No. J-11060/62/2012-RL  
Government of India  
Department of Rural Development  
National Rural Livelihoods Promotion Society

Samrat Hotel, Chanakya Puri  
New Delhi, Dated: 31.7.2017

To  
The CEO / SMDs of SRLMs of all states and UTs

Subject: Master Circular for promoting Food, Nutrition, Health and WASH (FNHW) interventions

Sir/Madam,

One of the aims of DAY-NRLM has been improving the quality of life of the poor families through sustained capacity building and motivation of Self Help Group (SHG) members to access schemes and entitlements meant for them. To this end, many State Rural Livelihood Missions (SRLMs) have been making efforts in mobilising vulnerable families and help them access schemes and entitlements, besides taking up special efforts in promoting backyard vegetable garden and other initiatives to combat malnutrition.

There is a need to mainstream interventions that are aimed at promoting food security, health and hygiene status of SHG members and their families. This can be better done, if all SRLMs take up these activities in a systematic and time-bound manner. To this end, the Mission has been able to put together a few guidelines and guidance materials in the form of Master Circular- Food, Nutrition, Health, Water and Sanitation (FNHW). These have been evolved through consultation with various SRLMs and based on their experience and learning.

Master Circular and other related documents on the FNHW interventions are attached for reference and wider circulation amongst Block, district and State teams. You are requested to get back to us for any further assistance and clarifications,

Yours faithfully

(Nita Kejrewal)

Cc: Director, NRLM-RC, NIRD-PR at Hyderabad and Guwahati
Deendayal Antyodaya Yojana – NATIONAL RURAL LIVELIHOODS MISSION

MASTER CIRCULAR

FOOD, NUTRITION, HEALTH AND WASH INTERVENTIONS

BACKGROUND

1. The Ministry of Rural Development, Government of India launched National Rural Livelihoods Mission (NRLM) with effect from June 2011. NRLM was renamed as DAY-NRLM (Deendayal Antyodaya Yojana - National Rural Livelihoods Mission) in March 2016. The focus of the Mission is rural poverty reduction through building institutions of the poor women and enabling them to access a range of financial, livelihoods and convergence services.

2. DAY-NRLM is designed to be implemented in an intensive manner, involving application of both professional human and financial resources to mobilize the poor into functionally effective community owned institutions, promote their financial inclusion and strengthen and diversify their livelihoods. Apart from financial services, the Mission provides production and productivity enhancement services, technology, knowledge, skills and inputs, value added services, market linkage etc. The community institutions have emerged as vibrant platforms of the poor for converging and partnering with various other line department programmes to access their rights and entitlements as well as public services.

3. Convergence and partnership between community institutions of the poor and relevant line departments is now sought to be promoted to mainstream Food, Nutrition, Health and WASH Interventions (FNHW). These Interventions are necessary to address some of the underlying causes of perpetuating poverty.

- DAY-NRLM is promoting adherence of SHGs to the Dashasutri, the ten core principles of democratic governance, transparent and inclusive micro-finance and social development. FNHW Interventions are an essential and important aspect of realization of Dashasutri.
- Within DAY-NRLM, FNHW Interventions will be led by professionals placed within the Institution Building and Capacity Building (IB CB) domain, both at the national and the state Mission levels.

1. THE INTERVENTIONS

   a. FNHW interventions are expected to be implemented by State Rural Livelihood Missions mainly through convergence with relevant Government Departments for realization of entitlements; and behaviour change at the individual / family / community level through consistent capacity building efforts (Table 1).

   Table 1: FNHW Interventions: DAY-NRLM

<table>
<thead>
<tr>
<th>FOOD</th>
<th>NUTRITION</th>
<th>HEALTH</th>
<th>WASH</th>
</tr>
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<tbody>
<tr>
<td>Access to Public Distribution System</td>
<td>Take-home rations from ICDS and MDM</td>
<td>Access to services during VHNDs Access to maternity benefits and JSSK Access to services for the elderly and the PwDs Access to Health / Life / Accident Insurance</td>
<td>Access to sanitary toilets Access to Solid and Liquid Waste Management Systems</td>
</tr>
<tr>
<td>Cultivation &amp; consumption of vegetable and fruits diversifying diets</td>
<td>Appropriate diets for mothers, infants, adolescents and the elderly</td>
<td>Appropriate health care practices for pregnant ladies, infants and young children, adolescents, the elderly and the People with Different Abilities Promotion of health savings at SHG Level</td>
<td>Use of sanitary toilets Hand Washing practices Safe waste management practices at household level</td>
</tr>
</tbody>
</table>
2. **CONVERGENCE**

a. Convergence is proposed at two levels: (*Table 2*)
   i. Within DAY NRLM; and
   ii. With other Government Departments / Programmes.

<table>
<thead>
<tr>
<th>WITHIN DAY-NRLM</th>
<th>WITH OTHER DEPARTMENTS / PROGRAMMES</th>
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<tbody>
<tr>
<td><strong>FOOD &amp; NUTRITION</strong></td>
<td><strong>Mahila Kisan Sashaktikaran Pariyojana:</strong></td>
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<tr>
<td>For raising crop productivity</td>
<td>1. Public Distribution System:</td>
</tr>
<tr>
<td>For cultivating and consuming vegetables</td>
<td>For access to cereals, pulses and other food articles,</td>
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<tr>
<td>For linkages with animal husbandry and poultry interventions</td>
<td>subsidized / free under various Government Programmes</td>
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<tr>
<td><strong>HEALTH</strong></td>
<td><strong>Financial Inclusion Interventions</strong></td>
</tr>
<tr>
<td>Access to Health / Life / Accident Insurance</td>
<td></td>
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<tr>
<td>Institution Building / Capacity Building</td>
<td>2. Integrated Child Development Services</td>
</tr>
<tr>
<td>Use of Vulnerability Reduction Fund</td>
<td>Growth Monitoring</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td><strong>Financial Inclusion Interventions</strong></td>
</tr>
<tr>
<td>SHG Members accessing bank loans for WASH</td>
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<tr>
<td>Loans from VO / CLF</td>
<td>3. Department of Education</td>
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<tr>
<td>National Health Mission</td>
<td></td>
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<tr>
<td>VHND Services</td>
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<td>JSSK</td>
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<tr>
<td>Health Services for the PwDs and the Elderly</td>
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<tr>
<td>Maternity Benefits</td>
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<td>ASHA and ANM to work on Behaviour Change</td>
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<tr>
<td>Swachh Bharat Mission</td>
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<tr>
<td>Construction of Toilets</td>
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<tr>
<td>Support for Solid and Liquid Waste Management</td>
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</table>

