

Booklet for Training on PRI Engagement in Nutrition Services For Participants



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SECTION - I

Introduction :

About the Document

This training manual has been developed for members of Panchayati Raj Institutions (PRIs) participating in the intervention to accelerate PRI engagement for ensuring household level convergence of nutrition specific and nutrition sensitive services offered under various public welfare schemes.



Objective

As a PRI member you can use this manual to guide you to :

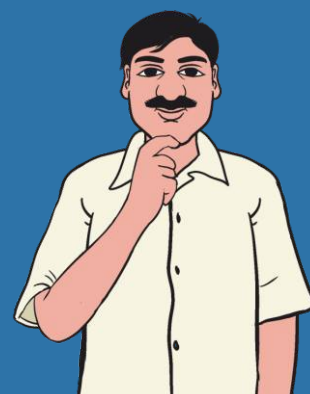
- ✓ Understand the concept of optimal nutrition and undernutrition
- ✓ Gain insight into various public welfare schemes, which have direct or indirect impact on nutrition
- ✓ Gain insight into the roles and responsibilities of Anganwadi Workers (AWWs) and Accredited Social Health Activist (ASHA)
- ✓ Role PRI members can play to ensure every household is getting all the public welfare services
- ✓ Become an active contributor to improving your community's health and nutrition outcomes
- ✓ Use data to resolve/escalate issues in service delivery
- ✓ Conduct effective Village Health and Sanitation Committee (VHSNC) meeting (Only for Sarpanch)

Ways to Use this Module for the PRI members

You are advised to use this module as a reference material. You can also use this material for self-assessment.

As a self-assessment exercise, you can ask yourself the following questions :

- 01 Who are the major beneficiaries for health and nutrition services?
- 02 What are the various services and schemes a household needs for a healthy and productive life?
- 03 Who provides health and nutrition services to the beneficiaries at the ground level?
- 04 Which public health services directly or indirectly impact nutrition of beneficiaries?
- 05 What are the three things I should observe when I visit an Anganwadi Centre (AWC)?
- 06 What are the three things I should observe when you visit a school?
- 07 How can I become more involved in effective implementation of health and nutrition services for my community?



Reflect on these answers before going through this module. Come back to the questions after the capacity building training or after going through the module and ask yourself :

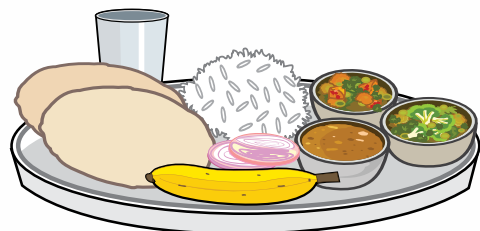
- Is there any change in my understanding of services, platforms and people who provide these services at the ground level?
- Has my understanding about optimal nutrition and undernutrition improved?
- Do I better understand how can I contribute towards improved health and nutrition outcomes for my community's women, children and adolescents?



SECTION - II

Undernutrition & Community Development

People get nutrition from a balanced plate of diverse foods



Why is nutrition important?

✓ Health and well-being of human beings



✓ Safe pregnancy, good child and maternal health



✓ Productivity of human beings



✓ Good nutrition is an essential social benefit in its own right



What is undernutrition and its impact?

- Manifests when a child or an adult does not get adequate nutrition from their food
- Forms of undernutrition include:



Stunting :
When an adult or child is too short for their age



Wasting : When an adult or child is low weight for their height



Underweight :
When an adult or a child has low weight for their age

- Undernutrition also leads to a lack of adequate vitamins and minerals in the body or vice-versa
- Undernutrition has an intergeneration impact and long-lasting consequences

Who are at risk due to undernutrition?

- Women, infants, children, and adolescents are at particular risk of malnutrition.



Women



Children



Adolescents

What are the adverse effects of undernutrition?

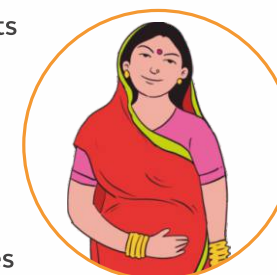
Children :

- Increases risk of dying from common infections
- Increases the frequency and severity of infections & diseases
- Impairs the cognitive development
- Increases risk of developing non-communicable diseases in future
- Can rob children of a healthy and productive future due to illnesses



Women :

- Adversely impacts health and productivity
- Increases chances of unsafe pregnancy
- Increases chances of maternal mortality
- Increases risk of diseases and delays recovery from illnesses
- Can rob women of the chance to lead an active life



Adolescent Girls :

- Hampers growth and development
- Increases chances of unsafe pregnancy in future
- Hampers learning and school going activities
- Increases risk of diseases and delays recovery from illnesses
- Putting them at risk of unsafe pregnancy in future
- May lead to poor learning skills as persistent nutrition during adolescence is associated with poor learning skills
- Can rob adolescents of the chance at a happy & active life



What are the major causes of undernutrition?

