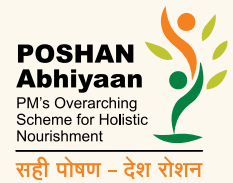




NITI Aayog



Trainers' Booklet Orienting PRI Members on POSHAN *Abhiyaan*

Jan Andolan



नए समाज की ओर
Towards a new dawn

Ministry of Women & Child Development



Technical Team

NITI Aayog; CPMU-POSHAN *Abhiyaan*; UNICEF; Centre for Social & Behaviour Change, Ashoka University; New Concept Centre for Development Communication



Trainers' Booklet
Orienting PRI Members on
POSHAN *Abhiyaan*

Jan Andolan

Note for the Trainer

This training booklet has been prepared for orienting Panchayat members (*Sarpanch, Gram Pradhan* and ward members) on POSHAN *Abhiyaan*. Sessions 1-8 covered in this booklet are expected to be delivered in four hours. Sessions 9-12 are expected to be delivered in one hour and twenty minutes. It is advisable to plan all the sessions as a one-day training to ensure all the topics are covered within the stipulated time. The content has been presented in the form of questions and answers for ease of delivery.

Please ensure the following for conducting an effective training session:

1. Before the training

- Go through the booklet thoroughly to be able to deliver the content properly.
- Please view all the audio-visual materials mentioned in the relevant sections.
- Ensure availability of screen and projector for showing films.
- Ensure adequate space to accommodate around 20-25 participants.
- Ensure arrangement for refreshments.
- Keep the registration form ready.

2. During the training

- Make the participants sit in a semi-circle on chairs or on a *durrie* (depending on availability of resources).
- Introduce yourself and explain the purpose of the training.
- Make the sessions participatory and interactive.
- Speak respectfully and patiently with all participants and pay special attention to the needs of women participants.
- Use local expressions and simple language to explain the content.
- Ensure participation of all members. Make sure only one person speaks at a time.
- Encourage participants to ask questions.
- Ask open ended questions to gauge the understanding of participants. Do not ask questions that draw 'Yes' or 'No' as answers.
- Always thank the participants for their responses or show agreement by shaking your head.
- Repeat the key points to improve understanding and recall.

3. After the training

- Take feedback from the participants on the training.
- Ensure documentation related to the training is complete.

Session Plan

S. No.	Name of Session	Duration
	Understanding Nutrition	Total 30 Minutes
1.	Why is Nutrition/Poshan Important?	20 Minutes
2.	The Circle of Life	20 Minutes
3.	First 1,000 Golden Days	20 Minutes
	What Must be Done to Prevent Malnutrition and Promote Good Nutrition?	Total 180 Minutes
4.	Caring for the Bearers of Life: Nutrition for Pregnant and Breastfeeding Women	40 Minutes
5.	Caring for the Infant: Nutrition for Children 0–6 Months	40 Minutes
6.	Caring for the Very Low Birth Weight Baby	20 Minutes
7.	Nutrition for Children 6 Months–2 Years	40 Minutes
8.	Caring for the Sick Child: Children 0–2 Years	40 Minutes
	What also Contributes to Good Nutrition	Total 60 Minutes
9.	Immunization & Vitamin A Supplementation	20 Minutes
10.	Caring for the Adolescent Girl	20 Minutes
11.	Sanitation and Hygiene Behaviours	20 Minutes
	Role of PRI Members in Preventing Malnutrition	Total 20 Minutes
12.	PRI Members as Nutrition Champions	20 Minutes

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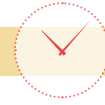




Understanding Nutrition



Why is Nutrition/Poshan Important?



Duration: 20 mins

Note for the Trainer



- Start the session with a round of introduction of all the participants.
- Summarise information and take feedback from participants to check their understanding.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue card 1 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

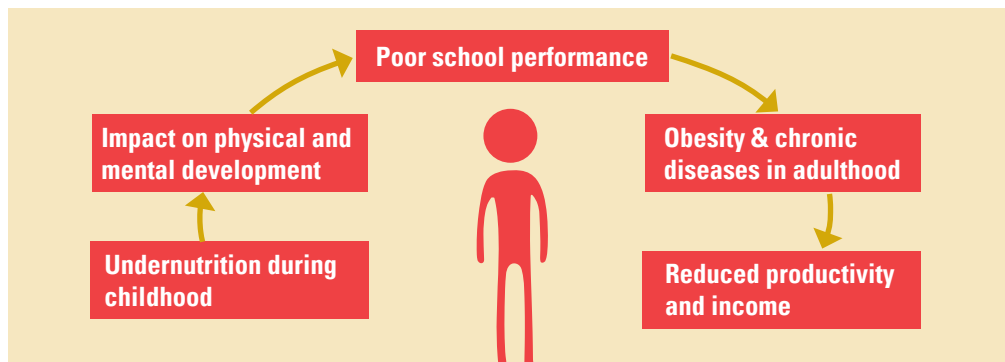
Nutrition is important for ensuring holistic development of children, pregnant women and adolescent girls

- Nutrition is required for survival, growth and development of children and adults. The human body gets this nutrition from the foods eaten.
- Different types of food give different essential nutrients. Therefore, it is important to have diverse foods in one's daily diet.
- Lack of good nutrition and responsive care to children can hamper their physical development and impair their brain development.
- **A baby's brain is fully grown by 5 years of age, and thus proper nutrition is crucial for healthy development.**
- Good nutrition and health care for pregnant women is also important to give birth to a healthy baby.
- Anemia and malnourishment amongst women can lead to the birth of low birth weight (LBW) babies who are susceptible to infections, disease and poor health.

Lack of good nutrition and care can hamper a child's physical and mental development.

Consequences of undernutrition

The effects of undernutrition on health, survival, growth and development of a child are as follows:



- Undernourished children have **increased** susceptibility to **infections** that may take long to recover and contribute significantly to under-five mortality.
- Frequent episodes of illness can cause economic loss to the family.
- These children are not able to achieve their full potential, which in the long run, affects their development and productivity.
- **Undernourished children are at a higher risk of death due to common illnesses like diarrhoea and pneumonia as compared to children with good nutritional status.**

In what forms can undernutrition manifest and what are their consequences?



Undernutrition can result in children being underweight, stunted or wasted.

- **Stunting** is a result of chronic malnutrition (over a long period of time). Stunted children are shorter in height as compared to normal children of the same age. **Stunting is irreversible.**
- A stunted child has a greater susceptibility to infections and diseases, does not do well in school, interacts less with people and explores the environment less – which affects his/her learning. **These children will not be able to take up skilled jobs as adults which will lead to lifelong loss of earning potential.**

- **Wasting** is a result of sudden reduction in food intake and increased infections, causing thinness. Wasted children are too thin for their height as compared to normal children of the same age.
- Wasting reflects poor health and indicates that the body is not strong enough to fight infections. **Wasted children fall sick easily.**

Children are our nation's future and we want our children to be healthy and active. Thus, it is critical to take care of their nutritional needs.



Early marriage adversely affects physical growth, mental and emotional development, health and education of adolescents. It can also perpetuate stunting.



Conduct discussion using Poshan dialogue card 1.

Government programme to tackle malnutrition – POSHAN Abhiyaan

POSHAN Abhiyaan (National Nutrition Mission), launched in March 2018, is India's flagship programme to improve nutritional outcomes for children, adolescent girls, pregnant women and breastfeeding mothers.

It aims to create synergy between different nutrition schemes, across Ministries to achieve the common goal of reducing malnutrition.

VIDEO LINK

A Film on POSHAN Abhiyaan

<http://www.youtube.com/watch?v=plVu4BCXeCA&feature=youtu.be>

Key objectives of POSHAN Abhiyaan

The key objectives of POSHAN Abhiyaan are:

- to prevent and reduce undernutrition (stunting and underweight prevalence) in children (0–6 years); and
- reduce anemia among young children (6–59 months), adolescents and women of reproductive age.
- It also aims to reduce low birth weight in newborns.

Target groups of POSHAN Abhiyaan

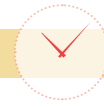


Must Remember and Practice



- Good nutrition and health care for pregnant women are important to ensure healthy mothers and birth of healthy children.
- Children are our future and we want our children to be healthy and active. Thus, it is critical to take care of their nutritional needs.
- Lack of good nutrition and responsive care to children can hamper their physical development and impair their brain development.
- Early marriage adversely affects physical growth, mental and emotional development, health and education of adolescents. It can also perpetuate stunting.

