



ग्रामीण विकास मंत्रालय  
भारत सरकार



# STANDARD OPERATING PROCEDURES

## Implementation of Food, Nutrition, Health and WASH Activities under DAY NRLM



**Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM)**  
Ministry of Rural Development, Government of India





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**Deendayal Antyodaya Yojana-National Rural Livelihoods Mission**  
**Ministry of Rural Development - Govt. of India**  
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# LIST OF ACRONYMS

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<b>AAP</b>	Annual Action Plan
<b>AFHC</b>	Adolescent Friendly Health Clinics
<b>AG</b>	Adolescent Girl
<b>ANC</b>	Ante Natal Care
<b>ANM</b>	Auxiliary Nurse Midwife
<b>ASHA</b>	Accredited Social Health Activist
<b>AWC</b>	Anganwadi Centre
<b>AWS</b>	Anganwadi Supervisor
<b>AWW</b>	Anganwadi Worker
<b>BC</b>	Block Coordinator
<b>BK</b>	Book Keeper
<b>BMI</b>	Body Mass Index
<b>BPM</b>	Block Program Manager
<b>CBO</b>	Community Based Organizations
<b>CEO</b>	Chief Executive Officer
<b>CLF</b>	Cluster Level Federations
<b>COVID</b>	Corona Virus Disease
<b>CRP</b>	Community Resource Person
<b>DAY</b>	Deendayal Antyodaya Yojana
<b>DM</b>	District Manager
<b>DMMU</b>	District Mission Management Unit
<b>DPM</b>	District Program Manager
<b>D/oA</b>	Department of Agriculture
<b>D/oH</b>	Department of Health
<b>D/oPRI</b>	Department of Panchayati Raj Institutions
<b>D/oWCD</b>	Department of Women and Child Development
<b>DSW</b>	Department of Social Welfare
<b>EC</b>	Executive Committee



<b>FDD</b>	Family Dietary Diversity
<b>FGD</b>	Focus Group Discussion
<b>FLW</b>	Front Line Worker
<b>FNHW</b>	Food, Nutrition, Health and WASH
<b>GOI</b>	Government of India
<b>GP</b>	Gram Panchayat
<b>FDD</b>	Family Dietary Diversity
<b>HH</b>	Household
<b>IBCB</b>	Institution Building and Capacity Building
<b>ICDS</b>	Integrated Child Development Services
<b>IEC</b>	Information Education and Communication
<b>IFA</b>	Iron Folic Acid
<b>IMP</b>	Integrated Micro-planning
<b>JSY</b>	Janani Suraksha Yojana
<b>MCP</b>	Mother Child Protection
<b>MIS</b>	Management Information System
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MoRD</b>	Ministry of Rural Development
<b>MoWCD</b>	Ministry of Women and Child Development
<b>MUAC</b>	Mid Upper Arm Circumference
<b>NCD</b>	Non Communicable Disease
<b>NGO</b>	Non-Governmental Organization
<b>NHM</b>	National Health Mission
<b>NRP</b>	National Resource Person
<b>NRLM</b>	National Rural Livelihood Mission
<b>ORS</b>	Oral Rehydration Solution
<b>PDS</b>	Public Distribution System
<b>PFT</b>	Project Facilitation Team
<b>PHC</b>	Primary Health Centre
<b>PMJAY</b>	Pradhan Mantri Jan Arogya Yojana
<b>PMMVY</b>	Pradhan Mantri Matru Vandana Yojana

<b>PNC</b>	Post-natal Care
<b>PRI</b>	Panchayati Raj Institutions
<b>RDD</b>	Rural Development Department
<b>SAC</b>	Social Action Committee
<b>SAM</b>	Severe Acute Malnutrition
<b>SBCC</b>	Social Behaviour Change Communication
<b>SBM</b>	Swachh Bharat Mission
<b>SHG</b>	Self Help Group
<b>SMD</b>	State Mission Director
<b>SOP</b>	Standard Operating Procedures
<b>SMD</b>	State Mission Director
<b>SMMU</b>	State Mission Management Unit
<b>SISD</b>	Social Inclusion and Social Development
<b>SOP</b>	Standard Operating Procedures
<b>SRLM</b>	State Rural Livelihood Mission
<b>TB</b>	Tuberculosis
<b>TPCI</b>	Triggering Process with Community Institutions
<b>THR</b>	Take Home Ration
<b>VO</b>	Village Organization
<b>VHSNC</b>	Village Health Sanitation and Nutrition Committee
<b>VHSND</b>	Village Health Sanitation and Nutrition Day
<b>VPRP</b>	Village Poverty Reduction Plan
<b>VRF</b>	Vulnerability Reduction Fund
<b>VRP</b>	Vulnerability Reduction Plan
<b>WASH</b>	Water, Sanitation and Hygiene



# Introduction to Standard Operating Procedures (SOPs)

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Adoption of “*Dashasutra*” strategy by DAY- NRLM mainstreamed the interventions aimed at promoting social development aspects including Food, Nutrition, Health and WASH (FNHW) among SHG members and their families, in a more systematic and intensive manner. FNHW integration was further guided by various official communications and advisories; such as Master Circular outlining the interventions and suggested modes of implementation, Joint advisory by Ministry of Women and Child Development (MoWCD), Ministry of Rural Development (MoRD) and Ministry of Health and Family Welfare (MoHFW) indicating modalities of convergence and roles of functionaries of all the three departments, advisory to guide development of State FNHW Operational Strategy and functions of SRLM staff and cadres across administrative levels to deliver FNHW interventions. The official communications for celebration of events under POSHAN Abhiyaan are also released from time-to-time as per schedule.

To support implementation of various FNHW activities, this booklet compiling Standard Operating Procedures (SOPs) for various aspects has been developed to prepare concerned stakeholders and staff/cadre under State Rural Livelihood Missions (SRLMs). The booklet provides guidance on various operational and programmatic aspects related to FNHW implementation such as action planning, review, peer counselling, home visits and organizing community events etc. to name a few. Each SOP defines step-wise process/mechanism to carry out tasks/operations in a standardized manner with an aim to achieve efficiency, quality output and uniformity across various geographies.

This booklet has a section on Additional Reference Material which includes Standard Operating Procedures/guidance notes developed and used by other State Rural Livelihood Missions (SRLMs)/stakeholders such as JEEViKA-Bihar, Jharkhand SRLM, Chhattisgarh SRLM/ JEEViKA Technical Support Program- Project Concern International (JTSP-PCI) / ROSHNI – Centre of Women Collectives led Social Action in context of FNHW activity implementation that may be used/adapted as per the need of SRLMs.



# How to Develop an Action Plan for FNHW Activities?



An annual implementation plan needs to be developed for effective implementation of the planned activities. A clearly articulated plan helps to better implement the envisaged activities and achieve identified targets. Such plans, developed at Village Organization (VO) and Cluster Level Federation (CLF) level, will guide the on-ground FNHW implementation process. Once developed, these plans should be shared for approval. Below listed are the objectives of developing an action plan.

## ■ Objectives

- To systematically develop an action plan to achieve desired outcomes
- To identify and prioritize areas of implementation
- To list out the tasks/activities
- To decide on timelines of identified activities

## ■ Pre-requisite

Block Program Manager (BPM)- FNHW Incharge should conduct an induction/orientation of CLF/VO leadership/Social Action Committee (SAC) and Community Resource Person (CRP) (as applicable) to orient them on the planning process and ensure alignment with overall FNHW goals of the State.

## ■ FNHW Action Planning Mechanism at VO level

The CRP/VO SAC will lead this process with support from atleast one representative of each SHG of the VO.

- It is expected that a minimum of three hours be devoted for this exercise. Hence, a suitable time and date must be co-decided.
- The FNHW action plan process should be prepared with monthly and quarterly breakups of the activities.
- VO may prioritize the list of activities as per State FNHW Operational Strategy and priority areas identified in consultation with members of the group. For example, if there is any service related issue which needs to be taken up with the respective department or behaviour related aspect that needs collective action by the group etc., can be included. However, all activities envisaged under State FNHW Operational Strategy must be conducted.
- The proposed activities must have clearly defined timelines.
- The action plan should be reviewed on a quarterly basis at VO and CLF as part of their regular FNHW review process. If there is any delay or deviation or challenge, should be duly communicated during review meeting.

A suggestive format for developing the action plan is given in **Annexure- 1**. VO may add activities as per their requirements. For example, activities like- which FNHW session to be rolled out in SHG along with the timeline, linking with FNHW schemes and entitlements (the list is given in **Annexure- A**) monthly meeting schedule with ASHA/AWW, schedule for organizing community events and participation in VHSND etc. should be planned.

VO may also annually undertake FNHW issues identification, through different processes (eg. Triggering Process with Community Institutions from Jharkhand and Swabhimaan's Integrated Microplanning Mechanism from Bihar as given in the Additional Reference Material section of this booklet. Along with these, issues identified through Village Poverty Reduction Plan (VPRP) and Vulnerability Reduction Plan (VRP) can be prioritized and subsumed in Annual Action Planning process.

### **FNHW Action Planning Mechanism at CLF level**

The CLF SAC will lead this process with support from atleast one representative (Leader/VO SAC/ FNHW CRP) of each VO of the CLF.

- It is expected that a minimum of three hours be devoted for this exercise. Hence, a suitable time and date must be co-decided.
- The FNHW action plan process should be prepared with monthly and quarterly breakups of the activities.
- CLF may prioritize the list of activities as per State FNHW Operational Strategy and priority areas identified in consultation with members of the group. For example, if there is any service related issue which needs to be taken up with the respective department or behaviour related aspect that needs collective action by the group etc., can be included. However, all activities envisaged under State FNHW Operational Strategy must be conducted.
- The proposed activities must have clearly defined timelines.
- The action plan should be reviewed on a quarterly basis at CLF and block as part of the regular FNHW review process. If there is any delay or deviation or challenge, should be duly communicated during review meeting.

A suggestive format for developing the action plan is given in **Annexure 2**. CLF may add activities as per their requirements. For example, activities like- meeting schedule for review and convergence at CLF level, support required for organizing community events etc. should be planned.

CLF may also annually undertake consolidation of identified FNHW issues through different processes (eg. Triggering Process with Community Institutions from Jharkhand and Swabhimaan's Integrated Microplanning Mechanism from Bihar as given in the Additional Reference Material section. Along with these, issues identified through VPRP and VRP can be prioritized and subsumed in Annual Action Planning process.

# ANNEXURE - 1

## Format for VO level FNHW Action Planning

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_

Name of the Block: \_\_\_\_\_ Duration: \_\_\_\_\_

Activity	Q1				Q2				Q3				Q4			
	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	1	2	3	4	5	6	7	8	9	10	11	12				
Orientation of VO members (leaders/SAC) on FNHW																
VO preparing line-list of beneficiaries																
FNHW session rollout during monthly meetings (session wise planning can be done for identified themes like- 1000 days, maternal nutrition, IYCF, diet diversity etc.)																
VO SAC undertaking home visits																
VO organizing community events/campaigns																
VO participating in activities/celebration of events organized by other departments (ex- POSAHN Abhiyaan, Swachhta Abhiyaan etc.)																
VO mobilizing beneficiaries to access services of VHSND and participate in Godbharai and Annaprashan Day																
VO SAC attending monthly VHSND																
VO SAC participating in monthly VHSND planning meeting																
Meeting/coordination with AWW- for linkage and improved uptake of THR by SHG families, growth monitoring, SAM identification etc.																
Meeting/coordination with PRI/Ward member- for linkage with Food and Pubic Distribution System for improved access of SHG families to PDS																
Meeting/coordination with livelihood CRP- for establishment of nutri-garden, backyard poultry, goatary in SHG households																
VO preparing Vulnerability Reduction Plan (VRP)- facilitating prioritization of FNHW issues and SHG families with target beneficiaries																
Reporting for FNHW MIS system																
Conducting review of FNHW activities																
VO organizing felicitation ceremony																
Identification and inclusion of FNHW issues in next year planning process (eg. issues emerged from Triggering process, Swabhimaan's IMP process, VPRP and VRP etc.)																
Any other activity (as planned by VO)																

**Note:** VO should clearly define each proposed activity. The above activities and timelines are indicative only and can be modified as per State FNHW Operational Strategy.

**Prepared by (Name and Signature)** \_\_\_\_\_

**Approved by (Name and Signature)** \_\_\_\_\_

## ANNEXURE - 2

### Format for CLF level FNHW Action Planning

Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

Duration: \_\_\_\_\_

Activity	Q1			Q2			Q3			Q4		
	M	M	M	M	M	M	M	M	M	M	M	M
	1	2	3	4	5	6	7	8	9	10	11	12
Plan and execute capacity building efforts for CLF/VO members/CRP on FNHW components (e.g. developing training plan and organization/coordination for training)												
Support to VOs for organizing community events/campaigns												
CLF participating in activities/celebration of events organized by other departments (ex- POSAHN Abhiyaan, Swachhta Abhiyaan etc.)												
Meeting/coordination with AWS- for linkage and improved uptake of THR by SHG families, growth monitoring, SAM identification etc.												
Meeting/coordination with PRI member- for linkage with Food and Public Distribution System for improved access of SHG families to PDS												
Meeting/coordination with livelihood CRP/BPM- for establishment of nutri-garden, backyard poultry, goatary in SHG households												
Meeting/coordination with CRP/BPM for promotion and establishment of FNHW enterprises (if planned)												
Organizing/participating in quarterly convergence meetings with Anganwadi Supervisors and ANMs												
CLF approving Vulnerability Reduction Plan (VRP)												
Reporting on FNHW MIS												
Conducting review of FNHW activities												
CLF organizing felicitation ceremony												
Consolidation and inclusion of FNHW issues in next year planning process (eg. issues emerged from Triggering process, Swabhimaan's IMP process, VRP and VRP etc.)												
Any other activity (as planned by CLF)												

**Note:** CLF should clearly define each proposed activity. The above activities and timelines are indicative only and can be modified as per State FNHW Operational Strategy.

**Prepared by (Name and Signature)** \_\_\_\_\_

**Approved by (Name and Signature)** \_\_\_\_\_



## **ANNEXURE – A**

### **List of FNHW Schemes and Entitlements**

1. Public Distribution System
2. Mid Day Meal
3. Integrated Child Development Services (ICDS)
  - Take Home Ration
  - Growth Monitoring
  - Early Childhood Care and Pre-school Education
4. POSHAN Abhiyaan
5. Health related schemes/programs
  - Anaemia Mukht Bharat
  - Village Health Sanitation and Nutrition Days
  - Surakshit Matritva Aashwaasan (SUMAN)
  - Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA)
  - Janani Suraksha Yojna (JSY)
  - Janani Shishu Suraksha Karyakram (JSSK)
  - Universal Immunization Program
  - Home Based Newborn Care (HBNC)
  - Home Based Young Child Care (HBYC)
6. Ayushman Bharat
  - Health and Wellness Centre
  - Pradhan Mantri Jan Arogya Yojna (PMJAY)
7. Pradhan Mantri Suraksha Bima Yojna (PMSBY)
8. Pradhan Mantri Matru Vandana Yojna (PMMVY)
9. Swachh Bharat Mission
10. Jal Jeevan Mission
11. COVID Vaccination
12. Mahatma Gandhi National Rural Employment Guarantee Scheme
13. Any other scheme/program as per state context



# How to Review FNHW Activities?



A review mechanism is a structured and on-going process to assess the progress of specific activities and interventions. The progress of the activities shall be reviewed on a regular basis to achieve the desired outcomes and take corrective measures as needed. Following are the objectives:

## Objectives

- To assess progress of activities against timelines
- To acknowledge the accomplishments
- To identify and address performance related issues, if any
- To identify challenges and suggest course corrections

## Prerequisites

State FNHW Operational Strategy plan where pre-defined interventions, activity schedule, capacity building plan, convergence mechanism, FNHW rollout plan and monitoring and evaluation plan are given in details.

## Review process

Reviews must be held on a regular basis at each level. Suggestion to conduct FNHW reviews are given below.

- FNHW agenda should be included in the regularly scheduled review meetings at state/district/block/CLF/VO level.
- A separate dedicated FNHW meeting may be held at state/district/block/CLF/VO level.

**A review is NOT a fault-finding exercise.**

**Table: Schedule for review**

Level	Undertaken by	Participants	Frequency
State	CEO/SMD/FNHW Core Committee	SPMs of other SRLM verticals	Monthly
	CEO/SMD/SPM (FNHW In-charge)	District Program Managers (DPMs)/ District Managers (DMs) (FNHW In-charges)	Monthly
District	DPM/DM (FNHW In-charge)	Block Program Manager (FNHW Incharge)	Monthly
Block	Block Program Manager (FNHW Incharge)	CLF Leader/ SAC Members/OB/EC	Monthly
CLF	CLF Leader/SAC Members/OB/EC	VO Leader/SAC Members/CRP	Monthly
VO	VO Leader/SAC Members/CRP	FNHW nodal persons at SHG level	Monthly

**Note:** The above table is suggestive and review process may be modified as per state context and identified implementation structure.

- Must include indicators to be reported to NRLM through MIS.
- Conduct review against the indicators mentioned in State FNHW Operational Strategy as well as the evaluation plan.
- Can include discussion on performance and grading of community institutions for FNHW implementation at corresponding levels.

## State level

- CEO/SMD/FNHW Core Committee will review the progress of FNHW activities and interventions with SPM of other SRLM verticals every month. As the state progresses, frequency of review meeting can be reconsidered.
- CEO/SMD supported by SPM (FNHW In-charge) will review the progress of FNHW activities and interventions in the districts every month. The District Program Managers (DPMs)/ District Managers (DMs) (FNHW In-charges) of all the districts will be responsible to share the progress.
- Sufficient time should be devoted for reviewing the progress and providing feedback.
- The progress of activities should be reviewed against the FNHW action plan (as per the proposed state FNHW strategy) and approved AAP with timelines.
- Activities should be reviewed for their progress, adherence to timelines, adherence to predecided protocols/processes, any challenge faced, potential solutions and course corrections.
- Action Taken Report of the previous meeting should be taken into account.
- State may ask development/technical partners to support the review process.

A suggestive format is given in **Annexure- 1** to be utilized for FNHW review at state level. State may add activities as per their requirement. All the details should be filled. Minutes of the meeting should be prepared at State and circulated to all districts so that they may prepare and submit Action Taken Report before the next review meeting.

## At District level

- DPM/DM (FNHW In-charge) should review the progress of FNHW activities in the Blocks. The Block Program Managers (BPM) (FNHW In-charges) will prepare and submit the progress to DPM/DM for review.
- Review meeting should be done on a monthly basis and sufficient time should be devoted for reviewing the progress and providing feedback.
- The progress should be reviewed against the FNHW Action Plan prepared by the Block/ District.
- Activities should be reviewed for their progress, adherence to timelines, adherence to predecided protocols/processes, any challenge faced, potential solutions and course corrections.
- Action Taken Report of the previous meeting should be taken into account.
- District may ask development/technical partners to support the review process.

A suggestive format is given in **Annexure- 2** to be utilized for FNHW review at district level. Districts may add activities as per their requirement. All the details should be filled. Minutes of the meeting should be prepared at District and circulated to all blocks so that they may prepare and submit Action Taken Report before the next review meeting.

## At Block level

- BPM (FNHW Incharge) should review the progress of FNHW activities conducted at CLF level. The CLF leaders/SAC members/OB/EC are responsible to share the progress with the BPM.
- Review meeting should be done on a monthly basis and sufficient time should be devoted for reviewing the progress and providing feedback.
- The progress should be reviewed against the FNHW Action Plan prepared by the CLF/Block.
- Activities should be reviewed for their progress, adherence to timelines, adherence to predecided protocols/processes, any challenge faced, potential solutions, course corrections.



- Action Taken Report of the previous meeting should be taken into account.
- Block may ask development/technical partners to support the review process.

The suggestive format is given in **Annexure- 3** to be utilized for FNHW review at block level. Blocks may add the activities depending upon their requirement. All the details should be filled. Minutes of the meeting should be prepared at Block and circulated to all CLF so that they may prepare and submit Action Taken Report before the next review meeting.

### ■ At CLF level

- The CLF leaders/SAC members/OB/EC should review the progress of FNHW activities conducted at VO level by SAC members/CRP. The VO leaders and SAC members/CRP are responsible for sharing the progress with the CLF.
- Review meeting should be done on a monthly basis and sufficient time should be devoted for reviewing the progress and providing feedback.
- The progress should be reviewed against the FNHW Action Plan prepared by the VO/Block.
- Activities should be reviewed for their progress, adherence to timelines, adherence to pre-decided protocols/processes, any challenge faced, potential solutions and course corrections.
- Action Taken Report of the previous meeting should be taken into account.
- The Block/CLF leaders may seek support from development/technical partners to support the review process.
- The SRLM field level staffs and the representatives from the development/technical partners will support the CLF.

