



Draft: Protocol and guideline for crèches in Odisha

Program Title: “AMA KALIKA”

Crèches for Children Under Three- “Kalika Kendra”

Foreword

This document seeks to introduce various protocols and guidelines that are necessary for those who will be engaged in the process of establishing, running and managing the crèches for the children below the age of three in our state.

The state government recognises crèches to act as a “**Day care intervention**” and perceives it as an important intervention for ensuring childcare and significant reduction in malnutrition and the key for overall development and well-being of women and children in the state and attaches high priority to the program.

The Department of Women and Child Development has been at the forefront of efforts to tackle the issues of women and children and ensure their growth and development and for that it has always been in favour of innovations and integration of many successful models in the state.

The crèche program, captioned as “Ama Kalika” - is one of those best practices that the Government of Odisha is going to initiate for children under the age of three which can act as “Day care centre” and can address the issues of under nutrition.

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
PHRS	Public Health Resource Society
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&MS	Women and Child Development & Mission Shakti

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1. Introduction

Childcare, early stimulation and development, including child and maternal undernutrition continues to be a major challenge in the state. This can be attributed to the triple burden of women in our community especially in the rural areas and vulnerable communities. These communities leave their young children especially in the age of 0-3 years in the hands of elder siblings or grandparents who are unable to give them the required level and kind of care these children require and at the same time affecting the schooling of the elder siblings.

Participation and partnership of both women and men in productive and reproductive life has been seen. This has also led to the increase in the share of a women's responsibilities - caring and nurturing of children and maintenance of the household, along with contributing to the household's income. The vulnerability of young children, in such cases where both parents go out to work, is utmost and lies in their inability to feed themselves and there is no one to feed them frequently, being left unsupervised or under the care of aging grandparents and/or older siblings. The provision of childcare facilities is seen as an important factor aiding women's increased participation in livelihood activities.

This has necessitated the establishment and running of crèches as day care centers (captioned as "Kalika Kendra") in rural and tribal areas where women are engaged in outside work and for wage.

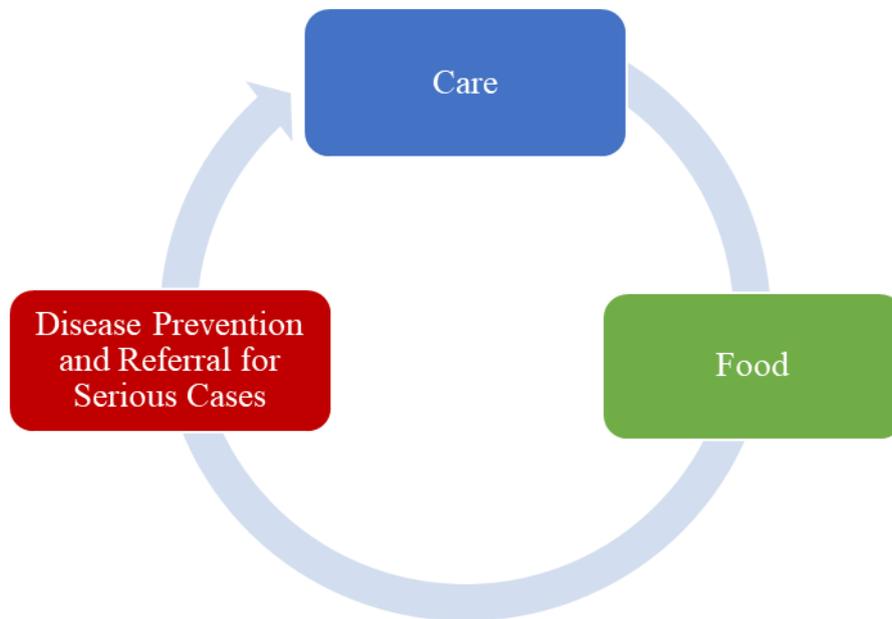
2. Crèches for Children under Three Years

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 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. It also serves as a 'home away from home' where children are under the care and supervision of women from the community.

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 create an environment of care with love and dignity with provision of safety and security, proper nutrition, health and hygiene, early childhood care and development, early stimulation and cognitive development, joyful learning with a reasonable degree of attention for feeding, growth

monitoring, referral to health 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, adapted from the UNICEF's conceptual framework on the causes of malnutrition, in short, summarizes the overall functions of a crèche.

2.2 Objectives of the Crèche

The main objective of the crèche is to provide a safe, secure and enabling environment for under 3 children whose both parents go to work.

Specific objectives are

- To take care of children, in the age group of six months to three years, of mothers going out for agricultural labour and wage work, 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, that the 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

2.3 Services to be provided in 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 with respect to weight-for-age, weight-for-height and height-for-age
 - ii. Identification of growth faltering,
 - iii. Action on severe malnutrition and growth faltering including referrals to health facilities and Nutritional Rehabilitation Centre (NRC). Protocols for action have been laid out. Refer to protocols at section 2.12
7. Disease prevention, early identification of disease and disability, treatment and rehabilitation in convergence with health department.
 - i. Prevention: promotion of good practices of hygiene and sanitation
 - ii. Immunisation
 - iii. Regular health check-ups
 - iv. Referral to health facilities
 - v. Follow up of children discharged from health facilities

2.4 Selection Criteria for Crèche Sites

The crèche will attempt to cater to villages with a high level of malnutrition, poor access to services, geographical remoteness accompanied with a high level of readiness/interest shown 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 with the communities will be held wherein they will be apprised of the aims, objectives 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 demand for setting up the crèches.
2. Presence of upto 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.

The format to be used for scoping of villages is placed at **Annexure 1**. It contains sections recording the basic details of the village and criteria for selection of the village for setting up crèches.

2.4.1 Community Ownership

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. 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 (Refer **Annexure 2** for details on community ownership and consent).

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 implementation team of the selected agency will do a line listing of all the eligible children (all children under the age of three years) in the villages. The lengths/heights and weights of all the eligible children will be taken by the AWWs and ASHAs with support from the crèche workers before the opening of the crèches. The measurements will be taken using the anthropometric equipment supplied in the crèches¹.

The main objectives of the screening are as follows:

¹ 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.

1. To assess the nutritional status of eligible children
2. To identify children with Severe Acute Malnutrition (SAM), refer them to the CHC and if necessary, to NRC, without waiting for enrolment.
3. To identify severely and moderately malnourished children.

2.6 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 from within the local community and identified by the community and trained by the implementing agency.
4. The crèche would remain open for 7¹/₂ hours. The community will decide on the off days and timing of the crèche factoring in work schedule of the majority of the mothers.
5. The children will be fed one hot cooked meal and two cooked snacks as per the recommended meal plan. Additional snacks and provision for extra vegetable oil will be provided to the malnourished children and children who have faltered on growth.
6. The feeding programme aims to take care of 60-70% of the calories and 75-100% of the protein requirement² of a child per day. Please refer **Annexure 3** for more details.
7. Weight and length/ height measurements of each child will be taken every month.
8. As per the anthropometric measurements, children identified as per Red-flagged / At risk/having triggers for urgent action will be referred as per the protocols (For complete list of Red-flagged/ At risk/having triggers for urgent action children please refer **Annexure 4**)
9. Focus at the crèche will be on hygiene, i.e., clean surroundings, 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 is provision for sleep and rest at the crèche.
12. The crèches will be opened for 26 days a month.
13. The crèches will aim at universal coverage and will not be target based. Admissions to crèches will be on a voluntary basis.
14. Routine health check-ups will be done in coordination with local AWW/ANM/ASHA and the medical officer in line with RBSK schedule/ VHND etc.

²The recommended daily calorie intake for children between 1 and 3 years of age is 1010 Kcal. Under the current meal plan for the programme, children will receive almost 715 Kcal of energy, 27.3 gms of protein.

15. In case of a health emergency during the crèche hours, the child will be handed over to the parents/ guardians/ family members and medical support if required will be facilitated by the crèche workers.
16. In case of child death, parents/family should be immediately informed.
17. If a child has any communicable condition, she/he should not come to the crèche

2.7 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 8-10 sq.ft. per child, a total of 100-200 sq.ft.
3. There should be as much space outdoors as is indoors.
4. 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.
5. In case two rooms are not available, the space in the centre must be such that it 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.
6. In an ideal centre, the kitchen should be 25% of the covered area and toilet should be 5% of the covered area.
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 1/5th of the floor area. Doors and windows combined should have 2/5th the floor area.

8. The doors and gates should be constructed appropriately to ensure the 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.

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 equipment 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).

2.8 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 Odisha State ECCD framework 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, this framework will be followed. Crèche supervisors and crèche workers will be trained for ECCD including on 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 complete list of developmental milestones for children under the age of three years, please refer to **Annexure 5**.

2.9 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 and security of the children without any compromise.

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

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 the 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 the 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 chulha 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 is to be kept covered at all times and kept out of the 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 *chulla* is extinguished and cooled down after cooking. Burning embers need to be extinguished and firewood to be kept at a proper place. No child should enter the area where firewood is kept.
4. All sharp objects like scissors, knives, 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 the 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 an appropriate height, not very high. Swings should be used only under adult supervision.

