

# JAN ANDOLAN GUIDELINES

**POSHAN Abhiyaan**

Ministry of Women & Child Development  
Government of India

**December 2018**



# JAN ANDOLAN GUIDELINES

**POSHAN** Abhiyaan



# Contents

<b>Acronyms/Abbreviations</b>	<b>4</b>
<b>CHAPTER - 1</b>	
<b>Introduction to the POSHAN <i>Abhiyaan</i></b>	<b>6</b>
<b>CHAPTER - 2</b>	
<b>Jan Andolan, An Imperative</b>	<b>8</b>
<b>CHAPTER - 3</b>	
<b>Jan Andolan Strategy</b>	<b>10</b>
1. Principles	
2. Objectives	
3. Approaches	
4. Audience Segmentation	
5. Key Themes	
<b>CHAPTER - 4</b>	
<b>Engagement and Implementation Plan</b>	<b>16</b>
1. Planning Parameters	
2. Key Nutrition Behaviours	
3. Platforms, Tools and Materials	
4. Activities	
5. Roles and Responsibilities	



## CHAPTER - 5

<b>Jan Andolan Dashboard</b>	<b>28</b>
------------------------------	-----------

## CHAPTER - 6

<b>Monitoring and Assessment</b>	<b>30</b>
----------------------------------	-----------

## CHAPTER - 7

<b>Administrative Aspects</b>	<b>32</b>
-------------------------------	-----------

## ANNEXURES

I. Platforms for Nutrition Promotion	34
II. Key Days/Weeks for POSHAN Jan Andolan	35
III. Key Family & Community Level Jan Andolan Activities	36
IV. Jan Andolan Input Planning Template	37
V. State Level Template for Planning Jan Andolan	38
VI. District Level Monthly Plan	39
VII. Key Nutrition Messages	40
VIII. Existing Communication Materials Relevant to POSHAN <i>Abhiyaan</i>	45
IX. New Communication Materials on POSHAN <i>Abhiyaan</i>	47
X. State Level Monitoring & Reporting Template	48
XI. District Level Monitoring & Reporting Template	49
XII. Jan Andolan Dashboard Data Entry Form	50



# Acronyms/Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BSG	Bharat Scouts and Guides
CBE	Community Based Events
CDPO	Child Development Project Officer
CII	Confederation of Indian Industry
CMO	Chief Minister's Office
CPMU	Central Program Management Unit
CSR	Corporate Social Responsibility
DAY	Deen Dayal Antyodaya Yojana
DC	District Collector
DM	District Magistrate
DoW&CD	Department of Women and Child Development
DPO	District Programme Officer
FICCI	Federation of Indian Chambers of Commerce and Industry
FSSAI	Food Safety and Standards Authority of India
HBNC	Home Based Newborn Care
HBYC	Home Based Young Child
ICDS	Integrated Child Development Services
CAS	Common Application Software
IDCF	Intensified Diarrhoea Control Fortnight
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
LS	Lady Supervisor
MCP	Mother and Child Protection
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MoA&FW	Ministry of Agriculture and Farmers Welfare
MoD	Ministry of Defence
MoDW&S	Ministry of Drinking Water and Sanitation
MoH&FW	Ministry of Health and Family Welfare
MoHRD	Ministry of Human Resource Development
MoIB	Ministry of Information and Broadcasting
MoRD	Ministry of Rural Development
MoW&CD	Ministry of Women and Child Development
MoYA&S	Ministry of Youth Affairs and Sports
NABARD	National Bank for Agriculture and Rural Development
NCC	National Cadet Corps
NCDC	National Cooperative Development Corporation
NNM	National Nutrition Mission
NRLM	National Rural Livelihood Mission
NSS	National Service Scheme
NYC	National Youth Corps
NYKS	Nehru Yuva Kendra Sangathan
POSHAN	PM's Overarching Scheme for Holistic Nourishment
PRI	Panchayati Raj Institution
PSA	Public Service Announcement
SAM	Severe Acute Malnutrition
SHG	Self Help Group
SLRM	Solid Liquid Resource Management
SPMU	State Project Monitoring Unit
TVC	Television Commercial
UT	Union Territory
VHSND	Village Health, Sanitation and Nutrition Day

CHAPTER

1



**Introduction to the  
POSHAN *Abhiyaan***





Poshan *Abhiyaan* (National Nutrition Mission) is India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers. Launched in March 2018, the programme, through use of technology, a targeted approach and convergence, Jan Andolan strives to reduce the level of stunting, under-nutrition, anemia and low birth weight in children, as also, focus on adolescent girls, pregnant women and lactating mothers, thus holistically addressing malnutrition.

The programme aims to ensure service-delivery and interventions by use of technology, behavioural change through convergence and lays down specific targets to be achieved across different monitoring parameters over the next few years. To ensure a holistic approach, all 36 States/UTs and districts are being covered in a phased manner i.e., 315 districts in 2017-18, 235 districts in 2018-19 and the remaining districts in 2019-20. More than 10 crore people will be benefitted by this programme.