A suggestive format is given in **Annexure- 4** to be utilized for FNHW review at CLF level. CLFs may add the activities depending upon their requirement. All the details should be filled. Minutes of the meeting should be prepared at CLF and circulated to all VO leaders and SAC members so that they may prepare and submit Action Taken Report before the next review meeting.

### ■ At VO level

- VO leaders along with SAC members/CRP will review progress of the FNHW activities at SHG level. FNHW nodal persons at SHG level are responsible to present the progress update to the VO.
- Review meeting should be done on a monthly basis and sufficient time should be devoted for reviewing the progress and providing feedback.
- Activities should be reviewed for their progress, adherence to timelines, adherence to pre-decided protocols/processes, any challenge faced, potential solutions and course corrections.
- Action Taken Report of the previous meeting should be taken into account.
- The Block/CLF leaders may seek support from development/technical partners to support the review process.
- The SRLM field level staffs and the representatives from the development/technical partners will support the VO.

A suggestive format is given in **Annexure- 5** to be utilized for FNHW review at VO level. VOs may add the activities depending upon their requirement. All the details should be filled. Minutes of the meeting and action plan should be shared with CLF for approval.

## ANNEXURE – 1

### Format for State level FNHW Activity Review

Name of the State: \_\_\_\_\_

Date: \_\_\_\_\_ Participants: \_\_\_\_\_

The below format is indicative only. State may use this format after modifying for their requirements. This can be utilized for meeting with SPMs of other verticals for review of relevant activities. This is to be completed by the FNHW Core Committee/State Program Manager (FNHW In-charge).

Activity	Current progress as per the FNHW Action Plan		Actions to be taken
	Target	Achievement	
District officials oriented on FNHW			
Districts organizing district level FNHW review meetings			
Districts reporting regularly on FNHW MIS in last 3 months			
Trained all MToTs for rollout of FNHW sessions			
Rollout of FNHW sessions*			
Session 1			
Session 2			
Training quality assessment of the MToTs done as per protocol			
Districts organized VO level community events on FNHW in at least 50% of VOs			
Districts organized/participated in convergence meetings with line departments (Health, WCD, PRI, Education, and Food and Public Distribution System) for strengthening linkages with FNHW services and entitlements such as - THR, PDS, MDM, VHSND, POSHAN Abhiyaan, JSY, JSSK, PMJAY, PMMVY, PMSBY and SBM etc.			
Districts held at least 1 meeting with State Livelihoods vertical for establishment of nutri-garden, backyard poultry, goatary in SHG households			
Districts held at least 1 meeting with BPM to discuss establishment of FNHW enterprises			
Districts appraising Vulnerability Reduction Plan (VRP)			
Performance grading/ranking of districts for FNHW implementation			

\*Insert more rows as required.

**Prepared by (Name and Signature)** \_\_\_\_\_

**Approved by (Name and Signature)** \_\_\_\_\_

## ANNEXURE - 2

### Format for District level FNHW Activity Review

**Name of the District:** \_\_\_\_\_ **Name of the State:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Participants:** \_\_\_\_\_

The below format is indicative only. Districts may use this format after modifying for their requirements. This is to be completed by the DPM/District Manager (FNHW Incharge).

Activity	Current progress as per the FNHW Action Plan		Actions to be taken
	Target	Achievement	
Blocks officials oriented on FNHW			
Blocks organizing block level FNHW review meetings			
Blocks reporting regularly on FNHW MIS in last 3 months			
Trained all CRPs (ToTs) for rollout of FNHW sessions			
Rollout of FNHW sessions*			
Session 1			
Session 2			
Training quality assessment of the ToTs done as per protocol			
Blocks organized VO level community events on FNHW in at least 50% of VOs			
Blocks organized/participated in convergence meetings with line departments (Health, WCD, PRI, Education, and Food and Public Distribution System) for strengthening linkages with FNHW services and entitlements such as - THR, PDS, MDM, VHSND, POSHAN Abhiyaan, JSY, JSSK, PMJAY, PMMVY, PMSBY and SBM etc.			
Block held at least 1 meeting with DM Livelihoods for establishment of nutri-garden, backyard poultry, goatary in SHG households			
Blocks held at least 1 meeting with CLF leaders to discuss establishment of FNHW enterprises			
Blocks appraising Vulnerability Reduction Plan (VRP)			
Performance grading/ranking of blocks for FNHW implementation			

\*Insert more rows as required.

**Prepared by (Name and Signature)** \_\_\_\_\_

**Approved by (Name and Signature)** \_\_\_\_\_



## ANNEXURE - 3

### Format for Block level FNHW Activity Review

**Name of the Block:** \_\_\_\_\_ **Name of the District:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Participants:** \_\_\_\_\_

The below format is indicative only. Blocks may use this format after modifying for their requirements. This is to be completed by the Block Program Manager (FNHW In-charge).

Activity	Current progress as per the FNHW Action Plan		Actions to be taken
	Target	Achievement	
CLF leaders/SAC oriented on FNHW			
CLFs organizing/attending FNHW review meetings			
CLFs reporting regularly on FNHW MIS in last 3 months			
CLFs rolling out FNHW sessions*			
Session 1			
Session 2			
Training quality assessment of FNHW session rollout as per protocol			
CLFs organized VO level community events on FNHW in at least 50% of VOs			
CLFs organized/participated in convergence meetings with line departments (Health, WCD, PRI, Education, and Food and Public Distribution System) for strengthening linkages with FNHW services and entitlements such as - THR, PDS, MDM, VHSND, POSHAN Abhiyaan, JSY, JSSK, PMJAY, PMMVY, PMSBY and SBM etc.			
CLF held at least 1 meeting with BPM for establishment of nutri-garden, backyard poultry, goatary in SHG households			
CLF conducted need assessment for establishment of FNHW enterprises			
CLFs approving Vulnerability Reduction Plan (VRP)			
Performance grading/ranking of CLFs for FNHW implementation			
CLFs undertaken performance review of CRP			
CLFs organizing award felicitation			

\*Insert more rows as required.

**Prepared by (Name and Signature)** \_\_\_\_\_

**Approved by (Name and Signature)** \_\_\_\_\_

# ANNEXURE – 4

## Format for CLF level FNHW Activity Review

**Name of the CLF:** \_\_\_\_\_ **Name of the Block:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Participants:** \_\_\_\_\_

The below format is indicative only. CLFs may use this format after modifying for their requirements. This is to be completed by the CLF Leader/SAC/OB/EC.

Activity	Current progress as per the FNHW Action Plan		Actions to be taken
	Target	Achievement	
VO SAC/leader oriented on FNHW			
VOs organizing/attending FNHW review meetings			
VOs reporting regularly on FNHW MIS in last 3 months			
Roll out of FNHW sessions in monthly SHG meetings*			
Session 1			
Session 2			
Training quality assessment of FNHW session rollout as per protocol			
VOs organized VO level community events on FNHW			
VOs undertaking home visits			
VOs mobilizing beneficiaries to access the services of VHSND			
VOs mobilizing beneficiaries to participate in Godbharai and Annaprashan Day			
VO SAC participating in monthly VHSND planning meetings -for strengthening linkage with WCD for improving uptake of THR by SHG families, increasing access of SHG to VHSND and other community-based events and Abhiyaans (POSHAN Abhiyaan, POSHAN Pakhwada etc.)			
VOs coordinating with other departments for strengthening linkages with FNHW services and entitlements such as - PDS, MDM, JSY, JSSK, PMJAY, PMMVY, PMSBY and SBM etc.			
VO SAC attending monthly VHSND			
VOs held at least 1 meeting with CLF leader and CRP livelihood for establishment of nutri-garden, backyard poultry, goatary in SHG households			
VOs preparing Vulnerability Reduction Plan (VRP)			
VOs undertaken performance review of VO leader/AW/CM			
VOs organizing award felicitation			

\*Insert more rows as required.

**Prepared by (Name and Signature)**

**Approved by (Name and Signature)**

**ANNEXURE - 5**  
**Format for VO level FNHW Activity Review**

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

Date: \_\_\_\_\_ Participants: \_\_\_\_\_

The below format is indicative only. VOs may use this format after modifying for their requirements. This is to be completed by the VO Leader/SAC/CRP member.

Activity	Current progress as per the FNHW Action Plan		Actions to be taken
	Target	Achievement	
VOs Prepared the line-listing- identification of TG amongst SHG members & HH (PW/LM/Children below 2 years)			
Reporting on FNHW monthly progress report and upload in MIS			
Roll out of FNHW sessions in monthly SHG meetings*			
Session 1			
Session 2			
Training quality assessment of FNHW session rollout as per protocol			
Target beneficiaries home visited			
SHG families linked with THR			
SHG families linked with PDS			
SHG families linked with PMJAY			
SHG families linked with PMSBY			
SHG families linked with PMMVY			
Establishment of nutri-garden in SHG households			
Establishment of backyard poultry in SHG households			
Establishment of goatary in SHG households			
SHG beneficiaries participated to access the services of VHSND			
SHG beneficiaries participated in Godbharai and Annaprashan Day			

\*Insert more rows as required

**Prepared by (Name and Signature)** \_\_\_\_\_

**Approved by (Name and Signature)** \_\_\_\_\_

# Steps to Establish Convergence Mechanism



The essence of convergence is to collaborate with alike stakeholders to improve programmatic efforts and thereby outcomes. Convergent action for FNHW activities is mandated for all SRLMs through a Master Circular for promoting FNHW interventions (2017)<sup>1</sup>, Joint Advisory signed between DAY-NRLM, Ministry of Women and Child Development and Ministry of Health and Family Welfare (2018)<sup>2</sup>. Level specific convergent actions are provided in the advisory and activity matrix shared with all SRLMs in November 2020.

In order to have common understanding and synergy within and outside of DAY-NRLM on FNHW requirements, the following should be done.

- Identify the areas of convergence within different verticals of SRLM as well as with line departments
- Establish protocols for conducting regular convergence meeting with other verticals and with line departments- frequency, participation, schedule and agenda

## Objectives

- To identify areas of convergence
- To prioritize issues and suggest mitigating measures
- To identify relevant stakeholders and assign responsibility
- To decide on a timeframe for resolution and escalate issues, if needed

### Importance of FNHW Core Committee for convergence

The FNHW Core committee, established under the leadership of the Head of SRLM, must include members from IBCB, SISD, Financial Inclusion and Livelihoods verticals of SRLM and representatives from Departments of Health, Women and Child Development, and Swachh Bharat. Inclusion of representatives from these departments into the core committee would ensure commitment and ownership and form a strong backbone for convergent action for FNHW in the state.

To build a common understanding, give rise to new ideas and encourage more fruitful partnerships, all the core committee members, including representatives of other verticals and departments must undergo an initial brief introductory orientation on FNHW.

## Convergence mechanism

Convergence meeting must be held on a regular basis at each level. Given below is a suggestive process to establish FNHW convergence mechanism at state, district, block, CLF and VO levels.

- FNHW agenda should be included in the existing/regularly scheduled convergence meetings organized by SRLM or any other line department.
- A separate convergence meeting for FNHW can be held, if required.

**Table 1: Schedule and plan for convergence mechanism**

Level	Undertaken by	Participants	Frequency
State	CEO/SMD/FNHW Core Committee	State-level representatives from line departments	Biannual
	CEO/SMD/FNHW Core Committee	SRLM vertical heads	Quarterly
District	District Program Manager (FNHW In-charge)	District-level representatives from line departments	Quarterly
Block	Block Program Manager (FNHW In-charge)	Block-level representatives from line departments	Quarterly
CLF	CLF Leader/SAC Members/OB/EC	Supervisor and ANM, PRI members	Quarterly
VO	SAC Members/CRP	ANMS, ASHA and AWW, PRI	Monthly

**Note:** The above table is suggestive and convergence mechanism may be modified as per state context and identified implementation structure.

<sup>1</sup><https://aaeevika.gov.in/sites/default/files/Master%20Circular%20for%20Food%2C%20Nutrition%2C%20Health%20and%20Wash%20Interventions.pdf>

<sup>2</sup><https://aaeevika.gov.in/sites/default/files/Joint%20Advisory%20on%20Nutrition.pdf>

Under the guidance of CEO/SMD/FNHW Core Committee, the SPM (FNHW in-charge) along with support of DPMs/DMs (FNHW in-charge) and BPMs (FNHW in-charge) will be responsible for operationalizing convergence.

- Headed by the CEO/SMD/FNHW Core Committee, state will hold a bi-annual meeting with representatives from concerned line departments (Health/WCD/PRI etc.) to plan convergence activities, review progress, identify issues and solve problems.
- Headed by the CEO/SMD/FNHW Core Committee, state will hold a quarterly meeting with representatives from all the concerned vertical heads (SISD, IBCB, Livelihood- Farm and Non-Farm, FI etc.) to plan convergence activities, review progress, and solve problems.
- FNHW In-charges across district/block levels will conduct convergence meeting with line departments at quarterly frequency. They can also utilize the existing convergence platforms functional at district/block level.
- At CLF level, CLF Leaders/SAC Members will organize coordination meeting with Anganwadi Supervisor, ANM, and functionaries of other departments as required and prioritize convergent action as per SAC agenda for FNHW.
- VO SAC members/CRP will participate in monthly VHSND planning meeting with the ANM, ASHA, AWW and other concerned members of the area.
- At VO level, SAC members/CRP should be part of the Village Health Sanitation and Nutrition Committees (VHSNC)/Jan Aarogya Samiti (JAS) of their village and should participate in VHSNC/JAS meetings to interact with frontline functionaries of other departments and put up/prioritize FNHW requirements.

Persistent convergence issues from below levels should be communicated to state and state will converge with heads of other line departments to facilitate official communication to their district and block level officials.

### ■ Steps to be followed during convergence meeting

- Convergence meeting should be organized as per the suggested frequency (refer Table 1).
- All the concerned participants (refer table 1) should be informed in advance. It is expected that a minimum of one hour be devoted for this exercise. Hence, a suitable time and date must be co-decided.
- Use level appropriate convergence meeting formats (given in **Annexures 1-5**) to discuss progress made and key bottlenecks in convergent actions.
- Convergence issue should be identified and key specific actions to mitigate the same should be discussed among the stakeholders.
- Relevant department/vertical should be identified and assigned responsibility for corrective action. Convener should regularly follow up with the concerned department/vertical nodal person for corrective action.
- Persistent/higher order issues should be taken to the next level.
- Minutes of the meeting should be taken, circulated and shared with the next level.
- The issues identified under VPRP and proposed actions therein should also be taken into consideration.

**Note:** SRLMs may club the convergence meeting with the regular review meetings to save on time.

DAY- NRLM's Farm Livelihood Vertical has issued advisories with detailed guidance on various convergence aspects. Please refer this link: [http://mksp.gov.in/images/Compendium\\_of\\_Farm\\_LH\\_Advisories\\_Ver\\_2.4\\_Mar\\_2020.pdf](http://mksp.gov.in/images/Compendium_of_Farm_LH_Advisories_Ver_2.4_Mar_2020.pdf)

## ANNEXURE – 1

### Format for Convergence at VO level

Name of the Block: \_\_\_\_\_ Name of CLF: \_\_\_\_\_ Name of VO: \_\_\_\_\_ Date: \_\_\_\_\_

SN	SHG households with target beneficiaries (ex-PW, LM, SAM, SUW, Adolescent*)	Service provisions and entitlements (VHSND, Livelihood, nutri garden, linking with Social security schemes like PDS/MDM/PMJAY/PMSBY/PMMVY etc.**)	Action to be taken	Who will be responsible?	Timeline
1					
2					
3					
4					
5					
6					
7					
8	<b>Other areas of support by SHG/VOs</b> (eg. mobilization, demonstration, tracking, follow-up etc.)				

\*Inclusion of target beneficiaries will be considered as per state FNHW operational strategy. Refer the line-list format of the beneficiaries of the particular VO.

\*\*You can use different rows to discuss different services or entitlements (Refer list of FNHW Scheme and Entitlements as given in Annexure 3 of SOP "How to develop an action plan for FNHW activities") for one beneficiary.

**Name and Signature of VO SAC**

\_\_\_\_\_



**ANNEXURE – 2**  
**Format for Convergence at CLF level**

Name of the Block: \_\_\_\_\_ Name of CLF: \_\_\_\_\_ Date: \_\_\_\_\_

SN	Broad areas of convergence	Key issues	Action to be taken	Who will be responsible?	Timeline
1	Food (ex- linking with PDS/THR, establishment of nutri-gardens				
2	Establishment of Nutri-garden at home				
3	VHSND service provisions				
4	Community event (Godh Bharai/Annaprashan or any other organized by SRLM)				
5	Other department campaigns (ex- POSHAN Abhiyaan, Fit India etc.)				
6	Organization of VO led community campaign				
7	Linking with social security schemes (ex-JSY, PMMVY, MGNREGS, PMJAY etc.)				
8	Toilet construction				
9	Solid liquid waste management				
10	FNHW enterprises				
11	Any other as per requirement				

\_\_\_\_\_  
Name and Signature of CLF Leader

**ANNEXURE - 3**  
**Format for Convergence at Block level**

Name of the District: \_\_\_\_\_ Name of the Block: \_\_\_\_\_ Date: \_\_\_\_\_

SN	Broad areas of convergence	Key issues	Action to be taken	Who will be responsible? (Department/Vertical)	Timeline
1	Linking with PDS/THR				
2	Establishment of Nutri-garden at home				
3	VHSND service provisions				
4	Community event (Godh Bharai/Annaprashan or any other organized by SRLM)				
5	Other department campaigns (ex- POSHAN Abhiyaan, Fit India etc.)				
6	Organization of VO led community campaign				
7	Linking with social security schemes (ex-JSY, PMMVY, MGNREGS, PMJAY etc.)				
8	Toilet construction				
9	Solid liquid waste management				
10	FNHW enterprises				
11	Any other as per requirement				

\_\_\_\_\_  
Name and Signature of BPM (FNHW Incharge)

**ANNEXURE - 4**  
**Format for Convergence at District level**

Name of the State: \_\_\_\_\_ Name of the District: \_\_\_\_\_ Date: \_\_\_\_\_

SN	Broad areas of convergence	Key issues	Action to be taken	Who will be responsible? (Department/Vertical)	Timeline
1	Linking with PDS/THR				
2	Establishment of Nutri-garden at home				
3	VHSND service provisions				
4	Community event (Godh Bharai/Annaprashan or any other organized by SRLM)				
5	Other department campaigns (ex- POSHAN Abhiyaan, Fit India etc.)				
6	Organization of VO led community campaign				
7	Linking with social security schemes (ex-JSY, PMMVY, MGNREGS, PMJAY etc.)				
8	Toilet construction				
9	Solid liquid waste management				
10	FNHW enterprises				
11	Any other as per requirement				

\_\_\_\_\_  
Name and Signature of DPM/DM (FNHW Incharge)

**ANNEXURE - 5**  
**Format for Convergence at State level**

Name of the State: \_\_\_\_\_ Inter-departments/Inter-vertical: \_\_\_\_\_ Date: \_\_\_\_\_

SN	Broad areas of convergence	Key issues	Action to be taken	Who will be responsible? (Department/Vertical)	Timeline
1	Linking with PDS/THR				
2	Establishment of Nutri-garden at home				
3	VHSND service provisions				
4	Community event (Goddh Bharai/Annaprashan or any other organized by SRLM)				
5	Other department campaigns (ex- POSHAN Abhiyaan, Fit India etc.)				
6	Organization of VO led community campaign				
7	Linking with social security schemes (ex-JSY, PMMVY, MGNREGS, PMJAY, PMSBY etc.)				
8	Toilet construction				
9	Solid liquid waste management				
10	FNHW enterprises				
11	Any other as per requirement				

\_\_\_\_\_  
Name and Signature of SPM(FNHW Incharge)





# Participation of Village Organizations in VHSND



Village Health, Sanitation and Nutrition Day (VHSND) was conceptualized under the National Health Mission (NHM) in collaboration with Department of Women and Child Development. Led by ANM and supported by ASHA and AWW, VHSND is organized once in a month and brings health, early childhood development, nutrition and sanitation related services and entitlements to the doorstep of eligible beneficiaries<sup>1</sup>.

VHSND brings together representatives from different departments including Health and Family Welfare, Women and Child Development, Social Welfare, Panchayati Raj Department, Rural Development, Drinking Water and Sanitation Missions and community level stakeholders including VHSNC members, Self Help Groups (SHGs), Community Based Organizations (CBOs) and others for the delivery of services and awareness generation.

**Village Health Sanitation and Nutrition Committee (VHSNC)** is responsible for improving awareness and access of community for health services, support the ASHA and develop village health plan specific to the local needs.

**SHGs and VOs** can play a crucial role in mobilizing the SHG community, prioritizing their requirements of VHSND service provisions and present community issues, demand services and participate in planning of VHSND.

