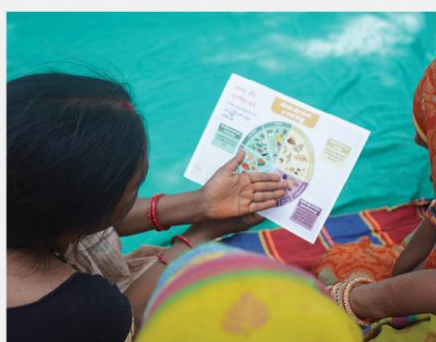


‘SUPOSHIT MADHYA PRADESH’ Nutrition Participatory Learning and Action (N-PLA) Nutrition Training Module

Handbook for Anganwadi workers (frontline workers)
under the Integrated Child Development Services (ICDS)



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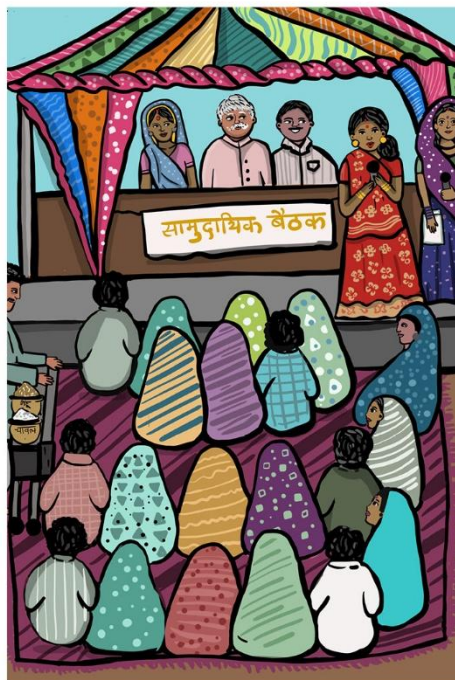
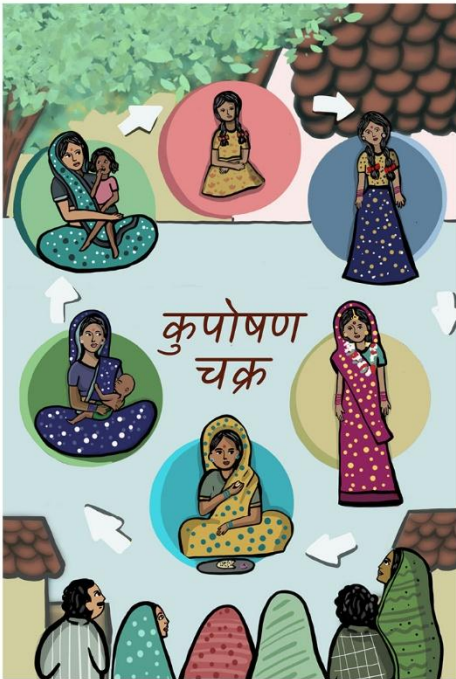
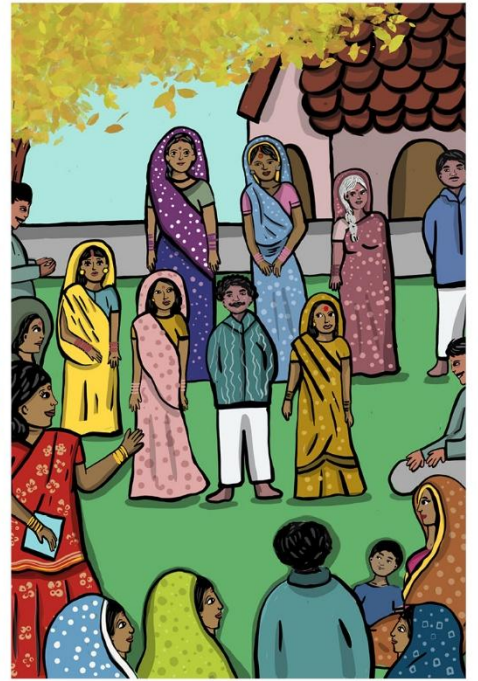
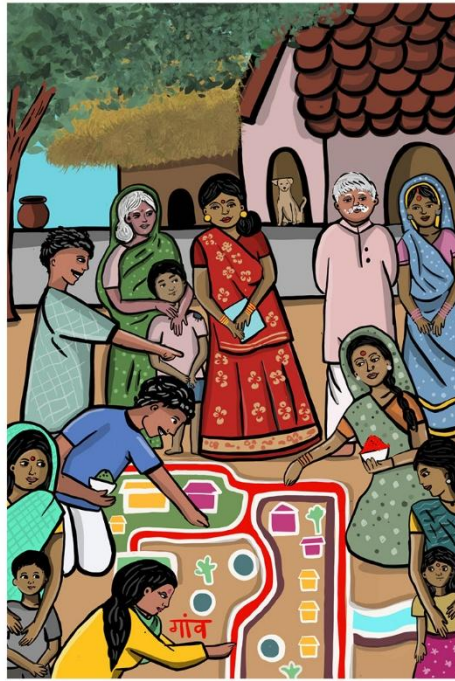
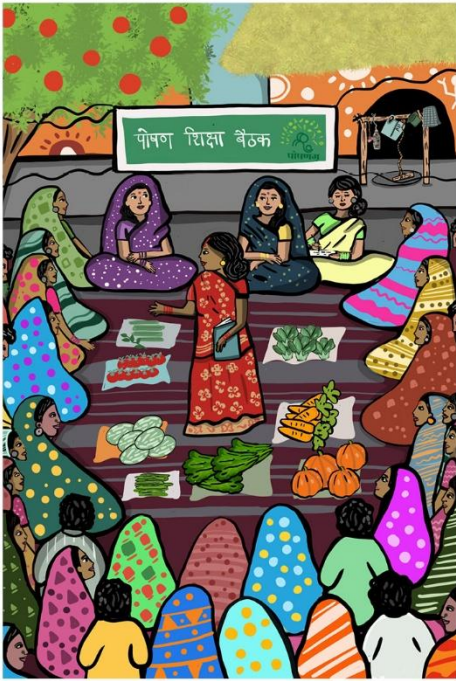
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Preface

The Indo-German development cooperation project “Securing Nutrition, Enhancing Resilience” (SENU) is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in cooperation with the Ministry of Women and Child Development (MWCD), Government of India. The project is part of a larger Global Programme under the Special Initiative “Transformation of Agricultural and Food Systems” (SI AGER) by the German Federal Ministry for Economic Cooperation and Development (BMZ). In India, the project is providing technical assistance to MWCD to improve the nutrition situation of women of reproductive age (15-49 years), adolescent girls (14-18 years) and young children (6-23 months) from vulnerable communities across 11 states in India.

Together with WHH, SENU developed the Nutrition Training Module for Frontline Workers. This module will assist Anganwadi/ frontline workers in conducting engaging and informative nutrition education meetings. By using this module, Anganwadi/ frontline workers can successfully organise nutrition education meetings. With the help of this module, Anganwadi/ frontline workers and community members can understand and promote balanced nutrition collaboratively by utilising local resources.

It is necessary to cultivate the practice of consuming nutritious and diverse food every day for a healthy and nourished mother, child and family.

In order to enhance the level of nutrition it is essential to have diversity every day including different food groups, e.g. pulses, grains, millets, oilseeds, beans, a variety of colourful vegetables, leafy vegetables, root vegetables, milk and milk-based products and eggs and meat for those who consume them.

Providing small children with proper nutrition can help them stay healthy and strong. It is important to initiate breastfeeding within one hour of birth and exclusive breastfeeding till the age of six months. After the age of six months, add homemade supplementary food to their diet while continuing breastfeeding.

Adolescent girls, pregnant women and overall women in reproductive age group (15-49 years) should pay special attention to their dietary habits and consume diverse food groups every day.

In the project villages, communities have various traditional foods like grains, vegetables, fruits, legumes, and different kinds of locally grown produce such as root vegetables, seeds, herbs and uncultivated fruits and vegetables. These nutritious foods are obtained from the land and are an integral part of their diet. However, due to the increasing trend of selling them in the market, the consumption of these foods in their meals has decreased. This trend is concerning and there is a significant need for reversing it.

Integrated Child Development Scheme (ICDS) is a highly effective programme which focuses on nutrition education along with other important aspects like early childhood development/

maternal and child nutrition, growth monitoring etc. This module attempts to promote awareness on nutrition systems and promote essential healthy habits through the use of participatory learning and action (PLA) approach.

Dietary habits, especially the food for women and children, is significantly associated with social traditions, beliefs and cultural practices. To bring about a positive change in it, nutrition education needs to be more effective and based on peoples' participation so that an attempt can be made to change these practices and behaviours with everyone's involvement, agreement and participation.

More than 'telling' or 'teaching', working on 'how to understand' and 'how to change' is necessary. A nutrition-sensitive environment can thus be created in the family and the village.

In this attempt, special attention and work has been done on the content of 'Nutrition Education' and the methods to deliver it. The Anganwadi worker (AWW), who is a frontline worker under the ICDS scheme, will conduct the nutrition education sessions with the following topics:

1. Community participation and creation of nutrition-sensitive environment focused on the nutrition behaviours in the village and ensuring the involvement of the family members including men by engaging parents/couples.
2. Ensuring that there are behaviours, promoting diversity and appropriate quantity and quality in the food of mothers and children in the village. Giving new-borns mother's milk immediately within one hour of birth, exclusive breastfeeding till the age of six months and add homemade and quality complementary food after the age of six months to their diet, diversity in the diet of women, consumption of at least five out of ten food groups and encouraging use of locally available food.
3. Promoting hygiene and cleanliness in homes and families, arrangements for handwashing, emphasising handwashing with soap before eating and cooking meals, after use of toilet, maintaining cleanliness in the cooking and feeding practices.
4. Promotion of homestead nutrition gardens so that vegetables and fruits are available to the family.

These topics are covered in a 20 participatory meeting cycle which should encourage the participation of not only women and mothers but other caretakers like husbands and grandparents. We are very happy to present to the Anganwadi workers this Round 1 of the module containing seven meetings on nutrition education based on participatory principles. We wish that the Anganwadi / frontline workers working tirelessly on maternal and child nutrition will utilise these meetings to create a strong base for promoting nutrition in their respective villages.

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Glossary

Hindi	English
<i>Anganwadi Kendra</i>	Anganwadi centres are government run early childhood care and pre-school and mother care centres in India.
<i>Anganwadi Karyakarta</i>	Frontline worker responsible for managing the activities at the Anganwadi centres
<i>Annaprashan</i>	Celebration of initiation of complementary feeding of a child
<i>Sahyogini Matra Samiti</i>	Mother's Support Group
<i>Gram Panchayat</i>	The first tier of governance system in India promoting local governance at the village level. Can also be referred as the local governance institution
<i>Panchayat Bhawan</i>	The office of the Gram Panchayat or the local governance institution
<i>Sarpanch</i>	Elected head of the Gram Panchayat or the local governance institution
<i>Panch</i>	Elected member of Gram Panchayat or the local governance institution typically responsible for a particular ward consisting of a cluster of houses
<i>Mangal Diwas</i>	Village Health and Nutrition Day (VHND)
<i>Shaurya Dal</i>	Adolescent Group
<i>Choupal</i>	Village Meeting Place
<i>Godbharai</i>	An occasion where the mother to be is showered with lots of love and the imminent motherhood is celebrated. Typically observed in the last trimester of the pregnancy.
<i>Ghutti</i>	Janam Ghutti /Ghutti is a syrup for infants and children
<i>bhajan mandli</i>	The meaning of Bhajan is "a song dedicated to the God" and Mandli is a group of individuals
<i>Khichdi and Dalia</i>	Khichdi is mix of rice and Dal and Dalia is cracked/broken wheat
<i>Ladoo, burfi, or halwa</i>	Sweet dishes
<i>Chivda</i>	Salted or savoury snack
<i>Birchan</i>	Jujube fruit powder
<i>Sattu</i>	Roasted gram powder







Integrated Child Development Services Scheme

Nutrition Education by Anganwadi Workers in Madhya Pradesh

1. Integrated Child Development Services – Women and Child Development Madhya Pradesh

The Integrated Child Development Services Scheme is of immense significance in India and is centred on women and children. Its objective is to reach every mother and child with proper nutrition services. Recognising the enormity of this cause, the Government of India has established a comprehensive structure that extends from village to the state.

State	Principal Secretary, Women and Child Development Department Director, Women and Child Development Department
District	District Programme Officer
Block	Project Officer
Sector	Supervisor
Village	Anganwadi Worker

Key Objectives	Key Services
1. Bringing about an improvement in the health and nutrition status of children in the age group from 0-6 years	 1. Supplementary nutrition
2. Laying a strong foundation of mental development of children	 2. Immunisation
3. Reducing maternal mortality, infant mortality, incidents of malnutrition and school dropouts	 3. Health check-up
4. Promoting collaboration and coordination between various departments on policy and practice to create a synergistic impact for promoting child development	 4. Referral services
5. Through nutrition and health education, enhance maternal awareness and capacities on the health and nutritional needs and care of children	 5. Pre-school education
	 6. Health and nutrition education

2. Integrated Child Development Services Scheme

Services provided by the Anganwadi:

1. Making supplementary nutrition available
2. Health Check up
3. Referral services
4. Immunisation
5. Nutrition and Health Education – Through this module Anganwadi workers will be prepared especially for delivering nutrition education
6. Pre-school informal education

Main tasks of Anganwadi worker

The main tasks of an Anganwadi worker are as follows:

1. Conduct two growth monitoring surveys in a year, i.e., every six months, in the months of April and October.
2. Register all pregnant women, mothers of children up to 6 months old, children aged 7 months to 6 years and adolescent girls (11 to 18 years) and distribute supplementary nutrition to the registered beneficiaries.
3. Organise the Village Health and Nutrition Day at the Anganwadi centre in collaboration with community health worker Accredited Social Health Activist (ASHA)
4. Identify left out hamlets and habitations, prepare list of beneficiaries and ensure reach of services
5. Prepare a list of pregnant women and children up to six months of age and ensure their immunisation
6. Get pre-natal and post-natal health check-up of all pregnant women and mothers
7. Give information on nutrition and health issues by holding a meeting of all adolescent girls
8. Organise the meeting of Mother's Committee once in a month
9. Do 4-5 home visits every day to provide information on good health practices and nutrition
10. Provide pre-school education to children aged 3 to 6 years
11. Initiate complementary feeding by organising 'Annaprashan' for children above 6 months with the support of the Panchayat and *Sahyogini Matra Samiti*
12. Monitor the growth though weighing of all children aged 0-5 years and provide appropriate guidance and encouragement
13. Refer high risk pregnancy, severely acute malnourished children, and children with warning signs to the nearest health centres
14. Provide nutrition and health education to women and adolescent girls
15. Identify the disability among children such as deafness, mental retardation, night blindness, and other disabilities during her home visits and refer them to appropriate institutions (PHC or district disability rehabilitation centre)

Nutrition education provided by the Anganwadi worker

Fundamental awareness on hygiene and nutrition-sensitive agriculture is essential with correct information on nutrition so that the mothers also know about appropriate behaviours along with awareness on the issue.

Nutrition education is all about promotion of health and nutrition behaviours, with a specific focus on promoting diverse and high-quality food in appropriate quantity among women and children, through spreading awareness and information among men, women, family and the community by the Anganwadi workers.

Keeping the local context in mind the Anganwadi workers conduct nutrition education sessions with active participation from the community, where they provide essential and accurate information on the significance of nutrition, food groups, the cycle of malnutrition, and the importance of a child's growth and development.

Nutrition education meetings aim to enhance the effectiveness of the nutrition and health education services provided by Anganwadi workers. Nutrition education sessions are conducted using the Participatory Learning and Action (PLA) approach to actively involve the community, which is an effective way to actively mobilise the community and reach out to marginalised and vulnerable communities.

3. Introduction to Participatory Learning Process in Nutrition Education

- Participatory learning is the simplest way of learning and understanding, where we can help individuals of any age to easily understand various aspects of nutrition and adopt healthy behaviours.
- Understanding local issues related to nutrition through songs, pictures, and interactive games.
- Identifying malnutrition easily.
- Emphasising the importance of food, promoting diversity in food, and enhancing the use and importance of locally available food items.
- Finding local solutions and working together on promoting cleanliness, proper use of toilets, and use of safe drinking water.

Phases of Nutrition Education



1. Identification of nutrition related problems in the villages

- By enhancing the understanding of the village or the community on nutrition, identifying the problems associated with nutrition in the village at present.
- Understand the social context and background of the village along with customs, beliefs and practices related to nutrition.

- Identify and understand the present situation of the available services in the village through the use of social mapping.
- To know the effect of social inequality and gender-based disparities on nutrition behaviours and practices.



2. Plan for addressing nutrition related problems

- Finding solutions for the problem of malnutrition by presenting successful examples of well-nourished children and mothers in the village.
- Formulating a community-based plan for what needs to be done to address nutrition-related problems.



3. Working together on the plan prepared for improvement in nutrition

Groups who regularly participate in nutrition education sessions are not only more aware but also work towards bringing positive changes in their village. They promote and incorporate various nutrition behaviours in their daily lives, such as breastfeeding within an hour of birth, exclusive breastfeeding up to 6 months, monitoring a child's growth, and ensuring diversity in the mother's and child's meal, including fruits, vegetables, milk, oilseeds, pulses, millets and whole grains. Family and community members initiate certain activities to adopt nutrition-related habits at home, like setting up and using the kitchen gardens for vegetables and fruits, maintaining cleanliness and hygiene and availing different government services.



4. Evaluation of the work done

In this phase, the accomplishments of activities related to maternal and child nutrition behaviours are analysed to identify the changes that have occurred and plan for future actions. The positive changes and achievements brought about in the community through the nutrition education sessions are also assessed in this phase.

Participatory Learning and Action [PLA] approach





The participatory learning and action approach involves various methods to help the community understand the subject effectively, such as:

- Discussing and making decisions through participatory games.
- Understanding the village through pictures and colours.
- Making choices through the use of solution picture cards.
- Understanding the subject through stories and songs.
- Exploring nutrition solutions through plays and exercises.
- Learning from the implementation of nutrition solutions and practices.

Nutrition education (through Participatory Learning and Action)

- Anganwadi / frontline workers holding meetings once a month on Village Health and Nutrition Day (*Mangal Diwas*).
- These meetings on nutrition education last for about two hours.
- Pregnant and lactating mothers, men and members of the Panchayat and all members of the community participate in these meetings.
- The timing and location of the meetings are decided based on the convenience and preferences of the women of the village.

Nutrition education meetings are designed in four phases under the PLA (Participatory Learning and Action) framework, which are as follows:

	First Phase - Identification and prioritisation of nutrition-related issues
	In this phase, three meetings will be conducted where the community members identify and prioritise nutrition-related problems. They will identify the problems and select them based on their significance. The community will also understand the significance of improving nutrition through collective efforts in these initial meetings.
	Second Phase - Developing strategies and action plan to improve nutrition
	In this phase, four meetings will be held for the community to formulate strategies and action plans to address the identified and prioritised problems. At the end of this phase, a community meeting will be organised at the village level, inviting all community members and representatives of various departments to share the developed action plan and ensure their support in its implementation.
	Third Phase - Implementing actions for improved nutrition
	In this phase, twelve meetings will be conducted where the community will work on the strategies and action plans developed and achieve the objectives of the intervention in their families and village. These meetings also encourage the community to assess and review the progress of the work done. The community organises a community meeting in this phase as well where apart from progress review, they resolve to continue the efforts taken up through the project.
	Fourth Phase - Evaluation and taking the nutrition focused interventions further by the group
	In this phase, one meeting will be held to evaluate the work done and meetings conducted by the community along with a resolve to take the efforts forward.









Four Phases of Nutrition Education PLA meetings

4. Key topics covered under the nutrition education meetings

To improve nutrition outcomes of mother and child the nutrition education meetings will be conducted on the following topics:

Key topic	Description of the topic	Method
<i>Our village</i>	Understanding the village – inequity and gender discrimination.	Social mapping, Game of steps.
<i>Understanding malnutrition</i>	What is Malnutrition? Types and symptoms of malnutrition, understanding the intergenerational malnutrition cycle and creating plans to come out of it, knowing the hidden reasons behind malnutrition.	Identifying malnutrition through the use of pictures. Discussion on the malnutrition cycle.
<i>Children of our village and their nutrition</i>	Nutritional status of the village, eating habits of families with healthy and selection of problems of malnutrition, discussion with parents of a well-fed child, family story of well-fed mother and children and local beliefs.	Story telling- Selection of problems of malnutrition, discussion with parents of a well-nourished child, story of a well-nourished mother and child.

 Key topic	 Description of the topic	 Method
<i>Food security and food diversity in our village</i>	Collective efforts for nutrition, availing various schemes of the government, responsibilities and functioning of various committees and groups of the village.	The Bridge Game Visualising an ideal village.
<i>Community meeting of our village</i>	Discuss nutrition of the village with men, women, families, community, service providers, Panchayats, Village Health Sanitation Nutrition Committee (VHSNC) members, Mother's support Group (<i>Sahyogini Matri Samiti</i>) and Adolescent Group (<i>Shaurya Dal</i>).	Songs, plays and use of various local cultural means to resolve creating a 'Well-Nourished Village'.
<i>Growth monitoring of children</i>	To understand the methods of growth monitoring of children by the parents by visiting the Anganwadi Centres and to regularly monitor the growth of their child.	Understanding the growth of children on the growth chart.
<i>Importance of mother's milk for the child</i>	Understanding the importance of mother's milk for the child within one hour of birth, knowing the importance of the first thick and yellow milk of the mother (colostrum), the importance of exclusive breastfeeding of the child for 6 months, and the benefits of breastfeeding the child. Knowing about the right ways to breastfeed the child. Discussion on the support of family members.	Demonstration through a doll made up of cloth and discussion with the help of picture cards.
<i>Initiation of supplementary food for the child at the appropriate time</i>	Importance of complementary feeding for the child at attaining six months of age. Knowing the importance of mother's milk up to the child's age of two years along with complementary foods. To know the food that protects children from disease, gives energy and promotes growth. To know the quantity and type of food for children of 6 to 9 months, 9 to 12 months and 12 to 24 months.	Celebrating initiation of complementary feeding " <i>Annaprashan</i> " as a festival. Discussion on nutritious food through posters. Demonstrating the consistency and quantity of the food.
<i>Nutrition needs during reproduction,</i>	Understanding the nutritional needs of pregnant and lactating mothers. Discussion on beliefs and myths related to the diet of	Demonstration of the 10 food groups and local and nutritious food.



 Key topic	 Description of the topic	 Method
<i>especially for pregnant and lactating women</i>	pregnant women and lactating mothers. Making nutritious food from the food items available in the village.	
<i>Need for nutritional diversity women and children</i>	To understand the nutritional value of the food items available in the village. To understand about the availability of nutritious food round the year. To know about balanced diet. The role of the family in providing nutritious food for children and women of reproductive age.	Mapping and drawing the food items found in the village. Seasonal mapping food items available in the village. Mapping of food items eaten in a day (from morning till night).
<i>Importance of nutrition garden</i>	Come, let's grow our own nutritious food and get nutritious food from our courtyard round the year. Understand the importance of creating nutrition gardens in homes and on community lands. To understand about the different types of nutrition gardens. Understanding the need to grow what you eat and eat what you grow. To know the ways of using water for nutrition gardens.	Listening to the experiences of the families in the village. Learning from the nutrition garden of any family in the village. Videos of nutrition garden.
<i>Our hygiene practices – Food hygiene</i>	To know the impact of hygienic preparation and proper storage of food. Understanding the use and proper storage of clean water. Know the hygienic practices of preparing, eating and handling food.	Demonstration of hygiene behaviours.
<i>Our hygiene practices – handwashing with soap and liberation from open defecation</i>	To understand the importance of washing hands with soap to stay healthy. Adopt the habit of washing hands with soap to avoid diseases and illness. Make arrangements for washing hands with soap in your home. Use of toilet by all members of the family. To know the ill effects of open defecation on health.	Demonstration of correct method of hand washing.

5. Introduction to the Module

This module will assist Anganwadi / frontline workers in conducting nutrition education meetings in creative and engaging ways. By using this module, Anganwadi / frontline workers can conduct nutrition education meetings effectively and successfully. Through the use of this module, Anganwadi / frontline workers and community members together can understand and integrate the use of local resources, balanced diet, and nutrition-related practices.

Through nutrition education meetings, Anganwadi / frontline workers will be able to encourage community members to discuss and understand nutrition-related topics and relevant issues in an impactful manner. It will also help them comprehend the priority areas related to nutrition. During the process of nutrition education meetings, community members can understand the underlying causes of nutrition-related problems and develop action plans based on the available resources to address them. Moreover, they can also evaluate their actions during this process.

6. Objectives of the module

The objectives of creating this module are as follows:	
 <p>To provide guidance to Anganwadi / frontline workers, especially in conducting nutrition education meetings with pregnant women, lactating mothers, adolescent girls, male members of the family, and mother-in-law.</p>	 <p>To identify and prioritise nutrition-related issues affecting mothers, children, and the community and find solutions and strategies to address these problems effectively so that a well-nourished village and community can be created.</p>

7. How does the Nutrition Participatory Learning and Action (NPLA) process help?

Through the NPLA process:

- Community members can learn to connect nutrition with the use of locally available natural resources and balanced diets.
- Through intensive discussions community members learn to identify and understand the forms and symptoms of malnutrition, the underlying causes behind them and their effects and ways of measurement.
- They understand the intergenerational impact of malnutrition and how by meeting the nutritional needs of different age groups, such as infants, young children, adolescents, pregnant women and lactating mothers, the malnutrition cycle can be broken.

- The NPLA process enables community members to discuss and understand the importance of nutrition and proper care for mothers and children. They can comprehend the relationship between balanced nutrition and the diversity of food in their diet.
- They can plan the utilisation of available resources for proper nutrition, including making of nutrition gardens and locally available food items.
- Most importantly the community gains insights into nutrition, food, and health-related issues and strive to break the cycle of malnutrition by implementing appropriate strategies.







8. How to use this Module







- Nutrition Education Meetings can be conducted according to the guidelines for carrying out such meetings as given in the module
- Each meeting's objectives, participants, required materials, method, and the process of conducting the meetings are detailed out in the module. The meetings in the module are divided into three phases.
- The description for conducting the meetings as provided in the module can be used to effectively conduct the meetings.
- The sequence of organising the meetings is elaborated in the module, which can help Anganwadi / frontline workers ensure impactful discussions and active participation of community members.
- The processes described in the module can be resented by linking them with local context and practices.
- The guidance provided in the module will assist Anganwadi / frontline workers in making the process more participatory and engaging for the community.







9. Description of the First Module of Nutrition Education

Let us now understand the topics covered under Module 1.

There are seven meetings in this round described as follows:







 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
1	Knowing the village	<ol style="list-style-type: none"> 1. Creating an environment for organising nutrition education meetings. 2. Selection of venue for nutrition education meeting. 3. Develop a collective understanding of the nutritional status of the village. 4. To know about the general information related to the village. 	Discussion and developing the social map of the village, knowing about the general information of the village.	Coloured powder (<i>Rangoli</i>) of three to four colours which must include white colour, nutrition-based songs, pen and register.	<ul style="list-style-type: none"> • To assess the nutrition status and conduciveness of the village environment for organising nutrition education meetings. • To develop a social map to understand the current status of social structure and nutrition of the village.
2	Social inequity, gender-based discrimination and nutrition	<ol style="list-style-type: none"> 1. Understanding the objectives of nutrition education sessions. 2. Giving a name to the group and creating ground rules for participation in the meetings. 3. Introduction to Nutrition Participatory Learning and Action (NPLA) and determining rules for the NPLA meetings. 4. To identify people who are deprived of services by understanding the social and gender inequality prevailing in the society. 	Interactive discussion, Power Walk Game, Sticks Game and exercises for decision making.	Chits with questions for the Power Walk Game, some wooden sticks and a bundle of sticks, songs based on nutrition, a pen and a register.	Anganwadi workers will introduce themselves and nutrition education meetings. They will conduct the Power Walk Game to understand the social and gender inequality prevalent in the society, in order to identify those who are deprived of services.







 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
		<ol style="list-style-type: none"> 5. To discuss the need and measures to connect people deprived of services with the services. 6. Understanding the role of the male in the family in the nutrition of mother and the child. 7. Discuss the role of family members in decisions taken in the family. 			
3	Understanding nutrition of women and children	<ol style="list-style-type: none"> 1. Understanding undernutrition. 2. Understanding the malnutrition cycle. 3. To understand the current status of maternal and child undernutrition. 4. To understand the problems of undernutrition and the local beliefs and misconceptions related to it. 5. To prioritise the problems of undernutrition. 	Discussion through picture cards, mapping of the daily diet of mother and children, discussion on problem picture cards and the selection game.	Malnutrition – nutrition picture cards problem picture cards, chart, small stones, pen and register.	<ul style="list-style-type: none"> • Understanding nutrition. Knowing about intergenerational malnutrition cycle and understanding how to break it. • This cycle is not broken due to lack of adequate attention to the diet of women, children and adolescent girls. • Prolonged illness is also a cause of malnutrition and understanding more such reasons.
4	The families of nourished mothers and children and their diet	Understanding the visible and underlying causes of malnutrition. To find local and doable solutions to the problems of malnutrition.	Hearing the experiences of well-nourished families, narrating stories through pictures and discussion.	Story and associated pictures, pen and register	<ul style="list-style-type: none"> • Inviting the families who have adopted nutrition behaviours and asking them to narrate their experiences and practiced behaviours in front of everyone. • Helping the participants find solutions for nutrition by narrating a story.







 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
5	Collective strategy for well-nourished women and children	<ol style="list-style-type: none"> 1. Develop actionable strategies to achieve better nutritional status of the family. 2. Discuss on strengths and opportunities for implementing the strategies. 3. To discuss on the barriers in achieving better maternal and child nutrition and how to eliminate them. 4. Envisioning a well-nourished village. 	Bridge Game and Envisioning a Nourished Village exercise.	Bricks, wooden planks and white paper, coloured powder (<i>Rangoli</i>) of various colours, pen and register.	<ul style="list-style-type: none"> • Formulating a strategy for a nourished village. • Visualising a nourished village so that in the future that vision can be realised by working together.
6	Nutrition and shared responsibilities	<ol style="list-style-type: none"> 1. To distribute / allocate responsibilities for implementing the strategies discussed in the last meeting. 2. Determining the process to assess the progress. 3. To know about the nutrition related services and rights for pregnant women, lactating mothers and children. 4. To discuss on the necessity and required preparations for community meeting. 	Discussion and division of responsibilities.	Chart of strategies, form for distribution of responsibilities, village level service providers and materials provided by them, pens and register.	Discussion on responsibilities for creating a nourished village together and taking up responsibilities.
7	Community Meeting	<ol style="list-style-type: none"> 1. Sharing the learnings of the meetings carried out so far with others in the larger community. 2. To share the strategies made by the group to improve the nutritional status of mothers and children with everyone. 	Street theatre, storytelling, discussion through picture cards, songs, dance etc.	Materials used in previous meetings like picture cards, list of strategies, locally available decoration materials, pens, notebook.	<ul style="list-style-type: none"> • Organising a big event by inviting all the seniors of the village and the representatives of the government departments. • For the village level meeting, cooperation should be sought from all.







Meeting Number	Content	Objectives	Method	Materials required	Topics to be discussed
		3. To make efforts to increase the participation of community members (primarily men and mother-in-law) in improving the nutritional status of mothers and children. Seeking the cooperation of the community and other stakeholders in implementing the strategies.			
8	Growth, development and regular monitoring of children	<ol style="list-style-type: none"> 1. Understanding the importance of regular monitoring of a child's weight and height, growth and development. 2. Learning about the practices adopted by families with children falling in green category, that is, normal /well-nourished children, regarding food, cleanliness, and other behaviours, with a particular focus on understanding the roles of families and males. 3. Understanding the services available for child growth monitoring, weekly weighing, observing special days like <i>Mangal Diwas</i>, and understanding the growth monitoring charts for boys and girls. 4. Understanding the importance of using the Mother and Child Protection Card. 5. Understanding the reasons for not monitoring growth and its consequences. Discussing local beliefs 	Demonstration of the usage of growth chart, discussion with parents, learning from each other's experiences, and discussing the implementation of strategies.	Growth chart, weight scale, infantometer, stadiometer, maternal and child protection card, pen, register.	<p>Now, the discussion in all meetings will begin as follows:</p> <ul style="list-style-type: none"> • We will discuss what we have achieved so far for nutrition, what more needs to be done, and how we can organise our work to make our village well-nourished. • Understanding the importance of regular physical measurements/weight monitoring for children. Adopting the practice of regular weight and height/length measurements for children in the Anganwadi. • Understanding the local beliefs and misconceptions related to children's growth monitoring. • Adopting measures to make children well-nourished.







Meeting Number	Content	Objectives	Method	Materials required	Topics to be discussed
		<p>and misconceptions related to growth monitoring.</p> <p>6. Recognising the symptoms of a healthy and well-nourished child and the steps to be taken after assessing the child's nutritional status.</p> <p>7. Discussing the role of fathers and other family members in children's nutrition.</p>			<ul style="list-style-type: none"> Understanding the role of other family members, especially husbands and mothers-in-law, in children's growth monitoring and starting their involvement in Anganwadi.
9	Exclusive breastfeeding for children	<ol style="list-style-type: none"> The child's first nutrition: mother's milk and its importance. Emotional connection between mother and the child, it's relationship with breastfeeding, and related beliefs and misconceptions. The need for breastfeeding within the first hour of birth and the importance of colostrum, the thick yellowish milk. From birth to 6 months, which is 180 days, the child should receive nutrition from the mother's milk exclusively. It is essential for all mothers, whether staying at home or working outside, to ensure exclusive breastfeeding for their children. Benefits of breastfeeding for both mother and child. The correct technique of breastfeeding and maintaining consistent breastfeeding. 	Discussion through breastfeeding picture cards, demonstration using dolls, understanding the "Guess if you can" game, and discussion on the implementation of strategies.	The chart or register used for measuring the progress on implementation of strategies, breastfeeding picture card, dummy (doll) representing the child, problem picture cards used in the meeting, chart paper, pen, and register.	<p>Now, the discussion in all meetings will begin as follows:</p> <ul style="list-style-type: none"> We will discuss what we have achieved so far for nutrition, what more needs to be done, and how we can organise our work to make our village well-nourished. Understanding that both mother and child benefit from breastfeeding. Taking a resolution to work on dispelling myths and local customs related to breastfeeding. Deciding with the family's support, especially through communication with the mother's mother-in-law and husband, about breastfeeding.







 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
		7. Support to the mother from her family, especially her mother-in-law and husband, is crucial in facilitating breastfeeding.			
10	Timely initiation of complementary feeding and nutrition for children	<ol style="list-style-type: none"> 1. Nutritional requirements for children aged six months to two years. 2. Significance of complementary feeding and its importance after six months. 3. The importance of easily digestible food for children, the significance of nutritional diversity in their diet, and the role of the family. 	Celebration of initiation of complementary feeding, effective discussion on quantity and quality of complementary food using flex, demonstration of thickness and consistency of complimentary food, and discussion on the implementation of strategies.	The chart or register for measuring the progress on the implementation of strategies, a bowl, spoon, essential nutritious food given from 6 months, flex based on quantity and quality, a set of three bowls and spoons, and a handful of flour or roasted gram flour <i>sattu</i> , problem picture cards used in the meeting, a drum (Dholak), register, and pen.	<p>Now, the discussion in all meetings will begin as follows:</p> <ul style="list-style-type: none"> • We will discuss what we have achieved so far for nutrition, what more needs to be done, and how we can organise our work to make our village well-nourished. • To determine the nutrition of children, initiate complementary feeding at the right time. Discuss the quality/nutrition and quantity of meals for children aged 6 to 24 months, understand the frequency of their meals, and its thickness / consistency according to age. Determine the role of fathers in children's diet.
11	Nutritious and diverse nutrition for women and children	<ol style="list-style-type: none"> 1. Understanding the contribution of various types of food items to the development of body and better health. 2. Creating awareness about local availability of nutritional diversity and balanced diet. 	Charting / mapping of locally available food items, a balanced diet plate, assessment and planning based on the availability of	A chart or register used for measuring the progress in implementation of strategies, locally available food items, a large plate, problem picture card used	<p>Now, the discussion in all meetings will begin as follows:</p> <ul style="list-style-type: none"> • We will discuss what we have achieved so far for nutrition, what more needs to be done, and how we can organise our

 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
		<ol style="list-style-type: none"> Understanding nutritional diversity based on seasonal variations. Discussing the getting ready of nutritious food using local food ingredients. 	nutrition according to the seasons, role-play, and discussion on the implementation of strategies.	in the meeting pen, and a register.	<p>work to make our village well-nourished.</p> <ul style="list-style-type: none"> Understanding the contribution of various locally available food items to the development and better health of the body, and incorporating them into daily meals. Discussing strategies to maintain nutritional diversity based on seasonal availability and planning strategies. Discussion on getting ready of nutritious meals for children using local food ingredients.
12	Nutrient-rich diet for adolescent girls, pregnant women, and lactating mothers	<ol style="list-style-type: none"> Understanding the need for nutritious food for adolescent girls, pregnant women, and lactating mothers. Understanding and committing to adopting the Ten Food Groups. Discussing myths and local customs, beliefs, and traditions related to the diet of pregnant and lactating women. Learning the method of preparing nutritious food for pregnant women and lactating mothers. 	Discussion on the nutritional needs of adolescent girls, pregnant women, and lactating mothers, discussion on the 10 food groups using picture cards, discussion on the dietary practices and customs related to pregnancy and lactation, picnic-demonstration of nutritious food getting ready	A chart or register used for measuring the progress in implementation of strategies, Chart of 10 Food Groups, ingredients for making nutritious khichdi and dry food items, ingredients for making something sweet from supplementary nutrition given to pregnant women, Iron and Folic Acid (IFA) tablets,	<p>Now, the discussion in all meetings will begin as follows:</p> <ul style="list-style-type: none"> We will discuss what we have achieved so far for nutrition, what more needs to be done, and how we can organise our work to make our village well-nourished. Discussing the nutritional needs of adolescent girls, pregnant women, and lactating mothers, and increasing dietary diversity in their daily meals. Addressing misconceptions related to the diet of pregnant and lactating women, considering local







 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
			methods, and discussion on the implementation of strategies and songs.	Maternal and Child Protection Card, provision for handwashing with soap, Utensils, <i>dholak</i> , problem picture cards to be used in the meeting, register, pen.	customs and beliefs. Learning the method of preparing nutritious meals and celebrating with a picnic.
13	Homestead nutrition garden	<ol style="list-style-type: none"> 1. To understand the importance of a Nutrition Garden for nutritional diversity. 2. To cultivate safe, diverse, and nutritious vegetables and fruits for consumption. 3. To comprehend the need for nutritious food for adolescent girls, pregnant women, and lactating mothers. 4. To make efforts to bring nutrition from fields to the plate. 5. Establish a seed bank for the Nutrition Garden. 6. To plan for vegetables and fruits in the Nutrition Garden and create a plan for use of organic fertilizers and the natural barrier for the Nutrition Garden. 	Sharing of experiences by the family, visiting the nutrition garden, storytelling with picture cards, and discussing the implementation of strategies.	A chart or register used for measuring the progress in implementation of strategies, picture cards for the story, arrangements for seating, <i>dholak</i> , problem picture cards to be used in the meeting, register, pen.	<p>Now, the discussion in all meetings will begin as follows:</p> <ul style="list-style-type: none"> • We will discuss what we have achieved so far for nutrition, what more needs to be done, and how we can organise our work to make our village well-nourished. • To inspire all families in the village to establish nutrition gardens in their homes and any available spaces. Motivate the groups for year-round availability of fruits and vegetables in the village. Develop a strategy for collaborative efforts to ensure the availability of seeds in the village. Formulate a strategy for the judicious use of water resources.

 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
14	Community meeting	<ol style="list-style-type: none"> 1. To inform the community about the importance of a Nutrition Garden for nutritional diversity. 2. To present the plan of the Nutrition Garden for creating a well-nourished village. 3. To share the types of Nutrition Gardens, layout, fencing, use of organic fertilizers, and water usage plan. 4. To collaborate with everyone in planning the responsible use of water and its conservation. 5. To share strategies for improving the nutrition status of mothers and children with everyone. 6. To make efforts to increase the participation of community members (especially men) in improving the nutrition status of mothers and children. 7. To seek the cooperation of the community and officials in implementing nutrition-related tasks. 	Street plays, storytelling, performance, demonstrations, songs, local dances, etc.	Materials used in previous meetings such as picture cards, lists of strategies, locally available decoration items, pen, notebook, etc.	<ul style="list-style-type: none"> • Sharing our work, knowledge, and achievements with larger community groups and others. • Collaborating with everyone to make the village abundant in fruits and vegetables. • Mobilising the community to prepare for planting nutrition gardens in every household. • Involving everyone in the activities aimed at making the village a well-nourished community. • Encouraging all women and children in the village to commit to becoming well-nourished
15	Our hygiene habits Our Food and Our Water	<ol style="list-style-type: none"> 1. To encourage both women and men to recall the discussion held in the previous meeting. 2. Understanding the importance of cleanliness and hygiene for staying nourished. 	Storytelling, sharing the experiences of families with hygiene habits, and an inspiring song at the last.	Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken. The story of Rani	<ul style="list-style-type: none"> • Discussion will be held on the progress of strategies and actions being taken to implement maternal and child nutrition and dietary diversity.

 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
		<ol style="list-style-type: none"> Knowing about and getting inspired to adopt hygienic cooking practices and the storage of cooked food. Making a commitment to learn and adopt hygiene practices associated with drinking water. Assigning responsibility to all family members to adopt hygiene practices. Motivating everyone to ensure that every home in the village is clean and tidy. 		and the picture cards used in the story, samples of Tippy-tap, and the nutrition education register.	<ul style="list-style-type: none"> Discussion on cleanliness and hygiene practices related to preparing food, eating food and practices after eating, will take place. Ensuring that all villagers adopt cleanliness and hygiene practices related to food. Discussion will take place on cleanliness and hygiene practices related to drinking water. It will be ensured that all community members in the village adopt cleanliness and hygiene practices related to drinking water. All participants will be motivated to use Tippy Tap.
16	Our personal Hygiene Habits The use of toilets and washing hands with soap	<ol style="list-style-type: none"> To encourage both women and men to recall the discussion held in the previous meeting. Understanding the importance and method of handwashing. Knowing when it is necessary to wash hands. Adopting cleanliness and hygiene practices to prevent infections. Understanding the disadvantages of open defecation and working towards 	Demonstration of the correct method of handwashing, discussion through 5-F posters, and listening to the experiences of families using the toilet.	Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken. Materials for demonstrating handwashing with soap, 5F posters, pen and registers	<p>Discussion will take place on the progress of strategies and actions being taken to implement maternal and child nutrition and dietary diversity.</p> <ul style="list-style-type: none"> Emphasising the importance of handwashing with soap through games and activities. Learning the correct way to wash hands with soap.

