



**Draft**

## **Crèche Manual: Operational Guidelines and Protocols**

**Mainstreaming Crèches to Reduce Malnutrition in  
Odisha**

A collaborative effort by PHRS and Azim Premji Philanthropic Initiatives  
supported by Government of Odisha

Second Edition: October 2019

New Delhi

**Technical Team:** Dr. Vandana Prasad, Dr. Ganapathy Murugan, Dr. Muneer Mammi Kutty, Shahnawaz Khan, Dr. Priyanka Chatterjee, Swati Priyambada Das, Radha Holla

### **Acknowledgements:**

There are many others who have contributed in various degrees through valuable suggestions and critical comments as well as by providing key reference material. While we are unable to name all of them due to considerations of space, we would like to acknowledge their contributions with many thanks.

### **For more information, contact us at**

Public Health Resource Society  
2/42, First Floor, Sarvapriya Vihar  
New Delhi 110016, India.  
Tel: +91-11-26868118  
Email: [delhi@phrnindia.org](mailto:delhi@phrnindia.org)  
Website: [www.phrsindia.org](http://www.phrsindia.org)

### **Copyright:**

This material is under the copyright of the Public Health Resource Network and Azim Premji Philanthropic Initiatives. Anybody is welcome to use any part of this manual provided it is adequately acknowledged and not used for commercial purposes. Those seeking to use it for commercial purposes must take prior permission from Public Health Resource Network and Azim Premji Philanthropic Initiatives.

## Preface

Quality childcare is necessary for the well-being of children. Government of Odisha and Azim Premji Philanthropic Initiatives have shown great interest and taken initiative on childcare, especially for children less than three years. They have kindly invited Public Health Resource Network (PHRN) to technically support and collaborate on the crèche initiative that has been launched in Odisha. The development of a crèche manual is one of the important first steps in this collaborative initiative of running crèches for children under three years of age. The operational guidelines in this manual are considered to be the minimum requirements that are necessary to ensure the health, safety and well-being of children in a crèche setting. We sincerely hope that this manual goes a long way in creating a child-centric environment in the crèches.

Public Health Resource Network (PHRN) has been in the forefront of developing, designing, producing and disseminating learning materials on public health and nutrition. This manual “Crèche Manual: Operational Guidelines and Protocols” are based on PHRN’s own past experience<sup>1</sup> with childcare and crèches, and also the experiences of many friends and associates of PHRN. Therefore, this manual is an outcome of collective experiences since many people have contributed to this manual both directly and indirectly. While it is impossible to acknowledge and thank them all, we have made a sincere attempt to acknowledge all direct contributors and original sources.

Dr. Vandana Prasad  
Secretary and Executive Director,  
Public Health Resource Society  
National Convener, Public Health Resource Network

---

<sup>1</sup> Action Against Malnutrition (AAM) was a collaborative project for addressing malnutrition in some of the remotest pockets of the country, using multiple community-based strategies that have been tried, tested and validated through experience over many decades. Thus, the AAM project is conceived as a model to demonstrate the importance/effectiveness of community mobilization, systems strengthening and specific community-based management of malnutrition. This project was being collaboratively implemented by Public Health Resource Society, Ekjut, Child In Need Institute, Chaupal, and Institute of Development Education and Action in seven blocks spread across the states of Bihar, Chhattisgarh, Jharkhand and Odisha. The financial support to this endeavour was provided by the Tata Trusts.

## Abbreviations

AAM	Action Against Malnutrition
ANC	Ante Natal Care
ANM	Auxiliary Nurse and Midwife
APL	Above Poverty Line
APPI	Azim Premji Philanthropic Initiatives
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CDPO	Child Development Project Officer
CRF	Common Result Framework
ECCD	Early Childhood Care and Development
GoO	Government of Odisha
ICDS	Integrated Child Development Scheme
ITDA	Integrated Tribal Development Agency
JSSK	Janani Shishu Suraksha Karyakram
MCP	Mother-Child Protection Card
MIS	Management Information System
MNREGA	Mahatma Gandhi National Rural Employment Scheme
MUAC	Mid Upper Arm Circumference
NFHS	National Family Health Survey
NRC	Nutrition Rehabilitation Centre
NHM	National Health Mission
ONAP	Odisha multi-sectoral Nutrition Action Plan
PDS	Public Distribution System
PHC	Primary Health Centre
PHRN	Public Health Resource Network
PLA	Participatory Learning and Action
PMU	Programme Management Unit
PVTG	Particularly Vulnerable Tribal Group
RBSK	Rashtriya Bal Swasthya Karyakram
SAM	Severe Acute Malnutrition
SC	Scheduled Castes
SDGs	Sustainable Development Goals
SHGs	Self-Help Groups
ST	Scheduled Tribes
UIP	Universal Immunisation Programme
VHSNC	Village Health Sanitation and Nutrition Committee
WCD	Women and Child Development

## Contents

Preface .....	3
Abbreviations.....	4
1. Introduction .....	7
1.1 Magnitude of the Problem.....	7
1.2 Why children under three are prone to malnutrition .....	7
2. Crèches for Children under Three Years .....	8
2.1 Definition.....	8
2.2 Services to be provided at the crèche:.....	9
2.3 Models of Crèches .....	10
2.4 Selection Criteria for Crèche Sites .....	11
2.5 Screening for Eligible Children .....	11
2.5 Functioning of the Crèches .....	12
2.6 Physical Infrastructure.....	13
2.7 Early Childhood Care and Development (ECCD).....	15
2.8 Safety and Security .....	15
2.9 Hygiene .....	17
2.10 Transparency and Accountability at Crèche .....	19
2.11 Quality Assurance and Management .....	19
2.12 Crèche MIS.....	<a href="#">2120</a>
2.13 Protocols for Growth Faltered and Severely Malnourished Children.....	<a href="#">2224</a>
2.13.1 Protocol for Growth Faltering .....	<a href="#">2224</a>
2.13.2 Protocol for Severely Malnourished .....	<a href="#">2322</a>
2.13.3 Protocol for Severe Stunting.....	<a href="#">2524</a>
2.14 Guidelines for Referral .....	<a href="#">2625</a>
2.15 Protocol for Home Visits .....	<a href="#">2827</a>
3. Meal Planning .....	<a href="#">2928</a>
3.1 General Guidelines .....	<a href="#">2928</a>
3.2 The Meal Plan.....	<a href="#">3029</a>
3.3 General instruction on use of oil .....	<a href="#">3234</a>
3.4 Special Nutritional Care .....	<a href="#">3234</a>
3.5 Steps to make hygienic food.....	<a href="#">3334</a>
4. Human Resources .....	<a href="#">3332</a>
4.1 Crèche Worker .....	<a href="#">3332</a>
4.2 Block Coordinator.....	<a href="#">3533</a>
4.3 Accounts and Logistics Officer .....	<a href="#">3635</a>
4.4 District Coordinator (DC) .....	<a href="#">3736</a>

5. Trainings/ orientations and consultations .....	3837
6. Reporting Mechanism.....	4240
7. Role of Community Institutions.....	4240
8. The Crèche Committee .....	4240
9. System Linkages.....	4542
9.1 Coordination with Department of WCD.....	4542
9.2 Coordination with the Health Department.....	4643
9.2.1 Convergence with NRCs for the Management of SAM.....	4643
9.3 Coordination with Allied Sectors.....	4744
ANNEXURES .....	4845
Annexure 1: Format for Selection of Crèche Sites .....	4946
Annexure 2: Community ownership and consent form.....	5047
Annexure 3: Daily nutritional requirement of children under 3 and nutritive value of the meals provided at the crèche .....	5249
Annexure 4: List of Red Flag .....	5552
Annexure 5: Developmental milestones for children under 3 .....	5653
Annexure 6: Transparency Policy .....	6464
Annexure 7: Crèche Monitoring Checklist .....	6764
Annexure 8: Format for quality check of anthropometry .....	7370
Annexure 9: Calibration policy of anthropometry instruments of Crèches .....	7474
Annexure 10: Records and Registers.....	7875
10.1 Household Listing Form .....	7875
10.2 Entry Level Register .....	7976
10.3 Attendance Register .....	8077
10.4 Red Flag Follow-up Form.....	8178
10.5 NRC Referral Register.....	8279
Annexure 11: Home Visit Questionnaire .....	8582
Annexure 12: Monthly Reporting formats.....	8986
Annexure 13: Note on Crèche Committee .....	9592
Annexure 14: Running Costs of Crèches .....	9795

## 1. Introduction

Malnutrition continues to be a major public health malaise, with a significant section of the population lacking access to adequate diets and disproportionately affecting those who live on the margins of the society. Children are the most vulnerable to malnutrition and it is common knowledge that adequate nutrition is an essential prerequisite for the proper growth and development of children. Malnutrition has been widely recognised and understood to be a multifactorial issue and as such demands multidisciplinary and cross-sectoral approaches to address it. Acknowledging this, the Government of Odisha (GoO) initiated a working group on malnutrition, which designed a Common Result Framework (CRF). The CRF has been designed to achieve reduction in the prevalence of malnutrition in Odisha by 2025 keeping in line with the World Health Assembly targets. Based on the CRF, the GoO has adopted the Odisha multi-sectoral Nutrition Action Plan (ONAP), which primarily focusses on developing a multi-sectoral approach to address malnutrition in the state.

The Azim Premji Philanthropic Initiatives (APPI) is in collaboration with the GoO in taking forward the ONAP and has decided to partner with Public Health Resource Society (PHRS) in implementing a community-based nutrition programme, the mainstay of which is day-care services for children under the age of three years.

The programme is aimed at developing a model supported by GoO that may eventually be scaled-up by the government itself. It's being implemented in the five districts of Rayagada, Kalahandi, Malkangiri, Nabarangpur and Koraput of Southern Odisha through standalone crèches in Particularly Vulnerable Tribal Groups (PVTG) and remote non-PVTG areas, as well as some crèches which will ideally be co-located in the Anganwadi centres (AWCs) to represent an Anganwadi-cum-Crèche model.

### 1.1 Magnitude of the Problem

Malnutrition underlies over 50% of infant and child deaths in India. There is a vicious cycle of infections, disease and malnutrition persisting in the country. The long-lasting impact due to malnutrition occurs before the age of 3 years and this reduces cognitive development, learning ability and work capacity in the future.

In Odisha, even though the prevalence of stunting has gone down from 45% in NFHS 3 to 34.1% in NFHS 4, the prevalence of wasting in the state has gone up from 19.6% to 20.4%, which is a worrying trend. Furthermore, as per NFHS 4, only 8.5% of children aged between 6 and 23 months in Odisha receive adequate diet in terms of dietary diversity and meal frequency<sup>2</sup>.

### 1.2 Why children under three are prone to malnutrition

1. Cannot feed themselves

---

<sup>2</sup> Source: National Family Health Survey (NFHS 4)

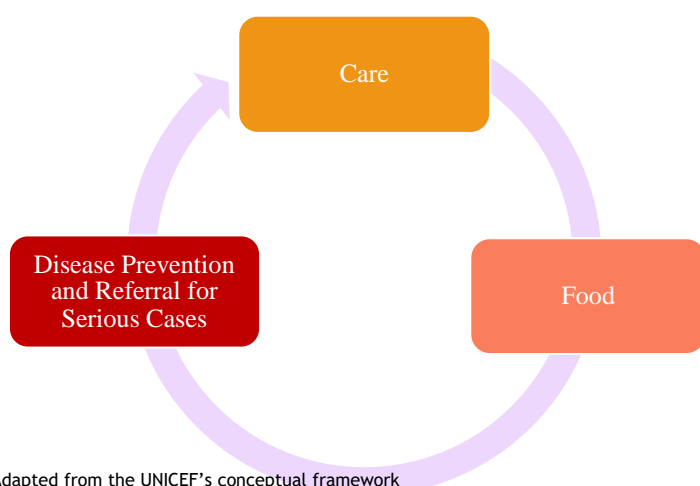
2. No one to feed them frequently as both parents are wage earners or agricultural labour and children are left in the care of elder siblings or elderly members of the family
3. Extreme poverty, lack of purchasing power of parents
4. Lack of knowledge of caregivers, leading to poor quality of food, low frequency of feeding and small portions
5. Poor health and nutrition of the mothers who are also the prime carers

## 2. Crèches for Children under Three Years

### 2.1 Definition

Crèches are decentralised community-based centres where mothers leave their children when they go for work. The crèches provide a safe and secure environment for the overall growth and development of children through feeding, disease prevention and care. The kids are kept nourished and healthy and sick children are identified and referred to hospital for care. The crèche helps elder siblings attend school and supports women's work and thereby the increase of household income.

An overall environment of 'Care' that can adequately house interventions related to nutrition and health is critical to be able to make an impact on malnutrition. In a context where poor women spend much time and energy doing housework, working on landholdings, looking after cattle, caring for children, and often in addition, working for wages, this determinant of care becomes even more critical. Crèches provide childcare services for children under three years with special focus on **feeding, regular growth monitoring, managing at-risk and malnourished children, and early stimulation**. This intervention has been considered one of the ways to prevent and manage malnutrition, especially in areas that are severely underserved and marginalised.



Source: Adapted from the UNICEF's conceptual framework

The above diagram, in short, summarizes the overall functions of a crèche.



#### **Specific objectives of the crèches are:**

- To take care of children in the age group of six months to three years whose mothers go out for agricultural labour or wage work or even doing household works, for eight hours a day.
- To improve the health and nutritional status of children by providing complementary feeding and services for health promotion.
- To provide at least two-third of daily food requirement of children at the crèche.
- To demonstrate that after six months of birth, a child can have food other than mother's milk and can digest it too.
- To demonstrate hygiene practices such as hand washing for children, food and water handling, feeding, and preparing nutritious foods at home to the mothers.
- To facilitate child's physical and mental development by age specific activities at the crèche.
- To identify growth-faltering children and take necessary steps to improve the condition, identify childhood illness through symptoms and refer to ASHA and AWW immediately.
- To provide sleep and rest to the children

#### **2.2 Services to be provided at the crèche:**

All crèches should provide following services to ensure optimal growth and health of all children under the age of three years:

1. Day care facilities including sleeping facilities
2. Providing safe and secure environment
3. Hygiene
  - i. Promotion of personal hygiene
  - ii. Water and food hygiene
  - iii. Hygienic environment
4. Care and stimulation: Age appropriate ECCD activities to be conducted for overall development
5. Adequate quality food for 0-3 years
  - i. Promotion of exclusive breastfeeding from birth to 6 months with continued breastfeeding for at least 2 years

- ii. Complementary feeding from 6 months: appropriate quantity, consistency and frequency.
- iii. Focus on dietary diversity,
- iv. All children with malnutrition get locally produced, calorie-dense and protein-rich foods
- 6. Growth monitoring
  - i. Regular anthropometry
  - ii. Identification of growth faltering
  - iii. Action on severe malnutrition and growth faltering<sup>3</sup>
- 7. Disease prevention, early identification, treatment and rehabilitation
  - i. Prevention: promotion of good practices of hygiene and sanitation.
  - ii. Immunisation
  - iii. Regular health check-ups
  - iv. Referrals to health facilities and Nutritional Rehabilitation Centre (NRC)
  - v. Follow up of children discharged from health facilities.

#### **Target Group: 0 to 3 years**

1. The crèches will aim at universal coverage and will not be target based. Admissions to crèches will be on a voluntary basis.

### **2.3 Models of Crèches**

There will be three types of crèches under the programme addressing different ground situations. Each type of model will be restricted to one block per district.

- 1) **Anganwadi cum Crèche:** Attempts will be made to co-locate the crèche within existing AWCs and run it with the full involvement of the ICDS functionaries. While the AWC will cater to children from 3-6 years, the crèche will focus on children aged under 3 years. If a sufficient number of villages cannot be found with adequate space within the designated blocks, the district administration will be requested to provide infrastructural inputs. The intention will be to co-locate the crèches within the Anganwadi centre as soon as is feasible.
- 2) **Crèches in Villages with PVTG Communities:** These crèches will be located in villages that are inhabited by PVTG communities and will address the most vulnerable population in the state. Certain innovations might be required in

---

<sup>3</sup> Refer to protocols in section 2.13

establishing and running crèches among the PVTGs since the capacity-building challenge and logistics challenge is likely to be much higher.

3) **Crèches in Remote Villages with Non-PVTG Communities:** These crèches will be located in remote areas/villages/hamlets of designated blocks with non-PVTG communities.

#### 2.4 Selection Criteria for Crèche Sites

The crèche will attempt to cater to villages with a high level of malnutrition, poorer access to services, geographical remoteness and high level of readiness/interest by the community. However, practical issues such as adequacy of space, sufficient number of children to justify a crèche service, etc. will also be kept in mind to allow for programme management to achieve quality.

The list provided by ICDS serves as the base list and aids scoping for identification of sites. Meetings will be done with the communities wherein they will be appraised of the aims, objective and components of the programme. Further, the following criteria shall be considered while selecting the villages for setting up the crèches:

1. Community's need and interest in participating in the programme.
2. Presence of up to 15 of children in the age group of 0-3 years.
3. Women going out for wage work and agricultural labour.
4. Poor nutritional status of the children.
5. Availability of adequate space in the site to operationalise the crèches.

A format with detailed criteria for the selection of sites for crèches has been provided in **Annexure 1**.

An important aspect of this programme is that the ownership of the crèche lies with members of the community. Since crèches are setup in view of the expressed need of the community, their consent is an important part of the process. This is achieved through community level dialogue that may take multiple meetings (Refer **Annexure 2** for details on community ownership and consent form). The meetings shall also help in the identification of space in the village for the crèche as well as identification of the two crèche workers.

#### 2.5 Screening for Eligible Children

Before the opening of crèches, the crèche workers along with the Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs) and the programme team will do a line listing of all the eligible children in the villages. The lengths/heights and weights of all the eligible children will be taken by the Crèche worker/block coordinator/AWWs with support from ASHAs before the opening of

**Commented [SK1]:** Earlier it was:

For PVTG crèches, the list of PVTG villages identified under Integrated Tribal Development Agency (ITDA) would serve as a base list and for the selection of sites for crèches in remote non-PVTG areas, the list of remote villages compiled by the Planning & Convergence Department, GoO, would serve as the base list and further selection criteria can be used to decide the crèche sites.

The list of remote villages by the GoO for non-PVTG villages didn't work at all. Where as list of PVTG villages from ITDA, Kalahandi was not sufficient enough for 10 crèches in Lanjigarh block.