List of services provided on the day of VHSND and target groups is given in below table:

Target group	Type of VHSND services
	<b>Health services</b>
Pregnant women, lactating mothers, children (0-5 years, 10 years and 16 years), adolescents, women of reproductive age group	<ul style="list-style-type: none"> <li>Antenatal care- pregnancy registration, ANC checkup, micronutrient supplementation, counselling etc.</li> <li>Postnatal care- micronutrient supplementation and nutrition counselling</li> <li>Immunization- to all children and pregnant mothers</li> <li>Family Planning- distribution of contraceptives and counselling</li> <li>Reproductive Tract Infection- screening, counselling and referral</li> <li>Adolescent Health- Screening for anaemia and tracking BMI, identification of clinical problems and referral to AFHCs, distribution of sanitary napkins, IFA supplementation to out of school adolescents screening and referral</li> </ul>
All age groups	<ul style="list-style-type: none"> <li>Communicable Diseases- Identify signs and symptoms of Tuberculosis (TB), refer as per protocol</li> <li>Non-communicable Diseases- screening, counselling and referral</li> </ul>
Women of reproductive age group, their husbands and mother-in-law	<ul style="list-style-type: none"> <li>Gender issues- – Domestic violence and pre-natal sex selection</li> </ul>

<sup>1</sup> National Guidelines for Village Health, Sanitation & Nutrition Day (VHSND), 2019, Ministry of Health and Family Welfare & Ministry of Women and Child Development, Government of India.

	Nutrition services
Women of reproductive age group, family members, children below 5 years of age, school age children, adolescents, pregnant and lactating mothers	<ul style="list-style-type: none"> <li>■ Awareness generation on nutrition promotion</li> <li>■ Growth monitoring</li> <li>■ Anaemia Prevention and management</li> <li>■ Vitamin A supplementation</li> <li>■ Supplementary nutrition (THR)</li> <li>■ Nutrition counselling</li> </ul>
	WASH services
Women of reproductive age group, family members	<ul style="list-style-type: none"> <li>■ Importance of sanitary latrines</li> <li>■ Safe drinking water</li> <li>■ Hand hygiene</li> <li>■ Swachhta Abhiyaan – keeping home and surrounding clean</li> <li>■ Financial support for making toilets</li> <li>■ Nirmal Gram Puraskar</li> </ul>

As envisaged in an advisory jointly released by Ministries of Rural Development, Women and Child Development and Health and Family Welfare<sup>2</sup>, VO Leader/SAC members/CRP can play a role during VHSNDs. Following are the suggested action points:

### Before VHSND

- Be a formal member of VHSNC of your village and regularly participate in VHSNC meeting to ensure that<sup>3</sup>
  - SHGs health and nutrition demands are prioritized through village health planning
  - Untied fund is utilized to fulfil the health and nutrition demands of target group
- Participate in monthly VHSND planning and coordination meeting (led by ANM supported by ASHA)
  - Identify target beneficiaries and their requirements of due services from SHG households. Refer beneficiary line-listing format given in SOP for Home Visit.
  - Corroborate/supplement list of target beneficiaries prepared by ANM/ASHA/AWW
  - Identify support areas for VHSND such as:
    - Support in maintaining privacy during ANC, prioritizing beneficiaries for early registration

### Provide support to triple A functionaries:

- Coordinate with ANM for immunization, ANC requirements and other services for SHG members
- Coordinate with ASHA and prepare due list of SHG target groups and mobilize on the day of VHSND
- Coordinate with AWW for mobilization of SHG households for child growth monitoring, THR distribution and nutrition counselling



<sup>2</sup>Joint Advisory on Nutrition. Accessed from <https://aajeevika.gov.in/sites/default/files/Joint%20Advisory%20on%20Nutrition.pdf>.

<sup>3</sup>Handbook for Members of Village Health Sanitation and Nutrition Committee Ministry of Health and Family Welfare. Government of India, New Delhi.



- Format given in **Annexure-1** can be utilized to identify support areas where VO Leader/ SAC members can provide support during VHSND.
- Organize awareness generation/demonstration as per the requirement
- Communicate correct date/day of VHSND to SHG members during monthly meetings.
- Coordinate with AWW/ASHA to participate in VO/cluster meetings of SHGs by communicating the date and venue. During their interaction with VO, they can orient and generate awareness on new initiatives, community-based events and other health and nutrition issues among members.

### On the day of VHSND

- Mobilize identified target group on the day of VHSND to avail due services
- Provide support in organization of VHSND activities as identified utilizing **Annexure-1**.
- In collaboration with PRI, provide support to ANM/ASHA and AWW to ensure timely service delivery during VHSND by
  - (i) ensuring that VHSND is being conducted every month
  - (ii) ensuring the availability of basic amenities on VHSND
  - (iii) highlighting the requirement of essential supplies and logistics

### What support can be provided

Support in arranging drinking water and glasses, maintaining cleanliness and water availability in the toilets, ensuring availability of soap and water for handwashing, segregating target groups in queues to avoid any hassle, taking care of accompanying children while their mother are being serviced, providing space for ANC and arranging curtain for maintaining privacy, support in counselling the women while they wait for their turn on various topics like- birth preparedness, breastfeeding, complementary feeding, SAM children, enrolling children in AWCs, family diet diversity etc, importance of balanced diet, life style aspects like daily exercise and meditation etc., demonstration of required activities such as handwashing, segregation for screening, accompanying referrals, encouraging adolescents and newly-weds to shed inhibitions while they receive services, support in holding the child during growth monitoring session and how to prepare ORS etc.

Refer the above list while you fill in the details in **Annexure-1**. However, the above given list is not limiting.

### After VHSND

- Follow up with target groups of SHG households post VHSND session
- Identify target members left out from availing due services at VHSND, prepare a plan and follow up with ASHA/AWW.

Keep track and record of target beneficiaries (residing in SHG households) availing VHSND services and entitlements every month (use Monthly Home Visit Checklist format given in SOP "How to conduct a home visit" to capture the beneficiary-wise data on a monthly basis).

- Identify and track SAM children discharged from NRCs and coordinate for regular follow up along with linking the family with SHG (if not already) etc.
- Provide leadership support in adopting families with high-risk target group (severely malnourished children and mothers) and communicating target messaging.



#### Additional point for consideration

- Identify vulnerable households during Vulnerability Reduction Planning (VRP) and provide support through Vulnerability Reduction Fund (VRF). Support in prioritization and utilization of VRF (available with the VO) to meet the collective requirement pertaining to VHSND service provisions.
- Incorporate demands or unmet needs with regards to VHSND services/ entitlements provisions into Village Poverty Reduction Plan (VPRP)
- Coordinate with line departments for any additional efforts required for emerging health and nutrition related needs (eg. current support during COVID 19 pandemic)
- Effectively represent SHG issues in VHSNCs, community forums and Gram Sabhas



## ANNEXURE – 1

### Format for VO SAC Member/CRP to Identify Support Areas for VHSND

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_

Name of the Village: \_\_\_\_\_

Name and Mobile no. of VO Leader/SAC member/CRP: \_\_\_\_\_

VHSND conducted (Yes/No)	
Number of target beneficiaries	
Number of target beneficiaries mobilize this month	
VO SAC/CRP participated in VHSND (Yes/No)	

This will help in identifying activities that can be undertaken on the day of VHSND. Refer the list of VHSND services provisions and support functions given in the main text.

VHSND activities	Support by VO Leader/SAC member/CRP
<b>General aspects</b> (availability of drinking water and toilet facility etc.)	
<b>Health</b> (ANC/PNC, IFA/Ca supplementation, counselling, immunization, deworming, beneficiary linking with health schemes, communicable and non-communicable diseases etc.)	
<b>Nutrition</b> (growth monitoring, anaemia prevention and management, Vitamin A supplementation, THR, nutrition counselling, beneficiary linking with entitlements like THR etc.)	
<b>WASH</b> (beneficiary linking with appropriate schemes, awareness generation on safe drinking water, handwash and toilet use etc.)	
<b>Any other</b> (mobilization of SHG household etc.)	

Signature (VO Leader/SAC member/CRP)

\_\_\_\_\_



# How to conduct a home-visit?

Home visit is one of the essential components of the community service provisions as it provides opportunity to reiterate key messages. There are several aspects that can be fulfilled during home visit like counselling the target groups and their families, checking compliance to appropriate FNHW behaviours, identifying areas of support and follow ups and reminding dates of community-based events organized by D/oWCD and VOs etc. This makes it one of the most effective interventions when it comes to behaviour change.

## Objectives

- To counsel the target beneficiaries and their families to adopt good FNHW behaviours
- To make families aware of existing FNHW services and provide support in linking them with FNHW schemes and entitlements
- To ensure compliance to appropriate FNHW behaviours and provide support required by the target groups/family
- To mobilize target beneficiaries to access FNHW services and entitlements, including those delivered at Anganwadi and VHSND platforms



## Process of undertaking home visit

Monthly home visits to the households of target beneficiaries is recommended for increased uptake of FNHW services. Home visits for FNHW are to be undertaken by Community Resource Person (CRP)/VO-Social Action Committee (SAC) members in the households where target beneficiaries reside. Target beneficiaries will be decided by the State depending on their State FNHW Strategy.

The scope of target beneficiary inclusion can be extended based on the emerging needs; for example- target groups like SAM children, newlyweds and elderly members etc. can be considered for home-visit intervention, if these are helpful in improving the FNHW situation.

**Note:** It is advisable that these home visits be planned and undertaken in conjunction with ASHA/AWW to create more impact and avoid duplication.

### 1. Plan the home visit

- **Line list the target beneficiaries-** CRP/VO-SAC will develop record of target beneficiaries of SHG households by collecting information during monthly VO meetings. All the SHG leaders coming to attend these meetings should be asked in advance to have this information from their respective SHGs. This beneficiary line-list should be preferably corroborated with the information available with AWW/ANM during the monthly VHSND planning meeting. Use **Annexure-1 (A & B)** for beneficiary line-listing. Beneficiary line list

#### Who will conduct?

Community Resource Person (CRP)/VO-Social Action Committee (SAC) members

#### What items to be carried during home visits?

- Counselling cards
- Home-visit checklist

should be updated at quarterly frequency. SHG members can also keep a tab and inform CRP/VO-SAC about the beneficiary for any new inclusion; for example- newly pregnant woman, new SHG joiner, any member coming to reside in the SHG household/s of the village etc.

■ **Develop a monthly micro-plan to conduct home visits-**

A monthly micro-plan should be worked out at village level along with AWW/ASHA to streamline home visits and counselling schedule for better coordination and strengthened execution. Combining the home visit schedule with that of AWW or ANM will give added benefit. It is suggested that atleast 3-5 home-visits should be conducted by CRP/VO-SAC in the SHG households with target beneficiaries in a month. Priority should be given to high risk individuals like- pregnant woman in third trimester, a recently delivered mother, a young child just about to complete 6 months of age, SAM/ MAM children and anaemic adolescent etc.

The micro-planning schedule should be such that all the beneficiaries of a particular VO are home-visited over a course of three months.

## 2. Undertake home-visit

- Fix up a convenient date and time for the home visit during SHG meeting/s.

- Undertake home-visit and convey the objectives. Fix the date for the next visit before leaving.

- Use home visit checklist (**Annexure-2**) to understand the current status of utilization of FNHW services and entitlements by the beneficiary.

- **Use of counselling cards** (developed as part of the standard SBCC tools) is suggested for counselling and may be used as per requirement. The cards will help the counsellor (CRP/VO-SAC) in recollecting relevant counselling points (and reminding for participation in VHSND, community-based events, VO level FNHW events, POSHAN Abhiyaan and COVID vaccination etc.), while the images on the card will help the beneficiary/family. The Mother and Child Protection (MCP) card provided by ANM/ASHA, if available, can also be utilized for counselling purpose. Conduct the counselling session preferably in presence of family members to have a family dialogue and ensure their inclusion in care. **Box 1** can be referred to understand key messages to be given during counselling.

Undertake home-visit preferably when most of the family members are present.

### Box 1: Counselling cards to be used for key message delivery

Target beneficiary	Counselling cards to be used
<b>Pregnant women</b>	Maternal nutrition + ANC and birth preparedness + Newborn Care + Anaemia + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Lactating mothers (0-6 months)</b>	Maternal nutrition + Breastfeeding + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Lactating mothers (6-24 months)</b>	Maternal nutrition + Complementary feeding + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Adolescent girls</b>	Family dietary diversity + Health and nutrition during adolescence + Anaemia + Menstrual hygiene management + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Newlyweds</b>	Family Planning + Family dietary diversity + Anaemia + Menstrual hygiene management + PDS/THR + Nutri-garden + Hygiene related behaviours



- Encourage all women to participate in FNHW sessions held during SHG monthly meetings of their villages. Pregnant and lactating mothers can be motivated to attend the community-based events like Godbharai and Annaprashan Diwas.
3. Use monthly reporting format (Annexure 3) to capture the data on home visits.

### **Things to keep in mind while planning and conducting home visits**

#### **Build rapport**

- Always greet and address the target beneficiary and family members appropriately
- Ask questions using simple language and with a positive attitude
- Empathize with them
- Assure them that what they share will be kept confidential so that they do not hesitate to share.

#### **Counsel (Don't force)**

- While counseling, sit in front of the person being counselled and make eye contact while counselling.
- Have patience and give the person time to respond.
- Ask questions and try to have a detailed discussion on that particular matter.
- Respond in a manner that is relatable
- Listen to them carefully and whatever you understand from their response, respond accordingly.

#### **Build trust**

- Don't dismiss their opinions.
- Before correcting any statement first listen to them carefully. This brings confidence in the person for you.
- Appreciate positive behaviors and practices.
- Counsel them using practical examples.
- Address one or two most urgent issues, don't lecture.

### **Steps to conduct counseling**

#### **Step 1: ASK, LISTEN AND OBSERVE**

**Step 2: ANALYSE** - Identify problem, if it is more than 1 then prioritize problems and then analyze

**Step 3: GIVE A SOLUTION** – Discuss on a particular problem, give important information, and give consent on the solved problems.

ANNEXURE – 1A

Format for SHG level Beneficiary Line-listing

Name of the SHG: \_\_\_\_\_ Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_

Name of the Block: \_\_\_\_\_ Name of the Village: \_\_\_\_\_ Name and mobile no. of CRP/VO-SAC: \_\_\_\_\_

SN	Type of beneficiary				SHG membership	
	Name of pregnant woman / duration or pregnancy	Name of lactating mother with 0-6 months old child /date of birth of the child	Name of lactating mother with 6-24 months old child /date of birth of the child	Name of adolescent girl / age (in years)	Name of newlywed	If not, who in the family is SHG member (For eg- mother-in-law/ mother)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

Signature (SHG Leader)

\_\_\_\_\_

## ANNEXURE – 1B

### Format for Compilation of Beneficiary Line-listing at VO level

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_  
 Name of the Village: \_\_\_\_\_ Total no. of SHGs: \_\_\_\_\_ Name and mobile no. of CRP/VO-SAC: \_\_\_\_\_

SN	Name of the SHG	Type of beneficiary				Name of adolescent girl /age (in years)	Name of newlywed/age (in years)	Whether member of the SHG or not	If not, who in the family is SHG member (For eg- mother-in-law/ mother)
		Name of pregnant woman / duration or pregnancy	Name of lactating mother with 0-6 months old child /date of birth of the child	Name of lactating mother with 6-24 months old child /date of birth of the child					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									

Signature (CRP/VO-SAC)



## ANNEXURE - 2

## Home Visit Checklist for FNHW Services and Entitlements

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

Name of the Village: \_\_\_\_\_ Total no. of SHGs: \_\_\_\_\_ Name and mobile no. of CRP/VO-SAC: \_\_\_\_\_

## Which of the following services and entitlement you are availing

SN	Name of the target beneficiary	Type of beneficiary (Write whichever is applicable) (Pregnant woman/Lactating mother with 0-6 months old child/Lactating mother with 6-24 months old child/Adolescent girl/Newly-weds)	Registered at AWC		Yes/No	Are you undertaking monthly growth monitoring	Do you have MCP card?				Yes/No	Is ORS available at home	Are you linked with PDS	Are you getting Mid Day Meal	Government schemes			
			Are all ANCs being done	Are you consuming IFA tablets			Have you completed birth preparedness	Are you availing family planning services	Do you use toilet	Do you have garden/backyard poultry at your home					Do you get regular immunization	Are you linked with Janani Suraksha Yojna	Are you linked with PM JAY	Do you avail PMMVY benefits
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

**Note:** Write Yes/No wherever appropriate to register the responses.

Signature (CRP/VO-SAC)

# ANNEXURE - 3

## Format for Monthly Reporting

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_  
 Name of the Village: \_\_\_\_\_ Total no. of SHGs: \_\_\_\_\_ Name and mobile no. of CRP/VO-SAC: \_\_\_\_\_

Months	Pregnant Women		Lactating mothers				Adolescent girls		Newlyweds	
			Lactating mothers with 0-6 months old child		Lactating mothers with 6-24 months old child					
	Target	Home visited	Target	Home visited	Target	Home visited	Target	Home visited	Target	Home visited
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										

Signature of CRP/VO-SAC





# How to Conduct Peer Counselling at SHG Households?



Peer counselling is an intervention to bring about behaviour change where experience sharing/reiteration of key messages is done by individuals/groups sharing common characteristics. This document describes the operational aspects for implementation of Peer Counselling at SHG households in detail.

## Objectives

- To counsel target beneficiaries and their families, especially the influencers/decision makers of the family (for example-male members and elders) to adopt good FNHW behaviours
- To reiterate key messages in presence of influencers and provide support to the family in linking with FNHW services and entitlements
- To mobilize the influencers/decision makers of the family particularly male members to care and provide support to target group in accessing FNHW services and entitlements



## Pre-requisite

CRPs/VO-SAC members should be oriented on the counselling process and key messages to be delivered to the target group to facilitate handholding of the SHG leaders and members so that they can carry forward this activity.

## Process of undertaking peer counselling at SHG households

It has been mandated that FNHW session is to be rolled out once in a month during regular SHG meeting. It is suggested to conduct such meeting in SHG household having presence of target group (for example- pregnant women, lactating mother, children and adolescent girls etc.). This will provide an opportunity to the SHG members to interact and peer counsel (in group) the entire family and influence the decisions makers that have a say in FNHW care seeking behaviour of the target group. Target beneficiaries will be decided by the State depending on their State FNHW Strategy.

The scope of target beneficiary inclusion can be extended based on the emerging needs; for example- target groups like SAM children, newlyweds and elderly members etc. can be considered for peer counselling intervention, if these are helpful in improving the FNHW situation.

### Approaches for peer counselling

- Led by SHG leader, peer counselling session should be carried out involving other SHG.
- A peer who practiced recommended FNHW behaviours and achieved desired outcomes (such as early registration, 4 ANC, institutional delivery, diet diversity etc.) can also perform peer counselling of the target beneficiaries.
- Other beneficiaries of the similar target group from the same SHG community can be called at the SHG household where peer counselling is being undertaken to disseminate key messages to all.

Handholding of SHG groups for undertaking peer counselling should be done by CRP/VO SAC or any other trained cadre as identified by state depending upon its human resource structure.

### What items to be carried during peer counselling?

- Counselling cards
- Peer counselling checklist

Jharkhand SRLM has undertaken peer counselling intervention and scaled it up to several districts. The detailed guidance on the same is available on the link: <http://www.jslps.in/national-sop-for-FNHW-intervention.html>. Other SRLMs may connect with the concerned team at Jharkhand for more understanding.

## 1. Identification of target groups and micro-planning for peer counselling

- **Line-list the target beneficiaries** - CRP/VO-SAC will develop record of target beneficiaries with the help of SHG leaders by collecting information during monthly SHG meetings. This information should be corroborated with the information available with AWW/ANM during the monthly VHSND planning meeting. Use **Annexure- 1 (A & B)** as given in SOP “How to conduct a home-visit” for beneficiary line-listing. Beneficiary line list should be updated at quarterly frequency. SHG members can also be vigilant and inform CRP/VO-SAC about the beneficiary for any new inclusion; for example- newly pregnant woman, new member in the SHG, any member coming to reside in the SHG household/s of the village etc.
- **Develop a monthly micro-plan to conduct peer counselling at SHG households**- A monthly micro-plan should be worked out at VO level in conjugation with SHG leaders. It is suggested that all the SHG meetings with FNHW agenda should be conducted in the SHG households of target beneficiaries. Priority should be given to high risk individuals like- pregnant woman in third trimester, a young child just about to complete 6 months of age, SAM/MAM children and anaemic adolescent etc. Refer **Box 1** to understand key FNHW messages to be given during peer counselling.

Micro-planning schedule should be such that every month, new set of target beneficiaries and their families are peer counselled. The cycle will be continued after all the target groups have been reached for peer counselling sessions.

