

Nirogi Balak Yojana

Child health is an important development indicator. A fast growing economy like Gujarat needs to plan for physically, mentally, socially and spiritually healthy children through a strategy **“From womb to Adolescence”** ensuring **“No child is left behind”**, through evidence based interventions.

Sn	Objective (Concept)	Interventions	Department	Intervention Indicator	Program Objective Indicator
1	Safe and healthy and wanted birth (Health and WCD, Social welfare)				
1.1	Care of Mother and New born	<ul style="list-style-type: none"> ▪ Prevent child/adolescent marriage ▪ Enhance Antenatal and post natal care through MAMTA Abhiyan 	Social welfare/ Social Defense	% of < 18 years married women	<ul style="list-style-type: none"> ▪ Maternal Mortality Ratio from 172 to 100 ▪ Neonatal Mortality Rate from 32 to 26 (by 2010) ▪ Infant Mortality Rate from 50 to 35
		<ul style="list-style-type: none"> ▪ Upgrading quality of environment and facility of labor rooms 	Health WCD	<ul style="list-style-type: none"> ▪ % of mothers registered at Mamta Divas ▪ % of mothers covered by three ANC visits ▪ % of mothers covered by three PNC visits 	
		<ul style="list-style-type: none"> ▪ Scale up institutional deliveries through Chiranjeevi and Govt. Institutions strengthening 	Health, Medical Education	<ul style="list-style-type: none"> ▪ No. of labour rooms supervised ▪ % distribution of labour rooms as per accreditation A/B/C 	
			Health	<ul style="list-style-type: none"> ▪ Institutional Delivery Rate ▪ % institutional delivery in 	

				Government hospitals	
				<ul style="list-style-type: none"> ▪ i% institutional delivery under Chiranjivi Yojana 	
		<ul style="list-style-type: none"> ▪ Reviving Baby friendly hospitals – public and private 	Health	<ul style="list-style-type: none"> ▪ No. of Baby Friendly Hospitals in Govt. institutions ▪ No. of baby friendly hospitals in private institutions 	
		<ul style="list-style-type: none"> ▪ Training of doctors in Intensive Neonatal Care Skills – Govt. & Chiranjivi 	Health	No. of teams (doctors and nurses) trained	
		<ul style="list-style-type: none"> ▪ Short term certificate course for doctors & nursing assistants for new born care 	Health	No. of MO's and Nurses trained	
		<ul style="list-style-type: none"> ▪ Strengthening "Sick Newborn Care Units in District hospitals (Level 2 care) " with stabilization units at all CEmONC centres, with all the human resources as well as equipments 	Health	<ul style="list-style-type: none"> ▪ No. of district hospitals with sick new born care units ▪ No. of new born treated at sick new born units 	
		<ul style="list-style-type: none"> ▪ Developing separate neonatology department at medical colleges 	Health	<ul style="list-style-type: none"> ▪ No. of departments developed ▪ No. of neonates in NICU 	

		<ul style="list-style-type: none"> Upscale screening of pregnant women for SCA and Thalessemia 	Health	<ul style="list-style-type: none"> No. of ANC screened % of ANC +ve 	
1.2	Family Welfare	<ul style="list-style-type: none"> Managing Unmet needs gap 	Health WCD	Unmet Need	<ul style="list-style-type: none"> TFR Unmet need rate
		<ul style="list-style-type: none"> Reduction in 2+ birth rate 	Health WCD	% less than 2 births % TL/NSV after 2 births	
		<ul style="list-style-type: none"> Increase coverage of 1+ birth by IUD 	Health WCD	% IUD insertion after 1 st child	
		<ul style="list-style-type: none"> Facilitate adoption of orphans 	Social Welfare	No. of children adapted	
2	Right to be born and equity for a girl child (Health, Education, WCD, Panchayat, Social welfare, Urban Development Department, District Collector)				
2.1	Community sensitization	<ul style="list-style-type: none"> Sustained community sensitization – Beti bachao abhiyan 	Health WCD Social welfare Urban development	<ul style="list-style-type: none"> No. of PRI sensitization sessions held No. of Beti bachao rallies organized IEC through SHG sensitization sessions No. of villages covered through folk media 	<ul style="list-style-type: none"> Sex ratio at birth Sex ratio of 0-6 yrs.