Currently mentioned in the text is the one which has been written in the Govt manual.

**Commented [V2]:** Ok by me

the crèches. The measurements will be taken using the anthropometric equipment supplied in the crèches<sup>4</sup>.

The main objectives of the screening are as follows:

1. To get an idea about the nutritional status of the children and identification of the most vulnerable children/households of the villages. It is observed that sometimes the most vulnerable households are clustered in small pockets and are the most marginalised sections in the villages. The children from these households are often left out of such interventions.
2. To ensure that no such child in the village is left out from the intervention due to the lack of information on their nutritional status.
3. To identify children with Severe Acute Malnutrition (SAM) in the villages and referring them to the NRC, without even waiting for their crèche enrolment.
4. To identify mild and moderately malnourished children and encourage them to join the crèche for their improvement and to try to prevent further deterioration.

## 2.5 Functioning of the Crèches

1. Ideal number of children for proper functioning of a crèche is 10-15. However, the number of children should not exceed 20.
2. In the event of the number of children exceeding 20, an additional crèche may be opened.
3. Each crèche will have two workers belonging to the local community who have been identified by the community and trained by the programme team.
4. The crèche would remain open for 7 - 8 hours a day and 6 days a week. The community will decide on the off days and timing of the crèche taking in consideration the work schedule of majority of the mothers.
5. The children will be fed one hot cooked meal and two cooked snacks as per the recommended meal plan. There will be provision for additional food and oil malnourished children and children who have faltered on growth.
6. The feeding programme aims to take care of 60-70% of the calorie and 75-100% of the protein requirement<sup>5</sup> of a child per day. Please refer **Annexure 3** for more details.

---

<sup>4</sup> The measurements will be recorded in the house-listing register provided in the crèches. These will be later cross-checked with the records available with the AWCs to see for any divergence. We hope that in the long run such divergences, if any, will be resolved and capacities of the AWWs are also built up.

<sup>5</sup>The recommended daily calorie intake for children between 1 and 3 years of age is 1060 Kcal. Under the current meal plan for the programme, children will receive almost 650 Kcal of energy, 19 to 21 gms of protein, 5 or 6 mg of Iron (depending on whether Sooji or Mandiya is given for the evening snack).

7. Weight of each child will be measured every month and length/ height will be taken thrice a year (February, June and October). MUAC measurements will also be taken every month.
8. As per the anthropometric measurements, children identified as Red-flagged <sup>6</sup>will be referred as per the protocols. For complete list of Red-flagged children please refer **Annexure 4**.
9. Focus will be on hygiene, i.e., clean surrounding, handwashing with soap, nail cutting, toilet training, and food handling.
10. Crèches will also be provided with toys and other materials required for Early Childhood Care and Development (ECCD).
11. There will provision for sleep and rest.
12. Routine Health check-ups will be done in coordination with Local AWW/ANM/ASHA and the medical officer. In case of a health emergency during the crèche hours, the child will be handed over to the parents/ guardians/ members of the family and medical support, if required, will be facilitated by the crèche workers.
13. Despite all efforts, if a child under the age of three years dies in the crèche village, a case study will be conducted and documented to analyse and take action upon the circumstances leading to the death.

## 2.6 Physical Infrastructure

### Location/Environment:

The crèche will be located in a safe and secure place which is welcoming and child friendly. It is ideal to have the crèche near the homes of children or near the place of work of the mothers (at a walking distance i.e. ½ - 1 km) for the following reasons:

1. Breastfeeding mothers can conveniently come to feed their babies.
2. Parents can be contacted in case of emergencies.
3. It is easier to pick up, bring or send the child from home.
4. If a child is absent for a long period of time, the crèche worker can go herself to enquire about the child from his/her home.

Note: The crèche will not function from the house of the crèche worker.

### Crèche Building/Space Specifications:

The following are the building/space specifications for crèches. Some of these specifications will however be aspirational in nature and provide a guidance for future scale up.

1. The crèche should be on the ground floor. Physical environment should be reasonably suitable for children with special needs.
2. A crèche must have a minimum space of 6-8 sq. ft. per child, a total of 150-200 sq. ft.
3. There should be as much space outdoors as it is indoors.

---

<sup>6</sup> Any child with severe malnourishment, illness, growth falter and developmental delays

4. The space in the centre may be utilised in a multi-purpose manner, for example, playing area can be converted into a makeshift sleeping place for children by spreading out some durries and mats and using mosquito nets.
5. In an ideal centre, the kitchen should be 25% of the covered area and toilet should be 5% of the covered area.
6. The centre should have at least two rooms/a large hall preferably with a concrete roof of at least 10 ft. height for children to rest and sleep, and a playing area. The rooms should have well plastered walls having enough space for display of pictorial material in each room of the centre. The floor of the room should not be slippery.
7. There should be at least two windows placed at a height of not more than 3 feet above the ground with an area which is  $\frac{1}{5}$ th of the floor area. Doors and windows combined should have  $\frac{2}{5}$ th the floor area.
8. The doors and gates should be constructed appropriately to ensure safety of children and also of material/equipment.
9. The centre should be clean, well-lit with adequate ventilation. A fan should also be installed in crèches where electricity supply is available. In case electricity supply is unavailable, solar powered fan and light should be arranged.
10. The centre must have safe and regular drinking water facility. For this, the centre should install a water filter/purifier which should be cleaned regularly. Alternatively, boiled water should be used for drinking. In places where there is shortage of water, adequate arrangements for storage of water may be done.
11. Toilets should be child-friendly keeping in mind the requirements of children with special needs as well as safety and security of children at the centre.
12. Toilet should have water facilities, soap, clean cloth/towel, garbage bin, wash basin/sink at low level and an exhaust fan. In the absence of functional toilets, alternative arrangements should be made for proper management/disposal of stool at a reasonable distance from the crèche.
13. The water tap should be placed at a height that can be used independently by children.
14. The crèche should have a regular supply of cleaning materials such as disinfectants, brooms and swabs, dustbins, garbage bins, etc.
15. The centre must have adequate cooking facilities, cooking utensils, utensils to feed the children - which should be cleaned regularly before and after use. The cooking area must be located away from the activity area of children to avoid accidents. To avoid smoke inhalation, use of smokeless chulha is recommended.

#### **Equipment and Play Material:**

1. Essential play material and teaching/learning material which can be directly manipulated by children must be made available under strict adult supervision.
2. Age appropriate equipment, furniture and toys which help create an accessible and stimulating environment should be available. Walls of the centre can be painted with colourful pictures to make the centre attractive and can be used as teaching/learning materials.
3. For play activities, out-door equipments and materials like swings, slides, material for balancing activities, seesaw, sandpit, etc. will be provided to the crèches.

#### Medicine and First Aid Kit:

The centre must, at all times, be equipped with basic first aid kit. For other health related needs, the crèche workers will inform and coordinate with the ASHA, AWW and Auxiliary Nurse Midwife (ANM).

### 2.7 Early Childhood Care and Development (ECCD)

Children under three years of age at the crèche will get exposure to activities aiding Early Childhood Care and Development (ECCD) in an informal learning environment. This aims at ensuring age appropriate stimulation and learning opportunities for children. The National Curriculum Framework (National Early Childhood Care and Education (ECCD) Curriculum Framework 2013<sup>7</sup> by Government of India acknowledges the significance of involvement of parents, family and community in providing a stimulating learning environment to the child. As part of the crèche programme, an ECCD curriculum will be developed in accordance with the national framework to meet the needs of the children, their families, the specific setting, the linguistic culture and the local community. Block coordinators and crèche workers will be trained for ECCD including early identification of gross developmental delays among crèche children and timely referrals to concerned authorities. Developmental delays may/will also be identified at the health check-ups conducted through RBSK. For the complete list of developmental milestones for children under the age of three years please refer to Annexure 5.

**Commented [V3]:** The fact that you are saying gross is sufficient.

**Commented [V4]:** Is fine as an annexure

**Commented [SK5]:** Complete list of developmental milestones adapted from MBA guideline by Mobile Creche is in Annexure 5. Please see the list.

### 2.8 Safety and Security

As the crèche caters to children in the most vulnerable age-group, utmost care is to be taken to maintain the safety security of the children without any compromise.

Following norms are to be followed in the selection of sites:

<sup>7</sup> MWCD, GOI 2013

### Physical Environment

1. The crèche will be located preferably on the ground floor in a safe and secure place which is welcoming and child friendly and reasonably suitable for children with special needs.
2. Location of the crèche should be such that it is not near/next to any water body, or by the side of main road, or at steep height etc.
3. Ramp with railing or steps with railing is to be constructed for the ease and safety of the children.

### Crèche House

1. The crèche centre should be clean, well-lit with adequate ventilation.
2. The crèche centre should not be located in damaged or dilapidated house/building. Any repairs required, should be undertaken at the earliest, without delay, keeping in mind the safety of the children.
3. The doors and gates of the crèche house should be constructed appropriately to ensure safety of children and also of material/equipment.
4. Fencing of the crèche premises must be undertaken, where possible, so that animals like dogs, cows, goats etc do not enter the crèche. This will also prevent children from running out from the centre.
5. There should be provision for separate kitchen in the crèche house. In case that is not possible, cooking area must be located away from the activity area of the children to avoid accidents. To avoid smoke inhalation, use of smokeless chullha is recommended.
6. Care is to be taken to ensure that there are no pits/holes in the ground in the crèche centre and premises.
7. All electrical switches/plugs should be placed out of reach of children.
8. There should be no open wiring at any place near to or at the crèche.

### Materials

1. Water stored is to be kept covered, at all times and kept out of reach of children.
2. Cooked food/boiled water is to be kept in covered utensils and out of reach of children.
3. It is to be ensured that the *chullha* is extinguished and cooled down after cooking. Burning embers need to be extinguished and firewood to be kept properly. No child should enter the area where firewood is kept.
4. All sharp objects like scissors, knife, pins etc to be kept safely, away from the reach of children.
5. The first aid kit and all medicines should be kept at a suitable place, out of reach of children.
6. Any chemicals provided at the crèche such as detergents and cleaning agents should be kept out of reach of children.
7. Toys provided at the crèche should be appropriate for the children of the age group and of appropriate material with no sharp edges. They should be large enough not to pose any choking hazard for the children.



8. Care should be taken to ensure that all swings/*jhoolas/sarees* are fastened securely to sturdy support and at appropriate height, not very high. Swings should be used only under adult supervision.

#### Personnel

1. Any kind of abuse-verbal, physical is strictly prohibited.
2. Sexual abuse and sexual exploitation will be severely dealt with under the POCSO Act, 2012.
3. Crèche workers are to be oriented towards the child protection policies as mandated by the OSCPCR.
4. No child is to be left unattended at any point in time.
5. Only persons /women authorised by the crèche committee are to be given the charge of handling children in the absence of the crèche workers.

#### General

1. Prevent children from going to well, tank, river, water springs, pits etc.
2. Keep children away from water pots.
3. Keep children away from hot water, tea, rice water (*mand/peyja*), hot oil.
4. Keep them away from garbage, heaps of wood, dung cakes, as these provide good hiding places for snakes, scorpions etc.
5. Children should be protected from other animals like dogs and cats etc.
6. No child should be left unattended.
7. Children should be handed over only to the parents and known adult family members. In case the parents of the child or any adult member of the family fails to fetch the child home after crèche hours, one of the crèche workers will drop the child at his/her home.

## 2.9 Hygiene

#### Crèche Premises

1. Ensure cleanliness and sanitation of the crèche and its premises.
2. Footwear should be removed before entering the children living area.
3. The centre must have safe and regular drinking water facility. For this, the centre should install a water filter/purifier which should be cleaned regularly. Alternatively, boiled water should be used for drinking. In places where there is shortage of water, adequate arrangements for storage of water may be done.
4. Care is to be taken that there is no accumulation of water near the crèche, where handwashing station is set up or at the space where washing of utensils takes place.
5. The crèche should have a regular supply of cleaning materials such as disinfectants, brooms and swabs, dustbins, garbage bins etc.
6. The crèche should be swept and mopped regularly. The crèche should be swept at least three times a day- at the time of opening, after children's meal and at the time of closing.

7. Toilets are to be kept clean and should be child friendly keeping in mind the requirements of children with special needs as well as safety and security of children at the centre.
8. Toilet should have water facilities, soap, clean cloth/towel, garbage bin, wash basin/sink at low level and an exhaust fan. In the absence of functional toilets, alternative arrangements should be made for proper management/disposal of stool at a reasonable distance from the crèche. Crèche workers are to be sensitised and oriented for the same.
9. The crèche should have a regular supply of cleaning materials such as disinfectants, brooms and swabs, dustbins, garbage bins, etc.

#### **Materials-Utensils/Containers/Toys/Handkerchiefs/**

1. Before closing the centre all the utensils should be cleaned properly and kept at designated places or in trunks for safety and security.
2. Durries may be dusted, and toys may be kept properly at a safe space for next day's use. Any other material outside the centres should be brought inside and locked properly.
3. Mosquito nets, mats to be cleaned regularly.
4. Once a month, all containers are to be cleaned and dried.
5. Handkerchiefs, napkins, aprons are to be washed and cleaned regularly.
6. Toys are to be cleaned with soap water once a week/ fortnightly. It is desired that they are rinsed in plain water every day.

#### **Children and Personnel**

Personal cleanliness of children and self is always to be maintained.

1. Ensure the availability of adequate and clean towels and handkerchiefs.
2. Handwashing of children with soap, before and after each meal is to be ensured. Child friendly handwashing should be placed at each crèche.
3. Inculcate proper toilet habits and toilet training of children
4. Other measures of preventing infections like wiping children's nose, changing wet/soiled clothes is to be practiced.
5. Nails should be inspected daily and cut regularly. Crèche workers should wear clean clothes and use apron while cooking and neatly tie their hair.

#### **Food Safety**

##### **Cooking**

As a part of safe and hygienic handling of food crèche workers are to ensure that:

1. All the food items are kept in containers with lids and to be protected from any harms from rats and other insects.
2. Older stock of food items is used before the use of new stock.
3. Their own hands are washed with soap before cooking each meal and feeding children.
4. Vegetables are washed before use.

5. Ladle with long handle is used for extracting water from the container.
6. Food is kept covered and spoon is used to serve it hot.
7. Food is not cooked under open sky
8. Utensils are cleaned soon after use.
9. Chullha is cleaned after use.
10. Vegetable peels, skins etc are disposed/cleaned immediately.
11. Feeding area is cleaned after feeding the children.
12. Personal hygiene is strictly maintained by those who prepare food.
13. Both the hands are washed with soap before preparing food, before feeding children and after use of toilet or latrine.
14. Nails are trimmed on a regular basis and kept clean
15. Clothes are clean and apron is used while cooking.
16. Food fallen on the ground is not used.
17. Leftover food is consumed/disposed the same day. Under no circumstances is it to be used the next day.

## 2.10 Transparency and Accountability at Crèche

While working with young children, accountability, and transparency are important aspects. Involvement of the community in the day-to-day functioning would help maintain transparency in all facets of the crèche operation.

Certain information is to be displayed prominently in the crèche, some to be available in the form of registers and forms and some to be shared during the monthly crèche committee meetings. In addition, relevant data is to be reported to the ICDS functionaries at periodic intervals. (Please refer **Annexure 6** for detailed protocol on transparency)

## 2.11 Quality Assurance and Management

Quality of the functioning of the crèche is an important aspect of the programme. This can be ensured through periodic review meetings at different levels as well as through monitoring visits undertaken by district coordinators and other PMU members. Different measures are to be taken to ensure the same are:

1. To monitor and assure quality of services and materials provided at the crèche, regular monitoring visits are to be conducted by the programme management teams. A crèche monitoring checklist has been designed to aid the same (**Annexure 7**).
2. To ensure quality of anthropometric data, supervisors from different levels (block coordinator, district project officer or members from PMU) undertake quality check of the anthropometry done at the crèche level on periodic basis. A format has been developed to check the quality of the anthropometry at crèche level. Please refer **Annexure 8**.
3. To ensure accurate results of the anthropometry, routine calibration of instruments is to be undertaken. Weighing scales, stadiometers and

infantometers are to be calibrated routinely. Please refer **Annexure 9** for more details on Calibration policy.

4. Stock verification is routinely carried out towards the end of the month to ensue regular supply of materials etc.

## 2.12 Crèche MIS

Activities at the crèche are documented and recorded in different registers and formats. A crèche MIS has been developed for regular monitoring and review of the activities that are to take place within the programme through the crèche. Each crèche will be provided with the following records and registers. Please refer **Annexure 10** for detailed format of the registers.

1. **House-listing Register:** All children under three years of age in the village have to be screened and data has to be entered in the MIS
2. **Entry Level Register:** The entry level register is to be filled at the time of admission by the block coordinator/crèche worker with support from the AWW.
3. **Attendance Register:** Daily attendance of the children coming to the crèche to be filled in by the crèche worker in this register. Monthly anthropometry along with AWC data is also recorded here. All data /information related to the child for that month is entered in the attendance register.
4. **Red Flag Follow-up form<sup>8</sup>:** To be filled in the crèche by the crèche worker with support from the block coordinator after the identification of the red flagged children.
5. **NRC Referral Register:** Once a child has been identified as SAM and has been referred to the NRC through CHC, the block coordinator should enter the referral details in the NRC referral register.

All the data entered in the various registers and records will be further entered in an MIS portal specifically developed for the programme. The portal will enable the real-time monitoring of the crèches as well as help in generating data regarding the status of children coming to the crèches. A real-time MIS for monitoring the stocks and inventories of the crèches will also be developed.