## 2. Undertake peer counselling

- Inform in advance/seek permission to fix the date for meeting from the target SHG household for FNHW meeting and subsequent peer counselling. For counselling, choose a time when, all the family members will be present. Depending upon the presence of family members, undertake peer counselling **either before or after** monthly FNHW meeting is over.
- Use peer counselling checklist (**Annexure- 1**) to understand the current status of utilization of FNHW services and entitlements by the target group and counsel appropriately.
- Gather all the family members including target beneficiary at one place and start peer counselling session. Provide relevant information as required by the target beneficiary. ASHA/AWW can also be invited for the session, if available.
- **Use of counselling cards** (developed as part of the standard SBCC tools) is suggested to counsel the target beneficiary and her family. The cards will help the peer counsellors in recollecting relevant key messages, while the images on the card will help the beneficiary (refer **BOX 1**). The Mother and Child Protection (MCP) card provided by ANM/ASHA, if available, can also be utilized for counselling purpose.

**Box 1: Counselling cards to be used for key message delivery**

Target Group	Counselling cards (in combination) to be used
<b>Pregnant women</b>	Maternal nutrition + ANC and birth preparedness + Newborn Care + Anaemia + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Lactating mothers (0-6 months)</b>	Maternal nutrition + Breastfeeding + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Lactating mothers (6-24 months)</b>	Maternal nutrition + Complementary feeding + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Adolescent girls</b>	Family dietary diversity + Health and nutrition during adolescence + Anaemia + Menstrual hygiene management + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Newlyweds</b>	Family Planning + Family dietary diversity + Anaemia + Menstrual hygiene management + PDS/THR + Nutri-garden + Hygiene related behaviours

**Note:** FNHW session will be continued as per the regular schedule.

- Peer groups can also do the demonstration of relevant good FNHW practices, such as hand-washing
3. SHG leader should inform about the completion of the task to CRP/VO-SAC during monthly VO meetings, who will fill the data in monthly reporting format (**Annexure- 2**).

## ANNEXURE - 1

### Peer Counselling Checklist for FNHW Services and Entitlements

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

Name of the Village: \_\_\_\_\_ Total no. of SHGs: \_\_\_\_\_ Name and mobile no. of CRP/VO-SAC: \_\_\_\_\_

#### Which of the following services and entitlement you are availing

SN	Name of the target beneficiary	Type of beneficiary (Write whichever is applicable) (Pregnant woman/ Lactating mother with 0-6 months old child/Lactating mother with 6-24 months old child/ Adolescent girl/ Newly-weds)	Registered at AWC		Yes/No	Do you have MCP card?				Yes/No	Is ORS available at home	Are you linked with PDS	Are you getting Mid Day Meal	Government schemes				
			Are you getting the THR	Are all ANCs being done		Are you consuming IFA tablets	Are you practicing dietary diversity (consuming 5 out of 10 food groups)	Are you undertaking monthly growth monitoring	Have you completed birth preparedness					Are you availing family planning services	Do you use toilet	Do you have garden/backyard poultry at your home	Do you get regular immunization	Are you linked with Janani Suraksha Yojna
1																		
2																		
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6																		
7																		
8																		
9																		
10																		

**Note:** Write Yes/No wherever appropriate to register the responses.

Signature (SHG Leader)

## ANNEXURE – 2

### Format for Monthly Reporting

Name of the VO: \_\_\_\_\_ Name of the CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_  
 Name of the Village: \_\_\_\_\_ Total no. of SHGs: \_\_\_\_\_ Name and mobile no. of CRP/VO-SAC: \_\_\_\_\_

Months	Pregnant Women		Lactating mothers				Adolescent girls		Newlywed	
			Lactating mothers with 0-6 months old child		Lactating mothers with 6-24 months old child					
	Target	Peer counselled during monthly FNHW meetings	Target	Peer counselled during monthly FNHW meetings	Target	Peer counselled during monthly FNHW meetings	Target	Peer counselled during monthly FNHW meetings	Target	Peer counselled during monthly FNHW meetings
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										

Name and Signature (CRP/VO-SAC)

\_\_\_\_\_





# Steps to Organize FNHW Community Event/Campaign



State Rural Livelihood Missions (SRLMs) are making efforts for bringing about behaviour change on Food, Nutrition, Health and WASH (FNHW) in community through its network of SHGs and federations adopting various approaches. The advisory on strengthening SBCC approaches for improving FNHW outcomes (2020) envisages that organizing events or campaigns, at community level, on key FNHW themes, is one of the key approaches to bring about positive social behaviour change. In line with this, community events or campaigns on FNHW at VO level should be organized frequently for awareness generation among the target groups (eg. pregnant and lactating mothers, young children, adolescents, and newlyweds etc.) as identified by the SRLMs in their state operational strategy. Purpose of these events/campaigns is to reiterate key messages, involve families and community influencers and should be in sync with the FNHW session rolled out in group meetings.

## ■ Objectives

- To reiterate key messages and create enabling environment involving all stakeholders for better uptake of FNHW behaviours by the target group, their families and community as a whole
- To reach people outside of the SHG fold through community mobilization effort
- To identify community level champions and involve community influencers to take forwards FNHW agenda in the community
- To facilitate synergies with the efforts of other line departments (ex- POSHAN Maah, POSHAN Pakhwada, Swachhta Abhiyaan etc.)

## ■ Key approach

Conduct activities to generate interest among community members on FNHW issues to participate in these events by adopting following approaches:

- One-time event (community event)
- Series of events in continuation over a few days in the form of a campaign (community campaign)

**Note:** Organization of these two (event/campaign) will be discussed separately in the text.

Mention about adult learning principles, easily doable, relevant to the target people, do not require many resources, resources can be locally generated, simple methods and tools, identification of the venue.

## ■ Key points for planning the event/campaign

- There are key focus areas under the FNHW (**Annexure- A**) component identified by the DAY-NRLM. Also, based on the needs, SRLMs have identified priority areas in consultation with the community institutions in their state operational strategy.
- The community events/campaigns must be organized for a day/ a few days across all the blocks of all the districts across state at a monthly frequency or as envisaged in FNHW State Operational Strategy.
- It is the responsibility of the VO to successfully organize such events/campaigns through its cadre of CRP/SAC. All the beneficiaries of the identified target group and their family members should participate.
- To support organization of such events/campaigns, suggestive formats and SBCC tools (banner, posters, stickers etc.) have been standardized (refer **Annexures 1-5**).
- These events/campaigns must be planned in sync with the events/campaigns organized by other line departments to create synergies and have more impact. For example- the timing of organizing

community event/campaign on breastfeeding can coincide with the breastfeeding week. It is also suggested that these events may also be in sync with the topic of session rolled out in SHG monthly meetings on FNHW issues.

- All SRLMs must plan and include these events/campaigns in their annual action plan and budget appropriately.
- State must prepare an annual calendar for organizing such events/campaigns.

### Prerequisites

For an event/campaign to run successfully, ensuring following steps is a must:

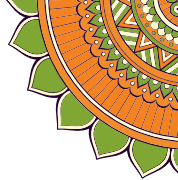
- As per identified theme, CRP/SAC should be trained on related FNHW session.
- The concurrent FNHW session has been rolled out at all the SHGs of the block.

## ■ Process to be followed for organizing community event at VO level

### Before community event

- **Line listing of beneficiaries** – All the beneficiaries (pregnant, lactating mothers, adolescents etc.) should be line listed by CRP/VO-SAC during the weekly/monthly meetings of SHGs/VOs. Please refer beneficiary line-listing format as given in **Annexure-1 (A & B)** of SOP “How to conduct a home-visit”. The list will be shared during the VO meeting and approved by VO Leader/CRP/VO-SAC.
- **Deciding the date and venue** – During the same VO meeting, the date/s will be decided and concerned stakeholders will be informed and their support will be sought. Depending upon the type of event to be organized, ASHA/AWW/PRI/Teachers etc. can be invited. Select a venue that is convenient for all to reach and gather.
- **Planning for type of activities** - The type of activities to be conducted, their sequence, schedule, venue and participants should be discussed and appropriately planned. Annexure A lists in brief various activities that can be organized on the day of event. It is not necessary to do all the activities. One activity alone or in combination with other can be planned for the entire duration of the community event. For example-
  - Organization of rally in the village can be done along with local songs and slogans made on identified FNHW theme. The rally will be participated by the SHG members and their families. Route of the rally can be the path where most of the target beneficiaries' households are enroute.
  - If PICO projector is available, video shows can be organized for the beneficiaries/ community.
  - Food demonstrations can be done along with counselling
- **Undertaking home visit** - Home visits will be conducted by CRP/VO-SAC to the homes of target beneficiaries as per line listing. CRP/VO-SAC will share the details of date, time and venue of community campaigns and formally invite them along with the family members.
- The general community and representatives from other line departments (such as ASHA/AWW/PRI/ teachers, local faith leaders, local medics and other influential people etc.), as required, should also be informed for participation in community event.
- Undertaken home visits (as part of community event) should be reported in VO level community event reporting format (**Annexure-1**).

Event done in isolation is not going to create desired impact. It should be celebrated in such a way that it creates an impact in the community. Small tolas should also be included, special efforts should be made for their inclusion.



### On the day of event

- Organize the planned activities as per decided schedule
- Mobilize target beneficiaries, community and representatives from other line departments
- Presence of CRP/VO-SAC (supported by Book Keeper) is a must during activity. She should visit the village one day prior to ensure that all the arrangements are in place.
- Engage VO SAC to mobilize community for the event at designated place.
- Award/reward for the winners of competitions if organized.
- Identify and coordinate in advance format for having open remarks from local dignitary.
- Plan schedule of event in coordination with VO SAC- calendar of event should be prepared and shared with VO SAC for FNHW key theme. Important health and nutrition days can be targeted for organization of such events.
- Arrangement for refreshment and water (safe and hygienic) may be done utilizing VO funds.
- Ensure cleanliness of the venue, toilet facility arrangement, arrangement of durries etc.
- Type of activities conducted and participants attended should be reported in VO level community event reporting format (**Annexure-1**).

### ■ Follow-up after the event

- After the event is over, the target beneficiaries and their family members should be followed up during the corresponding monthly meeting by the CRP/VO-SAC to reinforce the key messages, understand the impact of the campaign, adoption of recommended behaviours and any feedback to improve further.

### ■ Reporting

- After the event is over, a report should be prepared to inform about the activities that were conducted during the community event. This report will be prepared at block and district level (**Annexure-2 & 3**) and shared further with state level official.

## ■ Process to be followed for organizing community campaign

For a campaign to be organized on FNHW at community level, following steps (activities at state, district and block levels) will be added prior to undertaking the activities at VO level (refer the section, **Process to be followed for organizing community event at VO level**).

### State level activities

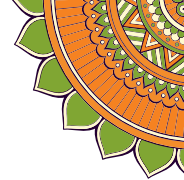
- Issuance of directive, to all the districts, informing themes, duration and type of activities
- Sharing prototypes of SBCC material and format with the districts. Banner and formats to be printed at district level (if possible).
- Organization of one-day state level orientation workshop to orient district-level mission staff

### District level activities

- Issuance of official communication to the blocks
- Organize one-day district level orientation workshop:
  - All the Block-level staff (BPMs/BCs and PFTs) of the district needs to be oriented. The orientation workshop should be organized at DMMU and led by DPM/DM- FNHW Incharge, where all the relevant information and activities necessary for organization of community campaign should be discussed and block-wise orientation plan should be prepared (**Annexure- 4**).
  - District level officials from WCD, Heath, PRI and other line departments and agencies should be requested to participate and extend necessary support.
  - Assess requirements of SBCC material (banner and poster etc.) and formats for printing and distribution.

### Block level activities

- Issuance of official communication to CLFs and VOs
- Organize one-day block level orientation workshop:
  - Organize workshop in all the blocks to prepare for community campaign, where all the cluster-level staff and cadre should be oriented by BPM- FNHW Incharge. BPM –FNHW Incharge should decide the date for organization of these orientation workshops. Block Coordinators should ensure the development of cluster-wise microplan (**Annexure- 5**) of the entire block.
  - Cluster Leader will be accountable to oversee that all the requisite activities are conducted at the designated places/levels for which they will coordinate and provide support to the concerned CRP/VO-SAC. They will be present on the day of campaign at the designated places to manage the conduction of activities.
  - Block level officials from WCD, Heath, PRI and other line departments and agencies should be requested to participate and extend necessary support.



## ANNEXURE – A

### Suggested themes and list of activities to be organized during FNHW Community Campaigns

#### Key FNHW themes

1. Linkages with livelihoods	2. First 1000 days and malnutrition cycle
3. Maternal nutrition	4. ANC & PNC
5. Care of newborn at home	6. IYCF
7. Diet diversity	8. Anaemia
9. Family planning	10. Nutrti-garden
11. Public Distribution System (PDS)/ Take Home Ration (THR)	
12. Menstrual hygiene management	13. Health and nutrition for elderly
14. Hygiene related behaviors	15. Household waste management
16. Non-communicable diseases	17. Adolescent health and nutrition

1. **Parivar Chaupal-** An open space meeting involving the target beneficiaries/audience can be organized to create awareness generation on FNHW themes. Select a suitable time when most of the community members (male members of the community, elderly females and other influencers) can be available. Such events can be organized during evening/night time (Ratri Chaupal) to ensure that members who are usually out during the day time (males and elderly members of the household) can also participate. Parivar Chaupal can also be utilized for enacting nukkad natak or quiz competition or any other activity as deemed suitable.
2. **Home-based peer counselling meeting-** Peer counselling is a process that involves one-on-one interaction or interaction between members of a group, who have several things in common. To facilitate the organization of home-based peer counselling, an SHG household with target beneficiary can be identified where the regular SHG meeting can take place and after the meeting, family members of the household can be counselled on appropriate practices and behaviours.
3. **Nukkad natak-** is a form of theatrical performance and presentation in outdoor community spaces without a specific paying audience. These spaces can be anywhere, including village chauraha, temple verandah, recreational reserves, school ground, panchayat bhavan and street corners etc. They are especially seen in outdoor spaces where there are large numbers of people. It is a source of providing information to people when there are no other sources like- television, radio etc. Nukkad natak is used to convey a message to the crowd watching it without needing much sophisticated equipments like- microphone or loud speakers. A 3-5 minutes' theme-based play can be scripted and enacted by the SHG members to disseminate the key messages.
4. **Video shows-** A visual depiction has more retention power in the memory of audience. If equipments like pico projectors are available, video shows can be organized for the audience and beneficiaries on identified themes either alone or in combination. Even the cooking video shows can be arranged in case there is a problem in arranging the ingredients and equipments. Videos can be accessed from the already existing lot of videos on various key themes of FNHW as well as various other open sources like- youtube can be explored.
5. **Quiz competition/slogan writing/essay writing competition-** Quiz competition can be organized to test the knowledge and level of awareness generation among the target beneficiaries/ audience. Slogan or essay writing competition can also be organized depending upon the type of audience involved and the related FNHW theme. Small prizes for the winners (first, second and third) can be arranged from the VO level fund.

6. **Food demonstration/recipe demonstration-** Food demonstrations and recipe demonstrations are the most effective community events to change food related behaviours. These can be organized to interact with beneficiaries/audience as this will help them not only learn to prepare nutritious food but also recall importance of consuming various food items and nutritive value of the commonly consumed foods.
  - For food demonstration- Ingredients can be arranged from the SHG families or VO may fund the purchase of required food items.
  - For recipe demonstration- An SHG household can be identified, where the demonstration can take place. Ingredients, cooking utensils and other equipments can be arranged from the SHG families or VO may fund the purchase of required food items.
7. **Rallies-** Community rallies are meaningful way for the community to unite and raise awareness about a particular concern or issue. A well-organized rally or march communicates a movement's message clearly and accurately to the intended recipients and the broader community.

#### Steps to follow

- Determine **WHO** are the people involved in the rally organizing team.
- Determine **WHO** are the target audience/beneficiaries who needs to be reached out to.
- Determine **WHEN** is the best time. During the day or in the evening? Week day or weekend? Before an important public meeting?
- Determine **WHERE** is the best place or WHAT is the best path for the rally to follow. For example- if a rally is being conducted for creating awareness on complementray feeding, the path of the rally can be such so that it covers the households in which reside the children of complementary feeding age group (6-24 months).

Please refer the detailed SOPs on Malaria rally, Plantation drive and Swachhta rally as given in the Additional Reference Material sections.

8. **Growth monitoring drives-** Growth monitoring drives can be conducted in the community to identify SAM/MAM children. This should be done in collaboration with Department of Women and Child Development. Upon identification of SAM/MAM children, concerted efforts by SHG group can be made to support such families e.g. linking such families with FNHW schemes and social security entitlements, establishment of nutri-garden and support them in availing Nutrition Rehabilitation Centre (NRC) facility etc.
9. **Baby Shows-** Baby shows can be organized to showcase them as an example of health and positive FNHW behaviours practiced by the family. Baby show can be accompanied by a discussion on appropriate FNHW behaviours to disseminate key messages to the people who participated. Collaboration with other department should be done for organizing this activity. Local dignitaries/ influencers can also be invited for selection of the winner. The winners may be rewarded.



## ANNEXURE – 1

### Format for Reporting VO Level Community Event/Campaign

Name of VO: \_\_\_\_\_ Name and mobile no. of CRP: \_\_\_\_\_

S. N.	Date of VO meeting	Date of preparing line listing	FNHW campaign					
			Date/duration of FNHW community event/campaign	Home visits conducted		Types of FNHW event/campaign activities undertaken*	No. of target beneficiaries present*	No. of community members present*
				Target	Conducted			
1								
2								
3								
4								
5								
6								
7								
8								

\*Individual rows can be utilized for listing one type of activity and the participant in subsequent columns.

\_\_\_\_\_  
Signature of CRP/SAC

## ANNEXURE – 2

### Format for Reporting of Community Event/Campaign at Block Level

Name of the District: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

S.N.	Name of the Cluster	FNHW Community event/campaign		Types of FNHW event/campaign activities undertaken*	No. of target beneficiaries present*	No. of community members present*
		No. of VOs planned	No. of VOs conducted			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\*Individual rows can be utilized for listing one type of activity and the participant in subsequent columns.

\_\_\_\_\_  
Signature of BPM

### ANNEXURE – 3

#### Format for Reporting of Community Event/Campaign at District Level

Name of the District: \_\_\_\_\_

SN	Name of the Block	FNHW Community event/campaign		Types of FNHW event/campaign activities undertaken*	No. of target beneficiaries present*	No. of community members present*
		No. of VOs planned	No. of VOs conducted			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\*Individual rows can be utilized for listing one type of activity and the participant in subsequent columns.

\_\_\_\_\_  
Signature of DPM/DM-FNHW

### ANNEXURE – 4

#### Format for Planning Block-wise Orientation

Name of the District: \_\_\_\_\_

S.N.	Name of the Block	Date of Orientation	Place of Orientation	Total no. of participants	Total no. of participants attended
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Note:** A suggestive activity calendar enlisting type of activities and possible schedule for the duration of FNHW community event/campaign should be provided.

\_\_\_\_\_  
Signature of DPM/DM –FNHW Incharge



**ANNEXURE – 5**  
**Format for Planning Cluster-wise Orientation**

Name of the District: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

S.N.	Name of the Cluster	Date of Orientation	Place of Orientation	Total no. of participants	Total no. of participants attended
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Note:** A suggestive activity calendar enlisting type of activities and possible schedule for the duration of FNHW community event/campaign should be provided.

\_\_\_\_\_  
**Signature of BPM**



# Steps to Organize Parivar Chaupal



Care of pregnant and lactating women and young children (upto two years) is largely considered to be the responsibility of female members (mother/mother-in-law and the target women herself) of the household. Considering family as a unit, engagement of male household member carries equal significance in this regard and often they are the decision makers of the family. While most key messages for behaviour change target women as the primary target, their actions are generally influenced by other members of the household, who may hold positions of power in the family.

Parivar Chaupal or family meeting is an appropriate platform to engage with families as a whole, particularly husbands and father-in-laws to address gendered norms within the household that leave women compromised on various health and nutrition aspects.

**A chaupal** is the forum of community life in villages, especially for male inhabitants. It is any place where people “sit and discuss their problems, celebrate their pleasures, share the pains of an individual, family or a particular group, sort out their disputes.” It is “a sacred place of secular nature” that “guarantees freedom of speech and expression to everybody<sup>1</sup>.”

## Objectives

- To engage with families/community, especially the influencers/decision makers of the family (for example- male members and elders) to adopt appropriate FNHW behaviours
- To mobilize them in active care of target group present in their households

## Participants

- All the target groups (for example- pregnant women, lactating mothers, children below 2 years of age, adolescent girls etc.) of the village (SHG and non-SHG both)
- All male members (for example- husband, father-in-law/father and brother etc.) of the households of target groups
- Other female members of the households of target groups

## Steps to be followed for organizing Parivar Chaupal

- Parivar Chaupal should be organized at the village level atleast once in a month preferably before the day of VHSND for 1.5 -2 hours duration.
- **Preparatory activities for Parivar Chaupal at VO level**
  - **Deciding date and venue:** The date and place should be decided in consultation with the family members of target groups to ensure maximum participation. Any suitable place like VO meeting venue, Gram Panchayat Bhawan, Anganwadi Centre, Community Centre or any other place where people have easy access and reach can be selected.
  - **Seek support from other stakeholders:** Include Panchayat representatives, teachers, AWW, ANM, ASHA, VHSNC members and other influencers in Parivar Chaupal, request their support and entrust the responsibility to them with mutual discussion. Special invite should be given to AWW, ANM, ASHA for disseminating the key messages.