		<ul style="list-style-type: none"> Increasing reward under Dikri yojana by pooling all schemes of different departments for girl child incentive 	Health WCD Panchayat	<ul style="list-style-type: none"> No. of couples accepting permanent method of sterilization after one/ two daughters % of such couples awarded Dikri Yojna benefits 	
2.2	Legal action for prevention of female foeticide	<ul style="list-style-type: none"> Effective implementation of PC & PNDT act 	District Collectors	<ul style="list-style-type: none"> No. of clinics inspected ii) No. seals/ seizures 	
2.3	Gender Equity	<ul style="list-style-type: none"> Monitoring sex ratio at birth, and 0-6 Age especially births in private institutions 	Health WCD Panchayat	<ul style="list-style-type: none"> sex ratio at birth ii) sex ratio of 0-6 yrs 	
		<ul style="list-style-type: none"> Monitoring health /education /social service coverage for girls 	Health Education WCD	<ul style="list-style-type: none"> % Fully immunized girl children % Girl children covered under growth monitoring % Girl children with GF/GD referred for supplementation in ICDS and clinical care iii) % Girl 	

				children completing higher secondary education	
3	Optimum Growth and Nutrition (Health, WCD, Education, Civil Supply)				
3.1	Care of Child, Care of Mother and Salt Iodization	<ul style="list-style-type: none"> Nutrition support units in six regions at Medical colleges for technical oversight 	Health	<ul style="list-style-type: none"> No. of NSUs in position No. of Monitoring visits by NSUs No. of sensitization sessions held by NSU Nutrition surveillance carried out by experts annually 	<ul style="list-style-type: none"> % grade III – IV children % of low BMI mothers Child Mortality Rate Anemia Prevalence % of age of children attending Anganwadi 25 days per month. % of DG / FG children attending Anganwadi Total eligible women and
		<ul style="list-style-type: none"> Systematic growth monitoring for detecting FG/DG during MAMTA Divas 	Health WCD	<ul style="list-style-type: none"> % of ANC mothers weighed % of preschool children weighed GF/DG Rate 	
		<ul style="list-style-type: none"> Identified mothers and children to be kept in the Child Development and Nutrition Resource centers (CDNC) to be set up in each block in the tribal belt and other underserved areas. 	Health WCD	<ul style="list-style-type: none"> No. of centers developed No. of mother's managed*days No. of children managed*days 	

		<ul style="list-style-type: none"> Anemia diagnosis and management as per state protocol 	Health WCD	<ul style="list-style-type: none"> Anemia case detection rate among ANC IFA given and consumed by pregnant mothers 	<ul style="list-style-type: none"> children receiving supplementation % of age children receiving MDM for 25 days a month.
		<ul style="list-style-type: none"> Anemia diagnosis and management in preschool children 	Health WCD	<ul style="list-style-type: none"> Anemia case detection rate in preschoolers % preschoolers given IFA prophylactic and consumed % preschoolers given Anemia treatment 	
3.2	<ul style="list-style-type: none"> Extension of ICDS services 	<ul style="list-style-type: none"> Matching service, supervision & monitoring zones for health & ICDS 	WCD	Re designing ICDS service clusters	
		<ul style="list-style-type: none"> Scaling up of ICDS should cover women with low BMI and growth faltering children for supplementation. 	WCD	<ul style="list-style-type: none"> % of low BMI mothers supplemented ii) % of FG/DG children supplemented 	
		<ul style="list-style-type: none"> Grading of ICDS centres on the basis of malnutrition indicators based grading 	WCD	% centers in Grade I/II/III	
3.3	<ul style="list-style-type: none"> Participation of community level 	<ul style="list-style-type: none"> All village level functionaries of Village Health and sanitation 	Health Panchayat	No. of sensitization workshops held and	

