Operational Guidelines for Implementing Early Child Care & Development (ECD) in Public Health System

Child Health Division

Ministry of Health and Family Welfare

Government of India

March 2018

OPERATIONAL GUIDELINES FOR IMPLEMENTING EARLY CHILD CARE & DEVELOPMENT (ECD) IN PUBLIC HEALTH SYSTEM

Table of Contents

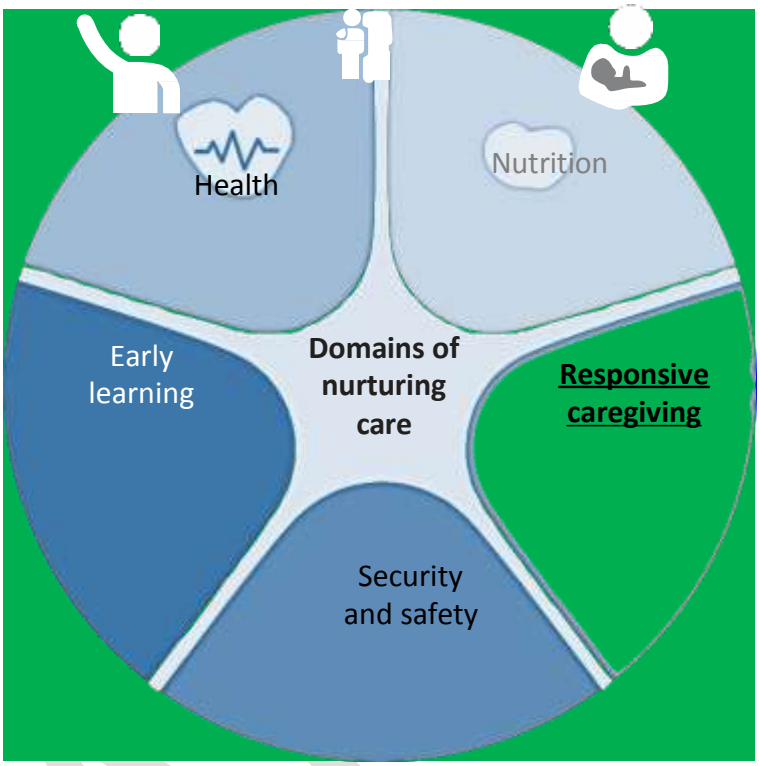
1. Introduction

Improving child survival and development is central to India's efforts to achieve national goals and is in line with Global Sustainable Developmental Goals (SDGs). Since the launch of NHM in 2006, significant improvements in child survival with notable reductions in neonatal, infant and under 5 mortality rates have been achieved. To continue to achieve further reductions in mortality it is time to focus on promoting early child care and development (ECD) in existing health and nutrition services of the country.

As the 2016 Lancet Early Childhood Development Series highlights that 43 percent of under five children do not reach their developmental potential because they live in poverty, have limited access to health nutrition and psychosocial care. Many of these children will do poorly in school, resulting in lowered incomes, and poorer health, nutrition and stimulation, thus contributing to the intergenerational transmission of poverty.

Early childhood is the most and rapid period of development in a human life. The years from conception through birth to first few years of age are critical to the complete and healthy cognitive, emotional and physical growth of children. The public health system in India has the capacity to play a unique role in the promotion of Early Child Care & Development (ECD) interventions. The health care contacts for women and young children are important opportunities that can be used to promote early child care and development (ECD).

Childhood development is a maturational process resulting in an ordered progression of perceptual, motor, cognitive, language, socio-emotional, and self- regulation skills. Thus, the acquisition of skills through the life-cycle builds on the foundational capacities established in early childhood.



Multiple factors influence the acquisition of competencies and skills, including health, nutrition, security and safety, responsive caregiving, and early learning (Figure). Each are necessary for nurturing care. Nurturing care reduces the detrimental effects of disadvantage on brain structure and function which, in turn, improves children's health, growth, and development

In the context of health sector, while most interventions of ECD such as family planning, antenatal care, routine care for labour and childbirth, immediate newborn care, disease prevention and treatment, improvement of nutrition etc. are already being implemented, **the additional focus therefore will be on responsive care giving to children through adequate play and communication by sensitive and responsive mother/family members.**

2. Science of early child care & development

New science based evidence demonstrates the critical role of ongoing interactions between nature (genes), environment and experience during the 1st 1000 days of life (from conception to under 2 years) on physical growth, immediate and long-term developmental potential of children, and adult productivity.

1.1 Key features of early brain development

Human brain begins to develop rapidly with the start of conception and the brain grows most rapidly from conception up until 2 years of age. Development of brain is an ongoing process. Genetic blue print is determined soon after fertilization of the ovum immediately after conception. Thereafter, physical and mental development is influenced strongly by nurture and experiences that affect ongoing physiological, immunological and psychological adaptations. The genetic blue print is replicated but there is ongoing interaction between genes and environment. It has been shown that genetic endowment can change as a result of continuous interaction between genes and the environment including nurture. As the brain develops rapidly, adaptation is an ongoing process. This adaptation during the most sensitive periods of life (pregnancy up to 2 years of life) requires targeting of caregivers, fetus and children below 2 years age. A 25 years follow up of stunted children in Jamaica has shown the positive effect of early child stimulation combined with supplementary feeding. These children have 25% additional adult productivity. Equally important, the adversities during the critical period of 1000 days (pregnancy plus the first 2 years of life) has shown the adverse impact on survival, physical growth and mental development.

Longitudinal follow-up studies among children exposed to poverty and other adverse conditions show beneficial effects of interventions on adult wage earning, competence (eg, intelligence quotient, educational attainment, and general knowledge), health biomarkers, reduction in violence, depressive symptoms and social inhibition, and growth in the subsequent generation. These findings provide strong justification for additional investment in early childhood development, especially in children younger than 2 years of age. The impact is maximal during the first 2 years of life although ECD interventions should continue beyond this age to obtain seamless transition to preschool interventions and beyond.

There is recognition that the crucial period during pregnancy, infancy and early childhood integrates in the life course for improved child health and wellbeing, education empowerment and

development of adolescents. It contributes substantially to health and productivity of adults who enter into motherhood and fatherhood. This in turn completes the cycle during the life course.