*VO: Village Organization; CLF: Cluster Level Federation; JSSK: Janani Shishu Suraksha Karyakram*

a. Convergence within DAY-NRLM needs to be led by the Chief Executive Officer / State Mission Director, such that State Rural Livelihood Mission Staff work to ensure women and their families in selected geographies benefit from the entire range of DAY-NRLM interventions and other relevant schemes and programmes of the government.

b. When converging with other Departments, Women Self-Help Groups and their Federations have specific roles and responsibilities *vis-a-vis* the staff of other programmes. These have been compiled and listed as *Annexure I*.

c. State Rural Livelihood Missions need to have a formal Memorandum of Understanding with the relevant Government Departments, to enable field level convergence of staff and interventions of different programmes. Examples of such MoUs is presented in *Annexure I*.

3. **GEOGRAPHY**

a. FNHW interventions need to be implemented in select blocks and scaled-up in a phased manner.
b. For Phase-1, SRLMs need to identify Blocks and Village Organizations, where the Village Organizations are at least 1-year old. 10 such VO's per block need to be identified in a contiguous area; and the Phase I should be implemented across 10 Blocks. A total of 100 VO's may be covered in Phase 1.

c. Work in Phase-1 should be at least for 1 year; prior to replication and scale up in subsequent phases.

d. For Phase-1, restrict to activities listed above. Improvisation may be done in subsequent years, after taking stock of learning.

4. IMPLEMENTATION TEAM

a. The FNHW intervention Team is part of the IB-CB Team of DAY NRLM/SRLMs.

b. The Team's recommended composition;

i. State Level:
   1. State Programme Manager (IB-CB)/State Programme Manager (Social Inclusion / Social Development (SI-SD))
   2. One Programme Manager (SI-SD/FNHW)
   3. One Young Professional for FNHW roll-out coordination

ii. District Level:
   1. District Programme Manager (SI-SD/FNHW)

iii. Block Level:
   1. Block Programme Manager (IB-CB)
   2. One Young Professional for SI-SD

5. IMPLEMENTATION PROTOCOL

a. The Implementation Protocol is presented as Annexure 2.

6. CAPACITY BUILDING

a. Annexure-3 presents the capacity building plan, staffing and modules in detail.

b. Architecture:

i. A Team of 20 FNHW NRPs has been created. This pool of resource persons is available to support capacity building of SRLMs along with Health-Lead at NMMU;

ii. Each SRLM may develop a pool of State Resource Persons (SRPs), at the rate of 2 per District, experienced in implementing FNHW Interventions and in training communities;

iii. SRP payment norms may be as per existing norms of SRLMs;

iv. It is recommended that each Block may have 4 Block Resource Persons (BRPs), identified from the community members and capacitated to train Social Action Committees and Samuh Sakhis at the VO level to implement FNHW Interventions; Coordinate with the Government programmes; and provide direction and support to the Block Teams etc; and

v. BRP Payment Norms may be as per the existing SRLM norms.

c. Staff Capacity Building:

i. A One-Day Orientation may be organized for all SRLM Staff at State / District / Block Levels on FNHW interventions to be implemented, and the proposed protocol

ii. Staff Orientation Module is presented as part of Annexure 3.

iii. Staff Orientation may be conducted by NRPs/ SRPs, and staff of National Mission Management Unit (NMMU).
d. **Capacity Building of SRPs:**
   
i. Identified SRPs need a Two-Day Orientation on DAY-NRLM and SRLM work and FNHW interventions planned.
   
   ii. The SRP Orientation Module is presented as Annexure 3.
   
   iii. SRP Orientation may be conducted by NRPs and NMMU Staff.

7. **MONITORING AND REPORTING**

   a. The MIS Plan is presented as Annexure 4.

   b. Monitoring and Reporting Plan involves the following steps:
      
i. Step 1: Rapid Baseline/situational analysis of existing SHG members, using a stratified sampling approach (Model baseline report will be completed by NMMU)
      
   ii. The Baseline/situational analysis will study, analyse and report on qualitative and quantitative indicators.
      
   iii. Step--2: Monthly Reporting on process/output indicators
      
   iv. Step-3: 6 Monthly/quarterly Reporting on outcome indicators

   c. Process/output indicators will be collected and reported by the Social Action Committee at the VO level. Data will be entered by the Block Mission Management Unit, onto the DAY-NRLM MIS.

   d. State Mission Management Units will analyse the data on a monthly basis, and, with the assistance of State Resource Persons and Block Resource Persons, support the Block Mission Units in implementing the Interventions.

   e. State Resource Persons will monitor outcome indicators on a 6-monthly basis, as per the study and reporting formats developed by the NMMU.
Annexure 1

Convergence between ICDS, NHM and NRLM

Possible areas of work of different stakeholders at community level

**KEY:**

ICDS: Integrated Child Development Services;  
ANC: Ante Natal Care  
NHM: National Health Mission  
TT: Tetanus Toxoid  
AWW: Anganwadi Worker  
IFA: Iron and Folic Acid  
ANM: Auxiliary Nurse Midwife  
WIFS: Weekly Iron and Folic Acid Supplement  
ASHA: Accredited Social Health Activist