CHAPTER

# 2

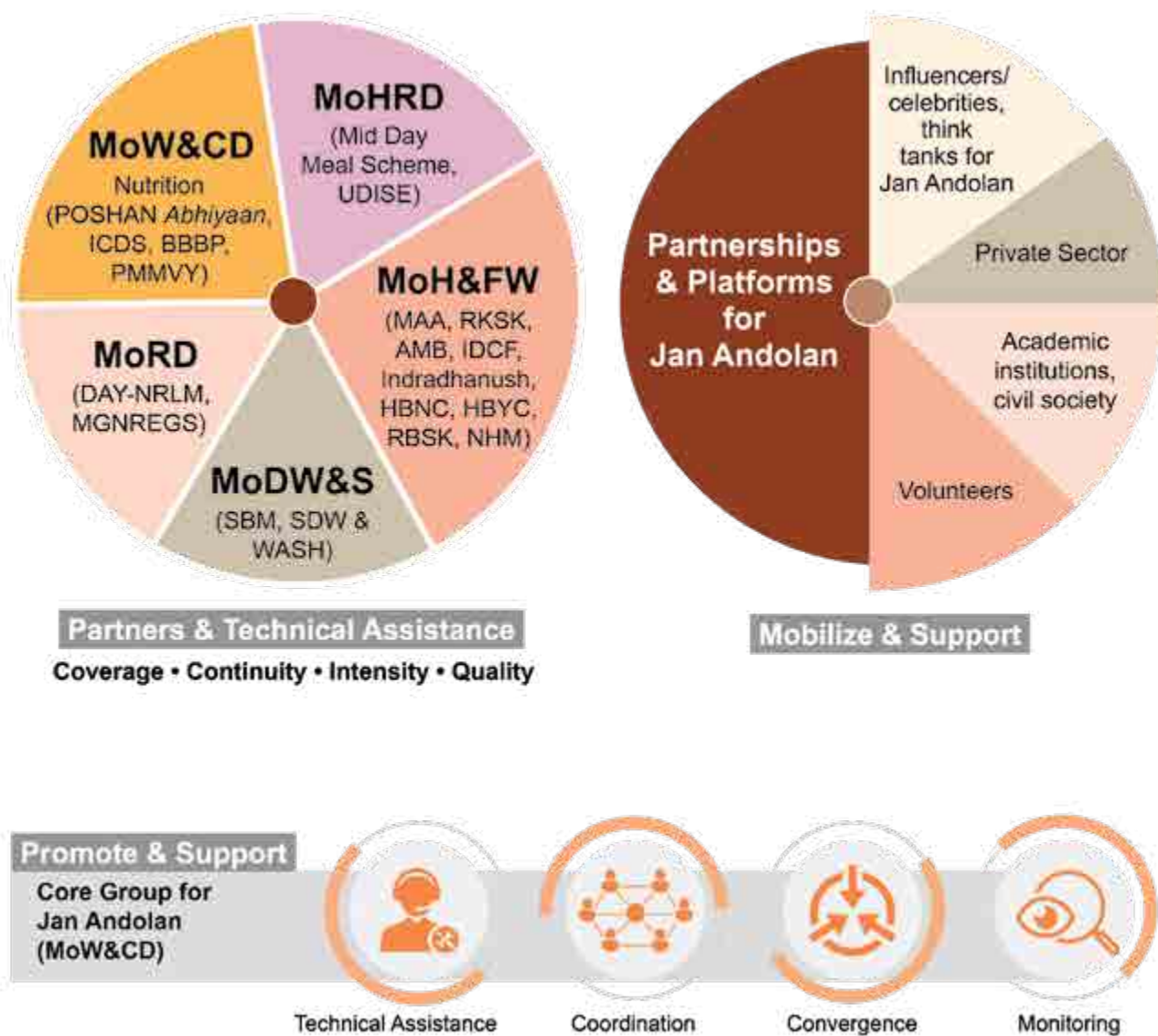


## Jan Andolan, An Imperative

1. Several programmes across Ministries and Departments have been tackling the issues of malnutrition and anemia for more than 40 years. Though these schemes have made a dent, however, these initiatives have not been able to achieve the desired goals and targets. POSHAN *Abhiyaan* on one hand looks to synergise all these efforts by leveraging technology to achieve the desired goals and on the other, intends to convert Nutrition Awareness into a Jan Andolan. Poshan *Abhiyaan* is thus envisioned to be a “Jan Andolan” and a “Janbhagidaari” meaning “People’s Movement”.

“**POSHAN *Abhiyaan* is not a programme but a Jan Andolan, and Bhagidaari, this programme incorporates inclusive participation of public representatives of local bodies, government departments of the state, social organizations and the public and private sector at large.**”

2. The diagram below is a schematic representation of the Jan Andolan movement highlighting the stakeholders.



CHAPTER

# 3



## Jan Andolan Strategy

## 1. Principles

Jan Andolan will be based on key principles of:

- **Aspirations** – They tap into people’s inherent goals and ensure motivation. Jan Andolan will aim to create a sense of aspiration, a shared identity and closing the “say-do” gap.
- **Collective identity** – A personally relevant goal is good but not good enough. Jan Andolan will aim to create a perception of shared status for nutrition. Members of the movement will have a sense of collective identity.
- **Nudges** – For converting intent to action, it is important that Jan Andolan creates a simple, doable actions and nudges for people, and make it easy for people to join-in and participate. For example, asking them to make a pledge or a commitment may increase participation. Asking to plan what they would do “Implementation intention” would further strengthen the chance that the action will be performed. Giving people a sense of goal progress further increases the chances of continuing with the Andolan.
- **Rewards** – Finally, appropriate rewards (which could be recognition among peers, appreciation letters from government and not necessarily monetary rewards) will spur frontline workers, peer leaders and local champions to higher levels of engagement.