1.2 Highlights of brain growth in the fetus

Within the developing brain, nerve cells (or neurons) start to form within days of conception till around 4-6 weeks of pregnancy. After this stage, neurons (nerve cells) are formed at an astonishing rate of up to 250,000 new cells every minute. By the time of birth, there are around 100 billion brain cells (like a very large number of stars in the universe). Along with the increase in the number of neurons, is the process of neuronal migration to critical areas of the brain to assume the function that they are expected to perform after being born. During pregnancy, the rapid developments in the brain are also preparing the baby to perform the key vital functions to sustain life and develop senses that would help the baby to develop and thrive in this world. Any interruption in this orderly process can have serious consequences. These interruptions can contribute to the birth of a baby with fetal growth restriction, low birth weight baby or a birth defect. This very rapid growth should be fully supported by stepping up the currently delivered health care interventions that are evidence based and backed up by strong nurturing and caring of the mother with full family support.

1.3 Post-natal brain growth

Brain growth requires good nutrition since inadequate nutrition stunts brain growth just as it does for the physical growth of the body. Once most of the neurons have formed in the 3rd trimester of pregnancy, the brain starts to wire itself, making connections rapidly between neurons through a process called synapse formation. The strengthening and persistence of these connections underlie our ability to sense, learn, remember and develop feelings and behaviors. This strengthening is an ongoing process and is strongly influenced by nurturing, practice and experience. During this time, the child's brain is like a sponge. It senses and absorbs everything around and reacts. Consequently, the child during the first 2 years of life craves for nurturing, stimulation and experience. In supportive and secure environments, these connections are strengthened and learning is enhanced through an ongoing interaction through 'serve and return' (much like a game of tennis), between the child and the caregivers.

Care givers own health, nutritional status and mental health provide a double advantage during the first 1000 days (for the mother and the baby). This helps to empower her well at personal and societal level but equally importantly enables her to optimize provision of protection and support

to her rapidly developing baby, develop bonding and attachment, exclusively breast feed her baby for a period of first 6 months with continued breast feeding for up to 2 years, and most importantly participate in 'serve and return' function through appropriate sensitivity and responsiveness. When undertaken during rapid and sensitive period of life (the first 1000 days- pregnancy and the first 2 years of life) have numerous positive effects during this period and beyond.

1.4 Role of risk factors

Numerous risk factors during the critical first 1000 days have an effect on mortality, physical growth mental development and productivity. In fact, the effects are intergenerational. There are several risk factors. Amongst the numerous risk factors, the major risks are (a) stunting in children (b) poverty - about 29 crore (30%) people in India are poor, (c) poor maternal education i.e. women who are less than 5th grade pass, (d) harsh treatment to young children below 2 years age e.g. by beating with a stick or by a belt.

The accumulation of adversities, beginning before conception and continuing throughout prenatal and early life, can disrupt brain development, attachment, and early learning. As a result of exposure to one or more of the above risk factors, developmental delays begin to appear in the first year, worsen during early childhood, and continue throughout life. These major adversities can have a long lasting impact if more than one risk is present and if the exposure to one or more of these risk factors accumulates through the critical period of 1000 days and beyond. It produces greater damage if exposure occurs during sensitive periods of development. Based on the science of ECD, core principles should be used to step up caring and nurturing process during the critical 1000 days.

1.5 Intergenerational poverty a challenge to India's development

A vast majority of children under five in India do not reach their developmental potential because they live in poverty, have limited access to health, nutrition and psychosocial care. These children are poorly prepared to go to school and have difficulties in passing different grades. Many of these children will do poorly in school or dropout from school prematurely, resulting in lowered incomes, and poorer health, nutrition and adult productivity, thus contributing to the intergenerational transmission of poverty. As adults, they contribute to perpetuation of intergenerational cycle of ill health and poverty.

3. Purpose of the guidelines

This document is intended for Programme Managers as a guiding document for them to integrate ECD into the ongoing programme activities. This document also provides guidance regarding the benefits of ECD, role of health workers, key activities for implementation and convergence with other sectors.

For implementing ECD, following expected outcomes are to be achieved:

1. Empowerment of families with information and guidance on ECD.
2. Home visits and VHND platforms (community programs) are expanded to include promoting child development.
3. Health care personnel have adequate information and are sensitized to child development.
4. All health facilities make provision for practices to support ECD.

4. What is ECD and its benefits?

Early child development (ECD) is a generic term that focuses on supporting young children's development, links the young child's cognitive, social, emotional, and physical processes with the care (by families, communities, and the nation) required to support their development.

ECD strives to ensure young children's overall well-being during the early years, thereby providing the foundation for the development of adults who are healthy, socially responsible, intellectually competent, and economically productive.

There is a strong economic case for investment in ECD. It has been estimated that an addition of about 0.5 USD (Rs 30- 35 per capita) to the existing program would yield about 20 fold return if ECD interventions are added to the existing portfolio of interventions from pregnancy and continuing up to 2 years age.

Benefits of ECD

- **Improved and better adult health with** decrease in the prevalence of a wide range of health problems such as coronary heart disease, stroke, diabetes, cancer and maternal depression.
- **Better education, nutrition and long-term productivity:** A child's nutrition, growth and development, particularly in the first 2 years, sets a trajectory for improved nutrition, school performance, productivity, and participation in society.
- **Psychosocial interventions in the first 2 years have resulted in improved development:** These effects appear to be greatest for poor children and when interventions begin at an earlier age. ECD influences in reducing criminality.
- ECD is most cost-effective intervention for **reducing disparities for disadvantaged children**

While ECD benefits all children the results are greatest for poor children and for children who are most disadvantaged.

5. Guiding principles for implementing ECD

India is a signatory to Child Rights Convention since 1992. Subsequently, the Childhood Care and Education (ECCE-2013) policy of Government of India reiterates the commitment to promote inclusive, equitable and contextualized opportunities for promoting optimal development of all children under 6 years.

The following principles will guide the implementation of ECD countrywide.

a.	**Equity**
b.	**Child Rights**
c.	**Integration of services with inter-sectoral convergence**
d.	**Life course approach**
e.	**Community ownership and participation**
f.	**Beginning as early as possible to be effective**

a) ***Equity.*** Interventions are particularly important for children raised in conditions of disadvantage, and can serve to reduce disparities in the life course if early interventions are followed with adequate levels of services. Particularly in India, gender and low birth weight is a major source of disadvantage early in life.

b) ***Child rights.*** Children have the right to develop as well as to survive, and to be free from discrimination for achieving this goal.

c) ***Integration of services with inter-sectoral convergence.*** In the critical prenatal period and the first few years of life, not only direct services, but a broader series of supports and interventions are needed to provide children with the best start in life.

d) ***Life course approach.*** Interventions will provide a continuum of support for children's development including care for the women prior to childbearing and delay of childbearing, care during pregnancy, and for the child through the first five years of life.