### Who will organize?

VO level FNHW resource persons (CRP/VO-SAC) members etc., will be responsible for coordinating and organizing this activity.

<sup>1</sup>[https://en.wikipedia.org/wiki/Chaupal\\_\(public\\_space\)#:~:text=Although%20chaupals%20are%20fundamentally%20a,place%20of%20secular%20nature%22%20that%20%22](https://en.wikipedia.org/wiki/Chaupal_(public_space)#:~:text=Although%20chaupals%20are%20fundamentally%20a,place%20of%20secular%20nature%22%20that%20%22)

- **Share the responsibilities among VO/SHG members:** Discuss the required support for organizing Parivar Chaupal with VO members during VO meeting. Using village map, give responsibility of mobilizing target groups and their male family members to the closely residing SHG member.

## ■ Organizing Parivar Chaupal

- **Mobilize community and stakeholders-** All the target groups and their family members should be mobilized to attend Parivar Chaupal as per decided date and venue. Panchayat representatives, teachers, Anganwadi Worker, ANM, ASHA, VHSNC members and other influencers should also be mobilized to participate.
- **Decide the themes** to be discussed during Parivar Chaupal based on the type of target groups. For example
  - i. Pregnant women
  - ii. Lactating mothers with young children (0-24 months)
  - iii. Adolescent girls
  - iv. Newlyweds
  - v. Any other emerging issue from the community (e.g. diet diversity at household level, handwashing, toilet use, management of waste, health seeking behaviour and immunity building)
- **Ask questions** relevant for each category of target groups from a set of questions (**Annexure-1**). Choose questions (2-3) to initiate the discussion and keep adding on the new topics each time Parivar Chaupal is conducted (every month) with recap the previous ones.
- Ensure that not more than two Parivar Chaupal sessions are used for completing discussion related to one target group. This way, all the six mentioned target groups will be covered in a year.
- Based on answers received from participants, counsel the group with appropriate advice/information. Refer Facilitator's Guide of the respective topics to get in-depth information as provided with FNHW sessions flipbooks as part of training material. Other SBCC material (such as- posters and counselling cards etc.) provided in the Standard FNHW toolkit may also be utilized for the discussion additional queries raised during discussions should also be answered.

The topics discussed during SHG meetings can also be reiterated in the Parivar Chaupal with the larger group.

**BOX 1** can be referred to understand FNHW themes to be discussed during Parivar Chaupal.

### Box 1: FNHW themes to be discussed during Parivar Chaupal

Target group	Topics
<b>Pregnant women</b>	Maternal nutrition + ANC and birth preparedness + Newborn Care + Anaemia + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Lactating mothers (0-6 months)</b>	Maternal nutrition + Breastfeeding + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Lactating mothers (6-24 months)</b>	Maternal nutrition + Complementary feeding + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Adolescent girls</b>	Family dietary diversity + Health and nutrition adolescence + Anaemia + Menstrual hygiene management + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>Newlyweds</b>	Family Planning + Family dietary diversity + Anaemia + Menstrual hygiene management + PDS/THR + Nutri-garden + Hygiene related behaviours
<b>All other members</b>	Health and nutrition during old age + Diet diversity for family + PDS/THR + Nutri-garden + Hygiene related behaviours+ Non-communicable diseases



- **Undertake skill/knowledge demonstration** on 1-2 topics as required on the following suggested FNHW areas. A street play, song etc. can also be planned to make the interaction interesting.

- |   |   |
|---|---|
| i. Handwashing  | ii. MCP Card                            |
| iii. Complementary food recipes   | iv. Feeding the child with katori/spoon |
| v. IFA/Calcium/Albendazole tablet                                       | vi. Growth chart                        |
| vii. Micronutrient content for vegetables/ fruits from the nutri-garden |   |
| viii. Food safety and hygiene   | ix. Keeping the newborn warm            |

- Give recognition to the following:
  - Active participants
  - Participants who gave correct answers
  - Participant/s who maintained the record and presented final result
  - Family members who actively participated in care of target group present in their households

#### ■ **Closing ceremony**

VO level FNHW resource person (CRP/VO SAC) should ensure

- to do a recap of all the learning and discussion
- to thank all the participants and discuss/decide date for the next Parivar Chaupal before closing
- to do the next month's activity planning (identifying priority areas for discussion and demonstration) especially with the family members of the households of target groups

### ■ **Reporting**

Families of target beneficiaries should be followed up for ensuring compliance to practice FNHW behaviours as discussed during Parivar Chaupal. Reporting should be done as per format given in **Annexure-2** to prepare a summary report of the event and submit to CLF.

#### **Budget**

A minimum amount of INR 250/- from VO level fund can be set aside for organizing Parivar Chaupal.

OR

Financial requirement can be placed before VHSNC or discussed with Panchayat for funding support to organize Parivar Chaupal. The money can be spent on the following suggested requirements:

- Printing of poster/banner
- To purchase items for food demonstration or demonstration of activities like Annaprashan and cleaning (for example- soap, phenyl, broom) etc.
- To purchase gifts for honour/award
- Photography
- Any other as required

## **ANNEXURE – 1**

### **Question Bank on key FNHW Themes**

#### **Maternal nutrition**

- Why is it necessary to pay attention during pregnancy and lactation?
- What additional nutrition care is required during pregnancy and lactation?
- What do you understand by dietary diversity?
- Why consumption of IFA and Calcium is important?
- What are the services and entitlements available for pregnant and lactating women?

#### **ANC/PNC**

- When should a pregnant women get registered?
- What health related aspects to be covered for care during pregnancy?
- What are the services provided during ANC?
- What do you understand by institutional delivery and why do you think it is important?
- What preparedness is required to ensure safe delivery?
- What sort of post-natal care is required to mother and newborn?

#### **Newborn care**

- What special care a newborn requires?
- How to identify a low birth weight baby?
- How to care for a low birth weight baby?

#### **Infant and Young Child Feeding**

- When breastfeeding should be initiated? Why colostrum is important?
- What do you understand by exclusive breastfeeding?
- What are the benefits of breastfeeding for mother and the baby?
- What do you understand by complementary feeding, when it should be initiated?
- What food groups should be included in child's diet
- What is the correct consistency, frequency and quantity of complementary food?
- What are the services and entitlements available for young children?

#### **Anaemia**

- What do you understand by anaemia and its symptoms?
- What are the reasons for anaemia?
- Who are most affected and why?
- How anaemia can be prevented?
- What are the rich sources of iron?

#### **PDS/THR**

- How many of you are linked with PDS/THR?
- Who are eligible for availing PDS/THR?
- What provisions are there?
- How to access these service provisions?



## **Nutri-garden**

- How many of you have nutri-gardens at home?
- How to set up nutri-garden?
- How to use small spaces to establish nutri-gardens?
- How does it contribute to dietary diversity?

## **Handwash**

- Why handwashing is important?
- What are the steps of handwashing?
- What are the critical times, when handwashing should be done?
- How to ensure food and water hygiene?

## **Toilet use**

- Why toilet use is important?
- How to keep toilet facility clean?
- Who all should use the toilet?
- Are you aware/availing any scheme or program that supports construction of toilet facility

## **Diet diversity**

- What do you understand by balanced diet?
- Why dietary diversity is important for all?
- What are the different food groups and nutritional benefits?
- How to ensure diet diversity in you daily meals?

## **Adolescent health and nutrition**

- What is adolescence?
- Why health and nutrition is important during adolescent?
- How to take care of malnutrition and anaemia during adolescence?
- From where to get adolescent friendly health services in your area?

## **Menstrual hygiene**

- What is menstruation?
- Why maintaining hygiene is important during menstruation?
- What are the correct methods of disposing menstrual waste?
- How to take care of yourself during periods?
- Who to approach for getting information and services on menstrual hygiene?

## **Family planning**

- Why family planning is required?
- Who should consider adopting family planning methods?
- What are family planning methods?
- Who to approach for getting information and services on family planning?

## **Health and nutrition during old age**

- Who are considered elderly?
- Why special health and nutrition care is important during old age?
- What are general health and dietary suggestions to maintain good health during old age?
- What lifestyle changes should be made for better living?
- What are the schemes and services available for the elderly?

## **Non-communicable diseases**

- What are the common non-communicable diseases?
- Who are most vulnerable to get affected from NCDs?
- Why should we focus on nutrition to prevent non-communicable diseases?
- What are the causes of obesity, diabetes, hypertension?
- What dietary DO's and DONT's should be considered?

## **Health seeking behaviour and immunity building**

- What is immunity?
- What are the common infectious disease?
- Who are most vulnerable?
- Where to seek health care in case of sickness?
- Why focus on health and nutrition for better immunity?



## ANNEXURE – 2

### Format for Monthly Reporting on Parivar Chaupal

Name of CLF: \_\_\_\_\_ Name of VO: \_\_\_\_\_

Name of Village: \_\_\_\_\_

Total Participants details:

Fathers: \_\_\_\_\_ Father-in-laws: \_\_\_\_\_ Husbands: \_\_\_\_\_ Brothers: \_\_\_\_\_

Others (males): \_\_\_\_\_ Others (females): \_\_\_\_\_

Total pregnant women: \_\_\_\_\_ Total lactating mothers: \_\_\_\_\_

Representatives from other departments: \_\_\_\_\_

S.N.	Topic discussed	Activities undertaken	Total participation		Expenditure	Bill details	Remarks
			Men	Women			

Signature (CRP/VO-SAC)

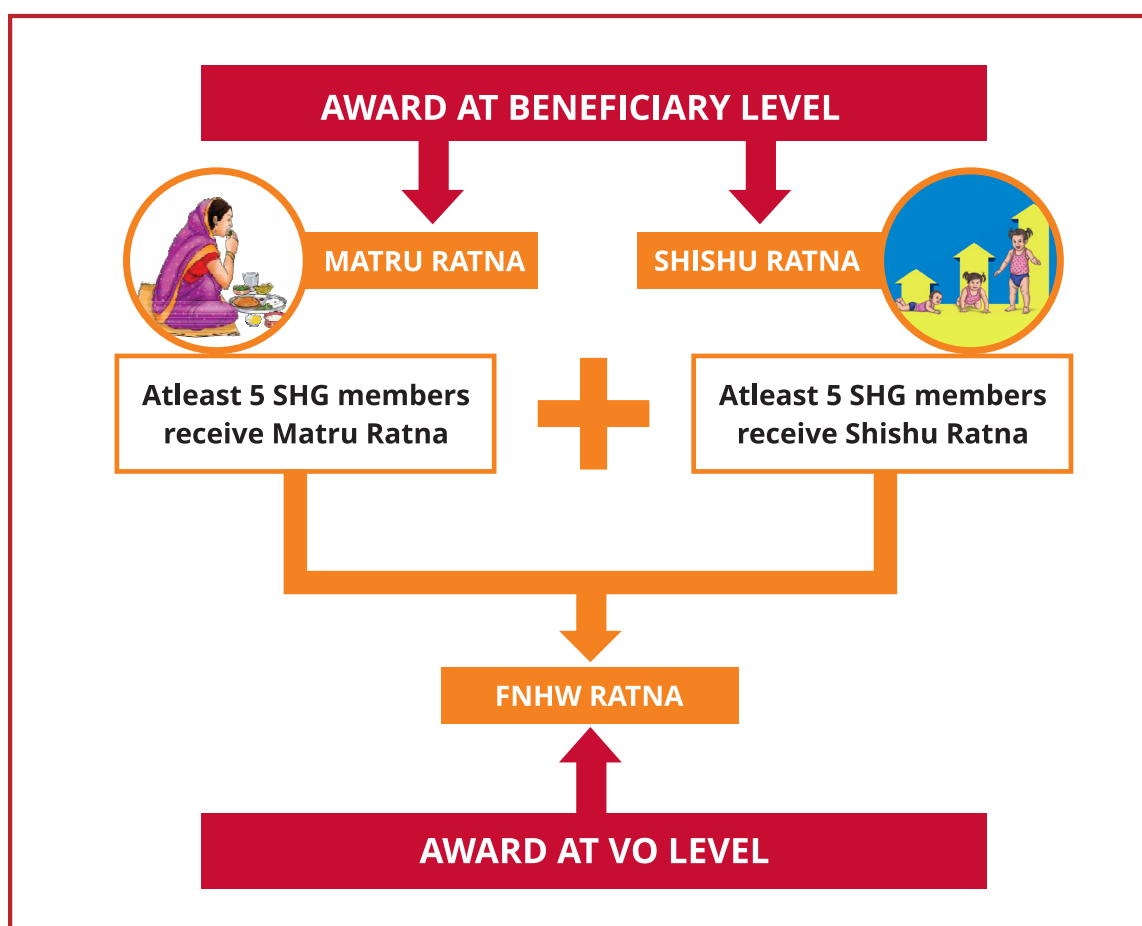
\_\_\_\_\_



# How to Establish a Mechanism to Reward Good Performance in FNHW?

Adoption of positive FNHW behaviours is crucial for improvement in overall FNHW scenario. As we are putting in efforts for improving behaviours of the SHG members around FNHW, it becomes important to acknowledge those who facilitated/adopted positive behaviours and thus, contributed to the improved FNHW status of the community.

Following process can be followed by the VOs to felicitate those SHG members who practiced positive FNHW behaviours over a defined course of time and fulfilled all the parameters as indicated in respective sections. A tool has also been designed to monitor and encourage positive behaviors among SHGs and their household members through regular follow-ups, peer reviews at SHG and VO levels and through felicitation of the deserving members of SHGs and their institutions.



Schematic presentation of the Community level Reward Mechanism

## ■ Components of reward mechanism at different levels

### 1. At beneficiary level

**1.1 Matru Ratna:** This ratna will be awarded to the pregnant women (residing in SHG households) for demonstrating correct practices related to 7 key FNHW behaviors covering the period of pregnancy.

- Early registration of pregnancy
- Consumption of IFA
- Maternal diet diversity
- Linked with THR
- Institutional delivery
- Availability of functional toilet
- Availability of handwash facility

**1.2 Shishu Ratna:** This ratna will be awarded to lactating mothers (residing in SHG households) for demonstrating correct practices related to 7 key FNHW behaviors adopted for their children covering the period from the birth of the child till one year of age.

- Early breastfeeding
- Exclusive breastfeeding for 6 months
- Initiation of complementary feeding after 6 months
- Child diet diversity
- Age-appropriate immunization till one year of age
- Availability of functional toilet
- Availability of handwash facility

## ■ Process of monitoring for beneficiary level award

SHG member's FNHW behavior will be tracked through 'Award Cards- Matru Ranta Card and Shishu Ratna Card' (**Annexure- 1 & 2**), which will be owned by each SHG. Every month in a scheduled weekly meeting (1st or 4th meeting), SHG leader will enquire with the eligible members and tracks the status of members about aforesaid FNHW behaviors. The information can be captured on recall basis, if possible. SHG leader should verify the information through existing records (MCP Card), information available with ANM/ASHA/AWW or discussion with other members. Members who are not found to practice the right behaviors will be reinforced/motivated to adapt to positive behaviors. Every month FNHW status of the members will be updated in award cards. The process will be followed for the designated duration as mentioned above.

SHG members who have been found to practice all the key FNHW behaviours will be felicitated at an event organized at VO level at the end of the year by dignitaries (SRLM's district/block team/health department (ANM/ASHA)/ICDS department (AWW/supervisor)/ PRI/Ward member/ CRP/Community leaders in presence of the community members. The VO level event can be either an extended VO meeting where all the awardees and their families will be called or it can be clubbed with any community events that has been planned at VO level.

## ■ Frequency: Annual

- A suitable item can be selected for giving as an award. It can be any utility item that stays with them for certain time as a marker of remembrance of the positive behaviours.
- For purchase of awards to felicitate members (example- soap/sanitizer, ORS packet, katori/spoon, glass, photo frame, garland or other utility items etc.) VO funds can be utilized.



## 2. At VO level

**FNHW Ratna:** This is a VO level award (FNHW Ratna) to be given annually (at the end of the designated time period). Those VOs will be eligible to compete for this reward where at least 5 SHG members have received Matru Ratna and atleast 5 have received Shishu Ratna. A list of SHG beneficiaries will be consolidated at VO level and shared with the CLF/Block for felicitation of the award and VO with maximum Matru Ratna and Shishu Ratna will be awarded first, second and third prizes.

### ■ Process of monitoring for VO level award

Each VO will be provided with an VO Eligibility List for FNHW Ratna (**Annexure- 3**). During VO meeting (to be held one month prior to the completion of designated one year time period), VO leaders along with SAC members and SHG leaders will collect the information about the awardees as per the Award Cards (Matru Ratna Card and Shishu Ratna Card) and fill the information in VO Eligibility List. A list of SHG beneficiaries will be consolidated at VO level and shared with CLF/Block for award felicitation.

At CLF, a list of all eligible VOs will be compiled for FNHW Ratna (**Annexure- 4**) and VOs with maximum Matru Ratna and Shishu Ratna will be awarded first, second and third prizes. The VOs can be felicitated at any bigger event organized at CLF/block/district level at the end of the year by dignitaries (SRLM's district/block team/health department/ICDS department/PRI/Ward member/Community leaders) in presence of the community members. CLF SAC member may randomly also verify the awards given to the SHG members.

### ■ Frequency: Annual

- A suitable item can be selected for giving as an award. It can be any utility item that stays with them for certain time as a marker of remembrance of the positive behaviours.
- For purchase of awards to facilitate VOs (example- medals/memento/certificate), VO funds can be utilized.

**Notes:** States may choose to go for award mechanism at both the levels (beneficiary as well as VO level) as suggested or may choose to go for only one level initially and add up the second level awards in due course of time.

States may decide to include other target groups in reward mechanism as identified in their State FNHW Operational Strategy. Other FNHW themes/components such as construction of toilet and its use, handwashing, linking with entitlements (PDS/MDM/PMJAY/PMSBY/PMMVY) etc. can also be consider.



**Name of Block:** \_\_\_\_\_

[illegible]

**Note:** Indicator regarding undergoing 4 ANC during pregnancy (as recommended) can also be included. The SRLM can start with early registration and first ANC and move on to including 4 ANC subsequently. This can be finalized as per state context.

**Signature (SHG Leader)**

# Shishu Ratna Card

**Name of the VO:**

**Name of CLF:**

**Name of Block:**

[illegible]

**Signature (SHG Leader)**



ANNEXURE – 3

VO Eligibility List for FNHW Ratna

Name of the VO: \_\_\_\_\_

Name of CLF: \_\_\_\_\_

Name of Block: \_\_\_\_\_

Name of the VO	Name of the SHG	Name of Matru Ratna awardees	Name of Shishu Ratna awardees	Whether VO eligible for FNHW Ratna as per criteria (Y/N)

Signature (VO Leader/SAC member)

\_\_\_\_\_

**ANNEXURE – 4**  
**FNHW Ratna Card for Eligible VOs**

Name of CLF: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

Name of the VO	Number of the SHG	Number of Matru Ratna awardees	Number of Shishu Ratna awardees	Total number of Awardees	Rank

Signature (CLF Leader/SAC member)







# **Additional Reference Material**



# Triggering Process with Community Institutions (TPCI) for Developing FNHW Action Plan at VO Level - Jharkhand Experience



**Total time – 3 to 4 hours**

## Requirement

- Facilitator must be well trained/versed with the content and process, and has the skill to navigate the discussion.
- Block level staff must be present for overall observation and guidance.

Planning is the cornerstone of more efficacious intervention and meaningful impacts. Identifying the problems, identifying the unmet needs and surveying the resources to meet them is important. The objectives of planning in the villages for FNHW (Food, Nutrition, Health and Water, Sanitation and Hand washing) are:

- To match the limited resources with many problems
- To eliminate wasteful expenditure /resources and duplication of efforts
- To develop the best course of action to accomplish task.
- To meet the health needs of the people



## The need (why) for the planning process

- To guide in the decision making of health, nutrition, WASH accessibility, availability and approachability
- To take justified systematic perspective
- To offer a replicable process for planning in FNHW
- To identify the areas of convergence
- To identify and mitigate the barriers and constraints in the access of health care



Food, Nutrition, Health and WASH is indeed essential for everyone, but it is more important for poor people to develop a correct understanding and awareness on these issues. It has been seen that until a person realizes something for him/herself, s/he cannot think seriously about his/her health. To enhance comprehension on issues related to FNHW and to make people realize that their health and nutrition is equally important for livelihood, it is necessary to have a triggering or fire in the mind of the villagers. This process is called Triggering Process. Triggering process with community institutions (TPCI) is the first entry step in any new village along with other Participatory Rural Appraisal (PRA) tools to assess the service delivery gaps and prepare a plan of action based on gaps.

