

***Promoting Micronutrients for nutrition and Zinc Treatment for Diarrhea management among children through AWW in Lakhimpur, Sitapur and Hardoi districts of Uttar Pradesh”***

***“Evolving a better and carefree community”***

***Submitted by***

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## ***Preface/Introduction***

Nutrients can be divided into 2 categories: macronutrients and micronutrients. Macronutrients are those nutrients that body needs in larger amounts. These provide the bodies with energy (calories). Micronutrients are those nutrients that the body needs in smaller amounts.

Micronutrients play crucial roles in human nutrition, including the prevention and treatment of various diseases and conditions, as well as the optimization of physical and mental functioning. Understanding micronutrients is critical for anyone seeking to maintain or improve his or her health.

Vitamins and minerals are the two types of micronutrients. While only needed in small amounts, they play important roles in human development and well-being, including the regulation of metabolism, heartbeat, cellular pH and bone density. Lack of micronutrients can lead to stunted growth in children and increased risk for various diseases in adulthood. Without proper consumption of micronutrients, humans can suffer from diseases such as rickets (lack of vitamin D), scurvy (lack of vitamin C) and osteoporosis (lack of calcium).

For people, they include dietary trace minerals in amounts generally less than 100 milligrams/day- as opposed to macro minerals which are required in larger quantities. The micro minerals or trace elements include at least iron, cobalt, chromium, copper, iodine, manganese, selenium, zinc and molybdenum. Foods containing many micronutrients are considered nutrient dense. This ratio compares the amount of calories the food provides to the amount of nutrients it contains. Low calorie foods with many micronutrients such as fruits and vegetables, having higher nutrient densities.

## ***Background of the program***

According to the Government of India, Bal Swasthya Poshan Maah U.P. govt. is making a rally on nutrition and micronutrients. Through this program it is to low the mortality rate of children under age group 5 years and to provide the antibiotics against diseases through proper vaccination by health department and ICDS.

With the support of MI and GEAG (Gorakhpur Environmental Action Group), Shashwat Sahbhagi Sansthan has accomplished this training in Lakhimpur, Sitapur and Hardoi districts. In rural areas children are suffering from malnutrition and many of the deficiency diseases.

They are also lacking from vitamins and nutrients which are basic for human body. Due to unavailability of proper management of micro nutrients like vitamin A, Iron, lack of Iodine and during diarrhea under age 5 years capability of immunization becomes less due to which effect of infection will increase which will lead to malnutrition and it will lead to death. The program was technically helpful in lessening the deficiency of vitamin A and diarrhea and other micro-nutrients.

Shashwat Sahbhagi Sansthan is already running the program of diarrhea treatment through ORS and Zinc therapy in some of the districts as diarrhea is India's second largest disease which is the cause of death of children under age group of 5 years. It is a leading cause of morbidity and mortality among children in developing countries. Recent analyses by WHO estimated that diarrhea causes about 2 million deaths annually in children fewer than 5 years of age, about 20% of all such deaths.

## ***Objectives of the program***

Every program has a goal or an objective towards which we work. This program was also having an objective:

- Vitamin-A deficiency is a public health program all over the world, affecting more than 100 countries. Lack of vitamin-A weakens the immune system, putting a child at greater risk of disease and early death; and it is also the leading cause of preventable child blindness. The solution for correcting vitamin-A deficiency lies in improving the child's diet- through increased consumption of vitamin-A rich foods, naturally or commercially rich fortified foods such as processed oils.
- Iodine deficiency is most damaging during fetal development and in the first few years of a child's life. Iodine deficiency disorders still remain a global health concern. At least 30% of households around the world still consume salts that either isn't iodized or isn't adequately iodized. We need to get Iodine into the diets of more young women and their babies in order to prevent their brain damage, and help ensure all children can reach their full development potential.
- It will help to get Iron to the people who need it most by providing leadership and technical expertise to countries that are developing their Iron supplementation and fortification programs.
- Zinc, combined with Oral rehydration salts (ORS), is helping children from recovering diarrhea faster, resist the diarrhea for longer periods and have fewer episodes per year.
- We are committed in improving the health of woman of child bearing age, to ensure that they can survive their pregnancies and deliver a healthy baby.
- Better care for pregnant women. Getting the right nutrients to women in right way.

## ***Process:***

- **Team selection:** First of all the team was selected. It was observed that the candidate can provide the training to the trainees or not. We took the experienced candidates which were already involved in training and could provide training without any hesitation to the trainees. And after that we create a team of trainers. A training coordinator was also there to support the team and to manage the trainees' snacks, lunch and T.A. participants.
- **TOT to the trainers:** The training program was aimed to create awareness for vitamin-A through an NGO network. These workers were to be sensitized, via the training program, to have a better holistic understanding of the challenges faced by the women and children in the villages and areas they are working in. The NGO workers were supposed to take their new knowledge and understanding of problems and weakness of children related to vitamin-A and malnutrition to the elected representatives of their respective villages and forwards the information from the program to these prestigious bodies. MI sends trainers to go and monitor and evaluate the effectiveness of the information provided by the NGO trainer to help bridge the gaps identified through a one day refresher course and resource manual. The aim is to create knowledgeable leaders on malnutrition issues as trainers to help address malnutrition through different development work. As well, by including the elected representatives of the villages, the political and public consciousness of the village will hopefully expand to gain a further understanding of the implications of particular socializations and their lived realities by specific bodies.



***Vitamin-A Capsules, Zinc and ORS***

■ **Liasoning with the government:**

■ **Venue selection for the training:** The proposed venue was harmonious with the type of training we were running and the impression we want to create. AWW were energized, motivated and inspired from venue because venue was bright, spacious, and funky. Location was one of the most important factors when we choose training venues. We ensure at the total costs that was charged.

Good venue made things straightforward and offer everything was likely to need, particularly tea and snacks, in room audio- visual and lunch. It was according to the number of trainees. It was fit for the training. We already had a site visit of the venue and decided whether it will fit our requirements. Trainees were also able to reach the venue within time.



**A trainer while providing training to the AWWs**

## ***Methodology used in program***

**1-Lecture method:** Lecture method is a trainer centered training in which the trainer is the sole dissemination of information. The best method is when the trainer presents the segment of training, questions the trainees frequently and provides periodic summaries or logical point of development. It was easy and convenient to provide the training. Through lecture it was easy to train the trainers. As this method is usually teaching and learning. To ask and to tell was the simple method used in this way.



### **GEAG trainer and training coordinator while providing training**

**2- Game:** Trainings were provided through games also. They enhanced the knowledge in more developed and clear way so that the community may understand the use of vitamin-A and other micro-nutrients. Games were used to stimulate the thinking of people to run an organization or its department. A game involves the participation of two or more teams depending on the situation. Strength and weakness of decisions were analyzed in the light of the results.

**3- Case study method:** In this method different case studies have been discussed to elaborate the program in more descriptive way and to explain the program with more clarity. This method increases the trainees' power of observation. Case studies are generally used from illustration of life of one's story which has been happened in the past.

- 1- **Role play:** Role play was another method used in this program. Role play was that in which an artificial play has been done to describe the training in more descriptive way. First of all the trainers which were trained by the training coordinators were used to show a role-play. This method of training was used for



improving human relations and to understand the purpose of training. Role playing technique is used in group where various individuals are given roles of different characters of villagers. Dialogue spontaneously grows out of the situation. This method helps the trainee to develop insight into his behavior and deal with others accordingly.



**An AWW while doing role play on a training centre**

**5- Educational games:** Educational games were also done to entertain and motivate the trainees so that they may not get bored of the training sessions. And after that what moral they achieved from it is also shared between the training sessions.





**6- Learning and sharing:** Learning method is the easiest way so it was used in the program. By learning and sharing the ideas the training became more peculiar and in an appropriate way. Sharing and learning is the process of working collectively to achieve a common objective in a group. Team members tend to share knowledge and complement each other's skills.



**AWWs while learning and sharing**

## Outcomes

After imparting training to the trainees it became necessary to evaluate the training programme because organization spends a sizeable amount on it. It was, therefore, necessary to examine what value is added to the performance by the training so that in future such training programmes may be arranged or abandoned if they fail to pay some benefit.

- 1- No. of AWWs trained:** Outcomes were also fruitful in the form of large no. of 10447 AWWs were trained.



### AWWs while giving pre-post test

- 2- Creating awareness:** Awareness was created for malnutrition and other deficiency diseases among the AWWs so that the training may prove fruitful.
- 3- Community level impact:** The impact on community was positive and people of the local community were acknowledged of vitamin-A and micronutrients which are essential for human life.

## ***Effectiveness***

The effectiveness of the training Programme was judged on the basis of the following criteria:

**1- Need:** After training, the performance was evaluated on the basis of pre and post test. There was positive demonstration from the workers and the need was fulfilled. It was ascertained whether the training has helped in achieving the results.

**2-Change in behavior:** Change is necessary in life. Human beings always resist changing. But change is necessary according to the changing world and today's demand. The training brought about change in the behavior of the trainee. She should use the knowledge acquired by her after training.

**3-Value addition:** Value addition is another criterion for assessment of training. It can be visualized through overall performance, change in trainees' personality, socialization, development etc.

## ***Challenges***

- **Lack of communication at proper time:** Information should be given to AWWs before 15 days of training. Due to lack of information on appropriate time and communication less no. of trainees participated.
- **Age problems:** An Age problem was also a challenge which was faced during the training. There were many AWWs whose ages were varying during training. It was difficult to train AWW who are of different ages at same time and collectively. It was a great challenge for our trainers.
- **Time constraints:** Time constraints should be given more priority. Preparations of training should be in advance. Training time was less so training time should be given more emphasis.

## ***Annexure:***

**Name of the NGO:** Shashwat Sahbhagi Sansthan

**Name of the trainers:**

### **1- Monitoring and Evaluation team of GEAG and MI:**

- ✓ Anurag Srivastava
- ✓ Dharmendra Singh
- ✓ Gyaneshwar Srivastava

### **2- Monitoring and Evaluation team of the Organization:**

- ✓ Mr. Devendra Mishra
- ✓ Ms. Kasturi Mishra
- ✓ Mr. Amit Shukla
- ✓ Mr. Rohit Tripathi

### **3- Training team of the organization:**

- ✓ Sanjay Singh
- ✓ Satyendra bahadur Singh
- ✓ Mukti Mishra
- ✓ Anurag Tripathi
- ✓ Ramji Tripathi
- ✓ Vishal Mishra
- ✓ Neha Mishra
- ✓ Sangam Mishra
- ✓ Sarvesh dixit
- ✓ Shanu yadav
- ✓ Nishank Mishra
- ✓ Sudhir Shukla
- ✓ Neeraj Kumar
- ✓ Gopal Srivastava

## AWW Training Agenda

S.N	Time	Content / Subject	Tools	Methodology
1	10.30am – 11.am	Registration of participants	Registration Sheet	Written and signature
2	11.am- 11.15 am	Welcome & Introductions	Participatory discussion	Spoken
3	11.15am-11.30	Pre –test	Pre & post –test sheet	
4	11.30 am-11.45am	Tea break		
5	11.45am-12.00pm	BSPM	Module	Reading by participants & and participatory Discussion
6	12.00pm-12.45pm	Vitamin A	Module	
7	12.45pm-1.15pm	Iron	Module	Reading , Spoken & Discussion
8	1.15pm-1.30pm	Albendazole	Module	Reading , Spoken & Discussion
9	1.30pm-2.00pm	Lunch		
10	2.00pm-2.45pm	Diarrhea, ORS-Zinc	Module	Reading , Spoken & Discussion
11	2.45pm-3.00pm	Iodine	Module	Reading , Spoken &

				Discussion
12	3.00pm-3.30pm	Child ,nutrition feed	Module	Reading , Spoken & Discussion
13	3.30pm-3.45pm	Growth chart ,tally sheet,	checklist	Discussion
14	3.45pm-4.00pm	Post –test & queries	Pre & post –test sheet	Written & discussion