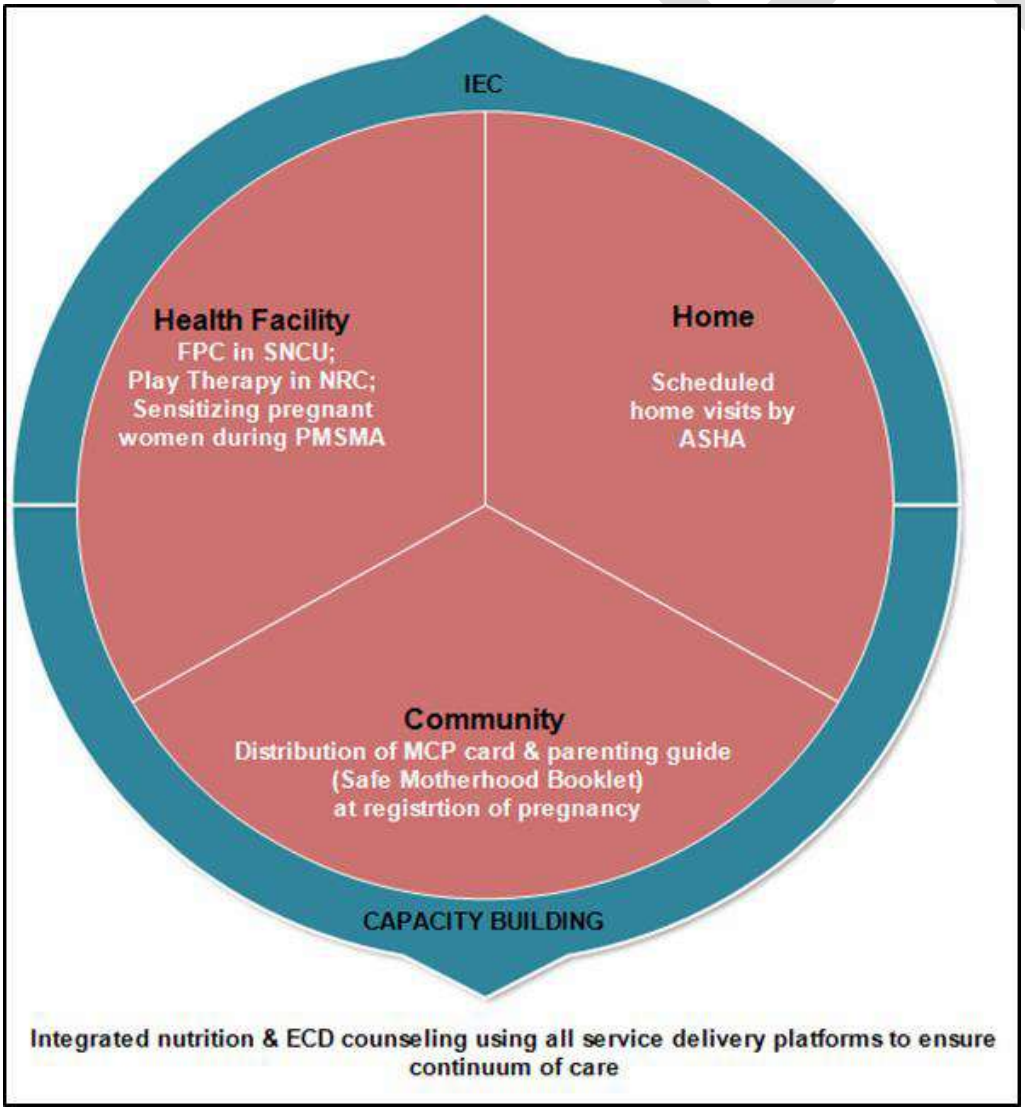
e) ***Community ownership and participation.*** Interventions will be based on community planning and ownership and the socio-cultural context.

f) ***Beginning as early as possible to be effective.*** Interventions that begin within the first two to three years of a child's life have been shown to be more effective than those that begin at ages 5 or 6, although the latter may show effects on specific school readiness skills. For maximum effectiveness, interventions should address the most disadvantaged children and be initiated soon after birth.

6. Actions by Programme Managers for Implementing ECD

As mentioned earlier the focus area for strengthening is responsive care giving to children through adequate play and communication by sensitive and responsive mother/family members. The following are the opportunities for additional activities at 3 levels of service delivery for strengthening ECD.

1) Home
2) Community
3) Facility



Following essential activities will be undertaken for implementation of Early Child Development (ECD) by programme managers.

I. **Availability & use of MCP cards**
II. **Availability and use of Parenting Guide**
III. **Implement ECD through Community Health Workers (Home Visit & VHND)**
IV. **ECD promotion in Health Facilities and during PMSMA**
V. **ECD counselling during PMSMA**

1. **Availability & use of MCP cards:**

The Mother and Child Protection Card (MCP) developed jointly by Ministry of Health & Family Welfare (MoHFW) and Ministry of Women and Child Development (MWCD) is to be used as a job aid. **ECD component of MCP card** recommends play and communication activities to encourage and stimulate the child's physical, social, emotional, and intellectual development. With the use of MCP card, the health workers should be able to advise the family on appropriate play and communication activities to stimulate the child's growth and healthy development.

The Health Care Manager should ensure that sufficient numbers of MCP cards are printed and made available at all delivery points and with ANMs and AWWs. MCP cards should be promoted for use by medical colleges and by private practitioners as well.
The ANM and AWW should maintain different sets of records (such as weight recording; immunization details) in the MCP card.

2. Availability and use of Parenting Guide:

The Parenting Guide developed by MoHFW provides easy guidance to families on ECD.
This guide provides important information as well as specific guidance to

- The Play and Communication Activity Guide contains examples of play and communication activities for mothers to try with their children less than 2years of age.
- The advice and activities are organised:

  -Play for children birth -6months, 6-12months and12-24months.

  -Communication for children birth-6months, 6-12months and 12-24months.

  -Play and Communication suggestions for children more than 24months.

- Each activity is to help a child develop healthily by learning from birth through seeing, hearing, touch, movement and taste.

Programme managers should ensure that sufficient numbers of parenting guides are printed & provided to all families when they are in contact with the health facility for institutional delivery, and/or immunization/VHND sessions or if admitted to SNCU. Mothers who have not received it earlier can be given this guide at the health facilities soon after delivery

.

3. **Implement ECD through Community Health Workers:**

The health care manager need to ensure that ECD is an integral part of all existing community platforms – VHND and Home visitation. VHND provides opportunity for interacting with families and organizing sessions on various aspects of ECD including nutrition counselling for sensitization of community members. VHND has the advantage of helping reach out to the target audience i.e. pregnant women and families of infants and young children through both the ICDS and NHM workforce with unified messages. India already has a home visitation programme where home visits are conducted through ASHA. Expanding this opportunity to include infants and incorporating ECD as an essential component of counselling will assist families in providing responsive parenting.

The programme manager must ensure that ECD must be an integral part of the activities in the existing home visitation program through ASHA (HBNC) and follow up of LBW and SNCU discharged babies till one year of age. ***In addition, the states may consider expanding visitation till infancy through additional home visits at 3, 6, 9 and 12 months covering all births.***

4. ECD promotion in Health Facilities

All opportunities when mother & children are in contact with health facilities should be utilized for promoting ECD.

The programme manager need to ensure that:

- *ECD counselling should an integral part of all* ***post-natal counselling****.*
- **In the outpatient departments** key messages should be displayed and counselling should integrate nutrition and stimulation through age appropriate playing and communication with children.

- ***Nutrition Rehabilitation Centres*** *(NRCs) Play area should be established in all NRCs in order to accelerate recovery and continued during rehabilitation at home/community level provide a unique opportunity for providing ECCD to malnourished children..*
- ***Implement Family Centered Care at New Born Units****: Through FCC, families/parents are empowered to provide developmentally appropriate care and provide appropriate and adequate stimulation to LBW and sick babies during hospital stay and at home after discharge. FCC operation guidelines and training package (which includes audio-visual tools) should be used to orient doctors and nurses positioned in the SNCUs. KMC will be an integral part of FCC, for which KMC units are to be established at SNCUs. (Refer to Operational Guidelines for KMC and Optimal Feeding for LBW, GOI, 2014).*
- ***Initiate and promote ECD for sick child contact at health facilities****: Provision has been made for establishing play area for pediatric inpatients and their siblings in district hospitals. Play therapists or counsellors can be assigned to these play rooms to structure the play and communication and to empower families/parents to continue the same in home settings.*

5. **ECD counselling during PMSMA**

A new health initiative for pregnant women called Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) launched on June 9, 2016 wherein all government hospitals and health centres shall offer free health check up on 9th of every month to all pregnant women. Women pregnant between 3 and 6 months, can approach a government hospital or health centre, or any accredited private hospital for the check-ups. PMSMA initiative complements another government initiative called Janani Suraksha Yojana (JSY).

This provides an important platform to sensitize the expecting mothers towards the importance of Early Child care and Development (ECD) not only in the public but also in the private sectors. As the check-up will be followed up by proper health monitoring, diet and nutritional supplements the mother will be more susceptible for the messages provided for during consultation for under.

Summary of Activities for the programme manager with Timeline

Activity / **Months**	1	2	3	4	5	6	7	8	9	10	11	12
PIP Approval												
Capacity Building												
PRINTING (MCP Card, Parenting Guide)												
IEC Message												
Monthly Reporting												

7. Capacity building of Health Care Providers

Capacity building of health functionaries is needed at all levels. Whereas the existing child health training packages have already included ECD in their course content. **All health providers will need sensitization** about this new initiative. Focus should be on integrating ECD and nutritional counselling. All contacts with families including immunization, home visitation and sick child contacts should be utilized in promoting MCP card and parenting guide.

a) Reorient ASHAs & ASHA Facilitators on MCP card; especially the ECD component

The Government of India has standardized the health care information that a mother should receive during ante natal and post-natal period. It has also standardized the information on children up to 3 years of age. The benefits received from MCP card would largely depend on how effectively the family uses this card and how effectively the care providers have explained its benefits to the targeted family. It has various components for care provider, care giver or both. Main components include the following:-

Safe mother hood: - Provides information on services related to pregnancy care, dietary advice and rest, problems during last pregnancy, danger signs during pregnancy, registration and benefits of Janani Suraksha Yojna (JSY), institutional delivery, birth preparedness, preparations in case of home delivery, advice on child spacing, services to be provided at home after delivery

Newborn care: - Information on home based post-natal care of the new-born, what is to be checked by care provider (to check for feeding, adequate clothing, warmth, keeping cord dry and clean) danger signs to be observed by family for immediate referral

Growth and Development:- Age specific information on feeding of the child and play and communication activities both for mother and the child, for better growth and development of the child and for mother's happiness. W.H.O. growth chart separately for boys and girls are there for growth monitoring and to take appropriate action in case of growth faltering.

Immunization: - Immunization Schedule – what vaccination to be given and when to be used by care provider for recording and for family for learning and to access immunization services as per schedule.

b) Sensitize all health providers through 1 day orientation programme.

The programme manager must ensure:

- *Capacity building on ECD intervention is incorporated into in-service trainings.*
- *ASHA's who are closely involved in the care of children should be trained on ECD package and home visit to cover infancy period.*
- *ASHAs & ASHA facilitators, ANMs are reoriented on the use of MCP card using existing NHSRC institutional mechanisms for ASHA trainings.*
- *Program managers and health providers can be sensitized with one day orientation program.*

The programme manager must ensure that ASHA's are reoriented on ECD and the use of MCP card through one day orientation program.

8. IEC activities

The programme managers must ensure that the existing community platforms are utilized for integrating the messages related to ECD and child rearing practices.

In addition to traditional approaches of posters, pamphlets and bill boards, M-technology can be used for wider circulation of messages related to child rearing practices and thus help expand the coverage quickly. Digital and mobile technology is becoming increasingly available & affordable. Messages packaged as SMS, IVRS, videos etc. can supplement the community level efforts at an affordable cost.

Appropriate videos should also be shown in the post-natal wards and in the newborn care units as part of KMC or FPC initiative.

The life stage appropriate packages can be prepared in different formats for widespread application. Multiple packages are needed to be relevant to local culture and practices.

Messages in local language should focus on following areas:

- Early child development through interaction with the child in the form of play, communication and stimulation
- Feeding /Nutrition
- Hygiene and care for preventing illnesses
- Health (prevention of illnesses and timely as well as appropriate response to illnesses)

9. Convergence with other departments/sectors

To promote early child care across the life course at scale requires interventions provided through several sectors Multi-sector' approach —and a supportive environment of policies, cross-sectoral coordination, and financing for achieving holistic early child development, from preconception to school transition. Multi-sectoral early child care may be defined as the inclusion of sectors such as education, health, nutrition, sanitation and child protection in services for pregnant women, young children and parents through informal or formal coordination. Integration of early childhood development interventions into existing service delivery platforms, starting with health, is an effective and efficient way to reach large numbers of families and children. At the heart of this intervention framework is the nurturing care of young children, provided by parents, families, and other caregivers.

In India following sectors through children's polices and services are playing their part in supporting families to provide nurturing care for children and promoting early child care:

1. **Ministry of Human Resource development**

   The ongoing efforts are for providing early learning opportunities for young children, women's completion of primary and continuity to secondary schooling. In line with the goal of nation building, India has been committed to providing free and compulsory education to all children. Free and compulsory education a Right of every child in the age group 6-14 years which has come into force from 1st April, 2010 and has been extended to universalize secondary education. Simultaneously, efforts are being made to create a robust and vast system of higher and technical education. It is envisioned that strengthening the two ends of the spectrum, namely, elementary education and higher/technical education would help in meeting the objectives of expansion, inclusion and excellence in education.

2. **Ministry of Women & Child Development**

   Most of the programmes of the Ministry are run through non-governmental organizations. For the holistic development of the child, the Ministry has been implementing. Major policy initiatives include

   - Child day care, preschool, and formal education: the world's largest and most unique and outreach programme of **Integrated Child Development Services**

(ICDS) providing a package of services comprising supplementary nutrition, immunization, health checkup and referral services, pre-school non-formal education.

- **Kishori Shakti Yojna**- to improve the nutritional, health and development status of adolescent girls, promote awareness of health, hygiene, nutrition and family care, link them to opportunities for learning life skills, going back to school, help them gain a better understanding of their social environment and take initiatives to become productive members of the society
- Establishment of the **Commission for protection of Child Rights**: The Commission's Mandate is to ensure that all Laws, Policies, Programmes, and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child. The Commission visualises a rights-based perspective flowing into National Policies and Programmes, along with nuanced responses at the State, District and Block levels, taking care of specificities and strengths of each region. In order to touch every child, it seeks a deeper penetration to communities and households and expects that the ground experiences gathered at the field are taken into consideration by all the authorities at the higher level.
- **Enactment of Protection of Women from Domestic Violence Act** to provide for more effective protection of the rights of the women guaranteed under the constitution who are victims of violence of any kind occurring within the family and for the matters connected there with of incidental thereof
- **IGMSY/Maternity benefit scheme** which was started in 52 districts as a pilot will be expanded all across the country to cover all pregnant and lactating mothers aged above 19 years are entitled to receive five thousand for the first child excluding those who are covered under central/state/public undertaking.

3. **Ministry of drinking water & sanitation**

The implementations are being carried out with the vision to ensure that all rural households, all government schools and anganwadis have access to and use of safe and sustainable drinking water and improved sanitation facilities by providing support to state, Panchayat Raj Institutions and local communities in their endeavor to provide these basic facilities and services and support to manage their own drinking water sources and sanitation in their villages.

4. **Ministry of Consumer affairs food & public distribution**

   The activities focus is to ensure food security for the country through timely and efficient procurement and distribution of food grains. This involves procurement of various food grains, building up and maintenance of food stocks, their storage, movement and delivery to the distributing agencies and monitoring of production, stock and price levels of food grains.

5. **Ministry of Rural Development**

   Focus is on vulnerable families through conditional and unconditional cash transfers, family health insurance like the Mahatma Gandhi National Rural Employement Gurantee Act (MNREGA) which aims at enhancing the livelihood security of people in rural areas by guaranteeing hundred days of wage employment in a financial year to a rural household whose adult members are volunteer to do unskilled manual work.

6. **Ministry of Social Justice and Empowerment**

   The ministry established "The National Trust" which is a statutory body of the, Government of India, set up under the "National Trust for the **Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities**" Act (Act 44 of 1999). National Trust is based on a human rights approach. The trust being a leader in the disability sector in India is focusing on developing an **inclusive society** which values human diversity and enables and empowers full participation of Persons with Disability to live independently with dignity, equal rights and opportunities. Working through local and regional registered organizations and local level committees, the National Trust's fundamental purpose, is to create an enabling environment, i.e. providing opportunities for Persons with Disabilities through comprehensive support systems which can also be done by collaborating with other Ministries, etc., which will lead towards development of an inclusive society.

   - **DISHA** (Early Intervention and School Readiness Scheme) is an **early intervention and school readiness scheme for children** in the age group of 0-10 years with the four disabilities covered under the National Trust Act and aims at setting up Disha Centres for early intervention for Person with Disability (PwD) through therapies, trainings and providing support to family members through Special Educator/Early Intervention Therapist, Physiotherapist / Occupational Therapist and Counsellor for PwD along with Caregiver and Ayas in the centre.

Health sector has important and complementary role to other Ministries/Sectors as many of the vulnerable as well as sick children contact health facilities and health workers from newborn period and through childhood.

- **Ministry of health and Family Welfare (MoHFW),** Government of India has taken a major initiative **Janani Shishu Suraksha Karyakaram (JSSK)** in 2011 following the success of **Janani Suraksha Yojna (JSY)** – conditional cash transfer scheme for women delivering at institution both public and JSY accredited private facilities. To ensure completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick infant (up to one year after birth) in Government health institutions in both rural & urban areas under JSSK for pregnant women and infant free entitlements were provisioned. This included free drugs, diagnostics, delivery, C—Section, diet, provision of blood, free referral transport from home and back.
- Health sector inputs are complementary to the ECD services provided through ICDS and need to be implemented in close coordination at the community level.
- Another close coordination of health sector is with the education sector where schemes like school health programme, **National Iron Plus Initiative, National Deworming Day/Campaign**; RBSK bring services to school going children in formal settings.

- **While RBSK programme** focus is on early diagnosis and treatment, ECD will complement this approach through improved interaction between family and children by improving sensitivity and responsiveness of families as preventive and promotive approach. National Trust is an active partner in extending support to the children screened with disabilities.

To integrate multi sectoral programs & services agreement among sectors to work together for ensuring equitable service access and usage, providing services, making referrals among services, and working towards achieving similar goals, to the degree possible needs to be achieved. Inter-ministerial task force for policy coherence, joint planning and joint monitoring of ECD programme needs to be established at state level.

10. Monitoring & Evaluation

No component can be effective if it is left to the good will of workers, however. A system of feedback, accountability, and review for modification is important for the approach to become sustainable and to have sufficient quality to make a difference in the lives of young children. Given below are the indicators to be tracked for effective implementation of ECD.

Level and Focus Areas	Indicators	Data Source
Impact Level Indicators	- Children below 5 years wasting (weight for height- below 3 SD) - Children below 5 years stunting (height for age- below 3 SD) - Children below 5 years underweight (weight for age- below 3 SD) - Children (6-59 months) having anaemia	Survey Reports
Pre-Conception & Antenatal Care	- Percentage of pregnant women who received full ANC - Percentage of pregnant women detected and treated with anaemia	Programme Implementation Reports
Immediate Newborn Care	- (Early initiation of breastfeeding) Percentage of newborns breast fed within one hour of birth - Percentage of low birth weight babies	Programme Implementation Reports & - Survey Reports
Care of Healthy Newborn	- Percentage of newborns received complete schedule of home visits under HBNC by ASHAs - Percentage of ASHA received training on ECD and follow up of newborns till infancy	- Programme Implementation Reports
Care of Small and Sick Newborn	- Percentage of facilities with SNCUs having functional Family Participatory Care units - Percentage of eligible newborns received KMC - Exclusive breastfeeding rate	- Programme Implementation Reports - Survey reports
Care beyond Survival	- Complementary Feeding Rate - Percentage of newborns received community follow up till one year of age	Programme Implementation Reports & Survey Reports
Community Level	- Percentage of families with infants received counselling support on ECD	Survey Reports

While surveys such as NFHS are conducted after 4-5 years, the state programme managers need to track programme monitoring reports at regular intervals. Home visitation till infancy by ASHA can be tracked from ASHA monitoring reports provided in the guidance note for follow up. The districts will send the information to the state by the 15th of every month. The state will compile and collate all the information to be shared with the Child Health Division MoHFW in the first week of every month as per the monthly reporting format

Monthly reporting format for ECD.

State: **District:**

Reporting month:

Name & contact details of the reporting officer:

S. No.	Information	Number
1	MCP Card distributed	
2	Parenting guide distributed	
3	Number of ASHAs trained for ECD counselling	
4	Eligible newborn provided KMC in facilities	
5	Number of infants visited at home at least once	

11. Budget

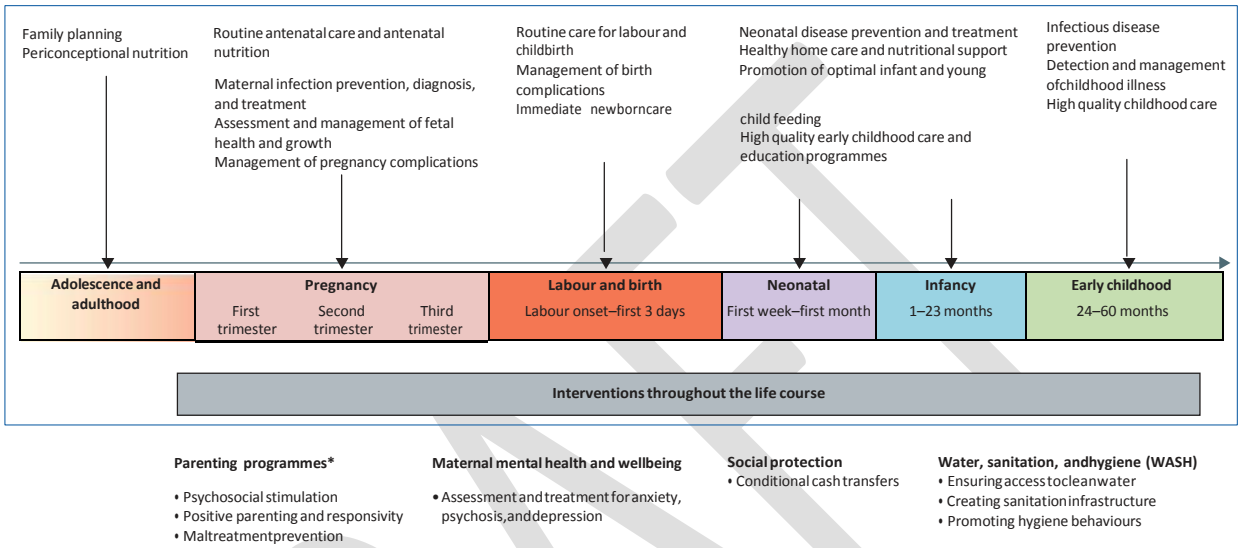
ECD programme implementation does not have additional cost implications. Budgets required for printing of MCP card, Parenting guide and orientation of the providers, should be proposed under appropriate FMR codes in the annual state PIPs. There are provisions available through PIP for additional home visitation in infancy.

FMR Codes

S.No.	Activities proposed	FMR Code
1	Any sensitization/Orientation/ training for ECD	A.9.5.5.2 Other Child Health training
2	Incentive for ASHA under extended Home visitation upto one year. The target population needs to be revised in case the state decides to extend the facility for all newborns	B1.1.3.2.3 Incentive to ASHA for follow up of SNCU discharge babies
3	Printing of MCP cards and Parenting guide/Safe motherhood booklet	B.10.3.1 BCC/IEC activities for MH

Annexure 1: Continuum of Care approach for implementing ECD

The approach enumerated below will assist in implementing ECD as continuum of care



Prenatal period

Implementation mechanisms: Through SBA package

Newborn period

Implementation mechanisms: Post-natal contacts in facilities and community through Home visitation by ASHA, and Family Centered Care for admitted newborns (Across all SNCU's)

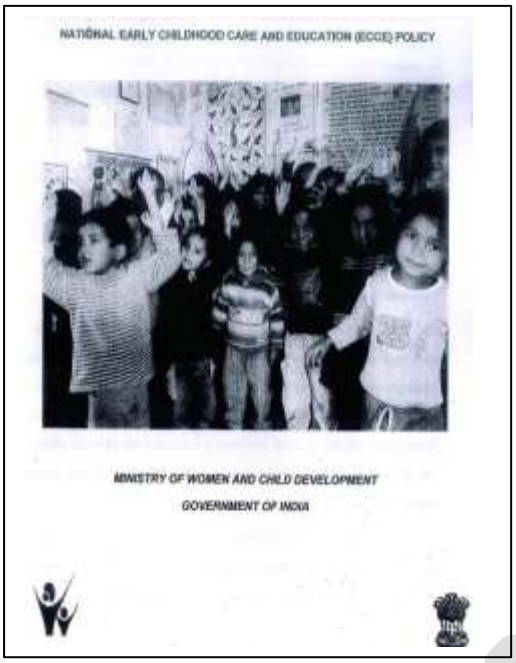
1 week to 24 months

Implementation mechanisms: Through Home visitation by ASHA to cover the whole period of infancy, all contacts under MAA, VHND and sick child contacts

24 months to 60 months

Implementation mechanisms: Through AWC and play room in all health facilities where sick children and malnourished children are managed.

Annexure 2: National Early Childhood Care and Education Policy, 2013



The National Early Childhood Care and Education (ECCE) Policy 2013 reaffirms the commitment of the Government of India to provide integrated services for holistic development of all children along the continuum, from prenatal period to six years of age. This is envisaged to be provided by several care providers such as parents, families, communities and other institutional mechanisms like public, private and non-governmental service providers. The age specific needs of children are described as follows:

Conception to birth: antenatal and postnatal health and nutritional care of mother, maternal counselling, safe childbirth, maternity entitlements, child protection and non-discrimination.

Birth to three years: survival, safety, protective environment, health care, nutrition including infant and young child feeding practices for the first six months , attachment to an adult, opportunity for psycho-social stimulation and early interaction in safe, nurturing and stimulating environments within the home and appropriate child care centres.

Three to six years: protection from hazards, health care, nutrition, attachment to an adult, developmentally appropriate play based preschool education.

These age specific needs are the basis for providing ECCE services in accordance with appropriate technical norms and standards.

The policy recognises that young children are best cared for in their family environment and thus strengthening family capabilities to care for and protect the child will receive the highest priority. Parents and family members would be informed and educated about good child care practices related to infant and young child feeding, growth monitoring, stimulation, play and early education.

Access to ECCE will be mainly through ICDS and in convergence with other relevant sectors/programmes in public channel as well as through other service providers viz. the private and non-governmental. Special plans will be developed to reach the most marginalized and vulnerable groups.

Annexure 3: Orientation Programme.

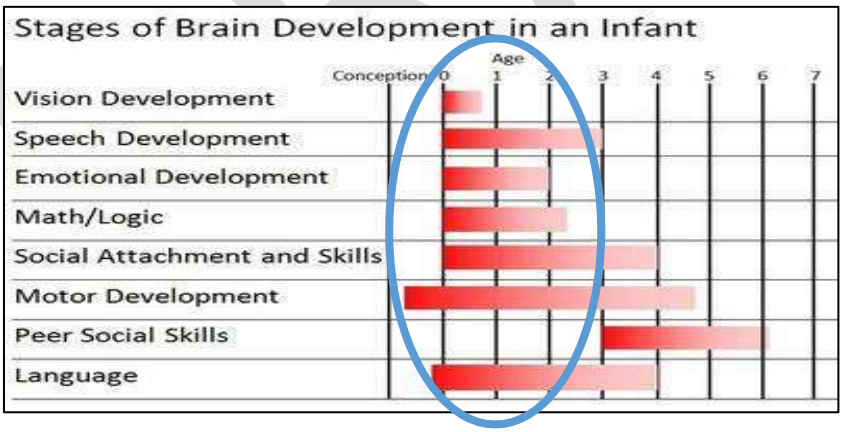
These operational guidelines along with technical guidelines, MCP Card training package and videos can be used during one day orientation sessions.

During the one day orientation programme discuss the following.

- **ECD & its Benefits**
- **Continuum of care approach for ECD**
- **MCP Card and parenting guide for ECD messages**
- **Integrating ECD during nutritional counselling at home and VHND**
- **ECD activities in facilities**
- **Monthly reporting format.**

MESSAGES. During orientation discuss the following important messages.

- **Most of the brain development is completed by the age of 2 years**. The development of brain can be helped through play, stimulation, communication, feeding, preventing illness and responding to illness in a timely and appropriate manner.



- **Every pregnant woman is provided Mother Child Protection Card (MCP) free of charge at time of registration of pregnancy**. This card empowers families to learn about child's health, nutrition and development. This card guides when to contact and consult a qualified/trained provider in response to an illness or a health problem. Keep the card in an appropriate sized poleythene bag to ensure that it remains safe and protected at all times.

- **Early skin to skin contact of the baby with the mother soon after birth helps them through touch, warmth and smell**. The baby should be put to breast as soon as possible. The love, closeness of the baby to the mother, warmth and smell all stimulate and encourage the flow of milk from the breast.

- **The babies can see, hear and feel right after they are born.** Therefore the opportunities for their brain development should not be lost right from the start of life. You and other family members (e.g. father) should look into the baby's eyes and talk lovingly to the baby. This will help the baby to develop well. This should be done as many times as possible.

- **Breastfeed child exclusively for first 6 months of life.** While breast feeding the baby, spend all your time in feeding, looking at the child, smiling, communicating, touching and stimulating (stroking baby's head or back lightly).Besides looking at the baby and talking to the baby, it is important to have the baby close to you so as to be in direct touch with you. The touch and closeness is a great learning experience for you as well as the baby.

- **The mother needs to eat foods in larger quantities than normally since she has to provide for the needs of the rapidly growing and developing baby through breast feeding**. There should be variety in diet and food should be enough. Drink a lot of fluids. You should also go to the Anganwadi center regularly to get your food supplements.

- **Many low birth weight babies do very well if continuous skin to skin contact is maintained by the mother**. It helps by providing baby breast feed whenever required, warmth from the mother on a continuous basis, helps the mother to appreciate that the baby is moving and breathing and is useful to create bonding between the mother and the child. This is very useful in helping the brain development of the child.

- **It is important for the mother to play with the baby, talk to the baby and try to make the baby smile**. Simple actions such as making eye contact, smiling at, singing or talking to, and even just holding a baby are age-appropriate activities for a newborn.

- **Babies 1-6 months of age thrive on love and affection from the family and the parents**. Looking into the eyes of the baby, smiling and talking to the baby, are useful for babies in this age. Copying what the baby does is very useful. The baby is learning and perfecting new skills through copying.

- **Child should be given food in a separate plate or container**. It should be adequate in amount so that once the child has finished eating there is some food left in the container.

The baby should be given semi solid foods 5 times in the day. You should start with a tea spoon of food and increase it to half a karchi within a period of one to two weeks in every meal (five times a day) Wash your hands with soap and water before feeding the child. Six months age is the time to celebrate. In many communities there is celebration when the baby is given the first feed. It is important to make sure that you offer the best and most appropriate food for the child. It should be semi solid and adequate in amount. It should be given with love and affection. Feed the child yourself and provide the child opportunity to see others eating.

Annexure 4:

THE LANCET

AdvancingEarlyChildhoodDevelopment: from SciencetoScale

An Executive Summary for *TheLancet*'s Series

www.t

"Young children's healthy development depends on nurturing care—care which ensures health, nutrition, responsive caregiving, safety and security, and early learning."

The 2016 *Lancet* Early Childhood Development Series highlights early childhood development at a time when it has been universally endorsed in the 2030 Sustainable Development Goals.[1-11] This Series considers new scientific evidence for interventions, building on the findings and recommendations of previous *Lancet* Series on child development (2007, 2011), and proposes

Key messages from the Series

- ***The burden and cost of inaction is high.*** A staggering 43 percent of children under five years of age—an estimated 250 million—living in low- and middle-income countries are at risk of suboptimal development due to poverty and stunting. The burden is currently underestimated because risks to health and wellbeing go beyond these two factors. A poor start in life can lead to poor health, nutrition, and inadequate learning, resulting in low adult earnings as well as social tensions. Negative consequences impact not only present but also future generations. Because of this poor start, affected individuals are estimated to suffer a loss of about a quarter of average adult income per year while countries may forfeit up to twice their current GDP expenditures on health and education.
- ***Young children need nurturing care from the start.*** Development begins at conception. Scientific evidence indicates that early childhood is not only a period of special sensitivity to risk factors, but also a critical time when the benefits of early interventions are amplified and the negative effects of risk can be reduced. The most formative experiences of young children come from nurturing care received from parents, other family members, caregivers, and community-based services. *Nurturing Care* is characterised by a stable environment that promotes children's health and nutrition, protects children from threats, and gives them opportunities for early learning, through affectionate interactions and relationships. Benefits of such care are life-long, and include improved health, wellbeing, and ability to learn and earn. Families need support to provide nurturing care for young children, including material and financial resources, national policies such as paid parental leave, and provision of population-based services in a range of sectors, including health, nutrition, education, and child and social protection.
- ***We must deliver multi-sector interventions, with health as a starting point for reaching the youngest children.*** Interventions—including support for families to provide nurturing care and solving difficulties when they occur—target multiple risks to development, and can be integrated into existing maternal and child health services. Services should be two-pronged, considering the needs of the child as well as the primary caregiver, and include both care for child development as well as maternal and family health and wellbeing. This affordable approach is an important entry point for multi-sectoral collaborations that support families and reach very young children. Essential among these are nutrition, to support growth and health; child protection, for violence prevention and family support; social protection, for family financial stability and capacity to access services; and education, for quality early learning opportunities.
- ***We must strengthen government leadership to scale up what works.*** It is possible to scale up projects to nationwide programmes that are effective and sustainable, as indicated by four country case studies in diverse world regions. However, government leadership and political prioritisation are prerequisites. Governments may choose different pathways for achieving early childhood development goals and targets, from introducing transformative government- wide initiatives to progressively enhancing existing services. Services and interventions to support early childhood development are essential to ensuring that everyone reaches their potential over the life course and into the next generation—the vision that is core to the Sustainable Development Goals

Annexure 5: Mother and Child Protection Card

Why the Mother and Child Protection Card?

□ The Mother and Child Protection Card has been developed as a tool for families to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children.

□ Card helps families to know about various types of services which they need to access for the health and wellbeing of women and children.

□ The card empowers families to make decisions for improved health and nutritional status and development of young children on a continual basis.

Who uses the card?

The card could be used by the following individuals and groups.

A. Family members (Mothers, Fathers, Mother-in-laws, Adolescent girls and others)

1. For gaining knowledge related to children's health, nutrition and development.
2. For using all available services.
3. For practicing optimal care behaviors.
4. For monitoring and promoting growth and development of children.

B. Village groups/Women (Mahila Mandal) groups

1. As a discussion tool in the meetings.
2. Monitoring effective service delivery in the area.

C. ANM / AWW/ASHA

1. For educating families about optimal health, nutrition and care practices.
2. For recording information on utilization of services.
3. For appropriate referrals.

D. Health and ICDS Supervisors

For ensuring that:

1. the card is introduced to the targeted families;
2. its use is properly explained to the families with support materials; and
3. there is effective and efficient delivery of services to the target families.

Who are the specific target groups for the card?

1. Pregnant women
2. Families with children under 3 years of age

Who keeps the card?

1. Pregnant women
2. Mothers of children under 3 years of age

How to use the Card

□ Information on the cover page on Family Identification and Birth Record should be filled in before the card is given.

□ Families should be advised to bring the card along when they visit AWC, sub-center, health center, private doctor and a hospital.

□ Families should be advised to keep the card in a safe place to prevent it from wear and tear.

□ The various sections of the card should be explained using support material before the card is given to the target families.

Feeding, playing and communicating with children helps them grow and develop well

0 to 6 months

Feeding

- Start breastfeeding immediately after birth – within 1 hour
- Exclusively breastfeed for 6 months. Do not give any other food or drinks and not even water
- Breastfeed as many times as the child wants
- Breastfeed day and night

0 to 3 months

What you can do

Smile at your child, look into child's eyes and talk to your child

Provide ways for the child to see, hear, feel and move

What children can do

Around 3 months, most children can

Smile in response

Track a ribbon bow

Begin to make sounds

3 to 6 months

What you can do

Have large colourful objects for your child to see and to reach for

Talk to & respond to your child. Get a conversation going with sounds or gestures

What children can do

Around 6 months, most children can

Hold head steady when held upright

Turn to a voice

Reach out for objects

Continue breastfeeding during illness | Always use adequately iodized salt for the family | Child needs extra food after illness

6 to 12 months

Feeding

- On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
- Increase the quantity, frequency and thickness of the food gradually
- Understand child's signals for hunger and respond accordingly
- Feed the child 4-5 times a day and continue breastfeeding

What you can do

Give your child clean safe items to handle and things to make sounds with.

Play games like peek-a-boo. Tell the child names of things & people.

What children can do

Around 9 months most children can

Sit up from lying position

Pick up with thumb and finger

Sit without support

Around 1 year most children can

Stand well without support

Wave

Say papa/mam

If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor

Feeding, playing and communicating with children helps them grow and develop well

1 to 2 years

Feeding

- Continue to offer a wide variety of foods including family foods, such as rice/ chappati, dark green leafy vegetables, orange & yellow fruits, pulses and milk products
- Feed the child about 5 times a day
- Feed from a separate bowl and monitor how much the child eats
- Sit with the child and help her finish the serving
- Continue breastfeeding upto 2 years or beyond

What you can do

Give your child things to stack up & to put into containers and take out.

Ask your child simple questions. Respond to your child's attempts to talk.

What children can do

Around 1½ years most children can

Express wants

Put 3 pebbles in a cup

Walk well

Around 2 years most children can

Stand on one foot with help

Say one other word

Imitate household work

Continue breastfeeding during illness | Always use adequately iodized salt for the family | Child needs extra food after illness

2 to 3 years

Feeding

- Continue to feed family foods 5 times a day
- Help the child feed herself / himself
- Supervise feeding
- Ensure hand washing with soap before feeding

What you can do

Help your child count and compare things; make simple toys for your child.

Encourage your child to talk & respond to your child's questions. Teach your child stories, songs, and games.

What children can do

Around 2½ years most children can

Point to 4 body parts

Feed self spilling little

Name one colour correctly

Around 3 years most children can

Copy & draw straight line

Wash hands by herself

Name 3 out of 4 objects

If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor