നം:ICDS.B2- 22304/16

സാമൂഹ്യ നീതി ഡയറക്ടറേറ്റ്(അനക്സ്)
സാമൂഹ്യക്ഷേമ ഭവൻ, പൂജപ്പുര,
തിരുവനന്തപുരം. തീയതി :17.3.2017

സാമൂഹ്യനീതി ഡയറക്ടർ,

എല്ലാ ജില്ലാപ്രോഗ്രാം ഓഫീസർമാർക്കും

സർ,

വിഷയം :- സാമൂഹ്യ നീതി വകുപ്പ് - ICDS - നാഷണൽ ഇ.സി.സി.ഇ. പോളിസി - ഗൈഡ്ലൈൻസ്-സംബന്ധിച്ച്.

സൂചന :- 1. Go.Lr. No. -B1/468/2016 SJD തീയതി : 20.12.2016
2. Gov. Lr. No.-6-3/2009/ECCE

സൂചന ശ്രദ്ധിച്ചാലും. 2013 ലെ നാഷണൽ ഇ.സി.സി.ഇ. പോളിസിയിൽ ECCE സാർവ്വത്രികമാക്കാനും പ്രത്യേക ആവശ്യങ്ങളുള്ള കുട്ടികളെ ഉൾക്കൊള്ളിക്കുന്നതിന് 'adaptive strategies ' ഉറപ്പാക്കിക്കൊണ്ട് ECCE ശക്തിപ്പെടുത്തുന്നതിനും ഉദ്ദേശിക്കുന്നു. ടി പോളിസി പ്രകാരം കുട്ടികളിലെ delayed disabilities നേരത്തേതിരിച്ചറിഞ്ഞ് അവരെ ECCE പ്രവർത്തനങ്ങളിൽ പങ്കാളിയാക്കുന്നതിന് പ്രധാന്യം നൽകുന്നു.

പ്രത്യേക ആവശ്യങ്ങളുള്ള കുട്ടികളെ പൊതുധാരയിലേക്ക് കൊണ്ടുവരുന്നതിനുള്ള പ്രവർത്തനങ്ങളുടെ ഒരു മാർഗ്ഗ രേഖ (operational guidelines), 0-3 years വിഭാഗത്തിലുള്ള കുട്ടികളുടെ ECCED നടത്തുന്നതിനുള്ള operational guidelines എന്നിവ അയച്ചു തന്നിരിക്കുന്നു. ജില്ലാതല പ്രോഗ്രാം ഓഫീസർമാർ ടി ഗൈഡ്ലൈൻസിനുമേലുള്ള നിങ്ങളുടെ അഭിപ്രായം രേഖപ്പെടുത്തിയ റിപ്പോർട്ട് ഒരാഴ്ചയ്ക്കകം ഈ കാര്യാലയത്തിൽ ലഭ്യമാകേണ്ടതാണ്.

വിശ്വസ്തതയോടെ,

സാമൂഹ്യനീതി ഡയറക്ടർ

ഉള്ളടക്കം : സൂചന (1) പ്രകാരമുള്ള ഗൈഡ്ലൈൻസ്

TSS/March 25, 2017

Operational Directive for Integrating Children with Special Needs in the everyday Pre-School Education Activities at AWCs

The ***National Early Childhood Care and Education (ECCE) Policy 2013*** envisions to universalize and reinforce ECCE along with ensuring adaptive strategies for inclusion of all children with specific attention to vulnerable children. The policy also focusses on undertaking measures for early detection and interventions with appropriate adaptation and referrals where necessary, for children at risk of developmental delay and disabilities. The policy aims to form appropriate linkages with concerned programmes/ sectors to facilitate participation of children with special need in the ECCE programmes.

'Inclusion in the early years' implies that children with disabilities should have access to mainstream early learning environments which should accommodate them with a child centered pedagogy capable of meeting their individual needs (Singh, 2005). According to the World Health Organization (WHO), "Disabilities is an umbrella term, covering *impairments*, *activity limitations*, and *participation restrictions*. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations."

Disability hence is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers (WHO. 2016). Broadly, disabilities can be categorized into:

(a) **Sensory disability**

Sensory disabilities arise when a child is unable to successfully perform due to impairment to the sensory organs. Visual impairment and hearing impairment specifically have considerable implications for teaching-learning; since we rely significantly on both these senses for our learning.

(b) **Physical/Motor disability**

Physical disabilities arise when a child is unable to participate due to impairment of the physical organs affecting mobility, movement, and/ or dexterity. For instance, cerebral palsy is a physical disability that significantly impairs physical movement and functioning.