Personnel

1. Any kind of abuse – verbal or 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. Prevent children from going near garbage, heaps of wood, dung cakes, as these provide good hiding places for snakes, scorpions etc.
5. Children should be protected from animals like dogs and cats etc.
6. 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.

2.10 Hygiene

Crèche Premises

1. Cleanliness and sanitation of the crèche and its premises should be maintained.
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 a 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 the 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 everyday.

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 harm 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. Clean chullha 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
15. The clothes should be clean.
16. If any food spills on the ground, then it is not used.
17. Leftover food is consumed/disposed the same day. Under no circumstances is it to be used the next day.

2.11 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. Crèche workers play a crucial role to ensure all the activities of the crèche to run smoothly and as per plan. Hence being the primary interface between the children, parents and Crèche Committees, they have to maintain adequate accountability and transparency at the centre and village level. Crèche workers need to be adequately supported by Crèche Supervisors in delivering accountability and transparency aspects of the crèche functioning at regular intervals. Monthly CC meetings should be used for discussing these issues and solutions and suggestions need to be incorporated. It will bring more confidence, and involvement of the community and they are more likely to will share responsibilities with CWs and Crèche supervisors for smooth functioning of crèches. Parents needs to know all crèche related expenses, attendance, food menu, crèche timings, extra feeding to Red flag children/At risk/Triggers needing urgent action children and some detailed information like growth monitoring, referrals etc data need to be made available at crèche centres for reference and counselling through different registers, formats and charts.

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)

2.12 Crèche Monitoring

Each of the crèche and its activity needs to be monitored on a regular basis.

Crèche Supervisors (CS) need to monitor each of their allotted centres at least once a month. During the centre visit they need not only to assess but ensure quality of functioning of crèche, feeding, sanitation hygiene, records, stock verification, interaction with CC members and parents, anthropometry, referrals through handholding support etc.

Crèche workers(CW) need to attend a monthly review at the block or sub block level for at least 4-5 hours for report collection, feedback sharing and providing on the job training on ECCD, anthropometry, record keeping etc by the crèche supervisors.

District team members can visit the centre to encourage mothers, CWs and CC members for their efforts towards functioning of crèches and maintain a visitor notebook for CS and CW. DPMU team will review the CS along with Crèche Coordinators at the district/Block level to get an update on monthly progress, solve quality issues, guidance on programme implementation and collection of case studies and other periodic reports.

2.13 Quality Assurance and Management

Quality of the functioning of the crèche is an important aspect of the programme. Different measures are to be taken to ensure the same.

1. To monitor and assure the quality of services and materials provided at the crèche, regular monitoring visits are to be conducted by the Crèche Coordinators and DPMU team members. A monitoring checklist has been designed to aid the same (**Annexure 7**)
2. To ensure quality of anthropometric data, CS, Cluster Manager, Lead Cluster Manager undertake quality check of the anthropometry done at the crèche level of a periodic basis (**Annexure 8**).
3. To ensure accurate results, routine calibration of instruments is to be undertaken. Weighing scales, stadiometers and infantometers are to be calibrated routinely (**Annexure 9**).
4. Stock verification is routinely carried out towards the end of the month to ensure regular supply of materials etc.

2.14 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.
- 4. Child Health Card:** The anthropometric measurements and vaccination details would be recorded in the child health card.
- 5. Red Flag/At Risk Follow-up form/Triggers needing urgent action³:** To be filled in the crèche by the CW after the identification of the red flag children.
- 6. NRC Referral Register:** Once the red flag has been identified and the child has been referred to the NRC, the CS 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.

2.15 Protocols for Growth Faltered and Severely Malnourished Children

2.15.1 Protocol for Growth Faltering

Growth Faltering

Once weight has been plotted on the growth chart, and if the growth curve seems to be shifting downwards or becoming flat, then the child is identified as Growth-faltered.

After identification of growth faltering, action needs to be taken as per the protocol given below in the table:

Activities to carry out	For children of age less than six months Any growth faltering	For children of age more than six months and growth is faltered for one month	For children of age more than six months and growth is faltered for two or more months

³The list of triggers needing urgent action has been given in Annexure 4

Refer the child to nearest health facility for health check-up.	√		√
Put the child on special nutrition Care	√	√	√
Take weekly weight till the weight gain is recorded for two consecutive weeks	√	√	√
Fillred flag/At Risk/Triggers needing urgent action follow-up form	√		√
AWW accompanied by CW must conduct home visits (Refer protocol for home visit)	√		√

2.15.2 Protocol for Severely Malnourished

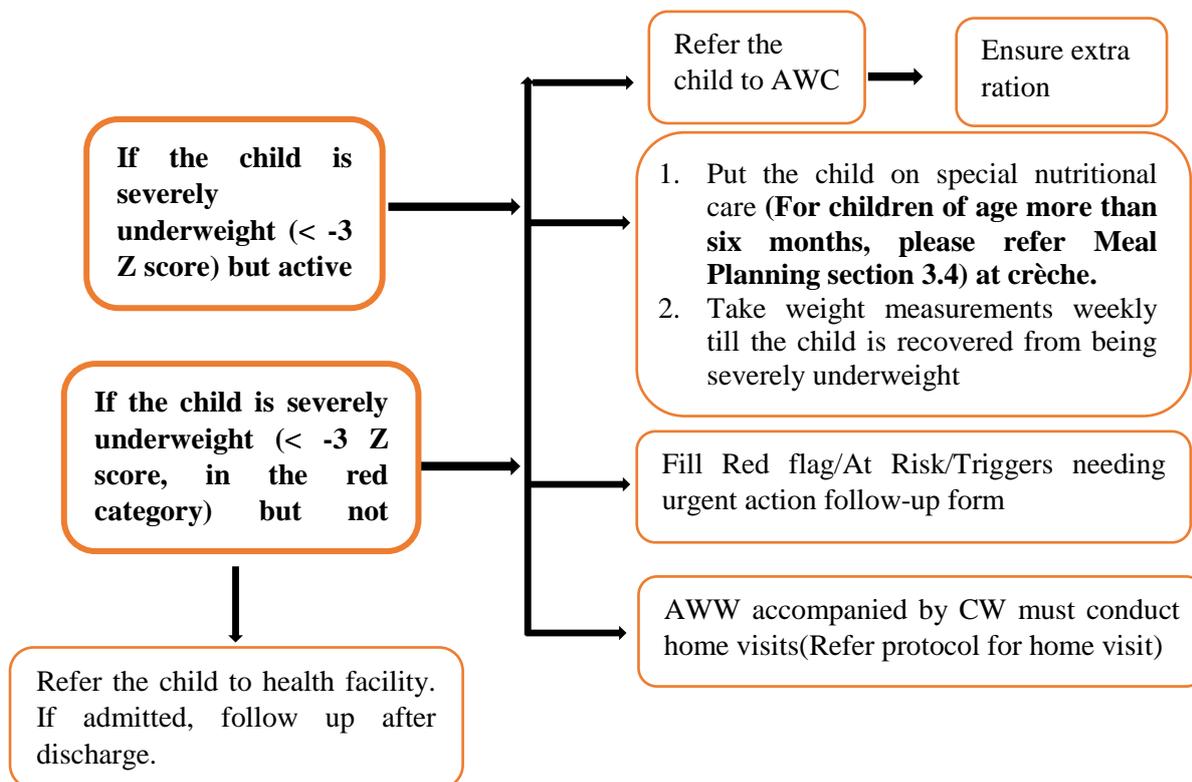
As currently, practiced under the ICDS, severely underweight children will be identified and referred to NRCs for identification of status of SAM. All severely underweight children are to be referred to the AWC and the following protocol is to be followed.

Further, a list of severely malnourished children based on MIS data (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:



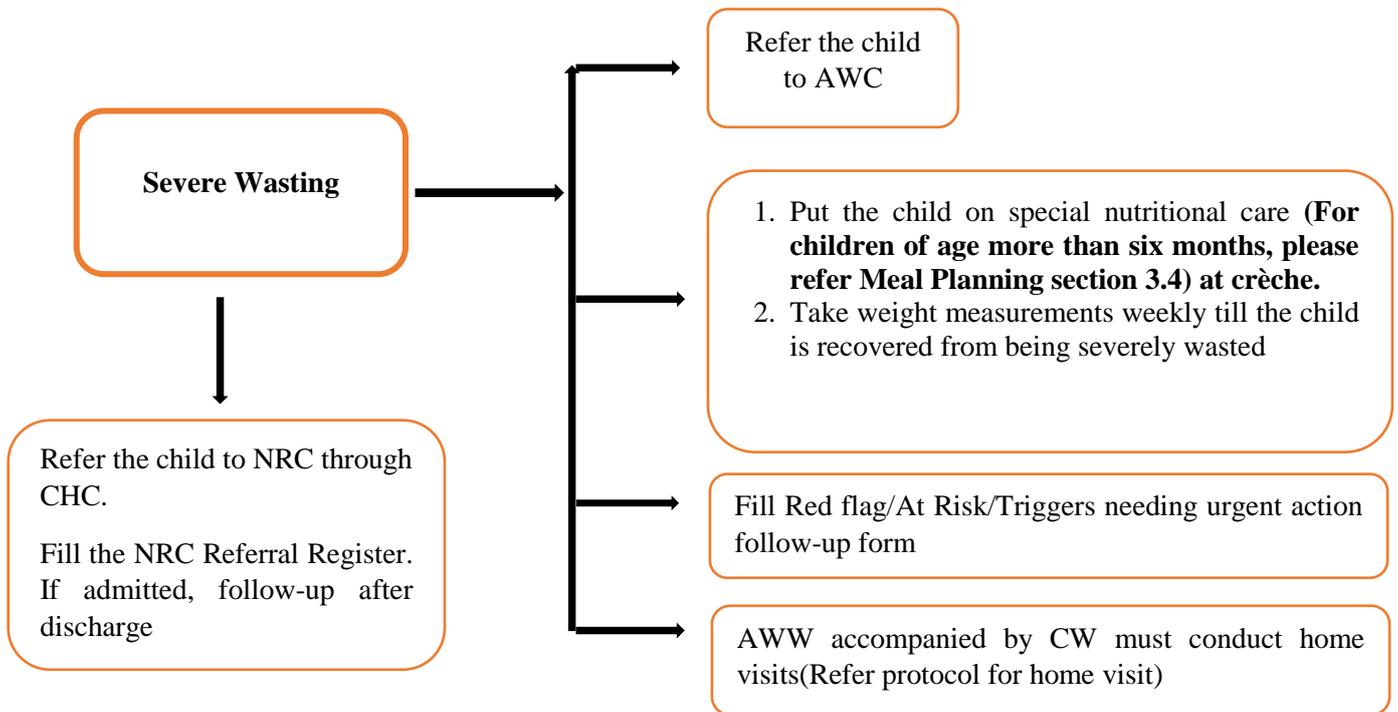
All severely underweight children with any of the following symptoms are to be referred to CHC through AWC for identification of SAM and treatment (put ✓ for symptom).

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. A list of severely wasted children based on identification by eKalika application, and the dashboard will be made available at admission and every month at the time of data collection for necessary action.

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

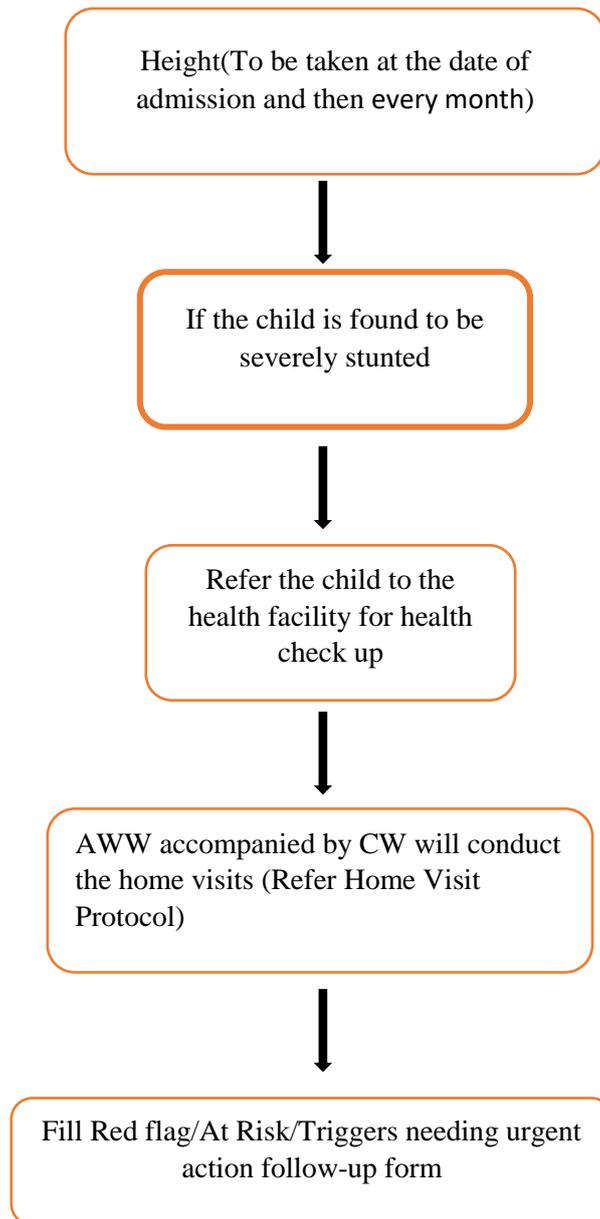


2.15.3 Protocol for Severe Stunting

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 every month, 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:



2.16 Guidelines for Referral

Criteria for Referral: Details of the referral and follow up must be maintained in the red flag/At Risk/Triggers needing urgent action 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).

The following table provides conditions under which referrals with the health system will be initiated under the programme (This includes the red flag/At Risk/Triggers needing urgent action 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 ⁴ or are physically or mentally challenged (Please refer Annexure 5 for the list of developmental milestones)	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)	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).	Refer to health facility for check-up.
8	Children with following signs and symptoms <ul style="list-style-type: none"> • 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 	Health Centre/Medical doctor

⁴CWs along with AWWs will be trained to identify gross developmental delays.

	(in cough, vomit, urine, stools, from gums) <ul style="list-style-type: none"> • breathlessness or difficulty in breathing • semi or un-consciousness • seizures (fits) • any abnormal behaviour 	
9	In case of emergencies.	Nearby health facility through panchayat, 108, JSSK

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

When discharged, 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).

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

2.17 Home Visits

Home visits, are conducted to get a sense of the household’s food and livelihood situation, childcare practices, if the household has recently experienced any adverse or distress situation that may have influenced/altered childcare practices etc.

Home visits are to be conducted by the AWW accompanied by the CW in case of crèche children whose:

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

Based on the assessment of the situation of the household, the AWW must provide counselling to the family and should plan for follow up visits.

Main components of the home visit questionnaire (**Annexure 11**) are given below:

- 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 AWW: Actions planned and date when executed

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 breastmilk⁵.
 - The crèche workers will be oriented towards safe handling and storing of expressed breastmilk
 - 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 (**Please refer Annexure 3**).
- 3) The meal plan in the crèches will include 2 snacks and 1 hot cooked meal, i.e., a morning snack, lunch and an evening snack.
- 4) Out of the two snacks, one will be sweet, the other savoury.
- 5) Egg should be given twice a week from the project over and above the current provision of three eggs from ICDS under SNP. 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 CWs will be provided with a fixed budget (per child

⁵Mothers and crèche workers will be oriented towards the procedure of expressing breastmilk as and when required.

Refer WHO guideline (http://www.who.int/child_adolescent_health/documents/who_cdr_93_3/en/index.html)
[Other caregiver like grandmothers may be allowed to come to the crèche for such young babies](#)

per day) to locally source the vegetables. Mothers 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.
- 11) The CW will be adequately trained to ensure age-appropriate feeding to the children attending crèches.
- 12) The children will be provided adequate safe drinking water 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

Small Bowl: 500 ml; **Glass:** 200 ml; **Oil measuring cup:** 20 ml, or

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	Chhatua (Procured from ICDS)	50 grams	500 grams	Slightly more than 1 ½ gina
	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 of 20 ml
	Vegetables	-	-	-
	Salt, jeera/mustard for taste and seasoning	-	-	-
Evening Snack			Either Sooji upma or Mandiya Upma alternatively or depending upon preference of the children	
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	-	-	-
Eggs		Five eggs per child per week		

Morning Snacks

- 1) Chhatua will be given as the morning snack in the crèches.
- 2) The Chhatua provisioned under SNP would be used for preparing morning snacks.
- 3) **Process of preparation of Chhatua per child per day:** At the time of preparation of the Chhatua for consumption, 3 ml of oil to be added with every 50 g of dry Chhatua for each child.
- 4) 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.

Lunch

- 1) For 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) Sooji/mandiya provisioned under the SNP of ICDS would be used to prepare evening snacks.
- 3) 2 ml of oil would be used per child per day while preparing evening snack.

Eggs

- 1) Egg can be given as boiled, or egg curry either in breakfast, lunch or in 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.

3.3 General instruction on use of oil

For ALL children in the crèche:

- 1) **Morning Snack:** Chhatua – Add 3 ml per child per day at the time of cooking/preparation.
- 2) **Lunch:** Khichidi – Add 2 ml per child per day at the time of cooking.
- 3) **Evening Snack:** 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 lunch
 - 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).

4.Operational Structure of the Programme

4.1 State Crèche Advisory Group

A State Crèche Advisory Group will be formed to provide overall guidance to the crèche programme. The advisory group will have the Principal Secretary, WCD as it's chairperson and Director WCD, JS, WCD&MS, ADCH Child Health/Consultant Child Health -NHM, representatives from APPI, PHRN and representatives from OMBADC as members. The group will meet on quarterly basis and will approve annual action plans and guide the fund flow to the districts.

4.2 State Programme Management Unit

State Crèche Resource Centre will be established at the state level to provide technical support to the districts in capacity building, knowledge management, programme monitoring from the state level. It consists of a team of professionals who will coordinate with the districts, and the WCD department and other stake holders at the state level for smooth functioning of the programme.

