

FIRST FOLD NUTRITION STRATEGY

Strategy Paper for improving the Nutritional Status of moderately and severely malnourished children (0-6 years) of Haryana.

There is need to give more focused attention and target the malnourished children and their families in particular on a sustained and continuous basis to overcome the problem of malnutrition. Therefore a strategy has been framed and implemented since January, 2003 and circulated to all the Programme officers and Child Development Project officers for implementation at the grass root level.

:: STRATEGY FOR IMPROVING THE NUTRITIONAL STATUS ::

A. WEIGHMENT:

First of all 100% weighing of all children in the project area should be done. All children must be weighed and report be obtained about the status of children. PO's, CDPO's, and Supervisors to be personally responsible in their respective areas to ensure that this is done by the time fixed. Thereafter the children should be weighed at regular intervals of fortnight/month/quarter as the case may be.

B. SNP & NUTRITION HEALTH EDUCATION TARGETING:

Target and focus should be especially on the most malnourished children in the Anganwadi. The Anganwadi Workers and supervisor should work with the families of such children on a sustained continuous basis so that family becomes not only conscious and aware of the problem but also accepts responsibility for the same and brings about changes in the nutritional pattern of the child/family and the way it feeds and looks after its children. The following specific strategy is suggested:

i) Every Anganwadi Worker will select four families having children with worst nutritional status. Selection of the family should be made on the basis of Nutritional Status of the children strictly in the order of IV th grade, IIIrd grade, IInd grade and Ist grade. Thus first of all families of Grade IV children will be taken followed by grade-III, grade-II and grade-I. If there are no grade-IV, Grade-III children, then Grade-II children families will be taken. If there are no Grade-II then Grade-I children families will be taken.

- ii) **The Anganwadi Worker as part of her normal daily duties is supposed to spend one-hour everyday visiting families. This time should now be used by her for visiting just two families in a day, amongst the families of four children so selected, spending at least half an hour with each family. Thus, if there are four families, in one week, there would be at least 3, half hour visits, 12 visits in a month, over a two month period this would mean atleast 25 visits to each family.**
- iii) **Each worker should work with these four families for a period of two months continuously during which period she should:-**

a) **Explain to members of the family (Father, mother, grandmother, grandfather, aunts, other adolescents and adults in the family) that the nutritional status of the child is very poor and its adverse consequences on the growth and development of the child if such malnutrition persists. She should leave a handwritten note about this with the family.**

b) **Study the eating habits of the family and point out if members, especially the child/children in question and girl children are getting adequate nutrition and what the family should do to change its nutritional habits. Ascertain whether SNP given to the child is being given as an additionally or is it substituting normal food intake and further ensure that SNP remains an additionally. A special note should be kept about whether the family discriminates in giving nutrition for the girl child/adolescent girls/women in the family. Are there any pregnant women in such families and are they getting sufficient nutrition.**

c) **The Supervisor will prepare a nutrition plan for the child which should be explained to the mother and the family and given to the family in writing. On her visits to the family the Anganwadi Worker must insist that the family follow the nutrition plan and if not she must find out why the family is not following the plan. This should then be discussed in the Parents Committee and also brought to the notice of the Supervisor for further action.**

d) **Mothers/Parents Committee of Parents of all malnourished children should be formed and the case of these four families should be discussed in this Committee at least once a week noting the progress made per week. These committee meetings should be used for experience sharing. Discrimination in nutrition to girl children, adolescent girls, women and pregnant women, if present should be highlighted and discussed in such meetings. Supervisors should attend at least one meeting per**

Anganwadi/per month and Child Development Project Officer should make it a point to attend all those meetings where children are not showing any improvement.

e) These children should be weighed every week preferably during the visit to the family and the family should be associated in weighing the child. A copy of the weight record of the child should be given to the family. The weekly progress of the child should also be discussed with the family.

f) The Anganwadi Worker could also tie up with the ANM and get her to visit these families during this period at least once in a month.

g) Anganwadi Workers should ensure that all children including pregnant women in these families have been properly immunized.

h) After two months the status and progress made in these four families in respect of these four or more children should be explained and highlighted in the Parents committee.

i) After two months another set of four families should be selected and the process repeated.

j) In this way, a concentrated 2 months interaction with four families would take place covering 24 families per Anganwadi Centre in a year. We could thus cover about 3.25 lakh families/children in a year and provide them comprehensive information and knowledge about child care and nutrition, health and hygiene, pre-school education and thus not only improve the status of the malnourished children in the family but also prevent future malnourishment from re-occurring among children born to such families.

:: PLAN OF ACTION ::

FOR ANGANWADI WORKERS:

- 1. Anganwadi Workers will adopt all IVth, IIIrd, IInd and Ist grade children of 4 families of her AWC for improving the nutritional status of children for two months. These children should be selected in the order of all IVth & IIIrd grade children of her area and then the weakest children from IInd grade and if no grade II children are available weakest Grade I children.**

- She will maintain detailed record in respect of four families and its malnourished children for a period of two months.**
- 2. She will explain to members of family (Father, Mother, Grandmother, Grandfather, Aunts, other adults or adolescents in the family) the poor nutritional status of the child/children and the adverse consequences on the growth and development of the child if such malnutrition persists. She should leave a handwritten note explaining this with the family.**
 - 3. Study the nutritional/eating habits of the family and point out if members especially the child/children in question and girl children in the family are getting adequate nutrition and suggest what the family should do to change this. Also ascertain whether SNP given to the child is being given as an additionality or is its substituting normal food in take.**

A special note should be kept about whether the family discriminates in giving nutrition/food to the girl child/adolescent girls/women in the family since this could have a long-term impact on the weight of babies born to such women in future. Are there any pregnant/nursing women in such families and are they getting sufficient nutrition.
 - 4. Workers will study the food pattern of these children (what they are eating & how much they are eating) and the same should be reported to the concerned supervisors. On the basis of this information each concerned supervisor will plan the dietary chart for the family with special focus on the malnourished child/children which will be handed over to the mothers pointing out the deficiency in the present nutrition i.e. diet being given to children and how the deficiency should be made good. The Anganwadi Worker will ensure that diet plan given to the family is being followed.**
 - 5. For two months she will visit the four families of these children visiting two families per day spending half an hour with each family to ensure that the child is taking proper diet at home and also ensure that RTE food is consumed by these children only and not shared by the other family members. If need arises, she may visit these families even after the anganwadi timings.**
 - 6. She will constitute a parents committee of these malnourished children and will conduct meeting with these committees every week. During the meeting mothers/parents will be educated about Nutrition and Health Needs of children, malnutrition and its causes, consequences and treatment, hygiene in food prepared and storage, food fad and fallacies, home made weaning foods etc. Discrimination in nutrition to girls/adolescent girls/women/pregnant women, if noticed should be highlighted and discussed in such meetings.**

7. She will regularly weigh all such children weekly in addition to weighing all other children at the intervals required (such as all grade-III, grade-IV children in Anganwadi in addition should be weighed every week, grade II children every fortnight and the rest every month). The weekly Progress of the child will be discussed with the family. She will also allow these four families to weigh their children and give a copy of the weight record of the child to the family.
8. If even after a month, no improvement is observed in the weight of these children then she will find the reasons for it and will report the same to Supervisor for further action.
9. Anganwadi worker will ensure that in future weight of every child of her area is taken at birth and record is maintained properly. Incase, where mother has planned to give birth to the child outside the village, Anganwadi Worker should issue a card to such mother for recording the weight of new born at that place.
10. A.W.W. will ensure that the regular health check-ups of these children are done. She will also go along with the parents of these children during their health check up especially in referred cases to ensure that they are properly seen/attended by health functionaries.

FOR SUPERVISOR :

- She will maintain a record of all the families children adopted within her jurisdiction. She will do regular monitoring of weight of the adopted children/families every week.
- Fortnightly visit the family (both parents) of these children and discuss about the problems of malnutrition and its solution.
- During these 2 months, supervisor will visit IVth, IIIrd grade i.e. severely malnourished children and IInd grade i.e. moderately malnourished children and their families every 15 days. During the visit she will spend the whole day in the village meeting families of these children and monitoring their weight and diets and educating the mothers/caretakers of these children.
- She will conduct meeting with mothers/parents committee of these children twice a month.
- She will make diet plan/nutrition plan of these children/families according to their family status, availability of food, taste and preferences etc. and get the same handed over to the parents through the Anganwadi Worker.
- She should visit all these four families of village when on tour.

- She will report every fortnightly to CDPO about the progress of these children.
- She should orient the SHGs/Mahila Mandal/NGO etc. so that they can act as pressure group to sensitize the community about malnutrition.
- In case of additional charge the Supervisor will cover 50% of Anganwadi Centre of both the circles allotted to her.

FOR CDPOs :

- She will visit the families of all those children which do not show any improvement even after one month and she will take mother/parents committees meeting of such children every month.
- She will monitor the progress of children every fortnight and send report of these children to Programme Officer every month.

FOR PROGRAMME OFFICERS:

1. Programme Officer will review report of these children separately and will send the monthly report to headquarter on prescribed format.
2. All District Programme Officers will co-ordinate with the Food and Nutrition Board representative and prepare a Block Specific set of recipes which the parents can give to the mal-nourished children of grade IInd, IIIrd and IVth. The recipes should be developed season-wise i.e. separate for winter season, Monsoon season and summer season depending on the availability of foods. Keeping in view their eating habits. For preparation of recipes Home Science colleges can also be roped in.

AMMENDMENT IN THE NUTRITIONAL STRATEGY:

The following ammendments have been made in January 2004:

- 1) The duration of adoption of families by Anganwadi Workers has been extended to three months. Ist quarter starting from January to March. IInd quarter from April to June. IIIrd quarter from July to September and IVth quarter from October to December.

2) The target of visit of Anganwadi Workers is reduced to two times per family per week instead of three times per family per week which comes to 32 visit per month instead of 48 visit per month. So now in three months Anganwadi Worker will conduct 96 visit of the adopted families.

3) Child Development Project Officer will visit all the families/children adopted under the strategy in all those Anganwadi Centres which are visited by her during the month in accordance to the targets fixed by the Department. She should visit all the adopted children/families of the block with in three months.