## The process

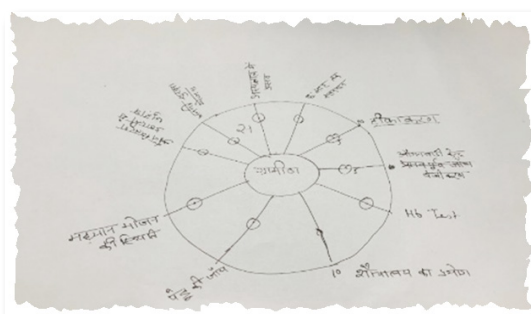
The importance of triggering process plays a crucial role in improving the demand generation and behavior of the rural people. Triggering process orients the village people on different FNHW services and entitlements which are provided by different line departments. Through participatory assessment, community will know the difference between provisions of FNHW related services

versus actual status of service delivery which they are getting in their village. Hence, it is to make people understand and aware about the real situation of government services and entitlement as to what should they get and what they are getting.

The preparation of WAVE diagram is the second step after triggering process and is a PRA tool to assess the current situation by scoring system and identify the gaps in each service delivery. The commitment to bridge the gaps in the public health care delivery system, has led to the formulation of Village Health and Nutrition plans in every village, VO members play a crucial role in developing the village health plan and through participatory process the village health and nutrition plan gets developed. For developing comprehensive plan, the key members of the community along with village level service providers were invited. In the plan, accountability of each stakeholder including community members is defined very well. Once the plan is developed, in the larger group and in the monthly meeting of VOs, the progress against the plan is reviewed.

### Steps to follow (Annexure- 1)

1. The key areas are identified through discussion and deliberations.
2. The lacunas in terms of access to health care are identified.
3. Keeping the lacunas in mind, identified issues are prioritized.
4. A comprehensive Plan of Action (PoA) for FNHW is developed.
5. Four Cs are to be followed during judicious implementation of the plan. These **4Cs are - Convergence, Capacity building, Community mobilization and Communications.**



The entire process of causes of poverty, co-relationships between poverty and lack of nutrition and access to health care is discussed based on availability, accessibility and affordability aspects.

**WAVE diagram:** The WAVE diagram is a method, where community planned, community implemented and community monitored.

#### The key steps are

1. Problem identification in respect of food, health, nutrition and sanitation issues.
2. Stock taking on the challenges and issues.
3. Addressing the issues and challenges within time line.
4. Meticulously monitoring the process of implementation and progress.





### ■ Advantages of WAVE diagram

- Identification of health, nutrition and sanitation issues and priorities for target groups
- Devolution of responsibilities
- Motivation and mobilization of community institutions
- Use of local resources to address local problems
- Bringing the paradigm shift in planning through WAVE diagram

### ■ Advantages of the process

- It involves PRI, FLWs (ASHA & AWW), community members (including SHG/VO members).
- It is community led and community driven exercise.
- It sensitizes the community on different health and nutrition services and entitlements.
- Community understands the difference between provision versus actual status of services delivered.

Please refer detailed concept note on “Initiating Triggerring process with Community Institutions (TPCI) for creating women friendly community through a participatory approach” (**Annexure-2**).

## ANNEXURE – 1

### Format for Developing Village Health Plan

Name of the Block: \_\_\_\_\_

Name of the Village: \_\_\_\_\_ Name of Panchayat: \_\_\_\_\_

Name of VO: \_\_\_\_\_ Name of CLF: \_\_\_\_\_

SN	FNHW issue	What will be done	How will it be done	Who will do it	Timeline



## ANNEXURE – 2

### TRIGGERING PROCESS for creating women friendly community Jharkhand State Livelihood Promotion Society

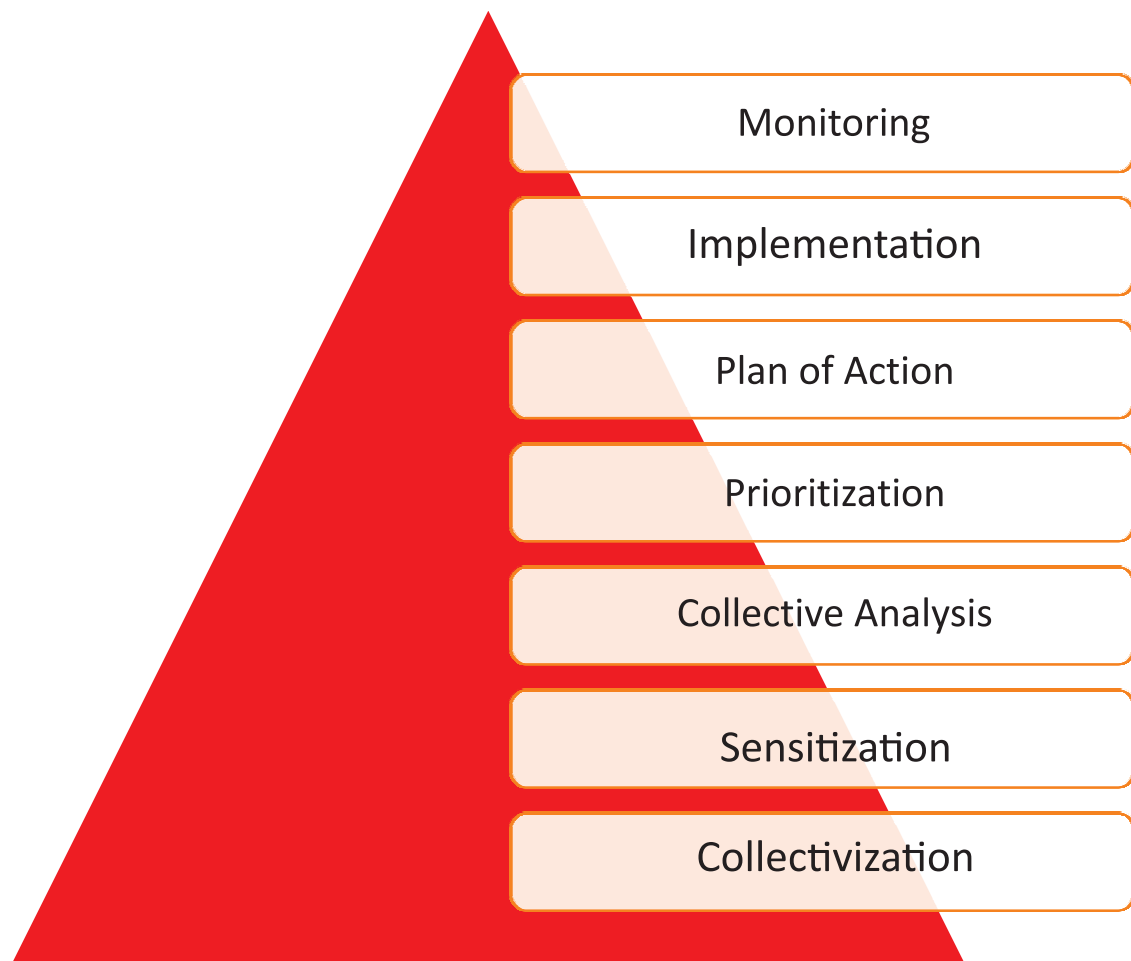
#### **Initiating Triggering Process with Community Institution ( TPCI) for creating women friendly community through a participatory approach.**

Women friendly community approach, aims to build a community, where women can claim and fulfil their rights in the critical areas of FNHW & social security through community participation. There is an underlying emphasis, on -developing an enabling environment for disadvantaged groups (children, women and other marginalized groups) to constructively respond on their issues, concerns, and aspirations. JSLPS, over a period of time, have comprehended an understanding on the extent of internalization of the women friendly community approach in sectoral interventions. Also, it has sought to strengthen and consolidate, community participation in FNHW & social security interventions. Food Health, nutrition and WASH are indeed essential for every citizen, but it is more important for poor and marginalized people, to develop a correct understanding and awareness on health, nutrition, & WASH issues. Empirical evidence suggest that, that until a person realizes something him/herself, they cannot think seriously changing it for the better. To enhance comprehension on issues related to health nutrition and WASH and to make people realize that their health and nutrition is of paramount importance with other socio-economic development indicators. Thus, it is necessary to have a triggering, or zeals in the minds of the citizens, especially in the rural space.

This extensive and inclusive process is called TPCI. Triggering Process with Community Institutions (TPCI) is the very first entry step in any new village. The PRA tools are used to assess the service delivery gaps and prepare a plan of action. The triggering process plays a crucial role in improving the demand generation and behavior in respect to FNHW of the rural masses. The triggering process also orients the people on different health services and entitlements which are provided by different line departments. Through the participative assessment, the community will be able to comprehend, the difference between provisions of FNHW related services vis a vis , the actual status of service delivery that they are getting in their village from the different departments. To make people understand and realize about the actual situation of government services, of what they are getting against what they should get, the gap between the two, is comprehended by the multitude.

#### **Seven Building blocks**

**The seven building blocks are being used for creating a women-friendly community.** The triggering process with the community members at the village level where already community institution have been formed under the auspices of NRLM and these institutions would play a lead role to facilitate the TPCI process. The front-line service providers ANM, AWW from concerned departments along with the PRI members would be actively involved. These service providers need to play important role indeveloping a women-friendly community. The triggering process is the first activity at the village level which is based on the following seven building blocks.



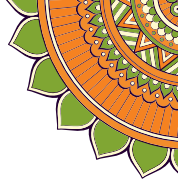
## Collectivization

Collectivization is the first activity at the village level, where all the adult members including PRI members, school teachers, and other communities leaders gather at one place. As virtually in every village, more than 90 % HH are in the SHGs fold and are a part of the village organization, therefore it is important to have their participation in the process of collectivization. The process starts from the VOs meeting where the trained Setu Didi informs all the members of VO ,the purpose of triggering process in a brief manner.This is done with the ideation to mobilize all the community members at one particular place. The role of key stakeholders at the community level is also important. Thus the Setu Didi proposes the VOs and PRI members to ensure their presence, along with FLWs in the community meeting. The general precept of collectivization are:

1. Discussion in the VO's meeting about TPCI in brief
2. Information to all SHGs by VOs
3. Meeting with PRI members
4. Decision on date and venue
5. Invitation to FLWs, local school teachers and other key stakeholders

## Sensitization

The issues of FNHW is not a priority of the community in general. and occupies a prime space during medical emergency and during periods of crisis. Therefore sensitizing the community about the importance of FNHW and social security is essential, and important. Bringing these issues into their priority is both crucial and challenging. The triggering process makes them realize, comprehend and with passage of time understand it.



The process of Sensitisation starts with some frequently asked questions & answers

Some indicative questions are as;

1. What is the purpose of SHGs and VOs formation?
2. What are the principal causes of poverty?
3. What are things important for life?
4. How many people, in your near vicinity are presently or in the past suffered from illness leading to depletion of their meagre savings?
5. Where do you go for the treatment (major ailments and minor ailments)?
6. How much in monetary terms you spend on treatment during episodes of illness?
7. What is the correlation between poverty, productivity and illness?
8. Why do women get ill at frequent intervals?
9. What is the difference between healthy mothers and women with anaemia?
10. Have you seen an AWC?, Have you availed the services of an AWC and please explain the essential services being provided at an AWC?
11. Is there any government school in your village? Are you aware of MDM and its menu?
12. How many people have PDS card and its access to it?
13. How many HH in your village has a functional IHLL?

The trained Setu Didi will facilitate the discussion after getting permission from PRI members and the president of VO and the above questions will be asked by Setu didi one by one, she has to give enough time for response. The local case studies and stories may also be used to sensitize as a positive deviance approach.

## Collective Analysis

The situation analysis, in the context of the availability of various schemes and services and their access/reach to the target community is done through a rigorous participative process. This starts with the orientation on various health and nutrition-related services and entitlements which are provided by the different departments. Then after collective analysis is commenced through the participative process. Through this participative assessment, the community members participating in the exercise, will be able to know the difference between provisions of FNHW related services versus the actual status of service delivery which they are getting in their village from the different departments. To make people understand about the actual situation of government services of what should they get and what they are getting in real terms.



The preparation of the scorecard on the basis of availability and accessibility of the services would be done through a participatory process. This is done, with the help of tools that shows the current situation by the scoring system and identify the gaps of each service delivery. This exercise is facilitated by one of members of VO preferably president of VOs.

The entire process of the causes of debilitating poverty, the co-relationships between poverty and lack of nutrition and access to health care, is discussed and based on the access, availability, accessibility and approachability (4As) of health, nutrition and health care services, the process of empowering and people for taking decisions for ameliorating the health, nutrition and sanitation of the states.

**WAVE:** If you can measure it you can improve it, thus through the WAVE diagram the local comprehension, cognition and knowledge is harnessed for local solution for FNHW issues

The Wave Diagram method is community planned, community implemented and community monitored.

### The Key Steps

1. Discussion on the services and schemes.
2. Identifying one person from the community who can facilitate the discussion.
3. The key areas are identified through discussion and deliberations and using of tools.
4. Putting score after a detailed discussion on each issue on a 10 (maximum) point scale.
5. The gaps in terms of access to health / nutrition and WASH services are identified.
6. The identified gaps and priorities are noted .



### Prioritization

In the collective analysis process, many issues related to FNHW and social security would come out in the discussion. - but the priority would be different for different issues for the community. The community members will/ may take some key issues, which they want to immediate/ intermediate redressal. The issues have to be taken or prioritized after detailed discussion and overwhelming consent of the community

1. Listing of all issues with their score (on a maximum scale of 10)
2. Taking 5 to 6 key activities after thorough discussion and common granular consent
3. Making the detailed list of issues and their concerned departments

### Plan of Action

Planning is the cornerstone for more efficacious intervention and meaningful impacts. Identifying the problems, identifying the unmet needs and surveying the resources to meet them.

The purpose of planning in the villages for FNHW (Food, Nutrition, Health and Water, Sanitation and Handwashing) is to make the accountability of all stakeholders to improve the status of identified indicators

1. To match the limited resources with myriad problems and challenges.
2. To eliminate wasteful expenditure /resources and duplication of efforts.
3. To develop the best course of action to accomplish a defined objective in Health, Nutrition and WASH.
4. To meet the felt needs of the people.
5. To prepare the accountability matrix



### Indicative template for planning

SL No	Issues	Reason of issues	How – step to address	Who (key person)	When (time line)

### Implementation

After making the plan, it is presented in the Gram Sabha (GS) and where all the members of Gram Sabha acknowledge and endorse the issues. As the plans are prepared on chart papers, these are pasted on the walls of VO offices. In every meeting of the VO, the President and Secretary of the VO, review the periodic progress. The VOs also make the micro plan on each issues and fix the accountability among the VOs members.

VO members decide in their monthly meeting to meet with AWW/ANM to improve the facilities provided in Aganwadi centers, sometimes they call ANM in their monthly meeting and talk to her for providing full range of services related women and child in Aganwadi centers. Seeing this co-ordination in village people ANM agree to provide complete services in Aganwadi centers.

The PRI members also review the progress and talk with concerned front line service providers and block level functionaries to bridge the gaps.

As Setu didi conduct the monthly orientation of VO members through Samuh Varta and provide the FHNW and social security related information.

### Monitoring

The VO members take the suitable actions and review the progress against the plan in their monthly meeting. The VO along with PRI members actively participate in the VHSND and monitor the services, being provided by the department of health and ICDS through the duty bearers (ANM, AWW).



# FNHW Action Planning Mechanism using Swabhimaan's Integrated Micro-planning Exercise - Bihar Experience



It is a pre-requisite that the exercise of developing the micro-plan is completed before the FNHW action plan steps are taken up. The development guide for micro-planning exercise is given in annexure. Following is defined the process of FNHW Action Planning to be taken up across different level. It also has the review formats as well for all the levels.

## ■ At VO level

- The essential requirement is that the VO should have a comprehensive micro-plan (refer Facilitator's Guide to prepare the IMP in **Annexure- 1**), developed by the three-day process, this would include the preparation of a social map with participation of the VO members, listing of households, identification of target beneficiaries as per State FNHW Operational Strategy (for example- mother of under two children and pregnant women, at-risk women and adolescent girls, newlyweds etc.)
- The identified issues/ problems should be listed around FNHW and some of the social causes.
- The process will also ensure the specific number around each issue/ problem to be listed e.g., how many women are removed from beneficiary list - how many households do not have access to toilet, how many pregnant women did not received ANC, TT, IFA etc.
- Make priority for home visits to nutrition at risk category of target group, pregnant women, lactating mothers and mother of U2 children, adolescent girls.
- The most prevalent social causes to be addressed first should be early marriage & early motherhood, alcoholism, violence and abuse etc.
- There should be an assessment of the various services available at the door steps and their accessibility by the most vulnerable women to analyze the gaps of the service delivery.
- After the identification of the issues and problem, the members prepare a list of top priority issues to be addressed immediately. This could be in the range of 5 -10 top issues.
- After prioritizing the issues, the VO members prepare an action plan (refer formats in **Annexure- 2 - 11**).
- The action plan is divided into two parts immediate and long-term actions.
- After the process, it is decided for the course of action to be taken, whether it includes dialogue with the service providers, submitting resolutions to the government line departments or a dialogue with the community on a social cause issue.
- A timeline and responsibility are assigned as to who will go for what and who will support in the overall process and what issue needs to be addressed by the CLF etc.
- This completes one cycle of action planning and the action taken by the VO members
- After three months a review meeting should be organized to see whether the identified issues/ problems are resolved or are still pending. Another round of discussion takes place around problems and these are listed as new issues and similarly action plan is developed with timeline and responsibility.
- The SRLM field level staffs and development partners will support the VO members.

The presence of all the office bearer of the VO, the book keeper and the CRP/SAC (as per availability) is mandatory. Participation of AAA is a must in the exercise apart from the VO members. The Book Keeper or the CRP will inform the AAA for the meeting and their presence in the meeting. It is in their role to attend the women/ mothers group meeting and also home visits. The facilitator/ SAC/CRP should be well trained to carry out the participatory tools and the facilitation process as to bring out the issues related to the FNHW and social issues. Once the process is complete everyone will give their consent/ validate the identified issue and freeze it. A file should be maintained with the respective VO with social map, identified issues, action plan made with responsibility and time line.

### ■ ■ At CLF level

- After the micro-planning at VO level exercise is over, a consolidation of the micro-plans is done at the CLF level.
- The CLF decides upon the next round of action plan to resolve the issues that are related to FNHW, service delivery, advocacy and dialogue with the community and government departments at large.
- The responsibility is divided between themselves and a timeline is set for action.
- If the issues need to be addressed by the block and district administration a set of action is worked out accordingly.
- Here the role of SRLM's block as well as district team is crucial as they get the appointment from the administration and channelize the resolution with different departments.
- The follow-up plan is also done after the submission of the resolution with the concern authority.
- After three months a review meeting (with properly scheduled date and time) should be organized with participation from all the VO representatives to see whether the identified issues/ problems are resolved or are still pending. Another round of discussion takes place around problems and these are listed as new issues and similarly action plan is developed with timeline and responsibility.

Once the process is complete everyone will give their consent/ validate the identified issue and freeze it. A file should be maintained with the respective CLF with identified issues, action plan made with responsibility and time line.

### ■ ■ At Block level

- The role of the block level team is very crucial in providing support to the CLFs leaders in guiding them properly and representing the identified issues in proper forums.
- The block team helps the CLFs to prepare a proper resolution of the issues and the identified target group for action.
- The block team will also help in delegating the issues to the next level if it is not addressed at the block level.
- The system level strengthening issues related to various government schemes and entitlements goes to the next level.
- After three months a review meeting (with properly scheduled date and time) should be organized with participation from all the CLF representatives to see whether the identified issues/ problems are resolved or are still pending. Another round of discussion takes place around problems and these are listed as new issues and similarly action plan is developed with timeline and responsibility.



Once the process is complete everyone will give their consent/ validate the identified issue and freeze it. A file should be maintained with the respective block with identified issues, action plan made with responsibility and time line.

### ■ **At District level**

- The district team also takes up the relevant issues to be addressed at the district level with concern departments.
- If action is required by the administration on certain issue this will be brought to the appropriate forum by the district team for action.
- The issues concerning the system level strengthening related to various government schemes and entitlements is the main issues that needs to be addressed here.
- After three months a review meeting (with properly scheduled date and time) should be organized with participation from all the BPMs to see whether the identified issues/ problems are resolved or are still pending. Another round of discussion takes place around problems and these are listed as new issues and similarly action plan is developed with timeline and responsibility.

Once the process is complete everyone will give their consent/ validate the identified issue and freeze it. A file should be maintained with the respective district with identified issues, action plan made with responsibility and time line.

### ■ **At State level**

- The issues related to the policy level changes goes to the State team for action.
- The team takes up the issues with the various state level government departments for action.
- After three months a review meeting (with properly scheduled date and time) should be organized with participation from all the DPMs to see whether the identified issues/ problems are resolved or are still pending. Another round of discussion takes place around problems and these are listed as new issues and similarly action plan is developed with timeline and responsibility.