4.3 District PMU

District PMUs will be set up at each of the district to support the district administration in floating RFPs, selection of implementing agencies, monitoring of the programme, coordination with different departments and the District Collector. The team members will also coordinate with district Crèche Coordinators appointed by the implementing agency, resource pool of trainers. They will also act as a resource person in the training of crèche coordinators and ensure quality in conducting training for crèche workers and ensure MIS implementation. DPMU will provide regular program updates and ensure regular reporting to SCRC.

4.4 Implementing Agencies

One or more number of implementing agencies will be selected by district administration to roll out the crèche programme across the district. A detailed MOU will be signed with district administration. Implementing partner will recruit crèche coordinator, crèche supervisors, crèche workers, ensure materials and supplies across all allotted crèches. Training, travel, logistics of the programme will be undertaken by the implementing partner. The crèche coordinator from the implementing partner will coordinate with DPMU for all programmatic needs.

5. Human Resources

5.1 Crèche Worker (CW)

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

5.1A Eligibility Criteria for the CW

1. Must be a woman from 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 willing to work for the community and children.
5. She should be willing to dedicate 7-8 hours daily to work in the crèche.

5.1B Selection of the CW

1. The district programme implementing team is required to raise awareness in the community about the crèches, roles and responsibilities of the crèche workers and the criteria on which she is to be identified and selected. This will be done through village meetings.
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. The Implementing partner will inform the community and the District Programme Management Unit (DPMU) for their record and subsequent processing.

5.1C Job Description

The following are the roles and responsibilities of the crèche worker:

1. To identify vulnerable and eligible children
2. To assist AWW/Crèche Supervisors in motivating working parents and parents of children to send their children to the crèches.
3. To maintain records of children's attendance, growth monitoring and health records
4. To liaise with Crèche Committees, parents and community leaders and solicit their support and incorporate their suggestions and recommendations in the functioning of the crèches.
5. To ensure the care and safety of children attending the crèche.
 - i) Ensure personal hygiene
 - ii) Inculcate proper toilet habits and toilet training
 - 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

6. To interact closely and regularly with parents to discuss children's individual special care, and support parents in their efforts to address them.
7. To ensure that toys and equipment/play materials are well stocked/available for children, routinely cleaned and properly maintained.
8. To ensure the 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.
9. To maintain first aid kits and ensure that expired medicines are not used
10. To share responsibilities among crèche workers for executing their day-to-day activities.
11. To ensure monthly anthropometry of crèche children preferably jointly with AWW.
12. To report routinely to the Crèche Supervisors and in case of emergency report immediately.
13. To ensure that child gets medicine on time, also attend any minor injuries of the child. If any child under medication.

5.2 Crèche Supervisor (CS)

The Crèche Supervisor will be a mediator between the Cluster Manager/ District Programme Management Unit (DPMU) and crèche workers. S/he will provide constant guidance and support to the crèche worker in executing her duties. Each CS will be responsible for around 15 crèches.

5.2A Eligibility Criteria for the Crèche Supervisor

1. Must be in the age group 25-45 years.
2. Must be at least a graduate with basic computer skills.
3. Must have working knowledge of accounts and bookkeeping.
4. Must be willing to serve the community with work experience 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.

5.2B Job Description

1. To provide continuous support and guidance to the crèche worker to bridge the gap between training and job requirements.
2. To identify suitable location for housing the crèche.
3. To visit each centre at least twice in a month.
4. To do monthly review meetings with crèche workers or at the block level.
5. To fill the MIS formats, monthly reports and ensure that the data is shared with Lady Supervisors, CDPOs, Crèche Coordinator and DPMU.
6. To ensure calibration of instrument and devices used in the crèche as per protocols

7. Maintain diary and record information of all the children in the crèche with some additional information about the children who are malnourished, severely malnourished, sick and referred.
8. To guide the CW in transacting the ECCD and other crèche related activities
9. To guide the crèche worker to create awareness for early detection of disability, its prevention and make appropriate referrals.
10. To ensure supply and storage of ration, medicines, early childhood education materials, registers and records.
11. To build good relations with the panchayats/village heads, Mahila Mandals, parents, schools, clubs, and other organizations.
12. To ensure that all crèche regulations are complied with and discipline and decorum is maintained in all crèches.
13. To ensure that the safety and security protocols are being followed and take adequate steps to address any shortcomings.
14. To be the first contact for grievance redressal and conflict resolution among crèches.
15. To address any existing gaps, if possible, or report the same to the crèche coordinator/DPMU for action from higher level.
16. Attend training/reviews/exposure visits conducted by the DPMU.
17. Attend block level reviews and sector meetings to coordinate with the block/district level functionaries of the WCD and H&FW departments.
18. Support and facilitate VHSND sessions and RBSK camps in crèche villages.
19. Carry out any other tasks related to project as may be instructed by the District Project Office

5.3 Cluster Manager (CM)

5.3A Eligibility Criteria

1. Must be in the age group 30-45 years.
2. Master's degree in Social Work/Social Studies/Public Health/MBA-Rural Management from a reputed institute.
3. Minimum 3-4 years of experience of leading a block programme implementation teams on Nutrition/Health/Sanitation related programmes.
4. Must be willing to serve the community with work experience in community-based programmes, preferably in the sector of health and nutrition.
5. Experience of planning and executing district to village level operations with Government/ Donor/NGO supported programmes with minimum supervision.
6. Must be having prior experience of coordinating with district administration, civil society organizations and participated actively in block level committees and other forums.
7. Ability to engage with different stakeholders at the block level to coordinate, manage and report and address issues of the project.

8. Prior experience of using online MIS Systems and its analytics in programme implementation
9. Must have working knowledge of accounts and bookkeeping and MS Office.
10. Must have good communication skill, especially in Odia and local tribal dialects.

5.3B Job Description

The CM will be overall in charge of the crèche implementation across the district.

1. The CM will coordinate with different line departments at the block level for the smooth functioning of the crèches.
2. S/he will lead the crèche supervisors at the block and will oversee the day-to-day operations and provide feedback to the DPMU
3. S/he will provide supportive supervision and monitor crèche supervisors and crèche workers in crèche operations, such as training and logistics, reviews, anthropometry, MIS, community participation activities, convergence activities & streamlining service delivery.
4. S/he will report and investigate the cases under the provision of The POCSO Act, 2012 in coordination with the appropriate district-level officials.
5. Support crèche coordinators in the documentation of the programme.

If an organisation has more than one blocks for implementation of creches, one of the Cluster Managers would also play the role of **Lead Cluster Manager (LCM) for the organisation**. The Lead Cluster Manager would be responsible to coordinate with other Cluster Managers and act as point of contact for the DPMU/DSWO.

6. 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 the overall development of the child as well as in the prevention and management of malnutrition. In order to achieve this, trainings, orientations, consultations etc are organized.

Prior to programme implementation, a one-day consultation chaired by the district collector, and involving officials and field functionaries of the ICDS, other relevant departments and DPMU will be organized to create an enabling environment. The consultation will focus largely on over all aims and objectives of the programme, and roles and responsibilities of different stakeholders etc.

Sl.No.	Trainee	Training	Training Provider	Duration	Periodicity	Topics
1.	DPMU members	Orientation	SPMU	1 day	Prior to Induction Training	Orientation to the programme, aims and objectives etc
		Induction	SPMU, 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, govt policies and programmes, child protection Acts and legislations
		Refresher		3 days		Same as above, plus any new relevant topic
		Thematic	SPMU, Domain Expert	1 day	To be finalised as per need and subject to budget	Relevant themes like ECCD, anthropometry, dietary diversity, child protection policies etc
2.	Crèche Workers	Orientation	DPMU, ICDS functionaries	1 day	Prior to Induction Training	
		Induction	DPMU, ICDS official (resource pool)	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
		Thematic	DPMU Domain Expert (resource pool)	1 day	To be finalised as per need and subject to budget	Relevant themes like ECCD, anthropometry etc