---

<sup>8</sup> The list of red flags has been given in Annexure 3

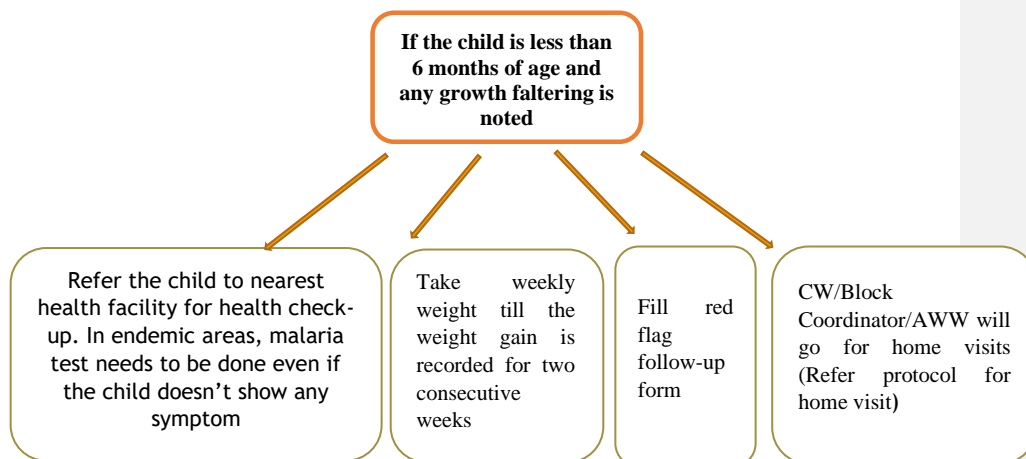
## 2.13 Protocols for Growth Faltered and Severely Malnourished Children

### 2.13.1 Protocol for Growth Faltering

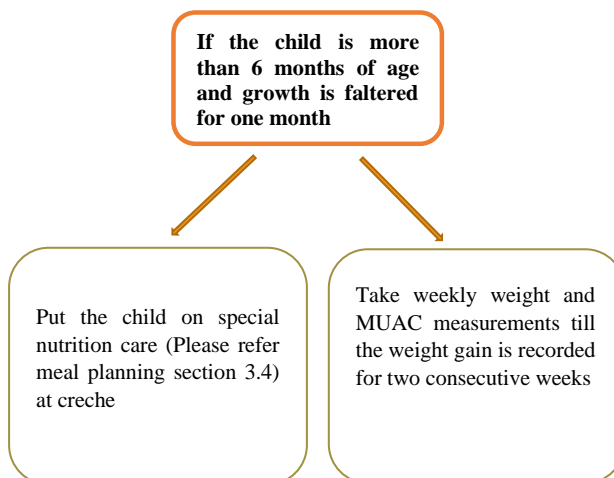
#### Growth Faltering

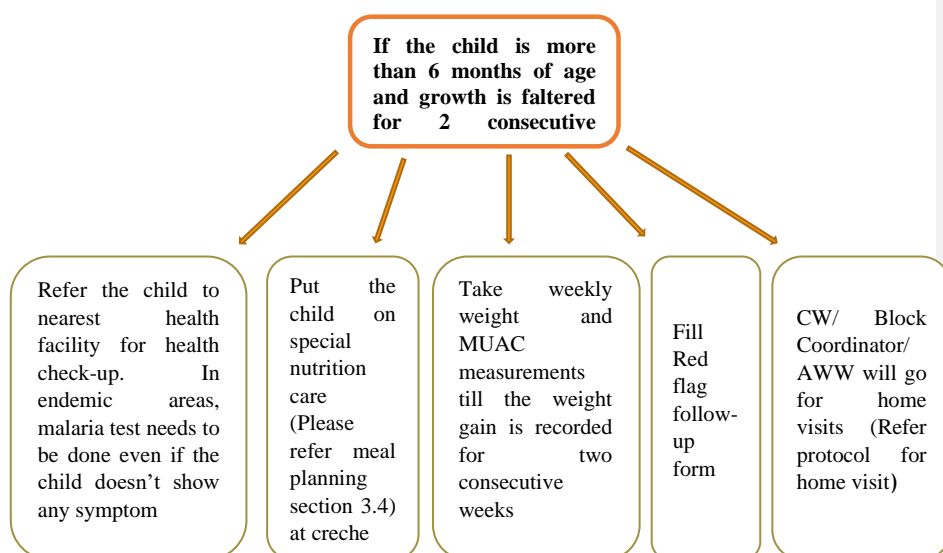
Once weight of the child has been plotted on the growth chart, and if the growth curve seems to be shifting downwards or becoming flat, then it is seen as the child's growth is faltering. To identify this in the crèche, the CW/ Block Coordinator/AWW must carefully look at the growth chart and see if there is a change in the shape of the line in relation to the Z-score lines given in the chart.

**For children of age less than six months**



**For children of age more than six months**





### 2.13.2 Protocol for Severely Malnourished

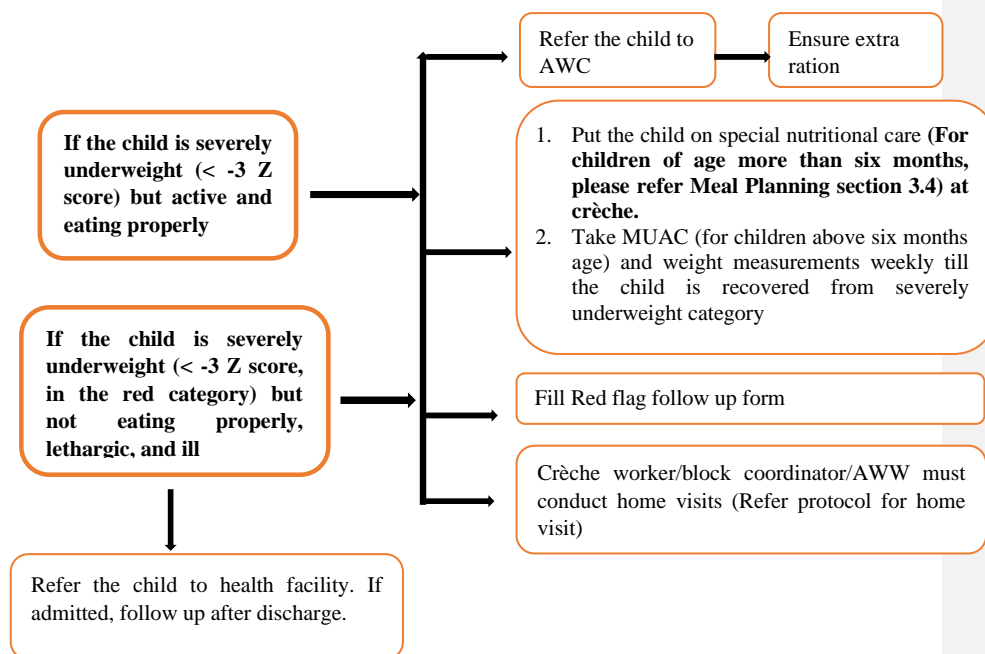
As currently practiced under the ICDS, severely underweight children will be identified and referred to NRCs through CHC for identification of status of SAM. All severely underweight children are to be referred to the AWC and the following protocol is to be followed. All children who are in the 'red' colour by their MUAC measurement will also be referred to NRC through the CHC.

Further, a list of severely malnourished children based on MIS data (including based on weight for height criteria) should be made available to the crèches, so that any left-out children are also taken care of.

#### Severely Underweight

After plotting on growth chart, if the child's weight reflects in yellow colour (i.e. < -2 Z score) the child is considered moderately underweight and if it reflects in red colour (i.e. < -3 Z score), the child is severely underweight.

**After identification of Severely Underweight, action needs to be taken as per the protocol given below in the flow chart:**



Severely underweight: Refer if the child shows the following symptoms			
1	2	3	4
Lack of appetite	Visible severe wasting	Oedema	Severe palmar pallor
5	6	7	8
Lethargy, drowsiness and unconsciousness	Continually irritable and restless	Any respiratory disease	Signs of severe dehydration in a child with diarrhoea

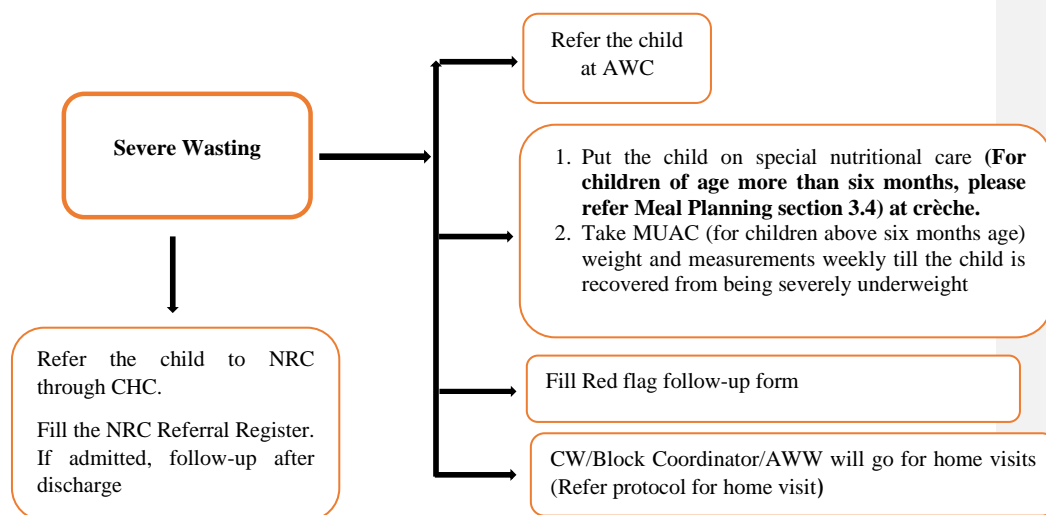
### Severe Wasting

If the child's weight for height Z-score is less than -3, s/he will be considered as severely wasted. As we are measuring height at entry point and then every four months, a list of severely wasted children will be available at admission and every month at the time of data collection for heights for necessary action.

At entry point child's MUAC will be measured and if the measurement is <11.5 cm, the child will be considered SAM.

**After identification of Severe Wasting, action needs to be taken as per the protocol given below in the flow chart:**





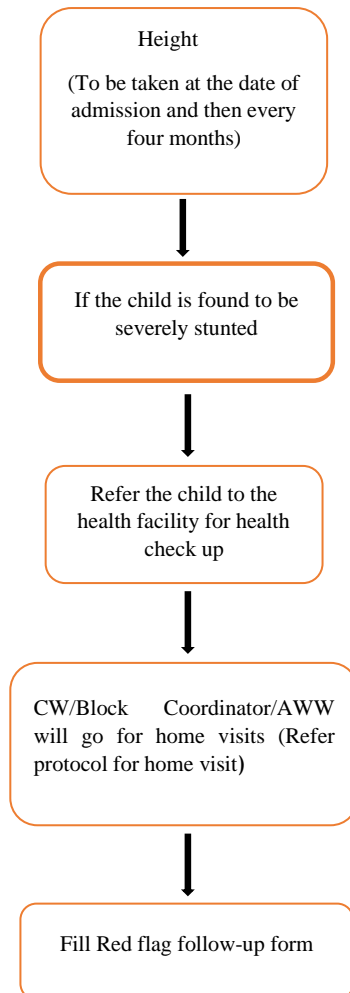
All severely underweight children with any of the following symptoms are to be referred to CHC through AWC for identification of SAM and treatment (put ✓ for symptom).

Poor appetite	Visible severe wasting	Oedema of both feet	Severe palmar pallor	Lethargy, drowsiness unconsciousness	Continually irritable and restless	Any respiratory distress	Signs suggesting severe dehydration in a child with diarrhoea	MUAC in red	WHZ <-3

### 2.13.3 Protocol for Severe Stunting

#### Severe Stunting

If the child's height for age Z-score is less than -3, s/he will be considered as severely stunted. As we are measuring height at entry point and then four-monthly, a list of severely stunted children will be available at admission and every four months at the time of data collection for heights for necessary action. **After identification of Severe Stunting, action needs to be taken as per the protocol given below in the flow chart:**



## 2.14 Guidelines for Referral

**Criteria for Referral:** Details of the referral and follow up must be maintained in the red flag register and NRC register. All referrals must be in co-ordination with block coordinator (except in case of emergencies when the crèche worker should refer immediately with help from the community and inform the block coordinator). Referrals will be made as per the table given below:

**In case of emergencies:**

- 1) Information to be given immediately to crèche coordinator.

- 2) Arrangement for transport should be done immediately for referral. This can be done at community level [through panchayat, 108, Janani Shishu Suraksha Karyakram (JSSK), etc.]. Crèche workers should try and have some contact number of the persons from the village who are willing to provide their vehicle for emergency transport purpose.

#### After Discharge

After discharge from NRC or other health facility, follow up should be done at crèche level and at home by the crèche worker and block coordinator.

Outcome of the referral must be clearly mentioned (whether recovered, still on treatment or death).

The following table provides conditions under which referrals to the health system will be indicated under the programme (This includes the red flag list)

Sl. No.	Condition	Point/Level of Referral
1	Health check-up of all children to be done in coordination with RBSK and other inline health facilities.	RBSK
2	Children who are having developmental delays <sup>9</sup> (Please refer <b>Annexure 5</b> for the list of developmental milestones) or are physically or mentally challenged	DEIC (District Early Intervention Centre)
3	a) If child is less than 6 months and there is no weight gain for one month. b) If child is more than 6 months of age and there is no weight gain for two consecutive months.	Nearby health facility
4	All severely underweight children, but active and eating properly	AWC
5	All severely underweight children, i.e. in red (weight for age < -3 Z-score) and not eating properly, lethargic and ill with symptoms.	ANM/health facility through AWC and ASHA
6	All children with severe wasting (weight for height < -3 Z-score) and/or MUAC in Red colour (less than 11.5 cm)	ANM/AWW (After line listing by ANM/AWW, child to be referred to nearest CHC for confirmation)
7	All children with severe stunting (height for age < -3 Z-score).	Nearest health facility
8	Children with following signs and symptoms <ul style="list-style-type: none"> <li>high fever (over 39 degrees Celsius/103 degrees Fahrenheit)</li> <li>any fever not improving in a few days all fever over 7 days</li> </ul>	Health Centre/Medical doctor

**Commented [V6]:** Add the phrase “preferably at admission, followed by annually”. The admission one can be done at the PHC/Health and Wellness Centre. It can even be done by the ANM.

**Commented [SK7]:** Initially it was mentioned that health check-up will be done at the time of admission in the creche and once every year thereafter. Ankur was of the opinion that it is not possible for the RBSK team to reach creche every time a child is admitted.

<sup>9</sup> CWs along with AWWs will be trained to identify gross developmental delays.

	<ul style="list-style-type: none"> <li>• fever with rashes</li> <li>• fever with bruising</li> <li>• fever with neck stiffness</li> <li>• fever with chills and rigors</li> <li>• severe abdominal pain</li> <li>• severe uncontrollable vomiting</li> <li>• diarrhoea with dehydration (sunken eyes, refusing to drink, etc.)</li> <li>• bleeding from anywhere, not related to injury (in cough, vomit, urine, stools, from gums)</li> <li>• breathlessness or difficulty in breathing</li> <li>• semi or un-consciousness</li> <li>• seizures (fits)</li> <li>• any abnormal behaviour</li> </ul>	
9	In case of emergencies.	Nearby health facility through panchayat, 108, JSSK

While implementing this project, existing state government protocols for NRC and related efforts will be adhered to and followed without duplicating state government services.

### 2.15 Protocol for Home Visits

The crèche worker/block coordinators/AWW are expected to make home visits in case of crèche children whose:

1. Growth has faltered for two months or more in a row
2. Severely malnourished (underweight/stunted/wasted)

During home visit, he/she must try and get a sense of the household food and livelihood situation and childcare practices. Based on the assessment, the AWW, crèche worker and block coordinators must provide counselling and should plan for follow up visits. Please refer **Annexure 11** for questionnaire to be used during home visit. The information needs to be collected on following household situation:

1. Report on household situation:
2. Report of dietary assessment by the block coordinator:
3. Report on child feeding practices:
4. Report on hygiene/hand wash, etc.:
5. Report on alcoholism and domestic violence in the family:
6. Remarks by block coordinator and crèche worker:

### 3. Meal Planning

#### 3.1 General Guidelines

- 1) For breastfed babies
  - Every attempt should be made to promote and support exclusive breastfeeding till 6 months of age.
  - If the mother is going away for work for pressing economic reasons and is not able to come to breastfeed the baby, she will be motivated to give expressed breastmilk<sup>10</sup>.
  - ~~The crèche workers will be oriented towards safe handling and storing of expressed breastmilk (Refer annexure ....)~~
  - Expressed breastmilk will be fed using bowl and spoon. No feeding-bottles will be used.
- 2) The feeding programme in the crèches aims to take care of 60-70% of calories and 75- 100% of protein requirement of a child per day (Refer annexure 3).
- 3) The meal plan in the crèches will include 2 snacks and 1 hot cooked meal, i.e., a morning snack, an afternoon meal and an evening snack.
- 4) Out of the two snacks, one will be sweet, the other savoury.
- 5) Eggs should be given twice a week. These eggs are provided over and above the eggs being provided as THR by ICDS.

The crèches will be given the flexibility to choose on which days of the week and what time of the selected days, eggs are to be given. The days should be rotated to avoid children attending only on the days of egg distribution.
- 6) Weekly menu to be decided in consultation with the crèche committee keeping in mind proportion of ingredients and their nutritive value.
- 7) Menu will be simple but nutritious and tasty.
- 8) The meal will contain different food groups (cereals, pulses and legumes, vegetables, eggs, fats, oil and sugar). Locally grown millets should also be added as a source of cereal.
- 9) Locally available seasonal food items must be added in the meal, especially locally grown green leafy vegetables. The crèche worker in each crèche will be provided with a fixed budget (per child per day) to locally source the vegetables. The crèche committees will also be encouraged to make voluntary contributions of vegetables.
- 10) Milk has been kept out of the meal plan for safety and logistic reasons. However, if at local level, it is felt that milk or milk products (dahi/paneer) can be easily procured fresh (without food safety risks), this may be included. Similarly, meat, fish and chicken may also be given as part of the meal in the crèches. However, there are no separate provisions in the programme for milk, fish, meat and chicken. The crèche committee and local community may be encouraged to make voluntary contributions of the same for the crèches.

**Commented [SK8]:** Should we include orientation of creche workers on handling expressed milk

**Commented [V9]:** See amended footnote

<sup>10</sup> Mothers and crèche workers will be oriented towards the procedure of expressing breastmilk as and when required. Refer WHO guideline....

- 11) The CW will be adequately trained to ensure age appropriate feeding to the children attending crèches.
- 12) Safe drinking water will be provided at the crèche and children will be encouraged to drink water adequately during the day.
- 13) In order to retain nutritive value, the vegetables are to be washed before peeling/chopping.
- 14) The CW will wash hands before cooking and serving/feeding
- 15) Food should be kept covered. Spoons/ladles are to be used while cooking and serving.
- 16) Some dry food should be kept in a corner - food that is nutritious, that children like and that have a long shelf life, (e.g. laddoo) which children can access and eat on their own without adult supervision.