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<thead>
<tr>
<th>Activity</th>
<th>ICDS</th>
<th>DAY NRLM</th>
<th>NHM</th>
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<tbody>
<tr>
<td>Planning</td>
<td>- AWW to host 4th Saturday meeting at Anganwadi</td>
<td>2 VO Members to participate and present SHG level issues</td>
<td>- ANM to lead the meeting, primarily to address issues and plan for next VNHD</td>
</tr>
</tbody>
</table>
| Maternal health| - Early Registration for ANC; Promote IFA consumption; promote additional feeding and rest during pregnancy; Individual and family counseling on birth preparedness and promote institutional deliveries  
  - Home visits to promote care during pregnancy and newborn practices  
  - Information on birth spacing | - Identify and mobilize for early registration, and regular ANC  
  - Motivate for regular IFA consumption Inform the pregnant women's family about birth preparedness;  
  - Mobilize and support for institutional deliveries  
  - Provide VRF if required for emergency purposes and travel arrangements | - Ensure availability of equipment for ANM to facilitate ANC check ups  
  - Ensure IFA supply and distribution  
  - ASHAs to mobilize pregnant women for ANC, TT, IFA consumption  
  - Calcium tablets to pregnant women to treat eclampsia and pre-eclampsia  
  - ASHAs to counsel pregnant women on birth spacing  
  - Distribution of family planning products; refer to PHC if women opt for IUD |
| Child Health   | - Post-natal visits to all mothers to ensure essential New Born Care for all births (Drying and Wrapping, warmth, early and exclusive breastfeeding and identification of danger signs | - Contribute to preparation of Due List  
  - Ensure birth weight is recorded by ASHA and ensure special care | - Counseling and preparation for newborn care, breast feeding, birth preparedness by ASHA |
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<tr>
<td>for timely referral – ASHA also does, but AWW also to do these visits)</td>
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<td>for low birth weight babies by AWW and ASHA.</td>
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<tr>
<td>Promotion of exclusive Breast feeding till 6 months (Counseling and support on early breastfeeding)</td>
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<td>Ensure Diarrhea and ARI cases among children are timely treated</td>
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<tr>
<td>Care of weak and sick newborns- Extra warmth and extra feeding (expressed milk in case of weak and premature who can't feed adequate)</td>
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<td>Motivate women for early and exclusive breastfeeding</td>
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<tr>
<td>Immunization- Develop due lists with ANMs and ASHA. Ensure sharing with NRLM saheli (and the groups before their meetings)</td>
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<td>Information and education and support on early breastfeeding</td>
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<tr>
<td>Home visits to follow up for immunization day</td>
<td></td>
<td>Home visits to critical cases to make sure that they get services from ASHA and ANM</td>
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<tr>
<td>Child Nutrition</td>
<td>Promote age appropriate complimentary feeding among children after 6 months – home visits and mothers’ meetings.</td>
<td>Promote Complementary feeding (quantity, consistancy, responsive feeding) in group meetings and mobilize mothers.</td>
<td>ANMs and ASHAs to develop line listing of newborns with low birth weight.</td>
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<tr>
<td>Maintain supplies of pediatric iron and folic acid tablets or syrup</td>
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<td>Information and education and support for optimal breastfeeding</td>
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<tr>
<td>Biannual administration of Vitamin A and deworming</td>
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<td>Promote consumption of IFA</td>
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<tr>
<td>Ensure timely and appropriate treatment of childhood illnesses (especially diarrhea and ARIs).</td>
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<td>Support mothers and family members to introduce complementary feeding at 6 months</td>
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<tr>
<td>Counsel and support mothers and family on feeding during and after illnesses</td>
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<td>Support mothers and family for appropriate complementary feeding (timing, diversity, density, frequency)</td>
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<tr>
<td>Maintain supplies of ORS and Zinc and ensure their usage during Diarrhea</td>
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<td>Referral of severe cases of anemia and diarrhea</td>
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<td>PNC visits to all mothers at home on the 3rd, 7th, 14th, 21st, and 28th day, and after that once every 2 weeks</td>
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<td>ASHA to mobilize for immunization</td>
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<tr>
<td>Counseling by ANM and ASHAs during VHNSD/RI days</td>
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<td>ASHAs to identity childhood illnesses and timely referral to nearest facility</td>
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<tr>
<td>ASHAs to conduct home visits for weekly IFA dose and counseling</td>
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<tr>
<td>Timely upward intimation by ANMs for supply of IFA, and Vitamin A</td>
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<tr>
<td>Counseling of mothers on complementary feeding during home visits by ASHAs</td>
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<td>Activity</td>
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| **Adolescent Health**    | - Implementation of SABLIA in 12 focus districts; formation of “kishori samooh”, weekly IFA supplementation to out of school girls and ensure consumption, weekly distribution of THR  
                        | - Nutrition Counseling and Health Education during quarterly Kishori diwas  
                        | - Maintain list of Adolescent girl school drop outs  
                        | - Inform Saheli about the WIFS program | - VO to get the list of adolescent girls from AWW and link girls to SABLIA/ WIFS  
                        | - Discuss about the WIFs services and mobilize adolescents  
                        | - Discuss Menstrual Hygiene in Group Meetings and with Adolescents | - ASHAs to counsel adolescent girls on Nutrition, Reproductive Health and other health issues  
                        | - Operationalization of Adolescent Health Clinics  
                        | - ASHAs to mobilize Adolescents to attend AWC bi-weekly  
                        | - ANMs to ensure the availability of the stock by indenting and follow up |
| **Growth Monitoring**    | - Availability of functional weighing scale (salter, baby weighing scale and adult weighing scale) at the AWC; Growth monitoring chart (individual and community growth charts),  
                        | - Updated list of children up to 6 years  
                        | - Weigh children every month and explain the growth status to mothers  
                        | - Home visits to malnourished children to follow up the feeding practices  
                        | - Counseling to mothers on appropriate feeding practices as per the requirement  
                        | - Referral of severe malnourished children to the nearest NRC  
                        | - Follow up the SAM children discharged from NRC | - Mobilize mothers for participation in monthly growth monitoring day  
                        | - Ensure ANM follows up on malnourished children  
                        | - Ask the list of MAM children from AWW and ANM and promote management of MAM children at homes with appropriate diet  
                        | - Discuss appropriate feeding practices with mothers of malnourished children | - Ensure SAM children’s admission in the NRC  
                        | - ANM to follow up the SAM cases at household level after discharged from NRC  
                        | - Ensure the treatment of MAM children at homes  
                        | - Share knowledge with Saheli, ASHA and AWW on treatment of MAM children at homes  
                        | - Ensure updating of MCP card by ANM |
| **Supplementary Feeding** | - Adherence to Universalization guidelines  
                        | - Maintain service registers for Supplementary feeding,  
                        | - Enter all the eligible women and children in the register | - VO to inform members about universalization of SNP services, wherein all pregnant & lactating women and children under 6 years are covered | - Help in identifying the children who are eligible for double ration  
<pre><code>                    | - Counsel mothers of MAM and SAM who are being managed at homes on appropriate diet practices and |
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<tr>
<td>- Share the eligible beneficiaries' names with NRLM Saheli to ensure mobilization</td>
<td>- Inform AWW about any left out in-migrated pregnant &amp; lactating women or eligible children who are not getting services</td>
<td>for proper medication (if necessary)</td>
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<tr>
<td>- Stock availability of THR, ensure labeling and proper storage of THR as per the guidelines,</td>
<td>- Discuss importance of supplementary food and promote utilization of THR food for beneficiaries in form of extra food/diet</td>
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<tr>
<td>- Timely distribution of the food</td>
<td>- Refer poorest of poor or at-risk pregnant women to VOs to access Food Security Fund</td>
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<tr>
<td>- Provide hot cooked meal to children of 3-6 years as per the guidelines / prescribed menu</td>
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<tr>
<td>- Ensure consumption of THR by pregnant and lactating women with the help of NRLM Saheli and SHGs, Counseling on dietary diversification</td>
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<tr>
<td>- Nutrition counseling through food based dietary guidelines</td>
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**Monthly Complimentary Feeding Demonstrations (19th of every month)**

- Conduct Annaprasan event on 19th of every month
- Plan and organize CF demonstration, demonstrate appropriate quantity, quality, and diversity of appropriate feeding for 6-8,
- Plan and organize hand wash demonstration
- Prepare recipes and adopt food safety and hygiene norms
- Ensure participation of children especially 6-8 months for receiving first solid food
- Plan prioritized visits to identified needy and malnourished children
- Mobilize mothers of children crossing 6 months in a month and children 6-8, 9-11 months to participate in the CF Annaprasan day (NHED sessions).
- Discuss among mothers to reiterate appropriate feeding practices (quality, quantity, frequency and diversity)
- Whenever ANM happens to be in the event, should reiterate the importance of quantity, quality, diversity and frequency of age appropriate feeding

**Sanitation and Hygiene**

- Demonstrate and practice hand wash using soap (before and after feeding and after defecation)
- Ensure availability of portable water and soap for hand-washing
- Provide boiled and filtered drinking water in the AWCs
- Maintain clean food preparations and proper storage at AWC
- Conduct pest control at the AWC
- Encourage the existing toilets to be used properly
- Motivate to adopt sanitation and hygiene practices among SHG members
- Mobilize SHG members for good personal hygiene practices such as hand-washing with soap, clean hair and nails, etc.
- Promote efforts to keep the village surrounding clean
- Reiterate hand wash practice (with soap) and safe drinking water messages during home visits
- Reiterate messages regarding personal hygiene
- Follow disposal norms / SOP during the immunization and during delivery of other health services
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</table>
| **Social Audit** | - Ensure use of toilets constructed within the premises of AWC  
- Clean AWC daily especially kitchen area and utensils, functional toilets should be cleaned daily with water and soap facility | - Inform SHG members about the hand wash and clean drinking water | - Participate in social audits  
- Support AWW in preparation for the Social audit  
- Understand the issues and perception of committee about health service delivery |
| | - Constitute Social Audit Committee as per the guidelines  
- Conduct Social Audits twice in a year as per the guidelines  
- Prepare timely Social audits reports and follow ups  
- Involve all village level workers from other development partners and line departments | - VO to participate in the Social Audit process  
- Orient SHG members on social audit and mobilize their participation  
- Review social audit preparations as per the checklist | |
| **Village Health, Nutrition and Sanitation Committee (VHNSC)** | - Regular participation of AWW in VHSNC meetings; Discuss relevant issues on severe malnourished children, growth monitoring, ANC, PNC, anemia, and sanitation  
- Develop a plan for utilization of untied fund  
- AWW to establish referral linkages with ASHAs, ANMs, and VO members  
- Inform VHNC members on hand wash and safe drinking water practices | - Representation of two VO members in VHNSC meeting  
- Regular participation of these members in VHNSC meetings highlighting the issues discussed in SHG meetings/ shared by NRLM Samuh Sakhis  
- Give ideas on utilization of untied fund | - Regular participation by ASHAs in VHNSC meeting  
- Support in developing plan for spending untied fund for the village health, sanitation and nutrition. |
MEMORANDUM OF UNDERSTANDING

RECITALS

Uttar Pradesh State Rural Livelihood Mission is a registered society which is running under the aegis of Department of Rural Development Government of Uttar Pradesh. The objective of the society is to improve the livelihoods by enhancing social and economic empowerment of the rural poor through women led Institutions.

Swach Bharat Mission(Gramin) is a registered society running under the aegis of Department of Panchayati Raj, Government of Uttar Pradesh. The core objective of the society is to improve the sanitation standards in the rural areas and making all villages free from open defecation.

UPSRLM and SBM(G) desire to collaborate for addressing the issues with regard to sanitation through the institutions of Poor and their federations in the intensive blocks of UPSRLM. Both the parties are keen to improve the sanitation condition in the villages through community participation and engagement of Self-help groups and Village Organisations formed under UPSRLM.

I. PURPOSE:

It is proposed that UPSRLM and SBM(G) will work together in all intensive & non-intensive blocks of Uttar Pradesh wherein all the members of Self-Help groups will be covered under the Community Led Total Sanitation approach and both the mission would work together for building capacities of Self-Help group members for bringing the greater degree of behavioral change. Both the parties will work together for improving the sanitation condition and bringing the livelihood perspective by creating different revenue generating models fully managed by the Villages organization and Self-help groups.

II. CONTEXT

The government of Uttar Pradesh is implementing a centrally sponsored scheme called National Rural Livelihood Mission through Uttar Pradesh State Rural Livelihood Mission through the financial support from Govt. of India and Govt. of Uttar Pradesh. UPSRLM is designated as State Livelihood Mission to implement NRLM in Uttar Pradesh. The programme is currently being implemented in 104 Intensive blocks of 31 Districts.

UPSRLM’s mandate is to reach out to all the rural poor families and organize them into institutions of Poor’s. The mission primarily works on a women centric approach wherein at least one woman from rural poor household is brought into the fold of SHG and their higher level federation. The Institutions of the poor – SHGs, their federations and livelihoods collectives - provide the poor the platforms for collective action based on self-help and mutual cooperation. They become a strong demand system on behalf of the poor. They build linkages
with mainstream institutions, including banks, and Government departments to address their issues and other dimensions of poverty.

The core objective of the mission is to bring rural women into the mainstream and make them stakeholders of their own development. In order to achieve its core objective, mission has been intensively working on building the capacities of women on livelihoods and beyond these on health & Nutrition, education, Sanitation, etc. The State Mission has also converged with several government department who have been helping mission to achieve their common objectives. As we are aware that sanitation is an issue which is closely associated with women and has scope to provide them access to safe toilets and bring behavioral change in them. Since, Swachh Bharat Mission (Gramin) has been working on the issue of sanitation. Thus, it would be prudent if both the mission’s work together towards making villages Open Defecation free and creating different income generating models for enhancing livelihoods of the rural poor.

II. PROJECT OBJECTIVES

In general, the objective of this MoU is to outline the collaboration framework for designing, implementing a range of activities for improving the sanitation condition in intensive blocks and making women drivers of behavioral change in rural areas.

The collaborations has the following specific objectives:

1. Provide training on safe sanitation practices to SHG members and ensuring that their households do not defecate in open
2. Building the capacities of SHG members for carrying out different exercises done under CLTS approach.
3. Development of special cadres from the SHG universe for making the intensive villages open defecation free.
4. Making Village Organisation as Nodal Agency for generating demands for toilet construction, building required cadres and identifying issues with regard to sanitation.
5. Bringing the livelihood perspective in to the mainstream by institutionalizing different revenue generating models like Rural Sanitary Mart and Solid Liquid Waste Management.
6. Addressing the issues associated with women health and menstrual hygiene by creating demand for sanitary napkins and generating awareness about Menstrual Hygiene and also developing community participation in promoting safe menstrual hygiene practices among the community.

IV. RESPONSIBILITIES

The project monitoring and steering committee consisting of members of both the parties will be responsible for defining the reporting and review protocols for this collaboration. The committee may decide to refine these protocols at its discretion. The following paragraph describe the sharing of responsibilities between UPSRLM and SBM(G):

[Signatures]
A. UPSRLM : In consultation with SBM(G) team, the mission will provide the following support:

i. Mission will provide list of all intensive Districts and blocks covered under UPSRLM.

ii. Mission will provide the village wise details of SHG and Village Organisation and Cluster Level federations to SBM(G) team.

iii. Mission will nominate a nodal person for each block for looking after different interventions which will be implemented through the partnership.

iv. Mission will assist in imparting basic training to its SHG members on different intervention planned under this partnership.

v. Mission will facilitate in the CLTS process at the village level.

vi. Mission will facilitate in the selection of cadres and in raising demand for toilet constructions of the households covered under SHGs and Household under their influence.

vii. Mission will assist the SBM(G) team in developing a monitoring framework for both the parties.

B. Swach Bharat Mission (Gramin) : In consultation with UPSRLM, SBM(G) will provide technical and management support for the following:

i. Provide a nodal officer to coordinate SBM(G) activities at State, District and Block level.

ii. Build the capacity of SHG members and community cadres on CLTS approach, BCC and other subjects associated with the intervention.

iii. Provide a technical support in opening Rural Sanitary Mart and Solid & Liquid waste management unit.

iv. Provide incentive as per the existing guideline to the cadre from the SHG universe for SBM(G) intervention.

v. Provide a support in developing backward and forward market linkages.

C. Both the parties jointly shall:

Establish a project monitoring and steering committee to be jointly chaired by SMD, UPSRLM and MD, SBM(G). There will be two representatives from UPSRLM and SBM(G) making it a total of 6 people. The committee will meet every quarter during the terms of this agreement. The frequency of the meetings may be increased on the basis of the need.

Establish a project monitoring and steering committee at District level in all intensive districts to be chaired by CDO; DPRO & DC-NRLM along with one more representative from both parties shall be members of this committee. This committee will monitor the progress of the intervention and will report to Mission Directors of UPSRLM & SBM(G) on a regular basis. In case of any dispute the decision of CDO will be binding on both the parties.
VII. MISCELLANEOUS

a) This MoU is non-exclusive in nature and does not affect either party's ability to enter into agreement or affiliations with other parties.

b) Any differing viewpoint or interpretation on how to put this MoU into effect, which influence the implementation of the project, will be settled amicably by consultation between both the parties.

c) This MoU shall commence on the duration mentioned below and will be applicable for the period of one year.

d) The parties acknowledge and agree that parties have no obligation to enter into a collaboration agreement.

e) This MoU can be further extended on the need basis by mutual consent of both the parties.

IN WITNESS WHEREOF, the parties hereby execute this Memorandum of Understanding in duplicate and acknowledge they are authorize to execute the same. The MoU will be applicable from ..................... To ..............................

For UPSRLM

Name: NITIN MANMohan
Designation: MD - UPSRLM
Date:

(का० मनिशन फौसी)
मिशन निदेशक,
मध्य प्रदेश विधान, सचिव,
उत्तराखंड विधान, सचिव।

Witness

Name: GAURAV TIWARI
Designation: Mission Executive
Date: 20/06/17

For SBM(G)

Name:
Designation:
Date: 30/6/12

(विजय किशन आनन्द)
मिशन निदेशक
लंक जाता निदेशक (ग्रामीण) उत्तराखंड

Witness

Name:
Designation:
Date:
FOOD, NUTRITION, HEALTH & WASH INTERVENTIONS
Protocol for successful implementation and monitoring

*Deendayal Antyodaya Yojana* – National Rural Livelihoods Mission (DAY -NRLM) considers Food, Nutrition, Health and WASH (FNHW) Interventions as universal, and facilitates them upfront.

The Interventions are intended to:

A. Sensitize community members, families and community cadres of DAY-NRLM on the importance of FNHW Interventions for addressing poverty,
B. Mobilize communities to realize their FNHW Entitlements,
C. Promote behaviour change
   a. During the 1000 Day Window of Opportunity,
   b. Use of Toilets, and Hand Washing at critical times, and
   c. In the health and nutrition care of the Elderly and the Differently Abled.

**Sensitization**

- State Rural Livelihood Missions should undertake sensitization in a campaign mode, for
  - All State Rural Livelihood Mission Staff at State, District and Block Levels,
  - Community cadres and leaders,
  - Community cadres and leaders in new villages within 3-6 months of entry, and
  - Nodal officers of the following Departments at State / District / Block Level: Health, ICDS and SBM
- The services of State Resource Persons and Block Resource Persons can be used for this purpose.