The Circle of Life



Duration: 20 mins

Note for the Trainer

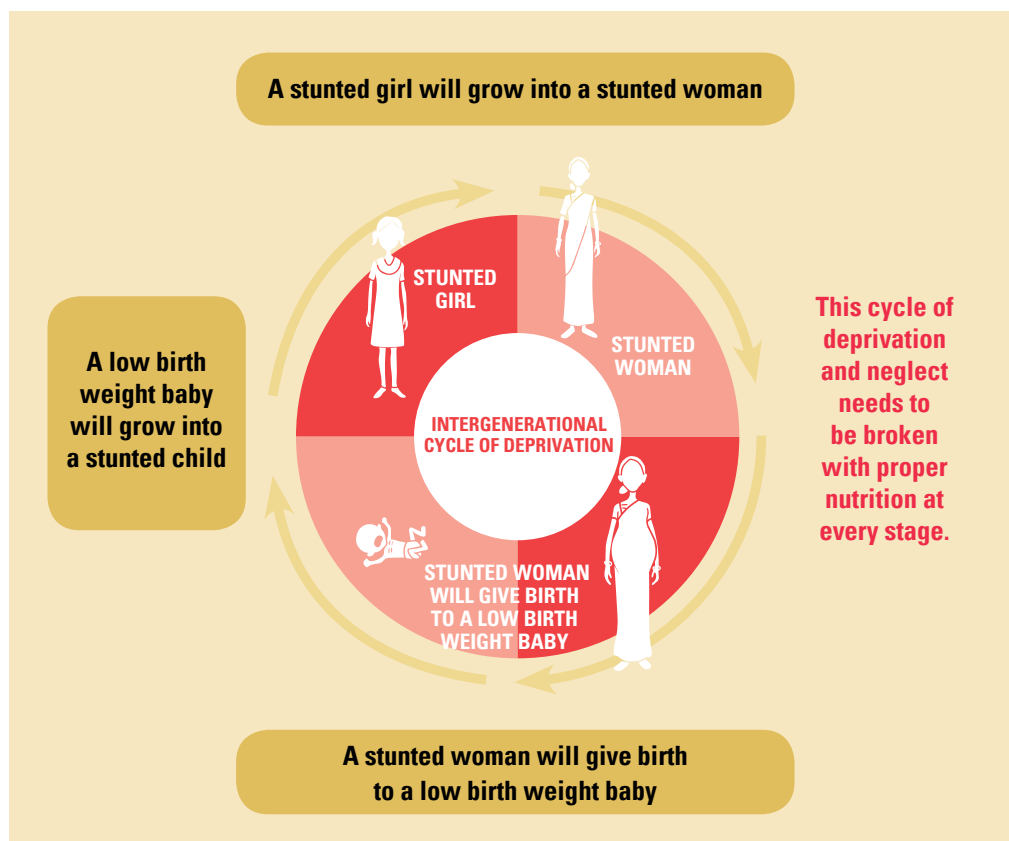


- Summarise information and take feedback from participants to check their understanding.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Importance of nutrition

Malnutrition affects not only children, but also their families, communities, villages and nations.

Stunting gives rise to an intergenerational cycle of deprivation.



Life cycle approach to nutrition and development

The most vulnerable periods in the life cycle include:

- pregnancy
- during birth
- newborn period
- early infancy
- adolescence

The circle of life, from childhood to adulthood and again childhood, if weakened, can break at any point.

It needs to be strengthened with proper nutrition at every stage.

Nature of care: The nature of care during these stages should include:

1. **preventive (keeping infection away)**
2. **promotive (good health and nutrition practices)**
3. **curative (treating illness)**
4. **rehabilitative (services for differently abled)**

Sites of care: The sites of care are first the family of the child, then the Anganwadi Centre (AWC), health centre and finally the referral hospital.

Relationship between nutrition and brain development

A child's brain is a fast-growing organ. In the first year of life, 50 to 75 per cent of energy from food consumed is required to support brain growth and development.

The brain attains 80 per cent of its adult size when a child is 3 years old and is nearly fully grown by 5 years.

- Nutritional deprivation and lack of responsive care (talking, playing with the child) can impair the child's physical and mental development.
- The child should be played with and given objects of different shapes and colours to play with for healthy brain and body development.



Must Remember and Practice



- **Malnutrition affects not only an individual child, but its impacts are also felt by the family, communities, villages and nations.**
- **A child's brain is a fast-growing organ. In the first year of life, 50 to 75 per cent of energy from food consumed is required to support brain growth and development.**
- **Proper nutrition, health, sanitation and care play a critical role at vulnerable periods in the life cycle including pregnancy, during birth, right after birth, early infancy and adolescence.**

First 1,000 Golden Days



Duration: 20 mins

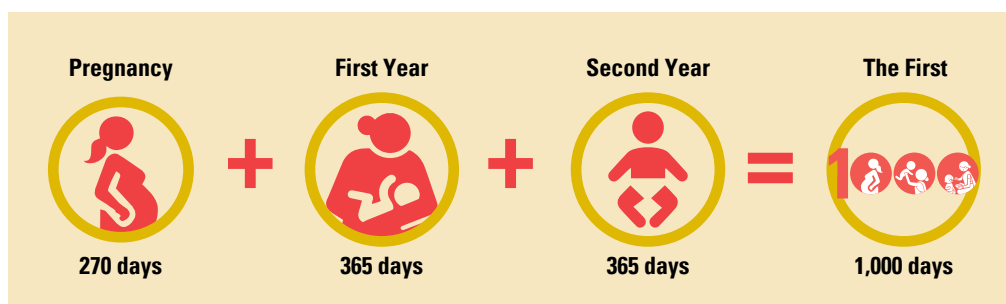
Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

The 'first 1,000 days'

- The first 1,000 day period, which begins at the conception of the child till the child's second birthday, is critical for the child's survival, health, growth and development.
- This period is also very important for the child's brain development. **Brain growth is most rapid during the first 1,000 days.**
- During this period, good health, adequate nutrition, safety and security and responsive care will help children realise their full development potential.
- By focusing on improving nutrition and care during this critical period, serious and irreparable damage caused due to malnutrition can be prevented.



The first 1,000 days offer a unique window of opportunity as effective interventions targeting these critical 1,000 days have enormous impact on:

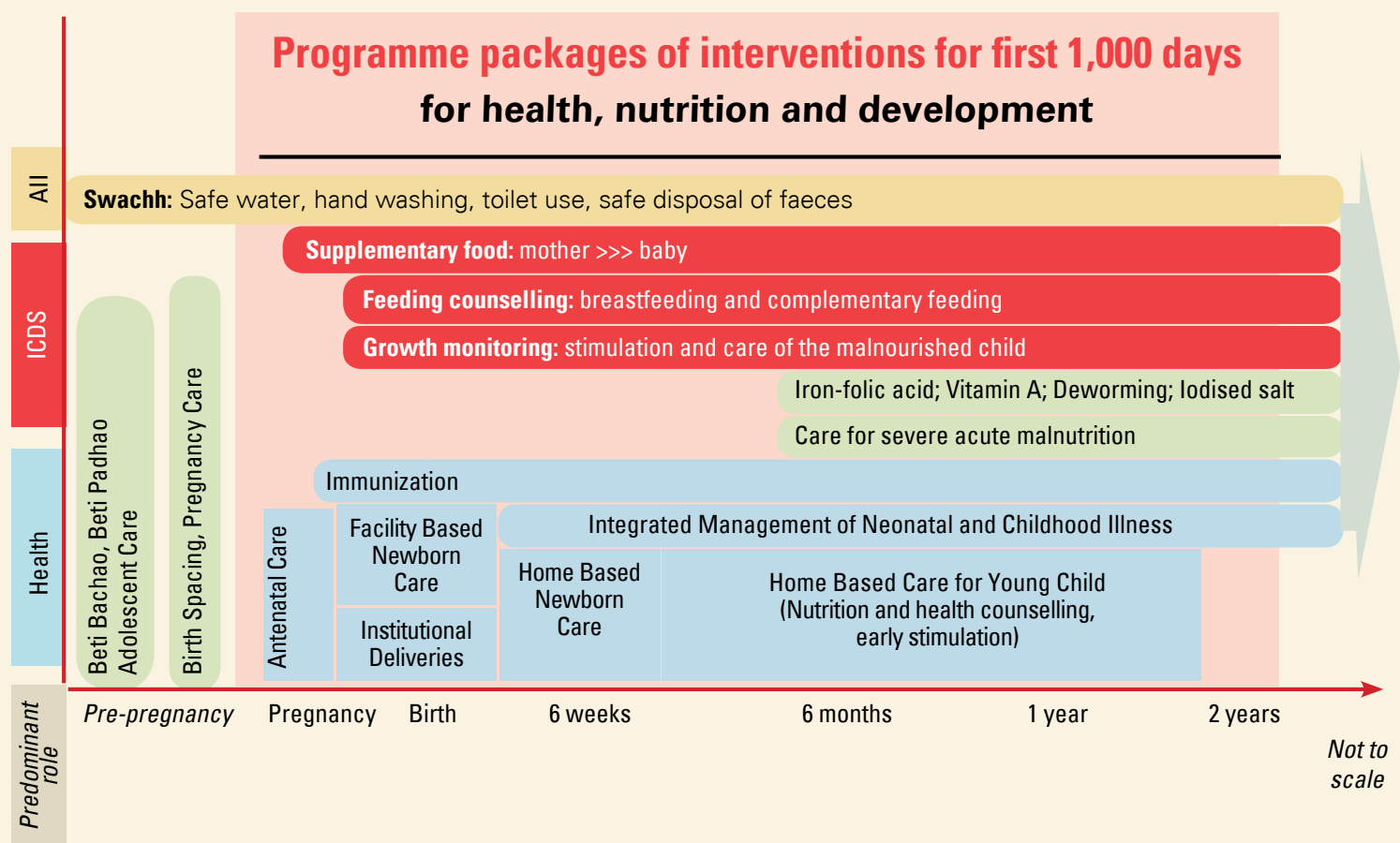
- Ensuring optimal growth and development of children
- Improving the health and nutrition status of a child
- Breaking the intergenerational cycle of malnutrition
- Improving the child's productivity in later life

The child's future survival, health, growth and development are shaped in the first 1,000 days. Make each day special, every loving interaction with the child and every meal count.

Key interventions under the 'first 1,000 days' approach

During the first 1,000 days, delivery of health, nutrition, early stimulation, and water and sanitation interventions will ensure the survival, growth and development of children.

The figure below indicates the programme packages which are delivered through various Ministries and their State Departments.



Under this package, key interventions are implemented at each stage of the life cycle:

Pre-pregnancy

- During adolescence and young adulthood, the Ministry of Health and Family Welfare (MoH&FW) and the Ministry of Women and Child Development (MoW&CD) provide adolescent care.
- **IFA supplementation and deworming** are part of this care.
- Counselling on family planning, **birth spacing** and pregnancy care are also included.



Pregnancy

- During pregnancy, antenatal care services are provided under the Health umbrella.
- Supplementary nutrition counselling and **immunization** services are also provided through Integrated Child Development Services (ICDS).



0–6 months

- At birth, institutional delivery services and facility based newborn care are provided through MoH&FW.
- Breastfeeding and complementary feeding counselling is provided under ICDS and MoH&FW.
- From 0–6 months of the infant's life, the following are provided under MoH&FW while growth monitoring is done under ICDS:
 - Immunization
 - Home Based Newborn Care (HBNC)
 - Home Based Care for Young Child (HBYC)



6 months–2 years

- During this stage, ICDS provides:
 - Supplementary feeding for mother and child
 - IFA and vitamin A supplementation and deworming
- Home Based Care for Young Child (including nutrition and health counselling and early stimulation of cognitive development) are provided under MoH&FW.



Sanitation services including safe water provision, counselling for handwashing, toilet use and safe disposal of faeces are provided at every stage under the **Swachh Bharat Abhiyan**.

Must Remember and Practice



- **The child's future survival, health, growth and development are shaped in the first 1,000 days of life. Make each day matter, every loving interaction with the child and every meal count.**
- **Optimal nutrition and care during this period can improve the child's productivity in later life and break the intergenerational cycle of malnutrition.**




What Must be Done to Prevent Malnutrition and Promote Good Nutrition?



Caring for the Bearers of Life

Nutrition for Pregnant and Breastfeeding Women

 Duration: 40 mins

Note for the Trainer

- Summarise information and take feedback from participants to check their understanding.
- Show MCP card and IFA tablets as relevant and generate a discussion.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue cards 2–7 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Antenatal care (ANC)

Antenatal care (ANC) is the care given to a pregnant woman at the beginning of her pregnancy term till her delivery.

The various components of ANC are:

- **Early registration:** A woman must register her pregnancy as soon as she finds out about it at her **nearest health facility** to get services and counselling on care during pregnancy.
 - During registration, the **Mother-Child Protection (MCP) card** is issued to her, which records details of her ANC checkups.
 - The MCP card helps family members learn and understand the needs of a pregnant woman, and helps follow the necessary practices for her care.
 - A woman must keep and preserve the MCP card carefully and take it to the AWC or the health facility for every checkup. In case the woman migrates to another place, she must carry her MCP card to the new place and avail services.
- **At least four ANC:** Every pregnant woman should undergo at least four ANC checkups covering:
 - Tetanus Toxoid (TT) injections
 - weight monitoring



- blood pressure monitoring
- anemia testing
- blood and urine testing
- abdominal examination

Diet during pregnancy

- Pregnant women must eat a diet consisting of diverse food items such as grains and pulses, green leafy vegetables, yellow/orange fruits and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non-vegetarian, eggs, fish and meat.
- She should also consume Take Home Ration (THR) which is distributed at the Anganwadi Centre.

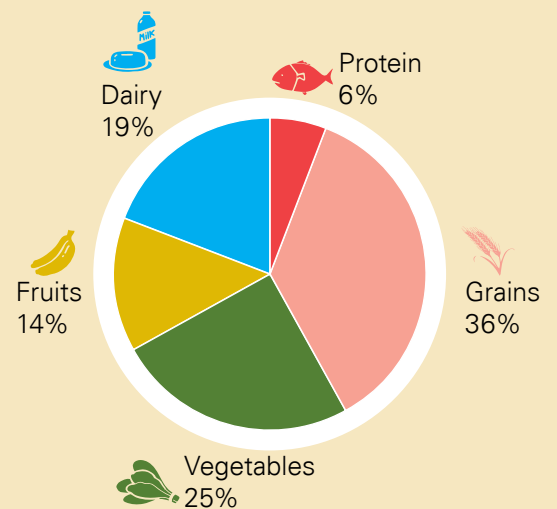
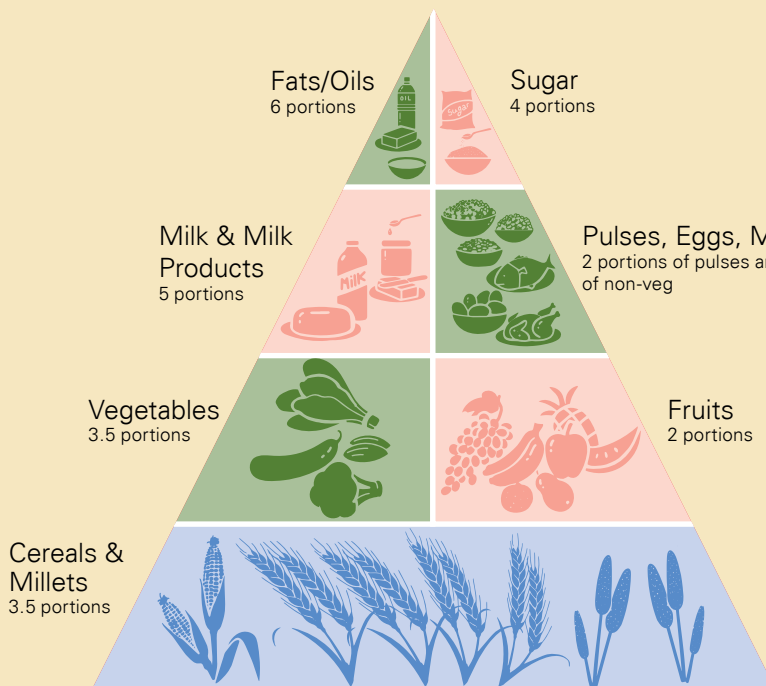


Frequency of meals

A pregnant woman should consume three meals and two snacks daily because she has to meet the nutritional needs of the baby growing inside her, along with her own nutrition.