### 3.2 The Meal Plan

The calculations in the table below use reference volumes as mentioned below  
**Gina/Katori (Small Bowl): 500 ml; Glass: 200 ml; Oil measuring cup: 20 ml,**

Nutritive value of each meal has been calculated as per the prescribed quantity of uncooked dry material being used in the meal.

Meals	Items	Measurements		
		Per child	For 10 children	As measured by utensils (for 10 children) Gina volume: 500 ml Glass volume: 200 ml
Morning Snack	Sattu (Wheat, Rice and Bengal gram in ratio 1:1:1)	40 grams	400 grams	Slightly more than 1 ½ gina
	Sugar	15 grams	150 grams	Slightly more than 3/4 <sup>th</sup> of a glass
	Oil	3 ml	30 ml	1 ½ oil measuring cup
Lunch	Rice	50 grams	500 grams	1 heaped gina
	Dal	25 grams	250 grams	½ gina
	Oil	2 ml	20 ml	1 full oil measuring cup
	Vegetables	-	-	-
	Salt, jeera/mustard for taste and seasoning	-	-	-
Evening Snack				
Sooji Upma	Sooji	40 grams	400 grams	1 full gina

	Oil	2 ml	20 ml	1 full oil measuring cup
	Vegetables	-	-	-
	Salt, jeera/mustard for taste and seasoning	-	-	-
Mandiya/Ragi upma	Mandiya/Ragi	40 grams	400 grams	Slightly more than 1 ½ gina
	Oil	2 ml	20 ml	1 full oil measuring cup
	Vegetables	-	-	-
	Salt, jeera/mustard for taste and seasoning	-	-	-
<b>Eggs</b>		One egg per child twice a week		

#### Morning Snacks

- 1) *Sattu* will be given as the morning snack in the crèches.
- 2) The *Sattu* consists of rice, wheat, and Bengal gram in the ratio of 1:1:1 respectively. The grains are roasted, powdered and are to be kept in an airtight, moisture-free container.
- 3) The *Sattu* will be procured locally by the programme team and provided to the crèches. Care will be taken not to procure the same from any company or manufacturer.
- 4) **Process of preparation of Sattu per child per day:** At the time of preparation of the *Sattu* for consumption, 15 g of sugar and 3 ml of oil to be added with every 40 g of the *Sattu* dry *Sattu* for each child.
- 5) Consistency is very important. It should be easy to swallow but not to be diluted too much to ensure that the nutritive value is retained.

Other cereals (eg. ragi) can also replace either wheat or rice but Bengal gram must be retained as its protein content is high.

#### Noon Meal

- 1) For the noon meal (lunch), khichdi with vegetables or rice and dalma (daal with vegetables) could be given. Seasonal vegetables should be included in the meals.
- 2) **Preparation of Khichdi per child per day:** The khichdi shall contain rice and lentil dal in the ratio (2:1) It may be cooked with mustard oil, but care should be taken to cook properly and avoid the pungent taste of the oil.

#### Evening Snack

- 1) For evening snack, sooji upma or mandiya (millets) upma could be given depending on the preference of the community and children.

- 2) **Preparation of sooji upma/mandiya per child per day:** Evening snack may be prepared either with sooji (wheat semolina) as sooji upma or mandiya (ragi, millets) as mandiya upma.

#### Eggs

- 1) Egg can be given as boiled, or egg curry either in breakfast, lunch or as evening snack, as per choice.
- 2) The crèches will be given the flexibility to choose on which days of the week, and what time of the selected days, eggs are to be given.

Eggs will be given twice a week and two eggs per week shall give 21 Kcal of energy, 2 gram of protein, 0.3 mg of Iron and 25 mcg of Vitamin A per day per child<sup>11 12</sup>.

### 3.3 General instruction on use of oil

For ALL children in the crèche:

- 1) **Morning:** Sattu - Add 3 ml per child per day at the time of cooking/preparation.
- 2) **Afternoon:** Khichidi - Add 2 ml per child per day at the time of cooking.
- 3) **Evening:** Sooji/mandiya upma - Add 2 ml per child per day at the time of cooking/preparation.

### 3.4 Special Nutritional Care

Special nutritional care for severely underweight/growth faltering:

- 1) Increase the frequency of feeding by giving food at an interval of every 2 hours, i.e., two extra feeds per day.
- 2) In the servings for these children, add more (additionally, on top) refined vegetable oil in the following manner:
  - half teaspoon in the morning snack
  - one teaspoon in the afternoon meal
  - half teaspoon in the evening snack

Overall, our aim is to give these children an additional 2 teaspoons of oil and an additional 2 servings, each day (please watch; if the child is having diarrhoea, then reduce the amount of oil).

These children may have also been referred to ANM/health facility as per protocols. If the child has been prescribed any multivitamins and iron, it must be ensured that these medicines are being taken as prescribed.

---

<sup>11</sup> Assuming that one boiled egg contains 50 grams of edible portion

<sup>12</sup> Total nutritional value has been divided in 7 days for calculating daily nutritional supply



### 3.5 Steps to make hygienic food

Preparation of food will be undertaken in clean and hygienic manner. Adherence to food safety norms (Section 2.9) will be strictly followed.

- 1) Those who prepare food should strictly maintain personal hygiene.
- 2) They should wash both the hands with soap before preparing food.
- 3) They should wash both the hands with soap after using the toilet or latrine.
- 4) They should wash own hands as well as children's hands, before feeding them.
- 5) They should regularly trim and keep their nails clean.
- 6) They should maintain cleanliness of their clothes.
- 7) They will be encouraged to use apron regularly, while cooking.
- 8) Any food spilled on the ground must not be used.

## 4. Human Resources

To operationalise the crèche programme, the human resource at various level will play a very significant role. Especially the crèche workers and their supervisors need to be adequately trained and supported by Programme Management Units (PMUs) at different levels to execute their roles satisfactorily. The crèche workers need support from the AWWs and ICDS Supervisors and CDPOs along with the programme Block coordinators to execute their roles.

### 4.1 Crèche Worker

Every crèche will have two crèche workers who will be selected from among the community. The crèche workers are the main frontline force of the crèche programme.

#### 4.1A Eligibility Criteria for the Crèche Workers:

1. Must be a woman from within the community aged 25 to 45 years in whom the community has trust.
2. As far as possible no more than one crèche worker should have a child under three years of age.
3. A minimum primary education is desirable but not mandatory.
4. Must be caring and affectionate and willing to work for the community.
5. She should be willing to dedicate 7-8 hours daily to work in the crèche.

#### 4.1B Process of Selection of the Crèche Worker:

1. The district programme team is required to raise awareness in the community about the roles and responsibilities of the crèche worker and the criteria on which she is to be identified and selected. This will be done through community interaction in the form of meetings and Focus Group Discussions (FGDs).

2. This interaction should result in short listing of at least three names from each village. From the shortlisted names, the programme team in consultation with the AWW and ASHAs of the villages will select two names.
3. This will then be informed to the community and the Programme Management Unit (PMU) for their record and subsequent processing.

#### **4.1C Roles and responsibilities of the crèche worker:**

1. To identify vulnerable and eligible children for the crèches
2. To assist block coordinators in motivating working parents and parents of malnourished children to send their children to the crèches.
3. To take anthropometric measurements of all crèche children with support from block coordinator/AWW
4. To maintain records of children's attendance, growth monitoring.
5. To liaise with concerned local agencies, partners and community leaders and solicit their support.
6. To ensure care and safety of children attending the crèche.
  - i) Ensure personal hygiene
  - ii) Inculcate proper toilet habits and toilet training of children
  - iii) Facilitate regular health check-ups and referrals in liaison with local health Sub Centre/Primary Health Centre (PHC)/AWC
  - iv) Ensure that the food is hygienically cooked, stored/preserved and fed to the children at appropriate intervals
  - v) Ensure the availability of adequate clean towels and handkerchiefs/cloths for each child
  - vi) Plan, initiate and supervise age-appropriate ECCD activities, and also create toys as per need
7. To facilitate early identification of developmental delays amongst crèche children and timely referrals to health facility.
8. To interact closely and regularly with parents to discuss children's individual special care needs, if any, and support parents in their efforts to address them.
9. To ensure that toys and equipment/play materials are well stocked/available for children, routinely cleaned and properly maintained.
10. To ensure availability of adequate ration at the centre which means she has to inform the logistic officer about the requirement of rations and other logistics, maintain inventory and proper storage and refer to the meal plan.
11. To maintain First Aid kits and ensure that expired medicines are not been used
12. To mutually share the responsibilities
13. To assist the block coordinators/AWW in doing the home visits of the red-flagged children
14. To routinely report to the block coordinator/AWW at regular intervals and in case of emergency report immediately.
15. To inform the block coordinator/AWW about new childbirth in the village

16. To ensure that any child on medication gets the medicine on time by the ASHA. Also, attend to any injuries of the child.
17. To regularly conduct crèche committee meetings and incorporate their suggestions and recommendations in the functioning of the crèches. If funds are devolved to the crèche worker, then presenting regular accounts to the crèche committee and the block coordinator.

## 4.2 Block Coordinator

The block coordinator will be a mediator between the Programme Manager/ District Crèche Programme Management Unit (DCPMU) and crèche workers. S/he will provide constant guidance and support to the crèche worker in executing her duties. Each block coordinator will be responsible for 10-15 crèches, as the case may be.

### 4.2A Eligibility Criteria of the Block Coordinator:

1. Must be in the age group 25-45 years.
2. Must be at least a graduate with adequate computer skills.
3. Must have working knowledge of accounts and bookkeeping.
4. Must have experience of working in community-based programmes preferably in the sector of health and nutrition.
5. Must have good communication skill, especially in Odia and local tribal dialects.

### 4.2B Roles and responsibilities of block coordinator

1. To identify suitable location for housing the crèche.
2. To visit each centre at least twice in a month.
3. To provide continuous support and guidance to the crèche worker to bridge the gap between training and job requirements.
4. To do monthly review meetings with crèche workers or at the block level.
5. To support crèche workers take anthropometric measurements of the children in the crèche as per protocols.
6. To support the crèche workers to maintain records as per protocols and to ensure that the data is shared with PMU and DCPMU in time.
7. To ensure that instruments and devices used in the crèches are calibrated as per protocols (refer Calibration Policy).
8. Maintain diary to record information of all the children in the crèche with special focus on children who are malnourished, severely malnourished, sick, and referred.
9. To ensure that all the children who are severely malnourished and or belonging to economically vulnerable families are enlisted in the crèche.
10. To assist crèche workers to establish rapport with parents of children attending the crèches and winning their trust and confidence.
11. To support crèche workers in conducting monthly crèche committee meetings.
12. To guide the crèche worker in preparing teaching and learning materials and transacting the ECCD activities

13. Guide the crèche worker to create awareness for prevention and early detection of disability and make appropriate referrals.
14. To conduct home visits for red-flagged children
15. To collate and check the registers and records received from the crèches.
16. To support the accounts and logistics officer to arrange storage of ration, medicines, early childhood education materials, registers and records.
17. To build good relations with the panchayats/village heads, Mahila Mandals, schools, clubs, and other organizations.
18. To ensure that all crèche regulations are complied with and discipline and decorum is maintained in all crèches.
19. To ensure that the safety and security protocols are being followed and take adequate steps to address any shortcomings.
20. To be the first contact for grievance redressal and conflict resolution.
21. To address any existing gaps, if possible, or report the same to the District Project Officer for necessary action.
22. To identify and prepare/assist the District Project Officer in preparing relevant case studies.
23. To report to the District Project Officer in case of an emergency.
24. To follow-up on all referral cases. .
25. To carry out any other tasks related to project as may be instructed by the District Project Officer
26. To attend training/reviews/exposure visits conducted by the PMU.
27. To attend block level reviews and sector meetings to coordinate with the block/district level functionaries of the WCD&MS and H&FW departments.
28. To support and facilitate VHSND sessions and RBSK camps in crèche villages.

### 4.3 Accounts and Logistics Officer

The accounts and logistics officer is responsible for all accounts and logistics matters relating to the implementation of the programme in the district. In addition, s/he has to ensure regular supply of all materials and stocks at all the crèches in the district.

#### 4.3A Eligibility Criteria of the Accounts and Logistics Officer:

1. Must be in the age group of 25 -45 years
2. Must be a graduate in commerce or relevant stream
3. Must have an experience of handling accounts of an organization for three or more years.
4. Must have good communication skills, especially in the local language, viz, Odia and preferably in other tribal dialects.
5. Must be willing to work with the community especially in the remote geographies.

#### **4.3B Roles and responsibilities of the Accounts and Logistics Officer**

1. To ensure timely supply of all stocks and materials to all the crèches.
2. To purchase items from respective grocery shops/vendors and distributing to crèches
3. To ensure quality and check for adulteration of all groceries being supplied to the crèches.
4. To ensure that *sattu* is prepared with the right proportion of all the ingredients and is suitably packed and labelled.
5. To carry out stock verification of all crèches in the district towards the end of the month and accordingly prepare the requisition for the subsequent month
6. To periodically carry out calibration of all anthropometric equipment in accordance with the calibration protocol, at all crèches.
7. To maintain an asset register for all the assets at the crèches and district offices.
8. To ensure availability of prescribed medicines in the first aid at the crèches.
9. To track attendance of crèche workers and prepare their leave status on a monthly basis.
10. To maintain and oversee repairs of equipment at the crèches and district offices.
11. To provide field support to Block Co-ordinators/District Co-ordinators as and when required, especially in conducting monthly anthropometry, crèche committee meetings etc.
12. To provide necessary support to programme team in conducting crèche workers review cum experience sharing meetings, crèche workers trainings, etc.

#### **4.4 District Coordinator (DC)**

The DC will be in charge of the overall crèche implementation programme across the district. S/he will lead the District Crèche Programme Management Unit (DCPMU) based at the district level and consisting of Block Coordinators and Accounts and Logistics Officer.

##### **4.4A Eligibility Criteria of the District Coordinator:**

1. Must be in the age group 30-40 years.
2. Master's degree in Social Work/Social Studies/Public Health/MBA-Rural Management from a reputed institute.
3. Must have experience of working on community-based programmes, preferably in the health and nutrition sector.
4. Experience of leading a team at the district level would be an added advantage.
5. Must have experience of planning and executing district to village level operations with government/ donor agencies/NGO supported programmes with minimum supervision.

6. Must have experience of working on online MIS Systems and its analytics in programme implementation
7. Must have good communication skills, especially in the local language, viz, Odia and preferably in other tribal dialects.

#### **4.4B Roles and responsibilities of the DC**

1. To oversee the day to day operations in the implementation of the programme in the district.
2. To coordinate with different line departments at the district level for smooth functioning of the crèches and for strengthening systems linkages.
3. To provide supportive supervision to block coordinators and crèche workers in crèche operations, logistics, training, reviews, anthropometry, MIS and community participation activities for smooth functioning of the crèche. Also, to support in convergence activities related to nutrition and WASH & streamlining service delivery at community level relating to the programme.
4. To report and investigate cases, if any at the crèche, under The Protection of Children from Sexual Offences (POCSO) Act, 2012 or The Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) (POSH) Act 2013 in coordination with the appropriate district level officials of the concerned department.
5. To support block coordinators in documentation of the programme activities.
6. To support block coordinators in reviewing the status and follow-up of red-flagged children
7. To maintain data and
8. To bring in innovative ideas in tackling local challenges in the implementation of the programme.
9. To submit regular/monthly updates to the DM, DSWO and other concerned district level officials.
10. To prepare and submit regular activity and financial reports to the PMU.
11. To attend training/reviews/exposure visits conducted by the PMU

#### **5. Trainings/ orientations and consultations**

For smooth functioning of the programme, it is imperative that all stakeholders of the programme have an understanding of the role that the crèche plays in prevention and management of malnutrition as well as child's overall development. In order to achieve this, trainings, orientations, consultations etc are organized. At the very beginning of the implementation a one-day consultation will be organized to create an enabling environment involving district collector,

officials and field functionaries of relevant departments and DCPMU. The consultation will focus largely on over all aims and objectives of the programme, and roles and responsibilities of different stakeholders etc.

In addition, as it is imperative that the implementation team should be specially trained in childcare and nutrition before the crèches become functional, their capacity building on the subject is organised regularly. Training of the implementation team is undertaken as follows:

**Commented [SK10]:** Should we mention capacity building of creche committee through PLA here?

**Commented [V11]:** I don't understand. Through PLA? For PLA? Where are we talking of role of creche committees? There we should talk about their capacity building

Sl.No.	Trainee	Type of training	Training Provider	Duration	Periodicity	Topics
1.	DCPMU members	Orientation	SCRC, PMU	1 day	Prior to Induction Training	Orientation to the programme, aims and objectives etc
		Induction	SCRC, PMU, Domain experts	3 days	Prior to initiation of programme	Introduction to the programme, roles and responsibility, basic concepts of childcare, health & nutrition, Anthropometry, ECCD, safety & security, functioning of crèche, community mobilisations, govt policies and programmes, child protection Acts and legislations
		Refresher		3 days		Same as above, plus any new relevant topic
		Thematic	SCRC, PMU, Domain Expert	1 day	As and when required	Relevant themes like ECCD, Anthropometry, livelihoods, dietary diversity, child protection policies etc
2.	Crèche Workers	Orientation	DCPMU	1 day	Prior to Induction Training	
		Induction	SCRC, PMU, DCPMU, ICDS official (if feasible)	3 days	Prior to crèche opening	Introduction to the programme, roles and responsibility, basic concepts of childcare, health & nutrition, ECCD, safety & security, functioning of crèche
		Refresher		3 days	Annually	Same as above, plus any new relevant topic
		Thematic	SCRC, PMU, DCPMU Domain Expert	1 day	As and when required	Relevant themes like ECCD, Anthropometry etc



**The training and orientations to the district team will be provided in the following manner:**

1. A three-day training to DCPMU team members will be conducted to provide technical cum managerial training to all the team members to manage crèche programme in the district. This training will include different aspects/concepts of the nutrition/malnutrition, protocols and guidelines for managing crèches and MIS.
2. Orientation of the selected crèche workers about the programme and to gain insights into local food habits, behaviours and cultural practices. The orientation will be conducted by the programme team along with the ICDS functionaries at the district level. This orientation is a preparatory step before the 3-day residential training programme, to assess their ability to work as a crèche worker.
3. A three-day training programme for crèche workers on the crèche protocols and crèche workers' module by the programme team.
4. Refresher trainings for the programme team and crèche workers will be held at regular intervals.
5. Thematic trainings on relevant topics will be periodically imparted to the programme team and crèche workers during different phases of crèche operation.

