NNM/7/2017-WBP
Government of India
Ministry of Women & Child Development
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Sansad Marg, New Delhi
Dated the 26th February, 2018

To

The Chief Secretaries of all States/ UTs

Subject: Administrative Guildelines for implementation of National Nutrition Mission- reg.

This is in continuation to the leter of even number dated 18th December, 2017 whereby the Administrative Approval for setting up of National Nutrition Mission was forwarded to the States/ UTs.

2. In this context please find enclosed herewith the Administrative Guildelines for implementation of National Nutrition Mission for information and necessary action.

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7. Secretary, Urban Development,
8. Secretary, Department of Expenditure,
9. Secretary, Department of Economic Affairs,
10. Secretary, Ministry of Housing and Urban Affairs,
11. Secretary, Ministry of Tribal Affairs,
12. Secretary, Ministry of New and Renewable Energy,
13. Secretary, Ministry of Minority Affairs,
14. Secretary, Department of Social Justice & Empowerment,
15. Secretary, Department of School Education and Literacy,
16. Secretary, Ministry of Electronics and Information Technology.

17-52 Principal Secretaries/ Secretaries, Department of Social Welfare / Women & Child Development, All States/ UTs of India

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NATIONAL NUTRITION MISSION

Administrative Guidelines

The Aim of this document is to proliferate the contents of the National Nutrition Mission and laydown broad implementation guidelines.

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Abbreviations

AG	Adolescent Girl
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BCP	Block Convergence Plan
BRG	Block Resource Group
CAP	Convergence Action Plan
CAS	Common Application Software
CBE	Community Based Events
CDPO	Child Development Project Officer
CPMU	Central Program Management Unit
DCP	District Convergence plan
DIO	District Information Officer
DPO	District Programme Officer
DRG	District Resource Group
ECCE	Early Childhood Care and Education
F&NB	Food and Nutrition Board
FSSAI	Food Safety and Standards Authority of India
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
IEC	Information, Education and Communication
ILA	Incremental Learning Approach
IMR	Infant Mortality Rate
ISSNIP	ICDS Systems Strengthening and Nutrition Improvement Program Project
IYCF	Infant and Young Child Feeding
JPC	Joint Programme Coordinator

JSY	Janani Suraksha Yojana
LGD	Local Government Directory
LM	Lactating Mother
LS	Lady Supervisor
MDM	Mid Day Meal
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MIS	Management and Information System
MMR	Maternal Mortality Rate
MoH&FW	Ministry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
NHM	National Health Mission
NIHFW	National Institute of Health and Family Welfare
NIN	National Institute for Nutrition
NIPCCD	National Institute of Public Cooperation and Child Development
NNM	National Nutrition Mission
NNRC	National Nutrition Resource Centre
NRHM	National Rural Health Mission
NRLM	National Rural Livelihood Mission
OEM	Original Equipment Manufacturer
p.a.	Per Annum
PDS	Public Distribution System
PRI	Panchayati Raj Institutions
QA/QC	Quality Assurance/Quality Control
RCH	Reproductive and Child Health
RTM	Real Time Monitoring
SCP	State Convergence Plan
SDA	Software Development Agency
SIO	State Information Officer

SIRD	State Institute of Rural Development
SN	Supplementary Nutrition
SNP	Supplementary Nutrition Programme
SNRC	State Nutrition Resource Centre
SPMU	State Project Monitoring Unit
SS	Sector Supervisor
SSA	Sarva Siksha Abhiyaan
TPDS	Targeted Public Distribution System
ULBs	Urban Local Bodies
VHSND	Village Health, Sanitation and Nutrition Day
WASH	Water and Sanitation Hygiene

Chapter 1: Introduction

1.1 The strategy for addressing the malaise of under-nutrition is to adopt a life cycle approach. Since, in India there is an inter-generational cycle of under-nutrition, the life cycle approach not only needs to be adopted but also strengthened with continuum of care and a focus on critical periods of nutritional vulnerability. Also, the strategy has to be critically monitored on real time basis to ensure targeted and timely interventions. The focus therefore, will be to lay emphasis on adolescent girls, pregnant women, lactating mothers and children from 0 to 6 years of age. The first 1000 days of a child are the most critical, which includes the nine months of pregnancy, six months of exclusive breastfeeding and the period from 6 months to 2 years to ensure focused interventions on addressing under-nutrition. Besides increasing the birth weight, timely intervention will help reduce both Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). Additional one year of sustained intervention (till the age of 3 years) would ensure that the gains of the first 1000 days are consolidated. Attention is also needed on children in the age group of 3-6 years for their overall development through the platform of the Aanganwadi Centers (AWCs).

1.2 The Mission is to ensure convergence of all nutrition related schemes of MWCD on the target population. NNM will ensure convergence of various programmes i.e. Anganwadi Services, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls of MWCD; Janani Suraksha Yojana (JSY), National Health Mission (NHM) of MoH&FW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development. This will be done by setting achievable targets, sector level meetings with concerned Secretaries, joint meeting of Secretaries of line Ministries under the Chairmanship of Cabinet Secretary, joint guidelines for each level, joint monitoring visits and decentralized planning.

1.3 The Mission targets reduction in the level of under-nutrition and other related problems by ensuring convergence of various nutrition related schemes. The Mission will monitor and review implementation of all such schemes. In this endeavour, the Mission seeks to utilize existing structural arrangements of line Ministries wherever available. The NNM would primarily be a monitoring and reviewing body for taking stock of monitorable indicators of nutrition centric schemes/programmes requiring convergent actions for better and effective delivery to the targeted beneficiaries. In doing so, it would not impinge on the operational authority of any of the participating Ministry/Department or Autonomous body.

1.4 **Administrative Approval**: The Administrative Guidelines for NNM have been formulated in conjunction with the Administrative Approval issued vide Ministry of Women and Child Development Letter No. NNM/7/2017-WBP dated 18th December 2017 attached at **Annexure I**.

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Chapter 2: Goals and Functions of NNM

2.1 Mission Goals

2.1.1 The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner during the next three years beginning 2017-18 with fixed targets as under:

Sl.No	Objective	Target
1.	Prevent and reduce Stunting in children (0- 6 years)	By 6% @ 2% p.a.
2.	Prevent and reduce under-nutrition (underweight prevalence) in children (0-6 years)	By 6% @ 2% p.a.
3.	Reduce the prevalence of anemia among young Children(6-59 months)	By 9% @ 3% p.a.
4.	Reduce the prevalence of anemia among Women and Adolescent Girls in the age group of 15-49 years.	By 9% @ 3% p.a.
5.	Reduce Low Birth Weight (LBW).	By 6% @ 2% p.a.

2.1.2 The Mission aims to reduce mal-nourishment from the Country in a phased manner, through the life cycle concept, by adopting a synergised and result oriented approach. The Mission will ensure mechanisms for timely service delivery and a robust monitoring as well as intervention infrastructure. Target of Mission is to bring down stunting of the children in the age group of 0-6 years from 38.4% to 25% by the year 2022.

2.2 Mission Functions

2.2.1 The Mission will address mal-nourishment through the life cycle concept, by adopting a synergised and result oriented approach. The Mission will ensure mechanisms for timely service delivery and a robust monitoring as well as intervention infrastructure. The Mission's functions are elaborated at **Annexure II**.

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Chapter 3: Programme

3.1 Roll Out

3.1.1 The programme will be rolled out in all districts across the Country in a phased manner in three years. The details are as below.

Year	States/districts to be covered.
2017-18	315common districts identified in the descending order of prevalence of stunting from amongst 201 districts identified by NITI Aayog on the basis of National Family Health Survey-4 data, 162 districts covered under the ICDS Systems Strengthening & Nutrition Improvement Programme (ISSNIP) and 106 districts of Scheme for Adolescent Girls. Details are given at **Annexure-III**.
2018-19	235 districts based on the status of under-nutrition in various States/UTs to be identified generally based on prevalence of stunting.
2019-20	Remaining districts of all 36 States/UTs.

3.1.2 In case of change of District/Block boundaries, the State/UT shall submit the change along with the details of mother district/block and newly created districts/blocks notifications issued in this regard for necessary approval by MWCD.

3.2 Monitoring of Schemes under NNM

3.2.1 NNM will ensure convergence of all nutrition related schemes on the target population. To create synergy, it will also monitor activities of health and other nutrition impacting schemes from the habitation level upwards, being implemented by different Ministries and Departments. NITI Aayog will conduct monitoring and evaluation of NNM periodically through their 'Technical Support Unit' to assess the progress and impact of the programme. Details of the related schemes and package of interventions available for the first 1000 days of child birth and pre and post-delivery support to mothers provided by different Departments/Ministries which shall converge for monitoring purposes under NNM are at **Annexure-IV**. Convergence will not be limited to schemes mentioned at Annexure IV and may be reviewed to include other schemes based on the progress, feedback and experience.

National Level

3.3 Council on India's Nutritional Challenges

3.3.1 A National Council has been established vide Government of India Letter No. NNM/2/2017-WBP dated 3rd January, 2018 (letter attached at **Annexure-V**) with the following mandate: -

(a) Provide policy directions to address India's nutritional challenges through coordinated inter-sectoral action.

(b) Coordinate and review convergence between Ministries.

(c) Review programmes for nutrition on a quarterly basis.

3.3.2 The Council shall submit its report to the Prime Minister every 6 months.

3.4 Executive Committee of NNM at National Level

3.4.1 An Executive Committee under the Chairpersonship of Secretary, MWCD has been established vide Government of India Letter No. NNM/50/2017-WBP dated 3rd January, 2018, attached at **Annexure VI**. The Executive Committee will be responsible for the Functions of NNM as given at Annexure II. The Executive Committee will report to the National Council on India's Nutrition Challenges and will be the Apex body for nutrition related activities (for Children below six years age, Adolescent Girls and Pregnant Women and Lactating Mothers)providing direction, policy and guidance for implementation of various programmes/schemes under the NNM. The Executive Committee shall meet every three months.

State Level

3.5 Convergence Action Plan (CAP)

3.5.1 Ministries/Departments at the Centre and States/UTs deal with varied interventions required for reduction of malnutrition in a stand-alone manner. State/UT being the highest implementing agency for all such schemes, it is pertinent to achieve synergy of all interventions to effectively target malnutrition. It is aimed to initiate Convergent Action Plans at State, District & Block levels and through VHSND at Village Level, to achieve synergy and desired results.

3.5.2 **Components for Convergence:** For smooth implementation, the Convergence Action Plan will follow the NNM rollout plan given at paragraph 3.1.1 above. Convergence is

required within various services provided at different growth stages of pregnancy and early child life including the crucial intervention packages available for the first 1000 days of child birth and pre and post-delivery support to mothers provided by different Departments/Ministries (like PMMVY, ANC, PNC, Home Visits of ASHA/AWW, Vaccination etc.). The components for convergence at different growth stages and inclusion in the CAP at State/UT, District and Block Level are given at **Annexure VII**.

3.5.3 **Implementation:** The CAPs at State/UT, District and Block level to be constituted **with immediate effect**. After the CAP has been finalised at the State/UT level, the following actions need to be taken by the States/UTs:-

(a) State/UT to convey timely approvals – administrative and financial to the concerned Departments.

(b) Line departments to draw action plan covering implementation, monitoring and interventions for the Mission.

(c) Concerned department to place the funds for implementation of the project at the disposal of the districts concerned, wherever feasible.

3.5.4 **State Convergence Plan (SCP):** State/UT Convergence Plan will be prepared through a Committee chaired by Senior most Principal Secretary of the line departments, to be nominated by Chief Secretary. The State/UT Convergence Plan will form part of the Annual Programme Implementation Plan of the State/UT under Anganwadi Services of Umbrella ICDS Scheme which shall be put up to State EPC, as prescribed for approval. It should be finalized by end of January for the consequent year and submitted to MWCD for consideration. For 2018-19 action maybe initiated immediately and the plan be submitted at the earliest. The role and structure of SCP is given at **Annexure VIII**.

3.5.5 **District Convergence Plan (DCP):** The District Convergence Plan will be prepared and implemented through a Committee chaired by DM/DC/Collector. It should be finalized by 31st of December for the consequent year. It will have a sub-component in the form of a Block Convergence Plan (BCP), all the BCPs in a district shall converge into DCP. The DCP will be approved by the DC/DM. The role and structure of DCP is given at **Annexure IX**.

3.5.6 **Block Convergence Plan (BCP):**The Block Convergence Plan will be prepared and implemented through a Committee chaired by Sub Divisional Magistrate (SDM). It will incorporate inputs from Health, Sanitation, Drinking Water, Rural Development and Panchayati Raj Institutions (PRI). The BCP will be approved by the SDM. It should be finalized by 15th of December for the consequent year The roles of BCP and PRI alongwith the structure of the SDP Committee are given at **Annexure X**.

3.5.7 **Village:**

3.5.7.1 **Enabling Convergent Actions:** The mandate for achieving maternal and child health and nutrition outcomes through community level interventions is shared more or less equally by the ICDS and Health Departments, and specifically by the AWW and ASHA, and their supervisors - the LS and the ANM (or ASHA Facilitator). The following interfaces between the two programmes need to be optimized for best results:-

(a) The presence of two frontline workers, AWW and ASHA, in each village is an advantage that should be optimized.

(b) Similarly, the presence of the ANM periodically in each village can be optimized if there is close coordination between her and the AWW/ASHA, and they all can use their individual skills and positional advantages to mutual benefit.

(c) Finally, public health facilities that provide services are important service delivery points in the first 1000 days period. Before and after receiving facility based services, beneficiaries in the community are under the charge of frontline workers. The interface between services provided in the facilities and in the community can also be optimized.

(d) Joint Advisory forwarded vide D.O. Letter NNM/58/2017-WBP dated 18th January 2018 for convergence at field level and involvement of Village Organizations/Self-Help Groups (SHGs) shall be implemented. Joint Advisory attached at **Annexure XI.**

3.5.7.2 **Village Health Sanitation and Nutrition Day (VHSND):** VHSND is an existing platform where the programmes are expected to converge and can be used for achieving effective integration of the field machinery of relevant Departments. The following action points will be adopted.

(a) VHSND to be mandated in every village on a fixed date every month where participation of Health and Nutrition functionaries (ASHA, AWW and AWH) along with sanitation and PRI workers be ensured.

(b) A system of outcome linked joint incentives for field functionaries would be evolved primarily focusing on activating VHSND.

(c) Recorded messages would be developed on critical issues related to nutrition, health and hygiene practices which would be used during the VHSNDs.

(d) IEC campaigns at District/ Block level be organized to create awareness about the VHSND and encourage community participation.

(e) In order to ensure community participation and desired behavioral changes, Panchayati Raj Institutions and Village Organizations should be involved in

organization of VHSND. The Joint Advisory dated 18th January 2018 clearly specifies the roles of VOs/SHGs in VHSND. The said Joint Advisory is attached at **Annexure XI.**

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Chapter 4: Mission Components

4.1 There are a number of areas needing attention for improving the nutritional status of targeted population i.e. infant and young child care and nutrition, infant and young child health, maternal care, adolescent nutrition, micronutrient deficiencies, care and counseling of mothers, continuum of care, community mobilization, communication and behavior change, etc. The Mission endeavors to implement these interventions through existing schemes by bringing operational efficiency through better monitoring. The Mission, in particular, intends to lay focus on some critical areas to bring better results out of the existing schemes, besides undertaking its primary role of monitoring and review of various schemes. For timely implementation and focused monitoring, a number of Components have been defined as part of the Mission. The Mission Components are elaborated in succeeding paragraphs.

4.2 Information Computers Technology Enabled Real Time Monitoring of Schemes (ICT-RTM)

4.2.1 **About the Software Application (ICT-RTM):** The ICDS-CAS has two components, namely the mobile application which is made available to the field functionaries pre-loaded on mobile phones and a six-tier monitoring dashboard for desktops. The procurement and distribution of mobile devices is a part of the project. The application is aimed to augment system strengthening in Anganwadi Service Delivery and looks at improving the nutrition outcomes through effective monitoring and timely intervention. The software allows the capture of data from the field on electronic devices (mobile/tablet). It enables collection of information on Anganwadi Service Delivery and its impact on nutrition outcomes of beneficiaries on a regular basis. This information is available to the States/UTs and MWCD on real time basis on web based dashboards. It is aimed to improve service delivery and also enable the Mission to effectively plan and take fact based decisions.

4.2.2 **Features of the Software Application:**

4.2.2.1 ICT-RTM driven by Common Application Software (ICDS-CAS) functions through a mobile Application at the level of Anganwadi Workers and Sector Supervisor and a comprehensive web based dashboard, at Block, District, State and National level, providing real time information about service delivery. Some of the salient features of ICT-RTM driven Common Application Software are as given at Fig 1 below. The flow diagram of the software from capture of data to aggregation is given at **Annexure XII**.

Fig 1: Salient Features of ICDS-CAS

4.2.2.2 **AWW Mobile Application:** The mobile application at the Anganwadi level enables the following functionality: -

(a) Record regular (daily) opening of the AWC.
(b) Carry out household-wise, name-based, UID linked registration of all the members.
(c) Real time capturing of information on service delivery at AWC thereby providing platform for concurrent monitoring.
(d) Availability of Due List via the Application, which prompts for services which are due.
(e) Enable AWW to send daily photographs of the children receiving supplementary nutrition at the AWCs, ensuring delivery of service.
(f) Focus on Effective and Timely Service Delivery to Beneficiaries.

4.2.2.3 **Lady Supervisor Mobile Application:**

(a) Effective and Real-time monitoring of ICDS-CAS Service Delivery by AWWs to beneficiaries in respective area of responsibility.
(b) Enable them to prioritize AWCs that are not adequately performing and handhold those specific AWWs.

4.2.2.4 The mobile application digitizes and automates 10 out of 11 registers (except stock register) used by Aanganwadi workers and provides these registers in the form of various modules in the application.

4.2.3 **Implementation:**

4.2.3.1 For fielding the software application States/UTs shall procure mobile and growth monitoring devices as part of the allotted funds. The procurement shall be followed by training of identified Master Trainers, who then train the field functionaries and establish Help Desks for handholding.

4.2.3.2 **Procurement of Smart Phones and Tablets:** All AWWs will be equipped with a smart phone for capture of data and Lady Supervisors with a tablet. These devices will be procured at State/UT level and pre-loaded with the application software. SIM Cards and data connectivity plan for the devices will be procured at State/UT level. As data connectivity costs decline with progressive technology, endeavor should be made to provide 4G connectivity, wherever feasible.

4.2.3.3 **Growth Monitoring Devices:** In order to ensure accurate records of weight and height are maintained at AWCs for all beneficiaries which include, pregnant women, lactating mothers, new born babies and children upto 6 years, Growth Monitoring Devices are planned to be procured at AWC level. AWW will record the **weight and height every month** through the software application to track under-nutrition, stunting and wasting. The Growth Monitoring Devices will include the following:-

(a) Infantometer.
(b) Stadiometer.
(c) Digital Weighing Scales (infant).
(d) Digital Weighing Scales (mother & child).

4.2.3.4 **Procurement Agency:** In order to ensure timely implementation and transparency, the procurement of smart phones, tablets and growth monitoring devices will be carried out through GeM portal, by States/UTs.

4.2.3.5 **Device Specifications:** Indicative specifications for all the devices are at **Annexure XIII.**

4.2.3.6 **Training of Resources:** The ICT-RTM Component involves large scale training program for all stakeholders in a State/UT. The AWWs will go through detailed training sessions which will be delivered by their respective supervisors. These supervisors in turn will be trained as Master Trainers by the Software Development Agency/partner agencies identified by MWCD. Also, separate training sessions will be conducted for officials at State/District/Block level on dashboard reports and their interpretation. Keeping in consideration the scale of the Mission, it is evident that issues would come up from the field during the initial stages of the program. In order to tackle this situation, helpdesk personnel will be on-boarded at State, district and block levels to support the state team in the successful implementation of the program in all the States/UTs.

4.2.3.7 **Establishment of Helpdesks:** The helpdesk personnel through the issue tracker escalate and resolve issues to the next level. A detailed training program will be conducted for the helpdesk officials at all the three levels to equip them with troubleshooting skills required for the success of the program. Below is a snapshot of the training model.

4.2.4 **ICT-RTM Guidelines**:

4.2.4.1 Broad guidelines which need to be followed at state level for implementation of ICT-RTM are given at **Annexure XIV**.

4.2.4.2 List of ICT-RTM Guidelines is at **Annexure XV**, these are being issued to States/UTs Separately.

4.2.5 **Discontinuation of ICDS Registers at AWCs.** At present AWCs maintain 11 registers in which the service delivery and record of beneficiaries is retained. 10 out of these 11 registers have been digitized as part of the software application being deployed in NNM. Within 3 to 6 months of deployment of smart phones with software application by field functionaries the States/UTs will discontinue manual recording of data in the registers, as the same will be readily available in the mobile application. Only one Register to maintain a monthly summary of AWC activities will be retained in physical form. The format of the register will be shared separately.

4.2.6 **Sharing of Data between ICDS-CAS and RCH Portals:** Both the Ministries, MWCD and MH&FW are working towards a 'shared database' of their MIS Portals, i.e. ICDS-CAS and RCH. This effort will boost in achieving desired convergence.

4.3 Training and Capacity Building

4.3.1 **About Incremental Learning Approach (ILA)**:

The National Nutrition Mission (NNM) envisages establishing a system where programme functionaries especially at field level, will become more effective by learning to plan and execute each task correctly and consistently through methodical, ongoing capacity building, called 'incremental learning approach (ILA)'. Such a system will use opportunities in the form of existing supervisory interactions at different levels, through which practical, guided learning may be accomplished. Since the range of skills and tasks to be learnt is quite substantial, and since adults naturally learn *by doing* rather than through theory alone, the proposed system envisages breaking down the total learning agenda into small portions of doable actions. The approach is to build incrementally on small amounts of learning at a time, until all skills, understanding and actions have been put into regular practice, and have been internalized by the functionaries and finally a supportive supervisory mechanism is put in place.

4.3.2 **Implementation:**

4.3.2.1 Capacity enhancement of frontline functionaries has been planned through 'incremental learning by doing approach' (ILA). Joint planning, implementation and review of performance with health functionaries and continued knowledge and learning exchange through workshops and exposure visits to best practices are a part of this approach. As part of an existing scheme in few States, ILA training has been found to be an effective method for strengthening and building capacity at the implementation level. The ILA training has been structured across 21 Modules and will be implemented in States/UTs at the following levels:-

(a)	State Resource Groups (SRG)	-	Quarterly
(b)	District Resource Groups (DRG)	-	Quarterly
(c)	Block Resource Groups (BRG)	-	Monthly
(d)	Sector Level (AWWs)	-	Monthly

4.3.2.2 The module is further planned to be strengthened along the lines of SRG, BRG and DRG, through review meetings. These meetings/interactions will include review of learning parameters achieved, discussion on analysis available via the ICDS-CAS dashboard and improvement action points. These meetings are to be held monthly at sector and block level, and quarterly at district and State/UT level.

4.3.3 **ILA Guidelines:** The detailed guidelines for implementation of ILA are at **Annexure XVI**. *21 ILA Modules are being sent separately*.

4.3.4 **Learning and Management Solution – e-ILA:** Under NNM a comprehensive training and evaluation web-based learning portal for the field functionaries, is being developed. The website will be hosted at www.e-ILA.gov.in. The software will be deployed in a phased manner In the FY 2017-18. The objective of this Learning and Management Solution (LMS) is as under:-

(a) To provide a learning system by transforming the training material to e-learning modules and mobile nuggets that would help the supervisors and AWWs to get trained and certified in the respective areas to function effectively.

(b) An android based mobile learning app that can be easily installed on the mobile for learning. The app is pre-loaded with the learning nuggets. It can track the learner progress. It can be synced to the main LMS server.

(c) Provide comprehensive reporting system for different users across the system.

4.4 Community Mobilization and Behaviour Change Communication (BCC)

4.4.1 **About Community Mobilisation and BCC:** The problem of malnutrition is inter-generational and is dependent on multiple factors which, inter-alia, include optimal Infant & Young Child Feeding (IYCF) practices, Immunization, Institutional Delivery, Early Childhood Development, Food Fortification, Deworming, access to safe drinking water & proper sanitation (WASH), Dietary diversification, and other related factors. Therefore, to address the problem of stunting, under-weight and wasting, especially in children, there is a need to take-up sustained efforts requiring multi-pronged approach and bring grass-root synergy and convergence.

4.4.2 **Implementation:**

4.4.2.1 The following activities will be included in this component**.**

(a) CBE for Critical milestones in the 1000 days period.