(c) **Cognitive, Intellectual disability**

Specific disabilities, such as Autism, intellectual impairments and learning disorders are primarily associated with the working of the brain and/or how brain processes the information received, which are addressed under cognitive and intellectual disabilities. *Intellectual disabilities* that affect learning and overall development are experienced when mental functioning of the brain is affected such that the daily living skills such as communicating, taking care of self and social skills are at a level much below average for a given age. Although some children with intellectual disability tend to catch up (depending on the extent of disability), it takes them longer than the regular, typically growing and developing child, and hence require greater attention and time in learning the same tasks (NCERT, 2014).

Developmental delays denote delays in attaining age appropriate developmental milestones in growing up, which could be an indication of a disability. Thus identifying developmental delays early can help in early detection of disability enabling timely treatment or intervention to plug the developmental gap and ensure holistic development of the child.

Inclusion is a key strategy in ensuring that children with disability or developmental delays are integrated in to mainstream education, and as adults become financially productive and independent individuals. The basic premise of inclusive education *is to 'treat children equally rather than segregated based on their individual, educational, social, emotional or physical impairments.'*

The National Curriculum Framework on ECCE as issued by MWCD on 3.02.2014emphasizes on adoption of '*inclusion*' in letter and spirit. However, there are very few special education early learning centres available (particularly in rural India) in our country. Integrated Child Development Services (ICDS) remains the oldest and largest provider of ECCE for children below 6 years of age through their network of over 14 lakh Anganwadi Centres (AWCs). It is therefore imperative to take advantage of ICDS' reach to ensure inclusion of special needs children right at the pre-school level to enable mainstreaming of children with special needs. Also, ICDS functionaries need to be sensitized and responsive to the special needs of children, including training of ECCE teachers, AWWs, and caregivers in identification of needs of the children, use of age appropriate play and learning materials, making adaptations in the physical environment and counseling of parents.

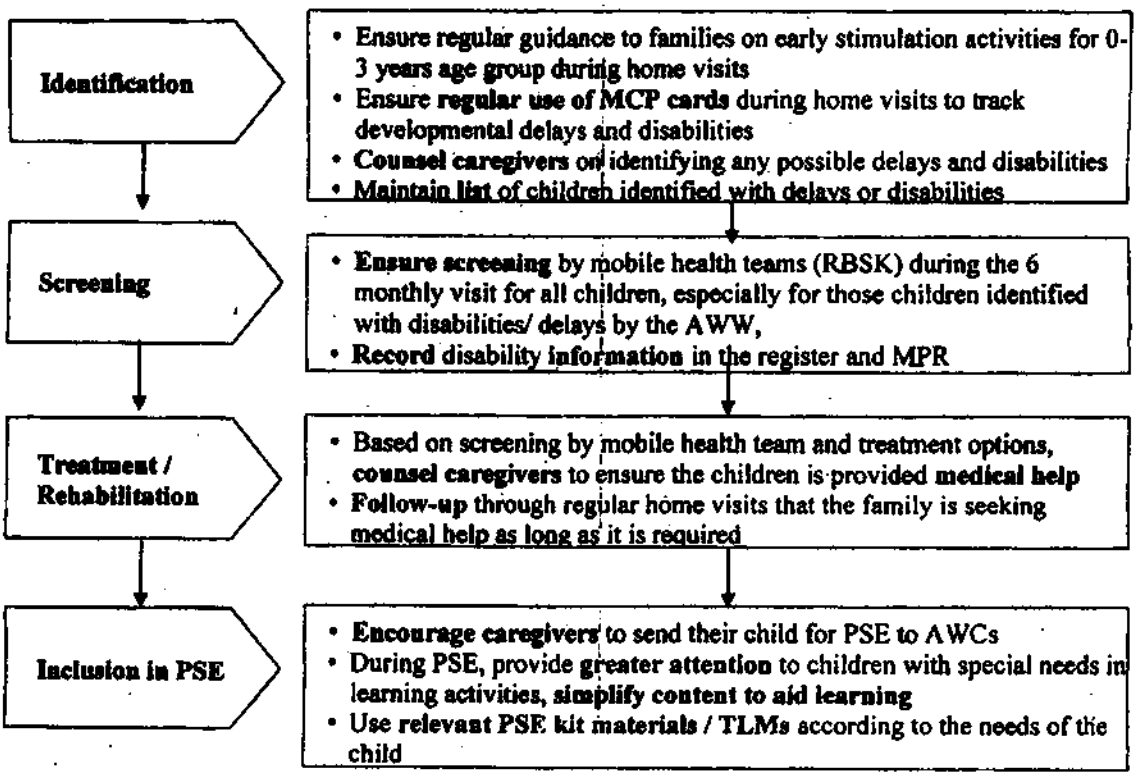
A provision of Rs.2000/- per child (as untied fund) has been made under the 'ICDS Mission- Broad framework' for implementation for ensuring various need based interventions / services.