Once the process is complete everyone will give their consent/ validate the identified issue and freeze it. A file should be maintained with identified issues, action plan made with responsibility and time line.

This is a complete one cycle of FNHW Action Planning with inherent IMP process across levels, which should be repeated every quarter after the level specific review of the FNHW Action Plan is done. It clearly states that how a problem/ issue that emerges from a community gets addressed at various level/ tiers of governance or administration to reach or avail the benefits of the schemes and services for the last mile of the community.

### ■ **Annexures**

1. Facilitator's Guide to prepare the micro-plan with six steps (**Annexure- 1**).
2. Formats for planning and review of integrated micro-planning process across levels (**Annexure- 2 - 11**).

## ANNEXURE – 1

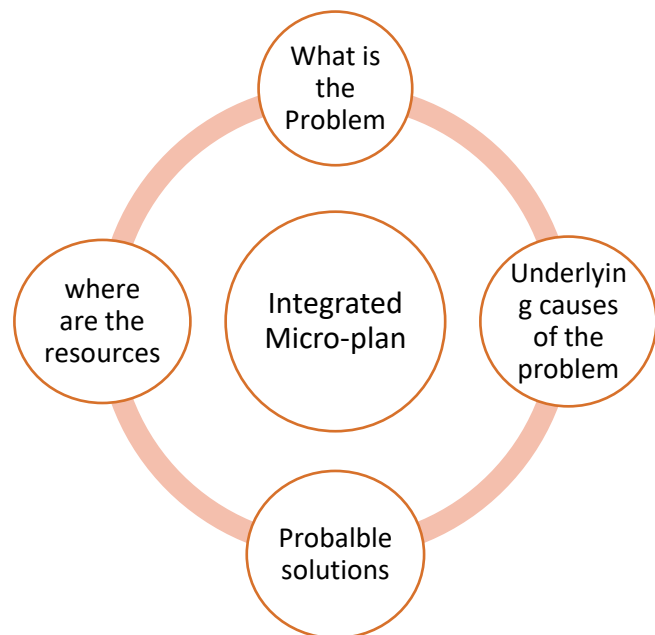
### Facilitator's Guide to Prepare the Micro-plan

#### Background

Micro-planning is a comprehensive planning approach where in the community prepares development plans themselves considering the priority needs of the village. Inclusion and participation of all sections of the community is central to micro-planning, thus making it an integral component of decentralized governance. For village development to be sustainable and participatory, it is imperative that the community owns its village development plans and that the community ensures that development is in consonance with its needs. Another aspect to sustain the process of development, the prepared plan needs to be re-visited periodically and updated, since any plan made is dynamic in nature.

We have been using a very simple principle of “4 K approach” to prepare the integrated micro-plan linked to addressing the cause of under-nutrition at the village organization level. The entire process will take 3-4 days to complete the exercise. The concept is as follows:

1. The first k is for – what is the problem?
2. The second k is for - what are the underlying causes to these problems?
3. The third k is for – what steps need to be taken to address these problems?
4. The fourth k is for – where are the resources to resolve these problems?



**Figure 1: Integrated Micro-planning Matrix**

#### Integrated Micro-plan review – facilitator's Check list /guide for scale up cluster

##### **STEP-1: Understanding the background of the intervention area/ village**

**Respondents<sup>11</sup>:** FGD exercise is to be organized comprising of women members of VO's and AG's of the village/ Panchayat:

**Time duration:** 2-3 hours

**Material requirements:** A4 size paper, card sheet, color pens, chart paper, note book, pens etc.

**OBJECTIVE:** to understand / gather basic information of the area, demography and village

Lead question to be asked by the facilitator to the group of VO's and AG's:

**The facilitator will ask from the respondents about the followings**

After greetings the respondents, the facilitator will ask

1. The total number of house hold the VO is comprising of
2. The total number of population comprising of women, men, boys and girls
3. Out of this population what is the number of women and AG
4. After getting the numbers of the women and AG's categories each into different cohorts of the project such as age, pregnant, lactating, complimentary feeding etc.

<sup>11</sup> Facilitator to ensure that there is at least a representation of 20-30, VO members and AG's of the panchayat where the FGD is to be conducted.



5. Identifying the house hold by the VO's where the probable beneficiaries are present (*facilitate in such a way that the VO start listing the at risk women and AG's*)
6. Record the details on the sheet of paper for further reference

### Outcome

- Area profile
- A social map
- Mapping of the at risk women and adolescent girls
- Demography of the area

## STEP -2

**Respondents<sup>12</sup>:** FGD exercise is to be organized comprising of women members of VO's and AG's of the village/ Panchayat:

**Time duration:** 2-3 hours

**Material requirements:** A4 size paper, card sheet, color pens, chart paper, note book, pens etc.

### OBJECTIVE: to identify the problems/ issues of the community

Lead question to be asked by the facilitator to the group of VO's and AG's:

After getting all the information of the above section and if the facilitator feels he is satisfied, move to this section of identification of problems

1. Ask from the group to identify the various problem associated with the at risk women and AG's
2. The facilitator to list out the problems emerging out of the discussion
3. The problems can be, personal/ individual, social cause, disease, linked to dietary habit, lack of knowledge/ ignorance about it, service delivery of the government schemes and its entitlement's etc.
4. After making a note of the problem listed by the facilitator prioritize the most relevant problem first and so on... a detail list
5. The facilitator to read the list of the prioritize issue/ problem to the respondents for a reconfirmation to check
6. After getting the prioritized list final categories the problems into various categories such as:
  - a. Personal/ individual problem or H/H
  - b. Social cause
  - c. Myths/ taboos
  - d. Lack of Knowledge/ ignorance
  - e. Government services and its delivery

### Outcome

- A laundry list of problems/ issues
- Could be social, economical, ignorance, cultural practices etc
- Lack of accessibility to government services and schemes
- Priority list of problems (top five problems)

<sup>12</sup> Facilitator to ensure that there is at least a representation of 20-30, VO members and AG's of the panchayat where the FGD is to be conducted.

### STEP -3

**Respondents<sup>13</sup>:** FGD exercise is to be organized comprising of women members of VO's and AG's of the village/ Panchayat:

**Time duration:** 2-3 hours

**Material requirements:** A4 size paper, card sheet, color pens, chart paper, note book, pens etc.

**OBJECTIVE:** to identify the probable cause to the problems/ issues of the community

Lead question to be asked by the facilitator to the group of VO's and AG's:

After the categorization of the problems the facilitator to ask for the underlying cause of the each prioritized problems

1. List out the causes one by one from the prioritized list
2. The facilitator to probe if the desired result did not cropped up
3. There could be many causes linked to one problem (list out all of them)
4. E.g. for at risk women who is under nourished MUAC reading is less than 23 cms. The causes could be
  - a. Lack of knowledge about food diversity
  - b. Availability - economic condition
  - c. Repeated occurrence of disease
  - d. Social cause- gender
  - e. Lack of proper hygiene and sanitation facility
5. The facilitator to list out the factors very prominently and also validate the causes by probing it again and again, as this would be general problem of entire tola
6. Facilitator to make note of all the details

#### Outcome

- Causes could be lack of knowledge
- Availability
- Ailment
- Social discrimination

### STEP -4

**Respondents<sup>14</sup>:** FGD exercise is to be organized comprising of women members of VO's and AG's of the village/ Panchayat:

**Time duration:** 2-3 hours

**Material requirements:** A4 size paper, card sheet, color pens, chart paper, note book, pens etc.

**OBJECTIVE:** to identify the probable solutions to the Problem

Lead question to be asked by the facilitator to the group of VO's and AG's:

The facilitators after getting to know about the various factors that affects the health and nutrition of a family and causes of under-nutrition, will now discuss with the team about the probable solutions to it:

1. The facilitator to note one by one about the problem listed for a workable solutions for each of the listed issues from a to e

<sup>13</sup> Facilitator to ensure that there is at least a representation of 20-30, VO members and AG's of the panchayat where the FGD is to be conducted.

<sup>14</sup> Facilitator to ensure that there is at least a representation of 20-30, VO members and AG's of the panchayat where the FGD is to be conducted.



2. The answers should come from the respondents only,
3. The facilitator need to substantiate the discussion with giving certain example that are relevant to the context
4. E.g. lack of hygiene and sanitation facility may link to SBM (G) scheme, for repeated occurrence of disease must go to the ANM/ PHC, PDS & AWC etc.
5. Facilitator to make note of all the details

#### **Outcome**

- Further probe to get workable solutions
- Linked to various schemes and entitlements

### **STEP -5**

**Respondents<sup>15</sup>:** FGD exercise is to be organized comprising of women members of VO's and AG's of the village/ Panchayat:

**Time duration:** 2-3 hours

**Material requirements:** A4 size paper, card sheet, color pens, chart paper, note book, pens etc.

#### **OBJECTIVE: to identify what/ who is responsible for the problem**

Lead question to be asked by the facilitator to the group of VO's and AG's:

After getting the workable solutions to the problem from the respondents

The facilitator to discuss about the who & what is responsible for the above-mentioned problems

1. Maybe government failure to deliver services more effectively
2. Some of the factors to be resolved at the H/H level
3. Require more knowledge and awareness regarding certain issues mentioned
4. Lack of awareness about the cultural practices linked to nutrition of mother and child
5. Gender related issues
6. Facilitator to make note of all the details

#### **Outcome**

- A detail list of the major causes to the problem will be obtained, this could be
- Delivery mechanism of government
- Individual problems at HH level
- Ignorance/ cultural practices

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<sup>15</sup> Facilitator to ensure that there is at least a representation of 20-30, VO members and AG's of the panchayat where the FGD is to be conducted.

## STEP -6

**Respondents<sup>16</sup>:** FGD exercise is to be organized comprising of women members of VO's and AG's of the village/ Panchayat:

**Time duration:** 2-3 hours

**Material requirements:** A4 size paper, card sheet, color pens, chart paper, note book, pens etc.

**OBJECTIVE:** to identify the resources/ person/ timeline and solutions to the problem

Lead question to be asked by the facilitator to the group of VO's and AG's:

After the information is gathered, facilitator to team up to prepare an action plans involving the respondents. The action plan should be feasible and workable and must be time bound in order to review it on a periodic basis, maybe once in quarter.

1. Each of the issues categorized will be linked to a specific plan with time line.
2. Responsibility should also be fixed, who will do it.
3. For collective action such as rally or a drive all should come together for the event.
4. If meeting the government official who will write the application to meeting the officials.
5. Facilitator should repeat the outcome of the whole exercise, with the respondents so that each one is aware about the plan and its action points.
6. Once the exercise is finalized the whole action plan is to be prepared on a flex and displayed in the VO's office (if it exist or in the common place in the village / Panchayat).
7. The flex will also have the signature on it thereby confirming that the plan is made by them and they owe this plan and its action.

### Outcome

- A detail integrated micro-plan of the community/ village linked to addressing at risk or under nourished women and adolescent girls.
- A clear path for action to be taken.
- Who are responsible to get / resolve the issue.

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<sup>16</sup> Facilitator to ensure that there is at least a representation of 20-30, VO members and AG's of the panchayat where the FGD is to be conducted.

## ANNEXURE – 2

### Format for Planning at VO Level<sup>1</sup>

Name of the VO: \_\_\_\_\_ Date of Planning/Month: \_\_\_\_\_

Sl. No.	Issues/ Problems of the VO What is the problem?	Who will do it? (Responsibility)	How will it be done? (Action Plan)	By when will it be done? (Timeline)
1.				
2.				
3.				
4.				
5.				

**Signature of the VO level Dignitaries:**

**1. President**

**2. Secretary**

**3. Treasurer**

**4. Office Bearer:**

**5. Book Keeper**

<sup>1</sup> The planning and review meeting at the VO level will take place every three months apart from the regular monthly meeting.



**ANNEXURE – 3**  
**Format for Planning at CLF Level<sup>2</sup>**

Name of the CLF: \_\_\_\_\_

Date of Planning/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the VO What is the problem?	Who will do it? (Responsibility)	How will it be done? (Action Plan)	By when will it be done? (Timeline)
1.				
2.				
3.				
4.				
5.				

Signature of the CLF level Dignitaries

1. President

2. Secretary

3.Treasurer

4. Office Bearer

5. Master Book Keeper

<sup>2</sup>The planning and review meeting at the CLF level will take place every three months apart from the regular monthly meeting. The planning and review meeting will be based on the consolidated issues emerged from the individual VOs. This process takes place at the block level. The consolidated issues of the VOs will be to address the issues around various schemes and entitlements of the government.

## ANNEXURE – 4

### Format for Planning at Block Level<sup>3</sup>

Name of the Block: \_\_\_\_\_ Date of Planning/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the CLF What is the problem?	Who will do it? (Responsibility)	How will it be done? (Action Plan)	By when will it be done? (Timeline)
1.				
2.				
3.				
4.				
5.				

Signature of the BPM \_\_\_\_\_

Finance Manager \_\_\_\_\_

<sup>3</sup>The consolidated issues of the CLFs will be taken up at the block level office of the SRLM. An action plan will be developed for taking action.



**ANNEXURE - 5**  
**Format for Planning at District Level<sup>4</sup>**

Name of the District: \_\_\_\_\_ Date of Planning/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the block What is the problem?	Who will do it? (Responsibility)	How will it be done? (Action Plan)	By when will it be done? (Timeline)
1.				
2.				
3.				
4.				
5.				

Signature of the DPM

Thematic Manager

Finance Manager

<sup>4</sup>The consolidated issues of the blocks will be taken up at the district level office of the SRLM. An action plan will be developed for taking action.

## ANNEXURE – 6

### Format for Planning at State Level<sup>5</sup>

Name of the State: \_\_\_\_\_ Date of Planning/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the district What is the problem?	Who will do it? (Responsibility)	How will it be done? (Action Plan)	By when will it be done? (Timeline)
1.				
2.				
3.				
4.				
5.				

Signature of the SPM \_\_\_\_\_

Thematic Manager \_\_\_\_\_

<sup>5</sup> The consolidated issues of the all the districts will be taken up at the State level office of the SRLM. An action plan will be developed for taking action against the highlighted issues.



**ANNEXURE - 7**  
**Format for Review at VO level<sup>6</sup>**

Name of the VO: \_\_\_\_\_ Date of Review/Month: \_\_\_\_\_

Sl. No.	Issues/ Problems of the VO What is the problem?	Status of the issues/ Problem	Revised - Action Plan & Timeline	New issues/ Problem to be added
1.				
2.				
3.				
4.				
5.				

Signature (VO level Dignitaries)

1. President                      2. Secretary                      3. Treasurer                      4. Office Bearer                      5. Book Keeper

<sup>6</sup> The review will take place only after the identification of issues and the development of the action plan by the VO leaders. The periodicity of the review will be done on a quarterly basis. Planning and review process are dynamic in nature and new problem/ issues will be added during the review process.

## ANNEXURE - 8

### Format for Review at CLF level<sup>7</sup>

Name of the CLF: \_\_\_\_\_ Date of Review/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the VO What is the problem?	Status of the issues/ Problem	Revised - Action Plan & Timeline	New issues/ Problem to be added
1.				
2.				
3.				
4.				
5.				

Signature (CLF level Dignitaries)

1. President

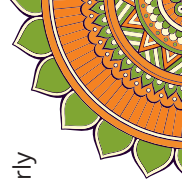
2. Secretary

3. Treasurer

4. Office Bearer

5. Master Book Keeper

<sup>7</sup> The review will take place only after the identification of issues and the development of the action plan by the CLF's. The periodicity of the review will be done on a quarterly basis. Planning and review process are dynamic in nature and new problem/ issues will be added during the review process.



**ANNEXURE - 9**  
**Format for Review at Block level<sup>8</sup>**

Name of the Block: \_\_\_\_\_ Date of Review/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the CLF What is the problem?	Status of the issues/ Problem	Revised - Action Plan & Timeline	New issues/ Problem to be added
1.				
2.				
3.				
4.				
5.				

**Signature of the BPM**

**Finance Manager**

<sup>8</sup> The review will take place only after the identification of issues and the development of the action plan by the CLFs and the respective Block. The periodicity of the review will be done on a quarterly basis. Planning and review process are dynamic in nature and new problem/ issues will be added during the review process.

## ANNEXURE – 10

### Format for Review at District level<sup>9</sup>

Name of the District: \_\_\_\_\_ Date of Review/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the block What is the problem?	Status of the issues/ Problem	Revised - Action Plan & Timeline	New issues/ Problem to be added
1.				
2.				
3.				
4.				
5.				

Signature of the DPM

Thematic Managers

Finance Manager

<sup>9</sup> The review will take place only after the identification of issues and the development of the action plan by respective Blocks. The periodicity of the review will be done on a quarterly basis. Planning and review process are dynamic in nature and new problem/ issues will be added during the review process.



ANNEXURE – 11

Review format at State level<sup>10</sup>

Name of the State: \_\_\_\_\_

Date of Review/Month: \_\_\_\_\_

Sl. No.	Consolidated Issues/ Problems of the district What is the problem?	Status of the issues/ Problem	Revised - Action Plan & Timeline	New issues/ Problem to be added
1.				
2.				
3.				
4.				
5.				

Signature of the SPM

Thematic Manager

<sup>10</sup> The review will take place only after the identification of issues and the development of the action plan by the district and the state. The periodicity of the review will be done on a quarterly basis. Planning and review process are dynamic in nature and new problem/ issues will be added during the review process.

# Organizing Community Campaign on Family Diet Diversity (FDD) - Bihar Experience



State Rural Livelihood Missions are making efforts for bringing about behaviour change on Food, Nutrition, Health and WASH (FNHW) in community through its network of SHGs and VOs. To boost the efforts, it is proposed to organize two days community campaign on Family Diet Diversity catering to the beneficiaries like pregnant women and lactating mothers of 0-6 months and 6-24 months old children. This community campaign is to be organized at all blocks in all the districts across state. It will be the responsibility of the VO to successfully organize such campaign through its cadre of CRP/SAC. All the beneficiaries of the identified target group and their family members will participate in the campaign.

## Objectives

- To improve awareness on maternal and child diet diversity among SHG members and their families
- To facilitate increased consumption of Iron and Vitamin A rich foods among SHG members and their families through awareness generation efforts
- To facilitate plantation of Iron and Vitamin A rich foods in household nutri-gardens

## Prerequisites

For a campaign to run successfully, ensuring following steps is a must:

- As per identified theme, CRP/SAC should be trained on related FNHW session.
- The concurrent FNHW session has been rolled out at all the SHGs of the block.

## State level activities

- Issuance of directive for FNHW campaign
- Printing of communication material (banner, poster and food groups chart) for community campaign (**Annexure- 1**)
- Sharing of directive, banner prototype and format with the districts. Banner and formats to be printed at district level.
- Development of VO-wise distribution plan for the communication material at district level.
- Organization of one day district level orientation workshop
  - District-level mission staff to be oriented about the organization of FDD community campaign and they are also required to develop the district-wise microplan using the planning format (**Annexure- 2**).

## District level orientation workshop

- All the BPMs/BCs of the district need to be oriented on FDD campaign through a one-day orientation workshop at DMMU. The orientation workshop is to be chaired by DPM and convened by DM-SISD/Gender/FNHW Incharge where all the relevant information and activities necessary for organization of the community campaign will be discussed in detail and block-wise orientation plan will be prepared (**Annexure- 3**).
- The department concerned from WCD should also be requested to participate and extend necessary support in this orientation workshop.
- At district level, VO-wise requirement of communication material and formats should be calculated.

## Block level orientation workshop

- A one-day orientation workshop will be organized in all the blocks to organize and prepare for the FDD community campaign, where all the cluster level staff and cadre will be oriented by BPM- FNHW Incharge. BPM –FNHW Incharge will decide the date for organization of these orientation workshops. BCs will ensure the development of cluster-wise microplan (**Annexure- 4**) of the entire block.
- PFT will be accountable to oversee that all the requisite activities are conducted at the designated places/levels for which they will coordinate and provide support to the concerned CRP/SAC. They will be present on the day of campaign at the designated places to overarchingly manage the conduction of activities.
- The department concerned from WCD should also be requested to participate and extend necessary support in this orientation workshop.
- The campaign should be completed within 3 months in the entire block.

## VO-level Activities

### Before campaign

- **Line listing of beneficiaries** – All the beneficiaries (pregnant women, lactating mothers of 0-6 months and 6-24 months old children) should be line listed by CRP/SAC during the weekly meetings of SHGs (**Annexure- 5**). The list will be shared during the VO meeting and with approval from VO representatives/CRP/SAC on the list, the date of community campaign will be discussed.
- **Deciding the date** – Organization of community campaign will be discussed during VO meetings and two dates each along with time and venue will be decided as per the following:
  - For one group of pregnant and lactating mothers of 0-6 months old infants (SHG members and their families)
  - For second group of lactating mothers of 6-24 months old children (SHG members and their families)
- **Home visit** - Home visit will be conducted by CRP/SAC as per the line listing. CRP/SAC will share the report (**Annexure- 6**) of home visits conducted as part of the community campaign, which will be reviewed and approved by the VO representatives.