## 2. Objectives

Jan Andolan will work towards achieving the following objectives:

- a. Build recognition across sectors in the country on impact of malnutrition and ‘call to action’ for each sector’s contribution to reducing malnutrition.
- b. Mobilize multiple sectors and communities to create intent to consume nutrient rich food.
- c. Build knowledge, attitudes and behavioral intent to practice optimal breastfeeding, complementary feeding, maternal nutrition and adolescent nutrition practices to prevent malnutrition, including SAM and anemia.

## 3. Approaches

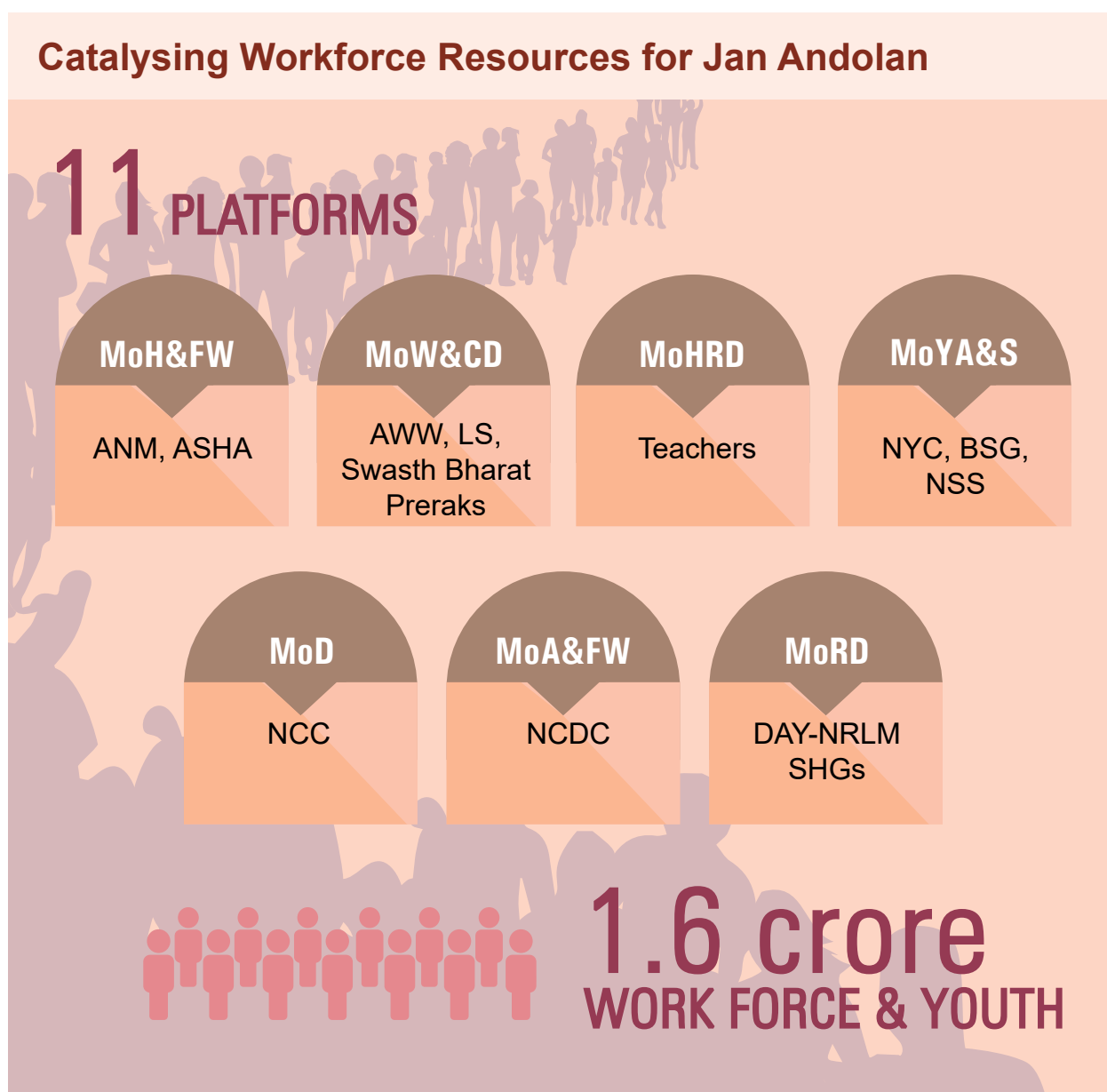
- a. **Convergence** – POSHAN *Abhiyaan* provides an inherent platform for convergence among Ministries/Departments as well as schemes and programmes. The targets set to be achieved for reduction in malnutrition and anemia warrant a comprehensive approach cutting across programmes and schemes to ensure service delivery, monitoring of services and interventions wherever required. This convergence mechanism needs to be replicated from the National level down to the village level. POSHAN *Abhiyaan* provides organizational mechanisms like the National Council and Executive Committee at the Centre and a ‘Convergence Action Plan’ from State to the Block level. Synergy and convergence of frontline functionaries like Anganwadi workers, ASHA, ANM





and LS is most important. Similarly, using platforms of VHSN Day, CBE and weekly meetings of DAY-NRLM for consistent messaging is of equal importance. The overall Jan Andolan Campaign will leverage these organizational setups for planning, implementation and monitoring at various levels and the platforms will be exploited for community engagement and social movements.