Immediate Causes :

- Inadequate dietary intake
- Diseases due to unhealthy household environment



Underlying Causes :

Low or no access to :



Means to avail the right services



Adequate health and nutrition services



Adequate care and feeding practices for newborns and children



Land



Education



Employment



Safe drinking water and sanitation



Appropriate infrastructure



Supporting technology

Why is good health and nutrition important for community development?



- A healthy population is economically more productive, socially active and therefore, actively participates in building a better society
- Good nutrition and health empower the community and helps people to live a dignified life, a right bestowed on every Indian citizen
- Undernutrition has negative impact on the productivity of people and hinders the capacity of children to grow well and learn well
- Access to good quality services helps the communities to have more faith in the elected representatives and the system

What can we do to counter undernutrition?



Ensuring Nutrition in the First 1000 Days

- First 1000 days is a period of rapid physical and mental growth
- Optimize nutrition during the first 1000 days of life from conception to a child's second birthday
- A baby's brain starts developing in the school influencing her future school activities, intelligence and productivity
- Baby during the first 1000 days is dependent on mother for nutrition requirements



Ensure and increase easy access to public welfare services (co-coverage) for all pregnant and lactating women, newborns and young children, and adolescents



Ensure optimal service quality and infrastructure for provision of services at AWCs, FPS, schools and health facilities



Discussing nutrition and its significance in well-being of the community in Gram Sabhas



Timely escalate challenges in service delivery to higher levels for zero interruptions and effective resolution

What is meant by Co-Coverage of Services at the household level?

Undernutrition is not just a result of poor dietary practices but a construct of several underlying factors.

Lack of access to :



Safe nutritious food



Safe water and sanitation



Health services for prevention of infection



Lack of knowledge on recommended diet

To prevent and reduce undernutrition, it is important that beneficiaries receive not only the nutrition services but other public welfare services. These are:



Education



Livelihood



Women & child development



Drinking water



Sanitation



Infrastructure

How does co-convergence work?

Example : Services that guarantee earnings for a family (livelihood) helps the family to buy food that meets its nutrition requirements, while education can ensure awareness about nutrients and right diet.

Your Roles & Responsibilities towards the Community as a PRI member :

The Eleventh Schedule added to the Constitution of India by the 73rd Amendment Act lists a comprehensive range of development activities to be entrusted to PRIs as part of the decentralization process:



✓ Programmes for productive activities – agriculture, irrigation, animal husbandry, fuel and fodder, poultry, fishery, small-scale industries including food processing and cottage industries.

✓ Land development programmes – land reforms, soil conservation, minor irrigation, water management and watershed development, wasteland development, social forestry and grazing lands

✓ Education and cultural activities – primary schools, adult education, technical education and libraries

✓ Social welfare-women and child development, family welfare, care of people with physical and mental disabilities

✓ Provisions of civic amenities – drinking water, rural electrification, non-conventional sources of energy, rural roads, bridges, culverts, waterways, sanitation, rural housing and health

✓ Poverty alleviation programmes for social and economic advancement of the weaker sections

✓ Maintenance of community assets and public distribution system

✓ Organization and control of rural markets and village fairs

What it enables you to do as a PRI member?

A PRI member is an empowered citizen mandated to assess implementation of public welfare services in the community. You can :

- Become more involved with assessment of coverage
- Aid in resolving issues in service delivery especially for the households with newly registered pregnant women, new-borns, children and severely underweight children
- Take these steps to improve the co-coverage of services in your community
- Ensure that all the services reach beneficiaries, paving way for a healthy and happy community that is satisfied with governance

SECTION - III

Key Players in Community Development

Services for maternal and child health and nutrition at the grassroots are delivered by frontline workers from the departments of WCD and Health such as the Anganwadi Workers (AWWs), ASHAs and ANMs.

AWW



An AWW is a community-based worker of ICDS entrusted with implementation of ICDS services at the ground level :

- Organizes various Mamta Diwas at the AWC
- Makes home visits to counsel and mobilize pregnant women, lactating mothers, mothers of children 3 to 36 months, severely underweight children and out of school adolescent girls
- Assists the ANM and ASHA for conducting Mamta Diwas
- Distributes THR during Annavitran Diwas and Demonstrates recipes, including recipes with THR
- Organises supplementary nutrition feeding for children
- Provides early childhood care and preschool education for children between 3-6 years of age
- Does growth monitoring for children till they are six years of age during Bal Tula Diwas
- Assist in AWC RBSK health camp organization

ASHA



ASHA is a trained female community health worker under the NRLHM.

- Acts as a link between the community and the public health system
- Entrusted with creating awareness on:
 - Health
 - Nutrition
 - Hygiene practices
 - Existing health services



- Counsels women on :
 - Birth preparedness
 - Importance of safe delivery
 - Breastfeeding and complementary feeding
 - Immunization and prevention of common infections
 - Accompanies mother for institutional delivery and if needed for check ups
 - Supports family in planning childbirth
 - Family planning options available

ASHA



- Provides home based newborn care (HBNC)
 - 6 visits in case of institutional delivery
 - 7 in case of non-institutional for examining the child and counselling
- Provides additional home based young child care (HBYC) services through home visits in 3rd, 6th, 9th, 12th and 15th months
- Assists in school and AWC RBSK health camp organization

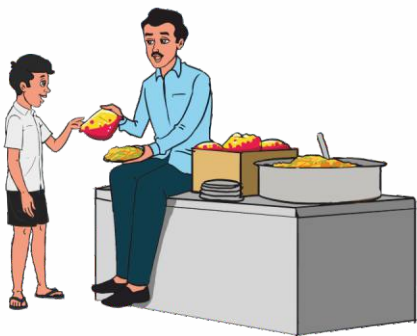
ANM



ANM is a village level female health worker who works at the health sub-centers and provides primary healthcare to the community.

- Entrusted with a wide range of services maternal and child health
- Works with family planning services, health and nutrition education
- Supports
 - Maintenance of environmental sanitation
 - Immunization for the control of communicable diseases
 - Treatment and referral of common childhood illnesses
- Provides referral services as well as treatment of minor injuries, and first aid in emergencies and disasters

School Teachers



Are responsible for:

- Distribution of mid-day meals
- IFA tablets to the students
- Assisting at RBSK school health camps

Self-Help Groups (SHGs)



SHGs comprising community members can be involved in supporting some of the entitlements provided to beneficiaries under the public welfare schemes.

How can you support the AWWs, ASHAs & ANMs (AAA) as a PRI member?

- Engaging more closely with implementation of health and nutrition service
- Mobilizing and motivating the people in the community to avail services offered by the AAA
- Supporting improvement of AWC's infrastructure
- Interacting with the AAA to understand issues in service delivery
- Supporting the AAA in resolving service delivery issues at ground level during VHSNC meetings & Gram Sabhas
- Using Village Development Plans to include health and nutrition in the funding under resource envelope

SECTION - IV

Understanding the Schemes and Services

The Government runs several public welfare schemes for the people. All these schemes are meant to provide different services:

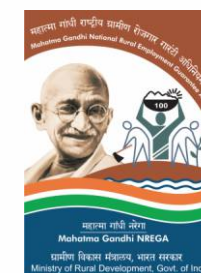
Public Distribution System (PDS) :

Provides citizens with food grains at affordable prices from fair price shops



Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) :

Guarantees 100-days of wage employment in a financial year to rural households where adult members volunteer to do unskilled manual work in rural areas



National Rural Livelihood Mission (NRLM) Deendayal Antayodaya Yojana :

- Meant to increase income of rural poor through sustainable livelihood enhancements
- Provide improved access to financial services for rural poor



National Health Mission :

Provides access to equal affordable & quality health care services (Explained in detail in later sections)



Integrated Child Development Services (ICDS) :

Provides nutrition, education, health and referral services to children below six years of age and their mothers. (Explained in detail in following sections)



Pradhan Mantri Matru Vandana Yojna (PMMVY) :

Provides a cash incentive of 5000/- directly to the Bank / Post Office Account of pregnant women and lactating mothers for first living child of the family subject to fulfilling specific conditions relating to Maternal and Child Health



Kasturba Poshan Sahay Yojna (KPSY) :

Provides cash support to the BPL mothers of Rs. 6000 for each pregnant women to enable rest during pregnancy



Pradhan Mantri Ujjwala Yojna (PMUY) :

Provides Rs 1600 cash assistance to SC/ST and BPL families for a connection of cylinder Includes :

- Security deposit
- Pressure regulator
- LPG hose
- Domestic gas consumer card
- Installation charges.
- First LPG refill
- Stove (hotplate)



Nal se Jal Yojna :

Tap water supply to every rural household and public institutions in villages like schools, anganwadi centres, ashramshalas (tribal residential schools), health centres, Gram Panchayat building etc.



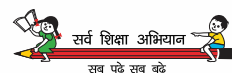
PM Gram Sadak Yojna (PMGSY) :

Provides connectivity through roads to various difficult to reach areas in various parts of India as a part of poverty reduction.



Sarva Shiksha Abhiyaan :

Provides free and compulsory education as mandated by 86th amendment to the Constitution of India to the children between 6-14 years age group as a fundamental right.



Pradhan Mantri Awas Yojna-Gramin :

Meant to provide housing facility for all the rural poor in India.



ICDS and Health Services

ICDS Services

ICDS	ICDS focuses on providing early childhood care and development. The beneficiaries include pregnant and lactating women, children between 0-6 months of age, children below 6 years ICDS includes a package of six services including supplementary: Supplementary Nutrition, Pre-school non-formal education, Nutrition & health education, Immunization, Health check-up, Referral services Immunization, health check-up, referral services are offered under Health with assistance from ICDS	
Services	Particulars	Delivery Platforms
Supplementary Nutrition	Hot cooked meals for children from 3-6 years Take Home Ration-Provided in the forms mentioned below : <ul style="list-style-type: none"> Bal Shakti for children above 6 months of age Normal children-7 packets per month Red zone children (6-36 months)- 10 packets per month Red zone children (3-6 years)- 4 packets per month Matru Shakti for pregnant and lactating women, 4 packets per month Purna Shakti for adolescent girls 4 packets per month Satva Double fortified salt for pregnant and lactating women and adolescent girls 1 packet per month 	AWCs
Pre School Non-Formal Education	Provided for children between 3-6 years of age by AWWs	AWCs

Services	Particulars	Delivery Platforms
Nutrition & Health Education	<ul style="list-style-type: none"> Counselling on good nutrition practices for pregnant and lactating women, mothers and families of children (0-3 years), severely underweight children (0-6 years) & out of school adolescent girls during CBEs (Mangal Diwas), and during home visits by AWWs Growth monitoring of children (0-6 years) 	Community Based Events (CBEs) or Mangal Diwas at AWCs (Bal Tula, Godhbharai Suposhan Samvad, Purna Diwas)

Health Services

Health	While the other services are provided by the Ministry of Women & Child Development (MWCD), immunization, health check-ups and referral services are provided by the Ministry of Family Health & Welfare (MoHFW)	
	Particulars	Delivery Platforms
Pregnant Women	<ul style="list-style-type: none"> Registration and at least 4 ANC check-ups (for pregnant women) Tetanus immunization (for pregnant women) Micronutrient supplementation/ Folic Acid, Iron and Calcium Counselling on antenatal care Identification & referrals for high-risk pregnancies Institutional delivery Janani Suraksha Yojna (JSY) and Janani Shishu Suraksha Karyakram (JSSK) benefits 	<ul style="list-style-type: none"> Counselling on good nutrition practices for
Lactating Mothers	<ul style="list-style-type: none"> PNC check up Micronutrient supplementation/ Iron and Calcium Counselling on postnatal care and newborn care Counselling on breastfeeding 	<ul style="list-style-type: none"> Mamta Diwas at AWCs, sub-centers and other higher level health facilities.
Children (0-5years)	<ul style="list-style-type: none"> Micronutrient supplementation/IFA & Vitamin A Immunization for children Deworming HBNC and HBYC visits by ASHAs Treatment of childhood illness like diarrhoea with provision of ORS and Zn tablets, pneumonia Screening for SAM, and treatment of SAM at NRC 	<ul style="list-style-type: none"> Mamta Diwas at AWCs, sub-centers and other higher level health facilities. Home visits
Other Counseling Services	<ul style="list-style-type: none"> Counselling for pregnant and lactating women, newborn children and infants, SAM (0-5years) severely underweight children (0-6 years) 	<ul style="list-style-type: none"> Mamta Diwas and Home visits

Services for School Going and Out of School Children

Out of School Adolescent Girls	<ul style="list-style-type: none"> IFA supplementation for out of school adolescent girls 	AWCs
Weekly Iron & Folic Acid Supplementation (WIFS)	<ul style="list-style-type: none"> IFA supplementation for school going children between 10-19 years IFA supplementation for school going children between 5-9 years of age (WIFS Junior) 	School

Services for School Going and Out of School Children		
Mid-Day Meal Scheme	<ul style="list-style-type: none"> School based feeding programme targeting children ages 6–14 years providing hot cooked nutritious meal with the right balance of carbohydrate, protein & fat. 	School
Public Distribution System	<p>PDS is meant to ensure food security under which the government provides the citizens with food grains at affordable prices. PDS, presently includes following entitlements :</p> <ul style="list-style-type: none"> Above poverty line (APL) families are entitled to receive wheat, rice, tur dal and edible oil. Below poverty line (BPL) families are entitled to Wheat, rice, tur dal, iodized salt, and edible oil 	Fair Price Shop

Why are Health and Nutrition Services Important?



Benefits of Supplementary Nutrition Services by ICDS :

- Supplements nutrition requirements of pregnant women and lactating mothers
- Supplements nutritional requirements of children upto six years of age
- Supplements nutritional requirements of out of school adolescent girls



Benefits of counselling on Dietary Practices and Infant & Young Child Feeding (IYCF) :

- Helps pregnant women and lactating mothers understand what they should eat and best practices to follow during pregnancy
- Early initiation of breastfeeding (EIBF)- Helps in ensuring that children are breastfed within an hour of their birth & receive nutrient rich colostrum (thick liquid just produced after pregnancy)
- Exclusive breastfeeding (EBF)- Ensures that the child is given only nutrient rich breastmilk for first six months to develop immunity and achieve optimal growth
- Complementary Feeding (CF)- Ensures timely initiation of food other than breastmilk for child once she has completed six months



Benefits of growth monitoring

- Helps in identifying undernutrition at early stage, thus improving chances of healthy development



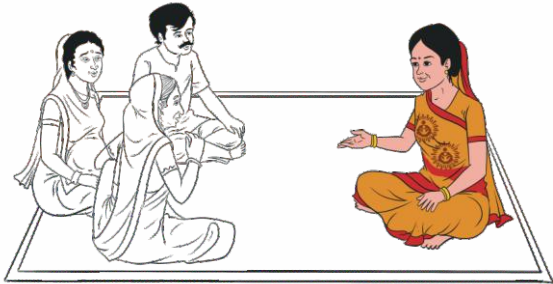
Routine Ante-Natal Check (ANC)

- Flags complications in pregnancy
- Helps in initiating preventive treatments, thus avoiding risks later
- Acts as a touchpoint for counselling mothers on best practices during pregnancy, EIBF & EBF



Benefits of Institutional Delivery

- Significantly reduces maternal and neonatal mortality
- Reduces complications during delivery
- Increases chances of EIBF for newborn



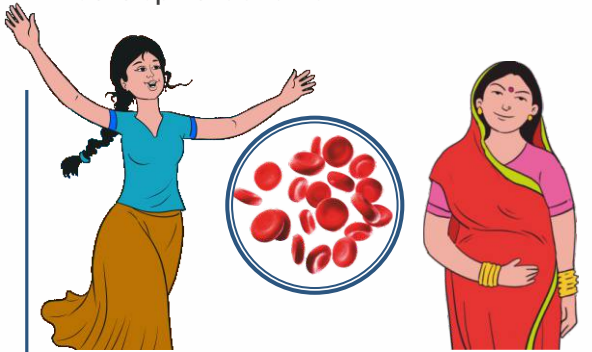
Benefits HBNC & HBYC

- Flags issues with health of infant, new mother and young children
- Helps in early treatment or referrals
- Reduces risks of infant mortality, severe infections & diseases
- Acts as an important touchpoint for EBF & CF counselling
- Acts as important touchpoint for counselling on contraception & family planning



Benefits of Early Childhood Care Education (ECCE)

- Critical to shape children physically, mentally and emotionally
- Critical to cognitive and physical development of child



Benefits of IFA Supplementation Programs

- Reduces the risk of developing iron deficiency and anemia in children, women and adolescents

Platforms for service delivery



Anganwadi Centres (AWCs)

AWCs are at the heart of the community. Several ICDS services are offered through AWCs. Hence, it is significant for AWCs to have good infrastructure including:

- Clean & hygienic surroundings
- Safe drinking water
- Functional toilets
- Electricity
- Play area and education materials for children
- Functional equipment
- Cooking area for demonstration



Village Health & Sanitation Day : VHSND/Mamta Diwas

Mamta Diwas is a government initiative that is either organised at an AWC or another appropriate site on a monthly basis in every village across the state with an objective to provide health, nutrition and sanitation related services and to raise awareness around these issues.



Community Based Events (CBEs) :

CBEs are organized on every second Tuesday of the month at the AWCs. These are targeted at pregnant women, lactating mothers, adolescent girls and children below the age of six years. Some of the CBEs held in AWCs in Gujarat are:

- Bal tula diwas
- Annaprashan Diwas
- Godhbharai Diwas
- Annavitran Diwas & Poorna Diwas

SECTION - V

Understanding Strategic Use of Data (SUD)

What is SUD?

SUD refers to accessing the right information for making decisions and solving problems for the people in the community.

What can you do to get the right information to ensure good health & nutrition outcomes for your community?

- ✓ Interact with pregnant women and lactating mothers
- ✓ Ask them questions on services that they and their families are receiving
- ✓ Check and observe if the Fair Price Shop is equipped to provide grains and staples under PDS
- ✓ Check if health and nutrition services are being offered at schools
- ✓ Check if AWCs are equipped to provide all the services
- ✓ Use VHSNC meetings to check if issues with service delivery are being resolved



SECTION - VI

Using the PRI App to Collect Information

How can you gather the listed information in Section V?

You can use a simple, user-friendly mobile-based App to collect information and conduct the VHSNC meeting. You can use this App while interacting with beneficiaries, visits to AWCs during Mangal Diwas, Mamta Diwas visits and during your visits to FPS shops and schools.

Key Features of the App



Feature 01 Monthly Planner

Monthly planner has provisions for

- Planning dates for beneficiary interactions
- Planning dates for visits to Mangal Diwas and AWCs, FPS & Schools
- Planning dates for conducting VHSNC meetings
- Reminders and notifications based on dates



Feature 02 AWCs & Beneficiaries

This tab will show all the concerned beneficiaries and AWCs in Your Wards



Feature 03 Checklists

The App contains checklists for interaction with beneficiaries and field visits



Feature 04 Dashboard

The dashboard will contain analysed information based on recorded observations during beneficiary interactions and field visits



Feature 05 Aid for Conducting VHSNC

This tab provides prompts for conducting VHSNC meetings and highlights the issues to be raised during the meeting.



01 Welcome and sharing agenda



02 Prompt for attendance by ANM (On paper)



03 Prompt for reviewing last month's MoM



04 Prompt to request ANM to record MoM



05 Prompt to being progress review



06 Progress review begins
- Indicators
- Issues identified
- Actions taken
- RBSK Health Check Up Enquiry



07 Prompt for checking if committee members from community are present



08 Prompt for discussion on any other issues



09 Discussion is completed



10 Prompt to select highlighted issues for the next Gram Sabha



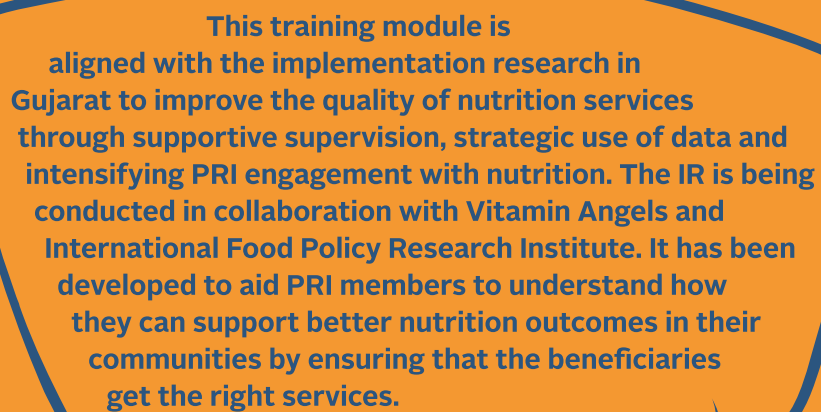
11 Prompt to close the meeting and finalize the date for next meeting

Notes :

[illegible]

Notes :

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This training module is aligned with the implementation research in Gujarat to improve the quality of nutrition services through supportive supervision, strategic use of data and intensifying PRI engagement with nutrition. The IR is being conducted in collaboration with Vitamin Angels and International Food Policy Research Institute. It has been developed to aid PRI members to understand how they can support better nutrition outcomes in their communities by ensuring that the beneficiaries get the right services.