

NURITION CAMPS

BY SUPOSHAN



A PATH TOWARDS RESTORATION OF HEALTH



NUTRION CAMPS

BU SUPOSHAN

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OVERVIEW

7-12 DAYS

at a stretch/or in phases followed by home visit to improve the skill and knowledge of mothers on nutrition and health practices and to take care of the children during this time

BELOW 5 YEARS

All the children below 5 years in the target villages will be screened. All children with moderate to severe underweight will attend the nutrition camps with their mothers /care persons.

One week nutrition camp is a process by which Su-Poshan can create a path towards restoration of health for malnourished children. During the 7 days the mothers will come to a central place for approx. 2 hours and attend extensive training in child care practices (nutrition, preparation of food, health and hygiene). They cook and feed their children in the "camp" and take the nutritionaL supplement Nutrimix for feeding at home. In addition, the Aangawadi and ASHAs will be regularly visiting the homes Jobal Jal Service Society



BACKGROUND

Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients (WHO, 2016). It is a serious problem as 1 in every 3 children are malnourished in India. Thus, it is critical to prevent malnutrition as high levels of maternal and child malnutrition weakens the achievement of optimal learning outcomes in elementary education, deteriorate the quality of human resource (decline in productivity) and undermine the gender equality. Improper water and sanitation practices further worsens the problem of malnutrition in India.

Therefore, it is important to take a closer look at the existing nutritional status of different regions to identify gaps so that precise actions could be taken to improve the nutritional status of India.

The government of India has launched POSHAN Abhiyan in 2018 to address the persistent challenge of malnutrition. In the same context, Indo Global Social Service Society (IGSSS) launched "SU-POSHAN" (Sustainable Provision and Occupation through Social Action for Improved Nutrition) program on 13th March 2019 which aims to enhance food and nutrition security for 1, 00,000 marginalized people in 18 districts across 9 states of India

OBJECTIVES

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सरस्वती क्रमारी

प्रिय



प्रियाः

TO KNOW THE ACTUAL HEALTH CONDITION OF A CHILD

TO PRACTICE POSITIVE EARLY CHILDHOOD CARE IN INFANT FEEDING, HOME HEALTH SEEKING, HYGIENE AND PSYCHOSOCIAL CARE

TO START UP POSITIVE CHANGE IN MALNOURISHED CHILD

TARGET BENEFICARIES

DIRECT BENEFICIARIES

Children of 6 months -5 year age group

11 Pro





Mothers of malnourished children and village community.

ICDS department- by regular involvement of Anganwadi worker in camps, horticulture department- timely involvement in convergence schemes for families of malnourished children.





Screening and identification of malnourished children at village level







Mobilizing and lactating

mothers for nutrition camps



Arrangements of place

and materials for conducting

nutrition camp







1-2 week nutrition

camp

MAJOR ACTIVITIES DURING NUTRITION CAMPS

- Anthropometric measurement of children – 3 time
- Cooking food for malnourished children and recipe demonstration for mothers
- Simulation games/story telling sessions with mothers
- Make available vegetable seed kit and discussion on how to grow nutrition garden and importance of that.
- Discussion on breast feeding, supplementary feeding.



IDENTIFICATION OF PLACE



- The surrounding is neat and clean.
- There is sufficient protection against rain and sun.
- The activity room is spacious enough for games and activities with children.
- There is enough space for cooking where all mothers can sit, discuss and observe the cooking process.
- The place is confined to avoid movement of stray animals inside the place.

CREATING BASELINE DATA



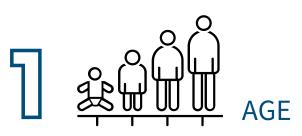
At the beginning of the nutrition camp screening of children done. All critical SAM children were referred to malnutrition treatment center and borderline SAM and MAM children listed for nutrition camp.

- At the start of the camp following baseline data is entered to assess the progress over time.
- Age of child (in months)
- Weight of child (in Kilograms)
- Height of child (in centimeters)

DE-WORMING OF CHILDREN

Worm infestation is a major cause of poor food absorption by children. One tablet of albendazole is to be given to every child 3 days prior to conduction of Positive Deviance/NCCS session.









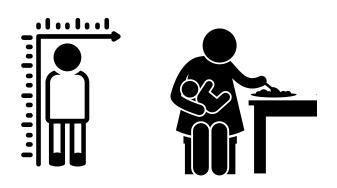


HEIGHT

ANTHROPOMETRIC MEASUREMENT OF CHILDREN

On first day of nutrition camp registration and anthropometric measurement of children to done and to be shared with mothers. This activity has been repeated three times during the nutrition camp.

During the camp children can be provided peanuts with jaggery and at the end of camp locally available fruit could be given to children. Mothers understood that they can give this type of food apart from 2-3 times cooked food to contribute nutrition in diet of a child.







COOKING FOOD FOR MALNOURISHED CHILDREN & RECIPE DEMONSTRATION FOR MOTHERS



The most essential component of nutrition camp is cooking nutritious food for children and recipe demonstration to mothers. The local available lowcost recipes which are rich in nutrition and mothers can prepare them easily to be demonstrated i.e. sattu, poriadge, ragi sweets etc. The food to be cooked for children according to decided menu for every day.

SIMULATION GAMES AND STORY TELLING SESSIONS WITH MOTHERS



For knowledge enhancement of mother's different types of games to be played with mothers. The games will impact on the knowledge, awareness including accessibility, and utilization of Anganwadi services, household care of pregnant, lactating lady, supplementary feeding care of infant and young child. i.e. Snake ladder game with mothers, circle game with picture cards, story-telling with picture cards



HAND WASHING BY MOTHERS BEFORE COOKING FOOD AND FEED CHILDREN:

Mothers of nutrition camp are to follow all six steps of hand washing before cooking food for malnourished children. And learnt that hand washing is must before cooking, during feeding and after defecation.



VEGETABLE SEED KIT

Vegetable seed kit to/can be provided to mothers of malnourished children because the families have poor resources and cannot purchase vegetables for consumption and seeds for growing nutrition garden. This will ensure proper selection of target families for the nutrition garden During the camp mothers sow the seeds.



DISCUSSION SESSIONS

1.Food diversity and nutrition:

2.Awareness and knowledge enhancement:

- ANC-PNC check ups, care of a pregnant lady
- Institutional delivery
- Breast feeding
- Food for lactating mother
- Supplementary feeding
- Cooking practices
- Prevention from diarrhoea
- Personal hygiene and sanitation
- Food diversity (tri colour food)







ROLES & RESPONSIBILITIES 🕂

Mothers of malnourished children has responsibility to attend the camp with their children, decide a common time for camp and contribute some food material or vegetables if they are growing at home and help in cooking food for children.

Health service provider (AWW) at village level has responsibility to contact with families of previously identified malnourished children, ensure their participation in 7 days nutrition camp, make arrangements at AWC, help in all activities during nutrition camp and regularize 3-6 year children at AWC after completion of nutrition camp and follow up young children.

TIME DURATION 2 hours for 1 week



MEASURES OF OUTCOME OF NUTRITION CAMP



Improvement in weight of a malnourished during anthropometric measurement

Behavioral changes in mothers





Change in food habits of child

Position in growth chart: improvement in 6 months-3 year children is measured by calculates his/her position in growth chart.





Improvement in ICDS services

PROCESS / ACTIVITIES

Continuous process of 1 week with malnourished children, mother and health service provider (AWW) to bring changes in health of children, behavioural change in mothers and improvement in delivery of ICDS services with direct involvement of AWW.



01 DAY

- Anthropometric measurement of children with the help of MUAC tape, Height meter and digital weighing machine
- MAM and SAM children without any dangerous sign are to be registered in nutrition camp.
- At the end of first day AWW & facilitator to request to mothers for regular participation in camp with children for 7 days.

02 DAY

- Discussion about Anganwadi services.
- Game and simulation
- Counseling on breastfeeding
- Adequate nutrition and health care during pregnancy and after pregnancy with ongoing activities
- Body weight records
- Recipe demonstration





jaundice • Personal sanitation and hygiene

diarrhea / Pneumonia/ measles

• Orientation on water borne

Communicable disease like

• Recipe demonstration



04 DAY

- Balance diet and importance of tri colour foods
- Recipe demonstration



05 DAY

- Health-seeking practices, immunization
- Recipe demonstration

03 DAY





06 DAY

- Weight measurement and sharing the improvement
- Recipe demonstration

07 DAY

- Sharing of home visit plan
- Recipe demonstration





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