### Key messages to be delivered during home-visit

Pregnant and lactating mothers of 0-6 months old infants	Mothers of 6-24 months old children
<ul style="list-style-type: none"><li>● During the home visit, counsel the beneficiaries along with their husbands, mother-in-law and adolescent girl about the benefits of consuming different food groups by showing the food groups chart.</li><li>● Enquire them about the food groups eaten by them a day before (24 hours) and inform them about what other food groups are generally available in the households that they can include in their daily diet to add variety.</li></ul>	<ul style="list-style-type: none"><li>● During the home visit, counsel the beneficiaries along with their husbands, mother-in-law and adolescent girl about the benefits of consuming different food groups by showing the food groups chart.</li><li>● Enquire them about the food groups eaten by the child (6-24 months old) a day before (24 hours) and inform them about what other food groups are generally available in the households that they can include in their daily diet to add variety.</li></ul>



- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Counsel pregnant women /lactating mothers on importance of consuming atleast 5 out of 10 food groups.</li> <li>• Counsel beneficiaries on planting household nutri-gardens and its benefits. Encourage them to set up a nutri-garden in their households.</li> <li>• Inform the beneficiaries about the date, venue and time of the campaign and invite them.</li> <li>• If the beneficiary has a nutri-garden at home, then ask them to bring vegetables/fruits available in there for food demonstration on the day of the campaign.</li> </ul> | <ul style="list-style-type: none"> <li>• Counsel lactating mothers (of 6-24 months old children) on importance of consuming atleast 4 out of 7 food groups.</li> <li>• Counsel beneficiaries on planting household nutri-gardens and its benefits. Encourage them to set up a nutri-garden in their households.</li> <li>• Inform the beneficiaries about the date, venue and time of the campaign and invite them.</li> <li>• If the beneficiary has a nutri-garden at home, then ask them to bring vegetables/fruits available in there for food demonstration on the day of the campaign.</li> </ul> |
|--|---|

- CRP/SAC will share the details of date, time and venue of community campaigns with the line listed beneficiaries.

### On the day of campaign

- Presence of CRP/SAC is a must during activity.
- If PICO projector is available, video shows can be organized for the beneficiaries/community.
- Organize food demonstration and disseminate the key messages as given below:

### Key messages to be delivered during food demonstration

Pregnant and lactating mothers of 0-6 months old infants	Mothers of 6-24 months old children
<ul style="list-style-type: none"> <li>• Collect all the food groups brought by the beneficiary and arrange these according to 10 food groups categorization.</li> <li>• Encourage all beneficiaries to consume five out of ten food groups daily.</li> <li>• One by one, ask all the beneficiaries about the food group eaten by them on the previous day and tell them about their nutritional benefits.</li> <li>• During food demonstration, tell them about the nutritional benefits of various food groups/ fruits/vegetables brought by the beneficiaries from their home and nutri-garden.</li> <li>• Honour/award the beneficiaries who consume 5 out of 10 food groups daily and nutritious produce (fruits/vegetables) from their nutri-gardens.</li> </ul>	<ul style="list-style-type: none"> <li>• Collect all the food groups brought by the beneficiary and arrange these according to 7 food groups categorization.</li> <li>• Encourage all beneficiaries to consume 4 out of 7 food groups daily.</li> <li>• One by one, ask all the beneficiaries about the food group eaten by their children (6-24 months) on the previous day and tell them about their nutritional benefits.</li> <li>• During food demonstration, tell them about the nutritional benefits of various food groups/ fruits/vegetables brought by the beneficiaries from their home and nutri-garden.</li> <li>• Honour/award the beneficiaries who consume 4 out of 7 food groups daily and nutritious produce (fruits/vegetables) from their nutri-gardens.</li> </ul>

### Follow-up after the campaign

- After the campaign is over, the target beneficiaries (pregnant women, lactating mothers of 0-6 month and 6-24 months old children) and their family members will be followed up for consumption of diverse diet during the corresponding monthly meeting by the CRP/SAC.

### ■ Reporting

- After the event is over, a report should be prepared to inform about the activities that were conducted during the community event. This report will be prepared at block and district level (**Annexure- 7 & 8**) and shared further with state level official.

**ANNEXURE – 1**  
**Format for Calculating IEC Material Requirement**  
**(Banner, leaflet and food groups chart)**

Name of District: \_\_\_\_\_

SN	Name of the Block	Total no. of VOs	Total no. of CRPs	Total required banners	Total required leaflets	Total required food groups charts
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature (BC) \_\_\_\_\_

Signature (DM -FNHW) \_\_\_\_\_



## ANNEXURE – 2

### Format for District Level Planning

Name of District: \_\_\_\_\_

Name of Block: \_\_\_\_\_

Total no. of Panchayats: \_\_\_\_\_

	Cluster 1		Cluster 2		Cluster 3	
	Sanctioned positions	Filled positions	Sanctioned positions	Filled positions	Sanctioned positions	Filled positions
No. of PFTs						
No. of SAC members						
No. of CRPs						
Anyother						

	Cluster 1		Cluster 2		Cluster 3	
Total no. of VOs						
Total no. of SHGs						

# **ANNEXURE – 3** **Format for Planning of Block-wise Orientation**

Name of the District: \_\_\_\_\_

SN	Name of the Block	Date of Orientation	Place of Orientation	Total no. of participants (CRPs/SAC)	Total no. of expected participants	Total no. of participants attended
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature (BC)

\_\_\_\_\_

If orientation was organized at district

Date of Orientation	Place of Orientation	Total no. of participants (CRPs/SAC)	Total no. of expected participants	Total no. of participants attended

Signature (DM -FNHW)

\_\_\_\_\_



**ANNEXURE – 4**  
**Format for Planning of Cluster-wise Orientation**

Name of District: \_\_\_\_\_ Name of the Block: \_\_\_\_\_

SN	Name of the Cluster	Date of Orientation	Place of Orientation	Total no. of participants (CRPs/ SAC)	Total no. of expected participants	Total no. of participants attended
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature (PFT)

\_\_\_\_\_

# **ANNEXURE – 5** **Format for Beneficiary Line-listing**

Name of District: \_\_\_\_\_ Name of Block \_\_\_\_\_

Name of CLF: \_\_\_\_\_ Name of Panchayat: \_\_\_\_\_

Name of Village: \_\_\_\_\_ Name of VO: \_\_\_\_\_

Name and mobile no. of CRP/SAC : \_\_\_\_\_ Total no. of SHGs: \_\_\_\_\_

SN	Name of the SHG	Pregnant woman			Lactating woman				Availability of nutri-garden (Yes/No)
		Name of the pregnant woman	Are you memebrrs of SHG (Yes/No )	If not, the who from your family is member of SHG?	Name eof lactating woman	Are you memebrrs of SHG (Yes/No )	If not, the who from your family is member of SHG?	No. of children	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Signature (SAC)

Signature (CRP)



**ANNEXURE – 6**  
**Format for Reporting on Home Visit**

SN	Name of the VO	Total no. of SHGs	Line listed		Home visited		Campaign							
							Child Dietary Diversity				Maternal Dietary Diversity			
			Planned	Held	Planned	Held	Planned	Held	Traget beneficiaries	Avaiailable beneficiaries	Planned	Held	Traget beneficiaries	Availabele beneficiaries
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
15														

Signature (PFT)

Signature (BC)



## ANNEXURE - 7

### Format for Reporting Campaign at Block Level

Name of the District: \_\_\_\_\_

Name of the Block: \_\_\_\_\_

SN	Name of the Cluster	FNHW Community Campaign		Types of FNHW campaign activities undertaken	No. of target beneficiaries present	No. of community members present
		No. of VOs planned	No. of VOs conducted			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature (BPM)

\_\_\_\_\_

**ANNEXURE – 8****Format for Reporting Campaign at District Level**

Name of the District: \_\_\_\_\_

SN	Name of the Block	FNHW Community Campaign		Types of FNHW campaign activities undertaken	No. of target beneficiaries present	No. of community members present
		No. of VOs planned	No. of VOs conducted			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature of DPM/DM-FNHW

\_\_\_\_\_

# Organizing Rally for Awareness Generation on Malaria-Chhattisgarh Experience



Malaria is one of the common infectious diseases, which is life-threatening. It is mosquito-borne disease caused by the bite of an infected mosquito. Such mosquitoes breed proliferatively in the clogger water and uncleaned damp areas. Practicing sanitation (household as well as environmental) is one of the most important factors to curb this disease. The State Missions can organize VO level drives, in areas, which are particularly malaria endemic, to generate awareness on the malaria preventive measures and importance of cleanliness (household and environmental). Below mentioned points should be considered while planning VO-level malaria rallies.

## ■ Preparation

1. Decide date, place and activities to be conducted for malaria rally during VO meeting.
2. During VO meeting, identify and list such families for honour/award who
  - keep their households and surroundings clean (no litter and clogger water)
  - have not suffered from malaria in past one year
  - use mosquito net
3. Identify the spot/s (or places and families) where water clogging occurs, piles of household waste is thrown, where family members suffered from malaria to chart out the route for rally.
4. Make a plan to organize the cleaning drive to clean these spots by voluntary participation of the community people.
5. Coordinate with ASHA, AWW, ANM, PRI members and other community leaders for organization of the identified activities.

## ■ Activities

### **Before undertaking the rally**

1. Ask all SHG members to write relevant slogans and prepare placards to be used during rally.
2. Ask all SHG members and community people to identify the spot/s (or places) where water clogging occurs and piles of household waste is thrown. All should voluntarily contribute in cleaning such places.

### **During rally**

1. SHG members should conduct the rally by walking the identified route (as discussed above) to make people aware on importance of malaria preventive measures like household and environmental cleanliness and use of mosquito net etc.
2. Organize question/answer session at village level. Following questions can be asked:
  - How malaria is contracted?
  - How to maintain personal hygiene?
  - What disease can be caused due to poor hygiene?
3. Honour/award such families who
  - keep their households and surroundings clean (no litter and clogger water)
  - have not suffered from malaria in past one year
  - use mosquito net

## ■ Participants

All families of the village

## ■ Organizers

All SHG and VO members

### **Special support by**

AWW, ANM, ASHA, PRI members, VHSNC members etc.

## ■ Suggested frequency

Biannually or in conjunction with other Abhiyans or convergence activities

### **Budget**

VO can utilize its own fund (approximately INR 1500/- is the estimated cost of such drive).

OR

Financial support from VHSNC members can also be sought for organization of the drive.

Budget can be utilized for the following:

- Poster, banner, placard making/printing for the rally
- To purchase items for cleaning (soap, phenyl, broom etc.)
- To print question/answer booklet
- To purchase gifts for honour/award
- Photography
- Any other as required

## ■ Reporting

After the rally is over, prepare a report to inform about the activities that were conducted and related expenditure incurred and submit the same to CLF.

# Organizing Rally for Awareness Generation on Sanitation- Chhattisgarh Experience



Sanitation is one of the core components of entire FNHW strategy. Sanitation generally refers to public health practices related to maintenance of personal (handwashing being one of the most important aspects) and environmental hygiene, clean drinking water, adequate treatment and disposal of human excreta and garbage disposal. The State Missions can organize VO level drives to generate awareness on different aspects of sanitation to emphasize the importance of cleanliness (personal and environmental), handwashing and use of toilet etc. Below mentioned points should be considered while planning VO-level sanitation drives.

## ■ Preparation

1. Decide date, place and activities to be conducted for sanitation drive during VO meeting.
2. During VO meeting, identify and list such families for honour/award who
  - regularly use toilet
  - regularly wash their hands before eating and after using toilet
  - keep their households and surroundings clean (no litter and clogger water)
  - have not suffered from diarrhoea, vomiting, jaundice or any other infection in past one year
3. Identify the spot/s (or places and families) where water clogging occurs, piles of household waste is thrown, human waste is disposed off improperly, where family members suffered from diarrhoea, vomiting, jaundice or any other infection to chart out the route for rally.
4. Make a plan to organize the cleaning drive to clean these spots by voluntary participation of the community people.
5. Coordinate with ASHA, AWW, ANM, PRI members and other community leaders for organization of the identified activities.

## Activities

### ■ Before undertaking the rally

1. Ask all SHG members to write relevant slogans and prepare placards to be used during rally.
2. Ask all SHG members and community people to identify the spot/s (or places) where water clogging occurs and piles of household waste is thrown. All should voluntarily contribute in cleaning such places.

### During rally

1. SHG members should conduct the rally by walking the identified route (as discussed above) to make people aware on importance of sanitation activities like handwashing, toilet use, personal and environmental cleanliness etc.
2. Organize question/answer session at village level. Following questions can be asked:
  - When to wash hands?
  - How to wash hands?
  - What should be used to wash hands?
  - How to properly dispose child excreta?

- How to maintain personal hygiene?
  - What disease can be caused due to poor hygiene?
3. Organize a demonstration session for the community to demonstrate correct ways of handwashing and disposal of child excreta.
  4. Honour/award such families who
    - regularly use toilet
    - regularly wash their hands before eating and after using toilet
    - keep their households and surroundings clean (no litter and clogger water)
    - have not suffered from diarrhoea, vomiting, jaundice or any other infection in past one year

## ■ **Participants**

All families of the village

## ■ **Organizers**

All SHG and VO members

### **Special support by**

AWW, ANM, ASHA, PRI members, VHSNC members etc.

## ■ **Suggested frequency**

Biannually or in conjunction with other Abhiyaans or convergence activities

### **Budget**

VO can utilize its own fund (approximately INR 1500/- is the estimated cost of such drive).

OR

Financial support from VHSNC members can also be sought for organization of the drive.

Budget can be utilized for the following:

- Poster, banner, placard making/printing for the rally
- To purchase items for cleaning (soap, phenyl, broom etc.)
- To print question/answer booklet
- To purchase gifts for honour/award
- Photography
- Any other as required

## ■ **Reporting**

After the rally is over, prepare a report to inform about the activities that were conducted and related expenditure incurred and submit the same to CLF.

# Organizing Plantation Drive - Chhattisgarh Experience



Trees are a valuable part of our nature, which play an important role in maintaining the life cycle on earth. Trees give us oxygen, fruits, flowers, wood, medicine, prevent soil erosion, maintain balance of the environment, retain soil moisture, give manure, stop noise and air pollution and most importantly maintain the level of underground water and fulfil our nutritional needs. This document describes a simple process to organize plantation drive at village level in a structured manner.

## ■ Preparation of plantation drive at Village Organization (VO) level

1. Decide the date, place and activities to be conducted on the day of plantation drive during VO meeting.
2. Enlist the SHG wise requirements of plantation in SHG households and community/common places. Use **Annexure- 1** to enlist the plantation requirements.
3. During VO meeting, refer the season-wise plantation list (**Annexure- 2**) to decide on the type of plants to be planted considering following points:
  - Plant the trees that are scarce in number in the village.
  - Select the trees which are nutritionally more significant.
  - Carefully select the SHG households and community/common places who can take complete responsibility after plantation
  - SHG households that already have nutri-garden, plant trees like papaya, amla or moringa on the west side of their nutri-gardens
4. Arrange the trees for plantation
  - Identify automatically grown mango, berries, cilantro, berry etc. trees/seeds in the forest/ farm/surroundings and use them on the day of plantation drive.
  - Get free trees from Panchayat /Forest Committee etc.
  - Village Organizations/groups can also provide trees.
  - Buy the trees/plants, which are still required.
5. Method of planting tree saplings
  - Select the tree plants to be planted and take care that there is no spreading disease in the plant.
  - The place where plants are to be planted, keep in mind that there is enough sunlight. The place should not be such where there is water logging during rains.
  - For planting at the selected place, at least a day before, dig the pit as deep as it is required for plantation in the ground / nursery or pot for germination. Or according to the height of the plant, dig a pit of one and a half by one and a half feet.
  - Put water in the pit prepared for planting a day before, so that it remains wet during planting.
  - Prepare and store locally available cow dung or compost before planting.
  - If possible, plant saplings in the evening.
  - Mix the available cow dung or compost in the soil prepared for planting saplings.
  - While planting the selected plant, keep the root straight and cover it with the soil mixed with compost.

- After planting, bury the soil around it well so that the plant does not become crooked after irrigation.
  - Make earthen bunds around the plant so that water does not flow out while irrigating.
  - Irrigate immediately after planting and make a circle around it with locally available bamboo.
6. Discuss with Panchayat representatives, Anganwadi Workers, nurses, Mitandin, Swachhata Doot, VHSNC, Forest Monitoring Committee (as applicable) and seek support from them to coordinate, arrange and participate in the drive.
  7. Assign complete responsibility to the SHG/family/institution to monitor and care for the plants planted during the drive.
  8. Send the report of the action plan of the plantation drive to the VO and CLF.

### **Reward the following family/institution**

- Those families where the entire home space is used for plantation.
- Those common/community places where the entire space is used for plantation of various types of nutritional plants/trees.
- SHGs of which all members have fruit trees in their homes.
- Such groups/family/institutions which have contributed better in tree plantation or environmental protection.

#### **Budget**

- An amount ranging from 1000 to 1500 rupees can be used to buy trees.
- An amount up to Rs.200 can be used for purchasing award/reward material.
- Any other amount as required and decided by the VO.

### **Reporting**

After plantation drive, submit the report (**Annexure- 3**) along with the expenditure details in the next CLF meeting.

DAY- NRLM's Farm Livelihood Vertical has issued an advisory with detailed guidance on promotion of agri-nutri gardens. Please refer page no. 35-56 on this link: [http://mksp.gov.in/images/Compendium\\_of\\_Farm\\_LH\\_Advisories\\_Ver\\_2.4\\_Mar\\_2020.pdf](http://mksp.gov.in/images/Compendium_of_Farm_LH_Advisories_Ver_2.4_Mar_2020.pdf)



## ANNEXURE – 1

### Format for Listing of Plantation Requirements in SHG Households and Community/Common Places

SN	Name of SHG	Name of SHG households that require plantation	Total required plants for SHG households	Name of the village level community/ common places	Total required plants for village level community/ common places	Total required plants for SHG households and village level community/ common places

## ANNEXURE – 2

### Season-wise Plantation List

Name of the plant/tree	Season	Food	Fuel	Medicine	Fodder	Furniture	Fertilizer	Total points	Status/availability of plants/trees in family/institutions in the village (less/ more/not at all)
Mango	Summer	1	1		1	1	1	4	
Jackfruit	Summer	1					1	1	
Moonga	All seasons	1		1			1	2	
Jamun	Rainy	1		1			1	2	
Pumpkin	Winter	1					1	1	
Ramfal	Summer	1					1	2	
Jaam	Summer	1		1			1	3	
Papaya	Summer	1					1	2	
Neem	Summer	1	1	1		1	1	5	
Karanj	Winter	1		1		1	1	4	
Sarai	Summer	1	1			1	1	4	
Peepal	Summer			1	1	1	1	4	
Babool	Summer		1		1	1	1	4	
Mahua	Summer	1	1	1		1	1	5	
Ganga Imli (Tamarind)	Summer	1	1		1	1	1	5	
Koliyaro	Rainy	1	1				1	3	
Tamarind	Summer	1	1		1	1	1	5	
Bel	Summer	1	1	1			1	4	
Berries	Summer	1	1		1	1	1	5	
Amla	Winter	1	1	1			1	4	
Tendu	Summer	1	1				1	4	



### ANNEXURE – 3

#### Format for Reporting

Name of VO: \_\_\_\_\_ Name of the Village: \_\_\_\_\_

Name of Gram Panchayat: \_\_\_\_\_

Name of the activity: \_\_\_\_\_

Total participants: \_\_\_\_\_

Total trees planted			Trees received from Panchayat	Trees received from VOs/ SHGs	Trees purchased
In SHG households	In common/ community places	Total			

#### Annexures

1. Attendance sheet

2. Photo

Signature (Chairman/Secretary)

\_\_\_\_\_



The Food, Nutrition, Health and WASH (FNHW) Toolkit has been developed by the National Mission Management Unit (NMMU) with support from Technical Assistance agencies – TA- NRLM (PCI) and inputs from ROSHNI – Centre of Women Collectives led Social Action, National Institute of Rural Development (NIRD), State Institutes of Rural Development (SIRDs), National Resource Persons (NRPs), State Rural Livelihood Missions (SRLMs) of Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh, Andhra Pradesh, Telangana and Maharashtra, JEEViKA Technical Support Program- Project Concern International (JTSP-PCI) and UNICEF state teams from Odisha, Bihar and Chhattisgarh.

The standard materials of Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MoWCD), National Centre for Excellence & Advanced Research on Diets (NCEARD), Alive & Thrive, JTSP-PCI and UNICEF have been referred while finalizing the content.

**Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM)**

Ministry of Rural Development, Government of India

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