**FIELD LEVEL WORK**

I. **Village Level**

   a. Village Organizations (VOs) which are at least 1-year old should start work on FNHW Interventions.

   b. Block Manager must facilitate the formation of a Social Action Committee of 3 Members at the VO Level.

   c. Members of the Social Action Committee are to be trained on FNHW Interventions by Block Resource Persons, as per DAY-NRLM Training Calendar and using DAY-NRLM Training Modules.

   d. Members of the Social Action Committee must brief other Members of the VO, and develop a Vision and Action Plan for FNHW in their village. The Action Plan must specify
i. FNHW Entitlements to be realized, how they shall be realized, and a Time Frame; and

ii. How Members of the Social Action Committee will reach out to Self Help Groups to promote behaviour change, and a Time Frame.

e. VO should develop a Vulnerability Reduction Plan for FNHW, and Block Mission Team must facilitate release of Vulnerability Reduction Fund to the VO.

f. VO must also take the Vulnerability Reduction Plan to the Gram Panchayat, and ensure its inclusion in the Gram Panchayat Development Plan.

g. Specific Roles and Responsibilities of Social Action Committee on FNHW Interventions are presented in the following paragraph. Block Resource Persons must support the Social Action Committee to work on these action points.

i. Obtain baseline information on 5 Entitlements, as per Baseline Data Format.
   1. Access to Public Distribution System
   2. Access to Village Health and Nutrition Day, and Availability of Services
   3. Access to Anganwadi, and Availability of Services
   4. Access to Sanitary Toilet
   5. Access to Health / Life / Accident Insurance.

ii. Baseline Data must be used to develop an action plan for realization on entitlements.
   1. Work to ensure all families have the required food ration cards, and that Public Distribution System provides regular and quality food rations.
   2. Work to ensure all services are provided during Village Health and Nutrition Days, and pregnant women benefit from the Janani Shishu Suraksha Karyakram (JSSK)
   3. Work to ensure children are regularly weighed in Anganwadis, that take-home rations are available and distributed, and that malnourished children are referred & followed up.
   4. Ensure that families construct sanitary toilets and use them.
   5. Ensure enrolment in appropriate health /life /accident insurance scheme.

iii. Social Action Committee Members must attend Self Help Group Meetings to generate awareness and promote behaviour change around
   1. The 1000 Days Window of Opportunity,
   2. Agri Nut Convergence, and
   3. Personal Hygiene and Sanitation

iv. Social Action Committee Members must promote cultivation of home vegetable gardens, and their consumption.

v. Work with the Auxiliary Nurse Midwife, Anganwadi Worker and ASHA to
   1. develop the Due List for the next Village Health and Nutrition Day, and ensure complete participation by the villagers.
   2. Organize the Village Health and Nutrition Day

II. Cluster Level

a. Block Mission Staff must facilitate the formation of Social Action Committee at the Cluster Level Federation Level.

b. The Social Action Committee must be trained on FNHW Interventions by the Block Resource Persons.

c. Members of the Social Action Committee have the following roles and responsibilities
   i. Monitor progress on FNHW Interventions at each VO Level, through data on realization of entitlements, promotion of vegetable gardens, and through reach to Self Help Groups on behaviour change messaging.
   ii. Support the Village Organizations in engaging with relevant departments for realization of entitlements.
   iii. Enable FNHW livelihoods at Cluster and VO Level. Suggestions are
1. Setting up of Rural Sanitary Marts,
2. Production and sale of hygiene products
3. Production and sale of Nutri Mix
4. Cooking food for the Anganwadis and Mid-Day Meals

III. **Block Mission Team**

The Block Mission Team has the following roles and responsibilities:

a. Facilitate the support to be provided by Block Resource Persons to Cluster Level and VO Level Social Action Committees.

b. Support the realization of FNHW entitlements by all members of the Self-Help Groups.

c. Assist the Cluster Level and VO Level Social Action Committee Members to engage with the relevant Departments for realization of FNHW entitlements.

d. Report on progress on a monthly basis to the District Mission Management Unit.

IV. **District Mission Team**

The District Mission Team has the following roles and responsibilities:

a. Develop Annual Plans for FNHW Interventions, and support Block Mission Teams in the implementation of this Plan.

b. Facilitate convergence with relevant Departments and Programmes.

c. Collate Block Level Reports of Interventions and report to the State Level.

V. **State Mission Team**

The State Mission Team has the following roles and responsibilities:

a. Develop Annual State Level Plans for FNHW Interventions.

b. Facilitate the implementation of this Plan by the District and Block Level Mission Units.

c. Ensure all Staff are oriented on FNHW Interventions.

d. Develop a Pool of State Resource Persons for FNHW Interventions, and facilitate their support to the Block Resource Persons.

e. Report progress with FNHW Interventions, as per DAY-NRLM MIS.
Food, Nutrition, Health and Sanitation Interventions

CAPACITY BUILDING MODULES

Capacity Building (CB) Modules on Food, Nutrition, Health and Sanitation (FNHS) Interventions are needed for:

A. Staff of State Rural Livelihood Missions (SRLMs),
B. Trainers, for whom it will be an Orientation, rather than Capacity Building,
C. Members of the Social Action Committees of the Village Organization, and
D. Members of the Self-Help Groups of Women.

These are presented in a tabular format in the following pages. Also presented are suggested Trainers.

I. **CB MODULE FOR STAFF OF SRLMs:** This includes State Program Managers for Social Inclusion and Social Development; Managers and Young Professionals working with the Team.

   # Since this is an Orientation, Group Size can be up to a maximum of 40 persons per Group.
   # Resource Persons need to be invited by the State. They can be from the Government (National Health Mission, ICDS, PHED); from the NGOs; or from the Academia. Excellent Trainers from the Government are preferred, and can be remunerated as per SRLM norms. The Resource Persons need to be briefed on the standard handouts proposed by NMMU and translated into the local languages; the Resource Persons can provide additional handouts free of charge, and implement the sessions in other innovative manners.

   # Resource Persons need to be:

   # Recommended Presentations are provided. Other tools needed are Charts and Windows Media Player with adequate sound volume. Resource Persons may use other AV Materials as per their choice.
<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>SESSION</th>
<th>OBJECTIVES</th>
<th>RESOURCE PERSON</th>
<th>METHODOLOGY</th>
<th>HANDOUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0930 - 1000</td>
<td>Registration; Welcome; Introductions</td>
<td></td>
<td>SPM SISD</td>
<td></td>
<td>Programme Schedule Orientation Folder / Bag</td>
</tr>
<tr>
<td></td>
<td>1000 – 1100</td>
<td>FNHW Scenario in India and in the State</td>
<td>Understanding reasons for poor health and nutrition; how they affect income; and what can be done</td>
<td>Resource Person 1</td>
<td>• Participatory Discussions on Observations and Experience • Presentations • Videos</td>
<td>FNHW Interventions Booklet</td>
</tr>
<tr>
<td></td>
<td>1100 – 1115</td>
<td>Tea Break</td>
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<tr>
<td>I</td>
<td>1115 – 1330</td>
<td>• The Health of Women and Children: The 1000 Day Window of Opportunity</td>
<td>Understanding the concept of the 1000 Days Understanding WASH Interventions</td>
<td>Resource Persons 2 and 3</td>
<td>Presentations and Videos</td>
<td>FNHW Handbook</td>
</tr>
<tr>
<td></td>
<td>1300 – 1400</td>
<td>Lunch Break</td>
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<tr>
<td></td>
<td>1400 – 1530</td>
<td>Ensuring Food Security and Financial Protection</td>
<td>Farm to Plate Concept and SRLM work Understanding VRF and Insurance</td>
<td>SRLM Livelihoods SPM FI</td>
<td>Presentations and Videos</td>
<td>FNHW Handbook Notes on Livelihoods</td>
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<tr>
<td></td>
<td>1530 – 1545</td>
<td>Tea Break</td>
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<tr>
<td></td>
<td>1545 - 1630</td>
<td>Plenary Discussion on next steps</td>
<td>Planning to work in convergence on Entitlements</td>
<td>SPM SISD</td>
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<tr>
<td></td>
<td>1630 – 1700</td>
<td>Feedback and Wrap Up</td>
<td></td>
<td>SMMU</td>
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<td>Feedback Forms</td>
</tr>
</tbody>
</table>

~ 2 ~
II. ORIENTATION OF TRAINERS AT THE STATE and BLOCK LEVELS

- There shall be a National Resource Persons Group selected by the National Mission Management Unit.
- Two State Resource Persons per District will be identified and oriented for each State, by the State Rural Livelihood Missions, in consultation with the National Rural Livelihood Mission.
- We shall also be orienting 4 Trainers per Block.
- The National Orientation of Trainers will be at the National Institute for Rural Development, Hyderabad. State Level and Block Level Orientations will be organized at venues organized by the State Rural Livelihood Missions.

<table>
<thead>
<tr>
<th>Sr No</th>
<th>PHASE</th>
<th>Topic</th>
<th>Sub Topic</th>
<th>Time</th>
<th>Methodology</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single Phase of 3 days</td>
<td>Day 1 Developing Basic Understanding of the Programme</td>
<td>Understanding Aajeevika National Rural Livelihoods Mission Teaching the linkages between FNHS and Poverty How the Programme will be implemented</td>
<td>2 hours per topic</td>
<td>Brainstorming, Interviews with Senior NMMU Staff, Presentations</td>
<td>Charts, Presentations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 2 Details of Interventions Planned BCC and Monitoring Tools</td>
<td>Maternal and Child Health and Nutrition Food Security; Sanitation, Common Illnesses Financing Medical Care</td>
<td>2 hours per topic</td>
<td>Field Visit, Brainstorming, Presentations</td>
<td>Charts, Films, Models</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 3</td>
<td>Hand Holding Support for VOs / SAC Members Administration Issues</td>
<td>4 hours</td>
<td>Open Discussion</td>
<td>Charts Presentations</td>
</tr>
</tbody>
</table>

III. CAPACITY BUILDING OF MEMBERS OF THE SOCIAL ACTION COMMITTEE (SAC)

- Each VO will elect 3 Members to form a Social Action Committee. These Members will be trained on FNHW.
- Training will be conducted in batches of 30 each, by the State and Block Level Trainers. After each Phase of Training, the SAC Members will go back to their villages and practice what they have learnt. In this process, they shall be supported by the Block Level Trainers.
- Training will be residential, at a place decided upon by the State Rural Livelihood Missions.
<table>
<thead>
<tr>
<th>Sr No</th>
<th>PHASE</th>
<th>Topic</th>
<th>Sub Topic</th>
<th>Time</th>
<th>Methodology</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 (3 Days)</td>
<td>Day 1</td>
<td>The Importance of Health and Nutrition; Linkages with Poverty The 1000 Day Window of Opportunity</td>
<td>How good health increases productivity and reduces medical expenditure</td>
<td>1 hour</td>
<td>Brainstorming Games</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 2</td>
<td>Services offered during a Village Health and Nutrition Day (VHND);</td>
<td>Services offered by a VHND Health and Nutrition Entitlements</td>
<td>5 hours</td>
<td>Role Play Games</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 3</td>
<td>Generating awareness of the 1000 Day Window of Opportunity Mobilizing Women for the VHND Reporting work done</td>
<td>How to use BCC Materials Communication Techniques Working with VO and SHGs Filling up the MIS</td>
<td>6 hours</td>
<td>Demonstration</td>
</tr>
<tr>
<td>2</td>
<td>2 (2 Days, 3 months later)</td>
<td>Day 1</td>
<td>Sharing of experiences Working on Food and Nutrition</td>
<td>Sharing of experience</td>
<td>1 hour</td>
<td>Brainstorming Games</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 2</td>
<td>Increasing agricultural productivity; Kitchen Gardens</td>
<td>Field Visit to Demonstration Sites</td>
<td>6 hours</td>
<td>Demonstration</td>
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<tr>
<td></td>
<td></td>
<td>Day 3</td>
<td>Generating awareness on Nutrition Reporting work done</td>
<td>How to use BCC Materials Communication Techniques Working with VO and SHGs Filling up the MIS</td>
<td>6 hours</td>
<td>Role Play Video Shoots Exercises</td>
</tr>
<tr>
<td>3</td>
<td>3 (3 Days)</td>
<td>Day 1</td>
<td>Sharing of experiences Personal Hygiene and Sanitation</td>
<td>Experience of 3 months’ work in the field</td>
<td>1 hour</td>
<td>Brainstorming Games</td>
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<tr>
<td>Sr No</td>
<td>PHASE</td>
<td>Topic</td>
<td>Sub Topic</td>
<td>Time</td>
<td>Methodology</td>
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<tr>
<td>3</td>
<td>3 months later)</td>
<td>Importance of personal hygiene and sanitation</td>
<td>Social Mapping&lt;br&gt;Monitoring of toilets and its usage&lt;br&gt;Construction of toilets&lt;br&gt;Composting&lt;br&gt;Menstrual hygiene</td>
<td>5 hours</td>
<td>Role Play&lt;br&gt;Games&lt;br&gt;Presentations</td>
<td>Models&lt;br&gt;Charts</td>
</tr>
<tr>
<td></td>
<td>Day 2</td>
<td>Services offered by a Sanitary Mart</td>
<td>Sanitation entitlements</td>
<td>6 hours</td>
<td>Demonstration</td>
<td>Interviews with families and field staff</td>
</tr>
<tr>
<td></td>
<td>Visit to a Rural Sanitary Mart</td>
<td>Exposure to sanitation and hygiene practices</td>
<td>How to use BCC Materials&lt;br&gt;Communication Techniques&lt;br&gt;Working with VO and SHGs&lt;br&gt;Filling up the MIS</td>
<td>6 hours</td>
<td>Role Play&lt;br&gt;Video Shoots&lt;br&gt;Exercises</td>
<td>Charts&lt;br&gt;BCC Materials&lt;br&gt;MIS Forms</td>
</tr>
<tr>
<td></td>
<td>Day 3</td>
<td>Generating awareness on sanitation</td>
<td>Mobilizing Women for hygiene and sanitation</td>
<td>6 hours</td>
<td>Demonstration</td>
<td>Interviews with families and field staff</td>
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<tr>
<td></td>
<td>Reporting work done</td>
<td>Services offered by an Herbal Medicine Centre</td>
<td>How to use BCC Materials&lt;br&gt;Communication Techniques&lt;br&gt;Working with VO and SHGs&lt;br&gt;Filling up the MIS</td>
<td>6 hours</td>
<td>Role Play&lt;br&gt;Video Shoots&lt;br&gt;Exercises</td>
<td>Charts&lt;br&gt;BCC Materials&lt;br&gt;MIS Forms</td>
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<tr>
<td>4</td>
<td>4 (2 Days, 3 months later)</td>
<td>Sharing of experience</td>
<td></td>
<td>1 hour</td>
<td>Brainstorming&lt;br&gt;Games</td>
<td>Charts&lt;br&gt;Presentation</td>
</tr>
<tr>
<td></td>
<td>Day 1</td>
<td>Insurance Schemes&lt;br&gt;Use of Health Risk Fund</td>
<td></td>
<td>2 hours</td>
<td>Presentations</td>
<td>Charts</td>
</tr>
<tr>
<td></td>
<td>Sharing of experience</td>
<td>Prevention and management of TB, Malaria, Common Cancers, Arthritis</td>
<td></td>
<td>3 hours</td>
<td>Presentations</td>
<td>Charts, Models</td>
</tr>
<tr>
<td></td>
<td>Financing Medical Care&lt;br&gt;Other common diseases</td>
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<tr>
<td></td>
<td>Day 2</td>
<td>Services offered by a Herbal Medicine Centre</td>
<td></td>
<td>6 hours</td>
<td>Demonstration</td>
<td>Interviews with Staff of Centre</td>
</tr>
<tr>
<td></td>
<td>Herbal Medicines for common diseases</td>
<td>How to use BCC Materials&lt;br&gt;Communication Techniques&lt;br&gt;Working with VO and SHGs&lt;br&gt;Filling up the MIS</td>
<td></td>
<td>6 hours</td>
<td>Role Play&lt;br&gt;Video Shoots&lt;br&gt;Exercises</td>
<td>Charts&lt;br&gt;BCC Materials&lt;br&gt;MIS Forms</td>
</tr>
</tbody>
</table>
MANAGEMENT INFORMATION SYSTEM FOR FNHW INTERVENTIONS

1. **SITUATIONAL ANALYSIS**

Once the geography has been agreed upon, the National Mission Management Unit (NMMU) will conduct a situational analysis in one area, with the purpose of informing communities and staff of the present health and nutrition status, and as a starting point for discussions on what needs to be done. The study will use a stratified sample for collection of data, NMMU will analyse the data and develop a Model Report. All State Rural Livelihood Missions (SRLMs) will then adopt this approach to conduct their own baseline.

The Situational Analysis Report will collect *Quantitative* Data on FNHW Entitlements, and *Qualitative* Data on health, nutrition and WASH Behaviour by individuals and families.

2. **OUTPUT INDICATORS**

   a. Progress with these Indicators will be reported on a monthly basis.

   b. Information will be collected by Village Organizations, and reported on paper to the Block Mission Unit. A Register with this information will be maintained at the Village Organization Level. The Block Mission Unit will enter the data onto a DAY NRLM MIS.

   c. Progress during the month:

      i. Geography for FNHW Interventions

      ii. Number of Village Organizations with Social Action Committees in place

      iii. Numbers of State Resource Persons and Block Resource Persons working on FNHW and Gender

      iv. Number of CRPs working on FNHW and Gender in the block

      v. Number of SHGs oriented to FNHW and Gender during the reporting month

      vi. Number of households enabled to have with ration cards (including AAY) during the reporting month

      vii. Number of households provided with toilets during the reporting month

      viii. Number of SHG women households enrolled into health insurance scheme during the reporting month

      ix. Number of families with homestead vegetable gardens during the month

      x. Number of SHGs which have initiated Health Risk Savings

      xi. Number of Members who have accessed loans for medical care

      xii. Amount of loans disbursed for medical care

   d. Information will be submitted by the State Mission Unit on a quarterly basis:

      i. Salient Minutes of Convergence Meetings with the relevant Departments during the Quarter.

3. **OUTCOME INDICATORS**

   a. As part of the Community Based Monitoring System, Social Action Committees of VOs will collect information on the following on a sample basis. A standard sample will be advised by the NMMU.

   b. This data will be collected and reported every six months.

      a. Services available during VHNDs and at the ICDS: a checklist and community satisfaction survey will be applied
b. Number and quantum of loans taken at SHG Level for Medical Care – changes in baseline data will be analysed and reported once in a year

c. Diet Diversification amongst women.

4. **DOCUMENTATION OF BEST PRACTICES**

National Resource Persons will document best practices at regular intervals and NIRD & PRNRLM Cell / NMMU will publish the same in peer reviewed journals.