(b) IEC and advocacy to support nutrition behavior change.

(c) Jan Andolan.

4.4.2.2 **Community Based Events (CBE):** Organizing community based traditional events to promote and support behaviour change to improve maternal and child nutrition is one of the methods to increase awareness and set in change. Broad guidelines covering themes, duration, participation, etc. are included at **Annexure XVII**. Each AWC will organize one CBE event every month and ₹250/- shall be reimbursed for the same. *Detailed* guidelines of CBE under NNM are being issued separately.

4.4.2.3 **Information, Education & Communication (IEC) and Advocacy:** IEC activities play a very important and strategic role in the area of public health. A successful IEC plan

would help in refuting myths and misunderstandings prevalent in the society and will lead to a demand for the various health services being provided, thus bringing about a behavioural change among individuals and the community at large. IEC strategy aims to create awareness and disseminate information regarding the benefits available under the various nutrition and health related government schemes and to guide the citizens on how to access them. The objective is also to encourage build-up of health seeking behaviour among the masses in keeping with the focus on promotive and preventive healthcare. The IEC strategy will cater to different needs of the rural and urban masses through the various tools used for communication. Separate funds shall be allotted for this purpose at Centre and State level. The IEC activities mostly will be done through the following methods.

(a) Print Media.
(b) Television.
(c) All India Radio.
(d) Social Media Campaigns.

4.4.2.4 **Jan Andolan**: The Mission will focus on converting the agenda of improving nutrition into a Jan Andolan through involvement of Panchayati Raj Institutions/Villages Organizations/SHGs etc. and ensuring wide public participation. Strategies for Jan Andolan Mission are elaborated **at Annexure XVIII**.

4.5 Innovation

4.5.1 **About Innovation:** Based on the experience of Anganwadi Services and the identification of existing gaps, particularly on the soft side of programme, the Mission envisages undertaking a few activities to be implemented at project scale intended to improve the service delivery system, capacity building of front line functionaries and community engagement for better nutritional outcomes. The Mission envisages to earmark funds for the development and implementation of innovations and pilots particularly showing the convergent nutrition action to achieve one or more desirable nutritional results. The successful pilots may be taken up later-on for scaling up in similar contextual specificities on a broader platform.

4.5.2 **Implementation:**

4.5.2.1 Any innovative but implementable idea that can be conceptually shown, to be likely to significantly transform or enhance the ability of the Mission to achieve any of its stated outcomes may be developed into a pilot and implemented at an appropriate scale. It should have an unambiguous focus on nutrition outcomes and should generate evidence of desired nutritional effect and feasibility of implementation, so that the innovation-pilot may be considered for either further development or wider

implementation. Anyone or more of the following outcomes may be targeted for the proposed pilot implementation:

(a) Convergence of Services for achieving goals under NNM.

(b) IYCF practices particularly pertaining to breast feeding and complementary feeding at the household level.

(c) Reduction of nutritional anemia levels among adolescents girls, women and children.

(d) Improved access to good quality nutrients for complementary feeding in poor families.

(e) Mechanism for timely identification of SAM children and their care.

(f) Improved management of child feeding during and after illness.

(g) Improvements in hygiene determinant of nutrition.

(h) Simultaneous improvement in access to key eligible services from multiple departments, etc.

(i) Serviceability of Anganwadi Centers.

4.5.2.2 States/UTs will consequently choose pilots and innovations that they would like to implement from the above list, following a systematic process starting with designing the pilot, building in an operations research and evaluation component and seeking technical guidance and clearance from the MWCD before initiating implementation. Broad guidelines are given at **Annexure XIX**. Funds shall be allotted to the States/UTs based on the requirements projected as part of the Innovation Plan. *Detailed guidelines on the subject are being issued separately.*

4.6 Performance Incentives

4.6.1 **About Performance Incentives:** The Mission is based on achieving specific targets in the next 3 to 5 years, including yearly milestones and therefore it is imperative to put in place a mechanism of incentives for achieving assigned targets. To annually incentivize the States/UTs and frontline functionaries who achieve targeted goals the following schemes will be implemented as part of the Mission.

4.6.2 **Implementation:**

4.6.2.1 **Incentive to States:** The Mission intends to annually monetarily incentivize those States/UTs which achieve the goals in improving the nutritional status of the targeted beneficiaries. The incentives proposed are based on the population of the State (*Census: 2011)*. The performance will be assessed on the basis of data collected in

survey conducted from time to time (*NFHS, DLHS, AHS, NIN, ICDS, etc.)*. The States/UTs which are incentivized on the basis of their performance, may, in turn, incentivize the better performing Gram Panchayats who have contributed in improving the indicators out of the incentive amount sanctioned by the Centre. *Detailed instructions shall be issued separately*. The incentive layout based on population of the state are as under:-

Population of the State/UT	**Incentive**
Upto 1 Crore	₹ 10 Crore
1-3 Crore	₹ 15 Crore
3-7 Crore	₹ 20 Crore
More than 7 Crore	₹ 30 Crore

4.6.2.2 **Cash Award to Frontline Functionaries for Achieving Desired Targets:** The field functionaries i.e. AWW, ASHA, ANM who have participated as a team in achieving the targeted goals, reducing the level of under-nutrition and contributed significantly in other child health and development activities are proposed to be incentivized. For this, it is proposed to create a corpus after approval of the competent authority and the interest income accrued there from is proposed to be used for giving cash awards @ ₹ 1.50 lakh per team comprising of AWW, ANM and ASHA for the above purpose. The awards will be given annually on the recommendations of the States/UTs and finalized by a team to be constituted. *Guidelines on the subject will be issued separately.*

4.6.2.3 **Incentive to AWW for Implementing ICT-RTM:** To encourage AWWs to adopt ICT-RTM, an incentive fund of ₹ 500/- has been earmarked for each AWW per month. This incentive fund will be linked to achievement of certain milestone/targets like, correct entry of data, carrying out house visits etc., at the AWW level. The specific targets to be achieved will be defined as part of *detailed guidelines, to be issued separately*.

4.7 Flexi Activities

4.7.1 **About Flexi Fund:** Though the Mission envisages to holistically cover all aspects of Nutrition across the Country, it is sanguine to the fact that there are regional peculiarities at each State/UT which need to be addressed. To cater for this requirement a separate head of Flexi-Fund has been created as part of the Mission, which will be available to the State/UT for utilization at its discretion.

4.7.2 **Implementation:**

4.7.2.1 The flexibility to the States/UTs in the Mission is provisioned through the Flexi-Funds to be utilized to implement the flexi-activities. These allow the States/UTs flexibility to take up additional activities as per their specific needs and requirements. The objectives of Flexi-Funds are as under:-

(a) To provide flexibility to the State/UT to meet local needs and requirements that contribute to the achievement of the development objective of the project.

(b) To strengthen ICDS systems and capacities to deliver quality services, improve monitoring and supervision, facilitate community engagement and innovations.

4.7.2.2 States/UTs will prepare the flexi-plan taking view of the available flexi funds and incorporating the activities as per requirement and relevance to improve the Nutrition Service Delivery System in the State and will get them duly approved by the State Steering Committee headed by Secretary in-charge. MWCD would issue a *separate implementation guideline on this component.*

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Chapter 5: Project Management, Monitoring and Evaluation

5.1 Citizen Engagement and Grievance Redressal Mechanism

5.1.1 In order to effectively engage with the beneficiaries to provide grievance redressal, as also to, monitor and follow-up on the nutritional Indicators resulting in targeted action, a Call Centre will be setup as part of the Mission at CPMU. The Call Centre will facilitate inbound calls from beneficiaries on a toll-free number and make outbound calls to the implementing agencies for intervention. It will be setup up on outsourced model. The functional details are given at **Annexure-XX**.

5.2 Nutrition Surveillance System, Social Surveys and Audit

5.2.1 As part of nutrition schemes a number of initiatives have been implemented to ensure delivery of nutrition related services to beneficiaries which include would-be mothers, mothers, children till 6 years of age and adolescent girls. Since the details of Anganwadi Service Delivery are being captured on real time basis on ICDS-CAS, the gaps/interventions will be informed at various levels on day to day basis for necessary action. Processes have also been initiated to set in behavioral change and learning enhancement of the beneficiaries. These steps are anticipated to impact the nutrition levels of the beneficiaries and tangible results are expected in coming years, which need to be analysed for planning timely interventions. In order to effectively monitor and analyse the output, as well as, outcome of these initiatives, it is prudent to deploy independent integrated and synergized methods. These would include but not limited to, monitoring through ICDS-CAS dashboard; surveys based on the data collected from the digitized systems; verification of this data with on ground results; deriving analysis and outcome to provide a feedback for improvement and holistic effectiveness of the system. This activity will be executed centrally at the MWCD.

5.3 Project and Human Resource Management

5.3.1 To ensure timely and smooth implementation, as well as, effective monitoring of the Mission it is essential to create institutional mechanisms at central, state, district and block level. The Central Project Management Unit, State Project Management Unit and Coordinators will ensure these aspects at all levels.

5.3.2 **National Nutrition Resource Centre – CPMU (Central Project Management Unit):**

5.3.2.1 To provide a comprehensive direction to sectoral programmes especially those directly affecting malnutrition, there is a need for a single unified technical agency / institution,

namely a National Nutrition Resource Centre – Central Project Management Unit (NNRC–CPMU). This will enhance and strengthen the quality of nutrition programme implementation, monitoring and systems in the country. The existing CPMU functional under the restructured ISSNIP will be structurally augmented to take on this role. The objectives of NNRC are listed below:-

(a) To act as a nodal technical resource centre for all matters pertaining to nutrition in the country.
(b) To support National and State Governments/UT Administrations to establish systems and procedures aimed towards direct or indirect nutrition actions across sectors.
(c) Establish systems for monitoring nutrition actions in the country.
(d) Lead knowledge management interventions on nutrition in the country.
(e) Undertake advocacy across various stakeholders to bring nutrition focus on key actions.

5.3.2.2 The NNRC-CPMU will be supervised and guided by Additional Secretary/Joint Secretary as the Mission Director (Ex-Officio, MWCD). Two Executive Directors on deputation will manage the day to day operations of the NNRC-CPMU. NNRC-CPMU will have Project Managers, Technical Consultants and other Consultants etc. Functionality of the CPMU is given at **Annexure XXI**. The organizational setup at elaborated at **Annexure XXII**. The terms of reference for hiring staff at CPMU is at **Annexure XXIII**.

5.3.3 **State Nutrition Resource Centre – SPMU (State Project Management Unit):**

5.3.3.1 Akin to the CPMU at Government of India, the SPMU at state level will function as the State Nutrition Resource Centre. In addition, there will be staff placed at district and block level to provide effective point of presence at all levels. This will provide a synergized setup for implementation of measures and schemes being adopted to overcome malnourishment in its area of responsibility. The manpower details and organization at state (SPMU), district and block levels are at **Annexure XXIV**.

5.3.3.2 **Hiring of Manpower**: The manpower for SPMU will be a combination of staff on deputation and contractual hiring. The Terms of Reference and qualifications for the staff to be hired are at **Annexure XXV**. The hiring activity at State, District and Block levels should commence with immediate effect after approval from State competent authorities.

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Chapter 6: Financial Implications

6.1 Cost of the Mission

6.1.1 The total cost of the above proposals as Government of India share for a period of three years commencing from 2017-18 comes to ₹2849.54 crore. The financial implications along with proposed source of funding are given in the following table:

(₹ in crore)

Year	NNM#	GOI share without EAP*
2017-18	₹ 3108.43	₹979.16
2018-19	₹ 3684.70	₹ 1160.68
2019-20	₹ 2253.04	₹ 709.70
Total	₹ 9046.17	₹ 2849.54
GOI Share	₹ 2849.54	

* *Cost sharing ratio between the Centre and the States & UTs with legislature will be 60:40. For North-Eastern States & Himalayan States it will be 90:10. It will be 100% for Union Territories without legislature.*

\# *(i) 50% Externally Aided Project (EAP) funding through IBRD (International Bank for Re-construction and Development)/ Multi-lateral Development Banks (MDBs).*

(ii) 50% funding through Gross Budgetary Support as per applicable cost sharing ratio between the Centre and the States & UTs with legislature will be 60:40. For North-Eastern States & Himalayan States it will be 90:10. It will be 100% for Union Territories without legislature.

6.1.2 The cost sharing ratio for IBRD or other MDB, Government of India, States & Union Territories will be as per the following Table:

Category	Funds from IBRD/ MDB#	Central Government	States/UTs
(1)	**(2)**	**(3)**	**(4)**
For activities to be carried out at Central level	50%	50%	00
For States/UTs with legislature	50%	30%	20%

For NER and Himalayan States	50%	45%	5%
For UTs without legislature	50%	50%	00

Subject to the approval of the fund by the competent authority.

6.1.3 The actual funding from IBRD or other MDBs will follow the extant procedure, as prescribed by Department of Economic Affairs.

6.1.4 Restructured ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP) (Phase-I) is currently under implementation in 8 states. This scheme shall continue as hither to fore in the effected states, till the completion of DLIs in the suggested timeframes. The effected states are advised to close the DLIs at the earliest. The ISSNIP Scheme shall get subsumed as part of NNM thereafter. In this regard refer to MWCD Letter No. 29/82/2017-WBP dated 8th December 2017 attached at **Annexure XXVI.**

6.2 Budget head for NNM

States/UTs will ensure that a separate Budget Head is created for NNM for allocation of funds from Government of India after approval of competent authority, at the earliest.

6.3 Reporting

6.3.1 Each State/UT, under Eligible Expenditure Program, would make available to MWCD, the Quarterly Financial Management Reports in the prescribed format along with all the supporting documents at the end of every quarter of the financial year. Besides, the States/UTs would also report the component wise monthly expenditure in the prescribed format to the MWCD. These reporting formats will be shared separately. Similarly, physical progress will be reported through separate formats, to be intimated subsequently.

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Chapter 7: Cost Planning Norms

7.1 The Cost Planning Norms for various components, schemes and manpower hiring are elaborated in succeeding paragraphs.

7.2 Costing Norms for ICT-RTM

7.2.1 The cost of smart phones, Tablets, Growth Monitoring Devices and data plans for AWWs & LSs are given at **Annexure XXVII**.

7.3 Costing Norms for Incremental Learning Approach

7.3.1 ILA training implementation will be on a quarterly basis at the SRG, DRG and BRG. The training shall be Module or Theme based at Sector and AWC levels. The cost planning norms for the training activities are given at **Annexure XXVIII**.

7.4 Costing Norms for CBE

7.4.1 CBE will be a monthly activity at the AWC Level, based on various themes. The AWC as part of States/UTs will be entitled ₹250/- per CBE event, this will include conduct, refreshment and complementary items to be given to beneficiaries as deemed appropriate and depending on the local custom/traditions.

7.5 Costing Norms for CPMU

7.5.1 The Mission will have to incur one-time costs involved with setting up office and infrastructure towards the CPMU, as well as plan for the recurring expenditure like rentals, stationery, office requisites etc. The cost planning norms for the same are elaborated at **Annexure XXIX**.

7.5.2 The manpower at CPMU will be constituted through deputation, ex-officio and on contractual basis. The remuneration norms for contractual staff is given at **Annexure XXX**.

7.6 Costing Norms for SPMU

7.6.1 SPMU will be setup at each State/UT. The costing norms for establishing SPMU and required infrastructure,alongwith the recurring expenditure are given at **Annexure XXXI.**

7.6.2 The cost planning norms for hiring of contractual staff at State, District and Block level are given at **Annexure XXXII.**

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Annexure-I

(Refers to paragraph 1.4)

Letter for Administrative Approval of NNM

F. No. NNM/7/2017-WBP
Government of India
Ministry of Women & Child Development
****

Shastri Bhawan, New Delhi,
Dated the 18th December, 2017

To

The Chief Secretaries of all States/UTs

Subject: Administrative Approval for setting up of National Nutrition Mission (NNM) – regarding

Sir/Madam,

I am directed to inform that Government of India has approved setting-up of National Nutrition Mission (NNM) with a three year budget of ₹9046.17 crore commencing from 2017-18. The approval is accorded for the following:

i. Constitution of a National Council on India's Nutritional Challenges under the Chairpersonship of Vice-Chairperson, NITI Aayog;
ii. Funding total cost of the proposal for setting up of NNM from Government Source (50% i.e. ₹4523.08 crore) and International Bank for Re-constructio and Development (IBRD) or other Multi-lateral Development Banks (MDBs) (50% i.e. ₹4523.08 crore). Government of India (GoI) share will be about ₹2849.54 crore during period of three years;
iii. In-principleapproval for taking a loan ₹4523.08 crore from the IBRD or other MDBs;
iv. Roll out of NNM in a phased manner as indicated in para-6 below;
v. Subsuming ICDS Systems Strengthening & Nutrition Improvement Project(ISSNIP) into NNM;
vi. Since functions of the new NNM, are cutting across line Ministries/Departments, the Mission is authorized and empowered to carry out these functions for bringing out effective results through Executive Committee, an Apex body for nutrition related activities at the National level under the Chairpersonship of Secretary, MWCD;
vii. Mission aims to bring down stunting of the children in the age group of 0-6 years from 38.4% to 25% at National level [Mission 25] by the year 2022;
viii. Carrying out such modifications in operational modalities by the Ministry of Women & Child Development as may be warranted, from time to time, for effective implementation of the above Schemes.

2. NNM is to ensure convergence with various programmes i.e. Anganwadi Services Scheme, Pradhan Mantri Matru Vandana Yojana (PMMVY) and Scheme for Adolescent Girls of this Ministry; Janani Suraksha Yojana (JSY) and National Health Mission (NHM) of MoH&FW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development. Mapping of various schemes contribution towards addressing malnutrition shall form basis of the Convergence Action Plan. The Convergent Action Plans shall consist of:

i. District Convergence Plan (DCP) with a sub-component at the Block level called Block Convergence Plan (BCP). All the BCPs will converge into DCPs.
ii. State/UT Convergence Plan.

3. For monitoring, convergence among line Ministries/Departments, a 'Technical Unit' shall be set-up under NITI Aayog.

3.1 The Mission intends to annually incentivize those States/UTs which achieve the goal in improving the nutrition status of targeted beneficiaries. The performance will be assessed on the basis of the reduction in the level of under nutrition and related parameters. States/UTs which are incentivized shall in turn incentivize the better performing Districts/Block/Gram Panchayats who have contributed in improving the indicators out of the incentive amount sanctioned by the centre.

3.2 A corpus fund of ₹150.00 crore shall be created at National level and the interest income accrued therefrom shall be used for giving cash awards @ ₹1.50 lakh per team comprising Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwife (ANM) who have participated as a team in achieving the targeted goals and contributed significantly in reducing under-nutrition and anaemia. The awards will be given annually on the recommendations of the States/UTs and finalized by a team to be constituted by MWCD. Detailed guidelines will be issued subsequently.

3.3 To encourage AWWs to adopt ICT-RTM, an incentive fund of ₹500/- shall be provided for each AWW per month. This incentive fund will be linked to achievement of certain milestone/targets like, correct entry of data, carrying out house visits etc., at the AWW level.

4. Goals of NNM:

4.1 The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Pregnant Women and Lactating Mothers in a time bound manner during the next three years beginning 2017-18 with fixed targets as under:

S.No	Objective	Target
1.	Prevent and reduce stunting in children (0- 6 years)	By 6% @ 2% p.a.
2	Prevent and reduce under-nutrition (underweight prevalence) in children (0-6 years)	By 6% @ 2% p.a.
3	Reduce the prevalence of anemia among young Children(6-59 months)	By 9% @ 3% p.a.
4	Reduce the prevalence of anemia among Women and Adolescent Girls in the age group of 15-49 years.	By 9% @ 3% p.a.
5	Reduce Low Birth Weight (LBW).	By 6% @ 2% p.a.

4. 2 The Mission aims to reduce mal-nourishment from the Country in a phased manner, through the life cycle concept, by adopting a synergised and result oriented approach. The Mission will ensure mechanisms for timely service delivery and a robust monitoring as well as intervention infrastructure. Target of Mission is to bring down stunting of the children in the age group of 0-6 years from 38.4% to 25% by the year 2022.

5. Roll out of NNM:

5.1 All States and Union Territories are to be covered in a phased manner, as per details given below:

Year	Districts to be covered.
2017-18	315 Districts* as per **Annexure**

2018-19	235 Districts (Districts list will be sent in due course).
2019-20	Remaining Districts of States/UTs.

* The information in respect of 3 Districts not listed in Annexure shall be intimated in due course.

6.1 The total cost of the NNM as GoI share for a period of three years commencing from 2017-18 will be ₹2849.54 crore. The financial implications along with proposed source of funding are given in the following table:

(₹ in crore)

Year	Amount	GOI share without EAP
2017-18	2602.75	819.87
2018-19	3526.08	1110.71
2019-20	2917.34	918.96
Total	9046.17	2849.54
GOI Share	2849.54	

6.2. The National Nutrition Mission would be an Externally Aided Project. This will be funded by Government Budgetary Support (50%) and 50% by IBRD or other MDB. Government budgetary support would be 60:40 between Centre and States/UTs with legislature, 90:10 for NER and Himalayan States and 100% for UTs without legislature. The cost sharing ratio for IBRD or other MDB, Government of India, States & Union Territories will be as per the following Table :

Category	Funds from IBRD/MDB#	Central Government	States/UTs
(1)	(2)	(3)	(4)
For activities to be carried out at Central level	50%	50%	00
For States/UTs with legislature	50%	30%	20%
For NER and Himalayan States	50%	45%	5%
For UTs without legislature	50%	50%	00

subject to the approval of the fund by the competent authority.

6.3 The expenditure by the States/UTs shall be done as per schematic norms of NNM and all the devices shall be procured through GeM.

6.4 The actual funding from IBRD or other MDBs will follow the extant procedure, as prescribed by Department of Economic Affairs.

7. The Mission envisages mainly the following activities :

i. To monitor service delivery through ICT based real-time monitoring system, Common Application Software (CAS) and IT-related assistance shall be provided to the field functionaries.

ii. All AWWs will be equipped with a smart phone for capture of data and Lady Supervisors with a tablet. These devises will be procured at State/UT level and pre-loaded with the application software.SIM Cards and data connectivity plan for the devices will be procured at State/UT level.

iii. In order to ensure accurate records of weight and height of all beneficiaries which include, pregnant women, lactating mothers, new born babies and children upto 6 years; Growth Monitoring Devices shall be procured for AWCs. The Growth Monitoring Devices will include Infantometer, Stadiometer, Weighing Scales (infant) and Weighing Scales (mother & child). AWW will record the weight every month and height/length every 3 months through the software application to track underweight, stunting and wasting.

iv. To encourage AWWs to adopt ICT-RTM, an incentive fund of ₹500/- will be provided to each AWW per month. This incentive fund will be linked to achievement of certain milestone/targets like, correct entry of data, carrying out house visits etc., at the AWW level.

v. In order to ensure regular monitoring and review of all the sectoral programmes, especially those directly affecting malnutrition and to provide knowledge management on nutrition actions, there will be a single unified technical set-up, namely a National Nutrition Resource Centre – Central Project Monitoring Unit (NNRC–CPMU) at Centre level and similarly State Nutrition Resource Centre (SNRC) - State Project Monitoring Unit (SPMU) shall be set up in all States/UTs.

vi. The Mission will focus on converting the agenda of improving nutrition into a Jan Andolan through wide participation. Community Mobilisation, Awareness Advocacy and IEC through Panchayati Raj Institution, Mother Committees, Self Help Groups, Social Mobilisation campaign, Use of Media (including social media),Village contact drives, voluntary action etc. shall be taken up through: (a) Community Based Events (CBE) for Critical milestones in the 1000 days period; (b) Information Education & Communication (IEC) and advocacy to support nutrition behavior change; (c) Jan Andolan through wide public participation.

vii. Capacity enhancement of frontline functionaries will be done through 'Incremental Learning Approach' (ILA).

viii. Development and implementation of innovations and pilots under the convergent nutrition action is to be undertaken to achieve one or more desirable nutritional results. The successful pilots may be taken up later-on for scaling up in similar contextual specificities on a broader platform.

ix. Community based management of Severely Acute Malnourished (SAM) children without medical complications will be done as per the guidelines (the guidelines will be issued separately).

x. There are also provision for (i) Nutrition Surveillance System and (ii) Flexi Fund.

8. Restructured ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP) (Phase-I) is currently under implementation in 162 districts of eight States. ISSNIP (Phase-I) would be implemented up to 30th June, 2018 to allow all States to achieve the agreed Disbursement Linked Indicator (DLI) targets. ISSNIP will be subsumed into NNM so that gross budgetary support and external aid can be dovetailed and utilized together in an integrated manner. The ISSNIP States who have completed activities under ISSNIP should immediately start activities covered under NNM. The States whose DLI of ISSNIP is incomplete should complete the remaining DLIs within extended period of ISSNIP i.e. upto 30.06.2018.

9. States/UTs are requested to take necessary action to immediately roll out the National Nutrition Mission. States/UTs are also requested to nominate nodal officers for implementation of the Mission and States/UTs are also requested to check the list of the ICDS projects and Anganwadi Centres to be covered under NNM in the selected districts and intimate the correct position to the Ministry.

Yours sincerely,

(Manoj Kumar Singh)
Director
Ph: 23386553
mksingh.ofb@nic.in

Copy to:

1. CEO, NITI Aayog
2. Secretary, Ministry of Health & Family Welfare,
3 Secretary, Drinking Water & Sanitation,
4. Secretary, Department of Food & Public Distribution,
5. Secretary, Rural Development;
6. Secretary, Panchayati Raj,
7. Secretary, Urban Development,
8. Secretary, Department of Expenditure,
9. Secretary, Department of Economic Affairs,
10. Secretary, Ministry of Housing and Urban Affairs,
11. Secretary, Ministry of Tribal Affairs,
12. Secretary, Ministry of New and Renewable Energy,
13. Secretary, Ministry of Minority Affairs,
14. Secretary, Department of Social Justice & Empowerment,
15. Secretary, Department of School Education and Literacy,
16. Secretary, Ministry of Electronics and Information Technology.

17-52 Principal Secretaries/ Secretaries, Department of Social Welfare / Women & Child Development, All States/ UTs of India

Copy for information to:

1. PS to Minister, WCD
2. PS to MoS, WCD
3. PPS to secretary, MWCD
4. PS to JS(RK)
5. PS to Project Director, WB

(Manoj Kumar Singh)
Director
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****

Annexure-II

(Refers to paragraph 2.2.1)

Functions of National Nutrition Mission

1. To act as an Apex body for nutrition related activities (for children under-six years of age, Pregnant women, lactating mothers and adolescent girls).
2. Monitor and review implementation of all nutrition related components across the line Ministries under Government of India/States/UTs.
3. Periodical review of nutritional status of States/UTs and provide policy directions.
4. Fix targets of components relating to nutrition in each scheme implemented by various Ministries.
5. Real Time Monitoring for alerts and prompt local interventions regarding Under-nutrition, Stunting, Wasting.
6. BCC/ECCE – Audio-visual aids to be provided for effective interventions through BCC and ECCE for children.
7. Identify relevant gap filling support to nutrition related programmes.
8. Suggest/prescribe various nutrition related components/actions to improve the nutrition status.
9. Bring cohesion among various programmes run by various line Ministries and address convergence issues.
10. Identify the nutrition related components in each scheme in consultation with the line Ministries.
11. Prescribe/call periodical reports/returns on any nutrition related component from the line Ministries and States/UTs (IT dash board).
12. ICDS-CAS/RCH Portal - synergy for data flow & interventions.
13. Assess causes of malnutrition in identified areas and plan for remedial actions.
14. Review the outcomes and suggest mid-course corrections that may be required in the policy design.
15. Track progress in key outcomes with an analysis of lagging States/UTs and supportive action.
16. National Council for India's Nutrition Challenges will meet at least once in six months.
17. To perform any other function required for discharging the above functions assigned to the NNM.

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Annexure III

(Refers to paragraph 3.1.1)

List of Districts Covered under NNM Phase I: FY 2017-18

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Andaman & Nicobar Islands	**1**	**North and Middle Andaman**	632	2	269
					269
Andhra Pradesh	**1**	**Anantapur**	502	17	5126
	2	**Chittoor**	503	21	4768
	3	**East Godavari**	505	28	5546
	4	**Kurnool**	511	16	3549
	5	**Prakasam**	517	21	4244
	6	**Srikakulam**	519	18	4192
	7	**Visakhapatnam**	520	25	4952
	8	**Vizianagaram**	521	17	3729
	9	**West Godavari**	523	28	3889
	10	**Y.S.R.(Cuddapah)**	504	15	3621
					43616
Arunachal Pradesh	**1**	**East Kameng**	231	2	144
Assam	**1**	**Barpeta**	280	10	2986
	2	**Darrang**	283	6	2163
	3	**Dhubri**	285	14	2956
	4	**Goalpara**	287	7	2491
	5	**Karimganj**	293	7	1570
					12166

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Bihar	**1**	**Araria**	188	9	2811
	2	**Arwal**	611	5	857
	3	**Aurangabad**	189	11	2746
	4	**Banka**	190	11	2350
	5	**Begusarai**	191	18	3356
	6	**Bhagalpur**	192	17	3073
	7	**Bhojpur**	193	15	2991
	8	**Buxar**	194	10	1944
	9	**Darbhanga**	195	19	4489
	10	**Gaya**	196	25	4613
	11	**Gopalganj**	197	14	3023
	12	**Jamui**	198	10	1950
	13	**Jehanabad**	199	7	1278
	14	**Kaimur (Bhabua)**	200	11	1765
	15	**Katihar**	201	16	3399
	16	**Khagaria**	202	7	1777
	17	**Kishanganj**	203	7	1890
	18	**Lakhisarai**	204	6	1187
	19	**Madhepura**	205	13	2254
	20	**Madhubani**	206	21	5145
	21	**Munger**	207	10	1598
	22	**Muzaffarpur**	208	17	5296
	23	**Nalanda**	209	20	3410
	24	**Nawada**	210	14	2663
	25	**Pashchim Champaran**	211	17	4116
	26	**Patna**	212	23	5261
	27	**Purba Champaran**	213	28	5586
	28	**Purnia**	214	15	3433
	29	**Rohtas**	215	20	3388
	30	**Saharsa**	216	11	2090
	31	**Samastipur**	217	20	4965
	32	**Saran**	218	21	4638
	33	**Sheikhpura**	219	6	716
	34	**Sheohar**	220	5	713
	35	**Sitamarhi**	221	18	3785
	36	**Supaul**	223	11	2434
	37	**Vaishali**	224	17	3883
					110873

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Chandigarh	**1**	**Chandigarh**	44	3	450
Chhattisgarh	**1**	**Bastar**	374	9	2040
	2	**Bijapur**	636	6	1172
	3	**Dantewada**	376	8	1057
	4	**Durg**	378	8	1507
	5	**Jashpur**	380	17	4333
	6	**Kanker**	381	8	2141
	7	**Kawardha (Kabirdham)**	382		1687
	8	**Korba**	383	10	2589
	9	**Mahasamund**	385	6	1795
	10	**Narayanpur**	637	4	560
	11	**Raipur**	387	8	1886
	12	**Rajnandgaon**	388	12	3159
					23926
Dadar& Nagar Haveli	**1**	**Dadar& Nagar Haveli**	465	2	303
Daman & Diu	**1**	**Diu**	464	1	40
Goa	**1**	**North Goa**	551	6	708
	2	**South Goa**	552	5	550
Gujarat	**1**	**Anand**	440	13	1993
	2	**Bhavnagar**	443	14	1907
	3	**Dang**	444	2	441
	4	**Dohad**	445	19	3056
	5	**Kheda**	450	12	1979
	6	**Narmada**	452	6	952
	7	**SabarKantha**	458	11	1924
	8	**Surendranagar**	460	11	1355
	9	**Vadodara**	461	12	1847
	10	**Valsad**	462	12	1899
					17353

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Haryana	**1**	**Mewat**	604	7	1150
	2	**Panipat**	71	6	1045
					2195
Himachal Pradesh	**1**	**Chamba**	16	7	1494
	2	**Hamirpur**	17	6	1351
	3	**Shimla**	23	11	2154
	4	**Solan**	25	5	1281
					6280
Jammu & Kashmir	**1**	**Udhampur**	14	7	1480
Jharkhand	**1**	**Chatra**	323	6	1124
	2	**Deoghar**	324	10	1567
	3	**Dhanbad**	325	8	2231
	4	**Dumka**	326	10	2060
	5	**Garhwa**	328	9	1330
	6	**Giridih**	329	14	2431
	7	**Godda**	330	9	1791
	8	**Gumla**	331	11	1670
	9	**Hazaribagh**	332	13	1770
	10	**Jamtara**	333	6	1189
	11	**Koderma**	334	5	749
	12	**Latehar**	335	7	962
	13	**Lohardaga**	336	5	749
	14	**Pakur**	337	6	1167
	15	**Palamu**	338	14	2595
	16	**Sahebganj**	340	9	1688
	17	**SaraikelaKharsawan**	341	9	1370
	18	**West Singhbhum**	343	16	2330
					28773

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs*
Karnataka	**1**	**Bagalkot**	524	6	2221
	2	**Ballari**	528	8	2395
	3	**Bidar**	529	5	1893
	4	**Bijapur**	636	Not Exist	0
	5	**Davangere**	535	6	2112
	6	**Gulbarga (Kalaburagi)**	538		
	7	**Haveri**	540	7	1918
	8	**Koppal**	543	5	1849
	9	**Yadgir**	635	4	1387
					13775
Kerala	**1**	**Kannur**	557	21	2504
	2	**Malappuram**	562	29	3808
	3	**Wayanad**	567	8	874
					7186
Lakshadweep	**1**	**Lakshadweep District**	553	9	107

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Madhya Pradesh	**1**	**Alirajpur**	639	6	2228
	2	**Ashok Nagar**	391	5	1089
	3	**Barwani**	393	8	1784
	4	**Bhind**	395	10	2451
	5	**Bhopal**	396	10	1871
	6	**Burhanpur**	397	6	815
	7	**Chhatarpur**	398	13	2058
	8	**Chhindwara**	399	14	3057
	9	**Damoh**	400	8	1742
	10	**Datia**	401	9	990
	11	**Dewas**	402	9	1860
	12	**Dhar**	403	16	3858
	13	**Dindori**	404	7	1913
	14	**East Nimar**	405	8	1682
	15	**Guna**	406	6	1660
	16	**Gwalior**	407	10	1458
	17	**Indore**	410	15	1839
	18	**Jabalpur**	411	13	2483
	19	**Jhabua**	412	6	2706
	20	**Katni**	413	7	1710
	21	**Khargone(West Nimar)**	414	11	2294
	22	**Mandsaur**	416	9	1735
	23	**Morena**	417	11	2607
	24	**Neemuch**	419	6	1112
	25	**Panna**	420	6	1492
	26	**Raisen**	421	7	1858
	27	**Rajgarh**	422	10	2456
	28	**Ratlam**	423	10	2124
	29	**Shajapur**	430	10	1807
	30	**Sheopur**	431	6	1226
	31	**Shivpuri**	432	9	2408
	32	**Sidhi**	433	7	1903
	33	**Singrauli**	638	6	1551
	34	**Tikamgarh**	434	8	1778
	35	**Ujjain**	435	14	2127
	36	**Umaria**	436	4	763
	37	**Vidisha**	437	9	2371
					70866

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Maharashtra	**1**	**Ahmednagar**	466	23	5354
	2	**Amravati**	468	17	3312
	3	**Beed**	470	15	3089
	4	**Buldhana**	472	15	3308
	5	**Chandrapur**	473	17	2596
	6	**Dhule**	474	11	2282
	7	**Gadchiroli**	475	13	2626
	8	**Gondia**	476	10	1819
	9	**Hingoli**	477	7	975
	10	**Jalgaon**	478	21	3054
	11	**Jalna**	479	13	3700
	12	**Mumbai**	482	33	4115
	13	**Nagpur**	484	19	3555
	14	**Nanded**	485	19	4118
	15	**Nandurbar**	486	12	2392
	16	**Nashik**	487	29	5909
	17	**Osmanabad**	488	11	2024
	18	**Parbhani**	489	12	1652
	19	**Sangli**	493	14	3109
	20	**Wardha**	498	10	1568
	21	**Washim**	499	7	1170
	22	**Yavatmal**	500	17	2865
					64592
Manipur	**1**	**Chandel**	253	5	968
	2	**Tamenglong**	258	5	651
					1619
Meghalaya	**1**	**West Jaintia Hills**			427
	2	**East Jaintia Hills**	657	2	231
	3	**East Khasi Hills**	274	9	1288
	4	**Ri Bhoi**	276	3	519
	5	**South West Khasi Hills**	658	2	241
					2706
Mizoram	**1**	**Lawngtlai**	264	4	302
	2	**Saiha**	267	2	126
					428
Nagaland	**1**	**Kiphire**	614	3	204
	2	**Tuensang**	249	8	463
					667

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
NCT of Delhi	**1**	**North West**	82	27	3088
	2	**West**	85	18	1724
					4812
Odisha	**1**	**Balangir**	345	14	2650
	2	**Bargarh**	347	13	2899
	3	**Baudh**	349	3	717
	4	**Kendujhar**	361	14	3257
	5	**Koraput**	363	15	3264
	6	**Malkangiri**	364	7	1266
	7	**Mayurbhanj**	365	26	4706
	8	**Nabarangapur**	366	10	2207
	9	**Rayagada**	370	11	1947
	10	**Sambalpur**	371	10	1844
	11	**Subarnapur**	177	NA	1539
					26296
Puducherry	**1**	**Yanam**	601	0	9
Punjab	**1**	**Faridkot**	60	NA	545
	2	**Ludhiana**	36	16	2487
	3	**Mansa**	37	5	840
	4	**Muktsar**	39	NA	894
					4766

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Rajasthan	**1**	**Ajmer**	86	11	1961
	2	**Alwar**	87	15	3462
	3	**Banswara**	88	9	2119
	4	**Baran**	89	8	1574
	5	**Barmer**	90	16	3558
	6	**Bharatpur**	91	10	2083
	7	**Chittorgarh**	95	12	1788
	8	**Churu**	96	9	1674
	9	**Dausa**	97	7	1347
	10	**Dholpur**	98	5	1040
	11	**Dungarpur**	99	8	2117
	12	**Jaipur**	102	20	4254
	13	**Jalore**	104	8	1881
	14	**Jhunjhunu**	106	9	1569
	15	**Jodhpur**	107	11	2541
	16	**Karauli**	108	6	1314
	17	**Kota**	109	6	1283
	18	**Pali**	111	11	1842
	19	**Pratapgarh**	629	6	1239
	20	**Rajsamand**	112	8	1168
	21	**Sawai Madhopur**	113	7	1152
	22	**Sirohi**	115	6	874
	23	**Tonk**	116	7	1486
	24	**Udaipur**	117	14	3175
					46497
Sikkim	**1**	**West District**	228	2	316
Tamil Nadu	**1**	**Ariyalur**	610	6	774
	2	**Chennai**	568	12	1334
	3	**Dindigul**	572	15	2035
	4	**The Nilgiris**	587	4	486
	5	**Villupuram**	596	23	2941
					7570
Telangana	**1**	**Adilabad**	501	18	4124
	2	**Hyderabad**	507	5	914
	3	**Mahabubnagar**	512	20	4876
					9868
Tripura	**1**	**Dhalai**	269	6	1282

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Uttar Pradesh	**1**	**Agra**	118	16	2982
	2	**Aligarh**	119	13	3022
	3	**Allahabad**	120	22	4499
	4	**Ambedkar Nagar**	121	10	2548
	5	**Amroha**	154	7	1430
	6	**Auraiya**	122	8	1787
	7	**Azamgarh**	123	23	5588
	8	**Baghpat**	124	7	1338
	9	**Bahraich**	125	15	3094
	10	**Balrampur**	649	10	1882
	11	**Banda**	128	9	1705
	12	**Barabanki**	129	16	3052
	13	**Bareilly**	130	16	2857
	14	**Basti**	131	15	2655
	15	**Bhadohi**	179	7	1483
	16	**Bijnor**	132	13	3236
	17	**Budaun**	133	16	2937
	18	**Bulandshahar**	134	16	3958
	19	**Chandauli**	135	10	1823
	20	**Chitrakoot**	136	6	959
	21	**Etah**	138	9	1864
	22	**Etawah**	139	9	1564
	23	**Faizabad**	140	12	2378
	24	**Farrukhabad**	141	8	1752
	25	**Fatehpur**	142	14	2907
	26	**Firozabad**	143	11	2540
	27	**Ghaziabad**	145	5	1373
	28	**Ghazipur**	146	17	4118
	29	**Gonda**	147	17	3095
	30	**Gorakhpur**	148	21	4032
	31	**Hamirpur**	17	8	1500
	32	**Hardoi**	150	20	3930
	33	**Hathras (Mhamaya Nagar)**	163	8	1712
	34	**Jalaun**	151	10	1814
	35	**Jaunpur**	152	22	5321
	36	**Jhansi**	153	9	1379
	37	**Kannauj**	155	9	1615
	38	**Kanpur Dehat**	156	11	1788
	39	**Kanpur Nagar**	157	12	2134
	40	**Kasganj**	633	7	2445
	41	**Kaushambi**	158	9	1775

State Name	S.No	District Name	LGD Code	No. of Project *	No. of AWCs *
Uttar Pradesh	**42**	**Kheri**	159	16	3503
	43	**Kushi Nagar**	160	15	4134
	44	**Lucknow**	162	10	2716
	45	**Maharajganj**	164	13	3133
	46	**Mahoba**	165	5	881
	47	**Mainpuri**	166	10	1788
	48	**Mau**	168	10	2587
	49	**Meerut**	169	13	2076
	50	**Mirzapur**	170	14	2668
	51	**Moradabad**	171	9	2742
	52	**Muzaffar nagar**	172	10	2274
	53	**Pilibhit**	173	8	1960
	54	**Rae Bareli**	175	22	2833
	55	**Rampur**	176	8	2700
	56	**Sant Kabeer Nagar**	178	10	1765
	57	**Shahjahanpur**	180	16	2913
	58	**Shravasti**	181	6	925
	59	**Siddharth Nagar**	182	15	3112
	60	**Sitapur**	183	20	4232
	61	**Sonbhadra**	184	9	1825
	62	**Sultanpur**	185	14	2511
	63	**Unnao**	186	17	3352
	64	**Varanasi**	187	9	3914
					164415
Uttarakhand	**1**	**Chamoli**	47	9	1078
	2	**Haridwar**	50	11	3181
	3	**Udam Singh Nagar**	56	10	2387
	4	**Uttar Kashi**	57	6	1052
					7698
West Bengal	**1**	**Birbhum**	307	24	4796
	2	**Dinajpur Uttar**	311	18	3737
	3	**Howrah**	313	22	4506
	4	**Maldah**	316	26	5573
	5	**Murshidabad**	319	43	8671
	6	**Purulia**	321	23	4830
					32113

* As per existing information available with MWCD. The States/UTs will intimate exact number of Projects & AWCs to MWCD within a month. Further, all Projects, Sectors and AWCs will be mapped with LGD of Village, Blocks, Districts and State/UT, within a month of Launch of NNM.

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Annexure-IV

(Refers to paragraph 3.2.1)

Nutrition Schemes to be Monitored Under NNM

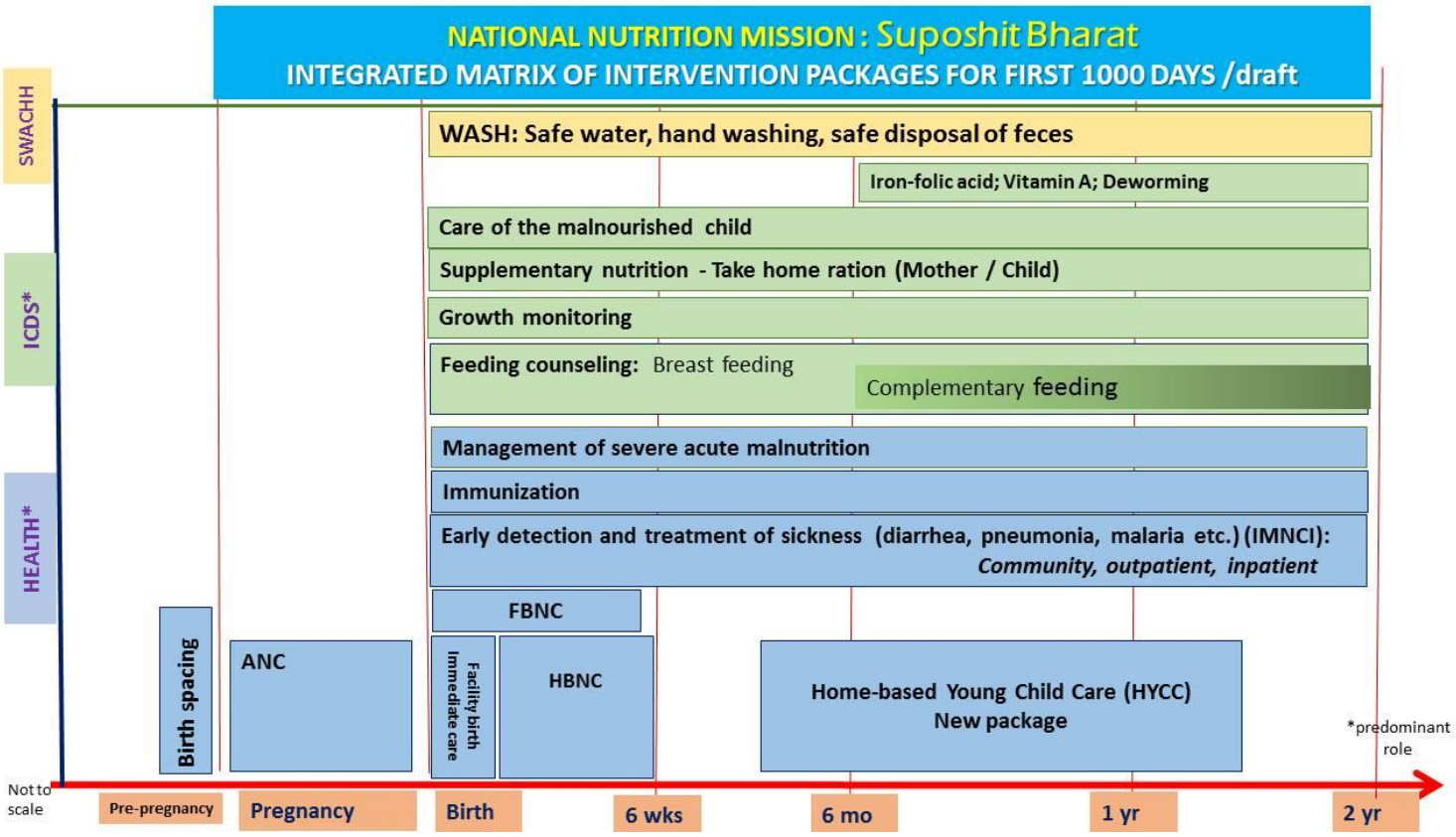
Scheme	Components	Monitoring Criteria	Ministry /Department
Anganwadi Services under Umbrella ICDS	• Supplementary Nutrition • Pre-School Education • Nutrition & Health Education	• Number of beneficiaries enrolled and availed the scheme	MWCD
	• Immunization • Health check up • Referral Services	• Number of children immunized and left out • Number of children and PW & LM availing the benefit	MH&FW/MWCD
	• Weighing of Children • Measuring height of Children • Growth Monitoring Chart • Nutritional Status	• Number of children weighed and found under-weight # • Number of children showing growth faltering (stunting) # • Number of wasted children #	MWCD
Pradhan Mantri Matru Vandana Yojana	Conditional Cash Transfer to Pregnant Women & Lactating Mothers.	Number of enrolled and availed the benefits against eligible beneficiaries Avg. delay in payment of installments	MWCD
National Creche Scheme	Providing day care services to the children of working women	Number of children availing the benefits	MWCD
Scheme for Adolescent Girls	Nutrition components for Adolescent Girls	Number of Adolescent Girls enrolled and availed the Nutrition & IFA Supplements	MWCD

Scheme	Components	Monitoring Criteria	Ministry /Department
National Health Mission	Institutional Delivery	• Number of deliveries in Hospitals • % of women received ante-natal health care • % of Low Birth Weight babies	Ministry of Health & Family Welfare
	Anemia Control Programme	• % of anaemic women of reproductive age # • % of Pregnant Women who consumed IFA tablets • % of anaemic children # • % of children consumed IFA	
	Rashtriya Baal Swasth Karyakram	• Number of AWCs Covered	
Food Fortification	Fortification of Food Articles	Use of Fortified Food Articles in ICDS	MWCD in collaboration with MH&FW, DF&PD and FSSAI
Swachh Bharat Mission	Providing safe, clean and hygienic environment	Number of AWCS having toilets	Ministry of Drinking Water & Sanitation
National Rural Drinking Water Programme	Providing safe drinking water	Number of AWCs provided with drinking water facility.	Ministry of Drinking Water &
Targeted Public Distribution System	Access to house-hold food to targeted beneficiaries.	Number of beneficiaries covered.	Department of Food & Public Distribution
Mid-Day Meal	Mid-day meal to school going children	Number of children benefited.	Ministry of Human Resource Development

Scheme	Components	Monitoring Criteria	Ministry /Department
National Rural Livelihood Mission	Access to livelihood security giving resources to the poor to provide nutrition to the family.	Number of poor families provided with livelihood resources.	Ministry of Rural Development
Mahatma Gandhi National Rural Employment Guarantee Scheme	Construction of AWC buildings Access to livelihood security and poverty alleviation programme	Numberof AWC building constructed in convergence with MGNREGAS No of unemployed persons provided job	Ministry of Rural Development &MWCD
Panchayati Raj Institutions	Providing water facilities and toilets in the rural areas	Number of AWCs buildings, water facilities and toilets provided in the rural areas	Ministry of Panchayati Raj
Urban Local Bodies	Construction of AWCs buildings, water facilities and toilets in the urban areas	Number of AWCs Buildings, water facilities and toilets constructed in the Urban areas	Ministry of Urban Development
Sava SikshaAbhiyaan	Providing education to all	Number of persons provided education opportunities	Ministry of Human Resource Development
MNRE **Home Based Care for Young Children (HBYC)*** **Vitamin A** **Vitamin D** **Preferential Rotavirus and Pneumococcal Vaccine**	Installation of Solar panels in AWCs	Numberof AWC buildings where solar panels are installed	Ministry of New & renewable Energy

**HBYC to be implemented by MoH&FW*

 # Specific Targets Fixed under NNM


NATIONAL NUTRITION MISSION : Suposhit Bharat
INTEGRATED MATRIX OF INTERVENTION PACKAGES FOR FIRST 1000 DAYS /draft
SWACHH
ICDS*
HEALTH*
WASH: Safe water, hand washing, safe disposal of feces
Iron-folic acid; Vitamin A; Deworming
Care of the malnourished child
Supplementary nutrition - Take home ration (Mother / Child)
Growth monitoring
Feeding counseling: Breast feeding
Complementary feeding
Management of severe acute malnutrition
Immunization
Early detection and treatment of sickness (diarrhea, pneumonia, malaria etc.) (IMNCI):
Community, outpatient, inpatient
FBNC
Birth spacing
ANC
Facility birth Immediate care
HBNC
Home-based Young Child Care (HYCC)
New package
*predominant role
Not to scale
Pre-pregnancy
Pregnancy
Birth
6 wks
6 mo
1 yr
2 yr

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Annexure-V

(Refers to paragraph 3.3.1)

Letter of Approval for National Council

NNM/2/2017-WBP
Government of India
Ministry of Women & Child Development
******

Shastri Bhawan, New Delhi
Dated the 3rd January, 2018

OFFICE MEMORANDUM

Subject : Constitution of National Council on India's Nutrition Challenges.

In pursuance of Government of India's decision for setting up National Nutrition Mission, a National Council on India's Nutrition Challenges is constituted for (a) policy direction (b) review; and (c) effective coordination and convergence between Ministries which have a sectoral responsibility for the challenge of nutrition.

2. The composition of the National Council on India's Nutrition Challenges is as under:

1	Vice Chairperson, NITI Aayog	Chairperson
2	Minister, Women & Child Development	Member
3	Minister, Health & Family Welfare	Member
4	Minister, Drinking Water & Sanitation	Member
5	Minister, Rural Development	Member
6	Minister, Tribal Affairs	Member
7	Minister, Panchayati Raj	Member
8	Minister, Consumer Affairs and Food	Member
9	Minister of State, Finance	Member
10	Minister/Minister of State, Human Resource Development	Member
11	Minister/Minister of State, Urban Development	Member
12	Minister/Minister of State, Information & Broadcasting	Member
13	Minister/Minister of State, Environment, Forest & Climate Change	Member
14	State Chief Minister or their representative (5 on 2 years rotation basis): i. Bihar ii. Uttar Pradesh iii. Rajasthan iv. Tamil Nadu v. Chhattisgarh	Members
15	Member, Health & Nutrition, NITI Aayog	Member
16	CEO, NITI Aayog	Member
17	Secretary, Health Research & DG, ICMR	Member
18	Secretary, MWCD	Member-Convener

2.2 The Chairperson may invite any other Minister/Officer/Expert in the relevant field to any meeting of the Council depending upon the context.

2.3 The following Secretaries of Ministries concerned would be Special Invitees to the meeting:

1. Secretary, Ministry of Health & Family Welfare
2. Secretary, Ministry of Drinking Water & Sanitation
3. Secretary, Department of Rural Development
4. Secretary, Ministry of Panchayati Raj
5. Secretary, Ministry of Tribal Affairs
6. Secretary, Department of Food & Public Distribution
7. Secretary, Department of Expenditure, Ministry of Finance
8. Secretary, Department of School Education & Literacy
9. Secretary, Ministry of Urban Development
10. Secretary, Ministry of Information & Broadcasting
11. Secretary, Ministry of Environment, Forest & Climate Change
12. Chairman, Food Safety and Standards authority of India
13. Director, National Institute of Nutrition

2.4 The Council also co-opts following ten DCs/DMs as Members from 10 districts with highest prevalence of child stunting for assessing ground level situation initially in 2017-18:

SI.No	State	District
1	Uttar Pradesh	Bahraich
2	Uttar Pradesh	Shravasti
3	Uttar Pradesh	Balrampur
4	Jharkhand	Pashchimi Singhbhum
5	Uttar Pradesh	Siddharthnagar
6	Bihar	Sitamarhi
7	Uttar Pradesh	Gonda
8	Uttar Pradesh	Sitapur
9	Karnataka	Koppal
10	Karnataka	Yadgir

3. The Terms of References of the Council are as follows:

a. Provide policy directions to address India's nutritional challenges through coordinated inter-sectoral action.
b. Review programmes for nutrition on a quarterly basis.

4. The Council will be serviced by the Ministry of Women & Child Development which may obtain necessary assistance as required from any Ministry/Department/Agency of the Government.

5. The Council shall submit report to the Prime Minister every 6 months.

(Manoj Kumar Singh)
Director to the Government of India
Phone- 011-23386553
e-mail:mksingh.ofb@nic.in

To:

All the Members of the National Council on India's Nutrition Challenges

1. PS to Vice Chairman, NITI Aayog
2. PS to Minister Women & Child Development
3. PS to Minister, Health & Family Welfare
4. PS to Minister, Drinking Water & Sanitation
5. PS to Minister, Rural Development
6. PS to Minister, Tribal Affairs
7. PS to Minister, Panchayati Raj
8. PS to Minister, Consumer Affairs and Food & Public Distribution
9. PS to Minister of State, Finance
10. PS to Minister of State, Human Resource Development
11. PS to Minister/Minister of State, Urban Development
12. PS to Minister/Minister of State, Information & Broadcasting
13. PS to Minister/Minister of State, Environment, Forest & Climate Change
14. .State Chief Ministers or their representatives (5 on 2 years rotation basis) - from the State of Bihar, Uttar Pradesh, Rajasthan, Tamil Nadu and Chhattisgarh
15. Member, Health & Nutrition, NITI Aayog
16. CEO, NITI Aayog
17. Secretary, Health Research & DG, ICMR
18. Secretary, Ministry of Women and Child Development
19. Secretary, Ministry of Health & Family Welfare
20. Secretary, Ministry of Drinking Water & Sanitation
21. Secretary, Department of Rural Development
22. Secretary, Ministry of Panchayati Raj
23. Secretary, Ministry of Tribal Affairs
24. Secretary, Department of Food & Public Distribution
25. Secretary, Department of Expenditure, Ministry of Finance
26. Secretary, Department of School Education & Literacy
27. Secretary, Ministry of Urban Development
28. Secretary, Ministry of Information & Broadcasting
29. Secretary, Ministry of Environment, Forest & Climate Change
30. Chairman, Food Safety and Standards authority of India
31. Director, National Institute of Nutrition
32. DCs/DMs from 10 districts with highest prevalence of child stunting (Bahraich, Shravasti, Balrampur, PashchimiSinghbhum, Siddharthnagar, Sitamarhi, Gonda, Sitapur, Koppal, Yadgir)

(Manoj Kumar Singh)
Director to the Government of India

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Annexure VI

(Refers to paragraph 3.4.1)

Letter of Approval of Executive Committee

NNM/50/2017-WBP
Government of India
Ministry of Women & Child Development
******

3rd Floor, Jeevan Vihar Building
Sansad Marg, New Delhi
Dated the 3rd January, 2018

OFFICE MEMORANDUM

Subject: Constitution of Executive Committee of National Nutrition Mission.

In pursuance of the Government of India's decision for setting up National Nutrition Mission, to provide policy support and guidance to the States/UTs, an Executive Committee is constituted.

2. The composition of the Executive Committee is as under:

I	Secretary, Ministry of Women & Child Development	Chairperson
II	Secretary, Health & Family Welfare	Member
III	Secretary, Expenditure, Ministry of Finance	Member
IV	Secretary, Drinking Water & Sanitation	Member
V	Secretary, Rural Development	Member
VI	Secretary, Panchayati Raj	Member
VII	Secretary, Tribal Affairs	Member
VIII	Secretary, Food & Public Distribution	Member
IX	Secretary, Department of School Education and Literacy	Member
X	Secretary, Urban Development	Member
XI	Secretary, Electronics and Information Technology	Member
XII	Secretary, Environment, Forest & Climate Change	Member
XIII	Secretary, New and Renewable Energy	Member
XIV	Chief Secretaries of 5 Regions - by rotation i. Assam ii. Chhattisgarh iii. Tamil Nadu iv. Maharashtra v. Gujrat	Members
XV	Chief Secretaries of 5 Regions (but different States/ UTs) by rotation *from States/UTs having high burden districts-* i. Uttar Pradesh ii. Bihar iii. Jharkhand iv. Madhya Pradesh v. Rajasthan	Members

XVI	Adviser, Health & Nutrition - NITI Aayog	Member
XVII	Representatives from Medical/ Home Science Colleges/ NGOs/ Eminent Institutions in the field of Child Development & Nutrition: i. Food Safety and Standards Authority of India (FSSAI) ii. National Institute of Nutrition (NIN) iii. Indian Council of Medical Research (ICMR)	Members
XVIII	Director-NIPCCD	Member
XIX	Director-NIHFW	Member
XX	Director-NIN	Member
XXI	Experts in the relevant fields (5) – i. Dr.R.C Panda, Member of the Board of Coalition Food & Nutrition Security ii. Ms. Deepka Shrivastava, O.S.D, NITI Aayog	To be co-opted Members
XXII	Mission Director, NNM (*Additional Secretary* or *Joint Secretary, in-charge of ICDS, MWCD).*	Member Secretary & Convener

2.2. The Executive Committee co-opts following ten DCs/DMs as Members from 10 districts with highest prevalence of child stunting for assessing ground level situation initially in 2017-18:

SI.No	State	District
1	Uttar Pradesh	Bahraich
2	Uttar Pradesh	Shravasti
3	Uttar Pradesh	Balrampur
4	Jharkhand	Pashchimi Singhbhum
5	Uttar Pradesh	Siddharthnagar
6	Bihar	Sitamarhi
7	Uttar Pradesh	Gonda
8	Uttar Pradesh	Sitapur
9	Karnataka	Koppal
10	Karnataka	Yadgir

2.3. The Executive Committee is the Apex body for nutrition related activities (for *children below six years age, Adolescent Girls and Pregnant Women & Lactating Mothers)* providing direction, policy and guidance for implementation of various programmes/schemes under the NNM.

3. The Executive Committee will meet once in every three months and will be responsible for the following functions of NNM:

i. To act as an Apex body for nutrition related activities (*for children under-six years of age, P&LM, AGs).*

ii. Monitor and review implementation of all nutrition related components across the line Ministries under Government of India/State-UTs.
iii. Periodical review of nutritional status of States/UTs and provide policy directions.
iv. Fix targets of components relating to nutrition in each scheme implemented by various Ministries.
v. Real Time Monitoring for generation of SMS alerts and prompt local interventions to address Under-nutrition, Stunting, Wasting.
vi. BCC/ECCE – Audio-visual aids and print materials to be provided for effective interventions through BCC and ECCE for children.
vii. Identify relevant gap filling support to nutrition related programmes.
viii. Suggest/prescribe various nutrition related components/actions to improve the nutrition status.
ix. Bring cohesion among various programmes run by various line Ministries and address convergence issues.
x. Identify the nutrition related components in each scheme in consultation with the line Ministries.
xi. Prescribe/call periodical reports/returns on any nutrition related component from the line Ministries and States/UTs.
xii. Convergence through integration of ICDS-CAS and RCH portal for data flow and timely interventions.
xiii. Assess causes of malnutrition in identified areas and plan for remedial actions.
xiv. Review the outcomes and suggest mid-course corrections that may be required in the policy design.
xv. Track progress in key outcomes with an analysis of lagging States/UTs and supportive action.
xvi. To perform any other function required for discharging the above functions assigned to the NNM.

4. The National Nutrition Mission will report to the National Council on India's Nutrition Challenges.

(Manoj Kumar Singh)
Director to the Government of India
Phone- 011-23386553
e-mail:mksingh.ofb@nic.in

To

All the Members of the Executive Committee

1. Secretary, Ministry of Health & Family Welfare
2. Secretary, Department of Expenditure Ministry of Finance
3. Adviser, Health & Nutrition - NITI Aayog
4. Secretary, Ministry of Drinking Water & Sanitation
5. Secretary, Ministry of Rural Development
6. Secretary, Ministry of Panchayati Raj
7. Secretary, Ministry of Tribal Affairs

8. Secretary, Ministry of Food & Public Distribution
9. Secretary, Department of School Education and Literacy
10. Secretary, Ministry of Urban Development
11. Secretary, Ministry of Electronics and Information Technology
12. Secretary, Ministry of Environment, Forest & Climate Change
13. Secretary, Ministry of New and Renewable Energy

14-18 Chief Secretaries of 5 Regions by rotation from the States of Assam, Chhattisgarh, Tamil Nadu, Maharashtra and Gujarat

19-23 Chief Secretaries of 5 Regions (but different States/ UTs) by rotation from States/UTs having high burden districts- from the States of Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh and Rajasthan

24-26 Representatives from Food Safety and Standards Authority of India (FSSAI), National Intstitute of Nurition (NIN) and Indian Council of Medical Reserach (ICMR)

27 Dr.R.C.Panda, Member of Board of Coalition Food & Nutrition Security

28 Ms Deepika Shrivastava, O.S.D, NITI Aayog

29 Director-NIPCCD

30 Director-NIHFW

31 Director, NIN

32 DCs/DMs from 10 districts with highest prevalence of child stunting (Bahraich, Shravasti, Balrampur, PashchimiSinghbhum, Siddharthnagar, Sitamarhi, Gonda, Sitapur, Koppal, Yadgir)

Copy to:

1. PPS to Secretary, MWCD, Chairman
2. PPS to AS/JS Member Secretary & Convener

(Manoj Kumar Singh)
Director to the Government of India

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Annexure-VII

(Refers to paragraph 3.5.2)

Components to be included in CAP

Following components need to be included in the CAP:

Sl.No.	Areas of Convergence	Name of the component	Name of concerned Department
1.	**Strengthening of AWC Infrastructure (*including identification of structural gaps).***	Construction of AWC buildings under MGNREGS including identification of gaps.	Rural Development & Panchayati Raj.
		Provision of safe drinking water at AWC including identification of gaps.	Drinking Water & Sanitation and Panchayati Raj.
		Provision of sanitation at AWCs including identification of gaps.	Drinking Water & Sanitation and Panchayati Raj.
		Community mobilization on Swach Bharat Mission & ODF.	Drinking Water & Sanitation
2.	**Ensuring quality of SN**	Supply of food grains.	Food & Public Distribution.
		Testing of quality of SN	State Food laboratories /FNB laboratories
3.	**Effective delivery of Health Services**	Fixed VHSND, ANC/PNC, Health check-up of children, immunization, referral services, health education, joint training of AWW & ASHA, etc.	Health & Family Welfare
		Medical check-up, Treatment of SAM and other children referred by AWC.	State Hospitals – PHC/CHC/NRC /District Hospitals.
4.	**Strengthening ECCE &IEC**	Early Childhood Care &Education (ECCE).	Human Resource Development & MWCD

		Mobilisation and sensitization of villagers, coordination, providing water & sanitation, maintenance of AWCs, preparing CAP.	Panchayati Raj Institutions/Urban Local Bodies.
		Information & Education Campaign (IEC)	Information & Broadcasting/DIPR

In addition to the above the under mentioned may be considered.

5. **Village Health, Sanitation & Nutrition Day:** Under the Anganwadi Services of Umbrella ICDS Scheme VHSND is a very important tool for convergence. While framing the CAP, States/UTs should include number of VHSN days to be conducted, monitoring of such days, activities to be undertaken and the feed-back on such activities. This needs to carried out in conjunction with the ILA activities.

6. **Reporting of Authentic SAM Data**: To assess the level of malnutrition in the country, it is necessary that the related data is correctly reported by the field functionaries. The concerned DC/DM may be authorised to initiate vigilance action against the concerned functionary including the supervisory level staff in case of under-reporting. With the third party social audit of growth monitoring, it will be easy to detect such cases.

7. **Health Services Delivery:** CAP may include the mechanism for delivery of health services to the Anganwadi Services beneficiaries at the AWCs. Tracking of pregnant women suffering from various health related problems e.g. blood pressure, diabetes, USG, etc., should be included for proper diet and treatment.

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Annexure-VIII

(Refers to paragraph3.5.4)

State/UT Convergence Plan (SCP)

1. The State Convergence Committee shall consist of the following:

Senior most Principal Secretary of line Department (*nominated by Chief Secretary*).	**Chairperson**
Secretary, Planning	Member
Secretary, Finance	Member
Secretaries of line Ministries (DW&S, Health, RD,PRI, Education & Food).	Member
Secretary, Panchayati Raj	Member
State Mission Director, NRHM	Member
F&NB representative	Member
State representative from NIPCCD	Member
Principals, MLTC	Member
Director, WCD	Member-Secretary

2. **Role of State/UT Convergence Committee:**

(a) Consolidate and examine the requirements given in District Plans received from various Districts.

(b) Segregate the item-wise requirements and seek the financial commitment before inclusion in the SCP.

(c) On the basis of examination, determine the final requirement and prepare a State/UT Convergence Plan.

(d) Indicate the roll-out plan, assign responsibilities of each department to avoid any over-lapping or consequent shifting of responsibility.

(e) To submit the SCP for inclusion in State/UT APIP for approval by State/UT EPC before submission to the MWCD. The components which are to be funded from the State/UT budget need to be segregated and clearly mentioned in the APIP.

(f) Ensure timely issue of sanction by each Department.

(g) Prepare guidelines for release of funds for convergent actions directly to the DC/DM.

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Annexure-IX

(Refers to paragraph 3.5.5)

District Convergence Plan (DCP)

1. The District Convergence Plan Committee shall consist of the following:

DM/DC/Collector	**Chairperson**
Chief Executive Officer (Zila Parishad/DRDA)	Member
District level PRI members	Member
SDMs of the Districts	Member
CMO/DMO, Health & Family Welfare	Member
District Planning Officer	Member
District Social Welfare Officer	Member
District Officer, Rural Development/MGNREGS	Member
District level officers from Departmentsof Health, DW&S, RD,PRI, Education & Food	Member
Field representative of FNB	Member
CDPOs	Member
DPO, ICDS	Member-Secretary

2. **Role of DCP Committee:**

(a) Examine the need assessment made by the BCP for essential interventions at the Village/AWC level and the availability of resources.

(b) Consolidate requirement of interventions at the District level.

(c) Considering the need, each line Department to prepare their action plan at the District level for delivering the interventions relating to them.

(d) Take inputs from PRI members including on the extent of community participation, etc.

(e) Submit the consolidated District Convergence Plan to the State Government for approval and for earmarking the financial provisions.

(f) Wherever required, the DCP Committee may make physical inspections to assess the need projected.

Annexure-X

(Refers to paragraph 3.5.6)

Block Convergence Plan (BCP)

1. The Block Convergence Plan Committee shall consist of the following:

Sub Divisional Magistrate	**Chairperson**
Block Development Officer(BDO)/TDO	Vice-Chairperson
Block representatives of Health (BMO/MO in charge of PHC/CHC)	Member
Block representatives of Departments of Education, DW&S, RD, Food and Public Distribution	Member
Block representatives of Department of Planning Social Welfare Officers at the block level	Member
Representative of Block/Nagar/Taluka Panchayat	Member
Principal, Anganwadi Training Centre	Member
Block level officer of MGNREGS	Member
Supervisors (5) on rotation basis	Member
CDPO, ICDS	Member-Secretary

2. **Role of BCP Committee:**

(a) Need assessment of essential interventions at the Village/AWC level i.e. water, sanitation, food, health interventions, immunization, ANC/PNC, Vitamin-A, IFA, De-worming tablets, functioning of VHSNC, etc. and the availability of resources.

(b) The assessment at the Village level will be done by AWW and Supervisor in association with PRI representative under the supervision of concerned CDPO/DPO. CDPO/DPO would submit the inputs to the area SDM.

(c) Consolidate and assess requirement of interventions at the block level.

(d) Considering the need, each line Department at the block level to propose their action plan at the Block level for inclusion in the DCP.

(e) Involve PRI members actively in the assessing the need and seek their suggestions.

(f) Submit the Block Convergence Plan to the District authorities for inclusion in the DCP and approval of DM.

3. **Role of Panchayati Raj institutions:**

3.1 It is important for any field based programme to involve the community and the Panchayati Raj institutions. For preparing the Convergence Action Plans, the role of PRIs is very important. For this purpose, it is necessary that PRIs are not only active in their areas but are also aware about the Government programmes and their benefits.

3.2 Wherever PRIs are not active, an action plan for their capacity building should be included in CAP. Their training can be imparted through SIRDs wherein 5 to 8 Master Trainers can be trained who, in turn, can train the PRI members. Also, NIPCCD can prepare 4-5 training modules for On-line training of PRI members as well as field functionaries. These modules can be developed regional languages to enhance the reach and effectiveness.

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Annexure XI

(Refers to paragraph 3.5.7.1)

Joint Advisory to States/UTs

राकेश श्रीवास्तव
सचिव
Rakesh Srivastava
Secretary
DO No.NNM/58/2017-WBP

भारत सरकार
महिला एवं बाल विकास मंत्रालय
शास्त्री भवन, नई दिल्ली-110001

Government of India
Ministry of Women & Child Development
Shastri Bhawan, New Delhi-110001
Website : http://www.wcd.nic.in

Dated: 18th January, 2018

Dear Chief Secretary,

As you are aware, Anganwadi Services under the Umbrella Integrated Child Development Services Scheme envisages convergence of nutrition and health programmes. Supplementary Nutrition is one of the six services provided under the scheme.

2. The concept behind integrated services under the scheme is based primarily on the consideration that the overall impact will be much higher if the different services are delivered in an integrated manner. For this inter-sectoral convergence of ICDS with various programmes implemented by the line Ministries/Departments e.g. Rural Development and Health & Family Welfare is essential.

3. Ministry of Rural Development is implementing the *Deendayal Antyodaya Yojana- National Rural Livelihoods Mission (DAY-NRLM)* as a poverty alleviation programme across the country. The aim of the programme is to mobilize one woman from each of the rural poor families in to SHG, federate the SHGs into higher level federations, build capacity of these federations to take up diversified livelihoods and promote linkages with Banks for credit linkages. At present, programme is operational in 34 States/UTs in 279049 villages. The Mission has also commenced utilizing the platform of SHGs to promote social programmes e.g. Swachh Bharat Mission and for generating awareness about Health and Nutrition as part of the Dashasutri Approach.

4. The above scheme *(DAY-NRLM)* with the Anganwadi Services can definitely play an important role in not only improving the life of the villagers but also for holistic development of the children and reducing the level of malnutrition in the country.

5. In this context, the Government has taken a decision that MWCD and MoRD should take efforts towards effective convergence of DAY-NRLM and ICDS to ensure better monitoring of the nutritional improvement programmes for the PW&LM and Children by active participation of local SHGs of Women. In this regard, a Joint Advisory on Nutrition has been signed by me with Secretaries, Rural Development and Health & Family Welfare, a copy of which is enclosed.

7. To ensure that the above convergent actions take place at the ground level, it is essential that the State Secretaries of Department of Women and Child Development, Department of Rural Development and Department of Health jointly plan and implement the above convergent action. States/UTs are also advised to develop necessary convergence proposals between DAY-NRLM and Anganwadi Services immediately and operationalize it immediately.

8. We would, therefore, request you to issue necessary directions to the concerned Departments to take action for convening joint meetings at the State, District and Block level of the functionaries, to put in place a convergence mechanism to ensure that it happens at the ground level. We solicit your co-operation in operationalizing the aforesaid convergence plan.

With regards,

Yours sincerely,

(Rakesh Srivastava)

Chief Secretary of all States/UTs

Shastri Bhawan, Dr. Rajender Prasad Road, New Delhi-110001
Tel. : 011-23383586 Fax : 011-23381495 E-mail : secy.wcd@nic.in

JOINT ADVISORY ON NUTRITION
(M/o RD, Mo/WCD, Mo/HFW)

I. Purpose: To bring Convergent efforts in NHM, DAY-NRLM, and ICDS for improving nutritional outcomes in the National Nutrition Mission.

II. Objective:

Despite multiple interventions on several fronts, India has not been able to overcome its nutritional challenges. With every 2nd woman Anaemic, every 3rd child under 5 years Stunted, and every5thunder 5 years child Wasted, malnutrition is a lived reality for many in this India(NFHS 4).

Malnutrition is a multidimensional problem and different Ministries and Departmentsface the challenge of working closely with State Governments to bring improvements in the sector through various Schemes and Programmes. Thus, improved results will be visible when these different efforts join forces by converging their resources, skills and knowledge. Government of India has recently approved the National Nutrition Mission (NNM) with a clear focus on tackling malnourishment in the country. The key strategic approach of NNM is Inter-Ministerial Convergence and Coordination.

With this objective, this Joint Advisory identifies and recommends some of the key areas where Convergence can be achieved in the following flagship Schemes:

Sr. No.	Ministry	Programme
1	Ministry of Rural Development	Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM)
2	Ministry of Women and Child Development	Integrated Child Development Services (ICDS) Scheme
3	Ministry of Health And Family Welfare	National Health Mission

III. Modalities for Convergence:

1. Convergence through Village, Health, Sanitation, and Nutrition Day (VHSND):

Village, Health, Sanitation, and Nutrition Day (VHSND) (Joint structure of MoHFW and MWCD)is organised once every month and provides services like registration of all pregnant women, ANC, weighing and recording all children, vaccination, counselling and discussing various issues related to nutrition, health and sanitation etcand thus it is an important forum for Convergence. The VHSND is attended by field level functionaries of Health and Nutrition Department like ASHA, ANM and AWW.

Convergence should be strengthened at VHSND through participation of VOs, SHGs and Cluster Federations.

Role of VOs/ SHGs in VHSND: In order to promote the message of facilities available at VHSND and to mobilise all beneficiaries to participate in the VHSND, it is suggested that

members of SHGs, VOs, and Cluster Federations should participate in the VHSND meetings. And vice versa, ASHAs/ AWWs/ ANMs should occasionally participate in the cluster meetings of SHGs.

6-24 months is critical as it is during this time that vulnerable children slide into malnutrition and currently the AWWs and ASHAs have limited contact with the mother and child in this crucial period. Thus woman SHGs have a huge role in leadership, adopting and communicating the message for Behaviour Change.

Role of Fieldworkers in Promoting VHSND Activities: Similarly, field workers- ASHA and AWW should intimate the VO groups in advance about the date of the next VHSND by participating in the monthly VO meetings. During their interaction with the VOs in the monthly meetings, the AWW and ASHA can orient and generate awareness amongst the members on Health and Nutrition related issues. They should hold discussions around critical areas like Institutional Deliveries, Survival, Protection and Empowerment of the girl child (*Beti Bachao Beti Padhao*), Early Initiation of Breastfeeding, Exclusive Breastfeeding for first 6 months, Complimentary Feeding after 6 months, Regular Immunisation, Use of ORS and Zinc to treat diarrhoea and importance of safe and sanitised environment, hand washing and consumption of safe drinking water etc.

2. Convergence for Behavioural Change and Communication:

Behavioural Change is a key component of success in the battle against malnutrition. Thus, behaviours and practices promoting good health, nutrition and hygiene is the essential in achieving Nutrition Outcomes.

Role of MoWCD, MoHFW and MoRD: Many interesting IEC tools have been developed under the ICDS Programme and NHM and there is a need for localised, contextual versions of these Modules to be made available to MoRD and the States and UTs for extensive use at the community level. Also, booklets and pamphlets on Government initiatives and newly launched programmes like PMMVY etc should be prepared in simple language and shared with field functionaries and VOs, SHGs and PRIs for wider dissemination.

Under the DAY-NRLM Programme of MoRD, funds are available for training and Capacity Building of the VOs and the Modules and simple Booklets prepared on Health and Nutrition by MoWCD and MoHFW may be used in some of these training programmes.

All States and UTs should ensure the spread and outreach of BCC messages to all beneficiaries through periodic field visits and spot checks.

Additionally, Experts in the areas of Health and Nutrition may be engaged from time to time to impart training on these issues to the VOs, SHGs, and Cluster Federations.

Thirdly, fieldworkers and the VOs can tap into indigenous systems of knowledge dissemination available at community level like folktales, plays, etc and use them during VHSND and on other important occasions when the community gets together to spread messages around Health and Nutrition.

3. Convergence for Monitoring and Management of Nutritional Status of Women and Children:

Role of VOs and SHGs: The VOs and SHGs can be a useful medium to keep a check on work being done by the AWW and ASHA, and also to look over the timely and smooth conduct of VHSND. Members of these bodies, in close collaboration with PRI representatives, can act as pressure groups to ensure timely service delivery by the Health and ICDS machinery at the village and community level.

Secondly, the VOs and SHGs should coordinate with ASHAs to track the families of children who are discharged from NRC centres under NHM and mobilise women from these families to join SHGs and link them to other livelihood interventions.

Thirdly, untied funds with VHSNCs should be used for referring and treating the women and children who require medical care. Vulnerability Reduction Funds (VRFs) available with VOs under MoRD should also support the transport expenditure of SAM children (identified in the village) from village to NRC/ health facility.

Lastly, VOs should mobilise women and children to participate in growth monitoring sessions at *Anganwadis*.

Role of ASHAs: ASHAs will undertake home visits of every child every two months from 4th months post birth till one year to monitor their nutrition status. This is expected to help in prevention, early detection and timely treatment in case the women or child is perceived to be at risk.

Role of AWW and CDPO: The field functionaries of MoWCD will be provided with smartphones and tablets to ensure ICT based real time monitoring of Women and Children under the National Nutrition Mission.

4. Convergence through Common Use of Infrastructure:

It is suggested that Panchayat Buildings, spaces provided by the Panchayat or Community Centres may be used to conduct Joint Meetings of all field functionaries under different programmes, organize VHSNDs, other events and programmes related to Health and Nutrition.

5. Promoting Livelihoods for Women's Collectives

Under the broader policy guidelines of respective State Governments, ICDS, NHM, and SBM will explore possibilities for supporting livelihoods for the women's collectives in the following areas:

- Supply of vegetables, eggs, milk, hot cooked meals and Take-Home Rations under the ICDS
- Supply of Sanitary Napkins to Schools for adolescent girls.

All three Programmes of ICDS, NHM and DAY-NRLM will monitor the work being done at the village level through their respective monitoring framework and monthly progress

reports. Reports will be jointly discussed at the District and State Level on a quarterly basis and necessary action initiated to address bottlenecks in convergent action, if any.

(Amarjeet Sinha) Secretary Department of Rural development Ministry of Rural development	(Rakesh Srivastava) Secretary Ministry of Women & Child Development	(Preeti Sudan) Secretary Department of Health & Family Welfare Ministry of Health & Family Welfare

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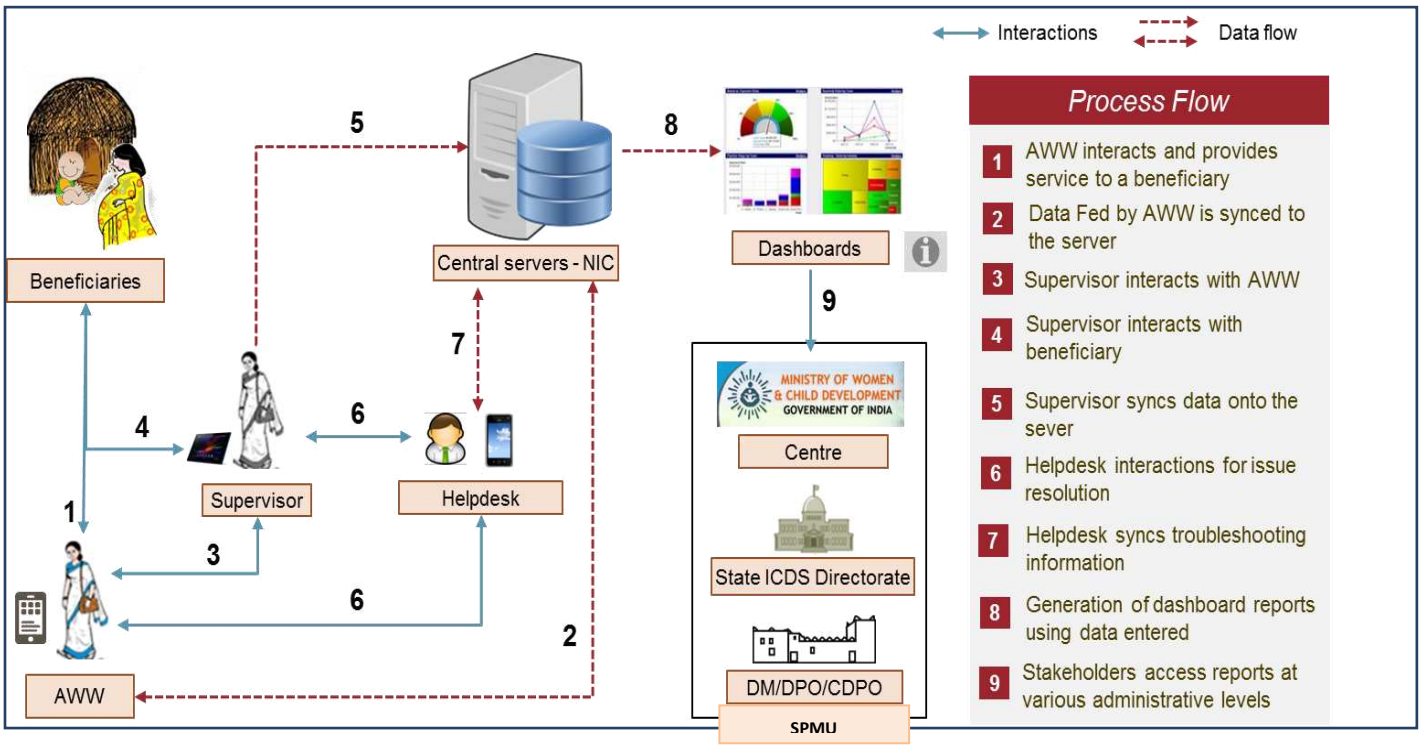
Annexure XII

(Refers to paragraph 4.2.2.1)

Overall Workflow of ICDS-CAS

1. Workflow of software application from the frontline functionaries to the implementing and monitoring authorties.



Annexure-XIII

(Refers to paragraph 4.2.3.5)

Specifications for Smartphones, Tablets and Growth Monitoring Devices

F. No. NNM/59/2017-CPMU
Government of India
Ministry of Women & Child Development
*****

Shastri Bhawan, New Delhi - 110001
Dated the 17th January, 2018

To
The Principal Secretaries/ Secretaries, Department of Social Welfare / Women & Child Development, All States/ UTs

Subject: Specifications of Smart phone, Tablet and Power bank under National Nutrition Mission (NNM) – regarding

Sir/Madam,

Please refer to this Ministry's letter No. NNM/7/2017-WBP dated 18th December, 2017 vide which administrative approval for setting-up of National Nutrition Mission (NNM) was conveyed to all the States and UTs.

2. One of the key activities under NNM is Information and Communication Technology enabled Real Time Monitoring (ICT-RTM) of Anganwadi Services. To monitor service delivery through ICT, Common Application Software (CAS) and IT-related assistance is to be provided to the field functionaries. All AWWs are to be equipped with a smart phone for capture of data and Lady Supervisors with a tablet. These devices will be procured at State/UT level and are to be pre-loaded with the application software (ICDS-CAS). The software and guidelines will be provided separately.

3. In this regard, I am directed to forward herewith the specifications of Smart phone, Tablet and Power bank. These devices have to be procured through Government e-Marketplace (GeM).

4. States/UTs are requested to take necessary action for procurement of Smart phones, Tablets and Power banks through GeM.

Yours faithfully,

Encl: as above

(Manoj Kumar Singh)
Director
Ph: 011-23386553
e-mail: mksingh.ofb@nic.in

Operating system: o Android operating system version is 7.0 Nougat or above
Screen resolution: o 800 X 480 or better o Multi-touch o TFT capacitive touchscreen, 24 bit/16.7 Million color or better
Screen size: o 5" or more
Screen and mobile protection: o Corning Gorilla or equivalent scratch proof glass with scratch proof covers / coating
Device RAM size: o 2GB or higher
Processor: o Minimum quad core processor of 1.3GHz or higher
Battery: o Min 2800 mAh battery o Expected battery life that can last an entire work day o At least 5 days standby time o 16 hours talk time
Ruggedized o Device should handle minor bumps without the screen breaking
Connectivity: o Supports 2G, 3G, 4G, Wi-Fi and Wi-Fi direct connectivity o Supports Bluetooth o Micro USB connectivity o Availability of USB OTG functionality
Internal storage: o 16GB or more
microSD: o microSD memory slot o Provided 32GB SD card
Unicode: o Supports Unicode for regional languages script rendering in fonts for English and all regional languages of India
SIM card: o SIM card compatible
Image capture: o Camera, at least 5 Megapixel resolution o Geotag supported camera

Speaker: o Hands-free Speaker with adjustable loudspeaker volume (preferably 60 dB or above) with good quality (noise/crosstalk)
File formatted supported for recording: o Image o JPEG o PNG o Audio o mp3 o Video o 3gp
File formatted supported for playing: o Image o JPEG o PNG o Audio o mp3 o Should play audio with no quality issues o Video o 3gp o Should be able to play HD videos
Availability: o Available State/UT wide o Special check for availability in remote deployment
Accessories: o Battery charger o Headset o Data cable o Power bank o Dust proof pouch o Rugged mobile case to tackle minor bumps o Screen protector that improves visibility of the screen in bright daylight o Audio headset jack with headphones included (AV 3.5mm phone port)
Warranty: o Device Warranty: 2 Year o Battery Warranty: 2 Year

B. Specifications of Tablet

Operating system: o Android operating system version is 7.0 Nougat or above
Screen resolution: o 600 x 1024 or better o Multitouch o TFT capacitive touchscreen, 24 bit/16.7 Million color or better
Screen size: o 7" or more
Screen and mobile protection: o Corning Gorilla or equivalent scratch proof glass with scratch proof covers / coating
Device RAM size: o 2GB or higher
Processor: o Minimum quad core processor of 1.3GHz or higher
Battery: o Min 3500 mAh battery o Expected battery life that can last an entire work day o At least 5 days standby time o 10 hours video playback time
Ruggedized o Device should handle minor bumps without the screen breaking
Connectivity: o Supports 2G, 3G, 4G and Wi-Fi and Wi-Fi direct connectivity o Supports Bluetooth o Micro USB connectivity o Availability of USB OTG functionality
Internal storage: o 16GB or more
microSD: o microSD memory slot o Provided 32GB SD card
Unicode: o Supports Unicode for regional languages script rendering in fonts for English and all regional languages of India
SIM card: o SIM card compatible
Image capture: o Camera, at least 5 Megapixel resolution o Geotag supported camera
Location capture: o Supports both Standalone GPS and AGPS
Speaker: o Hands-free Speaker with adjustable loudspeaker volume (preferably 60 dB or above) with good quality (noise/crosstalk)

File formatted supported for recording: o Image o JPEG o PNG o Audio o mp3 o Video o 3gp
File formatted supported for playing: o Image o JPEG o PNG o Audio o mp3 o Should play audio with no quality issues o Video o 3gp o Should be able to play HD videos
Availability: o Available State/UT wide o Special check for availability in remote deployment
Accessories: o Battery charger o Headset o Data cable o Power bank o Dust proof pouch o Rugged mobile case to tackle minor bumps o Screen protector that improves visibility of the screen in bright daylight o Audio headset jack with headphones included (AV 3.5mm phone port)
Warranty: o Device Warranty: 2 Year o Battery Warranty: 2 Year

C. Specifications of Power Bank

Description	Specification
Battery Capacity	At least 10,000 mAh
Battery Cell Type	Lithium-ion rechargeable battery UL Certified
Charging Time	Less than 6 hours on 5V/2A plug and standard cable
Power Supply	AC Adapter (AC 100 -240 V, 50 - 60 Hz)
Weight	Less than 300 gms
Expected charge cycles while maintaining at least 80% of its capacity	At least 500 times
Efficiency	At least 75%
Output Power	DC 5V 2.0A or higher
Ports	At least one charging port and one Micro USB port
Safety Features	• Temperature Protection • Short circuit Protection • Reset Protection • Input over Voltage Protection • Output over Voltage Protection • Input reverse direction protection • Over charge/ over discharge protection • Cell PTC Protection • Adapter Protection • Protective Circuitry
Charging Temperature	0°C – 45°C
Operating Temperature	-20°C~+60°C
Certification	BIS certified (IS 13252)
Compatible with	Proposed phone and tablet
Accessories	• Standard charger and power cable • Standard Micro USB cable

F. No. NNM-29/86/2017-WBP
Government of India
Ministry of Women & Child Development
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Shastri Bhawan, New Delhi,
Dated the 9th January, 2018

To

The Principal Secretaries/ Secretaries, Department of Social Welfare / Women & Child Development, All States/ UTs of India

Subject: Specifications of Growth Monitoring Devices {Stadiometer, Infantometer, Weighing Scale (Infant) and Weighing Scale (Mother and Child)) under National Nutrition Mission (NNM) – regarding

Sir/Madam,

Please refer to this Ministry's letter of even No. dated 18th December, 2017 vide which administrative approval for setting-up of National Nutrition Mission (NNM) was conveyed to all the States and UTs.

2. One of the key activities under NNM is Information and Communication Technology enabled Real Time Monitoring (ICT-RTM) of Anganwadi Services. To monitor service delivery through ICT, Common Application Software (CAS) and IT-related assistance is to be provided to the field functionaries. All AWWs are to be equipped with a smart phone for capture of data and Lady Supervisors with a tablet. These devices will be procured at State/UT level and pre-loaded with the application software. The specifications of Smart Phones and Tablets will be sent separately.

2. In order to ensure accurate records of weight and height of all beneficiaries which include, pregnant women, lactating mothers, new born babies and children upto 6 years; Growth Monitoring Devices shall be procured for all Aanganwadi Centres (AWCs) under NNM. The Growth Monitoring Devices will include Infantometer, Stadiometer, Weighing Scales (infant) and Weighing Scales (mother & child). AWW will record the weight every month and height/length every 3 months through the software application to track underweight, stunting and wasting.

4. The availability of Growth Monitoring Devices {Infantometer, Stadiometer, Weighing Scale (Mother and Child) and Weighing Scale (Infant)} with the AWCs implementing ICT-RTM is very essential in order to monitor the growth of the beneficiaries and to update the information into the ICDS-CAS application.

5. **In this regard, I am directed to forward herewith the specifications of Infantometer, Stadiometer, Weighing Scale (Mother and Child) and Weighing Scale (Infant). These devices have to be procured through Government e-Market Place (GeM).**

6. States/UTs are requested to take necessary action for procurement of Growth Monitoring Devices (Infantometer, Stadiometer, Weighing Scale (Mother and Child) and Weighing Scale (Infant)) through GeM.

Yours sincerely,

(Manoj Kumar Singh)
Director
Ph: 23386553
mksingh.ofb@nic.in

Technical Particulars of Infantometer, Stadiometer, Weighing Scale (Infant), Weighing Scale (Mother and Child) to be used under National Nutrition Mission

1. **Infantometer**

Specification:

1. Portable board for measuring length of baby.
2. Designed to measure length of baby in recumbent position.
3. The board shall be firm, flat horizontal surface.
4. Fold-up mechanism and low weight, compact and easy to transport.
5. No part should be loose or shaking during transportation.
6. Simple and fast set up, no tools (screwdriver, etc.) required.
7. Stable connections, assuring precise and accurate measurement.
8. No need for calibration, all parts to be in fixed position.
9. Long lasting, easy to read in low light conditions.
10. Double sided graduation for easy measurements.
11. Orientation of numerals on the measurement scale: parallel to the board.
12. Facilitating quick and easy reading of results.
13. Unit of measure: centimeters.
14. Smallest graduation: 0.1 cm.
15. Precision :(+) or (-) 0.1 cm.
16. Width on the board 30 cm approx.
17. Fixed head board and smoothy moving foot board.
18. Angled edges (curved) to prevent baby from rolling sidelong.
19. No sharp edges or corners.
20. Design for heavy duty use in demanding circumstances.
21. Durable,resistanttoeffectsofexcessivehumidityandhightemperature,waterresistant and shock resistant.
22. Board should be made of 6mm (Six millimeter)ABS Plastic.
23. Measurement range: Should be able to measure up to 100 cm at least;
24. Accuracy; (+) or (-) 0.1 cm.

General Condition: All the items/models shall be duly approved by weights and measurement authority. The units offered for the supplies shall be duly calibrated as per the procedure of department of legal metrology.

General Condition: All the items/models shall be duly approved by weights and measurement authority. The units offered for the supplies shall be duly calibrated as per the procedure of department of legal metrology.

2. Stadiometer

Specification:

1. Designed to measure height of adult and children aged 24 months and above in vertical positions.
2. Firm flat vertical surface.
3. Fold up mechanism and low weight making it compact and easy to transport.
4. No part should be loose or shaking during transportation.
5. Simple and fast set up, no tool (screw driver etc.)should be required.
6. Stable connection, assuring precise and accurate measurement.
7. No need for calibration as all parts have prefixed position.
8. Double sided graduation for easy measurements.
9. Orientation of numerals on the measurement scale: parallel to the board.
10. Unit of measure: centimeters.
11. Smallest graduation: 0.1 cm.
12. Measurement range: Should be able to measure upto 200cm at least;
13. Accuracy (+) or (-) 0.1 cm.
14. Width/depth of the board: approx. 5.5 cm.
15. Large footplate, providing extra stable base and smoothly gliding measuringslide/wedge.
16. Adjustable feet for stability on uneven or soft ground.
17. Sprit level indicator to check flat surface.
18. Friction feature between board and measuring slide/wedge for preventing the latter from drooping when release.
19. No sharp edge or corner.
20. Designed for heavy duty use in demanding circumstances.
21. Durable, resistant to effect of excessive humidity and high temperature, water resistant and shock resistant.
22. Board should be made of Mild Steel (Rust proof)/Aluminum.
23. Precision: (+) or (-) 0.1 cm;

Supplied with:

1. Carry bag or carry case(i) made of long lasting fabric, (ii) zipper closer (iii) removable, adjustable shoulder/back strap(s) and (iv) small side pocket for storage of operating instructions, loose parts and/or stationery material.
2. Instructions for use, training, maintenance and trouble shooting in English, Hindi and any other regional language as per requirement, appropriately illustrated with pictograms.

Packaging:

Packed in a carton box which should be of sturdy quality and provides adequate protection of the goods while transportation.

General Condition: All the items/models shall be duly approved by weights and measurement authority. The units offered for the supplies shall be duly calibrated as per the procedure of department of legal metrology.

3. **Weighing Scale (Infant)**

Specification:

1. Spring type mechanical scale for infants;
2. Measuring range: 0-25kg;
3. Minimum graduation: 100g
4. Reading time in seconds: less than 15 seconds;
5. Readout in kg;
6. Display: Dial diameter between 15 to 20 cm. Easy readable in low light;
7. Easy reset-to-zero function;
8. Damping/stabilizing mechanism for faster reading of results;
9. Fit with 2 hooks, non-removable. Upper for fixation and lower for attachingweighing trouser or sling;
10. Mechanics and other vital parts are made of rust proof materials;
11. Hooks: stainless steel;
12. Dial: plastic (ABS) with Perspex cover;
13. Body: Plastic (ABS)
14. Calibration screw: stainless steel;
15. Body and mechanics should be water proof, shock resistant;
16. Smooth surface;

17. Supplied with water proof & upholstered bag for carrying;
18. User instruction in pictogram style;
19. Each scale should be packed in a carry bag, packed in a carton box;
20. Estimated weight: 1.00 kg (approx.);
21. To be supplied with (a) Sling and (b) Weighing Trousers

a. **SLING (Baby Weighing)**

1. Quality cotton fabric, strong and non-elastic;
2. Square shape, 0.80x 0.80 m, prior to washing;
3. Edges are double seam finished;
4. Easy to iron;
5. Corners can be knotted together to hold baby securely when suspended from thescale;
6. Supply with text and pictorial instructions for usage and maintenance;
7. Bag for carrying and/or storage;
8. Approx. weight: 0.110kg;

(b) Weighing Trousers (Baby Weighing)

1. Trousers: Strong and easy maintenance fabric;
2. With strap for suspension from spring scale;
3. Trousers are able to hold infants up to 25 kg;
4. Carry bag: with shoulder strap, overlapping flap and closure, fits 5 weighingtrousers.
5. User instructions on how to position the infant and instruction for washing;bothin pictogram style are fixed on trousers and bag.
6. Washable by hand and/or machine;
7. Approx. weight: 0.100 kg;

General Condition: All the items/models shall be duly approved by weights and measurement authority. The units offered for the supplies shall be duly calibrated as per the procedure of department of legal metrology.

4. Weighing Scale (Mother and Child)

Specification:

Electronic weighing scale of class -III accuracy with LCD/LED or VFD display duly certified and stamped by weight and measures department and confirming to IS:9281(Part-1 & 2)/1979, IS: 9281 (Part 3)/1981, IS 9281 (Part-4)/1983 (reaffirmed2006) and Details of specification as given below:-

1. Digital weighing scale displaying the measured weight in a digital format;
2. Lithium battery to be used for measuring and displaying the weight;
3. Measuring range: 0 to 120 Kilograms (Kegs);
4. Minimum Graduation/Resolution: 100 grams (g);
5. Accuracy: 100 g;
6. Reading time: 5 seconds;
7. All vital parts made of rust proof materials;
8. Packed in long lasting fabric bag put in a carton.
9. It should have tare feature;
10. It should have Anti-skid feature.

General Condition: All the items/models shall be duly approved by weights and measurement authority. The units offered for the supplies shall be duly calibrated as per the procedure of department of legal metrology.

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Annexure-XIV

(Refers to paragraph 4.2.4.1)

Role and Key Responsibilities of the States/UTs for ICT-RTM

1. The State/UT will be responsible for planning, procurement, deployment, training, and providing handholding support. The key responsibilities of the State/UT in regards to ICT-RTM as part of ICDS-CAS is detailed below.

2. **Project Planning:**

(a) Nominate a Nodal Officer.

(b) Prepare a State ICT-RTM plan entailing details of:

(i) Districts, Blocks and AWCs identified for implementation of ICT-RTM.

(ii) Scheduleofthe activities required for roll-out of ICT-RTM in the identified Districts.

(iii) Risks and steps for mitigation.

(c) Closely monitor the progress of the activities

3. **Procurement of Devices and SIM Cards:**

(a) Estimate the number of devices to be procured for AWWs, Supervisors and Block level personnel.

(b) Procure the devices through GeM portal.

(c) Identify mobile connection plan with the telecoms, which have effective coverage in the nominated districts. States/UTs may consider data plans with 4G connectivity wherever feasible.

(d) Procure SIM cards and ensure regular recharge of mobile connections.

(e) Institutionalize the mechanism for identifying, collecting and replacing damaged or lost devices.

4. **Deployment of CAS solution for ICT – RTM**

(a) Formulate the 11 digit AWC code based on sector, project, district and state.

(b) Verify proper installation and configuration of CAS on the devices

(c) Engage State Information Officers (SIO) and District Information Officers (DIO) for providing support towards deployment of CAS

(d) Supervise allocation and deployment of devices to users (with SIM cards and active mobile connections)

(e) Enable creation of User account for the AWW and Supervisors within the application through the helpdesk staff

(f) Facilitate creation of User accounts for State/UT officials to access web-based reports and dashboards

(g) Institutionalize processes relating to User Management, troubleshooting, etc.

5. **Training to ICDS Officials**: (DPOs, CDPOs etc.), ICDS functionaries (AWWs, Supervisors) and members of associated State/UT departments (IT mission, State Skill Development Mission, National Health Mission, Panchayat Raj, Rural Department, Finance Department)

(a) Identify master trainers.

(b) Prepare a systematic training plan and schedule trainings for AWWs, Supervisors, CDPOs, DPOs, DIOs and SIOs, SPOs.

(c) Organize logistics for training including venue, resources and content.

(d) Print and disseminate standard training materials issued by MWCD.

(e) Conduct refresher trainings for all field level resources.

6. **Provision of handholding support/personnel:**

(a) Engage/hire personnel for helpdesk and maintenance support.

(b) Train the personnel on CAS solution.

(c) Deploy personnel at Block, District and State level for troubleshooting, hand holding support, monitoring and training reinforcement.

(d) Collaborate with members of associated State/UT departments such as IT mission, State Skill Development Mission, National Health Mission, Panchayat Raj, Rural Department, Finance Department etc. for assistance in implementation.

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Annexure-XV

(Refers to paragraph 4.2.4.2)

List of ICT-RTM Guidelines

Description
Guidelines 1. Guidelines for ICT-RTM under NNM 2. Device Distribution Guidelines 3. Username Management Guidelines for ICDS-CAS
Training Manuals 4. Training Manual on ICT-RTM for Master Trainers 5. Reporting Format for ICT-RTM Training under NNM
User Manuals 6. AWW ICDS-CAS User Manual (English) 7. ICDS-CAS Dashboard Manual
Troubleshooting Manuals 8. State Level Troubleshooting Manual 9. District Level Troubleshooting Manual 10. Block Level Troubleshooting Manual

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Annexure-XVI

(Refers to paragraph 4.3.3)

Broad Guidelines for Implementing Incremental Learning Approach at State/UT Level

1. The National Nutrition Mission (NNM) envisages establishing a system where programme functionaries will become more effective by learning to plan and execute each task correctly and consistently through methodical, ongoing capacity building, called 'Incremental Learning Approach (ILA)'. Such a system will use opportunities in the form of existing supervisory interactions at different levels, through which practical and guided learning may be accomplished. The proposed system envisages breaking down the total learning agenda into small portions of doable actions as the range of skills and tasks to be learnt is quite substantial, and since adults naturally learn by doing rather than through theory alone.

2. **Technical and Training Responsibilities:** District Resource Group (DRG) and Block Resource Group (BRG) members and other external and internal facilitators will ensure that detailed plans are made for each monthly cycle, related teaching-learning materials are created or made available in sufficient numbers, and the technical integrity of training and operational planning during the month is not compromised. Some of the members may have administrative responsibilities as well.

3. **Administrative and Managerial Responsibilities:** Supervisors and programme leaders at each level ensure implementation as planned, ensure that data becomes available for review, use data and evidence for review and monitor progress of outputs and outcomes as planned. They may also be resource persons and members of DRG and BRG, but their main responsibility is in ensuring that planned actions are executed. If they are not also members of DRG or BRG, they will require separate technical inputs to play their roles as leaders and managers effectively.

4. **Steps for Implementing the Incremental Learning Approach (ILA):**Incremental Learning sessions or trainings will be planned and organized monthly at the district, block and sector level. Participants will include members of the district and block resource groups and all AWWs as per the recommended organization. The participation of members from the Health Department is desirable and an effort should be made to involve them. In preparation of IL sessions, the state should carry out the following:

(a) Constitute the State Resource Group (SRGs) from amongst the staff and consultants of the State ICDS Directorate and training institutions.

(b) Constitute District Resource Groups (DRGs) and Block Resource Groups (BRGs) for all districts and blocks covered under NNM.

(c) Issue instructions/directives (preferably jointly with the Health Department) to all districts/blocks about ILA.

(d) Inform the districts and blocks about financial norms, allocations, utilization certificates and reporting mechanisms.

(e) Put in place financial approval systems that ensure timely availability of funds at all levels to prevent any delays in the organization of these sessions due to paucity of funds.

(f) Develop district and block level micro plans for conducting IL sessions that is schedules for meetings at the district, block and sector levels.

(g) Communicate these plans to DRG and BRG members and AWWs to ensure that they are pre-informed of the schedule and are well prepared to attend the sessions. A fixed day per month approach may be adopted for this.

(h) Ensure timely printing and supply of materials including modules, AWW take-aways and flip book for each IL session, up to all blocks.

(i) Knowledge tests drawing upon the e-ILA modules will be administered at the end of each IL session to assess the learning of participants at the end of the session.

(j) The IL sessions will be rolled out in a cascade manner.

5. The List of ILA Modules is as under:-

SiNo.	Name of the Module
1	Why this Monthly Meeting ?
2	Making or updating Home Visit Planner & Initiating Home Visits
3	Planning and Organizing Community Based Events at AWC
4	Observing Breastfeeding in Newborn Babies - Why and How
5	Identification and Care of a Weak Newborn baby
6	Complementary Feeding: Diet Diversity
7	Preventing Anemia in Women
8	Assessment of Growth in Children
9	Ensuring that Complementary Feeding improves over time

10	Ensuring Exclusive Breastfeeding
11	Care of the Weak Newborn Baby - How many weak babies are we missing?
12	How to ensure timely initiation of Complementary Feeding
13	Identifying and preventing Severe Acute Malnutrition
14	Feeding During Illness
15	Supporting mothers with issues in Breastfeeding
16	How to take care of weak newborn with the help of Kangaroo Mother Care
17	Identification & Referral of Sick Newborn
18	Preventing illnesses to avert Malnutrition and Death
19	Prevention of Anemia in girls and adolescents
20	Birth Preparedness- For Institutional and Home Delivery
21	Preparation During Pregnancy: For NewBorn Care & Family Planning

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Annexure-XVII

(Refers to paragraph 4.4.2.2)

Guidelines for Conduct of CBE

1. **Events to be organized on following themes:** The CBE activity will be conducted on the above given themes based on State/UT based needs. The CBE can be followed up with discussion on WASH, hand washing etc.
   (a) Inviting women during the first, second and third trimester of pregnancy.
   (b) Annaprasan Diwas.
   (c) Suposhan Diwas (focus on orienting husband).
   (d) Messages related to Public Health for improvement of Nutrition and to reduce illness.

2. **Periodicity:** Any one event may be organized in a month on a fixed day of the week at Anganwadi Center or any other place in community such as Mahila Mandal Bhawan, Panchayat Ghar/Bhawan, Choupal etc.

3. **Duration:** 1.30 hours flexible timing, convenient to the community to participate.

4. **Participants:**

   (a) **Primary beneficiaries:** Pregnant women, lactating mothers, mothers of children under two years of age. Influencers of pregnant women and lactating mothers, such as husbands and mothers-in- laws.

   (b) **Service providers:** Aanganwadi Workers, Lady Supervisors, ANM, ASHA, Child Development Project Officers of ICDS, District Program Officers of ICDS, Officials of ICDS Directorate, PRI Members, Women SHG Members, Teachers and District Administration.

5. **Method of Communicating Messages:**

   (a) Try and ensure that women and children to the relevant age group participate in the event.
   (b) Presence of elders from the same families, or other influential opinion leaders could make the communication more effective.
   (c) Use correct key messages as prescribed in ICDS/NRHM relevant to the participants.
   (d) Convey messages in conversational and simple language using local terms and dialect. Use available IEC materials provided in ICDS/NRHM, if need be. Make the messaging interactive, rather than didactic, wherever possible.

6. **Monitoring and Supervision:** AWW will keep a record of event held, with dates, the name of beneficiary (s) for whom the event was organised, number of participants and theme covered in events;

(a) Supervisor will oversee these records and ensure that AWW has provided necessary inputs as follow up to the eligible beneficiaries, during their home visits;

(b) Consolidated number of events celebrated sector-wise per month will be kept as record at the CDPO Office for quarterly reporting to the districts/ SPMU in a prescribed format.

(c) By using ICT RTM technique it is suggested that AWW can click the picture of the event covering all the beneficiaries and IEC material by mobile and send online.

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Annexure-XVIII

(Refers to paragraph 4.4.2.4)

Strategies for Jan Andolan Campaigns

Following are some of the suggested strategies for creating effective Jan Andolan Campaigns. This is only a suggested list and States/UTs may consider other innovative methods for initiating effective local campaigns.

a. A curriculum on nutritional aspects for education of general masses.

b. An On-line Course on Nutrition for Children which can be provided free of cost to the general public as well in schools and colleges to educate them on nutritional aspects.

c. Children to be encouraged to participate in various cultural activities to be taken up at the AWCs e.g. wearing dresses depicting vegetables, different colors, fruits, etc.

d. Nutrition message from folk songs and songs on WASH could be development to address the public.

e. Telephone service providers can be approached for sending messages on nutrition and also creating ring-tones.

f. At the AWCs, photographs of healthy mother and child could be displayed to create a sense of encouragement to the beneficiaries.

g. Yoga can be promoted at the AWCs for the beneficiaries.

h. In the cultural and other programmes in which Adolescent Girls take part nutrition subject can be linked in various ways i.e. songs, messages, charts dramas, etc.

i. Strategies like organizing competitions at community level, rewarding PRIs with good achievement etc. may be adopted.

j. Capture the opportunity of festivals.

k. Organize event when child is 6 months old, on initiation of supplementary feeding.

l. Activities like formation of Human Chain, Cycle Race, inviting Officials/Politicians/PRI leaders etc. can be organized.

m. Program on All India Radio/Local Radio/TV be telecasted

n. Comparing Child's photo with photo of healthy baby of same age can be done to sensitize mothers and family members.

o. Freshly inducted IAS/State Service Officials needs to be sensitized on the issue of nutrition.

p. PRIs/VOs/SHGs can be involved to convert this fight against malnutrition into a Jan Andolan. In this regard, the Joint Advisory dated 18th January 2018 detailing the strategy and roles of VOs/SHGs can be referred at **Annexure XI.**

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Annexure-XIX

(Refers to paragraph4.5.2.2)

Broad Guidelines for Innovation

The States/UTs will develop the proposals for the innovation pilots and pose them to MWCD for approval. States/UTs will be assisted in developing, designing and implementation of the pilots by agencies which are in technical collaboration with MWCD. The States/UTs would be required to make detailed presentations of their proposals to MWCD in Consultation with NNM team.

2. **Criteria for Considering the Pilot Proposals for Approval:** The project proposal shall be evaluated on the basis of the following parameters;

(a) It must clearly mention its objective aiming at one or more clearly indicated nutritional outcomes to be achieved or significantly bettered. It should also indicate the target group and the benefits the implementation of innovative pilot is likely to accrue to them. It should:

(b) Indicate conceptual clarity and relevance.

(c) Lineate implementation strategy and timeline.

(d) Lay out a clear monitoring and course correction mechanism.

(e) Indicate implementation structure and funds flow.

(f) Depict scalability and contextual specificity.

(g) Indicate a feasible and realistic mechanism of convergence and the institutional arrangements for the same.

3. **Monitoring and Evaluation:** The convergent nutrition action innovation pilots will have a clear action plan and timelines. They will also incorporate a robust monitoring and evaluation structure which will include measures to be used to assess the impact and implementation rigor, and a detailed mechanism for monitoring based on a select set of monitoring indicators.

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Annexure-XX

(Refers to paragraph 5.1.1)

Functionality of Call Centre

1. **In-Bound Call Centre Operations:** The call centre will act as a grievance redressal forum and will enable the beneficiaries i.e. pregnant women, lactating mothers and households. The key functionality/ services to be provided are as given below:

(a) Receive complaints and feedback regarding deficiencies in health service provided to beneficiaries.

(b) Registering and tracking of grievances regarding the deficiencies in service delivery and entitlements.

(c) Citizen's feedback regarding improvement of service delivery with respect to quality of care, safety, courtesy and other aspects, may be received and sent to the concerned departments for appropriate action.

2. The Officials at Ministry of Women and Child Development / State Project Management Units may resolve the grievances immediately or as early as possible. In view of this the grievance redressal process is broadly divided into the following two categories:

(a) **Real Time Redressal:** A system where grievances may be resolved by call centre agent as soon as they are received. This would involve guiding the beneficiary to the nearest AWC by sending her an SMS or sending them details of nearest AWW so they may contact her.

(b) **Time Bound Resolution:** It may not be possible to resolve many of the reported grievances immediately. For that, grievances may be registered and the concerned authority (MWCD, SPMU/DPO, LS, and AWW) may be notified to resolve them. Defined time limits may be prescribed at different levels and respective nodal person may be made responsible for the resolution of the grievances.

3. **Outbound Call Centre Operations:** The outbound call centre operations shall include the following activities:

(a) Opening and registering of tickets based on SMS alerts generated by the ICDS CAS system i.e. SMS to beneficiary in case the child is under nourished and falls under the red zone in the dashboard.

(b) Call Centre Agent shall make calls to SPMU/CDPO etc. as per the Follow-up protocols.

(c) SMS/ email alerts shall be generated/ triggered on ticket generation and window shall be provided to users at MWCD and State to monitor the real time status of each ticket and take follow-up action.

Annexure-XXI

(Refers to paragraph 5.3.2.2)

Key Functions of National Nutrition Resource Centre- Central Project Management Unit (NNRC - CPMU)

(a) Provide technical advice and support to key sectors on nutrition by participating in the planning process of sectoral programmes.

(b) Review existing policies and programme and provide support to MWCD and other Ministries to update the same.

(c) Prepare implementation guidelines and Standard Operating Procedures for implementation of nutrition related programmes at the National and State levels.

(d) Prepare modules and job aids on specific technical areas of nutrition.

(e) Perform the role of a technical secretariat for the National Nutrition Mission and related bodies.

(f) Participate and support preparation of APIPs of relevant Government interventions to bring nutrition focus.

(g) Undertake review and suggest possible modifications to sectoral programmes for monitoring direct and indirect nutrition outcomes.

(h) Engage with various stakeholders individually as well as through platforms on nutrition and promote partnerships towards nutrition action.

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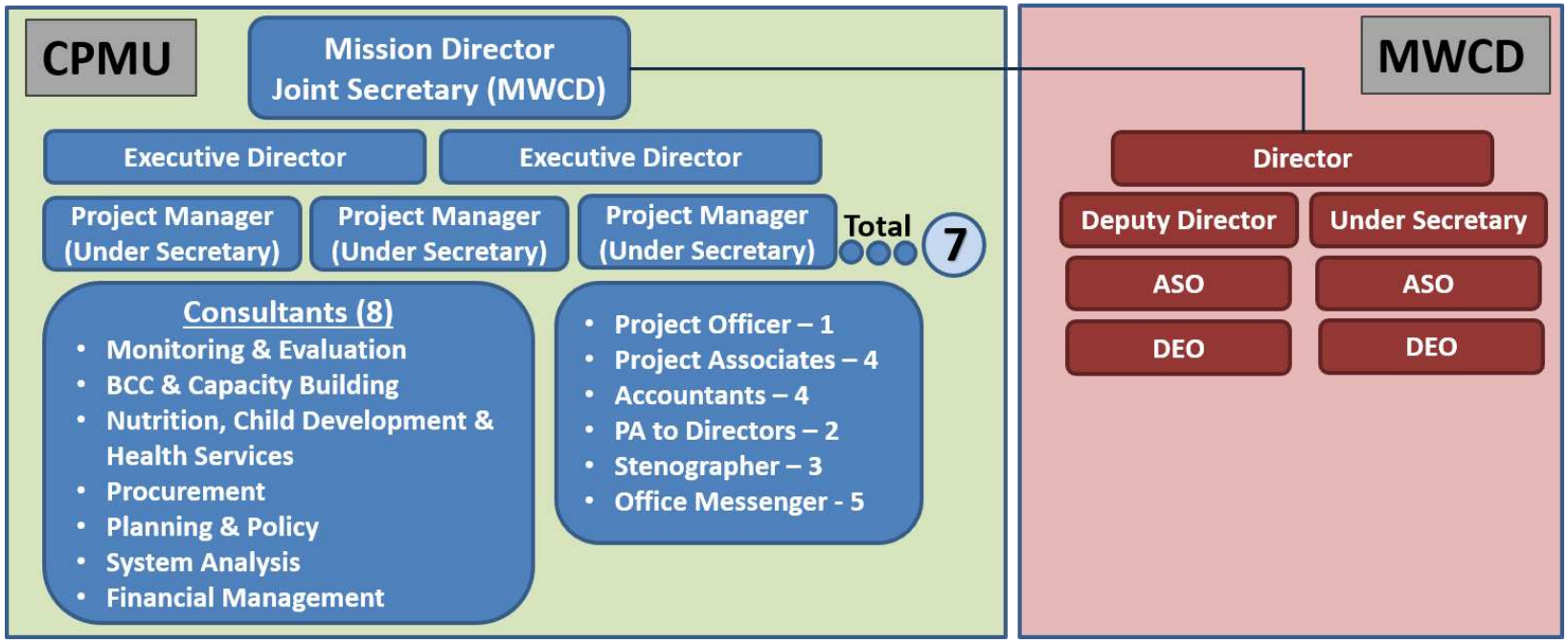
Annexure-XXII

(Refers to paragraph 5.3.2.2)

Manpower at National Nutrition Resource Centre- Central Project Management Unit (NNRC - CPMU)

S. No.	Position	Total under NNM	Mode of Recruitment
1.	Mission Director	1	[AS/JS in charge (ex Officio)]
2.	Executive Director	2	On deputation
3.	Project Managers (Under Secretary level)	7	Deputation/ Contractual
4.	Technical Consultants (i) Nutrition, Child Development & Health Services (ECCE,IYCF)-1 (ii) Planning & Policy-1 (iii) Capacity Building & BCC-1 (iv) Monitoring & Evaluation-1	4	Contractual
5.	Other Consultants (i) System Analysis-2 (ii) Financial Mangement-1 (iii) Procurement-1	4	Contractual
6.	Project Officer (Section Officer level)	1	Deputation
7.	Project Associates (ASO level for deputation)	8	Deputation/ Contractual
8.	Accountants	4	Contractual
9.	PA to Project Director	2	Contractual
10.	Stenographers to Under Secretaries on deputation	3	Contractual-on sharing basis
11.	Office Messenger/Peon	5	Contractual

Organisation Setup at MWCD



Annexure-XXIII

(Refers to paragraph 5.3.2.2)

Terms of References (ToR) for hiring Technical Consultants in NNRC-CPMU, NNM

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
1	Consultant (Nutrition, Child Development & Health Services) (ECCE, IYCF)	Rs. 80,000/- per month. Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	• PG degree in Nutrition/Public Health/ Community Medicine with at least 60 % marks. • At least 3 years experience in planning, implementation and monitoring of child and women nutrition programmes. • For applicants with PhD (in nutrition related subjects), 3 years of doctoral time would be counted as 3 years of experience. • Expertise in MS Office including Word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 55 years.	• 5 years of experience of working in nutrition/ public health / social development programmes. • Experience of working with Government/ Government organizations/ international organizations. • In- depth knowledge of key nutrition issues and nutrition programmes. • Knowledge of project management techniques.	1. Provide technical leadership and facilitate relevant strategy development for nutrition and designing of nutrition related activities and pilots to be implemented in the Mission. 2. Support development of annual action plans in consultation and collaboration with the Executive Director, Project Managers, other technical consultants and the SNRC-SPMUs. 3. Support development of and/ or review of relevant guidelines, operational manuals, documents, for specific nutrition actions in the project to ensure quality and facilitate their national and state level dissemination. 4. Facilitate implementation of nutrition related activities in the project, including multi-sectoral nutrition actions. 5. Identify emerging needs from the project and facilitate action through SNRC-SPMU and/ or through engagement of short-term consultants. 6. Support the Executive Director and Project Managers in facilitating

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
					meetings with technical expert committees, relevant the ministries such as, ministry of health, rural development, social welfare, agriculture, food processing etc. and other stakeholders on nutrition & multi-sectoral issues. 7. Monitor and review progress of all nutrition related project activities and indicators (MIS data), identify areas and Project States/ Districts in need of support and take follow up supportive action as required. 8. Support preparation of quarterly and annual Mission Progress Reports. 9. Support project States in the preparation of State annual action plans, focusing on nutrition activities. 10. Liaison and coordinate with external stakeholders. 11. Any other activity, identified by the Executive Director, as relevant to the Mission.
2	Consultant (Planning & Policy)	Rs. 80,000/- per month. Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	• PG degree/diploma in Public health/Preventive & Social Medicine/Nutrition/Public Administration/MBA (Public Policy) or Post graduate qualification in social work, with at least 60% marks.	• At least 5 years of experience in planning and implementing public health programmes. • Planning and organisational skills that result in successful	• Situational Analysis on various aspects of the Health Sector. • Ability to analyse the data/ Monthly Information Report (MIS) and convert into policy, • Support all the States in preparing comprehensive plan, • Monitoring progress against planning and drive solutions

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
			• Good knowledge and understanding of public health/ Nutrition programs. • At least 3 years' experience in planning, implementation and monitoring of child and women nutrition/health programme. • Demonstrated technical, management, strategy development. • Good computer skills (knowledge of excel, power point etc) • Good oral and written communication skills both in English and Hindi Age should be below 55 years.	implementation and follow through on project based work. • Experience in planning and strategy development. • Demonstrated ability to work in a multi-disciplinary team environment, taking initiative and delivering quality inputs within the time-limits.	• Ability to convert policy tools into guidelines with team • Facilitate development and implementation of proposals/strategies derived from the situational analysis. • Provide assistance for implementation of the National Nutrition Mission and its goals in centre and in States from time to time. • Undertake such other assignments, which may be assigned by from time to time.
3	Consultant (Capacity Building & BCC)	Rs. 80,000/- per month. Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	• PG degree in Social Sciences/ Health Communication/ Mass Communication / Rural Development with at least 60% marks. • At least 3 years experience in planning and implementing behaviour change	• 5 years of experience of working in nutrition/ public health/ social development programmes. • Good knowledge and understanding of public health/ nutrition programmes. • Experience of working	1. Provide technical leadership and facilitate relevant strategy development for strengthening Behaviour Change Communication and Capacity Building interventions in the Mission. 2. Support development of annual project action plans in consultation and collaboration with the Executive Director, Project Managers, other

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
			communication and capacity building interventions in public health/ nutrition programmes. • Expertise in MS Office including word, Excel and Power Point. • Good oral and written communication skills both in English and Hindi Age should be below 55 years.	with Government / Government organizations/ international agencies. • Knowledge of project management techniques.	technical consultants and the SNRC-SPMUs. 3. Support development of and/ or review of relevant guidelines, operational manuals documents, as required, for behaviour change communication & capacity building in the Mission to ensure quality and facilitate their national and state level dissemination. 4. Support designing of behaviour change communication/ capacity building interventions and pilots. 5. Identify emerging needs from the project and facilitate action through SNRC-SPMU and/ or through the engagement of short term consultants. 6. Support the Executive Director and Project Managers in organizing and facilitating meetings with technical expert committees, relevant the ministries such as, Ministry of Health, Civil society organizations and other stakeholders on issues related to behaviour change communication & Capacity Building. 7. Provide relevant inputs on behaviour change communication & capacity building to other technical consultants, as required, to improve the quality, design and implementation of other thematic activities in the project, such

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
					as community mobilization initiatives, project MIS, operations research and evaluations etc. 8. Monitor and review progress of all behaviour change communication & capacity building interventions and indicators (project MIS data), identify areas in need of support and take follow up supportive action. 9. Orient and build capacities of SNRC-SPMU staff on all guidelines, manuals, tools etc. prepared at the Central level related to behaviour change communication & capacity building and support their further dissemination and use. 10. Liaison and coordinate with external stakeholde₹ Any other activity, identified by the Executive Director, as relevant to the Mission.

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
4	Consultant (Monitoring & Evaluation)	Rs. 80,000/- per month. Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	• PG degree in Computer Applications or B. Tech/ BE in IT/ Computer Engineering or PG in Science with formal training on IT/ computer with at least 60 % marks. • At least 3 years experience in IT/ ICT Systems implementation and analysis. • Project management experience. • Planning and organizational skills that result in successful implementation and follow through on project-based work. • Proficient in M&E techniques and methodologies. • Expertise in MS Office including word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 55 years.	• 5 years of experience of working in IT system implementation and analysis. • Experience in managing large scale technology implementation in Government. • Experience of working with Government/ Government organizations. • Experience in implementation of mobile technology for community health or nutrition (Health) programs. • Knowledge on working on statistical software packages (e.g. SPSS, STATA, etc.) • Knowledge of project management techniques. • Knowledge of Big Data Analysis.	1. Support for the rollout of NNM under the Mission. 2. Work along with the States to ensure that the activities are completed as per the timelines. 3. Support the Ministry in monitoring the rollout in all the states. 4. Support Ministry in managing risks, issues and bottlenecks in implementation of NNM. 5. Export and analyse data for the Ministry, including providing it with the answers to questions pose, based on the data. 6. Stakeholder and Partner management related activities. 7. Support Ministry in analysis of impact of rollout of NNM. 8. As directed by the Ministry, make updates of elaborations to guidelines and standard operating procedures that guide states in rollout and management of the NNM, if needed. 9. Any other activity, identified by the Executive Director, as relevant to the Mission.
5	Consultant (System	Rs. 60,000/- per month.	• PG Degree in Computer Applications or B. Tech/	• 5 years of experience in IT system	1. Lead the L-2 Support team, provide directions to the team members for

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
	Analysis/Data Management)	Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	BE or PG Degree with formal training on IT/ computer with at least 60% marks. • At least 3 years experience in IT/ICT Systems implementation. • Should have experience in development and implementation of web based applications and mobile applications. • Expertise in MS Office including Word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 35 years.	implementation. • Experience in managing large scale technology implementation or health programs in Government. • Experience of working with Government/ Government organizations. • Experience in mobile technology for community health or nutrition (Health) programs. • Experience in managing a technical team.	ensuring technical support issues are addressed satisfactorily and promptly. 2. Support Ministry in technical discussions and technical analyses. 3. Support in resolving complex problems. 4. Interface with NIC/NICSI and Infrastructure team in regards to implementation of ICT –RTM. 5. Monitor the work being done by the Infrastructure team. 6. Support the NNRC-CPMU in planning for scale up of ICT-RTM. 7. Support the NNRC-CPMU in creating complex custom data analyses. 8. Conduct refresher trainings of Central-government-level and State-level CAS users, as needed. 9. Support the maintenance of the CAS system and certain, minor updates of CAS content enabled through the CAS web administration site like updating text or translations of the CAS software. 10. Manage Central-government level users of CAS system, using the CAS web administration site. 11. Any other related activities of the project that may be assigned by the Executive Director.
6	Consultant (Financial Management)	Rs. 60,000/- per month. Annual increase of Rs. 5000/-	• CA/CS/CMA (CWA) or MBA (Finance) from reputed institute with at least 60 % marks.	• 5 years of experience in finance management. • In- depth knowledge	1. Preparation of annual budgets: provide support to timely preparation of Mission's annual budget estimate keeping in view of the approved

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
		will be granted, subject to performance of the Consultant.	• Post qualification experience of 3 years in finance management out of which 1 year should be in Government/ PSU/ international agencies. • Expertise in MS Office including Word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 35 years. **Or** Government employees retired as Under Secretary (Pay Level-11) or equivalent with at least 5 years' experience of financial management/budget/Government treasury accounting and age below 65 years as on the last date of receipt of	and expertise in financial management, internal controls/ systems development & implementation, government treasury accounting, auditing & reporting, taxation, general management and ability to resolve problems or situations that requires the exercising of good judgement.	allocations and past expenditure under the Mission, revised estimates (if any). This will include obtaining budget/revised estimates from states in timely manner so as to feed into the budget for the project at the Ministry level. 2. Release of funds to the States: Process timely release of funds to States; keep track and maintain database of funds released and the yearly utilization certificates submitted by the States; process timely revalidation of unspent balances, if any; 3. Prepare and submit interim Unaudited Financial reports (IUFR)/ Financial Monitoring Report (FMR) to the World Bank and CAA&A, Ensure timely (quarterly) receipt of the financial reports from the States; review and consolidate the State IUFRs/ FMRs and submit in the prescribed format to the World Bank and to CAA&A, (electronically or otherwise as required) on periodic basis; 4. Keep track of disbursement under the project-category-wise, maintain record of the same, using the World Bank's Client Connection website and CAA&A website. 5. Liaison with the IFD/ Budget Section / Plan Unit of MWCD for budget

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
			application.		allocation, re-allocations and other approvals as may be necessary from time to time. 6. Keep track and maintain ledger book of all expenditures incurred in the CPMU and ensure reconciliation with the Pay & Accounts Office on a quarterly basis. 7. Consolidate and control advance contingency bills/ receipt of utilization certificates (UC) from NGOs/ other agencies where funds are released to NGOs/ other agencies from NNRC-CPMU budget. 8. Liaison with the AGCE at the central level for annual audit of the project financial statements for expenditures at the NNRC-CPMU level: this will involve preparation of annual financial statements based on reconciled expenditure with the PAO, schedules of pending AC Bills and UCs as to March 31 and facilitate in completion of audit by the AG as per standard Terms of Reference by July 31 of each year and submit it to World Bank by September 30 of each year. Responsibility will also include liaison and follow up with the project States for timely completion of audit for expenditures at the state level. 9. Addressing audit objections: Coordinating with the States to

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
					address the audit objection/ internal control weakness, issues of disallowances, if any. 10. Provide financial and commercial advices and assistance in various procurement proposals for goods and services as per the World Bank Procurement Guidelines. 11. Provide orientation training as required to the SNRC-SPMUs/District Project Teams on the Financial Management Manual prepared for the Mission. This will involve periodic visits to the States. 12. Coordination with the World Bank, DEA and CAA&A: Maintain close coordination with the Financial Management Specialist in the World Bank, concerned Officials in the CAA&A and the DEA on matters related to funds disbursement under the Mission; 13. Any other finance related activities to the Mission that may be assigned by the Executive Director, including payment of bills etc. and ensuring adequate internal controls to support the payments.
7	Consultant (Procurement)	Rs. 60,000/- per month. Annual increase of Rs. 5000/-	• PG degree/PG Diploma in supply chain management or MBA with specialization in	• 5 years experience in procurement planning & management. • In-depth knowledge of	1. Support in preparation of annual action plan with inputs on procurement related activities. 2. Based on the approved annual plan,

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
		will be granted, subject to performance of the Consultant.	Operations/ Materials Management/ Supply Chain & Logistics Management/ Procurement/ other related discipline with at least 60% Marks. • At least 3 years' experience in supply chain & logistics/ Procurement planning management out of which 1 year should be in Government/ PSU. • Expertise in preparation of ToRs for consulting services, RFP and bidding documents for procurement of goods and services. • Expertise in MS office including Word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 35 years.	supply chain management/ logistics/ procurement. • Good understanding of the ICDS scheme will be an added advantage.	update procurement plan of NNRC-CPMU and consolidate the same for all project States periodically as required and share with the World Bank for their No Objection. 3. Share updated, approved procurement plan with all States and ensure its disclosure on the MWCD/State DWCD websites. 4. Ensure timely implementation of approved procurement plan: Support procurement of goods and services in the NNRC-CPMU as per approved procurement plan following World Bank procurement guidelines for good and consultancy services respectively. 5. Liaise with other Consultants/ Project Managers to develop expressions of interest, technical specifications for goods, bid documents, terms of reference (ToR) for non-consultant and consultant services, requests for proposals, evaluation criteria for goods, selection criteria for non-consultants and consultants, contract documents and amendments to contracts, where necessary. 6. Secure no objection from the World Bank for prior review procurements as well as for Terms of Reference, shortlist of consultants, recommendation for award of contract for consultancies, and amendments to

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
			Or Government employee retired as Under Secretary (Pay Level-11) or equivalent with at least five years' experience in procurement and age below 65 years as on the last date of receipt of application.		contract, where necessary. 7. Support the SNRC-SPMUs in all procurement related activities and ensure strict adherence to the approved procurement plan and the Procurement Manual developed under the project. 8. Prepare and issue clarifications to bidder's queries in support of fair and transparent procurement processes. 9. Review quality of goods procured and disseminated through the Mission and recommend remedial actions where quality of goods are compromised.
8	Project Associate	Rs. 30,000/- per month. Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	• Graduate degree with at least 50 % marks. • At least 3 years of work experience in Government/ Private organizations. • Expertise in MS Office including Word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 28 years.	• MBA or equivalent (with minimum 50 % marks). • Understanding of social sector programmes relating to health, nutrition & public health.	1. Correspondence with the SNRC-SPMUs for providing relevant information and data. 2. Analysis of state and district level data for effective monitoring and decision making. 3. Compilation of State/ district- wise quarterly progress reports and preparation of the central- level monitoring reports. 4. Organizing and facilitating Mission review meetings with States and consultations with other stakeholders. 5. Facilitating meetings during the World Bank Supervision Missions. 6. Regular updating/ uploading of project data/ information on the project website.

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
					7. Maintenance of all Mission documents and records in both soft and hardcopies. 8. Processing/ examining of cases/files in NNRC-CPMU/World Bank Unit. 9. Any other activity relevant to the project as assigned by the Project Managers/Executive Director.
9	Accountant	Rs. 30,000/- per month. Annual increase of Rs. 5000/- will be granted, subject to performance of the Consultant.	• PG degree in Commerce/ Accounting/ CWA-Inter/CA- Inter with at least 50% marks • At least 3 years' experience in accounting with exposure in budgeting & audit out of which 1 year should be in Government/ PSU. • Expertise in MS Office including Word, Excel and PowerPoint. • Good oral and written communication skills both in English and Hindi Age should be below 28 years. **Or** • Government employees	• 5 years experience in accounting with exposure in budgeting & auditing. • Knowledge of administrative system and procedures of the Central Government, any accounting software will be an added advantage. • Strong computer skills, especially in the use of MS Word and Excel.	1. Provide support to preparation of Mission's annual budget estimate keeping in view of the approved allocations and past expenditure under the project, revised estimates (if any) and ensure its submission to the Plan Unit. 2. Provide support to process release of funds to the States; keep track and maintain database of funds released and the yearly utilization certificates submitted by the States; process timely re-validation of unspent balances, if any; 3. Coordinate with the States for timely (quarterly) receipt of the financial reports(IUFRs/ FMRs); provide support to review and consolidate the State IUFRs/ FMRs and submit in the prescribed format to the World Bank and to CAAA (electronically) on periodic basis; 4. Process bills for timely payment/re-imbursement of all expenditures

Sl. No.	Position	Consolidated Remuneration	Essential Qualification & Experience	Desirable	Scope of work
			retired as Accountant with at least five year' experience/Accounts Officer/Audit Officer with at least 3 year' experience and age below 65 years as on the last date of receipt of application.		incurred in the NNRC-CPMU/ World Bank Unit including monthly remuneration of the Consultants and other project staff, ensuring adequate internal controls to support the payments. 5. Maintain record of the disbursement under the project – category-wise, using the World Bank Client Connection website. 6. Liaison with the IFD/Budget Section/ Plan Unit of MWCD for budget allocation, re-allocations and other approvals as may be necessary from time to time. 7. Keep track and maintain ledger book of all expenditures incurred in the NNRC-CPMU and ensure reconciliation with the Pay & Accounts Office on a quarterly basis. 8. Consolidate and control over advance contingency bills and receipt of utilization certificates (UC) from NGOs/ other agencies where funds are released to NGOs/other agencies. 9. Liaison with the AGCE for annual audit of the financial statements of the NNRC-CPMU; 10. Any other financial related activities of the Mission that may be assigned by the Executive Director.

Engagement of Retired Government employee: In case of retired Government employees engaged as Consultant, the remuneration of such Consultant may be fixed in manner so as to ensure that the pension being drawn by such officers/employees and the remuneration payable, taken together, shall not exceed the quantum of last pay drawn.

TA/DA entitlement: Consultants getting consolidated remuneration of ₹ 60,000/- and above per month will be entitled to travel by Air (Economy Class only) and would be eligible to claim TA/DA at par with the Government employees in the Grade Pay of Rs 5400/Rs. 6600/- (pre-revised).

Consultant getting consolidated remuneration less than ₹ 60,000/- per month will be entitled to travel by 2nd AC/Chair Car (Train) and would be eligible to claim TA/DA at par with the Government employees in the Grade Pay of Rs. 4200/Rs. 4600/- (Pre-revised).

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Annexure-XXIV

(Refers to paragraph 5.3.3.1)

Manpower at State Nutrition Resource Centre- State Project Management Unit (SNRC - SPMU)

Sl. No.	Position	No.in each State/UT	Mode of Recruitment
1.	State Project Director	1	Government
2.	Joint Project Coordinator	1 per 10 districts (Minimum 1 per State/UT)	On deputation
3.	Specialists (i) Planning , Monitoring & Evaluation-1 (ii) Health & Nutrition-1 (iii) Financial Management-1 (iv)Capacity Building & BCC-1 (v) Procurement-1	5	Contractual
4.	Accountant	1 per 10 districts (Minimum 1 per State/UT)	Contractual
5.	Project Associates	1 per 10 districts (Minimum 1 per State/UT)	Contractual
6.	Secretarial Assistant/DEO	2	Contractual
7.	Office Messenger/Peons	2	Contractual

Manpower at District Level Help Desk

Sl. No.	Position	No. in each district	Mode of Recruitment
1.	District Coordinators	1 per District	Contractual
2.	Project Assistants	1 per District	Contractual

Manpower at Block Level Help Desk

Sl. No.	Position	No. in each district	Mode of Recruitment
1.	Block Coordinators	1 per Block	Contractual
2.	Project Assistants	1 per Block	Contractual

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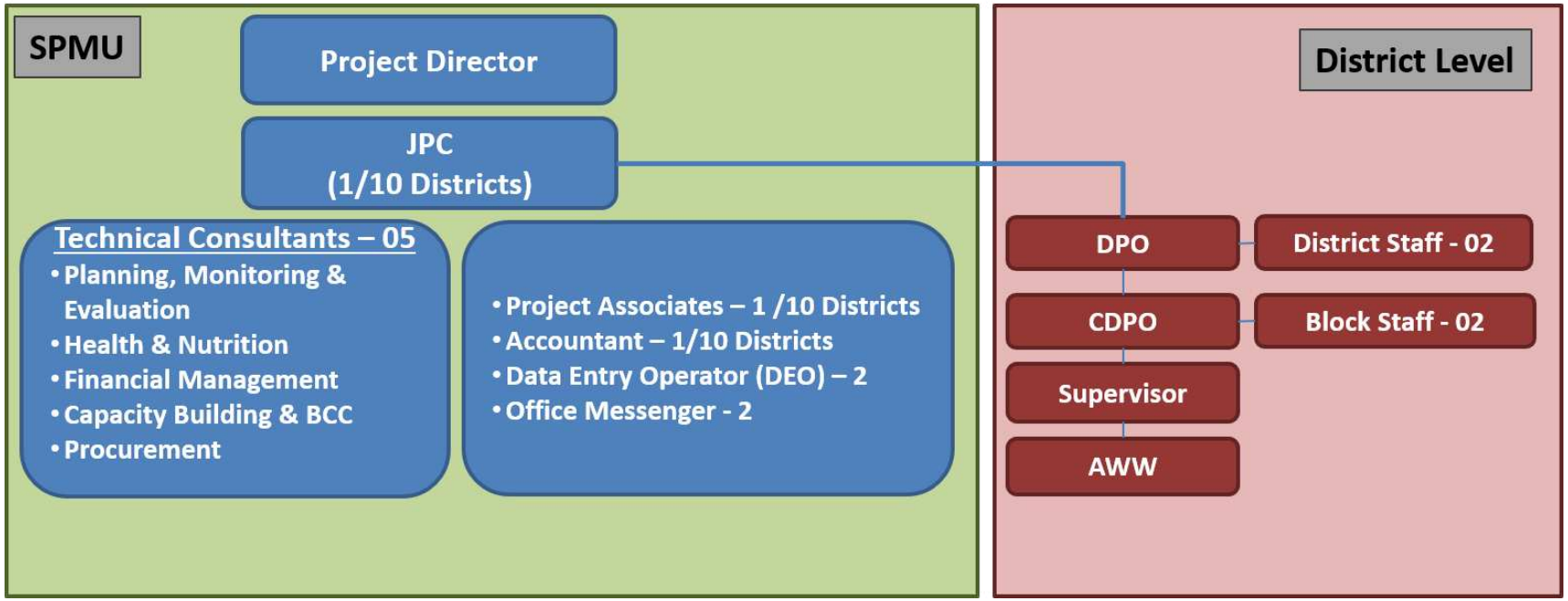
Organisation Setup at State Level



Annexure-XXV

(Refers to paragraph 5.3.3.2)

Terms of References (ToR) for hiring Technical Consultants in SNRC-SPMU, NNM

S. No.	Position	Consolidated Remuneration	Essential Qualification and Experience	Desirable	Scope of Work
1	Consultant (Planning, Monitoring & Evaluation)	Rs. 60,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance of the Consultant.	PG degree/diploma in Management/ Computer Applications/Computer Science or B. Tech/BE in IT/Computer Engineering or PG in Science with formal training on IT/computer with at least 55% marks. • At least 3 years experience in IT/ICT Systems implementation and analysis. • Project management experience. • Extensive experience in development and implementation of web-based applications and mobile applications and demonstrated knowledge and proficiency in M&E methodologies • Excellent oral and written communication skills in English and conversant in local language. • Good computer skills.	• 5 years of experience in IT system implementation and analysis. • Experience in managing large scale technology implementation in Government. • Experience of working with Government/Government organizations. • Experience in implementation of mobile technology for community health or nutrition (m-Health) programs. • Knowledge of statistical software packages (e.g. SPSS, STATA, etc.) • Knowledge of project management techniques.	1. Design a project plan detailing various activities to be performed along for the implementation of Information and Communication Technology enabled Real Time Monitoring (ICT-RTM) of ICDS with completion dates for the same; 2. Prepare periodic progress reports detailing tasks completed and issues/ escalations/ risks; 3. Assist the Nodal Officer in overseeing the on-time completion of activities of the Procurement, Operations, Training, Publicity, Recruitment, etc.; 4. Coordination with the State Department of Women and Child Development/Social Welfare, SPMU team, training institutes, State Skill Development Mission, State IT Mission and relevant Development partners for effective implementation of ICT-RTM; 5. Follow-up and facilitate necessary assistance to ensure that the Mission plan is implemented in project districts in a timely manner; 6. Facilitate dissemination of relevant guidelines, reporting formats, training

					manuals and other documents relevant to the Mission, developed by the NNRC-CPMU, at the state, district and sub-district level. 7. Develop a program evaluation framework to identify areas for improvement; 8. Ensure data for indicators on implementation within the results monitoring framework of the project is updated every six months and made available to MWCD; 9. Support documentation and dissemination of best practices on ICT-RTM in the Mission and facilitate cross learning on the same across districts; 10. Support the Director and Joint Project Coordinators in the preparation of quarterly and annual progress reports; 11. Develop processes for the smooth functioning of ICT-RTM, like, transfer of devices in case AWWs quit/new AWWs join etc. 12. Assist the Director in obtaining necessary approvals, inputs and feedback on implementation, monitoring and evaluation of related activities. 13. Periodically share progress reports detailing tasks completed and issues/ escalations/ risks related to the implementation of ICT-RTM with relevant counterparts at the MWCD and collate and provide relevant information as and when required by the MWCD.

					14. Monitor and liaison with the State, District and Block Helpdesk to ensure technical support issues are addressed satisfactorily and promptly and that issues are being properly triaged. 15. Guide and support State, District and Block level officials in the usage of ICT-RTM in a timely manner, with quality. 16. Any other activity, identified by the Director in-charge of Mission, as relevant to the Mission.
2	Consultant (Health & Nutrition)	Rs. 60,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance of the Consultant.	• PG degree in Nutrition/ Public Health/ Social Sciences/ Rural Development Community Medicine with at least 55% marks • At least 3 years experience in planning, implementation and monitoring of child and women nutrition programmes. • For applicants with PhD (in nutrition related subjects), 3 years of doctoral time would be counted as 3 years of experience. • Expertise in MS Office including Word, Excel and PowerPoint. • Good understanding of decentralized planning and supportive supervision. • Excellent oral and written communication skills in English and ability to converse in local language.	• 5 years of experience of working in nutrition/ public health/ social development programmes. • Experience of working with Government/ Government organizations/ inter-organizations. • In-depth knowledge of key nutrition issues and nutrition programmes. • Knowledge of project management techniques.	1. Provide technical leadership and facilitate designing of nutrition related activities and pilots to be implemented in the Mission. 2. Provide managerial leadership and facilitate development of annual Mission's work plans. 3. Facilitate implementation of all nutrition related activities in the Mission, including multi-sectoral nutrition actions. 4. Provide necessary assistance to ensure that plans are implemented in a timely manner to achieve the agreed milestones of the Disbursement Linked Indicato₹ 5. Facilitate the dissemination of relevant guidelines, reporting formats and documents relevant to the Mission, developed by MWCD, at the state, district and sub-district levels. 6. Ensure data for the results monitoring framework of the project is updated every six months and made available to the MWCD.