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

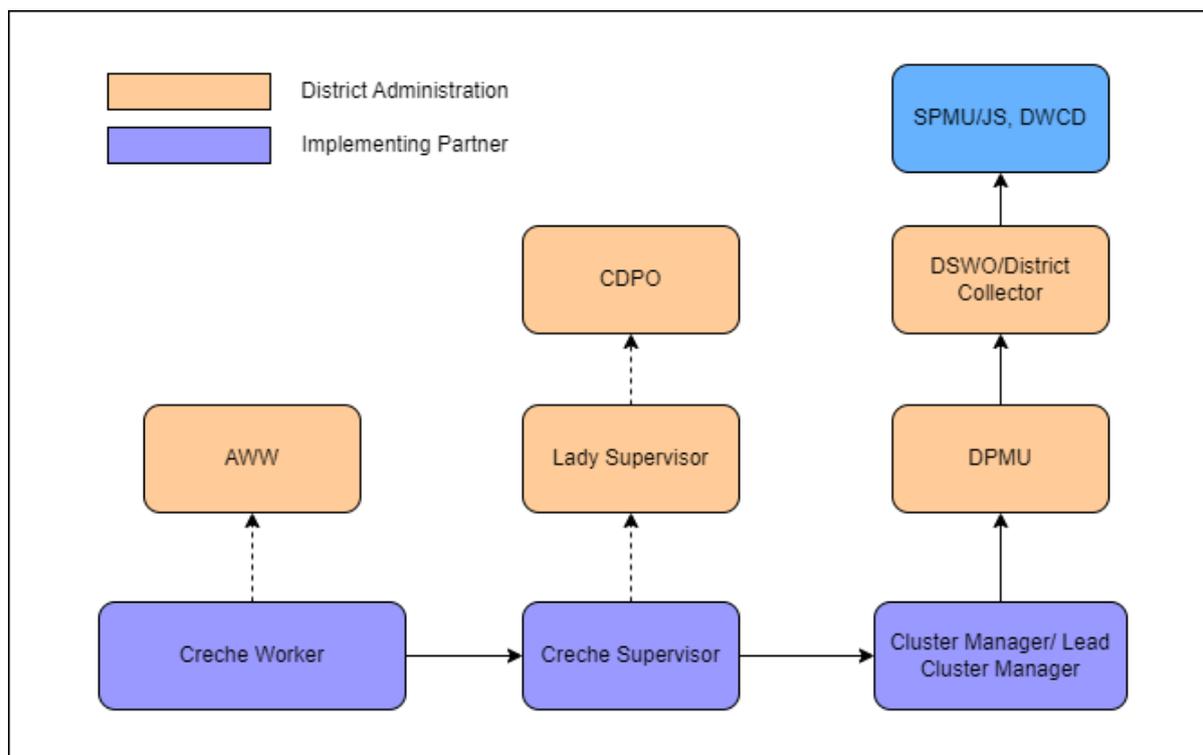
1. A one-day consultation for ICDS functionaries and the DPMU team on the overall aim and objectives of the programme, and roles and responsibilities of different stakeholders etc.
2. A three-day training for DCPMU team members to provide technical cum managerial training for managing the crèche programme in the district. Main components of the training will be basic concepts of the nutrition/malnutrition, basic guideline for managing crèches and MIS. A refresher will be planned each year for ensuring quality.
3. Orientation of the CWs 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.
4. A three-day training programme for crèche workers on the crèche protocols and crèche workers' module by the programme team along with the ICDS functionaries at the district level.
5. Refresher trainings for the programme team, ICDS functionaries and crèche workers at regular intervals.
6. Along with ECCD, other thematic trainings will be imparted to CWs during the initial phases of crèche operation. Handholding support will be provided to the CWs on a regular basis.

General instructions for training of crèche workers:

The training of the CWs will be conducted with the support of a resource pool.

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 along with Child Development Project Officer (CDPO), and Lady Supervisors as resource persons from ICDS, Chief District Medical Officer (CDMO) as well as Medical Officer (MO), from health departments.

7. Reporting mechanism



CS will be accountable for compilation and submission of the monthly reports.

Collectors will take monthly reviews of the programmes and steer the programme as per the plan.

The monthly reports of the crèches to be filled up by crèche workers/ depending on the capacity and feasibility. CS/ICDS supervisors will ensure that quality of data collected from each crèche centre before it gets compiled at Block level and forwarded to CDPOs. Subsequently Cluster Manager/ICDS supervisors, after approval from CDPOs will forward the monthly reports to District Program Officers/DSWOs for compilation and reporting. (Please refer **Annexure 12** for monthly reporting formats)

Suggested timeline MPR submission

- Crèche Worker to Crèche Supervisor: first week of subsequent month.
- Crèche Supervisor to Crèche coordinator: First week of subsequent month
- Crèche coordinator to DPMU: by 10th of subsequent month.
- DPMU submits the previous months report to DSWO/Collectors by 15th of each month.

8. 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.

9. 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 mothers of the community will be 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), community leaders, 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 and grandparents and adolescent girls will be encouraged to be members of the CC.

Structure:

The crèche committee would be composed of an elected

1. President
2. Secretary,
3. Treasurer
4. Conveners (CWs)

The two crèche workers would be conveners, by turn/ rotation.

Roles and Responsibilities of the CC

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. The CC will be entrusted to check quality of the food and delivery of other services at the crèche.
4. It will help in providing valuable inputs for the menu for the feeding in the crèche.
5. It will be a platform for grievance redressal for any issues, problems between community and the CWs.
6. It will decide the timings of the crèche as per the community's requirements in different seasons.
7. 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, etc.
8. Monthly CC meeting not exceeding two hours will be conducted which will be coordinated by the crèche worker. 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 pass, any default in service delivery etc. Discussion on security/health/accident/POCSO/POSH issue at the centre would also take place. The CW will keep a record of these meetings and will on any specific agenda/issue emerging to the Crèche Supervisor for guidance and action.

10. 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.

Key areas where systems linkages will be ensured are as follows:

10.1 Coordination with ICDS functionaries

10.1.1 Role of the ICDS functionaries

The field functionaries of the DWCD&MS department shall provide necessary coordination and support to the programme. The following are the roles and responsibilities of the ICDS field functionaries in smooth implementation of the programme:

1. Roles and responsibilities of District Social Welfare Officer (DSWO)

- 1) The DSWO will act as a bridge between the implementing agency and the Collector.
- 2) 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.
- 3) S/he will attend the orientation/trainings at the district level as a resource person.
- 4) S/he will facilitate monthly district level reviews under the chairpersonship of the Collector and guide the implementation team.
- 5) S/he will ensure quality of crèche services by regular visits and review performance of the programme at the block level.
- 6) S/he will facilitate inter departmental convergence at the district level.

2. Roles and responsibilities Child Development Project Officer (CDPO)

- i. The CDPO will act as a bridge between the programme team and the DSWO.
- ii. 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.
- iii. S/he will facilitate the scoping of the villages for the implementation of the programme.
- iv. S/he will attend the orientation and training of the crèche workers as a resource person.
- v. S/he will ensure quality of care and anthropometry at the crèche through periodic visits to the crèche centres.
- vi. S/he will review the process of referral of the red-flagged children by coordinating with the health department.

3. Lady Supervisor (LS)

- i. She will facilitate the identification of potential crèche sites and need-based setting up of crèches in consultation with the community.
- ii. She will support in conducting community meetings/crèche committee meetings in the villages.

- iii. She will ensure the quality of the service delivery and anthropometry at the crèche centre through periodic visits
- iv. She will attend the orientation and training of the crèche workers as a resource person.

4. Anganwadi Workers (AWW)

- i. The AWWs along with the ASHAs will assist the CW in line listing of all the eligible children in the village.
- ii. The length/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 AWWs assisted/jointly by the CWs.
- iv. Where required, she will support the CWs in filling the entry registers and monthly records of all the children enrolled in the crèche.
- v. She will conduct home visits to the houses of children who have been experiencing growth faltering since the last two months or are severely malnourished along with the crèche workers.

10.2 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) 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.
- 2) 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.
- 3) The programme will facilitate the referral of all the children who need emergency care.

10.3 Coordination with Allied Sectors

For the overall health, development and wellbeing of children under three years, food security, access to safe drinking water and sanitation/clean environment are necessary factors. The programme will facilitate the community's access to the same by coordinating with concerned departments for convergent activities.

The programme will facilitate the 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.

The CS will bring such issues to the notice of the CDPO who in turn may raise them before the BDO.

For issues concerning convergence with other departments, the DSWO would inform/report to the Collector.

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 GP:
- 5) No. of households:
- 6) Total population:
- 7) Caste combination:
- 8) No. of children (0-3 years of age):

0-6 m	6m – 1 yr	1yr – 2 yr	2yr – 3 yr	Total

- 9) No. of children in severely underweight category⁶:
- 10) Distance from block headquarters:
- 11) Can be reached through four-wheeler/two-wheeler/ by foot:
- 12) If reached by foot, distance from nearest motorable location:
- 13) Is the area hilly or plain?
- 14) Type of AWC (AWC/ Mini AWC/ Tagged)
- 15) If tagged, tagged to which AWC?
- 16) Distance from nearest AWC:
- 17) Distance from nearest health facility (Mention the name of the health facility):
- 18) Distance from nearest NRC:
- 19) Distance from block head quarter:
- 20) Major engagement of women in the village:
- 21) Whether community accepts the idea of creche:
- 22) Whether building available for accommodation of creche?
If yes, Type of building (Rented house/ community hall etc):
- 23) Any remark:

⁶Please refer the growth charts

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 extra ordinary 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

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 2020)

Daily Requirement						
Group	Particulars	Body Weight (kg)	Net Energy (kcal/d)	Protein (g/day)	Iron (mg/day)	Vitamin A (mcg/day)
Infants	0-6 months	5.8	550	8.1	-	350
	6-12 months	8.5	670	10.5	3	350
Children	1-3 years	11.7	1010	11.3	8	390

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.