A pregnant woman needs to eat three meals and two snacks in a day

Note for facilitator: Locally available nutritious foods and contextual examples of nutritious yet affordable diets should be discussed.



VIDEO LINKS

Diet Diversity for Pregnant Women

<https://www.youtube.com/watch?v=4wynWNbmOpl&feature=youtu.be>

<https://anemiamuktbharat.info/portal/wp-content/uploads/2018/09/Puja.mp4>

Nutrition during pregnancy

- Eating healthy and fortified foods (fortified milk, oil and iodised salt) will also help prevent or treat common pregnancy problems such as morning sickness, heart burn, constipation and leg cramps.
- Eating healthy will reduce the risk of pre-term labour and low birth weight of the child.
- It will increase immunity of her baby and prevent illnesses. Future diseases of the baby are also prevented with appropriate diet during pregnancy.
- Good nutrition during pregnancy will help in increasing breastmilk quantity and quality, thus ensuring adequate growth and development of the baby.



Special care during pregnancy

The mother's health, nutrition, lifestyle and environment have long lasting effects on the health and development of the baby. For a bright start, ensure the following:

Regular IFA intake

Regular IFA intake will help to prevent anemia in the pregnant woman. Anemia may lead to pre-term delivery, low birth weight and poor neuro-developmental outcomes of the child.

- IFA tablets are to be taken EVERYDAY, one red tablet daily from the fourth month of pregnancy for 180 days. If the pregnant woman has mild anemia, then she should take two IFA tablets (60 mg elemental Iron and 500 mcg Folic Acid) daily, orally given by the health provider during the ANC contact.
- If IFA tablets are taken with lemon, iron absorption is increased. (Note: It is normal for the colour of stools to turn black while taking iron.)



Don'ts

- Do not take IFA tablet with tea, coffee or milk and milk products.
- Do not eat IFA and calcium tablets at the same time.
- Do not drink tea or coffee one hour before or after taking this tablet.

In addition to these tablets, the pregnant woman also needs to eat iron-rich food regularly, that includes liver (if non-vegetarian), beans, green leafy vegetables, beetroots, dates, seeds and nuts (sesame seeds).

Regular calcium and Vitamin D intake

- Calcium reduces the risk of hypertension, pre-eclampsia, low birth weight and prematurity.
- The pregnant woman should take two tablets (500 mg each) of calcium and vitamin D from the fourth month of pregnancy till the child completes 6 months.
- She also needs to take one albendazole tablet after the second trimester for protection against worm infestation.

Don'ts

- Do not take the tablet on an empty stomach.
- Do not eat IFA and calcium tablets at the same time.

Daily rest and relaxation exercises

A pregnant woman needs adequate rest:

- Continuous eight hours of sleep
- Sleeping for half an hour to one hour in the afternoon
- Resting for 5 to 10 minutes in between household chores



Visit to doctor in case of complications

Any signs of complications such as high fever, severe headache, blurred vision, spotting, sudden water discharge, fits or unusual pain in the abdomen should be reported to the doctor immediately.

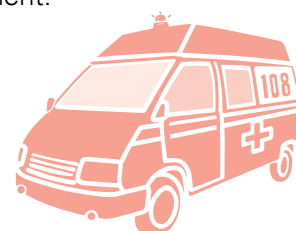


Taking care of emotional health

Stress of any kind can cause anxiety, sadness or loneliness in the pregnant woman. This can cause the baby to develop problems at birth or later in life. Developing good emotional health requires the following:

- Husband and family members create a positive and safe home environment. Mother-in-law can play a crucial role by giving confidence and sharing her own experience.
- Calm the mind and stay active.
- Say no to domestic violence – talk to someone trustworthy or the ASHA, call the local women's helpline number, get help and try to leave safely.

Support and care from the husband and mother-in-law keeps the pregnant woman stress-free and happy during her pregnancy.



Importance of institutional delivery

- Institutional deliveries are necessary for women and newborns as adequate medical care can be provided immediately by skilled attendants.

- Availability of life-saving equipment and hygienic conditions can also help reduce the risk of complications that may cause death or illness to the mother and newborn.
- Families should plan in advance for transport to the nearest health facility so that the woman in labour can reach the facility for delivery in time.

Institutional deliveries ensure provision of adequate medical care to mothers and newborns by skilled attendants.



Conduct discussion using Poshan dialogue cards 2–5.

Diet for a breastfeeding mother

- It is important for the breastfeeding mother to eat a well-balanced diet with healthy foods to improve breastmilk quality, which is essential for the growth of the baby.
- Breastfeeding mothers must eat a diet consisting of diverse food items such as grains and pulses, green leafy vegetables such as spinach, fenugreek, amaranthus and mustard, yellow/ orange fruits such as mango and ripe papaya and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non- vegetarian, then eggs, fish and meat.
- Breastfeeding mothers should consume Take Home Ration (THR) which is distributed at the Anganwadi Centres.
- Breastfeeding mothers should consume one red IFA tablet and calcium tablet daily for 180 days after delivery.



A breastfeeding mother should eat 3 meals and 3 snacks per day to meet the nutritional and energy needs of the growing baby and herself.



Conduct discussion using Poshan dialogue cards 6–7.

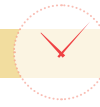


Must Remember and Practice

- A pregnant woman should undergo at least four ANC checkups covering TT injections, weight monitoring, blood pressure monitoring, blood and urine testing and abdominal examinations. She must also take 180 IFA tablets from the fourth month of pregnancy as well as calcium and deworming tablets as prescribed.
- Pregnant and breastfeeding women must eat a diverse diet of grains and pulses, iron-rich green leafy vegetables, vitamin A-rich yellow/orange fruits and other vegetables including beetroots, carrots, milk and milk products, oils and nuts and if non-vegetarian, then eggs, fish and meat.
- A pregnant woman should consume three meals and two snacks daily.
- A pregnant woman requires adequate rest.
- She also requires support and care from her husband and mother-in-law.
- She and her family should prepare in advance for institutional delivery to reduce the risk of complications.
- A breastfeeding mother should eat 3 meals and 3 snacks every day.

Caring for the Infant

Nutrition for Children 0–6 Months



Duration: 20 mins

Note for the Trainer



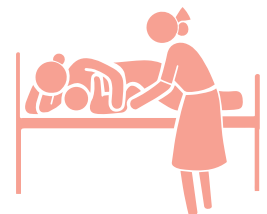
- Summarise information and take feedback from participants to check their understanding.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue card 8 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Benefits of early initiation of breastfeeding

The newborn baby should be given to the mother to feed immediately after delivery. The baby should have skin-to-skin contact with the mother while breastfeeding within the first hour of birth.

The first milk – colostrum acts as the first immunization for the baby.

- Breastmilk is highly nutritious, gives desired immunity and protects the baby from many diseases.
- No other food, *ghutti*, gripe water, honey, and not even water should be given to the newborn at birth. Any such foods/fluids other than breastmilk are harmful for the newborn. They increase the risk of illnesses such as diarrhoea which could prove to be life threatening.
- All mothers, particularly those who might lack confidence to breastfeed, need encouragement and practical support from nurses and family members including the father of the baby.



Colostrum is the baby's first vaccine.

Frequent feeding will help mothers to produce more breastmilk.

Almost every mother can breastfeed successfully.

VIDEO LINKS

Early Breastfeeding

<https://www.youtube.com/watch?v=FPX8zP9jhDY&feature=youtu.be>

<https://drive.google.com/file/d/1HQZ0pnsPyvcfuLROqoqQAiW8iO4eycwv/view?usp=sharing>

Benefits of exclusive breastfeeding

Breastmilk has all the food and water that the baby needs to satisfy hunger and thirst during the first six months.

It is available at the right temperature at any given time. Mother's milk contains all the nutrients essential for infants for the first six months.