- b. Community Engagement** – Community engagement approach will base its strength on homogenous community groups, empowered platforms which are existing and mobilized around a common theme. The potential of such groups is immense in triggering a Nutrition Jan Andolan at the community level. The ongoing settings and meetings of such community groups will be used as platforms for nutrition promotion and nutrition agenda setting. These platforms will include self-help groups, youth groups, adolescent groups, cultural groups, PRIs, teachers’ associations, forest committees, AYUSH dispensaries/hospitals/teaching institutions, etc. Eleven government platforms which have workers/youth volunteers till the village level have been mapped below as the readily available platform for community engagement. These need to be synergized and leveraged extensively to achieve the aim of ‘janbhagidaari’ as part of Jan Andolan. A list of frontline functionaries, SHGs, volunteers etc. across various ministries is given in *Annexure I*.

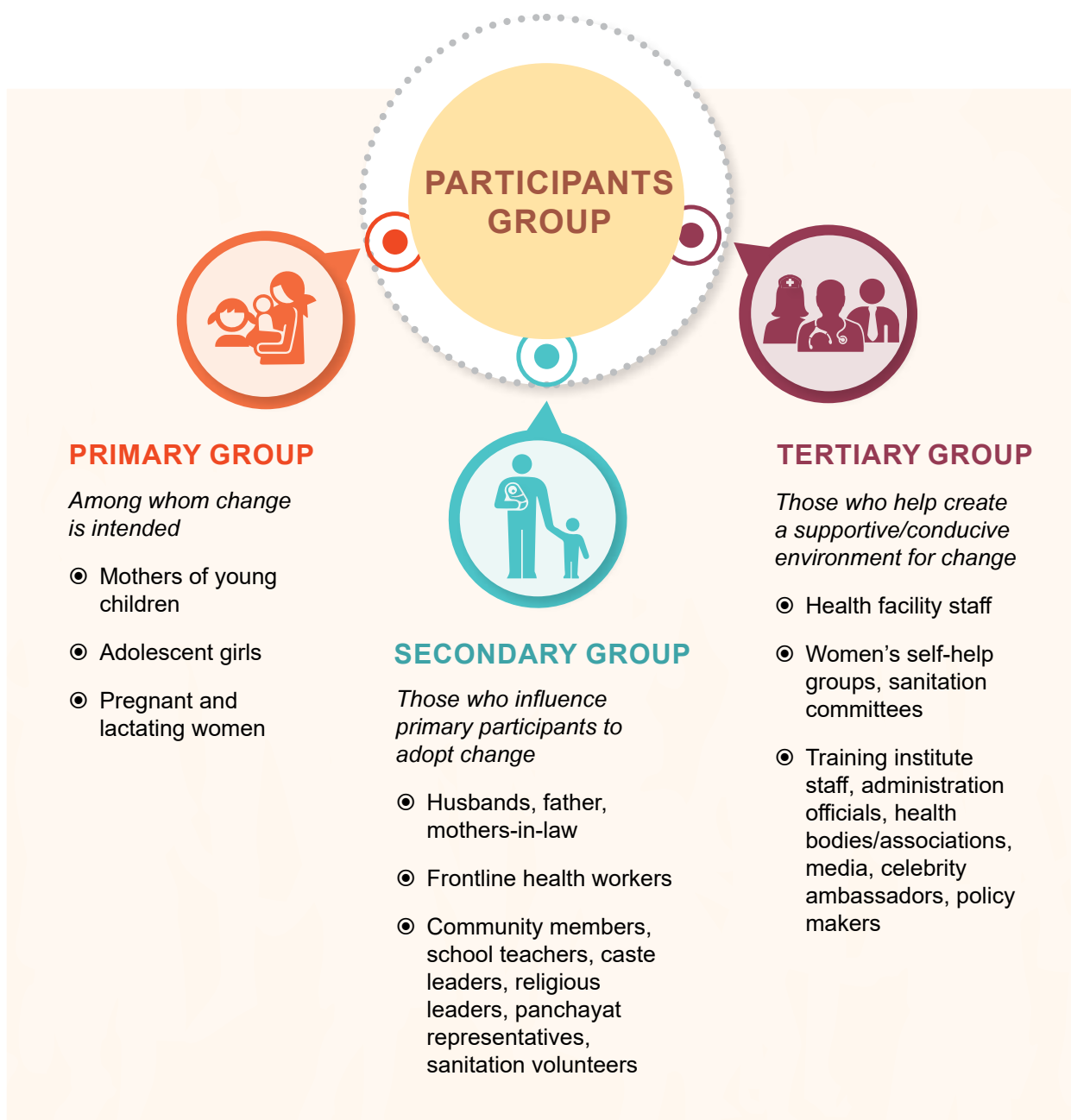


- c. Advocacy** – Jan Andolan requires mass mobilization for multi-sectoral participation in nutrition programme. Advocacy as an approach will be the lever to convince leaders at all levels across sectors to participate and contribute to POSHAN Jan Andolan. It will be used to enhance political will and governance for nutrition in the country. The elected representatives from Parliament to Gram Panchayat need to be mobilised to provide resources and time to the mandate of POSHAN Jan Andolan. Similarly, advocacy with key corporate and philanthropic bodies will ensure far and wide reach for Jan Andolan. The corporates can commit to ensuring POSHAN needs of their workforce in factories, work sites etc. Advocacy with celebrities in entertainment, media and sports industry will provide the face and credibility to Jan Andolan. They will be the ‘models’ for good nutrition practices. With evidence based advocacy, required policy changes which favour nutrition will be secured.
- d. Partnerships** – POSHAN *Abhiyaan* has set challenging goals and targets to be achieved in the next few years. It is not possible for the government alone to achieve these targets. Partnerships across platforms, Ministries, departments, Social & Welfare Organisations and the private sector needs to ensure multi-sectoral and multi-dimensional participation. Partnerships need to be (a) An enabler for a comprehensive Jan Andolan strategy and plan to be rolled out in a phased manner, cutting across programmes to deliver converged nutrition based messaging; (b) Coordinate an overarching and all-encompassing delivery platform for an effective Jan Andolan Campaign on nutrition; (c) Delivering synergized, structured and focused material for all platforms like multi-media, social media, print, outdoor campaigns and influencers across all interventions. This then needs to be leveraged at the ground level from State down to the frontline functionaries, PRI members and SHGs for successful and effective social movement and community engagement.
- e. Transmedia** – Transmedia (also known as transmedia narrative or multiplatform storytelling) is the storytelling technique of narrating a single story or story experience across multiple media platforms and formats using current digital technologies. For the purpose of POSHAN *Abhiyaan*, this approach will be optimally used to weave a nutrition winning story across all media platform and indigenous/local communication platforms. This will ensure a common narrative and connect all stakeholders with the nutrition programme of the country. It will help build the critical mass who can change the nutrition story of the country. The tagline of POSHAN *Abhiyaan* ‘*Sahi Poshan, Desh Roshan*’ will be consistently and carefully used across all transmedia platforms.



## 4. Audience Segmentation

For Jan Andolan to be effective, the audience has been identified as primary, secondary and tertiary. The figure below explains their role and identifies who they are:



## 5. Key Themes

Nutrition/POSHAN is multi-sectoral in nature and requires a package of interventions which can be nutrition specific like breastfeeding, or nutrition sensitive like hygiene and sanitation. To make it systematic for action planning at the State and District level, Table 1 indicates 12 themes of POSHAN *Abhiyaan* Jan Andolan. States are expected to plan Jan Andolan activities on these themes.



**Table 1. 12 Themes of POSHAN Abhiyaan Jan Andolan**

	<p><b>01</b></p> <p><b>Overall Nutrition</b></p> <p>Malnutrition – WHAT is Stunting, Underweight, Low Birth Weight – impact and losses</p> <p>Good nutrition/Healthy foods – WHAT and WHY – benefits</p>		<p><b>02</b></p> <p>Antenatal check- up, diet of pregnant women, calcium supplementation, institutional delivery &amp; early initiation of breastfeeding</p>
	<p><b>03</b></p> <p>Optimal breastfeeding</p>		<p><b>04</b></p> <p>Complementary food and feeding</p>
	<p><b>05</b></p> <p>Full immunization &amp; vitamin A supplementation</p>		<p><b>06</b></p> <p>Growth monitoring and promotion</p>
	<p><b>07</b></p> <p>Anemia prevention in children, adolescent girls and women – diet, IFA, deworming</p>		<p><b>08</b></p> <p>Food fortification and micronutrients</p>
	<p><b>09</b></p> <p>Diarrhoea management</p>		<p><b>10</b></p> <p>Girls education, diet and right age at marriage</p>
	<p><b>11</b></p> <p>Hygiene, sanitation &amp; safe drinking water</p>		<p><b>12</b></p> <p>Early Childhood Care and Education (ECCE)</p>

CHAPTER

# 4



## Engagement and Implementation Plan

## 1. Planning Parameters

A comprehensive Jan Andolan Plan will be developed at State/UT level. The Plan needs to be chalked out for the entire year based on the Themes mentioned in Section III above. The key behaviours, platforms, tools and activities are discussed in the succeeding paragraphs which need to form a part of the overall plan. States should take into account local issues, specific theme/parameters considering the nutrition as well as demographic profile. The following points may be considered while drawing out the plan:

- States can decide a first set of themes as relevant for implementation roll out. The second set of themes can then be added in the next phase/after a few months. This will help the first set of themes to settle down and will not overburden the audience.
- Weekly/monthly theme-based campaigns across platforms can be planned for effective engagement.
- Ensure that all the 10 themes are adequately covered during the entire year. However, the campaigns may vary based on particularities of an area, region or State.
- Campaigns may be designed around specific days/dates like Breastfeeding Week (1– 7 August), deworming day (10 February & 10 August) etc. A suggested list of such days/dates is given in **Annexure II**.
- Jan Andolan campaigns should focus on the specific behaviours desired as part of each theme (refer Table 2 below).
- Any mass media campaign (TV, radio etc.) should be for more than three months to ensure effectiveness. Also, other allied platforms need to be simultaneously harnessed to build up the tempo towards that specific theme.
- Platforms like Village Health, Sanitation, Nutrition Day (VHSND); Community Based Events (CBE) at Anganwadis and DAY-NRLM weekly meets will be effectively used to spread messages based on the identified themes.

Jan Andolan 'Input Planning Format' is available to plan the Jan Andolan activities at Block level. The format helps plan Jan Andolan activities as per following heads - themes, activities, communication materials, platform, audience, indicator, budget. It also plans the frequency of deployment for each of the activities on a daily, weekly, fortnightly, monthly, bimonthly or quarterly basis. Since POSHAN *Abhiyaan* hinges on convergence activities (Refer Annex III), the format has a column to identify which Department is responsible for the activity. Plan also includes unit cost and total cost which can be utilised from allocated budget under POSHAN *Abhiyaan* for Jan Andolan/IEC. The format is listed under **Annexure IV**.