Regular follow up and support will be provided by the programme team and ICDS functionaries during crèche workers' monthly reviews. Support from ICDS functionaries during trainings, monthly reviews and monitoring visits will be provided to the crèche workers on a regular basis.

**The training would enable the crèche worker to:**

1. Develop better understanding of critical issues of child survival, growth and development with special reference to children below three years of age and to orient them to the integrated approach to child development.
2. Emphasize on areas such as childcare, health care including first aid.
3. Inculcate basic personal hygienic habits in children
4. Develop basic understanding of nutritional needs of children and methods of cooking healthy, tasty and nutritious food.
5. Develop skills for organising various activities to promote all-round development of children with adequate teaching/learning material.
6. Develop skills in addressing the psychosocial care of young infants and toddlers.
7. Develop an appreciation about the need of parent's participation and community involvement in the crèche programme and skills to work with parent and community.
8. Develop better understanding on safety and security of children in crèche.
9. Learn about the Protection of Children from Sexual Offence Act (POCSO) and Prevention of Sexual Harassment at the Workplace (POSH) Act.

#### **General instructions for training of crèche workers:**

1. The training of the crèche workers will be residential in nature and will be held at the block/district level.
2. The training will be done using the crèche workers' training module specifically prepared for the programme.
3. The training will be conducted in the local language by the programme team, CRC and resource persons from ICDS, as well from health departments.
4. It should be ensured that the training centres have proper drinking water and sanitation facilities and the residential arrangements for the trainees, attendants and resource persons are duly taken care of. Planning for the training should include budgetary provision for the attendants also.

### **6. Reporting Mechanism**

The BCs will be accountable for compilation and submission of the monthly report to DCs. DCs will take monthly reviews of the programme and send the compiled report to PMU. The reporting formats to be used at different levels are placed at **Annexure - 12** for reference.

Review meetings will be conducted at PMU level on a periodic basis. A consolidated report will be submitted to District Collectors, DSWOs, CDPOs and other concerned departments on monthly basis.

Steps of online reporting mechanism will be worked out.

### **7. Role of Community Institutions**

1. The existing community institutions - Village Health Sanitation and Nutrition Committees (VHSNC), ASHAs, AWWs and Self-Help Groups (SHGs) - will be involved in the running of the programme and in providing health services to the children as per government norms.
2. The AWWs, ASHAs and ANMs will be present in the community meetings in the villages prior to the opening of the crèches in the villages.
3. They will support the crèche committee which will oversee and monitor the regular functioning of the crèches.

### **8. The Crèche Committee**

#### **Crèche Committee**

An important aspect of getting the community involved in the management of malnutrition through crèches, is the formation of the crèche committee. Active involvement of the community in the day-to-day and regular functioning of the crèches is a major component of the programme. For this, a crèche committee primarily involving the women of the community is set up in each area where the crèches will be

established. A detailed note on the structure and roles and responsibilities of crèche committee is attached in the **Annexure 13**.

**Members:**

The members of the crèche committee would be the mothers of all enrolled children at any given point in time, the crèche workers (CWs) along with the sarpanch/ ward member (preferably female member), AWW, and the ASHA of the village, SHG leader and any other interested woman from the village. It is desired that mothers of all enrolled children will be involved in the crèche committee, and hence the numbers and members of the committee will change depending on the entry and exit of eligible children from the crèche, every month. In addition, fathers, grandparents and adolescent girls will be encouraged to become members and attend the meetings.

**Structure:**

The crèche committee would be composed of an elected

1. President
2. Secretary
3. Treasurer
4. Conveners

These will be from amongst the mothers. The two crèche workers would be conveners, by rotation.

**The roles of the crèche committee are the following:**

1. The crèche committee will help in identifying the problems faced by the community in general, and women and children in particular. These problems will be prioritised, and strategies will be developed to address them.
2. The crèche committee will monitor the regular functioning of the crèches.
3. It will help in providing valuable inputs for the menu for the feeding programme in the crèche.
4. It will decide the timings of the crèche programme as per seasonal requirements.
5. Some of the funds will be devolved to the crèche worker for the local purchase of food, etc.
6. It will act as a platform for sensitising and enabling the community to avail better access to public services like healthcare, water and sanitation, Public Distribution System (PDS), ICDS, [facilitation of participatory learning processes by community health workers](#) etc.
7. Monthly CC meeting not exceeding two hours will be conducted which will be coordinated by the crèche worker and supervised by the block coordinator. Villagers, members of the gram panchayat and frontline workers will be requested to attend these meetings. They should be conducted either in the crèche sites or in locations to be decided by the CC. The discussions shall cover topics like feeding, caring of the new-born, growth monitoring, disease prevention and hygiene, monthly expenses, absenteeism, community

participation for kitchen gardens/fencing etc. The CW will keep a record of these meetings and will pass on any specific agenda/issue emerging to the Crèche Supervisor for guidance and action.

## 9. System Linkages

One of the key objectives of the programme is to ensure linkage and collaboration between different sectors, most importantly the health delivery system and ICDS. Malnutrition is a multifactorial condition and therefore, proper coordination within the system is necessary to devise an effective strategy to address malnutrition. Key areas where systems linkages will be ensured are:

### 9.1 Coordination with Department of WCD

#### Role of the ICDS functionaries

The ICDS staff shall provide necessary coordination and support to the programme. The following are the roles and responsibilities of the ICDS field functionaries for the smooth implementation of the programme:

#### Roles and responsibilities of District Social Welfare Officer (DSWO)

- 1) S/he will be the chief point person in the DWCD&MS at the district level for facilitating the implementation and operationalisation of the programme in the field.
- 2) She will guide the district implementation team and make visits to the crèches to support in maintenance of the quality of crèche implementation.
- 3) She will review the progress of the implementation of the programme.
- 4) S/he will facilitate inter departmental convergence at the district level.

#### Roles and responsibilities of Child Development Project Officer (CDPO)

- i. S/he will be the chief point person in the ICDS at the block level for facilitating the implementation and operationalisation of the programme in the field.
- ii. S/he will facilitate the scoping of the villages for the implementation of the programme.
- iii. S/he will attend the orientation and training of the crèche workers as a resource person.
- iv. S/he will ensure quality of care and anthropometry at the crèche through periodic visits to the crèche centres.
- v. S/he will facilitate inter departmental convergence at the block level.

#### Roles and responsibilities of ICDS Supervisor

- i. To facilitate the identification of potential crèche sites and need-based setting up of crèches in consultation with the community.
- ii. To support in conducting community meetings/crèche committee meetings in the villages.
- iii. To ensure the quality of service delivery and anthropometry at the crèche centre through periodic visits.
- iv. To attend the orientation and training of the crèche workers as a resource person.

### Roles and responsibilities of Anganwadi Workers (AWW)

- i. The AWWs along with the ASHAs will support the CW in line listing of all the eligible children in the village.
- ii. The height and weight of all the eligible children will be measured by the AWWs and ASHAs before the opening of the crèches.
- iii. The monthly weights, lengths and heights of all the children coming to the crèche will be taken by the crèche workers with support from AWWs.
- iv. Refresher trainings will be arranged for the AWWs for the measurement of lengths and heights.
- v. She will support the crèche workers in filling up the entry registers of all the children enrolled in the crèche.
- vi. She will support the crèche workers in filling the monthly records of the children coming to the crèches.
- vii. She will support the crèche workers in doing home visits for the children who have been experiencing growth faltering since the last two months or are severely malnourished.

### 9.2 Coordination with the Health Department

This is critical in meeting the objectives of the programme. Proper referral mechanism with the health system will be embedded within the objectives of the programme.

- 1) Health check-up of all children will be conducted through the RBSK.
- 2) All children who are SAM (Weight for height Z score < -3) will be referred to the NRC through CHC. There will be proper follow ups of these children and efforts will be taken to ensure that the children are prevented from falling into the severe condition again.
- 3) Children who have developmental delay or are physically or mentally challenged will be referred for care under the DEIC Proper and diligent follow up of such cases will be facilitated under the programme.
- 4) The programme will facilitate the referral of all the children who need emergency care.

#### 9.2.1 Convergence with NRCs for the Management of Children with SAM

A cell will be created to work on the convergence between ICDS and NHM for continuity of care. This cell will be led by a senior child health and nutrition expert and could be housed in a centrally located NRC.

**Commented [V12]:** This was a part of our model building project this needs to be rewritten

**Commented [SK13]:** Ankur was of the opinion that the convergence cell will not be feasible. He has deleted this part from the protocol submitted to department.

### Objectives

The objectives are:

- 1) To achieve continuity of care between the community (ICDS, ASHA, ANM) and NRC and develop a model for the same for scale-up.
- 2) To facilitate quality of care at the NRC facility: for a comprehensive and holistic management of a malnourished child who might be also beset with other problems, for instance, TB, malaria or disability or a social problem contributing to the SAM.

### Activities

- 1) Identification of gaps: A qualitative process would be undertaken to deepen this understanding, as well as by documenting the 'case-by-case' approach where problem solving will lead to the required reforms.
- 2) Problem solving: Facilitating better care for each case will require problem solving at the systems level as well as that of the community.
- 3) Setting up of monitoring systems: MIS that can track children in and between all these levels.
- 4) Capacity building at all levels for the above.
- 5) Creating new and additional protocols if necessary.

Care will be taken to achieve continuity of care between the NRC and the Creche for children who have been referred and discharged. Government protocols and systems will be followed for this purpose.

### 9.3 Coordination with Allied Sectors

- 1) Food security: The lack of food security has been cited as one of the major reasons for malnutrition. The programme will facilitate the community's access to the PDS.
  - 2) Access to safe drinking water and sanitation: The programme will coordinate with the concerned departments to facilitate availability of handpumps in the AWCs, wherever they are present.
- The programme will also advocate for the availability of toilets and create awareness for their usage among the community.

**Commented [V14]:** Delete the section you have typed. Ankur is correct to delete it

## ANNEXURES



## Annexure 1: Format for Selection of Crèche Sites

The following format contains important criteria to be considered for the selection of sites for crèches.

### Village Details

- 1) Name of the village/hamlet:
- 2) Name of the district:
- 3) Name of the administrative block:
- 4) Name of the local body:
- 5) Type of village (PVTG/Non-PVTG):
- 6) No. of households:
- 7) Total population:
- 8) Caste combination:
- 9) No. of children (0-3 years of age):
- 10) No. of children (0-1 year of age):
- 11) No. of children in the severely underweight category<sup>13</sup>:
- 12) Distance from block headquarters:
- 13) Can be reached through four-wheeler/two-wheeler/ by foot:
- 14) If by foot, how long:
- 15) Is the area hilly or plain?
- 16) Accessibility (accessible/non-accessible/metalled/non-metalled road)<sup>14</sup>:
- 17) AWC (existing/not existing)
- 18) Mini AWC (existing/not existing):
- 19) If no AWC exists, which AWC it is tagged to?
- 20) Distance from nearest AWC:

### Crèche Selection Criteria

- 21) Availability of women to work as crèche worker (Yes/No)
- 22) If present, please mention the level of education
- 23) Availability of space for crèche (present/not present):
- 24) Engagement of mothers under three:
- 25) Engagement of male members of village:
- 26) If mothers go out for work who takes care of their child?
- 27) Whether FGDs/meetings were conducted (Y/N):
- 28) Results of FGDs conducted<sup>15</sup>: Any case/critical illness/SAM found during the visit
- 29) Remarks or comments

---

<sup>13</sup> Please refer growth chart

<sup>14</sup> Also, please mention the distance taken to reach the settlement from the nearby road

<sup>15</sup> Please provide in brief, the key points from the meetings conducted.

## Annexure 2: Community ownership and consent form

The expressed need of the community and their consent is an important part of the process of setting up a crèche, especially because the ownership of the crèche lies with the members of the crèche committee and the village at large. The readiness for a crèche can be established through a community-level dialogue that may take multiple meetings (4 to 5). This document, when signed by all stakeholders, will serve as ratification of community ownership and consent.

*A sample of how the dialogue may be initiated is presented below:*

Namaskar! We, from .....(Name of implementing agency) with the support of Government of Odisha. We are here to interact with you to get to know if mothers of the community go out to work for livelihood, most of the days and they are concerned about their children below 3 years not getting adequate attention, nutrition and stimulation wise. If so, will the community evince interest in setting up of crèches for such children?

Let's now discuss what a crèche is all about. They are community-managed centres where mothers leave their children when they go for work. The crèches provide a safe and secure environment for the overall growth and development of children through feeding, disease prevention, and care. The kids are kept nourished and healthy, and sick children are identified and referred to the health centres for care. The crèche helps elder siblings attend school and supports women's work and thereby increases the household income.

In our crèches, the members of the community are involved in all activities including deciding to open a crèche in the village based on their needs, identifying space, selection of crèche workers, and in the operation of the crèche. The crèche workers are two women selected from the community itself. A crèche committee represents the interest of the community. It consists of the mothers of all the crèche children, crèche workers, sarpanch/ward members, frontline workers, SHG leaders, and any other interested women from the village. Among other things, this committee will be responsible for conducting monthly meetings, resolving conflicts, planning meals, and managing day-to-day functioning of the crèche. Thus, your consent is essentially required.

It is understood that the responsibility for the crèche is collective: mutually shared between the village, the crèche committee including the crèche workers, and the facilitating organisation. The community ownership and consent form is an acknowledgment of this understanding.

We hope that the concept of a crèche and its need in the community has been reasonably understood by you and you might decide to get one setup in your community for the well-being of the under 3 children. In such case your valuable consent is formally required. You are also free to ask questions on the concept which we will be glad to explain.

We look forward to working with you!

## Ownership and Consent Form

We, the residents of ..... village/pada (..... ward, ..... panchayat, ..... block, ..... district), are expressing our willingness for setting up a crèche in our village for sending our children to be looked after by the crèche worker to be selected within the community. The community will extend whole-hearted support to the crèche worker in discharging responsibilities as caregiver to such children in absence of their mothers.

We will facilitate selection of site for the crèche, deployment of crèche workers, identification of eligible children and functioning of the crèche. We will collectively decide on crèche timings, and the days on which the crèche will remain closed.

One hot cooked meal and two cooked snacks are to be provided to the children 25 days a month except under extraordinary circumstances. There will be focus on: Safety and security of the children, ECCD activities for the children apart from feeding and growth monitoring of the children.

We will follow the advice suggested by the crèche workers, ASHA, AWWs, or doctor for better health and nutrition of our children. In addition, we will work together with the facilitating agency for better functioning of the crèches. We will be active members of the crèche committee and will ensure that the children in the crèche are well-cared for.

We, the community members, understand that we, along with the facilitating agency, are collectively responsible for the children attending the crèche.

***We have read the information given above, or it has been read and explained to us. All our questions have been answered in a satisfactory manner. We agree to take on these roles and responsibilities.***

Signatories

Signatories

Mothers of children under 3 years	ASHA	AWW	Sarpanch/ ward member(s)
Crèche workers (if selected)	SHG leader(s)	Other(s)	Facilitating agency representative

--	--	--	--

### Annexure 3: Daily nutritional requirement of children under 3 and nutritive value of the meals provided at the crèche

#### Daily Nutritional Requirement (As per ICMR Guidelines)

Daily Requirement						
Group	Particulars	Body Weight (kg)	Net Energy (kcal/d)	Protein (g/day)	Iron	Vitamin A
Infants	0-6 months	5.4	92 kcal/kg/d	1.16 g/kg/d	46 mcg/kg/day	350 mcg/day
	6-12 months	8.4	80 kcal/kg/d	1.69 g/kg/d	5 mg/day	
Children	1-3 years	12.9	1060 kcal/kg/d	16.7 g/kg/d	9 mg/day	400 mcg/day

#### Provision of nutrition in different meals being provided at crèche:

Nutritive value of each meal has been calculated as per the prescribed quantity of uncooked dry material being used in the meal.

##### 1) Morning Snack

Morning Snack (per child per day)						
Sl. No.	Material (common name)	Quantity (gm/ml)	Energy (kcal)	Protein (gm)	Iron (mg)	Vitamin A (mcg)
1	Rice (parboiled/milled)	13.3	47	1.0	0.10	0
2	Wheat (roasted)	13.3	45	1.4	0.28	0
3	Bengal Gram (whole)	13.3	38	2.5	0.90	3
4	Sugar (jaggery, cane)	15	53	0.3	0.69	0
5	Oil (mustard)	3	27	0	0	0
	Total		210	5.2	1.97	3

##### 2) Afternoon Meal

Khichdi with Lentil Dal (Masoor Dal) (per child per day)						
Sl no	Material (common name)	Quantity (gm/ml)	Energy (kcal)	Protein (gm)	Iron (mg)	Vitamin A (mcg)
1	Rice (parboiled/milled)	50	176	3.9	0.36	0
2	Lentil dal	25	81	6.1	1.77	6

3	Oil (mustard)	2	18	0	0	0
4	Vegetables <sup>16</sup>	-	-	-	-	-
	Total		274	10	2.13	6

In Khichdi, salt, turmeric and zeera shall be added and locally available green leafy vegetables shall be served

Khichdi with Green Gram dal (Moong Dal) (per child per day)						
Sl. No.	Material (Common Name)	Quantity (gm/ml)	Energy (Kcal)	Protein (gm)	Iron (mg)	Vitamin A (mcg)
1	Rice (Parboiled, Milled)	50	176	3.9	0.36	0
2	Green Gram Dal	25	81	6.0	0.98	0
5	Oil (Mustard)	2	18	0.0	0	0
	Total		275	9.9	1.34	0

### 3) Evening Snack

Evening Snacks with Suji (per child per day)						
Sl. No.	Material (Common Name)	Quantity (gm/ml)	Energy (Kcal)	Protein (gm)	Iron (mg)	Vitamin A (mcg)
1	Sooji (wheat semolina)	40	133	4.6	1.19	0
2	Oil (refined vegetable oil)	2	18	0	0	0
3	Vegetables	-	-	-	-	-
	Total		151	4.6	1.19	0

Evening Snacks with Ragi (per child per day)						
Sl. No.	Material (Common Name)	Quantity (gm/ml)	Energy (Kcal)	Protein (gm)	Iron (mg)	Vitamin A (mcg)
1	Ragi	40	128	2.9	1.8	192
2	Oil (Refined Vegetable Oil)	2	18	0	0	0
	Total		146	2.9	1.8	192

### 4) Eggs

Two eggs will be given to the children coming to the crèches every week<sup>17</sup>

<sup>16</sup>The nutritional analysis of the vegetables will vary according to the type of vegetable used for cooking.