- Infants should be fed only breastmilk for the first six months.
- Babies should be breastfed on demand, both day and night, at least eight times each day.
- Babies should not be given any other liquid like water (even during the hottest summer), honey or *ghutti*. This is harmful for the baby.
- Medications prescribed by the doctor can be given to the child.
- Breastfeeding should be continued up to 2 years and beyond along with complementary feeding starting at 6 months.



Mother's milk contains water and all the required nutrients so give the baby only mother's milk for the first six months. Do not give the baby any other food or fluid to eat or drink.



Conduct discussion using Poshan dialogue card 8.

VIDEO LINKS

Exclusive Breastfeeding

<https://www.youtube.com/watch?v=3dJeGsVC80I&feature=youtu.be>


https://drive.google.com/file/d/1LG-wcl-34RoO_DRRY154KUK5DJMZV2bf/view?usp=sharing

Must Remember and Practice



- The baby should have skin-to-skin contact with the mother while breastfeeding within the first hour of birth.
- The first milk – colostrum acts as the first immunization for the baby.
- No other food, *ghutti*, gripe water, honey, and not even water should be given to the newborn at birth.
- Breastmilk has all the desired nutrients and water that the infant needs and so the infant should not be given water or any other fluid/food for the first six months.

Caring for the Very Low Birth Weight Baby

 Duration: 20 mins

Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Conduct a discussion using Poshan dialogue card 9 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Special care for low birth weight babies

An infant with birth weight of **less than 2.5 kg** is called a low birth weight (LBW) baby. These babies are at a risk of **becoming cold** or **falling ill**. They remain weak later in life if proper care is not provided at earlier stages.

These babies are also at a **higher risk of death**. Hence, LBW babies require special care and feeding for proper growth.

The special care required for low birth weight babies includes the following:

Extra warmth

- Preferably, the baby should be held close and cuddled by the mother. The infant should be without clothes and should be safely wrapped in skin-to-skin contact with the mother (put cap and socks on the infant).
- The infant should be in a comfortable position so that the infant is able to breathe and breastfeed with ease. The mother can be lying, sitting or working.
- Any other member of the family can also take care of the baby in this way. This is helpful, so that the mother gets adequate rest.



Extra breastfeeding

- Breastmilk is the best feed for LBW babies. The baby should be frequently breastfed. The baby should be woken up every 1-2 hours if need be and can also be woken up if she/he falls asleep during a feed.
- If the baby has problems suckling, the mother should express breastmilk into a cup/*katori* and feed it to the baby with a spoon or use a '**paladai**' (**spoon with spout**). Do not use bottles to feed the child as these are sources of infection.
- The baby's father and family members should encourage and provide support to the mother while she is breastfeeding.

Ensure that a LBW baby receives extra warmth and extra breastfeeding and pay special attention to cleanliness.



Extra cleanliness

- Family members should wash their hands with soap and let it dry (do not wipe hands dry) before touching the baby for any purpose, such as cleaning, feeding or changing clothes.

To learn about expression of breastmilk, families should contact the ASHA or AWW who can teach the mother about the technique. The ASHA makes frequent home visits to households of LBW babies and teaches the family about Kangaroo Mother Care (KMC).

Breastmilk is the best feed for LBW babies. In case of problems with breastfeeding, they should be fed with expressed breastmilk using a *katori* and spoon or a *paladai*.



Home visits by ASHA

- ASHA will identify and make regular home visit to households with LBW babies.
- In case of institutional delivery, six visits are made and in case of home delivery, seven visits are made by the ASHA. These visits are done on 1st, 3rd, 7th, 14th, 21st, 28th and 42nd days of childbirth.
- ASHA will assess the child's weight and document growth in the MCP card.
- ASHA will also assess danger signs in the newborn and counsel the mother.

Till when should extra care be taken for very low birth weight babies?

- Extra care should be taken for at least a week for very low birth weight babies.
- ASHA will need to visit the family every day to make sure that the three 'Extras' are being taken care of. She will need to counsel the family that this care is to be continued till the baby starts breastfeeding strongly.
- If the baby's condition does not improve, the baby needs to be referred to a Special Newborn Care Unit (SNCU).



Conduct discussion using Poshan dialogue card 9.


Must Remember and Practice



- **Infants with low birth weight (less than 2.5 kg) require extra warmth, preferably through skin-to-skin contact with the mother/ other family members, extra breastfeeding and extra cleanliness.**
- **Extra care for the low birth weight newborn should be continued for a week and the family should be supported with visits by the ASHA.**

Nutrition for Children

6 Months–2 Years

 Duration: 40 mins

Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue cards 10–12 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Complementary feeding

- On completion of 6 months, breastmilk alone cannot meet the nutritional needs of the baby. Thus, in addition to breastmilk, complementary foods should be started to meet the nutritional needs of a growing child.
- Breastmilk is an important source of energy and nutrients, therefore breastfeeding should be continued till 2 years or beyond.
- **During the first two years of life, a baby's brain and body grow and develop more rapidly than at any other time in life.** Thus, giving the growing baby enough nutritious food every day is vital for development of a healthy body and brain.
- Delaying complementary feeding has a negative effect on the child's development and increases the risk of malnutrition.

Most of the nutritional needs are met by breastmilk in the first six months, but after that, the child must be fed a variety of food items to meet these needs.

How often should a child be fed and what should be the consistency of complementary food?

Complementary feeding of the baby should be initiated with foods available at home. The feed should be soft, well-cooked and mashed so that the baby can swallow it without chewing. Introduce one food item at a time and gradually increase the diversity of food. Include different flavours, textures and colours to make the child's food more enjoyable.



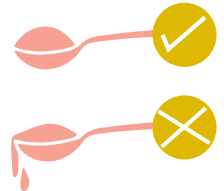
Frequency: Along with breastfeeding, feed children according to their age:

- 6 months: 2-3 times daily
- 6-9 months: Meals 2-3 times daily and 1-2 snacks
- 9-12 months: Meals 3-4 times daily and 1-2 snacks
- 12-24 months: Meals 3-4 times daily and 1-2 snacks

Amount: 2-3 tablespoons of well-cooked mashed foods at six months to 3/4 to one cup by 12 months at each meal.

Consistency: The food offered should be thick enough to be fed by hand. When a child completes 6 months, she/he can eat mashed or semi-solid foods. Therefore, feeding should begin with foods that are soft in texture so that they can easily be swallowed and eaten by the child, for example *kheer*, *khichdi*, mashed banana or mashed potato. Introduce new foods slowly (one at a time). A complementary food should be thick enough so that it does not drop from the spoon. Generally, **foods that are thicker or more solid are more energy- and nutrient-dense than thin, watery or soft foods. Also give Take Home Ration (THR) which is distributed at the Anganwadi Centres.**

A separate, clean *katori*/plate and spoon should always be used for the child so that the food taken by the child can be known.



Types of foods

Babies need a variety of nutrients for their growth, learning, activity and to fight infections. They should be fed cereals and millets, pulses, legumes and nuts, milk and milk products, yellow/orange vegetables and fruits, green leafy vegetables, edible oils and eggs, chicken and fish if non-vegetarian. Add one spoon of *ghee*/oil/butter to the child's food.

VIDEO LINK

Complementary Feeding

<https://www.youtube.com/watch?v=fwvAM36LXCw&feature=youtu.be>

https://drive.google.com/file/d/1cK1xt4qXUMyRCXcFam-hJ2lmt9_-PFo/view?usp=sharing

Feeding the child complementary food

- As the child grows older, the size of the stomach increases, hence gradually increase the quantity and consistency of food
- The child should be fed **patiently** and **with love**
- The child should be offered food of **different kinds and tastes**, and the family should learn what the child likes and dislikes
- The quantity of food that the child eats should not be restricted
- The child should be allowed to feed herself/himself and also to play with the food
- The child should be **fed whenever hungry** – don't go by the clock
- The child should not be forced to eat
- Older children tend to become more and more obstinate and playful and then it becomes more difficult to instill a feeding habit. That is why it is important for the mother and baby to get into a good habit of eating before the child is 1 year old
- Give the child food which has less salt, sugar and spices
- Give the child iron syrup and regular doses of vitamin A and deworming tablets
- Do not give food such as biscuits, chips, savoury snacks and juices to the child, as these do not give adequate nutrients to them.
- Use iodised salt as it is important for development of the child's brain

Which complementary foods should be given to the child?