	functionaries	committee at to be sensitized and oriented for nutrition		villages covered	
3.4	Primary school level interventions	Vit. A & IFA supplementation in primary school	Health Education	% of children covered	
		Growth monitoring in Primary school; referral for children with low BMI and Growth faltering	Education	<ul style="list-style-type: none"> ▪ % of children covered ▪ % of low BMI children ▪ iii) % of growth faltering 	
		Qualitative up-scaling of midday meals –regular inclusion of Green Leafy Vegetables under additionalities	Education	% of schools with regular MDM service	
4	Preventing and treating Infections (Health, GSACS, Education,WCD,social defense, social welfare)				
4.1	Infection Prevention	Deworming in Pre-school and Primary school children & Pregnant women with severe anemia	Health Education WCD	<ul style="list-style-type: none"> ▪ % of children covered by deworming ▪ % of severely anemic women treated by deworming 	<ul style="list-style-type: none"> ▪ % fully immunized children ▪ % children covered under booster dose of vaccine
		Introduction of MMR vaccine	Health Education	<ul style="list-style-type: none"> ▪ No. of districts covered under MMR vaccine ▪ % of target group covered under MMR vaccination 	<ul style="list-style-type: none"> ▪ % of preschool child deaths due to diarrhea
		Meena Manch and Meena Cabinets be formed in all schools to promote hygienic behaviour	Education	<ul style="list-style-type: none"> ▪ No. of schools having Meena manch & Meena 	<ul style="list-style-type: none"> ▪ % of preschool deaths due

		among children.		<ul style="list-style-type: none"> ▪ cabinets ▪ KABP of personal hygiene among primary school children 	<ul style="list-style-type: none"> ▪ to ARI ▪ % preschool deaths due to tuberculosis ▪ % HIV positive children
		<ul style="list-style-type: none"> ▪ PPTCT of HIV/AIDS(health) through public private partnerships 	Health GSACS	<ul style="list-style-type: none"> ▪ No. of PPTCT centers operationalised ▪ No. of mothers screened ▪ HIV positivity rate among screened ANC ▪ % of HIV positive ANC treated ▪ % of Children of HIV positive mother followed up 	
		<ul style="list-style-type: none"> ▪ Program for Pediatric tuberculosis should be intensified 	Health RNTCP	<ul style="list-style-type: none"> ▪ No. of pediatric TB cases diagnosed ▪ % of pediatric TB cases cured 	
4.2	Health and Medical Care	<ul style="list-style-type: none"> ▪ "IMNCI" upscaled to the entire state - Effective implementation 	Health	<ul style="list-style-type: none"> ▪ No. of districts with IMNCI implementation ▪ No. of children treated by AWW/ANM by IMNCI protocol ▪ No. of children 	<ul style="list-style-type: none"> ▪ Infant mortality rate ▪ Preschool mortality rate

				referred by AWW/ANM as per IMNCI protocol	
		<ul style="list-style-type: none"> ▪ Distribution of Insecticide Treated Nets to all BPL children in malaria endemic areas. 	Health VBDCP	<ul style="list-style-type: none"> ▪ % of families with ANC/Preschool child given ITMN ▪ % of families with ITMN using it 	
		<ul style="list-style-type: none"> ▪ Audit of all deaths of mothers and children 	Health	<ul style="list-style-type: none"> ▪ % of maternal and infant deaths investigated 	
4.3	Public partnership private	<ul style="list-style-type: none"> ▪ introduction of 'Bal Chiranjeevi' to ensure expert care in all areas in collaboration with private pediatricians – Public Private partnerships 	Health	<ul style="list-style-type: none"> ▪ No. of Bal chiranjivi doctors enrolled ▪ No. of newborn examined by Bal chiranjivi doctors ▪ iii) No. of newborn /children treated as indoor cases under Bal chiranjivi 	
4.4	School health	<ul style="list-style-type: none"> • School health check up ensured 	Health Education	<ul style="list-style-type: none"> ▪ % of eligible children examined ▪ % eligible children treated ▪ % eligible school children referred 	
				% school children put on treatment/ surgery for severe/	