<sup>17</sup> Assuming that one boiled egg contains 50 grams of edible portion

Nutrient Calculation for Egg										
Sl. No.	Material (common name)	Energy for 2 eggs (KJ)	Energy (kcal) for 2 eggs	Energy/day (kcal)	Protein for 2 eggs (g)	Protein/day (g)	Iron for 2 eggs (mg)	Iron/day (mg)	Vitamin A for 2 eggs (mcg)	Vitamin A/day (mcg)
1	Egg Poultry Whole, Boiled	618	148	21.10	13.4	21.10	1.9	0.3	320	45

#### Nutritional calculation per child per day<sup>18</sup>

Combination (Average nutrition intake per child per day)	Energy (Kcal)/day	Protein (gm)/day
AAM Sattu+ Khichdi with Lentil Dal + Evening Snacks (Sooji)+Egg	656	21.7
AAM Sattu + Khichdi with Lentil Dal + Evening Snacks (Ragi)+Egg	651	20.0
AAM Sattu + Khichdi with Green Gram+Evening Snacks (Sooji)+Egg	657	21.5
AAM Sattu + Khichdi with Green Gram+Evening Snacks (Ragi)+Egg	652	19.8

<sup>18</sup> Energy and protein calculation per day has been calculated assuming each child will eat 2 eggs in 7 days

#### **Annexure 4: List of Red Flag**

The list of red flags is given below:

##### **A. Development Delays**

- 1) Children who are having developmental delays or are physically or mentally challenged

##### **B. Growth faltered**

##### **C. Severely Malnourished**

- 2) All severely underweight children (weight for age < -3 Z-score) either active and eating properly or not eating properly, lethargic and ill with symptoms.
- 3) Children who are in the red colour by their MUAC (Mid Upper Arm Circumference) measurement.
- 4) All children with severe wasting (weight for height < -3 Z-score).
- 5) All children with severe stunting (height for age < -3 Z-score).

##### **D. Exhibiting following signs and symptoms of Illness**

- High fever (over 39 degrees Celsius/103 degrees Fahrenheit)
- Any fever not improving in a few days all fever over 7 days
- Fever with rashes
- Fever with bruising
- Fever with neck stiffness
- Fever with chills and rigors
- Severe abdominal pain
- Severe uncontrollable vomiting
- Diarrhoea with dehydration (sunken eyes, refusing to drink, etc.)
- Bleeding from anywhere, not related to injury (in cough, vomit, urine, stools, from gums)
- Breathlessness or difficulty in breathing
- Semi or un-consciousness
- Seizures (fits)
- Any abnormal behaviour

## Annexure 5: Developmental milestones for children under 3

**Commented [SK15]:** Developmental milestones from “Creche under MBA guideline”

### DEVELOPMENTAL CHECKLIST FOR 0-6 MONTHS

#### MOTOR SKILLS

Age (months)	Skills	Yes	No	Comments
0-3	When the baby is laying on his/her stomach on a flat surface can he/she lift his/her head off the surface?			
3-4	Does the baby play with his/her hands by touching them together?			
3-4	When the child is on his/her back does (s)he follows your movement from one side all the way to the other side?			
4-5	When you touch your finger to the back or tips of the baby's fingers, does he/she grasp the pencils for a few seconds?			
4-6	When sitting can the child holds his/her head upright and steady?			

#### COMMUNICATION SKILLS

Age (months)	Skills	Yes	No	Comments
0-1	When you make a loud noise or sound, does the child startle?			
0-1	Can the child be quieted by a familiar, friendly voice?			
0-1	Does he/she cry frequently?			
0-1	Does he/she make vowel like sounds similar to “e” and “a”?			
1-2	Does he/she appear to listen to speaker?			
1-2	Does he/she often look at speaker and responds by smiling?			
1-2	Does he/she have a special cry			



	for hunger?			
1-2	Does he/she repeat the same syllable while cooing or babbling?			
2-4	Does he/she regularly localize speaker with eyes?			
2-4	When played with, laughs and uses other vocal expressions of pleasure?			
4-5	Does he/she recognize and respond to his/her name?			
4-5	Does he/she usually stop crying when someone talks to him/her?			
5-6	Can he/she recognize words like "daddy", "bye-bye", "mumma" etc.?			
5-6	Does he/she stop and withdraw in response to "no" at least half of the time?			

#### DAILY LIVING SKILLS

Age (months)	Skills	Yes	No	Comments
0-1	Does he/she indicate anticipation of feeding on seeing bottle, breast or food?			
1-4	Does he/she open mouth when spoon with food is presented?			
4-7	Does he/she remove food from spoon with mouth?			

#### SOCIALIZATION SKILLS

Age (months)	Skills	Yes	No	Comments
0-1	Does he/she look at the face of the caregiver?			
1-3	Does he/she respond to voice of the caregiver or another person?			
2-4	Does he/she distinguish caregiver from the other person?			

3-5	Does he/she show interest in novel objects or new people?			
4-6	Does he/she express two or more recognizable emotions such as pleasure, sadness, fear or distress?			
5-6	Does he/she show anticipation of being picked up by caregiver?			
5-6	Does he/she make sounds and noises while playing alone or with others?			

**DEVELOPMENTAL CHECKLIST FOR 6 - 12 MONTHS**  
**MOTOR SKILLS**

Age (months)	Skills	Yes	No	Comments
5-7	Can the child pick up a toy within his/her reach?			
6-8	When the baby is on his/her back, gently pull him/her up to a sitting position by his/her wrists. Does the baby hold his/her neck stiffly?			
6-8	Can the baby pass something such as a small block or a small cookie from one hand to another?			
7-9	Can the baby pick up small objects such as raisins or pieces of foods or beads with his/her hand using a raking or grabbing motion?			
7-9	Can the baby sit by himself/herself without any support for 60 seconds?			
9-12	Can the baby crawl across floor on hands and knees without stomach touching floor?			
10-12	Can the baby pull himself/herself to a standing position without help?			
10-12	Can the baby get to a sitting position without help?			

## COMMUNICATION SKILLS

Age (months)	Skills	Yes	No	Comments
5-6	Does he/she appear to recognize words like “daddy”, “bye-bye”, “mumma” etc?			
5-6	Does he/she stop and withdraws in response to “no” at least half of the time?			
5-6	Does he/she make sounds and noises while playing alone or with others?			
6-7	Does he/she respond with appropriate gestures to such words as “come-up”, “bye-bye” etc?			
7-8	Does he/she appear to recognize the names of the common objects when their names are spoken?			
8-9	Does he/she use some gesture language such as shaking head appropriately for “no” etc.?			
9-10	Can he/she speak first words often “dada”, “ma-ma” etc.?			
9-10	Can he/she often give toys or other objects to a parent on verbal request?			
10-11	Does he/she occasionally follow simple commands like “put that down”?			
10-11	Does he/she try to imitate new words?			
11-12	Does he/she use three or more words with some consistency?			
11-12	Does he/she demonstrate understanding by making appropriate verbal responses to some requests (say “bye-bye”)?			

## DAILY LIVING SKILLS

Age (months)	Skills	Yes	No	Comments
4-7	Does he/she remove food from spoon with mouth?			
7-9	Can he/she suck or chew on crackers?			
8-10	Can he/she eat solid food?			
9-12	Can he/she drink from a cup or glass unassisted?			

#### SOCIALIZATION SKILLS

Age (months)	Skills	Yes	No	Comments
5-7	Does he/she show affection towards familiar people?			
6-8	Does he/she show interest in children or peers other than siblings?			
7-9	Does he/she reach for familiar person?			
8-10	Does he/she play with toys or objects alone or with others?			
9-11	Does he/she play very simple interaction games with others?			
9-11	Does he/she use common household objects for play?			
10-12	Does he/she show interest in activities of others?			
10-12	Can he/she imitate simple adult movements such as clapping hands or waving goodbye, in response to a model?			

#### DEVELOPMENTAL CHECKLIST FOR 12-24 MONTHS

##### MOTOR SKILLS

Age (months)	Skills	Yes	No	Comments
12-15	Can the baby stand alone without having to hold on to			

	something for more than 30 seconds?			
14-16	Without holding on to something or touching the floor, can the baby bend over to pick up a toy or other object on the floor and stand up again?			
14-18	Can the child walk all the way across a large room without falling or wobbling from one side to another?			
14-18	Can the child pick up a small object such as a raisin or a bead using only his/her thumb and index finger?			
18-22	Can the child walk up steps by himself/herself or by holding on to the wall or railing for support? Answer NO if she/he has to crawl up the stairs or you do not let him climb up the stairs or he has to hold on to a person or next step.			

#### COMMUNICATION SKILLS

Age (months)	Skills	Yes	No	Comments
12-14	Can he/she use five or more true words with some consistency?			
12-14	Can he/she sustain interest for 2 or more minutes in looking at pictures if they are named?			
14-16	Can he/she recognize and identify many objects or pictures of objects when they are named?			
14-16	Does he/she clearly recognize			

	names of various parts of the body (hair, mouth, ears, and hands)?			
14-16	Can he/she communicate mostly by using some true words along with gestures?			
16-18	Has he/she begun to use words rather than gestures to express wants and needs?			
18-20	Does he/she have a speaking vocabulary of at least 10 to 20 words?			
20-22	Does he/she follow a series of 2 or 3 very simple but related commands?			
20-22	Has he/she begun combining words into simple sentences like "go bye-bye", "daddy come" etc.?			
22-24	Does he/she occasionally use three words sentence such as "play with blocks			
22-24	Has he/she begun using pronouns but makes errors in syntax?			

#### DAILY LIVING SKILLS

Age (months)	Skills	Yes	No	Comments
12-14	Can he/she feed self with spoon?			
13-15	Does he/she demonstrate understanding that hot things are dangerous?			
14-18	Can he/she indicate wet or soiled pants or diaper by pointing, vocalizing or pulling at diaper?			
16-20	Does he/she willingly allow caregiver to wipe nose?			
18-22	Can he/she remove front opening sweater or shirt or bottoms without assistance?			
20-24	Does he/she pick up his/her own toys when asked?			

#### SOCIALIZATION SKILLS

Age (months)	Skills	Yes	No	Comments
12-16	Does he/she laugh and smile appropriately in response to positive statements?			
14-18	Can he/she address at least two familiar people by name?			
16-20	Does he/she show desire to please the caregiver?			
18-24	Does he/she participate in at least one game or activity with others?			

## Annexure 6: Transparency Policy

While working with young children, i.e. those under 3 years of age, accountability, and transparency are important aspects. Transparency is to be maintained in all facets of the crèche operation. Community members are involved in the day-to-day functioning and should, therefore, be well-apprised of the situation in the crèche. It will thus be mandatory to share important facts and data with the community and all other stakeholders.

Certain information is to be displayed prominently in the crèche, while some are to be available in the form of registers and forms. In addition, relevant data is to be reported to the ICDS functionaries at periodic intervals.

### Crèche Transparency Protocols

The community members, local leaders, and other decision makers should be involved in the decision to open a crèche. It is important that this engagement occurs right from the start to ensure full participation and smooth functioning. Community-level interactions and village meetings are to be conducted to:

- Understand the needs of the community
- Shortlist the eligible children and disseminate the list after house listing has been completed
- Identify two crèche workers through a consensus
- Identify a location for the crèche with due consideration to space available, quality of building, rent, electricity, lighting and ventilation, toilet area, space for kitchen garden, and safety.

**It is mandatory to maintain the minutes of these meetings and the key decision points in a register for future reference.**

- After a crèche has been opened, the community level meetings must continue to take place regularly. They will be used to apprise members about the process, progress, and problems of the centre. The crèche committee should present the accounts of the devolved funds in these meetings on a monthly basis.

**The following information must be prominently displayed on a notice board in the crèche centre:**

#### **A. Crèche details** (*this information is to be updated only when a change occurs*)

1. Crèche centre name
2. Crèche opening hours
3. Weekly holidays
4. Meal plan
5. Crèche committee President/Secretary name
6. Crèche workers' name and telephone number
7. AWW's name and telephone number
8. ICDS Supervisor's name and telephone number
9. CDPO's name and telephone number
10. Name and telephone number of the Block Coordinator of the facilitating agency.



**B. Crèche provisions** (*this information is to be updated only when a change occurs*)

The following provisions are provided to the crèche:	
Rent	Rs. _____ per month
Feeding cost per child	Rs. 12 per day of which Re. 1 for vegetables
Cost of fuelwood	Rs. _____ per month
Each child in the crèche receives:	
Food	1 hot cooked meal and 2 snacks every day
Eggs per week	2
Extra oil	Every day - only for red-flagged children

[Wherever required, the above chart can be represented pictorially.]

**C. Child information** (*this information is to be updated monthly*)

1. Number of children currently enrolled in the crèche
2. Red-flagged children
3. Results of growth monitoring in respective categories
4. Average monthly cost of the food items for the crèches

The following registers and formats **must be available** at the centre:

1. Daily attendance (to be updated every day)
2. Daily consumption (to be updated every day)
3. Crèche Centre visitors' note (to be updated after each visit)
4. Stock Register (to be updated after supply and stock verification)
5. Minutes of the Crèche committee meetings (to be updated after each meeting or monthly)
6. Monthly reports (to be updated each month)
7. Petty cash registers (to be updated after each transaction)

The following information/data **must be actively shared** with the Child Development Project Officer/District Social Welfare Officers/ Facilitating Agency through registers, formats, or an online system:

1. Names of crèche centres
2. Total number of children enrolled
3. Crèche committee President/Secretary names
4. Crèche workers' name and telephone numbers
5. Details of crèche workers salary disbursements
6. Centre wise monthly consumption and supply of different items, with receipts of the crèche workers/crèche committees
7. List of supplied materials available at the centre - Yes/No
8. List of red-flagged children

9. Names of children referred, admitted, returned from PHCs/NRCs/DHHs
10. List of children who should be graduating to AWW
11. List of drop-out children
12. Monthly progress reports
13. Monthly tour/visits/monitoring reports

### Annexure 7: Crèche Monitoring Checklist

Crèche name	
Date of visit:	
Time of entry:	
Number of children present in the crèche on the day of visit as per attendance register	
Number of children present in the crèche at the time of visit	
Whether both the crèche workers present on the day of visit?	

#### A. Infrastructure [if yes, please select an option from the remarks column where indicated]

Observations	√ or X	Remarks
1. Is there any light fixture in the crèche?		a) Solar connection b) Electricity connection c) Both
2. Is there any fan in the crèche?		a) Solar connection b) Electricity connection c) Both
3. Is there at least one window in the crèche?		
4. Does the crèche receive natural light?		
5. Is the kitchen separate from the dining and resting place of the children?		
6. Does the crèche have toilet facilities?		

#### B. Assets and consumables [if yes, please select an option from the remark's column]

Observations	√ or X	Remarks
1. Smokeless chulha		a) Does not require any action b) Need maintenance/repair c) Need replacement d) Need to be cleaned
2. Steel box		a) Does not require any action b) Need maintenance/repair c) Need replacement d) Need to be cleaned
3. First Aid kit		a) Does not require any action b) Need to replace c) Need to be cleaned

		d) Has all medicines e) Medicines need replacement/are expired
4. Steel drum with cover		a) Does not require any action b) Need maintenance/repair c) Need replacement d) Need to be cleaned
5. Ladle to fetch drinking water		a) Does not require any action b) Need maintenance/repair c) Need replacement d) Need to be cleaned
6. Utensils used for cooking and feeding		a) Does not require any action b) Need maintenance c) Need replacement d) Need to be cleaned e) Inadequate/Need to have more
7. Measuring cup for oil		a) Does not require any action b) Need maintenance c) Need replacement d) Need to be cleaned
8. Plastic bucket		a) Does not require any action b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
9. Plastic mug		a) No action required b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
10. Handwashing soap and Soap case		a) No action required b) Need replacement c) Need to be cleaned
11. Nail cutter		a) No action required b) Need replacement c) Need to be cleaned
12. Containers		a) No action required b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
13. Dustbin		a) No action required b) Need replacement c) Need to be cleaned
14. Broom and Dust panel		a) No action required b) Need replacement c) Need to be cleaned
15. Toys		a) No action required b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
16. Mosquito net		a) No action required

		b) Need replacement/repair c) Need to be cleaned d) Inadequate/Need to have more
17. Durries		a) No action required b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
18. Clock		a) No action required b) Need maintenance/repair/battery change c) Need replacement d) Need to be cleaned
19. Towel		a) No action required b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
20. Dishwashing soap/bottle		a) No action required b) Need replacement c) Need to be cleaned d) Inadequate/Need to have more
21. Handwashing station		a) Does not require any action b) Need maintenance/repair c) Need replacement d) Need to be cleaned

### C. Posters and Registers

Observations	√ or X	Remarks
1. Entry Level register		a) Filled appropriately b) Not filled at all c) Partially filled/incomplete information d) Not filled for all children e) Wrongly filled
2. Attendance register		a) Filled appropriately b) Not filled at all c) Partially filled/incomplete information d) Not filled for all children e) Wrongly filled
3. Growth charts		a) Filled appropriately b) Not filled at all c) Partially filled/incomplete information d) Not filled for all children e) Wrongly filled

4. Red flag follow-up form		a) Filled appropriately b) Not filled at all c) Partially filled/incomplete information d) Not filled for all children e) Wrongly filled
5. NRC referral register		a) Filled b) Not filled c) Not filled for all children d) Wrongly filled
6. Stock register		a) Filled appropriately b) Not filled at all c) Partially filled/incomplete information d) Not filled for all children e) Wrongly filled
7. Home visits questionnaire		a) Filled appropriately b) Partially filled/incomplete information c) Not filled for all children d) Wrongly filled
8. Daily consumption register		a) Filled b) Not filled c) Not filled for all children d) Wrongly filled
9. Community Growth chart		a) Filled appropriately b) Partially filled/incomplete information c) Not filled for all children d) Wrongly filled
10. Attendance calendar (For crèches where it is displayed)		a) Filled appropriately b) Partially filled/incomplete information c) Not filled for all children d) Wrongly filled

#### D. Cleanliness of Crèche

Observations	√ or X	Remarks
1. Are the floors clean?		
2. Is trash disposed-off properly?		
3. Are the food and ingredients kept covered and properly stored?		