Provision of nutritional content in OMBADC creches			
Ingredient	Qty (gram/lit)	Energy (K Cal)	Protein (g)
Morning snacks			
Sattu	50	196.9	6.5
Oil	3	26.5	0.0
Total		223.5	6.5
Lunch			
Rice	50	175.8	3.9
Dal (lentil)	25	80.6	6.1
Oil	2	17.7	0.0
Vegetables	-	-	-
Total		274.1	10.0
Evening Snacks			
Suji/Ragi/Maize Halwa	40	155.9	5.2
Eggs (5 eggs per week)(Total nutritional value shared in 6 days)		61.5	5.6

Total nutritional content per day		715.0	27.3
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Annexure 4: List of Red Flag/ At Risk/ Triggers needing urgent action

The list of Red flags/At Risk/Triggers needing urgent action 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) All children with severe wasting (weight for height < -3 Z-score).
- 4) 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

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 sentences 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?			

Annexure6: 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	
Village	
Block	
Date of visit	
Time of entry	
Visiting team	

BACKGROUND INFORMATION			
S. No.	Characteristics	Options	Response
	General Information		
1.	Was the crèche open at the time of visit?	Yes.....1	
		No.....2	
	If no, state the reason		
2.	Were both the crèche workers present on the day of visit?	Yes.....1	
		No.....2	
	If no, state the reason		
ENROLMENT STATUS			
3.	No. of children enrolled in the crèche		
4.	Number of children present in the crèche on the day of visit (as per attendance register)		
5.	Number of children present in the crèche at the time of visit		
6.	No. of eligible children in the village as per the child listing register		
7.	No of children in the creche village between 6 months to 3 years not enrolled in the creche		
8.	State the major reasons for not being enrolled (Multiple response)	Reason not known	
		Children will be enrolled at later stage	
		Family has relocated to another place	
		Resides in faraway hamlet	
		Parents not aware about crèche	
		Parents are not willing to send their children to crèche	

		Crèche has no scope for new enrolment	
		Enrolled in other crèche or play school	
		Children don't require creche	
		Any other (specify)	
9.	Number of left out children where counselling is required for their inclusion in the creche		
10.	Has appropriate counselling done for left out children who need it?	Yes....1	
		No.....2	
		Partially.....3	
NUTRITIONAL STATUS OF CHILDREN ENROLLED IN THE CRÈCHE			
11.	Anthropometric measurements done as per the protocol	Yes....1	
		No.....2	
	If no, reason		
12.	No of children under each of the following categories in the creche (Refer MIS data).	Normal (Weight for age)	
		Moderately Underweight	
		Severely Underweight	
		Normal (Weight for height)	
		Moderately Wasted	
		Severely Wasted	
13.	No. of red flag children (refer red flag register/MIS)		
14.	Actions undertaken for these identified Red Flag children	Yes....1	
		No.....2	
		Partially.....3	
15.	Suggest action for red flag children		
16.	Detail of meals served to children on the day of visit		
17.	Any additional information:		

INFRASTRUCTURE INFORMATION

Creche

18.	Source of electricity in the creche	Solar.....1	
		Grid Supply.....2	
		Both.....3	
		None.....4	
19.	Tube light/bulb in the creche	Available and functional....1	
		Available but not functional....2	
		Not available....3	
20.	Fan in the creche	Available and functional....1	
		Available but not functional....2	
		Not available....3	
21.	Is there at least one window in the crèche?	Yes....1	
		No.....2	
22.	Does the crèche receive natural light?	Yes....1	
		No.....2	
23.	Status of fencing at the crèche?	Boundary Wall....1	
		Bamboo fencing....2	
		Mesh wire fencing....3	
		Others (specify)....4	
		No fencing....5	
24.	Is the outdoor area even enough for the children to play, run safely?	Yes....1	
		No.....2	
25.	Does the crèche have appropriate child friendly wall paintings?	Yes....1	
		No.....2	
26.	Has the kitchen garden been set up?	Yes....1	
		No.....2	
27.	Is there a separate store/space for store?	Yes....1	
		No....2	
28.	Is there a readily available sleeping corner inside the creche	Yes....1	
		No....2	
Kitchen			
29.	Is the kitchen separate from the dining and resting place of the children?	Yes....1	
		No.....2	
30.	Status of water connection in the kitchen	Available and functional....1	
		Available but non functional.....2	
		Available, but functions periodically, as it is solar based.....3	
		Not available.....4	

	If available, source of water supply		
31.	If water connection is unavailable, how is the daily requirement of water fulfilled?		
32.	Method used for water purification at creche	Boiling and cooling....1	
		Water Purifier.....2	
		If others; specify	
33.	If water purifier is used, has it been serviced in the last 3 months?	Yes.....1 No.....2 No information.....3	
Toilet			
34.	Status of toilet facility at crèche?	Available and being used....1	
		Available but not being used....2	
		Needs maintenance/repair....3	
		Not available.....4	
	If toilet is not available at crèche then, Where do children go for defecation?		
	What is the method of stool disposal?		
	Status of water connection in the toilet	Available and functional.....1 Available but needs maintenance/repair.....2 Not available.....3	
35.	Any additional information:		

ASSETS AND CONSUMABLES			
36.	Smokeless chulha	Not available.....1	
		Available.....2	
		Availablebut needs maintenance/repair.....3	
		Available but needs replacement.....4	
37.	Steel box	Not available.....1	
		Available.....2	
		Availablebut needs maintenance/repair.....3	
		Available but needs replacement.....4	

38.	First Aid kit	Not available.....1	
		Available.....2	
		Availablebut needsmedicine refill.....3	
		Available but needs replacement.....4	
39.	Steel drum with cover	Not available.....1	
		Available.....2	
		Availablebut needs maintenance/repair.....3	
		Available but needs replacement.....4	
40.	Ladle to fetch drinking water	Not available.....1	
		Available.....2	
		Availablebut needs maintenance/repair.....3	
		Available but needs replacement.....4	
41.	Utensils used for cooking and feeding	Not available.....1	
		Available.....2	
		Availablebut inadequate,need more.....3	
		Available but needs replacement.....4	
42.	Measuring cup for oil	Not available.....1	
		Available.....2	
		Availablebut needs maintenance/repair.....3	
		Available but needs replacement.....4	
43.	Plastic bucket	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
44.	Plastic mug	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
45.	Soap case	Available.....1	
		Not Available.....2	
		Available but needs replacement.....4	
46.	Handwashing Soap	Available..... 1	
		Not Available.....2	
47.	Nail cutter	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
48.	Containers	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
		Available but needs to be cleaned.....4	

		Available but inadequate/ more quantity required.....5	
49.	Dustbin	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
		Available but needs to be cleaned.....4	
50.	Broom and Dustpan	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
51.	Toys	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
		Available but needs to be cleaned.....4	
		Available but inadequate/ more quantity required.....4	
52.	Mosquito net	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
		Available but needs to be cleaned.....4	
		Available but inadequate/ more quantity required.....5	
53.	Durries	Not available.....1	
		Available.....2	
		Available but needs replacement.....3	
		Available but needs to be cleaned.....4	
		Available but inadequate/ more quantity required.....5	
54.	Clock	Not available.....1	
		Available.....2	
		Available but needs maintenance/ repair/battery change.....3	
		Available but needs replacement.....4	
		Available but need to be cleaned.....5	
55.	Towel	Not available.....1	
		Available.....2	
		Available but needs to be cleaned.....3	
		Available but inadequate/ more quantity required.....4	
56.	Dishwashing soap/bottle	Not available.....1	
		Available.....2	

57.	Hand washing station	Not available.....1	
		Available.....2	
		Available but needs maintenance.....3	
		Available but needs replacement.....4	
		Available but need to be cleaned.....5	
58.	Any additional information/remarks:		

POSTERS AND REGISTERS			
59.	Child Listing register	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
60.	Entry Level register	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
61.	Attendance register	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
62.	Growth charts	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
63.	Red flag follow-up form	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
64.	NRC referral register	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
65.	Stock register	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	

66.	Home visit formats/ questionnaire	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
67.	Daily consumption register	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
68.	Community Growth chart	Up to date	
		Partially filled/incomplete information	
		Have errors	
		Not available	
69.	Creche Committee Meeting Register	Up to date	
		Partially filled/incomplete information	
		Not available	
70.	Additional Information:		

CLEANLINESS			
71.	Is the crèche premises clean?	Yes....1	
		No.....2	
72.	Are the floors clean?	Yes....1	
		No.....2	
73.	Is trash disposed-off properly?	Yes....1	
		No.....2	
74.	Are the food and ingredients kept covered and properly stored?	Yes....1	
		No.....2	
75.	Are the leftovers discarded on the same day?	Yes....1	
		No.....2	
76.	Are the dishes washed after each meal?	With soap.....1	
		Without soap.....2	
		No.....3	
77.	Are the children in the crèche using the toilet?	Yes....1	
		No.....2	
	If No, reason		
78.	Any additional information:		

CRÈCHE WORKERS' HYGIENE			
79.	Whether the nails of creche worker cut and kept clean?	Yes....1	
		No.....2	
		Not observed.....3	
80.	Observation ⁷ during cooking and feeding: Do crèche workers wash hands with soap before cooking the food?	Yes....1	
		No.....2	
		Not observed.....3	
81.	Observation ⁸ during cooking and feeding: Do crèche workers wash hands before feeding the children?	Yes....1	
		No.....2	
		Not observed.....3	
82.	Do crèche workers wash hands with soap after using the toilet? (Ask about the practice)	Yes....1	
		No.....2	
		Not observed.....3	
83.	Any additional Information:		

CRÈCHE CHILDREN'S HYGIENE			
84.	Are the faces cleaned?	Yes....1	
		No.....2	
		Not observed.....3	
85.	Are the children's nails cut and cleaned?	Yes....1	
		No.....2	
		Not observed.....3	
86.	Observation during feeding: Do crèche workers wash children's hands with soap before feeding?	Yes....1	
		No.....2	
		Not observed.....3	
87.	Observation during feeding: Do crèche workers wash children's hands with soap after feeding?	Yes....1	
		No.....2	
		Not observed.....3	
88.	Observation after use of toilet: Do crèche workers wash children's hands with soap after using the toilet? (Ask about the practice)	Yes....1	
		No.....2	
		Not observed.....3	
89.	Any additional Information:		

⁷Please 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.