 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
		making the village open defecation-free.			<ul style="list-style-type: none"> Discussing the benefits of using toilets and resolve that everyone in the village will use toilets.
17	Healthy eating habits for women : Nutritional diversity in dietary habits	<ol style="list-style-type: none"> The importance of nutrition in the diet of women of reproductive age, including diversity, quantity, and quality of food. Healthy eating behaviours for women. Responsibility and support of the husband and mother-in-law in the family for the nutrition of women. Role of N-PLA group and community-based efforts and planning to enhance women's nutrition in the village. 	Role play, resolution with picture cards, learning from the experiences of nourished families/couples, and displaying the 10 food groups available at the local level.	Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken, arrangement for the role play, a drum, posters on malnutrition cycle, 10 food groups, the poster on food and nutrition, picture cards used in the meetings 11 and 12, and display materials for the locally available 10 food groups.	<ul style="list-style-type: none"> Discussion on the progress of strategies and actions being taken to implement maternal and child nutrition and dietary diversity will take place. Reiteration of nutrition behaviours of women in the reproductive age group discussed in previous meetings. The group will resolve that going forward, no woman in the village will have anaemia. Every woman in the reproductive age in the village will consume at least 5 out of 10 food groups. Identifying possible strategies for the nutrition and health of women.
18	Well-nourished children: Nutritious meals and their hygiene habits	<ol style="list-style-type: none"> To encourage both women and men to recall the discussion held in the previous meeting. Exclusive breastfeeding for children from birth to 6 months. Cultivating habits of nutritious supplementary eating for children 	The selection of an appropriate circle, discussion through picture cards and posters related to child nutrition used in previous meetings, and learning from	Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken, posters or cards related to child nutrition used in all	<ul style="list-style-type: none"> Discussion on the progress of strategies and actions being taken to implement maternal and child nutrition and dietary diversity. Reiteration of nutrition behaviours of women in the

Meeting Number	Content	Objectives	Method	Materials required	Topics to be discussed
		<p>from 6 months to 2 years, along with breastfeeding</p> <ol style="list-style-type: none"> Support from the family, especially from the husband and mother-in-law, in the nutrition of children. Understanding the importance of the role of parents and the family in ensuring the nutrition of children. Efforts and planning for the nutrition of children through <i>N-PLA</i> group and community at large. 	the well-nourished families.	previous meeting and chalk for creating circle.	<p>reproductive age group discussed in previous meetings.</p> <ul style="list-style-type: none"> The group will resolve that going forward no child in the village will be a victim of malnutrition. Every child in the village, aged 2 years and above, will be fed at least 5 out of 10 food groups. Possible strategies for the nutrition and health of children will be identified.
19	Making of a well-nourished village	<ol style="list-style-type: none"> Seeking support from all stakeholders. Sharing the positive changes coming in the village regarding cleanliness and hygiene, and the effective impact of nutrition education meetings. Informing everyone about the effective examples of development in the village. Making a commitment to continue being a well-nourished village in the future. Taking responsibility for maintaining positive efforts. 	Street plays, storytelling, discussion through picture cards, Puppet, songs, dance, exhibition, etc.	Materials used in previous meetings such as picture cards, lists of strategies, locally available decorative items, materials for exhibition, pens, notebooks.	<ul style="list-style-type: none"> Community will work together on strategies for nutrition of mothers and children. Government officials would be encouraged to facilitate nutrition activities in the village. The future direction and responsibilities for the nutrition of mothers and children in the village will be determined.
20	Collective evaluation of nutrition efforts	<ol style="list-style-type: none"> To collectively assess the efforts made to keep the village well-nourished and to plan for future initiatives. To assess the impact of 19 meetings conducted by the Anganwadi / frontline 	The game of selection, mutual discussions, and the making of nutritious <i>chivda</i> and <i>laddoos</i>	Format for measuring the progress on implementation of strategies, chart paper, pictures and materials for	<ul style="list-style-type: none"> Community and families will jointly evaluate the work done so far in a participatory manner.

 Meeting Number	 Content	 Objectives	 Method	 Materials required	 Topics to be discussed
		<p>worker, the participation of women, men, and others in the meetings, and the review of changes regarding nutrition in the village.</p> <ol style="list-style-type: none"> 3. To consistently continue the cycle of nutrition education meetings by the Anganwadi / frontline worker in the village and restart the cycle of meetings on a fixed day of the month, including new women of reproductive age in the discussions. 4. Identify those women and men who haven't participated in all meetings, mark them, and reintegrate them into the meetings. 5. Make a commitment to consume nutritious <i>chivda</i> and <i>laddoos</i> made from local, nutritious millets, jaggery, ghee, etc., and pledge to incorporate locally sourced and homemade food in daily meals. 	<p>by men and women, and celebrating with songs and slogans.</p>	<p>displaying the meetings, pebbles/small stones, ingredients for making millet flattened rice and <i>laddoos</i>, utensils and stove, register and pen.</p>	<ul style="list-style-type: none"> • Sharing of experiences of nutrition education meetings with each other will take place. • Action plan for the future will be prepared. • Celebration of the success of nutrition efforts will take place and the community will be inspired to continue nutrition education meetings. • Learn to make <i>chivda</i> and <i>laddoos</i> using local millets and be inspired to use millets.

10. Role and responsibilities of Anganwadi Workers in Nutrition Education Meetings

Anganwadi workers will act as facilitators in nutrition education meetings, whose responsibilities are as follows:

- Identification and selection of target groups for meetings. Selecting women in the age group of 15-49 years for nutrition education.
- Getting trained on the process of nutrition education.
- Organising nutrition education meetings in their respective villages.
- Activating and strengthening women groups.
- Organising regular meetings with the community with the help of group members. Including and involving men and people of older age also.
- Assist in the identification and prioritisation of nutrition-related problems.
- Helping identify potential solutions to the problems.
- Assist the groups in the determination and implementation of strategies to address the primary problems.
- Assist in planning for and organising community meetings.



11. Role of Women's groups, Village health, sanitation and nutrition committee and Mother's Support Group (Sahyogini Matri Samiti)

- With the help of Anganwadi / frontline worker the groups will hold a meeting every 15 days or once in a month (as per the plan).
- Identification and prioritisation of problems related to nutrition, health, water and hygiene of mothers and children.
- Identification of possible solutions and appropriate strategies to address the problems based upon the prioritisation.
- Planning, implementing and monitoring the implementation of the selected strategies in the community.
- Sharing the information discussed in the meeting with those who did not attend the meetings.
- Actively participating in health and nutrition related activities in the community.
- Connecting all the people of the community in the process of achieving the goal.

12. Organisation of nutrition education meeting

At the beginning of each meeting	At the conclusion of each meeting
<ol style="list-style-type: none"> 1. Begin the meeting by welcoming all the participants and community members and thanking them for coming to the meeting. A song can also be sung in the local language spoken in the village. 2. Encourage all participants to sit together in a circle. 3. Explain the reasons and objectives for organising the meeting. 4. Sit at equal level to other members of the group. 5. Carry out a review of the last meeting. 6. The Anganwadi worker should ask all the participants who attended the last meeting to raise their hands and write their names. 7. Ask participants who attended previous meetings what they learned from those meetings? 8. Anganwadi workers should help the participants to recall the discussions carried out in the previous meetings. 9. Anganwadi workers should encourage the participants to actively participate in this meeting. 10. Also write the names of any new participants included in this meeting. 	<ol style="list-style-type: none"> 1. Presenting a summary of the meeting summarising the main discussion points of the meeting. 2. Ask the participants to share what they learned today with others who did not attend the meeting. 3. Set the date, time and place of the next meeting. 4. Interact informally with all participants and people in the community 5. Thank all the participants and community members for attending the meeting. 6. Ensure that all necessary information have been entered in the register. 7. Ensure that the participants give an assurance that they will apply and use the learning in their homes.

PART 1

Community Level Meeting





Meeting 1: Community Level Meeting (Creating an environment for Nutrition Education)

The Anganwadi of our village and preparation for the nutrition education meeting






Some special preparations to be done by the Anganwadi / frontline worker before this meeting:

- The Anganwadi / frontline worker would decide on the day and place for the meeting in consultation with everyone in the village. It is an open meeting and a suitable large venue should be identified where everyone can gather.
- Discussions would be held with the village *Sarpanch*, members of the *Sahyogini Matri Samiti*, Village Health, Nutrition and Sanitation Committee members, *Shaurya Dal*, ANM (Auxiliary Nurse and Midwife), ASHA (Accredited Social Health Activist) workers and other relevant individuals with an invitation to attend the meeting and contribute towards its success.
- Appropriate arrangements for seating would be made at the venue.
- Information should be reached to all the hamlets and different parts of the village for the families to attend the meeting on time.
- Information about the village including the population and other relevant details will need to be gathered.
- Preparation should be done for a nutrition-based song.



Objectives of today's meeting

- To create awareness about nutrition in the village, to inform everyone about the nutrition education meetings to be organised by the Anganwadi / frontline worker in the coming days, and to create an environment of participation to create nutrition awareness in the village through nutrition education sessions.
- To understand the social structure of the village by making a social map of the village.
- To discuss on the overall population, nutritional status of women and children of the village.
- To decide on the time and place for nutrition education sessions.

 Materials Required	 Process	 Time
<ul style="list-style-type: none">• Ochre, lime, yellow clay or <i>Rangoli</i> colours are used for making the map.• Local materials like twigs, leaves etc.• Nutrition based songs, pens and registers.	Group song, introduction, creating a social map of the village, mutual discussion, knowing the general information about the village.	1.5 to 2 Hours

Initiation of the meeting

Explaining about the services to be provided by the Anganwadi at the beginning of the meeting.

The Anganwadi/ frontline worker will welcome all the participants in the meeting and will initiate a discussion with everyone, that the Anganwadi Centre is for all the women of reproductive age group and children of the village. It aims to improve the nutrition and health status of children from 0 to 6 years, reduce malnutrition in children, lay the foundation for the psycho-emotional development of children, prepare children for school and reduce infant mortality. The aim is also to improve the nutrition of women of reproductive age and reduce maternal mortality. Through nutrition education, the aim is also to enhance the capacity of women to improve their own nutrition and that of their children, as well as to coordinate with other departments to improve the nutrition of mothers and children.

The services provided by the Anganwadi Centre are as follows:

1. To provide supplementary nutrition food.
2. Health check-up.
3. Referral Services.
4. Immunisation.
5. Nutrition and health education.
6. Pre-school non-formal education.

The Anganwadi/ frontline worker will tell everyone about nutrition education and encourage everyone to participate.

Method of Conducting the Meeting

Activity 1: Introduction Session

The Anganwadi / frontline worker will tell everyone her name and will also share in detail about organising the nutrition education sessions to everyone. She would say that in nutrition education meetings, discussions will be held on how everyone together can create a well-nourished village, how children and women of the village can eat nutritious food, which includes milk, fibre and vegetables. She will also talk about importance of diversity in agriculture produce, about cleanliness and public awareness and the importance of nutrition education in relation to all these aspects.

We will have to work together to ensure that our village becomes clean and nourished; it has availability of fruits, vegetables, and diverse foods; our daily diet become more nutritious and that our behaviours and habits are nutrition focused. We have to create an environment to bring everyone together and take their consent on these aspects.



Activity 2: Social Map of our village

In the map of the village:

- *Main road connecting the village.*
- *All the localities, neighbourhoods and hamlets of the village.*
- *Paved and unpaved roads.*
- *Village Meeting Place (Choupal), Panchayat Bhawan, Anganwadi, School, all religious places, Village Health Centers, Ration Shop, fruit bearing trees, nutrition gardens, farming, water sources – hand pumps, wells, ponds.*
- *Village garbage dump.*
- *Space being used for open defecation*
- *Open ground.*
- *Gram Sabha meeting place.*
- *Families whose children are regularly weighed in the Anganwadi.*
- *Families whose children go to the Anganwadi regularly.*



It is very important for everyone to know that how many families are there in the village, who lives where, which is the farthest hamlet or locality and what is the condition of water and sanitation in the village, where are the handpumps, wells etc. Also where are all the facilities like Anganwadi Centre, School, Panchayat office, Ration Shop, Primary Health Centre etc. located in the village.

Along with that one also needs to know that where are the roads paved and where they are unpaved, on which side does the village has agricultural lands and where are the fruit bearing trees located. Along with all these, it is also critical to know that in which neighbourhood the weight of children is regularly monitored at the Anganwadi and from where children come to the Anganwadi the most. Therefore, it is important that the participants in the meeting create a map of the village together.

What would be the best place to organise the nutrition education meetings so that everyone can participate?

In the meeting the Anganwadi/ frontline worker would ask some women and some men to come forward and asks other participants to help them and observe them carefully. At the time of creating the map, the Anganwadi/ frontline worker starts by asking everyone about the places mentioned above and by asking them to mark these places with different colours or motifs. It is a unique experience for the people to witness the creation of the map of their village and everyone would



witness the process with enthusiasm. Some questions must be asked during the process here.

The Anganwadi / frontline worker would then ask everyone what can be the place which is accessible to everyone and where they can gather and meet regularly. Thus, the location and space for future nutrition education sessions is decided.

- *How do you like your village?*
- *Are there enough fruit trees and enough greenery in the village?*
- *Is the land being used properly in the village?*
- *Is the village clean?*
- *Are there any resource-deficient areas in the village?*
- *Are the resources of the village being used properly?*
- *Is everyone in the village benefiting from government services?*



It is a good opportunity for all the community members who are participating in the meeting to look at the map of their village and discuss whether they want to make their village a nourished and clean village and ensure everyone's wellbeing. The Anganwadi / frontline worker will take everyone's consent and make everyone to resolve collectively to create a village which they have just envisioned.

Consider the following points when selecting the venue and space for nutrition education meetings:

- If the village has more than 1000 inhabitants, allocate more than one meeting place.
- In areas with multiple Anganwadi Centres, organise the meetings in the vicinity of each Centre.
- Conduct the meetings in open spaces, such as under a tree.
- If there are Mini Anganwadi in the village, organize meetings in their respective areas as well.
- For villages with scattered hamlets, organise the meetings for each hamlet separately.
- Organising separate meetings for resource deficient areas will also be appropriate.

Activity 3: Knowing the village

After the preparation of the map, discussing it in detail and agreeing to work together, the Anganwadi / frontline worker would now share with everyone the important information about the village, especially the information related to nutrition so that all the participants can know about the general information related to the village.

- The total population of the village.
- The population of males and females in the village.

- The population of different caste groups in the village.
- The population of women in the age group of 15-49 years.
- The number of pregnant women.
- The number of lactating mothers.
- The number of families with children up to the age of three years.
- The number of well-nourished children in the village.
- The number of malnourished children in the village (Give only the numbers).
- Anaemia among women in the village.

The above information will help the participants to know the current status of nutrition of their village and by knowing the current status of their village they will come forward for the efforts to create a well-nourished village.

Conclusion of the meeting

The Anganwadi / frontline worker will conclude the meeting by making the following statements:

- In this meeting, everyone got to know the village and recognised the conditions there. We learned a lot about nutrition related aspects of the village through the social map created for the village.
- We have resolved to make the village well-nourished, healthy and happy; we all have decided that now we will move forward together, will work together and meet at least once every 15 days.
- She will make the participants resolve to organise nutrition education meetings with her help.
- She would then thank the community members who came to the meeting and will discuss about the next meeting with the members of *Sahyogini Matri Samiti* and members of other committees.
- Repeating the information about the place decided for organising the nutrition education meetings while preparing the social map of the village the meeting will be concluded with a decision to organise the next meeting within the next 15 days.

Our village - Social Inequality and Gender Discrimination





Meeting 2: Our village - Social Inequality and Gender Discrimination



Pre-Preparation for Anganwadi/ Frontline Worker for Nutrition Education Meeting - 2

- Nutrition education sessions would be initiated from this meeting; therefore the Anganwadi/ frontline worker will make special attempts to ensure the presence of women and men before the meeting, inviting everyone through home visits and mutual discussions.
- In this meeting she will specially invite adolescent girls, pregnant women and lactating mothers. She will review the names from the target groups listed in her register and will meet them in advance to ensure their presence.
- She will also invite the members of the Mother's Support Group (*Sahyogini Matri Samiti*) and Village Health, Sanitation and Nutrition Committee.
- She will ensure cleanliness and necessary meeting arrangements at the meeting place.
- She will put up a banner of the Nutrition Education Meeting at the meeting place.
- She will keep a nutrition-based song prepared for today meeting.
- For the Power Walk game, she will speak to seven women and, if possible, one or two men in advance and prepare them to participate in the game. She will practice the game with them twice or thrice before the meeting.




All connected, and there is no discrimination, women and men together are coming forward



Objective of today's meeting

1. To share with everyone the need for and importance of nutrition education meetings for nutrition awareness by highlighting the nutritional status of mothers and children in the village.
2. To form a group of women in the age group of 15 to 49 years and connect them to the nutrition education sessions in order to bring about a positive and sustainable behaviour change in the village.
3. To give an identity to this group of women by giving an appropriate name to the group.
4. Introduction to the topics of nutrition education meetings and a mutual resolution.
5. Everyone should be benefited from the services, by understanding social inequality and gender-based discrimination, identifying people left out of the services.
6. To discuss the need and measures to connect the people left out of the services.
7. Understanding the role of men in nutrition of the mother and child.

8. To discuss the role of family members in the tasks and decision making by men and women in the family at present.

 Materials Required	 Process	 Time
<ul style="list-style-type: none"> Chits with questions for the Power Walk Game. Some wooden sticks and a bundle of sticks. Songs based on nutrition. Pen and a register. 	Interactive discussion, Power Walk Game, Sticks Game and exercises for decision making.	1.5 to 2 Hours

Method of Conducting the Meeting

Activity 1: Introduction

First of all, the Anganwadi / frontline worker will introduce herself to all the people present. While giving her introduction she will share that:

As you know that I am the Anganwadi worker of your village. My main work is to take care of the nutrition of all pregnant women, lactating mothers, adolescent girls and children up to the age of three years. I try that with your help and co-operation no child in the village falls prey to malnutrition and no adolescent girls or women are anaemic.



Six major services are delivered through the Anganwadi Centres and one of them is to take nutrition and health education to everyone. She will share that she delivers nutrition education to the community in many ways, easy and interesting. She will seek the cooperation of everyone in doing this.

- Now the Anganwadi / frontline worker would motivate each of the participants in the meeting to introduce themselves and she should make sure that no member is left out of the introduction.
- She would request the members of the *Sahyogani Matri Samiti* and Village Health, Sanitation and Nutrition Committee to mention their role / designation in the committee along with their names.

- After the introduction, the Anganwadi / frontline worker will inform the participants of the meeting about nutrition education sessions and tell them that these meetings are a part of 'nutrition and health education', one of the six services provided by the Anganwadi. Under nutrition education sessions, work will be done to improve the nutritional status of pregnant women, lactating mothers, adolescent girls and children through regular meetings. These meetings will also help the community to adopt positive behaviour regarding nutrition and health.

Services provided by the Anganwadi Centres:

1. *Supplementary nutrition*
2. *Immunization*
3. *Health check up*
4. *Referral services*
5. *Pre-school education*
6. *Health and nutrition education*



Activity 2 - The process of conducting Nutrition Education Meetings

In the nutrition meetings, discussions will be carried out on how everyone together can create a well-nourished village and how the children and women of the village can consume nutritious food. Discussions will also be carried out on the importance of milk, vegetables, diversity in agriculture produce and hygiene and awareness through nutrition education in the village.

While informing about the Nutrition Education meetings the Anganwadi/ frontline worker will tell everyone that the nutrition education meetings are a powerful medium to link the community to the issue of nutrition and this will be achieved through regular meetings. In the nutrition education meetings, the topics related to improving the nutrition of women of reproductive age and children from birth to three years will be explained in a playful way, so that behaviour change becomes easier. Through these meetings effective learning can be delivered to the community easily and the community itself will come forward to improve its conditions.

Who will participate in the nutrition education meetings

- In each of the nutrition education meetings, women of reproductive age will be brought together by forming a group. The participation of the members of the Village Health, Sanitation and Nutrition Committee and *Sahyogini Matri Samiti* will be mandatory.
- Presence of everyone from the community is welcomed in the nutrition education meetings, but pregnant women, lactating mothers, adolescent girls and mother-in-law are specially invited. The presence of men in the meetings will also be encouraged and ensured.

Name of the members and groups who attend nutrition education meetings regularly

A group will be formed for nutrition education meetings, which will regularly attend these meetings for the next two years, obtain information and will work to create awareness on nutrition in the family and the community. The Anganwadi / frontline worker will enter their names in her register with the consent of the group and mark their attendance at the end of

each meeting. She will ensure that among the regular members the pregnant women and lactating mothers in the village are included. With the help of all the participants, she will also give a name to the group so that the group of nutrition education meetings can get an identity.

What would happen in the nutrition education meetings

- In the nutrition education meetings, the community understands the topic of nutrition together through interesting and easy methods such as stories, games and role plays.
- In the process of these meetings, the community collectively discusses local solutions to the problems. Through these meetings, the community is motivated to work together by finding local solutions to improve the nutritional status of women and children.
- Through the process of nutrition education meetings, the community is facilitated to find local solutions for better use of available resources.
- This process boosts the self-confidence of women and motivates them to work collectively, and they are able to come forward to participate in the community development activities.
- Nutrition education is a powerful process which also empowers and upskills the community to find local solutions to its problems and work on them.

When will the nutrition education meetings be held

The Anganwadi / frontline worker will also inform everyone that the meeting will be conducted once or twice every month on the predetermined day, place and time.

Activity 3 - Understanding social inequality and gender discrimination in the community

Now the Anganwadi / frontline worker will request the participants for the 'Power Walk' game for which she would have already done the pre-preparations.

Instead of discussing on the Power Walk game in detail the Anganwadi / frontline worker will just say that everyone will together do an exercise called 'Power Walk' exercise which everyone has to observe carefully and also listen carefully to the questions asked to the participants during this exercise, on which discussions will be held after the game.

Preparations for the game

The Anganwadi / frontline worker should practice the game with the selected participants before the meeting to make the game effective and for better participation of the characters in the game. She should do the selection of candidates with the participation of men and women. Keep in mind that the choice of character should be such that it does not hurt anyone's sentiments, although the characters in the game are based on their social environment. Also it has to be kept in that while choosing the characters no one should be portrayed as his or her actual social self. Each character has to be clearly explained when to stop and when to move forward during the game. If possible, practice the game with the characters once or twice in advance.

Now, with the help of the following process, the Anganwadi / frontline worker will conduct the 'Power Walk' game with the participants:

Characters in the game

The examples of seven characters for the role play are given as follows. These can be modified or more can be added according to the specific context.

Character 1: A family living in a remote area with a pregnant woman.

Character 2: A family living near the Anganwadi Centre.

Character 3: The family of the village head.

Character 4: Family consisting of four children and their parents.



Character 5: The family in which there is a pregnant woman with disability.

Character 6: Daily wage earner family.

Character 7: Illiterate family.

- First, the Anganwadi / frontline worker should call the seven members with whom she has practiced the game in the past. Attempts should be made to include male members in the characters as well.
- Once again, each one of the seven members should be briefed about their respective roles and should be instructed not to share about their role with others. They should be briefed individually and separately from other members so that no one overhears.
- All the characters should be asked to stand in a straight line parallel to each other in the centre of the group.
- Now the Anganwadi / frontline worker should start asking some questions related to government facilities. The questions should be asked coherently slowly and in a clear voice so that all participants can hear them properly. The questions must be repeated.
- The families who avail the facilities would take a step forward on hearing the specific question about the facilities. Rest of the members would continue standing at their place.

- Likewise, the second, third and subsequent questions should be asked.
- Thus, on every question some members will move a step forward and some will continue standing at their place.
- In order to assist the Anganwadi/ frontline worker some illustrative questions and the reactions on them are provided as follows:

 Questions to be asked	 Reactions on the questions
In how many of your families the weight of the children is regularly monitored in Anganwadis? Please come one step forward.	The family living in far flung areas (Character 1) will stay at her place and other families will move a step forward.
How many of you have received regular supplementary nutrition from Anganwadi? Please come one step forward.	Families living in far flung areas, pregnant women with disability, families engaged in daily wage labour (Character 1, 5 & 6) will stay at their place and other Characters 2, 3, 4 & 7 will move a step ahead.
For how many of you women the baby shower ('Godbharai') has been done in Anganwadi? Please come one step forward.	The families living near the Anganwadi Centre and the family of the village head/Pradhan/Sarpanch, Characters 2 and 3, will move a step forward. The remaining families will continue to stand in their place.
In how many of your families, who have children completing 6 months of age, has the 'Annaprashan' been done at the Anganwadi? Please come one step forward.	The family living in far-flung area, family with parents and their four children, a family with a pregnant woman with disability, a family engaged in daily wage labour, an illiterate family, (Characters 1, 4, 5, 6, 7) will stop there and the Characters 2 and 3 will move forward.
How many of you have children who have received deworming medicine? Please come one step forward.	Except the family (Character 1) living in far flung area, everyone will come one step forward.

- After asking all the questions in this manner, the Anganwadi / frontline worker will ask the larger group of participants as to what do they see now at the end of the game?
- The Anganwadi / frontline worker will encourage the larger group of participants to react and after their reactions, will ask the following questions first from the larger group –
 1. *According to you, which are the families from the community who have come forward? And, why have they been able to come forward?*

2. *Which are the families that have been left behind and why?*
3. *Which are the families that are standing in the middle and why?*

Most of the participants present in the meeting would make the same assumptions and arrive at same conclusions on the above questions as the Anganwadi / frontline worker had created the characters in the game.

- After the larger group has identified the characters and discussed on their situation the Anganwadi / frontline worker will ask all the characters one by one as to who they are and why are they in such situation?

From the discussion so far, the participants of the meeting will be able to understand that which are the families in the community which get all the services, and which are the families which get the benefits of some services, and which are the families which do not get the benefits of any of the services.

- Now the Anganwadi/ frontline worker will discuss that many families in the village are left out from availing the benefits of different services, and the nutritional and health status of the families who are not able to access nutrition and health related services, is not good and is at risk. As a result, sometimes due to lack of nutrition and health services, there is a high mortality rate among them.
- Now the Anganwadi/ frontline worker will ask the larger group of participants and the characters of the role play that whether they want such a situation in their village? Can the left-out families from the deprived communities and remote areas be brought forward? And what would be required to be done in order to achieve this?
- In this way, the Anganwadi/ frontline worker will try to bring everyone forward through discussion and motivate everyone so that they all work together to ensure that everyone in the village gets the benefit of the services, and the overall nutritional and health status of the village improves.



Activity 4 – Role of men in nutrition of mother and children

Taking the conversation forward the Anganwadi / frontline worker will now invite the participants to play one more small game which is called the ‘Stick Game’. In order to conduct this game, she will adopt the following process:

- Ask one member of the group to come forward.
- Give a stick to this participant and ask him/ her to break the stick. The participant will break the stick easily.
- Now call another participant and give him / her two sticks and ask him/ her to break them together. The participant will be able to break them by applying a little extra force.
- Now the Anganwadi / frontline worker will give a bundle of sticks to any of the participants and would ask him/ her to break it. This time the participant will not be able to break the bundle of sticks.



Now encourage the group members to share their experiences with everyone based on the following questions:

- Ask the participants why one or two sticks broke?
- Why did the bundle of sticks not break?
- What is the learning from the game?

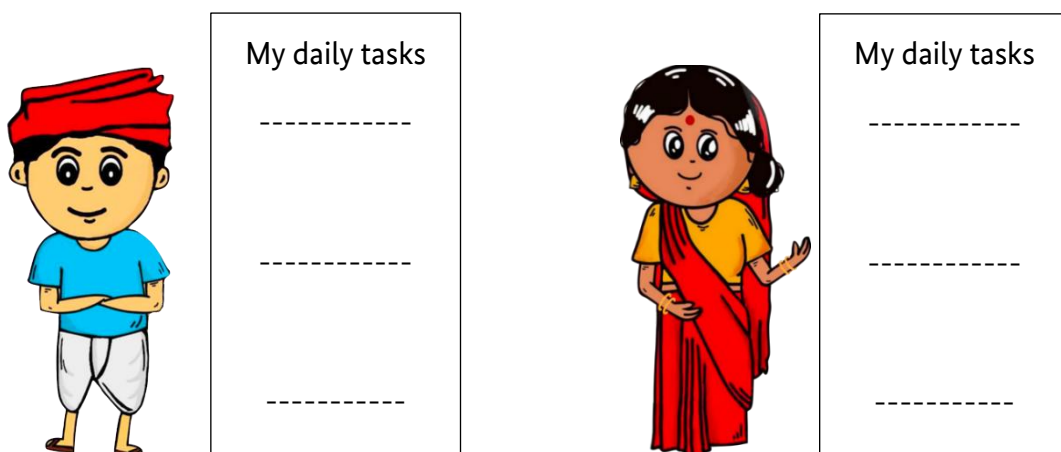
Encourage the participants to discuss the above questions in detail. After the participants have completed the discussion, tell everyone about the benefits of both the members, men and women, of the family working together, for example;

- When the family members work together in collaboration with each other, a deep relationship is formed between them, and they are able to help each other so that they never feel lonely. Unity in the family brings the family together which helps the family members in taking difficult decisions.
- The female and male members of the family can learn from each other's experiences and can discuss about their roles and responsibilities among themselves and take decisions collectively and with the strength of being together.
- More options and solutions to a problem can be found being together as compared to being alone.
- The men in the family can help address the discrimination that women in the family are meted to.

- Being united enables the members / women of the family to contribute towards and take decisions in the community works.
- Family members are able to distribute the work among themselves so that no one is burdened with work.
- The women of the family develop their skills and abilities with the help of the men and are able to establish their role in the community.
- By living in a strong and united family, women are able to present themselves in the community with strength.
- The female and male members of the family can also create and use resources better.

Activity 5: Discussion on distribution of work in the family and role of family members in decision making

Distribution of work in the family



Now the Anganwadi / frontline worker will ask the women participants to show their daily tasks or works through a picture and the men participants to also do the same. When both would have created a picture of their day's tasks, she would ask them to discuss with each other. Most women have more work to do in a day than men. Many times, due to the enormity of work they are not able to pay attention to their nutrition. Lack of nutrition and excess of work makes the condition of women even more concerning. Pregnant women and lactating mothers are not able to take proper care of themselves and their children due to workload, which increases the chances of anaemia in them and malnutrition in their children. If men work together with women, then the burden of their work can be reduced. Also, if the men in the family take care of the nutrition of the pregnant woman, the lactating mother and the child, their nutritional status can be improved.

Decisions regarding the nutrition of women and children in the family

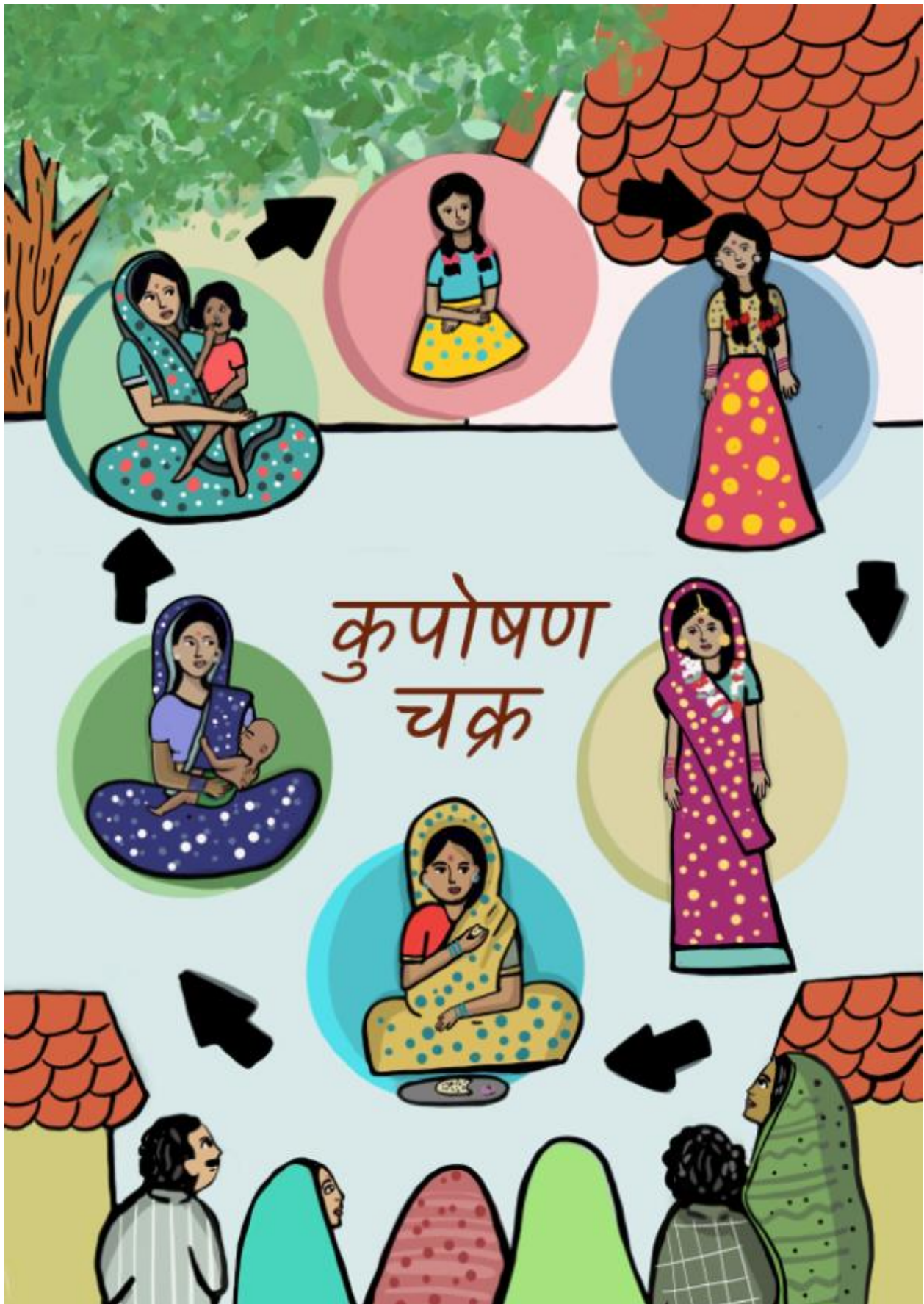
Let us now know what the decisions are pertaining to the health and nutrition of women and children in the family. Encourage the participants to think about what food should be cooked, what food should be given to the pregnant woman to eat, where should the child be born,

what should be given to the child to eat after birth, when and how should the '*Annaprashan*' of the child be done etc.

Now ask the participants as to who takes these decisions in the family? After the participants have answered, tell them that the family members play an important role and take part in the decision making for the nutrition of the mother and the child and their participation in the nutrition education meetings will help in bringing about positive changes pertaining to their nutrition. It is necessary to include women in all the decisions in the family. When women take decisions jointly with men, the condition of women in the family improves.

Conclusion of the meeting

- Everyone will repeat the topics and learnings of the meeting together.
- At the end of the meeting all the participants will sing a song based on nutrition to motivate each other.
- The Anganwadi/ frontline worker will tell everyone about the time and topic of the next meeting to be held after 15 days and will motivate everyone to come to the meeting and will ask all those who have not attended the present meeting to attend the next meeting. The names of all those who attended the present meeting would be noted in the register and after deciding the day and time for the next meeting, the meeting would be concluded.





Meeting 3: Nutrition of mother and child in the village






Preparation for Nutrition Education Meeting – 3

- To prepare for Meeting 3, the Anganwadi / frontline worker will keep a list prepared of families in which women or children are malnourished, underweight, stunted or wasted.
- She will especially ensure participation of those families in which the nutritional status is worrisome, and the growth monitoring of children is not taking place regularly.
- She will ensure the participation of both women and men so that both understand their responsibilities.
- She will make special efforts to motivate the members of *Sahyogini Matri Samiti* and Village Health, Sanitation and Nutrition Committee to be present.
- She will ensure that the materials to be used in the meeting like picture cards on malnutrition, printed flex on malnutrition cycle, problem picture cards and small stones are available at the meeting place.



Objective of today's meeting

1. Enabling the community for identification of malnutrition, understanding what malnutrition is, its types, its symptoms and types.
2. Understanding the cycle of malnutrition. Understanding how malnutrition occurs and its hidden causes.
3. To understand today's situation of nutrition of the mother and children in the village.
4. To understand the problem of undernutrition and the local beliefs and misconceptions related to it.
5. To identify and prioritise the problems of malnutrition.

 Materials Required	 Process	 Time
<ul style="list-style-type: none">• Malnutrition picture cards• Flex of malnutrition cycle• Problem/ solution picture cards• Chart to depict the daily food intake• Small stones• Pen and register	<ul style="list-style-type: none">• Discussion through picture cards• Mapping of the daily diet of mother and children• Discussion on problem picture cards• Selection game	1.5 to 2 Hours

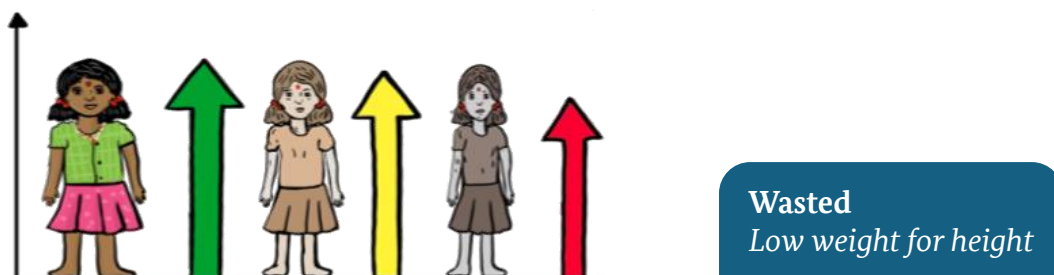
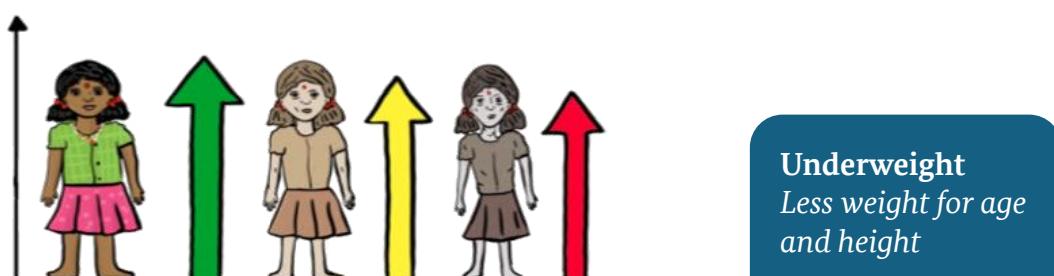
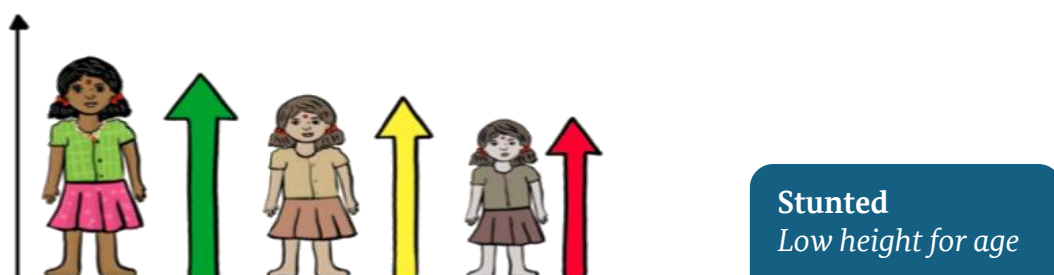
Method of Conducting the Meeting

Activity 1: Recalling and recapitulating the things learnt and understood till now

- The Anganwadi/ frontline worker will ask all those participants who attended the previous meeting to raise their hands.
- Now she will request the members who attended the last meeting to talk about the aspects discussed in the meeting. She will help in recalling and repeating the aspects if necessary.
- In this manner the objectives and learning of the previous meeting would be repeated and those who did not attend the previous meeting will get informed about the meeting.

Activity 2: What is malnutrition?

- The conversation will start with asking the question to the participants that who among them know what malnutrition is. Attempts will be made that both men and women present in the meeting share their understanding on the same.
- Identifying the symptoms of malnutrition in the village easily - Two participants will raise the flex of the malnourished girl child for everyone to see properly and the Anganwadi/ frontline worker will ask the participants that what do they see in the picture? The participants will also understand the symptoms of malnutrition through picture cards.





Definition of Malnutrition – If a balanced diet consisting of pulses, beans, green fresh vegetables, red and yellow fruits, milk, coarse grains and various types of seeds, ghee, oil etc, is not taken and food is eaten just to fill the stomach, our body becomes deficient in nutrients and due to this condition the body becomes weak and prone to malnutrition.

Signs of a well-nourished child

Smiling, laughing, playing, having a good appetite, falling ill less often, sleeping well and being of normal weight and height

A child's physical and mental development occurs very rapidly within two years from birth, and by the age of two years, 90% of the brain is developed, and lack of proper nutrition affects this development.

Signs of malnutrition

1. Weight loss in the child
2. Looking stunted
3. Sunken cheeks
4. Brown and frizzy hair
5. Looking lethargic and sad
6. Being irritable
7. Getting sick frequently
8. Child's stomach swollen and distended

Food and Nutrition

Macro nutrients

Carbohydrates – grains, sugar, potatoes, rice, and other starchy foods

Protein – Milk, pulses, lentils, gram, moong, kidney beans, chickpeas, soybean, dry fruits and non-vegetarian items like chicken, egg, fish etc.

Fats – Ghee, oil, butter, dry fruits and oilseeds

Micro nutrients

Vitamins – Green leafy vegetables and fruits

Minerals – Millets, green leafy vegetables, nuts, seeds, milk, eggs, and meat

Balanced Diet – the base for nutrition

Malnutrition is a condition in which there is a deficiency or excess of essential nutrients in the body.

We get essential nutrients from our daily food, due to which our body remains healthy and grows. But if there is a deficiency or excess of essential nutrients in the body for a long time malnutrition occurs. Children become victims of malnutrition by becoming sick continuously also due to unclean environment, dirt and contaminated water.

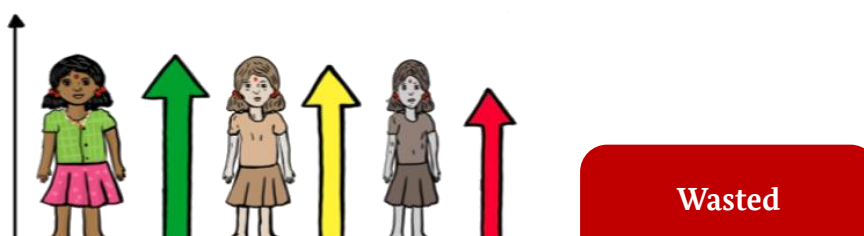
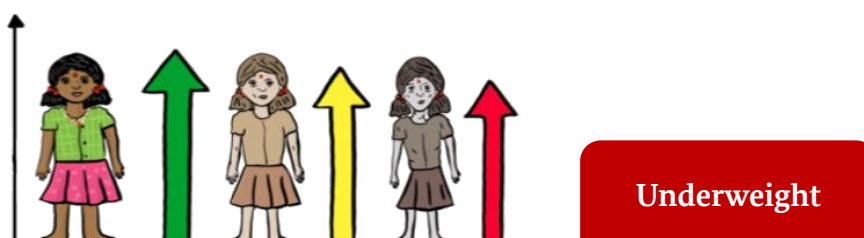
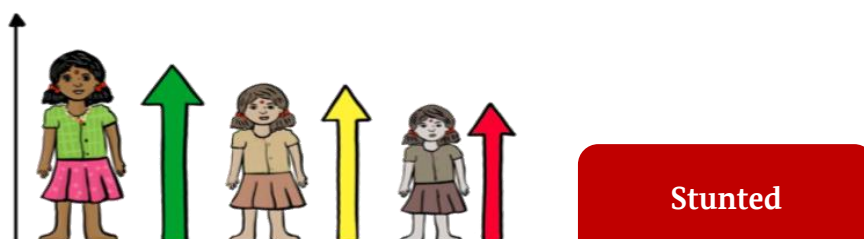
How does food and nutrition insecurity manifest in our lives?

Macro nutrients	Micro nutrients (hidden hunger)
Weight loss Stunting Wasting	Vitamin A deficiency – nervousness, fatigue, and breathlessness Effects on eyes, skin and hair Iron deficiency – anaemia, skin colour and other micronutrient deficiencies

Types of malnutrition

Now let us understand how many types of malnutrition are there:

1. **Underweight** - Low weight of the child as per age - the child's weight is measured and the age is seen and thus the child's weight according to the age is assessed.
2. **Wasting** - Low weight of the child for height - 'Muac tape' is used to measure the inhibition of muscle growth in children aged 6 to 59 months and along with it a scale is used to measure the height of the child to assess wasting.
3. **Stunting or less height as per the age** - to measure this the height and age of the child is seen and thus the height as per the age is assessed.



Activity 3 - Understanding the malnutrition cycle

Discussion on the inter-generational malnutrition cycle through the use of Flex

The discussion should be started by showing everyone the Flex on the inter-generational malnutrition cycle and asking them as to what do they understand by it?

After taking the responses of all the participants, the Anganwadi / frontline worker will tell that if care is not taken then malnutrition progresses further in form of a cycle and it keeps progressing from one generation to another as one can see in this Flex.

- If we look right from the childhood, if a small girl is a victim of malnutrition from an early age, then her chances of being malnourished during adolescence also increases. A weak adolescent girl later becomes a weak married woman. When a weak married woman becomes a mother, she herself is malnourished and quite often gives birth to an underweight child.
- In the first 1000 days of the beginning of life, or from conception till the second birthday, if the child remains malnourished, then his / her growth, learning, ability to work, ability to succeed and long-term health are affected throughout his / her life. If the child is born a girl, then the malnutrition cycle continues and gets transferred from one generation to another.



First thousand days of life

- Pregnancy – 270 days
- First year after the birth – 365 days
- Second year after the birth – 365 days

Let us understand the reasons of being malnourished in different stages of life



0-12 months

- Birth of a child with low weight due to a malnourished mother.
- If the girl child is second or the third child, she gets less time for breastfeeding by the mother.
- No breastfeeding within one hour of birth.
- Giving goat milk, cow milk, *Ghutti* and water along with mother's milk to a child up to the age of six months.
- Complementary foods are started before six months of age.
- Not introducing complementary foods even after completion of six months.
- The girl child gets less affection from the family, which results in less growth.

1-6 years

- In some families, the girl child gets less food or food of inferior quality as compared to the boy.
- Not getting immediate treatment when sick.
- Continuous recurrence of infections.
- Family paying less attention on the girl child.
- Deprived of ICDS services.
 1. Weak childhood
 2. Weak adolescent
 3. Marriage of a weak girl at a young age
 4. Pregnancy of a weak woman at an early age
 5. Birth of a weak child from a weak mother
 6. Another weak childhood



Adolescence

- Food in less quantity, food of inferior quality, anaemia, other household responsibilities. More expenditure on other things but less on food.
- Early marriage and early pregnancy.
- High workload as per the age.
- Nutrition related taboos and restrictions.

Pregnancy

- Many responsibilities like household chores, looking after family members and children, agriculture related work etc.
- No registration in the first trimester of pregnancy.
- Not taking rest.
- Eating after all the members of the family have eaten.
- Nutrition related taboos and restrictions during pregnancy.
- Not having the right to take decisions.
- More children and less gap between two children.
- Anaemia.
- Not getting full access to services of ICDS.

How to break the malnutrition cycle

Taking the conversation forward, the Anganwadi / frontline worker will ask whether the cycle of malnutrition can be broken together and if yes, then how?

This is how the malnutrition cycle can be broken

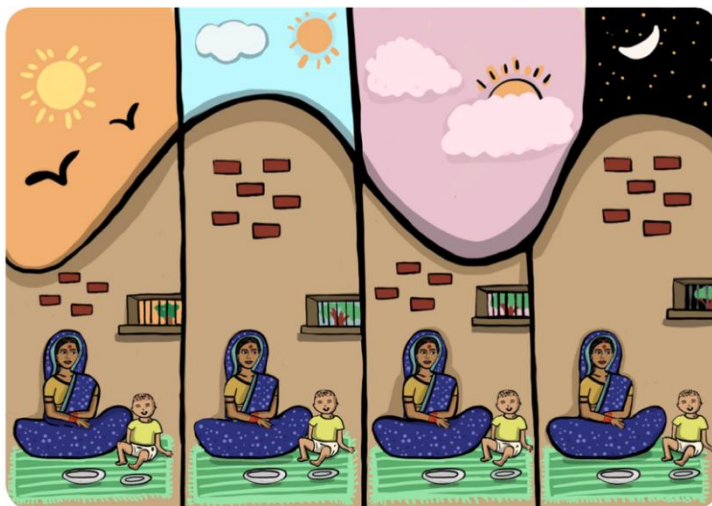
- Pay equal attention to the boys and girls in the house.
- No discrimination in the diet and treatment of illness of boys and girls.
- Educating girls like boys.
- Not marrying a girl below the age of 20 years.

- Giving responsibility to both brother and sister.
- There should not be any discrimination in the quantity and quality of the food.
- Address nutrition related misconceptions and wrong practices.
- Equal division of work between men and women in the family.
- Role of men in the family in taking care of the nutrition of women and children.
- Taking care of the nutrition of the women of the family.
- Taking special care of their diet during pregnancy and after delivery.
- Family planning – two children with a gap of two to three years and having a limited family.

Role of the men of the family

- Along with the mother, the father also has to go to Anganwadi to get the weight of the child measured.
- Helping with child care.
- Feeding the child.
- Paying attention to the diet of pregnant woman at home.
- Getting routine pregnancy check-ups done with the pregnant woman.
- Taking joint responsibility of the kitchen by the father/husband.
- Taking the child to Anganwadi for immunisation.
- Bringing home green leafy vegetables, grains and fruits.

Activity-4 Understanding the current status of maternal and child nutrition



The Anganwadi/ frontline worker will ask the women in the house to prepare a chart of food items consumed by them in a day along with that given to the children in the house. The adolescent girls can help in the preparation of the chart. On one side of the chart the food consumed by the women will be depicted while on the other side the food consumed by the children of 6-23 months of age, will be

depicted. The chart will show the type and quantity of food consumed like how many *rotis*, how many bowls of vegetables, how many bowls of *khichdi*, etc. The Anganwadi / frontline worker will help in preparing the chart, if required.

After the preparation of the chart, the Anganwadi / frontline worker will ask everyone the following questions:

- What do they understand from this chart?
- Is this food sufficient for nutrition?

- Can any improvement be made in this?

She will convey that they will discuss in detail in the upcoming meetings how to prepare nutritious food for all the members of the family especially for pregnant women, lactating mothers and children of 6 to 23 months and how to provide it to them in the right quantity. If the cycle of malnutrition is to be broken, then everyone must pay attention to their daily food intake.

Activity-5 Identifying the problems of malnutrition and understanding local beliefs and misconceptions related to it

- The Anganwadi / frontline worker will give the problem and solution picture card to everyone, one by one, to see it carefully.
- After everyone have seen the problem picture cards, all of them will be placed on the ground. The Anganwadi / frontline worker will then ask every participant to pick up any one card and a discussion will be initiated on the following points:
 1. What is shown in this picture card?
 2. What is this problem called?
 3. How do you identify the problem?
 4. Has anyone in the village experienced, heard of, or seen this problem and situation?
 5. How do you solve this problem?
 6. What do people in your village believe about this problem? (Beliefs and misconceptions)
- All problem picture cards will be discussed in the same way.
- The Anganwadi/ frontline worker will note down the discussions on the picture cards so that they can be used in the future meetings.



Activity-6 Beginning to address nutrition problems

Now the group will decide in what sequence they will start working on these problems and this decision will be made through a game. The name of this game 'voting game' in which all the participants will vote together and decide what problem to work on first. The Anganwadi / frontline worker will:

- Encourage all the participants to participate in the game.
- Keep all the problem picture cards in a straight line so that everyone can easily see them and put pebbles on them.
- All the participants will be given six pebbles each.

Voting Method

The group will vote by placing stones on the card in the following manner so that the priority of the problems can be determined.

The first problem that affects us the most	OOO
The second problem that affects us	OO
The third problem that affects us	O

Keep in mind that the votes are based on the participants' experiences and the individual problems. This process is important and will benefit everyone it is done well.

Counting of votes

When everyone has voted two members should count the pebbles kept on the cards and mark the problem picture card with the highest number of pebbles as the primary problem. Likewise, the card with the second highest number of pebbles becomes the second problem and the one with the third highest number of pebbles becomes the third problem.

- The Anganwadi / frontline worker can use the following table to keep a record of the priority problems identified by the participants:

Serial No.	Problem	Number of pebbles
1		
2		
3		

After determining the priority of the problems, she will inform all the participants that in the next meetings they will discuss the solutions/measures to overcome these problems and together find ways to solve them. All the participants must also think about how they can overcome these problems together.

***...* Conclusion of the meeting**

At this meeting, the participants learnt what malnutrition is and how to identify it. They also learnt about the cycle of malnutrition and how to break it and will work together to do so.

- At the end of the meeting, all participants will sing a song based on nutrition to encourage each other.

- Now the Anganwadi / frontline worker will share about the time and topic for the next meeting to be held 15 days later and encourage everyone to participate in it. She will also ask the participants to bring all those who have not attended the present meeting, in the next meeting.
- The Anganwadi / frontline worker will request everyone to invite such family members or couples for the next meeting, who have improved the nutritional status of their families, especially women and children, by adopting nutrition behaviours and practices.
- The names of all those who attended today's meeting are noted in the register and after deciding the day for the next meeting, the meeting is concluded.

Families of well-nourished mother and children and their food habits





Meeting 4: Families of well-nourished mother and children and their food habits



Preparation for Nutrition Education Meeting - 4

Today the Anganwadi / frontline worker will invite those families where nutritional practices are being followed well, in which the growth and development of the children is very good and the nutrition level of the mothers is also good like:

Nutrition related behaviours




- The family, where especially the husband and mother-in-law, have taken special care of the diet of the pregnant women.
- All the check-ups have been done during the pregnancy.
- Institutional delivery has taken place and the child has been given the breastmilk within one hour of the birth.
- The child has been exclusively breastfed for the first six months and the family members have encouraged and helped in this.
- The parents have got the child weighed in the Anganwadi centres regularly.
- Complementary feeding has been started at the correct time for the child.
- The family members do all their chores together.
- The family eats diverse food together.
- A homestead nutrition garden has been created.
- The family keeps their house, the surroundings of their house, themselves and their children clean.
- Such families will be contacted by the Anganwadi / frontline worker and she will extend special invitation to the family members, especially both husband and wife, to attend the meeting.
- Preparations for welcoming the family members of those families who are adopting good nutrition behaviours.
- Make special efforts for ensuring participation of the members of *Sahyogini Matri Samiti*, Village Health, Sanitation and Nutrition Committee in the meeting.
- Helping them to prepare for sharing their experiences in the meeting.
- Will keep reminding them about the place, date and time of the meeting.
- Ensuring the presence of such families in the meeting by visiting them one day before the meeting.





Objective of today's meeting

1. To understand the eating habits and behaviours of children with normal weight and healthy mothers.
2. To listen to the positive experiences around and get motivated to adopt affirmative nutrition behaviours.
3. To find easy ways and adopt the behaviours practiced by the healthy mothers and children.

 Materials Required	 Process	 Time
<ul style="list-style-type: none"> • Story and pictures related to the story • Pen and register 	Listening to the experiences of the well-nourished families, narrating the story through self-made pictures and discussion	1.5 to 2 Hours



Method of Conducting the Meeting

Activity 1: Recalling and recapitulating the things learnt and understood till now

- The Anganwadi / frontline worker will ask all those participants who attended the previous meeting to raise their hands.
- Now she will request the members who attended the last meeting to tell about the aspects discussed in the meeting. The Anganwadi / frontline worker will help in recalling and repeating the aspects if necessary.
- In this manner the objectives and learning of the previous meeting would be repeated and those who did not attend the previous meeting will get informed about the meeting.

Activity - 2 Experiences of the families of the village who have adopted nutrition behaviours

A warm welcome will be extended by the Anganwadi / frontline worker to those families who have adopted nutrition behaviours. She will also ask other participants of the meeting to welcome them with a round of applause.

The Anganwadi / frontline worker will respectfully introduce the family members and invite the family members to share their experiences with everyone. She will help the family members to share their experiences and the behaviours they practice, in detail. She will take care that they share all aspects related to adoption of their behaviours with everyone, such as:

- The child has been given breastmilk within one hour of birth and has been exclusively breastfed for six months.
- How did the family support the mother?
- What is fed to the child and how much and how the feeding is done?
- What hygiene habits have been adopted by the family like hand washing, use of toilet and use of safe drinking water etc.?
- What kind of green leafy vegetables and fruits are consumed at home?
- How have they taken care of mother's nutrition?
- How has the father played his role?
- How did they create a supportive environment for the mother, etc.

The well-nourished children from the village will be introduced and their weight and height will be shared as per the records in the register. The Anganwadi / frontline worker will ask everyone to applause the same by clapping.

It is important to know in the discussion as to how the family adopted these behaviours



All the men and women would listen to this conversation attentively and the Anganwadi / frontline worker will say that if they want to ask anything then they definitely should. She will then continue the meeting by saying that the participants have tried to understand how healthy behaviours can be adopted with ease and in this context they will all listen to a story now.

Activity 3 – Listening to the story of Tara's good nutrition

The Anganwadi / frontline worker will now ask everyone to listen carefully to a story which she is going to narrate and says that she will ask some questions from everyone at the end of the story.

The Story of Tara and Sooraj

There lived a girl named Tara in Rajora village. She turned 21 by the time she passed Class 12th, and her parents married her to Sooraj, with everyone's consent, who lived in a nearby village Sitarapur. After marriage, Tara started helping out Sooraj in farming. Both Tara and Sooraj are aware and are of progressive mindset. Sooraj has a toilet in his house and the entire family uses the toilet and they maintain personal hygiene and take care of cleanliness of their surroundings.

Tara and Sooraj live happily together with their family. One day after giving it a thought, Tara goes to the Anganwadi Didi (Anganwadi worker) along with Sooraj. Anganwadi Didi provides information to both of them about nutrition and malnutrition and asks Tara what she eats throughout the day and how much food does she consume. Anganwadi Didi gives information to both of them about the importance of a nutritious diet. Both become very happy to get the information, now that they have come to know that for keeping the body healthy, nutritious food like green vegetables, fruits, millets, milk, curd etc. plays a crucial role. Tara tells Anganwadi Didi that she will come to the Anganwadi with her mother-in-law next time. Anganwadi Didi encourages both of them to come to Anganwadi together and requests them to encourage other people in the village to do the same.

Tara and Sooraj come home and share everything with the mother, and they together decide that they will plant a nutrition garden on the land behind their house and grow vegetables throughout the year for their consumption. They did so soon and started using the wastewater after cooking and other purposes to water the nutrition garden. In this way, they not only started getting vegetables for their own consumption but were also left with some vegetables to sell in the market.

After some time, Tara broke the good news of her pregnancy to the family. Everyone in the family became very happy to hear the news. The mother-in-law asked Tara and Sooraj to go to the Anganwadi Didi. Tara and Sooraj went to meet the Anganwadi Didi and Tara shared the news of her pregnancy with her. Anganwadi Didi congratulated both of them and asked both of them to come on the next Tuesday when not only Tara's pregnancy will be registered but her check-up will also be done. She said that they will also get the Mother and Child Protection (MCP) Card. Anganwadi Didi also tells Sooraj that now he will have to take complete care of Tara and pay special attention to her diet. Tara's food intake will also have to be increased.

As advised by the Anganwadi Didi, Tara and Sooraj went to the Anganwadi Centre on Tuesday, where Tara's registration and check-up were done, and she was given a Mother and Child Protection Card. ANM Didi administered Tara a TT vaccine and gave her iron folic acid tablets. She told Sooraj that along with these tablets, Tara should have roti and rice, green leafy vegetables, millets, pulses, seasonal fruits and milk products in her daily diet. Moreover, additional diet should also be given so that both mother and child can get adequate nutrition.

Tara and Sooraj did the same. Tara got all her check-ups done on time. Tara received a second vaccine in the second trimester of her pregnancy and was given iron tablets, which she took on time and the entire family took care of her diet. Tara consumed plenty of green leafy vegetables, seasonal fruits, and millets, increased her food intake and also took adequate rest. Thus, time passed and in the ninth month Tara gave birth to a healthy baby girl in the hospital. There was no limit to the happiness of the family. The family named the girl Khushi. Tara gave Khushi her first thick yellow milk. Tara exclusively breastfed Khushi for six months.

Khushi's *Annaprashan* was done in the Anganwadi after the completion of six months and after that, home-made and easy to digest food consisting of cereals, pulses, porridge, mashed green vegetables and fruits etc. was given to with a bowl and a spoon. Tara and Sooraj go to

the Anganwadi Centre every month to get Khushi weighed in order to monitor her growth and development. Now Khushi is one year old, and she also gets fresh vegetables and fruits from the nutrition garden at her home. Now Tara and Sooraj inspire other families in the village to eat nutritious food and create nutrition gardens at home.

After narrating the story, the Anganwadi / frontline worker will ask the following to the participants:

- How did the story sound and what did they like about the story?
- Tara is healthy by adopting which good practices and behaviours?
- What practices and behaviours did Tara and Sooraj adopt to give birth to a healthy child?
- How did Sooraj help Tara?
- How did Tara's mother-in-law help Tara?
- What do they do for the growth and development of the child?
- Can we also adopt these behaviours?

After the above questions the Anganwadi / frontline worker will ask everyone:

- What measures can we take for the nutrition of mother and child in our families?

The Anganwadi / frontline worker will encourage everyone to put forward their thoughts in detail and will ask them to remember the priority problems of their village which they identified in the last meeting. After reiterating the priority problems identified in the previous meeting, she will ask the participants to discuss on local solutions/measures to address the priority problems. She will discuss the three priority problems in turn and will help the participants to find solutions/measures to overcome them. She will write and keep the solutions/measures suggested by the participants with her for use in the next meeting.

The Anganwadi / frontline worker can use the following table to note down the solutions/measures suggested by the participants:

Srl No.	Primary Problem	Ways/Solutions to address the problem
1.	1.	1. 2. 3.
2.	2.	1. 2. 3.

The above table is given as an example. On the basis of this, the solutions to all the three problems are to be noted. There can be more than three solutions. The Anganwadi / frontline worker should write all the solutions given by the participants in the table. This table can be

made in her register. This table will be useful to the Anganwadi / frontline worker in the next meeting.

Conclusion of the meeting

- At the end of the meeting, everyone together will repeat the learning and the subjects of the meeting.
- All participants will sing a song based on nutrition to encourage each other.
- Now the Anganwadi worker will share about the time and topic for the next meeting to be held 15 days later and encourage everyone to participate in it. She will also ask the participants to bring all those who have not attended the present meeting, in the next meeting.
- The names of all those who attended today's meeting are noted in the register and after deciding the day for the next meeting, the meeting is concluded.

Nutrition Diversity to Nutrition Security



Food security and food diversity of our village





Meeting 5: Food security and food diversity of our village



Preparation for Nutrition Education Meeting - 5




- The Anganwadi/ frontline worker will contact all those who attended Meeting 4 by checking their names in her register and will ensure that they participate in today's meeting.
- She will write and keep ready the main points from the story of Tara and Sooraj narrated in the last meeting.
- She will make special efforts to ensure the participation of the members of *Sahyogini Matri Samiti* and that of the Village Health, Sanitation and Nutrition Committee.
- Meeting 5 is related to planning for nutrition therefore attempts should be made to encourage the members of *Panchayat* and the *Sarpanch* to participate in this meeting so that their inputs and views can also be incorporated in the plan.
- The Anganwadi/ frontline worker will make arrangements for the materials required for today's game like two bricks, wooden planks - two three long ones and rest smaller than them, multiple rangoli colours, in advance at the meeting place.

The list of solutions for the primary problems should be kept ready in advance



Objective of today's meeting

1. To identify the tasks and responsibilities of the family members for a well-nourished family.
2. To identify all the behaviours necessary for ensuring nutrition and to identify the required opportunity and environment for their adoption.
3. To Identify the barriers and obstacles in adopting behaviours necessary for ensuring nutrition and determining the steps necessary to remove them.
4. Envisioning a well-nourished family and village.

 Materials Required	 Process	 Time
<ul style="list-style-type: none">• Two bricks• Wooden planks - two three long ones and rest smaller than them• Coloured powder (<i>Rangoli</i>) of various colours• Pen and register	The Bridge Game or the Nutrition Bridge and Envisioning exercise for a well-nourished family and village.	1.5 to 2 Hours

Method of Conducting the Meeting

Activity 1: Recalling and recapitulating the things learnt and understood till now

- The Anganwadi / frontline worker will ask all those participants who attended the previous meeting to raise their hands.
- Now she will request the members who attended the last meeting to tell about the aspects discussed in the meeting. The Anganwadi / frontline worker will help in recalling and repeating the aspects if necessary.
- In this manner the objectives and learning of the previous meeting would be repeated and those who did not attend the previous meeting will get informed about the meeting.

Activity 2: Reminding of the solutions found in the previous meeting

- The Anganwadi / frontline worker will repeat Tara's story once again, recalling the measures taken to overcome the nutrition problems of the village. She will go through all the solutions herself before the meeting.
- She will now ask the participants that after listening to Tara's story, the solutions they have come up with to overcome the nutrition problems of the village, whether they are ready to work on them?
- After discussing all the solutions, the Anganwadi / frontline worker will now facilitate the 'Bridge Game' to discuss how to work on the solutions that they have listed for the problems in the previous meeting. During the discussion, she will also talk about the barriers in and opportunities for achieving an optimal status of nutrition in the village.

We have already identified our primary problems related to nutrition and have already found their solutions

Activity 3: 'Bridge Game' for initiating the family on the path of nutrition – Nutrition Bridge

She will convey to the participants that now they will together play an interesting game known as the 'Bridge Game for Nutrition'. In order to construct this 'Nutrition Bridge' the key topics will be the following:

- Food prepared in our home.
- Nutrition in the diet of children and women of reproductive age.
- Self-hygiene, hygiene in the family and cleanliness and hygiene in the village.
- Availability of vegetables and fruits in the village.

The Anganwadi / frontline worker should tell everyone that now they are going to play the 'Bridge Game' or the 'Bridge Game for Nutrition'. Everyone together will prepare a plan for nutrition for the village through this game. Through this game they will decide the tasks and responsibilities for nutrition of women and children, diversity in the family's food plate like inclusion of pulses, vegetables, seasonal fruits, milk etc. along with assessing the present status of hygiene and cleanliness and pondering on questions like "where we are now" and

"where do we want to reach". They will also build a collective consensus on how they will implement the solutions decided in the last meeting to address the problems related to nutrition. Having said this, the Anganwadi / frontline worker will remind and repeat the priority problems identified in Meeting-3 and their solutions discussed in Meeting-4.

Explaining about the game

Let us now understand the 'Bridge Game':

1. **First Brick:** Where are we now? For example - Poor nutrition among women and children or non-availability of nutritious food.
2. **Second Brick:** Where do we want to go? For example - a village with healthy families and availability of nutritious food items, where all the families are well-nourished.
3. **River:** The obstacles that are coming in the way, such as use of unhealthy food items, lack of diversity in food items; lack of water resources; cultural barriers, etc.
4. **Two long wooden planks:** Our strengths to accomplish the work, like active self-help groups, strong Anganwadi / frontline worker, active *Sarpanch*, unity among groups, dedicated health worker etc.
5. **Small wooden planks:** Work decided to be done by the group.



The process of playing the game

- The Anganwadi / frontline worker will ask everyone to imagine that they are standing on the bank of a river which depicts the current state of nutrition and health of women and children in their village. Saying this, she will place a brick on the ground.
- Now the Anganwadi / frontline worker will place the second brick at some distance from the first one which depicts the other bank of the river. This bank depicts the status or situation where the participants want to take the nutrition of the women and children of the village.
- The river is an obstacle in this case that stops them from going where they want to go.
- To overcome this obstacle and cross the river, the group will need to create a bridge, which will explain what work needs to be done to achieve the desired status of nutrition in their village.
- The Anganwadi / frontline worker will place the two long wooden planks, which depict the strengths of the group, after discussing with them and which provides the base to carry out the work strongly.
- Now the members of the group start placing the smaller wooden planks, which depict each action taken, on these longer planks.
- The Anganwadi / frontline worker will now facilitate a discussion on each of these points based on the discussions in the previous meetings of the group.

- To identify the works done for improving the condition of nutrition, she will ask “But how?”. For example, how will we ensure that mothers and children get nutritious food? How will we ensure that all types of vegetables and cereals are included in the daily diet? How will we make the land more productive? How would we grow vegetables in your garden?
- The Anganwadi / frontline worker will try to elicit as many suggestions as possible from the discussion.
- For each task she will discuss the obstacles that may come in the way and how such obstacles can be removed through collective efforts?
- When the group decides on a task, they put a plank on the bridge after writing that task on the plank.
- Similarly, the tasks are decided one by one, and more planks are kept, thus completing the bridge.

After completion of the bridge the Anganwadi / frontline worker will repeat the tasks decided and will make everyone clap for the collective efforts.

Activity-4: The well-nourished family and village of our dreams

The Anganwadi / frontline worker will ask everyone that how do they see their village as a well-nourished village in the time to come. When they will work on nutrition how will their village look like? How will their village become a nourished village?

She will give some time to everyone to think and then a picture of the well-nourished village will be drawn on the ground. She will convey that they all have to do this exercise together and envision a well-nourished village for them.

Now that everyone together has envisioned a well-nourished village some slogans should be repeated together as well.

Some important points that can help in creating this vision –

- The plate of food in every home will be full of nutrition.
- Fresh fruits and vegetables would be available from Nutrition Garden in every house.
- There will be fruit trees everywhere in the village.
- There will be water available for washing hands.
- The drinking water will be clean and safe.
- All the men in the house would be helping in the household chores.
- All the children of the village would be going to the Anganwadi regularly.
- Everyone would be getting ration.
- Mothers would be taking the benefits from the Anganwadi centre.

1. Well-nourished mother, well-nourished child, well-nourished family, well-nourished village.
2. Our village thrives where happiness through nutrition resides.
3. Together we have decided, a nourished village united.
4. One, two, three, four - nutritious diet is a right to ensure.
5. We will become healthy, we will become wise, and by working together for nutrition we will thrive.

Conclusion of the meeting

- At the end of the meeting, everyone together will repeat the learning and the subjects of the meeting.
- All participants will sing a song based on nutrition to encourage each other.
- Now the nourished will share about the time and topic for the next meeting to be held 15 days later and encourage everyone to participate in it. She will also ask the participants to bring all those who have not attended the present meeting, in the next meeting.
- The names of all those who attended today's meeting are noted in the register and after deciding the day for the next meeting, the meeting is concluded.





Meeting 6: Nutrition and our responsibility



Preparation for Nutrition Education Meeting - 6




- The Anganwadi / frontline worker will contact all those who attended Meeting 5 by checking their names in her register and will ensure that they participate in today's meeting.
- She will make special efforts to ensure the participation of the members of *Sahyogini Matri Samiti* and that of the Village Health, Sanitation and Nutrition Committee.
- Meeting 6 is related to deciding on responsibilities for preparation of the nutrition plan for the village so try to get all the *Panchayat* members to attend this meeting so that their suggestions can be taken into account.
- The Anganwadi / frontline worker will keep the summary of the discussion points from the Bridge Game handy.
- She will keep the list of tasks prepared during the Bridge Game ready.

We know our problems and we also know how to solve them.



Objective of today's meeting

1. To divide the responsibilities, especially bringing a clarity on the responsibilities of men and women, of all the tasks required to make our families and village well nourished.
2. To monitor the actions taken and how the responsibilities distributed are being implemented.
3. To create awareness on services around nutrition support provided by the government to women and children, especially pregnant women and lactating mothers.
4. To plan for the village level meeting for sharing the vision and work done for a nourished village and nourished families with all the community members and government representatives.

 Materials Required	 Process	 Time
<ul style="list-style-type: none">• Chart of tasks• Format for division of responsibilities• Village level service providers and the materials provided by them through various services• Pen and register	Discussion and division of responsibilities	1.5 to 2 Hours

Method of Conducting the Meeting

Activity 1: Recalling and recapitulating the things learnt and understood till now

- The Anganwadi / frontline worker will ask all those participants who attended the previous meeting to raise their hands and will welcome the new members.
- Now she will request the members who attended the last meeting to share about the aspects discussed in the last meeting with the new members.
- The Anganwadi / frontline worker will help in recalling and repeating the aspects if necessary.
- She will state that we all will collectively decide on the responsibilities for creating a well-nourished village and well-nourished families. This will include who will do what and what behaviours and practices will be adopted in the homes and in the village.

She will convey to the participants that we all together have to take some big decisions today so let us all be prepared for it.

Activity-2: Our responsibilities for a well-nourished family and a well-nourished nation

Encouraging the participants, the Anganwadi / frontline worker will say that let us all come together and share the responsibilities among ourselves for the tasks we have decided to take up for creating families and village of our dream. Everyone has to deliver on the responsibility and for this we all have to join hands.

To keep the discussion focused, the Anganwadi / frontline worker will keep the following chart ready in her register:

Village			
Selected Problems	Selected Tasks	Responsible person / group	When will we start?
1.			
2.			
3.			

- The Anganwadi / frontline worker will keep the selected priority problems and the ways to address them, decided in the last meeting during the Bridge Game, written in her register.
- She will ask the following questions on the decided tasks one by one:
 1. Who will be responsible for different tasks?
For example, getting the *Annaprashan* done for all the children of the village in the Anganwadi once they have completed six months of their age, ensuring that all the pregnant women and children are getting green leafy vegetables, seasonal fruits, cereals and milk etc.
 2. When will we all start working on this?
 3. What will we do if there is a problem in carrying out the task assigned?
- The Anganwadi / frontline worker herself can take up some of the responsibilities but ensure that she does not take up all the responsibilities herself and motivates the community members to take up different responsibilities. Also ensure that instead of one or two individuals taking up more responsibilities, it is broad based and more individuals from the community get involved in taking up responsibilities.
- The Anganwadi worker should also ensure that the members of the *Sahyogini Matri Samiti*, VHSNC and Panchayat members also take up some responsibilities.
- After all the responsibilities are divided, the Anganwadi / frontline worker will encourage and ensure all those who have taken up specific responsibilities that together they will improve the nutritional and health status of the village and make the village a well-nourished village.

Under the conception of creating a well-nourished village and well-nourished family, we have identified various problems on which we now have to take responsibility to work towards addressing them.

Activity-3: Nutrition focused irrigation schemes

Now the Anganwadi / frontline worker will inform everyone about the government schemes related to nutrition like nutrition for women and children under the Integrated Child Development Services, *Matra Vandana Yojna*, child immunisation, regular monitoring of weight of children, public distribution system and mid-day meal scheme etc.

- What is the objective of the scheme?
- What kind of benefits are there in the scheme?
- What is the nature and extent of benefits under the scheme?
- Who are the target groups of the scheme?
- When is the benefit of the scheme given?
- And how are the benefits received under the scheme to be used?

After informing everyone about the schemes, the Anganwadi / frontline worker will say that by getting the right information they can make better use of the schemes. She would request all the participants to help her in spreading the information about nutrition related schemes to other people of the village.



Government schemes focused on nutrition -

1. Integrated Child Development Services Scheme
2. Public Distribution System (Ration Shop)
3. Mid-Day Meal Scheme
4. Special services for tribal areas

Activity 4 – Everyone’s participation in creating a well-nourished village and well-nourished families – The Community Meeting of the Village

To achieve the common resolve taken by the participants it is essential that they work together with all the people of the village to raise the health and nutrition issues related to children and women, change in habits and practices at the family level, bring about necessary changes in the village and carry out essential works in the village along with ensuring the benefits of government schemes to all. To achieve this a big meeting is required to be held which would involve as many people as possible in the village and with their cooperation work in this direction. The Anganwadi / frontline worker and other members of the group would prepare for this meeting and invite government representatives as well to the meeting.

Objective of the community meeting of the village

The Anganwadi / frontline worker will tell everyone the objectives of organising the community meeting in the village. She will discuss with the group that through the community meeting:

Every member of the group will have to make efforts to make this meeting successful and all men and women will have to prepare for it together. Community meetings are an effective platform to ensure everyone's participation.

- They will share the lessons learned so far in the meetings organised in the village on maternal and child nutrition with the entire community and officials present.
- They will share about the work done to address the identified problems with the community and stakeholders present.
- They will seek community consent on the tasks prepared and request for their cooperation in the effective implementation of the tasks.
- Preparatory discussion for organising the community meeting will be held between the Anganwadi / frontline worker and all the members of the group.

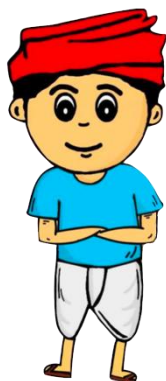
Preparation for the Community Meeting

Taking forward the discussion on the preparation for the community meeting, Anganwadi / frontline worker will discuss the following points with the participants:

1. When do you want to organise the community meeting? (Time, date)

2. Where do you want to organise the community meeting? (Location - School, Open Ground, etc.)
3. Whom do you want to invite for the meeting? (Senior government officials, other health officials, village leaders, respected individuals in the village, residents of the neighbouring villages, teachers, etc.)
4. Who will take responsibility of sending invitations?
5. What will be the method of sending invitations? (Letter/traditional method, etc.)
6. What resources will be needed for the meeting (arrangement of seating, refreshments, water, etc.), and how will they be arranged?
7. What method will be used to share insights from previous meetings? (Storytelling, street play, role play, puppet show, picture cards, songs, etc.)
8. Convince participants about the support that the Anganwadi / frontline worker can provide (preparing scripts, assisting in the preparation of street plays, etc.).

And so today the group has made an outline and plans for the upcoming community meeting, on which they will jointly prepare further.



All the respected elders of the village, women, children, youth, all government service providers – ANM, Anganwadi worker, ASHA, PDS shop, Secretary (*Sarpanch*) and all *Panchs*, *Shiksha Mitras* and teachers, block officials, block and district panchayat officials, District Collector, elected public representatives.

Conclusion of the meeting

- Everyone will jointly reiterate the objectives and learning of the meeting.
- At the end of the meeting all the participants will sing a song based on nutrition to encourage each other.
- Now along with the participants the Anganwadi / frontline worker will decide a place and time for the preparatory meeting for the Community Meeting and will request the participants to inform those absent about the Community Meeting.
- The names of all those who attended today's meeting are noted in the register and the meeting is concluded.

Community Meeting





Meeting 7: Community Meeting






Preparation for the Community Meeting (Meeting 7)

- In meeting number 6, we had prepared a detailed plan for the Community Meeting and before today's meeting, all the members have made full preparations for the community meeting by fulfilling their respective responsibilities.
- Before the start of the meeting, the decoration of the meeting place, seating arrangements, and contacting the invitees and respective members is to be done to ensure their participation.
- With the help of Panchayat, arrangements for tent, involving the *bhajan mandli* of the village is to be made so that the meeting can be organised with everyone cooperation and participation.
- The pictures cards, cards, games, songs, etc. used in the meetings till now have to be prepared in advance and kept ready.
- Along with general information of the village and information related to malnutrition, the exhibition is to be done of the locally available food items and various dishes prepared from them, take home ration (THR) from the Anganwadi. Also, preparations can be made to felicitate the healthy children and their families.



Objective of today's meeting

1. Sharing the highlights and learning from nutrition education meetings 1 to 6 on the vision of creating a well-nourished village and well-nourished families.
2. Sharing of the plans and tasks, made based on diagnosis of primary problems related to the current nutritional status of the villages and eating habits and behaviours, for making families and village well-nourished, with everyone in the village and implementing them with everyone's involvement and cooperation.
3. Making the nutrition of mother and child the responsibility of the family, increasing involvement of men, especially in implementing the practices of nutrition for women and children and sharing the workload equally with women, and making everyone sensitive towards these issues.

 Materials Required	 Process	 Time
<ul style="list-style-type: none">• Materials used in previous meetings like picture cards• List of tasks around nutrition• Locally available decoration items• Pen, notebook	Street theatre, storytelling, discussion through picture cards, song, folk dance, video screening etc.	3 to 4 Hours

Method of Conducting the Meeting

There are no prescribed ways to organise a community meeting, however, there are some points as follows that may be useful.

We will tell everyone about the problems related to nutrition in our village which came up in the 'Voting Game' and the solutions that the 'Bridge Game' suggested. Together we will move towards solving these problems.

- The community meeting should be organised with full enthusiasm.
- Materials used in the previous meeting like picture cards and information related materials can be used to decorate the place in different creative ways.
- The seating arrangement should be such that everyone present there can hear and understand the discussion properly.
- Participants should include people of all ages such as adolescents, mothers of children from birth to three years, pregnant women and lactating mothers, and they should be encouraged to sit in the front, and other community members.
- Ensure that no one feels uncomfortable while sitting and they can see, hear and understand the activities happening in front.
- Start the meeting with a welcome song, welcome the participants and they can be briefed about the process of the meeting subsequently.
- Now tell the participants briefly about the meetings organised in the village so that new participants can understand the entire process.
- Make sure that the meeting is interesting enough to understand and not too long.
- After this, the members of the group, should present the tasks chosen to be taken up, primary problems and barriers identified, through the chosen process of storytelling and skit.
- While sharing these information request should be made to stakeholders like health workers, village headman (*Mukhiya*) and other guests present to extend their help in implementing the identified tasks for ensuring nutrition in the village.
- The Anganwadi / frontline worker should continue encouraging the members so that they are able to facilitate the meeting with high confidence.
- Pregnant women, lactating mothers and mothers of children from birth to three years of age can also be invited to present their views in front of everyone.
- Before the conclusion of the meeting, seek views and comments from all the participants and note them down.

Activity: During the Community Meeting carry out activities in the following sequence

1. Start the community meeting with a welcome/champion song.
2. Initiate the meeting in the traditional manner by welcoming the participants and the community members and share the objectives of the meeting with everyone.
3. Thank everyone at the beginning of the meeting for participating in the meeting.

4. In the meeting today, the members of the group will come one by one and share all the nutrition related issues that the group has discussed so far, plans that have been made and the responsibilities shared, with everyone in a comprehensive manner.
5. In today's meeting, the street theatre (*Nukkad Natak*), songs, puppet show, and folk dance prepared by the group will be presented to the larger group.
6. Everyone will discuss on the barriers in creating a well-nourished village and well-nourished families in the larger group and taken decisions to eliminate them in the larger group.
7. The Anganwadi / frontline worker and members of the group should share with everyone the main problems and their solutions identified in the village.
8. Invite community members who have taken the responsibility of nutrition related works and request them to share their responsibilities with everyone.
9. Request all the participants of the meeting for their advice and feedback along with the help that they can extend in implementing the tasks decided for improving the nutrition status of the village.
10. Facilitate the families practicing appropriate nutrition behaviours through the guests that have come to the meeting.
11. Before concluding the meeting, the Anganwadi / frontline worker should invite all the participants (mainly men) to take oath after explaining the purpose of taking the oath. Through the oath everyone will resolve to make their village a well-nourished village.
12. Raise slogan '1, 2, 3, 4, nutrition is something we are all going to ensure'.

It is a good opportunity to felicitate the families who have adopted nutrition related appropriate/positive behaviours, especially families with well-nourished children.

Conclusion of the meeting

- The meeting will conclude with the resolution that everyone will create an environment for strengthening nutrition in the village and adopt healthy habits and behaviours in their families and the village (monitoring the growth of children, balanced diet, cleanliness, clean drinking water and use of toilets).
- The attendance of today's meeting will be recorded with the help of the group members by the Anganwadi / frontline worker and especially the presence of men will also be recorded.
- She will conclude the meeting by telling everyone the time and date of the next meeting.
- With the help of the participants, summarise all the important discussion points of the meeting.
- At the end of the meeting everyone should sing a song based on nutrition and decide that in the end of every meeting a similar song would be sung.
- Now the Anganwadi / frontline worker will inform everyone about the topic of the next meeting and after discussing with the participants will try to ensure that in the next meeting there is high participation of both men and women.
- Finally, the meeting is concluded by deciding the date, time and place for the next meeting.

Problem Picture Cards of Meeting 3 to for discussion in Meeting 7



PART 2

Introduction to the Module

This module will assist Anganwadi / frontline workers in conducting engaging and informative nutrition education meetings. By using this module, Anganwadi / frontline workers can successfully organise nutrition education meetings. With the help of this module, Anganwadi / frontline workers and community members can understand and promote balanced nutrition collaboratively by utilising local resources.

Taking forward the discussion from 1-7 meetings (NPLA Round 01 module) We all have a good understanding of the Anganwadi services.

- Decide the time, place, and participants for nutrition education meetings in the village through community participation.
- Dialogues with women of reproductive age and participation in nutrition education meetings have started.
- Women have formed their nutrition support groups.
- Nutrition education meetings are now being held regularly on a scheduled day.
- Adolescent girls, pregnant women, lactating mothers, and other women and men are actively participating in nutrition education meetings.
- Nutrition problems of women and children from our village have been identified, and prioritisation has been done as to which issue would be addressed first.
- Influenced by the story of Tara and the Sooraj, some families have adopted nutritional behaviours.
- The community has envisioned and planned to create a well-nourished village, and a plan has been made collectively to achieve the goal of a well-nourished village.
- A large community-level meeting has taken place where everyone has committed to supporting the plan for a well-nourished and malnutrition-free village.

It is believed that through these meetings, the community in the work area will be ready to work together with the involved individuals in efforts to improve the nutrition of women and children. They would have collaborated with the community to create the "Nutrition Bridge," and responsibilities would have been shared to build a well-nourished village. The community meeting in the village would also have been conducted in a grand manner. Now, the entire village, along with the Women and Child Development Department, Panchayat Department, and other departments, would be standing with together to make the village a well-nourished village.

As the Anganwadi / frontline workers participated in the training of Nutrition Education Part-1 and conducted meetings numbered 1 to 7, now, in a similar fashion, they will receive training for meetings numbered 8 to 14 in Nutrition Education Part-2. Through this they will inspire the community to adopt nutritional behaviours and work together to implement the strategy prepared for creating a well-nourished village.

Objective of the NPLA Module 02 (Meeting No.8-14)

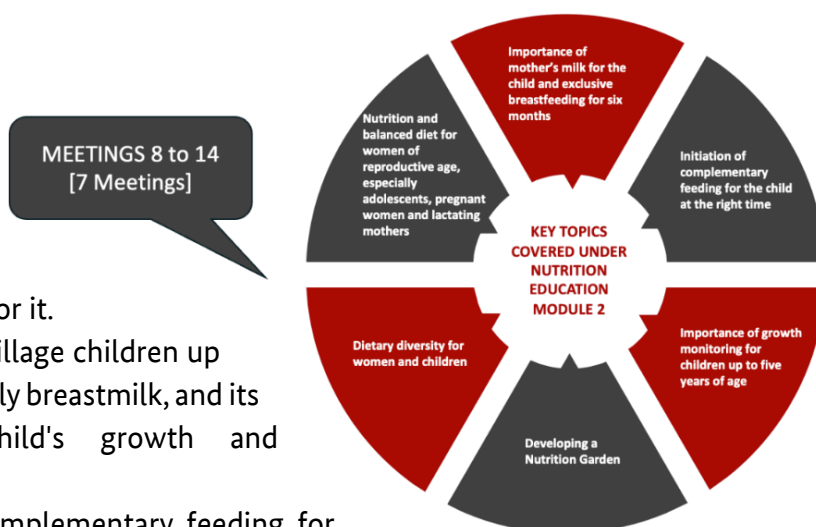
This module facilitates continuous dialogue discussion and facilitation from 1-7 meeting now to the next set of meetings – meeting no. 8 to 14. The meeting no 8 to 14 are very important meetings to facilitate various community actions and responsibilities which is addressing the challenges identified in the initial meetings. The aim is to make all families in the village well-nourished by adopting the nutrition behaviours of mothers and children. In these meetings special efforts are placed on involving the men, elderly and those in the decision-making roles within the families, in the process.

- In nutrition education meetings, the participation of pregnant women, lactating mothers, adolescent girls, male members of the family, and mothers-in-law should be possible. For this purpose, the Anganwadi / frontline worker should be provided with skills and collaborative methods so that she can effectively impart nutrition education in her village.
- Nutrition education helps Anganwadi / frontline worker in developing communication skills and working with adults.
- Realising the dream of a well-nourished village/panchayat.
- Ensuring that all children in the village are well nourished and their regular growth monitoring.

Key topics covered under Nutrition Education Module - 2

In these meetings, work will be done on the following topics:

1. The regular growth monitoring of our children by Anganwadi / frontline workers - its importance and the responsibility and accountability of parents for it.
2. Why it is essential for all village children up to six months to receive only breastmilk, and its significance in the child's growth and development.
3. Initiating nutrient-rich complementary feeding for infants completing six months, focusing on the start of complementary feeding, easy-to-digest food for children and creating understanding among parents and family members on the quantity, quality, regularity, and diversity of the food. Making nutritious food for children with cleanliness, preparing various dishes with simplicity, and understanding the correct way to feed the child with a spoon and bring it into practice.
4. Enhancing nutritional diversity in the daily diet of children and women of reproductive age. Adding energy-rich, growth-promoting, and immunity-boosting foods to their diet,



incorporating nutrition that protects against diseases. Developing an understanding of creating a nutritious meal plate with a balance of these three types of food groups.

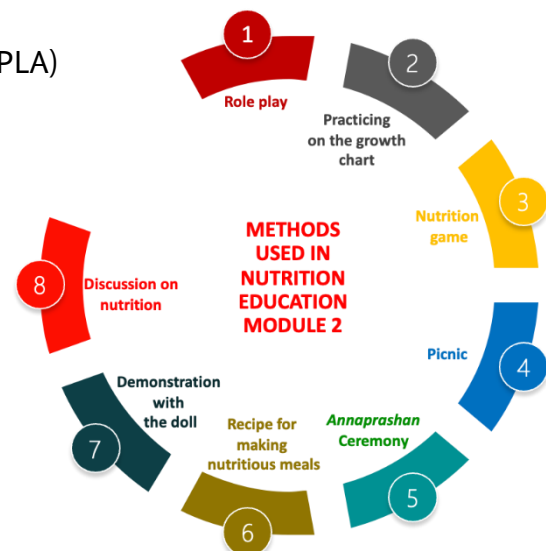
5. Demonstrating diverse recipes for the daily meals of adolescents, pregnant women, and lactating mothers. Organising community activities through a picnic to showcase different types of dishes. Discussing different types of dishes made from locally available food items and discussing nutrition obtained from them.
6. Growing and using vegetables and fruits for daily meals through nutrition gardens and discussing their importance.
7. Organising a village-level community meeting to share the knowledge gained on the above topics and seeking everyone's cooperation in creating a well-nourished village.

Methods of Participation in Nutrition Education Meetings:

For meetings 8 through 14, it is essential to have discussions in the village on extremely important topics and conduct various activities. For this, we will use the following participatory methods and mediums:

The Nutrition Participatory Learning and Action (NPLA) process helps in the following ways:

- Community members can learn to make appropriate use of available natural resources and connect balanced nutrition with nourishment.
- Through community discussions, members understand the forms/symptoms of malnutrition, its causes, effects, and methods of measurement.
- Understanding the intergenerational impact of malnutrition on the community, realising how the nutritional needs of different age groups, such as newborns, young children, adolescents, pregnant women, and lactating mothers, can be met to break this cycle.
- Community members can engage in discussions on the nutrition and proper care of mothers and children. They can comprehend the relationship between balanced nutrition and nutritional diversity in their diets.
- Planning for the improvement in food availability, establishing nutrition gardens, and utilising available resources appropriately at the local level.
- The community gains awareness and understanding of nutrition, food, and health-related issues, and they strive to implement strategies to break the cycle of malnutrition.





Meeting 8: Growth, development and monitoring of all children of the village from birth to five years of age



Getting ready for the meeting

- The Anganwadi / frontline worker will pre-inform the parents of children of up to five years of age, as per the Anganwadi register / records, and encourage them to come to the meeting.
- The child's father must be called to the meeting.
- The Anganwadi / frontline worker will speak to and invite at least five such parents who regularly get the growth monitoring done for their children and whose children are in the green colour category.
- She would ask everyone to bring their mother and child protection card with them.
- She will ensure the availability of the weighing scale and the height measurement scale in the Anganwadi Centre so that she can hold a demonstration for everyone and discuss their importance. The poster of the growth monitoring chart will be put up on the wall for the meeting.
- This meeting will be held at the Anganwadi Centre and a chart of all the information will be put up on the wall.
- The Anganwadi / frontline worker will keep the information, regarding the growth of all children of up to five years of age, handy for sharing with everyone in the meeting.
- She will also prepare the chart of responsibilities as decided in Meeting 6.




The number of well-nourished children in our village is high and it would be good to know from such families what all they do for nutrition of their children.



Topics to be discussed in the meeting

1. Understanding the importance of measuring the weight and height of the child and understanding the growth and development of children and their monitoring.
2. Sharing of other practices adopted by the families of well-nourished / normal children who come under the green colour category, regarding hygiene and food and especially sharing about the role of men in these families.
3. Understanding about the growth monitoring services, 10 days monthly body measurement campaign and *Mangal Diwas* and monitoring charts for boys and girls.
4. Understanding the importance of using the Mother and Child Protection Card.
5. Getting aware about the reasons and negative effects of not getting growth monitoring done regularly and discussion on local beliefs and misconceptions related to growth monitoring.

6. Understanding the characteristics of a healthy and well-nourished child and steps to be taken after knowing about the nutritional status of the child.
7. Understanding the criticality of the role of father and other family members in the nutrition of the child.

 Materials Required	 Process	 Time
Growth chart and poster, weighing machine, height measurement scale, Mother and Child Protection Card, pen and register.	Learning from each other's experiences, discussion with the mother and father, demonstration on the use of growth chart.	1.5 to 2 Hours

Method of Conducting the Meeting

The meeting should begin with a song based on nutrition and after a joyous environment has been created the meeting should commence with Activity 1.

Activity 1 – Recapitulation of previous meeting and review of the progress in implementation of the work after distribution of responsibilities

- The Anganwadi / frontline worker will check whether all the members of the N-PLA group have come?
- The Anganwadi / frontline worker will ask participants who had attended Meeting #7 to raise their hands.
- She will help the participants in recalling and recapitulating the responsibilities allocated in Meeting #7.
- She will discuss on the progress made on the responsibilities allocated, with the group.
- The Anganwadi / frontline worker will place the responsibilities chart in front of everyone and will have a discussion with the group, reminding them the identified prioritised problems.

1. *The Anganwadi / frontline worker will congratulate everyone, especially those who directly worked for organising the meeting, for successfully organising the community meeting.*
2. *Normally everyone would be very excited after the village community meeting and she would give everyone a chance to share their experiences.*
3. *This meeting is taking place after the community meeting therefore many new participants may also come to this meeting. She will welcome them as well.*

Problems and Responsibilities Chart

Village -			
Identified Problems	Identified Strategies	Responsible individual / group	Starting time
1.	i.		
	ii.		
2.	i.		
	ii.		

- She will have an open discussion on the work being done on the problems identified by the N-PLA group and will deliberate on the challenges being faced by the group in doing so.
- The Anganwadi / frontline worker will motivate and encourage all the members to actively participate in this meeting.
- Now she will share with everyone the objectives of the present meeting.

Activity 2 – Growth, development and monitoring of children – concerted efforts of families

The Anganwadi / frontline worker will report the nutritional status of children according to the number of children registered with the Anganwadi.

➤ **Red colour-** Number of children falling in the red colour category.

➤ **Yellow colour-** Number of children falling in the yellow colour category.

➤ **Green colour-** Number of children falling in the green colour category.

The Anganwadi / frontline worker will welcome the families who get their children weighed regularly and whose children are in green colour category. She will ask the family members to take turns in sharing their experiences. While they are sharing their experiences, she would ensure to ask the following questions:

- Whether breastfeeding has been initiated within one hour of the child's birth and whether the child has been exclusively breastfed for the first six months or 180 days after the birth.
- What food are children given after completion of six months of age? When and at what frequency are they being fed? What quantity of food is given to the child? Where did the parents learn about these aspects?
- Whether the child's weight and height are measured regularly and where is it done?
- How do family members share responsibilities for regular growth monitoring of the child?
- How is the Mother and Child Protection Card used to monitor the growth of the child?
- With all the household chores, how does the family find time to come to Anganwadi?

- What steps are taken by the family to ensure that the child remains in the green colour category?

The Anganwadi / frontline worker would encourage the participants of the meeting to ask their own questions and would thank the families sharing their experiences at the end.

Will start a discussion on taking a collective resolution for all the children of the village to get into the green colour category.

Regular weight measurement of the child in Anganwadi – Healthy Child and Happy Family

Why are there different nutritional status of children within the same socio-economic status of families?

It is essential to derive from the discussion that how did the families adopted these practices?

Activity 3 - Regular weight and height measurements of children in the Anganwadi Centre of the village

The weight and height of children are measured every month during the 'weighing week' and on the 'Mangal Diwas' in the Anganwadi centre.

The Anganwadi / frontline worker will demonstrate the methods of measuring weight and height and how to fill the details in the register.

Weight is measured in three ways depending on the age of children.

- While displaying the poster on the types of malnutrition, she will inform everyone that by regularising measurement of the weight and height of the child, one can assess the condition of the child so that by paying attention to the nutrition of the children, their proper development and growth can be ensured.
- She would engage with the participants and affirm that everyone wants to keep their children healthy and happy and hence it is important to regularly monitor their weight and height.
- She would inform the participants that Anganwadi worker, ASHA and A.N.M also check the growth of children and advise families on their nutrition.

Activity 4 - Group Discussion - Why is the measurement of the weight and height of the children not done regularly?

The Anganwadi / frontline worker will inquire about the reasons due to which the height and weight measurement of children is not done regularly. She will raise the issues of local beliefs and other reasons during the discussion like:

- Evil eye on the child.
- If the child is fine, then why should one get the child weighed?
- There is no time.
- The child cries while getting weighed.
- All three types of weighing machines are not in working condition.
- Non availability of the scale to measure the length and height.

She will ask everyone their individual reasons and discuss about them in detail. She would inform the participants that the first 1000 days in the life of a child are very critical and important for their growth and if attention is not paid to their growth and development in the first two years of their life then a critical time is lost forever. It is during the first 1000 days of the life of the child that the brain develops the most and if the child is underweight or malnourished, the brain development also slows down. This was also discussed in the third meeting as well.

Activity 5 - Monitoring children's weight with the help of Mother and Child Protection Card

The Anganwadi / frontline worker will initiate a discussion with the participants on the importance of weight monitoring of children with the help of the Mother and Child Protection (MCP) Card.

Discussion on importance of weight monitoring

The Anganwadi / frontline worker will start the discussion with the participants and ask how one knows that our children are growing up well. Signs of a child growing up can be as follows:

1. When the children gain height.
2. When the children gain weight.
3. When they become heavy to lift.
4. When they no longer fit in their clothes.

All these indicate that our children are growing up, but we do not know whether the development and growth of the children is taking place correctly or not. 'Regular weight monitoring' of children is one way by which we can assess whether the development and growth of children is going in the right direction or not.

After this, the Anganwadi / frontline worker will ask the following questions while displaying the MCP card to the participants:

1. What is this?
2. What is it used for?
3. When is it given?
4. Does this card help in weight monitoring of children?
5. If yes then how?

While showing the MCP card, the Anganwadi / frontline worker will tell the participants that the family members should bring the MCP card along with the child for weighing to the Anganwadi Centre every month.

The Anganwadi / frontline worker will explain how the growth chart is made to measure the growth of children aged up to five years. She will also discuss about the lines drawn on the growth chart and explain the following about them:

The upward moving line indicates that the child is growing appropriately for age.

The straight line indicates that the child is not gaining weight as per the age and needs immediate attention.

The downward moving line indicates that the child's weight is decreasing, and the child is in danger and needs immediate treatment.

- The Anganwadi / frontline worker will also discuss about the three colours on the card.
 1. **Green colour** means the child is normal.
 2. **Yellow colour** means that the child is moving towards the danger line, is malnourished and needs immediate attention.
 3. **Red colour** means that the child is at risk, is severely malnourished and needs immediate treatment and care.
- The Anganwadi / frontline worker will ask everyone whether the growth chart is same for boys and girls? After summarising the responses of the participants, the Anganwadi / frontline worker will explain that the Growth Charts are different for boys and girls as they have a slightly different weight and height at birth, and they grow differently with their age. Looking at the charts carefully, one can observe that pink colour chart is used for girls and blue colour chart is used for boys.
- The Anganwadi / frontline worker will explain that as the development of small children takes place very fast a rapid change is seen in the line in the growth chart. In the first six months, the weight of a healthy child increases by about 500 to 700 grams every month and after that till the age of three years it increases by about 100 to 200 grams every month.
- To demonstrate the same the Anganwadi / frontline worker can call some women and measure and marking the weight of their children on the growth chart.

Assessment of Growth in Children

Reference Weights for Identifying Underweight Children

Identification of underweight as per age

See the table below to assess the weight of children up to five years of age

Age (Month)	Boy		Girl	
	If less than this, then child is underweight (Kg)	Ideal Weight (Kg)	If less than this, then child is underweight (Kg)	Ideal Weight (Kg)
0	2.5	3.3	2.4	3.2
3	5	6.4	4.5	5.8
6	6.4	7.9	5.7	7.3
9	7.1	8.9	6.5	8.2
12	7.7	9.6	7	8.9
15	8.3	10.3	7.6	9.6
18	8.8	10.9	8.1	10.2
21	9.2	11.5	8.6	10.9
24	9.7	12.2	9	11.5
27	10.1	12.7	9.5	12.1
30	10.5	13.3	10	12.7
33	10.9	13.8	10.4	13.4
36	11.3	14.3	10.8	13.9
39	11.6	14.8	11.2	14.4
42	12	15.3	11.6	15
45	12.4	15.8	12	15.5
48	12.7	16.3	12.3	16.1
51	13.1	16.8	12.7	16.6
54	13.4	17.3	13	17.2
57	13.7	17.8	13.4	17.7
60	14.1	18.3	13.7	18.2

Reference Heights for Identifying Stunting in Children

Identification of stunting as per age

See the table below to assess the height of children up to five years of age

Age (Month)	Boy		Girl	
	If less than this, then child is stunted (cm)	Ideal Height (cm)	If less than this, then child is stunted (cm)	Ideal Height (cm)
0	46.1	49.9	45.4	49.1
3	57.3	61.4	55.6	59.8
6	63.3	67.6	61.2	65.7
9	67.5	72	65.3	70.1
12	71	75.7	68.9	74
15	74.1	79.1	72	77.5
18	76.9	82.3	74.9	80.7
21	79.4	85.1	77.5	83.7
24	81.7	87.8	80	86.4
27	83.1	89.6	81.5	88.3
30	85.1	91.9	83.6	90.7
33	86.9	94.1	85.6	92.9
36	88.7	96.1	87.4	95.1
39	90.3	98	89.2	97.1
42	91.9	99.9	90.9	99
45	93.5	101.6	92.5	100.9
48	94.9	103.3	94.1	102.7
51	96.4	105	95.6	104.5
54	97.8	106.7	97.1	106.2
57	99.3	108.3	98.5	107.6
60	100.7	110	99.9	109.4

In order to better understand the growth of children in the growth chart the following examples will be used. The Anganwadi / frontline worker will use the record of the weight of four children over a period of three months and with the help of these records she will make the participants understand the growth of children in different situations. For easy understanding of the participants the Anganwadi / frontline worker will plot the weight of the children, taken as examples, as dots on the growth chart. She will encourage the participants to come forward and plot the dots on the chart themselves. She will assist the participants volunteering to do so and will encourage others as well to come forward for the task.

If there are children of the participants with the same names as taken as example in the following tables, the names can be changed.

1. First child- Sonu (Boy, age one year)

Age	Month	Weight	Growth category as per the growth chart
1 year	May 2022	7.6 kg	No increase is observed in the weight of the child over the three months. The line depicting the child's weight will be shown as a straight line. It will also be shown that the child's weight is coming in yellow colour category which means that the child needs the proper attention and care of the family.
1 year 1 month	June 2022	7.6 kg	
1 year 2 months	July 2022	7.6 kg	

2. Second child- Munni (Girl, age six months)

Age	Month	Weight	Growth category as per the growth chart
6 months	May 2022	5.5 kg	An increase can be seen over all the three months in the weight of the child. The line depicting the child's weight will be trending upward. It will also be shown that the child's weight has moved from the yellow colour category to the green colour category, which means that the child is being taken care of well by the family and the same should continue so that she does not slip back into the yellow colour category.
7 months	June 2022	6 kg	
8 months	July 2022	6.5 kg	

3. Third child- Gudiya (Girl, age two years)

Age	Month	Weight	Growth category as per the growth chart
2 years	May 2022	8.4 kg	A decline in weight can be seen in all the three months. The line depicting the child's weight will show a downward trend. It will also be shown that child's weight has moved from the yellow colour category to the red colour category, which means that the child needs special care and attention from the family. There might also be a need to refer the child to the NRC, if required.
2 years 1 month	June 2022	7.8 kg	
2 years 2 months	July 2022	7.4 kg	

4. Fourth child- Dipu (Boy, age nine months)

Age	Month	Weight	Growth category as per the growth chart
9 months	May 2022	8 kg	An increase and then a decline can be observed in the weight of the child over the three months. The line depicting the child's weight will move up first and then will come down. This may mean that the child's weight increases due to the care and attention of the family but when the child falls ill, there is a decline in the weight growth. Irrespective of whatever category the child's weight is in, when the child falls ill the weight of the child decreases and in such a situation, the child needs proper care and attention. In the absence of proper care and attention, the weight of the child keeps decreasing and the child becomes severely malnourished.
10 months	June 2022	8.5 kg	
11 months	July 2022	7 kg	

The above method will help everyone to understand how the growth of the child can be monitored using the growth chart. Only by keeping regular records of the weight of the child can the health condition of the child be monitored and on that basis the family can take care of their child.

- The Anganwadi / frontline worker would have asked everyone in advance to bring the growth charts of their children to the meeting. She would again confirm that whether they have done so or not. If any of the women has the growth chart for her child for the past three months the Anganwadi / frontline worker must have a discussion on the same.
- The Anganwadi / frontline worker should tell everyone that the measurement of weight and height of the child should be started at the Anganwadi Centre as soon as possible after the birth of the child.
- When the participants understand how to plot the weight of the child on the chart, initiate a discussion on the importance of the three colours with the group. Explain to them what do the three different colours, green, yellow and red stand for.

Feed children all the food items like coarse grains, pulses, vegetables, fruits, milk products, eggs cereals etc. Just giving *chapati* might satiate the hunger of the child but the nutritional needs would not be met. The Anganwadi / frontline worker will show this problem picture card to everyone and invite them to change the situation/habit together.

Activity 6 – Steps to be taken after ascertaining the health condition of the child

After discussing the growth chart the Anganwadi / frontline worker should discuss about the steps to be taken after the identification of malnutrition in a child -

This behaviour has to be adopted!

Health status of the child and steps to be taken

<p>If the colour is green</p>	<p>The child is healthy</p> <p>These families must have adopted the following behaviours / practices:</p> <ul style="list-style-type: none"> - The mother must have fed her yellow thick milk (colostrum) to the child within one hour of birth. - The child must have been exclusively breastfed for six months. - Complementary nutrition would have been initiated after six months of age of the child and the child must have been eating frequently a wholistic range of foods including vegetables, eggs, pulses, grains etc.
<p>If the colour is yellow</p>	<p>The child is in moderate acute malnutrition (MAM) category</p> <p>The parents, along with the group members, must visit the ASHA, Anganwadi and ANM to take advice and also to monitor the growth of the child. Such children can also be taken care of at home.</p> <ul style="list-style-type: none"> - Increase the frequency of breastfeeding (for children younger than 6 months). - Assess the diet of the child. - Consult the doctor for medical attention if problem occurs. - Give the child an energy rich daily diet in proper quantity. For example, thick porridge made from cereals with oil or <i>ghee</i> poured on top. - Increase diversity in the food being given to the child.
<p>If the colour is red</p>	<p>The child is in severe acute malnutrition (SAM) category</p> <p>If the child falls under the red colour category, it is a medical condition. With the help of the group / Anganwadi Worker / ASHA take the child immediately to the Nutrition Rehabilitation Centre (NRC) where he will get medical treatment, supplementary nutrition and round the clock care.</p>

Activity 7 – Role of fathers and other family members in proper nutrition of children

It is understood now that how important it is for the children to be weighed regularly for their proper growth and development. When the growth and development of the child is the responsibility of both the mother and the father, then both of them will have to visit to the Anganwadi to get the child weighed.

The Anganwadi / frontline worker will encourage the participants to resolve that regular weighing of all the children of the village will be done in the Anganwadi along with an additional resolve that both the parents will come to the Anganwadi to get the children weighed. In the next meeting discussion will take place whether everyone in the village has started getting their children weighed regularly.

Role of the father in visiting the Anganwadi and getting the child weighed

Slogans

Child's weight in our care, to the Anganwadi, we'll take them there.

Mother and Father side by side, nurturing the child with love and pride.

Every child will smile with joy, as the Anganwadi comes, they will enjoy.

Every child's prayer, father and mother, always together there.

Anganwadi / frontline workers can create local songs in collaboration with the local women groups and sing them in the meetings, but ensure that the song is about the meeting.

Song

Weigh the child, come to the Anganwadi.

Attain the nutrition for the child, come to the Anganwadi.

Grandma come, Papa come, come to the Anganwadi.

Weigh every month, come to the Anganwadi.

Mama and Papa, you smile, come to the Anganwadi.

Increase the child's weight, come to the Anganwadi.

Attain the nutrition for the child, come to the Anganwadi.

Little one come, little girl come, come to the Anganwadi.

Get information, come to the Anganwadi.

All together, take steps, come to the Anganwadi.

Weigh the child, come to the Anganwadi.

Attain the nutrition for the child, come to the Anganwadi

Conclusion of the meeting

- This meeting focused on learning about the proper development and growth of children. The focus was also on reiterating that one has to get the children weighed regularly in the Anganwadi.
- A collective resolve has also been taken to get regular monthly physical measurements of all children up to 5 years of age in the village.
- Collectively we have to identify all the children of age up to five years and have to ensure that in the village the weight and height measurement and monitoring is taking place in the Anganwadi Centre.
- The whole family has to visit the Anganwadi together.
- The Anganwadi / frontline worker should thank all the participants, especially the men, and encourage them to come regularly to the meetings and the Anganwadi.
- The participants should together sing a song based on nutrition at the end of the meeting and decide that at the end of every meeting a song based on nutrition will be sung.
- Now the Anganwadi / frontline worker should inform all the participants about the next meeting and discuss with the participants to ensure that as many people as possible should participate in the next meeting.
- The Anganwadi / frontline worker will mark everyone's attendance in the register.
- She should tell everyone that from now on they will meet once in every month in the nutrition education meetings so that everyone can together work on the decisions and resolutions taken. Finally, conclude the meeting by deciding the date, time and place of the next meeting.





Meeting 9: Mother's milk - the elixir of life

Exclusive breastfeeding of all children of the village from birth to six months of age






Preparation for the meeting

- Ensure the attendance of all pregnant women and lactating mothers in the meeting.
- Make special efforts to include the mother-in-law of pregnant and lactating mothers in the meeting.
- Make a doll out of old clothes to create an understanding of breastfeeding.
- Decorate the meeting place with posters and necessary picture cards related to breastfeeding.
- Invite ASHA to this meeting and seek her assistance in conducting the meeting.
- The Anganwadi / frontline worker should take a decision on the participation of men in this meeting on her own discretion. If the Anganwadi / frontline worker assesses that the women will feel uncomfortable due to the presence of men, she should conduct the meeting only with women.



Topics to be discussed in the meeting

- The importance of breastmilk as the first nourishment for the child.
- The emotional bond between a mother and child, its relationship with breastfeeding and misconceptions associated with breastfeeding.
- The necessity of breastfeeding within the first hour of birth and the importance of colostrum, the thick yellow milk.
- Criticality of a child getting only breastmilk from birth to six months, that is, up to 180 days. It is essential for all mothers, whether staying at home or working outside, to breastfeed their children.
- The benefits of breastfeeding for both the mother and the child.
- The correct technique and continuous practice of breastfeeding.
- The support of the mother-in-law and husband in facilitating breastfeeding.

 Materials Required	 Process	 Time
Picture cards to explain breastfeeding, chart or register of responsibilities, doll made out of old cloth, problem picture card to be used in the meeting, chart paper, pen and register.	Discussion through the use of breastfeeding picture card, demonstration using the doll, 'Bujho to Jane' game	1 to 2 Hours

Method of Conducting the Meeting

The meeting should begin with a song based on nutrition and after a joyous environment has been created the meeting should commence with Activity 1.

Activity 1 – Recapitulation of the key points from the previous meeting and knowing about the activities carried out by the N-PLA Group Members

The Anganwadi / frontline worker will:

- Ask those participants to raise their hands who attended the previous meeting. She will then ask them to share the information and learning from the last meeting with all the members.
- Discuss the activities related to nutrition of children that have been undertaken by the group members.
- Engage in a conversation about the ongoing activities for nutrition. For example, topics such as all children in the village coming to the Anganwadi for weight and height measurement, men accompanying women to the Anganwadi Centre, and discussion on malnutrition.
- Discuss what actions all families have taken to regularly measure the weight and height of their children, as decided in the previous meeting.

- Encourage participants to share their experiences. Help them to talk about what they have learned and the challenges they have faced while applying the strategies as well as how did they overcome them. Assist in identifying points that need improvement or changes for more effectiveness.
- Explain the objectives of the meeting now and initiate the discussion on the meeting topics.

Activity 2 – Baby's first nutrition - breastmilk and its importance

The formation of the child occurs within the mother's body. To fulfil all the nutritional needs of the child, milk production begins in the mother's breasts along with the birth of the baby. This milk is essential for the nourishment of the child and should be given to the baby within the first hour of birth.

The child's stomach is approximately the size of its fist which can easily fill up with the breastmilk alone. As the child grows, the time and quantity of milk intake increases. Therefore, in addition to the mother's milk, the child does not require any other liquid substance.

The milk is naturally produced in the mother's body. As soon as the mother takes the child in her lap and affectionately cuddles it, the milk starts flowing. The act of cuddling and caressing the child by the mother is crucial in the process of milk production.

This information is for the assistance of the Anganwadi / frontline worker.

The breastmilk is what is easily digested in the child's stomach, and, for all the physical, mental, and emotional needs of the child, it is essential to provide breastmilk. Keeping the mother and child together and the act of the mother cuddling and caressing the child stimulates the production of milk in the mother's body.

Initially, the milk is thick, filled with protein, energy, and minerals, and eventually, it becomes thin. Therefore, it is necessary to ensure that the child is breastfed correctly for some time so that the child receives both the thick and the thin milk. For both normal delivery and caesarean section, the mother should breastfeed her child within an hour of birth, and this is the first dose, the primary nutrition that strengthens the child for life.



Key message - for the mother-in-law

The yellow thick milk is the first vaccine for the child, which helps in keeping it healthy. All mothers-in-law should help their daughters-in-law to breastfeed the child with the first yellow thick milk within one hour of birth. Mothers should spend as much time as possible with their child.



Key message - for the mother

All women should start breastfeeding their child after delivery. With the help of a doctor and nurse, it is essential to feed the child the mother's first yellow thick milk (colostrum).

Activity 3 - Emotional bond between mother and child, its relationship with breastfeeding and the beliefs and misconceptions associated with breastfeeding

After staying in the mother's womb for nine months, when the child comes out, it experiences the utmost security with its mother. Upon being cuddled by the mother and sticking to her, it becomes fear-free and starts adapting to the new environment. On the other hand, the mother nurtures the child within herself for nine months. After the birth of the child, cuddling and caressing the child naturally provides a sensation of happiness and satisfaction to the mother. Also seeing the child physically and connecting with him emotionally relieves her of any worries and anxieties.

As soon as the child is born and sticks to the mother's chest, the process of milk secretion begins. In the initial days, the mother may need a little assistance to ensure that she can feed the baby properly. It is important to keep the baby with the mother as much as possible.

During the meeting, the Anganwadi / frontline worker should ask all lactating mothers whether they fed their baby their first yellow thick milk within one hour of birth. Allow everyone to share their experiences, listen with respect, and avoid providing immediate solutions. It is possible that some women may have fed their babies their first yellow thick milk, while others may not have.



Key message for Mother-in-law and Husband

Take the resolution for a safe delivery and ensure that childbirth happens in a hospital. Also, within one hour of birth, make sure to feed the baby the mother's milk. This will ensure the health and nourishment of both the mother and the child.

Now, discuss with the women about the beliefs and misconceptions related to the first yellow thick milk, such as:

- Yellow thick milk is spoiled.
- Yellow thick milk should be thrown away.

Now, inform everyone that the mother's first yellow thick milk is equivalent to an elixir for the child. The first milk of the mother is also called the child's first vaccine.

Now, tell all pregnant women to have their delivery in the hospital, so that both the mother and the child remain safe, and it will help in feeding the baby the first yellow thick milk.

Activity 4 - Importance of Breastfeeding Within One Hour of Birth and the Significance of the First Yellow Thick Milk/Colostrum

The first drops of milk from the mother's breasts are of the thick colostrum, which is full of nutrients. These drops work as a vaccine for the child's immune system and provide the child with the first essential dose of nutrition. Within one hour of birth, the child becomes extremely hungry, and instinctively, it starts rooting towards the mother's breast. As soon as it touches the breast, it begins to suckle, benefiting both the mother and the baby.

Breastfeeding helps the mother to cope with the continuous reactions happening in her body and become mentally and emotionally strong. Therefore, it is crucial to feed the child the mother's milk within one hour of birth.

After birth, it is advisable to initiate breastfeeding for the child immediately or at least within the first hour. The child should be placed on the mother's breast as soon as possible to start the process of milk production in the mother. Taking guidance from a doctor or nurse, the child should be fed with the mother's first thick, yellow milk.

Activity 5 - Exclusive Breastfeeding from Birth to 6 Months, i.e., up to 180 Days

The Anganwadi / frontline worker will discuss the importance of regular breastfeeding for six months in detail. But before that, let's understand what exclusive breastfeeding means - it simply means:

No water - Because the mother's milk contains sufficient water. Even in extreme heat, the mother's milk has enough water to quench the child's thirst. About nine-tenths of the mother's milk is water. If the child is thirsty, giving the mother's milk instead of external water is beneficial, as it is cleaner than home water. Hence, even in extreme heat, there is no need to give the baby water, fennel water, tea, juice, etc.

No powder or other milk - Other milks such as cow/buffalo milk or milk powder should not be given because the digestive system of a newborn is very sensitive, and it cannot digest anything other than the mother's milk.

Up to six months, the child should receive only and only breastfeeding—no water, no mixtures, no solid food. In case of health issues, the baby may be given necessary medicines based on medical advice. Everyone will be shown this problem picture card and will be told, "Let's take a resolution that all the children up to six months of age in the village will be exclusively breastfed."

No mixture or solid food - Because all the essential nutrients needed for a newborn are present in the mother's milk. There is also a risk of infection from powdered or mixed foods.

There is no need to give any other food items such as jaggery, butter, honey, pacifiers, nutmeg, etc., to the child.

Do not give anything to the child apart from mother's milk for the first six months

No water

No powdered or other milk

No mixture or other food

ONLY MOTHER'S MILK

This
behaviour
has to be
adopted!

This information should be given to everyone that when to breastfeed the child.

Discussions about beliefs, misconceptions, and practices related to exclusive breastfeeding for six months should be conducted. Misconceptions and beliefs like, if the child feels thirsty before six months, water needs to be given; for the child to speak sweetly honey is given; when the mother goes to work, the child has to be given additional milk or food; the child's stomach cannot be filled with the mother's milk, and other topics should be discussed to address their questions and concerns. This way, they can adopt and follow the practice of exclusive breastfeeding for six months.

Feed the child 8-10 times a day, meaning once every 2 to 3 hours. Continue breastfeeding even during illness because the child requires extra nourishment during illness.



**Key Message - For
Mothers, Husband, and
Mother-in-law**

A mother's milk provides the child with all the essential vitamins and minerals. Continue breastfeeding exclusively for 6 months and continue it alongside complementary feeding for up to 2 years.

Mothers working outside the home should also exclusively breastfeed their children for the first six months

- If she can bring her child with her to work, she should breastfeed intermittently.
- If not, she can express her milk, leave it for the child, and instruct whoever is taking care of the child to feed the baby with a spoon and a small bowl intermittently. (The expressing milk from the mother's breasts can be safely kept in a bowl for approximately 6 to 8 hours.)

Precautions for Using a Bowl and Spoon

- Clean the bowl and spoon with soap and water and let them dry in the sunlight for some time to ensure they are free of germs.
- If expressing milk is not feasible, the mother can feed the child before leaving for work, upon returning from work, and at night when the child latches.

Activity 6 - Discussion on the Benefits of Breastfeeding for Mothers and Children in the First 6 Months After Birth:

The Anganwadi / frontline worker should initiate a discussion with the participants on the importance of exclusively breastfeeding for the first six months after birth. She would ask the participants:

Does the mother also benefit from exclusively breastfeeding for the first six months?

Regardless of the answers received, the Anganwadi / frontline worker should encourage them and take the discussion further.

Benefits of exclusive breastfeeding for six months for the mother

- Breastfeeding helps the uterus contract after childbirth, and the placenta is expelled more quickly.
- The risk of excessive bleeding after delivery is reduced when breastfeeding is practiced.
- Regular breastfeeding helps delay the return of menstruation, reducing the likelihood of unintended pregnancies.
- The more a child breastfeeds, the more milk the mother produces.
- Breastfeeding protects the mother from the risks of ovarian and breast cancers.
- Breastfeeding helps the mother avoid the need for any prior preparation as she can immediately provide the baby with the right temperature milk.
- Mothers who breastfeed are less likely to experience stress.

Now, the Anganwadi / frontline worker would ask everyone about the benefits of exclusive breastfeeding up to six months for the child. After receiving responses, the discussion will proceed with the aid of the following points:

Benefits for the child

- Breastfeeding protects the child from infections.
- The initial yellow milk (colostrum) provides protection against diseases.
- The child stays warm by being close to the mother's body.
- Increases bonding between the mother and the child.
- Mother's milk is adequate and safe nutrition for the child.
- Facilitates the child's overall growth and development.



Key Message - For Mothers-in-law and Husband

Initiating exclusive breastfeeding for the first six months helps protect the baby from various illnesses such as diarrhoea and respiratory infections.



Key Message - For Mother-in-law, Husband, and Mother

If you want your baby to be healthy and happy, the only way is to exclusively breastfeed the baby for the first six months. All the essential nutrients for the baby are present in the mother's milk. The baby's stomach is sensitive, and providing anything else increases the risk of illness.

Activity 7 - The right technique for breastfeeding and continuous breastfeeding

Explain to everyone that many mothers feel that they don't produce enough milk. Encourage women who have breastfed their children exclusively for six months to share their experiences with everyone. This will help women understand that mother's milk is sufficient for the child, and there is no need to give anything else. Emphasise that the child should always be close to the mother so that she can breastfeed the baby at regular intervals.

Now, discuss with everyone the importance of ensuring the correct position and contact while breastfeeding because 'the more the child breastfeeds, the more milk is produced and released.'

Using the facilitator's picture cards, the Anganwadi / frontline worker will discuss four different breastfeeding positions

To ensure that the mother is producing adequate quantity of milk, it is necessary for the family to support her and having information about the correct position to breastfeed. So, let's find out what the correct positions are:

Position 1 (Cradle Hold): Discuss that placing the child in the mother's lap and supporting not only the child's head and neck but also the child's back is essential. When both the mother and the baby are healthy, the mother can breastfeed her child normally in this position. The support of the mother-in-law and husband in breastfeeding is very helpful for the mother.

Position 2 (Side-Lying Position): If the mother has had major surgery or has difficulty sitting, she can breastfeed by lying on her side, placing the child next to her in the bed. Encourage the family's support and explain how it helps the mother significantly in breastfeeding.



Key message for mothers

The more the baby breastfeeds, the more milk is produced and released. Therefore, breastfeed the baby frequently. Give time to your child, shower them with love and affection.

"Remember to ensure that the baby's stomach is full, and the mother's milk is available day and night."

Third position - (Lying on the side position): If a woman has twins, she can put a pillow on both sides, supporting both children with her hands and breastfeeding them at the same time. The support of the mother-in-law and husband helps a lot in breastfeeding.

Fourth position - (Second position of lying on the side): If a woman has recently given birth to a premature or a low-weight child, she can support the child with one hand and use the other hand to insert her nipple into the child's mouth, pressing her breast so that the milk goes into the child's mouth, allowing the child to drink milk on its own. The support of the mother-in-law and husband helps a lot in breastfeeding.

After discussing the picture cards mentioned above, the Anganwadi / frontline worker will display each position and also demonstrate the correct contact/touch of the baby with the mother's breast while breastfeeding.

Now the Anganwadi / frontline worker should ask the participants to discuss that while it is necessary to have the right position while breastfeeding it is also critical that the child has the correct contact/touch with the mother's breast.

Ask the participants to estimate which child's contact/touch is correct in the picture using the "Guess to Know" game with the help of picture cards. After receiving feedback from the participants, discuss the following points:

The four signs of correct contact/touch of the child with the mother's breast are:

1. The child's chin touches the mother's breast.
2. The child's mouth is completely open.
3. The child's lower lip is turned outwards.
4. The upper part of the dark area of the breast (areola) is more visible than the lower part.

Making the child burp: - It is also necessary to make the child burp after breastfeeding. After each breastfeeding session, the child should be placed upright against the mother's shoulder and the mother should gently pat on his back until he burps. This helps prevent vomiting and milk coming out. Also, pay attention that if the child is urinating 6-8 times a day, it means that the child's stomach is full.

Activity 8 – Support to mother by husband and mother-in-law in breastfeeding the child.

The Anganwadi / frontline worker should tell everyone that the mother needs the support of family members, especially the husband and mother-in-law, in exclusively breastfeeding the child for six months. She should ask the participants to explain how the support of the husband and mother-in-law can be taken in the family.

She should encourage everyone to discuss and decide in the meeting how all mothers in the village with children under six months of age will be given more support. This may include the following steps:

- Household chores will be equally distributed among all family members.
- The lactating mother will be given enough time to breastfeed the baby.
- Special attention will be paid to the nutrition of the mother.
- Availability of vegetables and fruits will be ensured at home, for which a nutrition garden will be set up.
- A clean and safe place will be created at home for the mother and the child.
- The father and the mother-in-law will regularly visit the Anganwadi with the breastfeeding mother and the child.
- A happy and cheerful environment will be created at home.
- If the mother faces any difficulty in breastfeeding her child, consult a doctor. Resolving issues at the right time is important for both the mother and the child.

The family should commit to providing enough time for the mother to breastfeed the child and keeping the mother and the child together. The mother giving time to the child is crucial for both.



Key Message - For Mother-in-law and Husband

A breastfeeding mother needs to keep herself nourished and also the child, this need to be understood by the family, specially the mother in law and husband support her in having additional nutritious meal in the day . Therefore, special attention should be paid to her diet. Having two additional snacks during the day will help support her.



Key Message - For Mother-in-law and Husband

The mother's milk is essential for the baby's health, growth and development, the mother needs adequate time to be with the baby and to breastfeed the baby. The mother-in-law and husband need to ensure that the mother gets time for the baby.



Conclusion of the meeting

- Everyone will reinforce the lessons learned in the meeting.
- Now, a collective resolve is to be taken to exclusively breastfeed all children in the village for the first six months.
- Together, everyone will sing a nutrition-based song at the end of every meeting and boost each other's enthusiasm.
- Now the Anganwadi / frontline worker should inform all the participants about the next meeting and discuss with the participants to ensure that as many people as possible should participate in the next meeting.
- The Anganwadi / frontline worker will mark everyone's attendance in the register.

- She should tell everyone that from now on they will meet once in every month in the nutrition education meetings so that everyone can together work on the decisions and resolutions taken. Finally, conclude the meeting by deciding the date, time and place of the next meeting.

As a reference for the Anganwadi / frontline worker, some important points regarding breastfeeding:

The symptoms that indicate that breastfeeding is being done correctly	The symptoms of potential difficulties.
<input checked="" type="checkbox"/> The mother feels relaxed, comfortable, and reassured, makes eye contact with the child, and touches it.	<input checked="" type="checkbox"/> The mother remains stressed, avoids eye contact with the child, or refrains from touching the child.
<input checked="" type="checkbox"/> The child's mouth stays well attached to the breast, with most of the upper part of the breast in its mouth. The child's mouth remains wide open, and the lower lip is turned outward.	<input checked="" type="checkbox"/> The child's mouth does not fully open, and the front part of the breast is not in its mouth. The child's lips remain on the nipple.
<input checked="" type="checkbox"/> The child sucks well, pauses occasionally, and you can observe or hear the swallowing action. The child's cheeks may puff out, and the sound or sight of milk being gulped is evident.	<input checked="" type="checkbox"/> The child sucks rapidly, tension is visible on the cheeks, or the cheeks pull inward. Sucking may be accompanied by licking or a clicking sound.
<input checked="" type="checkbox"/> The child remains calm and content, staying attached to the mother's breast. The mother may feel uterine contractions, and some milk may be expressed (indicating that milk production is ongoing).	<input checked="" type="checkbox"/> The child is restless or cries continuously, moves away from the chest, the mother does not feel the uterus contracting, and there is no flow of milk (indicating that milk is not being produced).
<input checked="" type="checkbox"/> After breastfeeding, the breasts become soft, and the nipple may protrude.	<input checked="" type="checkbox"/> Even after breastfeeding, the breast appears full or enlarged, the nipples turn red, they develop cracks, become sore, or inwardly retract.



Meeting 10: Our commitment to start complimentary feeding to all children who completed 6 months.



Preparation for the meeting




- Identify families with children eligible for initiating complementary feeding and prepare a list for inviting them to the complementary feeding initiation event (*Annaprashan Ceremony*).
- Specifically invite family members, especially the child's father, and mother-in-law to attend the event along with the mother.
- Arrange for *Tippy Tap* for handwashing.
- A few days before the meeting, discuss about the *Annaprashan Ceremony* with families of children under six months, encouraging them to prepare some food to bring for their child to taste for the first time during the ceremony.
- Simultaneously, invite families with children over six months who have not yet started complementary feeding to the event.
- Encourage families with malnourished children to attend the meeting.
- Prepare a demonstration of one of the complementary feeding methods prescribed by the Anganwadi.



Topics to be discussed in the meeting

The specific topics to be covered in the meeting are:

- Nutritional needs of children aged six months to two years.
- Introduction and importance of complementary feeding at six months.
- Availability of easily digestible foods, the importance of nutritional diversity in children's diets, and the role of the family.

 Materials Required	 Process	 Time
A chart or register used for measuring the progress in implementation of strategies, bowls, spoons, ingredients for essential nutritious food provided from six months onwards, flex on quantity and quality of the food, three bowls, spoons, and a handful of wheat flour or gram flour (<i>sattu</i>), problem picture cards to be used in the meeting, provision of <i>Tippy Tap</i> , drum (<i>dholak</i>), register and pen.	Celebration of complementary feeding day (<i>Annaprashan</i>), effective discussion on the quantity and quality of complementary food through the medium of flex, demonstration of the density and consistency of the diet.	1 to 2 Hours

Method of Conducting the Meeting

The meeting will begin with a song related to nutrition. After the song when an atmosphere of joy and enthusiasm has been created, the meeting will proceed with Activity 1.

Activity 1 - Recap of the previous meeting and knowing about the activities carried out by the N-PLA Group

The Anganwadi / frontline worker will:

- Ask the participants who were present in the previous meeting will be asked to raise their hands. After that, they will be encouraged to share the insights and lessons learned from the previous meeting with all members.
- Will initiate discussion on the activities related to the nutrition of mothers and children carried out by the N-PLA group.
- Discussions will also be held on the activities being carried out in the village for the nutrition of mothers and children, for example providing the child with the mother's first yellow thick milk within one hour of birth and exclusive breastfeeding of children up to six months of age.
- Will also discuss whether all the family members are providing assistance to the lactating mother as discussed and decided in the previous meeting.
- She will facilitate the sharing of experiences among participants. While implementing strategies, participants will discuss what they have learned, the challenges they have faced, and how they have dealt with them. She will also provide assistance in highlighting points that need improvement or changes to make the programme more effective.
- Will explain the objectives of the meeting, and discussions on topics of the present meeting will commence.

Activity 2 - Increased nutritional requirements for children aged six months to two years

Participants will be informed about the increased nutritional needs of children aged two years and below with an emphasis on the following:

For growth of the child: There is continuous growth of children during childhood, with rapid increases in height and weight, especially during the first two years after birth. It means that there is development of bones, muscle growth takes place along with an overall development of internal organs. Approximately 90% of a child's brain development occurs within the first two years. To support this development, there is a need for proteins, vitamins, minerals, and a lot of carbohydrates (energy).

Malnutrition poses a significant risk to children:

- Contributes to 35% of illness and 45% of deaths in children below the age of five years.
- Changes in cognitive development – poor performance in school.
- Weakening physical growth.

- Reducing productivity.
- A child suffering from malnutrition below the age of two years has to face the consequences throughout the life.
- It is essential to protect the first 1000 days of the child's life (from conception to attaining the age of two years)
- Stunted children today lead to stunted economies tomorrow

For Learning: The maximum development of a child's brain occurs within the first two years. In the initial two years of life, a child's brain size becomes nearly as large as that of an adult. During this age, as the child observes, hears, touches, his or her memory begins to form, and the learning process accelerates rapidly. Just as the body, various types of nutrition are crucial for the development of the brain. Any deficiency can result in a slower pace of learning.

For Energy: With increasing age, a child's activities grow each month, such as turning, crawling, sitting, standing, and eventually walking. The child gradually engages more with people, plays, and starts to grasp, lift and drop objects. Lack of physical activity in children leads to both growth and learning deficiencies. Children require a significant amount of energy for physical activities, which is derived from carbohydrates and fats.

For Fighting Infections: In the first two years, as children grow, they are prone to illnesses like cough, cold, fever, and diarrhoea. To protect and fight against these infections, children need various forms of nutrition in their diet. They require protein- and vitamin-rich foods for this purpose. In the absence of proper nutrition, a child may remain sick for an extended period, experience weight loss, and may be vulnerable to severe illnesses.

Listening to the experiences of mothers and fathers who have well-nourished children, and how they pay special attention to their diet, can be beneficial.

So let's take steps towards the nutrition of our children and initiate complementary feeding at the right time.

Activity 3 - Initiation of complementary feeding and its importance immediately after completion of six months

Organisation of the Complementary Feeding Initiation Event (Annaprashan): (This event should be organised at the Anganwadi centre by the Anganwadi worker and helper)



Firstly, washing hands with soap

- The Anganwadi / frontline worker should encourage all the family members of those children who are starting complementary feeding on that day to wash their hands with soap.
- The Anganwadi / frontline worker will inform everyone that washing hands with soap before cooking, before serving food, before eating, before feeding children, and after using the toilet is extremely important.

Celebrating the initiation of complementary feeding

During the meeting, the complementary feeding initiation event (Annaprashan) will be celebrated as a local festival, incorporating dance and songs according to local traditions.

The Anganwadi / frontline worker will initiate the discussion about the complementary feeding initiation event (Annaprashan), asking the family members that:

- Those whose children have completed six months should come forward.
- When family members bring their children forward, she will encourage them to start feeding the prepared food, that they have brought to their child at the complementary feeding initiation event (Annaprashan).
- Fathers should be motivated to participate in their child's complementary feeding and boost their morale for joining the event.
- Emphasis will be placed on cleanliness while feeding.
- Everyone will collectively celebrate the initiation of the complementary feeding as a festival.
- Children above six months or those who haven't started complementary feeding yet, should also be fed either the food brought from their homes, or the food prepared by the Anganwadi / frontline worker.
- The Anganwadi / frontline worker will encourage family members to continue providing complementary feeding to their children regularly and to continue breastfeeding.
- The Anganwadi / frontline worker will boost enthusiasm by distributing materials provided by the Anganwadi Centre to the families.

After introducing complementary feeding, it is essential to regularly visit the homes of these children and monitor their diet. It is important to ensure that children are consistently receiving complementary foods.



Key message

Use all the schemes, services, and facilities related to food security provided by the Anganwadi and Panchayat.

Activity 4 - Children's Nutrition

It is crucial to provide nutritious meals to our children at home, and it is essential for mothers and other family members to understand what nutritious items can be prepared at home. Children can eat home-cooked meals made for everyone, with a little modification to make it suitable for children, such as mashing the homemade pulses and *roti* or vegetables in a bowl with *ghee*, oil, jaggery, making it simple and suitable for children.



The Anganwadi / frontline worker will further discuss the importance of children's nutrition and explain that the right time to start introducing children to solid food is when they complete six months. This is when mothers gradually familiarise their children with complementary feeding alongside breastfeeding.



Key message

Do not wait for the child to become hungry; instead, feed the child according to the daily routine so that they have a continuous supply of energy



Key message For Mother, Husband and Mother-in-law

For the better development of the child, after six months of age, breastfeeding alone is not sufficient. Initiate complementary foods in the required quantity for the child's optimal nutrition.

Feed the child with soft and semi-solid foods. Ensure that the food is neither too hot nor too cold, has a pleasing taste, is colourful and should be administered through a bowl using spoon.

Let's all come together and resolve to initiate the complementary nutrition for all the six months old children in the village, ensuring a smile on every child's face. This problem picture card will remind everyone of the issue and encourage to change the situation.

Until six months, only breastfeeding is recommended, but after six months, just breastmilk is not sufficient for a child's growth and development. Therefore, it is essential to introduce complementary feeding after six months. Along with complementary feeding, breastfeeding should continue for up to two years.

*This
behaviour
has to be
adopted!*

The Anganwadi / Frontline worker will show everyone the complementary feeding provided for children by the Anganwadi and explain that it is given for children aged six months to three years. She would encourage everyone to feed this specifically to the children.

Types of foods to include in the child's complementary feeding after six months of age

Some easy recipes suitable for children

Lentil and rice porridge with ghee and iodized salt.

Porridge with boiled pumpkin, bottle gourd, tomatoes, and potatoes.

Boiled mashed potatoes with ghee, and salt or sugar.

Mashed roti/rice in milk and curd rice.

The Anganwadi / Frontline Worker will ask everyone about what is given to children in their complementary diet after the completion of six months. She will encourage everyone to share their views in detail for an extensive discussion and will make sure to discuss the local nutritious food in the conversation. In the end, with the help of a flex, she will inform everyone about the right time/quantity/quality/frequency/diversity of the complementary food.



**Key message
For mothers,
fathers, and
grandmothers**

Provide children with protein-rich local and cost-effective food items such as pulses, legumes, all grains, fruits, nuts, milk, or eggs in regular meals. These foods aid in the development of children.

Nutritious food given along with breastfeeding for children aged six to eight months

Six to eight months old children can be given nutritious food along with breastfeeding. Foods like milk porridge, seasonal fruits, lentils, rice, green vegetables, etc., can be given.

- Local grains and lentils can be roasted, ground, and stored as powder. When needed, it can be mixed with milk/water, jaggery, etc., and given to the child.
- Multiple food items can be combined to prepare a nutritious meal for the child so that all his requirements are met. For example, a nutritious porridge for six to eight months old children can be made using rice, lentils, various vegetables, and oil/ghee.
- Vegetables such as carrots, potatoes, peas, cauliflower, etc., can be cooked, mashed, and given to the child.
- Seasonal fruits can also be mashed and given to the child.

Points to remember

Since a 6-8 months old child cannot chew properly, it is necessary that:

- Vegetables should be finely chopped for easy swallowing.
- Serve freshly prepared food to the child.
- The food being given to the child should be adequately cooked and mashed making it easy for the child to swallow it.
- When introducing solid food to the child, they may spit it out initially. This is normal as they are not used to it, but with repeated attempts, they will start eating.
- When a child is sick, they require additional nutrition. Ensure that the child is breastfed and pay special attention to their diet during illness.
- When feeding a child, maintain a positive atmosphere, and encourage them to eat by engaging in conversation and play and do not force feed.
- Remember that a child's stomach is small, so do not force-feed them as they cannot eat large quantities in one time. Give them food at regular intervals.
- Along with solid food, continue regular breastfeeding for the child.
- Ensure that there is a gap of sometime between breastfeeding and feeding solid food to the child as the child's stomach is full after breastfeeding.
- Do not add chili and spices to the food.
- Throughout the day, give the child 3-4 tablespoons of oil/ghee in their meals.

Diet Quantity and Frequency

For a six to eight months old child, initially, start with a few spoonful, then gradually progress to one bowl a day, and eventually, the child starts eating 2-3 bowls throughout the day. A child cannot consume a large amount of food at once, so feed in small amounts, 4-5 times a day. Continue regular breastfeeding alongside.



**Key message
For mothers and
husbands**

If you want your child to eat well, ensure that they do not drink too much water before meals, as it may fill up their stomach.



**Key message
For mothers and
grandmothers**

If you want your child to be healthy and alert, encourage and pay attention to them while they are eating so that they can eat properly.

Nutritious diet for children aged nine to eleven months

By the age of nine to eleven months, children develop the habit of eating and swallowing. During this time, in addition to the foods already given, new food items can be introduced into their diet, such as:

- All types of vegetables can be made soft and given.
- *Khichdi* and *dalia* made by mixing lentils and vegetables.
- Fruits can be served after peeling.
- Include at least 5-6 tablespoons of oil or ghee in the child's meals throughout the day.

Quantity and Frequency of Food

Between 9-11 months, a child's stomach becomes a little bigger, and for its growth and development, it requires more nutrients. Therefore, both the quantity and frequency of its meals should be increased. Along with regular breastfeeding, you can feed the child 3-4 bowls of food throughout the day. Additionally, it's advisable to offer homemade, dry/extra food 1-2 times in between.



**Key message
For Mothers,
Fathers, and
Mothers-in-law**

The snacks and sweets that you buy for the children can harm them. Choose items for the children's diet that are beneficial for their health, such as fruits, milk, yogurt, etc.

Avoid introducing ready-made food items available in the market such as sweets, chips, chocolate, biscuits, snacks, samosas, kachoris, tea, coffee, cola drinks, sherbets, etc., in the children's diet. The problem picture card will remind the same.

*Do not give at all to the children
Give fruits to the children to eat*

*This
behaviour
has to be
adopted!*

Some important points to consider

- Always feed children fresh and home-cooked food.
- When a child is sick, ensure they get more nourishment. Breastfeeding is essential during illness, and special attention should be given to their diet.

Food for children aged 12-23 months

Children in this age group begin to talk and walk. Their teeth start coming in, and they can almost eat all types of food.

- Besides the above-mentioned food items, they can also be given all the foods that adults eat, but avoid using spices or chili in their food.

Things to keep in mind

- Encourage children to eat with the parents but serve their meals in separate dishes and motivate them to eat on their own.
- Serve children fresh home-cooked food.
- Eggs can be included in their diet, but never give raw eggs.
- When a child is sick, they require more nourishment. Breastfeeding is crucial during illness, and special attention should be given to their diet.

Thickness and consistency of child friendly food

Prepare a mixture of flour or chickpea flour in three bowls. In one bowl, make a thin consistency, in the second bowl, make it thick, and in the third bowl, prepare the appropriate consistency.

- Show the participants the consistency of each mixture while discussing that extremely thick or thin food is not suitable for children. Now, invite anyone from the participants and ask them to creating the appropriate consistency in all three bowls. This will help everyone understand how the consistency of the child's initial diet should be.

- Home-cooked food is suitable for children. Let's foster to feed children with homemade food. Once again, using the picture below, guide everyone on what to feed and what not to feed children.

Diet Quantity and Frequency

Between the ages of 12-23 months, a child can eat 4-5 bowls of food throughout the day. During this period, it is essential to continue breastfeeding the child, but gradually reduce the frequency of breastfeeding. Along with this, it is advisable to give homemade dry/extra food 1-2 times in between.

Conclusion of the meeting

- Everyone together, should repeat the key points / messages from the meeting.
- The Anganwadi / Frontline worker will make everyone start that from today onwards, everyone will ensure that every child in the village would be initiated on complementary feeding after completing six months, and thereafter, they will be given nutritious food every day. No child in the village will miss the initiation of complementary feeding henceforth.
- Fathers will also participate in the care of the children.
- Everyone, together, at the end of the meeting, would sing a nutrition-based song and decide that at the end of every meeting, a nutrition-based song will be sung.
- Now, the Anganwadi / Frontline worker will inform everyone about the topic of the next meeting and, through discussion with participants, ensure that the next meeting has the maximum participation of women and men.
- Request everyone to bring raw food items such as grains, lentils, vegetables, fruits, etc., for the next meeting. Also, clarify that the quantity should not exceed a handful. Bring items that is used in daily meals.
- The Anganwadi / frontline worker will mark everyone's attendance in the register.
- Finally, conclude the meeting by deciding the date, time and place of the next meeting.

For the reference of Anganwadi / frontline worker

Micro nutrients and their importance

Micro nutrients	Source	Helps in absorption	Inhibits absorption	Conditions due to deficiency
Iron	Whole grains, lentils, drumsticks, jaggery, dates, green leafy vegetables, moringa	Vitamin C-rich fruits like oranges, guavas, sweet lime, amla, lemons, and	Avoid consuming tea and coffee 1 to 2 hours before	Deficiency of iron can lead to anaemia, reduced mental

Micro nutrients	Source	Helps in absorption	Inhibits absorption	Conditions due to deficiency
	leaves and coarse grains such as <i>dalia</i> , bajra, black sesame seeds, watermelon, meat and fish	all seasonal fruits. Also, incorporate fermented and leavened foods	and after meals, as it inhibits iron absorption	capacity, and physical weakness
Calcium	Milk and milk products, green leafy vegetables, sesame seeds, <i>rajgira</i> (Amarnath) flour, lotus stem, drumstick leaves, custard apple, and ragi	Vitamin D aids in the absorption of calcium. We get Vitamin D from sunlight. Dairy products and items made from milk as they contain lactose and phosphates	Avoid consuming tea and coffee 1 to 2 hours before and after meals	Calcium deficiency can lead to weakened bones
Zinc	Coarse grains like <i>bajra</i> , lentils, oil seeds, almonds, and black sesame seeds	Incorporate protein sources into your diet, and enhance zinc absorption with the use of fermented food items		Zinc is essential for preventing dryness in the skin and maintaining skin health. Zinc deficiency obstructs growth
Magnesium	Whole grains, dried fruits, pumpkin, and bananas	Soaking grains before cooking increases the absorption of magnesium. Consume lentils and legumes regularly	Avoid consuming tea and coffee 1 to 2 hours before and after meals, as it hinders the absorption of magnesium	High blood pressure, diabetes, and heart diseases
Iodine	Consume iodised salt	The intake of iodised salt enhances iodine absorption		It is crucial for mental development and prevents iodine deficiency disorders like Goitre
Vitamin A	carrots, onion leaves, coriander, and yellow fruits like papaya, mango, orange, and	Include protein and fat-rich foods in your diet. Before cutting vegetables,	Boiling vegetables in an open pot and excessive	Night blindness, physical development deficiency,

Micro nutrients	Source	Helps in absorption	Inhibits absorption	Conditions due to deficiency
	corn, Green leafy vegetables such as spinach, fenugreek, <i>bathua</i> , radish greens, spinach	wash them thoroughly with clean water. Adding tomatoes to vegetables while cooking increases the amount of Vitamin A	frying can lead to the loss of vitamin A	reduced night vision, skin infection
Vitamin C	Orange, guava, Sweet lime, <i>amla</i> , lemon, seasonal fruits, grains, drumsticks, <i>jamun</i> , <i>karonda</i> , Jujube fruits, wood apple	Consuming raw fruits after washing them with clean water provides Vitamin C	Washing vegetables after cutting and overcooking them leads to the loss of Vitamin C	Reduced immunity, delayed wound healing, weak teeth, weak bones
Folic Acid	Whole grains, pulses, sesame seeds, green leafy vegetables, and items made from milk		Overcooking vegetables and food items destroys folic acid. Avoid consuming tea and coffee 1 to 2 hours before and after meals	Anaemia



Meeting 11: A diverse and abundant nutritious diet for women of reproductive age and children in our families





Preparation for the meeting

- The Anganwadi / frontline worker once again asks the families attending the meeting to bring any one raw food item.
- She would ensure that everyone does not bring the same type of food.
- The Anganwadi / frontline worker herself should also keep some items.
- She would prepare some empty slips to write down the leftover food items.
- She would create three circles on the ground or a large sheet of paper.
- Prepare some participants in advance for role play during the meeting.



Topics to be discussed in the meeting

1. Understanding the contribution of various types of food items to body development and better health.
2. Creating awareness about locally available nutritional diversity and balanced diet.
3. Understanding nutritional diversity according to the seasons.
4. Discussing the preparation of nutritious meals using local food items.

 Materials Required	 Process	 Time
A chart or register used for measuring the progress in implementation of strategies, locally available food items, a large plate, problem picture card used in the meeting pen, and a register	A register for measuring the implementation of strategies, picturisation of locally available food items, a plate illustrating a diet with balanced nutrition, discussion on nutritional availability according to the season, role play, a register, and a pen.	1.5 to 2 Hours



Key message

Use all the schemes, services, and facilities related to food security provided by the Anganwadi and Panchayat.



Method of Conducting the Meeting

The meeting should begin with a song based on nutrition and after a joyous environment has been created the meeting should commence with Activity 1

Activity 1 – Recapitulation of the previous meeting and review of progress of the implementation of activities as per the responsibilities allocated

The Anganwadi / frontline worker will:

- Ask those participants to raise their hands who attended the previous meeting.
- She will then ask them to share the information and learning from the last meeting with all the members.
- Assist participants in understanding the discussions held previously.
- Discuss the implementation of strategies related to the nutrition of mothers and children as determined by the group.
- Display the progress evaluation record and engage in discussions about the progress with everyone.
- Discuss whether all families have made any changes in their children's eating behaviour according to the decisions made in the previous meeting.
- Encourage participants to share their experiences. Provide assistance in addressing the problems they faced and how they dealt with them. Identify points that need improvement or changes for more effective implementation.
- Explain the objective of the meeting and start discussions on meeting topics.

Activity 2 - Basic Information about Nutrition

Food provides us with nutrition, and nutrition leads to the growth and development of our bodies. The quantity and quality of food, along with essential nutrients, are crucial for the body. Inclusion of essential nutrients is necessary in a meal that not only fills the stomach but also contributes to the body's height/weight, muscle growth, and strength to fight diseases. It is essential to include a variety of different food groups in our daily meals to understand how they affect our bodies and the functions of the consumed food in the body. We can easily understand daily meals and their impact on our bodies based on the activities performed by nutrients in our bodies. The following table simplifies the understanding:

Rice, wheat, potatoes, jaggery, sago, other starches, all kinds of grains and millets, oil, ghee.	These provide energy to the body and make you feel full. They are called carbohydrates , and oil/ghee, etc., are fatty food items that provide energy to the body.
Pulses, lentils, peas, peanuts, all kinds of seeds, items made from milk, chickpeas, kidney beans, eggs, meat	These contribute to the growth and development of our body, promoting height and muscle development. They are called proteins.
Green leafy vegetables, papaya, tomatoes, drumsticks, carrots, red and yellow-coloured fruits and vegetables, seasonal fruits and vegetables, wild fruits, seeds, and roots found in forests	These enhance the body's immune system, protect the body from diseases, and keep it healthy. They are called vitamins and minerals.

In our daily meals, there should be all the three types of food as per the above table so that our body continues to receive energy, growth, development, and the strength to prevent and fight diseases. Anganwadi / frontline worker will reinforce these messages to all participants and clarify that different food items have different effects on our bodies. It is important to include all three types of food groups mentioned in the table for a balanced and nutritious diet.

Activity 3 - Understanding the nutritional importance of locally available food items in the village and categorising them according to the given table

The Anganwadi / frontline worker will inform everyone about this game, explaining that we will now identify various food groups available in our village based on their nutritional properties.

Categorising food items into different categories based on their nutritional properties



- Initially, participants will place the food items they brought in one place. Additionally, the Anganwadi / frontline worker will inquire about any food items that is available in the village but has not been brought today. She will then make slips of those food items and keep them with the food items brought by the participants.
- The Anganwadi / frontline worker will then ask all participants why we eat food? She will inspire them to think and carefully listen to the thoughts shared by the participants.
- Engaging participants in a discussion, she will encourage them to express their views on why they eat. She will carefully listen to what the participants say and connect their statements to the discussions that took place earlier.
- While discussing with the participants, the Anganwadi / frontline worker will stress that we don't eat just to fill our stomachs; rather, food fulfils many other essential needs of our bodies, as discussed earlier.
- Using the help of the three food groups, the Anganwadi worker will explain to the participants that, along with filling our stomachs, we eat to meet the different needs of our bodies as follows:

Food that provides energy to the body - which helps our body in activities like walking, working, and quickly obtaining energy.

Food for growth & development of the body - which aids in the overall development of our body. This includes the development of bones, muscles, and nerves throughout the body.

Food that prevents illness - which helps our body avoid diseases and develops the ability to fight against illnesses. This also contributes to the shine of hair, eyes, and skin.

After creating an understanding of food for the complete needs of our body, the Anganwadi / frontline worker will tell the participants that now, through a game, they will comprehend locally available food items as sources of energy, development, and disease prevention.



**Key message
For mothers,
husbands, and
mothers-in-law**

Purchasing items like sweets, snacks, biscuits, Kurkure, chips, etc., from the local market can be harmful and weaken the child's health. Instead, buy and feed children fresh seasonal fruits, milk, yogurt, paneer, and various roasted grains like grams, corn, peanuts, etc and home cooked dishes.



**Key message
For the family**

While foods like roti, rice, or starch-filled items can fill the stomach, they do not provide the strength to fight diseases nor support proper body growth and development. Especially for children, ensure a diet rich in protein, vitamins, and minerals to facilitate their overall development.

Mothers, children, and all family members should include nutritional diversity in their daily meals. Incorporate whatever is locally available into your diet. Show everyone this problem picture card and say that now, in our homes, we will eat a variety of foods with roti—vegetables, lentils, beans, salad, curd, and more.

*This
behaviour
has to be
adopted!*

- Now, the Anganwadi / frontline worker will create three circles on the ground. If desired, pictures can be drawn in the circles for the convenience of participants.
- Next, she will instruct the participants to come one by one and attempt to categorise the food items placed on the ground into the three respective food groups.
- While arranging the food items, the participants will explain what nutrients are obtained from each food item and, with the consensus of other women and men, place it in one of the three circles.
- Discuss the use of oil/ghee in children's food.
- After correctly placing all food items and slips in their respective groups, the Anganwadi / frontline worker will encourage the participants to regularly incorporate food items from these groups into their daily diet, changing them intermittently to make the meals nutritious.

This game aims to make everyone understand the importance of food and why different food items are necessary for our bodies. It encourages awareness of balanced nutrition and the significance of regularly including various food groups in our daily meals.

Activity 4 - Balanced Diet Plate

After the above discussion, the discussion will now move towards the ways in which a balanced and full of nutrition meal plate can be created so that balanced and nutritious meals can be consumed in every family.

Now, discussing balanced nutrition, the Anganwadi / frontline worker will tell the participants that it is important to note that when we eat, our diet should contain a balanced quantity of various nutrients, and it is crucial to understand them. When we incorporate a balanced quantity of all three food groups with our meal, it is referred to as a balanced diet.

- The Anganwadi / frontline worker will place a plate from the Anganwadi centre in front of everyone and engage participants in a discussion. The discussion will revolve around how we can decorate our meal plate as a balanced plate, placing various food groups on the plate so that we can understand the concept of a balanced diet plate.
- Now the process of creating a balanced plate from the three food groups discussed above will begin. The Anganwadi / frontline worker, through interactive activities, will explain to everyone how diversity can be introduced into meals and how many different items available in our village can be used in our daily meals.
- After creating a balanced diet plate, the Anganwadi worker will inform everyone that along with food items, the right amount of water intake is also critical.
- For this game, she will invite some participants to arrange the ingredients from the food group that provides energy, promotes growth, and prevents diseases according to their estimated required quantities.
- Ensuring the daily inclusion of appropriate quantities of ingredients from all food groups in the daily diet, we can even break the cycle of malnutrition.
- She will discuss the negative effects of not incorporating a balanced diet into one's meals and remind everyone about the nutrition cycle, emphasising that a lack of adequate nutrition in food and diet can hinder the progress of this cycle and can lead to intergenerational malnutrition cycle.
- Now, the Anganwadi / frontline worker will motivate all participants to include the balanced diet plate in their daily meals, emphasising that a balanced diet is crucial for everyone. She will particularly stress the importance of paying special attention to balanced nutrition in households with adolescents, pregnant women, lactating mothers, and children.



Key message For Mother, Father, and Grandma

If you want to keep your children safe from illnesses, give them vegetables and fruits every day. Vegetables and fruits are rich in vitamins and minerals, which keeps them healthy.

Activity 5 - Availability of Food Items According to the Season

If we want to ensure nutrition every day, we need to consider the availability of food items throughout the year. If you all want the second scenario shown in the picture to be a reality throughout the year, let's put our heads together for it. First, let's understand what is available to us in each season.

With the help of the table that follows, everyone will assist in distributing all the food items discussed in Activity 2 based on their availability in different seasons. The Anganwadi / frontline worker will also help the group in preparing a seasonal chart as shown below. Ensuring the participation of both women and men is essential in creating this list.

Availability of Food Items According to the Season in the village

Name and category of the food item	Summer	Rainy season	Winters	Food items that are getting extinct rapidly
Cereals				
Pulses				
Other beans				
Green vegetables				
Roots				
Leafy vegetables				
Spices				
Oils				
Meats, eggs, oilseeds				

Fruits				
Others: Mushroom, Bamboo, Seeds etc.				
*Options: 1-Agriculture, 2-Community Common Land / Pond, 3-Forest, 4-Market/ Ration shop				



Key message For Father

If you want your child to have proper growth and development, feed them protein-rich foods like milk, yogurt, paneer, and various roasted grains such as chickpeas, corn, peanuts, etc.

The Anganwadi worker will remind everyone of this problem picture card, which depicts the scarcity of food during the summer season in the family.

For a detailed discussion, use the attached appendix for reference.

After this categorisation, the Anganwadi / frontline worker will discuss about the food items that were available before, were produced, were collected, and are no longer found, and whether the group, any member, or someone else has made any efforts to conserve them. Towards the end of the activity, she will ask everyone how nutrition can be ensured during summers, considering that we need nutrition throughout the year. She will encourage everyone to speak:

- One way is to dry and store food items.
- Another way is to use a nutrition garden and plant vegetables and fruits throughout the year and consume them.
- Coarse grains and whole pulses can also be utilised by sprouting them.

The Anganwadi / frontline worker will encourage everyone to adopt both the methods.

Activity 6 - Nutritional Diversity for Mother and Child

Now, some of the participants who have been prepared in advance for role-playing will perform in front of everyone.

Rajjo's Family - Role Play

Rajjo's family is an ideal family where Rajjo lives with her seven months-old daughter, husband Roshan, mother-in-law Ramiya, and father-in-law Kadam. Rajjo's family is an exemplary family, and they serve as examples for people in other villages as well. Ramiya takes great care

of Rajjo and feeds her granddaughter and Rajjo with green leafy vegetables from her nutrition garden. Ramiya ensures that Rajjo has time to breast feed her daughter comfortably.

Ramiya also ensures that Rajjo regularly takes the IFA (Iron and Folic Acid) tablet provided by ANM Didi. Roshan, too, feeds his daughter at least once a day with his own hands. Kadam contributes to household work. In the family, everyone goes out for work, except the mother-in-law, who takes care of the granddaughter when Rajjo is at work. Rajjo and Roshan pay attention to the vaccination dates for their daughter and both timely visit the Anganwadi center.

Rajjo and Roshan regularly attend nutrition education meetings and inspire other families to make positive changes.

After the role-play, the Anganwadi worker will ask everyone:

- Can all families in the village be like Rajjo's family?
- How can the men in the family fulfil their roles?
- How can the role of men contribute to the better development and growth of their children?
- Can the collective efforts of everyone in the family make all families in the village like Rajjo's family?

These questions encourage reflection and discussion on the possibility of replicating positive practices from Rajjo's family in other households in the village.



Key message For Father

For children, provide protein-rich food items such as milk, yogurt, roasted chickpeas, and peanuts.



Key message For Father and Grand mother

Pay attention to the child's diet for the overall development of their body and mind.

And together, we all say:

Our village... Well Nourished village...

All families in our village... Well Nourished families...

All women in our village... Well Nourished women...

All children in our village... Well Nourished children...

Let's all together reinforce the lessons from today's meeting. This collective affirmation emphasises the shared commitment towards fostering a nourished and healthy community.

Conclusion of the meeting

- Let's all pledge together that while preparing meals, we will focus on dietary diversity, and incorporate nutritional diversity in our daily food.
- After the discussion, everyone can join in singing a nutrition-based song and decide that one would be sung at the end of every meeting.
- Now, the Anganwadi / frontline worker will inform all participants about the topic of the next meeting and discuss with them to ensure maximum participation of both women and men in the next meeting.
- She will inform everyone that in the next meeting, we will prepare nutritious khichdi and dry food, and request everyone to bring the ingredients for khichdi. She would request the participants to coordinate with each other about who will bring what.
- The Anganwadi / frontline worker will mark the attendance for everyone in the register.
- Finally, after determining the date, time, and location of the next meeting, the meeting will be concluded.



Key message For Mothers, Fathers, and Grandmothers

While eating, never leave the child alone. Assist them during meals so that they can have sufficient food. If the mother is busy during the child's mealtime, then have another family member sit with the child and help them with their meal.

Reference Material for the use of Anganwadi / frontline worker

A list of non-cultivated/natural food items that will help in advancing this discussion for the Anganwadi / frontline worker. More local names may also be included in this list.

Season	Naturally available edible item	Source	Benefits / usage
Summer	Tendu	Forest	It is consumed as a fruit. The pulp of the fruit is also used for making rotis. It aids in digestion.
	Mahua	Forest	Women make <i>laddus</i> from the flower and it is consumed in the dried form as well.
	Kathai	Forest	It is consumed as a fruit.
	Khinni	Forest	It is consumed as a fruit.
	Khajoor (Dates)	Forest	It is consumed as a fruit.

Season	Naturally available edible item	Source	Benefits / usage
	Umar	Forest	It is consumed as a fruit.
	Bahera	Forest	It is dried and powdered before using it as a medicine.
	Kaintha	Forest	Used for pickles and <i>chatnis</i> .
	Bel	Forest	It is consumed as a fruit. The juice of the fruit is also consumed.
	Junglejalebi	Forest	It is consumed as a fruit.
	Shahtoot (Mulberries)	Forest	It is consumed as a fruit.
	Imli (Tamarind)	Forest	Both tamarind and tamarind leaves are used for <i>chatnis</i> .
	Murar	Forest	Used as a vegetable and for making pickles.
	Chilli	Forest	Used for consuming directly.
Rainy Season	Padora	Forest	It is consumed as a vegetable.
	Kanda	Forest	It is consumed as a vegetable.
	Kachariya	Forest	It is consumed as a vegetable and is dried and stored for different purposes.
	Chirangli	Forest	It is consumed as a leafy vegetable.
	Fag	Forest	It is consumed as a leafy vegetable.
	Sareta	Forest	It is consumed as a leafy vegetable.
	Lehsua	Forest	It is consumed as a leafy vegetable.
	Dadi Chaulai Plain and thorny Gulfa	Forest	It is consumed as a leafy vegetable.
	Phoot Kakdi	Forest	It is consumed as a fruit.
	Wild Kakdi	Forest	It is consumed as a vegetable.
	Marela	Forest	It is consumed as a vegetable.
	Kareli	Forest	It is consumed as a vegetable.
	Khatua	Forest	It is consumed as a leafy vegetable and in <i>chatni</i> .
	Chench	Forest	It is consumed as a leafy vegetable.
	Naunia	Forest	It is consumed as a leafy vegetable.
	Pasai Rice	Forest	It is consumed as a cereal.
	Basotiya	Forest	It is consumed directly.
	Jamun	Forest	It is consumed as a fruit.

Season	Naturally available edible item	Source	Benefits / usage
	Wild Tulsi	Forest	<i>Kheer</i> is prepared form it.
	Mushroom	Forest	It is consumed as a vegetable and in soup.
	Kundru	Forest	It is consumed as a vegetable.
	Gad	Forest	It is used for sticking things together and in getting ready of various other things like <i>Papad</i> , <i>Khichla</i> etc.
	Gawo	Ponds	It is consumed as a vegetable and fruit.
Winters	Kamalgatta	Forest	It is consumed as a vegetable and fruit.
	Honey	Forest	It is consumed as a sweetener and as medicine.
	Bathua	Forest	It is consumed as a leafy vegetable.
	Ber	Forest	It is consumed as a fruit and is taken in dried and powdered form as well.
	Sitaphal (Custard Apple)	Forest	It is consumed as a fruit and is used in making ice creams.
	Karaunda	Forest	It is consumed as a vegetable.
	Singhada	Ponds	It is consumed as a fruit and the fruit is dried and its flour is also used.
	Makor	Forest	It is consumed as a fruit.
	Poi	Forest	It is consumed as a leafy vegetable.
	Angeetha	Forest	It is consumed in dried form and is roasted and eaten too.
	Anwla	Forest	It is consumed as a fruit, use din dried form and is used for making pickles and sweets.
	Jamuria	River, Ponds	It is consumed as a fruit and as pickle.
	Kamal Kakdi	River, Ponds	It is consumed as a fruit and as pickle.
	Pamar	Forest	It is consumed as a leafy vegetable and pregnant women are also given <i>laddus</i> made out of it.
	Jamikand	Farm	It is consumed as a leafy vegetable.
	Mustard leaves	Farm	It is consumed as a leafy vegetable.
	Gram leaves	Farm	It is consumed as a leafy vegetable.



Meeting 12: Nutritious Diet for Adolescents, Pregnant Women, and Lactating Mothers (Refer Heading from Index)






Preparation for the meeting




- Make preparations for cooking a complete dish using the ingredients given to pregnant and lactating mothers. Try to prepare for making something sweet.
- Remind everyone once again to bring ingredients for making nutritious khichdi and dry food items from their homes.
- Ensure that everyone is bringing different ingredients.
- Check the arrangement for cooking such as utensils, clean water, stove, etc.
- Inspect the arrangement for handwashing with soap.
- Make sure that all pregnant women, lactating mothers, and adolescent girls participate in the meeting.



Topics to be discussed in the meeting

1. Understanding the need of nutritional food for adolescent girls, pregnant women, and lactating mothers.
2. Understanding the ten food groups and making a commitment to adopt them.
3. Discussing misconceptions related to the diet of pregnant and lactating women and discussing on the local customs, traditions, and beliefs.
4. Learning the method of preparing nutritious food for pregnant and lactating mothers.

 Materials Required	 Process	 Time
A chart or register used for measuring the progress in implementation of strategies, Chart of 10 Food Groups Ingredients for making nutritious khichdi and dry food items, ingredients for making something sweet from supplementary nutrition given to pregnant women	A chart or register used for measuring the progress in implementation of strategies, Chart of 10 Food Groups Ingredients for making nutritious khichdi and dry food items, ingredients for making something sweet from supplementary nutrition given to pregnant women	1.5 to 2 Hours

 Materials Required	 Process	 Time
Iron and Folic Acid (IFA) tablets	Iron and Folic Acid (IFA) tablets	
Maternal and Child Protection Card, provision for handwashing with soap,	Maternal and Child Protection Card, provision for handwashing with soap	
Utensils, <i>dholak</i> , problem picture cards to be used in the meeting, register, pen	Utensils, <i>dholak</i> , problem picture cards to be used in the meeting, register, pen	

Method of Conducting the Meeting

First, the meeting will begin with a song based on nutrition. After the song and creation of a joyful environment, the discussion will proceed with Activity 1.

Activity 1 – Recapitulation of the points discussed in the previous meeting and review of progress in implementation of the tasks assigned

The Anganwadi / frontline worker will:

- Those participants present in the last meeting to raise their hands.
- Encourage and help those members who were present in the previous meeting to share their experiences.
- Discuss on the implementation of nutrition-related strategies for mothers and children identified by the group.
- Display the record of progress assessment in this regard and discuss the progress with everyone.
- Will also discuss that as decided in the previous meeting whether all the families have brought diversity in their daily diet. How are they feeling after doing it?
- Encourage participants to share their experiences. Provide assistance in addressing the problems they faced and how they dealt with them. Identify points that need improvement or changes for more effective implementation.
- Explain the objective of the meeting and start discussions on meeting topics.

Activity 2 - Understanding the need for nutritious food for adolescent girls, pregnant women, and lactating mothers:

The Anganwadi /frontline worker will ask everyone that:

Why do adolescent girls, pregnant women, and lactating mothers need nutritious food?

After everyone has shared their thoughts, the Anganwadi /frontline worker will explain:

- Without proper nutrition, adolescent girls may get anaemia.
- Poor development in adolescence can lead to frequent illness and a lack of capacity for learning and working.
- This concludes the instructions for the specified activities in the meeting.

Let's break the cycle of malnutrition of adolescent girls, pregnant women, and lactating mothers by paying attention to their food and nutrition.

- An anaemic adolescent girl grows up to become an anaemic woman and later an anaemic mother.
- An anaemic mother often gives birth to an underweight child.
- Inadequate development of an adolescent girl can result in frequent illnesses and hindered learning and working abilities.
- An anaemic mother may face several complications during childbirth, and excessive bleeding during delivery could lead to her death.
- An anaemic mother experiences increased fatigue, making it difficult for her to care for her child properly.
- Breastfeeding becomes a challenge for an anaemic mother, impacting the child's nutrition.
- If the child is a girl, the cycle continues as she grows into an anaemic adolescent, perpetuating the cycle of malnutrition.

The Anganwadi / frontline worker will remind everyone about their previous discussion on breaking the cycle of malnutrition and express the need to take necessary actions. She would invite everyone to properly understand the important things about the nutrition of adolescents, pregnant women and lactating mothers and adopt the behaviours which can make them well nourished.

Activity 3 - Discussion on Ten Food Groups

The Anganwadi / frontline worker will guide everyone through a discussion on ten food groups. These food groups are essential for preparing nutritious meals for adolescents, pregnant women, lactating mothers, and children every day. Using a chart, the Anganwadi / frontline worker will facilitate a discussion on each food group, emphasising the importance of incorporating local food items into each group. Participants will be encouraged to share their insights and experiences during the discussion. The points to reflect would be:

How many food groups are we able to incorporate in our daily diet?

Encourage everyone to express their thoughts and mention that women should include five or more food groups daily, while children should have more than four food groups every day. Emphasise the quantity and recall the discussion about a balanced plate in the previous meeting. For pregnant and lactating women, it's essential to consume a higher quantity of

protein-rich foods such as beans, chickpeas, millets, pulses, milk, and eggs, which benefit both the mother and the child.

Often, pregnant women may not feel like eating, but family members should support them to ensure they receive adequate nutrition for themselves and their developing child.



**Key message
For Mothers,
Fathers, and
Mother-in-law**

Having a full stomach for pregnant and lactating mothers is not enough. Pregnant and lactating mothers need the daily consumption of vegetables and fruits for their own health and the health of their child.

Now we know that for better nutrition, it is essential to include food groups in the daily meals of our pregnant women, lactating mothers, and adolescent girls. The children's plate should also be filled with nutritious food groups. Everyone will be reminded by this picture card and will be encouraged to resolve that there will be no such plate in any of the homes now.



**Key message
For Mothers
and
Grandmothers**

The suggestions for pregnant women experiencing a lack of appetite or nausea are as follows. Firstly, it is recommended to eat at least every two hours to ensure regular intake. Additionally, it is advisable to avoid foods that trigger nausea. Drinking water half an hour before meals should be avoided. Furthermore, it is suggested to refrain from consuming foods rich in spices, chili, and fats. Instead, opting for easily digestible options like kheer, thin halwa, rice with yogurt, lentil soup, and dry-roasted mung beans can be beneficial. Including mild green chutney, roasted peanuts, and lemonade in the diet are also beneficial.

*This
behaviour
has to be
adopted!*

Activity 4 - Discussion on myths and local practices related to the diet of pregnant women and lactating mothers

The Anganwadi / frontline worker will now ask everyone about the customs and practices and restrictions related to the diet of pregnant and lactating women in our society and families. She will encourage everyone to share their thoughts and ask why these restrictions exist. It's possible that through this discussion, it will be revealed that not all households follow the same customs and restrictions. Some might believe in certain practices, while others may have different beliefs, such as:

- Excessive eating may cause difficulties during childbirth.
- Certain vegetables and fruits are restricted for a few days after childbirth along with restriction on the intake of water.
- Hot or cold effect of food.
- Sour foods can lead to cold in breastfeeding children.

This discussion is crucial. The outcome of this discussion should be that every participant understands the importance of including at least five food groups in the daily diet of adolescent girls, pregnant women, and lactating mothers. They should realise that adolescent girls, pregnant women, and lactating mothers should consume all nutrient-rich foods to keep themselves and their children healthy, contributing to the overall well-being of families and communities.

Activity 5 - Making Nutritious Food - Picnic

The Anganwadi / frontline worker will announce that everyone will now work together to prepare nutritious food and enjoy eating it together. Three groups will be formed for this activity.

Group 1 - Making nutritious khichdi from local food ingredients

The Anganwadi / frontline worker will provide the group with food items brought by everyone, instructing them to prepare nutritious khichdi. It should however be ensured that it should include at least five food groups discussed earlier, ensuring both nutritional content and good taste. Utensils should be provided to the group for cooking. The participants are reminded to maintain cleanliness and safety during food preparation.

Group 2 - Making sweet dish from the supplementary nutrition materials provided from Anganwadi

The Anganwadi / frontline worker will provide a packet of supplementary nutrition material for preparing sweets like *ladoo*, *burfi*, or *halwa*, and instruct the group to prepare a sweet dish following the guidelines on the packet. It should however be ensured that it should include at least five food groups discussed earlier. Utensils should be provided to the group for cooking and the Anganwadi / frontline worker will assist this group. Cleanliness and safety are emphasised during the activity.



**Key message
For Mothers,
Husband, Mother-
in-law and Family**

Increase the intake of at least one meal or snack daily for the pregnant woman, ensuring proper development of the growing foetus in the womb.



**Key message
For Mothers**

During pregnancy, a pregnant woman should consume protein-rich foods such as lentils, chickpeas, pearl millet, whole grains, milk, and eggs to prevent fatigue and ensure a healthy pregnancy.

Group 3 - Making nutritious dry food for storage and quick use later

The Anganwadi / frontline worker will instruct this group to prepare dry, nutritious food that can be stored and easily used whenever needed. She will explain that it is challenging for adolescents, pregnant and lactating women, especially when they are working or have to take their children with them, to prepare fresh meals repeatedly leading to a situation where they do not have anything to eat. In such situations, having something prepared that can be mixed with water or milk and given to children or eaten by adolescent girls, pregnant women, and lactating mothers over several days is very helpful. The group will be advised to create a dry mixture that includes a variety of food groups and is easy to store. This mixture should be suitable for both children and pregnant/lactating mothers. While preparing the food, the group should keep in mind the inclusion of at least 4-5 food groups discussed earlier.

The Anganwadi / frontline worker should provide utensils and guide the group, emphasising the importance of cleanliness during food preparation. She will also reiterate that whatever they prepare will be shared among all participants and they can enjoy it together. She will also emphasise that the members of all the three groups should wash their hands with soap before starting to prepare the food.

Washing the hands with soap first – Handwashing can be done easily with the help of Tippy tap

Everyone will be reminded by the Anganwadi / frontline worker to maintain cleanliness by washing their hands with soap before starting their work. After handwashing, the Anganwadi worker will remind everyone about the importance of washing hands before cooking, before serving meals, before eating, before feeding children and after using the toilet which has been emphasised in the previous meetings as well. She will stress that handwashing is crucial to prevent the spread of infections and diseases, and it is a practice that should be adopted and followed diligently.

As the food ingredients are being prepared, the Anganwadi / frontline worker will assist both other groups. She will ensure that each group has a variety of food items from at least 4-5 food groups, as discussed earlier.

Once the food is ready, all three groups will gather to share the food together, making it a memorable event for everyone. The Anganwadi / frontline worker will also remind everyone, that taking IFA (Iron and Folic Acid) and other supplements along with the nutritious meal is very important for adolescent girls, pregnant women, and lactating mothers. She will emphasise the importance of these supplements in meeting the additional nutritional needs of their bodies.



Key message For Husbands

If your wife is pregnant or lactating, ensure that she has a daily intake of vitamin-rich foods such as fruits, vegetables, whole grains, pulses, and dairy products. This will not only contribute to her well-being but also aid in a safe delivery.

- *Always wash hands.*
- *Wash food items before use.*
- *Keep utensils clean.*
- *Keep the surroundings clean.*
- *Keep the food covered.*

Keep in mind!

Adolescents, pregnant women, and lactating mothers should have two substantial meals and three snacks throughout the day

Important things to remember for pregnant women apart from nutrition:



Key message For mothers

Pregnant women should undergo all four antenatal check-ups, and as soon as they know, i.e., in the first trimester, they should register for their prenatal care. These check-ups are essential to monitor the health and development of both the pregnant woman and the baby.



Key message For husbands

If your wife is pregnant, accompany her to all four antenatal check-ups and ensure that she undergoes all necessary examinations.

Reference Material for the use of Anganwadi / frontline worker

Note: For locally and commonly available dried and instantly prepared food, the following list can be used to prepare nutritious meals for children.

Table 1: Food mix

1. Mixture of wheat and gram (rich in vitamins and protein)	
Ingredients	Quantity
Whole wheat	80 grams
Whole gram	20 grams
Method of preparation	<ul style="list-style-type: none"> - Wash wheat and gram separately. - Roast wheat and gram lentils in hot sand. - Grind them separately. - Mix the prepared mixture immediately and store it in an airtight container.
2. Chooda (flattened rice) Mixture (rich in Iron)	
Ingredients	Quantity
Chooda (flattened rice)	100 grams
Chickpeas	30 grams (roasted and peeled)
Peanuts	20 grams
Method of preparation	<ul style="list-style-type: none"> - Roast rice and peanuts. - Grind the roasted peanuts and chickpeas separately. - Grind the roasted flattened rice separately. - Mix all the ingredients thoroughly.
3. Mixture of rice and grams (rich in calories and protein)	
Ingredients	Quantity
Rice	30 grams
Gram	20 grams
Sugar	50 grams
Method of preparation	<ul style="list-style-type: none"> - Roast the rice and gram separately - Grind the roasted rice and gram separately and mix them properly - Mix the powdered sugar into it and store it in an air tight container.
4. Maize Food Mixture	
Ingredients	Quantity
Maize	100 grams
Masoor dal	30 grams

Peanuts	20 grams
Sugar	50 grams
Method of preparation	<ul style="list-style-type: none"> - Clean and roast corn, masoor, and peanuts separately. - Grind all the roasted ingredients into a powder. - Mix all the powdered ingredients in powdered sugar. - Store the mixture in an airtight container
5. Recipe for fresh supplementary food (For Children Aged 6-23 Months)	
Ingredients	Quantity
Flattened rice	200 grams
Peanuts	20 grams
Sprouted <i>moong</i>	25 grams (ensure cleanliness while sprouting)
Green leafy vegetables	50 grams
Onion	20 grams
Oil	10 grams
Salt	According to taste
Method of preparation	<ul style="list-style-type: none"> - Wash the flattened rice and roast peanuts, remove the skin and crush them coarsely. - Wash and chop green leafy vegetables and onions. - Heat oil in a pan, add onions, green leafy vegetables, and sprouted <i>moong</i>. Sauté for a while. - Add soaked flattened rice and peanuts to the pan and cook.

Conclusion of the meeting

- Let's reinforce the lessons learnt from today's meeting.
- Everyone resolves to ensure at least 5 food groups in the daily plate for women and at least 4 for children. All women and children in the village should be well-nourished.
- Everyone, together, at the end of the meeting, sings a nutrition-based song and decide that at the end of every meeting, a nutrition-based song will be sung.
- Now, the Anganwadi / frontline worker will inform everyone about the topic of the next meeting and discuss with participants to ensure that the next meeting has maximum participation of women and men members.
- In the next meeting, the discussion will be on the nutrition garden, and this meeting will take place in one of the nutrition gardens in the village. The Anganwadi / frontline worker will finalise the location of the meeting in a nutrition garden of the village with the consent of all.
- The Anganwadi / frontline worker will fill in the attendance for everyone in the register.
- Lastly, while deciding the date and time for the next meeting, the meeting will be concluded.



Meeting 13: *Establishing a Nutrition Garden for the family's nutrition*






Preparation for the meeting

- This meeting is to take place at the Nutrition Garden, therefore the Anganwadi / frontline worker should talk to the family in whose Nutrition Garden this meeting is to take place, once before the meeting.
- Ensure that the family members are present during the meeting so that they can share their experiences with everyone.
- If there is a community nutrition garden in the village, choose that location for the meeting and invite some members to share their experiences.
- If there is a seed bank in the village or a group has established one, invite a member to share their experiences in the meeting.
- Make sure that both men and women participate in the meeting.



Topics to be discussed in the meeting

- Understanding the importance of nutrition gardens for nutritional diversity.
- Cultivate safe, diverse, and nutritious vegetables and fruits for self-consumption.
- Understand the need for nutritious food for adolescents, pregnant women, and lactating mothers.
- Make an effort to bring nutrition from fields to the plate.
- Establish a seed bank for the nutrition garden.
- Making a plan for growing vegetables and fruits in the nutrition garden use of organic manure and creating a natural fence for the nutrition garden.

 Materials Required	 Process	 Time
A chart or register used for measuring the progress in implementation of strategies, picture cards for the story, arrangements for seating, <i>dholak</i> , problem picture cards to be used in the meeting, register, pen.	Experience sharing by the family, tour of the nutrition garden, storytelling with the picture cars and discussion.	1.5 to 2 Hours



Method of Conducting the Meeting

First, the meeting will begin with a song based on nutrition. After the song and creation of a joyful environment, the discussion will proceed with Activity 1.

Activity 1 – Recapitulation of the key points from the previous meeting and review of progress in implementing previous meeting's discussions and responsibilities

The Anganwadi / frontline worker will:

- Ask those members who participated in the last meeting to raise their hands.
- Invite them to share their experiences and learning from the last meeting with the new members.
- Assist participants in recapitulation of the discussions from the last meeting.
- Discuss the implementation of strategies related to nutrition for mothers and children as determined by the group.
- Display records of progress assessment related to this matter and engage in a discussion on the progress.
- Discuss whether families have brought diversity in their food and how do they feel about it.
- Assist participants in sharing their experiences. During the application of strategies, discuss what they have learned, the challenges they faced, and how they dealt with them. Identify points that need improvement or modification to make it more effective.
- Clarify the objectives of the meeting and initiate discussions on the meeting topics.

Activity 2 - Importance of nutrition gardens for nutritional diversity

The Anganwadi / frontline worker will convey to everyone that:

Every family should have access to fresh vegetables and fruits for their daily consumption, which can be easily obtained from a nutrition garden developed at home. Planting a nutrition garden ensures a regular supply of various nutritious vegetables throughout the year, making it simple for everyone to incorporate them into their daily diet.

In this meeting, the Anganwadi / frontline worker will discuss and plan with the group members the significance of nutrition gardens for nutritional diversity and the regular production of diverse and nutritious vegetables and fruits throughout the year.

To discuss the importance of a Nutrition Garden, the Anganwadi / frontline worker will tell everyone a story. First, she will ask everyone if they would like to hear a story. On getting an affirmation on the same she will start narrating it.

Story of Somabari

Somabari spent her childhood in Veerpur village. In her home, she never experienced a shortage of food because various fruits and vegetables were grown, and they also raised animals that provided milk, ghee, curd, etc. easily. Somabari loved the variety of food available in her home. Her teachers were also pleased with her as she excelled in her studies.

At the right age (21 years), Somabari got married in a neighbouring village. Within two years of marriage, when she got pregnant, her in-laws couldn't afford to provide fruits, vegetables,

and milk daily because they were not financially capable of buying these items, and they didn't grow them at home. Somabari had thought about starting a nutrition garden, but she never implemented the idea.

When Somabari's child turned seven months old, she couldn't provide nutritious food like green leafy vegetables, fruits, and milk regularly in his diet. She was very disappointed on the circumstances. Once when her child fell sick, she took him to the health centre, where the child was weighed, and she was informed that he falls into the yellow category. The doctor explained that the child was moderately malnourished. The doctor advised Somabari to include nutritious food items in her child's daily diet. She should feed the child pulses, rice, fruits, leafy vegetables, and milk etc., daily. Alongside, they advised her to ensure thorough cleanliness during food preparation, feeding, and storage, such as washing hands with soap, using clean utensils, covering food and drinking water, etc.

After the doctor's advice, Somabari decided to pay full attention to her child's diet and vowed not to let her child's weight decrease in the future. She, along with her family members, decided to utilise the available land around their house to grow vegetables, fruits, and plants that could be watered using kitchen water as she used to do at her parental home. They also started using compost made from cow dung and kitchen waste in the nutrition garden, avoiding the use of chemical pesticides.

After a few months of hard work, they started having vegetables in their home, which they used in their meals. This way Somabari and her child got healthy and well nourished. With collective efforts, they also convinced their neighbours to utilise the unused land for growing vegetables and fruits.

Somabari and her husband along with others in the village initiated a collective nutrition garden, where the community came together to grow a variety of vegetables, fruits, etc., using drip irrigation to efficiently manage water resources and promote mulching to enhance soil fertility. The community solved the water scarcity issue in the nutrition garden and turned it into a business. They collaborated to start a poultry farm and animal husbandry in the village, which not only improved Somabari's family's health and nutrition but also uplifted the overall health, nutrition, and economic conditions of the entire village.

After telling the story, the Anganwadi / frontline worker will ask everyone:

- What did they learn from the story?
- Do they feel that it is beneficial to plant a nutrition garden at home to easily obtain various types of food items?
- How many of them have planted a nutrition garden?
- What are the benefits of using cow dung compost in a nutrition garden?

Key Message - For mothers, fathers, mother-in-law and the family

You can grow vegetables for children even with waste water.

- What are the various harms of using chemical pesticides?
- How can a nutrition garden be cultivated even with limited water availability?
- She will ask those who have planted a nutrition garden about what they grow and the process of growing it?

Reiterate the lessons from the story and thank everyone for listening to the story.

When organic fertilizer is produced in the village, the vegetables will flourish abundantly. Additionally, the village will appear clean and beautiful as dry leaves, cow dung, kitchen waste, etc., will not be visible, contributing to cleanliness.

Activity 3 – Demonstration of the nutrition garden and discussing various steps and processes for setting it up

Now, the Anganwadi / frontline worker would request the family where everyone has gathered to share information and experiences about their nutrition garden. She would remind everyone to ensure that their nutrition garden is not harmed. To inquire about their nutrition garden, she would ask the following questions:

- How did they prepare the nutrition garden?
- Where did they get the seeds from?
- How do they arrange for water for the nutrition garden?
- What methods do they use for irrigation?
- Has the nutrition garden brought diversity to their food?
- Do they also sell the produce from the nutrition garden in the market?

After that, the Anganwadi / frontline worker will discuss strategies for creating a nutrition garden with everyone.

Steps and processes for preparing the Nutrition Garden

The Anganwadi / frontline worker would ask everyone how they plan to initiate the work of planting the nutrition garden. She would prompt discussion on the following points:

- When will those who haven't yet planted a nutrition garden start this work?
- What tasks can be done right away, and how will they do them?
- Are they interested in helping each other in small groups?
- Do they want to gather again before starting the entire process and discuss preparations such as clearing the area, gathering plants/seeds/fertilizer, and fixing a schedule?
- Plan for the optimal use of water for the nutrition garden.
- Decide who will take responsibility for the follow-up on starting the nutrition garden in each family. When and where will they get advice from specialists, if needed?
- If there is any problem while doing this work, what will they do?
- How can the assistance of the Panchayat be sought?

Come together to make our homes lush and green. Plant a nutrition garden in every house. Plant fruit-bearing trees in vacant spaces around. Remember this problem picture card and transform it into greenery.

Discuss how, as a group, they will progress and ensure the availability of fruits and vegetables by establishing nutrition gardens in their homes, Anganwadi centres, and the village.

Activity 4 - Let's create a Seed Bank

Every time seeds would be needed for sowing in the nutrition garden, and for this, efforts need to be made at the family and village levels to ensure a continuous supply of seeds in the village. To start with, the seeds of the vegetables grown in the family can be safely stored. The traditional method of preserving seeds is considered the best. During the discussion, participants will be asked about how seeds were traditionally stored in their village. Along with preserving seeds at the family level, a collective effort can be made to establish a seed bank at the community level. This seed bank can fulfil the seed requirements for the village's vegetable cultivation. It can also provide seeds to families that do not have them.



Key message
For mothers,
fathers, mother-
in-law and
families

Always plant seeds that can produce more seeds from their fruits. Preserve seeds carefully so that it is easy to grow vegetables every time. Give priority to traditional seeds.

Seeds of seasonal fruits can also be easily dried and preserved for the next season. By planting these seed donations in the vacant lands of the village, mangoes, guavas, pomegranates, custard apples, berries, tamarinds, bael, amla, lemons, etc. can be grown effortlessly. Children and youth of the village can also be involved in this activity, making it a success.

Discuss in detail the management, usage, storage, and maintenance of the seed bank. Engage in extensive discussions about the seed bank with the elders, sharing their experiences, and ensuring that the group will now have a seed bank.

Nursery - Various types of plants can be prepared from the seeds of fruits and vegetables resulting in all families getting plants for sowing. By planting seeds of tomatoes, brinjal, papayas, chilly, and other vegetables, a group can easily create saplings that can be distributed to families with nutrition gardens. Assistance can also be sought from the local horticulture and agriculture departments and agriculture extension volunteers (*Krishi Mitras*) for this work. This way, the requirement of plants for the village can be easily met.

All members pledge to ensure that seeds would reach every home, and nutrition gardens would be established in every household.

Activity 5 - The need and preparation for the Village Community Meeting

Advancing the discussion, the Anganwadi / frontline worker will urge everyone that if everyone wants to make the village well-nourished and green, it is essential for the entire community to come together and take responsibility. Similar to the community meeting held a few months ago, there is a need to conduct another big meeting and transform the entire village into a green and nourished community. There is a need to involve the Panchayat members, VHNSC (Village Health, Nutrition, and Sanitation Committee) members, and *Matri Sahayogi Samiti* (Mother Support Group) members, as well as government officials in planning the activities of the aspirational well-nourished village. A community meeting ensures the participation of all and serves as an effective platform for the same.

Objectives of the Community Meeting

Taking the discussion forward the Anganwadi / frontline worker will repeat the objectives of the community meeting to all the participants. She will discuss that through the community meeting the following can be done / achieved:

- Discuss and share plans for setting up nutrition gardens to bring nutritional diversity to the village.
- Review and reinforce the lessons and key messages from the Meetings # 8 to 13 conducted so far.
- Share the arrangement of lands, seeds, and organic fertilizers for the nutrition gardens with everyone.
- Seek everyone's support in making the village lush and green.
- Encourage active participation of all in planting fruit-bearing trees in vacant spaces within the village.
- Share the work done to address identified issues by discussing planned activities and progress among community and stakeholders.
- Gain community consensus on the determined activities and seek cooperation in their implementation.
- To ensure the delivery of nutrition messages to all families in the village and to emphasise the involvement of all men, local service providers, and Panchayat members in the participatory process, a large open meeting is essential thus the community meeting is being organised.
- The organisation of a community meeting is essential for the successful implementation of planned activities.

Preparation for the Community Meeting

Taking forward the discussion on the preparation for the community meeting, Anganwadi / frontline worker will discuss the following points with the participants:

- When do you want to organise the community meeting? (Time, date)
- Where do you want to organise the community meeting? (Location - School, Open Ground, etc.)

- Whom do you want to invite for the meeting? (Senior government officials, other health officials, village leader, respected individuals in the village, residents of the neighbouring villages, teachers, etc.)
- Who will take the responsibility of sending invitations?
- What will be the method of sending invitations? (Letter/traditional method, etc.)
- What resources will be needed for the meeting (arrangement of seating, refreshments, water, etc.), and how will they be arranged?
- What method will be used to share insights from previous meetings? (Storytelling, street play, role play, puppet show, picture cards, songs, etc.)
- Convince participants about the support that the Anganwadi / frontline worker can provide (preparing scripts, assisting in the preparation of street plays, etc.).

Conclusion of the meeting

- Let's reinforce the lessons learnt from today's meeting.
- Everyone agrees that now, in every home in the village, there will be a nutrition garden. Fruit-bearing trees will be planted in various places. Every family will have access to vegetables and fruits.
- Everyone, together, at the end of the meeting, sings a nutrition-based song and decide that at the end of every meeting, a nutrition-based song will be sung.
- Now, the Anganwadi / frontline worker will inform everyone about the topic of the next meeting and discuss with participants to ensure that the next meeting has maximum participation of women and men members.
- In the next meeting, the discussion will be on the nutrition garden, and this meeting will take place in one of the nutrition gardens in the village. The Anganwadi / frontline worker will finalise the location of the meeting in a nutrition garden of the village with the consent of all.
- The Anganwadi / frontline worker will fill in the attendance for everyone in the register.
- Lastly, while deciding the date and time for the next meeting, the meeting will be concluded.

Song

*Sister, tend to your garden,
Plant a nutrition garden,
Brother, cultivate your plot,
Let a nutrition garden grow.*

*Raise awareness in everyone,
Drive malnutrition away.*

*Spinach in the plot, dear sister, fenugreek too,
Count the mustard greens, plant coriander new.*

*Embrace the source of iron,
Sister, plant a nutrition garden,
Banish anemia,
Sister, plant a nutrition garden...
Sister, tend to your garden...*

*Tomatoes in the plot, dear sister, carrots too,
Add beetroot and lemon, and plant papaya new.
Increase the intake of Vitamin A, sister,
Plant all the nutrition gardens,
Enhance immunity, sister,
Plant all the nutrition gardens...
Sister, tend to your garden...*

*Plant basil, dear sister, and aloe vera too,
Mint chutney on the tongue, feel it renew.
Consume moong beans, sister,
Plant all the nutrition gardens,
Tend to your garden, dear sister,
Plant a nutrition grove,
Brother, cultivate your plot,
Let a nutrition garden grow.
Raise awareness in everyone,
Drive malnutrition away.*



Meeting 14: *Community Meeting of the Village*



Preparation for the meeting




- The demonstration of the efforts so far needs to be shown to everyone. The efforts of many individuals must be showcased.
- Prepare families to share the experiences of nutrition gardens.
- Discuss the role of the Panchayat with the *Sarpanch* with respect to the Nutrition Garden and community meeting.
- Well-nourished mothers and children are to be felicitated.
- Men who have assisted in making families nourished are to be felicitated.
- A plan for water management and its sustainable usage in the village is to be developed.
- Prepare for an exhibition.

To ensure the delivery of nutrition messages to all families in the village and to emphasise the involvement of all men, local service providers, and Panchayat members in the participatory process, a large open meeting is essential thus the community meeting is being organised



Topics to be discussed in the meeting

- Reinforce the lessons and messages from Meetings # 8 to 13 conducted so far.
- Inform the community about the importance of nutrition gardens for nutritional diversity.
- Keep the plan for the nutrition garden in front of the village community to create a well-nourished village.
- Share the plan for the types of nutrition gardens, boundary fencing, organic fertilizers, and water usage for nutrition gardens.
- Share the plan for responsible water usage and conservation, seeking the cooperation of everyone.
- Share strategies with everyone to improve the nutrition status of mothers and children.
- Make efforts to increase the participation of community members, especially men, in improving the nutrition status of mothers and children.
- Seek the cooperation of the community and officials in implementing nutrition-related activities.
- Acknowledge and felicitate families that have adopted nutrition practices related to mothers and children.

 Materials Required	 Process	 Time
Materials used in previous meetings such as picture cards, lists of strategies, locally available decoration items, pen, notebook, etc.	Street plays, storytelling, discussion through picture cards, songs, dance, etc	3 to 4 Hours

Method of Conducting the Meeting

Although there are no prescribed ways to organise a community meeting, however, there are some points as follows that may be useful.

Activity 1

- The community meeting should be organised with full enthusiasm.
- Materials used in the previous meeting like picture cards and information related materials can be used to decorate the place in different creative ways.
- In this community meeting display some nutritious food items as well.
- The seating arrangement should be such that everyone present there can hear and understand the discussion properly.
- Participants should include people of all ages such as adolescents, mothers of children from birth to five years, pregnant women and lactating mothers and they should be encouraged to sit in the front.
- Ensure that no one feels uncomfortable while sitting and they can see, hear and understand the activities happening on the stage.
- Start the meeting with a welcome song, welcome the participants and they can be briefed about the process of the meeting subsequently.
- Now tell the participants briefly about the meetings organised in the village so that new participants can understand the entire process.
- Make sure that the meeting is interesting and easy to understand and not too long.
- After this, the members of the group should present the strategies selected by group members using chosen methods (such as skit, storytelling, etc.) to address primary issues and challenges and how to overcome them.
- While sharing this information request should be made to stakeholders like health workers, village headman (*Mukhiya*) and other guests present to extend their help in implementing the identified strategies for ensuring nutrition in the village.
- Anganwadi / frontline worker should continue encouraging the members so that they are able to facilitate the meeting with high level of confidence.
- Pregnant women, lactating mothers and mothers of children from birth to five years of age can also be invited to present their views in front of everyone.
- Before the conclusion of the meeting, seek views and comments from all the participants and note them down.

Activity: 2 During the Community Meeting carry out activities in the following sequence

1. Start the community meeting with a welcome/champion song.
2. Initiate the meeting in the traditional manner by welcoming the participants and the community members and share the objectives of the meeting with everyone.
3. Thank everyone at the beginning of the meeting for participating in the meeting.
4. The Anganwadi / frontline worker will summarise the lessons and messages from the previous PLA meetings, presenting them to a larger audience through street plays, songs, puppetry, etc.
5. The Anganwadi / frontline worker or any group member will share the strategies developed for addressing the main issues and their solutions in the village with everyone.
6. Invite the community members responsible for implementing the strategies to share their roles and responsibilities.
7. Request all the participants of the meeting for their advice and feedback along with the help that they can extend in implementing the strategies decided for improving the nutrition status of the village.
8. Felicitate families, especially men, contributing to the nutrition of mothers and children.
9. Acknowledge men who have started going to the Anganwadi.
10. Before concluding the meeting, invite all participants, especially men, to take an oath, explaining the purpose of the oath. Ensure everyone pledges:

"Now, we will make our village lush and green. We will plant nutrition gardens in every home, grow plenty of fruits and vegetables, and consume them in our daily meals. We will pay attention to the nutrition of all women and children in the village and actively go to the Anganwadi with our families."

Conclusion of the meeting

The community meeting will conclude with the following resolutions:

- Together, we will make the village rich with nutritional diversity.
- All the children in the village will be well-nourished, and there will be nutritional diversity in their meals.
- All women of reproductive age in the village will be well-nourished, and all families will be happy.
- Men in the household will support women equally in household chores.
- Every home will have a nutrition garden. There will be no shortage of vegetables and fruits in the village. With this commitment, the collective meeting will conclude.
- The attendance of the collective meeting will be recorded with the help of the Anganwadi / frontline worker, especially recording the presence of men.
- The time and date of the next meeting will be informed to everyone.
- Everyone will sing the nutrition song together, and the meeting will be concluded.
- Finally, the Anganwadi / Frontline worker will give the concluding remarks by saying "Starting today, we will turn every village into a green, fruit- and vegetable-abundant village. Thanks to everyone for coming to the meeting."

PART - 3

Integrated Child Development Services – Women and Child Development Madhya Pradesh

The Integrated Child Development Services Program is of immense significance in India and is centred on women and children of the country. Its objective is to reach every mother and child with proper nutrition services. Recognising the enormity of this cause, the Government of India has established a comprehensive structure that extends from village to the state.

State	Ministry, Principal Secretary, Women and Child Development Department Directorate – Commissioner / Director, Women and Child Development Department
District	District Programme Officer, Women and Child Development
Block	Child Development Project Officer
Sector	Supervisor
Village	Anganwadi Worker / Mini Anganwadi Worker / Helper

Key Objectives

1. Bringing about an improvement in the health and nutrition status of children in the age group 0-6 years.
2. Laying a strong foundation of mental development of children.
3. Strengthening pre-school education and laying the foundations for formal education.
4. Promoting collaboration and coordination between various departments on policy and practice to create a synergistic impact for promoting child development.
5. Through nutrition and health education, enhancing maternal awareness and capacities on the health and nutritional needs and care of children.

Anganwadi Services

Services provided by the Anganwadi are as follows:

1. Making supplementary nutrition available.
2. Nutrition and Health Education – Through this module Anganwadi workers will be prepared especially for delivering nutrition education.
3. Pre-school informal education.
4. Immunisation.
5. Health check-up.
6. Referral services.

Key tasks of Anganwadi worker

The key tasks of an Anganwadi worker are as follows:

- Conduct two surveys in a year, i.e., every six months, in the months of April and October along with the ASHA.
- Distribute supplementary nutrition to the registered and eligible beneficiaries.
- Organise Village Health, Sanitation and Nutrition Day at the Anganwadi centre in collaboration with health worker ASHA.
- Identify left out hamlets and habitations, prepare list of beneficiaries and ensure reach of services.
- Prepare list of pregnant women and children up to five years of age and ensure their immunisation.
- Get pre-natal and post-natal health check-up of all pregnant women and mothers and organise *Godbharai* (baby shower) on every second Tuesday of the month.
- Give information on nutrition and health issues by holding a meeting of all adolescent girls by organising the *Kishori Balika Diwas* (Adolescent girls day) on the fifth Tuesday of every quarter.
- Organise the meeting of *Sahyogini Matri Samiti* (Mother's Committee) once in a month.
- Conduct 4-5 home visits every day to provide information on good health practices and nutrition.
- Provide pre-school education to children aged three to six years.
- Initiate complementary feeding by organising '*Annaprashan*' ceremony for children above six months with the support of the Panchayat and *Sahyogini Matri Samiti*.
- Monitor the growth through weighing of all children aged 0-5 years and provide appropriate guidance and encouragement.
- Refer high risk pregnancy, severely acute malnourished children, and children with warning signs to the nearest health centres.
- Provide nutrition and health education to women and adolescent girls.
- Identify and refer children with disabilities such as deafness, mental retardation, night blindness, and other disabilities to appropriate institutions.
- Organise Nutrition Day every first Tuesday of the month to enhance men's participation in nutrition and health.

Key schemes of the government regarding food and nutrition security

- Public Distribution System (PDS)
- Supplementary Nutrition Programme
- Mid-day meals
- The resolutions of the Nutrition Policy 2020-2030 of the state of Madhya Pradesh

Nutrition education provided by the Anganwadi worker

Fundamental awareness on hygiene and nutrition sensitive agriculture is essential with correct information on nutrition so that the mothers also know about appropriate behaviours along with awareness on the issue.

Nutrition education is all about promotion of health and nutrition behaviours, with a specific focus on promoting diverse and quality food in appropriate quantity among women and children, through spreading awareness and information among men, women, family and the community by the Anganwadi workers.

Keeping the local context in mind the Anganwadi workers conduct nutrition education sessions with active participation from the community, where they provide essential and accurate information on the significance of nutrition, food groups, the cycle of malnutrition, and the importance of a child's growth and development.

Nutrition education meetings aim to enhance the effectiveness of the nutrition and health education services provided by Anganwadis. Nutrition education sessions are conducted using the Participatory Learning and Action (PLA) approach to actively involve the community, which is an effective way to actively mobilise the community and reach out to marginalised and vulnerable communities.

Introduction to Participatory Learning Process in Nutrition Education

- Participatory learning is the simplest way of learning and understanding, where we can help individuals of any age to easily understand various aspects of nutrition and adopt healthy behaviours.
- Understanding local issues related to nutrition through songs, pictures, and interactive games.
- Identification and management of malnutrition easily.
- Emphasising the importance of food, promoting diversity in food, and enhancing the use and importance of locally available food items.
- Finding local solutions and working together on promoting cleanliness, proper use of toilets, and use of safe drinking water.

Phases of Nutrition Education

The Nutrition Education meetings are prepared in four phases under the PLA approach as follows.

Identification and prioritisation of nutrition-related issues

- Developing community understanding on nutrition and identifying various nutrition-related issues prevalent in the village currently.

- Recognizing the social background of the village concerning nutrition-related customs, beliefs, and practices.
- Through social mapping of the village, identifying available resources and services, and understanding their status.

Developing strategies and action plan to address problems related to nutrition

- Understanding the impact of social inequality and gender disparities on nutrition behaviours.
- Presenting successful examples of well-nourished children and their families in the village to find solutions to the problem of malnutrition.
- Developing a community action plan on what actions need to be taken to address nutrition-related issues in the village.

Collectively implementing actions for improved nutrition

The group that regularly participates in nutrition education meetings also works towards bringing changes in their village with the enhanced awareness. They promote diverse nutrition behaviours such as ensuring that new-borns receive their mother's first thick yellow milk within an hour, exclusive breastfeeding for the first 6 months, monitoring the child's growth, initiating complementary feeding after 6 months, introducing diversity in the mother and child's meals, promoting the use of fruits, vegetables, milk, oil seeds, pulses, and cereals.

Families and community members initiate some activities to adopt nutrition-related habits at home, such as starting a nutrition garden for obtaining vegetables and fruits, and using them, maintaining cleanliness and benefiting from government services.

Evaluation of the work done

In this phase, an assessment is made of the actions taken to improve the nutrition behaviours of mothers and children, and what changes have occurred as a result, and what further changes or efforts are to be considered while planning. The achievements and positive changes resulting from the efforts of the nutrition education meetings so far are also evaluated.

Nutrition Education Approach

There are several methods to create understanding about nutrition with the community, such as:

- Engaging in discussions and taking decisions using games.
- Understanding the village through pictures and colours.
- Making choices with problem picture cards.
- Understanding the subject through stories and songs.
- Exploring nutrition practices through role plays and exercises.
- Observing and learning nutrition practices through practical demonstrations.

Nutrition Education through Participatory Learning and Action (PLA)

- Anganwadi / frontline workers conduct nutrition education meetings every *Mangal Diwas* determined Tuesday of the month.
- These nutrition education meetings typically last for about two hours.
- Women of reproductive age, men, Panchayat members, members of the *Sahyogini Matri Samiti*, and all community members actively participate in these meetings.
- The time and location of the meetings are determined based on the ease and convenience of the women in the village.

The main topics of the nutrition education meetings are aligned with realising the dreams of a well-nourished mother and child. The meetings would cover the following topics:

Key topic	Description of the topic	Method
Our village	Understanding the village – inequity and gender discrimination	Social mapping Game of steps
Understanding malnutrition	What is Malnutrition? Types and symptoms of malnutrition, understanding the intergenerational malnutrition cycle and creating plans to come out of it, knowing the hidden reasons behind malnutrition.	Identifying malnutrition through the use of pictures. Discussion on the malnutrition cycle.
Children of our village and their nutrition	Nutritional status of the village, eating habits of families with healthy and Selection of problems of malnutrition, discussion with parents of a well-fed child, family story of well-fed mother and children and local beliefs	Selection of problems of malnutrition, discussion with parents of a well-nourished child, story of a well-nourished mother and child
Food security and food diversity in our village	Collective efforts for nutrition, availing various schemes of the government, responsibilities and functioning of various committees and groups of the village	The Bridge Game Visualising an ideal village
Community meeting of our village	Discuss nutrition of the village with men, women, families, community, service providers, Panchayats, VHSNC members, <i>Sahyogini Matri Samiti</i> and <i>Shaurya Dal</i>	Songs, plays and use of various local cultural means to resolve creating a 'Well-Nourished Village'

Key topic	Description of the topic	Method
Growth monitoring of children	To understand the methods of growth monitoring of children by the parents by visiting the Anganwadi Centres and to regularly monitor the growth of their child.	Understanding the growth of children on the growth chart.
Importance of mother's milk for the child	Understanding the importance of mother's milk for the child within one hour of birth, knowing the importance of the first thick and yellow milk of the mother, the importance of exclusive breastfeeding of the child for 6 months, and the benefits of breastfeeding the child. Knowing about the right ways to breastfeed the child. Discussion on the support of family members.	Demonstration through a doll made up of cloth and discussion with the help of pictures.
Initiation of supplementary food for the child at the appropriate time	Importance of complementary feeding for the child at attaining six months of age. Knowing the importance of mother's milk up to the child's age of two years along with complementary foods. To know the food that protects children from disease, gives energy and promotes growth. To know the quantity and type of food for children of 6 to 9 months, 9 to 12 months and 12 to 24 months.	Celebrating <i>Annaprashan</i> as a festival. Discussion on nutritious food through posters. Demonstrating the consistency and quantity of the food.
Nutrition needs during reproduction, especially for pregnant and lactating women	Understanding the nutritional needs of pregnant and lactating mothers. Discussion on beliefs and myths related to the diet of pregnant women and lactating mothers. Making nutritious food from the food items available in the village.	Demonstration of the 10 food groups and local and nutritious food.
Need for nutritional diversity women and children	To understand the nutritional value of the food items available in the village. To understand about the availability of nutritious food round the year. To know about balanced diet. The role of the family in providing nutritious food for children and women of reproductive age.	Mapping and drawing the food items found in the village. Seasonal mapping food items available in the village. Mapping of food items eaten in a day (from morning till night).

Key topic	Description of the topic	Method
Importance of nutrition garden	Come, let's grow our own nutritious food and get nutritious food from our backyard round the year. Understand the importance of creating nutrition gardens in homes and on community lands. To understand about the different types of nutrition gardens. Understanding the need to grow what you eat and eat what you grow. To know the ways of using water for nutrition gardens.	Listening to the experiences of the families in the village. Learning from the nutrition garden of any family in the village. Videos of nutrition garden.
Our hygiene practices – Food hygiene	To know the impact of hygienic preparation and proper storage of food. Understanding the use and proper storage of clean water. Know the hygienic practices of preparing, eating and handling food.	Demonstration of hygiene behaviours
Our hygiene practices – handwashing by soap and liberation from open defecation	To understand the importance of washing hands with soap to stay healthy. Adopt the habit of washing hands with soap to avoid diseases and illness. Make arrangements for washing hands with soap in your home. Use of toilet by all members of the family. To know the ill effects of open defecation on health.	Demonstration of correct method of hand washing

Introduction to the Module

This module will facilitate Anganwadi / frontline workers in conducting engaging and informative nutrition education meetings. By using this module, Anganwadi / frontline workers can successfully organise nutrition education meetings. With the help of this module, Anganwadi / frontline workers and community members can understand and promote balanced nutrition collaboratively by utilising local resources.

From the First Round of Meetings 1-7

- Dialogues with women of reproductive age and participation in nutrition education meetings have started.
- Women have formed their nutrition support (N-PLA) groups.
- Nutrition education meetings are now being held regularly on a scheduled day.

- Adolescent girls, pregnant women, lactating mothers, and other women and men are actively participating in nutrition education meetings.
- Nutrition problems of women and children from our village have been identified, and prioritisation has been done as to which issue would be addressed first.
- Influenced by the story of Tara and the Sooraj, some families have adopted nutritional behaviours.
- The community has envisioned and planned to create a well-nourished village, and a plan has been made collectively to achieve the goal of a well-nourished village.
- A large community-level meeting has taken place where everyone has committed to supporting the plan for a well-nourished and malnutrition-free village.

From the Second Round of Meetings 8-14

- Anganwadi workers have developed the habit of providing effective nutrition education to women and men in the village.
- The *N-PLA* Group would be actively working to make the village a well-nourished village.
- The *Sahyogini Matri Samiti* and Panchayat members are cooperating with the Anganwadi worker in all the work related to the nutrition of the mother and child.
- Families have understood that the nutrition of children is the shared responsibility of the parents and other family members, and it has to be fulfilled together.
- Now, fathers are also starting to go to the Anganwadi centre with the mother and get the child's weight and height measured regularly.
- Now, all families feed their new-borns colostrum within one hour of birth.
- In the village, only breast milk will make all children up to 6 months healthy and well-nourished.
- *Annaprashan* is being organised in the Anganwadi for all the children of the village after they complete six months. There is no delay in initiating supplementary food to the child after attaining six months of age.
- The number of malnourished children in the village is decreasing and the number of well-nourished children is increasing.
- Families are including 5 to 7 food groups in their daily diet.
- There will now be many families in the village who would have set examples of well-nourished families by making positive changes in their eating habits.
- The use of vegetables, seasonal fruits and millets will have increased in all the houses of the village.

We are confident that through nutrition education meetings, improvement in the nutritional status of women and children in the village will be visible. The quality of services of Anganwadi centres will have improved and people will have started taking full benefits of the services. Now the Anganwadi centre will have become a centre for the family instead of a women's centre. Men will also have started visiting the Anganwadi centres regularly. Everyone in the village will have shared the responsibility for making the village a well-nourished and will be working on it. Now the entire village, the Women and Child Development Department, the

Panchayat Department and other departments will also be working together to make the village well-nourished.

As you had participated in the training of Nutrition Education Part-1 and Part-2 in two phases and had received training on meeting number 1 to 7 and 8 to 14 and had organised meetings with the community. In the same way, now you will get training from meeting number 15 to 20 in the training on Part-3 and will motivate the community to adopt nutrition and hygiene practices and work together to make their village clean and well-nourished.

Objective of Module Part -3 Meeting No. 15-20

This module has been developed for the successful conduct of meetings from number 15 to 20, following the 1 to 14 meetings on nutrition conducted by Anganwadi / frontline workers. Meeting 15 mainly focuses on cleanliness and hygiene habits related to food and drinking water and toilet usage habits are presented through Meeting 16. Meetings 17 and 18 aim to reemphasise the focus on the nutrition of women of reproductive age and children in the village, ensuring the nutrition of women and children in the village. The objective of Meeting 19 on nutrition education is to bring all the people of the village together by organising a large community meeting at the village level to collectively create a well-nourished village. Meeting 20 on nutrition education is based on collective evaluation, in which the *N-PLA* group will share their positive experiences with each other and plan. Discussions will also be on the continuance of the nutrition education meetings.

Key topics covered under Nutrition Education Module - 3



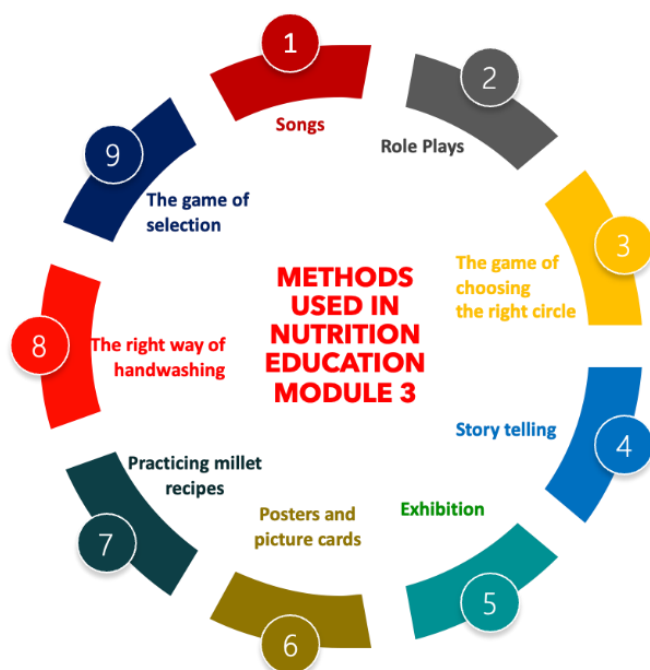
In these meetings, work will be done on the following topics:

1. It is the responsibility of all of us to maintain cleanliness and hygiene in our homes and surroundings and contribute to making the village clean, as guided by the Anganwadi / frontline worker.

2. Understanding and adopting the responsibility of cleanliness and hygiene in the family by men alongside the women in the family.
3. Understanding the cleanliness and hygiene habits in the kitchen, while cooking, and in the management of drinking water, and implementing them.
4. Understanding the necessity and importance of toilet usage by all families in the village and making a commitment to use toilets by all in the village.
5. Understanding the importance and correct method of handwashing with soap and making it a daily habit.
6. Recognising and highlighting positive examples of nutrition and cleanliness in the village and learning from their experiences.
7. Increasing the diversity of nutrition in the daily meals of women of reproductive age and children, incorporating food rich in energy, growth-promoting, and disease-resistant nutritious food in their diet habits.
8. Including diverse nutrition in the daily meals of adolescent girls, pregnant women, and lactating mothers. Making a commitment by all families in the village to adopt nutrition behaviours for women and children.
9. Organising a collective meeting of the village to share efforts so far and to take everyone's support in making the village an example of a well-nourished village.
10. Sharing positive experiences of nutrition education, evaluating efforts of nutrition education, and discussing the continuation of nutrition education meetings.

Methods of Participation in Nutrition Education Meetings:

For meetings 15 through 20, it is essential to have discussions in the village on extremely important topics and conduct various activities. For this, we will use the following participatory methods and mediums:



The Nutrition Participatory Learning and Action (NPLA) process helps in the following ways:

- Community members can learn to make appropriate use of available natural resources and connect balanced nutrition with nourishment.
- Through community discussions, members understand the forms/symptoms of malnutrition, its causes, effects, and methods of measurement.
- Understanding the intergenerational impact of malnutrition on the community, realising how the nutritional needs of different age groups, such as newborns, young children, adolescents, pregnant women, and lactating mothers, can be met to break this cycle.
- Community members can engage in discussions on the nutrition and proper care of mothers and children. They can comprehend the relationship between balanced nutrition and nutritional diversity in their diets.
- Planning for the improvement in food availability, establishing nutrition gardens, and utilising available resources appropriately at the local level.
- The community gains awareness and understanding of nutrition, food, and health-related issues, and they strive to implement strategies to break the cycle of malnutrition.

How to use the Module:

- The organisation of Nutrition Education meetings can be done according to the instructions on the processes provided in the module.
- Each meeting's purpose, timing, material requirements, and the process of conducting the meetings are detailed in the module. The Nutrition Education module is divided into three phases.
- The details of conducting the meetings, as provided in the module, can be effectively utilised to conduct the meetings.
- The sequence of organising meetings is extensively outlined in the module, allowing Anganwadi / frontline workers to ensure effective discussion on meeting topics and community participation.
- The processes outlined in the module can be presented by connecting them to the local context to make them more effective.
- The module aids Anganwadi / frontline workers in making the process more participatory.



Meeting 15: Environmental cleanliness and Personal Hygiene – Our Collective Responsibility

Our personal hygiene practices

Our food, our water, clean and tidy kitchen, and safe drinking water



Getting ready for the meeting

- The Anganwadi / frontline worker will select families for the Hygiene Meeting whose homes and kitchens are clean, who pay special attention to the cleanliness of food and drinking water, and whose family members have adopted hygiene practices.
- She will also invite members of the *Sahayogini Matri Samiti*, VHSNC (Village Health, Sanitation and Nutrition Committee), and self-help groups to participate in the meeting.
- Families that are successfully using ‘Tippy Tap’/ Matka filter, toilets, etc., and inspire other families to use them, will be invited to the meeting.
- Additionally, families with cleanliness in and around their homes, and who pay attention to the cleanliness of the surroundings, will also be invited to the meeting.




The Anganwadi in our village is an example of cleanliness and hygiene where special attention is given to these aspects.

Hygiene practices are ardently followed while cooking and feeding the children.



Topics to be discussed in the meeting

- Understanding the importance of cleanliness and hygiene for staying nourished.
- Knowing about and getting inspired to adopt hygienic cooking practices and the storage of cooked food.
- Making a commitment to learn and adopt hygiene practices associated with drinking water.
- Assigning responsibility to all family members to adopt hygiene practices.
- Motivating everyone to ensure that every home in the village is clean and tidy.

 Materials Required	 Process	 Time
Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken. The story of Rani and the picture cards used in the story, samples of Tippy-tap, and the nutrition education register.	Storytelling, sharing the experiences of families with hygiene habits, and an inspiring song at the last.	1.5 to 2 Hours

Method of Conducting the Meeting

The meeting will begin with a song on nutrition or cleanliness. After the song when an atmosphere of joy and enthusiasm has been created the meeting will proceed with Activity 1.

Successful examples on nutrition have started to emerge in the village due to the efforts of the Anganwadi / frontline worker and the effective nutrition education meetings conducted by her. The Anganwadi / frontline worker will include such individuals and families who have shown successful examples in all upcoming meetings and through them inspire other families to adopt positive behavior. Learning from each other and collaboratively finding solutions to local issues is an effective way to propagate positive behavior from positive families to others.

Activity 1

Recapitulation of the last meeting and review of the progress of the work done after the distribution of responsibilities

- The Anganwadi worker will express gratitude to all participants and individuals who played a special role in successfully organising Meeting 14 which was the community meeting.
- After the village's community meeting, everyone will be in high spirits. Provide an opportunity for everyone to share their experiences.
- This meeting is taking place after the second community meeting, so encourage the *Poshanam* Group for all the positive efforts made by them.
- All women and men in the village have had the opportunity to connect with nutrition issues through the two community meetings held so far.
- The Anganwadi / frontline worker will ask those participants who attended Meeting 14 or the community meeting, to raise their hands and share the information and lessons learnt from the community meeting with all the members in today's meeting.
- There will be a discussion on the continuous efforts made by the N-PLA Group to implement the decisions taken in the community meeting.
- There will be a discussion on making the village nourished and green, including:
 - Planting fruit-bearing trees in the village.
 - Establishing nutrition gardens in homes and the community.
 - Having a seed bank.

- Involving both mothers and fathers to have collective responsibility to regularly visit the Anganwadi in the village.
- Getting growth monitoring done for the children in the Anganwadi
- Encouraging nutritious meals in every household and including at least seven food groups in the women's plate and at least five food groups in the children's plate.
- Motivating participants to share their experiences and lessons from the work done to promote nutrition, with everyone.
- Discussing the challenges faced during the implementation of work on nutrition and how they were addressed. Exploring ways to improve the effectiveness of the work will also be discussed by the Anganwadi / frontline worker.
- Encouraging active participation from all members in this meeting.
- She will now discuss the objectives of organising this meeting with everyone.

It is essential to pay attention to the number of women and men participating in the nutrition education meetings.

- Women in the reproductive age group of 30-40 years must be present.
- The participation of at least 10-15 men is mandatory.

Activity - 2: Hygiene during cooking, eating and after eating

Starting Activity 2, the Anganwadi / frontline worker will inform everyone that this is our 15th meeting in which we will discuss hygiene practices related to cooking, eating, and drinking water. Cleanliness and hygiene play a crucial role in creating a well-nourished family. To maintain the nutrition of women and children in the family, it is essential for us to adopt hygiene habits.

There is a deep connection between food, nutrition, and hygiene. Hygiene is extremely important, and without hygiene, nutrition remains incomplete.

The Story of Rani

Rani is Kamala's daughter-in-law. Kamala's younger son, Sanjay, got married to Rani about two years ago. After the daughter-in-law has arrived, the appearance of the entire house has changed.

Now, the Anganwadi / frontline worker will tell the participants that they will discuss the issue of cleanliness and hygiene through a story. So let's listen to a story.

Although Kamala's house was already tidy, Rani has brought a new shine to the entire house, from both inside and outside. Amidst the greenery in the village, Kamala's neat and clean house stands out. Flower plants adorn the courtyard. On one side, a variety of vegetables are grown, which everyone in the house takes care of, but Rani has a special interest in them. Every day, Rani spends some time in the garden. Rani and Sanjay also pay attention to the cleanliness of the garden.

Outside the house, separate bins for dry and wet waste are placed, where all family members systematically dispose of garbage. Even the small child in the family has developed the habit of putting garbage in the waste bins.

The family not only pays attention to the cleanliness of the house but also practices personal hygiene:

- They brush their teeth every morning.
- They keep their nails, ears, and nose clean.
- They wear clean clothes after washing them and drying them in the sun.
- When going outside or using the toilet, they wear slippers on their feet.
- They use the toilet.
- And everyone has the habit of washing their hands with soap at regular intervals.

In Kamala's house, there is a tippy tap installed for handwashing, and the cleanliness around it is immediately noticeable. The family has arranged for the disposal of water coming out of the tap in such a way that it goes into the garden. Kamala ensures that even the water used for cooking does not go to waste. This water is also used for the plants in the garden. Other families in the village have also adopted this practice after learning from Kamala's family.

Anyone who visits Kamala's house doesn't leave without appreciating the cleanliness of her home. The utensils in the kitchen shine, arranged neatly in a line. A mud platform has been created to place the cooked food, and Rani has decorated the platform with lime. The food is kept covered on the platform, and spices, grains, and pulses are stored in neatly arranged containers.

In Kamala's kitchen, no flies can be seen. The walls are clean, and there is no cobweb on the ceiling. Regular cleaning is done around the cooking stove. Sanjay also contributes with Rani in the cleanliness of the kitchen.

While cooking, vegetables are washed and cooked, and after kneading the flour, it is covered and kept. Spices are ground on the grinding stone which is immediately cleaned and stored afterwards. Generally, nothing in Kamala's house is left uncovered. Utensils used for cooking are immediately washed after use.

The family ensures that every member follows the hygiene habits. Any utensil used for cooking is washed immediately. No dirty teacups are seen lying around; the family maintains a high standard of cleanliness. Kamala's granddaughter from her elder daughter in law, a four-year-old, happily eats her meal containing vegetables, roti, dal, salad, and yogurt in clean utensils.

The family seems to have instilled cleanliness habits in the child, as she appears neat and clean after bathing. It seems the family has incorporated cleanliness habits into every aspect of their lives.

Looking at Kamala's house, everything is arranged in an organised manner, and all the family members seem to be equally involved in maintaining the cleanliness and hygiene of the house. Kamala's house always appears as if it has just been thoroughly cleaned, like the cleanliness seen after Diwali.

While narrating the story, pay attention that everyone is listening to the story. The voice should be clear and audible to everyone.

- How did you like the story?
- What were the special things in the story?
- Is it difficult to become like Rani?
- Can our families become like that of Kamla?
- What cleanliness and hygiene habits did Rani adopt?
- Are there women in our village who are like Rani?
- Are there families in our village like Kamla's family?
- What should we do to make our kitchen, home, and village an example of cleanliness and hygiene?

After the discussion, the Anganwadi / frontline worker can summarise the discussion with the help of the following points:

Hygiene habits to be adopted during cooking, during eating, and after eating.

Key messages related to hygiene habits during cooking, during eating, and after eating

Key messages related to hygiene practices during cooking	Key messages related to hygiene practices during eating	Key messages related to hygiene practices after eating
<ul style="list-style-type: none"> • Wash hands with soap before preparing food. • Ensure cleanliness of all utensils used for cooking. • Always cover and store all cooking ingredients. • Store all types of spices like turmeric, chili, coriander, etc., in airtight containers placed out of reach of children. • Avoid using adulterated spices from the market. Use home-ground spices. Check the information on packaged spices and verify the packaging date. 	<ul style="list-style-type: none"> • Wash hands with soap before eating. • Before feeding children, wash hands with soap. • Regularly clean and always keep eating utensils at a clean place. • Always feed children in clean utensils. • Use a spoon while eating. • Always keep the eating areas clean. • Always sit down and eat. • After eating, cover the dishes. 	<ul style="list-style-type: none"> • Wash hands with soap after eating. • Cover leftover food and store it in a clean utensil at a clean place. • Store leftover food at a slightly elevated place to keep it away from the reach of animals. • Always sweep after cooking.

Key messages related to hygiene practices during cooking	Key messages related to hygiene practices during eating	Key messages related to hygiene practices after eating
<ul style="list-style-type: none"> • Keep salt, sugar, jaggery, etc., in containers. • Clean and store containers of oil and ghee in closed boxes. • Keep vegetables in baskets, cover them with a mesh lid, and do not leave them on the floor. • Use a ladle or a spoon for cooking. • Wash vegetables before cutting. • Use clean water for washing vegetables. • Wash the knife before cutting vegetables. • Immediately cook the cut vegetables. Do not leave them uncovered for a long time. • Cover and cook the vegetables. • Keep the cooked vegetables covered. • Always store flour in an airtight container. • Use a ladle with a handle to take out flour from the container. After kneading the dough, cover it and keep the utensils for making chapatis clean by washing them daily. • After making chapatis, store them in a clean and covered container. • Regularly clean the stove after cooking. • Cook only as much food as necessary; eat freshly cooked meals whenever possible. • Regularly trim your nails so that they are clean before cooking to 	<ul style="list-style-type: none"> • Avoid cutting fruits and salads for an extended period. Cut only as much as needed and use it immediately. • Wash fruits and vegetables brought from the forest before using. • Try to eat fresh and warm food. • Always heat cold food before consuming to protect against germs bacteria. • Consume cooked food on the same day. Do not keep leftovers for the next day. • Develop a habit of washing your utensils immediately after eating. • Always sit down and eat. • After eating, cover the dishes. • Avoid cutting fruits and salads for an extended period. Cut only as much as needed and use it immediately. • Wash fruits and vegetables brought from the forest before using. • Try to eat fresh and warm food. • Always heat cold food before consuming to protect against germs and bacteria. 	<ul style="list-style-type: none"> • Avoid accumulation of dirt and cobwebs. • Ensure regular cleaning of the walls. • Keep domestic animals away from the kitchen. • Dispose of wet and dry waste separately.

Key messages related to hygiene practices during cooking	Key messages related to hygiene practices during eating	Key messages related to hygiene practices after eating
prevent dirt from getting into the food.	<ul style="list-style-type: none"> • Consume cooked food on the same day. Do not keep leftovers for the next day. • Develop a habit of washing your utensils immediately after eating. 	

We pledge to maintain cleanliness and hygiene in the kitchens and food of all the houses in our village. The kitchens of our homes will be clean and tidy.

Activity - 3 Our clean drinking water

After exploring cleanliness and hygiene habits related to food, we will now discuss on these habits for the drinking water. For this, let's go back to the story and, while advancing the narrative, inform the participants.

Continuation of Rani's Story...

Let's continue with Rani's story and see how Rani and her family manage their drinking water. Rani and her family are aware that, along with the hygiene of their food, the hygiene of the drinking water is equally essential. In Kamala's village, there is a tap water scheme, and Rani's family fetches water from the tap. Their water source is safe and clean, and the villagers do not allow accumulation of excess water around the tap. All the water sources in the village are kept clean in a similar manner, and the management of water discharge is such that it goes into the nutrition garden. This achievement has been possible through participation in nutrition education meetings and collective efforts.

The pot in which Rani and Sanjay bring water is used exclusively for drinking and cooking. There is a separate arrangement for giving water to animals.

There is a designated place in the kitchen for keeping water. The water pot is placed at an elevated place inside the house, where water is always sieved and stored. The pot is consistently covered with a plate, and a long-handled lid is used to draw water. Alum is used during the rainy season for purifying water.

Rani's family uses a *matka* filter made during summers, which has a tap attached to the bottommost pot. All the family members drink water from this filtered pot. Sanjay cleans the entire *matka* filter every 15 days.

Kamala believes that since she started paying attention to the cleanliness and hygiene of water, the family has experienced fewer illnesses. The problem of stomach ailments among family members has significantly reduced. Kamala says that maintaining water hygiene habits has eliminated the need for doctor visits and hospital expenses.

Rani and Kamala, actively participating in the N-PLA Group, have worked together to keep all the water sources in the village clean. Rani and Kamala themselves are active members of the N-PLA Group. The presence of clean water in the village, along with greenery, contributes to a positive environment.

To ensure the provision of safe water in the village, the N-PLA Group has also discussed the matter with the Panchayat. This collaboration aims to maintain a consistent supply of safe and clean water in the village.

After the story, the Anganwadi / frontline worker will ask the participants:

- What was special about this part of the story?
- What did we learn from the story?
- How do we maintain cleanliness around water sources like rivers, ponds, and handpumps?
- How do we keep water vessels clean?
- What is kept for drawing water from the pots?
- How does Rani's family keep their drinking water safe?
- What do families in our village do for the cleanliness and hygiene of water?
- What is the water management system like in the homes of women and men present in the meeting?
- What steps can the women's group take for ensuring safe water management in the village?
- Do we have women like Rani and families like Kamala's in our village?

Always take drinking water from a tap, hand pump, well, or flowing river.

Key Messages

After the Anganwadi / frontline worker's discussion, summarise the discussion with the help of the following points:

- Regularly clean water vessels.
- Keep the place from where water is fetched clean.
- Cover the water vessels / pots when not in use.
- Always strain drinking water before use.
- Filter rainwater for use during the monsoon.
- Boil water for consumption, if possible, during the rainy season.

- Fetch water using a long-handled ladle.
- Keep drinking water clean, use devices like a *matka* filter. Use water judiciously, such as:
 - Using the right amount during cooking.
 - Take only the required amount for drinking in a glass.
 - Use wastewater from cooking for irrigating the nutrition gardens.
 - Avoid spreading water while washing hands, brushing teeth, or bathing.
 - Prevent wastage of water while using it for animals, etc.

The use of clean and safe water can prevent deadly diseases such as intestinal worms, dysentery, flu, cerebral fever, hepatitis, diarrhoea, jaundice, typhoid, etc.

Let's pledge to keep all the water sources in the village clean. We will maintain cleanliness around the sources of drinking water. We will ensure proper drainage around the water sources.

The Anganwadi / frontline worker can explain to the participants how to make a *matka* filter so that other families can also use clean water in their homes.

Activity - 4 Learn from Inspirational Families

Now, the Anganwadi / frontline worker will invite those families who actively work towards maintaining cleanliness and hygiene in their households. The family members pay special attention to the cleanliness and hygiene of food and water. The villagers learn from the cleanliness of their homes.

The Anganwadi / frontline worker will respectfully call the family members/spouses and request them to share about the habits of cleanliness and hygiene regarding food and water with everyone.

Ask these questions to the families adopting cleanliness and hygiene behaviours: -

- How do they incorporate cleanliness and hygiene behaviours into their daily routine?
- How is the division of labour done among family members?
- What difficulties do they face in adopting cleanliness and hygiene habits, and how do they overcome them?
- What are the benefits of adopting cleanliness and hygiene habits?
- After adopting cleanliness and hygiene habits, what changes do they observe in the family?
- What message would they like to convey to other families?

The Anganwadi / frontline worker will encourage participants in the meeting to ask questions and keep any thoughts that they might have in their mind in front of everyone. It is essential to discuss the constraints in adopting cleanliness and hygiene habits so that other families can be assisted in adopting these habits.

Learn from each other's cleanliness and hygiene habits

Now, the Anganwadi / frontline worker will ask each participant one by one to share one cleanliness and hygiene habit from their family that other families can adopt in their daily routine. The Anganwadi / frontline worker will encourage all participants to think and then put forward their thought. Keep in mind that everyone's opinions should be heard with respect, and efforts should be made to learn from each other. The Anganwadi / frontline worker can start the discussion with her own family's cleanliness and hygiene habits.

Learning from Families in the Village

This is the most effective way of learning when some families within the community share their positive behaviours with others. Other families learn from their efforts and adopt cleanliness and hygiene behaviours.

In this discussion, if some participants are unable to share any habit, it's all right. However, everyone will surely realise which cleanliness and hygiene habits they follow in their daily routine, and which habits they need to incorporate into their behaviour.

The Anganwadi / frontline worker should ask all participants to share which cleanliness habit they are going to include in their lives from today. Encourage everyone to share with

the group.

Now, the Anganwadi / frontline worker will tell everyone that from today onwards, we all need to take a resolution to maintain cleanliness and hygiene both inside and outside our homes. Let's resolve from now on that our homes and village will become a model of cleanliness and hygiene.

After everyone has taken the resolution, gather everyone in a circle, hold hands, and sing the following song:

The Anganwadi / frontline worker can modify this song, keeping in mind the local language and add new lines to it. Remember that the song should focus on cleanliness and hygiene only.

Conclusion of the meeting

- In today's meeting, we learned about cleanliness and hygiene practices related to food and water. We have also identified the behaviours we need to adopt.
- We have resolved to collectively make our homes and villages clean.
- We have also understood that adopting cleanliness and hygiene habits will require efforts from all family members.
- Now, the Anganwadi / frontline worker should inform all participants about the topic of the next meeting and, through discussion with the participants, ensure that more women and men members participate in the next meeting.
- The Anganwadi / frontline worker will record the attendance of all in the register.
- Finally, after deciding the date, time, and location of the next meeting, she will conclude the meeting.

Let's listen to a story.

There is a Rani, very wise.

When the Rani arrived at her in-laws' house,
Everyone took great care.

She maintained cleanliness in the house,
Developed nutrition garden,
Provided a mix of manure and water,
Got fresh vegetables and fruits.

Her offspring are healthy and well-nourished;
they even contribute to waste disposal.

Uses the toilet facility,
Keeps away from diseases.

Understands the importance of nutrition,
Washes hands with soap.

Uses turmeric, coriander, chili, and sugar,
Rani keeps everything covered.

Together, they maintain great cleanliness,
No mosquitoes or flies in the house.

Tell me, how did you like the story?

Isn't Rani truly wise?

In her house, it's like Diwali every day,
Let's applaud for her.



Meeting 16: Environmental cleanliness and Personal Hygiene - Our Collective Responsibility

Our hygiene practices

The use of toilets and washing hands with soap



Getting ready for the meeting




- The Anganwadi / frontline worker will select such families for the cleanliness and hygiene meeting whose all members wash their hands with soap and use the toilet facility. These families will be invited to share their experiences and will be felicitated.
- The *Sahyogini Matri Samiti*, VHSNC, and members of the Self-Help Group will be invited to participate in the meeting.
- Families that have successfully constructed and regularly use a low-cost and twin-pit toilet will be invited to the meeting.
- Ensure the presence of the 'Sanitation Ambassador' in this meeting and seek her / his assistance in conducting the meeting.
- Ensure that the posters and materials to be used in the meeting are present at the meeting venue.

The Anganwadi Centre of our village sets an example of cleanliness and hygiene. Special attention is given to cleanliness and hygiene here. Adherence to the practice of washing hands with soap is followed. Families are encouraged to adopt cleanliness and hygiene habits in the village.



Topics to be discussed in the meeting

- Understanding the importance and method of handwashing.
- Knowing when it is necessary to wash hands.
- Adopting cleanliness and hygiene practices to prevent infections.
- Understanding the disadvantages of open defecation and working towards making the village open defecation-free.

 Materials Required	 Process	 Time
Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken. Materials for demonstrating handwashing with soap, 5F posters, pen and registers	Demonstration of the correct method of handwashing, discussion through 5-F posters, and listening to the experiences of families using the toilet.	1.5 to 2 Hours

Method of Conducting the Meeting

The meeting will begin with a song on nutrition or cleanliness. After the song when an atmosphere of joy and enthusiasm has been created the meeting will proceed with Activity 1.

Activity 1: Recapitulation of the last meeting and review of the progress of the work done after the distribution of responsibilities

- The Anganwadi / frontline worker will ask those participants who attended the last meeting, to raise their hands and share the information and lessons learnt from the meeting with all the members in today's meeting.
- There will be a discussion on the work done by the N-PLA Group on the issues of nutrition and hygiene for the mothers and children.
- All members will discuss the cleanliness and hygiene activities carried out according to the resolutions of the previous meeting.
- Anganwadi/ frontline worker will facilitate the participants in sharing their experiences. She will help the participants to openly share the challenges they faced while implementing the strategies and how they addressed these challenges. She will encourage discussion on highlighting points that require modification or change for greater effectiveness.
- She will now explain the objective of the meeting and initiate discussions on the topics of the meeting.

Activity - 2 Importance and Method of Handwashing with Soap

2.1 Importance of Handwashing with Soap

The Anganwadi / frontline worker should start the session by telling the participants that we all know why it is essential to wash hands with soap, so let's play a game. Now, the Anganwadi / frontline worker will call one of the participants and...

- Instruct her to wash her hands only with water.
- Next, she will ask the participant to fill a mug with water and instruct her to rub and wash her hands in the water-filled mug itself.
- She will then, instruct the participant to remove her hands from the mug, and show the water in the mug to all participants.

- The water in the mug will appear dirty.
- Now, she will call another participant, and wash her hands properly with soap. She will instruct the participant to fill the mug with water and, like the previous participant, rub and wash her hands in the water-filled mug.
- She will now instruct the participant to remove her hands from the mug and show the water in the mug to all participants.
- The water in the mug will appear clean.



Let's resolve together that now our village will become a clean village, and together we will save all the infants in the village from harmful diseases caused by unhygienic habits and dirt.

After completing the exercise, the Anganwadi / frontline worker should gather feedback from the participants and conclude the discussion by explaining the following points/ She should emphasise that we should wash our hands with soap because:

- It can help prevent various infections, such as COVID-19, colds, infections related to the stomach, etc.
- It can stop the spread of infections.
- It can prevent frequent illnesses.
- It can contribute to maintaining personal health.
- Washing hands can prevent the transmission of germs on the hands to the food.
- It can prevent the exchange of germs on the hands.
- It can reduce the risks of life-threatening conditions like diarrhea.
- Regular handwashing is essential for keeping hands clean.
- It can save medical expenses associated with diseases.
- It can protect infants in the family from life-threatening diseases.



Key message

Washing hands with only water will not protect you from diseases. Always use soap for handwashing.



Key message

Do you know how you can easily keep your children healthy? Yes, wash your hands with soap regularly and also stay healthy yourself.

Conclude this activity with laughter and smiles.

2.2 Arrangement and Method of Handwashing with Soap

Arrangement for Handwashing with Soap at a Designated Place

The Anganwadi / frontline worker should now tell the participants that for the practice of handwashing with soap, it is essential to have a convenient and accessible arrangement in designated places for handwashing at their homes. In the previous meeting, we discussed about the Tippy-Tap in detail. It's good to know that most of you have Tippy-Taps installed in your homes, and everyone washes their hands with soap regularly.



Key message

There should be a provision for handwashing with soap in every home. Keep water and soap at the handwashing place in the house at all times.

Having a provision of water and soap around the eating and cooking areas and the toilet helps in adopting this practice.

- Regular cleaning of the handwashing area is also essential.
- Regular repair and maintenance of the handwashing area is also necessary.
- Proper drainage of water at the handwashing area should also be ensured.



Key message

For handwashing, it is important to arrange for running water, which can be easily obtained from a tap, Tippy-Tap, washbasin, or a tank.



Key message

Ask participants how the use of soap can be ensured.

Correct Method of Handwashing with Soap

Now, the Anganwadi / frontline worker will explain to the participants the steps of handwashing with soap through illustrations and invite some participants to practice 'SUMANK'. During the practice, ask participants to count from 1 to 20. While counting, they

should also practice 'SUMANK.' Participants will observe that as they count from 1 to 20, their hands will also be clean by the time they finish counting.

Creating a song for SUMANK, everyone sang and understood the method of handwashing.

Show the participants the 'SUMANK' picture card and facilitate them in understanding the process. A demonstration of handwashing with soap can be conducted by any fellow participant or any one from the motivated family members who has come for the meeting.

While conducting the practice, instruct participants to use the steps to wash their hands with soap and explain to everyone that the correct method of handwashing with soap should be adopted by all.

Now, collectively resolve to follow this process themselves and teach their children the correct way of washing hands with soap.

The SUMAN K Song

*Let's stay clean, let's stay nourished.
Come, let me teach you about Suman K,
It's a big deal, understand this fact.
First, wash your hands straight,
Then rub the backs of your hands,
We have to move ahead with understanding.
After that, clench your fist,
It keeps away from sickness.
Rub the thumbs of both hands,
Let no part be missed.
Then, scrub your nails,
After that, rub your wrist.
Dry your hands, like a butterfly,
Tell me, how does it feel, Suman K?*

When to Wash Hands with Soap

Now ask the participants about when it is essential to wash hands with soap. Reiterate with the participants using the following points:

- Before cooking.
- Before eating and before feeding a child.
- Before breastfeeding a child.
- After using the toilet and after defecation.
- Before and after caring for sick individuals.
- After changing menstrual pads.
- After touching waste.
- After handling animals.
- After returning from work or the market.

Form the habit of washing hands with soap and water using SUMANK.



Key message

Discuss with the participants how to remember the time to wash hands with soap and what can be done for it.

Activity - 3 The use of toilets is extremely important - Discussion on the Fecal-Oral Route of Infection

The Anganwadi / frontline worker will show the participants a poster of the Fecal-Oral Route of infection to discuss the necessity of toilet use. She will ask the participants if they know about the fecal-oral route of infection or have heard of it. If some participants respond affirmatively, she encourages them to explain it to everyone.

The Anganwadi / frontline worker then explains to all participants that it is also called the '5 F' Diagram. She proceeds to elaborate on what 5 F stands for:

1. Fluids - Water
2. Fields - Fields and grounds, the soles of the feet
3. Flies - Flies
4. Fingers – Fingers of the hands
5. Food - Food items and meals

Using the diagram, she illustrates that when open defecation occurs, feces reach our mouth/stomach through these five routes, causing various diseases. As discussed earlier, the practice of open defecation is a significant cause of malnutrition and infant mortality.

The Hazards of Open Defecation - 5 F Diagram

Now, the Anganwadi / frontline worker will ask the participants if there are still people in the village who practice open defecation or dispose of a child's faeces in the open. If yes, then she will emphasise that we all need to come together and make efforts to stop this practice. Now, she will inquire from the participants how we can break this faecal-oral route of infection. The Anganwadi / frontline worker will reiterate the following points, linking them with participants' responses

Measures to Prevent the Harms Caused by Open Defecation

- By using toilets, we can prevent the spread of faeces through water.
- Regular cleaning and treatment of water ensures its purity
- Using toilets helps prevent the spread of faeces to our mouth through fields and open areas.
- Avoiding open defecation helps control its spread through flies. It's essential to note that children's faeces should also be disposed of in toilets, as it poses similar health risks as adults' faeces.

- Keeping food covered and maintaining the cleanliness of eating areas also prevents the route of flies.
- Regular handwashing with soap can help break the faecal-oral route. The Anganwadi / frontline worker will now explain to the participants that by adopting the mentioned practices, we can effectively stop the spread of the faecal-oral route of infections. Participants should be informed that initiating the use of toilets by all in the community can significantly prevent contamination through water and the spread of infections caused through contaminated food. This step can contribute to providing a happy and healthy childhood for every child in the village.



Key message

Imagine how you would feel putting into your mouth what you touch throughout the day. Always remember to wash your hands with soap regularly to prevent the entry of germs and dirt into your mouth.

Activity - 4 Let's Adopt Cleanliness and Hygiene Behaviours Together

Tell the participants that in this activity, we will discuss the benefits of using toilets. Now, the Anganwadi / frontline worker will ask the participants why so much emphasis is placed on using *pucca* toilets. Encourage participants to express their thoughts and keep the discussion focused on the following points:

Children's faeces is as harmful as that of adults, so it is important to dispose of children's faeces also in the toilet.
Encourage children to develop the habit of using the toilet.

- If we use *pucca* toilets, our village, our families, and all of us will stay healthy.
- The village remains clean and protected from dirt.
- By using toilets, we can prevent nearly 75% of diseases.
- It helps protect children from diseases like diarrhoea and worms, which are major causes of malnutrition.
- Mothers and adolescent girls also need to use toilets for safety and dignity.
- A safe environment can be created for mothers, infants, and everyone.
- Maternal and infant mortality can be prevented.

If there is a single-pit latrine, convert it into a two-pit latrine. The cleaning of the septic tank and the construction of an additional pit can be done under SBM-2 by the Panchayat. The septic tank should be cleaned every 3 years.

Now, the Anganwadi / frontline worker will invite the participants from those families where everyone uses the toilet and from the families whose children also use the toilet and their faeces is also disposed of in the toilet. She will ask them to share their experiences and inquire about the benefits they have gained from adopting this behaviour. The following questions can be asked to the families sharing their experiences.

- What challenges did you face in adopting toilet usage behaviours?
- Were there any family members who did not want to adopt this behaviour, and how did you convince them?
- What precautions need to be taken in toilet usage?
- How to ensure that the toilet functions properly?
- How do you keep the toilet clean?
- How do you ensure the proper use of water?
- What changes have occurred in your life due to toilet usage?
- What suggestions would you give to others for toilet usage?

Discuss misconceptions related to toilet usage, such as the belief that toilets should be kept away from homes, that having a toilet makes the home dirty, or that toilets consume a lot of water.

Build toilets with proper technology that are well-ventilated and well-lit. Ensure the availability of water, construct a septic tank, and carry out its regular maintenance and cleaning.

Cleanliness Pledge

- We will bathe daily.
- Keep our hair clean and comb them regularly.
- Trim our nails regularly.
- Wear slippers on our feet.
- Wash fruits and vegetables before using them.
- Use the toilet in our home.

In addition to the above questions, considering the village's needs and the people's requirements, the Anganwadi / frontline worker may also ask other relevant questions.

<p>Water Quality</p> <ul style="list-style-type: none"> • Testing kits have been provided to Self-Help Groups (SHGs) for water quality testing under the Jal Jeevan Mission in every village. 	<p>Waste Management at Home</p> <ul style="list-style-type: none"> • Separate dry waste • Separate wet waste • Separate biohazardous waste • Action has been taken in collaboration with the Panchayat under SBM 2.0 for proper management of waste in the village. 	<p>In every Anganwadi centre, the following arrangements should be made:</p> <ul style="list-style-type: none"> • Child-friendly toilets • Facilities for washing hands with soap • Proper meal distribution and disposal system • Safe drinking water
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In the meeting, the Anganwadi / frontline worker will discuss the cleanliness practices mentioned above and inspire everyone to resolve to make the village clean and safe.

Conclusion of the meeting

- Everyone together should sing a song based on cleanliness and hygiene.
- In today's meeting, we learned about the practices of handwashing with soap and avoiding open defecation. We also understood that it is essential for everyone in the village to follow these practices.
- Now, the Anganwadi / frontline worker should inform all participants about the topic of the next meeting and through discussion with the participants ensure maximum participation of women and men in the next meeting.
- The Anganwadi / frontline worker will record the attendance of all in the register.
- Finally, after determining the date, time, and location of the next meeting, the meeting will be concluded.

Preparation plan for the next meeting

In the next meeting, a play will be performed for which the Anganwadi / frontline worker needs to select individuals for the following roles and prepare them for the play. The Anganwadi / frontline worker should read out the script of the next meeting's play to the chosen individuals so that they can prepare for their roles.

The characters in the role play:

- Narrator
- Imali
- Parents
- Mungalal
- Parents
- ASHA worker
- One or two people from the village
- The Anganwadi / frontline worker - It will be effective if the role of the Anganwadi / frontline worker is performed by the actual Anganwadi / frontline worker.



Meeting 17: *Dietary Healthy Habits of Women in Our Village*

Our Resolution: Nutritional Diversity in the Diet of Women of Reproductive Age

So far, we have worked extensively on the quantity, quality, timing, and type of food for women in the nutrition education meetings, particularly in Meetings 11 and 12. We know that 5 to 7 food groups out of the 10 food groups should be necessarily consumed by women of reproductive age. In today's meeting, we will reaffirm that commitment.






Getting ready for the meeting

- Prepare for the role play with the characters before the act.
- Arrange the materials used in the role play.
- Place the posters and picture cards related to women's nutrition used in previous meetings at the meeting venue.
- Ensure that there is enough space for role-playing during the meeting, and participants can easily watch the role play.
- Invite families/couples who are supportive and follow nutrition practices, especially those paying special attention to the diet of adolescent girls and women.
- Invite members of the *Sahayogini Matri Samiti*, VHSNC, and self-help groups to participate in the meeting.
- Prepare posters and picture cards for use in the meeting.



Topics to be discussed in the meeting

- The importance of nutrition in the diet of women of reproductive age, including diversity, quantity, and quality of food.
- Healthy eating behaviours for women.
- Responsibility and support of the husband and mother-in-law in the family for the nutrition of women.
- Role of *N-PLA* group and community-based efforts and planning to enhance women's nutrition in the village.

 Materials Required	 Process	 Time
Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken, arrangement for the role play, a drum, posters on malnutrition cycle, 10 food groups, the poster on food and nutrition, picture cards used in the meetings 11 and 12, and display materials for the locally available 10 food groups.	Role play, resolution with picture cards, learning from the experiences of nourished families/couples, and displaying the 10 food groups available at the local level.	1.5 to 2 Hours

The meeting will begin with a song based on nutrition. After the song, the discussion will start with Activity-1.

Activity 1: Recapitulation of the last meeting and review of the progress of the work done after the distribution of responsibilities

The Anganwadi/ frontline worker will:

- Ask those participants to raise their hands who were present in the previous meeting.
- Inform all the participants who attended the previous meeting about the information and learning obtained from the previous meeting.
- Discuss the work done by the *N-PLA* Group on the nutrition and hygiene of mothers and infants.
- Discuss all the cleanliness and hygiene related activities carried out according to the resolutions of the previous meeting.
- Anganwadi / frontline worker will facilitate the participants in sharing their experiences. She will help the participants to openly share the challenges they faced while implementing the strategies and how they addressed these challenges. She will encourage discussion on highlighting points that require modification or change for greater effectiveness.
- She will now explain the objective of the meeting and initiate discussions on the topics of the meeting.

Activity-2: Positive behaviours related to women's nutrition

The Anganwadi / frontline worker and active members of the *N-PLA* group should collaborate to make this role play memorable for everyone. Preparation for the role play should be done in advance.

- Call the characters for the role play before the meeting and rehearse the role play once.
- Place a narrator in the role play who, with the help of a drum, will reiterate nutrition behaviours in between.

- Gather the materials required for the stage preparation for the role play.
- Check the costumes of the characters to make the role play lively.
- If possible, set up a separate stage for the role play during the meeting.
- Do everything possible to make the role play effective and lively.
- Ensure that the role play lasts for at least 15 to 20 minutes.

Imli and Mungalal's Happy Family

Imli's parents' home and nutrition behavior

Imli, a young girl, lived in Amla village with her parents. She attended school daily and also helped with household chores with her parents. Her parents paid special attention to her diet as she was growing up. The entire family made sure to include at least 5 food groups in their daily meals.

It is essential to portray the behaviours shaded in yellow colour in the play.

In the beginning, the narrator should describe the scenes from Imli's maternal home in the play.

Both of Imli's parents were members of the N-PLA group, and they actively participated in nutrition education meetings along with Imli's grandmother. The family also obtained ration from the government's ration shop.

In Imli's home, there was a nutrition garden where seasonal fruits and vegetables were grown. The family used these fresh produce in their daily meals.

When Imli turned 20, she got married to Mungalal, a resident of a nearby village. Interestingly, Imli's parents first made sure that that Mungalal was educated, and his family also had a nutrition garden. They made sure that Mungalal's family actively participated in nutrition education meetings and this played a crucial role in the decision to finalise Imli's marriage with Mungalal.

Imli's in laws' place and nutrition behaviour

The families were very happy after the marriage. Both families belonged to the normal economica category.

The narrator will now tell about the scenes in the play related to the in-law's place.

Now, in the village of Jamunakheda, Imli lived with her husband and in-laws. Imli's husband supported her in continuing her education. Imli and her husband also visit the Anganwadi Centre regularly and participate in the nutrition education meetings. In the village, there is a community nutrition garden that not only ensures a continuous supply of seasonal fruits and vegetables to the village but the produce is also sold in the nearby villages.

Imli's in-laws also have a nutrition garden where they grow some flower plants along with fruits and vegetables. The entire family pays attention to cleanliness in the house, and they have tippy tap for handwashing with soap. Imli and her entire family also take care of their personal hygiene.

Imli had been married for two years. Now, she shared good news with the family. Everyone in the house is happy, and the whole family takes care of Imli. Munagalal, took Imli to the Anganwadi to register her pregnancy, ensuring proper care during childbirth. The timely registration allowed for the four regular check-ups. This provided valuable information about the health of the child and the mother. All the members of Imli's family created a savings fund in a piggy bank for the childbirth expenses. Imli's parents also visited her regularly to check on her.

Imli was not restricted in her diet; instead, she was provided with protein-rich foods such as pulses, chickpeas, millets, lentils, and milk. Her meals now additionally included snacks at one time. In this way, she had three snacks and two substantial meals in a day. Imli was already healthy, and paying proper attention to her diet during pregnancy prevented her from experiencing any issues related to blood deficiency or anaemia.

Imli was having new experiences every day. The family members made sure to create a cheerful environment at home so that Imli remained happy. She was given her favourite fruits, and her food preferences were kept in consideration. Whenever the Anganwadi and ASHA workers visited for home visits, they were pleased to see all this.

The Narrator is informing people about the scenes in between the play.

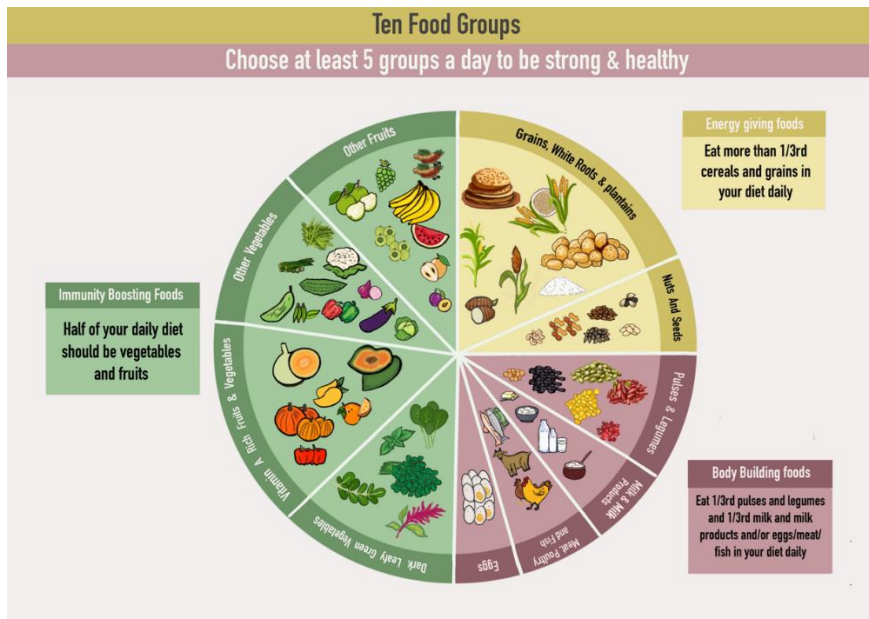
There was always a discussion in the village about Imli's family, stating that every family should be like them. No member of the family had the habit of consuming any intoxicants. None of them used tobacco, chewed betel nut, smoked cigarettes or *bidis*, or consumed alcohol.

The time for Imli's delivery was approaching. One morning, Imli began experiencing mild abdominal pain.

It is essential to portray the behaviours in yellow colour.

Mungalaal immediately informed both ASHA and Anganwadi *didi*. They also informed the Janani Express. Imli's mother-in-law had already prepared a bag with the necessary items for going to the hospital. After some time, ASHA and Anganwadi *didi* arrived at Imli's house. Soon after, the vehicle also arrived. Imli gave birth to a healthy baby girl in the hospital, and within an hour of birth, the baby was breast fed by her. Imli's maternal and in-law family were present at the hospital. After returning from the hospital, the entire family came together to take care of Imli and the new born. The family continued to pay special attention to Imli's diet, providing her with nutritious food to prevent illnesses.

If every family becomes like Imli's family, our families, villages, and society will become nourished, and the coming generations will become happy and progressive. So, let's learn from families in our village which are like Imli's family.



The narrator will show this picture card to explain the quantity of food in the daily meals of the 10 food groups.

Activity - 3 Learn from Inspiring Families (Husband-Wife)

Now, the Anganwadi / frontline worker will invite those families/couples who take care of the daily nutrition of adolescents and women in their families and have adopted nutritional behaviours learned from nutrition education sessions.

The Anganwadi / frontline worker will respectfully invite these families/couples and ask them to share good dietary habits with everyone.

Ask these questions to the well-nourished families:

- How do they manage their diet in their daily routine?
- What do the male members of the family do to improve the diet of the female members in the household?
- What challenges do they face in adopting nutritional habits, and how do they overcome them?
- What are the benefits of adopting nutritional habits?
- What changes are observed in the family after adopting nutritional habits?
- What message do they want to convey to other families?

Learning from other families in the village

Learning from other families in the village is the most effective way when some families within the community share their positive behaviours with others. Other families learn from their efforts and adopt nutritional behaviours.

The Anganwadi / frontline worker will also encourage participants in the meeting to ask questions and share any thoughts they may have with everyone. It is essential to discuss the obstacles and opportunities related to adopting nutritious dietary habits for adolescent girls and women so that other families can be assisted in adopting these habits.

Activity – 4 Nutrition Resolution


Now, the Anganwadi / frontline worker will display the picture cards used in previous meetings and inspire everyone by connecting them with the experiences of the inspirational families to the stories.



In all the families of our village, there will be a nutrition garden.



In all the families of our village, attention will be given to the food groups.

भोजन और पोषण		
शरीर को ऊर्जा देने वाले खाद्य पदार्थ	शरीर वृद्धि और विकास करने वाले खाद्य पदार्थ	शरीर को बिमारी से बचाने वाले खाद्य पदार्थ
		

Increase the intake of protein-rich food in the diet of pregnant and lactating women. Now, no woman in the village will suffer from anaemia.



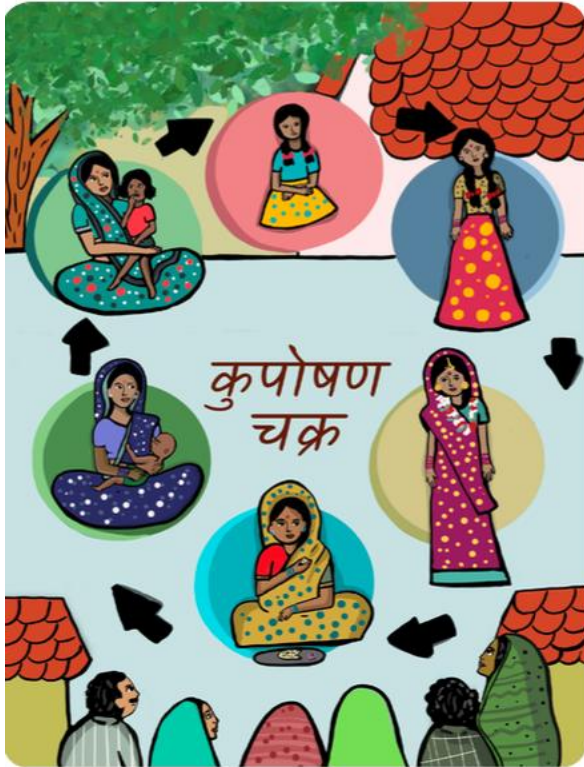
In a day, have at least two snacks and two nutritious meals. Consume a nutritious and substantial amount of food in every season.



Our village's adolescent girls and women, especially those in the reproductive age group, will be provided with at least 5 food groups in their daily meals.



Let's come together and make our village a malnutrition-free zone, filling the lives of all mothers and children with happiness.



Our village is now
a malnutrition-
free village

At the end of the meeting the Anganwadi / frontline worker will discuss with everyone that the N-PLA Group along with her will work towards ensuring nutrition behaviours among the women of reproductive age group in the village.

🗨️ Conclusion of the meeting

- At the end of the meeting, a song based on women's nutrition will be sung together.
- In the village, many families may be adopting practices of nutrition and cleanliness. The Anganwadi / frontline worker should encourage members of such families and give them special recognition.
- The Anganwadi / frontline worker will now inform all the participants about the topic of the next meeting and ensure, through discussion with the participants, that there is maximum participation of both women and men members in the next meeting.
- The Anganwadi / frontline worker will record the attendance of everyone in the register.
- Finally, after determining the date, time, and place of the next meeting, the meeting will be concluded.



Meeting 18: Nutritious meals and hygiene habits for well-nourished children.

Well-nourished children in our village



Getting ready for the meeting




1. The Anganwadi / frontline worker will invite those families to the meeting whose children are healthy, and who consume a nutritious diet. These families provide their children with at least five meals per day.
2. She will also invite families whose both parents have started going to the Anganwadi for the nutrition of their child.
3. Keeping the picture cards/posters related to children's nutrition that were used during the previous 8th, 9th, and 10th meetings at the meeting venue.
4. She will prepare for today's games with picture cards, posters, and materials.
5. She will invite members of the *Sahayogini Matri Samiti*, VHSNC, and members of the self-help groups to participate in the meeting.

Our village has now become a well-nourished village. Every child in every family in the village is well-nourished. Our village has now become a malnutrition-free village. Attention is given to the nutritional diversity in the diet of children in every home, and nutritious meals are provided to children every day.



Topics to be discussed in the meeting

1. Exclusive breastfeeding for children from birth to 6 months.
2. Cultivating habits of nutritious supplementary eating for children from 6 months to 2 years, along with breastfeeding.
3. Support from the family, especially from the husband and mother-in-law, in the nutrition of children.
4. Understanding the importance of the role of parents and the family in ensuring the nutrition of children.
5. Efforts and planning for the nutrition of children through *N-PLA* group and community at large.
6. Our commitment is that all the children in the village will consume breakfast every day, a lunch in the afternoon, an evening snack, and a dinner at night full of nutrition in every season.

 Materials Required	 Process	 Time
Progress charts or registers that were used in nutrition education meetings to track the strategy and actions taken, posters or cards related to child nutrition used in all previous meeting and chalk for creating circle.	The selection of appropriate circle, discussion through picture cards and posters related to child nutrition used in previous meetings, and learning from the experiences of well-nourished families.	1.5 to 2 Hours

Method of Conducting the Meeting

The meeting will begin with the nutrition song. After the song and creating a joyful atmosphere, the meeting will commence with Activity-1.

Activity – 1

Recapitulating the key messages from the previous meeting and reviewing the progress of the implementation of work done after distributing the responsibilities

The Anganwadi / frontline worker will:

- Ask participants who attended the previous meeting to raise their hands.
- Instruct the members who joined the previous meeting to share the information and learning from it with all members.
- Discuss the work done by the *N-PLA* Group on the nutrition and hygiene of mothers and children.
- Discuss the work done on cleanliness and hygiene according to the resolutions of the previous meeting.
- Facilitate participants in sharing their experiences. She will help them share what they learned and the challenges they faced while implementing the strategies. Facilitating discussions on how to address these issues. She will also identify points that need improvement or change for fostering more effectiveness.
- Explain the objectives of the meeting and initiate a discussion on the meeting's topics.

Activity-2

Game of choosing the correct circle using the materials and picture cards from the previous meetings (Cards used in meetings 8, 9, and 10).

- First, the Anganwadi / frontline worker will familiarise the participants with all the materials, picture cards, and posters, showing each participant the picture cards individually so that everyone can see them properly. When participants are viewing the picture cards, the Anganwadi / frontline worker will remind them that they have seen similar cards in previous meetings.

- In this way, the Anganwadi / frontline worker will place the picture cards and posters on the ground and ask one participant from the group to choose a card. The participant selecting the picture card will show it to all other participants and explain what is depicted on the card, seeking agreement from everyone.
- This process will be repeated for all picture cards and posters.
- After discussing each card, the Anganwadi / frontline worker will show some materials to the participants, such as the Mother and Child Protection Card, a spoon, a bowl, soap, etc.
- Now, the Anganwadi / frontline worker will create two large circles on the ground, where some participants can stand easily. In one circle, she will place the picture card of a healthy mother and child, and in the other circle, she will place the picture card of a malnourished child. She will explain that one circle represents healthy children, and the other represents malnourished children.
- For this game, the Anganwadi / frontline worker will distribute all picture cards and materials to the participants. Starting the game, she will ask any one of the participants who has a picture card or material to choose which circle they want to go to. Showing their picture card or material to all the participants, they will also state which circle they want to join.

A list of required picture cards (provided in the previous module) for conducting session activities for the Anganwadi / frontline worker

Picture cards and materials	Anganwadi / frontline worker will ask	Which circle will the participant go to
Card depicting regular weight measurement for the child by the parents at Anganwadi	Families where both parents regularly visit the Anganwadi for the weight measurement of their child	Healthy and well-nourished child
Mother and Child Protection Card (MCPC)	Families that use Growth Chart / Mother and Child Protection Card	Healthy and well-nourished child
Card depicting giving honey or <i>Ghutti</i> to the child after birth	Families that administer honey or <i>Ghutti</i> to the child after birth	Unhealthy and malnourished child
Card for not creating a Nutrition Garden in the empty space around the house	Families that do not set up a nutrition garden in the empty space around the house	Unhealthy and malnourished child
Card for the father feeding the child	Child is fed by the father in the family	Healthy and well-nourished child

Picture cards and materials	Anganwadi / frontline worker will ask	Which circle will the participant go to
Card for Mother-in-law's assistance in feeding the child	Assistance in the family from the mother-in-law while feeding the child	Healthy and well-nourished child
Card for Child with Diarrhoea	Families where the child frequently suffers from diarrhoea	Unhealthy and malnourished child
Picture Card for not initiating supplementary food for a 6-month-old child	Families where, even after the child turns 6 months, supplementary food has not been introduced	Unhealthy and malnourished child
Card for mother paying attention to the diet of the child	In families where the mother pays attention to the child's diet	Healthy and well-nourished child
Card for institutional delivery	Families where childbirth is conducted in a hospital	Healthy and well-nourished child
Card for feeding the child mother's first thick milk within an hour of birth and not giving anything in addition to it	Families where within an hour of birth, the child is fed the mother's first thick milk and nothing else is fed to the child	Healthy and well-nourished child
Maternal and Child Protection Card	Families that undergo four check-ups before the delivery of a pregnant woman	Healthy and well-nourished child
Card for exclusive breastfeeding for the child from birth to six months	Families where the mother exclusively breastfeeds the child from birth to six months	Healthy and well-nourished child
Card for Maintaining Correct Attachment of the Child During Breastfeeding	Families where the mother skilfully maintains correct attachment while breastfeeding the child	Healthy and well-nourished child
Card for introducing solid food to the child after six months	Families where, even after the child completes six months, they only additionally provide <i>roti</i> (flat bread) in the child's diet	Unhealthy and malnourished child

Picture cards and materials	Anganwadi / frontline worker will ask	Which circle will the participant go to
Card for feeding only roti in additional diet to the child	The family has initiated solid food after the child completes six months	Healthy and well-nourished child
Poster for nutrient-rich diet for energy, development, and disease prevention	Children are fed a diet that provides energy, aids in development, and prevents diseases	Healthy and well-nourished child
Card for feeding fruits instead of fried and spicy items from outside to children	Families that feed children fruits, peanuts, and chickpeas instead of fried and spicy items from outside	Healthy and well-nourished child
Card for using clean spoon and bowl to feed children	Family members use clean spoon and bowl to feed children	Healthy and well-nourished child
Poster depicting child friendly diet and its right quantity	Child friendly diet is prepared and the child is fed its right quantity	Healthy and well-nourished child
Card for Malnutrition Cycle	Families still not paying attention to the diet of adolescents, pregnant women, and lactating mothers	Unhealthy and malnourished child
Card for including 5 food groups in daily diet	Family provides the child with at least 5 food groups in their daily meals	Healthy and well-nourished child
Card for feeding outside food which is openly exposed, is fried and spicy, to the child	Children are fed with food purchased from outside and is fried and spicy	Unhealthy and malnourished child
Card for neglecting cleanliness while cooking	Family neglects cleanliness while cooking	Unhealthy and malnourished child
Card for regular use of soap	Family that consistently uses soap	Healthy and well-nourished child

Picture cards and materials	Anganwadi / frontline worker will ask	Which circle will the participant go to
Card for delayed introduction of solid food to the child	Family that introduced the child to complementary feeding late	Unhealthy and malnourished child
Card for bottle-feeding the child	Children are fed with a bottle	Unhealthy and malnourished child

- Group members will facilitate them in making the decision about which circle they should go to. For example, if a participant has a soap in their hands, the Anganwadi / frontline worker will ask them which circle they should go to if the child's mother or father washes their hands with soap before feeding the child.
- This process will continue until all picture cards and materials are exhausted.
- She will ask members of both circles whether they feel that they are in the correct circle according to the picture cards and materials.
- Now, the Anganwadi / frontline worker will encourage participants in the unhealthy child circle to move to the well-nourished child circle and will inform them about the habits they need to adopt and which habits they need to leave.
- This process motivates participants to eliminate habits from their lives that hinder the nutritional well-being of children.
- The Anganwadi / frontline worker will encourage participants to resolve that no child in the village will be malnourished and the village will set an example for the nutrition of mothers and children.

Activity – 3

Listen to the families of well-nourished children

The Anganwadi / frontline worker will encourage the members of those families who have adopted improved nutritional behaviours by changing their habits and practices to share their experiences with everyone. She will respectfully invite the members of these families and ask them to elaborate on the challenges and support they have encountered in adopting these habits.

- She will ask the child's father how he feels about coming to the Anganwadi and what are his thoughts about the Anganwadi Centre?
- By helping at home, how are they making improvements in the nutrition of their children?
- What advice would they give to all the fathers in the village?

When a child is sick and immediately after recovering, special attention needs to be paid to their diet because during this period, the child's weight drops rapidly, increasing the risk of malnutrition. Provide the child with adequate quantity of nutritious food.

At the end of the meeting, the Anganwadi / frontline worker will discuss once again how the *N-PLA* group, working actively with her, will contribute to the nutritional behaviours of children in the village.

Activity - 4

Discussing the organisation of a community meeting and making a plan

After having a detailed discussion on the nutrition of children, inform the participants about the upcoming community meeting, which will be organised as the next meeting at the village level. Tell them that next month the third community meeting will be organised. As they all remember, meeting number 7 and 14 were conducted as community meetings. A similar pattern for the community meeting will be followed. As everyone knows, this is a big meeting where all the people from the village will be invited along with several outsiders. Through the community meeting, members of the *N-PLA* group and community members will come together to discuss and contribute to making the village a well-nourished village.

Before advancing the discussion, it is necessary to obtain consent from the participants to organise a community meeting.

This is an extremely important village-level meeting of this phase where as many people as possible, including women, men, and youth will be invited. Through this meeting, the aspiration is to involve as many people as possible so that they can be included in the decisions, action plans, and progress made so far regarding the nutrition of women and children in the village. The aim is to include their contributions and ensure that all important messages and information reach the entire village.

Discussion about the objectives of the community meeting

- Creative sharing of the key discussions of the 15 to 18 nutrition education meetings with the community through songs, plays, stories etc.
- Sharing the strategies formulated and actions taken to address identified issues with the community and other participants present.
- Putting forward the achievements and changes resulting from nutrition education meetings in front of everyone and determine the directions for the future.
- Ensuring cooperation with the government officers present, for the nutrition of women of reproductive age and children up to 2 years old.
- Discussing the continuity of nutrition education meetings in the village.

The Anganwadi / frontline worker will say that if we want a better situation for the nutrition of women and children, the entire community needs to come together and take responsibility. Also, it is essential to invite ward members, VHSNC members, *Sahyogini Mari Samiti* members, Mother Support Group, *Shourya Dal*, *Ladli Bahna Sena*, Ladli Lakshmi Club members, and village head/sarpanch/government officials to ensure their support in the meeting. The community meeting is an effective platform to ensure the participation of everyone and is celebrated as a festival in the village.

While discussing the preparation for the community meeting, further discuss the following points with the participants:

- When do they want to organise the community meeting (date, time)?
- Where do they want to organise the community meeting? (Location - School, Open Ground, under a tree etc.)
- Whom do they want to invite for the meeting? (Senior government officials, other health officials, village leaders, respected individuals or influencers in the village, residents of the neighbouring villages, teachers, etc.)
- Who will take the responsibility of sending invitations?
- What will be the method of sending invitations? (Letter/traditional method, etc.)
- What resources will be needed for the meeting (arrangement of seating, refreshments, water, etc.), and how will they be arranged?
- What method will be used to share insights from previous meetings? (Storytelling, street play, role play, puppet show, picture cards, songs, etc.)
- Convince participants about the support that the Anganwadi / frontline worker can provide (preparing scripts, assisting in the preparation of street plays, etc.).
- The Anganwadi / frontline worker can also help women in practicing street plays.
- Who will conduct the meeting?
- How will the exhibition be organised in the community meeting? etc.

Encourage Anganwadi workers to involve women and motivate them to take responsibility. Encourage them to treat the community meeting as a program of their own village and ensure that they actively participate.

Ask participants to recall previous community meetings and encourage them to address the shortcomings from those meetings in the upcoming one. Motivate them to turn the community meeting into a memorable event.

Conclusion of the meeting

At the end of the meeting, sing a song based on child nutrition together and determine:

- Until now, many families in the village may have adopted nutrition and hygiene practices. Encourage members of such families and give them special recognition.
- Now, the Anganwadi / frontline worker will determine the time for sitting together to prepare for the community meeting.
- The Anganwadi / frontline worker will fill in the attendance of everyone in the register.
- Finally, the meeting will be concluded by encouraging and boosting everyone's enthusiasm.

List of materials used in the meeting for Anganwadi reference:

1. Regular weight measurement for the child by the parents at Anganwadi.
2. Use of the Growth Chart / Mother and Child Protection Card by the family.
3. Father feeding the child.
4. Mother-in-law's assistance in feeding the child.
5. Mother paying attention to the child's diet.
6. Child delivery done at the hospital only.
7. Breastfeeding the child within one hour of birth and not giving the child anything else.
8. Breastfeeding the child exclusively for six months.
9. Maintaining correct positioning of the baby's mouth during breastfeeding.
10. Introducing complementary feeding when the child is six months old.
11. Feeding the child with nutritious food to provide energy, promote development, and prevent illness.
12. Instead of feeding children processed and salty items, offering fruits, peanuts, chickpeas, etc.
13. Use of a clean spoon and bowl for feeding children.
14. Making the food child friendly and paying attention to its quantity.
15. Picture Card for not initiating complementary food for a 6-month-old child
16. Feeding the child fried outside food.
17. Lack of diversity in the adolescent girls' plate.
18. Neglecting cleanliness and hygiene while preparing food.
19. Diarrhoea in children.
20. Soap.
21. Malnutrition cycle.
22. After birth, feeding the baby honey or *Ghutti*.
23. Delay in starting complementary feeding for the child.
24. Not developing nutrition gardens in vacant areas around the house.
25. Only giving roti (flat bread) to the child to eat.
26. Lack of availability of diverse foods throughout the year.
27. Feeding the child milk from a bottle.
28. 10 food groups.
29. Malnourished child.
30. Well-nourished child.
31. Types of malnutrition in children.



Meeting 19: *Our Village - Prosperous Nutrition Village* ***- Our Collective Responsibility*** ***Healthy Nourished Women, Children, and Families*** ***Community Meeting of the Village***



Getting ready for the meeting




- This meeting should become a meeting of the entire village, and for this, all members of the *N-PLA* Group need to make an effort to invite all the community members of the village to the meeting.
- Determine and invite key guests for today's meeting, such as the Collector, department officials, and other respected individuals.
- The understanding, action plan and activities developed through the nutrition education meetings are to be shared with everyone.
- Those families from the village are to be invited where children and women are well-nourished, and where there is adherence to dietary habits with nutrition diversity in the food consumed and hygiene in terms of cleanliness behaviours such as toilet usage, waste disposal, nutrition garden, etc.
- The involvement of the gram panchayat members and secretary are to be ensured so that the issues raised by the *N-PLA* Group in the preparation of the village level planning process can be incorporated into the Panchayat's plan.
- Develop a plan to organise the village-level meeting in collaboration with the Gram Panchayat.
- Make arrangements to felicitate nourished mothers and children.
- Arrange for the acknowledgment and felicitation of men who have contributed to making families well-nourished.
- Prepare for discussing the management of water for drinking and handwashing in the village along with use of toilets by everyone.
- Prepare for the exhibition, such as showcasing food items available in the village, locally made snacks, nutritional snacks made in the village, locally produced pulses, grains, oilseeds, coarse grains and millets, local snacks items like *Mahua laddoos*, *Birchan* (*Jujube fruit powder*), *Sattu* (*Roasted gram powder*), *Amla* candy, puffed Maize-Jowar, roasted gram, etc., Tippy tap, *Matka* Filter, etc. are also to be arranged for.
- Prepare for cultural presentations.

It is necessary to organise a large meeting to reach all families in the village with messages about nutrition, cleanliness, and Nutrition Garden, and to involve all men, local service providers, and panchayat members. Therefore, the organisation of a community meeting is planned.

Topics to be discussed in the meeting

- The collective responsibility for making all the women, children, and families in the village healthy and well-nourished.
- Seeking support from all stakeholders.
- Sharing the positive changes coming in the village regarding cleanliness and hygiene, and the effective impact of nutrition education meetings.
- Informing everyone about the effective examples of development in the village.
- Making a commitment to continue being a well-nourished village in the future.
- Taking responsibility for maintaining positive efforts.
- Seeking the cooperation of the community and officials in implementing nutrition-related initiatives. Prepare a document outlining the changes in the statistics regarding nutrition of women and children in the village.

Healthy, well-nourished women, children, and families - Our Village - Nourished Village - Our Collective Responsibility.

 Materials Required	 Process	 Time
Materials used in previous meetings such as picture cards, lists of strategies, locally available decorative items, materials for exhibition, pens, notebooks.	Street plays, storytelling, discussion through picture cards, Puppet, songs, dance, exhibition, etc.	3 to 4 Hours

Method of Conducting the Meeting

Activity 1: Ensure the preparation before the start of the community meeting

As a large number of the community members actively participate, and several external guests are invited to the community meeting, it is essential to ensure the following preparations before the meeting commences.

The Anganwadi /frontline worker should ensure the following preparations before initiating the community meeting, which will be facilitated with the support of the N-PLA group members and the village panchayat:

- Cleanliness and decoration of the community meeting venue.
- Arrangement for seating in the community meeting (for the community and guests).

- Provision of drinking water during the community meeting.
- Preparation for welcoming the community and guests in the community meeting.
- Follow-up on the invitations to the guests and ensuring their timely arrival.
- Chart outlining the agenda of the community meeting.
- Ensuring display of the achievements and changes brought about by the nutrition education meetings.
- Preparation for street plays, songs, puppet shows, and dances to share experiences and welcome the community and guests.
- Arrange for the display of materials used in previous meetings, such as visual aids, picture cards, and flex banners, to showcase to the guests and community members attending the community meeting.

Preparation for the exhibition

- Ensure the availability of materials for the exhibition, such as food items available in the village, locally made snacks, nutritional snacks made in the village, locally produced pulses, grains, oilseeds, coarse grains and millets, local snacks items like *Mahua laddoos*, *Birchan*, *Sattu*, *Amla* candy, puffed Maize-Jowar, roasted gram, snacks for children, bucket, mug, soap, clean water for handwashing and food prepared from the nutritional supplement etc.
- Take assistance from the Gram Panchayat, *Shourya Dal*, *Sahyogini Matri Samiti*, *Ladli Bahna Sena*, *Ladli Lakshmi Club*, Mothers' Support Group, *Jan Arogya Samiti*, and VHSNC members for all the mentioned tasks.

Activity – 2 Activities to be Conducted during Community Meetings

- Start the community meeting with a welcome or awareness song.
- Begin the meeting by welcoming guests and the community in a traditional manner, sharing the objectives of the meeting with everyone.
- Express gratitude to everyone for participating in the meeting at the beginning.
- The Anganwadi / frontline worker and the N-PLA Group should present a summary of the nutrition education meetings conducted so far, reinforcing the lessons through the pre-decided street plays, songs, puppetry, and dances inviting participants for each performance.
- Invite those community members who have been behind bringing a change in community behaviour or have assisted others in behaviour change to present their experiences and felicitate them in traditional manner.
- Encourage guests and community members to observe and learn from the presentations.
- Through the Anganwadi / frontline worker, present some health-related statistics from the village and understand the changes. For example:

Srl.	Nutrition Index Year	2021-2022	2022-2023	2023-2024
1	Total village population			
2	Comparative presentation of nutrition indicators (with figures for the years 2021-22, 2022-2023, and 2023-2024) on the following indices			
2.1	Early registration of pregnancy			
2.2	Four antenatal check-ups for pregnant women before delivery			
2.3	Institutional delivery			
2.4	Anaemia check-up			
2.5	Consumption of Iron-Folic Acid			
2.6	Total number of children enrolled in Anganwadi			
2.7	Total number of children falling in green colour category			
2.8	Number of dosage of Vitamin A given			
2.9	Number of malnourished children			
2.10	Number of deworming tablets, albendazole doses consumed			
2.11	Treatment of severely malnourished children in NRC			
2.12	Number of children for whom initiation ceremony of supplementary nutrition is done in Anganwadi			
2.13	Monitoring of growth of children in Anganwadi			
2.14	Presence of children in Anganwadi			
2.15	Others			

- Sharing information about various efforts being made for the food and nutrition security of women, children, and families in the village, discussing topics related to nutrition education, and informing about the priorities of the village.
- Continuing the ongoing nutrition efforts in our village and discussing future plans.
- Listening to the thoughts of the community and guests.
- Before the conclusion of the meeting, the Anganwadi / frontline worker will invite all participants (mainly men) to take an oath, explaining the purpose of oath-taking. Everyone is urged to take the oath that:

The responsibility for the nutrition of women and children in the village now lies with the family, and men have a special role to play in it.

Recap of slogans of collective resolution

- Nourished mother, nourished child, nourished family.
- Nourished family, nourished village, nourished state, nourished nation.
- Nutrition gardens in every home.
- Hygiene, safe drinking water, and the use of toilets in every home.
- Management and practice of handwashing in every home.
- In the daily breakfast and meals, include foods that contribute to growth and development, and disease prevention.
- Reiterate the names of food items from the food and nutrition picture card.
- Now we will make our village green and well-nourished.

We will set up nutrition gardens in every home, grow plenty of fruits and vegetables, and consume them in our daily meals. We will pay attention to the nutrition of all women and children in the village. In their daily meals, we will include at least 5 food groups. Both parents will visit the Anganwadi together.

Conclusion of the meeting

- Together, we will make the village abundant with nutritional diversity. Every home will have a nutrition garden. There will be no shortage of vegetables and fruits in the village. Working together with this commitment, this community meeting will be concluded.
- The attendance record of the collective meeting will be prepared by the Anganwadi / frontline worker with the help of the *N-PLA* group, especially recording the attendance of men.
- The time and date of the next meeting will be communicated to everyone.
- Everyone will sing a nutrition based song together, and the meeting will be concluded.
- From today onwards, everyone will work together to make the village green, abundant with fruits and vegetables, and clean.
- Thank everyone at the end of the meeting.






Meeting 20: Our village on the path of nutrition

Collective Evaluation of Effective Nutrition Education - How Far Have We Reached



Getting ready for the meeting

- The list of decisions taken in the community meeting, i.e., the meeting held on the 19th of the month.
- For this meeting, a nutritious mixture of *chivda* and *laddoos* is to be prepared, for which, each member of the *N-PLA* group is required to bring a small amount of ingredients from home. Each member should not bring more than a handful or a bowl of ingredients to ensure that the burden of bringing materials does not fall on any one member.
 - It must be ensured that the group members bring local coarse grains for making the *chivda* and *laddoos*.
 - At least four food groups must be included in the preparation of the mixture.
 - The preparation should be made in such a way that it does not spoil for 8 to 10 days.
 - The *chivda* and *laddoos* should be suitable for consumption by both children and women of reproductive age and should be nutritious and visually appealing.
 - Both men and women should participate in the preparation of *chivda* and *laddoos*.
- Arrangements should be made for necessary utensils and stoves for making *chivda* and *laddoos*.
- Educational materials used in nutrition education meetings such as posters, picture cards, etc., should be kept ready at the meeting venue.

 Materials Required	 Process	 Time
Format for measuring the progress on implementation of strategies, chart paper, pictures and materials for displaying the meetings, pebbles/small stones, ingredients for making millet flattened rice and <i>laddoos</i> , utensils and stove, register and pen	The game of selection, mutual discussions, and the making of nutritious <i>chivda</i> and <i>laddoos</i> by men and women, and celebrating with songs and slogans	1.5 to 2 Hours

Topics to be discussed in the meeting

1. To collectively assess the efforts made to keep the village well-nourished and to plan for future initiatives.
2. To assess the impact of 19 meetings conducted by the Anganwadi / frontline worker, the participation of women, men, and others in the meetings, and the review of changes regarding nutrition in the village.
3. To consistently continue the cycle of nutrition education meetings by the Anganwadi / frontline worker in the village and restart the cycle of meetings on a fixed day of the month, including new women of reproductive age in the discussions.
4. Identify those women and men who haven't participated in all meetings, mark them, and reintegrate them into the meetings.
5. Make a commitment to consume nutritious *chivda* and *laddoos* made from local, nutritious millets, jaggery, ghee, etc., and pledge to incorporate locally sourced and homemade food in daily meals.

Method of conducting the meeting

The Anganwadi / frontline worker will first ask the participants to keep the materials brought for making *chivda* and *laddoos* in one place. She will inform everyone that at the end of the meeting, they will collectively prepare, eat, and celebrate their nutrition efforts with the things that they will prepare together. Men will be included in the meeting, and they will be encouraged to participate in making the *laddoos* and *chivda*.

After that, the meeting will begin with a nutrition song. Once the song is performed and a joyful atmosphere is created, the meeting will commence with Activity-1.

Activity 1: Review of community meeting and progress on strategies

- The Anganwadi/ frontline worker will commend the group for successfully conducting community meeting and will inquire about the following:
 - What are their thoughts on the community meetings? What went well? What could have been better?
 - How many people were present? Who participated? What was their feedback? What decisions were taken in the community meeting to make the village well-nourished and happy? Did any guest offer any special assistance? If yes, how will the group collaborate with them?
 - The progress made on decisions and actions taken in previous nutrition education meetings regarding the diet of women and children will be discussed.
 - The Anganwadi / frontline worker will display the record of progress evaluation to everyone and engage in a discussion about the progress.
 - She will also discuss whether all families have fully adopted the nutritional behaviours for their children and women, as decided in the previous meeting.
 - Facilitate participants in sharing their experiences. Help them discuss what they learned and what challenges they faced while implementing strategies. Aid them

in finding solutions to these issues. Identify points for improvement or changes needed.

- Afterwards, explain the purpose of the present meeting and initiate a discussion on the meeting's topics.

Activity 2: Remembering and sharing experiences of Nutrition Education Meetings

The Anganwadi / frontline worker will ask the participants to recall the nutrition education meetings. Then, together with everyone, she will recap all the nutrition education meetings in chronological order.

Nutrition Education Meetings

1. Village level meeting.
2. Our village - social inequality and gender discrimination.
3. Nutrition for mothers and infants in the village.
4. Families of well-nourished pregnant women and children, and their diet.
5. Food and nutrition security and diversity in the village.
6. Nutrition and our responsibility.
7. Community meeting in the village.
8. Growth, development, and monitoring of children from birth to five years in the village.
9. Breastfeeding for all children from birth to six months in the village.
10. Resolution to start nutrient-rich complementary feeding for infants at six months.
11. Nutritional diversity in the daily meals of children and women of reproductive age.
12. Demonstration of preparing diverse dishes for daily meals of adolescents, pregnant women, and lactating mothers.
13. Availability and use of vegetables and fruits in daily meals - Nutrition Garden in every home.
14. Community meeting in the village.
15. Our Hygiene Habits - Our diet, clean water, clean kitchen, and safe drinking water.
16. Our Hygiene Habits - Use of toilets and washing hands with soap.
17. Healthy eating habits of women in our village - our commitment: Nutritional diversity in the diet of women of reproductive age.
18. Food and hygiene habits of well-nourished children in the village.
19. Healthy and well-nourished women, children, and families - our village - a nutrition rich village - our collective responsibility.
20. Our village on the path of nutrition - Collective evaluation of effective nutrition education - How far have we all reached.

The Anganwadi / frontline worker will ask the participants to share any incident or experience from the nutrition education meetings that will always stay in their memory and has brought a significant change in their lives.

The Anganwadi / frontline worker will ask everyone to share these changes while keeping the following in mind:

- What was the situation or what happened in the beginning?
- What happened that you were inspired to bring about a change?
- Which behaviours did you adopt?
- What difficulties did you face in adopting new behaviours?
- Who helped you, and how?
- What happened that you will always remember?

Finally, the Anganwadi / frontline worker will make note of the above discussion and thank the participants for sharing their experiences.

Activity 3: Sequential Evaluation of Nutrition Education Meetings (Evaluation of 20 Meetings)

To conduct this activity, the Anganwadi / frontline worker will organise a game of selection with the help of the following points:

- The Anganwadi / frontline worker will first arrange all the pictures and materials used in the three phases of nutrition education meetings held so far, into three circles according to the phases. If any meeting lacks a picture or material, Anganwadi / frontline worker will write the name of that meeting on a sheet of paper and keep it in place of these materials.
- Then, she will make the participants familiar with the pictures and materials.
- Each participant will be given three pebbles.
- After providing the pebbles, the Anganwadi / frontline worker will instruct all the participants to place one pebble on the picture or sheet of the meeting they liked the most in each circle.
- In this way, all the present participants will place a pebble on the picture or material of the meeting they liked the most in each circle, indicating their preference.
- Once this process is complete, the Anganwadi / frontline worker will call upon one participant to count the pebbles placed in each circle.
- After counting, the meeting with the most pebbles in all three circles will be selected. The Anganwadi / frontline worker will then ask the group the following questions:
 1. Why did they find this meeting the best?
 2. What did they learn from this meeting?
 3. Did this learning help bring any changes in their behaviour? If yes, please explain in detail.

Activity 4: Assessment of the Impact of Nutrition Education Meetings in the Community

The Anganwadi / frontline worker will facilitate the participants in evaluating the project's impacts by asking the following questions:

- Has individual and family behaviour been influenced by attending the meetings?
- How much has the intake of the food groups increased in the family's daily meals?
- Have there been any changes in the way food is prepared daily?

- Do the participants think that their presence in the meetings has affected the behaviour of others in the community? If yes, how? Mention opportunities and obstacles.
- What kind of participation did men have in these meetings? What do group members think about their participation? Could the meetings be conducted differently?
- Has there been an increase in the self-confidence of women and men who attended the meetings?
- Has the respect for women and men who attended the meetings increased in the community?
- Is there an improvement in the nutritional status of the village?

Activity 5: Planning for the Future

Everyone will gather in a circle or sit down for this discussion. A ball can be used for this. The ball will be passed around and the person with the ball will speak and pass it on to the next participant. This process will continue until everyone has had a turn to speak.

- The Anganwadi / frontline worker will request the participants to think about at least a lesson from any one of the meetings that they want to continue working on. They should start by saying, "I will continue working on..." and pass the ball to the next person. This process will continue until everyone has spoken.
- She will discuss alternative methods, including talking with the Panchayat members/ members of the *Sahyogini Matri Samiti*, to explore other possibilities that can keep the meetings going. The Anganwadi / frontline worker will continue conducting nutrition education meetings with both women and men.
- The Anganwadi / frontline worker will explain that we have completed one cycle of 20 meetings. Now, with new women, this cycle will be started again, with the support of previous members in this effort. She will continue discussing these topics in the meetings of the *Sahyogini Matri Samiti*.
- She will encourage them to continue practicing the positive behaviours that have been adopted by them to improve the nutrition levels of women and children, and inspire other families to adopt them. She will remind them that what they have learned from the meetings can bring definite changes in the health and nutrition status of women and children.

Activity 6: Let's Come Together to Make Millet (Sri Anna) Chivda and Laddoos, Eat together and Spread Happiness

For this activity, the Anganwadi / frontline worker will divide the participants into two groups during the meeting. This time, the men's group will make nutritious millet *chivda* for women. The women's group will prepare millet *laddoos* for children.

Prepare nutritious *chivda* and *laddoos* at home and, together with the family members, enjoy them as a part of the daily breakfast.

The Anganwadi / frontline worker will distribute the materials brought by the participants among the groups and invite both groups to prepare their respective items.

Can we do this...

Assistance can also be sought from the *Panchayat* to prepare millet *chivda* and *laddoos*, and later arrangements for distributing these to all the children in the village can also be proposed. It is not mandatory to do this, but if it can be done with the help of the *Panchayat*, the joys of nutrition efforts in the village can be doubled. Families can be encouraged to use local millets to prepare nutritious food for children.

The Anganwadi / frontline worker will ensure that the men's group prepares *chivda* without seeking assistance from the women. After preparing the *chivda* and *laddoos*, everyone will come together to eat and celebrate the joy of their efforts towards ensuring nutrition for all.

Conclusion of the meeting

- The Anganwadi / frontline worker will thank everyone for participating in the nutrition education sessions and working towards making the village well-nourished.
- She will request the *N-PLA* Group to continue the work of nutrition education together and make efforts to turn the village into a well-nourished community.
- She will tell the members of the *Sahayogini Matri Samiti* that they will work together for the nutrition of all children and women in the village.

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