					7. Monitor and review progress of all project interventions and indicators of the results monitoring framework, identify bottle necks in achievement/reporting of results and facilitate supportive action to resolve these. 8. Ensure availability of state approved project related documentation on the website of DWCD/DoSW. 9. Facilitate verification of achievement of milestones of Disbursement Linked Indicators by the Independent Verification Agency. 10. Identify emerging needs from the Mission and facilitate action through Director in-charge of Mission. 11. Support the Director in facilitating meetings with technical expert committees, relevant line departments such as, Departments of Health and Family Welfare, Rural Development, Social Welfare, Agriculture, Horticulture, Food Processing etc. and other stakeholders on nutrition & multi-sectoral issues. 12. Support documentation and dissemination of best practices in the Mission and facilitate cross learning on the same across districts. 13. Monitor and review progress of all nutrition related Mission activities and indicators, identify areas and districts in need of support and take follow up supportive action as required. 14. Support preparation of quarterly and annual project progress reports. 15. Liaison and coordinate with external

					stakeholders. 16. Any other activity, identified by the Director, as relevant to the Mission.
3	Consultant (Financial Management)	Rs. 60,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance of the Consultant.	• CA/ CS/ CMA (CWA) or MBA (Finance) from reputed institute with at least 55% marks. • At least 3 years qualification experience out of which 1 year should be in Government/ PSU/ international agencies. • Exposure to budgeting, audit and treasury functions. • Knowledge of state budgetary, treasury and finance rules. • Expertise in MS Office including Word, Excel and Power Point. **Or** Government employees retired as Under Secretary(Pay Level-11) or equivalent with at least 5 years' experience of financial management /budget/Government treasury accounting.	• 5 years of experience in finance management. • In-depth knowledge and expertise in financial management, internal controls/ systems development & implementation, government treasury accounting, auditing & reporting, taxation, general management and ability to resolve problems or situations that requires the exercising of good judgement.	1. Ensure proper financial control and management of Mission in implementation in the State. 2. Provide support to timely preparation of annual budget estimate keeping in view of the approved allocations and past expenditure under the Mission. 3. Facilitate allocation of budget to districts and blocks and maintain budget allocation register. 4. Keeping track and maintain database of funds released by MWCD and utilized in the State. Process the revalidation of unspent balances, if any. 5. Prepare the Financial Management Reports (FMR) under Eligible Expenditure Program (EEP) of NNM and arrange to send the duly approved one to MWCD on time. 6. Collection of monthly financial reports from districts and blocks and ensuring reconciliation with Treasury and Accountant General (A&E) on a monthly quarterly basis. 7. Liaison with the State Finance Department, Treasury and MWCD on financial matters under the directions of Director for budget allocation, re-allocation and other approvals. 8. Keep track and maintain ledger book of all expenditures incurred and ensure reconciliation with the Finance Department/ Treasury.

					9. Liaison with the Accountant General Office at the State level for annual audit of the project financial statements for expenditures at the State level. This will involve preparation of annual financial statements based on reconciled expenditures, schedules of pending AC Bills and UCs and facilitate in completion of audit by the AG as per standard Terms of Reference by July 31 of each year and submit it to MWCD by September 30 of each year. 10. Coordinate with Accountant General Office to address the audit objections / internal control weaknesses, issues of disallowances, if any, in consultation with Director. 11. Provide financial and commercial advices and assistance in various procurement proposals for goods and services. 12. Provide orientation training as required to the District Mission teams on the financial issues. 13. Any other finance related activities of the Mission that may be assigned by the Director, including payment of bills etc. and ensuring adequate internal controls to support the payments.
4	Consultant (Capacity Building & BCC)	Rs. 60,000/- per month. Annual increase @ 3% of remuneration may be granted,	• PG degree in Social Sciences/ Health Communication/ Mass Communication/ Rural Development that includes courses on training/capacity building management in	• 5 years of experience of working in nutrition/ public health/ social development programmes. • Good knowledge and understanding of public health/ nutrition	1. Provide technical leadership and facilitate development and deployment of Behaviour Change Communication and Capacity Building interventions in the Mission. 2. Support development of work plans and budget for all training plans under

		subject to performance of the Consultant.	nutrition/public health with at least 55% marks • At least 3 years experience in planning and implementing behaviour change communication and capacity building interventions in public health/ nutrition programmes. • Expertise in MS Office including Word, Excel and PowerPoint. • Professional experience in planning, implementation and monitoring of training programs and state and district levels. • Excellent oral and written communication skills in English and ability to converse in local language.	programmes. • Experience of working with Government/ Government organizations/ international agencies • Knowledge of project management techniques	Mission in consultation and collaboration with the Director in-charge of Mission and other technical consultants. 3. Coordination with the State Department of Women and Child Development/Social Welfare, SNRC-SPMU team, training institutes, State skill development mission, State IT missions and relevant Development & NGO partners for effective deployment of training programs. 4. Facilitate dissemination of relevant guidelines, reporting formats, training manuals and other documents relevant to the Mission, developed by the NNRC-CPMU, at the state, district and sub-district level. 5. Provide technical support to training programs at state, district, block, sector and Aanganwadi Center levels; ensure adherence to training modules and guidance provided by the MWCD 6. Identify high quality master trainers in the states, organize training of master trainers for various interventions, including CAS deployment, and Incremental Learning and follow up on quality of training program. 7. Follow-up and facilitate necessary assistance to ensure that training plans are implemented in a timely manner to achieve agreed milestones of the Disbursement Linked Indicato₹ 8. Coordinate documentation relating to assessment of training programs. 9. Ensure maintenance and management of records and progress reports at

					sector, block, district and state levels. 10. Ensure data for indicators on training within the results monitoring framework of the Mission is updated every six months and made available to the NNRC-CPMU. 11. Monitor and review progress of all training interventions and relevant indicators of the results monitoring framework, identify bottle necks in achievement/reporting of results and facilitate supportive action to resolve these. 12. Support designing of behaviour change communication interventions and pilots, if any. 13. Support the Director in organizing and facilitating meetings with technical expert committees, relevant line departments such as, Health and Family Welfare, Civil Society Organizations and other stakeholders on issues related to behaviour change communication & capacity building. 14. Monitor and review progress of all behaviour change communication & capacity building interventions and indicators, identify areas in need of support and take follow up supportive action, liaison and coordinate with external stakeholders in consultation with Director. 15. Support districts in preparation of annual training plan, planning and organizing trainings as per the finalized training plan. 16. Orient and build capacities of district and block level Mission staff on all

					training related guidelines, manuals, tools etc. 17. Carry out periodic supportive supervision visits, prioritizing poor performing districts to monitor the progress of planned trainings. 18. Prepare training plan progress report detailing the users who have received/missed training. 19. Ensure timely conduction of refresher trainings. 20. Facilitate verification of achievement of milestones of Disbursement Linked Indicators for the Independent Verification Agency. 21. Any other activity, identified by the Director, as relevant to the project.
5	Consultant (Procurement)	Rs. 60,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance of the Consultant.	PG degree in Supply Chain Management/ MBA with specialization in Operations / Supply Chain Management • At least 3 years experience in application maintenance / 4 years experience in supply chain management and procurement planning. • Experience of working with front line workers of Government Department and training on IT / Mobiles/Compute₹ • Problem solving skills. • Good oral and written communication skills in local language. • Computer literacy a must.	• 5 years experience in working on technology and software application support. • Proven ability to successfully handle multiple tasks specially IT and Supply Chain Management, within a team with attention to detail.	1. Review quality of goods procured and disseminated through the project and recommend remedial actions where quality of goods are compromised. 2. Responsible for overall management of the help desk and ensuring that the incidents are being registered and later resolved by the team. 3. Lead the L2 Support team and provide directions to the team membe₹ Responsible for ensuring technical support issues are addressed satisfactorily and promptly and that issues are being properly triaged 4. Support in resolving complex problems 5. Interface with Central help desk team on bugs 6. Help the State help desks / Ministry Users in troubleshooting issues with

			Or Government employee retired as Under Secretary (Pay Level-11) or equivalent with at least five years' experience in procurement.		CAS software 7. Flag critical software errors 8. Train the District Help desk 9. Any other related activities of the project that may be assigned by the Director.
6	Accountant	Rs. 30,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance of the Accountant.	• PG degree in Commerce/ Accounting/ CWA-Inter/CA-Inter with at least 50% marks • At least 3 years experience in accounting with exposure in budgeting & audit out of which 1 year should be in Government/ PSU. • Expertise in MS Office including Word, Excel and PowerPoint. **Or** • Government employees retired as Accountant with at least five year' experience/Accounts Officer/Audit Officer with at least 3 year' experience.	• 5 years experience in accounting with exposure in budgeting & auditing. • Knowledge of administrative system and procedures of the Central Government, any accounting software will be an added advantage. • Strong computer skills, especially in the use of MS Word and Excel.	1. Provide support to preparation of project budget estimates keeping in view of the approved allocations and past expenditure under the Mission, revised estimates, if any, and ensure its submission to the MWCD. 2. Keep track and maintain database of funds released by MWCD and the yearly utilization certificates to be submitted by the State; process timely re-validation of unspent balances, if any. 3. Ensure timely submission of the financial reports (FMRs) to MWCD. 4. Process bills for timely payment/re-imbursement of all expenditures incurred in the SNRC-SPMU including monthly remuneration of the Consultants and other Mission staff, ensuring adequate internal controls to support the payments. 5. Liaison with the IFD/Budget Section/Plan Unit of MWCD for budget allocation, re-allocations and other approvals as may be necessary from time to time. 6. Keep track and maintain ledger book of all expenditures incurred in the SNRC-SPMU and ensure reconciliation with the Pay & Accounts Office on a

					quarterly basis. 7. Liaison with the AG Civil Audit for annual audit of the Mission and financial statements of the SNRC-SPMU; 8. Any other financial related activities of the project that may be assigned by the Director.
7	Project Associate	Rs. 25,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance.	Graduate in Computer Science or IT • At least 2 years work experience in the relevant field • Formal training in IT/mobile applications. • Experience in working with technology and software application support. • Previous experience in working with front line workers of Government Department and training on IT/Mobiles/Compute₹ • Good oral and written communication skills in local language. • Computer literacy must.	• PG Degree in Computer Science or IT with 3 years experience in application maintenance and support. • Proven ability to successfully handle multiple tasks within a team environment and great attention to detail. • Problem solving skills must.	1. User account management, including updating roles and permissions. 2. Master data management and updating. 3. System administration. 4. Provision of support to State level officials in using CAS web application. 5. Coordination with OEMs, telecom companies, etc. on issue resolution. 6. Training of District helpdesk. 7. Supervision District helpdesk. 8. Escalation of issues to Software Development Agency as needed. 9. Provision of general application support i.e. solve issues escalated from Block level in regard to mobile application, web application or reporting. 10. Management of web application i.e. extend user management support, set and update new roles and permissions and release new apps for auto-update. 11. Management of addition and removal of users from system 12. Data analysis and knowledge extraction. 13. Any other tasks that may be assigned by the Director.

8	Secretarial Assistant/DEO	Rs. 15,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance.	As per State norms		As per State Requirements
9	Office Messenger/ Peon)	Rs. 8,000/- per month or as per respective State's extant Wage Act.	As per State norms		As per State Requirements
10	District Coordinator	Rs. 30,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance.	Graduate or Certification/ Diploma in Computer Science or IT • At least 2 years experience in application maintenance & support. • Good oral and written communication skills in local language. • Computer literacy must. • Willingness to travel a must. • Mandatorily local candidates should be engaged.	• 4 years experience in application maintenance and support. • Formal training on IT/ computer • Experience working with technology and software application support • Proven ability to successfully handle multiple tasks within a team environment • Great attention to detail and problem solving skills	1. Supporting training of Block helpdesk in ICT-RTM. 2. Supervise Block helpdesk. 3. Support District level ICDS officials on usage of CAS system. 4. Escalate issues as needed. 5. Logging and managing issues in the Issue Tracker application (CAS application). 6. Provide general application support i.e. solve issues escalated from Block level in regard to mobile application, web application or reporting. 7. Extend help for lost/stolen phones. 8. Monitor worker activity reports. 9. Follow up on actions from activity reports. 10. Any other tasks that may be assigned by the Director.
11	District Project	Rs. 18,000/- per	Graduate Degree/Post Graduate	• 3 years experience of working in social program.	1. Support and supervise timely implementation of all Mission activities

	Assistant	month. Annual increase @ 3% of remuneration may be granted, subject to performance.	Diploma in Management/ Social Sciences/ Nutrition, • Minimum 2 years work experience of capacity building, with supervisory skills • Good oral and written communication skills in local language and fair skills in English • Good computer skills/knowledge of internet/email • Ability to work in a team and willingness to travel extensively. • Mandatorily local candidates should be engaged.	• Experience of working on Government Programs in the social sector -Health, Nutrition, Education, Water and Sanitation	in the district. 2. Facilitate and participate in all capacity building initiatives undertaken within the project at district and block levels. 3. Periodically assess capacity building needs of district and block level ICDS staff and functionaries and organize and facilitate relevant trainings as per the guidance of the DPO and Commissioner/Director, ICDS. 4. Ensure timely completion and monitoring of planned community mobilization activities within the district to strengthen the demand for ICDS services. 5. Make regular monitoring and supportive supervision visits within the district to provide on-site support to CDPOs and the ICDS Supervisors to ensure all project activities are completed as per schedule. 6. During monitoring and supervision visits review and ensure maintenance of reporting formats for all Mission activities. 7. Ensure effective coordination between the existing ICDS programme activities and project activities, wherever required, in collaboration with the DPO. 8. Ensure collation of Utilization Certificates from Aanganwadis for activities under the Mission and their correct aggregation at the CDPO and DPO levels. 9. Prepare monthly progress/monitoring reports in the prescribed formats for project activities and submit the same to the DPO and Commissioner/Director,

					ICDS. 10. Coordinate with the related line departments at the district level for facilitating convergent/ multi-sectoral activities under the Mission. 11. Facilitate engagement with potential civil society organizations, NGOs, etc. for partnership and support for project implementation. 12. Any other task assigned by DPO.
12	Block Coordinator	Rs. 20,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance.	Graduate. • At least 2 years experience of working with technology and software application support • Good oral and written communication in local language • Mandatorily local candidates should be engaged.	• Formal training on IT/ computer • Worked with front line workers in any Social Development Program of Government • Proven ability to successfully handle multiple tasks within a team environment • Attention to detail and problem solving skills	1. Supporting training of AWWs and Supervisors in Information and Communication Technology enabled Real Time Monitoring (ICT-RTM). 2. Monitoring usage of ICT-RTM by AWWs by using CAS Reports and follow-up on low usage. 3. Providing in-person and over-phone troubleshooting support to users facing hardware or software problems with mobiles, tablets and basic issues with CAS application. 4. Logging issues in the Issue Tracker application, which is part of CAS. 5. Training reinforcement to AWWs identified as low performers using CAS Reports. 6. Providing performance feedback to AWWs. 7. Submitting phones to Original Equipment Manufacturer (OEM) for hardware replacement and repair. 8. Escalation of issues to Block/District Coordinator via the Issue Tracker application. Criteria for escalation will be defined in CAS Guidelines. 9. Supporting Block level ICDS officials on usage of CAS system.

					10. Any other task as indicated by CDPO.
13	Block Project Assistant	Rs. 15,000/- per month. Annual increase @ 3% of remuneration may be granted, subject to performance.	Graduate. • At least 1 year experience of working with Community/Local Government • Good oral and written communication in local language • Mandatorily local candidates should be engaged.	• Worked with front line workers in any Social Development Program of Government • Proven ability to successfully handle multiple tasks within a team environment • Attention to detail and problem solving skills	1. Supervising overall implementation of the Mission activities in the block. 2. Organization/facilitation of the trainings of the ICDS Supervisors and AWWs in coordination with the District Team. 3. Making regular supportive supervision visits to AWCs, provide on-site support to AWWs and monitor implementation. 4. Preparing monthly progress/monitoring reports in the prescribed format and submit the same to the District Coordinator; etc. 5. Any other task as indicated by CDPO.

Engagement of Retired Government employee: In case of retired Government employees engaged as Consultant, the remuneration of such Consultant may be fixed in manner so as to ensure that the pension being drawn by such officers/employees and the remuneration payable, taken together, shall not exceed the quantum of last pay drawn.

TA/DA entitlement: Consultants getting consolidated remuneration of ₹ 60,000/- and above per month will be entitled to travel by Air (Economy Class only) and would be eligible to claim TA/DA at par with the Government employees in the Grade Pay of Rs 5400/Rs. 6600/- (pre-revised).

Consultant getting consolidated remuneration less than ₹ 60,000/- per month will be entitled to travel by 2nd AC/Chair Car (Train) and would be eligible to claim TA/DA at par with the Government employees in the Grade Pay of Rs. 4200/Rs. 4600/- (Pre-revised).

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Annexure XXVI

(Refers to paragraph6.1.4)

Letter to Subsume ISSNIP as Part of NNM

F.No. 29/82/2017 -WBP
Government of India
Ministry of Women & Child Development
****

3rd Floor, Jeevan Vihar Building
Sansad Marg, New Delhi
Dated the 8th December, 2017

To

The Principal Secretary / Secretary,
Department of Social Welfare / Women & Child Development,
Government of Andhra Pradesh/ Bihar/ Chhattisgarh/ Jharkhand / Madhya Pradesh / Maharashtra/ Rajasthan/ Uttar Pradesh/ Odisha/ Uttarakhand/ NCT of Delhi

Subject: Renaming of ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP) as National Nutrtion Mission (NNM).

Sir/Madam,

Government of India has approved setting up of National Nutrition Mission on 30.11.2017. National Nutrition Mission aims to achieve improvement in nutritional status of children, pregnant women and lactating mothers and reduce anemia among children and women. It strives to reduce the level of stunting, under-nutrition, anemia and low birth weight babies. It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/ UTs to perform , guide and supervise the line Ministries and the States/ UTs to achieve the targeted goals. The fixed targets are to be achieved in time bound manner for which action requires in mission mode across all the States. All the States and disctricts will be covered in a phased manner under National nutrition Mission (NNM).

2. Restructured ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP) is currently under implementation. ISSNIP (Phase-I) would be implemented up to 30th June, 2018 to allow all States to achieve the agreed DLI targets .

3. All the eight States currently under ISSNIP Phase-I namely Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh and Rajasthan and three States viz. Odisha , Uttarakhand and NCT of Delhi conducting innovative pilot under ISSNIP are informed that **ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP) has been renamed as National Nutrition Mission (NNM).** Hence, the project will be called as National Nutrition Mission and the name ISSNIP to be used only for limited purposes such as administrative matters, financial releases, booking of expenditure and its utilisation, DLI disbursements and audit purpose etc. till the closure of Phase -I of the project.

Yours sincerely,

(Manoj Kumar Singh)
Director to the Government of India

Copy to:

1. The Director in-charge of ISSNIP in the respective States

2. JPCs in-charge of ISSNIP in the respective States

(Manoj Kumar Singh)
Director to the Government of India

Annexure XXVII

(Refers to paragraph7.2.1)

Costing Norms for Procurement of Devices, Training and Internet Connectivity as Part of ICT-RTM

Sl. No.	Device	Maximum Unit Cost (₹)	Scale
1.	Smart Phone including battery bank, phone cover and screen guard #	₹ 10,000/-	1 per AWW Onetime Procurement
2.	Tablet #	₹ 10,000/-	1 per Lady Supervisor Onetime Procurement
3.	Growth Monitoring Devices- 4 Nos. (Stadiometer, Infantometer, Weighing Scale (mother& Child) and Weighing Scale (Infant) #	₹ 10,000/-	1 set per AWC Onetime Procurement
4.	Internet Connectivity for AWWs	₹ 200/-	Per month per AWW
5.	Internet Connectivity for LSs	₹ 200/-	Per month per LS
6.	Maintenance of Smartphones/ Tablets (10%), after expiry of warranty period on case to case basis	₹ 1000/-	Onetime
7.	Training Cost for Master Trainers AWWs on ICT RTM	₹ 1000/-	Per AWW/Master Trainer, for entire duration of training Onetime

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Annexure-XXVIII

(Refers to paragraph 7.3.1)

Costing Norms for Conduct of ILA at State Level

Sl No.	Cost Norm	Cost ₹
1.	State SRG • Cost Includes: Venue, Food/refreshment and TA • Attendance: 10- 15 people • Frequency: 2 days every quarter	1,50,000/-
2.	District Level DRG • Cost Includes: Food/Refreshment and TA • Attendance: 8- 10 people • Frequency 2 days every quarter	30,000/-
3.	Block Level BRG per Module • Cost Includes: Refreshment and Printing • Attendance: 8-10 people • Frequency: 1 day per Module/month	4,000/-
4.	Sector Level per Theme • Cost Includes: TA (₹ 50/-), refreshment (₹ 20/-) and Printing (₹ 5/-) total @ 75 per AWW • Attendance: Approximately 20 AWW in one sector • Frequency: 1 per Theme/month	1,500/-

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Annexure-XXIX

(Refers to paragraph 7.5.1)

Costing Norms: NNRC-CPMU

(₹in Lakhs)

A. Non-Recurring		
Sl. No.	**Item**	**Unit Cost**
1.	Office Equipment	35.00
2.	Office Furniture	10.00
B. Recurring		
3.	Rent per month	15.00
4.	Travel per month #	1.00
5.	Office Administration per month	2.25
6.	Operations Research quarterly	100

Ensure that there is no duplication of Travelling Allowance.

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Annexure-XXX

(Refers to paragraph 7.5.2)

Remunerations to Manpower on Contractual Basis at CPMU

Sl. No.	Position	Number of posts	Salary per month in ₹
1.	Technical Consultants	4	80,000/-
2.	Other Consultants	4	60,000/-
2.	Project Associate	8	30,000/-
3.	Accountant	4	30,000/-
4.	PA	2	As per MWCD rates for outsourcing.
5.	Steno	3	
6.	Office Messenger	5	

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Annexure-XXXI

(Refers to paragraph 7.6.1)

Costing Norms for Office and Staffing SPMU

Details of Funds for Setting up SPMU Office

A. Non-Recurring		
Sl. No.	**Item**	**Unit Cost (in ₹ Lakhs)**
1.	Office Equipment (Computers, Printers, Scanners etc.)	12.00 (lump sum)
2.	Office Furniture (Table, Chair etc.)	3.00 (lump sum)
B. Recurring		
3.	Rent	1.00 per month per State/UT
4.	Travel #	1.00 per month per State/UT
5.	Office Administration (Electricity, Telephone, Internet, Water, Stationery, Hiring of vehicles etc.)	3.00 per month per State/UT
6.	Operations Research	50.00 annual per State/UT

Ensure that there is no duplication of Travelling Allowance at District/State levels

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Annexure-XXXII

(Refers to paragraph 7.6.2)

Remunerations to Manpower Hired on Contractual Basis at State/UT Level

1. **Details of Contractual Posts at State Level – SPMU**

Sl. No.	Position	No.in each State	Salary per month in ₹
1.	Consultants	5	60,000/-
2.	Project Associate	1 per 10 District (minimum 1 per State/UT)	25,000/-
3.	Accountant	1 per 10 District (minimum 1 per State/UT)	30,000/-
4.	Secretarial Assistant	2	15,000/
5.	Office Messenger	2	8,000/- or as per respective State's Extant Wage Act

2. **Details of Contractual Posts at District Level Help Desk**

Sl. No.	Position	No. in each district	Salary per month in ₹
1.	District Coordinator	1 per district	30,000/-
2.	Project Assistant at District level	1 per district	18,000/-

3. **Details of Contractual Posts at Block Level Help Desk**

Sl. No	Position	No. in each Block	Salary per month in ₹
1.	Block Coordinator	1 per block	20,000/-
2.	Project Assistant at Block level	1 per block	15,000/-

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