All States should complete the Jan Andolan Action Plan by 31st January 2019. The budget for Jan Andolan activities will be met through the IEC Sub-Head allotted to the States/UTs. The mass media campaigns will be planned separately, as highlighted below. Planning and progress on Jan Andolan should be included as an agenda item in the Convergence Action Planning meetings held at State, District and Block level.

States are requested to prepare a separate State specific mass media (TVC, Radio spot, panel discussion, programs), outdoor media (hoardings, bus panels, signage's, wall paintings) and social media (twitter, facebook, whatsapp) plans on POSHAN *Abhiyaan* Jan Andolan themes.

A Jan Andolan Plan at the State level based on Themes and Platforms is placed in **Annexure V** for reference. A sample of District based monthly implementation plan is at **Annexure VI**.




## 2. Key Nutrition Behaviours

A set of behaviours can potentially reduce stunting and wasting significantly among all children and help lower anemia rates among women, adolescents and children. Most of these behaviours are included in India's national policy framework. These behaviours have been mapped with themes identified for Jan Andolan in Chapter III.

The Jan Andolan approach at State/UT level should focus on the nutrition behaviours listed in Table 2 preferably, in a phased approach.






Table 2. Key Nutrition Behaviours

THEME	BEHAVIOURS
 <p><b>01</b> Antenatal check-up, diet of pregnant women, calcium supplementation, institutional delivery &amp; early initiation of breastfeeding</p>	<ul style="list-style-type: none"> <li>• Pregnant women take adequate diet, rest, iron and calcium supplement</li> <li>• All deliveries are planned in the nearest health facilities</li> <li>• Every newborn starts breastfeeding within one hour of birth</li> </ul>
 <p><b>02</b> Optimal breastfeeding</p>	<ul style="list-style-type: none"> <li>• Every newborn starts breastfeeding within one hour of birth</li> <li>• Every infant is exclusively breastfed for the first six months</li> <li>• Every mother is supported in maintaining and sustaining exclusive breastfeeding in the 4<sup>th</sup>–6<sup>th</sup> months*</li> <li>• Special mention is to be given for those who are small/preterm/sick and cannot suckle at breast</li> </ul>
 <p><b>03</b> Complementary food and feeding</p>	<ul style="list-style-type: none"> <li>• Every infant is given complementary foods on completing 6 months; breastfeeding continues till 2 years and beyond</li> <li>• Every child (6–24 months) is fed age-appropriate, nutrient-dense complementary foods with increased quantity, density and frequency as the child ages</li> <li>• Every child is fed foods rich in vitamin A and iron</li> <li>• Every caregiver practices active and responsive child feeding</li> </ul>

*\*Evidence shows that exclusive breastfeeding drops between 4 to 6 months. Thus, to maintain and sustain the behaviour during this period, support to mother is required.*

THEME	BEHAVIOURS
 <p data-bbox="411 405 699 510"><b>Full immunization &amp; vitamin A supplementation</b></p> <p data-bbox="719 338 778 389">04</p>	<ul data-bbox="836 338 1321 488" style="list-style-type: none"> <li>• Every child receives full immunization</li> <li>• Every child receives vitamin A supplementation</li> <li>• Deworming every six months</li> </ul>
 <p data-bbox="411 797 687 869"><b>Growth monitoring and promotion</b></p> <p data-bbox="719 546 778 598">05</p>	<ul data-bbox="836 546 1422 927" style="list-style-type: none"> <li>• All caregivers to ensure that growth monitoring of their infants/ children are carried out regularly by the FLW responsible for growth monitoring, and they are sensitized to the growth monitoring records of their children in MCP card to adopt and comply with the behavioural advice given by the FLWs</li> <li>• Every child with severe acute malnutrition is given timely and quality therapeutic feeding and care, best before the development of medical complications</li> </ul>
 <p data-bbox="411 1429 740 1576"><b>Anemia prevention in children, adolescent girls and women—diet, IFA, deworming</b></p> <p data-bbox="719 981 778 1032">06</p>	<ul data-bbox="836 965 1426 1720" style="list-style-type: none"> <li>• Every child 6-59 months receives biweekly iron folic acid syrup</li> <li>• Children 12–59 months receive bi-annual deworming (<math>\frac{1}{2}</math> tablet to children 12–24 months and 1 tablet to children 24–59 months)</li> <li>• Every child 5-9 years is protected against anemia with adequate diet diversity, weekly pink iron folic acid supplements and twice yearly deworming</li> <li>• Every adolescent 10–19 years is protected against anemia with adequate diet diversity, weekly blue iron-folic acid supplements and twice yearly deworming</li> <li>• Every pregnant woman and lactating mother has an adequately diverse diet, takes iron and folic acid supplements daily for 180 days, takes calcium, deworming tablet and iodized salt</li> <li>• Every pregnant woman has access to family planning services</li> <li>• All are protected from malaria through the use of bednets</li> </ul>
 <p data-bbox="411 1823 692 1928"><b>Food fortification and micronutrients</b></p> <p data-bbox="719 1765 778 1816">07</p>	<ul data-bbox="836 1760 1347 1861" style="list-style-type: none"> <li>• All caregivers have access to, avail and consume fortified foods available in the nearest public health facility</li> </ul>

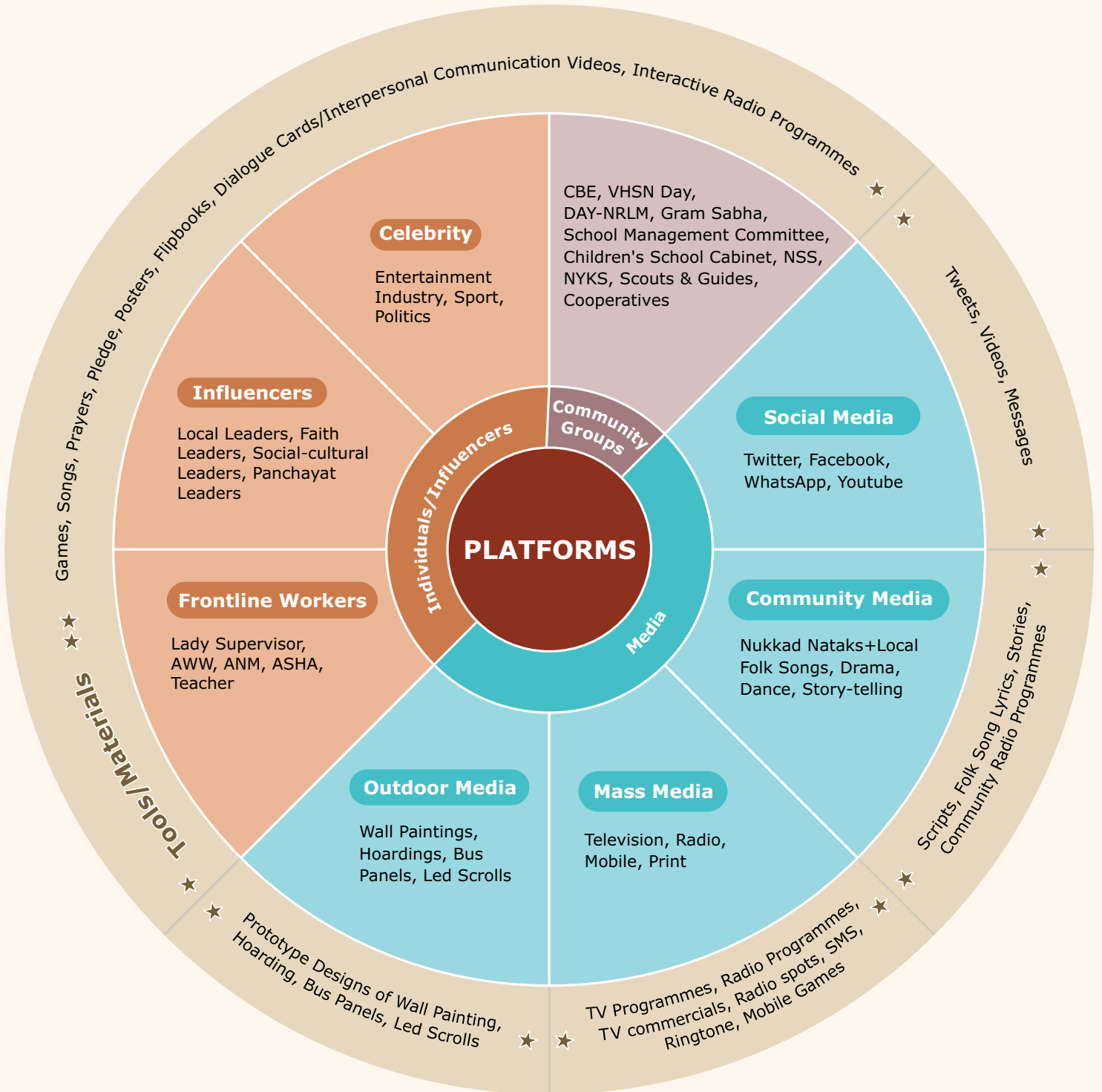
THEME	BEHAVIOURS
 <p data-bbox="359 347 710 392">Diarrhoea management</p> <p data-bbox="670 235 726 291">08</p>	<ul data-bbox="790 235 1348 414" style="list-style-type: none"> <li>• Each child is fed frequently during and after illness while breastfeeding continues</li> <li>• Every child who has diarrhoea is given sufficient oral rehydration solution and zinc supplementation</li> </ul>
 <p data-bbox="359 537 726 616">Girls education, diet and right marriage age</p> <p data-bbox="670 470 726 526">09</p>	<ul data-bbox="790 470 1380 694" style="list-style-type: none"> <li>• Every girl completes her school and higher education</li> <li>• Every girl is provided adequate diet without any discrimination</li> <li>• Every adolescent receives life skills training to stop early marriage and early pregnancy</li> </ul>
 <p data-bbox="359 929 710 1008">Hygiene, sanitation and safe drinking water</p> <p data-bbox="670 739 726 795">10</p>	<ul data-bbox="790 728 1380 1153" style="list-style-type: none"> <li>• Every child 6–24 months is fed using safe and hygienic practices, including hand washing with soap and water at critical times</li> <li>• Every household safely disposes of child and animal faeces</li> <li>• Every member of all households use toilet at all times</li> <li>• Every member of all households use safe drinking water at all times</li> <li>• Adolescent girls and women practice menstrual hygiene</li> </ul>

The above themes and behaviours are designed around key nutrition messages indicated at **Annexure VII** which need to be strengthened while designing the Jan Andolan campaigns. If required, the messages can be contextualized to suit a State's situation.

### 3. Platforms, Tools and Materials

Figure 1 lists out various available platform which will be utilized towards creating a Jan Andolan. Each platform will require a specific communication tool or material for activation, mobilization, broadcast or telecast. A set of tools is also listed in the same table. Some tools/materials can be used across more than one platform. **Annexure VIII** lists out theme-wise communication materials which are existing and can be used/adapted for POSHAN *Abhiyaan* Jan Andolan. These would require to be branded with POSHAN *Abhiyaan* logo and tagline. New communication materials developed on POSHAN *Abhiyaan* are listed under **Annexure IX**. These are already branded with POSHAN *Abhiyaan* logo and tagline.



Figure 1. Platforms for Jan Andolan Engagement



## 4. Activities

Following the strategies and approaches laid out in the previous chapter, this chapter proposes potential Jan Andolan interventions based on different platforms. Roles and responsibilities will have to be divided between National/State/UT/District levels. The common binding factor will remain key themes, behaviours, key messages and a common storyline. Innovations are encouraged but with the surety of replicability, sustainability and scalability. Partnerships are especially required to reach communities wide and deep.

### A. National Level

Activity	Responsibility
<b>Purpose 1 – Create urgency on POSHAN <i>Abhiyaan</i> Jan Andolan</b> 	
POSHAN Call to Action letter from Hon'ble Prime Minister to all the Chief Ministers  Prime Minister addresses FLWs of identified platforms listed in <b>Annexure I</b> , across the country at one time, to encourage them on their role in POSHAN <i>Abhiyaan</i>  Announcement and popularisation of a monthly Nutrition/POSHAN Day on the first Wednesday or the first Friday of all months (e.g. POSHAN <i>budhvaar</i> or POSHAN <i>shukravaar</i> ) <ul style="list-style-type: none"> <li>Announcement, promotion and reminder of the POSHAN day by MoW&amp;CD and aligned Ministries</li> </ul> Announcement and popularisation of ' <i>Anganwadi Chalo Abhiyaan</i> '  Celebration of September as Poshan Maah/Poshan Tyohaar through Inter-Ministerial Convergence and with Partners	MoW&CD  MoW&CD in coordination with convergent Ministries  MoW&CD  MoW&CD with convergent Ministries  MoW&CD
<b>Purpose 2 – Create consistent communication package and user-friendly messaging</b> 	
Develop communication package, including key ideas for messaging, for all audience and media.  Develop an annual media plan for optimal exposure by reinforcing messages. Ensure continuous nationwide media presence.  Negotiate mandatory air time for advertisements/public messages on nutrition in the public interest on private satellite television channels	MoW&CD



**Purpose 3 – Ensure mass media platforms are effectively and consistently utilized**



**Mass Media**

- TV – Allocate free time to communicate nutrition ads during prime time on Doordarshan National/Regional
- Create TED Talk series on food and nutrition
- Radio – create nutrition talk shows, cooking shows
- Print – create and run press ads on special days/events
- Print – create and publish nutrition issues
- Print – create and publish features, open editorials, positive coverage on nutrition

**Digital/Social Media**

- Facebook – create content to disseminate: videos, quotes, nutrition stories, nutrition champions
- WhatsApp, Facebook – create shareable content on nutrition including nutrition champions
- Twitter – create content to share milestone and goal progress
- Execute effective and continuous social media campaign on nutrition

**Community Media**

- Partnership with Song & Drama Division for State/District level performance and campaigns

**Outdoor Media**

- Create content for exposure to nutrition messages ('Healthy Choices') through hoardings, bus panels, wall paintings, tin plates, danglers, posters, stickers etc

MoW&CD/MoIB/  
Doordarshan/ All  
India Radio/ Song  
& Drama Division/  
Division of Field  
Publicity

**Purpose 4 – To mobilize public sector and private sector for POSHAN Abhiyaan**



Engage public sector and private sector by promoting nutrition through exclusive seminars, conferences, CSR-led project interventions – CII and FICCI to promote.


Lead company – wide workforce education programmes.

Develop and use online Nutrition Education Course

Advertisers rally around '*Sahi Poshan – Desh Roshan*'

MoW&CD  
with relevant  
convergent  
Ministries

## B. State Level

Activity	Responsibility
<b>Purpose 1 – Create urgency on POSHAN Abhiyaan Jan Andolan</b> 	
<p>POSHAN Call to Action letter from Chief Ministers to District Magistrates, Pradhans and Municipal heads</p> <p>Nominate Influencers</p> <p>Elected Representatives:</p> <ul style="list-style-type: none"> <li>To be nutrition spokespersons in their constituencies</li> <li>To incentivize/recognize local nutrition champions from their constituencies</li> <li>To mobilize private and public sector for malnutrition-free panchayats/blocks/districts</li> </ul>	<p>DoW&amp;CD</p> <p>DoW&amp;CD</p>
<b>Purpose 2 – Ensure consistent and mass local engagement utilizing all platforms</b> 	
<p>Strengthen capacity of State media units, Information and Public Relation Department and Department of Culture through orientation/training on nutrition/POSHAN Abhiyaan</p> <p><b>Mass Media</b></p> <ul style="list-style-type: none"> <li>TV – ensure free airtime to run advertising on nutrition during primetime on DD Regional; Re-broadcast national programmes on nutrition; Develop new programmes on nutrition;</li> <li>Radio – re-broadcast national programmes on nutrition; Develop new programmes on nutrition- talk shows, local food/cuisine shows linked to nutrition and health</li> <li>Print – publish nutrition issues in local print media</li> <li>Print – continuous features, open editorials, positive coverage on nutrition</li> <li>Print – sustained press advertisements on special days and monthly nutrition days.</li> </ul> <p><b>Digital/Social Media</b></p> <ul style="list-style-type: none"> <li>Run digital strategy/amplify based on National level inputs</li> <li>Supplement by Facebook, WhatsApp, