
- In India, the definition of a child varies with purpose and specific legislation. The Government of India is considering adopting

the definition of the child as stated in the Convention, wherever it is feasible and applicable, so that the rights of children are protected in the society under all circumstances.

2.1.2. What is Child Development?

- Child Development is the process of growth and development of a child over a period of time and explains how and why it occurs.
- Child Development extends from the moment of conception to the pubescent comprising changes in all round development of the child at each stage.
- Child Development focuses on the pattern of development and the role played by environment and learning experiences.



2.1.3. Why Early Childhood is Important?

- Development of a child during the first year lays the foundation for the rest of life.
- Early development is more critical than later development or is the 'critical period', as childhood is the time when particular good or bad characteristics are slowly and clearly developed.
- Considerable learning takes place during early childhood which prepares the child for adulthood.
- Easy to guide children in the right direction and inculcate good habits and moral values during early childhood than at a later stage.
- Easy to make children outgrow undesirable habits and traits early in life than when they grow up. Habits formed during early childhood influence later behaviour.
- Experiences during early childhood have an impact on the ways of thinking and behaviour in adulthood.



2.1.4. Stages of Child Development

Adolescence
10-19 years



Childhood
2-10 years



Infancy
Birth – 2 years



Prenatal
Conception to Birth



Rapid increase in height and weight and personality development

Early Childhood (2-6 years) - muscular and mental coordination, social development and self reliance

Late Childhood (6-12 years) – Socialisation, personality development and rapid social and emotional development

Rapid growth of body and mental abilities.

Extremely rapid growth, physiological development and growth of all bodily structure

- Childhood is divided into four major stages beginning from conception to when the child becomes sexually mature. These are:
 - i. Prenatal – Conception to birth
 - ii. Infancy – birth to 2 years
 - iii. Childhood – 2–12 years
 - iv. Adolescence – 12–18 years
- Each of the four stages are characterised by differences in physical, mental, language, social and emotional abilities of an individual.
- Change from one stage to the other is a gradual and a continuous process.

2.1.5. Aspects of Child Development

- Child Development is holistic in nature i.e. a child develops as a whole.
- All round development of a child comprises three major aspects or areas or domains. These are:
 1. Physical and Motor Development
 2. Cognitive and Language Development
 3. Psychosocial Development
- Development in each of the three aspects does not occur independently, infact it is interdependent.
- The affect of development in each area can not be separated out easily as each affects the development of the other.
- Experiences and achievements of a child in the three areas of development contribute towards developing a child's personality.

Physical and Motor Development



Physical Development – Changes in body's size, structure, proportion and system

Motor Development – Development of control of muscular functions and coordination between various parts of the body

Psychosocial Development

Development of emotions and social bonds

Social Development – Ability to relate to others and behave in accordance with the expectations of the society

Emotional Development – Ability to feel, regulate and express emotions



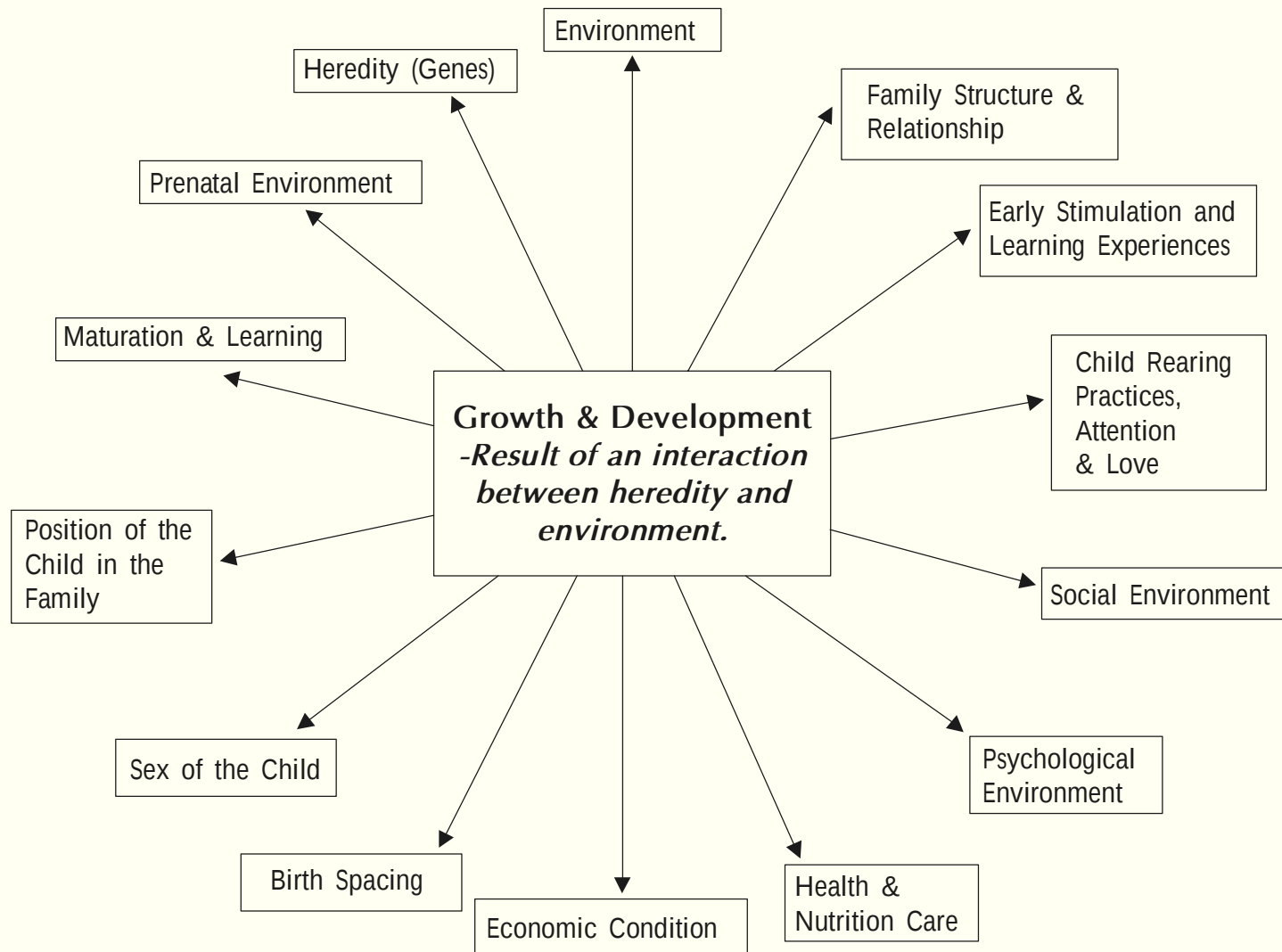
Cognitive & Language Development



Cognitive Development – Ability to think, perceive and solve problems including intellectual development i.e. development of language and thinking skills

Language Development – Ability to communicate and speak

Factors Influencing Growth & Development



2.1.6. Process of Child Development

- **Child Development** is the process of **growth & development** which involves both qualitative and quantitative changes.
- The process of child development is affected by **heredity** and **environment** due to which a child matures and learning takes place.

Growth & Development	
● Growth refers to quantitative changes i.e. increase in body size, proportion and structure, which can be measured through increase in height, weight and size of internal organs. ● Development refers to qualitative and quantitative changes related to functioning of a body. It includes acquiring skills and abilities to perform finer and more complex tasks. These changes are progressive, orderly, long lasting and coherent. Growth is one aspect of larger process of development. ● Growth stops at a particular age. ● Development is a continuous process that begins during the prenatal period and continues even when the physical changes are not visible. ● Growth and development are inter-dependable, for a child to be able to develop, he or she has to grow.	● Heredity refers to genes or inborn characteristics or traits a child receives from the parents and is born with. This is her/his genetic background. ● Environment refers to external conditions under which a child develops and include type and quality of stimulation, experiences and learning opportunities provided by caregivers. ● Maturation is a natural process of unfolding of characteristics present in an individual as per his/her genetic background. ● Learning is development that involves acquisition of skills and abilities and is determined by environment, stimulation and experiences.

- Maturation and learning are closely interrelated. For full development of heredity potentials, children must be provided with learning opportunities and stimulation. Similarly, due to limitations in genetic background, learning cannot go beyond a certain point even when it is encouraged.
- **Mother/Caregivers** should provide qualitative learning opportunities to children right from the birth. Children are actively engaged in development through exploration & learning. Deprivation of learning opportunities due to poverty, parental rejection and lack of early stimulation limits development.

2.1.7. Pattern of Child Development and the Characteristics

Understanding of pattern of child development and its characteristics help to understand the process of child development

Pattern of Development

- All children follow a predictable pattern of development which always takes place in two directions:
 1. **Development Spreads Over the Body from Head to Toe.** e.g. Head region is the first to develop followed by trunk & then limbs, in both prenatal and postnatal development.
 2. **Development Proceeds from Centre of the Body to the Ends.** e.g. Body parts and muscles which are near the centre of the body develop before the other parts e.g. heart and spinal cord develop first and fingers & toes at the end.



Your Babys Development

Characteristics of Child Development

Pattern of Development has many common and predictable characteristics

i) Development is Continuous

Development is a continuous process from the moment of conception till death e.g. Child develops into an adult

ii) Development follows Similar and Orderly Pattern

All children follow similar pattern of development with one stage leading to the next and it is always in order.

e.g. All babies stand before they start walking. They cannot walk without standing first.

iii) Development of each Child is Unique

Each child is unique and different from others due to his genes and environmental experiences.

e.g. Rani and Kumar are sister and brother. In spite of being brought up in the same family, both are different in looks, nature and habits.



iv) Development is Progressive

Development results in changes in acquiring skills & abilities that are finer and complex than the ones that preceded them.



e.g. Crawling leads to walking

v) Development is Holistic

Development takes place in all areas at the same time

e.g. Along with rapid physical development marked by increase in height, rapid mental development marked by increase in growth of memory and rapid social development marked by interacting with family and environment takes place.

vi) Correlation in Various Aspects of Development

Development in one area is linked to the development in the other.

e.g. Along with physical development, mental development is also rapid and vice versa.

vii) Development is from General to Specific

Development proceeds from general to specific response.

e.g. Babies wave their arms in general before they are able to reach out for an object held before them.



viii) Development is from Simple to Complex

Development proceeds from simple to complex

e.g. Similar cells of zygote change to form tissues like nerves and bones.

ix) Different parts develop at different rates

Development is never uniform for all the body parts.

e.g. Feet, hands and nose reach maximum development during early adolescence and shoulders develop fully after that.



x) Rate of development differs from one child to another

There are individual differences in rate of development due to heredity & environment influences.

e.g. one child may walk at the age of 9 months and the other may do so at the age of 13 months.

xi) Happiness varies at different periods in development

Childhood is usually considered the happiest period in life.



2.1.8. Developmental Milestones

- Child's progress on the path of development across definite stages is marked by certain indicators called **Developmental Milestones**.
- Milestones are like **guideposts** for various stages of development, through which every normal child passes.
- Milestones indicate the age at which children are expected to perform tasks which are also called **developmental tasks**.
- **Milestones** for **growth** are easy to measure e.g. height and weight; whereas milestones for **development** are more complex and difficult to measure e.g. cognitive, language, social development, etc.
- For every child there is a normal range for completion of a 'milestone'. But each **child reaches a 'milestone'** or performs the expected 'developmental task' at his **own pace** and in his or her own way.
- If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor.
- Sometimes, a stage is skipped or another one is delayed. And, some children progress more rapidly than the others. But this need not be a cause for alarm. If accomplishment of 'milestones' is **unduly delayed**, it is a signal that a child should be **medically examined**.



Parents or caregivers should be aware of the 'developmental milestones'; so as to know whether the child is making normal progress or something is wrong or there is a disability.

Milestones of Development

Age

Milestones of Development

One Month



- Cries in hunger or discomfort
- Turns her or his head towards a hand that is stroking the child's cheek or mouth
- Brings both hands towards her or his mouth
- Turns towards familiar voices and sounds
- Suckles the breast and touches it with her or his hands

Three Months



- Smiles
- Begins to make cooing sounds like 'ooh' and 'aah'
- Turns head towards bright colours and lights
- Holds head erect and reaches for an object
- Recognises mother & members of family
- Makes fists with both hands
- Wiggles and kicks with legs and arms

Six Months



- Holds head steady when held upright
- Raises the head and chest when lying on her or his stomach
- Reaches out for dangling objects
- Turns to a sound or a voice.
- Grasps and shakes objects
- Rolls both ways
- Sits with support
- Responds to her or his own name and to familiar faces
- Explores objects with hands and mouth

Nine Months



- Sits up from lying position
- Picks up with thumb and finger
- Sits without support
- Crawls on hands and knees

One Year



- Stands without support
- Tries to imitate words and sounds
- Waves Bye-bye
- Enjoys playing and clapping
- Says Papa and Mama
- Starts holding objects such as a spoon or a cup and attempts self-feeding.

Milestones of Development

Age

Milestones of Development

Eighteen Months



- Walks well
- Expresses wants
- Stands one foot with help
- Points to objects or pictures when they are named (e.g. nose, eyes)
- Starts saying names of objects
- Puts pebbles in a cup

Two Years



- Walks, climbs and runs
- Says several words together
- Follows simple instructions
- Scribbles if given a pencil or crayon
- Enjoys simple stories and songs
- Imitates the behaviour of others on household work
- Begins to eat by herself or himself

Three Years



- Walks, runs, climbs, kicks and jumps easily
- Recognises and identifies common objects and pictures by pointing
- Makes sentences of two or three words
- Says her or his own name and age
- Can name colours
- Can understand numbers
- Uses make-believe objects in play
- Expresses affection
- Feeds herself or himself

Four Years



- Balance on one foot
- Plays simple games with others
- Asks questions
- Answers simple questions
- Shows different emotions
- Recognises to six basic colours
- Washes hands alone

Five Years



- Moves in a coordinated way
- Speaks in sentences and uses many different words
- Understands opposites (e.g. fat and thin, tall and short)
- Plays with other children
- Dresses without help
- Answers simple questions
- Counts 5 to 10 objects
- Washes her or his hands.

2.2. Enhancing Early Childhood Learning & Personality Development

During early childhood, if a child has stimulating environment with a variety of learning experiences and opportunities to move and explore, learning and development is enhanced.

- Babies begin to learn from the moment they are born.
- Babies learn faster when their basic needs like physical care, security, stimulation and love are met on time.
- Early stimulation and learning activities are based on prevalent child rearing practices. They include play, music, games, stories, outings etc. with focus on creating an environment to give children freedom, opportunities and incentives.
- Learning experiences are to be given right from the birth and should involve activities that have a closer interaction between the child and the parents.
- Best stimulating environment is provided by the family.
- Family is the child's first social unit or first place of interaction with the environment.
- Family has a major role to play in meeting child's needs; providing a stimulating environment to enhance learning and development; and develop the child's personality.



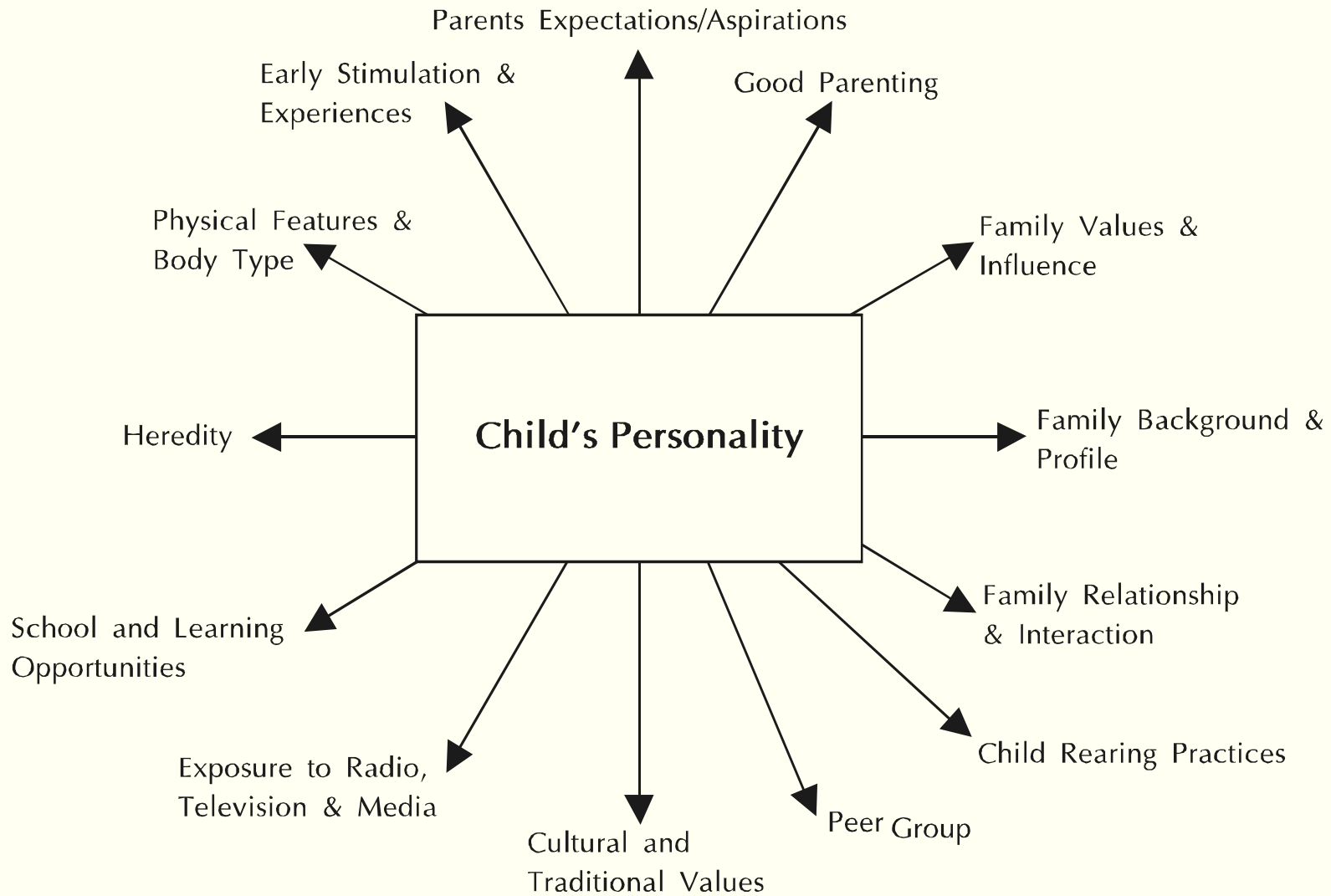
- **Early childhood care** is the care provided to a young child in an integrated and holistic manner, with the rights perspective, leading to his/her survival, growth, development and protection, through child centered, family focused and community based interventions.
- **Physical care** of a child includes food, sleep, rest, clothing, exercise etc.
- **Stimulation** is any activity that causes the child to respond and activate early learning and development.

How a Young Child Learns?

- Children construct their own knowledge through repeated interaction with people and material.
- Children learn through social interaction with adults and other children.
- Children's learning cycle begins with awareness and moves to exploration, inquiry and finally utilisation.
- Children learn through play
- Children learn how to behave by imitating the behaviour of ones closest to them.
- Each child has an individual style of learning.



Factors influencing Child's Personality



Family's Role in Development of Children

The Family:

- Gives feeling of security and acceptance.
- Meets physical, psychological and emotional needs.
- Source of affection, love and warmth.
- Set models for social behaviour.
- Teaches moral, social and cultural norms & values.

Gives:

- Guidance & support for learning skills.
- Provides stimulating environment for learning and development.
- Makes house a pleasant home.



Development of Child's Personality

- **Personality** is the quality of a person's total behaviour. Personality reflects what one is and refers to a person's characteristics.
- Personality includes the whole individual, his physique, temperament, skills, interest, habits, feelings, pattern of thinking, intelligence, achievements, concept of one's self and ways of relating to others.
- Personality is mainly affected by three major factors:
 - Heredity
 - Environment
 - Learning Experiences and Aspirations
- Personality has two major components i.e. 'Self Concept' and 'Traits'.
- **Self concept** is what a child thinks of himself and what he is. It is determined by his role and relationship with others.
- **Traits** are specific qualities of behaviour of an individual and are influenced by self concept.
- Personality of each child is unique and is responsive to many factors including good parenting.



2.3 Early Childhood Care & Education Services in ICDS

- Early Childhood Care and Education (ECCE) is one of the important services provided under ICDS Programme
- ECCE component of ICDS is;
 - a significant input for providing a sound foundation for child development
 - contributing towards preparing the child for primary school
 - offering substitute care to the younger siblings, thus freeing the older children – especially girls – to attend school.
 - a move towards universalisation and qualitative improvement of primary education.
- ECCE component of ICDS includes two types of services i.e.:
 - i. Early Childhood Stimulation (Children below 3 years)
 - ii. Non-formal Preschool Education (Children 3-6 years)
- Preschool Education activities are built on local and cultural practices, using locally available material developed by an AWW.

2.3.1 Early Childhood Stimulation: Concept, Need & Activities

- Early Childhood Stimulation (ECS) is an effort to development among children below 3 years.
- ECS aims at providing learning experiences to the child for his/her holistic development.
- ECS includes activities that help the child to know his environment.

Significance of Early Childhood Stimulation

- Ensures healthy development of the child
- Develops basic trust and emotional security
- Stimulates intellectual curiosity
- Enhances language development
- Develops basic values of sympathy, tolerance, helpfulness and kindness.
- Provides opportunities to explore and develop
- Gives security and acceptance
- Encourages children to play



ECS becomes effective with close interaction between the child and the mother or caregiver.

Early Childhood Stimulation Activities for Children below 6 months

Physical and Motor	Language	Personal and Social	Cognitive
● Shake a rattle in front of the child or clap your hands above the head to make him lift head to look up. ● Cover the child's face with cloth and remove immediately and say 'a-ha'. The child will respond by kicking his / her arms. ● Bring one finger of the hand close to child so that he holds it. ● Encourage the child to roll on her stomach. ● Give the child some toys to play, hold, and grasp if he can hold his head	● Hold the child in your arms and talk to him ● When child makes sounds, talk to him as if you are answering ● Sing songs and lullabies before dressing and sleeping time. ● Move around and show her things around and name them ● Use simple repetitive words like Dada Baba Nana, Papa	● Hold the child close to you when she cries, give love and affection ● Have eye to eye contact and smile at the child frequently. ● Feed the child in a playful manner when 6 months old ● Respond to smiles and cooing, play cuddling and feeling games. ● Take the child outside home and let the child look around.	● Hang pictures, coloured paper and coloured wooden objects over the cradle. ● Make toys using beads, bottle caps, bells, rings etc. which make sound and hang near the child so that he can see and hear them ● Walk with your child in your arms around the house. Let the child see the things around and get familiar with them. ● Let the child explore by sucking, grasping and shaking soft coloured blocks.



Early Childhood Stimulation Activities for Children 6-12 months Old

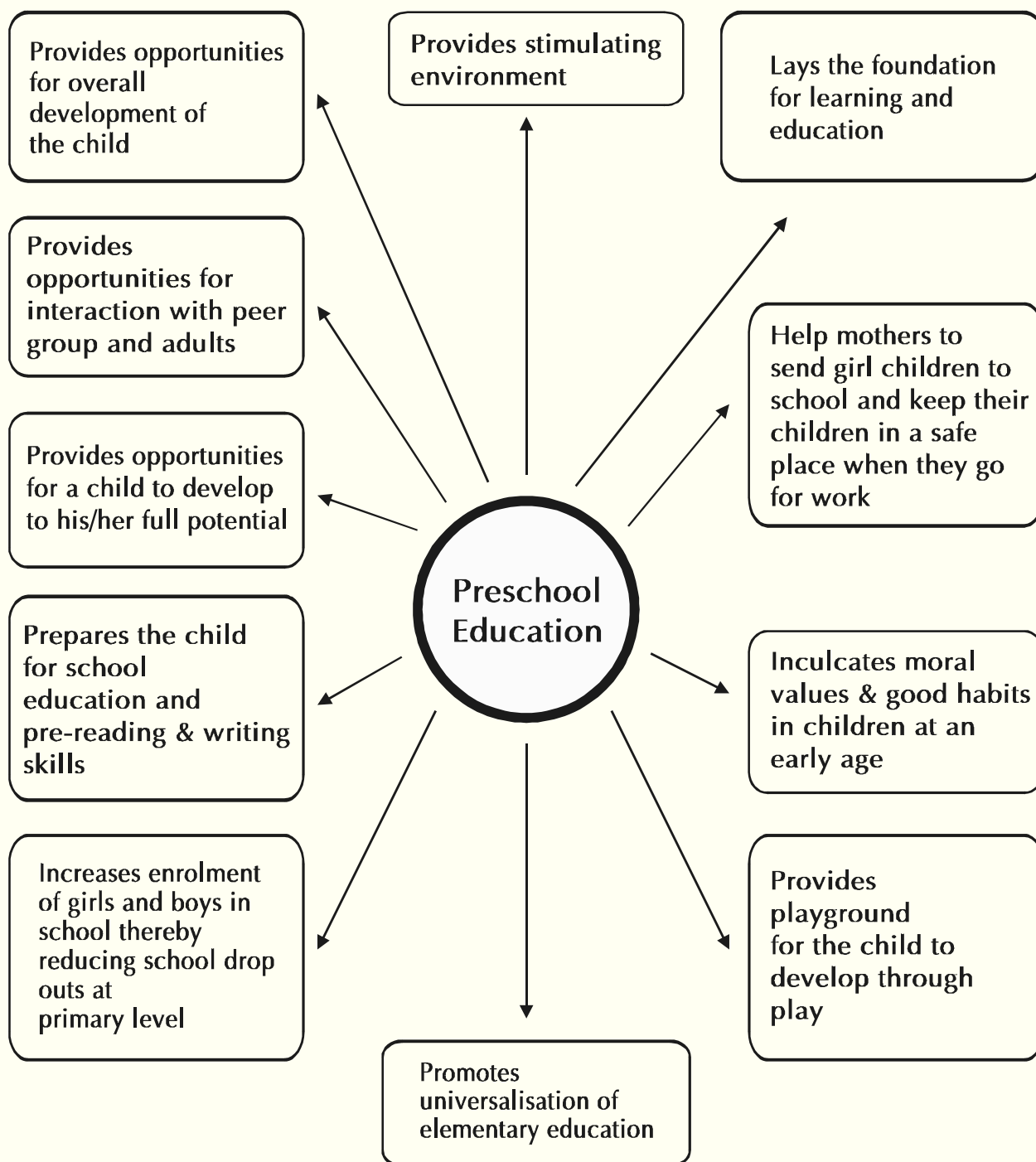
Physical and Motor	Language	Personal and Social	Cognitive
● Make the child sit propped up with pillows ● Give the child toys to play with – Let her pick up objects with one or both hands ● Help the child to sip water/juice/ milk from a cup/ small glass in sitting position ● Put attractive toy or ball just in front of the child and move forward to encourage the child to crawl ● Put some toys on low stool, so that the child tries to hold and stands to reach for the toys ● Use a walker/stool which the child on can push and walk ● Play clapping games with the child – closing and opening of fingers.	● Sing songs, lullabies and show pictures while spending time with the child ● Encourage the child to utter simple words like papa, mama, baba, dada and repeat continuously what child utters. ● Respond positively to child when she tries to speak and name things ● Repeat whatever the child says by smiling and hugging her	● Hug and hold the child close to you – show that you love her ● Attend to child when hurt, sleepy, wet or hungry ● Sit and play with child, simple finger games/tickle games ● Make the child familiar to relations by calling family members as nana, baba, massi etc. ● Take him out shopping/visiting people	● Show him stars, moon, animals, birds etc. move your fingers while showing things ● Expose the child to various sounds ● Hide a toy behind you and encourage the child to look for it ● Give the child a box/basket of small toys and objects to play with. Gather up toys in the basket when she throws them. ● Cover your face with a piece of cloth or your hands and hide and seek with the child.
			

2.3.2. Preschool Education (PSE) in ICDS: Concept and Need

- Preschool Education in ICDS is a child-centered programme for 3 to 6 years old children which follows the playway activity approach using toys, play equipments etc. which is of indigenous origin, inexpensive.
- PSE activities are organised daily at AWC for about 2 hours.
- PSE focusses on holistic development of the child and provides a stimulating play environment for his/her physical, cognitive, and psychosocial development.
- PSE encourages interaction with the environment, active participation in group activities and promotes problem solving ability in children.
- PSE does not have syllabus for teaching the 3 R's, but lays the foundation for the same i.e. development of reading, writing and number work.
- PSE is flexible to children's needs and does not focus on school achievements.
- PSE programme does not emphasise on passive listening and learning by rote in children.



2.3.2.1. Need & Importance of Preschool Education



Preschool Education is important for overall development of the child as early years are critical in the life of a child.

2.3.2.2. Objectives of Preschool Education Programme in ICDS



Preschool Education Programme aims at development of a child as a whole and includes activities and learning experiences for the same.

2.4 The Preschool Child



The Preschool Child is

- Curious
- Exploratory
- Imaginative
- Energetic
- Innovative
- Spontaneous
- Eager to Learn
- Self-centered
- Having short attention span

The Preschool Child Likes to

- Learn through play
- Respond to music, rhythm and rhymes
- Touch, taste, smell, hear and see things.

- Explore new things
- Repeat activities, songs, stories etc.

The Preschool Child enjoys :

- Listening stories
- Playing games
- Running, jumping, hopping etc.
- Singing songs
- Doing Activities in small group
- Playing with dolls, water, mud and sand
- Dressing up and acting or role play
- Dance, drama and creative movements
- Drawing, painting etc.
- Exploring things in their environment

The Preschool child must be kept BUSY with a variety of Interesting activities.

2.5 Activities for Preschool Education at AWC

Activities for Physical & Motor Development

PSE activities in an Anganwadi are planned & organised to promote holistic development of children

Activities for
Psychosocial
and Creativity
Aesthetic Ap
& Science E



2.5.1 Activities for Physical & Motor Development

Objectives

- Monitoring growth
- Development of gross (large) muscle/motor coordination
- Development of fine muscle/motor coordination
 - Small muscle coordination
 - Eye hand coordination
 - Hand to mouth coordination



Role of an AWW

- Keep the room uncluttered to allow maximum movement.
- Select motor activities in accordance with the child's stage of development, interests and needs.
- Select a variety of activities to ensure child's interest.
- Maintain a balance between active and passive as well as outdoor and indoor activities.
- Ensure that all play equipment and material is intact.
- Stay alert during outdoor and indoor free play to prevent accidents.
- Ensure that all children get the chance to use the play equipment/material.
- Provide short rest period after vigorous activity.
- Do not interfere with children's free play.
- Do not compare children's achievements as each child is different.

Activities for Physical & Motor Development

Gross / Motor Coordination and Development

Gross Motor Coordination means developing control over the movement of the large muscles of the body such as thighs, legs, torso, shins, arms, etc. Activity includes outdoor and indoor games and physical exercises

Walking	Skipping	Kicking
Running	Cycling	Swinging
Climbing	Catching	Relay race
Jumping	Throwing	Musical chair
Balancing	Hopping	
Rhythmic movement		



Fine Motor Development

Fine Motor Coordination means developing control over the movement of finer muscles, particularly finger and wrist muscles and eye-hand coordination.

Tearing	Sewing
Sorting	Threading
Painting	Collage
Finger painting	Cutting
Pouring	Buttoning
Paper folding	Paper Masche
Fun with pebbles	Crushing
Pasting	Writing
Drawing	Sand & Water play
Pattern making	Clay Work

Age-Specific Activities for Gross Motor Coordination and Development

Activity	3-4 Years	4-5 Years	5-6 Years
Walking	Walks along a straight line with ease	Walks forward and backward with coordination and ease.	Walks with ease, grace and rhythm, showing well coordinated movement.
Rhythmic Movement	Responds to rhythm or beat while clapping.	Responds to the rhythm or beat with body movement like swaying, jumping, clapping, etc.	Does simple dance movements in tune with and to the beats of music.
Throwing a Ball	Aims and throws the ball freely in a given direction.	Throws a ball at a given target more accurately.	Throws a ball at a given target with accuracy and plays specific games for example bat and ball.
Hopping	Hops at a single spot once or twice.	Hops for a longer time on both feet and even move a short distance.	Hops for some distance with ease and speed.
Climbing-Ascending and Descending	Climbs up and down taking a support.	Climbs up and down using alternate feet	Climbs with confidence and speed.

Age-Specific Activities for Fine Motor Development

Activity	3-4 Years	4-5 Years	5-6 Years
Tearing – Cutting – Pasting	Crumple and tear paper at random and paste the pieces in a large outline, though not very neatly.	Cut paper along straight lines, forming simple shapes like square, rectangle, triangle, etc.	Tear and cut paper into finer pieces and different shapes and paste them neatly according to the design in smaller area.
Threading	Puts a stiff wire or thread through large holes	Puts a stiff wire or thread through smaller holes	Puts a stiff wire through holes arranged in complex order or design.
Clay Work	Beat or pat the clay, pull it apart and mash it together.	Mould clay into various simple shapes and decorate with other accessories like twigs, colour, flower, petals, etc.	Mould clay into more complex and meaningful shapes and objects.
Paper Folding	Simple folding activity using palm and fingers to form a square or rectangular piece.	Makes more complex shapes by folding paper.	Make still more complex and neat shapes through folding activities.
Drawing – Colouring – Painting	Scribble with enjoyment, draw lines and copy circles.	Draw recognizable figures and meaningful drawings with crayons.	Draw many meaningful figures and shapes.

2.5.2 Activities for Cognitive & Language Development

2.5.2.1 Cognitive Development

Cognitive Development is the development of those basic mental skills which help a child in getting to know and understand the environment.

Objectives

A. *Development of Basic Cognitive Skills*

- Development of Five Senses
 - (a) Sense of sight
 - (b) Sense of hearing
 - (c) Sense of touch
 - (d) Sense of smell
 - (e) Sense of taste
- Memory and Observation
 - Increase observation skills and power
 - Increase retention ability
 - Develop team spirit.
- Classification
 - Identify objects on the basis of concepts or dimensions
 - Able to relate to the environment
- Sequential Thinking
 - Stimulate thinking and imagination
 - Systematic thinking approach
 - Sharpen observation skills
- Reasoning and Problem Solving
 - Understand relationships
 - Increase observation power and imagination
 - Able to solve problems

B. *Development of Basic Concepts*

- Concept of Colour
- Concept of Shape
- Development of Pre-mathematical Concepts
 - Concept of prenumber
 - Concept of number, space, time and temperature
- Concept of Environment
 - natural, physical and social.



Role of an AWW

- Create a stimulating environment for children to match, classify, seriate, sequence, hypothesize, and experiment.
- Encourage children to observe and describe during nature walk/excursions.
- Encourage the children to ask questions by answering them.
- Give children opportunity to think creatively and solve problems.
- Provide opportunity to develop skills.
- Be alert to children's reaction.
- Let children use the play material. Do not keep all material stacked away from the children.
- Do not expect all children to be alike and respond in the same way.

Activities for Development of Basic Cognitive Skills

The Five Senses

Children learn through the five senses. Any kind of sensory limitation may lead to incomplete concept development.

Sense of Touch

- Identify and distinguish between different textures i.e. rough/smooth, hard/soft, wet/ dry
- Name classify and seriate different textures by using
 - Touch cards/Sorting
 - Match and identify different tastes
 - Recall food stuffs of familiar taste objects.
 - Feely bag.

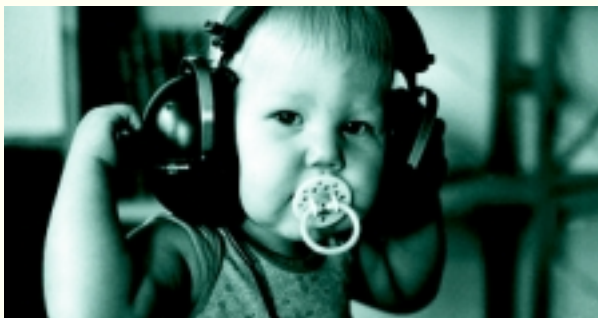
Sense of Smell

- Discriminate between good & bad smell
- Recall smell of familiar objects
- Identify objects/picture cards of similar or different smell



Sense of Hearing

- Identify, seriate and discriminate between common sounds



Sense of Taste

(Salt, Sour, Sweet and Bitter)

- Match and identify different tastes
- Recall food stuffs of familiar taste



Sense of Sight

- Match , identify and recognise pictures, objects, alphabets and numbers



Activities for Development of Basic Cognitive Skills

Memory and Observation

- Memory games
- Identification of missing part of a picture/object
- Difference in two identical pictures

Sequential Thinking

- Making patterns using objects like pebbles, leaves, flower in forward and reverse sequence
- Telling & retelling stories in logical sequence.
- Telling steps of an activity e.g. washing clothes
- Sequential thinking cards
- Arranging story cards in a sequence



Classification, Grouping & Categorisation

- Sorting objects and putting in a basket
- Matching pictures, seeds, flowers, objects, etc.
- Sorting and grouping of objects on the basis of colour, shape and size.
- Identify and categorise cards of vegetables, fruits, colours, shapes etc.
- Classification cards



Reasoning and Problem Solving

- Relationship games
- Simple mazes/puzzles
- Posing problems and finding solutions
- Cause and effect questions e.g. what will happen if it rains?



Development of Basic Concepts

Concept Formation

- Concept is a mental construction of a picture, of a class of objects, people, places and phenomenon.
- Clarity of basic concepts enables a child to observe, discriminate and categorise.
- For development of any concept, activities should be planned in the following sequence:
 1. Matching
 2. Identification
 3. Naming
 4. Seriation
 5. Classification
- Development of Basic Concepts include:
 1. Concept of Colour
 2. Concept of Shape
 3. Premathematical Concept
 - a) Development of Prenumber Concept

Size	:	Big – Small	Thickness	:	Fat-Thick-Thin
Length	:	Long – Short	Width	:	Wide-Narrow
Weight	:	Heavy – Light	Quantity	:	More-Less
Height	:	Tall – Short	Distance	:	Far-Near
 - b) Development of Number Concept

Counting 1-10

Many-Few
 - c) Development of Concept of Time

Before : After

Morning : Night

Yesterday : Today : Tomorrow
 - d) Development of Concept of Space (Direction and Position)

Up	:	Down	Front	:	Back
In	:	Out	Before	:	After
Above	:	Below	Right	:	Left
Over	:	Under			
 - e) Development of Concept of Temperature

Hot : Cold
 4. Concept of Environment
 - Natural Environment
 - Animal ● Birds ● Insects ● Vegetables & Fruits ● Plants
 - Physical Environment
 - Water ● Air ● Sky ● Earth ● Weather / Season
 - Social Environment
 - Self and Family ● Transport ● Community Helpers ● Festivals

Activities for Development of Basic Concepts

Concept of Colour

- Colour Dominoes (matching)
- Colour Blocks
- Granny's Parcel
- Colour name, games, rhymes and riddles
- Colour Cards
- Play activities with coloured beads
- Painting
- Free Conversation
- Story Telling



Concept of Shape

- Shape Dominoes (Circle, Square, Triangle, Rectangle)
- Shape Games
- Shape Cards – Matching/ Sorting/ Classification
- Free & Structured Conversation
- Free Play
- Clay Work
- Tearing & Pasting activities
- Drawing, Painting & Tracing

Premathematical Concepts

Prenumber Concept

- Free Structured Conversation related to various dimensions of objects, Rhymes & Story Telling
- Free Play with objects of various dimensions
- Pairing Cards – cards with different dimensions
- Sorting, pairing and grouping of pebbles, leaves, sticks etc. according to dimensions.
- Seriation Card for each Prenumber Concept

Number Concept

- Number Blocks
- Counting 1-10
- One to one correspondence
- Matching Cards
- Number Cards/Puzzles
- Number Rhymes, Songs and Stories
- Number, Names and Order, Games and Cards
- Sand Play – Making number on sand with stick or fingers

Activities for Development of Basic Concepts

Concept of Time

- Picture Cards
- Time Perception Cards
- Read the Time
- Making a clock
- Free conversation/discussion of routine activities at home
- Dramatisation
- Rhymes and Songs
- Story Telling.
- Teaching concept of coming to AWC on time



Concept of Space

- Circle games like 'In and Out', 'Turn About', 'Up-Up-Up', 'Down-Down', 'Moving in a Circle'
- Free Conversation
- Story Telling
- Rhymes/Action songs
- Dramatisation
- Picture Cards showing objects in different positions.
- Arranging objects/things from left to right

Concept of Temperature

- Simple experiments with hot and cold water; freezing and melting of ice, candle melting etc.
- Rhymes and Songs
- Open ended question – answer session
- Picture Reading, Story Telling, Picture Cards



Concept of Environment

Natural Environment

- Nature Walk – Awareness of natural environment
- Free & Structured Conversation during walk in a garden
- Charts of Animals, Birds, Insects, Vegetables, Fruits & Plants
- Picture Cards
- Pairing and Matching Cards
- Puzzles related to Animals, Vegetables, Plants etc.
- Simple experiments like sprouting of seeds, watering plants etc.
- Stories, Rhymes & Songs related to natural environment
- Painting, Colouring & Tracing

Physical Environment

- Structured Conversation related to physical environment
- Picture Charts
- Water Games in a tub of water
- Simple Experiments showing use, shape & colour of water; use & importance of air
- Rhymes, Songs & Stories related to water, air, sun, moon, stars & season.
- Simple Questions & Answers Session



Social Environment

- Free & Structured Conversation related to themes – Self & Family, Transport, Festivals etc.
- Dramatisation
- Doll's Play
- Reading Picture books
- Picture Charts
- Story Telling & Songs
- Celebration of Festivals and National Days & Creative activities like making diyas, rakhis, national flag etc.
- Display of pictures related to festivals
- Question – Answer Session



2.5.2.2. Language Development

Objectives

- Development of Listening Skills
 - Sound discrimination
 - Listening span
 - Listening comprehension.
- Development of Vocabulary related to
 - Body
 - Home
 - Environment
- Development of Oral Expression
 - Conversation
 - Story telling
 - Dramatisation
 - Puppet play
 - Picture reading
 - Creative self expression.
- Development of Reading Readiness
 - Auditory/sound discrimination
 - Visual discrimination
 - Auditory-visual association
 - Left to right directionality.
- Development of Writing Readiness
 - Fine muscle development
 - Eye-hand coordination
 - Letter perception.

Language used in Preschool should be the regional language or the mother tongue of the child.



Language learning lays the foundation for later learning

Role of an AWW

- Provide opportunities and encouragement to verbalise experiences while doing an activity.
- Try to introduce variety into children's experiences
- Talk a lot with children during activities.
- Children do not expect to sit quietly and listen to you all the time.
- Encourage children to speak in full sentences.
- Provide opportunities to interact by working and playing in small groups.
- Listen patiently to children and answer the queries.
- Encourage the quiet/shy child to talk by praising him and giving attention.
- Do not snub or correct a child abruptly if he speaks incorrectly. Just repeat the correct form.

Activities for Language Development



Listening Skills

Story Telling
Chinese Whisper
Odd man Out
Who is at the door?

Sound Box
Rhyming Words
Songs and Rhymes

Development of Vocabulary

Picture Reading Story Telling
Nature Walk Gardening
Naming Body Parts

Quiz or Q/A Game
Water Play



Development of Oral Expression

Free Conversation
Story Telling
Dramatization
Puppet Play
Picture Word Matching
Show & Tell

Picture Reading
Doll Play
Riddles
Antakshari
Nature Walk
Free Play

Reading Readiness Activities

Card Game Rhyming Words Odd man out
Picture Reading See & Tell Matching Cards



Writing Readiness Activities

- Activities using brushes, pencils, crayons etc.
- Colouring in enclosed spaces
- Joining dots
- Tracing
- Copying Forms
- Pattern Making

Children learn language by imitating others; through encouragement from others; and by expressing ideas, thoughts and feelings.

Activities for Language Development

Category	Activity	3-4 Years	4-5 Years	5-6 Years
Listening Skills	Following Instructions	Follows one instruction at a time	Follows two to three simple instructions at a time	Follows three or more instructions at a time
Development of Vocabulary	Identify and name things in the environment	Name birds, fruits, vegetables, etc.	Name things and their use e.g. birds and their nest	Name things and their use and function in the environment e.g. parts of a plants.
Development of Oral Expression	Recite a rhyme/poem	Recites a simple and small rhyme with some action	Recites a simple and small rhyme with complete actions.	Recites a long rhyme with complete actions
Reading Readiness	Picture reading	Identifies and name objects	Describes objects and what they are doing	Can indicate the theme of the picture and create a story.
Writing Readiness	Joining dots	Can join a few dots	Can join dots in different shapes and design using crayons or chalk on paper, slate or sand.	Can join dots to make different shapes and designs.

2.5.3 Activities for Psycho-social Development

Objectives

- Development in relation to self
 - Adjustment to AWC & enjoy preschool activity
 - Positive self concept
 - Good personal habits
 - Qualities of initiative, independence and self confidence
 - Ability to identify and control emotions.
- Development in relation to other children
 - Respect feelings and rights of other children by
 - ◆ Listening to others and exchanging ideas
 - ◆ Sharing and cooperating with others
 - ◆ Waiting for one's turn
 - Development of self confidence for participating in group activities
- Development in relation to adults
 - Listen to adults and follow instructions
 - Control one's own behaviour
 - Cope with situation independently.
- Development in relation to environment
 - Care of plants, animals and other forms of life.



Role of an AWW

- Praise and encourage children without hesitation
- Ensure that every child gets attention.
- Try to highlight every child's strengths.
- Give verbal acceptance to each child's feelings and encourage each child to express his feelings.
- Provide opportunities for creative drama, role play, music & movement and creative activities.
- Be consistent in your approval and disapproval of child's behaviour.
- Treat all children alike. Do not compare, criticise, humiliate, hit, or abuse children
- Do not encourage differences in expected behaviour and role of boys and girls.
- As far as possible be available & accessible to children



Activities for Psycho-social Development

1. Activities for Development in Relation to Self

- ***Developing familiarity with AWC***
 - Welcoming children with smile
 - Introducing children to activities of daily routine
 - Taking children around AWC
- ***Developing positive self concept***
 - Celebrating birthdays, doll's marriage
 - Preparing name cards for all children
 - Displaying drawing/hand work of children with their name on the board
 - Praising children on doing something good
 - Encouraging shy and quiet children.
- ***Developing good personal habits***
 - Washing hands before and after meals and after play, maintaining personal cleanliness, eating properly
 - Using toilet properly
 - Not stealing or telling lies
 - Putting garbage into dustbin
 - Coming to AWC regularly and on time
 - Putting things and all the play material back in place after its use.
- ***Developing qualities of initiative, independence and leadership***
 - Free play activities
 - Encourage children to choose their activities
 - Asking children to distribute things/toys by turn
 - Assigning responsibility to children like putting away material, getting AWC in order
 - Giving lead role to children by turns in singing rhymes and playing games.



2. Activities for Development in Relation to Other Children

- ***Respecting feelings of other children***
 - Free play - both outdoor and indoor in small groups
 - Narrating an experience to develop habits of sharing and cooperating through stories or puppet play or rhymes.
 - Form a queue for hand washing or going to toilet
- ***Developing self confidence for participating in group activities***
 - Encouraging children to perform individually like tell a story or recite a rhyme
 - Group games, songs & drama
 - Celebration of Festivals, Birthdays, National Days, Organising bal melas and picnic.



Psycho-social development activities have not been illustrated for the different age groups as they are to a large extent applicable in more or less the same form across the three age groups listed for other developments.

Activities for Psycho-social Development

3. Activities for Development in Relation to Adults

- ***Developing abilities to relate well with adults***
 - Following Instructions Activities
 - Praise and reward for good behaviour
 - Encourage children to talk
 - Teach children to respect elders through stories, drama & poems.
- ***Developing ability to control one's own behaviour and cope with situations***
 - Guide and encourage children to play & learn
 - Take children out on trips and excursions and let them be on their own
 - Story telling, Dramatisation and use of incidental experiences.



Giving stars (*)/Rewards to children for good work



4. Activities for Development in Relation to Environment

- Developing sense of responsibility towards elders, disabled and needy
- Structured conversation, Story telling and Dramatisation for exposing children to develop the concept of care of old, disabled and needy
- Develop an attitude of care and nurturance - gardening, planting flowers, nature walk, care of pets, leaving food for birds & animals, keeping Anganwadi neat and clean by picking up toys after play, picking up bits of papers and putting in dust bin, etc.

2.5.4 Activities for Creativity and Science Exposure

Objectives

- Development of Creative Expression through art
- Development of Creative Movement
- Development of Creative Thinking
- Development of Aesthetic Appreciation
- Development of Concept related to Science – air, water and plants etc.



Role of AWWs

- Encourage children to be spontaneous in their expression of feelings and ideas.
- Encourage children to explore, be curious and ask questions.
- Give children time and freedom to think and make choices by providing a balance of free and structured play.
- Accept and appreciate individual differences in children.
- Take children out for nature walk and encourage them to observe and describe.
- Provide children with a variety of experiences which will form the basis for their creativity and play material to use in many different ways.
- Appreciate every child's effort, even if it can still do with a lot of improvement.
- Do not create an authoritarian climate with the children with a stress on structure, rules and regulations.



Activities for Creativity and Science Exposure

Activities for Creative Expression through Art

- Drawing & colouring, painting, printing, tearing, cutting and pasting-collage, clay modelling, paper folding.

Activities for Creative Movement

- Action rhymes, finger play, rhythmic movement with dhapli and drum, creative drama, story dramatisation and games like 'dumb charade'.

Activities for Creative Thinking

- Free play, particularly dramatic or make believe play, constructive play, open-ended question, creating a story and rhymes.

Activities for Development of Aesthetic Appreciation

- Decorating the AWC/classroom, displaying material, nature walk, appreciating environment.

Activities for Development of Science Concepts

- Experiments with water – Water has no shape/water has no colour/water evaporates
- Experiments with air – Blow a balloon/Air blows away light objects
- Experiments with magnet
- Know the temperature – hot and cold
- Seed Germination
- Collection of different leaves and flowers.
- Name the parts of a plant

Science Activities



spoon in water



**Water has
no shape**



mirror (reflection)



air in balloons



candle in water



**reflection of
Images in Water**

Age Specific Activities for Science Exposure			
Activity	3-4 Years	4-5 Years	5-6 Years
Growing plants	Grows plants in small pots/cups	Grows seeds and water them regularly	Germinate seeds using cotton
Blowing balloons	Blows balloon	Blows balloon	Blows balloon and observes release of air.
Properties of Water	Can tell 2-3 uses of water	Can make a paper boat and float it in the water tub.	Can understand that water does not have any shape and takes the shape of container.

Age Specific Activities for Creativity and Aesthetic Appreciation				
Category	Activity	3-4 Years	4-5 Years	5-6 Years
Creative Expression through art	Drawing Colouring Painting	Scribbles with enjoyment Draws circle	Draws recognizable figures and meaningful drawings with crayons	Draws many meaningful figures and shapes.
Creative Movement	R h y t h m i c Movement as per the beat by dhapli Introduce a beat by dhapli or drum and ask the children to move on the beat. Keep on making it faster or slower as per the age of children	Moves as per 1-2 variations on the beat	Moves faster and with 2-3 variations in the beat	Moves much faster with 2-3 variations at frequent intervals
Creative Thinking	Open-ended Questions Ask children simple questions which stimulate their imagination	Can give one or two lines answer to a question e.g. what will you do on Diwali?	Can give 3-4 line answer to a question e.g. what will happen if you get wings?	Can answer in detail e.g. How many ways can you use a bucket?
Aesthetic Appreciation	Nature Walk – Develop sensitivity towards colour and beauty in the environment during Nature Walk.	Enjoys Nature Walks & admires flowers, butterflies etc.	Enjoys Nature Walks and admires & collects flowers & leaves.	Enjoys Nature Walks, admires & collects different types of leaves and flowers.

2.5.5 Nature Walk

- Nature Walk refers to taking children on an outing in a park, garden etc. to observe natural phenomenon.
- Nature walk is an excellent activity for stimulating language through first hand observation of natural phenomena, for example, changes due to seasons, plant growth, the physical environment, activity of birds and insects, etc.
- Remember the following while planning a Nature Walk
 - Prepare children before hand and tell them where they are going and what they should observe.
 - Try to give a specific assignment, for example, look out for and collect leaves/ twigs/dry leaves/fallen petals/ caterpillars etc.
 - Give tiny baskets/plastic bags/small match boxes for collecting the material.
 - Carry a magnifying glass and let them see leaves, ant hills, etc. through it, in small groups.
 - Encourage them to talk about what they are seeing around them.
 - Let them bring back the collected things which can be used for sorting, matching, classification, creative activities, etc.



2.6 Planning and Organising PSE Activities at AWC

- Organising PSE activities require systematic planning for full year, week and for every day in advance.
- PSE activities should be planned keeping in mind the age as well as the developmental level of children.
- While planning and organising PSE activities, **remember** to:
 - Give importance to:
 - Developmental needs of children
 - Age and stage of development
 - Balanced & integrated approach for holistic development
 - Reflect a balance of:
 - Individual and group activities
 - Outdoor and indoor activities
 - Active and quiet activities
 - Free and structured activities
 - Proceed from:
 - Concrete to abstract
 - Familiar to unfamiliar
 - Simple to complex
 - Follow the sequence of:
 - Real life experiences
 - Experiences through material that represent real life experiences
 - Experiences through pictures of real life experiences and drawings of objects
 - Working with symbolic material, like alphabets and words.
- Plan and organise PSE activities using **playway approach**

Tips for AWWs for Organising PSE Activities

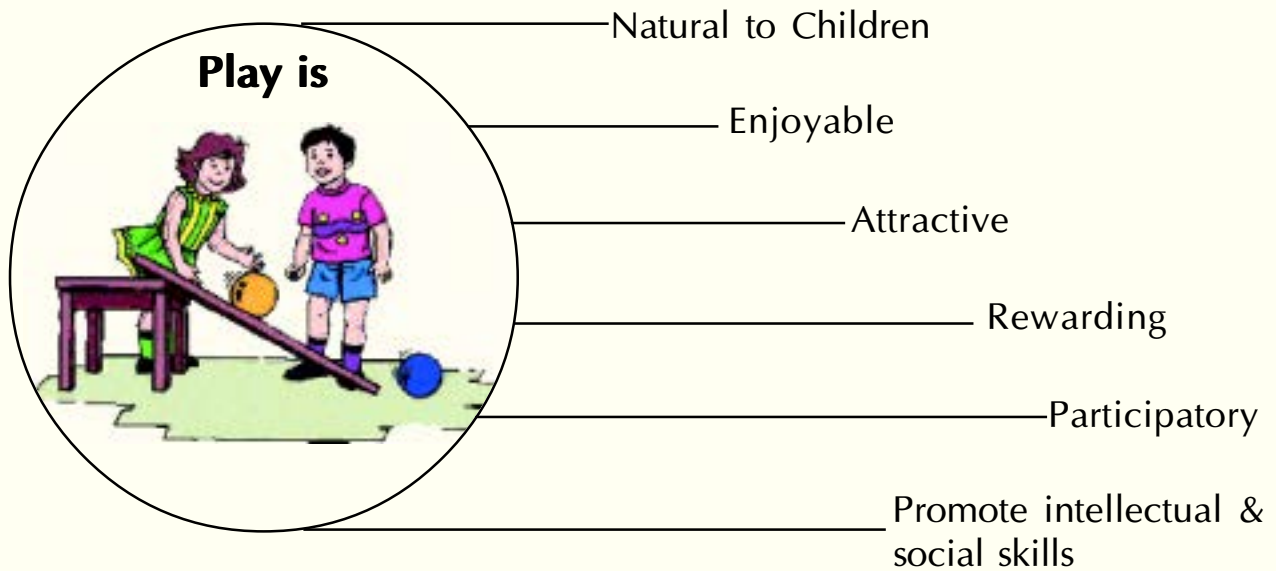
- Listen to what children say and respond to them
- Encourage children to speak, express their feelings and ask questions.
- Praise the efforts of all children and encourage them
- Involve all children in the activities, especially give opportunities to the quieter children to come forward.
- Help children to develop proper attitude, behaviour and habits in the Anganwadi
- Give simple and clear instructions, one at a time, to children for conducting the activities.
- Remember to include PSE activities from all the themes of child development.

Playway Method for PSE Activities

- **Playway method** is a way of providing child-centered, enjoyable and entertaining learning experiences to children through play for their all round development.
- **Playway approach** in organizing PSE activities help in -
 - Providing balanced, process-oriented programmes which fulfil development needs.
 - Creating environment to express ideas, explore & understand.
 - Promoting creativity and aesthetic sense
 - Making learning enjoyable
 - Fulfilling the need to touch, catch, jump, feel etc. and coordinate through physical & motor development activities
 - Giving opportunities for understanding concepts and developing basic cognitive skills
 - Fulfilling the need to learn, share, give & be with others
 - Fostering curiosity, ability to ask questions, need to listen, sing, repeat words, etc.
 - Building social relations
 - Promoting language and communication ability
 - Providing flexibility to accommodate immediate needs of children.
- **Playway activities** can be organised as small group activities where children are divided into small groups for doing guided and free play activities simultaneously.
- Children can also be divided into groups according to the age so that AWW has to guide only one group at a time.
- In a preschool, playway activities should start from free play, which are to be followed by structured play activities, constructional play activities and then creative play activities.

Playway Activities	
PSE activities based on Playway Methods are:	
● Free and structured conversation ● Story-telling and story-making ● Dramatisation ● Rhymes and songs ● Music and movement ● Free indoor play with puzzles, beads, blocks etc. ● Outdoor play	● Sand play ● Water play ● Puppet play ● Circle/group games and activities ● Structured cognitive and language activities with play material ● Nature walk ● Field trips/outings

What is Play?



Types of Play	
Free Play	– children play on their own without any specific instructions
Structured Play	– children are directed to play in some guided form i.e. with specific instructions.
Manipulated Play or Constructional Play	– involves putting things together to make something.
Creative Play	– Using imagination, thought and judgement in working with material and creating something new.



Theme Approach

Theme Approach can be used in planning activities, which means giving a complete experience to the child based on a theme, within the child's range of experience & understanding.

- Themes can be selected from the child's immediate environment and interest like –
 - Child's relationship with physical environment
 - Child's relationship to self and people
 - Child's relationship with technology.
 - Child's relationship with current issues and events
- Theme approach incorporates all areas of learning like outdoor games, picture reading, concept formation, dance, drama, puppet play etc.
- A theme can be carried out for a week or a fortnight based on ability to sustain interest and plan activities.

Sample List of Themes	
<i>Physical Environment</i> Plants Flower Trees Vegetable Fruits Animals Domestic/Pets Wild Life Birds Insects Weather/Seasons/Nature Rain Clouds Sun Sky Moon Stars Water Air Fire	<i>Relationship to Technology</i> Transport – road, water, air and rail Industries/factories/products Electrical gadgets Mass media TV/radio/computers Telephone <i>Self, Family and People</i> Myself Parts of the body Family Homes and Shelter Festivals Basic needs Food /Clothing Milk & Milk Products Occupation Games <i>Relationship to Current Issues</i> Health and hygiene Diseases Safe surroundings Safety habits Conservation of water / trees / energy

2.7 Illustrative Plan for a Day for Preschool Education Activities at an Anganwadi Centre

Activities	Time
• Welcome, Prayer and Checking Personal Hygiene	20 Minutes
• Free Conversation	10 Minutes
• Cognitive Activities in small and large group	20 Minutes
• Physical P.T/Outdoor Play	20 Minutes
• Art & Craft/Clay Modelling/Sand/ Water games/ Drama/Dance/ Puppet Play /Doll Play /Science Activity	20 Minutes
• Language Activities in large group – Rhymes/ Action Songs/Alphabets and Numbers & Picture/Chart Reading/Story telling	20 Minutes
• Pack up and Good bye (Children are sent back after giving Supplementary Food)	10 Minutes

Note:

- *Nature walk to be organised once in two months.*
- *Visit to zoo, outings and celebration of birthdays & festivals as per the convenience.*



2.8 Basic Minimum Kit of Play Material for Preschool Education Programme

- A Basic Minimum Kit for PSE activities is provided to AWCs by the State Government, the details of which are given below:

Material in PSE Kit	
1. Building Blocks 2. Shape Tower 3. Construction Toys 4. Threading Boards 5. Beads and Wires 6. Arranging Tray	7. Body Part puzzle 8. Flannel Board with Cut outs 9. Dolls 10. Kitchen set 11. Wheel toys 12. Dhapli

PSE Kit Material and Purpose	Activities to be Conducted
1. Building Blocks • Through fun and free play promote: – Creative thinking – Fine muscle coordination – Social skills through group play – Classification skills – Problem solving skills – Aesthetic development – Concept formation	• Children can be asked to separate the blocks according to shapes, color, size to enhance their classification skills. • Draw or trace a particular block. • Matching of blocks • Pairing identical block by touching/feeling the shape in a bag. • Naming/learning names of the shapes –circle/triangle, square, rectangle. • Running by balancing block on the head.
2. Shape Tower • For Promoting: – Exploratory play – Problem solving – Creativity – Development of concepts of colour, shape, size, weight, length etc.	• Building a tower • Touch, see and say • Make a road map • Colour & shape matching • Weight game • Block and socket game
3. Construction Toys • For Promoting: – Fine motor skills – Creativity – Self confidence – Team spirits – Eye hand coordination	• Matching the blocks • Play Memory games • Naming colour of the blocks.

PSE Kit Material and Purpose	Activities to be Conducted
4. Threading Boards ● For Developing: – Eye hand coordination – Fine muscle coordination – Imagination and creativity – Self confidence	● Thread the board ● Join the board by threading ● Balancing board on head ● Tracing on floor or paper ● Sense of touch – can feel texture (smooth/rough).
5. Beads & Wires ● For Developing: – Fine muscle coordination – Eye hand coordination – Concentration – Cognitive skills – Social skills	● Guessing – No. of beads in each hand ● Playing game with beads ● Sorting out mixed beads ● Threading the beads in a given pattern.
6. Arranging Tray/Fruit and Vegetable Board ● For Promoting: – Concept formation – Cognitive skills – Fine muscle coordination	● Match and fix fruits & vegetables in shape slots provided on the board ● Sorting fruits and vegetable separately ● Name fruits and vegetables.
7. Body Parts Puzzle ● Through fun and free play: – Skills of exploration – Creativity – Language skills – Concept formation	● Complete the body by using the various pieces ● Arranging the pieces in different ways to form different postures
8. Flannel Board with Cut Outs ● For Developing: – Language skills – Creative thinking – Imagination – Awareness of things/objects available in the environment – Skills of working in a group – Positive self concept – Self confidence	● Story telling ● Picture reading/conversation ● Making different pictures/stories ● Matching and classification games ● Finding a Partner (game)

2.9 Anganwadi – A Centre for Joyful Learning

Goal Provide enjoyable, enriched and stimulating environment for holistic development of children

Objectives

- a) Ensure exciting, enjoyable & nurturing environment
- b) Provide enriched learning experiences and opportunities to explore, experiment & discover.
- c) Give exposure to a variety of objects, places, toys and play facilities.
- d) Provide opportunities for meaningful interaction with adults and children.
- e) Generate warmth and emotional security and support

Approach Playway Approach

Minimum Requirements

- Adequate space for group work, individual work & specific activities.
- Good quality, durable and safe play material within children's reach.
- Useful and comfortable equipment and furniture for work area and both indoor and outdoor activities.
- Outdoor area to be organised for freeplay, structured games, physical exercises, multimedia activities with water, sand and clay, bird's house/animal corner etc. and Toilet
- Indoor space to be organised to provide space for children to sit in a semi circle & play.
- Specific areas can be marked as:
 - i) **Work Area** – area where children can sit in groups and do puzzles, and writing work. It should have a blackboard.
 - ii) **Cooking Corner** – Place for cooking and serving supplementary food, storage of food, supplies and drinking water.
 - iii) **Object Corner** - With blocks, ball, toys, picture books & PSE Kit within children's reach. It should have cupboard for storage of PSE Kit & material.
 - iv) **Paper Work Corner** - with coloured papers of various shapes & colours and a display board for putting the craft work done by children
 - v) **Art & Craft Corner** – with slates, chalk, crayons, paint & paint brushes.
 - vi) **Doll's Corner** – with dolls and their clothes, kitchen set, sofa set, puppets etc.
 - vii) **Science Corner** – with jars, bottles, spoons, salt, sugar etc. for simple science experiments with water, air, seeds and plants.
- Indoor area should also have an area marked 'My Corner'. It should have a - Mirror on the wall, Weighing Scale and Height Chart, and a set of Comb and Towel in a pouch for each child with the name of the child written on it.

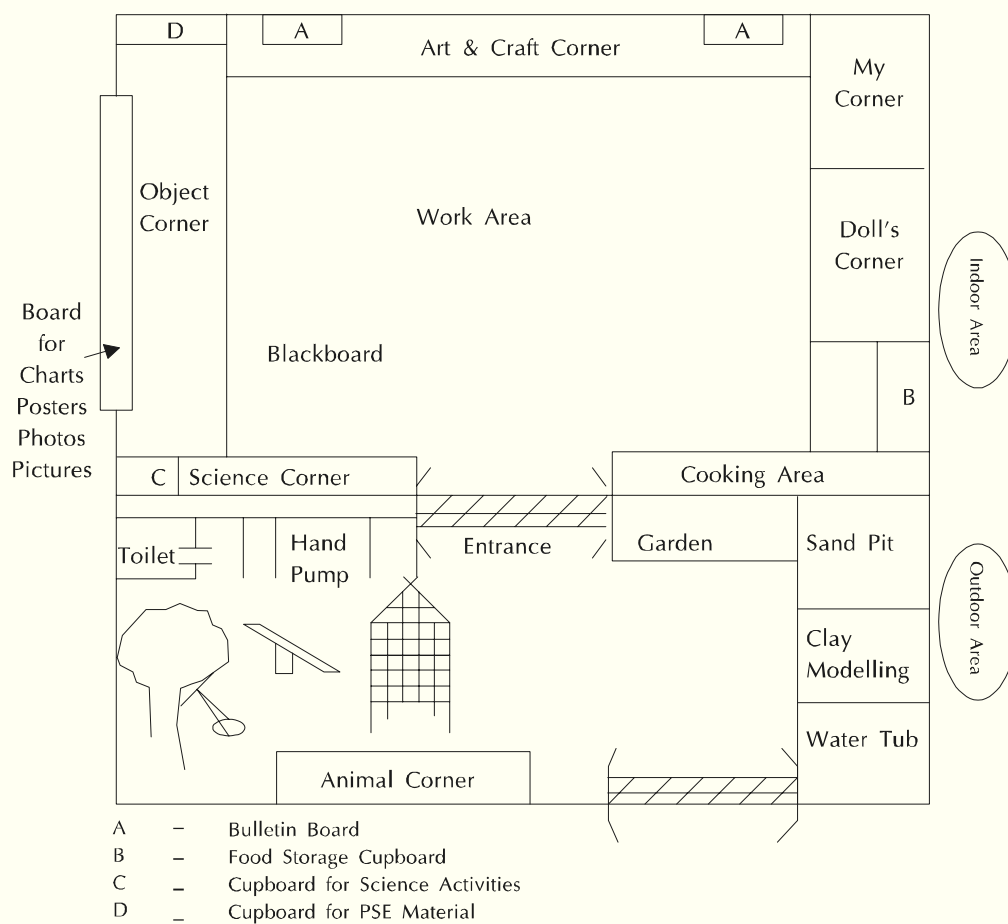
Resources for PSE

- PSE material & equipment provided from CDPO's Office.
- Low cost play material prepared by AWW
- Toys given by community
- Material and equipment given by the community, Panchayat, Youth Club, etc.

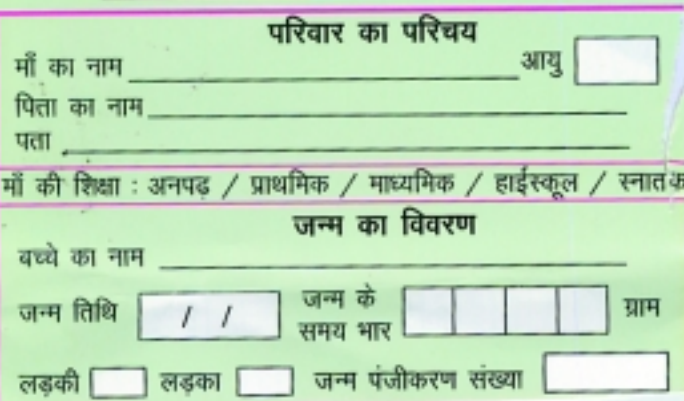
An AWW & a Helper are responsible for setting up and managing an Anganwadi Centre.



Layout of an Anganwadi



Nutrition and Health Care



PART 3

Nutrition and Health Care

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Functions of Food



Include some foods from each of the three groups in the daily diet

Physiological Functions	Psychological Functions	Social Functions
– Provides energy – Provides material for growth, tissue building, & body repairs – Gives protection from diseases	– Satisfies emotional needs – Gives security	– Brings people together by means of sharing

3.1 Importance of Good Health & Nutrition

What is Health & Nutrition?

- **Health** is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
- **Nutrition** is the process by which a human body ingests, digests, absorbs and utilizes nutrients present in the food and disposes off the end products.
- **Good Nutrition** is that **quality of nutrition** in which the essential **nutrients** are utilized in correct amount to promote best of physical and mental health.
- **Nutrients** are the constituents of food. Nutrients must be supplied to the body in suitable amounts.
- The **six nutrients** required by our body are
 - i) Carbohydrates
 - ii) Proteins
 - iii) Fats
 - iv) Vitamins
 - v) Minerals
 - vi) Water
- **Balanced Diet** is a diet in which all the nutrients are present in the right amount as required by the body.

Food & its Functions

- **Food** is anything solid or liquid which when swallowed, digested and assimilated in the body keeps it well.
- Food is basic to our existence and is important for health and satisfactory growth at all stages of life.
- Food can be obtained from plant and animal sources.
- Food is classified into three **Food Groups** according to the functions. These are:
 1. Energy Giving Foods
 2. Body Building Foods
 3. Protective Foods
- Food fulfills physiological, psychological and social needs of an individual.

Food Requirements vary according to age, sex, physical activity and physiological condition of an individual

Nutrients and their Functions

Sources and Functions of Essential Nutrients		
Nutrients	Sources	Functions
1. Carbohydrates	Cereals, millets, roots and tubers, such as potatoes, sweet potatoes, yam, tapioca, Colocasia (arbi), sugar and jaggery	● Supply energy to the body.
2. Proteins	Fresh or dried milk, cheese, curd, oilseeds and nuts, soyabean, yeast, pulses, meat, liver, fish, egg, cereals, defatted oilseeds flour and soya flour	● Build and repair body tissues, muscles and vital fluids like blood ● Help in forming enzymes and antibodies to fight infection.
3. Fats	Butter, ghee, vegetable oils and fat, oilseeds, nuts and soyabean.	● Serve as a concentrated source of energy and provide essential fatty acids.
4. Vitamins & Minerals	Fish liver oil, liver, milk and milk products (curds, butter, ghee), yellow and red fruits, green leafy and yellow vegetables (carrots, pumpkin) and fortified fats.	● Helps keeping the body healthy by building up immunity against illnesses.
<i>Take plenty of clean water and roughage to regulate body processes</i>		

3.2 Nutrition and Health Services at AWC

3.2.1 Nutrition Services

Nutrition Services under ICDS Programme	
●	Supplementary Nutrition
	i) Supplementary Feeding ii) Prophylaxis against vitamin A deficiency and Control of Nutritional Anaemia
●	Growth Monitoring
●	Nutrition and Health Education

3.2.1.1 Supplementary Nutrition

- Supplementary Nutrition includes supplementary feeding and distribution of nutrition supplements i.e. vitamin A and Iron and Folic Acid tablets to the beneficiaries.

i) Supplementary Feeding

- At AWC, Supplementary Food is provided with an aim to meet the gap of nearly 1/3rd of calories and protein requirements for a day of children below 6 years as well as of adolescent girls, pregnant woman and nursing mothers.
- Supplementary Food is provided for 300 days in a year which means six days per week or 25 days per month.
- Supplementary Food, given to severely malnourished children is twice the quantity (double ration) given to moderately malnourished children.
- While distributing Supplementary Food, special attention is given to children below 3 years of age

Prevalent Norms of Supplementary Food		
Beneficiaries	Nutritive Value of Supplementary Food	
	Calories	Protein
Children (0-3 years)	300	10 gms.
Children (3-6 years)	300	10 gms.
Severely malnourished children (6 months-72 months)	600	20 gms.
Pregnant Woman and Nursing Mothers/ Adolescent Girls (Under KSY)	500	20 gms.

It has been decided to provide 50% of the recommended dietary allowances (RDA) for different micronutrient to 6 years old children through 80g of ready-to-eat energy food/raw food material.

The mean RDA for children 6 months to 6 years and the 50% of RDA are as under:

Micronutrients	Average RDA	50% of RDA
Calcium (mg)	450	225
Iron (mg)	15	7.5
Iodine (ug)	100	50
Zinc (mg)	10	5
Vitamin A (ug)	400	200
Riboflavin (mg)	0.9	0.5
Ascorbic acid (mg)	40	20
Folic Acid (ug)	35	20
Vitamin B12 (ug)	0.2-1.0	0.5



Selection of Beneficiaries

An AWW has to identify eligible beneficiaries for Supplementary Feeding which include children (6 months - 6 years), pregnant women and nursing mothers.

a) Pregnant Women & Nursing Mothers

- Pregnant women and nursing mothers are eligible for Supplementary Feeding if they belong to:
 - i) Families of landless agricultural labourers and marginal farmers (those holding land not exceeding one hectare.)
 - ii) Scheduled Castes and Scheduled Tribes.
 - iii) Families which are targeted under IRDP.
 - iv) Families having a total monthly income not exceeding Rs. 500/- per month.
 - v) Pregnant women or nursing mothers, who are enlisted by ANM or the Medical Officer on medical grounds.
- Pregnant Women are eligible for Supplementary Food from the day the pregnancy is discovered upto the date of delivery.
- Nursing mothers are eligible for Supplementary Food for the first six months of lactation.



b) AWW/Helper

c) Adolescent Girls

d) Children in the age group 6 months to 6 years.

- Children below six years who are malnourished.
- All children attending Anganwadi for non-formal preschool education (generally in the age group 3-6 years) irrespective of their nutritional status.
- Children belonging to families identified under nutritional services of Integrated Rural Development Programme (IRDP).
- Children aged 3-6 years who are physically present at the time of distribution of supplementary food at the anganwadi irrespective of their nutritional status.



Selection of Food for Supplementary Feeding

- States/UTs are responsible for providing Supplementary Food with equal central assistance.
- The type of food given (pre-processed or Ready-to-Eat food or food prepared on the spot from locally available food) varies from State to State.
- The type of food given depends upon the local availability, beneficiaries, location of the project, administrative feasibility etc.
- Food selected for Supplementary Feeding should include mixture of cereals (wheat, rice, maize, jowar, bajra, ragi); pulses (soyabean, gram, channa, moong, arhar, masoor etc.); green leafy vegetables and fruits, oil and oil seeds (groundnut, mustard, til, coconut or soyabean); and sugar or jaggery.
- CARE/WFP also provide food aid for Supplementary Nutrition in some States.

Cooking, Distribution & Serving of Supplementary Food

Points to Remember

- Develop a number of recipes, so that there is a variety in the food given.
- Work out the total quantity of food to be cooked daily in advance so as to avoid shortage or wastage.
- Prepare food daily under hygienic conditions, using clean water.
- Wash hands with soap and water before cooking and serving the food.
- Wash utensils used for cooking and serving food daily.
- Cook food well in advance and keep it covered to protect from dust and flies.
- Use a standard measure such as a cup or a spoon to serve the food.
- Ask the beneficiaries to eat the food at AWC only.

Storage of Food

Points to Remember

- Have proper storage space to store food material.
- Store room and the container should be cleaned thoroughly before storing the food grains.
- Store room should be well ventilated and leakage of water should be checked.
- Doors of the store room should be skirted with tin sheets and the windows fitted with strong nets to prevent the rats from entering the store room.
- Use rodent proof bags for storing the grains.
- While storing grains in sacks, dry them and keep them on dry hay or wooden platform or polythene sheet to prevent dampness from the floor.
- If metal bins are used for storing grains make them air tight by inserting a polythene in between the lid and the bin.
- Do not mix fresh stock with old stock and check periodically for any infestation.
- Clean and sundry grains after rainy season.
- Use neem leaves, haldi/salt/oil etc. to prevent infestation and loss of moisture in the stored food.

ii) Vitamin A and Iron and Folic Acid Supplements

Vitamin A Supplementation

- At AWC children are administered vitamin A at periodic intervals according to their age to **prevent vitamin A deficiency**.

Age	Dose of Vitamin A
Children (6-11 months)	One dose of 100 000 IU of vitamin A orally (Measles immunization is a good time to give a routine dose).
Children (1-5 years)	One dose of 200 000 IU of vitamin A orally every six months

Iron and Folic Acid Supplementation

- All pregnant women and children (1-5 years) are given Iron and Folic Acid tablets to **prevent anaemia** as per the following recommended dose irrespective of their haemoglobin status.

Beneficiary	Dose	Quantity
Pregnant Woman	1 Big Tablet (each tablet containing 100 mg. of elemental iron and 0.5 mg. folic acid)	1 Tablet for 100 days (in 3 rd semester of pregnancy)
Children 1-5 years	1 Small Tablet (each tablet containing 20 mg. elemental iron and 0.1 mg. folic acid)	1 Tablet for 100 days every year

3.2.1.2 Growth Monitoring

What is Growth Monitoring?

- **Growth Monitoring** means keeping a regular track of the growth of the child through key indicators like weight, height according to age etc. at regular intervals.
- Growth Monitoring is a way to detect growth failure in children at an early stage and take immediate and effective action
- Growth Monitoring must start right from the birth of the child.
- In ICDS, Growth Monitoring is done with the help of Growth Chart.
- Growth Chart is a tool for assessing the growth of the child using 'weight-for-age' as indicator. It is a visual record of the growth pattern of a child.
- Growth Chart also determines the grades of malnutrition of a child, identifies beneficiaries for Supplementary Feeding, and is used for imparting nutrition and health education to mothers.
- Four growth curves on the Growth Chart depict the growth of the child and help in assessing his/her nutritional status
- Growth chart has two axis:
 - The **horizontal axis** is for recording the age of the child and is being referred as '**month axis**'.
 - The **vertical axis** is for recording the weight of the child and is being referred as **weight axis**.
- Weight of the child as per the age is plotted on the Growth Chart.

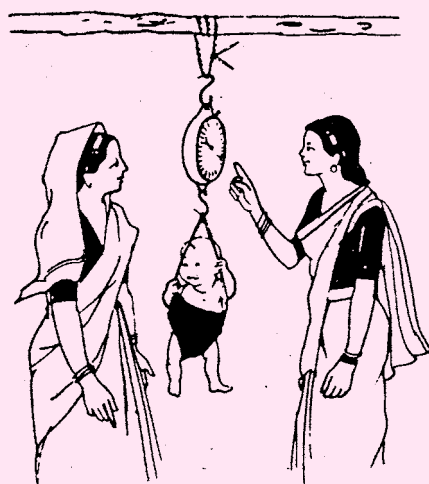
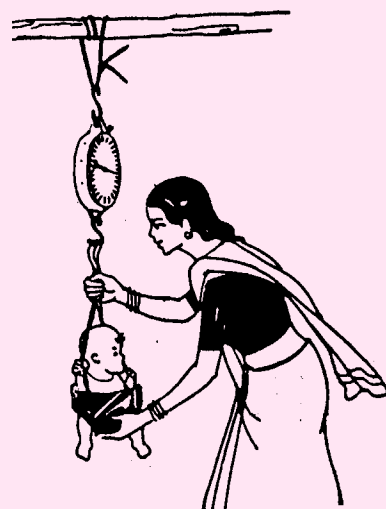
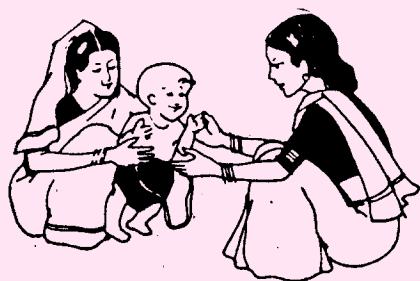
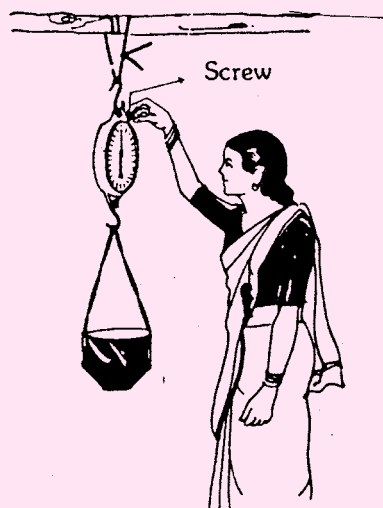
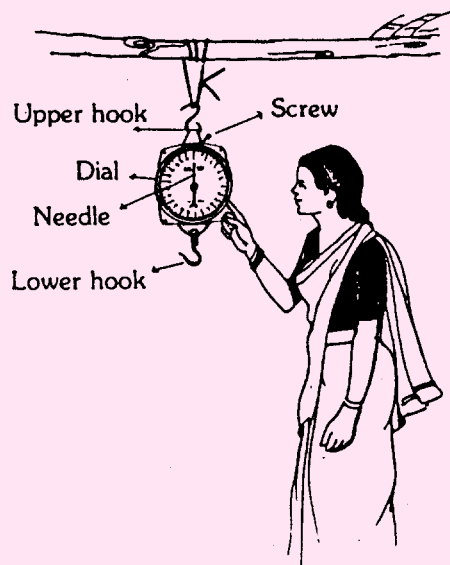
When should an AWW weigh the children?

- Weigh all children upto 3 years of age every month.
- Weigh children 3-6 years old every three months.
- Severely malnourished children and children who have not gained weight consecutively for three months should be weighed every month (irrespective of the age).





Steps in Weighting the Child



How to Monitor Growth of Children?

Steps in Growth Monitoring are:

1. Determine correct age of child
2. Determine correct weight of child
3. Plot weight accurately on the Growth Chart
4. Interpret the direction of the Growth Curve and recognize growth failure, if any
5. Discuss child's growth with mother and the Follow-up

Step 1

Determine the correct age of the child

- Knowing the correct age of the child is necessary for accurate growth monitoring.
- Assess the child's age by:
 - Asking mother /older members of the family.
 - Checking birth register/home visit register/hospital records for the age of the child
 - Using local events calendar while talking to the mother about child's age. **A local events calendar** indicates all the dates on which important events took place during the past five years like names of months, important events in the agricultural season of the area, local festivals, national festivals, phases of moon etc.

Step 2

Determine correct weight of the child

- AWWs are provided **Salter/Bar weighing scale** for taking the weight of a child. Steps involved in weighing the child are:

a) Setting the Scale

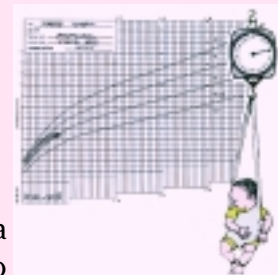
- Hang the scale securely from a beam or branch of a tree
- Keep the dial at eye level so that the weight can be easily read.
- Place the cradle or infant sling on the cradle hook.
- Adjust the pointer to zero by turning the screw on the top of the scale

b) Weighing the Infant or Child

- Ask the mother to remove child's heavy clothing
- Place the child in the cradle
- Child's feet should not touch the ground.

c) Reading the Scale

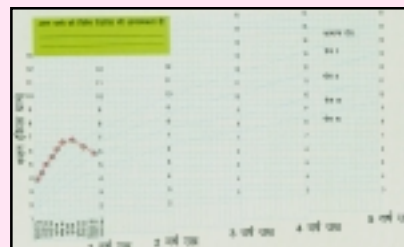
- Scale is graduated from 0 to 25 kg. Each Kilogram is divided by a 500 gm or a 100 gm. marking. Read the Pointer on the scale to nearest 100 gms.
- Ask the mother to stand near the child and talk to him/her so that he/she does not cry.
- Read the weight while standing exactly opposite the scale. Do not read the scale from the side.



Step 3

Plot weight accurately on Growth Chart

- Plotting the weight on the growth chart reveals whether the child is growing normally or not.
- Growth Chart should be filled-up systematically as given below:
 - a) Fill up all the necessary information about the child in the **Index** box on the Growth Chart Register.
 - b) Fill up the **information box** on the Growth Chart which gives the child's name, father's name, mother's name and family registration number.
 - c) On the 'month axis', in the first box write the name of month and year during which the child was born and then fill up the remaining months and year columns for all the five years.
 - d) On the 'month axis' identify the 'month box' which indicates the present age of the child.
 - e) Write the weight taken below the 'month box'.
 - f) On the 'weight axis', identify the line which indicates the present weight of the child.
 - g) Plot the weight in the appropriate square above the identified 'month box'.
 - h) Draw a circle around the dot so as to know its position.
 - i) Now connect this dot with the dot made on the previous month with a line. This forms the **growth curve**.

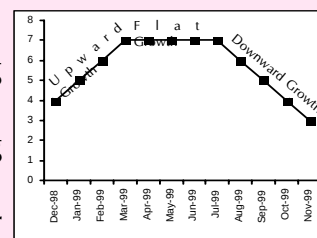


Step 4

Interpret the direction of Growth Curve

- Direction of Growth Curve of the child can be upward, flat or downward.
- Direction of Growth Curve is more important than the actual weight of the child at any point. It can be interpreted as:
 - Upward Growth Curve indicates that the child is gaining weight and is growing.
 - Flat Growth Curve indicates that the child is not growing adequately.
 - Downward Growth Curve indicates that the child is in danger and needs immediate health care.
- Weight of all normal healthy children fall above the top curve.
- A child is malnourished when weight falls below the top curve which can be graded as given below (as per **IAP** classifications):

Grade I (Mild Malnutrition)	–	Weight of the child between 1 st & 2 nd curve
Grade II (Moderate Malnutrition)	–	Weight of the child between 2 nd and 3 rd curve
Grade III (Severe Malnutrition)	–	Weight of the child between 3 rd and 4 th curve
Grade IV (Severe Malnutrition)	–	Weight of the child below fourth curve
- Corrective action on the first sign of growth faltering can help in restoring health.



S.No.	Curve	Status	Role of AWW
1.	Above first curve	Normal	Nutrition and Health Education and counseling to the mothers
2.	Between first and second growth curve	Grade I	Nutrition & Health Education and counseling to the mother
3.	Between second and third growth curve	Grade II	● Supplementary Nutrition at AWC ● Nutrition and Health Education and counseling to mother
4.	Between third and fourth growth curve	Grade III	● Supplementary Nutrition (double) at AWC ● Refer to PHC/Hospitals ● Nutrition & Health Education and counseling to mother.
5.	Below the fourth growth curve	Grade IV	● Supplementary Nutrition (double) at AWC ● Refer to PHC/Hospitals ● Nutrition & Health Education and counseling to mother.

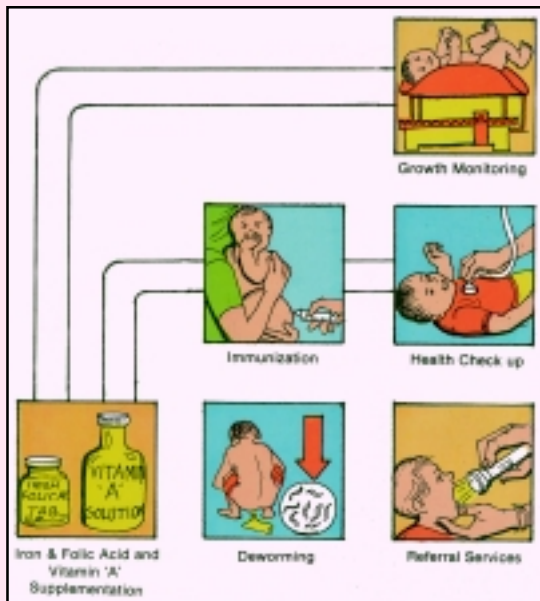
Step 5

Discuss Child's Growth with Mother and Follow Up

- Prioritise children who are malnourished and whose mothers need counseling
- Show the Growth Chart to the mother and explain the direction of the growth curve.
- Discuss and ask the parents the reasons for no or poor weight gain.
- Advise parents about nutrition care, frequency of feeding and blending with family food patterns.
- Monitor the growth of malnourished child regularly.
- Convince mothers to bring the children regularly to AWC for weighing
- **Refer** the children whose growth is faltering consecutively for 2-3 months or who are severely malnourished to PHC Hospital.

3.2.2 Health Services

An AWW has to ensure that Health Check-up of all the beneficiaries is done by health staff i.e. ANM/LHVs/Medical Officer.



3.2.2.1 Health Check-up

- Health check up includes:
 - a) Antenatal check-up of pregnant woman
 - b) Post-natal check-up of nursing mother
 - c) Health check-up of children under six years of age.

● Health Services under ICDS Programme:

- Health check up
- Immunization
- Referral Services

A. Ante-natal Check up

- An AWW must ensure that a **pregnant woman** :
 - Gets three antenatal check-ups done during pregnancy. During the check-up complete physical examination of the pregnant woman should be done.
 - Takes Tetanus Toxoid immunisation
 - Takes IFA Supplementation (One IFA tablet for 100 days)
 - Takes Supplementary Food at AWC
 - Has her delivery conducted by trained dai or in the hospital
 - Has complete information on prenatal, natal and post natal care.
- An AWW should provide information to pregnant women on care, diet & rest during pregnancy and care of new born.
- An AWW should keep a record of ante-natal care in the 'Mother Child Card' provided for the purpose.
- An AWW should identify 'at risk' pregnant women and refer them to the nearest health facility



B. Postnatal Check up

- An **AWW** may
 - Ensure that atleast two visits are paid to nursing mother by Health Staff within first 10 days of delivery for observing the condition of cord and general health of the mother.
 - Weigh the baby as soon as possible after birth and record the weight on growth chart.
 - Check whether the baby is 'at risk' or not, If yes, inform ANM/LHV/Medical Officer.
 - Ensure that breastfeeding is well established.
 - Ensure that the child is given BCG immunization at birth and other Immunization according to the schedule after 6 weeks.
 - Update the individual family record.
 - Motivate the mother to adopt suitable family planning methods.
 - Ensure that the nursing mother is registered for supplementary nutrition provided at AWC.



C. Health Check-up of Children under Six Years

- An **AWW** should
 - Get the health checkup of children done quarterly by the health staff.
 - Keep a watch over child's development as per the milestones and monitor their growth.
 - Give special care to children 'at risk' and monitor their growth regularly.
 - Ensure that all children are immunized and are given vitamin A dose as per the Immunisation Schedule (See page).
 - Maintain record of health check-up of children.



Pregnant Woman 'At Risk'

- Women who are under weight at the beginning of pregnancy (weight of 40 kg or less prior to pregnancy).
- Women who have height less than 5 feet
- Women who gain too little weight during pregnancy
- Women who have a very short period between one pregnancy and the beginning of the next pregnancy
- Women who have had still birth or abortion during previous pregnancies
- Previous delivery of child who died within a month of birth
- Women who become pregnant before the age of 18 years or after 35 years
- Women who have more than 4 children
- Women who have previously given birth to low birth weight babies
- Twins
- History of previous caesarean or instrumental (forceps) delivery
- Prolonged pregnancy (14 days after expected date of delivery)

Children 'At Risk'

- Infants with low birth weight (less than 2.5 kg.)
- When breastfeeding has not been established or is insufficient from the very beginning of infant's life
- Inadequate or no weight gain for three consecutive months
- Weight below 70% of expected weight (Grade II malnutrition)
- Children having repeated infections especially diarrhoea
- Birth order of five or more
- The only child born after a long married life
- One parent
- History of death of more than two siblings during the first two years of life
- Illness of parents
- Alcoholic parents
- Twins

3.2.2.2 Immunization

- Immunization is a process by which a child is protected against diseases through vaccines.
- Immunization protects children against six killer diseases i.e. Tuberculosis, Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Measles
- A child should be fully immunized against these diseases otherwise he/she may suffer from illnesses, become permanent disabled or become undernourished or may die.
- During pregnancy woman is immunized with Tetanus Toxoid (TT) to protect against Tetanus.
- Every child must be **fully immunized** as per the Immunisation Schedule for complete protection against these diseases.
- In ICDS, 'a fixed day' strategy is adopted to immunize children.
- It is safe to immunize the child who has a minor illness, disability or who is malnourished.
- Under Pulse Polio Programme, additional dose of OPV is given to all the children below five years.
- Immunization facilities are available at the AWC/Sub Centre/Primary Health Centre free of cost.

मातृ शिशु रक्षा कार्ड



परिवार का परिचय

माँ का नाम _____ आयु _____

पिता का नाम _____

पता _____

माँ की शिक्षा : अनपढ़ / प्राथमिक / माध्यमिक / हाईस्कूल / स्नातक

जन्म का विवरण

बच्चे का नाम _____

जन्म तिथि ____/____/____ जन्म के समय भार ____ ग्राम

लड़की ☐ लड़का ☐ जन्म पंजीकरण संख्या _____

टीकाकरण या विस्तृत व्यौरा

0 - 12 महीने

1½ माह  डी.डी.टी-1	2½ माह  पॉलियो-2	3½ माह  पॉलियो-3
1½ माह  डी.डी.टी-1	2½ माह  डी.डी.टी-2	3½ माह  डी.डी.टी-3
9 माह  पॉलियो-4	9 माह  पॉलियो-5	9 माह  पॉलियो-6

12 - 24 माह

12-24 माह  डी.डी.टी-4	12-24 माह  पॉलियो-7
16 माह  पॉलियो-8	24 माह  पॉलियो-9

(24 - 36 माह)

30 माह  पॉलियो-10	36 माह  पॉलियो-11
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Symptoms, Consequences & Prevention of Vaccine Preventable Diseases

Disease	Symptoms	Consequences	Prevention
Tuberculosis (Childhood) 	- Low grade fever for a number of days, loss of weight, persistent cough and wheezing. - Does not respond to antibiotic therapy for ARI	- Child becomes weak and malnourished - Lungs & brain get affected - Child can become hunchbacked - In few cases disease may be fatal.	Give the child one dose of BCG vaccination at birth in the left shoulder
Points to Remember	Refer the child with above symptoms to hospital immediately. - After 4-6 weeks of giving BCG vaccination, a 'pimple' develops which heals in 10-12 weeks leaving a small scar.		
Poliomyelitis 	- Child has fever with headache, sudden onset of weakness and pain in the muscles - Paralysis of generally one leg or arm or trunk.	- Paralysis of one of the limbs. - Lameness in children. - Crippling of any part of the body - In rare cases, it may lead to paralysis of muscles of lungs and throat and lead eventually to death.	- Child should be immunized with 3 doses of Oral Polio Vaccine at an interval of one month starting from the age of 1½ months. - Children below 5 years may be given extra doses of OPV under Pulse Polio Programme. - Booster dose of OPV may be given between 18-24 months.
Points to Remember	- Refer the child with above symptoms to hospital immediately - Oral Polio drops are given along with DPT vaccine		

Disease	Symptoms	Consequences	Prevention
Diphtheria 	- Sore throat (with or without difficulty in swallowing), mild fever, looks ill and has no appetite - Neck is swollen - Greyish or whitish membrane in the throat	- It may spread to the windpipe and choke windpipe of the child - Toxins can affect the heart muscles and nerves - Has high rate of fatality	- Child should be immunized with 3 doses of DPT Vaccine at an interval of one month starting from the age of 1½ months. - Booster dose may be given between 18-24 months.
Points to Remember	- Refer the child with above symptoms to hospital immediately. - DPT vaccine is given intramuscularly on the outer side of the thigh. It is painful for a day or so which can be relieved with Paracetamol		
Pertussis (Whooping Cough) 	- Slight fever, running nose, cold & cough - Cough gets worse, child gets fits of cough and struggles for breath. - The breath is a noisy whoop. - During cough spasms, eyes may bulge and bleed, and child often vomits	- Causes malnutrition and secondary infections like pneumonia - May lead to brain damage	- Immunize the child with three doses of DPT given at an interval of one month each starting from the age of 1½ months. - Booster dose may be given between 18-24 months.
Points to Remember	Refer the child with above symptoms to hospital immediately.		

Disease	Symptoms	Consequences	Prevention
Tetanus 	● Normal sucking and crying for the first two days of life. ● Child is unable to suck between 3rd to 28th days. ● Gets stiffness and convulsions of the facial, neck and waist muscles. ● Child is unable to open mouth fully. ● Body bends like a bow due to contractions of neck and waist muscles.	● Gets into body through cuts and kill the infected child. ● Survival rate is very very low.	● Pregnant women should be immunized with two doses of tetanus toxoid vaccine. ● Child should be given 3 doses of DPT at an interval of one month starting from 1½ months of age. ● Booster dose may be given between 18-24 months.
Points to Remember	● Refer the child with above symptoms to hospital immediately.		
Measles 	● Begins with fever, running nose and cough ● Eyes become red and watery ● Rash appears on the face between 3rd and 7th day. ● Rash spreads over the whole body.	● Makes the child weak and susceptible to secondary infections of lungs, ears, eyes & gastrointestinal tract. ● In some cases it can be fatal due to complications.	● Child should be vaccinated between 9-12 months. ● Only one dose is required.
Points to Remember	● Refer the child with above symptoms to hospital immediately.		

Immunization Schedule

Children

Vaccines	1½ month	2½ month	3½ month	9½ month	16-24 month	5 years
BCG (At birth)						
DPT HBV	1 st Injection	2 nd injection	3 rd injection		Booster injection	
OPV (Polio drops)	1 st dose	2 nd dose	3 rd dose		Booster dose	
Measles				One		
DT						One

Pregnant Women

Tetanus Toxoid	Time
1 Dose	As early as possible
2 Dose	One month after the first dose
Booster Dose	One Booster dose in subsequent pregnancy, if TT Vaccine has been taken within last 3 years

Points to Remember

- A child should be immunized at the right time as per the above schedule.
- If there is a gap of 4-5 months between two doses of DPT and Polio, the remaining doses should be given to the child. In case it is further delayed he/she should be immunized for all the vaccines again



3.2.2.3 Referral Services

An AWW should refer children and women who need immediate medical care to PHC/Hospital using a prescribed Referral Slip

- Referral Services include providing immediate medical care according to the seriousness of disease as well as follow-up care of treated cases.
- Pregnant women and children requiring specialised medical treatment are referred by AWW/ANM/LHV to PHC/hospital.
- AWW has to fill the Referral Slip while referring the patients to PHC/Hospital.
- The Referral Slip has three parts. One part out of the three foiled parts of Referral Slip is to be retained at the Anganwadi Centre; the second part is for the parents; and the third part is to be given to PHC doctor by the patient. It is to be returned to AWW after the patient comes back for 'follow up action'.
- The local bodies or panchayats may be involved to provide transportation for referral cases, in case it is not available or family is unable to bear the cost.

When to Refer the Child to PHC/Hospital?

- A child with severe diarrhoea
- A child with rapid breathing rate (more than 50 per minute)
- Very low birth weight/premature delivery
- Patient with high fever for more than 4 hours inspite of treatment
- Fever with fits/convulsions
- A lethargic or unconscious child
- A child with malaria not responding to treatment
- A child having whooping cough with fever and loss of weight inspite of treatment
- A child who fails to gain weight for three successive months
- A severely malnourished child (Grade III & IV)
- A child who is unable to drink or/and refuses to eat
- A woman with high risk pregnancy/complications such as swelling of feet, high blood pressure etc.
- A child with congenital defects/disability

Referral Slip	Referral Slip	Referral Slip
Integrated Child Development Services Programme	Integrated Child Development Services Programme	Integrated Child Development Services Programme
(For AWW)	(For the Parent of the Child)	(For the Doctor)
S. No. _____ Date _____	S. No. _____ Date _____	S. No. _____ Date _____
Village _____ AWC No. _____	Village _____ AWC No. _____	Village _____ AWC No. _____
Name of the Child _____	Name of the Child _____	Name of the Child _____
Age _____ Sex _____	Age _____ Sex _____	Age _____ Sex _____
Year/Months _____ Male _____ Female _____	Year/Months _____ Male _____ Female _____	Year/Months _____ Male _____ Female _____
S. No. of Family _____	S. No. of Family _____	S. No. of Family _____
Signs of Illness _____	Signs of Illness _____	Signs of Illness _____
Illness _____	Illness _____	Diagnosis _____
Treatment Given _____ _____	Treatment Given _____ _____	Prescription _____ _____
Referred to _____	Referred to _____	Folow up _____
Signature of AWW _____	Signature of AWW _____	Signature of Doctor _____
Name of AWW _____	Name of AWW _____	Name of Doctor _____

3.2.2.4 Nutrition and Health Education

- Nutrition and Health Education (NHE) is provided with an aim to enhance the capacity of mothers and community to look after the health and nutritional needs of children within the family environment.
- NHE helps in promoting antenatal care, maternal and child health, child survival and development.
- A special follow up is made of mothers whose children suffer from malnutrition or frequent illnesses. Sustained support and guidance is provided to mothers of young children, keeping in view their knowledge, attitude and local practices.
- NHE messages can be imparted by using different methods which include:
 - Use of mass media and other forms of publicity
 - Organising special campaigns at suitable intervals
 - Organising Mother's meeting/Home visits by AWW
 - Demonstration of cooking different low cost recipes and short courses for women and adolescent girls by mobile vans of Community Food & Nutrition Extension Units (CFNEUs).
 - Utilisation of NHE programmes of other Government Departments i.e. Ministry of Health & Family Welfare, Agriculture, Rural Development etc.



An AWW should use fixed day immunization session, mother-child day, growth monitoring day, small group meetings of mothers/mahila mandals/ community, home visits, and other such forums for imparting NHE.

Role of AWW in Delivery of Nutrition and Health Services

Nutrition

- Procurement of Supplementary Nutrition from CDPO's office.
- Selection of beneficiaries.
- Planning and distribution of Supplementary Nutrition.
- Maintaining cleanliness in cooking and distribution of food.
- Storage of food.
- Eliciting community participation in planning and organizing Supplementary Nutrition.
 - Providing food material, fuel and transport for carting.
 - Contributing seasonal locally available green leafy vegetables
 - Helping in cooking and distribution of food.
 - Helping in monitoring the nutrition provided at AWC.

Health

- Ascertain the dates of visits of health functionaries to AWC.
- Identification of children, pregnant women and nursing mothers who require special care.
- Ensure that every child receives immunisation & health check-up.
- Prepare a list of children (below 6 years) and pregnant women who are to be immunized.
- Assist health staff in making all the arrangements for immunization i.e. sterilizing the equipment, providing table, chairs at the AWC.
- Collect all children and women at AWC on the scheduled day and time for health check-up.
- Ensure proper utilisation of health services by the community.
- Keep a record of date and number of iron and folic acid tablets given to pregnant women; date of TT injections taken; and nutrition & health education sessions taken and topics covered
- Keep a record of children referred to PHCs.
- May accompany very sick patient to health facility centre

3.3 Nutrition & Health Care of a Pregnant Woman

3.3.1 Pregnancy – A Period of Stress

A pregnant woman and the family members should know that:

- Pregnancy is a period of great physiological as well as psychological stress for a woman.
- During pregnancy, the baby in the mother's womb grows from a minute cell to a fully formed baby.
- During pregnancy many changes take place in the mother's body and she needs special care.
- During pregnancy, a woman should always remain happy and should maintain good health so as to provide good nutrition for the development of foetus and prepare herself for delivery and lactation.
- All family members and pregnant woman should know about the '**risk factors**' and '**alarming signs**' before pregnancy and take special care.
- On observing any of the '**danger signs**', the pregnant woman should be referred to hospital immediately.



A Pregnant woman needs special care during pregnancy

Danger Signs during Pregnancy

Warning Signs during Pregnancy

- Failure to gain weight.
- Anaemia - very tired or easily out of breath.
- Unusual swelling on legs, arms or face.
- Foetus moves very little or no movement

Danger Signs during Pregnancy

Bleeding during pregnancy



High fever during pregnancy



Anaemia



Continuous vomiting

Excessive weight gain
(more than 2 Kg in one month)



Convulsions or fits or
blurring of vision

Labour pain for more
than 12 hours



Bursting of water bag
without labour pains



3.3.2 Nutritional Care during Pregnancy

3.3.2.1 Registration

A pregnant woman on knowing her pregnancy or within the first three months of the pregnancy, must Register herself with an ANM/AWW. A pregnant woman should take 'Mother Child Card' Jachha-Bachha Card from ANM/AWW.



An AWW should maintain record of pregnant women in the register and on the Card



3.3.2.2 Nutritional Care

- Eat balanced diet and variety of foods, so that all nutritional needs are fulfilled.
- 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 are affordable.
- Include oil or ghee in the diet as these are concentrated source of energy.
- Consume iodised salt
- Drink plenty of water.
- Consume small amounts of food at short intervals if suffering from nausea and vomiting but should not stop eating.
- No food should be avoided during pregnancy but excessive intake of caffeine, tobacco and alcohol should be discouraged.
- Consume '**Supplementary Food**' provided at AWC daily and regularly.
- Ignore harmful beliefs and practices concerning food.

A pregnant woman should eat extra food i.e. 1/4th more than the normal diet as she has to look after the needs of two lives – her own and that of the growing baby.

3.3.2.3 Health Care

Antenatal Care helps to:

- Detect “high risk” cases and give them special attention.
- Know the status of development of the foetus in the womb
- Foresee complications and prevent them
- Improve the chances of giving birth to a healthy baby
- Reduce maternal and infant morbidity and mortality
- Teach the mother elements of child care, nutrition, personal hygiene, and environmental sanitation.

3.3.2.4 A pregnant woman must get a minimum of three **health check-ups** done.

- First Trimester - Immediately on knowing pregnancy (Before 3 months)
- Second Trimester (Between 4-6 months)
- Third Trimester (Between 7-9 months)
- Incase there is any problem during pregnancy more frequent check-ups may be got done.

3.3.2.5 Weight Gain during Pregnancy

Weight Gain during Pregnancy

- A pregnant woman should gain 10-12 kgs. weight during pregnancy
- The Gain in weight should be at least 1 kg every month during the last 6 months of pregnancy
- Poor gain in weight during pregnancy (5-6 kilograms) can lead to low birth weight babies.
- For adequate weight gain during pregnancy, nutritious and adequate food, care and more rest during the day is required.



3.3.2.6 A pregnant woman must take **IFA Supplementation** – one tablet of Iron and Folic acid containing 100 mg. elemental Iron and 0.5 mg. of folic acid daily for 100 days in the third trimester to prevent anaemia.

- Children born to iron deficient anaemic mothers are found to have greater risk of being anaemic by their first birthday.

Antenatal Care	
– Health Checkup	
Physical Examination	
Weight	Inadequate weight gain may lead to low birth weight babies
Blood Pressure	High blood pressure can be fatal for both mother and infant
Abdominal Examination	For increase in the size of baby and monitoring heart beat
Laboratory Examination	
Urine Examination	To minimize the risk of toxemia during pregnancy
Blood Test	To check haemoglobin level for detection of anaemia
– Nutrition Supplementation	Iron and folic acid supplementation for prevention of anaemia
– Immunization	For prevention against tetanus
– Nutrition & Health Education	To take care of herself and the baby
– Referral Services	Refer to Hospital in case of Danger Signs



3.3.2.7 A pregnant woman should get herself immunized against Tetanus Toxoid (TT) as per the schedule (on Page 98)

3.3.2.8 An AWW should provide **Nutrition and Health Education** to pregnant women so that they can look after their own health and nutritional needs as well as that of the baby.



3.3.2.9 Rest during Pregnancy

- A pregnant woman should take rest for at least two hours during the day. It helps the baby to grow well and improve his/her birth weight.
- While resting, she should lie on the left side of the body
- Routine activities should be continued with short periods of rest in between.
- She should not undertake physical activities such as fetching water and firewood, lifting heavy things, etc.
- Family members should help the pregnant woman in household chores so that she gets time to take adequate rest.



3.3.3 Preparation for Delivery

- A pregnant woman and her family must make necessary preparations for a safe delivery.
- Delivery in a nearby Health Facility should be preferred as it is safe. If delivery is to be conducted at home, it should be conducted by a **Trained Dai/ANM**. She should obtain a Disposal Delivery Kit (DDK) from Govt. Hospital/Health Centre.
- Necessary preparations for safe and clean **delivery at home** includes “Five Cleans” to prevent infection. These are:
 1. Clean hands
 2. Clean surface – clean room and clean sheet
 3. Clean blade
 4. Clean cord tie (thread)
 5. Clean cord stump
- In order to meet emergency needs, money may be saved and arrangements for transportation may be made in advance.

DDK



3.4 Care of a Newborn

- Newborn babies need special care and attention
- Newborn care helps the baby to:
 - Adjust to the new environment
 - Establish cardio-respiratory function
 - Maintain body temperature
 - Avoid infections
 - Promote establishment of lactation
 - Helps in early detection and treatment of congenital disorders
- Newborn care starts soon after the baby has been delivered as risk of death is greatest during the first 24-48 hours



Newborn Care – Do's & Dont's

- Check the following after the baby is born
 - The cord should not be coiled around the baby's neck. This can damage the brain of the baby. If it is coiled, uncoil quickly and carefully
 - Baby should cry immediately after birth
 - Colour of the baby should be pink and not blue
 - If pinched, the baby should move arms and legs.
- Do not give bath to newborn baby. Wipe the baby and wrap.
- Keep the newborn baby warm.
- Do not apply anything on the cord.
- Initiate breastfeeding within half an hour of birth. Do not give any other liquid.
- Weigh the baby within 24 hours. If the birth weight is less than 2.5 kg, the baby is of low birth weight and needs special care and extra warmth.
- Ensure visit and check up of newborn by ANM within 7 days of birth.
- Newborn baby should be kept close to mother to develop emotional bonding.

3.4.1 Care of Low Birth Weight Babies

- If a baby is less than 2.5 kg, he/she is low birth weight baby and needs special care.
- Provide extra warmth by wrapping the baby well and covering his head to prevent heat loss.
- Keep the baby close to the mother and she should breastfeed him/her frequently.
- Too many people should not be allowed to handle the baby.
- People who have infection should be kept away from the baby at least during the first month.

Danger Signs among Newborns

- Newborn baby is at risk if any of the following danger sign is observed. He/she should be immediately referred to the nearest hospital
 - Baby does not suck or refuses to breastfeed
 - Baby does not cry/difficulty in breathing
 - Baby is cold or hot to touch
 - Baby develops yellowness in palm and soles
 - Baby has convulsions
 - Baby is drowsy or cries continuously
 - Baby does not pass stool within 24 hours or urine within 48 hours
 - Baby has any birth defect.

3.5 Nutrition and Health Care of a Nursing Mother

Lactation

Lactation imposes greater strain on the mother than pregnancy, as she nourishes a fully developed and rapidly growing baby.

- A nursing mother needs special care about her health, diet and factors influencing lactation in order to breastfeed her baby successfully.
- A nursing mother should have the confidence and desire to breastfeed her baby successfully.
- A nursing mother should breastfeed in an absolutely relaxed state of mind, so as to enable good flow of milk.



Nutritional Care

- A nursing mother in addition to normal diet needs one additional good quality meal every day
- A nursing mother should continue to take sufficient amount of nourishing and wholesome food to meet her nutritional requirements and to have sufficient milk for her baby.
- A nursing mother needs more proteins (high quality) for milk production. She should have more of whole grain cereals, pulses/dals, milk, curd, green leafy vegetables and fruits. Also, only iodized salt should be used.
- A nursing mother should drink plenty of fluids.
- A nursing mother should not eat spicy and high calorie food such as ghee, nuts, etc. in excessive amount so as to avoid undesirable gain in weight.
- If a nursing mother does not consume required amount of 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.



Health Care

- The mother and the baby should have two health check-ups within 7-10 days of delivery for their well being to prevent infection and to establish successful breastfeeding.
- A nursing mother and the baby should also have regular health check-up at AWC/PHC.
- For the mother, personal hygiene is very important, because any maternal infection can easily be passed on to the infant.
- A nursing mother should take bath daily and should take care to keep her breasts clean and wear clean clothes.
- After delivery, use of sanitary pads or clean cloth (sun dried) should be encouraged.

3.6 Breastfeeding

- Breastfeeding is an optimal way to feed an infant and to improve his/her quality of life.
- Breast milk contains most of the nutrients required for the growth and development of the baby in the right proportion.

Advantages of Breastfeeding

Breastfeeding is advantageous to both baby and the mother

For Baby	For Mother
• Complete food for the baby for first six months • Breast milk is safe and hygienic • Protects against infections / allergies • Easily digestible and absorbed • Higher intelligence quotient • Promotes emotional bonding & development	• Helps delay in a new/another pregnancy • Protects mother's health • Prevents anaemia and breast & ovarian cancers in mothers • Helps in contraction of the womb

- Almost all mothers can breastfeed successfully. Frequent breastfeeding causes more milk to be produced.
- Breastfeeding at night is particularly helpful as milk producing hormone is secreted more during night and it provides relaxing effect to the mother
- Baby should be fed on demand (as and when the baby wants) from both breasts many times a day (8-10 times).
- Prelacteal feeds such as sugar, water, honey, ghutti etc. must be avoided as they interfere with breastfeeding and reduce baby's desire for feed.



Breastmilk is a natural and a complete food for the baby for first six months. During this period no other food or drink or even water is required.

Colostrum Feeding

- Mother must **initiate breastfeeding** within half or one hour of birth as babies are most active during first 30-60 minutes and suckling reflex is most active at birth. This increases success of lactation.
- During first two/three days after the birth, the breasts yield a thick yellowish fluid called **colostrum** which is the perfect food for new born babies and is rich in proteins, Vitamin A and other nutrients. It has anti-infective factors, which provide protection against infection and is considered the first immunization of the baby.
- Early initiation of breastfeeding ensures intake of colostrum, which satisfies the hunger of the baby.
- The amount of colostrum available at each feed is small but it is sufficient for the child and the baby needs no other food.
- The act of suckling stimulates milk production and mother's milk supply increases slowly.

Correct Position of Mother and Child during Breastfeeding

- While breastfeeding, mother should hold the baby in correct position as it ensures adequate supply of breastmilk and reduces incidence of breast problems.
- Mother should hold her baby comfortably during feeding

Position for Feeding

- Baby's head and neck is straight or bent slightly back.
- Baby's body is turned towards the mother
- Baby's body is close to the mother facing breast
- Baby's whole body is supported
- Baby has eye-to-eye contact with mother.



Signs for Correct Sucking Position

- Baby's chin touches the breast
- Baby's mouth is wide open
- Baby's lower lip is turned outward
- Much of the upper dark part around the nipple (areola) is seen inside baby's mouth
- There is no pain in the nipple area during breastfeeding



- Incorrect sucking position may cause difficulties such as sore and cracked nipples, inadequate milk and refusal to feed.

Problems of Bottle Feeding

Mother should avoid using bottle at any age as bottle feeding could be harmful and can make the child refuse breastfeeding.

- Baby foods are expensive. The mother over dilutes the baby foods which lead to malnutrition
- If bottle feed is not prepared hygienically or the feeding bottles and teats are not cleaned properly and sterilized by boiling, chances of getting infection to the child are more.
- If the child does not finish the bottle feed and the milk remains in the bottle until the next feed, the milk can get spoilt and cause infection, if fed.
- The teat is often left uncovered and exposed to flies and dust leading to infection



Dangers of Artificial Feeding

Mother should not give artificial milk or powdered milk to babies below six months as infant formula is not as good or complete as breastmilk.

- Artificial feeding includes infant formula (powdered milk), animal milk (cow, buffalo, goat, camel milk) and condensed milk
- Mothers using artificial milk face difficulties in rearing the baby because artificial feeds/formulas:
 - do not contain appropriate amount of proteins, fats, vitamins and minerals which a baby needs.
 - quality of proteins is different from that of breastmilk
 - contains higher amount of salt, calcium and phosphate
 - chances of infection to the infant are more
 - can cause indigestion and respiratory infections
 - are expensive and less nutritious
 - are inferior to breast milk in all respect.



Points to Remember

- Breastfeeding should be continued even if:
 - mother gets pregnant
 - child is sick or has diarrhoea
 - mother is unwell unless she is too seriously ill to do so.
- In case of any problem while breastfeeding like cracked/sore nipples/ swollen and tender breasts/ lactation failure, mother should consult a doctor immediately.
- If a mother has a respiratory infection she should cover her nose and mouth while feeding the baby.

3.7 Nutrition and Health Care of Infants and Children (Below 6 Years)

Age of Children	Nutrition Care	Health Care
0-6 Months 	- Start breastfeeding within half an hour to 1 hour after birth. - An infant should be exclusively breastfed (not even water) upto six months of age. - An infant should not be given honey, water sweetened with sugar, glucose and jaggery, ghutti or janam ghutti after birth. - Breastfeed an infant as often as he/she wants during day and night. - Contact a health worker, if mother is not able to breastfeed the infant.	- Get regular health check up done. - Immunize the child against BCG, DPT and Polio.
6-12 Months  	- Continue breastfeeding as long as the child wants. - Foods which are given to the child after the age of six months in addition to breastmilk are called Complementary Foods. These help the child to grow adequately and prevent malnutrition. - Complementary foods should complement rather than replace breastmilk. Give semi-solid foods 3 times per day if the child is breastfed and 5 times per day if not breastfed. - Following points should be kept in mind while giving complementary food: - Complementary foods that can be given are dalia, rice, suji, kheer, dal, mashed chappati, milk, curd, seasonal fruits (such as banana, papaya, guava, mango, etc.), vegetables (such as potatoes, carrots, green leafy vegetable, pumpkin etc.), meat, fish and egg. - Complementary foods given to child should be: - Semisolid in consistency but not watery, inexpensive and easy to prepare, preferably from foods available at home (feeding from 'Family Pot') - Easy to digest, freshly prepared, clean and less spicy. - High in calories and should provide proteins, Vitamin A, iron etc. - Add a little ghee/oil and green leafy vegetables to mashed roti/rice/ bread/ or khichri. - Introduce one food at a time and add variety. - Practice Active feeding. - Children can also be given Supplementary Nutrition provided at AWC.	- Get regular health check-up done. - Immunize the child for measles at the age of nine months. - Give Vitamin-A along with measles vaccine.

Age of Children	Nutrition Care	Health Care
12 Months – 2 Years 	● Breastfeeding should be continued as long as the child wants. ● Feed the child 5 times per day. ● Give adequate servings of foods such as rice, dal, chapati, biscuits, milk, curd, seasonal fruit (such as banana, guava, mango, etc.), vegetables (such as potatoes, carrots, green leafy vegetables etc.) meat, fish and eggs. ● Increase the quantity gradually and the child should be given non-spicy food. Use only iodized salt for the child. ● Actively feed the child and encourage the child to eat himself. ● By the time the child is 1½ years, the child should eat half the food an adult eats. ● Continue feeding during illness. ● Give Supplementary Nutrition provided at the Anganwadi Centre.	● Get regular health check up done. ● Give Vitamin A solution at an interval of 6 months. ● Immunize the child for DT (booster dose) vaccination.
(2-5 Years) 	● Feed 5-6 times a day. ● Feed adequate quantity of family foods three times a day. Also give nutritious snacks such as pakoras, biscuits, chikki, ladoos, panjiri, peanuts and gajak 2 times a day between family meals ● Observe the amount of food the child eats to ensure that he is eating enough. Use only iodized salt for child's food. ● Encourage the child to eat himself. He should be given foods that she/he can hold and eat. ● Caregiver should encourage the child to try new foods by showing that she/he also likes the foods. ● If a new food is refused, small amounts as “tastes” should be repeatedly offered over several days. ● Eating every day at the same time helps the child to have a good appetite and he eats more. ● Give Supplementary Nutrition provided at the Anganwadi Centre.	● Get Regular health check up done. ● Give Vitamin A solution at an interval of 6 months and immunize the child for DT Vaccine

3.8 Feeding Problems among Children

Some of the feeding problems which mothers face while feeding children along with the suggested solutions are given below:

Infants 0-6 months

Feeding Problems	Suggested Solutions
Mother is not breastfeeding exclusively	● Breastfeed at least 8 times during day and night ● Do not give glucose water, tea, top milk, porridge and even water. This will reduce the protection given by breastmilk
Mother feels she does not have enough breast milk	● To increase her breastmilk she should – Breastfeed the baby more often and for longer period at each feed – Breastfeed during the day and at night – Eat more and drink more fluids
Mother goes out to work and is not able to feed the baby	● Mother should breastfeed the baby often before going to work; after returning from work; and at night ● If possible, she should take the baby to work and she must take brief breaks from work to feed the baby ● Mother should express her milk and keep it for baby in her absence.
Mother has flat or inverted nipples and cannot feed the baby	● Teach the mother to gently pull the nipples and massage them with oil (do not use mustard oil) this should be done 3-4 times per day ● Refer to a doctor if the problem does not improve in 2-3 days
Mother has very sore nipples or swelling in the breast	● Refer to a doctor ● Breastmilk should be expressed regularly every 2 hours ● If the breast is infected, throw away the expressed breast milk

Feeding Problems	Suggested Solutions
Child is fed by a bottle	● Advise the mother to stop bottle feeding. This can be very harmful ● Put the baby to breast every time baby is hungry, and feed for as long as the baby suckles ● Since breast milk may take 3-4 days to improve, feed the top milk by a cup.
Baby is not able to breastfeed	● There may be problem in suckling position or attachment. Refer to a doctor/ health worker who can help mother to overcome the problem
Child is given diluted animal milk	● Try and increase breastfeeding by increasing the frequency and by feeding for longer time ● Animal milk must never be diluted ● If mother is very worried that animal milk is too strong, advise her to give plain clean water after the feed

Infants 6 months to 12 months

Feeding Problems	Suggested Solutions
Mother has discontinued breastfeeding. She considers child is too old to breastfeed	● Breastfeeding can be done upto 2 years age. ● Ask mother to resume breastfeeding by putting the baby to breast every 2-3 hours. Breast milk will come back after 3-4 days
Complementary food is not being given	● Tell mother that breast milk alone is not sufficient for the child, he has to be given other foods along with breastmilk
Complementary food given in very small amount	● Increase complementary foods by 1 tea spoon per feed until the child takes $\frac{1}{2}$-1 cup or $\frac{1}{2}$ katori ● If the child cannot take large amount of food , feed 3-5 times/day.

Infants 6 months to 12 months

Feeding Problems	Suggested Solutions
Complementary food given is very thin	● Prepare suji, kheer, rice, dalia with undiluted animal milk (add butter/ghee) ● Give mashed banana or potato with butter or ghee ● Give thick dal with added oil
Child takes breastmilk and other milk also	● Continue breastfeeding but stop other (animal) milk ● Replace other milk by complementary foods mentioned above
Child does not want to eat complementary food	● Offer the child its most favourite food ● Play with the child or distract him while feeding (Practice active feeding) ● If ill, child may be fussy, mother will have to be more patient and persistent while feeding the child
Child spits out the food given	● Do not place the food on tip of the tongue. All children will spit out the food if placed on tip of the tongue ● Place the food inside the mouth

Children 12 months to 2 years

Problems	Solutions
Child is not actively fed	● Mother or caregiver should feed the child ● The food for the child should be in a separate bowl ● The mother/caregiver should talk to child while feeding

3.9 Nutrition and Health Care of Adolescent Girls

- Adolescence, a period between 11 to 18 years, is a crucial phase in the life, as it is a period of shift from childhood to adulthood and is marked by onset of puberty resulting in physical, emotional and social changes.
- Physical changes in adolescent girls include:
 - rapid gain in weight and height
 - development of breasts
 - widening of hips
 - onset of menstruation
 - more fat deposits in certain parts of the body etc.
- Adolescent girls need special nutrition and health care



Nutrition Care

- Adolescent girls need a variety of foods and balanced diet to remain strong and healthy.
- Adolescent girls should increase food intake to accommodate “growth spurt” and to establish energy reserves for pregnancy and lactation.
- Adolescent girls should ensure intake of foods rich in iron and vitamins and other nutrients.

Health Care

- Girls start to menstruate between 9-13 years of age, the period of menstruation can last between 2-8 days every month.
- Girls loose blood during menstruation leading to anaemia. Therefore they should take IFA tablets.
- Adolescent girls should maintain personal hygiene and cleanliness during menstruation. For this, they should take bath daily, use clean cloth/sundried napkin/pad and take adequate rest.
- During adolescence, rapid mental development takes place resulting in development of skills and ability to think, explore and question.
- Adolescent Girls should give special attention to physical exercises. The daily routine should include physical fitness programme or exercises like jogging, yoga asans etc. and meditation.



Information and Education

- Adolescents Girls should be given right information about:
 - Human Body, its functions and requirements.
 - Personal hygiene
 - Environmental sanitation
 - Iron deficiency and anaemia
 - Nutrition
 - Home nursing and first aid
 - Adolescent reproductive health
 - HIV/AIDS and Adolescence and its prevention
 - STIs/RTIs
 - Child care and development
 - Rights and legal status of women
 - Home economics
 - Entrepreneurial attitude and motivation
 - Family Life Education including appropriate age of marriage, birth spacing and family planning.
 - Family values and norms
 - Social issues and problems
 - Higher education and vocational training
 - Qualities and responsibilities of a good citizen



Characteristics of Adolescent Girls

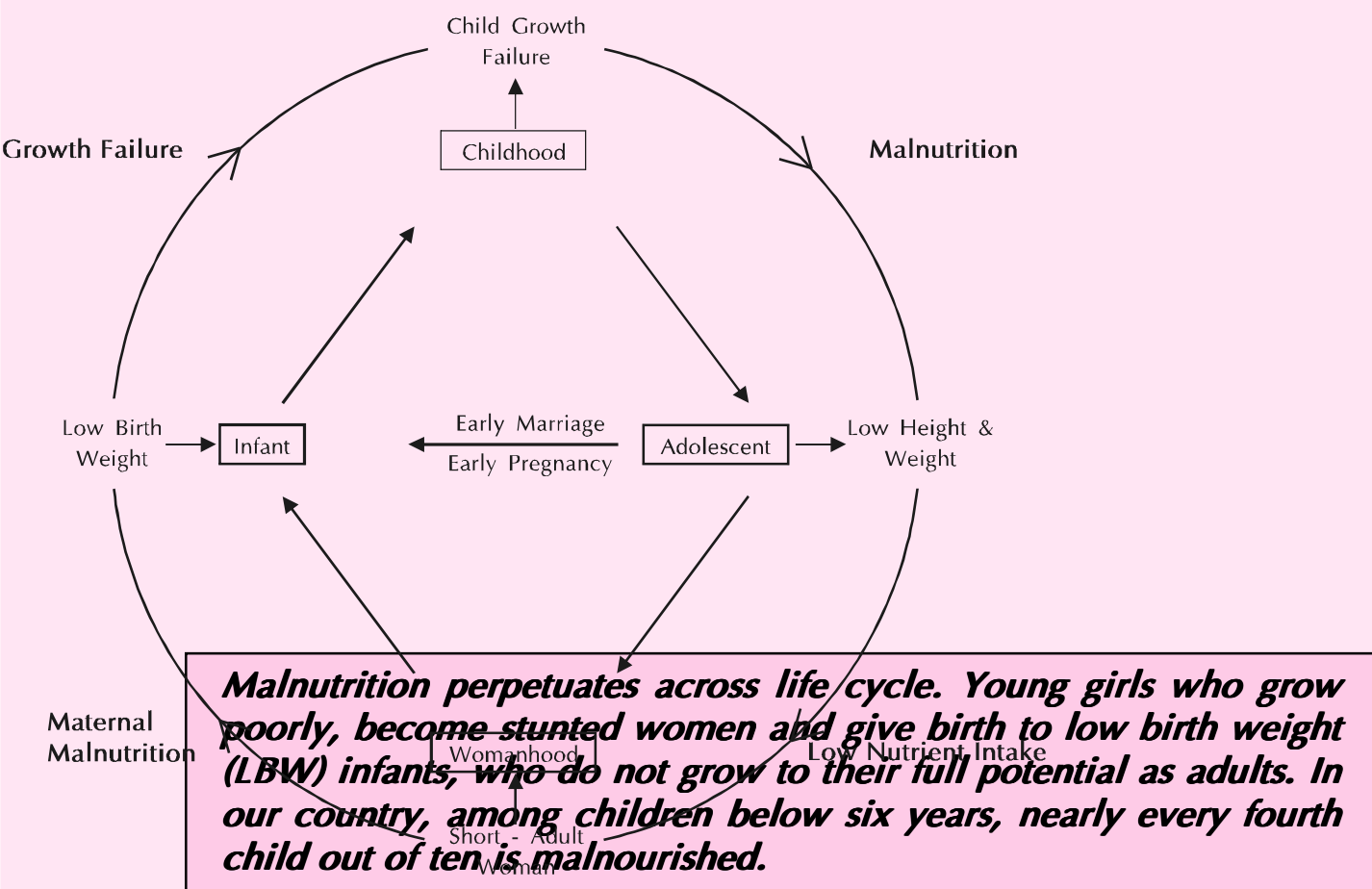
- Rapid Physical Growth
- Changes in Physiological Processes in the Body
- Increased Nutritional Needs
- Mental, Intellectual and Emotional Maturity
- Move towards Independence
- Peer Group Dependence / Pressure
- Self Identity & Sense of Self Esteem
- Adaptation of New Habits and Trends
- Exploration and Experimentation

3.10 Common Childhood Illnesses & Deficiency Diseases: Identification, Prevention and Treatment

3.10.1 Malnutrition

- Malnutrition is a condition, which occurs when the body requirements for one or more nutrients are not met. This can be either due to inadequate dietary intake of nutrients or due to non-availability of these nutrients to the body or due to frequent infections or other metabolic causes.

Intergenerational Cycle of Malnutrition



Effects of Malnutrition

- **Poor or no physical growth**
 - Growth failure/retardation
 - Reduced capacity to fight infection
 - Muscle wasting
 - Loss of appetite
 - Low IQ and mental dullness (Less alert)
 - Reduced learning ability & school performance
 - Tiredness, inactive and irritable
 - Takes time to recover
 - Low immunity
 - Low income earning capacity as adults



Causes of Malnutrition

A. Related to Nutrition

- Discarding colostrum
 - Delayed introduction of breast milk
 - Delayed introduction of complementary foods
- Bottle feeding
- Low intake of foods providing protein and energy
- Unhygienic feeding practices
- Not feeding the child properly during illnesses

B. Related to Health

- Diarrhoea – Loss of nutrients
 - Frequent illness – loss of appetite
 - Low birth weight child
- Inadequate care of children, women and adolescent girls
- Lack of personal hygiene
- Lack of access to basic health services
- Poor environmental sanitation

C. Related to Social Issues

- Early marriage
 - Traditional beliefs and taboos
 - Large family size
 - Lack of resources (poverty & inability to buy food)

The first two years of life are crucial in terms of occurrence of malnutrition and its serious consequences.

Classification and Assessment of Malnutrition

Classification of Malnutrition

Undernutrition



- **Low Weight for Age** or Undernutrition is caused by inadequate intake of food and frequent infections.

Stunting

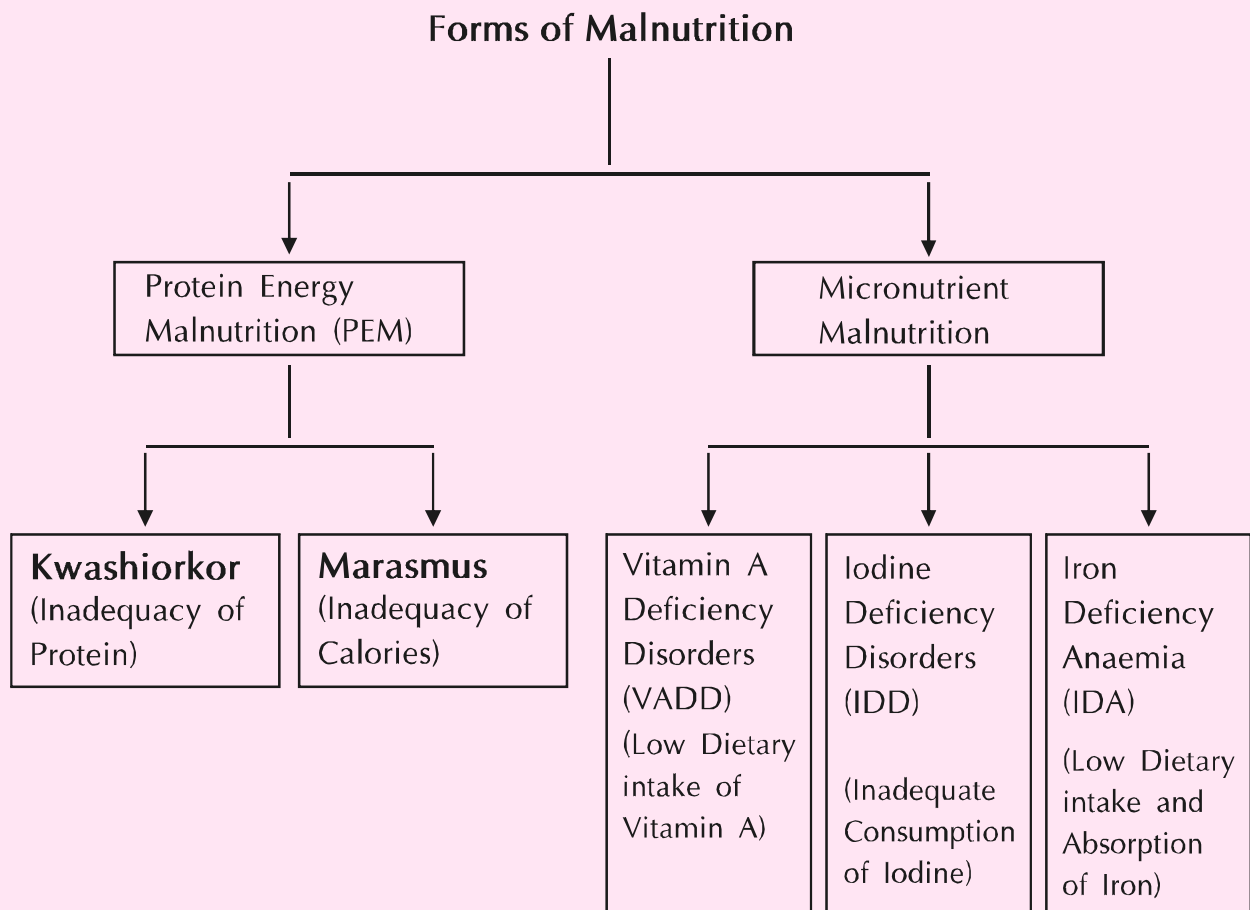


- **Low Height for Age** or '**Stunting**' or Short Stature is the result of being malnourished for a long period.

Wasting



- **Low Weight for Height** or '**Wasting**' is caused by short-term malnourishment, insufficient dietary intake, frequent infections and inadequate supply of food.



3.10.1.1 Protein Energy Malnutrition

- Malnutrition resulting from deficiency of energy or total calories and proteins is known as Protein Energy Malnutrition (PEM).
- Effects of PEM are evident from inadequate growth, poor weight and height, anaemia, inability to do hard work and oedema, etc.

Forms of PEM

Kwashiorkor
Symptoms
● Weight usually 60 per cent less than the expected (depends on oedema) ● Low height ● Apathy ● Moon face ● Scanty, lusterless hair ● Oedema - swelling in legs due to accumulation of fluids ● Pigmented patches, peeling and ulceration in skin



Marasmus
Symptoms
● Head disproportionately large with little hair ● Low height and weight (below 60 per cent of the expected weight) ● Pigmented or peeling skin lesions ● No muscle mass – ribs can be seen ● Disinterested in environment and is immobile ● Lethargic – sits or lies in same position for hours together often with eyes closed ● Loss of appetite – does not eat or spit out ● Looks like an old man



Prevention and Management of PEM

During Pregnancy

- A Pregnant woman must eat one fourth more in addition to her normal diet during pregnancy.
- She should eat nutritious diet and include green leafy vegetables, fruits and other vegetables daily.
- Pregnant women should take IFA tablets regularly
- Pregnant women and nursing mothers should take supplementary nutrition (SN) provided at AWC

Infants (Birth to six months)

- Encourage early initiation of breastfeeding and colostrum feeding.
- Encourage exclusive breastfeeding (no water) for six months.
- Weigh the child every month to keep a record of her growth.
- Provide timely immunization and promote good hygiene practices.

Infants (6 months to 1 Year)

- Introduce adequate, safe and timely complementary foods at the age of 6 months along with breastfeeding.
- Regular health check up, immunization and administration of Vitamin A between 6-9 months of age.
- Use of iodised salt
- Weighing the child every month and monitoring the growth.
- After 6 months infants should take supplementary nutrition given at AWC.
- Promote good personal/food/water/hygiene practices

Early Childhood 2-6 Years

- Child should be fed from the family pot
- Practice 'Active Feeding' i.e. interacting with the child by encouraging & helping him to eat by himself.
- Feeding during illness especially during diarrhoea to be continued.
- Regular health check-up of children
- Weigh the child every month and monitor the growth.
- Improved practices of clean drinking water, personal hygiene and environmental sanitation
- Intake of supplementary nutrition provided at AWC regularly.

Adolescent Girls (11-18 years)

- Ensure intake of nutritious and balanced diet
- Encourage intake of iron rich foods.

Guidelines for Management of Malnutrition in Children

These guidelines are designed to help the CDPO, Supervisor and Anganwadi Workers to take necessary steps for improving the weight of Grade I and Grade II malnourished children. However, these guidelines would be helpful for management of all underweight children including Grade III and IV.

- Inform the mother, father or guardian of the child that the child is suffering from malnutrition and requires additional attention.
- Explain the adverse effects of malnutrition to the parents and to the community
- Make Grade I and Grade II malnutrition visible to the parents
- Explain the rapid growth of the child and the need for adequate feeding to achieve optimum growth and development
- Emphasise the importance of breastfeeding for children upto two years and the absolute necessity of adequate complementary feeding from six months of age
- Emphasise that 'additional feeds' are absolutely essential for children to help them to overcome malnutrition. infant and young children need to be fed 5-6 times a day in addition to breastfeeding. Optimum feeding is essential to achieve normal weight
- Educate the mother, father or guardian on types of food to be given to the malnourished child
- The Anganwadi worker should teach and recommend inexpensive recipes for infants using local foods like cereals, pulses, vegetables etc.
- Modified family food.
- Infant food mixes
- The Anganwadi Worker should educate the community on protective foods like milk, curd, lassi, egg, fish and fruits and vegetables like papaya, mango, chikoo, banana, mashed and boiled green leafy vegetables, carrots, pumpkin etc. which help in the healthy growth of children and in the speedy recovery of the child from malnutrition
- Feeding the girl and the boy child equally needs to be emphasized
- Ensuring the supplementary nature of ICDS food

- Provide additional food to Grade I, Grade II, Grade III and Grade IV malnourished children at anganwadis
- Monitor the growth of children that is weighing the child and plotting on the growth chart, every month in the presence of their mothers
- Encourage the mothers to come and ask questions regarding the feeding and care of the child
- Follow malnourished children at home during home visits
- Ensure all vaccinations for malnourished children
- See that the child receives at least nine oral doses of Vitamin A between 9 months and 5 years
- Iron and folic acid tablets should be given to children regularly
- Use only iodised salt
- Educate the parents to observe personal and food hygiene in preparing food and feeding children



- Deworming of all children should also be undertaken and its record maintained at the Anganwadi
- Children with severe malnutrition having mild or moderate odema and good appetite but are not severely wasted can be treated at home
- Children with severe malnutrition and complications should be referred to hospital.
- Ready to Use Therapeutic Foods (RUTF) are useful to treat severe malnutrition without complication at home with limited access to appropriate local diets for nutritional rehabilitation
- Children with severe malnutrition without complications can be managed at home with nutrient dense foods and by means of carefully designed diets using low cost family foods provided appropriate minerals and vitamins are given
- Treatment of young children should include support for breast feeding and messages on appropriate infant and young child feeding practices
- Children less than six months should not receive ready to use RUTF food nor solid family foods. These children need milk based diets their mothers to support to reestablish breastfeeding. They should not be treated at home.



Nutritious Recipes for Children

Paushtik Cheela	
Ingredients	
Wheat flour	50g
Besan	25g
Drumstick leaves	25g
Bengal gram leaves	25g
Fat/Oil	10g
Salt and condiments - according to taste	
Method	
- Wash and cut the leafy vegetables. - Mix with wheat flour, besan, salt and make thick batter. - Pour one ladle full of batter on greased tava and cook both the sides with oil.	
Nutritive Value	
Energy	351 K.cal
Protein	12.9 g
Iron	9.45 mg
Carotene	435 ug
Folic Acid	79 ug
Calcium	232 mg
Riboflavin	0.14 mg
Vitamin C	45 mg
Zinc	1.9 mg
50% RDA (mean) for 6 months - 6 year old children	
Iron	7.5 mg
Iodine	50 ug
Folic Acid	20 ug
Zinc	5 mg
Calcium	225 mg
Riboflavin	0.5 mg
Vitamin C	20 mg
Vitamin A	200 ug
Vitamin B12	0.5 ug

Leafy Khichri	
Ingredients	
Rice	50g
Moong dal	20g
Turnip greens	50g
Tomato	25g
Gingelly seeds	20g
Salt & condiments - as per taste	
Fat/oil	10g
Method · Wash rice and moong dal · Wash and cut tomatoes and turnip greens in small pieces · Roast gingelly seeds · Heat oil and put all the ingredients, salt, condiments and required water into the vessel and cook till soft.	
Nutritive Value	
Energy	533 K.cal
Protein	12.2 g
Iron	18.4 mg
Zinc	3.5 mg
Folic Acid	28 ug
Calcium	667 mg
Riboflavin	0.47 mg
Vitamin C	105 mg
Carotene	297 ug
50% RDA (mean) for 6 months - 6 year old children	
Iron	7.5 mg
Iodine	50 ug
Folic Acid	20 ug
Zinc	5 mg
Calcium	225 mg
Riboflavin	0.5 mg
Vitamin C	20 mg
Vitamin A	200 ug
Vitamin B12	0.5 ug

Paushtik Laddoo	
Ingredients	
Jowar flour	15g
Wheat flour	15g
Bengal gram flour	20g
Groundnut	15g
Jaggery	25g
Oil/Ghee	10g
Method • Heat Ghee/Oil • Roast Jowar, wheat, and bengal gram flour on slow fire till golden brown. • Add roasted groundnut and grated jaggery. • Remove from fire and make balls.	
Nutritive Value	
Energy	444 K.cal
Protein	12.18 g
Iron	8.89 mg
Zinc	1.51 mg
Folic Acid	40.99 ug
Calcium	54.6 mg
Riboflavin	0.10 mg
Carotene	44.24 ug
50% RDA (mean) for 6 months - 6 year old children	
Iron	7.5 mg
Folic Acid	20 ug
Zinc	5 mg
Calcium	225 mg
Riboflavin	0.5 mg
Vitamin C	20 mg
Vitamin A	200 ug
Vitamin B12	0.5 ug

Nutritious Mix (Sattu)	
Ingredients	
Bajra	40g
Rice	20g
Green gram dal	15g
Gengelly seeds	5g
Method · Roast bajra, rice and green gram dal for 5-10 minutes on low fire. Roast gengelly seeds separately. · Grind roasted grains separately into fine powder. Mix all the powders and sieve. Store in air tight container.	
	