4. Are the leftovers discarded on the same day?		
5. Are the dishes washed after each meal?		a) with soap b) without soap

#### **E. Crèche workers' hygiene**

1. Whether the nails are cut and kept clean?		
2. Observation <sup>19</sup> during cooking and feeding:		
3. Do crèche workers wash hands with soap before cooking the food?		
4. Do crèche workers wash hands before feeding the children?		
5. Observation after use of toilet		
6. Do crèche workers wash hands with soap after using the toilet?		

#### **F. Crèche children's hygiene**

1. Are the faces cleaned?		
2. Are the children's nails cut and cleaned?		
3. Observation during feeding: Do crèche workers wash children's hand with soap before feeding?		
4. Observation during feeding: Do crèche workers wash children's hand with soap after feeding?		
5. Observation after use of toilet: Do crèche workers wash children's hand with soap after using the toilet?		

#### **G. Feeding**

1. Is the drinking water boiled before giving to the children in the crèche?		
2. Does the menu in the crèche follow the meal plan as given in the crèche manual?		

#### **H. Anthropometric Equipment**

<sup>19</sup> Please fill if you can observe the activity at the time of the visit. If not, you can skip the question and go to the next question.

Are the anthropometric equipment present and functional?		
1. Weighing scale		a) No action required b) Need replacement/repair c) Need to be cleaned
2. Stadiometer		a) No action required b) Need replacement/repair c) Need to be cleaned
3. Infantometer		a) No action required b) Need replacement/repair c) Need to be cleaned
4. MUAC tapes		a) No action required b) Need replacement c) Need to be cleaned

### I. Anganwadi and health services

(i) Have the following services been availed by the crèche children? (Mention the last date when the service was provided; if only some children have received a service, then mention the approximate percentage who received it.)

S. N.	Service	Status	Last date of receipt of service	Additional remarks
1	Growth Monitoring	a) All children received b) Some children received - ____ % c) No children received		
2.	THR	a) All children received b) Some children received - ____ % c) No children received		
3.	Immunization	a) All children received b) Some children received - ____ % c) No children received		
4.	Iron Folic Acid	a) All children received b) Some children received - ____ % c) No children received		
5.	Vitamin A	a) All children received b) Some children received - ____ % c) No children received		
6.	Deworming	a) All children received b) Some children received - ____ % c) No children received		

(ii) Did the crèche worker attend the VHND?



## **Annexure 8: Format for quality check of anthropometry**

1. Select Child Detail
2. Date of Birth
3. Sex
4. Age
5. Date of measurement of weight (CW/AWW):
6. Weight (implementing team):
7. Date of measurement of height (CW/AWW):
8. Height (CW/AWW):
9. Instrument used for measurement of height: Infantometer/Stadiometer (CW/AWW)
10. Date of anthropometry (Quality Check):
11. Weight (Quality Check):
12. Height (Quality Check):
13. Instrument Used for Measurement of height (Quality Check): Infantometer/Stadiometer

## Annexure 9: Calibration policy of anthropometry instruments of Crèches

### CALIBRATION POLICY

Routine calibration of instruments ensures accurate results by the equipment. Weighing scales, stadiometers and infantometers should be calibrated. Calibration may need to be done at three different points with different measurements. It is done as soon as the equipment is purchased and then at regular intervals. Measurements are recorded and checked for accuracy each time. This also ensures that faulty equipment is quickly identified and replaced.<sup>2</sup>

#### 1. WEIGHT

**VALIDATION AND QUALITY CONTROL MEASURES:** Within and between-observer variability should be reported. This can be assessed by

- each observer repeating the measurement of the same subject (within-observer variability) or
- different observers measuring the same subject (between-observer variability) under standard conditions after a short time interval.

The standard deviation of replicate measurements between observers should not exceed 0.2kg and be less than 0.2kg within observers<sup>5</sup>. Extreme values at the lower and upper end of the distribution of measured weight should be checked both during data collection and after data entry. Last digit preference and preference or avoidance of certain values should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.<sup>3</sup>

**CALIBRATION OF SALTER BABY SCALE:** It is desirable that equipment is checked using at least three calibrated measures. Objects of known weight in the range to be measured. It is recommended that the scale be calibrated at least within the range of the expected weight of the population being studied.

**CALIBRATED WEIGHTS:** 0.5kg and 1 kg

- Calibration of the baby scale should be done once a month or before the anthropometric measurements are performed in the field.
- Ensure that the scale is placed on an even, flat surface. Check whether the scale is level, if one finds that the scale is not level, the legs of the scale may be individually adjusted. There must be enough light to read the display.
- Turn on the scale by pressing the START button so SECA 88888 and then 0.000 appears. Mark the value that appears on the calibration form (see Table below).
- Beginning with the 0.5 kg weight, place the weight in the middle of the scale. The display should now read 1.00. Mark the value on the calibration form.

- Repeat this process with the 1kg weight. This will allow checking across the full range of weights required for this study. Record the obtained values on the calibration form.
- Also calibrate the scale using the ZERO function. Place the 0.5 kg weight on the scale, press the ZERO button for 2 seconds. Wait until the display stops flashing and shows 0.000. Then place the 1 kg weight on the scale and check that the value is 1kg.
- If the reading deviates from the expected value, remove the weight, ensure that the scale is on an even surface and that nothing is interfering with the weighing platform. Repeat the measurement again.
- If the reading still deviates from the expected value, inform the district lead/supervisor.
- The concerned person will either repeat the calibration process, or upon recurring errors, decide to replace the equipment.<sup>4</sup>

## 2. HEIGHT

**VALIDATION AND QUALITY CONTROL MEASURES:** All equipment, whether fixed or portable, should be checked prior to **control measures** and each measurement session to ensure that both the headboard and floor (or footboard) are at 90 degrees to the vertical rule. Within- and, if relevant, between-observer variability should be reported. This can be assessed by

- each observer repeating the measurement of the same subject (within-observer variability) or
- different observers measuring the same subject (between-observer variability).

The standard deviation of replicate measurements (technical error of measurement) between observers should not exceed 4mm (<0.4 cm) and be less than 4mm (<0.4cm) within observers. Extreme values at the lower and upper ends of the distribution of measured height should be checked both during data collection and after data entry. Last digit preference and preference or avoidance of certain values, should be analysed in the total sample and (if relevant) by observer, survey site and over time if the survey period is long.<sup>3</sup>

**CALIBRATED STAINLESS SCALE:** 30 cm scale and 30 cm plastic pipes (these pipes have been cut with the help of calibrated stainless-steel scale)

**CALIBRATION OF SECA SCALE 210:** Calibration of the infantometer or stadiometer is to be done before the anthropometric measurements are performed on the field i.e. once in 4 months

- Ensure that the infantometer is placed on an even, perfectly flat surface. There must be enough light that the display is easily readable.
- First, ensure that the mat of infantometer is clear of any small objects then move the footboard of the infant meter to the minimum length position.
- For infantometer, use the 30cm stainless steel scale provided. Place the scale between the headboard and the footboard of the infantometer and take the

reading. Check that the display reads 30 cm and note it on the calibration form. Repeat the procedure again for verification.

- Review the calibration form. If there are consistent deviations of more than 5mm, repeat the measurement to check for errors.
- For stadiometer, use the calibrated plastic pipe of 30 cm each and place them in the standing position on footboard of stadiometer. Bring down the headboard towards the pipe so that the reading shows 30 cm. Make sure the pipes are not bending when the headboard touches the pipe.
- If deviations persist, inform the district lead/supervisor.
- The concerned person will either repeat the calibration process, or upon recurring errors, decide to replace the equipment.<sup>3</sup>
- All the districts will be provided with the calibrated weights, stainless steel scale and plastic pipe (along with cap to cover both the ends of pipes) which will be kept in the district offices itself. These will be carried by the district accounts and logistic officer at the time of stock verification at the crèches.
- Calibration of equipment will be done as per following schedule:

Anthro Measurement to be taken	Instrument used	Calibration to be Done	Calibration Instruments used
Weight every month	Salter digital weighing scale	Every month (between 15 <sup>th</sup> to 25 <sup>th</sup> ) through measured weights	Calibrated weight 0.5 kg and 1 kg
Height every 4 <sup>th</sup> month (February, June and October)	Infantometer 210	Every 4 <sup>th</sup> month (between 15 <sup>th</sup> to 25 <sup>th</sup> )	Stainless steel scale of 30 cm
Height every 4 <sup>th</sup> month (February, June and October)	SECA Stadiometer 213	Every 4 <sup>th</sup> month (between 15 <sup>th</sup> to 25 <sup>th</sup> )	30 cm plastic pipes (cut with the help of calibrated stainless-steel scale)

### **References**

- 1) National Health and Nutrition Examination Survey (NHANES) - Anthropometry Procedures Manual - January 2007
- 2) Quality Assurance for Accuracy of Anthropometric Measurements in Clinical and Epidemiological Studies; Prem K. Mony, Sumathi Swaminathan, Jayachitra K. Gajendran, and Mario Vaz; *Indian J Community Med*; 2016 Apr-Jun; 41(2): 98-102
- 3) <http://www.health.state.mn.us/divs/fh/wic/localagency/training/nutrition/nst/anthro3.pdf>
- 4) International Fetal and Newborn Growth Standards for the 21st Century - The International Fetal and Newborn Growth Consortium; Anthropometry Handbook; April 2012)

- 5) Reliability, Technical Error of Measurements and Validity of Length and Weight Measurements for Children Under Two Years Old in Malaysia; H Jamaiah, A Geeta, et al; Med J Malaysia Vol 65 Supplement A; June 2010
- 6) Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old; WHO and UNICEF, May 2019

### **ANTRHOPOMETRIC EQUIPMENT CALIBRATION FORM**

**(Mainstreaming Crèches to Reduce Malnutrition in Odisha)**

**Name:**

**District:**

**Block:**

**Village Name/Crèche Name:**

Date (mm/dd)	Calibrated weight used	Weight in Digital scale (x.x kg)	Length of scale used	Height shown in Stadiometer (xxx.x cm)	Height shown in Infantometer (xxx.x cm)	Comments/Remarks on equipment quality

### **ANTRHOPOMETRIC EQUIPMENT VALIDATION FORM (QUALITY CHECK)**

**(Mainstreaming Crèches to Reduce Malnutrition in Odisha)**

**Date of Validation:**

**Name:**

**District:**

**Block:**

**Village Name/Crèche Name:**

	Name of children	Anthro measurement done in month of-	QC1	QC2
Height (cm) on Stadiometer				
Weight (kg)				

(this needs to fill by the PMU/CRC/DCPMU members while visiting the crèche)

## Annexure 10: Records and Registers

### 10.1 Household Listing Form

(To be filled before the opening of the crèches as a part of screening of all eligible children in the villages)

#### Part I: Family Profile

1. State
2. District
3. Block
4. Village
5. Household number
6. Household ID
7. Father's name
8. Mother's name
9. Father's education
10. Mother's education
11. Father's occupation
12. Mother's occupation
13. Caste/Tribe
14. Religion
15. Type of ration card
  - a. AAY
  - b. PHH
  - c. Annapurna Card
  - d. None
16. Does the family own any agricultural land?
  - a. Yes
  - b. No
17. Type of house
  - a. Homeless
  - b. Kachcha
  - c. Semi-pucca
  - d. Pucca

#### Part II: Child Details

1. Child number (The elder child will be marked as 1 and the younger child as 2 and so on)
2. Name of the child
3. Sex
4. Date of birth
5. Date of measurement
6. Age in months
7. Birth order
8. Birth weight (in Kg)
9. Weight (in Kg)
10. Height/Length (in cm)
11. Instrument used for height measurement
12. MUAC (in cm)
13. MUAC colour (green/yellow/red)
14. Immunization record - BCG, Polio, Pentavalent 3, Measles, Vitamin A  
[Booster: check Mother-Child Protection Card (MCP) card for details]
15. Has the child undergone deworming?

### 10.2 Entry Level Register

(To be filled by the crèche worker with support from the block coordinator and the AWW and maintained in individual child's file at crèche level)

#### Part I: Profile

1. State
2. District
3. Block
4. Village
5. Crèche
6. Name of the child
7. Child ID
8. Date of birth (dd/mm/yyyy)
9. Sex
10. Date of admission in crèche (dd/mm/yyyy)
11. Age (in months)
12. Currently breastfeeding
13. Does the child have any disability?
14. If yes in Q13, then Name the disability
15. Does the child have any long-term illness? (For more than 6 months)
16. If yes in Q15, then Specify the illness
17. If Others in Q16, then Specify Others
18. Any long-term illness in any of the family member? (For more than one year)
19. If yes in Q18, then Specify the illness
20. If Others in Q19, then Specify Others

#### Part II: Child's Health Record at Admission

1. Weight (in kg)
2. Height\Length (in cm)
3. Instrument used for height measurement
4. MUAC (in cm)
5. MUAC colour (green/yellow/red)
6. Reason for anthropometry not being taken
7. Remarks:

### 10.3 Attendance Register

The attendance register should have the following details:

1. Child ID
2. Name of the child
3. Sex
4. Number of days in month, crèche was open
5. Date-wise daily attendance
6. Total number of days child attended the crèche
7. Reason for child being inactive
8. Is the child absent for more than 7 consecutive days?
9. If yes in Q8, then reason for absenteeism
10. Date of anthropometry
11. Age in months
12. Weight in Kg
13. Height (in cm; once in every four months)
14. Instrument used for height measurement
15. MUAC (in cm)
16. MUAC colour (green/yellow/red)
17. Reason for anthropometry not being taken
18. Any illness
19. If yes in Q8, then Specify the illness
20. Any red flag
21. If yes in Q20. Reason for redflag
22. Whether child has received THR from the AWC during this month (✓ / ×)
23. Whether child's weight has been taken at AWC (✓ / ×).
24. If yes in Q.23, then whether AWC weight measurement is available (✓ / ×).
25. If yes in Q.24, then mention the weight (in Kg) taken at AWC.
26. If no in Q.24, then reason for not getting AWC weight



#### 10.4 Red Flag Follow-up Form

This register is to be filled by crèche worker, only for those children who have been added to the red flag list<sup>20</sup> due to illness or other reasons like growth faltered, severely malnourished, SAM, etc.

1. State
2. District
3. Block
4. Village
5. Crèche
6. Child ID
7. Name of the child
8. Age in months
9. Sex
10. Follow up for the categories: (Growth faltered for two consecutive months or more, severely underweight, severely wasted, Severely stunted, MUAC in red, Illness)
11. Date of visit
12. Weight (in Kg)
13. MUAC (in cm)
14. Was the child referred to health facility? (Yes/No)
15. If yes in Q14, did the child visit health facility? (Yes/ No/Don't know)
16. If yes in Q15, Place of visit (PHC/CHC/DHH/Any other public health facility/Private health facility)
17. If yes in Q15, date of visit to health facility
18. If yes in Q15, whether blood test is done for malaria (for malaria endemic areas? (Yes/No/Don't know)
19. If yes in Q15, report of health check-up
20. If no in Q15, reason for not visiting health facility
21. Has the home visit been done? (Yes/No)
22. Was the child referred to NRC? (Yes/No)
23. Was the child admitted to NRC? (Yes/No/Don't know)
24. If no in Q23, reason for no admission in NRC

Category	Question Number
Growth faltered two months or more	
Severely underweight	
Severely wasted	
Severely stunted	
Illness	
MUAC in red	

<sup>20</sup> The red flag list has been given in Annexure 3

### 10.5 NRC Referral Register

Once the child is identified as red flag has been referred to the NRC, the block coordinator/AWW should enter the referral details in the NRC Referral Register. The programme team is required to follow up the child during his/her stay at the NRC from admission up to discharge. All the details from the NRC have to be filled in the NRC register. After the discharge from the NRC, the child has to be followed up with weekly weight and MUAC measurements according to the Severely Malnourished Protocols given in the guidelines and protocol of the programme.

#### A) Pre-Referral Details

1. State:
2. District:
3. Block:
4. Village:
5. Crèche
6. Child ID:
7. Date of Birth:
8. Sex
9. Age in months:
10. Cause of Referral to the NRC (Specify):
11. Weight (in kg):
12. Height (cm):
13. MUAC:
14. Date of referral:

#### B) NRC admission details

##### Child Details

1. Date of admission:
2. Time of admission:
3. Age of the child (in months) at the time of admission:
4. Tick whether following:
  - a) New admission<sup>21</sup>
  - b) Relapse<sup>22</sup>
  - c) Readmission <2 months<sup>23</sup>
  - d) Transfer from NRC
5. Referred by:
  - a) Own
  - b) AWW
  - c) ASHA
  - d) NRC
6. Appetite test:
  - a) Pass
  - b) Fail
  - c) Not available

<sup>21</sup> An admitted patient who has never been in the programme before.

<sup>22</sup> A patient who has been discharged as cured from the programme within the last 2 months but is again eligible for admission to NRC. A large number of relapses are often a sign of food insecurity.