- Give mashed *roti*/rice/boiled potato mixed in thick *dal* with *ghee*/oil.
- Give *khichdi* with added oil/*ghee*.
- Give cooked and mashed vegetables such as pumpkins, carrots, beets.
- Give *dalia*/*halwa*/*sevian*/*kheer* prepared in milk.
- Give mashed banana/chickoo/mango/papaya and other soft fruits.
- Give foods prepared from THR like *dalia*, *halwa*, *laddoo* etc.

**A one-year-old child needs half of an adult's diet.
Feed the child regularly and in small quantities.**

	6 months	6-9 months	9-12 months	12-24 months
What to give	Well mashed food, introduce one food item at a time such as mashed fruits, grains and pulses	<ul style="list-style-type: none"> • Increase the diversity of food, give <i>khichdi</i>, <i>dal</i>, <i>roti</i>, etc. • Give minimum 4 types of foods: <ul style="list-style-type: none"> ◆ Pulses ◆ Green leafy vegetables and other vegetables and fruits ◆ Milk, curd, <i>paneer</i> ◆ Ghee, oil, butter ◆ Eggs, meat and fish, if non-vegetarian 	<ul style="list-style-type: none"> • Finely chopped, well cooked family food • Give minimum 4 types of foods: <ul style="list-style-type: none"> ◆ Pulses ◆ Green leafy vegetables and other vegetables and fruits ◆ Milk, curd, <i>paneer</i> ◆ Ghee, oil, butter ◆ Eggs, meat and fish, if non-vegetarian 	<ul style="list-style-type: none"> • Finely chopped, sliced and mashed family food • Give minimum 4 types of foods: <ul style="list-style-type: none"> ◆ Pulses ◆ Green leafy vegetables and other vegetables and fruits ◆ Milk, curd, <i>paneer</i> ◆ Ghee, oil, butter ◆ Eggs, meat and fish, if non-vegetarian
How much to give	2-3 spoons per meal	2-3 spoons to half <i>katori</i> per meal	3/4 cup to 1 <i>katori</i> per meal	3/4 cup to 1 <i>katori</i> per meal
When to give	2-3 times daily	Meals 2-3 times daily and 1-2 snacks	Meals 3-4 times daily and 1-2 snacks	Meals 3-4 times daily and 1-2 snacks
How to give	Feed the child with separate <i>katori</i> and spoon	Feed the child with separate <i>katori</i> and spoon	Let the child eat on her/his own in the way she/he likes	Let the child eat on her/his own in the way she/he likes

1 *katori*: 250 ml

6 months



6-9 months



9-12 months



12-24 months



Ensure that you give the child Take Home Ration (THR) which is distributed at the Anganwadi Centre

Give the child different types of food daily such as pulses, milk products, fruits and vegetables for better physical and mental development.

Hygiene practices when handling food

Safe preparation and storage of complementary foods can prevent contamination and reduce the risk of diarrhoea. The use of bottles to feed milk is more likely to result in transmission of infection than the use of *katoris* and should be avoided.

- Use a clean spoon or *katori* to give foods or liquids to the child.
- Store the foods to be given to the child in a safe hygienic place.
- Wash your hands with soap and water before preparing foods and feeding the child.
- Wash the child's hands before feeding.
- Wash your hands with soap and water after using the toilet and washing or cleaning child's bottom



**Conduct discussion using
Poshan dialogue cards 10–12.**

Must Remember and Practice



- **On completion of 6 months, breastmilk alone cannot meet the nutritional needs of the baby.**
- **Complementary feeding with soft, well-cooked, mashed and home-made foods is essential to meet the nutritional needs of a growing child.**
- **The child should be offered food of different kinds and tastes, and frequently. The complementary food should be thick enough to stay on a spoon and not drip off.**
- **Good hygiene is important to prevent diarrhoea and other illnesses.**

Caring for the Sick Child

Children 0–2 Years



Duration: 40 mins

Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Show ORS packet as relevant and generate a discussion.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Major childhood illnesses that affect young children

The major childhood illnesses that affect children are diarrhoea and pneumonia.

Diarrhoea

Diarrhoea is the passage of liquid or watery stools. Diarrhoeal diseases are major cause of death among children under 5 years. Majority of these deaths are caused due to dehydration (loss of water and minerals).

Diarrhoea prevention

Almost all deaths due to diarrhoea can be averted by preventing and treating dehydration by use of ORS (Oral Rehydration Solution) and zinc tablets, and available fluids at home along with continued feeding of the child.

Diarrhoea can be prevented with safe drinking water, sanitation, breastfeeding/ appropriate nutrition and hand-washing. The following steps can be taken for prevention:

- Ensure exclusive breastfeeding for the first six months.
- Hands should be washed with soap before preparing food, before feeding the child, after defecation, after cleaning child's faeces and after handling animals.
- Ensure drinking water is clean and stored in a safe and covered container.
- Ensure that the child's surroundings are hygienic and wash the hands of children frequently and before feeding them.
- Always use toilet and do not practice open defecation. Practice safe disposal of child's faeces.

Give ORS and zinc tablet to children suffering from diarrhoea

The child should be taken to a qualified health care provider to treat diarrhoea if:

- the child becomes lethargic, is not able to breastfeed or drink;
- has blood in stools;
- does not pass urine for eight hours or his/her condition becomes more severe.

ASHA workers undertake distribution of ORS packets to households with under-five children in their village. Frontline workers should hold demonstration of ORS preparation, along with counselling on feeding during diarrhoea as well as talk about hygiene and sanitation.



ORS and extra fluids should be given to a child immediately at the onset of diarrhoea and continued till diarrhoea stops.

Zinc should be given for 14 days to children suffering from diarrhoea, even if diarrhoea stops.

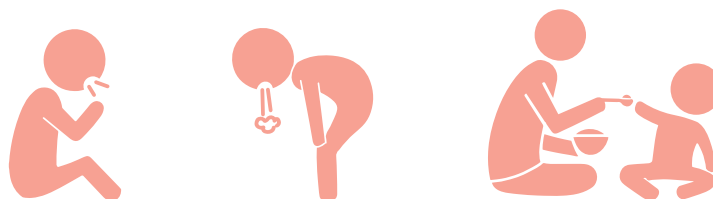
VIDEO LINK

Diarrhoea Management

<https://drive.google.com/drive/folders/16x0DM90qyhQivUpyAIT8C98-1dkrbera>

Pneumonia

- Pneumonia is an acute respiratory infection affecting the lungs.
- Pneumonia can spread in a number of ways. The germs that are commonly found in a child's nose or throat, can infect the lungs if they are inhaled. They may also spread via air-borne droplets from a cough or sneeze.
- Pneumonia is a leading danger for children under 5 years of age and contributes towards infant mortality.



Symptoms of pneumonia

- Cough and/or difficult breathing, with or without fever
- Fast breathing or lower chest wall indrawing (chest moves in or retracts during inhalation; while in a healthy person, the chest expands during inhalation)
- Severely ill infants may be unable to feed or drink and may also experience unconsciousness, hypothermia and convulsions

The child must be immediately referred in case any of the above symptoms are seen. Contact ASHA or ANM.

Prevention of pneumonia

- Do not keep newborns without clothes and keep them covered at all times.
- Ensure that the child is immunized against pneumonia. Do not miss any vaccination.
- Keep the child away from sick people.
- Reduce household air pollution. Use LPG gas stove for cooking to avoid smoke in the house.
- Adequate nutrition is key to improving children's natural defences, starting with exclusive breastfeeding for the first six months of life.

Care during pneumonia

- Keep the child covered in warm woolen clothes during winters and do not let them walk barefoot.
- The child should be given normal diet during cough and cold. This is important as it will prevent malnutrition and also help the child to recover from illness.
- In case the child is not able to take normal quantities of food, s/he should be given small quantities of foods frequently.
- Ensure care seeking and referral.

Most cases of pneumonia require oral antibiotics, which are often prescribed at a health centre. Hospitalisation is recommended only for severe cases of pneumonia.