				chronic health problem	
		<ul style="list-style-type: none"> Psychiatric counseling service network development for children and parents 	Health, Mental Health WCD Social defense Social Welfare	<ul style="list-style-type: none"> No. of AFHS counseling centers % of counselors trained 	
5	Challenged children Right to be cared and equal opportunity (Health Education, WCD, Social Welfare)				
	Management of challenged children	<ul style="list-style-type: none"> A systematic integrated approach for early detection, treatment, follow up, education, rehabilitation and parents counseling for Physically/ Mentally challenged children. 	Health, Education WCD, Social Welfare	<ul style="list-style-type: none"> No. of children in educational institution No. of children in specialized education/ training institutions No. of children covered for prosthetic devices 	<ul style="list-style-type: none"> Prevalence rate of physically challenged children Prevalence of mentally challenged children Prevalence rate of severe chronic illness among children
		<ul style="list-style-type: none"> Increase reach and access of health, nutrition, social services and parents counseling for Children with major health problems like Heart /kidney /Cancer/Juvenile Diabetes/ Sickle Cell Anemia/ Thalasemia/ Neuro muscular disorders/psychiatric etc 	Health, WCD, Education	<ul style="list-style-type: none"> i) No. of children diagnosed from school health screening ii) No. of children diagnosed by medical care institutions i) % children with such illness enrolled in schools ii) % of such children in need of frequent 	

				regular treatment v) Child hospitalization days in a year	
6	Child Protection (Labour, Social Welfare, Social Defense, Health, Education, WCD)				
6.1	Protecting Health and Safety of children	<ul style="list-style-type: none"> ▪ Ensure that no child is involved in any hazardous labor. • Ensure that no girl is married before 18 years of age – prevent early marriage 	Labour Social Welfare/ Defense	<ul style="list-style-type: none"> ▪ No. of children relieved & given protection ▪ No. of juvenile marriage registered ▪ School/ mahila mandal group sensitization meetings 	<ul style="list-style-type: none"> ▪ % children relieved from hazardous labor ▪ Juvenile marriage rate ▪ Mortality rate among children of protection/ rehabilitation homes
6.2	Discrimination	<ul style="list-style-type: none"> • Ensure no child is discriminated on basis of caste, socio economic class or health including HIV infection for any health, nutrition, education, rehabilitation service 	Social Welfare/ Defense, Health, Education WCD	<ul style="list-style-type: none"> ▪ % Sc/ST children fully immunized ▪ % Sc/St children monitored for growth ▪ % Sc/ST children covered under nutrition supplementation ▪ % HIV infected/ affected children in Aw/ schools 	

				<ul style="list-style-type: none"> ▪ % HIV infected children on regular medical follow up 	
6.3	Prevention of accidents	<ul style="list-style-type: none"> • Ensuring road safety • Ensuring safe building of AWWs / Schools 	Police, Education/WCD R&B		
6.4	Social care institutions	<ul style="list-style-type: none"> ▪ All children in Government protection/rehabilitation schools will be covered under school health program and will be supported by mental health services 	Health, Mental Health	<ul style="list-style-type: none"> ▪ No. of boys and girls in protection / rehabilitation homes ▪ No. of boys and girls examined under school health ▪ No. of boys and girls referred ▪ No. of boys and girls immunised 	
7	Healthy environment (Water Supply, WASMO, WCD, Education, UDD)				
7.1	Living /studying in healthy environment	<ul style="list-style-type: none"> • Ensuring use of safe drinking water in all households and all schools, Anganwadi Centres and Health centers. 	Water Supply VASMO WCD Education UDD	<ul style="list-style-type: none"> ▪ No. of households in a village / slums ▪ % of institutions inspected for the water supply facility ▪ % of institutions water samples tested 	<ul style="list-style-type: none"> ▪ % of Nirmal Gram villages ▪ % of villages/slums AW/schools with access to safe water ▪ % of water samples tested in
		<ul style="list-style-type: none"> • Ensure that 100% households and institutions - Anganwadis, 	water Supply VASMO	% of institutions inspected for the	