<sup>23</sup> A defaulter who has come back to the program within 2 months

7. Breastfeeding:
  - a) Yes
  - b) No
  - c) Not available
8. Complementary food:
  - a) Yes
  - b) No
  - c) Not available
9. Type of complementary food (specify):

**Anthropometry**

10. Weight (kg):
11. Height/Length (cm):
12. W/L Z-score:
13. MUAC (cm):
14. Oedema (0 to +++):

**Child Examination Details**

15. Was the child? (Tick appropriate)
  - a) Alert
  - b) Lethargic
  - c) Not available
16. Stools:
  - a) Yes
  - b) No
  - c) Not available
17. Vomiting:
  - a) Yes
  - b) No
  - c) Not available
18. Dehydrated:
  - a) Yes
  - b) No
  - c) Not available
19. Cough:
  - a) Yes
  - b) No
  - c) Not available
20. Septic shock:
  - a) Yes
  - b) No
  - c) Not available
21. Respiratory rate (specify):
22. Pale conjunctiva:
  - a) Yes
  - b) No
  - c) Not available

23. Temperature (AM):<sup>24</sup>

24. Temperature (PM):<sup>25</sup>

25. Liver size (cm):

**Laboratory Investigation Details**

26. Haemoglobin (Hb):

27. Malaria test: (Positive\Negative\Not available)

28. TB test: (Positive\Negative\Not available)

29. Blood glucose:

30. Stool (RE):

31. Stool (ME):

32. HIV (optional): (Positive\Negative\Not available)

**C) Discharge Details**

1. Date of discharge:

2. Weight at the time of discharge (kg):

3. Height/Length (cm):

4. MUAC (cm):

5. W/L Z-score:

6. Whether the child has received the following:

a) If aged 12-23 months, 200mg albendazole (Yes/No/ Not available)

b) If aged 24 months or more, 400mg albendazole or 100mg mebendazole (Yes/No/ Not available)

7. What all supplements the child has received at the time of discharge? Give details.

8. Did the mother/child's parents receive any nutrition counselling?

a) Yes

b) No

9. Did the family receive any wage compensation?

a) Yes

b) No

c) Don't know

10. Weekly follow-up details after discharge from NRC

Date				
Weight (kg)				
MUAC (cm)				

**D) If advised but not admitted to NRC, give reason:**

<sup>24</sup>Morning temperature in Celsius scale

<sup>25</sup>Evening temperature in Celsius scale

### Annexure 11: Home Visit Questionnaire

<b>Crèche Name:</b>		<b>Child Name:</b>	
<b>Block:</b>		<b>District:</b>	
<b>Sl. No</b>	<b>Query</b>	<b>Response</b>	<b>Remarks</b>
1	Does the family own any agricultural land?	a) Yes b) No	
2	How long (in months) does the house have food grains in the current year (from own agricultural land)?	a) Less than 3 months b) Less than 6 months c) 6 months or more	
3	Was the last harvest a bad one?	a) Yes b) No	
4	Do you have a ration card?	a) Yes b) No	
5	If you have a ration card, do you get the ration every month?	a) Yes b) No	
6	If you don't receive, please mention the reason		
7	Does the family have MGNREGA card?	a) Yes b) No	
8	How many family members have MGNREGA card?	a) 0 b) 1 c) 2 d) More than 2	
9	How many family members have been offered work under MGNREGA in the last three months?	a) 0 b) 1 c) 2 d) More than 2	
10	How many family members have received wages under MGNREGA in the last three months?	a) 0 b) 1 c) 2 d) More than 2	
11	Has any member of family moved out in search of work in last six months?	a) Yes b) No	
12	Has any member of the family taken any loan in last three months?	a) Yes c) No	
13	Has the family sold off anything in last three months?	a) Yes b) No	
14	If yes (to 13), Specify	a) Land b) Cattle c) Utensils d) Equipment e) Others (specify)	
15	Did any member of the	a) Yes	

	family fall sick due to disease in last one month?	b) No	
16	Has there been any death in the family in last one year?	a) Yes b) No	
17	What is the condition and nutritional status of other siblings? (Note: Based on inputs given by the respondent and interviewer's perception. Additionally, the team can take the MUAC measurement and cross verify with the AWC data)		
18	Is your family able to afford all three meals a day?	a) Yes b) No c) Don't know	
19	In what quantities do the family members have food? (Whether the quantity is adequate or inadequate in their perception)	a) Morning b) Afternoon c) Evening/Night	
20	Which food item has seen a decrease in consumption?	a) Cereals b) Dal, Meat, Fish c) Oil, Ghee d) Milk	
21	Does the same situation prevail over the entire year?	a) Yes b) No	
22	Has there been a situation wherein the family has to ask for food from the neighbours? friends or relatives in the last three months?	a) Yes b) No	
23	How many times in week/month does the family have pulses (dal)?	a) Total Days/Week: b) Total Days/Month:	
24	How many times in week/month does the family have eggs/fish/meat?	a) Total Days/Week: b) Total Days/Month:	
25	Do the family members have any food items which are not commonly eaten in the area (mango kernels, etc.)?		
26	Was the child breastfed?	a) Yes	

		b) No	
27	Till what age was the child breastfed?	a) Less than 6 months b) Up to 6 months c) More than 6 months d) Continuing	
28	Till what age was the child exclusively breastfed?	a) Less than 6 months b) Up to 6 months c) More than 6 months d) Continuing	
29	Is the child given complementary food?	a) Yes b) No	
30	When was the child initiated on complementary feeding?	a) 0 - 6 months b) 7 - 12 months c) More than 12 months	
31	If complementary feeding has not been started, give reasons		
32	How many times a day is the child given complementary food?		
33	At what times of the day and in what quantities has the child taken food in the last 24 hours at home?	a) Morning: b) Afternoon: c) Evening/Night:	
34	List frequency of dal, egg and flesh foods.		
35	Who feeds the child?		
36	Does the child receive food when he/she asks for?	a) Yes b) No	
37	How many times a day does the child take food?		
38	Are the surroundings clean?	a) Yes b) No	
39	Is there stagnant water nearby the house?	a) Yes b) No	
40	Are there any kind of livestock/poultry like cow, buffalo, goat, chicken, etc. kept inside the house?	a) Yes b) No	
41	Do the caregivers of the child wash their hands with soap before cooking food?	a) Yes b) No	
42	Do the caregivers of the child wash their hands with soap before feeding the child?	a) Yes b) No	
43	Does the mother take alcohol?	a) Yes b) No	
44	Does the father take	a) Yes	

	alcohol?	b) No	
45	Does the woman have to endure physical abuse from her partner?	a) Yes b) No	
46	Any other issues (any other major event in family, single women headed family, natural disaster etc)		
Review and Summary			
Actions planned, and actions taken			
Actions Planned		Actions Taken	Date



## Annexure 12: Monthly Reporting formats

### Crèche Monthly Report

#### Mainstreaming Crèches to Reduce Malnutrition in Odisha

Report for the month of:

Date:

Crèche Name:

Block:

Indicators	Number
No of crèche workers	
Eligible children	
Total enrolled children (Cumulative of all months)	
Total children graduated this month	
New enrolment this month	
Current enrolment for this month	
Total children whose anthropometry done this month	
No. of days Crèche was opened	
Average attendance of children at crèche	
Crèche committees meeting done (Yes/No)	
Kitchen gardens (yes/No)	
Handwashing station operational (Yes/No)	
Number of children admitted to NRC	

Nutritional status of enrolled children	Total
<b>Weight for Age</b>	
Normal	
Moderately Underweight	
Severely Underweight	
<b>Weight for height</b>	
Normal	
Moderately Wasted	
Severely Wasted	
<b>Height for age</b>	
Normal	
Moderately Stunted	
Severely Stunted	

Red-flag identification and Referral	Total
--------------------------------------	-------

Two months or more growth faltered	
SAM	
Severely Underweight	
Illness	

Referrals and admissions	Total
Referred to AWC	
Referred to CHC/PHC	
Referred to NRC through FLWs	
Admission to NRC	
Discharged from NRC	
Admission to CHC/PHC	
Any case of child death (Death Case study to be attached)	

Home visits and follow-ups by PHRS team	Total
Home visits of red-flagged children	
Anthropometric follow-up of red-flagged children	

Support and supervisions from government departments

Specific requests to the district administration

### Block Monthly Report

## Mainstreaming Crèches to Reduce Malnutrition in Odisha

Report for the month of:

Date:

Name of the block:

Name of the district:

Indicators	Number
Total GPs	
Total Villages	
Total crèches	
Total crèche workers	
Total eligible children	
Total enrolled children (Cumulative of all months)	
Total children graduated this month	
Total new enrolment this month	
Current enrolment for this month	
Total children whose anthropometry done this month	
Average attendance of children at crèche	
No of crèche committee meetings done	
No. of kitchen gardens	
No of operational handwashing stations	
Number of children admitted to NRC	

Nutritional status of enrolled children	Number
<b>Weight for Age</b>	
Normal	
Moderately Underweight	
Severely Underweight	
<b>Weight for height</b>	
Normal	
Moderately Wasted	
Severely Wasted	
<b>Height for age</b>	
Normal	
Moderately Stunted	
Severely Stunted	

Red-flag identification and Referral	Number
Two months or more growth faltered	

SAM	
Severely Underweight	
Illness	

Referrals and admissions	Number
Referred to AWC	
Referred to CHC/PHC	
Referred to NRC through FLWs	
Admission to NRC	
Discharged from NRC	
Admission to CHC/PHC	
Any case of child death (Death Case study to be attached)	

Home visits and follow-ups by PHRS team	Number
Home visits of red-flagged children	
Anthropometric follow-up of red-flagged children	

Support and supervisions from government departments

Any other activities (like trainings, review meetings, and exposure visits)

Specific requests to the district administration

## District Monthly Report

### **Mainstreaming Crèches to Reduce Malnutrition in Odisha**

Report for the month of:

Date:

Name of the district:

Indicators	Number
Total blocks	
Total GPs	
Total villages	
Total crèches	
Total crèche workers	
Total eligible children	
Total enrolled children (Cumulative of all months)	
Total children graduated this month	
Any death case (Death case study to be attached)	
Total new enrolment this month	
Current enrolment for this month	
Total children whose anthropometry done this month	
Average attendance of children at crèche	
No of crèche committee meetings done	
No. of kitchen gardens	
No of operational handwashing stations	
Number of children admitted to NRC	

Nutritional status of enrolled children	Number
<b>Weight for Age</b>	
Normal	
Moderately Underweight	
Severely Underweight	
<b>Weight for height</b>	
Normal	
Moderately Wasted	
Severely Wasted	
<b>Height for age</b>	
Normal	
Moderately Stunted	
Severely Stunted	

Red-flag identification and Referral	Number
Two months or more growth faltered	
SAM	
Severely Underweight	
Illness	

Referrals and admissions	Total
Referred to AWC	
Referred to CHC/PHC	
Referred to NRC through FLWs	
Admission to NRC	
Discharged from NRC	
Admission to CHC/PHC	

Home visits and follow-ups by PHRS team	Total
Home visits of red-flagged children	
Anthropometric follow-up of red-flagged children	

Support and supervisions from government departments

Any other activities (like trainings, review meetings and exposure visits)

Specific requests to the district administration

## **Annexure 13: Note on Crèche Committee**

### **Crèche Committee**

An important aspect of getting the community involved in the management of malnutrition through crèches is the formation of the crèche committee.

#### **Members:**

The members of the crèche committee would be the mothers of all enrolled children at any given point in time, the crèche workers (CWs) along with the sarpanch/ ward member (preferably female member), AWW, and the ASHA of the village, SHG leader and any other interested woman from the village. It is desired that mothers of all enrolled children will be involved in the crèche committee, and hence the numbers and members of the committee will change depending on the entry and exit of eligible children from the crèche, every month.

Fathers, grandparents and adolescent girls will also be encouraged to be a part of the crèche committees.

#### **Structure:**

The crèche committee would be composed of an elected president, secretary, treasurer from amongst the mothers and the two crèche workers would be conveners, by turn/ rotation.

#### **Meetings:**

It is proposed that monthly review meetings will be held by the crèche committee where the functioning of the crèche will be presented. Decisions will be noted down in a meeting register and will be communicated to the PHRN team.

Apart from the daily functioning of the crèches, the crèche worker will present the growth pattern of each child (monthly) and will have discussion on any growth faltered child/ child requiring special care, the steps needed to be taken /taken at the crèche level, with the crèche committee. The crèche committee will be taking the responsibility to counsel the family in such cases and also in case any child discontinues attending crèche.

Apart from the review meetings, mothers of the crèche committee will be encouraged to visit the crèche every week/ regularly to see the daily functioning of the crèche.

#### **Roles and Responsibilities:**

The crèche committee will play an important role in ensuring the smooth functioning of the crèches. It is expected to take stock and review the delivery of services at the crèches and suggest and facilitate the improvement of services. Apart from this role, it is expected to provide support to the crèche worker as and when required. The roles and responsibilities of the crèche committee are detailed as below:

- i. Selection of crèche workers<sup>26</sup>, recommendation for the termination of crèche workers<sup>27</sup> and monitor the absenteeism of crèche workers.
- ii. Motivate the parents of the eligible children to get their child enrolled in the crèche, taking decision on graduation of a child from crèche (as per PHRN guidelines) or taking decision in special cases for keeping the child in crèche.
- iii. Attend to any local dispute related to crèche or crèche workers and resolve it in an amicable manner
- iv. Day to day management of crèche such as fixing timing for crèche opening, deciding on weekly holiday, granting leave to crèche workers, deciding holidays for festivals etc.
- v. Check regularity of functioning of crèches.
- vi. Review facilities available at the crèche and may consider ways of locally strengthening the crèches and/or repair of crèches through community mobilisation of resources.
- vii. Review the taking of anthropometric measurements of crèche children; members of the crèche committee should be present on the day of weight/ height taking. Crèche worker will present the status of the children and necessary actions being taken at the crèche and discuss any further steps required.
- viii. Report on the utilization of logistics related to crèche.
- ix. Maintenance of stock, its records and its physical verification.
- x. Crèche committee should be encouraged to provide additional fruits and vegetables, meats, fish etc as voluntary contributions to the menu.
- xi. Crèche committee should also help to setup and maintain a kitchen garden.
- xii. Menu management- check menu; suggest changes in recipes from time to time
- xiii. Beautifying crèches- wall paintings, innovations etc. at crèche should be the responsibility of crèche committee through community mobilisation of resources.
- xiv. The crèche committee will be given ECCE training, at some point to be engaged in activities, and making play materials for crèche children.
- xv. The crèche committee will ensure its presence, especially that of the crèche workers at the VHND and will motivate other mothers also to attend the same.
- xvi. Taking formal feedback from the mothers of the crèche going children and communicating those to the crèche workers and the PHRN team should be the responsibility of the committee.
- xvii. The crèche committee must ensure support to the crèche worker, as and when required. Members of the committee must attend the crèches regularly on a rotational basis to ensure the smooth functioning of the crèches.
- xviii. The crèche committee will take the responsibility to counsel the family in case any child discontinues attending crèche.

### **Capacity building**

1. Members of the crèche committee will be made familiar and sensitised to the objectives of the crèche.

<sup>26</sup> For selection of CWs, the community as a whole may be involved

<sup>27</sup> Meeting with PHRN team where the committee may recommend with reasons



2. The guidelines under which the crèche is functioning will be explained in a lucid manner so that crèche committee is able to carry out its monitoring and review activities effectively.
3. Capacity building on issues of concern to be carried out periodically, through cluster approach.
4. Capacity building using storyline, picture cards for easy and comprehensive understanding of issues.
5. Capacity building on accounts management.
6. Interested members of the crèche committee will be included for the ECCD training.

#### Annexure 14: Running Costs of Crèches

**Commented [SK16]:** I am in process of finalizing it. Will paste it.

Sl. No.	Material	Numbers required	Tentative cost/unit
<b>Anthropometric Equipment</b>			
1	Baby weighing scale	1 per crèche	Rs.3900/- (excluding GST @28%)
2	Stadiometers	1 per crèche	Rs. 11,600/- (excluding GST@28%)
3	Infantometers	20 per district	Rs. 6,640/- (excluding GST@28%)
4	MUAC tapes		15/piece
<b>One Time Supply</b>			
1	Smokeless chulhas	1 per crèche	Rs. 2450/- (Including GST)
2	Steel box (large)	1 per crèche	Rs. 2100
3	First Aid box (including medicines)	1 per crèche	Rs. 350
4	Hand Washing Station	1 per crèche	Rs.1300
5	Solar Light set	1 set per crèche	Rs.6520
<b>Utensils</b>			
4	Steel kalchhul	1 per crèche	Rs. 25
5	Steel panja	1 per crèche	Rs. 25
6	Steel chholni	1 per crèche	Rs. 35
7	Steel drum with cover	1 per crèche	Rs. 440
8	Water spoon big size	1 per crèche	Rs. 95
9	Knife	1 per crèche	Rs. 10
10	Spoon	1 per child	Rs. 10
11	Steel bowl	1 per child	Rs. 23.5
12	Steel plate	1 per child	Rs. 47.5
13	Steel glass	1 per child	Rs. 25
14	Steel gamla	1 per crèche	Rs. 50

**Commented [sd17]:** Confirm with SK

15	Aluminium dekchi big size with cover	1 per crèche	Rs. 245 per Kg
16	Aluminium dekchi small size with cover	1 per crèche	Rs. 245 per Kg
17	Iron kadhai	1 per crèche	Rs. 245
18	Oil measuring cup	1 per crèche	Rs. 50
<b>Plastic Items</b>			
19	Plastic Balti	2 per crèche	Rs. 140
20	Plastic mug	2 per crèche	Rs. 18
21	Bartan stand plastic	1 per crèche	Rs. 160
22	Soap case	2 per crèche	Rs. 13
23	Mirror	1 per crèche	Rs. 23
24	Comb	1 per crèche	Rs. 3
25	Nail cutter	1 per crèche	Rs. 12
26	Plastic containers	Multiple for keeping loose food items	Rs. 250 (Total for 6 pieces)
27	Dustbin	1 per crèche	Rs.140
28	Dust panel	1 per crèche	Rs.28
29	<b>Toys</b>		
a	Nesting cups	1 per crèche	Rs.75
b	Pyramid with rings	1 per crèche	Rs. 90
c	Rexin balls	1 per crèche	Rs.60
d	Vegetable set	1 per crèche	Rs.80
e	Fruit set	1 per crèche	Rs.75
30	Mosquito nets	2 per crèche	Rs. 180
31	Durries (plastic)	2 per crèche	Rs. 300
32	Durries(cotton)	2 per crèche	Rs. 450
33	Blanket	2 per crèche	Rs.225
34	Clock	2 per crèche	Rs. 125
<b>Crèche Documents</b>			
34	Registers		Rs. 80 for attendance register
35	Growth Charts		Rs. 9000/3000 unit

Commented [sd18]: Ask SK

### Monthly Supply

Sl No	Item	Price
1	Dal	Rs. 55 (Masoor/kg), Rs 76 (Moong/kg)
2	Rice	Rs. 30
3	Salt	Rs. 12
4	Sugar	Rs. 44
5	Suji	Rs. 35/kg
6	Gud	Rs. 43
7	Refined oil	Rs. 77/lit

8	Mustard oil	Rs. 100/lit
9	Sattu	Rs. 62/ per kg
10	Maandiya Chuna	Rs.52
11	Eggs	Rs. 40 per month
12	Masala	Rs.78 per month
13	Vegetables	Rs. 1 per child/day
14	Fuel	Rs.400
15	Crèche Transportation	Rs.400
16	Handwashing soap	Rs.40
17	Dish washing soap	Rs.45
18	Dish washing scrubber	Rs.20
19	Duster clothes	Rs.15
20	Detergents	Rs.22

#### Feeding Costs

Sl. No.	Item	Price
1	Morning snacks	Rs. 83.46 per child per month
2	Cooked lunch	Rs. 122.2 per child per month
3	Evening snacks	Rs. 28.6 per child per month
4	Eggs	Rs. 40 per child per month
5	Extra snacks	Rs. 23 per child per month