Guidelines for Inclusion of Children with Special Needs in Anganwadi Centres are as under:

I. Role of Anganwadi Workers (AWWs)

AWWs, as one of the key field level workers (FLWs), play a crucial role in ensuring service provision for children with developmental delays and disabilities. Children with developmental delays and/or disabilities require special attention to enable learning and contribute in an inclusive learning space. A snapshot of key responsibilities of an AWW in integration of children with special needs is given below:

Exhibit 1: Key Responsibilities of AWW in integrating children with special needs in PSE at AWC



1. ***Identification of children with developmental delays and disabilities***

   a. The AWW, as part of her home visits, will ensure regular guidance to families on early stimulation activities for 0-3 year's age group.
   b. During home visits, the AWW must also ensure tracking of developmental delays and any disabilities in children below 6 years of age. She, along with the ASHA, will regularly utilize the Mother Child Protection (MCP) card during home visits to educate the caretakers in identifying developmental milestones and any delays in achieving these milestones.
   c. The AWW/ASHA will fill in details regularly on the MCP cards
   d. A list of all children with delayed milestones / disabilities should be prepared and maintained by the AWW.
   e. The AWW must engage in advocacy and IEC campaigns (under ICDS Mission) to focus on educating families and community about children with special needs. This would involve information related to disabilities / delays, how to access support and rehabilitation services and the need for ensuring an inclusive environment.
   f. AWW will counsel caregivers during home visits and ECCE days on the existing provision for medical help, exemptions/ concessions available for children with disabilities.

2. ***Screening of children with developmental delays and disabilities***

   a. The AWW must ensure that all children are screened by the dedicated mobile health team (under RBSK) at the AWC
   b. If a child is identified with any disability or developmental delay, the AWW needs to ensure that the child undergoes formal screening to identify the type and extent of disability or delay and possible treatment/ rehabilitation in the screening camps by the dedicated mobile health team (under RBSK) at the AWC.
   c. Ensure that children identified with delayed milestones or disabled (as per the list 1c) are compulsorily screened by the mobile health team
   d. If the child is missed out in being screened by the mobile health team, the AWW must refer the child to the nearest PHC/CHC for screening
   e. Record disability information in the concerned register

3. ***Treatment or rehabilitation of children with developmental delays and disabilities***

   a. Ensure that children in list 1c. screened by mobile health team are being provided with treatment or rehabilitation options clearly stated in their respective health card
   b. Counsel caregivers of children with disabilities or delays to seek the suggested treatment or rehabilitation at the block or district level
   c. In case assessment facilities are not available either at the block or at district levels, the AWW in consultation with the Medical Officer / ANM from NRHM Team may refer a child with special needs (with prior intimation to the concerned Supervisor & CDPO) to a private institution / facility. In such cases, the cost of assessment / tests would be released by the concerned CDPO / DPO from the budget head of children with special needs available with them, i.e., Rs.2000/- per child after specific recommendation from the Anganwadi Level Monitoring Committee (ALMC) of the respective AWC (Under ICDS Mission).
   d. Ensure periodic follow-up during home visits to ascertain the status of treatment / rehabilitation.

4. ***Inclusion in PSE at AWC***

   a. *The AWW is required to counsel caregivers* of children with disabilities or developmental delays to encourage them to send their child for PSE at the AWC. If required, the caretaker should be allowed to be present with the child for PSE to provide extra attention.
   b. *The AWW will ensure positive communication and mutual respect* among all children including children with special needs from different background at the AWCs.
   c. *The AWW with support from NIPCCD is required to simplify the curriculum* to make it accessible for children with special needs/ children with differing impairments and use differential teaching methods at the AWCs to facilitate learning.
   d. *The AWW may modify the learning materials* for children with disabilities or delays. They should be involved in outdoor as well as indoor activities. The outdoor environment plays an equally important role in the development of children as it provides a space for play, exploration and social interactions but it must be made sure it is barrier free for children with

special needs. The child must be provided with space where he/she can exercise these faculties and develop them to optimum level possible.

e. *The AWWs must facilitate structured learning environment* with appropriately designed routines in context of children requiring individual support.

f. *The AWWs may exercise sensitivity in designing/ equipping the AWC* for children with sensory challenges in order to minimize disruptions in learning. Medium of instruction should support child's everyday/ functional language. Simple signs/total communication must be used in class as an additional medium of instruction

g. *The AWWs and Supervisors will make provisions to provide assistive devices / special education activity kit / books* under relevant schemes of the Ministry of Social Justice and Empowerment, State Social Welfare Departments, National Institutions and voluntary organizations.

II. Role of States/UTs

a. *For ensuring early identification and detection of children with special needs, the States/ UTs may give directions to the concerned ICDS officials to facilitate early screening, determination and rehabilitation services* in convergence with the line departments including Health, Social Welfare, Education, etc.

b. *The concerned ICDS officials must make provision for reasonable adaptations to physical environment* such as during health check-up, first aid, immunization, while handling illness to accommodate children with special needs.

c. *For functional and formal assessment of identified children, the concerned ICDS officials must facilitate* (under ICDS Mission) *convergence with SSA (Block level team) / District Disability Rehabilitation Centre DDRCs (district level institution).* The formal assessment could also be carried out at the District Early Intervention Centre (DEIC) following screening by the mobile health team (RBSK). If a provision under SSA is not available in a particular block, the AWW would get in touch with the concerned PHC / CHC / DDRC and ensure that this assessment is carried out, on the basis of which appropriate intervention for every child with special needs and their inclusion would be ensured.

d. *The State/ UTs may give directions to the concerned ICDS officials to set up pre-identified referral systems, in convergence with line departments* like Health, Education, and Social Welfare, with the help of the ASHA, to refer such children for further care to the Primary Health Centre (PHC), Community Health Centre (CHC), Nutrition Rehabilitation Centre (NRC), DDRC, DEIC or any other tertiary care facility. This system needs to be communicated to the FLWs namely AWWs, AHSAs, and ANMs

e. *The concerned ICDS officials shall make provision for an additional AWW in AWCs where a child with disability is attending PSE to ensure additional individual attention*

f. *The concerned ICDS officials are responsible in familiarizing the AWWs with the* existing *provision for medical help, exemptions/ concessions in the state for children with disabilities*

g. *The State/ UTs shall develop a cascading capacity building model and identify key personnel to train in inclusive PSE for children with different types of disabilities or developmental delays.* These personnel will serve as State Level Master Trainers (SLMTs). *The State/ District ECCE Coordinator(s) would be part of the SLMTs*

h. *The concerned ICDS officials will be fully responsible for identifying key ICDS functionaries (such as Supervisors) to be trained by SLMTs (as expert functionaries) in inclusive PSE at AWCs and to address the attitudinal barriers for children with special needs* – The State/UT needs to ensure that there are a minimum of two such expert functionaries in a district who have undergone this training. These expert functionaries would be responsible of further training AWWs who have children with disabilities / developmental delays in their AWCs in order to deliver inclusive PSE and to focus on strengthening the family of children with special need by building on positive attributes.
The desired results of inclusive experiences for children with disabilities and their families include a sense of belonging and developing positive social relationships to enable children reach their full potential

i. *The State/UTs will be responsible for procurement and provision of PSE kit/ Teaching and Learning Materials (TLMs) that serve as learning aids for children with disabilities or developmental delays.* Guidance on these kit materials are to be sought from NIPCCD and other state departments such as Dept. of Social Justice.

j. *State/ UTs shall ensure periodic monitoring of effective inclusion of children with disabilities or developmental delays into the services provided at the AWC, specifically everyday PSE.*

III. Role of NIPCCD

National Institute of Public Cooperation and Child Development (NIPCCD) functions as an apex institution for training functionaries of the ICDS. Headquartered in Delhi, NIPCCD has 4 regional centres in Guwahati, Bangalore, Lucknow, and Indore.

a. *NIPCCD shall develop pedagogy for appropriate teaching method for AWW in AWCs for children 3-6 years of age with different types of disabilities* (based on the broad categories defined). It shall also provide *strategies on simplifying curriculum and assessment to ensure effective learning.*

b. *NIPCCD shall provide training to SLMTs* identified by each state on the teaching methods and strategies for simplifying curriculum and assessment. They shall also prepare online training modules for all levels of functionaries.

c. *NIPCCD shall also develop hand-out materials in state languages* that provide hands-on information that an AWW can use in teaching PSE to children with different disabilities.

d. *NIPCCD would be responsible in researching and identifying child friendly, developmentally appropriate play materials and TLMs* for children with different types of disabilities. NIPCCD shall recommend a repository of such TLMs for each broad category of disability. States/UTs are to procure TLMs as part of PSE kits based on this repository.

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Operational Directive for Implementation of Services for Children 0-3 Years of Age as Part of the Early Childhood Care Education and Development under ICDS

Background

Importance of early stimulation and care in development

Stimulation simply refers to age appropriate sensory and physical learning experiences during early childhood that promotes a sense of security to the child, and helps him/her thrive. Stimulation could be in the form of close proximity to the mother, being hugged and fondled, watching and reaching out to the mother, listening to her voice, are all experiences that help the baby to develop feelings of security. Stimulation requires a continuous age appropriate dialogue between the child and the caregiver in order to ensure that developmental milestones are achieved (Muralidharan & Asthana, 1991). The care that children receive has powerful effects on their survival, growth, and development.

Early years are central in every child's life due to rapid brain development. A newborn's brain is already 25 percent of the weight of the adult brain. In the first three years of a child's life, the brain grows to almost 80 percent of the adult size and within six years to about 90 percent. Thus, utilization of sensory pathways and development of language and communication is vital for a healthy brain development. Hence, infant-caregiver interactions during the initial years prove to be crucial.

Role of ICDS

Recognizing the importance of care and early stimulation in the survival and growth of children, the ICDS Mission Framework has mandated the provision of the following core interventions for children 0-3 years of age as part of the Early Childhood Care and Education component:

i. Home based guidance for parents
ii. Early stimulation
iii. Early Screening and referral
iv. Optimal IYCF practices
v. Monthly monitoring and promotion of child growth developmental milestones

Further, the **National ECCE Policy (2013)** elucidates on the age specific needs of birth -3 years age group focusing on survival, safety, protective environment, health care, and nutrition including infant and young child feeding (IYCF) practices for the first six months, attachment to an adult, opportunity for psycho-social stimulation and early interaction in safe, nurturing and stimulating environments within the home and appropriate child care centers.

The policy thus recognizes that young children are best cared for in their family environment; thus strengthening family capability to care for and protect the child needs highest priority. Parents and family members need to be informed and educated about good childcare practices related to infant and young child feeding practices, growth monitoring, stimulation, play, and early education. The Frontline Workers (FLWs) such as Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA), and Auxillary Nurse and Midwife (ANM) collaboratively play a crucial role in the dissemination of this information through home visits and monthly community gatherings which are a crucial component of ICDS and Health.

Guidelines for implementation of ECCED services for children 0-3 years of age

The document provides a comprehensive guideline for ensuring ECCED service delivery for children 0-3 years as per the ICDS mandate.

1. Ensure regular provision of **training** to AWWs in the form of job orientation, refresher, and on-the-job training on the core interventions listed in the ICDS Mission under ECCE for children 0-3 years of age to ensure comprehensive service delivery.
2. Ensure provision of and training for the **use of job aids** that could be utilized during home visits
3. Periodic **home visits** to be undertaken by the AWW as per the ICDS mandate to counsel caregivers of children 0-3 years of age on early stimulation, IYCF, growth and developmental milestones, nutrition, and hygiene
4. Strengthening the **use of Mother and Child Protection (MCP) cards** for:
    a. Providing counselling to pregnant women and mothers on key health, hygiene, and psycho-social factors
    b. Growth monitoring and tracking developmental delays of children 0-3 years of age
    c. Provision of key nutrition messages to mothers during home visit
    d. Monitoring immunization schedule of children and recording the same in MCP card
5. Effective **convergence** with mobile health teams (RBSK) for health screening of all children with specific attention to children at risk of malnutrition and developmental delays/disabilities
6. Periodic **monitoring and supportive supervision** by the supervisory cadre for effective service delivery.

The detailed guidelines are as follows:

1. Training

The state department of Women and Child Development needs to ensure provision of periodic and comprehensive job orientation, on-the-job, and refresher training to make sure that **all core components** of service delivery **for children 0-3 years under ECCE** (as elaborated in the ICDS Mission Framework) are incorporated in the training curriculum.

1.1 Apart from focusing on content, ensure that training is provided for **effective interpersonal communication** in terms of building rapport, clarity in communication, listening, and providing opportunities for caregivers to raise questions and ability to answer these questions in a simple yet comprehensive manner. Further, ensure that training is provided in common language in the community, which is understood by all. It is also important to provide training through demonstration for hands on learning to the field level functionaries.

1.2 Ensure periodic refresher training for AWWs on the core ECCE interventions for children 0-3 years as per the ICDS Mission mandate.

Suggestive list for basic components for training:

- *Home based guidance for parents:* for early recognition of symptoms, counseling for basic survival and coping skills for special need children,
- *Early stimulation:* skills and knowledge on child care, playing with the child, story-telling, lullabies
- Early Screening and referral: Growth monitoring, IMNCI, community mobilization
- Optimal IYCF practices: early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months and introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.
- Monthly monitoring *and promotion of child growth and achievement of developmental milestones*
- *Preparation of advocacy and IEC material for educating families and community*
- *Roles and responsibilities of field level functionaries* such as periodic home visits, counseling caregivers on early stimulation, IYCF, growth and developmental milestones, nutrition, and hygiene

2. Provision of Job Aids

2.1 State needs to ensure development, printing, and provision of job aids that can be used by AWWs for counselling caregivers during home visits and monthly ECCE days on the core ECCE components for counselling caregivers of children 0-3 years of age. Content development of these aids could be carried out in consultation with NIPCCD, in collaboration with development partners such as UNICEF in order to ensure that all components under counselling during home visits and for monthly ECCE Days are comprehensively incorporated in these job aids.

2.2 Job aids need to be precise, simple messages in the local language that is easily understood.

2.3 Ensure training of AWWs on the job aids and periodic refresher trainings for the same. Training for FLWs such as AWWs, ASHAs, and ANMs could be arranged collaboratively wherein clear guidelines on specific roles and responsibilities of the FLWs could be reiterated.

2.4 These job aids could be in the form of flip charts or small post cards with pictures and information for care givers on the one side, and content to be used by AWW during counselling on the other side. Further, the job aids could be **theme specific** and accordingly **color coded**. Thus, it will help the AWWs in deciding on which job aid to use for a specific theme (for instance, IYCF) and carry only those job aids color coded for IYCF during home visits or monthly ECCE days.

3. Periodic home visits for caregiver counselling

3.1 The AWW, as per the ICDS Mission, is required to undertake home visits for 2 hours in a day to visit homes of beneficiaries, which include children 0-6 years, pregnant and nursing mothers, and severely malnourished children in the age group of 0-6 years.

3.2 AWW, in consultation with the Supervisor will develop a micro plan for home visits to counsel caregivers on:

i. IYCF for mothers with infants and young children as per ICDS mandate (refer to information provided in annexure 1 and 2 for further details)

ii. Early stimulation of infants and children, along with techniques for tracking developmental milestones (refer to information provided in annexure 1 and 2 for further details)

iii. Provide appropriate nutrition counselling for mother and child

3.3 The supervisors could train AWWs in developing a monthly micro plan to follow for home visits and counselling points with caregivers during the monthly sector meetings.

3.4 The AWW is required to maintain a home visit register (Register No: 8) to record messages discussed with a given beneficiary/caretaker. The AWW must use this register during consecutive visits to observe whether information provided during the previous visit has resulted in a desirable behavior change. For instance, if the AWW discussed about the developmental milestones to the mother of a 4-6 months old child in the previous month with messages such as "call the child by his/her name to develop self-identity; play, talk, and sing to the child to ensure that the child listens intently and responds by smiling," in the next month, the AWW could remind the mother as to whether she has been doing those activities with the child, and observe whether the child reacts to being spoken to. This is to ensure continuity of counselling caregivers according to age appropriate needs of the child.

3.5 The AWW is required to ensure the use of job aids during home visits and counselling sessions. She must urge caregivers to ask questions and provide comprehensive clarifications.

4. Use of MCP Cards for early screening and referral

4.1 The state departments of Women and Child Development and Health need to collaboratively ensure that MCP cards are printed and available at all projects and are provided to every mother and child. The AWW must be trained on the protocols of using the MCP card for documenting information regarding the pregnancy, provision of ante-natal care (ANC) during pregnancy, details of the birth of the child, immunization, tracking developmental milestones, and monitoring child growth for early screening and referral. The training can be collaboratively organized between Departments of Health and Women and Child Development to ensure that both AWWs and ASHAs are provided information on using the MCP card.

4.2 Further, the MCP card needs to be used by the AWW to inform caregivers on the developmental milestones of children in the different age groups. The AWW is required to use this information to identify any developmental delays and disabilities.

4.3 If any developmental delay is identified using the MCP card, the AWW/ASHA must refer the child to the nearest PHC/CHC.

4.4 Children 0-3 years of age need to be weighed on a monthly basis and the weight needs to be plotted against the child's age in the MCP card. The AWW is required to discuss the growth trajectory of the child with the caregiver while providing nutrition counselling.

4.5 AWWs must ensure that growth faltering children (who are in the red zone of the growth chart) are referred to the nearest PHC/CHC/NRC to screen for wasting and severe malnutrition. AWW must prioritize and increase frequency of home visits for growth

faltering children until the child returns to the normal growth trajectory (green zone in the chart). The AWW must counsel caregiver in providing nutritious meal to the child and ensuring hygiene and health.

4.6 The AWW must ensure that all relevant information in the MCP card are filled periodically.

5. Convergence with RBSK

5.1 The AWW needs to be informed, by the concerned health officials, of the bi-annual visit by the RBSK mobile health teams. The AWW is required to assist the ASHA in gathering all children 0-6 years of age at the AWCs for health screening.

5.2 The AWW must specifically ensure that children who display possible developmental delays or disabilities, and children who are in the yellow and red zones of the growth charts are screened by the mobile health team and further referrals (if required) are obtained.

5.3 The AWW is required to counsel caregivers of these children and encourage them to seek medical help as per referrals made by the mobile health team. She is also required to periodically follow up on the health status of the child.

6. Monitoring and supervision

6.1 The supervisory cadre (namely the Supervisors and CDPOs) are required to periodically monitor the functions of the AWW (as per the ICDS mandate) to provide supportive supervision and ensure effective service delivery.

6.2 At the district/ project level, the CDPO and Supervisors are required to develop a monthly monitoring and supervision plan of their designated AWCs and document good practices and areas of improvement for follow-up during the next visit

6.3 The key areas for monitoring and supervision for ECCE services for children 0-3 years of age include:

- The supervisory cadre must provide input on the home visit micro plan of AWWs and monitor the home visit register to ensure home visits and to provide guidance on the content of counselling given during home visits
- The supervisory cadre is required to undertake field visits for beneficiary interactions and scrutiny of MCP cards to ensure that the cards are periodically completed by the AWW/ASHA.
- The supervisory cadre is urged to attend monthly ECCE days of their AWCs to ensure effective community interaction and appropriate information dissemination.

6.4 The Supervisor/CDPO are required to reflect on the previous month's supervision report in order to ensure whether the feedback given to AWWs are incorporated.

ANNEXURES

Annexure 1: Birth – Three Years: Suggestive Developmentally Appropriate Activities

The table could be used for training AWWs to provide information over and above what is provided in the MCP card to counsel caregivers on early stimulation and children's developmental milestones. It could also be used in developing age specific job aids.

S.No.	What children can do	What caregivers need to do for Psycho –social stimulation
1.	**Birth to 3 months**	
	• Learn about the world through all their senses • Respond to faces and bright colors • Reach, discover hands and feet	• Provide things to look at, touch, hear, smell, taste • Opportunities for infant massage as it promotes health benefits, and encourages bonding
	• Begin to smile • Track people and objects with eyes	• Smile at your child, look into child's eyes and talk
	• Lift head and turn toward sound • Cry, but are often soothed when held	• Hold and sing to the child
	• Begin to develop a sense of self	• Understand and respond to child's signals in terms of picking up and holding the child and feeding
2.	**4 to 6 months**	
	• Sit when propped, roll over, scoot, bounce • Grasp objects without using thumb • Hold head steady when held upright	• Play and interact to stimulate cognitive, language, social, and motor development. • Opportunities for infant massage as it promotes health benefits, and encourages bonding
	• Smile often • Prefer parents and older siblings	• Spend time playing with the child, provide opportunities to explore the world, and play with a variety of objects
	• Listen intently and respond when spoken to • Laugh, gurgle, imitate sounds	• Provide appropriate language stimulation • Calling child by name to develop self-identity • Exposure to music and rocking
	• Repeat actions with interesting results • Explore hands and feet	• Provide opportunities for free play and adult child interaction egs. (Infant games, traditional songs & syllables, early introduction to stories, infant books, drawings etc.) in safe, spacious and clean environment
3.	**7 to 12 months**	
	• Sit with support • Sit up from lying position • Can stand without support	• Praising child's achievements of sitting and trying to stand, encourage child to repeat the behavior
	• Understand own name, other common words	• Conduct regular and constant positive interaction with children to promote

S.No.	What children can do	What caregivers need to do for Psycho -social stimulation
	• Say first meaningful words • Identify themselves, body parts, familiar voices	development of language, imagination, manipulation, concepts with activities like clapping, peek-a-boo, push and pull toys, rolling hands, reading picture books, singing lullabies and rhymes, listening to stories
	• Explore, bang, shake objects • Remember simple events	• Provide toys and play materials to explore, touch, taste, smell and hear while playing • Sing songs and lullabies to the child regularly
4.	1 to 2 years	
	• Recognize ownership of objects	• Opportunities to begin to learn to care for their possessions (like toys) and themselves
	• Assert independence, but prefer familiar people • Imitate adult actions	• Opportunity to play with kids their own age, but under supervision of caregiver • Provide opportunities for play by imitation
	• Speak and understand words and ideas • Solve problems	• Support in acquiring new motor, language, thinking skills by communicating with the child in full sentences and playing games
	• Enjoy stories and experimenting with objects	• Read to/tell stories daily
	• Walk steadily, climb stairs, run • Begin pretend play	• Opportunity to develop independence • Opportunities for play and exploration
	• Develop friendships • Show pride in accomplishments • Like to help with tasks	• Provide opportunities to establish contact and engage with other children and adults to promote a sense of self and social development
5.	2 to 3 years	
	• Enjoy learning new skills	• Provide opportunity to make choices and engage in different tasks
	• Learn language rapidly	• Opportunities to listen and articulate short stories and rhymes, indulge in imaginative play and simple problem solving activities • Naming body parts and other common objects in and around child's environment
	• Stand on one foot with help • Gain control of hands and fingers	• Opportunities to children to dress themselves, use toilets, wash hands, brush teeth, comb hair etc.
	• Act more independent, but are still dependent • Imitate household work	• Giving opportunities to learn through play, think and understand from concrete to abstract • Provide opportunities for play by imitation
	• Copy and draw straight line with guidance	• Providing children with objects that encourage sorting, matching, imagining, pushing, pulling etc.

Annexure 2: Counselling points for age-appropriate home visit

The table provides key areas of age-appropriate counselling points that the AWW must use while interacting with caregivers during home visits. This information can be used in training AWWs and in developing theme specific job aids.

S.No	Age group	Areas of Counseling				
		Early stimulation	IYCF	Growth monitoring and developmental milestones	Immunization	Miscellaneous
1.	Birth to 3 months	• Ensuring skin to skin care contact /kangaroo mother care to keep the baby warm • Smile at your child, look into child's eyes and talk • Provide opportunities to look at, touch, hear, smell, taste • Opportunities for infant massage as it promotes health benefits and encourages bonding	• Exclusive breast feeding (8-10 times a day) to the newborn • Feeding first milk (colostrum) • Correct positioning of the baby while breast feeding • Information on newborn danger signs such as newborn not able to suck properly, birth defects etc. • Information about post-natal danger signs	• Weighing the baby after 2 days of birth for growth monitoring and the care required	• Ensure immunization from sub-center or outreach session at birth for BCG vaccination and polio drops (called zero dose), at 1½, 2½ months of child's age for 1st and 2nd dose of DPT, polio and Hepatitis B, after 3 months -3rd dose of DPT and polio	• Mother's personal hygiene • Information on family planning methods for birth spacing
2.	4-6 months	• Provide opportunities to explore the thing around, play with a variety of objects • Play and interact to stimulate cognitive, language, social, and motor development.	• Breast feeding exclusively up to six months • Complementary feeding should be started after completion of 6 months	• Weighing the baby every month at the AWC	• Ensure immunization	• Information on family planning methods for birth spacing
3.	7-12 months	• Understand child's signals for hunger and feed	• Provision of semi-solid food • Soft mashed cereals, rice,	• Weighing the baby every month at the	• Ensure measles vaccination, 3rd dose	• Child's hygiene to prevent from

S.No	Age group	Areas of Counseling				
		Early stimulation	**IYCF**	**Growth monitoring and developmental milestones**	**Immunization**	**Miscellaneous**
		accordingly • Providing enough opportunities to explore, touch, taste, smell, hear and respond to the environment • Regular and constant positive interaction with the child • Establishing bonding by building trust by giving lots of love, care and affection and praising child's achievements	khichdi or roti to be given along with animal protein and vegetables • Ghee/butter/oil to be given • Breast feeding to continue along with complementary feeding (3-4 times of feeding in a day) • Continue feeding during illness and give one extra meal after the baby gets well • Vitamin A supplementation • Increase in quantity, frequency and thickness of food gradually	AWC	of Hepatitis B at 9 months of age	diarrhea, fever, pneumonia and any infection and inculcate healthy practices • Special attention should be given to the weak and malnourished child
4.	1-2 years	• Support in acquiring new motor, language, thinking skills • Opportunities to begin to learn to care for themselves • Opportunities for play and exploration • Read to/tell stories daily	• Provision of de-worming tablets and IFA tablets • Continue feeding during illness and give one extra meal after the baby gets well • Supplementary nutrition • Quantity of food, variety and frequency of meals	• Weighing the baby every month at the AWC • Special attention to be given to the weak and malnourished child	• Take the child to health Centre/ AWC for DPT and polio at 18 months • Administration of vitamin A dose at 18 and 24 months	• Child's hygiene such as washing hands to prevent from diarrhea, fever, pneumonia and any infection
5.	2-3 years	• Opportunities to children to dress themselves, use toilets, wash hands, brush teeth, comb hair etc. • Providing children with objects that encourage	• Feed home cooked food 5 times a day (3 meals + 2 extra feedings/day), Iron and Vitamin A rich food • Quantity of food, variety and frequency of meals	• Weighing the child every month at the AWC • Special attention to be given to the weak and malnourished child		• Child's hygiene to prevent infectious diseases such as diarrhea and to promote

S.No	Age group	Areas of Counseling				
		Early stimulation	IYCF	Growth monitoring and developmental milestones	Immunization	Miscellaneous
		sorting, matching, imagining, pushing, pulling etc. • Naming body parts and other common objects in and around child's environment		• Identifying and giving special attention to 'at risk' children • Developmental screening is essential to provide critical intervention • Early identification of impairments/disabilities and initiating medical intervention and parental counselling		healthy behavior such as washing hands before eating