		Schools and Health Centres have sanitation facilities.	WCD Education UDD	sanitary facility	village/Slums / AW/ school having free residual chlorine <ul style="list-style-type: none"> ▪ % families in a village/AW centers/ schools have functional sanitary latrine
		<ul style="list-style-type: none"> • Ensure safe and healthy kitchen in AW/schools 	Water supply Education WCD UDD	% of institutions inspected for the kitchen sanitation	
		<ul style="list-style-type: none"> • Access to play grounds for all school and out of school children 	Education Panchayat UDD	<ul style="list-style-type: none"> ▪ % schools having play ground/ access to play ground 	
7.2	Monitoring AW/ school environment	<ul style="list-style-type: none"> • Accreditation of schools being contemplated by the Education Dept should include health and malnutrition environment in the schools. 	Education Panchayat UDD	Distribution of schools Grade wise	<ul style="list-style-type: none"> ▪ % schools having adequate number of toilets for boys and girls ▪ Trend in shift of grade of institution as per environment criteria
8	Universal education and Life skill education (Education, Supports, Health, GSACS)				
8.1	Promoting Education and Life skill Practices	<ul style="list-style-type: none"> • A comprehensive life skill education to be implemented as a part of curriculum in schools to cover subjects like growth, nutrition, prevention of 	Health, Education GSACS	<ul style="list-style-type: none"> ▪ No. of schools covered under life skill education program ▪ No. of children 	<ul style="list-style-type: none"> ▪ Adolescent suicide rate ▪ Adolescent obesity rate ▪ Adolescent

		malnutrition and disease, hygiene and sanitation, mental and social health, first aid etc.		covered under life skill education program	<ul style="list-style-type: none"> ▪ HIV infection rate ▪ Adolescent Hypertension rate ▪ Depressive disorder rate among adolescents
		<ul style="list-style-type: none"> • Physical education, yoga and sports facilities shall be developed in school for school children and community centers for out of school children. 	Education Sports	Total Child hours of physical and Yoga education	
		<ul style="list-style-type: none"> • Teachers training curriculum to include healthy school and healthy children subjects • Training of In services teachers for healthy school and healthy children subjects 	Education	<ul style="list-style-type: none"> ▪ No. of PTC and B.Ed college adopting this subject ▪ Total pre service teachers trained 	
8.2	Access and reach to health services	<ul style="list-style-type: none"> • Adolescent friendly health service network shall be developed at PHCs/CHCs/UHCs to provide need based health care services through trained service providers. 	Health	<ul style="list-style-type: none"> ▪ No. of AFHS centers ▪ No. of adolescents managed at AFHS ▪ No. of adolescents referred 	
9	Urban Children (Urban Development Department, Health, WCD)				
9.1	Managing Health and Nutrition needs of children in slums	<ul style="list-style-type: none"> ▪ "MAMTA Abhiyan" Scaling up; specific strategy for urban migrant colony - "Mobile MAMTA Divas clinics" for underserved areas 	Health, UDD	<ul style="list-style-type: none"> ▪ No. of urban MAMTA divas organized ▪ No. of preschool children attending MAMTA divas ▪ No. of ANC attending MAMTA Divas 	<ul style="list-style-type: none"> ▪ Neonatal mortality rate in urban slums ▪ Infant mortality rate in urban

