

LINKING AGRICULTURE, NUTRITION AND NATURAL RESOURCE MANAGEMENT

Guide book for the Nutritional Volunteers

Participatory Learning and Action Sessions for
Improving Nutrition Issues through Integration with Agriculture and Natural Resource Management

Sessions/Modules Cycle on PLA LANN (Phase I - III)



ACKNOWLEDGEMENT

In developing this manual we have referred to various documents and manuals published by organizations like WHH, Ekjut, and Government of India. We are sure the nutrition volunteers, community leaders and health workers will find this manual useful in their work.

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FOREWORD

The manual aims at making community interventions nutrition-sensitive by incorporating nutrition outcomes with agriculture and natural resource management practices through a Participatory Learning and Action (PLA) approach.

This is a guide for facilitators to plan and conduct meetings in the community to help them develop an understanding of how nutrition is linked to natural resource management and agricultural practices. Using Participatory Incremental Learning and Action as an approach the facilitator guides the community members to discuss issues that are relevant in this context and identify and prioritize those that they think are most important in their area. Through this process they also understand the underlying causes for these problems, plan and implement strategies using locally available resources and evaluate their own actions.

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ABBREVIATIONS

AWC	:	Anganwadi Centre
AWH	:	Anganwadi Helper
AWW	:	Anganwadi Worker
CSC	:	Community Score Card
FAO	:	Food and Agriculture Organisation
FNS	:	Food and Nutrition Security
FYM	:	Farm Yard Manure
HNWASH	:	Health Nutrition Water Sanitation & Hygiene
IFA	:	Iron Folic Acid
IMC	:	Intergenerational Malnutrition Cycle
IYCF	:	Infant and Young Child Feeding
LANN	:	Linking Agriculture, Nutrition and Natural Resource Management
PLA	:	Participatory Learning and Action (approach)
WASH	:	Water Sanitation & Hygiene
MAM	:	Moderately Acute Malnutrition
MUAC Mid	:	Upper Arm Circumference
NR	:	Natural Resource
NRM	:	Natural Resource Management
ORS	:	Oral Rehydration Salt/ Solution
PRA	:	Participatory Rapid Appraisal
SAM	:	Severe Acute Malnutrition
SHG	:	Self Help Group
WHO	:	World Health Organisation

OVERVIEW OF PLA TRAINING MODULE AND SESSION PLANS

Phase-I: Participatory identification and prioritization of issues related to HNWASH:

In this phase Nutrition Volunteer will be able to assess the status of health, nutrition and WASH in the community. They will also identify and prioritize the common problems with participation of the community members.

Detail session plan:

Session 1: Introduction to the modules, Understanding the intergenerational malnutrition Cycle

Meeting 1	Ice breaking, Introduction, setting of norms and sharing of schedule of the training
Meeting 2	Introducing 17 modules/sessions of PLA cycle
Meeting 3	Skills and role of an ideal facilitator
Meeting 4	Understanding the issue of inequality and need to include all sections of the community
Meeting 5	Understanding of the intergenerational malnutrition cycle

Session 2: Mapping of current status of malnutrition (significance of weight measurement and MUAC measurement and uses of growth chart)

Meeting 1	Understanding the uses of growth chart and MUAC tape for identifying under nutrition
Meeting 2	Mapping of current status of malnutrition through mock role play (weight, height, length and MUAC measurement as well as uses of those in growth chart)

Session 3: Identifying and prioritizing health, nutrition, WASH and natural resource related problems

Meeting 1	Basic understanding and identifying the problems related to HNWASH and NR
Meeting 2	Group exercise to identify the problems related to HNWASH
Meeting 3	Rehearsal of the meeting 1 & 2 for the trainees to understand the process
Meeting 4	Prioritizing the problems related to HNWASH identified earlier

Session 4: Finding causes and effect analysis of the problems

Meeting 1	Finding immediate and underlying causes for prioritized problems related to HNWASH and NRM through group exercise
Meeting 2	Solutions finding process for the problems related to HNWASH and NRM through group exercise

Phase-II: Developing possible strategies and collective action in addressing the identified and prioritised issues:

In this phase, community members being facilitated by the Nutrition Volunteer will develop the possible strategies for each of the prioritized problems.

Detail session plan:

Session 5: Choosing feasible strategies and taking over responsibilities

Meeting 1	Analysis of the causes & problems and identifying strategies
Meeting 2	Strategy implementation process and taking over responsibility
Meeting 3	Discussion on possible strategies for preventing malnutrition among women & adolescent girls
Meeting 4	Discussion on possible strategies for preventing childhood malnutrition

Session 6: Importance of one thousand days care

Meeting 1	Understanding the importance of one thousand days care
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Session 7: Locally available food and balanced diet

Meeting 1	Mapping of locally available food for improving diet through food grouping game
Meeting 2	Preparing seasonal food calendar
Meeting 3	Recipe demonstration on locally available food and food preservation methods

Session 8: New born care and exclusive breast feeding

Meeting 1	Understanding the importance of new born care and exclusive breast feeding
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Session 9: Timely initiation of complementary feeding and improved IYCF practices

Meeting 1	Understanding the importance of timely initiation of complementary feeding and Improved Infant and Young Child Feeding (IYCF) practices
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Session 10: Analysing WASH specific issues and interventions with behavioural practices

Meeting 1	Understanding the importance of WASH specific issues and interventions with behavioural practices
Meeting 2	Demonstration of WASH specific issues and interventions with behavioural practices

Session 11: Establishing home based nutritional gardens

Meeting 1	Understanding the importance of home based nutritional gardens
Meeting 2	Planning to design and implement the home based nutritional gardens
Meeting 3	Crop calendar planning for nutritional crops and seed preservation

Phase III : Continuing collective action and reviewing the strategies

This phase has specific sessions will focus on actions to be on behavioural pattern positive deviants:

Detail session plan:

Session 12: Unsafe food – food contamination through pesticide

Meeting 1	Understanding the importance of safe food and how the food has become unsafe
Meeting 2	Demonstration/sharing of experiences on safe and unsafe food

Session 13: Understanding the faecal oral transmission routes

Meeting 1	Understanding the importance of faecal oral transmission routes
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Session 14: Importance of cleanliness during monthly periods of adolescent girls, in taking iron & Folic Acid tablets and stopping early marriage (below 18)

Meeting 1	Understanding the importance of cleanliness during monthly periods of adolescent girls, in taking iron & Folic acid tablets and stopping early marriage
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Session 15: Review/revisit of strategies to prevent malnutrition in communities

Meeting 1	Reviewing of the strategies for preventing malnutrition among women & adolescent girls
Meeting 2	Reviewing the strategies for preventing childhood malnutrition

Session 16: Reinforcing Strategies to Prevent Malnutrition in children and evaluation

Meeting 1	Discussion on one thousand days care as discussed in meeting 1 of session 6
Meeting 2	Discussion on newborn care and exclusive breast feeding as discussed in meeting 1 of session 8

Session 17: Sharing with larger communities (target constituency, service providers and duty bearers)

Meeting 1	Preparation for sharing in larger communities
Meeting 2	Sharing in the larger communities



INTRODUCTION

PURPOSE

The purpose of this manual is to make community interventions nutrition-sensitive by incorporating nutrition outcomes with agriculture and natural resource management practices through a Participatory Learning and Action (PLA) approach. It is designed to be a resource for trainers who will be training the trainers in mobilizing the communities using the Participatory Learning and Action approach (PLA). It will provide trainers with directions and materials needed to help participants strengthen their skills to impart training, understand good communication and develop knowledge of facilitation skills and to enable them to plan and implement the participatory learning and action cycle more effectively.

OBJECTIVES

- ✧ Guiding the participants through the core concepts of food, nutrition, natural resource management & WASH and establishing the link points for better integration of those.
- ✧ Will enhance the skills of the trainers in designing and delivering effective training.
- ✧ Promoting a learner-centred, participatory approach based on the principles of four phases of the PLA cycle.
- ✧ Modelling on the concepts and skills that are essential for effective participatory training, including group facilitation and the use of a variety of interactive training methods.
- ✧ Guiding the participants on the process of planning an effective training course.
- ✧ Ensuring the course will be effective in meeting the needs of the facilitators if the principles and skills in the design and implementation are well applied.

ESSENCE OF LANN

- ✧ Sensitizing communities on the issue of malnutrition
- ✧ Building understanding on the causes of malnutrition
- ✧ Facilitating community level strategies on nutrition sensitive agricultural practices and management of natural resources
- ✧ Community discuss on infant and young child feeding, child caring, balanced diet, healthy practices of cooking, hygiene and sanitation
- ✧ Planning on producing diversified food through nutrition garden, integrated farming and promoting uncultivated food
- ✧ Entitlements related to food, health and livelihoods are discussed and strategies worked out to avail those to reduce malnutrition

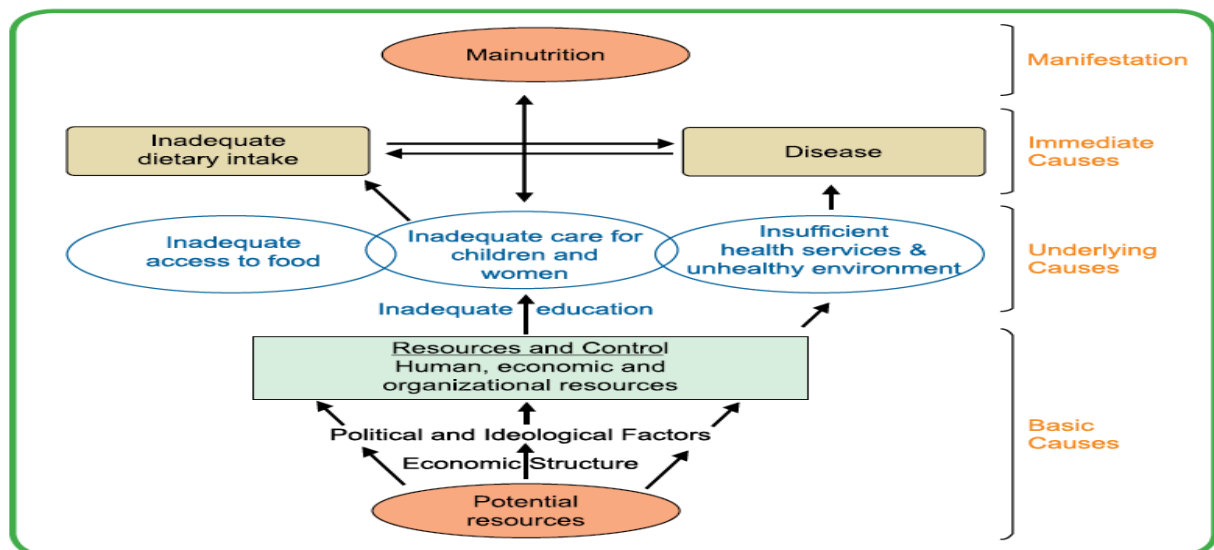
EXPECTED TRAINING OUTCOMES

After the training, the participants are expected to have a comprehensive understanding of community-based approaches to nutrition, health and WASH. In addition, they will understand the finer aspects of social inequity and gender relationships, and will learn to use the participatory learning and action approach to help them impart trainings down the line.

DIMENSIONS OF FNS AND CAUSES OF MALNUTRITION

The UNICEF conceptual framework on under-nutrition focuses on these three broad determinants of under-nutrition (**food, health and care**), and distinguishes immediate, underlying and basic causes of under-nutrition. **Immediate causes** of under-nutrition are inadequate dietary **intake and diseases**. **Underlying causes** refer to **food insecurity** at household level, inadequate **care practices** and lack of **hygiene and access to health**

services. For example, enough food may be available but if it is only staple food, this does not support a **diverse diet**. Or, lack of access to health services leads to diseases, which means that diverse food cannot be properly metabolized. **Basic causes** of under-nutrition are attributed to **societal structures and processes**, such as access to **resources** and **socio-economic and political contexts**.



Each level requires appropriate **nutrition-specific** or **nutrition-sensitive** interventions : Will be discussed further in the following chapters

- ✧ **Nutrition-specific interventions** refer mainly to direct measures aimed at tackling the immediate causes of malnutrition. They address the dimensions of use and utilisation of food at individual and household level.
- ✧ **Nutrition-sensitive interventions** refer to indirect measures at household or community level tackling the underlying and basic causes of malnutrition. They refer mainly to the dimensions of **availability** and **access** to food, **use** as well as **stability**.

UNDERSTANDING PARTICIPATORY LEARNING APPROACH (PLA)

The Participatory Learning and Action (PLA) cycle uses a variety of adult learning methods that community members can easily relate to, particularly in areas with low literacy. These methods include games, storytelling, pictorial display, practical demonstrations, participatory discussions etc. for facilitating discussions.

- ✧ The community learns to link nutrition with good agricultural practices and proper management of natural resources available to them.
- ✧ Community discussions will help the community understand the manifestation of under-nutrition and its causes and effects and how it can be measured.
- ✧ The community gains an understanding of the intergenerational transfer of under-nutrition, and how it can be broken by addressing nutritional needs of different age groups including infants and young children, adolescent girls, pregnant women and lactating mothers.
- ✧ The community discusses infant and young child feeding (IYCF), overall child caring practices, and the importance of balanced food in their regular diet, healthy cooking practices, hygiene and sanitation.
- ✧ Plans are prepared for improving availability and diversity of food through growing nutrition gardens, integrated farming, promotion, utilization and conservation of uncultivated food and making optimal use of the available natural resources.
- ✧ Entitlements related to food, health and livelihoods are discussed in the community and strategies are prepared on how to avail of these provisions to break the chain of malnutrition.

ROLES AND RESPONSIBILITIES OF THE FACILITATOR

- ✧ The facilitator will map and select existing community groups for the programme.
- ✧ Where no group exists, s/he will form small community groups
- ✧ S/he will identify the most marginalised communities in the village and encourage their participation in the meetings.
- ✧ S/he will encourage other family members (including male members) to join the meetings.
- ✧ Where no groups exist, s/he will form small community groups.
- ✧ S/he will facilitate discussions among community members and help them identify nutrition and problems related to their crop diversity, growing toxin free & nutritious food throughout the year and accessing food from the common resources.
- ✧ S/he will facilitate discussions in a way that community is able to prioritize its nutrition related problems and able to develop strategies to address these problems.
- ✧ S/he will help community groups to plan and implement the strategies.

RESPONSIBILITIES OF THE COMMUNITY GROUPS

Community groups including men and women are the focal point for reducing malnutrition. The members should attend the meetings regularly and encourage other members to attend the meetings. The community needs to take responsibility of planning, implementing, and reviewing strategies of their villages. They should also work with the Gram Panchayats, AWC and health sub centres along with liaising with other stake holders for their entitlements and for mobilising livelihood resources.



OVERVIEW OF PLA TRAINING MODULE AND SESSION PLANS

Phase-I: Participatory identification and prioritization of issues related to HNWASH:

In this phase Nutrition Volunteer will be able to assess the status of health, nutrition and WASH in the community. They will also identify and prioritize the common problems with participation of the community members

Detail session plan:

- Session 1: Introduction to the 17 PLA modules, understanding the intergenerational malnutrition cycle
- Session 2: Mapping of current status of malnutrition (significance of weight and MUAC measurement and uses of growth chart)
- Session 3: Identifying and prioritizing health, nutrition and WASH related problems
- Session 4: Finding causes and effect analysis of the problems

Phase-II: Developing possible strategies and collective action in addressing the identified and prioritised issues:

In this phase, community members being facilitated by the Nutrition Volunteer will develop the possible strategies for each of the prioritized problems.

Detailed session plan:

- Session 5: Choosing feasible strategies and taking over responsibilities
- Session 6: Importance of one thousand days care
- Session 7: Locally available food and balanced diet
- Session 8: Newborn care and exclusive breast feeding
- Session 9: Timely Initiation of complementary feeding and improved IYCF practices
- Session 10: Analysing WASH specific issues and interventions with behavioural practices
- Session 11: Establishing home based nutritional gardens

Phase III Continuing collective action and reviewing the strategies

This phase has specific sessions that will focus on actions to be initiated on behavioural pattern positive deviants:

Detailed session plan:

- Session 12: Unsafe food – food contamination through pesticides
- Session 13: Understanding the faecal oral transmission routes
- Session 14: Importance of cleanliness during monthly periods of adolescent girls, in taking iron & Folic acid tablets and stop early marriage (below 18)
- Session 15: Review/revisit of strategies to prevent malnutrition in communities
- Session 16: Reinforcing strategies to prevent malnutrition in children and evaluation
- Session 17: Sharing with larger communities (target constituency, service providers and duty bearers)

CONDUCTING PLA TRAINING MODULE WITH DETAILED SESSIONS AND MEETINGS

PHASE 1	
Session-1	Introduction to the 17 PLA modules, understanding the intergenerational malnutrition cycle
Objective	<ul style="list-style-type: none"> ✧ Introducing the participants/trainees to the programme ✧ Enhancing skills on facilitating ✧ Understanding the importance of listening to the voices of all the sections of the communities ✧ Developing an understanding of the intergenerational malnutrition cycle
Details of conducting the meetings:	
Meeting 1	Ice breaking, Introduction, setting of norms and sharing of schedule of the training
Purpose:	To welcome participants and solicit their expectations; orienting them to the course objectives and agenda, role of trainer and participant, and training norms. The basic intention is to create a safe learning environment that enables trainers and learners to achieve training course objectives
Facilitation Aid:	<ul style="list-style-type: none"> ✧ Slides ✧ Handouts ✧ Chart paper ✧ Markers/colour sketch pens
Methodology:	<ul style="list-style-type: none"> ✧ Slide presentation of the training overview, training agenda ✧ Handouts of the agenda and learning materials ✧ Role play, group exercise, games ✧ Discussion on how to break the cycle ✧ Discussion on power game ✧ Discussion on intergenerational malnutrition cycle
Process:	<ul style="list-style-type: none"> ✧ After the formal inauguration, introduction of the facilitators as well the participants will be done in an engaging manner (E.g. participants can introduce one co-participant). ✧ Norms of the meeting need to be shared with mutual discussion to be followed during the whole training programme especially focusing on the time of beginning and ending of the day of training, coming to session on time, picking up of mobile/phone, maintaining etiquette & decorum, sitting arrangement, participation, doubt clarification, summing up and recapitulation, record maintenance etc, ✧ Sharing of the training objective and schedule should be done and could be revised, if needed, based on mutual discussion.

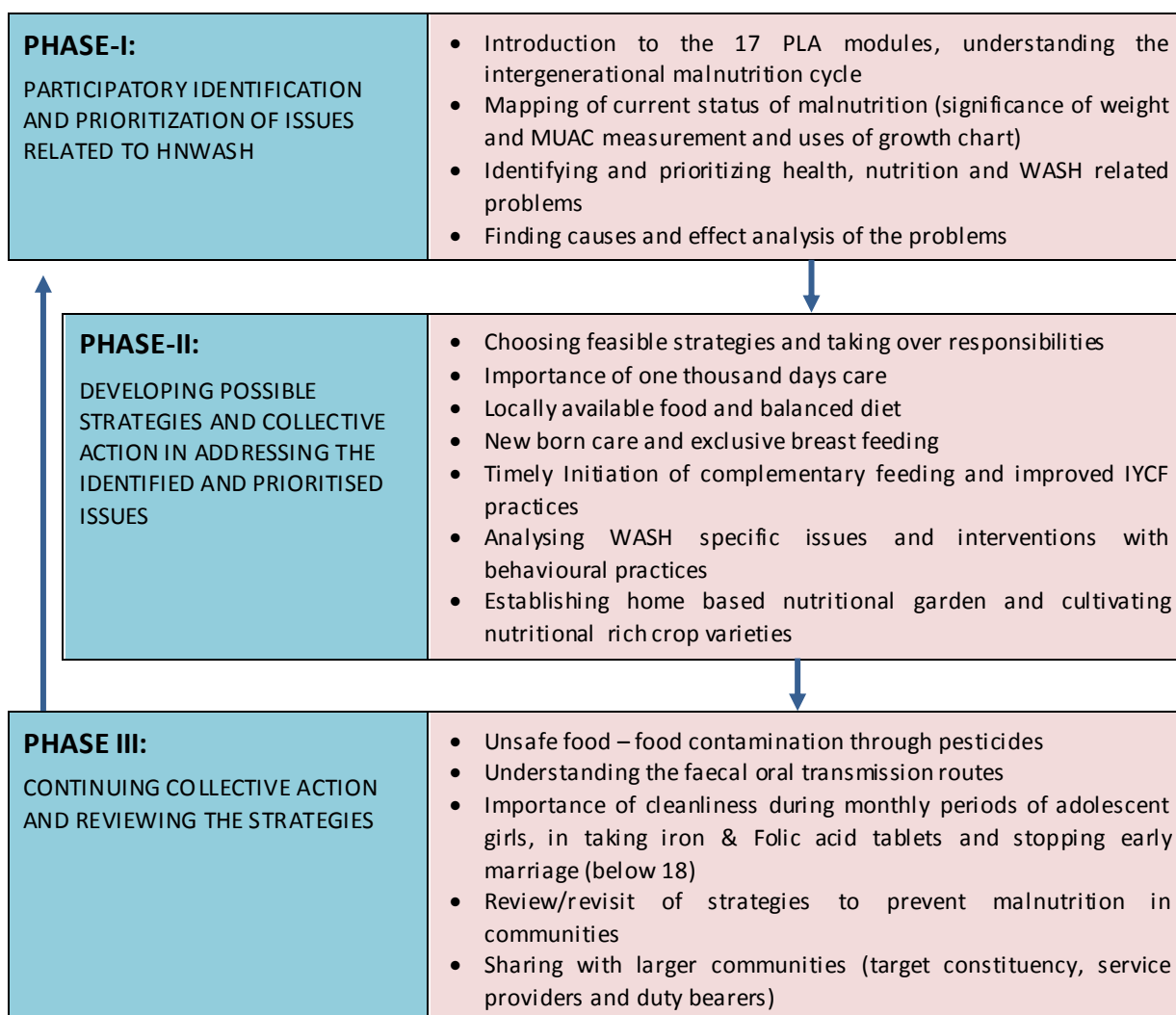
At the beginning, icebreakers will be used which help people to get acquainted with each other, become more engaged in the training, building rapport and introducing them to the topics.

It will be nice if the trainer can start each day or each meeting with appropriate icebreaker to make the facilitation more interesting and engaging the trainees. Energizers could also be used when the facilitator notices the interest of the participants is waning.

Considering time and need recap of each session/day needs to be made and a brief presentation of the important lessons learnt and happening of the day needs to be shared at the beginning of the business hours of the next day.

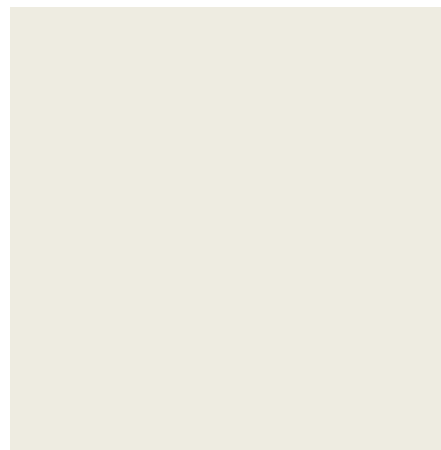
Meeting 2	Introducing 17 modules/sessions of PLA cycle
Purpose:	To enable the participants to know about the importance of the PLA cycle to intervene involving community mobilization
Facilitation Aid:	<ul style="list-style-type: none"> ✧ Slides ✧ Chart paper ✧ Markers
Methodology:	<ul style="list-style-type: none"> ✧ Visuals ✧ Slides presentation ✧ Open discussion
Process:	<ul style="list-style-type: none"> ✧ The facilitator will start by telling the participants about the need and importance of PLA approach and linking agriculture, nutrition and natural resource management. ✧ Make the participants understand the whole process and phases of the training cycle





Meeting 3	Skills and roles of an ideal facilitator
Purpose:	✧ To make the nutrition volunteer aware on their roles and enhance their skills to become ideal facilitator
Facilitation Aid:	✧ Slides ✧ Chart paper ✧ Markers
Methodology:	✧ Group exercise ✧ Role play ✧ Game ✧ Slide presentation
Process:	✧ Discussion on skills and qualities of a good facilitator through group exercises ✧ Understanding on communication skills (both verbal and non-verbal) through game ✧ Explaining the importance and enhancing listening skills

Meeting 4	Understanding the issue of inequality and need to include all section of the community
Purpose	To understand the issue of inequality/exclusion and need to include all sections of the community to know the real context and issues
Facilitation Aid	<ul style="list-style-type: none"> ✧ Chart paper ✧ Markers
Methodology	<ul style="list-style-type: none"> ✧ Group exercise ✧ Role play ✧ Power walk game ✧ Intensive discussion
Process	<p>Poor, landless and disadvantaged people are always at a higher risk of under-nutrition and mortality. For different reasons they are not able to access the services and entitlements provided by the government and as a result they become deprived, vulnerable and excluded. Thus it is important to understand why some people get left out, or face multiple barriers in accessing the services. The 'Power walk game', which is explained below, will help in identifying those who get left out, understanding why they get left out and encouraging those present to think what could be done to include them.</p> <ul style="list-style-type: none"> ✧ The facilitator will choose any six members from the group. ✧ S/he will explain the game to them before the meeting starts. ✧ Each of them will be given a chit with a character s/he will be representing. ✧ The six members will be asked to keep their role/character a secret. ✧ To start the game, the six persons will be asked to stand in the centre of the group in one line and move forward one step at a time depending on the questions asked. ✧ The facilitator will ask a few questions in a manner that everyone can hear them clearly. ✧ The facilitator will request all the participants to listen to the questions carefully. ✧ For better participation of the characters and to make the game more interactive it is advisable that the characters are rehearsed prior to the meeting. While planning for the game, each character is also given directions on when to stop playing the game. <p>Characters for the play (examples of 6 characters given below, other relevant characters can be included based on the respective project areas)</p>



Character 1:	Landless pregnant woman with two children working as an agriculture worker and residing in 'hard-to-reach' area
Character 2:	Pregnant woman residing near health centre / in regular contact with the health worker
Character 3:	Daughter-in-law of the village leader
Character 4:	Marginal farmer who migrates seasonally
Character 5:	Casual labourer (man) with less than 1 acre of upland
Character 6:	Ecological farmer

Questions to be asked by the facilitator and the responses


Sl. No.	Questions to be asked	Responses to the questions
1	How many of you have got 4 ANC services from the health centre? Please take one step forward	Landless pregnant woman with two children working as an agriculture worker and residing in 'hard-to-reach' area will remain standing, others will take one step (Character 1)
2	How many of your children have completed their full immunization? <i>Please take one step forward</i>	Marginal farmer who migrates seasonally will remain standing, others will take one step (Character 4)
3	How many of you have irrigation facility to grow your own vegetables?	Casual labourer (man) with less than 1 acre of upland will remain and others will take one step (Character 5)
4	How many of you have been counselled on family planning, breastfeeding and nutrition during your antenatal visit? Please take one step forward	Daughter in law of the village leader will take one step (Character 3)
5	How many of you have had the following items in their diet at least twice in the last one week? mix of cereals, pulses, greens, fruits, oil, and meat/ fish, egg	Ecological farmer and daughter in law of the village leader will take one step (Character 3 and 6)

Discussion questions for the community first and then the characters:

- ✧ Who are those that have come to the front? Why are they at the front?
- ✧ Who are the people that were left behind and why?
- ✧ How can we make sure that the voices of marginalized as well as all community members are included in the community processes?
- ✧ Why is this important?
- ✧ How can we make sure that everyone in the community reaches the end line?

Points to note:

- ✧ Discussions will be around nutrition along with natural resource management and agriculture over the entire period.
- ✧ There are different and multiple barriers preventing people in a community from accessing services.
- ✧ Those who get left out are generally at a higher risk of under-nutrition and ill health.
- ✧ It is the collective responsibility of the community to reach out to the excluded people and help them in accessing the services and resources for better health and nutritional outcomes.


Meeting 5	Understanding of the intergenerational malnutrition cycle
Purpose:	To develop an understanding of the intergenerational malnutrition cycle as well as linkages between illness and malnutrition
Facilitation Aid:	<ul style="list-style-type: none"> ✧ Flex for depicting intergenerational malnutrition cycle ✧ Malnutrition cycle picture, chart paper, pen, notebook
Methodology:	<ul style="list-style-type: none"> ✧ Discussion on intergenerational malnutrition cycle ✧ Discussion on how to break the cycle
Process:	<p>Intergenerational malnutrition cycle</p> <ul style="list-style-type: none"> ✧ The facilitator will show the participants a poster depicting the under nutrition cycle.  <ul style="list-style-type: none"> ✧ S/he will ask the participants what they understand from the chart. ✧ Using the observations from the participants the facilitator will explain that – Under nutrition runs in an intergenerational cycle. Young girls who grow poorly become stunted women and are more likely to give birth to low birth weight infants. If those infants are girls, they are likely to continue the cycle by being stunted in adulthood. Adolescent pregnancy heightens the risk of low birth weight. Good nutrition at all these stages —infancy, childhood, adolescence and adulthood—especially for girls and women is essential to break this cycle. ✧ Then the facilitator will show the life cycle approach on a chart paper, and encourage discussion on each phase of the life cycle. Through the life cycle approach the facilitator will make an effort to sensitize the community to address under nutrition and anaemia much before girls reach the reproductive age. ✧ To break the under nutrition cycle it is important to first identify it. Encourage the participants to discuss the various causes of under nutrition in their village. ✧ Ask the participants if they agree that the cycle can be broken. ✧ Facilitator will tell the participants that through games in future meetings, they will identify strategies to try to break this cycle.

Understanding linkage between illness and under nutrition

- ✧ Facilitator will explain the linkages between under nutrition and illness – sick children are more likely to become undernourished and under nourished children are more likely to become sick. Poor nutrition is a contributing factor to under-five mortality and in developing countries under-five mortality is largely a result of infectious diseases and neonatal deaths. If a child is under nourished, the mortality risk associated with respiratory infections, diarrhoea, malaria, measles and other infectious diseases increases.
- ✧ Facilitator will ask the participants to share some real life stories where they have seen the linkages.
- ✧ Facilitator will also make a note of the responses from the participants which will be used in future meetings.

Points to note:	
✧	Malnutrition can be carried on from one generation to the next, if the intergenerational cycle is not broken.
✧	Good nutrition, especially for girls and women at any of these stages infancy, childhood, adolescence and adulthood is essential to break this cycle.
✧	Sick children are more likely to be undernourished and undernourished children are more likely to be sick

Session-2	Mapping of current status of malnutrition (significance of weight and MUAC measurement and uses of growth chart)
Objective	<ul style="list-style-type: none"> ✧ To understand the significance of growth chart/growth & weight monitoring tools for measuring malnutrition ✧ To make an quick assessment of the status of the malnutrition situation, practices and beliefs
Details of conducting the meetings:	
Meeting 1	Understanding the uses of growth chart and MUAC tape for identifying under nutrition
Purpose:	Making the Nutrition Volunteers familiar with the tools of measuring the malnutrition(weight, height, length and MUAC measurement as well as uses of those in growth chart)
Facilitation Aid:	<ul style="list-style-type: none"> ✧ Growth chart ✧ Weighing machine (at health centre) ✧ MUAC tape
Methodology:	<ul style="list-style-type: none"> ✧ Slide presentation ✧ Elaborating the use of growth chart ✧ Explaining about MUAC tape ✧ Use of weighing machine
Process:	<p>Growth chart: Growth Monitoring and Promotion: Growth monitoring, nutritional surveillance and analysis of the nutritional status of children are imperative for assessing the impact of the health and nutrition related services. 'Mother and Child Protection Cards' are maintained for all children below six years. Their growth is charted to detect growth faltering, stagnation and to assess their nutritional status which aids in assessing the utilization of the current strategies and helps in community mobilization to enable better childcare practices at home.</p> <p>Other tools for measuring under nutrition:</p> <ul style="list-style-type: none"> a) Mid Upper Arm Circumference (MUAC) —this screening tool is used for measuring reduction in muscle mass and for identification of SAM (Severe Acute Malnutrition) children at the community level and appropriate referral

	<p>for treatment at the health facility. This tape can be used for children aged 6 months to 59 months. MUAC makes it easy to understand <i>how</i> children are classified and whether they will qualify for treatment.</p> <p>Interpretation of Mid-Upper Arm Circumference:</p> <ul style="list-style-type: none"> ✧ MUAC less than 115mm (11.5cm), RED COLOUR, indicates Severe Acute Malnutrition (SAM). The child should be immediately referred for treatment. ✧ MUAC of between 115mm (11.5cm) and 125mm (12.5cm), Yellow (3-colour Tape) indicates Moderate Acute Malnutrition (MAM). The child should be immediately referred for supplementation. ✧ MUAC over 125mm (12.5cm), GREEN COLOUR, indicates that the child is well nourished.  <p>b) Another measurement which can be used is length (less than two years old) or height (more than two years old). A child who is undernourished for a long time will show slow growth in length or height. This is referred to as <i>stunting</i> or short height for age.</p> <p>After demonstrating and explaining the measurement tools, some participants are to be motivated to demonstrate to ensure learning through practical measures</p>
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Note:

It should be ensured that the Nutrition Volunteers have understood this by asking questions relating to the topics, like:

- ✧ What will you see in a growth chart?
- ✧ How will you know if the child is growing well?
- ✧ What are the other tools to know that a child is undernourished or not?
- ✧ What do you understand by stunting?

The Nutrition Volunteers and workers in the community need to be reminded that it will be better to orient the mothers to understand the importance of these measurements and follow it up with the regular government health and nutritional services

Meeting 2	Mapping of current status of malnutrition through mock role play (weight, height, length and MUAC measurement as well as uses of those in growth chart)
Purpose:	Making the Nutrition Volunteers understand the use and utility of tools for identifying malnutrition (weight, height, length and MUAC measurement as well as uses of those in growth chart) through demonstration and practices making role plays
Facilitation Aid:	<ul style="list-style-type: none"> ✧ Growth chart ✧ Weighing machine ✧ MUAC tape ✧ Questions for exploring local practices
Methodology:	<ul style="list-style-type: none"> ✧ Demonstrating the use of growth chart ✧ Use by the participants for learning ✧ Demonstrating the use of MUAC tape

	<ul style="list-style-type: none"> ❖ Sample weight measurement of children at Anganwadi or health centre ❖ Discussion on local practices
Process:	<ul style="list-style-type: none"> ❖ All growth charts have a weight for age graph printed on one side, separate for boys and girls. This graph can be used for the first five years. ❖ The charts reflect the health status of a growing child. ❖ It is important to see that the curve follows a trend that indicates how the child is growing. ❖ The child should be weighed every month and each time the child is weighed, a dot is marked on the chart. Connecting the dots for each visit forms the growth line for an individual child. ❖ Any change in trend (the child's curve going upward or downward from its normal track) should be investigated to determine its cause and necessary action taken. ❖ A flat line indicates that the child is not growing. This is called stagnation and may need to be investigated. ❖ Good feeding practices - both before the child is six months old and after complementary feeds have been introduced - can help prevent growth faltering in both weight and length. <p>[Using the growth charts the significance of different colours can be discussed, depending on the growth charts available in the local area.]</p>

Points to note:

- The importance of monitoring growth of children every month. Weight for age is a commonly used tool for growth monitoring. Other tools for identifying under-nutrition are MUAC and weight for height.
- Plotting the weight of child on the WHO growth chart; If the dot is in the yellow zone, the child is moderately undernourished; if in the red zone, the child is severely undernourished.
- Both yellow and red zones need investigation and appropriate referral to health facility for advice.
- An upward going graph is normal, but if the line goes flat, or turns downward, it is a risky situation and investigation and corrective action are required.
- Understanding existing practices help in identifying harmful practices related to nutrition, agricultural practices and natural resources management and ways to improve them.

Session-3	Identifying and prioritizing health, nutrition, WASH and natural resource related problems
Objective	Enabling the Nutritional Volunteers develop understanding on Health, Nutrition, Water, Sanitation & Hygiene(HNWASH) as well as identifying the related problems with due priority to address
Details of conducting the meetings:	
Meeting 1	Basic understanding and identifying the problems related to HNWASH & NR
Purpose:	Developing basic understanding on HNWASH and identifying the related problems
Facilitation Aid:	<ul style="list-style-type: none"> ✧ Slides ✧ Informative posters and other IEC materials ✧ Chart papers
Methodology:	<ul style="list-style-type: none"> ✧ Slide presentation ✧ Questions for exploring local practices and intensive discussion on it
Purpose	Developing understanding of local practices and beliefs related to (Health, Nutrition, WASH, agricultural practices & NRM)
Process:	<p>The facilitator will make the participants develop basic understanding on the themes on Health, Nutrition, Water, Sanitation & Hygiene (HNWASH) and how those contribute to the problem of malnutrition.</p> <ul style="list-style-type: none"> ✧ The facilitator once again will refer to the life cycle poster and encourage discussion on each phase of the life cycle. The discussion should focus on addressing the causes of under nutrition during pregnancy and moving through birth, infancy, early childhood, adolescence and lactation. ✧ The facilitator will ask the group about the current practices in women and children during pregnancy and lactation, feeding of infants, introduction of complementary feeding, and feeding during adolescence. ✧ The facilitator will encourage the group to discuss the various causes of under-nutrition in their village. <p>The facilitator can use the questions below as a guide for facilitating the discussion and keeping the group focused on these issues:</p> <p>Questions on Health:</p> <ul style="list-style-type: none"> ✧ What are the common health problems in the local area? It will be nice if age and sex specific questions could be asked (e.g. children, adolescent girls, adolescent boys, pregnant and lactating mothers, adult women etc.) ✧ Where do they go or whom do they consult for getting medicine or counselling? ✧ Where do the pregnant women normally do the deliveries (health centres or home) ✧ Normally who attends to them during delivery? <p>Questions on nutrition:</p> <ul style="list-style-type: none"> ✧ What are the food restrictions during pregnancy and lactation? ✧ What is the first feed given to a newborn? What is done with the first milk (colostrum)? ✧ Is anything given to the baby before initiating breastfeeding? Why? ✧ When is complementary feeding normally introduced to the baby? ✧ What food is given to the baby once complementary feeding starts and how frequently?

Questions on Water:

- ✧ Which source (open well, tube well, boring well, pipe water supply, pond, stream, river) they use for the purpose of drinking, cooking, bathing, washing utensils, bathing animals etc. (collect the information separately for each purpose)
- ✧ How do they store water for drinking water (the storing pot is covered or uncovered)
- ✧ How do they collect water from the storing pot?
- ✧ What is safe water and how we could get it?
- ✧ What are the problems in using unsafe water?

Questions on Sanitation:

- ✧ Where do the people defecate?
- ✧ How many families have latrines and use it?
- ✧ Do they use chappal while going to the latrine? If not why and what problems will they face if not using chappal?
- ✧ Do they clean their hand with soap before and after cleaning the anus?
- ✧ What are the problems in not using latrine and going for open defecation?

Questions on Hygiene:

- ✧ How frequently do they take bath?
- ✧ Do they use soap while taking bath?
- ✧ Which water source they use for bathing?
- ✧ Do they practice cutting nail regularly? Do they ensure that it is done regularly in case of their children?
- ✧ What is their perception on wearing clean clothes? Do they practice it?
- ✧ Do they and the family members (especially children & adolescents) properly wash their hands before taking food?
- ✧ Do they cover the food prepared or left uncovered after preparation?
- ✧ What is the arrangement for liquid (utensil washing & other waste water of kitchen, water of the bathroom & toilets etc.) and solid wastes (vegetable waste, other disposable waste)?

Questions on agricultural practices:

- ✧ What are the main crops normally grown in a year?
- ✧ How often are pesticides used in the agricultural field?
- ✧ Is the village self-sufficient in terms of growing vegetables/cereals/oil seeds?
- ✧ What are the problems in getting these types of food from their agriculture and nutrition garden/ common resources/ market?

Questions on natural resources:

- How much are they dependant on forest for their livelihood needs?
- What are the forest foods they have access to?
- What is the availability the year round?
- What are the common problems faced?

Meeting 2	Group exercise to identify the problems related to HNWASH
Purpose	To enable the participants to identify the problems related to HNWASH
Facilitation Aid	<ul style="list-style-type: none"> ✧ Chart papers ✧ Listing out the problems related to HNWASH
Methodology	✧ Open discussion/group discussion
Process	<ul style="list-style-type: none"> ✧ Ask participants why they think it is important to focus on maternal and new-born health, nutrition and WASH. ✧ Facilitate a discussion about the maternal and new-born health, nutrition and WASH issues in their community. ✧ Encourage participants to share examples about problems women face during pregnancy, delivery, and after the baby are born, as well as examples of problems new-borns face soon after birth. ✧ Ask participants to list problems that mothers and babies face during pregnancy and after birth that need immediate care, especially those that can result in deaths. ✧ Food restriction and lack of dietary diversity. ✧ WASH related issues seen in the community. ✧ Facilitate a discussion on the importance on agricultural practices and Natural Resource Management.

Meeting 3	Rehearsal of the meeting 1 & 2 for the trainees to understand the process
Purpose	To enable the participants to make a thorough understanding on HNWASH & NR to identify the problems related to those clearly as it is
Facilitation Aid	<ul style="list-style-type: none"> ✧ Problems cards ✧ Interaction ✧ 'What is it?' game
Methodology	✧ Exercise by the facilitator
Process	<p>The facilitator will explain that s/he is going to introduce the group to problems using a game called "What is it?"</p> <ul style="list-style-type: none"> ✧ The facilitator will circulate each of the problem picture cards to the participants and ask whether they understand what has been shown in the picture. S/he will ask them to discuss amongst themselves. If they have not understood any of the pictures, s/he will explain what the picture denotes and ask whether they have a local name for it and make a note of it. ✧ S/he will also ask how common the problem in their community is and make a note of it. [The 'What is it?' game will be played for only a few selected problem cards to save time] <p>The facilitator will place a few selected problem picture cards facing down on the ground and ask any group members to pick up a card.</p> <ul style="list-style-type: none"> ✧ The facilitator will pin it to the back of the volunteer who has not seen the particular card or its contents. The facilitator will then ask the remaining participants to carefully look at the card. ✧ The volunteer will try to guess the issue/topic written on the card while taking help from the remaining group members by asking several questions, e.g., is the problem related to child, maternal health? Is it a disease? Is it something that helps prevent a problem? Is it related to food/nutrition? Is it about agriculture? The group members

	<p>will try to enact the issue/ problem (without speaking) that are shown on the card and allow the volunteer to guess.</p> <ul style="list-style-type: none"> ✧ The facilitator should keep one blank card to include any problem that the community thinks has not yet been included. ✧ The above process allows the participants to get actively involved and also helps them to identify the picture cards that can be related to nutrition of mothers and children, both directly and distantly.
	<p>LIST OF PROBLEM CARDS</p> <ul style="list-style-type: none"> • Anaemia • Food restriction during pregnancy • Late introduction of complementary food • Pesticide or chemical fertilizer exposure to pregnant/lactating women • No dietary diversity • Food scarcity • Reduced forest food diversity • Unsafe food • Unsafe food consumption • Unhygienic food handling • Worm infestation • Undernutrition • Unkept nutrition garden • One blank card

Meeting 4	Prioritizing the problems identified earlier related to HNWASH& NR
Purpose	Considering the situation and the gravity the problems listed are to be prioritized
Facilitation Aid	<ul style="list-style-type: none"> ✧ Problem picture cards ✧ Voting cards for ranking/pebbles for voting
Methodology	<ul style="list-style-type: none"> ✧ Ranking the problems to prioritize those ✧ Exercise conducted by the facilitator
Process	<p>Exercise by the Facilitator:</p> <p>The facilitator will explain that they will be playing another game called the 'voting' game:</p> <ul style="list-style-type: none"> ✧ Facilitator will take each problem picture card in turn and remind the participants what the problem is (using the local name for it) and ask them to describe the symptoms. Then s/ he will place the cards on the ground, picture facing upwards, in the middle of the circles so that all can see them clearly. ✧ Once all the problem picture cards have been laid out, the facilitator will explain that, as a group, they are going to choose the problems they think are more important and they would like to try to address. They may want to consider how common the problem is in their community; how serious is it and how feasible is it for them as a group to address?

	<ul style="list-style-type: none"> ✧ The facilitator will give each of the participant six pebbles. ✧ She will ask the participants to place three pebbles against the problem card they consider to be the most important, two on the next most important and one on the third most important problem. Group members should think carefully before they put pebbles against the card, and should not be guided by others in the group in this particular exercise. ✧ Facilitator will ask the group to place the pebbles beside the problem picture cards, so that the picture is clearly visible to others. ✧ After every member has put the pebbles, the facilitator will ask any member to add up the pebbles on each card and write down the number on a paper next to it. ✧ The card with the maximum number of pebbles is the first priority, and so on. The facilitator will inform the group about the order of their prioritized problems. ✧ S/he will choose the first 4-5 prioritized problems depending on what the group wants and take a consensus from the group – if some problems are interrelated then the facilitator may consider taking some more.
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Discussion of the local practices and beliefs on the problems prioritised—the facilitator will discuss with the participants all the prioritised problems on the basis of the example given below. E.g., if the problem is anaemia:

The facilitator will ask:

Symptoms	Causes	Management	Prevention
Facilitator will ask how you will know it is anaemia.	Why do women/children become anaemic?	What do you do when they are anaemic?	What do you do to prevent anaemia

Or if the problem is reduced diversity in the daily diet:

Symptoms	Causes	Management	Prevention
Reduced diversity in the daily diet.	Why do you grow/eat less diverse food?	What do you do when the daily food intake becomes less diverse?	What do you do to improve the food diversity?

- ✧ The facilitator will read out from the backside of the picture cards only the causes and symptoms of the problems. Participants will be informed that these issues will be discussed in greater detail in the forthcoming meetings.
- ✧ The facilitator will make a note of the responses from the participants to be used later when the stories will be written.



Session-4	Finding causes and effect analysis of the problems
Objective	Enabling the Nutritional Volunteers to find out the causes and effects of the problems related to malnutrition and arriving at solutions to deal with them.

Methods of conducting the meetings:	
Meeting 1	Finding immediate and underlying causes for prioritized problems related to HNWASH and NRM through group exercise
Purpose	To enable the participants in finding out the immediate and underlying causes of the prioritized problems
Facilitation Aid	<ul style="list-style-type: none"> ✧ Story developed by facilitators, picture cards (drawn by facilitators themselves) to go with the story ✧ Flow chart
Methodology	<ul style="list-style-type: none"> ✧ Story-telling ✧ Flow chart presentation ✧ Interaction with the participants
Process	<p>Example:</p> <p>Finding Immediate and Underlying Causes for Prioritized Problems Related to malnutrition and Natural Resource Management;</p> <p>The facilitator will use storytelling and picture cards to help group members understand the causes and effects of the problems they have prioritized. The causes will include the immediate and underlying causes along with those that include social, medical, natural resources and agriculture.</p> <p>Stories should have a single theme that is clearly defined (e.g. under-nutrition); the characterization should have a local flavour (learning from the cultural practices from the earlier meetings); pictures should highlight the causes leading to the problem; the plot should have a dramatic ending to have an impact on the listeners.</p> <p>Understanding the cause and effect of the problem:</p> <p>This meeting allows the facilitators to develop a story that weaves through the underlying and structural causes of under-nutrition.</p> <p>The stories are prepared based on the problems prioritised in the previous meeting. Since the facilitators are new to the idea of story-telling, they will need the following to prepare their stories:</p> <ul style="list-style-type: none"> ✧ Context/background – since the facilitators are local they will understand the local cultural practices related to under-nutrition, e.g. not giving colostrum, ORS, not taking advice from community health workers, no food diversity, consumption of toxic food produce, etc. ✧ Symptoms of the condition – these are written on the back of the problem picture cards ✧ What causes the condition – these are written on the back of the problem picture cards (possible, immediate and underlying) ✧ How the condition affects the family – either undernourished mother/child or death of either. This is to generate concern in the participants and to encourage them to attend future meetings where the solution to the problem will be discussed. <p>Using the above, the facilitator will develop a story where the protagonist is a person from the village and goes on to tell her/his story using the background, symptoms, causes and effects. The story will reflect real life settings. The underlying and socioeconomic causes of the problems should be woven into the story in such a way that the listeners internalize the causes leading to the problem. The facilitator will use local terminologies and dialect to draw attention to the story.</p> <p>While preparing the stories, the facilitator will also make hand drawn pictures of the <i>immediate</i> and <i>underlying</i> causes and while narrating the stories lay down these</p>

pictures on the ground as the story is told.

Example: A story focusing on childhood malnutrition

Menjari, a 14 year old girl lives in village next to a forest where the villagers grew diverse crops (cereals, pulses, other legumes, oil seeds, roots & tubers, spices and vegetables). As a child, she loved to go to the forest to collect fruits, mushrooms, green leafy vegetables, and roots etc. and other forest produces that she could identify learning from her parents.

Menjari's parents finalized her marriage at the age of 15. She was married into a family that was poor and the main source of income was daily wage labour. They grew food on a part of their land and left the rest fallow. When Menjari asked her husband why they did not use all their land for cultivation, he said, "We do not have enough seeds for the entire land and the land has become highly unproductive." He further added that it might be due to prolonged use of chemical inputs.

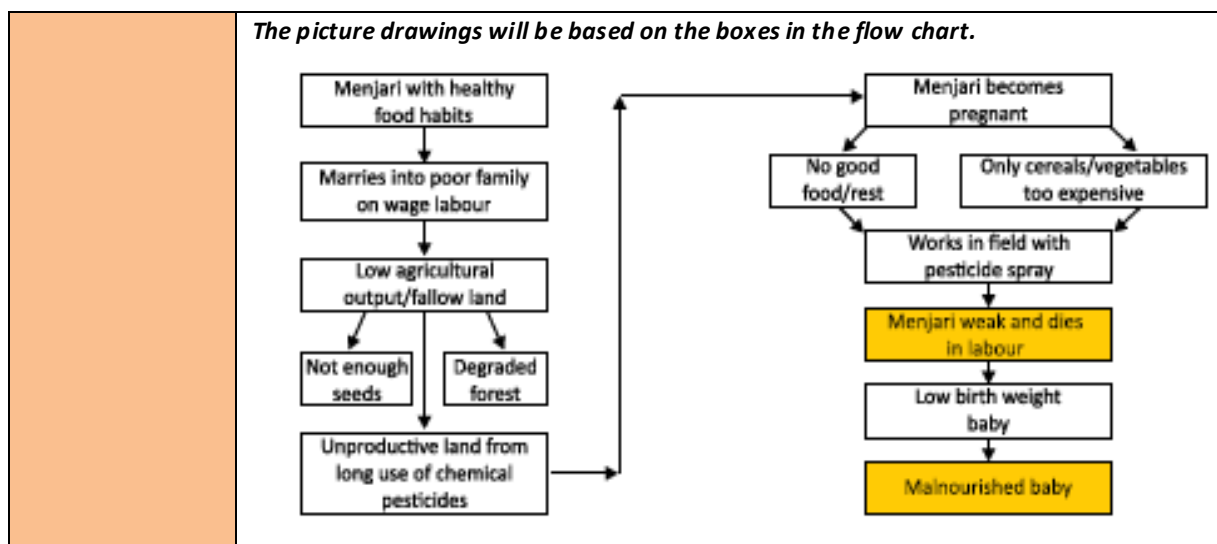
After a few months, when she became pregnant, she requested her husband to get her vegetables and animal protein because she had seen her sister-in-law taking a variety of food during her pregnancy. Her husband responded helplessly, saying, "Things are different in your village, where you have optimized your land to grow a variety of cereals, lentils, fruits and vegetable and even kept domestic animals to provide for your nutritional requirements. Our situation is different because we grow only rice/wheat/corn with the seeds procured from the market. We don't have garden for vegetables. We cannot afford to buy green vegetables from the market as they are very expensive. So you need to adjust to our situation. I know it will affect our child, but I am afraid I cannot do much."

Menjari used to go for daily labour during her pregnancy. She was working in the field, where pesticide is sprayed. One day Anganwadi worker met Menjari, when she was returning from field. Anganwadi worker checked Menjari's eye lid, nail and lip and told about her anaemia and asked her to attend Mamata Diwas and having her health check-up done. Menjari replied, her mother in law is not allowing her to go to Mamata Diwas. Anganwadi worker advised her, she should attend Mamata Diwas regularly and have balanced diet and sufficient rest during her pregnancy. Otherwise her children might be severely affected. Menjari nodded her head and returned home.

Menjari compromised with the situation and could not take adequate food and the required rest. Then she became very weak as the days progressed. At the ninth month, she delivered a low birth weight baby. Menjari was too weak to even look after her child and within a few months she died. Her child could not breast fed and became malnourished. One day the child also died.

After narrating the story, the facilitator will ask any group member to repeat the story using the picture cards to remind them of the main causes leading to under-nutrition.

- Flow chart to understand the causes leading to death of mother and malnourished child.
- Flow chart to understand the causes leading to death of mother and malnourished child.



Meeting 2	Solutions finding process for the problems related to HNWASH and NRM through group exercise
Purpose	Guiding the participants to arrive at possible solutions to the problems
Facilitation Aid	✧ 'But why game'
Methodology	✧ Introducing 'But why game'
Process	<p>The facilitator will explain that they will be playing a game called 'But why?' to find the causes of the problem.</p> <ul style="list-style-type: none"> ✧ S/he will encourage all participants to take part in this exercise. ✧ The picture cards should remain on the ground after the story telling session. ✧ The facilitator will ask the group to discuss why the child had under-nutrition and so on until all the causes to the problem have been covered.

The "But why?" game...

What happened at the end of the story?

The child died.

But why was the child admitted in the hospital?

Because the child had become undernourished and could not get breastfed

But why did the child become under nourished?

Because the child could not be looked after by the mother and was born as a low birth weight body.

But why was the child not looked after by the mother?

Because the mother had died

But why did the mother die?

Because the mother was weak and anaemic

But why was the mother weak?

Because the mother did not get proper food and rest, not enough vegetables, lentils and animal protein to eat during pregnancy and lactation.

But why did the mother not get proper food and rest during pregnancy and lactation?

Because she had to work hard and the family could not afford to buy proper food, nor did they grow any vegetables or fruits or reared any domestic animals.

But why could the family not afford this food?

Because they worked as wage labourers and did not grow their own crops, vegetables or fruits, nor reared domestic animals.

But why did they work as wage labourers and not grow their own vegetable garden?

Because they did not have their own seeds of various crops and a part of them became unproductive due to prolonged use of synthetic chemical inputs; they could not collect any forest produce because the forest was now degraded.

What were the other reasons for the child's low birth weight?

Because Menjari continued to work without proper food and the family could not provide her with nutritious food, as they could not afford to buy it from the market nor could they grow it. Since a part of their land became unproductive due to prolonged use of synthetic chemical inputs.

The facilitator will summarize the causes at the end of the 'But why?' game by recalling all the causes that led to the problem of under-nutrition.

To arrive at the solutions the facilitator will ask 'what could have been done' to prevent the problem from happening and note down all the solutions for using them later on.

Points to note:

- *Nutrition, Agriculture and Natural Resource Management are interlinked in many ways.*
- *The problem of malnutrition has different immediate and underlying causes that need to be addressed.*
- *Understanding these causes is important to find feasible community based solutions.*
- *The community can draw from their own resources as well as from external resources and Government programmes to find solutions to these problems*

SUMMARIZATION AND EVALUATION OF THE TRAINING PROGRAMME

During the ending session, the facilitator will sum up the subjects covered in phase-I in order to help the participants in recapitulating the learning and make a short road map to phase-II training which will be helpful to set the sequence. It will be followed by the evaluation by the participants using the following tool kit.

EVALUATION FORMAT

Q.1: What did you learn from this training programme (Minimum 3 maximum 5)

- a)
- b)
- c)
- d)
- e)

Q.2: Name the meetings you found interesting (Minimum 1 maximum 3)

- a)
- b)
- c)

Q.3: Name the meetings you found not interesting (Minimum 1 maximum 3)

- a)
- b)
- c)

Q.4: Score the followings by ticking tick (✓) mark

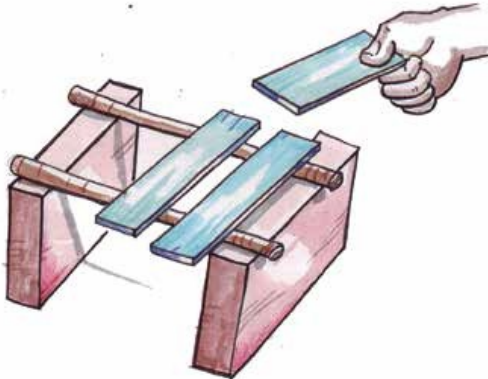
Components	Very good	Good	Average	Poor
Themes/Subjects of trainings				
Method of training				
Skills of facilitators				

PHASE 2	

Before starting of this phase of training the facilitator should do the following;

- ✧ Set the training norms as done in the beginning of Phase-I
- ✧ Discuss and recapitulate the learning made in Phase-I focusing on experience gathered while practicing and doubt clarification
- ✧ Providing overview of the Phase-II

Session-5	Choosing feasible strategies and taking over responsibilities
Objective	Facilitating the Nutrition Volunteers in identifying and choosing feasible strategies
Details of conducting the meetings:	
Meeting 1	Analysis of the causes & problems and identifying strategies
Purpose	Making in-depth analysis of the causes of certain important problems and finding appropriate strategies
Facilitation Aid	<ul style="list-style-type: none"> ✧ Story developed by facilitators, picture cards (drawn by facilitators themselves) to go with the story ✧ Flow chart ✧ Bricks ✧ Wooden planks ✧ Strips of white paper
Methodology	<ul style="list-style-type: none"> ✧ Story-telling ✧ Flow chart presentation ✧ Interaction with the participants ✧ Bridge game ✧ Open discussion
Process	<p>The facilitator will explain that the group will play '<i>the bridge game</i>'. This is a practical and visual exercise to help participants understand the process between the present situation "they are now in", with regard to health and nutritional problems of women and children, and "where they will like to be".</p> <ul style="list-style-type: none"> ✧ The facilitator will ask participants to imagine they are standing on one bank of the river. This represents their current situation regarding health of women and children in their community. S/he will place one brick on the ground.

	<ul style="list-style-type: none"> ✧ S/he will place another brick a little apart, which represents the other bank of the river and the situation the community would like to be in regarding health of women and children. ✧ The river is the barrier that is preventing them from reaching where they want to be. ✧ To overcome the barriers they need to build a bridge that represents the strategies that will need to be implemented. ✧ The facilitator will place two long sticks across the bricks. These represent the strengths of the groups and they provide the supportive base to implement strategies. ✧ She will place shorter planks crossing these two. Each of these sticks represents a strategy.  <p>Once the facilitator has built the bridge and described what each stick represents, s/he will start from the beginning and have a discussion about each aspect, reminding the group about discussions from previous meetings:</p> <ol style="list-style-type: none"> 1. The first brick = where are we now? (e.g. under-nutrition in children and women) 2. The second brick = where do we want to be? (e.g. healthy family) 3. The river = the barriers we face (e.g. consumption of toxic food products, no food diversity, shortage of water resource, cultural barriers to starting of semi-solid food, etc.) 4. The two long sticks = the strengths we have as a group (e.g. active savings group, helpful village leader, sincere community health workers, unity among group members, etc) 5. The shorter planks = the strategies the group will come up with. The group needs to decide what these will be now. <p><i>To identify strategies the facilitator will ask 'but how?', e.g. but how can you ensure that the child is given diverse food? But how can you ensure that we give non-toxic food to the child? But how can you ensure that the child is fed properly during illness? But how can you make the land more productive? But how can you grow vegetables in your garden? etc</i></p> <ul style="list-style-type: none"> ✧ The facilitator should keep prompting for as many suggestions as possible. ✧ For each strategy, s/he will discuss the barriers the participants face and the strengths they have as a group and discuss whether it is a feasible strategy. ✧ Once the group has decided they want to implement a strategy and that it is feasible for them, the facilitator will place a short plank on the bridge. ✧ Similarly all the strategies are taken up and the bridge is completed. ✧ As the strategies are being finalised they are put under four broad headings:- <ol style="list-style-type: none"> (a) Nutrition, (b) Agriculture, (c) Natural resources and (d) WASH Behaviour
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Village Prioritised Problem: Prioritized Strategy Agriculture Natural Resources Behaviour

Village	Prioritized problem	Prioritized strategy			
		Nutrition	Agriculture	Natural Resources	WASH Behaviour

The facilitator will summarize all the discussions with the help of the participants. S/he will tell the participants that now they know the problems, the causes and the solutions to them and have decided on the strategies that they will be implementing together for preventing the prioritized problems.

Meeting 2	Strategy implementation process and Taking over responsibility
Purpose	Making the participants to develop strategies for implementation and allocating the responsibilities
Facilitation Aid	✧ Intensive discussion
Methodology	✧ Participatory open discussion
Process	<p>The facilitator will take up each strategy to be implemented and ask how the group plans to implement them.</p> <ul style="list-style-type: none"> ✧ For each strategy, the following details should be discussed: ✧ When do they want to start the implementation? ✧ What actions / activities are necessary? ✧ Who will take responsibility for its implementation? ✧ Do they want / need to involve non-group members? How feasible is this? Who will take responsibility for interacting with them? ✧ What should they do if they experience any problems while implementing the strategies? ✧ A role should be assigned to each person; the group should discuss how they will proceed to ensure that they have enough support and guidance from other members or non-members. <p>The facilitator will keep a record using a table like the one given below and also ensure that one other group member maintains this record as well.</p>

Village	Problem	Strategies to be implemented	Person(s) responsible	Progress of implementation	Remarks

The facilitator will summarize all the discussions with the help of the participants. S/he will remind them about all the responsibilities they have taken over to be able to implement the strategies properly.

Meeting 3	Discussion on possible strategies for preventing malnutrition among women & adolescent girls
Purpose	Identifying strategies that are arising and choosing feasible ones to prevent malnutrition among women & adolescent girls
Facilitation Aid	<ul style="list-style-type: none"> ✧ Picture cards ✧ Feeding bottle ✧ Soap, ✧ packet of pesticide ✧ vegetable basket ✧ Bed net.
Methodology	✧ “Choosing the appropriate circle” game
Process	Familiarizing members with the picture cards (prepared by the facilitators themselves) and materials.

List of cards to be used in the game	
1.	Early marriage – a young girl getting married (card)
2.	Girl having IFA tablets in her school (card)
3.	Adolescent girl working with her mother in the field (card)
4.	Food restrictions during pregnancy – a pregnant mother having only rice (card)
5.	Pregnant women exposed to pesticides – pregnant women working in field with men spraying (card)
6.	No food diversity – a family having very little food diversity on their plate (card)
7.	Seasonal fruits and vegetables basket – Including seasonal fruits and vegetables in
8.	baby’s, pregnant and lactating women’s diet (material)
9.	Food during illness – (card)
10.	Soap – mother using soap regularly for washing her hands (material)
11.	Eating once a day during postpartum and lactation (card)
12.	Unsafe food handling (card)
13.	Bed net – having the family sleep under bed nets (material)
14.	Mother having milk products, fish/ poultry product (card)
15.	Homestead garden (card)
16.	Pesticide packet (material)
17.	Intra-family food discrimination (card)

LIST OF CARDS TO BE USED IN THE GAME



The facilitator will take all the picture cards and pass them around the circle so that all get a good look at each card.

- ✧ The facilitator will then place the cards on the floor, and encourage participants to discuss each one, by asking them to select the card they will like to discuss first.
- ✧ For each of the card, s/he will ask participants to describe what they see in the picture and will help them understand what the card shows.
- ✧ After a detailed discussion on each of the cards the facilitator will show some of the materials to be used for the game such as food plate, soap, bowl and spoon, etc.
- ✧ The above process allows participants to get actively involved and helps them to identify the picture cards and the materials.

Playing the Game:

- ✧ The facilitator will draw two circles on the floor/ground large enough for some participants to stand in. S/he will put the picture of the undernourished woman and of a well-nourished woman next to each circle.
- ✧ The facilitator will distribute all the cards and the materials among those volunteering for this game. S/he will refer to someone holding the picture/material and ask to which circle they should go. The rest of the group members can decide to which circle that particular person belongs to and the

person holding the picture/ material will go that circle. Example: pointing to the person holding soap, the facilitator will ask, where the family will be if his/her mother uses soap before feeding. This process will be repeated till all the picture cards/materials are covered.

- ✧ The facilitator will discuss with the people in each circle why they think that is the appropriate circle for that particular picture/material.
- ✧ The facilitator will encourage participants to come up with possible strategies for bringing those standing in the undernourished circle towards the well-nourished circle.
- ✧ The facilitator will keep a note of all the responses and encourage participants to follow these simple steps for preventing under-nutrition in mothers, adolescents and children.

Identifying the possible strategies for implementation and reviewing implemented strategies:

- ✧ The facilitator should encourage all participants to take part in this exercise.
- ✧ S/he will ask the group to discuss possible strategies that they will like to implement for reducing under-nutrition.
- ✧ The group members should think of various possibilities and discuss them openly. The facilitator should keep prompting for as many suggestions as possible
- ✧ For each strategy, the group should discuss the barriers they face and the strengths they have as a group and whether it is a feasible strategy.
- ✧ Once the group has decided they want to implement a strategy and they think it is feasible for them to do so, the strategies are finalized and written on the strategies progress note.
- ✧ At the end of the discussion, the facilitator will keep a record of the progress of strategy implementation and encourage the group to keep on implementing the strategies.

Points to note:

Early marriage leading to early childbearing can be risky for the mother and the child, and the risk of a low birth weight baby increases considerably.

- ✧ Many customs and superstitions prevent the consumption of nutritious food during pregnancy and lactation, especially vegetables and animal products resulting in under-nutrition in mothers and babies.
- ✧ There are special food needs during adolescence; since they grow fast in this age, they require higher quantities of iron and calcium rich food, along with other food. A well balanced diet is very important in this age group too.
- ✧ Prevention of illnesses leads to good health. Use of bed-nets, washing hand with soap, drinking boiled water, maintaining cleanliness around the house, having a good ventilation and sun light inside the house is some ways of preventing illnesses.

Meeting 4	Discussion on possible strategies for preventing childhood malnutrition
Purpose	Identifying strategies arising and choosing feasible ones to prevent childhood malnutrition
Facilitation Aid	<ul style="list-style-type: none"> ✧ Ribbons in four colours (yellow, blue, green, red), dummy of baby, ✧ Story and picture cards
Methodology	✧ Introducing 'Chain' game
Process	The facilitator will use the following story with picture cards to help members understand the causes of childhood under-nutrition. The facilitator will ask one of the members to repeat the story using the picture cards. The picture cards should remain on the ground.

Example: A Story Focusing on Under-nutrition

Bamai married early into a poor family and soon after became pregnant. During her pregnancy she did not take care of her food intake for which she became anaemic and weak. She did not receive iron tablets from the Health Centre as the only time she had visited the Centre for the tablets, the worker said they were out of stock. She gave birth to a low birth weight baby. She was herself under nourished and since her mother-in-law gave her one meal a day, therefore she had insufficient breast milk to feed the baby. Her mother-in-law advised her to give goat's milk for two days and not to give the thick yellow first milk, and later on asked her to bottle-feed. When Bamai took her child for immunization, she was told to come another day because the worker had to attend a meeting. She did not go to the Health Centre after that. When the child was about 10 months old he had fever with rashes all over the body and he was not given adequate feed during the illness. The child however recovered with medicines, but his conditions became worse; he became very weak and his legs and hands became thin and he had a withered look with skin hanging loose. The child had grown up to be a small and undernourished one.

The facilitator will explain that they will play '*the chain game*' to help participants identify solutions for preventing childhood under-nutrition. This is a practical and visual exercise to help them understand and analyse the causes of under-nutrition and thereby look for ways they already know for preventing it.

- ✧ All causes listed can be put under four main headings:
- ✧ **Nutrition (green colour)** – having to do with nutrition and food
- ✧ **Cultural Practices (yellow colour)** – having to do with people's attitudes, behaviour, customs, beliefs, etc.
- ✧ **Illness (red colour)** – caused by virus, bacteria, parasite, etc
- ✧ **Entitlements (blue)** – where they were deprived of their entitlements
- ✧ The facilitator will use paper bands or ribbons of four different colours to represent the four major categories. S/he will explain what each of the colours represents to the members.
- ✧ The facilitator will remind the group about the causes mentioned by them and tell them that all can be listed under the above four categories
 - The facilitator will use a dummy/cut out of a child for this game and put it up against the wall/tree at a high level.
 - The facilitator will randomly distribute the coloured ribbons/bands among members. Each time the facilitator mentions a cause, the members will reflect under which category it will fall and the one having the correct coloured ribbon will consult the other members before tying the ribbon on the dummy's leg. For each subsequent cause a new ribbon is tied to the existing one in the form of a chain.
 - The chain/shackle gradually increases in length to show how the child can be burdened with all the causes leading to the problem of under-nutrition.
 - The members are allowed to interact and discuss amongst themselves.
- ✧ Sometimes the causes can be categorized under more than one heading and this allows for a discussion amongst the group which then has to be resolved or directed by the facilitator.

Identifying Possible Strategies

To break the chain/shackle the facilitator will now ask "what can be done" to break/remove this chain. The facilitator will encourage members to think of the strategies discussed in the previous meetings for dealing with the problem of under-nutrition. The group members will think of various possibilities and discuss them openly. As they decide upon the strategies, they keep on opening the ribbon (chain) one by one. The facilitator will keep a note of all the strategies.

Point to note

Under-nutrition in a child could result from a combination of different factors, like wrong feeding practices, cultural practices, poor illness management or lack of access to available government services and entitlements. To break this chain of factors, appropriate action is needed at individual, household and community level.

Session-6	Importance of one thousand days care
Objective	Nutrition Volunteers will be able to know and realize the importance of one thousand days care of the new-born child
Details of conducting the meetings:	
Meeting 1	Understanding the importance of one thousand day care
Purpose	Making the participants understand the importance of one thousand day care
Facilitation Aid	✧ Slide presentation
Methodology	✧ Slide presentation and explanation ✧ Interactive discussion
Process	The facilitator will make the presentation of the following and interact with the participants to ensure they have understood it.

Slide presentations:

For 270 days (Mother's pregnancy period)

- ✧ Early registration of pregnancy (within 3 months of pregnancy)
- ✧ Four Ante Natal Care checkups
- ✧ Minimum 2 hours rest in day time during pregnancy
- ✧ No hard labour during pregnancy
- ✧ Regular intake of IFA tablet
- ✧ Regular uses of mosquito net during pregnancy
- ✧ Having balanced diet

For remaining 730 days (child birth to 2 years of age)

- ✧ Early initiation of breast feeding (within half an hour of birth)
- ✧ Exclusive breast feeding till 6 months of child
- ✧ Initiation of complementary feeding after 6 months
- ✧ Food diversity for child
- ✧ Regular growth monitoring by attending Mamata Diwas


Facilitator will encourage participants to share the learning of the meeting with other pregnant mothers, lactating mothers, mothers of children and adolescent girls.

Points to note:

- One thousand days is very important for child's health and nutrition. It starts from conception period to 2 years age of child.
- Sufficient and diverse food and appropriate care should be ensured for pregnant mothers and child up to 2 years of age of the child.

Session-7	Locally available food and balanced diet
Objective	Developing understanding among the Nutritional Volunteers on importance of good food & balanced diet through mapping locally available food groups, preparing seasonal food and demonstrating of recipe of locally available food.
Details of conducting the meetings:	
Meeting 1	Mapping of locally available food for improving diet through food grouping game [Prior to conducting this meeting the participants are to be <i>requested to bring any locally available raw food items from their houses which could be referred to make them understand about a balanced diet</i>]
Purpose	Making the Nutritional Volunteers understand about the importance of balanced diet in arresting malnutrition and the locally available food baskets season wise
Facilitation Aid	✧ Participants to bring locally available food and place in appropriate food groups. ✧ Participatory preparation of seasonal food calendar.
Methodology	✧ Demonstration & mapping of locally available food. ✧ Interactive discussion.
Process	✧ The facilitator will ask the group members to put the food items collected on the floor/ mat and ask about other food items that are available in the village but for some reason could not be collected for the meeting e.g. seasonal fruits and vegetables. S/he will write the responses in a chart and place it near the food items. ✧ Using the chart with the food groups s/he will emphasize the importance of getting adequate portions from all locally available food groups. The main food is placed in the centre, with the three groups of HELPER FOODS – energy food, body-building food and protective food around it. ✧ S/he will encourage discussion on each of the food groups using examples of the different varieties of food items to help the members understand which types of food belong to which nutrient category. The facilitator will discuss with the group that food contains nutrients – substances which the body uses for growing and functioning. Food gives us energy to move, think and work. Food also contains important substances which keep our body strong and healthy, help to boost our immune system and protect us from infections. ✧ To help the members understand the different food groups the facilitator will use a chart with the food groups and discuss their basic function and what they comprise.
	<p>The Food and Agriculture Organization (FAO) suggests three groups:</p> <ul style="list-style-type: none"> ✧ Body-building food (rich in proteins), like pulses, milk, egg, fish, meat, insects etc. ✧ Protective food (rich in vitamins and minerals), like fruits and vegetables. ✧ Energy food (carbohydrates and fats), like cereals, sugar, oil etc. <p>✧ The facilitator will draw three squares on the ground/floor to represent the three food groups and keep the three pictures/cut outs on each of the square. S/he will ask the members to pick one food item at a time and put them under the appropriate category.</p> <p>✧ S/he will ask the rest of the group to say whether they are correct. This process is continued till all the available items brought by the members have been completed.</p>



	<p>✧ The facilitator will then ask members to think about other food items that have not been brought/ and /or available in other seasons and write them on blank chits and ask them to put them under the appropriate food group.</p> <div data-bbox="432 309 1390 483">  </div> <p>✧ After all the food items and chits are put under the appropriate category, the facilitator will encourage members to include each of the food group in their daily dietary intake for enriching their food during pregnancy and lactation, and include all items in the child's daily diet.</p> <p>✧ The facilitator will ask the participants to prepare a balanced diet plate by taking foods that are available in the meeting place. All the participants will practice the same by turn. It will help participants to internalize how a balance diet meal will be prepared.</p> <p>✧ The facilitator will specifically talk about the need to add oil in each meal to increase the density of complementary food for children aged 6-59 months. S/he will emphasize that dietary diversity is important, especially the intake of iron, calcium and folic acid rich food. Therefore, the family food should be enriched with a variety of colourful food such as orange/red vegetables and fruits, green leafy vegetables, eggs, beans, lentils or peanuts in adequate amounts. Children should also be fed animal foods (meat, liver, chicken, and fish) and milk whenever available, as these will make the child grow healthy and strong.</p> <p>✧ During the discussion on food groups the facilitator will also encourage interactions on myths and food restrictions during pregnancy, lactation, start of complementary food for children and feeding of children and try to dispel these beliefs.</p> <p>✧ The facilitator will stress the point that there is availability of all food groups at the village level and most of them can be either grown locally or collected round the year for a balanced diet. Some food may also be purchased from the market.</p>
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Points to note:

The main food supplies cover most of our body's needs, but with them we also need:

- ✧ GO FOODS (energy helpers) that help the body to run, work and play;
- ✧ GROW FOODS (proteins and body-building helpers) that help the body, muscles and nerves to grow;
- ✧ GLOW FOODS (vitamins and minerals or protective helpers) that help hair, eyes and skin shine or glow.

Meeting 2	Preparing 'Seasonal Food Calendar'
Purpose	Facilitating the participants to prepare the locally available food calendar
Facilitation Aid	<ul style="list-style-type: none"> ✧ Chart paper ✧ Pen
Methodology	✧ Group exercise
Process	The facilitator will facilitate to prepare Seasonal Food Calendar through group exercise using a matrix to map the different uncultivated foods that can be collected throughout the year. S/he may facilitate the group to prepare a seasonality chart as shown below. It may be done as a focussed group discussion.

Name of the food items and number of varieties	Summer Season	Rainy Season	Winter Season	Name of food that is disappearing/vanishing
	Name of the food and source*	Name of the food and source*	Name of the food and source*	
Cereals				
Pulses				
Other legumes				
Green Vegetables				
Leafy Vegetables				
Spices				
Oil				
Fruits				
Animal protein				
Others (Mushroom, bamboo shoots and seeds etc.)				
* Options: (i) agricultural fields and / or home gardens, (ii) village commons including water bodies, (iii) forest, and (iv) market, including the fair price shops				

Following this classification, the group members need to be invited to share their knowledge, experiences and concerns about the uncultivated food that were available and collected and are now disappearing and if they have thought of ways of protecting/conserving or regenerating them. The facilitator will enquire about the preservation practices that help to retain its nutritive values (e.g. drying fish, mushrooms, etc).

Points to note:

- ✧ Our body needs different varieties of food to grow and to keep us healthy and strong.
- ✧ Wide varieties of food are available locally - some are grown or collected or even bought from the market. We need to include the different varieties of food in our daily diet.
- ✧ Family food should have a range of colours by including fruits and vegetables that are orange, red, yellow, green etc. in adequate quantities
- ✧ Children should also be fed animal food (meat, liver, chicken and fish) and milk whenever available.
- ✧ Women need nutritious food in higher amounts during pregnancy and lactation. Apart from cereals and pulses, women's food should also include food rich in iron and folic acid (e.g., green leafy vegetables, amla) and calcium (e.g., milk, egg, fish, meat).
- ✧ Locally available uncultivated food is an important and critical source of food and nutrition and it can be preserved; the younger generation could be motivated to learn to regenerate, protect and conserve it.

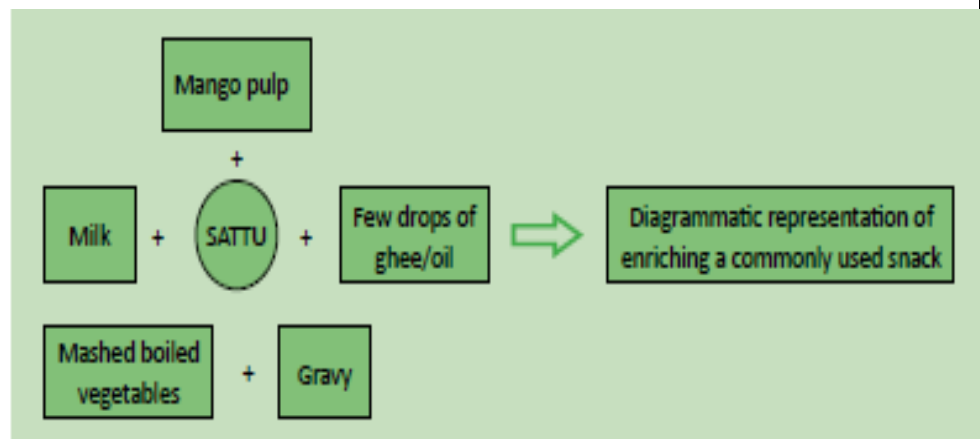
Meeting 1	Recipe demonstration on locally available food and food preservation methods
Purpose	To understand good cooking practices through demonstration of local recipes and discuss about food preservation methods
Facilitation Aid	✧ List of some local recipes and ingredients
Methodology	✧ Demonstration of recipes
Process	<ul style="list-style-type: none"> ✧ While relating to the previous meeting, the facilitator will ask the mothers if they have continued to give their young children semi solid food and will tell them that in this meeting they will discuss the different types of recipes/food that the child can be given. ✧ S/he will then discuss some recipes that are prepared in the community like rice pudding, rice porridge, pancakes, commonly used snacks, etc. At first s/he will ask members how these recipes are usually prepared and then discuss how they can be enriched or made more nutritious. S/he will remind members about the food groups discussed in the earlier meeting and encourage them to refer to the list/mapping of the locally available food. Babies can be given steamed rice cakes or

pancakes to which different vegetables, powdered maize, ground nuts, or seeds of sesame, melon, pumpkin, jackfruit etc. can be added, while making the dough or along with the rice while being ground.

- ✧ Feeding yellow-flesh fruit and vegetables and dark-green leafy vegetables should be encouraged.
- ✧ Any new food should be introduced one at a time. If the child is allergic to a specific food, the facilitator will give advice on the use of an alternative that contains similar nutrients.

The facilitator will ask members to play an enriching food game for which s/he will:

- ✧ Keep “Mixed sattu (roasted gram flour)” (provided by the Anganwadi Workers/Health Workers for babies) in a bowl wherever applicable
- ✧ Remind members about the list of locally available foods which they had identified/mapped in the earlier meeting
- ✧ Ask members to use the food materials and chits for enriching the recipe (adding sugar, oil or juice of seasonal fruits). E.g.:

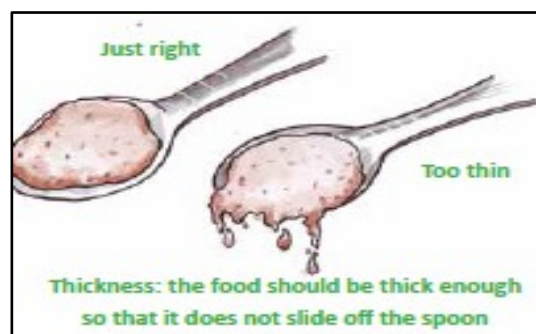


Discuss again the frequency/quantity/quality of feeding for different age groups using picture card number 62 [6 to 9 months: at least 2-3 times a day; 9 to 12 months: at least 3-5 times a day; 12 months to 5 years: at least 3-5 times a day]

Food Preservation Methods:

The facilitator will first find out about the methods that are locally used for preserving food and then discuss additional methods.

1. Drying is one of the oldest techniques that use the power of the sun. Vegetables and fruit can be naturally dried by the sun and wind. The fire in the kitchen can provide heat to dry the various fruits, vegetables, green leafy vegetables and herbs and even meat cut into thin strips. Salt can be added to prolong their life.



2. Refrigeration preserves food by slowing down the growth and reproduction of microorganisms.
3. Salting (curing) - to preserve meat
4. Sugar as a preservative – fruits, ginger, citrus fruits can be heated with sugar.

	5. Smoking – for meat/fish, fruits, spices, mushrooms, etc. 6. Pickling – usually in salt, vinegar, alcohol, vegetable oil. 7. Jugging (stewing) – meat or fish cut into small pieces in a tightly covered earthenware with salt water and stewed. After the discussion, the facilitator will encourage participants to use the above methods if they have not yet done so.
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Points to note:

- ✧ A good complementary meal needs to have: rice or another cereal, green leafy vegetables, pulses and a red or yellow piece of fruit. Whenever possible, an animal source of food (preferably once a day) should be given.
- ✧ If the diet is mainly cereal-based, the mother should make the cereal thick, not diluted, and add some fat (for example, oil) to increase energy density.
- ✧ Breastfeeding should be continued along with complementary feeding at least till 2 years of age.
- ✧ Hands should always be washed with soap before cooking and before feeding the baby. This prevents infections like diarrhoea.

Session-8	Newborn care and exclusive breast feeding
Objective	To help the participants understand the major components of essentials of new-born care and importance of exclusive breast feeding
Details of conducting the meetings:	
Meeting 1	Understanding the importance of new born care and exclusive breast feeding
Purpose	Making the Nutrition Volunteers understand the importance of new born care and exclusive breast feeding with demonstration
Facilitation Aid	<ul style="list-style-type: none"> ✧ Chart paper ✧ Dummy of a baby ✧ Picture cards ✧ Delivery kit ✧ Pen ✧ Register
Methodology	<ul style="list-style-type: none"> ✧ Discussion ✧ Demonstration ✧ Question answer
Process	<p>In this meeting the facilitator will use demonstration and picture cards as methods to help group members understand the components of handling of a new-born baby at birth to help the members understand the seven major components of essential new-born care:</p> <p>Step 1</p> <p>Dry and stimulate the baby (Thermal protection):</p> <p>Facilitator will explain that the new-borns lose heat rapidly after birth which may lead to hypothermia and the risk of death. Therefore mothers as well as the family must be prepared to keep the new-born warm at birth. The facilitator demonstrates the process</p>

	<p>of wiping and wrapping using the dummy and clean cotton clothes .</p> <p>[Process of drying:</p> <p>Dry the baby's body and head well and discard the wet cloth and then wrap the baby in a clean, dry cloth (preferably warm), covering the head]</p> <p>Step-2</p> <p>Assess the baby's breathing and colour:</p> <p>Facilitator will tell the members that as the baby is dried, check to see if the baby is breathing, having trouble breathing, or not breathing. Look at the baby's colour. The face and chest should be pink, not grey or blue. A baby's pink skin colour is a good sign of adequate breathing and circulation.</p> <p>Step-3</p> <p>Decide if the baby needs resuscitation (New-born Resuscitation):</p> <p>If the baby is not breathing, is breathing less than 30 breaths per minute, or is gasping, it needs resuscitation.</p> <p>The facilitator will demonstrate the process of stimulation and inducing respiration.</p> <p>Step-4</p> <p>Prevention of infection:</p> <p>For protecting the new-born from infection at birth and in the early months of life, the facilitator will encourage discussion on the 5 Cleans' [Clean hands, clean perineum, clean surface, clean cord cutting and clamping, clean cord or applying nothing to the cord]</p> <p>Step-5</p> <p>Place the baby in skin-to-skin contact with the mother (Kangaroo Mother Care):</p> <p>The facilitator will explain that the warmth of the mother passes easily to the baby and helps stabilize the baby's temperature and that the mother should keep the baby on her chest to provide warmth. The facilitator will use a dummy for demonstrating the process of putting the baby in skin to skin contact and also discuss about its benefits. It is important to delay or defer the first bath beyond 24 hours because a bath can cool him dangerously. Skin-to-skin care of the new-born after birth is recommended as the mainstay of new-born thermoregulation and care. <i>"World Health Organization guidelines for new-born care specify that vernix should not be removed from the skin of new-born infants and bathing should be delayed for at least 2-3 days after birth."</i> "Bathing of the new-born baby soon after birth causes a drop in temperature and is not necessary. If cultural tradition demands bathing, this should not be carried out before 24 hours after birth and preferably the second or third day of life.</p> <p>Step-6</p> <p>Have the mother start breastfeeding:</p> <p>The facilitator will encourage the members to help the mother begin breastfeeding within 30 minutes of birth. The facilitator will discuss about the benefits of early initiation and exclusive breast feeding. Facilitator will use picture cards to help the members learn about proper positioning, good attachment and effective suckling by baby on breast.</p>
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	<p>Step-7</p> <p>Give eye care:</p> <p>Facilitator will show the members the process of cleaning the eyes with separate swabs/ cloth and will also discuss about the importance of using separate swabs or small pieces of cloth.</p> <p>Facilitator will allow the members to repeat the processes to familiarize them with the practices/activities that need special attention.</p> <ul style="list-style-type: none"> ✧ The facilitator will tell the group that if an infant is properly fed during the first year, he or she will grow well and have a good start in life. Correct feeding and good growth in the first year means that the risk of malnutrition in the second and third year is less. ✧ Breast milk is the most important food in the first year and continues to be very valuable in the second year. Therefore, exclusive breastfeeding should be practiced till the baby attains 6 months of age as breast milk contains all the nutrients that an infant needs in the first 6 months of life, including fat, carbohydrates, proteins, vitamins, minerals and water <p>Facilitator will summarize all the discussions with the help of the participants. S/he should ask some important questions on the themes deliberated earlier to the participants. This way the facilitator can assess how much the participants have been able to understand.</p> <p>Facilitator will encourage participants to share the learning of the meeting with other pregnant mothers, lactating mothers, and mothers of children and adolescent girls.</p>
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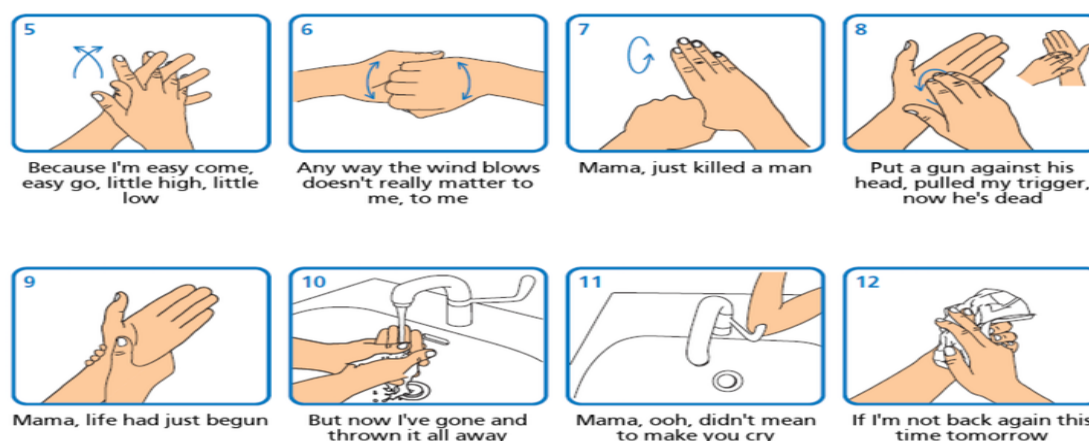
Points to note:	
	<ul style="list-style-type: none"> ✧ Exclusive breastfeeding till 6 months of age (not even giving water) ✧ Not giving any artificial teats or pacifiers to breastfeeding infants. ✧ New-born should keep warm by placing baby skin to skin contact with mother. ✧ Breastfeed the baby on demand, at least 10 times in 24 hrs, which will help to produce enough milk and provide the baby enough food to grow healthy.

Session-9	Timely initiation of complementary feeding and improved IYCF Practices
Objective	<ul style="list-style-type: none"> ✧ To understand the importance of timely introduction of complementary food. ✧ To understand importance of enriching the food
Details of conducting the meetings:	
Meeting 1	Understanding the importance of timely Initiation of Complementary Feeding and Improved Infant and Young Child Feeding (IYCF) Practices
Purpose	Nutrition Volunteer will understand the importance of IYCF practices to feed the children healthy and enriching food
Facilitation Aid	<ul style="list-style-type: none"> ✧ Soap and water ✧ Plate and spoon with locally made food using cereals, greens, vegetables
Methodology	<ul style="list-style-type: none"> ✧ Demonstration of different semi solid food ✧ Hand washing technique ✧ Annaprashn ceremony ✧ Discussion on energy dense food recipes for infants

Process	Actions Required Prior to the Meeting: Meeting mothers with infants aged 5-6 months, discussing with them the ceremony and asking them to bring some food for their children for the ceremony. Also, inviting the mothers with infants aged 7-9 months, whose children may not have yet started on complementary foods.
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Demonstration of Hand Washing Method and Celebratory Ceremony for Introduction of Complementary Food:

- ✧ The facilitator will help all the mothers whose children will start complementary food that day/week to wash their hands and the utensils for feeding the child with soap **(S/he should demonstrate the actual method of hand washing)**.



- ✧ The facilitator will start the meeting by asking the mothers of those infants to start feeding their children using a bowl and a spoon with the food they have brought for this occasion. Children in the 7-9 months age group who have not yet started complementary food will also be given cooked food from home or prepared by the Community Health Worker.
- ✧ The facilitator will ask the mothers whose children started semi solid food that day to continue breastfeeding along with complementary feeding.
- ✧ After the ceremony, the facilitator will initiate a discussion on the importance of timely introduction of complementary food. This is the time when parents begin to gradually introduce food other than breast milk into their baby's diet. Specially prepared solid/semi-solid food should be introduced after 6 months of age.

Understanding the Importance of "Enriching" Food

- ✧ The facilitator will first wash hands and the utensils with soap (S/he will demonstrate the actual method of hand washing)
- ✧ The facilitator will ask members about the different recipes that are normally prepared for children and make a note of it. S/he will ask the mothers to demonstrate the preparation of the food which they brought and will encourage a discussion on how it can be enriched to make it more nutritious, by adding a spoon of oil, vegetables, mashed potato, etc
- ✧ The facilitator will remind members about the frequency/quantity/quality of feeding for different age groups. *[6 to 9 months: 2-3 times a day; 9 to 12 months: 3-5 times a day; 12 months to 5 years: 3-5 times a day]*
- ✧ The facilitator, with help from the Community Health Workers, will keep a list of all the babies who will be completing 6 months of age and are due for introduction of complementary food in the subsequent months. In all future meetings these mothers can be encouraged to attend the group meetings where this ceremony can be repeated; alternatively, the ceremony can be held at the Community Centre (or as appropriate) every month on a pre-specified date.

Points to note:

- ✧ It is important to introduce complementary food to babies after 6 months. Exclusive breastfeeding until the baby is six months old is recommended; however, after six months breast milk alone does not provide the baby with adequate nutrients, particularly the iron and calories that solid food provides. Hence, complementary food provides the child with a nutritional balance for proper growth and development.
- ✧ Babies consume very little amounts at a time and need to be fed repeatedly. As they grow older, the quantity of food per serving has to increase too.
- ✧ Breastfeeding along with complementary feeding must continue at least till 2 years of age.
- ✧ It is very important to always wash hands with soap before cooking and before feeding the baby. This prevents infections like diarrhoea

Session-10	Analysing WASH specific issues and interventions with behavioural practices
Objective	✧ Enabling the Nutrition Volunteers to analyse the issues related to WASH and behavioural practices
Details of conducting the meetings: <p>WASH is one of the important themes which need to be understood when we talk about nutrition but experience says when we deal with it, maximum importance is laid on water; sanitation gets less importance and the hygiene/cleanliness gets the least importance. Hence facilitator should give equal importance on these three aspects.</p>	
Meeting 1	Understanding the importance of WASH specific issues and interventions with behavioural practices
Purpose	Make then Nutrition Volunteer understand importance on WASH and its specific issues as well as behavioural practices
Facilitation Aid	<ul style="list-style-type: none"> ✧ Slides ✧ Cards listed with diseases ✧ Chart paper ✧ Markers ✧ Posters/Pictures
Methodology	<ul style="list-style-type: none"> ✧ Slide presentation ✧ Group exercise ✧ Game ✧ Showing Posters/Pictures
Process	✧ The facilitator will ask the participants what they understand about WASH and then present the slide to make them know what is WASH

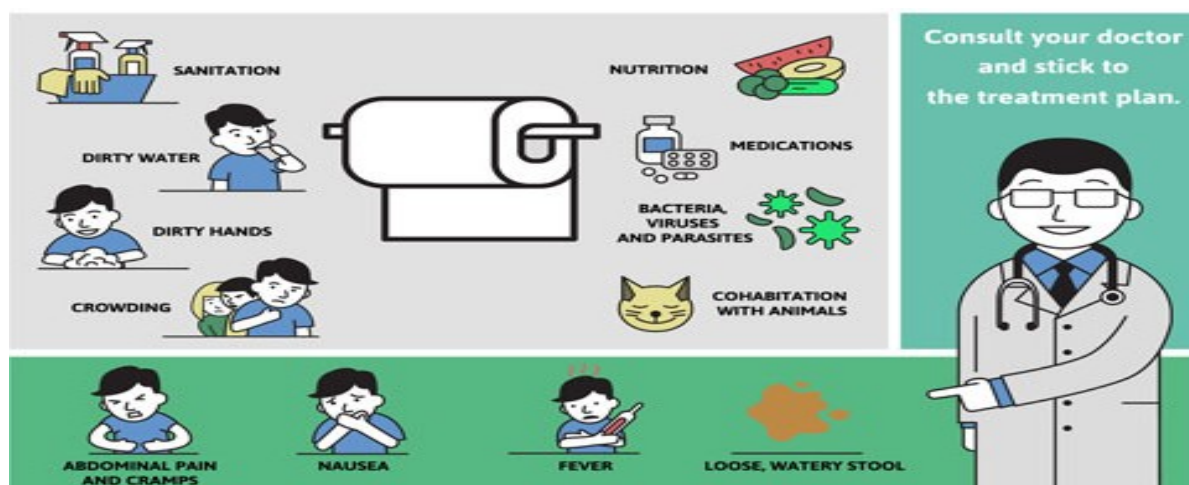
WASH	
Wa	Water -Safe water for drinking,
S	Sanitation -Safe removal of waste (toilets and waste disposal),
H	Hygiene -Hygiene promotion activities to encourage protective healthy behavioural practices (which refers mainly to cleanliness)
Safe Water	Safe water is defined as 'colourless, odourless, tastes well and most importantly bacteria free water'.
Sanitation	Generally refers to the provision of facilities and services, such as latrines, for the safe disposal of human urine and faeces. Also refers to wastewater disposal, garbage collection and disposal and insect/rodent control
Hygiene	Practices, such as frequent hand washing, that help ensure cleanliness and good health

- ✧ The facilitator will discuss about the diseases which are prevalent in the village and segregate which are due to contaminated water, which are due to poor sanitation system and which are due to poor hygiene.

Diseases prevalent in the village	Put tick marks in the related columns		
	Due to contaminated water	Due to Poor Sanitation	Due to Poor hygiene

- ✧ The facilitator may also provide the WASH related diseases enlisted before in cards and ask the participants to fix those under the subheadings of '**Due to contaminated water**', '**Due to Poor Sanitation**', '**Due to Poor hygiene**' in the chart paper.
- ✧ (List of diseases: Diarrhoea, Cholera, Hepatitis, Malaria, Dysentery, Worms, Polio, Typhoid, Skin Diseases)
- ✧ The above two exercises will make the villagers/ participants understand the importance of WASH.
- ✧ Following picture need to be shared for better understanding of spread of diseases

DIARRHOEA



Through water, Through finger, Through food, Through flies, Through feet, Through field

Meeting 2	Demonstration of WASH specific issues and interventions with behavioural practices
Purpose	The Nutritional Volunteers will be facilitated to develop deeper understanding on the WASH specific issues and behavioural practices
Facilitation Aid	<ul style="list-style-type: none"> ✧ Chart paper ✧ Bindis ✧ Marker ✧ Slides presentations
Methodology	<ul style="list-style-type: none"> ✧ Group exercise ✧ Slides presentations
Process	By this time the participants must have understood about the need of safe drinking water, better sanitation facilities and hygiene practice. Now the facilitator will make the participants feel that the water and its sources they come across day to day are not safe as there is every chance of contamination. In this context the facilitator through question answer should get the information on the sources of water they use and opine how safe it is. The following format may be used in a chart paper. The participants will put tick marks or put bindis. This will make all the participants know the usual use of sources of water.

Water sources	Use pattern in Summer season				Use pattern in Rainy season				Use pattern in Other seasons			
	Drinking	Cooking	Bathing	Other uses (Washing Utensils, bathing pet animals)	Drinking	Cooking	Bathing	Other uses (Washing Utensils, bathing pet animals)	Drinking	Cooking	Bathing	Other uses (Washing Utensils, bathing pet animals)
Open Well												
Tube well/Boring well												
Pipe Water												
Pond												
River/stream												

- ✧ After this exercise the participants will interact with the participants to make them understand which sources are relatively safe.
- ✧ Then the facilitator should explain the good and bad practices related to WASH through group exercise. The following table could be presented through chart or slide presentation. The participants are to be interacted with to share their views either verbally or by putting tick marks. The reasons could be discussed.

Some related Practices (Facilitator can also include more from his own experiences and from participants)	Good practice	Bad Practice
Using pond water for drinking		
Boiling water for more than 20 minutes and using for drinking purpose		
Storing water in uncovered pots		

Disposal of waste water from house and drains near the house		
Open defecation		
Using toilet/urinal/latrines without shoes/slippers		
Cleaning the toilet/urinal/latrines		
Hand washing with soap before and after taking food		
Brushing of teeth, Combing hair and bathing daily		
Not cutting nails regularly		
Covering food to protect from flies and insects		
Consuming stale food and repeatedly heated food		
Removal of garbage and solid waste		
Delay disposing of the faeces of children		
Throwing the wastes in dustbin		

Additional reference material for hygiene practices during menstruation could be shared among the adolescents and women as well as the following tips.

- ✧ Keep the area around the genital clean.
- ✧ Bathe every day without fail.
- ✧ After excretion clean yourself from the front to back. Do not clean in the reverse direction, as that may lead to infection.
- ✧ Do not dry cloth in the dark places, it will get infected with fungus
- ✧ Wear clean under garments
- ✧ Wash cloth in clean water and dry it in the sun. The sunlight kills the germs.
- ✧ The cloth needs to be stored in a clean bag in a clean place.
- ✧ Ensure safe disposal of used cloths or sanitary napkins.

Session-11	Establishing home based nutritional gardens
Objective	Making the participants understand the importance of nutrition gardens for family food diversity and process of developing nutrition gardens, type of plants, bio-fencing, use of organic manure, etc.
Details of conducting the meetings:	
Meeting 1	Understanding the importance of home based nutritional garden
Purpose	Participants will understand the need and importance of nutrition rich gardens
Facilitation Aid	<ul style="list-style-type: none"> ✧ Story on importance of nutrition gardens ✧ Slide and film presentation
Methodology	<ul style="list-style-type: none"> ✧ Story telling ✧ Visit to a nutrition garden
Process	The facilitator will narrate a story on the importance of nutrition/kitchen gardens:

STORY OF SOMBARI

Sombari spent her childhood in a village. Her family never experienced food crisis because they grew different kinds of fruits and vegetables themselves and also reared cattle that provided milk and other milk products that she loved eating. Her teachers were always happy with her because she performed well in her class.

She was married in a nearby village. Within two years of her marriage Sombari became pregnant but her family did not give her fresh vegetables or fruits because they did not grow them in their garden nor could they afford to buy them. When her child was 7 months old, she was not able to include fresh vegetables in the child's diet and she was not happy because of this.

Once when her child became sick, she took him to the health centre where she saw that the child's weight and MUAC were in the yellow zone. The doctor counselled Sombari on improving her child's food intake and maintaining hygiene during food preparation and storage.

Sombari decided that she will pay more attention to her child's diet by not allowing the weight to reduce further. She will start growing vegetables and plant fruit trees in the space available using the waste water from her house like she had seen in her parental home as a child. In a few months she was able to grow some green vegetables that she then included in her family food.

Sombari also inspired her neighbours and others in the village to grow vegetables in their own kitchen gardens. She and her husband initiated a movement where they and the people in the village started growing a community garden and in a few years this became a large scale business; they even had a poultry farm and bought cattle and gradually the economic, health and nutrition condition of the village improved.

The facilitator will discuss the story with the group and try to extract their understanding of it. S/he will facilitate the group to understand the importance of kitchen/nutrition gardens.

The facilitator will make arrangement of a visit of the participants to one or two kitchen/nutrition gardens.

Meeting 2	Planning to design and implement the home based nutritional garden
Purpose	Participants will understand the need and importance of nutritional rich gardens
Facilitation Aid	✧ Chart paper
Methodology	✧ Planning in the group
Process	<p>The facilitator will ask the group members how they plan to implement the nutrition garden. The following should be discussed in details:</p> <ul style="list-style-type: none"> ✧ When do they want to start the implementation? ✧ What actions/activities are necessary? How will they do it? ✧ Will they like to do in smaller groups, helping each other? ✧ Will they like to sit once again after this meeting to strategize how to start – with ✧ Construction of live fence, or collection of planting materials, day and time etc. ✧ Who will take responsibility to follow up on how each household develops homestead gardens? ✧ How/where can they seek expertise needed for any of the interventions? ✧ What should they do if they experience any problems while implementing the strategies? <p>The group should discuss how they will proceed to ensure that they have enough support and guidance</p>

Points to note:

- Drumsticks, curry leaves, custard apples, papaya, sun flower, begonia, basak, etc can be grown as the fence itself. Plants like Cassiasima, Neem, tamarind etc. can be grown in between, which will serve as poles for the fence. Once these plants grow up to around two meters they can be branched off and used as fodder or compost material. These trees will support creepers like velvet bean, ivy gourd, and ridge gourd.
- The facilitator will also encourage and motivate the community members to cultivate nutritional crops/vegetables in the agricultural fields, bunds considering the feasibility.

Meeting 3	Crop calendar planning for nutritional crops and seed preservation
Purpose	Enabling Nutrition Volunteers on crop calendar preparation and seed preservation
Facilitation Aid	<ul style="list-style-type: none"> ✧ Different colour powders ✧ Small quantity of seeds of local crops ✧ Drawing sheets and pens etc.
Methodology	<ul style="list-style-type: none"> ✧ PRA – Seasonality ✧ Group planning
Process	<p>Discussion on Current Cropping Practices</p> <ul style="list-style-type: none"> ✧ The facilitator will discuss with the group the crops being grown in different seasons in their fields. ✧ S/he may draw a matrix with illustrations on different seasons (summer, rainy and winter), land types based on local classification and crop groups (cereals, pulses, oil seeds, spices, roots tubers, and vegetables etc). ✧ The facilitator will encourage each participant to talk about the crops they grow in their field in different seasons. Some guiding questions that the facilitator can ask are: <ul style="list-style-type: none"> ○ Why is this up and/or medium and/or low land lying fallow in a given season? ○ Is it part of the local land use practice or are a few factors responsible for the fallow period? ✧ The facilitator needs to encourage the group to analyse the factors responsible for the fallow period and explore local solutions: <ul style="list-style-type: none"> ○ Are there locally appropriate crop varieties (that can be grown in local climatic conditions, are part of the food culture and can also be used as fodder) that can be grown during the fallow period? ○ Are there ways to extend the present sowing and harvest period? ○ Amend the land use pattern during the fallow period etc. ✧ The facilitator needs to engage the local elders in exploring crop varieties, which can be sown and harvested beyond the present sowing and harvest period. The group may also discuss on crop varieties that can be sown along with the crops being grown by them, to increase the quantity and diversity of the total yield out of a unit of land. ✧ The local knowledgeable people should be invited to contribute.

	<p>Discussion on Crop Planning</p> <ul style="list-style-type: none"> ✧ The facilitator will encourage group members to plan crops based on the day's discussion. ✧ The facilitator should ensure the contribution of women in the planning process and suggest changes to make to address concerns of food and nutrition and sustainable management of their agriculture fields. ✧ The facilitator will conclude by highlighting the fact that, based on the local climatic conditions, land type, food culture and land use pattern appropriate crop planning needs to be done to improve net yield (quantity & diversity) of a unit of agricultural land to get access to more food and nutrition at the household level.
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Points to note:

Crop planning is essential to improve net yield (quantity & diversity) of a unit of agricultural land based on local conditions.

- ✧ A different mix of crops can be planted based on local conditions.
- ✧ It is important that women are involved in planning processes and that suggested changes are made to include concerns about nutrition

Summarization and Evaluation of the Training Programme

During the ending session, the facilitator will sum up the subjects covered in Phase-II in order to help the participants in recapitulating the learning and make a short road map to Phase-III training which will be helpful to set the sequence. It will be followed by the evaluation by the participants using the following tool kit.

EVALUATION FORMAT

Q.1: What did you learn from this training programme (Minimum 3 maximum 5)

- a)
- b)
- c)
- d)
- e)

Q.2: Name the meetings you found interesting (Minimum 1 maximum 3)

- a)
- b)
- c)

Q.3: Name the meetings you found not interesting (Minimum 1 maximum 3)

- a)
- b)
- c)

Q.4: Score the followings by ticking tick (✓) mark

Components	Very good	Good	Average	Poor
Themes/Subjects of trainings				
Method of training				
Skills of facilitators				

PHASE 3		

Before starting of this phase of training the facilitator should do the following;

- ✧ Set the training norms as done in the beginning of Phase-I and Phase-II
- ✧ Discuss and recapitulate the learning made in Phase-I focusing on experience gathered while practicing and doubt clarification
- ✧ Providing overview of the Phase-III

Session-12	Unsafe food – food contamination through pesticides
Objective	To enable the Nutritional Volunteers understand safe & unsafe food especially how the food are contaminated
Details of conducting the meetings:	
Meeting 1	Understanding the importance of safe food and how the food are become unsafe
Purpose	The Nutrition Volunteers will understand about the safe food
Facilitation Aid	<ul style="list-style-type: none"> ✧ Drawing sheet ✧ Markers
Methodology	✧ Demonstration of the meeting
Process	<p>The facilitator will introduce about the food becoming unsafe due to various aspects. S/he will ask following questions.</p> <ul style="list-style-type: none"> ✧ How people in their villages grow vegetables and other food items? ✧ What specific inputs people use in their villages to grow food? ✧ How do they store their cooked food at home? ✧ What do they do with the vegetables and other food items purchased from market before they are cooked? ✧ What are the food items including cooked food and snacks they buy from the market? <p>The facilitator, depending upon the response of the group members, can facilitate the discussions towards the topic of food getting contaminated with the pesticides & artificial colours, food not covered and left open, and cooking unwashed vegetables etc.</p>

Meeting 2	Demonstration/sharing of experiences on safe food and unsafe food
Purpose	This will provide understanding the existing contributory factors of becoming the food unsafe
Facilitation Aid	<ul style="list-style-type: none"> ✧ Village elders ✧ Related picture cards
Methodology	✧ Interaction with village leaders/experienced farmers
Process	<p>Facilitator will take the help of village elders to get the story of their village by asking following questions -</p> <ul style="list-style-type: none"> ✧ How was the farming done earlier say 20 years ago? ✧ What were they doing for soil fertility enhancement, disease & pest management? ✧ When did the pesticides come to the village? Who introduced it to the villagers? ✧ Where did they get the pesticides? In which crop did they use to apply pesticide at that time? ✧ Pesticides are used for which crops now? <p>Then the second set of questions may be asked –</p> <ul style="list-style-type: none"> ✧ Who sprays the pesticides? ✧ What are the protective clothes / gears used? Which are the crops? ✧ How does she/he feel while spraying or after spraying pesticides? ✧ What is the time gap they maintain to pluck / harvest crops after spraying the pesticides? <p>The third set of questions –</p> <ul style="list-style-type: none"> ✧ What are the differences they observe in health of farmers and their family, the agricultural labourers—whether women face repeated abortions, whether sterility is increasing, incidents of ulcers, nail discolouration, still born children, birth of deformed children etc? <p>Based on the responses, the facilitator may proceed with the discussion using the related picture cards.</p> <p>Discuss with the participants - The best way is to grow food organically.</p> <p>Decide for locally appropriate measures to grow their food & vegetables using the principles and practices of organic farming. The knowledgeable local farmers may become the resource farmers with minimum assistance from external experts.</p> <p>Facilitator will encourage participants to share the learning of the meeting with other pregnant mothers, lactating mothers, mothers of children and adolescent girls.</p>

Points to note:

Application of different types of pesticides in the agricultural field – on paddy, cotton, vegetables and so on could be very dangerous resulting in many health hazards.

Direct exposure to pesticides - These pesticides get into our body through breathing, swallowing, through the skin. The effects of pesticides are very severe.

Vulnerability - Infants and children are that mothers who lived near applications of pesticides during the first trimester of their pregnancy are more likely to have children who develop autism. Prenatal exposure to

pesticides can increase risk of cancer later in life.

Pesticide exposure increases the risk of breast cancer. Pesticides are endocrine disruptors – affects the reproductive cycle – reduces both male and female fertility.

Acute effects of these are often confused with common illnesses, such as vomiting, headaches, respiratory problems, eye and skin irritation, and stomach troubles. The common symptoms are nausea, giddiness, headache, vomiting, difficulty in breathing, tight feeling in chest, itchiness of skin

irritation/ white, patches on skin/ red spots, bleeding through the nose, blurred vision, tremors, lower abdominal pains, vaginal pains, burning sensation during urination etc.

Chronic effects are complex and difficult to link back to pesticide exposure. More often chronic effects are caused by the ongoing low dose exposure to mixtures of chemicals.

Mostly observed in women - Even if women do not directly apply the pesticides, they work and raise their children in a toxic environment – mixing the pesticides, harvesting the pesticide drenched crops, weeding whilst the insecticides are being applied, thinning sprayed crops, washing out the

pesticide containers or washing pesticide contaminated clothing. Symptoms of such exposures are fatigue/ tiredness, back pains, giddiness, headache, skin irritation, pain in lower abdomen, eye irritation, blurred vision, muscle stiffness, tightness of chest, knee swelling, nausea, difficulty in

breathing, tremor, vaginal pain, nail discoloration, burning sensation while urinating, vomiting, swelling of fingers, dropping of the nail etc.

Pesticide residue in the food – Residues of the pesticides that are used to kill the pests does remain on or in food – in grains, vegetables, seeds, leaves etc. When we eat those food pesticides get into our body.

Further, “The fruit are waxed with chemicals and pesticides to give them a longer life. Vegetables like cabbage and cauliflower, which are supposed to be very important for women’s health, are dipped in two to three levels of pesticides to keep them fresh. Farming techniques like crop rotation have become a thing of the past”.

So it is very important to follow some safety measures. Best way is to grow food organically. *Say no to pesticides.*

Reduce Exposure to Pesticides in Food: If food are sourced from outside,

Wash fruits and vegetables before eating to remove traces of pesticides

- Soak them in salt water for a few minutes. Peel the skin of the fruits and vegetables whenever possible.
- Buy organic fruits, vegetables, meats, dairy, and other organic foods.
- Consider growing your own food using organic methods
- Look for opportunity of creating and buying from an organic farmers’ market.

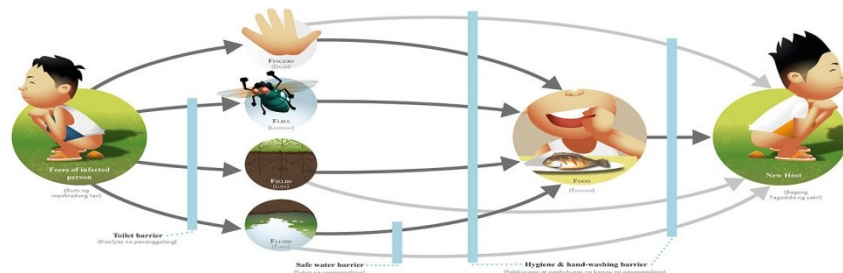
Session-13	Understanding the faecal oral transmission routes
Objective	To increase understanding of the importance of eliminating open defecation by discussing the faecal oral transmission routes
Details of conducting the meetings:	
Meeting 1	Understanding the importance of faecal oral transmission routes
Purpose	The participants will understand on faecal oral transmission routes
Facilitation Aid	✧ Flex representing the ‘F’ diagram, related picture cards, chart paper
Methodology	✧ Discussion by showing picture cards through charts and sharing examples

Process

The facilitator will tell the members that there are many daily habits and means by which germs and viruses present in the faeces get transferred to the mouth.

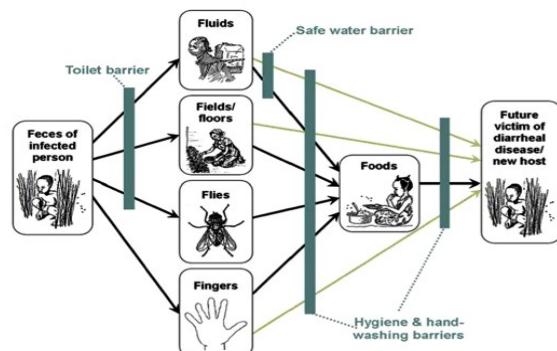
- Faecal matter defecated in the open also leads to breeding of mosquitoes and flies and these insects then transfer the germs and bacteria from faeces to food and water sources. This transfer takes place through five major routes. These routes are known as the five –‘F’ diagram.
- Faecal oral contamination can happen through 1. Food 2. Fingers 3. Flies (and all kind of insects) 4. Fields (agriculture field) 5. Fluids (e.g. water).
- This severely affects the health of an individual, especially that of children, since children have lower resistance to fight the attack of these germs and viruses.

The facilitator will use the following chart to discuss the five ‘F’ diagram:



✧ To make them understand the linkages the facilitator will facilitate two simple exercises:

✧ Ask for a glass of drinking water. When the glass of water is brought, s/he will offer it to someone and ask if they could drink it. If they say yes, then s/he will ask others until everyone agrees that they can drink the water. Next, s/he will dirty her finger with mud and ask them to imagine s/he has touched faeces on the ground so that all can see. Now s/he will dip her finger in the glass of water and ask if they can see anything in the glass of water. Next, s/he will offer the glass of water to anyone sitting near her and will ask them to drink it; immediately they will refuse.



✧ S/he will then pass the glass on to others and ask if they could drink. No one will want to drink that water. Ask them why they refuse it. They will answer that it contains faeces. S/he will then ask them why they refused if they have been using the water both for defecating and for washing up.

✧ Facilitator will tell the members to think of the flies on the faeces, and the chicken pecking and eating the shit. She will remind the members about “how often there are flies on their children’s food?”

✧ Citing an example, the facilitator will help the members understand how flies in their homes can risk their children lives. She will ask:

- “Do you have feet?” “Yes!” feet are shown with laughter.
- “If you step in cow’s shit, do you get some of it on your feet?” “Yes!”
- “When you enter your house afterwards, does some of the shit get on the floor?” “Yes, if the shit was fresh & wet?”

	<ul style="list-style-type: none"> ○ “Do flies have feet?” “Oh yes, 6 of them?” ○ “Do you think in the same way you get cow shit on your feet, the fly gets human shit on its feet?” “Yes” <p>Facilitator will stress that poor living conditions, ignorance about the ill effects of open defecation and intake of contaminated food and water leads to incidence of communicable diseases, a major source of health expenditure and communities can easily reduce this expenditure.</p> <ul style="list-style-type: none"> ✧ After the discussion on the faecal oral transmission routes, the facilitator will encourage the members to share about any other transmission routes apart from the ones discussed. ✧ Facilitator will keep a note of all the responses. ✧ S/he will summarize the discussion by saying that with open defecation faeces ends up in our rivers, our fields, our hands and feet, our drinking water. ✧ S/he will tell the members: now that they know the ways in which faeces can spread, they need to think about what can be done to stop this from happening. She will encourage the members to discuss the possible barriers and appropriate and feasible strategies to stop this transmission. Facilitator to look for suggestions such as using sanitary latrines, hand washing with soap after defecation and cleaning up child faeces, using of footwear etc. [If the members do not come up with such suggestions, facilitator to probe for these.] <p>Strategies for blocking the transmission routes:</p> <ul style="list-style-type: none"> ✧ Sanitary latrines ✧ Hand washing with soap ✧ Use of footwear ✧ Safe drinking water ✧ Food and drinking water covered ✧ Compound free of faeces and rubbish <p>Facilitator will encourage participants to share the learning of the meeting with other pregnant mothers, lactating mothers, mothers of children and adolescent girls.</p>
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Points to note	
✧	Faecal oral contamination can happen through 1. Food 2. Fingers 3. Flies (and all kind of insects) 4. Fields (agriculture field) 5. Fluids (e.g. water).
✧	When the community realizes that their health is at stake due to their own habit or the habit of others to defecate in the open, the community collectively resolves to change its behaviour. Once the process is initiated, members begin to monitor each other’s behaviour within the community.
✧	By ensuring use of toilet, hand washing with soap, use of footwear, safe drinking water, food and drinking water covered, compound free of faeces and rubbish, faecal oral contamination can be prevented.

Session-14	Importance of cleanliness during monthly periods of adolescent girls, in taking iron & Folic acid tablets and stopping early marriage (below 18)
Objective	To make the participants understand importance of cleanliness during monthly periods and risks involved with teen-age pregnancy (< 18 years)
Details of conducting the meetings:	
Meeting 1	Understanding the importance of cleanliness during monthly periods of adolescent girls, in taking iron & Folic acid tablets and stop early marriage
Purpose	Participants will be able to know the importance of cleanliness during monthly period of adolescents, taking iron & folic acid during pregnancy and stopping child marriage
Facilitation Aid	<ul style="list-style-type: none"> ✧ Flex on intergenerational malnutrition cycle ✧ Related picture cards ✧ Chart paper ✧ Pen
Methodology	✧ Discussion through the picture cards and poster on 'Intergenerational malnutrition cycle'
Process	<p>(Tips – Based on the socio-cultural norms, a male facilitator may seek the help of ASHA and AWW or a female facilitator. Facilitator must discuss with them in detail the objectives and process of this meeting.)</p> <p>The facilitator will announce the theme for the day's session and introduce others (if any viz. ASHA, AWW or the female facilitator), encourage participants to actively participate in the discussion.</p> <p>Discussion on importance of cleanliness during monthly periods</p> <p>Facilitator starts the discussion by saying today we will discuss on monthly periods, which is an important aspect for the growth and development of girls. Periods are neither a disease or problem nor something unclean or harmful. Rather this is a natural process and an important aspect of physical growth of girls.</p> <p>During monthly periods, attention need to be paid on the followings –</p> <ul style="list-style-type: none"> ✧ Use of sanitary napkins (now a days, 'khushi' sanitary napkins are made available through govt. schemes at a subsidised rate). ✧ In case sanitary napkins are not available then, <ul style="list-style-type: none"> ○ Use cotton, clean and dry clothes ✧ Be careful for personal hygiene during this time ✧ Facilitator asks the participants, what they know about cleanliness during monthly periods and why it is important. ✧ Based on their response, s/he has to further the discussion mentioning that it may do harm if cleanliness is not maintained. ✧ If dirty clothes are used, it may lead to infection and spread to internal parts. But cleanliness prevents infection, foul smell and makes periods comfortable. <p>Facilitator needs to talk to the participants in such a way that back home they can talk to other women in the family or neighbourhood easily. During the onset of puberty and menstruation, girls go through many anxieties and queries, which perturb them in the absence of a close and confidant friend to discuss with. This will help them to come out of their anxieties and confusions and have open discussions with responsible, experienced persons. They need to realise that there is nothing to be shy about periods. In this circumstance, a mother can counsel her daughter with appropriate suggestions. Facilitator needs to discuss with the elders present in the group in more details.</p>

	<p>Discussion on risks involved with teen-age pregnancy (< 18 years)</p> <p>Facilitator will initiate the discussion by saying that one of the basic causes of malnutrition is 'early marriage' (at age of <18). Expectant teenage mothers are at risk for experiencing complications during pregnancy that can cause health issues for both mother and child.</p> <p>Cephalo pelvic disproportion – Physically, teenage mothers have immature reproductive organs that may not be prepared to carry an infant to term. Their uterus and pelvis are yet physically unprepared (not developed fully) to fit the size of the growing foetus. In such cases there is possibility of uterus getting ruptured which leads to excess bleeding, infections and death.</p> <p>High blood pressure - The increased demand for blood flow during pregnancy can strain a teenage mother's undeveloped blood circulatory system, which can be unprepared to handle the extra circulatory load. High blood pressure, also called pregnancy induced hypertension (PIH), can develop as a result. PIH can develop into a more serious condition called preeclampsia, which is a combination of high blood pressure, swelling of the hands, face and feet and protein in the urine. Preeclampsia and PIH can both result in reduced foetal birth weight and growth and place the mother at risk of heart complications during pregnancy.</p> <p>Anaemia - Pregnancy places an extra demand on the body to circulate blood to the developing placenta and baby. Combined with a diet poor in iron-rich foods, which is common among teens, anaemia (low iron) can result. Adolescents have double the risk of becoming anaemic than the adults.</p> <p>Premature delivery - Teenage mothers face the possibility of premature labour or labour that starts before 37 weeks gestation. Physically, teenage mothers have immature reproductive organs that may not be prepared to carry an infant to term. An immature cervix and metabolic system play a role in causing preterm birth in adolescents.</p> <p>Miscarriage - Because of the type of nutrients that many teens are lacking and the amount of development and growth they still have to go through, some teens really struggle to maintain a healthy pregnancy, which is why so many teens' pregnancies result in a miscarriage.</p> <ul style="list-style-type: none"> ✧ Unsafe abortion – Often teenagers are seen not to be having enough money to have safe abortion, when they decide for it. So they follow some cheap, risky procedure to do so. This may lead to many complications. ✧ Babies born to teenage mothers often have low birth weight, with babies born to mothers under 15 years of age being most at risk. Poor eating habits are common among teenagers, which may result in low pregnancy weight gain and poor nutrition. <p>Facilitator will consolidate by saying that because of these reasons marriage and pregnancy at an early age should be avoided.</p> <p>Facilitator will emphasize that for better nutrition and health adolescent girls need to ;</p> <ul style="list-style-type: none"> ✧ Eat locally available nutritious food (showing the picture cards of food and nutrition garden) ✧ Protect themselves from infections. If occurs, go for treatment immediately (showing the picture cards of safe drinking water, balanced diet, cleanliness etc.) ✧ Practice all the measures related to personal hygiene <p>Facilitator will encourage participants to share the learning of the meeting with other pregnant mothers, lactating mothers, mothers of children and adolescent girls.</p>
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Points to note	
✧	Monthly Periods are neither a disease or problem nor something unclean or harmful. Rather this is a natural process and an important aspect of physical growth of girls. Adolescent girls should maintain cleanliness during monthly periods.
✧	Early marriage (<18) and early pregnancy should be avoided.

Session-15	Review/revisit of strategies to prevent malnutrition in communities
Objective	✧ Facilitating the process of reviewing the strategies to prevent malnutrition in the communities
Details of conducting the meetings:	
Meeting 1	Reviewing of the strategies for preventing malnutrition among women & adolescent girls
Purpose	Facilitating the Nutrition Volunteers to revisit the strategies and the process discussed in meeting 3 of session 5
Facilitation Aid	✧ Same used in meeting 3 of session 5
Methodology	✧ Same used in meeting 3 of session 5
Process	✧ Same done in meeting 3 of session 5

Meeting 2	Reviewing the strategies for preventing childhood malnutrition
Purpose	Facilitating the Nutrition Volunteers to revisit the strategies and the process discussed in meeting 4 of session 5
Facilitation Aid	✧ Same used in meeting 4 of session 5
Methodology	✧ Same used in meeting 4 of session 5
Process	✧ Same used in meeting 4 of session 5

Session-16	Revisiting and intensive discussion on one thousand days care, new-born care and exclusive breast feeding
Objective	Making the Nutrition Volunteer to internalize the importance of one thousand days care, new-born care and exclusive breast feeding as well as enhancing their knowledge base on it
Details of conducting the meetings:	
Meeting 1	Discussion on one thousand days care as discussed in meeting 1 of session 6
Purpose	Helping the Nutrition Volunteers to build solid knowledge base on one thousand days care
Facilitation Aid	✧ Same used in meetings of session 6
Methodology	✧ Same used in meetings of session 6
Process	✧ Same used in meetings of session 6

Meeting 2	Discussion on new-born care and exclusive breast feeding as discussed in meeting 1 of session 8
Purpose	Helping the Nutrition Volunteers to build solid knowledge base on new-born care and exclusive breast feeding as discussed in
Facilitation Aid	✧ Same used in meetings of session 8
Methodology	✧ Same used in meetings of session 8
Process	✧ Same process done in meetings of session 8

Session-17	Sharing with larger communities (Target constituency, Service providers and Duty bearers)
Objective	Facilitating the sharing the learning among the larger communities and stakeholders
Details of conducting the meetings:	
Meeting 1	Preparation for sharing in larger communities
Purpose	Preparing the volunteers to share the learning in larger communities
Facilitation Aid	<ul style="list-style-type: none"> ✧ Slide / video show preparation ✧ Posters and pictures preparation ✧ Preparing possible games and stories
Methodology	<ul style="list-style-type: none"> ✧ Revisiting the learning of the training received ✧ Interaction with the master trainer and experts
Process	<ul style="list-style-type: none"> ✧ The facilitator and the Nutrition Volunteers will discuss on the topics/subjects to be shared with the communities as well as appropriate facilitation aids to be prepared for this. <p>The important responsible stakeholders will be contacted and invited to an interface meeting on a day suitable to them.</p> <p>Preparation for the Interface Meeting</p> <ul style="list-style-type: none"> ✧ The facilitator/Nutrition Volunteer will discuss the need to have a community meeting: to take responsibility for implementing the strategies. ✧ The facilitator/Nutrition Volunteer will find out from the group: <ul style="list-style-type: none"> ○ When do they want to have the community meeting? (time, date) ○ Where do they want to have it? (Place/venue – school premises/open area/etc.) ○ Who will they like to invite for the meeting? (Frontline government staff and other health staff, village leaders, village elders, nearby villagers, teachers, etc.) ○ Who will take responsibility for the invitation? ○ What will be the mode of invitation? (Letter, traditional methods, etc.) ○ What are the resources required? (Seating arrangements, food, water, etc.) How will they obtain these? ○ What will be the method of dissemination of their learning with the community? (Story-telling, street play, role play, puppet show, picture

	<p>cards, songs, etc.)</p> <ul style="list-style-type: none"> ○ What kind of help will they need from the facilitator? (Preparation of script, help with practicing the play, discuss the previous meetings, etc.) ✧ The facilitator/Nutrition Volunteer will encourage group members to participate and take up responsibilities. ✧ The method of presentation should be made simple so that everyone can understand. The presentation should be in the local language. ✧ The facilitator/Nutrition Volunteer will help the groups to practice for the play in advance (characters in the play, voice should be loud and clear, etc.). ✧ The facilitator/Nutrition Volunteer will help the group to decide the venue and the seating arrangements (where the stage is to be set, place for the audience, etc.). ✧ Village problems
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Meeting 2	Sharing in the larger communities
Purpose	Enabling the Nutrition Volunteers to share the learning among the stakeholders
Facilitation Aid	<ul style="list-style-type: none"> ✧ Interface meeting ✧ Slide show ✧ Video show ✧ Posters and pictures
Methodology	✧ Interface meeting with the communities for transferring the knowledge and getting their feedback (Slides, posters and pictures will be shown for better understanding)
Process	<p>Some useful tips for conducting the interface meeting:</p> <ul style="list-style-type: none"> ✧ During the meeting the group members will summarize their activities over the past few months and share the prioritized problems and strategies with the larger community and key stakeholders, e.g. village headmen, government officials, village development field workers, health workers and others who had not attended the meetings. ✧ Street plays, puppetry and storytelling are some of the innovative approaches that can be used by the group members for dissemination of the prioritized problems and their underlying causes. ✧ Stakeholders (especially the frontline health staff) can be requested to inaugurate the function so that their role in the community can be acknowledged. ✧ During the preparation for this meeting the facilitators will help the members in script writing, acting, etc. and rehearsals. ✧ The members can use locally available resources like 'saris/sheets' as back drop, leaves for decorations, and jute woven mattresses for seating the attendees, etc, as locally appropriate. The group members can voluntarily contribute money for the logistic arrangements like food, microphones, etc. ✧ Any group member is encouraged to preside over the meeting with help from the facilitator <p>Conducting the community meeting:</p> <ul style="list-style-type: none"> ✧ The meeting can start with a welcome song followed by thanking the audience for being able to attend the meeting and briefing them about the day's proceedings. ✧ The meetings conducted so far should be discussed briefly to help the audience understand the process.

	<ul style="list-style-type: none"> ✧ Group members will then present the method they have selected for disseminating the prioritized problems, barriers identified, strategies selected to overcome the problems and the local resources they have. While sharing the information, the members will identify the stakeholders who will be able to help them with the implementation of strategies. ✧ The group, depending on the situation, might also think of a community score card on relevant services. ✧ Towards the end of the community meeting, the stakeholders should be asked to share their experiences. These experiences can be recorded by the facilitator and later be used as quotes. The facilitator can use the following format for keeping a note of meeting findings:
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SUMMARIZATION AND EVALUATION OF THE TRAINING PROGRAMME

During the ending session, the facilitator will sum up the subjects covered in Phase-III in order to help the participants in recapitulate the learning. The facilitator will also make the participants understand that there are many Govt. schemes, programmes and line departments designed to arrest the problem of malnutrition (E.g.: National/State Livelihood Mission, National Rural Health Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme, Janani Suraksha Yojana etc.) which need to be utilised by the target groups. The Nutrition Volunteers should keep watch on it and keep contact with the respective line departments and service providers. It will be followed by the evaluation by the participants using the following tool kit.

EVALUATION FORMAT

Q.1: What did you learn from this training programme (Minimum 3 maximum 5)

- a)
- b)
- c)
- d)
- e)

Q.2: Name the meetings you found interesting (Minimum 1 maximum 3)

- a)
- b)
- c)

Q.3: Name the meetings you found not interesting (Minimum 1 maximum 3)

- a)
- b)
- c)

Q.4: Score the followings by ticking tick (✓) mark

Components	Very good	Good	Average	Poor
Themes/Subjects of trainings				
Method of training				
Skills of facilitators				