⁸Please 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.

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FEEDING			
90.	Does the menu in the crèche follow the meal plan as given in the crèche manual?	Yes....1	
		No.....2	
91.	Are the creche workers getting involved in feeding the smaller children?	Yes....1	
		No....2	
92.	Any additional information:		

ANTHROPOMETRIC EQUIPMENT			
93.	Weighing scale	Not available.....1	
		Available and no action required...2	
		Need replacement/repair.....3	
		Need to be cleaned.....4	
94.	Stadiometer	Not available.....1	
		Available and no action required...2	
		Need replacement/repair.....3	
		Need to be cleaned.....4	
95.	Infantometer	Not available.....1	
		Available and no action required...2	
		Need replacement/repair.....3	
		Need to be cleaned.....4	
96.	Any Additional Information:		

ANGANWADI AND HEALTH SERVICES				
Have the following services availed by the creche children during the period (as mentioned).				
S.no.	Provision	Reference period	Options	Response
97.	Growth	Last month	Yes....1	

	Monitoring		No.....2	
98.	THR	Last month	Yes....1	
			No.....2	
99.	Immunization	Last month	Yes....1	
			No.....2	
100.	Iron Folic Acid	Last week	Yes....1	
			No.....2	
101.	Vitamin A	Last round	Yes....1	
			Yes....1	
102.	Deworming	Last round	No.....2	
103.	Did the creche worker attend the last VHND?		Yes....1	
			No.....2	
104.	Remarks, if any;			

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 Anthro (Quality Check):
11. Weight (Quality Check):
12. Height (Quality Check):
13. Instrument Used for Measurement of height (Quality Check): Infantometer/Stadiometer:

Annexure9:Calibration policy of anthropometry instruments of crèches

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.

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 observers⁵. 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.

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 0.00 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.

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 5mm and be less than 5mm 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.

CALIBRATED STAINLESS SCALE: 30 cm 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 board is clear of any small objects then move the footboard of the infant meter to the minimum length position.
- Check the minimum value on the display with the minimum value on the board. Mark minimum value registered by the counter on the calibration form (see Table below).
- Next, use the 30cm stainless steel scale provided. Place the scale between the headboard and the footboard of the infant meter and take the reading. Check that the display reads 30 and note it on the calibration form. Repeat the procedure again.
- Review the calibration form. If there are consistent deviations of more than 5mm, repeat the measurement to check for errors.
- 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. ³
- All the districts will be provided with the calibrated weights and scale which will be kept in the district offices itself. These will be carried by the Block Coordinators/ICDS supervisor 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 scale	Every month (between 15 th to 25 th) through measured weights	Calibrated weight 0.5 kg and 1 kg
Height taken every month	SECA stadiometer 213 and infant meter 210	Every month (between 15 th to 25 th)	Stainless steel scale of 30 cm

ANTRHOPOMETRIC EQUIPMENT CALIBRATION FORM

Village Name/Crèche Name:

Block:

District:

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. If anthropometry data is not available, reason for anthropometry not being taken
5. 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. Any illness
11. If yes in Q8, then Specify the illness
12. Any red flag
13. If yes in Q20. Reason for redflag

10.4 Child Health Card

1. Date of anthropometry
2. Weight
3. Height
4. Status of increase in weight
5. Any red flag (red flag based on anthropometry or illness)
6. Vaccination details

10.5 Red Flag/At Risk/Triggers needing urgent action Follow up Form

This register is to be filled by crèche worker, only for those children who have been added to the red flag list⁹ 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, Illness)
11. Date of visit
12. Weight (in Kg)
13. Was the child referred to health facility? (Yes/No)
14. If yes in Q14, did the child visit health facility? (Yes/ No/Don't know)

⁹The red flag list has been given in Annexure 3

15. If yes in Q15, Place of visit (PHC/CHC/DHH/Any other public health facility/Private health facility)
16. If yes in Q15, date of visit to health facility
17. If yes in Q15, whether blood test is done for malaria (for malaria endemic areas? (Yes/No/Don't know)
18. If yes in Q15, report of health check-up
19. If no in Q15, reason for not visiting health facility
20. Has the home visit been done? (Yes/No)
21. Was the child referred to NRC? (Yes/No)
22. Was the child admitted to NRC? (Yes/No/Don't know)
23. If no in Q23, reason for no admission in NRC

10.6 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 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. 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 admission¹⁰
 - b) Relapse¹¹
 - c) Readmission <2 months¹²
 - d) Transfer from NRC
5. Referred by:
 - a) Own
 - b) AWW
 - c) ASHA
 - d) NRC

¹⁰An admitted patient who has never been in the programme before.

¹¹A 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.

¹² A defaulter who has come back to the program within 2 months

6. Appetite test:
 - a) Pass
 - b) Fail
 - c) Not available
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):¹³

24. Temperature (PM):¹⁴

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

¹³Morning temperature in Celsius scale

¹⁴Evening temperature in Celsius scale

Date				
Weight (kg)				
MUAC (cm)				

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

Annexure 11: Home Visit Questionnaire

Crèche Name:		Child Name:	
Block:		District:	
Sl. No	Query	Response	Remarks
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	a) Yes	

	anything in last three months?	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 family fall sick due to disease in last one month?	a) Yes 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	a) Total Days/Week:	

	week/month does the family have pulses (dal)?	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 alcohol?	a) Yes 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

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Annexure 12: Monthly Reporting formats



Monthly Report on Functioning of Crèche

Ama Kalika

Report for the month of:

Date:

Crèche Name:

Block:

Indicators	Number
No of crèche workers	
Eligible children	
Enrolled children cumulative of all months	
Total children graduated this month	
New enrolment this month	
Total enrolment for this month	
Total children whose anthropometry done this month	
No. of days Crèche opened	
Average attendance of children at crèche	
Crèche committee meeting done (Yes/No)	
Kitchen gardens (yes/No)	
Handwashing station operational (Yes/No)	

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

Red-flag/At risk/Triggers needing urgent action 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

Ama Kalika

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 enrolments this month	
Total enrolments 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	

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

Red-flag/At risk/Triggers needing urgent action 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

Ama Kalika

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	
Total new enrolments this month	
Total enrolments 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	

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

Red-flag/At risk/Triggers needing urgent action 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	
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

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 workers¹⁵, recommendation for the termination of crèche workers¹⁶ 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.

¹⁵For selection of CWs, the community as a whole may be involved

¹⁶ Meeting with PHRN team where the committee may recommend with reasons

Capacity building

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

BUDGET SUMMARY - AT CRECHE LEVEL						
	Head	Unit Cost	Units	Total Cost (Year 1)	Total Cost (Year 2)	Total Cost (Year 3) - 5% inflation increment in Recurring Cost
Capital Items Cost (A)	Capital Items Cost (One-time)	69130	1	69130	-	-
Recurring Cost (B)	Need-based replenishment of Capital Cost Items			-	3457	3457
	Monthly Operational Items Cost	8,496	12	101952	101952	107050
	Annual Clothes and Footwear Cost	9600	1	9600	9600	10080
	Monthly Creche Workers' Honorarium	12000	12	144000	144000	144000
	Monthly Programme Staff Salary & Travel Cost	2864	12	34372	34372	34372
	Annual Training Cost & monthly review	6800	1	6800	6800	6800
	Annual Recurring Cost			296724	300181	305759
	Management Fee for the Implementing Agency @ max. 3% of Annual Recurring Cost			8902	9005	9173
	Total Recurring Cost			305626	309186	314931
	Total			374756	309186	314931
	Flexi-fund for DCC's salary & mobility support to ICDS Supervisor			1550	1550	1550
	Grand Total			376306	310736	316481

(A) Capital Items Cost (One-time)- At Creche Level						
S. No	Material	Specification	Unit Type	Numbers Required per creche	Tentative Cost/Unit	Cost (in Rs.)
Category 1: Anthropometric Equipments						
1	Weighing scale (suitable for infants)	As per National Nutrition Mission technical particulars	No.	1	5000	5000
2	Weighing Scale(suitable for toddlers)	As per National Nutrition Mission technical particulars	No.	1		