Feeding children during and after illness

- Appropriate feeding both during and after illness is critical because nutrient requirement is increased during this period.
- Mothers should breastfeed more frequently and longer at each feed, increase fluid intake, and offer food.
- Give the child frequent and small feeds.
- Give nutrient-dense foods that are soft, varied, and the child's favorite foods.
- Give mashed or soft foods if the child has trouble swallowing (do not dilute foods or milk).

- Feed the child slowly and patiently and encourage the child to eat but do not force.
- During recovery – When the infant or young child is recovering, and his or her appetite improves, the caregiver should offer an extra portion at each meal or add an extra meal or snack each day.

Must Remember and Practice



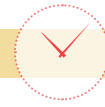
- **Diarrhoea and pneumonia are the major childhood illnesses.**
- **ORS should be given to the child till diarrhoea stops and zinc tablets should be given for 14 days even if diarrhoea stops.**
- **A child with pneumonia should be kept warm and covered and given normal diet. They should be referred to a health centre and the dose of oral antibiotics completed, if prescribed.**



What also Contributes to Good Nutrition?



Immunization & Vitamin A Supplementation



Duration: 20 mins

Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue card 13 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Immunization

Immunization is one of the safest and the most effective methods of preventing childhood diseases and it increases the body's ability to fight diseases.



Under the Universal Immunization Programme (UIP), significant achievements have been made in preventing and controlling vaccine preventable diseases (VPDs).

Mission Indradhanush was launched to strengthen and re-energise the UIP and achieve full immunization coverage for all children and pregnant women at a rapid pace.

Immunization significantly lowers the morbidity and mortality rates in children by protecting children from the following 12 VPDs.

1. Tuberculosis
2. Poliomyelitis
3. Diphtheria
4. Pertussis
5. Pneumonia
6. Meningitis
7. Hepatitis B
8. Measles
9. Rubella
10. Rotavirus diarrhoea
11. Tetanus
12. Japanese Encephalitis (in endemic districts)

The child should be given full immunization for protection against life-threatening diseases. Immunization doses should not be skipped or stopped halfway.

The child should be given full immunization to protect against life-threatening diseases. Immunization doses should not be skipped or stopped halfway. From 1 year onwards, ensure that the **child gets deworming syrup/tablet every six months.**

Common minor side effects after vaccination such as slight fever, pain, swelling or redness at injection site, irritability, etc. usually resolve without any serious consequences.

VIDEO LINK

Complete Immunization

<https://drive.google.com/drive/folders/1-T98AA7RhVOmo44Le8Rg8LZDi-vQC3tW>

Vitamin A supplementation

- Vitamin A supplementation is given to all children between 6 and 59 months.
- This is not a vaccine but a micronutrient supplement for maintaining body immunity and growth.
- **The first dose of vitamin A is given upon** completion of 9 months along with measles injection. Thereafter **one dose is to be given every six months till the age of 5 years**, i.e. a total of nine doses till the age of 5 years.

Vitamin A-rich foods include spinach, yellow and orange vegetables e.g. carrots, pumpkin, yellow and orange fruits e.g. mango, papaya, milk, butter, eggs and liver. **Breastmilk, particularly the first milk produced immediately after birth is very rich in vitamin A.**



Conduct discussion using Poshan dialogue card 13.

Must Remember and Practice



- **The child should be given full immunization to protect against life-threatening diseases.**
- **Immunization doses should not be skipped or stopped halfway.**
- **From one year onwards, ensure that the child gets deworming syrup/tablet every 6 months.**
- **The first dose of vitamin A is given upon completion of 9 months along with measles injection. Thereafter, one dose is to be given every six months till the age of 5 years, i.e. a total of nine doses till the age of 5 years.**
- **Common minor side effects after vaccination such as slight fever, pain, swelling or redness at injection site, irritability, etc. usually get resolve without any serious consequences.**

Caring for the Adolescent Girl



Duration: 20 mins

Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue card 14 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Anemia in adolescent girls

Anemia is very common among adolescent girls. The main reasons for anemia in adolescent girls are:

- They have been iron deficient since childhood.
- The menstrual cycle starts in adolescent girls and after that, they undergo blood loss regularly every month.
- Developing worms in the stomach which suck blood.
- Infectious diseases, in particular malaria and tuberculosis.
- Doing household work from an early age and not getting enough nutritious food/getting less food.

Treatment of anemia in adolescent girls

Anaemic adolescent girls (10–19 years) may experience tiredness, weakness, lack of appetite and lack of interest in studies. To tackle this:

- They should take weekly one blue IFA tablet and every six months one albendazole tablet for deworming.
- They should eat foods rich in iron and vitamin C. They should also eat a variety of foods that include green leafy vegetables, protein and vitamin-rich foods.
- They should add lemon, *amla*, guava and similar citric foods to the diet which help in absorption of iron.

- They should not drink tea or coffee before and after one hour of eating food or consuming the IFA tablet as it prevents absorption of iron.
- If adolescents take calcium tablets it should be consumed in the morning and iron tablet at night after food. This is because calcium inhibits absorption of iron, when taken together or too close to each other.
- Caregivers should screen girls if they are anaemic and then begin treatment.



Give adolescent girls nutritious food so that they are healthy and well nourished.



Conduct discussion using Poshan dialogue card 14.

VIDEO LINK

Nutrition and Hygiene of Adolescent Girls

https://drive.google.com/file/d/1AkaRPg2wZwooZfxGZE_flE12eiM4X_93/view?usp=sharing

Must Remember and Practice



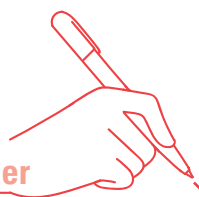
- **Adolescents (10-19 years) who are anaemic (have less haemoglobin in their blood) experience tiredness, weakness, lack of appetite and lack of interest in studies.**
- **Weak adolescent girls grow into weak women, are unable to concentrate and complete their education and deliver weak/low birth weight babies.**
- **To protect against this, adolescents should eat foods rich in iron and vitamin C. They should eat a variety of foods that include green leafy vegetables, proteins and vitamins.**
- **Adolescents should take weekly one blue IFA tablet and every six months one albendazol tablet for deworming.**

Sanitation and Hygiene Behaviours



Duration: 20 mins

Note for the Trainer



- Summarise information and take feedback from participants to check their understanding.
- Show videos as specified, check for participants' understanding and clarify any doubts.
- Conduct a discussion using Poshan dialogue card 15 as specified.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Precautions for illness prevention

Good hygiene is important to prevent diarrhoea and other illnesses. The following behaviours are essential to prevent the spread of germs and subsequent illness:

- Washing one's own hands and the child's hands with water and soap before feeding/eating.
- Ensuring food is hygienically prepared to prevent illness.
- Ensuring that the child does not touch/put soil or animal faeces into the mouth since they contain germs.
- Creating a safe space for the child to eat and play.
- Safely disposing of all faeces, including children's faeces.
- Washing nappies and other dirty clothes away from a child's play area or drinking water source.
- Washing hands with soap and water before preparing food, after disposing of child's faeces and after going to the toilet



Practices that help maintain good health and a clean environment

- Teaching children from age 3 onwards how to use a latrine with guidance from parents or other family members.
- Always using latrines for defecation.
- Always consuming safe/boiled/filtered drinking water.
- Always keeping water covered and using a ladle to take water.
- Educating adolescent girls on menstrual hygiene.





Conduct discussion using
Poshan dialogue card 15.

VIDEO LINK

Water, Sanitation and Hygiene

https://drive.google.com/drive/folders/1qrXIEJCunrwsj7-rIXVVsI_A--2T3h84



Must Remember and Practice


- Good hygiene is important to prevent diarrhoea and other illnesses.
- Good sanitation behaviours include handwashing with water and soap before feeding/eating, preparing food hygienically, safe disposal of all faeces, including that of children and washing nappies and other dirty clothes away from the child's play area or water source.
- Families must also always use toilets for defecation, consume filtered/boiled drinking water and keep water covered and use a ladle to take it.
- Adolescent girls should be educated on menstrual hygiene so that they can keep themselves free from infections.



Role of PRI Members in Preventing Malnutrition



PRI Members as Nutrition Champions

 Duration: 20 mins

Note for the Trainer

- Summarise information and take feedback from participants to check their understanding.
- Summarise key takeaways and ask participants to recapitulate what they learnt.

Community engagement by PRIs

PRI members can interact with community and conduct regular group meetings on nutrition. Existing events and platforms can be utilised to **generate buzz** in the community and stir the Jan Andolan. PRI members can also include Poshan in the standing agenda of their **monthly meetings** and in the **four mandatory Gram Sabhas** so that nutrition becomes a regular topic of interest and action at the community level. They can also recognise and appreciate nutrition champions in the village.

PRI members can highlight and discuss Poshan in the following existing events and platforms and ensure display and use of publicity materials:

- Monthly meetings of farmers' clubs to promote local nutritious cereals, *dals*, vegetables and fruits.
- Cooperatives and federations (milk, jute, sugar, cotton, silk) to sensitise them on nutrition.
- Themed stalls at local *haat bazaars*.
- Local festivals such as *Pongal, Lohri, Makar Sankranti, Vishu, Onam, Rongali Bihu, Baisakhi, Nuakhai, Harelip, Kut, Toku, Annaprashan Divas, Nukkad Natak, and Godh Bharai*.
- Bring Poshan into the agenda of monthly Panchayat meetings, four mandatory Gram Sabhas, Village Health, Sanitation and Nutrition Committee(VNSNC) and weekly Deendayal Antodaya Yojana-National Rural Livelihood Mission (DAY-NRLM) meetings to address nutritional challenges.



To strengthen the VHSND as a prime Poshan platform, PRI members can ensure:

- Active participation of mothers/caregivers with children and community members
- Regular conduct of the event and proper upkeep of facilities
- Quality service delivery by ensuring convergence of frontline workers and providing required support

Along with utilisation of existing events, PRI members can also organize themed events such as Poshan Gram Sabhas, *melas* and rallies. They can mobilise teachers and school students to conduct nutrition-theme based games and cycle rallies as part of school engagement.

Along with organising events, PRI members can also promote cultivation of local foods and vegetables in available lands of the Gram Panchayat and supply them to AWCs and schools. They can encourage families to grow kitchen gardens.

Role of PRIs in convergence and monitoring

Convergence

Facilitate convergent planning between departments of Women and Child Development, Health, Agriculture, Water and Sanitation, Education and Panchayati Raj to:

- Facilitate health and nutrition service delivery
- Increase transparency
- Increase community and key stakeholder engagement
- Capture local needs
- Leverage limited funds
- Provide support to ASHA, AWW and ANM
- Participate in all convergence meetings

Monitoring

PRI members can monitor the implementation of the following health and nutrition interventions:

- Growth monitoring of infants/children is carried out regularly by the AWW, and LBW babies are identified and treated timely
- Interventions which are being organised at panchayat level for health and nutrition promotion like VHSNDs, Community Based Events (CBEs) (twice in a month at AWCs), immunization sessions, IFA supplementation etc.
- Home visits are conducted as per schedule by ASHAs and AWWs
- AWW and ASHAs register all pregnant women and children and provide them services available through AWC
- Take Home Ration (THR) is distributed to pregnant women and breastfeeding mothers and children between 7 and 36 months

- Regularly organizing an effective VHSND
- Referral of malnutrition and sick children
- Distribution of ORS and zinc

Roles of ASHAs and AWWs

- Updating of lists of beneficiaries
- Facilitation of women in getting timely cash benefits
- Counselling mothers on complementary feeding
- Making regular home visits
- Screening and identifying malnourished children
- Identification and regular visit to households with small child
- Assessment of children's weight and documenting their growth in the MCP card
- Assessment of danger signs in the newborn
- Identification of birth disorder and referral
- Counselling on hand washing, prevention of infection, exclusive breastfeeding, mother's nutrition and immunization
- Ensuring regular supply of IFA tablets at sub centres, schools and AWCs

PRIs' support to AAAs (ASHA, AWW & ANM)

PRIs can ensure:

- Coordination between ASHA, AWW and ANMs (AAAs) in carrying out activities at the village
- AWCs are well maintained
- Regular monitoring of tasks carried out by ASHAs and AWWs
- Support in organising VHSND
- Support in mobilising community for participation and engagement.

Must Remember and Practice



- **PRI members can interact with community and conduct regular group meetings on nutrition. Existing events and platforms can be utilised to generate a buzz in the community and stir the Jan Andolan.**
- **PRIs can play an important role in bringing about convergence at the Gram Sabha and local committee level and increase transparency and accountability while also leveraging funds.**
- **They can support the ASHA, AWW and ANM and also ensure that they conduct home visits, use ICDS-CAS, do growth monitoring of infants/children and distribute THR to pregnant women and breastfeeding mothers.**



Annexure



Energisers for Use During Training

1. Making small changes can improve nutrition

Instructions

- Write on the board, $5+5+5 = 15$. Ask participants if this answer is correct. They will say “Yes”.
- Write again on the board, $5+5+5 = 550$. Now ask participants if this answer is correct. They will say “No”.
- Ask participants what the small change is which will make this equation correct.
- Let participants try and guess. Only after participants have tried, tell them the correct answer.

Correct answer

With a single pen stroke, make the first + sign into a 4 so that the equation now reads $545+5 = 550$

Discuss

Tell participants that by making small changes we can bring about significant improvements in the nutritional value of our diets. Inform them about the various methods of consuming nutritious foods such as exclusively breastfeeding children for the first six months, including green leafy vegetables, pulses and yellow and orange coloured vegetables and fruits in the diets of pregnant and lactating women, adolescent girls and children and mixing some *ghee* or oil in children’s food.

2. Overcoming challenges

Introduction

“Whenever we do any task, challenges/difficulties are bound to come up. Many times, we lose our motivation because of these challenges and give up the task. Instead of giving up, we should broaden our thinking and move ahead after overcoming the barrier. Come, let us understand this by playing a game.”

Instructions

- Tie both hands of one participant using a rope.
- Tie the wrist of another participant with the rope in such a way that one end of the rope goes over the tied rope of the first participant so that both ropes are intertwined, tie the other wrist of the second participant.
- Now ask both participants to free themselves. They are not allowed to untie the knots or cut or burn them and nor can they slide the rope off their wrists.

- Give the participants some time to try freeing themselves. Ask the remaining participants to help them.
- If the participants are able to free themselves, then continue or else show them how to and emphasise how one has to think differently to overcome challenges.

Solution

- Make a loop on the first participant's rope.
- Slip the loop under the wrist rope of the second participant.
- Bring the loop from under the wrist, over to the back of the hand so that the hand passes through the loop.
- The moment the hand passes through the loop, the ropes will separate thus, immediately freeing the two participants.

Discuss

One should not fear challenges/barriers and instead should think out of the box and try to overcome the challenges. If one strives in the right direction, this will yield positive results.

3. Mine field

This game demonstrates the value of communication and trust. It works best in a large area, indoor or outdoor.

Instructions

- Set up a series of obstacles (chairs, tables, balls, etc.)
- Ask two participants to volunteer. Blindfold one person and ask them to make their way through the 'mine field' by listening to their partner. Their partner should verbally talk them through the obstacles but cannot enter the mine field themselves. If the blindfolded participant hits a 'mine', they lose and the next pair can begin.
- In case time permits after everyone has gone through the round, repeat the process by swapping the roles.

Discuss

At the end of the game, talk to the participants about what they learnt about communication and trust.

- What was helpful communication and what wasn't?
- Was it easy to trust your guide?
- What were some of your feelings — fear, safety, etc.?
- Was it easier to be the blindfolded person or the guide?

4. Paper building

This is a team building exercise to see which team can build the tallest paper tower.

Instructions

- Provide each team with three pieces of paper. Tell them that their goal is to build the tallest, free-standing tower in 5 minutes.

- When the time is up, measure the height of each team's tower. Any tower that partially collapses should be measured to its highest point.
- Declare the team with the tallest tower as the winner.

Discuss

Ask each group to evaluate the way they worked together. Ask them the following questions to generate a discussion:

- Were everyone's ideas heard?
- Did the team try different options?
- Did people think outside the box?
- How would the group operate differently if they were given the same time again?

Note

- As an option, you can run the teams through the activity again and see if they apply their learnings.
- You can vary this game by altering the materials available – for example, use a pack of cards or provide additional resources such as a sticky tape.