		<ul style="list-style-type: none"> Anganwadi center's services to be expanded as day care centers for children of working women with additional compensation to AWW for extra time. 	WCD UDD	<ul style="list-style-type: none"> No. of day care centers developed ii)No. of Children registered for day care center 	<ul style="list-style-type: none"> slums Preschool mortality rate in urban slums Maternal deaths in urban slums
10	Jan Jagruti and Bhagidari (Panchayat, Rural Development, Urban Development, Education, Health)				
10.1	Community Awareness Programs towards participation	<ul style="list-style-type: none"> IEC materials on breast feeding (early initiation, colostrums feeding and exclusive breast feeding) to be displayed in all postnatal wards of all District hospitals, CHCs/CEmONC centres/PHCs/SCs/AWCs/ Private clinics with special focus to Chiranjeevii doctors clinics. 	Health WCD	<ul style="list-style-type: none"> % IEC material prepared on child health and nutrition % centers with IEC material displayed 	
10.2		<ul style="list-style-type: none"> IEC campaign by the District IEC Officer in the CDHO's Office, with the participation of functionaries of all departments/programmes at village level, including Gram Mitras 	Health		
		<ul style="list-style-type: none"> A system of home visits to the target families (Pregnant Women, Malnourished child), instituted to ensure correct behaviour practices 	WCD Health	% of target families visited	

10.3	Community participation	<ul style="list-style-type: none"> ▪ Sensitize target households through HW/AWWs/Mitras/ASHA and identify additional volunteers to render help 	WCD Health	no. of volunteers participating	
		<ul style="list-style-type: none"> ▪ Events like Mamta Divas, SHG Meetings, Village level Committees (VECs, Village Water Committees, Village Sanitation Committees, Gram Sabhas, School Health Programme, Dairy Cooperative Societies) be used for mobilizing community and to build awareness about Nirogi Balak Yojna 	Health Panchayat		
		<ul style="list-style-type: none"> ▪ TV Spots: Meena TV Spots on Water/Sanitation and Hygiene to be used as an advocacy for Nirogi Balak - other ▪ AV materials to be developed with Communication experts and used extensively on DD/AIR /Cable/Cinema 	Health Education	AV subject hours for IEC	
10.4	Community ownership of Yojana	<ul style="list-style-type: none"> • Panchayats should be accountable and nodal agency for implementation of Nirogi Balak Yojna. • PRIs to be actively involved to bring the desired changes in their areas. 	Panchayat Health		
		<ul style="list-style-type: none"> • VHSC to be oriented and given responsibility towards universal coverage of maternal and Child 	Health	No. of village health committee sessions held	

		health services			
		<ul style="list-style-type: none"> Gram sabha and allied village specific events to review and plan for universal coverage of maternal and Child health services 	Panchayat Health	No. of gram sabha with review of Nirogi balak indicators	
		<ul style="list-style-type: none"> Kitchen gardens in Panchayat office/AW/ School/PHCs 	Panchayat	<ul style="list-style-type: none"> % of total institutions with kitchen gardens feeding days in which Kitchen garden product was used in ICDS/MDM supplement 	
		<ul style="list-style-type: none"> Social Audit through community participation 	Panchayat	% of villages where social audit was done	
11	Nirogi Balak Gram Puraskar				