3	Stadiometers	As per National Nutrition Mission technical particulars	No.	1		
4	Infantometers	As per National Nutrition Mission technical particulars	No.	1		
Category 2: Smokeless Chulha						
1	Smokeless Chulhas	Capacity: 5-25 persons, without electricity powered fan	No.	1	2700	2700
Category 3: Galvanized Steel Items						
1	Galvanized Steel Trunk Box (Large)	0.5 mm gauge; 40" X 24" X 24"	No.	1	2000	2000
2	Galvanized Steel rack with 3 shelves	0.5 mm gauge; 22" X 12" X 24"	No.	1	500	500
Category 4: Stainless Steel Utensils						
1	Stainless Steel Ladle for Dalma (<i>Dabu</i>)	125 g	No.	1	39	39
2	Stainless Steel turner for vegetable curry (<i>Karachuli</i>)	110 g	No.	1	35	35
3	Stainless Steel Spoon for Rice (<i>Chattu</i>)	125 g	No.	1	39	39
4	Stainless Steel Sieve Spoon (<i>Jali Chattu</i>)	150 g	No.	1	44	44
5	Stainless Steel Drum with cover	3.08 kg	No.	1	746	746
6	Stainless Steel Water spoon	250 g	No.	1	88	88
7	Stainless Steel Mug	170 g	No.	1	57	57
8	Stainless Steel Spoon	20 g	No.	20	12	240
9	Stainless Steel Bowl (<i>Ginaa</i>)	130 g	No.	20	43	860
10	Stainless Steel Plate (<i>Thali</i>)	200 g	No.	20	66	1320

11	Stainless Steel Glass	50 g	No.	20	28	560
12	Stainless Steel (<i>Gamla</i>)	450 g	No.	2	110	220
13	Stainless Steel jug for storing oil	1 litre, 250 g	No.	1	198	198
14	Steel basket for vessels	1.8 kg	No.	1	436	436
15	Steel Drum with cover for drinking water	30 lts	No.	1	484	484
16	Knife		No.	1	11	11
Important Note: Each of the stainless steel utensils purchased should be child friendly, of high quality and of minimum weight as given above						
Category 5: Aluminium Utensils						
1	Aluminium <i>Dekchi</i> for rice with cover	1.55 kg, 10 litres	No.	1	435	435
2	Aluminium <i>Dekchi</i> for <i>dalma</i> with cover	1.4 kg, 5 litres	No.	1	392	392
3	Aluminium pot	15 litres, 800 g	No.	1	240	240
4	Aluminium bucket	12 litres, 720 g	No.	2	202	404
5	Aluminium containers	4 container set, 1.685 kg	No.	1	540	540
6	Aluminium <i>kadai</i> with cover	13 inch, heavy gauge bottom, 1.80 kg	No.	1	420	420
7	Aluminium Pressure Cooker	5 litres; Non-induction base; Base thickness - 3.5mm; Lid type - Outer; ISI Marked	No.	1	1800	1800
Important Note: Each of the aluminium utensils purchased should be child friendly, of high quality and of minimum weight as given above						
Category 6: Miscellaneous Kitchen Items						
1	Iron vili - vegetable cutter (<i>Panikhi</i>)	Iron blade	No.	1	95	95
2	Water purifier + 5 additional cartridges	20 litres, UF technology, gravity-based	No.	1	5000	5000

Category 7: Plastic Items						
1	First Aid Box	1 Plastic Box, Antiseptic cream, Silver Sulfadiazine ointment, Cotton, Gauze, Band Aid	No.	1	350	350
2	Clock	Analog	No.	1	150	150
3	Plastic Mug		No.	2	30	60
4	Soap Case		No.	2	20	40
5	Mirror		No.	1	50	50
6	Comb		No.	3	20	60
7	Nail Cutter		No.	6	20	120
8	Plastic Containers (for loose food items)	A set of 3 pieces	No.	1	120	120
9	Dustbin		No.	1	160	160
10	Dust pan		No.	3	30	90
11	Broom	1 Coconut leaf grass, 1 Date-Palm Leaf	No.	6	25	150
12	Floor Mop	5 ft long rod, cotton refill	No.	3	200	600
Category 8: Water Storage & Handwashing						
1	Drum for handwashing station	HDPE, 40 litres		1	380	380
2	Stool, tub, tap, garden hose, sanitary fittings for hand washing station & basin	Set of all the items	Set	1	750	750
Category 9: Linen & Bedding						
1	Mosquito Nets	Polyester, 6' X 7'	No.	3	500	1500
2	Durries (Plastic)	200 GSM, 9' X 12'	No.	3	350	1050
3	Durries (Cotton)	9' X 12'	No.	3	550	1650
4	Rollable Mattress	6' X 3'	No.	4	1500	6000
5	Waterproof Protector Sheet for mattress	PVC Plastic, 78" X 54"	No.	4	500	2000
6	Single Bedsheet	Cotton, 5' X 7.5'	No.	12	250	3000
7	Single Blanket	Cotton, 5' X 7.5'	No.	4	600	2400
Category 10: Miscellaneous Items						

1	Solar home lighting system (only where required)	2 lights of 9W each, 1 fan - 40W, lead-acid battery - 60AH, Solar panel - 120W, inverter + wiring as required	Set	1	18000	18000
2	Fire Extinguisher	ABC type, Dry chemical powder, 2kg	No.	2	700	1400
3	Window net for mosquitos	Polyester, velcro edges (Sqr Ft)	Sqr. Ft.	20	20	400
4	Padlocks	Steel, 7 levers	No.	2	150	300
5	Creche Nameboard	Sunboard, 6' X 1.5', 5 mm thickness, solvent print with lamination (Sqr Ft)	No.	2	77	154
6	Registers		No.	5	80	400
7	IEC posters		No.	10	116	1160
8	Health Cards	1 books of 70 pages	Book	1	300	300
9	Growth Charts	1 books of 70 pages	Book	1	500	500
10	Mobile Phone for Creche Supervisor - Shared cost budgeted under every creche	6.3 inch, 4GB, 64GB, WiFi + 4G LTE, Volte Calling, 12MP Primary Camera and 2 MP front facing camera, Android Pie Operating System, 4500 mAH lithium ion battery	No.	1	14000	933
Grand Total						69130

Recurring cost- At Creche Level							
Operational Items Cost							
S. No	Material	Specification	Unit Type	Unit	Unit cost	Monthly Budget for 20 children/creche (in Rs.)	Annual Cost (in Rs.)
1	Morning Snacks	Chhatua and oil (Chhatua provisioned under SNP of ICDS would be used for morning snacks)	Per child	20	0.6	312	3744

2	Cooked Lunch	(Rice, Dal, Oil and green vegetables)	Per child	20	6.9	3588	43056
3	Evening Snacks	Suji/Maize/Ragi Halwa (Suji/Ragi/Maize provisioned under SNP of ICDS would be used for evening snacks)	Per child	20	0.8	416	4992
4	Eggs /Bananas/ Seasonal fruits	2 additional eggs/ Bananas/ Seasonal fruits per week	Per child	20	2	1040	12480
5	Transportation of food		Per Creche	1	500	500	6000
6	Fuel expenses		Per Creche	1	500	500	6000
7	Hand Washing soap/ liquid		Per Creche	1	60	60	720
8	Dish washing soap/ liquid		Per Creche	1	40	40	480
9	Dish washing scrubber		Per Creche	1	40	40	480
10	Detergent powder		Per Creche	1	200	200	2400
11	Rent for creche premises (only if necessary)		Per Creche	1	1500	1500	18000
12	ECCD Material and toys		Per Creche	1	200	200	2400
13	Medicines for first aid box		Per Creche	1	100	100	1200
Total						8,496	101952
Clothes and Footwear Cost							
1	Standard Dresses	2 set normal and 1 set winter wear	Per Child	20	450	9000	9000
2	Footwear	1 per child per year	Per Child	20	30	600	600
						9600	9600
Creche Workers Honorarium							
1	Creche Workers Honorarium		Per Creche	2	6000	12000	144000

			Worker				
Total						12000	144000
Programme Staff Salary & Travel and Communication Cost							
1	Salary and travel for Creche Supervisor	One Creche Supervisor for every 15 creches - salary @ 18000 and travel and communication @ 2000; shared cost budgeted under each creche		1	20000	1333	16000
2	Salary and travel for 1 Cluster Manager (Indicative for 40 creches)	Salary @ 20000 and travel & communication @ 3000; shared cost budgeted under each creche		1	23000	575	6900
3	Salary and travel for 1 Lead Cluster Manager	Salary @ 25000 and travel & communication @ 3000; shared cost budgeted under each creche (Only in case of an agency having 2 or more clusters)		1	28000	700	8400
4	Mobile Communication Cost for Creche Worker	Communication Cost @ Rs 240 per month		1	240	240	2880
5	Communication Cost for Creche Supervisor	Communication Cost @ Rs 240 per month shared cost budgeted under each creche		1	240	16	192
Total						2864	34372
Recurring cost- Training cost							
1	Lodging Cost	For 1 Creche Worker for 7 days in a year	Per creche worker				2520
2	Food Cost	For 1 Creche Worker for 7 days in a year	Per creche worker				3080

3	Travelling Allowance + Food for Creche Workers' monthly review meeting	For 1 Creche Worker 12 times a year (@100 per creche worker per month)	Per creche worker				1200
Total							6800
Annual Recurring Cost per creche							296724

* All expenditure will be as per actuals.