Preparation of Porridge	
Nutritious mix	75g
Sugar	15g
Oil/Ghee	5ml
Method • Add mix in just sufficient water. • Add sugar and cook for a few minutes. • Add Oil/Ghee and serve	
Nutritive Value	
Energy	417.4 K.cal
Protein	11.05 g
Iron	5.64 mg
Zinc	2.49 mg
Folic Acid	47.92 ug
Calcium	97.37 mg
Riboflavin	0.17 mg
Carotene	66.73 ug
50% RDA (mean) for 6 months - 6 year old children	
Iron	7.5 mg
Folic Acid	20 ug
Zinc	5 mg
Calcium	225 mg
Riboflavin	0.5 mg
Vitamin C	20 mg
Vitamin A	200 ug
Vitamin B12	0.5 ug

3.10.1.2 Micronutrient Deficiency Diseases

- **Micronutrients** are substances, which are required by the body in very small amount for performing specific functions. If these are not provided in the required amount, it can cause specific diseases. The deficiency of one or more micronutrients in the body is known as **Micronutrient Malnutrition**.
- Major essential micronutrients are vitamins i.e. Vitamin A, B, C, & D & minerals like Iron, Iodine, Calcium, Phosphorus, Zinc and Chlorine.

3.10.1.2.1 Vitamin 'A' Deficiency Disorders (VADD)

- Deficiency of Vitamin 'A' causes a number of deficiency symptoms and defects and also reduces the capacity of the body to fight against diseases and infections.
- Deficiency of Vitamin 'A' increases the risk of diarrhoea by three times; doubles the risk of Acute Respiratory Infections (ARI); and increases duration and severity of Measles and ARI

Vitamin A
● Vitamin 'A' is an essential micronutrient which is required for proper growth and good health. ● Vitamin 'A' participates in many body functions like: – It is essential for normal vision – It supports growth of bones and teeth – It is necessary for functioning of tissues which line the internal organs and skin – It protects the children from getting infection and other diseases. ● Vitamin 'A' is widely present in most of the green and yellow fruits and vegetables. Spinach and Amaranthus are the cheapest source of Vitamin 'A', and darker the green leafy vegetable is, richer it is in Vitamin 'A'

Causes, Signs and Symptoms of Vitamin A Deficiency

Causes	Symptoms
● Low dietary intake of Vitamin 'A' rich foods ● Rapid loss of Vitamin 'A' from the body ● PEM and other nutritional deficiencies ● Poor nutritional status of nursing mothers ● Early weaning ● Poverty	● Signs & symptoms of Vitamin 'A' deficiency disorders referred to as xerophthalmia are ocular i.e. related to eyes. ● As per WHO (1982), Xerophthalmia covers all ocular changes like nightblindness, conjunctival xerosis, bitot's spots, corneal xerosis and keratomalecia

Vitamin A Deficiency if untreated and is prolonged, gradually results in complete blindness

Clinical Signs and Changes in Eye due to Vitamin A Deficiency Disorders

Stage-1



Eye Inflammation

Early symptoms start with itching, burning and inflammation of eyelids

Stage-2



Nightblindness

The first symptom of Xerophthalmia is that child cannot see in dim light and after it gets dark or in a dark room.

Stage-3



Conjunctival Xerosis

If untreated and Vitamin A deficiency is severe and prolonged, the conjunctiva becomes dry, wrinkled and muddy.

Stage-4



Bitot's Spots

Bitot's Spot (white foamy patches) form on either side of cornea. The child does not like to look towards light and keeps the eyes closed or sits/lies with her face away from the source of light.

Stage-5



Corneal Xerosis

Cornea appears dull, dry and eventually becomes opaque

Stage-6



Keratomalectia

Keratomalectia develops, which is a grave emergency. The cornea becomes soft, ulcerated & bursts open resulting in total blindness

Treatment of vitamin A Deficiency Disorders

- Children with clinical signs of vitamin A deficiency must be treated urgently.
- Children above 1 year of age, suffering from Vitamin A deficiency, on diagnosis, must be administered immediately a single oral dose of 2,00,000 I.U. of Vitamin A followed by another dose of 2,00,000 I.U. within a month.
- Infant & young children suffering from illnesses like diarrhoea, respiratory infections & measles must be monitored closely and encouraged to consume Vitamin A rich foods.
- Excessive dose of Vitamin A may cause nausea, vomiting sleep disorders, skin lesions and enlarged liver etc.



Guidelines for Use of vitamin A Solution

- Vitamin A concentrate is available at PHC or sub centre in the form of flavoured syrup at a concentration of 1,00,000 I.U./ml.
- Vitamin A syrup should be administered using 2 ml spoon/dispenser provided with bottle.
- Vitamin A solution must be kept away from direct sunlight. It should be stored in a cold dark room.
- Vitamin A solution is stable at room temperature for a minimum of one year.
- Vitamin A solution bottle once opened must be utilized within 6-8 weeks.



Prevention of Vitamin A Deficiency

Promoting Consumption of Vitamin A Rich Foods

- a. Regular dietary intake of Vitamin A rich foods by pregnant women, lactating mothers and by children under 5 years of age
- b. Initiate breastfeeding immediately after birth as colostrum is rich in Vitamin A.
- c. Incorporation of locally available Vitamin A rich foods during complementary feeding
- d. Increased use of milk and milk products
- e. Educate pregnant & lactating mothers about the importance of consuming Vitamin A rich foods
- f. Growing Vitamin A rich foods such as papaya, mango, guava, spinach, and amaranthus, etc. in kitchen garden.

Breastfeeding protects against Vitamin A deficiency during first six months of infancy.

Vitamin A Supplementation

- Administration of dose of Vitamin A to preschool children at periodic intervals is simple, effective and direct preventive measure.

Food Fortification

- Vitamin A can be easily added to several foods like milk powder, cereals, weaning foods, oils, vanaspati etc. In addition, rice, sugar, salt, tea can also be fortified.
- Foods fortified with Vitamin A should be consumed.

Public Health Measures

- Provision of safe drinking water
- Improvement of personal hygiene and environmental sanitation
- Immunisation against measles
- Measures to prevent Acute Respiratory Infections

Role of AWW

- AWW should be involved in distribution and administration of Vitamin A.
- Mother-infant Immunization Card (Jaccha Baccha Card) may be used to record and monitor the administration of Vitamin A.
- A camp approach may be used for administering Vitamin A to children 1-3 years and 3-5 years.
- Nutrition and health education to mothers is essential.

3.10.1.2.2 Iron Deficiency Anaemia

- Iron is essential for healthy growth and development including formation of haemoglobin, development of brain, regulation of body temperature and muscle activity etc.
- Iron deficiency in diet leads to Nutritional Anaemia. In addition, deficiency of Folic acid and Vitamin B₁₂ also contribute to Anaemia
- Anaemia is a widespread health problem affecting infants, children, adolescent girls and women of reproductive age.

Signs & Symptoms

- Increased tiredness, fatigue and lethargic
- Breathlessness
- Giddiness
- Loss of appetite
- Paleness of skin, eyes, lips and tongue
- Spoon shaped/flat nails
- Palmar Pallor (Paleness of Palms)



Causes

- Low dietary intake of iron rich foods in all age groups and at all stages
- Low iron absorption by gut
- Worm infestation
- Malaria
- Excessive menstrual flow
- Anaemic pregnant women
- Inadequate stores of iron in new born babies, if mother is anaemic

Consequences

- Reduced work capacity and physical performance
- Reduced learning ability and cognitive functions
- Reduced resistance against diseases
- Increased morbidity and mortality
- Anaemia during pregnancy increases the risk of premature deliveries, low-birth weight babies, maternal & neonatal deaths

Treatment

- Children and adults with severe anaemia should be referred to PHC/Hospital immediately for diagnosis of causative factors and treatment.
- Children with anaemia may be first treated for worm infestation with Mebendazole.



Prevention of Anaemia

1. *Promoting Consumption of Iron Rich Food*

- Regular dietary intake of iron and folic acid rich foods by pregnant and lactating mothers, adolescent girls and children under 5 years of age should be promoted.
- Ensure incorporation of iron rich foods such as green leafy vegetables in the complementary foods of infants.
- Vitamin C (ascorbic acid) rich foods, germinated/ sprouted and fermented foods promote absorption of iron. Regular consumption of Vitamin C rich foods should be promoted.
- Tea/Coffee inhibits absorption of iron. Advise reduced consumption of tea, specially during pregnancy for improving the absorption of iron and prevention of anaemia.

2. *Promoting Consumption of Iron and Folic Acid Supplements*

- As a priority, all pregnant women irrespective of haemoglobin levels, must be provided with the recommended dose of iron and folic acid supplements.

3. *Food Fortification*

- Use of iron fortified processed/ready-to-eat foods for children such as milk, potato chips, biscuits, candy and sugar may be promoted.

4. *Public Health Measures*

- Control of malaria
- Control of worm infestation
- Providing safe drinking water
- Creating awareness on personal hygiene and sanitation

Role of AWW

- Ensure that pregnant women are provided with complete recommended dosage of iron and folic acid tablets during pregnancy.
- Supervise, monitor and keep a record of distribution of iron and folic acid tablets.

3.10.1.2.3 Iodine Deficiency Disorders

Iodine

- Iodine is essential for normal growth, development and functioning of both brain and the body.
- Iodine is not produced in the body and is required in a small amount, by both children and adults.
- Iodine content of water and food is determined by the iodine content of the soil in which they grow.
- Iodine is present mainly in sea foods like fish, prawns, etc.
- Lack of iodine in the environment has serious consequences on both humans and animals.



Consequences of Iodine Deficiency

- Goitre - an abnormal swelling in the neck
- Energy loss
- Mental retardation – Low I.Q. level (lower by 10-15 points)
- Impaired learning & pre school activities – low motivation and curiosity, reduced play & exploratory activities.
- Growth failure
- Infant deaths
- Reproductive losses
 - Spontaneous abortions/ miscarriages
 - Still births.
 - Irreversible brain damage in unborn baby

Goitre

Symptoms

- The most visible and easily recognizable sign of iodine deficiency is **Goitre** – an enlarged gland in the neck, which can range from an invisible swelling to a size of a coconut or even larger
- Goitre also affects physical growth and mental development
- Children of parents suffering from goitre are prone to become cretins i.e. dwarfs with retarded mental growth.



Prevention

- Goitre cannot be treated by making changes in the diet.
- The daily and regular consumption of iodized salt provides protection against IDD.
- As Iodine present in the salt can evaporate while cooking, it is important to cover the food while cooking.
- Consumption of sea foods also prevents IDD.

Treatment

Refer to PHC/Hospital



Iodine Testing Kit

The iodine content of salt varying from 15-30 ppm can be detected at household level by the use of Iodine Testing Kit. The Iodine Testing Kit contains a vial with chemical solution. One drop of chemical solution turns salt sample violet, if it contains iodine depending upon the level of iodine concentration. The minimum iodine content of salt at consumption level should be 15 ppm.

Role of AWW

- Create awareness about use of iodised salt.
- Educate mothers and adolescent girls.

3.10.2 Cough, Cold and Acute Respiratory Infections (ARI)

- ARI is the major cause of death among children. On an average children below 5 years of age suffer about 5 episodes of Acute Respiratory Infections (ARI) per year.
- Cold, cough, sore throat and running nose are common respiratory infections and are of no cause of alarm. In some cases, cough and cold are danger signs of more serious respiratory infections as Pneumonia and Tuberculosis.

Cough and Cold

- Cough and common cold is the most frequent problem in childhood and is usually due to infection of the upper respiratory tract.
- Cough is a sign of some other sickness affecting the throat, lungs or air passage in the chest.

Symptoms

Running nose, sneezing, sore throat and cough.

Treatment

- Children with cough, cold, running nose or sore throat who are breathing normally can be **treated at home** and will recover **without medicine**.
- A child with harsh cough requires immediate referral.



Home Treatment and Care

- Keep the child warm and let him rest
- Encourage the child to eat normally
- Increase the amount of fluids including breastfeeding.
- Soothe the throat and relieve the cough with safe home made cough remedy i.e. Ginger tea with honey; lemon drink; Drink with tulsi leaves, saunf and elaichi; hot soups etc.
- Sponge/bathe with cool but not cold water if child has fever.
- Clean the nose by putting in nose drops (boiled and cooled water mixed with salt) or by cleaning the nose with a soft cotton wick. A moist atmosphere can make breathing easier.
- Medication should be used only if prescribed by a doctor.

Pneumonia

Symptoms

- A child with cough and cold and **fast breathing** has **Pneumonia**.

Assessment

- To assess whether the child has fast breathing or not count the **breathing rate** for one minute.
- Breathing rate of a child is as per his age. As the child grows older, breathing rate slows down.

Treatment

- A child having Pneumonia is treated with Cotrimoxazole.
- Cotrimoxazole is not provided in the Medicine Kit of AWW. She may contact ANM immediately, who can prescribe the medicine and has it in her stock.

- While counting the breathing rate, chest and abdomen must be exposed
- A child's **breathing** rate is **fast** if you count:
 - 60 breaths per minute or more in an infant below two months
 - 50 breaths per minute or more in an infant between 2 months - one year.
 - 40 breaths per minute or more in a child between 1 year - 5 years.

Prevention

- Million of child deaths from pneumonia can be prevented if:
 - Parents and caregivers know that rapid and difficult breathing are danger signs requiring urgent medical help
 - Parents and caregivers know where to get medical help
 - Medical help and low cost antibiotics are readily available.
 - Babies are exclusively breastfed for first six months and are fully immunized.
 - Children and pregnant women are particularly at risk if exposed to smoke from tobacco or cooking fires.

How to give Cotrimoxazole ?

- Cotrimoxazole is available in the form of tablets and is given by mouth twice in a day i.e. every morning and every evening for five days.
- All the tablets must be used to finish the **five day course treatment**, even if the child gets better before the medicine is finished
- Avoid Cotrimoxazole, if an infant is premature or has jaundice.
- Show the mother how to crush and mix the tablet with fluid or food, as given below:
 - i) As a baby will not be able to swallow the tablets, the tablet is crushed into a powder
 - ii) Mix it with a small amount of breastmilk or clean drinking water or porridge or banana or some other food that the child eats.
 - iii) Ask the mother to give the medicine to the child in your presence.
 - iv) If the child vomits, the medicine should be given again.
- As a follow up, the child should be checked again after 2 days.

Severe Pneumonia

Symptoms

- If a child with cough and cold has **chest indrawing**, he has **Severe Pneumonia**.
- Normally, the lower chest wall comes OUT when the child breathes IN. In case of Severe Pneumonia the whole of lower chest wall goes IN as the child breathes IN. This is called **chest indrawing**.

Assessment

- To assess Severe Pneumonia, look for chest indrawing at the lower chest wall when the child breathes IN.
- Make sure that the child's lower chest is fully exposed, child is not crying and child's nose is not blocked.

Treatment

- **Refer** the child with chest indrawing to PHC/hospital immediately, as this is a specific danger sign.

When to Return Immediately to AWC/PHC

- Mother should bring the child to AWC/PHC immediately, if the child has:
 - Difficulty in breathing
 - Not able to drink
 - Lethargic & unconscious
 - Vomits persistently
 - Chest indrawing

Points to Remember

Assessment, Classification and Treatment of ARI

- When a child suffering from cough and cold is brought to an AWC, always check for the following:
 1. Look for **danger signs**
 - Ask if the child is able to breastfeed or drink
 - Look if the child is lethargic or unconscious
 - **IF** the child has danger signs **refer** the child to PHC/Hospital.
 2. If **NO** danger signs are present, look for **Chest Indrawing**
 - If **YES**, the child has **Severe Pneumonia**
 - Refer the child to PHC/Hospital.
 3. If **NO** chest Indrawing, count child's **breathing rate**.
 - If the child has fast breathing, the child has **Pneumonia**
 - Treat the child with Cotrimoxazole
 4. If the child does not have fast breathing, the child has **cough and cold**.
 - Give the child home treatment

Note: An AWW should refer the child with cough & cold and chest indrawing or fast breathing to PHC/Hospital immediately

3.10.3 Diarrhoea

- A child has diarrhoea if he/she passes three or more watery stools per day
- Diarrhoea is more common among undernourished children than in normal children
- Diarrhoea kills children by draining liquid from the body thus dehydrating the child.
- If diarrhoea continues for more than two weeks, it is **persistent diarrhoea**. In this case, the child needs immediate attention and should be **referred** to PHC/Hospital.
- If a child has blood in stools, he/she has **dysentery** and should be **referred** to PHC/Hospital.

Causes of Diarrhoea

- Dirty and unhygienic conditions
- Unsafe water
- Malnutrition
- Unhygienic feeding practices
- Over eating of spicy and greasy foods
- Bottle feeding
- Bacterial/Viral infections
- Lack of personal hygiene

Germs causing diarrhoea occur in dirty & unhygienic conditions.

Danger Signs of Diarrhoea

- If a child suffering from diarrhoea has the following **danger signs** he/she should be **referred** to PHC/Hospital:
 - passes several watery stools
 - passes blood in stools
 - has had diarrhoea for more than two weeks
 - vomits frequently
 - has fever
 - is extremely thirsty
 - unable to drink
 - refuses to eat
 - has sunken eyes
 - is lethargic or unconscious

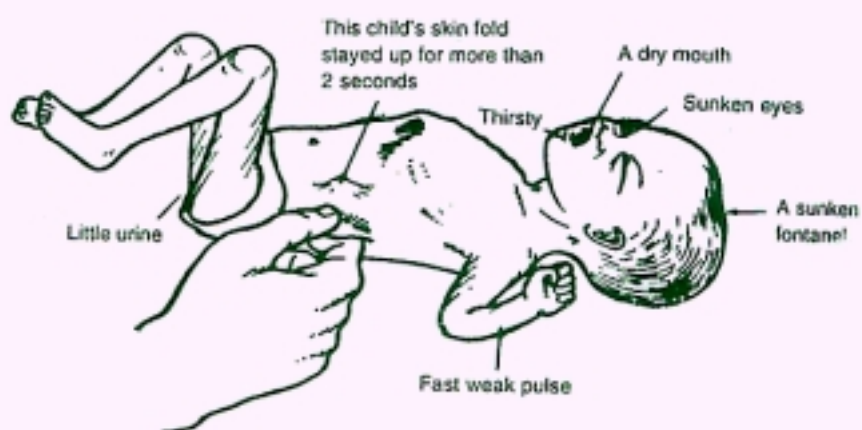


Classification of Diarrhoea

- **Mild Diarrhoea/No Dehydration** - Child drinks normally.
- **Moderate Diarrhoea/Some Dehydration** – Child is thirsty and drinks eagerly.
- **Severe Diarrhoea/Severe Dehydration** – Child drinks poorly or is not able to drink.

Assessment of Diarrhoea

S.No.	Indicators	No Dehydration	Some Dehydration	Severe Dehydration
1.	General Condition	Well, alert	Restless/Irritable	Lethargic or Unconscious
2.	Eyes	Normal	Sunken	Very sunken and dry
3.	Thirst (Offer child water to drink)	Drinks normally, not thirsty	Thirsty, drinks eagerly	Drinks poorly or not able to drink
4.	Skin Pinch	Goes back quickly	Goes back slowly	Goes back very slowly
Treatment		Home available fluids and ORS	ORS Home treatment	Refer to PHC/ Hospital



As soon as diarrhoea starts, it is essential that the child is given extra fluids as well as regular food and fluids

Management of Diarrhoea

Best treatment for diarrhoea is to drink lots of liquids to replace the fluids lost.

- Diarrhoea usually cures itself in a few days.
- Do not give a child with diarrhoea any tablets, antibiotics or other medicines unless prescribed by a doctor.
- A child with persistence diarrhoea or dysentery or severe diarrhoea should be referred to PHC/Hospital.
- **Home treatment** of diarrhoea includes:
 - **Intake of Home Available Fluids**
 - **Oral Rehydration Solution (ORS)**
 - **Continued Feeding**
 - **Continued Breastfeeding**

Intake of Home Available Fluids

- A child with diarrhoea should be given extra fluids available at home like soups, rice water, coconut water, weak tea with a little sugar, clean water from safe sources, diluted dal, butter milk and breastmilk (if child is breastfed).
- Fluids should not be diluted, if the fluid is heavy for the child, plain clean water can be given to the child after giving fluid.
- If the child vomits, wait for 10 minutes, then continue giving fluids, but more slowly.

Continued Feeding

- A child with diarrhoea needs to be fed continuously.
- While recovering from diarrhoea, the child needs atleast one extra meal every day for atleast 2 weeks.
- Mother should not stop feeding the child.

Continued Breastfeeding

- Breastmilk is the best source of liquid and food for a young infant with diarrhoea. It can reduce the severity and frequency of diarrhoea.
- Breastfeed the baby frequently and for longer time than usual.



Oral Rehydration Therapy

- Oral Rehydration Solution is a life saving drink and is effective for all ages including neonates for replacement of fluid losses during diarrhoea.
- Oral Rehydration Salt (ORS) may be properly mixed with water to prepare a solution and given to the child.

Preparation of ORS Solution

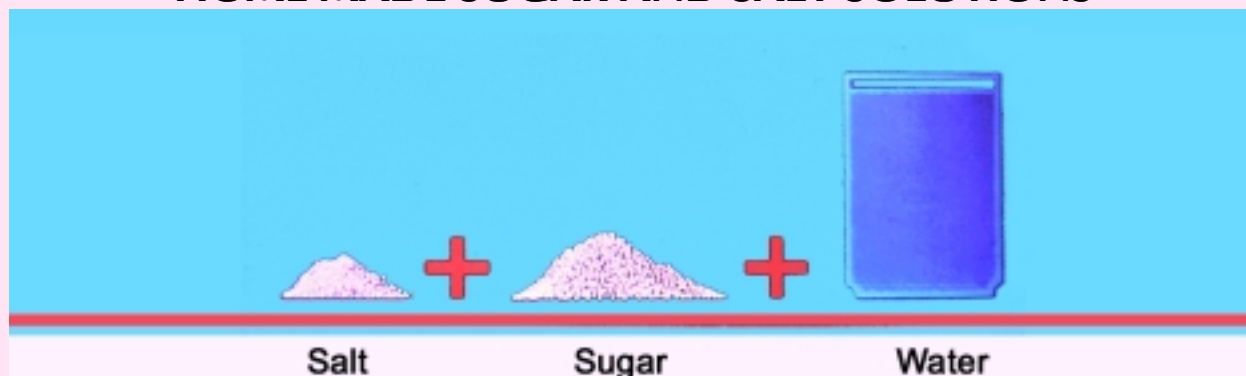
1. Read instructions on ORS packet carefully before preparing ORS.
2. Take one litre or five glasses of safe drinking water in a clean container.
3. Empty the content of ORS packet into one litre of water.
4. Mix it well and start feeding the child.
5. During first four hours, ORS is given according to the age of the child (See Box)



Quantity of ORS Given during First Four Hours

- | | | |
|----------------------------|---|-------------------------|
| • Infant (4 mths.) | – | 2 Cups (200-400 ml) |
| • Infant (4 mths. – 1 yr.) | – | 3-4 Cups (400-700 ml) |
| • Child (1-2 yrs.) | – | 5-6 Cups (700-900 ml) |
| • Child (2-5 yrs.) | – | 6-8 Cups (900-1,400 ml) |

HOME MADE SUGAR AND SALT SOLUTIONS



Points to Remember while Giving ORS Solution

- Give ORS slowly. Every time the child feels thirsty or passes stool, give ORS
- If the child wants more ORS than what is recommended, it should be given.
- If the child vomits, wait for 10 minutes. Then continue giving ORS, but more slowly.
- Child should be given ORS till he/she begins to pass urine normally and looks normal
- Fresh ORS should be prepared every day.
- After 4 hours, AWW/Health Worker should reassess the child and give appropriate treatment.

When to return Immediately

Tell the mother to return to AWC if:

- The child is not able to drink or breastfeed
- The child becomes sicker
- There is blood in stool
- The child is drinking poorly.
- The child is lethargic/unconscious

Role of AWW

- Advise mother to start giving fluids or ORS Solution to the child immediately.
- Give ORS packet to mothers
- Advise mother to continue breastfeeding the child.
- Monitor the progress of the child.
- As a follow-up, ask the mother to bring the child to AWC again after 2 days.

3.10.4 Emerging Diseases

- Malaria, Dengue fever, Jaundice and HIV/AIDS are some of the diseases which have recently gained public health importance as emerging diseases.
- AWW is not directly associated with the treatment of these diseases but she must know the preventive measures and symptoms so that she can refer the child/ mother to PHC/ Hospital.

Disease	Malaria	Dengue Fever	Jaundice	HIV/AIDS (Acquired Immuno Deficiency Syndrome)
Causes	● Caused by mosquito bites	● Caused by viral infection due to mosquito bite	● Caused by a virus through contaminated food or water	● Caused by HIV virus through sexual contact, contaminated needles, infected blood transfusion and from HIV positive mother to her baby
Symptoms	● Sudden onset of fever with severe chills and rigors (shivering). ● Fever settles with profuse sweating and returns at regular intervals (36,48,72 hrs.) ● Headache, body ache and muscle pain ● Vomiting/drowsiness	● Asymptomatic or ● Abrupt onset of high fever lasting for 2 to 7 days ● Severe frontal headache ● Pain behind the eyes ● Muscle and joint pain ● Loss of appetite ● Measles like rash over chest and upper limbs ● Nausea and vomiting and May be associated with spontaneous bleeding such as bleeding from gums, nose, mouth, skin or blood in urine/stools	● Fever, vomiting, lethargy, lack of appetite, fatigue, headache are the early symptoms of the disease followed by itching and yellowness of eye/skin, dark urine, pale stools and joint pains	● It may take several years before the following symptoms appear: – Unexplainable loss of weight – Severe tiredness – Persistent night sweats – Unexplained fever – Chronic diarrhoea
Prevention	● Care should be taken to keep mosquitoes away by using mosquito nets/wire mesh/ sprays ● Children should be made to wear clothes that cover arms and legs especially during evenings ● If malaria is common in the area and the child has fever and vomiting or is drowsy. Health worker should – examine the child and start treatment for malaria immediately – Refer the child to health centre for blood test immediately. ● Preventive medicine chloroquine may be given to children during the season by Health Workers	● Mosquito control – Cleaning of coolers stagnant waters etc – Putting one spoon of kerosene oil / petrol in collected water like coolers, tyres etc ● Protection from mosquito bite – Use of nets & repellents etc	● Adequate nutrition and electrolyte balance may be maintained. ● Hepatitis vaccination given to children can prevent infection ● Eat well cooked food ● Drink boiled water ● Maintain personal hygiene & environmental sanitation ● Ensure proper sewage disposal	● Practice safe sex; condoms should always be used. ● Testing of blood before transfusion ● Use of disposable syringe and sterilized needles ● HIV positive mother should be given informed choice for breastfeeding the newborn

3.10.5 Disability among Children

Almost 75% of the childhood disabilities can be prevented through timely detection, and simple health care during pregnancy, childbirth and infancy.

- **Disability** means any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. Disability is a result of an impairment.
- An **impairment** is any loss or abnormality of psychological, physiological or anatomical structure or function or as response by an individual to a physical and sensory loss or abnormality. It can be missing or defective body part or paralysis or diabetes or limited hearing capacity, etc.
- A disability becomes a **handicap** when it interferes with one's ability to do what is expected at a particular time in one's life.

Causes of Disability

- Inadequate dietary intake
- Complications of pregnancy and child birth
- Malnutrition
- Inadequate maternal and child health care
- Unhygienic living conditions
- Biological disorders and genetic defects
- Disease, injury and accidents
- Accident prone environment
- Inadequate resources and poverty
- Lack of appropriate referral system

Prevention of Childhood Disability

- Proper health care support system
- Adequate nutrition of mother during pregnancy
- Intake of adequate micronutrients i.e. iron, iodine and Vitamin A
- Appropriate infant feeding practices
- Complete immunization of a child at the right time
- Provision of safe drinking water and safe environment
- Avoidance of accidents/injuries during and after birth
- Access to information for genetic counselling

Types of Disability

Physical and locomotor disability

Loss or lack of normal ability of an individual associated with moving both himself and objects from place to place. It can occur due to paralysis of a limb or body; amputation, dysfunction of joints of the limb and deformity in the body.



Visual disability

Loss or lack of ability to execute tasks requiring adequate visual acuity. Persons who do not have light perception from both eyes and also those who have light perception but can not correctly count fingers of a hand from a distance of 10 feet in good day light.



Communication disability – Inability to hear or Speech defects

Hearing disability is inability to hear, which can be classified as:

- cannot hear at all (not hearing loud sounds).
- Profound hearing disability (hearing only loud sounds);
- Severe hearing disability (hearing if speaker is in front); &
- Moderate hearing disability (usually ask to or feel difficulty in telephonic conversation or in hearing).
- Speech defects include inability to speak or voice defects.



Mental disability

A condition of incomplete development of mind of a person which is specially characterized by sub-normality of intelligence Learning Disorders (Above 3 years)

- Some children may find difficulty in reading, writing, learning spellings and doing sums despite constant academic inputs.
- It is difficult for an AWW to observe/ assess Learning Disorders among children, as they do not read or write in AWC as they do in formal school settings. If a child is not able to learn rhymes/ alphabets like other children of his age, the child should be referred to hospital.

Early Disability Detection Checklist

Disability affects the child's developmental process. AWWs/Village Health Functionaries/Care givers should refer the children with the following signs to PHC/hospital immediately so as to prevent any impairment:

By 3 months

- Unable to lift head or push up on arms
- Pushing back with head
- Finding difficult to move out of position



By 6 months

- Unable to lift head
- Poor head control
- Rounded back
- Stiff arms
- Arms held back
- Difficult to get arms forward
- Stiff, crossed legs



By 8 months

- Rounded back
- Poor use of arms for play
- Stiff legs and pointed toes
- Poor ability to lift head and back
- Does not take weight on legs

By 12 months

- Cannot crawl on hands and knees
- Uses only one side of body to move



By 18 months

- Excessive tip-toeing while walking
- One leg may be stiff
- Holds arm stiffly and bent
- Sits with weight to one side
- Uses predominately one hand for play

By 24 months

- Does not understand simple words/sentences
- Cannot tiptoe and walk on heels
- Unable to take off simple clothes
- Does not play with children

By 36 months

- Does not walk backward
- Cannot speak small sentences
- Does not follow simple instructions
- Unable to bathe or dress by himself

By 60 months

- Cannot walk with one leg
- Does not play throw ball
- No interaction with parents/peers.
- Unable to follow instructions



3.11 Medicine Kit and Treatment of Common Childhood Diseases and Ailments & First Aid for Injuries

- An AWW is provided with a Medicine Kit for treating common ailments of children and for providing first aid in case of injuries and accidents.
- The cost of each Medicine Kit is Rs.600/-.

Medicines in the Medicine Kit at AWC are:

- Paracetamol Tablets
- Paracetamol Syrup
- Mebendazole Tablets
- Benzyl Benzoate (For Application)
- Chloramphenicol Eye Ointment
- Sulphacetamide Sodium Eye Drops
- Gentian Violet
- Povidine Iodine Ointment; and
- Absorbent Cotton Roll & Cotton Bandage



A. Treatment of Common Ailments of Children

Common Ailment	Symptoms	Medicine in the Kit		Treatment	Prevention
		Name	Dosage Form & Specification		
1. Cough & Cold	Running nose, sneezing, sore throat and cough	–	–	● Home Treatment ● If the child has fever, treat according to the treatment suggested for fever ● A child with harsh and persistent cough requires immediate referral.	● Keep the child warm and let him rest ● Encourage the child to eat normally and breastfeed him frequently.
2. Fever	Body temperature more than 37°C/ 98.4°F Body is too hot	Paracetamol	Tablets packed in a white Jar Syrup in a white bottle of 550 ml.	● Dosage – Children 2 months–3 years -1/4 tablet of Paracetamol (4 times a day) – Children 3-6 years-1/2 tablet (4 times a day) – Adults – 1 Tablet (4 times a day) (Do not give medicine empty stomach) Advice to the Mother – Cold water sponge if temperature is high along with medicine – Do not wrap the child in warm clothing – Make child drink lot of water and other liquids – Infants below 2 months with 100°F may be referred to the hospital – If the child is not relieved of fever after two days by the above treatment or fever is high, refer the child to PHC	

Common Ailment	Symptoms	Medicine in the Kit		Treatment	Prevention
		Name	Dosage Form & Specification		
3. Worm Infestation	● Stomach ache ● Anaemia	Mebendazole	Tablets	● For children above two years and adults – One tablet to be taken with water twice daily for 3 consecutive days	● Personal hygiene, environmental sanitation, sewage and waste disposal ● Root vegetables as carrot, radish etc. should be thoroughly washed before eating. ● Drinking water should be clean and chlorinated if possible. ● Wash hands before eating after play and defecation. ● Stools should be disposed away from houses and should be covered with mud ● People should not walk barefoot in place used for defecation
4. Eye Infection	Sore eyes, redness, burning sensation, watering and at times pus in one or both eyes.	Chloramphenicol Eye Ointment Sulphacetamide Sodium Eye Drops	Ointment in a white coloured tube Eye drops packed in amber vial with the help of rubber plug plus eye dropper	● Wash the eyes gently with boiled cooled water with pinch of salt. ● Pull down the eyelid and put 2-3 drops of Sulphacetamide Eye Drops (Repeat 3 times a day) ● If rash or itching starts on face, refer to the nearest medical facility.	● Proper hygiene including regular washing of face ● It spreads from one person to another, so do not let a child to play with other children ● Use separate towel, handkerchief ● Wash hands after touching the sore eyes.

Common Ailment	Symptoms	Medicine in the Kit		Treatment	Prevention
		Name	Dosage Form & Specification		
5. Ear ache	Blockage in the ear may cause pain accompanied by discharge	Sulphacetamide Sodium Eye / Ear Drops	Eye/ear drops packed in amber vial with the help of rubber plug plus eye/ear dropper	● If there is discharge, wipe it away with cotton wool. ● Tilt the head to opposite side, pull gently on ear and apply a few drops of sulphacetamide eye-ear drops ● Give Paracetamol if there is pain ● Refer the child to PHC if he has fever.	● Do not put match stick/wick in the ear for cleaning ● Do not put oil or any other medicine without advice of the doctor in the ear.
6. Scabies	Severe itching, tiny blisters or cracks in the skin especially between the fingers	Benzyl Benzoate Lotion	Solution packed in amber glass bottle (only for External Application)	● Bathe with soap and water using a brush to open all the blisters ● While skin is slightly wet, apply Benzyl Benzoate Lotion over the whole body, except head and neck ● Allow to dry partly and apply second layer of Benzyl Benzoate ● Leave the lotion on body for 24 hours. Bathe thoroughly and put on clean clothing ● Repeat for three days and after 3 days clothing and bedding should be washed and sundried Home Treatment ● Boil neem leaves with little water ● Grind neem leaves with turmeric powder to form thick paste and apply all over the body after taking bath ● Apply for 3 days ● On the third day wash all clothes and bedding and dry in hot sun	● Maintain personal hygiene and cleanliness ● Bath and change clothes daily ● Prevent children from playing in dirty and muddy surrounding ● It can easily spread from one person to another. Care should be taken to keep oneself away from persons with scabies.

Common Ailment	Symptoms	Medicine in the Kit		Treatment	Prevention
		Name	Dosage Form & Specification		
7. Cuts & Wounds		Povidine Iodine Ointment (wet wounds) Gention Violet (dry wound)	Ointment packed in tube only for external application Lotion in blue colour bottle	● Wash the wound with antiseptic solution or clean water ● On dry wound apply 2 per cent solution of Gention Violet ● On wet wound apply Povidine Ointment ● To prevent wound from getting dirty, cover with bandage lightly ● Advise the patient to get an injection of Tetanus. ● If bleeding profusely, apply direct pressure on wound to stop bleeding and refer to nearest health facility.	
8. Boils and Abscess	Small collection of pus under the skin, causes pain and the skin around it becomes red and hot and may get fever	Gention Violet (dry wound)	Lotion in blue colour bottle	● Apply hot fomentation and let the boil break ● Allow the pus to drain out ● Clean the area gently and apply Gention Violet ● Give Paracetamol as per the recommended dose for fever ● Ask the child to drink lot of water ● If not relieved in 3 days, refer to nearest health facility	Maintain personal and environmental sanitation.

B. First Aid for Injuries & Accidents

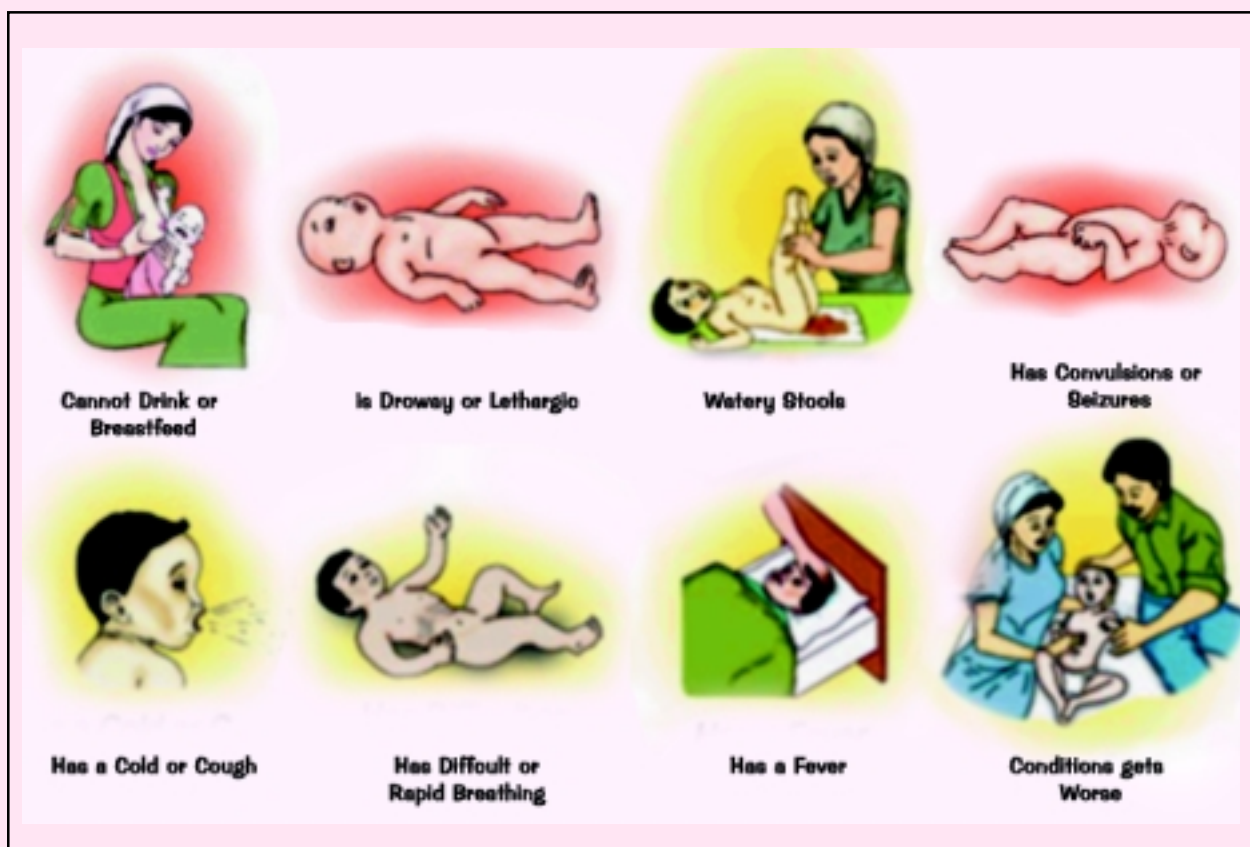
Injury / Accident	First Aid	Prevention
1. Burns and Scalds (from fire, stoves, cooking pots, hot foods, boiling water, steam)	● Use plenty of cold water to cool the burned area ● Use antibiotic/cream/oily substance to soothe the burned area ● Keep the burned area clean and protect with a loose bandage ● If the child's clothing catch fire, quickly wrap the child in blanket or clothing or roll her/him on the ground ● The child should be taken to health facility, if blisters begin to form	● Keep children away from fire, matches, candles, lighters, cooking stoves and lamps ● Keep all hot cooking pots away from the reach of children.
2. Electric shock (from electrical appliances, sockets & switches)	● Turn off the power before touching the child ● If the child is unconscious, keep him warm and get medical help immediately	● Electric wires should be kept out of reach of children ● Keep children away from electrical appliances
3. Bruises, broken bones and serious head falls (fall from cots/window/tables/stairs)	● Limit movement of the head and back & avoid twisting of spine ● If the child is unable to move or is in extreme pain after fall, he may have broken bones. Do not move the injured area, instead provide support and get medical help immediately	● Balconies, roofs, windows and play areas should be made secure to protect children from falling ● Discourage children from climbing on to unsafe places
4. Cuts and wounds (due to knives, scissors, sharp or pointed objects and broken glass)	● For a minor cut, wash the wound with clean (boiled & cooled) water. Dry the skin around the wound and cover it with a clean cloth or bandage ● If the child is bleeding heavily from the wound, raise the injured area and press firmly until bleeding stops. If a piece of glass or other object is sticking around the wound, do not remove it as it may worsen the injury and take the child to health facility. ● Mother may be advised not to put any plant or animal matter on the wound to avoid infection ● Take the child to health centre to get medical help immediately and get a tetanus toxoid injection	● Sharp or pointed objects like knives, scissors or broken glass should be kept out of reach of children, ● Household refuse, including broken bottles and old cans should be disposed off safely.

Injury / Accident	First Aid	Prevention
5. Choking (by small objects like buttons, beads, coins, seeds and nuts)	● If an infant or child has put some small object in the mouth and is coughing, do not interfere, let the child try to cough up the object. If the child is unable to release the object, try to remove it quickly from child's mouth and take the child to the nearest health facility immediately.	● Playing and sleeping areas should be kept free from small objects such as buttons, beads, coins, seeds & nuts as children like to put things in their mouth ● Children should always be supervised during meals ● Very small children should not be given peanuts, hard sweets or food with small bones or seeds
6. Poisons (Poisons, medicines, chemicals such as acid and kerosene etc.)	● If a child has swallowed poison, do not try to make the child vomit and take him/her immediately to health worker/hospital. ● The sample of poison or medicine or container may be carried along to show to the health professional. ● Keep the child as still and quiet as possible.	● All medicines, bleach, acid and kerosene should be stored in original containers and should be kept out of reach with clear markings and tightly sealed. ● Over use or misuse of antibiotics can cause deafness in small children. Medication should only be used as prescribed by the health personnel
7. Drowning	● Remove water from child body as early as possible ● If the child has breathing difficulty, hold the child's nostril closed and blow in to the mouth. Blow hard enough to make the child's chest rise, count to three and blow again and continue until the child begins breathing.	● All wells, tubs and buckets should be kept covered. ● Children should never be left alone when they are in or near water.
8. Road Accidents	● If a child who is unable to move or is in extreme pain, he may have broken bones. Do not move the injured area. Steady and support it and get medical help immediately. ● If the child is unconscious, keep her or him warm and get medical help immediately	● Children should not play near the road ● Children should be taught to walk on the side of the road facing traffic ● While crossing the road, children should be accompanied by elders.

3.12 Integrated Management of Neonatal & Childhood Illness (IMNCI)

3.12.1 IMNCI Strategy

- Every year a large number of children die due to diseases which if prevented at the right time would have saved the lives of these children.
- The major causes of death among children below five years are Pneumonia, Diarrhoea, Measles, Typhoid, etc.
- Widespread undernutrition, low birth weight, anaemia and worm infestation, although, are not one of the major causes of illnesses, but are important conditions which contribute towards these illnesses.
- Frequently, among children, it is not one disease but a combination of a few diseases which are responsible for their untimely death. Therefore, while treating sick children, it is important to look beyond a single disease and address the overall health of the child in an integrated manner.
- WHO has developed a strategy for Integrated Management of Neonatal & Childhood Illness (IMNCI) which aims to reduce morbidity and mortality and contributes towards improved growth and development of children.



3.12.2 How can an AWW adapt an IMNCI Strategy in ICDS?

- At present AWW is treating sick children with single diagnosis approach i.e. treating one illness at a time.
- Integrated approach means treating more than one illnesses at a time. For this, whenever a sick child is brought to an Anganwadi, he/she should always be checked for symptoms of common diseases prevalent among children like ARI, Diarrhoea, Undernutrition, Anaemia, Fever and other ailments irrespective of the fact whether the child has symptoms of all these diseases or not.
- Steps involved in treating a sick child following an integrated approach are as given below:
 1. Assessment
 2. Classification of Illness
 3. Treatment
 - Referral
 - Medicine
 - Home Treatment
 4. Advising Mothers
 - Feeding Advice
 - Fluid Intake Advice
 - When to return immediately
 5. Follow-up Visit
- An AWW is to maintain a Register to keep the record of sick children at the AWC. A sample of Record Sheet is at Page160.
- An AWW is to only circle the relevant signs, illnesses & treatment on the Record Sheet. She need not write anything.
- On a single Record Sheet of the Register, an AWW can keep the record of Assessment, Classification of Illness, Treatment, Advice given to a mother and Follow-up of a sick child. One Record Sheet is to be used for one child.



Instructions for Filling up a Record Sheet

1. On a Record Sheet enter the name, weight, age and temperature of the sick child.
2. Do the complete **Assessment** of the sick child by asking questions or by observations. Steps for assessment are given at Table (Page No. 159).
3. Circle the 'signs' told or observed of the Illness in the column '**Signs**' of the Record Sheet.
4. Under the 'Classification Column' circle the **Illness Classified** against the signs circled.
5. Under the '**Treatment**' column circle the **treatment** given for the illness. This can be 'Referral' or 'giving medicine' or 'Home Treatment'.
6. Prepare the '**Referral Slip**' for a child who is to be referred to PHC or hospital and give necessary instructions to the mother.
7. **Advise** the mother for giving food or fluids to a child and tell her **when-to-return immediately**.
8. Fill up the date column for **Follow-up Visit**.
9. During Follow-up Visit, again assess the child and give treatment.



When to Return Immediately

- Child can not drink
- Child can not drink mother's milk
- Child is lethargic or unconscious
- Difficulty in breathing
- Breathing is rapid
- Chest Indrawing
- Blood in the stool
- Child vomits on drinking

Follow-up Visit

Child's Condition	Time of Follow-up
Pneumonia	2 Days
Diarrhoea	2 Days
Feeding Problems	5 Days
Anaemia	2 Weeks

Record Sheet of Sick Child

S.No.	Date	Name of the Child	Age	Sex	Weight	Temperature
			mths.	Male/Female	Gram	°F
Illnesses	Symptoms	Classification	Treatment			
			Referral	Medicine	Advice to Mother	
Danger Signs	● Lethargic or unconscious ● Unable to drink	Very serious illness	Refer Hospital	—	—	
Cough or Respiratory Infection	Chest Indrawing	Severe Pneumonia	Refer Hospital	—	—	
	Fast Breathing	Pneumonia	—	Cotrimoxazole	● Home Treatment ● When to Return	
	One of the above symptoms	No Pneumonia only cough & cold	—	—	—	
Diarrhoea or Dysentery	Blood in the stool	—	—	—	—	
	Diarrhoea for more than 2 Weeks	—	—	—	—	
	Not able to drink or drinks poorly or Lethargic or very slow skin pinch	Severe Dehydration	Refer to Hospital	—	—	
	Drinks eagerly or Slow skin pinch	Some dehydration	—	Treat with ORS	Home Treatment	
	None of the above	No dehydration	—	—	Home Care	
Malnutrition or Anaemia	Visible severe wasting or Oedema in both feet or severe Pallor	Severe under nutrition or severe anaemia	Refer to Hospital	—	—	
	Very low weight for age or some pallor	Under nutrition or Anaemia	—	● Iron ● Mebendazole	● Feeding advice ● Home care	
	Not very low weight for age/No oedema - No pallor / No wasting	No under nutrition or Anaemia	—	—	● Feeding advice (if child is below 2 years of age) ● Home care	
Fever	High fever (2 month - 5 years)	High fever	—	Paracetamol (Refer if fever for more than one day)	—	
Other Ailments	Ailments	—	—	—	—	
Immunization Status						
BCG	DPT-I Polio-1	DPT-2 Polio-2	DPT-3 Polio-3	Vitamin A Measles		
					Complete immunisation	
Follow up Visit						
Time to return : 2 days / 5 days / 2 weeks Date						
Condition of the patient during follow up visit						
Further treatment / advice						
.....						

3.13 Personal Hygiene and Environmental Sanitation

More than half of all illnesses and deaths among children are caused by germs that get into the body through food, water or dirty hands. In order to remain healthy, we should maintain personal hygiene and keep our environment clean.

Personal Hygiene

- All family members including children need to wash hands with soap and water or ash and water after going to the toilet.
- Mud should not be used for washing hands as this itself can have germs of diseases. If the soap is not available, use fresh ash. Both hands need to be rubbed while washing.
- Children often put their hands into their mouth, so it is important to wash child's hands often, especially after they have been playing in dirt or with animals.
- Taking bath daily and changing clothes help to prevent illnesses.
- Do not spit inside the house and on the walls.
- Children living in areas where worms are common should be treated two or three times per year with a recommended deworming medicine.
- Latrines and Bathrooms should be cleaned frequently. Latrines should be kept covered and toilets should be flushed.



Food

- Hands must be washed before cooking or serving food as well as before and after eating food.
- All fruits and vegetables should be thoroughly washed before eating/cooking. As far as possible freshly prepared food should be eaten.
- Food should be kept covered to remain protected from flies and other insects.

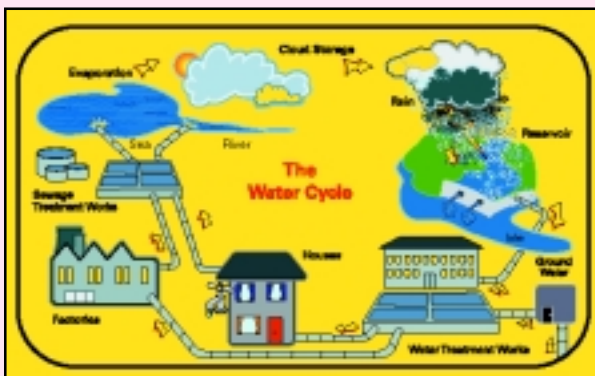
Water

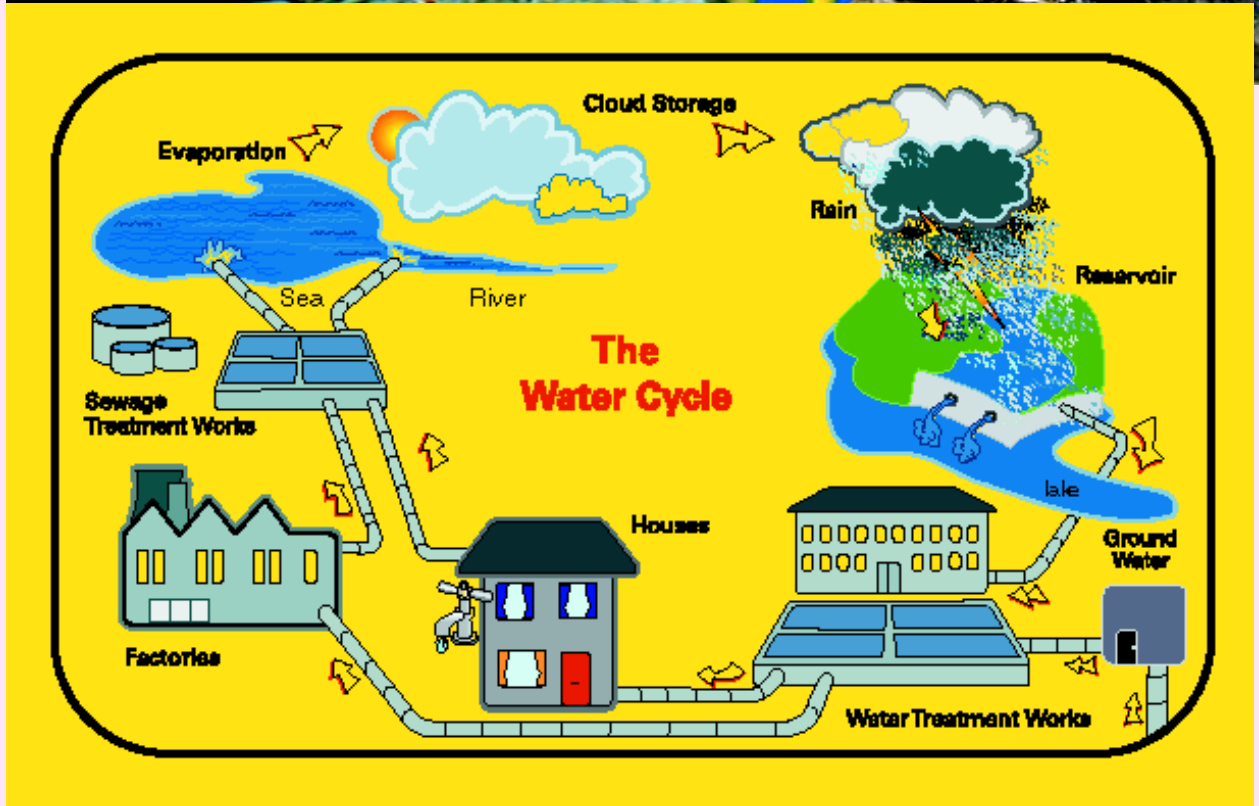
- Water from safe sources such as tap, tube wells, wells and springs should be used for household purpose.
- Water from unsafe sources such as ponds, rivers, open tanks and step-wells should be used after boiling.
- Water should be stored in a clean covered container and a cup or a laddle should be used for taking out water.
- Water supply in the village should be protected by:
 - Keeping wells covered
 - Installing hand pumps.
 - Building latrines at least 15 meters away and below the level of any water source.
 - Disposing of faeces and wastewater away from any source of water.
 - Keeping buckets, ropes and jars used for collection and storage of water clean.
 - Keeping animals away from sources of drinking water.
 - Avoiding use of pesticides or chemicals near any water source.



Environmental Sanitation

- Home and surroundings should be kept clean.
- Garbage should be collected in a closed container and buried every day.
- All faeces – both human and animal should be disposed of safely.
- Construction and use of sanitary latrines should be encouraged. It should be constructed away from source of water.
- If it is not possible to use sanitary latrines, people should defecate far from houses, drinking water and place where children play. The faeces should be buried immediately or covered with mud if defecated in open areas.
- Wastewater should be drained away to soakage pits in the absence of drains.
- Cattle should be kept away from the place where people live.
- The use of smokeless chulhas should be encouraged.





Information, Education and Communication



PART 4

Information, Education and Communication

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4.1 Information, Education & Communication (IEC) in ICDS Programme

IEC Guidelines 2000

- IEC in ICDS programme is in the form of Instructions and Guidelines issued by the Department of Women & Child Development, Government of India.
- As per Guidelines issued in 2000, IEC and Community Mobilization aims at sustainable behaviour and attitudinal change of the society for holistic development of the child.
- The major objectives of IEC Guidelines are to create awareness and build up image of ICDS programme; stimulate demand for ICDS services; affect and sustain behavioural and attitudinal changes in child rearing, nutrition and health care practices; and elicit sustained community participation.
- As per IEC Guidelines, principles of social marketing may be followed to formulate need-based, area-specific and target-oriented IEC strategy.
- Some of the **IEC activities** suggested in the Guidelines are home visits, small group meetings, village level camps, project and district level seminars/meetings, nutrition and health education sessions with mothers groups, use of slides, flash cards, flip charts, and use of folk media and electronic media etc.
- The State Governments/UT Admn. are to formulate suitable **IEC strategy** and Implementation Plan as per the instructions given by the Department of Women & Child Development, Government of India.

Information means telling something to an individual about a person or a thing or a subject.

Education is a gradual process of learning through which a person gains knowledge and understanding of a subject.

Communication is a two way process of giving information or sharing ideas between two or more than two persons.



4.2 Communication : Definition, Concept and Process

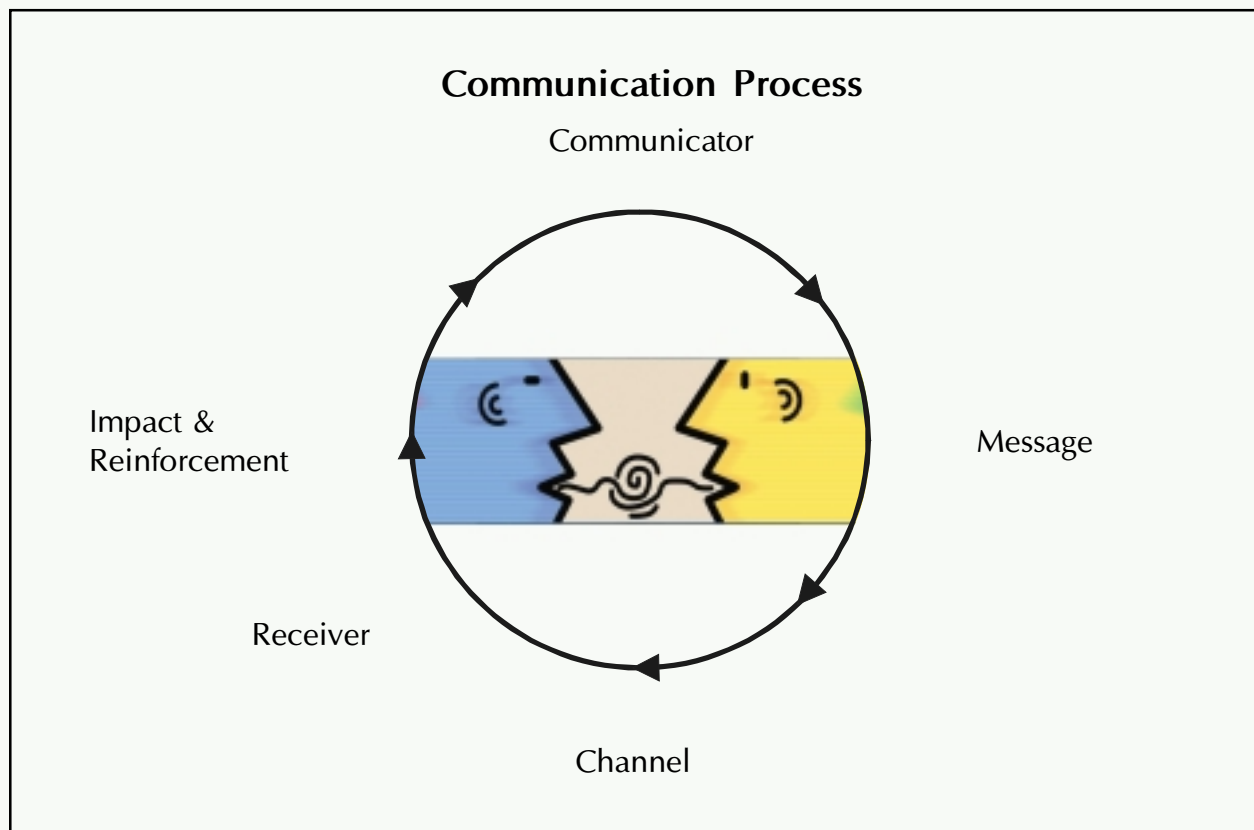
Communication is a two way process of sharing and transmitting ideas, information and messages between two or more individuals.

Elements of Communication

1. Communicator
2. Message
3. Medium
4. Receiver
5. Impact

Communication is an interactive process of 5 elements which ensures:

- ☞ Who?
- ☞ Says What?
- ☞ In What Channel?
- ☞ To whom?
- ☞ With what effect?



4.3 Communication Functions & Barriers

Functions of Communication

- ☞ Sharing of Information and Ideas
- ☞ Increasing Knowledge
- ☞ Influencing People for Change in Attitudes and Beliefs
- ☞ Bringing about Behavioural Change
- ☞ Persuasion & Negotiation
- ☞ Motivation
- ☞ Counseling
- ☞ Giving Instructions
- ☞ Reaching a Decision
- ☞ Building Human Relationship
- ☞ Entertainment

Communication Barrier

Communication becomes ineffective due to many hurdles called '**Barriers of Communication**'. A good communicator should be aware of the following Communication Barriers and should try to overcome them to avoid problems

- Poor planning
- Inadequate knowledge
- Too much or too less information
- Unaware of knowledge, attitude and practices of community
- Failure to understand cultural differences
- Poor communication skills of communicator
- Poor presentation
- Selection of inappropriate channels & medium
- Selection of messages contradicting existing beliefs and practices.
- Inadequate communication material
- Inappropriate language
- Various forms of external noise
- Insufficient feedback
- Technical errors

4.4 Communication Channels, Media and Techniques

- A variety of Channels, Media and Techniques can be used for communicating messages at the community level.

Communication Channels, Media And Techniques

Mass Communication	Group Communication	Interpersonal Communication
<u>Electronic Media</u> Films; Film Quickies; Video Tapes; Video Quickies; Radio Programmes; Radio Spots; Audio Tapes; TV Programme; TV Quickies / Spot, Slides etc. <u>Print Media</u> Books; Booklets; Folders and Leaflets; Handbills; Letters; Newspapers, Advertisements, Press release; Posters, Kiosks; Photographs; Hoardings; Magazines; Newsletters; Journals. <u>Folk & Traditional Media</u> Song; Dance; Drama; Kirtan/ Bhajan; Puppet Show; Nagada, Wall Writing etc. <u>Alternate Media</u> Street Play; Nukkad Natak, Nautanki; etc. <u>Multi-media Campaigns</u> Publicity Campaigns / Awareness Campaigns; Exhibitions	Lecture; Group Meetings; Demonstration; Camps; Field Visit; Role Play Flip Book, Flannel Graph, Flash Cards, Charts, Bulletin Board	• Home visits • Counselling • Negotiation • Motivation & Persuasion

Channels of Communication

Channel is a means of carrying information or a message from the communicator to the target audience

- Channels of communication can be classified as:
 - **Mass Communication Channel**
Means of communicating messages to a large group of people or masses.
 - **Group Communication Channel**
Means of communicating messages to a small group of people simultaneously and not to an individual
 - **Interpersonal Communication Channel**
Means of communicating messages to an individual face to face.

Points to remember while selecting a Channel

- Availability
- Purpose and suitability
- Type of audience
- Type of messages
- Preference of audience
- Communication skills of communicator
- Cost effectiveness

- Each Communication channel has its own advantages and disadvantages.
- **Mass Communication** is mainly used for creating awareness and transferring knowledge.
- **Group Communication** is used for reaching out to selected or smaller group of people for motivating and influencing them.
- **Interpersonal Communication** helps in changing attitudes and practices, and bringing about behavioural change. It enhances effectiveness of mass & group communication, provides personal reinforcement, is resource effective, and is well accepted in rural and tribal areas.



Media

Media is an agency through which communication takes place

Media of communication are –

- | | |
|------------------------------|---|
| → Electronic Media | → Print Media |
| → Folk and Traditional Media | → Alternate Media (Nukkad Natak, Street Play, etc.) |



Points to remember while selecting a Media

- Educational level of target audience.
- Media habits of target audience.
- Electronic media can have a better reach among a particular section of society and can be used for creating awareness and reinforcement of messages.
- Print Media has limited use in areas with low literacy levels.
- Folk and traditional media is more popular in rural and tribal areas.
- Media-mix approach or use of various media forms at the same time is more effective.

4.5 Social Messages and Communication Material

Message is what is transmitted in the communication process and message content is related to the behaviour that needs to be changed or encouraged

Social Messages

- Messages related to social issues are called social messages.
- Messages should be transmitted in the local language, in appropriate tone and at the appropriate time.
- Messages should always be pre tested.

Characteristics of an Effective Message

- Message should be useful and comprehensive
- Message should be precise and clear.
- Message should be correct and complete.
- Message should be relevant and interesting.
- Message should motivate and lead to behaviour change.
- Message should reach the person through all five senses.
- Message should be as per the existing social norms and should not contradict prevalent beliefs and practices.
- Message should be as per the felt needs of the community.
- Message should be to improve the knowledge and skills of audience.
- Message should be specific and scientific
- Message should be seeking attention, persuasive and convincing.
- Different messages are required for different target groups.
- Too many messages should not be given at the same time.



Essential Facts for Life Messages

- Health of both women and children can be significantly improved when births are spaced at least two years apart, when pregnancy is avoided before age 18 and after age 35, and when a woman has no more than four pregnancies in total.
- All pregnant women should visit a health worker for prenatal care, and all births should be assisted by a skilled birth attendant.
- All pregnant women and their families need to know the warning signs and problems during pregnancy, and have plans for obtaining immediate skilled help if problems arise.
- Children learn from the moment of birth. They grow and learn fastest when they receive attention, affection and stimulation, in addition to good nutrition and proper health care.
- Encouraging children to observe and to express themselves, to play and explore, helps them learn and develop socially, physically and intellectually.
- Breast milk alone is the only food and drink an infant needs for the first six months. After six months, infants need other foods in addition to breast milk.
- Poor nutrition during the mother's pregnancy or during the child's first two years can slow a child's mental and physical development for life.
- All children should be weighed every month. If a young child does not gain weight over a two-month period, something is wrong.
- Immunise children during the first year of life to protect against diseases that can cause poor growth, disability or death.
- Every woman of childbearing age needs to be protected against tetanus.
- A child with diarrhoea needs to drink plenty of right liquids – breast milk, fruit juice or oral rehydration salts (ORS). If the stools contain blood or are frequent and watery, the child is in danger and should be taken to a health centre for immediate treatment.
- Most children with coughs or colds will get better on their own. But if a child with a cough is breathing rapidly or with difficulty, the child is in danger and needs to be taken to a health centre for immediate treatment.
- Many illnesses can be prevented by good hygiene practices – using clean toilet or latrines, washing hands with soap and water or ash and water after defecating and before handling food, using water from safe source, and keeping food and water clean and covered.

Source: Facts for Life, UNICEF, 2002.

Communication Material

- Use of Communication material / Aids help in better understanding of messages being communicated.
- Communication material should be of good quality and should be pre tested before its use.
- While preparing or procuring communication material remember that communication material should be:

- ☞ Attractive and appealing
- ☞ Clear and precise
- ☞ Pretested with correct messages
- ☞ Durable
- ☞ Easy to use
- ☞ Easy to carry and store
- ☞ Cost effective

Communication Materials

- Leaflets / Booklets / Pamphlets
- Posters
- Charts
- Flipbooks
- Flannel Graph
- Flash Cards
- Flip Charts
- Slides
- Film
- Radio and Drama Scripts
- Audio Tapes
- Puppets
- Folk Songs



4.6 Planning & Organizing a Communication Programme

Communication programme should always be planned and based on the needs of the target audience

Steps involved in organizing a communication programme are :

1. Identify 'Communication Needs' of the community i.e. the particular behaviour or habit which has to be changed with the support of media.
2. Prioritise community needs and decide subject / topic for communication.
3. Identify target audience and assess their knowledge, attitude and practices.
4. Define communication goal & objectives.
5. Give a name to a communication programme with specific logo.
6. Prepare 'Media Implementation Plan' for each day as per the format.

Format for Media Implementation Plan

Name of Activity	When	Where	Communicator	Target audience	Channel & Medium	Message	Communication Materials/Aids	Feed back
1	2	3	4	5	6	7	8	9

7. Identify suitable channels, media and techniques for communication
8. Develop suitable social messages and materials / aids
9. Procure or prepare communication material
10. Train communicators
11. Prepare budget and ensure its availability
12. Decide duration, place and time for organising communication activities.
13. Implement the programme, assess the impact and reinforce the messages, if required.

4.7 Communication Skills of an AWW

- An AWW / field functionaries while communicating with mothers and community members should remember 5 Essentials. They should always –
 1. Ask
 2. Listen
 3. Praise
 4. Advise
 5. Confirm
- Communication skills of an effective communicator are:
 - Adequate knowledge
 - Command on the local language
 - Understanding of target audience
 - Creating participatory environment
 - Encouraging target audience to talk
 - Patience and capacity to listen
 - Speaking audibly in clear words with modulation in tone
 - Effective body language
 - Respect views of the audience
 - Skill of handling communication aids and equipment
 - Highlights salient points to sum up



Community Mobilization and Participation



PART 5

Community Mobilization and Participation

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5.1 Community Participation, Mobilization and Organization : Concept, Methodology and Techniques

An AWW is to educate, mobilize and organize the community so that they can participate in ICDS programme actively for the cause of child survival and development.

- ICDS is basically a community based programme and its success depends on active community participation.
- In ICDS, community participation is voluntary and democratic involvement of elders, local and religious leaders, institutions and organizations. It includes community action and decision - making in planning, implementation and monitoring of the programme which leads to self reliance, ownership and sustainability of the programme.



Community refers to a village or a group of villages with families inhabiting them, who are dependent on one another in their day to day transactions of mutual advantages.

Community Participation is active involvement of people in planning, implementing and monitoring of ICDS programme which is for their well-being. Community participation is not just utilization of services and being passive users.

Community Mobilization is the process of bringing together or empowering members of the community from various sectors to raise awareness on and demand for a particular development programme. It facilitates change and development taking into account the felt needs of the community and leads to community organization.

Community Organization is the process of organizing the community in such a way that they can identify and prioritize their needs and objectives, develop confidence and will to achieve them by finding resources through cooperative and collaborative attitude, practices and community participation.

Why Community Participation in ICDS Programme?

- Smooth functioning of ICDS programme
- Reach and increase in utilization of ICDS services
- Accountability for success or failure of the programme
- Reduce Government intervention
- Ownership of the programme
- Sustainability of ICDS programme



How can Community Participate in ICDS Programme?

- Providing building for AWC
- Bringing children to AWC
- Contributing food and fuel
- Providing old toys, materials to AWC
- Supporting ICDS Programme through cash and kind
- Arranging for safe drinking water
- Preparation and distribution of supplementary food
- Motivating parents to send children to AWC
- Helping AWW in identification of beneficiaries and delivery of services
- Organising meeting of AWW with local village leaders, Sarpanch and other influential persons
- Telling stories and songs and organizing group games for children
- Helping AWW in delivery of health, nutrition and education services
- Creating demand for ICDS programme
- Acting as a pressure group in smooth functioning of Anganwadi Centre
- Planning and implementing the programme



Role of Community in ICDS Programme

Community members have an important role to play in ICDS programme

Community Member	Major Role in ICDS
i) Gram Panchayat	Provide building, promote delivery of services and advocacy for ICDS
ii) Adolescent Girls	Assist AWW in delivery of services and help in maintaining cleanliness at AWC
iii) Mahila Mandal Pradhan	Encourage women to utilize ICDS services and participate in activities at AWC
iv) Primary School Teacher	Encourage community for sending their children to AWC
v) Traditional Birth Attendant	Link between community and AWW and informing AWW of birth of children in the village.
vi) Religious and Local Leaders	Mobilise and organise community to participate in ICDS programme
vii) Non - Governmental Organizations	Support services to run the programme effectively
vii) Village Women	Utilize ICDS services and influence other women for the same

Eliciting Community Participation

How to Elicit Community Participation?

1. Assess Community's needs
2. Build up rapport
3. Educate / mobilize / organize community
4. Involve Community in planning, implementation and monitoring the programme

Who can be Involved in Eliciting Community Participation?

Following members from the community may help in eliciting Community Participation:

- Panchayati Raj Members
- Sarpanch
- Religious & Local Leaders
- Mahila Mandal
- Youth Club Members
- Self Help Groups

Techniques of Eliciting Community Participation

1. Mother's meeting and Community meeting
2. Advocacy campaign
3. Street play, skit or drama
4. Use of folk media and folk songs
5. Balmela / exhibition / sports meet
6. Use of PLA techniques

Indicators of Community Participation

- Community brings and collects children from AWC
- Contributes materials for PSE activities
- Helps in cooking and serving food at AWC
- Supports in maintaining AWC
- Provides food during gap period / shortage
- Provides place for AWC and storage facilities
- Visits AWC and help in solving the problem of AWW

Points to Remember for Active Community Participation

- Know your community well & understand community's problems and their needs
- Be aware of existing beliefs and practices prevalent in the community
- Always listen to community members carefully
- Do not introduce new interventions that are contradictory to existing practices and beliefs.
- Try to analyse community dynamics and adjust in that situation
- Involve community in ICDS programme right from the beginning
- Give respect/importance to negative experience of the community, if any, and try to minimize the negative feeling not only by sharing but also by doing



5.2 How to Conduct a Survey in a Community

- Survey is a technique used for collecting information about the community and its members.
- An AWW should conduct a Survey in the village before starting the Anganwadi Centre so as to know her community and beneficiaries.
- During the Survey, information should be collected on a prescribed 'Proforma'. It is to be updated every month (Enclosed)
- The information collected during the Survey includes:
 - Total Population of the village
 - Population of ICDS beneficiaries
 - Number of ICDS beneficiaries as per services received
 - Nutritional grade of children
 - Children attending PSE
 - Births and deaths during the month
 - Any other information

Points to Remember

- Visit each household along with the Helper for conducting Survey as per the prescribed proforma
- Establish good rapport with the family members & listen to their views and problems.
- Additional information collected during the Survey should be recorded separately.
- Remember to take proformas and weighing scale while conducting survey
- Prepare '**Family Summary**' at the end of each month (Enclosed)
- Update the information collected during the Survey regularly as it is used to prepare Monthly Progress Report and filling up various records & registers



Proforma for Survey in a Village

INDIVIDUAL FAMILY RECORD

Line 1 : Serial No. of Family

Line 2 : House No.

Line 3 :- Marginal Farmer

- Landless Farmer

- Schedule Castes/Schedule Tribes

- IRD Target Family

- Monthly income of the Family does not Exceed Rs. 500

Line 4 : Date of Initial Survey

Line 5 : Dates of Quarterly updates

S. No.	Name of the family members	Relationship to head	Sex	Date of birth	Age	Pregnant or Lactating or child	Education	Nut. Grade	S.N. Eligible Yes/No	At Risk Yes/No.	Vital Events /Death with dates	Handicaps
1	2	3	4	5	6	7	8	9	10	11	12	13

FAMILY SUMMARY

Month Reported upto	Total Population	Total no. of Pregnant women	Total no. of Lactating mothers	Total no. of Children 0-6 Years			No. of Eligible for S.N.				Total 8+9+10+11	No. of at risk mothers	No. of at risk children	Live birth	Still Birth	Deaths			Total 17++18+19
				Below 6 month	6 month to 3 yrs.	3 yrs. to 6 yrs.	Pregnant Woman	Lactating Mother	Children 6 Months -3 Years	Children 3-6 years						0-1 yrs.	1-3 yrs.	3-6 yrs.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Management of an Anganwadi Centre



PART 6

Management of an Anganwadi Centre

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6.1 Leadership and Managerial Skills of AWWs

- An AWW being a community worker has to mobilise community members and work as a team with them to manage the service delivery at AWC. It is essential for her to possess qualities and skills of a good leader and a manager.
- An AWW with qualities of a good leader can transform the attitudes, beliefs, motives and confidence of the community members to a large extent and her managerial skills can help her to achieve the goals in stipulated time.
- An AWW requires leadership and managerial skills for:

- Decision making
- Conflict management
- Team building
- Coordination
- Effective communication



Qualities of a Leader & a Manager

- **Charisma** - Ability to influence and inspire people
 - **Knowledge** – Adequate knowledge of her environment in community and ICDS programme, and her role and job responsibilities.
 - **Self Confidence and Will Power** – Confidence to meet the challenges and expectations of the community.
 - **Sense of Responsibility** – Responsibilities to accomplish the tasks/goals of the programme.
 - **Enthusiasm** – Energetic display of enthusiasm and interest to sustain better quality of services.
 - **Intellectual Stimulation** – Identify, understand and solve problems
 - **Communicative** – Able to communicate with members of community effectively.
 - **Empathy** – Ability to look at things from others point of view.
 - **Human Relations** – Able to understand, adjust and work with people in a cooperative manner.
 - **Individual Attention** – Personal attention to each child/mother/community member; treating each person according to his/her needs, skills and abilities; and also advise, guide and support them.
 - **Willingness** – Willing to take action when time is short
 - **Motivating** – Encourage others specially when tasks are difficult, prolonged, and distasteful.
 - **Involvement** – Involve community members by sharing rewards and meeting their needs.
 - **Integrity** – Sacrifice self interests to accomplish what is best for the community.
 - **Self Learning** – Eager to learn new skills & techniques
- An AWW may develop above **qualities** so that she can be an effective leader and a manager



6.2 Maintenance of Records & Registers at Anganwadi Centre

- An AWW is to maintain records and registers for the services provided at AWC as per the Guidelines and Instructions of State Govt. /U.T. Admn.
- At Anganwadi Centre, Records and Registers help to:
 - i Assess reach and utilization of services
 - ii Identify services that need improvement
 - iii Access to data related to nutrition & health indicators of women and children
 - iv Facilitate supervision and training
 - v Assess self-performance
- Make available information and data for monitoring and evaluation

Register 1: Anganwadi Survey Register

The Register has two parts -

1. Individual Family Record
 2. Monthly Summary Record of All Families
- **Individual Family Record** includes data of all the families and their members living in the area covered by an anganwadi. AWW should complete the record during the baseline survey and update it from time to time.
 - **Monthly Summary Record of All Families** has information of all families in the area consolidated at the end of every month. Before filling up Monthly Summary Record of all Families, AWW should review and update the 'Individual Family Record'

Register 2 : Register of Services for Pregnant Women and Lactating Mothers

- This register is for keeping record of services given to pregnant women and lactating mothers. In the Register, information about pregnant women is given first and then about lactating mothers.
- In the register, record of supplementary nutrition provided, Iron & Folic acid tablets given, TT Immunization, Health check-up, and Date of delivery of pregnant women is recorded.
- Every month the record should be updated and maintained on a new page.

Points to Remember for filling up Register 2

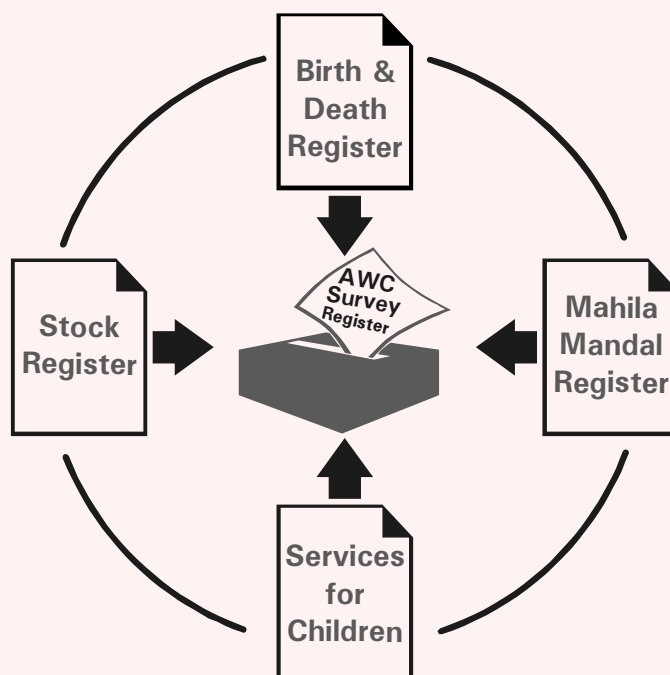
- When a pregnant woman delivers "live birth" baby, delete her name from the list of 'pregnant women' and add it to the list of 'lactating women'
- If the baby is "still born" her name should not be entered for Supplementary Nutrition given to lactating mothers.
- When a lactating mother's breastfed baby is six months old, delete the mother's name from the list and make sure the baby's name has been added to the Individual Family Record and the Register of Services for Children.

Register 3 : Register of Services for Children

- In this Register, record of Supplementary Nutrition and Preschool Education services provided to children is maintained.

Register 4 : Register of Immunization, Iron & Folic Acid and Vitamin A Supplementation

- This register is used for recording the immunization details of children under six years of age, Vitamin A drops, and also to record distribution of Iron and Folic acid tablets given to children. Information on Annual Summaries of distribution of the services is also maintained in this register.



Register 5 : Birth & Death Register

- This register is used for keeping record of total births and deaths in the area for children upto 6 years of age.

Register 6 : Anganwadi Food Stock Register

- Food Stock Register is a monthly food inventory report in which entries are made on all the feeding days when AWW takes out the day's ration for cooking or whenever she receives stock.

Register 7 : Medicine Distribution Register

- This register keeps the record of distribution of medicines by AWW to the beneficiaries.

Register 8 : Other Stock Register

- The Register is to be maintained for any equipment or material supplied by the State Government and the frequency of replenishment/replacement.

Register 9 : Mahila Mandal Register

- Plain/Printed Register is used for recording number of meetings organized and number of mothers attending the meeting. Information about area in which nutrition and health education is imparted by AWW is also recorded.

Register 10 : Miscellaneous Register

- Registers are also to be maintained for other services like Pradhan Mantri Gramodaya Yojana (PMGY)/ Kishori Shakti Yojana (KSY)/ Balika Samriddhi Yojana (BSY)/ Self Help Group (SHG) etc. AWW should maintain separate register for each programme to keep record of services provided.

Register 11 : Supervision-cum -Visitor's Book

- The Register is maintained at AWC for keeping record of comments and suggestions given by CDPOs / ACDPOs / Supervisor / LHV / ANM or visitors during their visit to AWC.

Register 12 : Daily Diary

- An AWW is to maintain daily diary to keep record of all the activities conducted & the work done by her during the day.
- Pre-printed format/plain note book is used for this register.

Register 13 : Growth Chart Register

- This is used for Growth Monitoring.

Register 14 : Mother & Child Card

- This card is filled up by AWW/ANM to keep record related to health & well being of mother and child.

Points to Remember
● Register should be filled up and updated daily after delivery of services, filling up all the columns. ● Information on some of the indicators like births, deaths etc. is to be updated every month. ● Individual Family Record should be filled up carefully, as accuracy of information of many of the other forms depend on this information. ● Records should be completed carefully as filling-up of Monthly Progress Report depends on the accuracy of the registers maintained at AWC. ● Pages of all the registers should be numbered. ● Unnecessary scratching/cutting/overwriting should be avoided. ● All registers should be covered properly and should be kept in a safe place. ● Seek guidance from concerned supervisor for any confusion in filling up any column.

6.3 Monthly Progress Report

- **Monthly Progress Report (MPR)** is an important tool used for monitoring the performance and progress of an AWC.
- Every month, an AWW has to report the progress of the work done at AWC on a prescribed format and send it to CDPO office by the 5th day of every month through the Supervisor.
- MPR is prepared on the basis of records and registers maintained at AWC.
- Every month, during the circle meeting, Supervisors discuss the MPRs with AWWs and do the same during the monthly meeting by CDPO.
- CDPO consolidates the information of all AWCs under the Project for further sending it to DPO, State Govt. and DWCD, GOI. The Progress Report is sent monthly, quarterly/ half yearly and annually.
- MPR Data is useful for taking timely corrective action; know the shortcomings and problems in the implementation of the programme; improve the delivery of various services; and know the performance gaps between the targets and the achievements.

Points to Remember

AWW should fill up MPR carefully keeping the following points in mind:

- Complete and update all records and registers at AWC regularly so that MPR can be filled-up quickly.
- Select relevant and specific information from the register for MPR.
- Ensure that duly filled in MPR has correct data.
- Always check the previous month's MPR while filling up the current MPR.
- Submit MPR to the concerned Supervisor on time and seek her guidance.
- Retain a copy of the MPR for follow up action.

6.4 Self Appraisal and Self Development of AWWs

- Self Appraisal/Assessment is a technique to assess one's own performance of work and enable us to:
 - Appraise performance
 - Improve work performance
 - Set goals and make action plan
 - Solve problems
 - Establish check points for timely completion of a task
 - Build confidence
 - Self development
- Self Appraisal can be done by listing one's **Strengths, Weakness / Limitations, Opportunities** and **Threats / Constraints**.
- **Self Development** is important for quality performance. For this one should:
 - Regularly update one's knowledge and skills
 - Attend training programmes from time to time
 - Develop a positive and healthy attitude of one's own capabilities, skills and limitations
 - Share experience with other grassroots level functionaries
 - Regularly interact with community for quality improvement
 - Experiment innovative, need-based activities in the community.



Points to Remember

- Build upon your **strengths** to improve capabilities
- Be aware of your **weaknesses** and make efforts to strengthen them in such a way that they become your strength.
- Be aware of the **opportunities** available and improve your quality of work.
- Be aware of **threats** so as to be cautious of the forthcoming problems and constraints and to find ways to overcome them at the right time.

An AWW should do Self Appraisal regularly and look for opportunities for Self Development

Suggested Checklist for AWWs for Self Appraisal & Development
(For Self Appraisal ✓ Appropriate Columns under Grades)

S. No.	Indicators	Grades			
		Very Good	Good	Poor	Very Poor
1.	Awareness of Role & Job Responsibilities				
2.	Knowledge about ICDS Programme and Services				
3.	Skills for Delivery of Services				
3.1	Supplementary Nutrition				
3.2	Growth Monitoring				
3.3	Health Care				
3.4	Preschool Education				
3.5	Nutrition & Health Education				
3.6	Referral Services				
3.7	Identification of Children with Disabilities				
3.8	Eliciting Community Participation				
4.	Reach and Utilization of Services of ICDS				
5.	Work Facilities & Environment				
5.1	Location of AWC				
5.2	Building of AWC				
5.3	Set up of AWC				
5.4	PSE Material				
5.5	Supplementary Food				
5.6	Medicines				
5.7	IEC Material				
5.8	Equipment				
5.9	Records & Registers				
6.	Attitude towards Work				
6.1	Willingness to work or perform duties				
6.2	Willingness to accept responsibility				
6.3	Desire to achieve goals & targets				
6.4	Accept criticism in a mature and healthy manner				

S. No.	Indicators	Grades			
		Very Good	Good	Poor	Very Poor
7.	Personal and Professional Qualities				
7.1	Communicate effectively with Helpers, Supervisors and CDPOs				
7.2	Communicate effectively with other health functionaries				
7.3	Display patience and self control during work				
7.4	Demonstrate consideration for other's viewpoints				
8.	Leadership and Performance Qualities				
8.1	Plan and organize work in a systematic manner				
8.2	Promptly carry out assigned tasks				
8.3	Take initiative when necessary				
8.4	Complete tasks on time				
8.5	Observe rules and instructions				
9.	Relationship				
9.1	Communicate effectively with community leaders				
9.2	Communicate effectively with mothers and other community members				
9.3	Aware of community needs & problems				
9.4	Ability to Solve Problems				
10.	Opportunities for Self Development				

Points to Remember
- Remember this checklist is just to improve your work performance - Be honest in filling up the Form - You do not have to share your Self Appraisal with Supervisor or CDPO - After the Self Appraisal, note the areas for improvement. These will be under poor or very poor and discuss the problems with your Supervisor - Be cautious of the problems in these areas and take necessary and timely action to resolve them - Build upon the areas under 'Good' or 'Very Good' to improve yourself - Make efforts or look for opportunities for Self Development



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