11.1	Reward Incentive	<ul style="list-style-type: none"> Villages / towns / slums shall be evaluated once in year based on set indicators and toppers will be rewarded 	Panchayat Health WCD Education	<ul style="list-style-type: none"> % of girls marriage before 18 years % of adolescent girls covered under IFA prophylactic % women with low BMI covered under supplementation Institutional Delivery Rate % of sick neonatas provided referral % of FD/DG and Gr. III-IV children managed at nutrition care and support center % of eligible children covered under ICDS services % of fully immunized children. Iodized salt used rate % of villages declared Nirmal 	<ul style="list-style-type: none"> No. of villages winning award
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				<p>Gram</p> <ul style="list-style-type: none"> ▪ % of Schools / AWWs / Government Health Institutions having safe drinking water ▪ % of Schools / AWWs / Government Health Institutions having toilet facilities ▪ Sex ratio at birth ▪ % of girls children secondary school education. ▪ % of school health children provided medical care services. ▪ % of eligible availing MDM ▪ Coverage of children with special needs ▪ Kitchen gardens developed. ▪ No. of village health and sanitation 	
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				committee meetings held	
12	Launch of "Nirogi Balak Yojna" on <i>International Women's Day</i> on 8th March 2008				
12.1	Visibility and propegenda	<ul style="list-style-type: none"> ▪ State level function; Nirogi bal rath to be launched throughout the state; village wise <i>Bal melas</i> for 'Mass Child health awareness' through Health exhibitions/ tandrust bal harifai/and sports meets. • Integration with Kanya Kelwani; visiting officials to ensure that their chosen villages meet the criteria of Nirogi Balak gram 	Health Education WCD Panchayat, Rural Development, UDD		
12.2	Community participation initiative	<ul style="list-style-type: none"> • Plantation of trees (drum sticks) and medicinal plants at schools/ICDS centres and health and Panchayat facilities 	Panchayat Agriculture		
12.3	Educational initiative	<ul style="list-style-type: none"> • Education and awareness with fun - picnics for children to places of interest water works/sewerage projects throughout the year 	Education		
12.4	Service initiative	<ul style="list-style-type: none"> ▪ "Child Health Camps" in remote, weak performing areas and migrant colonies with immunisation, growth monitoring, health check up,Vit. A supplementation on a quarterly basis 	Health WCD	<ul style="list-style-type: none"> ▪ No. of health camps organized ▪ No. of children examined ▪ No. of children immunized ▪ No. of children referred 	

13	Monitoring and Evaluation (Health0				
13.1	Routine monitoring	<ul style="list-style-type: none"> Monthly monitoring by the health department as the nodal department 	Health		
13.2	Administrative monitoring	<ul style="list-style-type: none"> Quarterly monitoring by the high level steering committee 			
13.3	Internal monitoring/ evaluation	<ul style="list-style-type: none"> Multi Indicator Cluster Survey through Nutrition support units at medical colleges 	Health		
13.4	External evaluation	<ul style="list-style-type: none"> Regular Nutrition Surveillance in the state to monitor nutrition situation of children in collaboration with NNMB of the NIN, Hyderabad. 	Health		
13.5	Year end evaluation	<ul style="list-style-type: none"> Year end evaluation to be organized through independent agencies by UNICEF, UNFPA and CARE 	Health		
13.6	Monitoring Indicators	<ul style="list-style-type: none"> Institutional Delivery Rate % of pregnant women with low BMI % of preschool children with DG/GF % of fully immunized children in 12-23 Month age Iodized salt use rate Proportion of children with early initiation and exclusive BF Children receiving Vit.A two doses in last year (9-59 months) 			

		<ul style="list-style-type: none"> ▪ % of children and mothers receiving supplement ▪ % of children receiving MDM ▪ % of adolescent receiving IFA ▪ % households having attached latrine ▪ % of households having access two safe drinking water ▪ % of households connected to drainage system. ▪ Sex ration at birth 			
14	Institute of Child Health and Nutrition				
		<ul style="list-style-type: none"> ▪ Institute of Child health & Nutrition a center of excellence for child care to be established in Gujarat for preventive, promotive services, and research at medical college with excellent pediatric care services 	Health		
15	Organizational Arrangements				
		<ul style="list-style-type: none"> ▪ Mission Director Nirogi Balak supported by a child health; nutrition; Education; IEC and M&E expert team- To guide and monitor the entire priority endeavor of the Gujarat government to ensure time bound and evidence based quality interventions 			

		<ul style="list-style-type: none"> ▪ State level steering committee- For policy oversight, regular monitoring and for ensuring regular independent evaluation and corrective action as required 			
		<ul style="list-style-type: none"> ▪ The Nirogi Balak Mission Directorate will be operationalisation under state health society 			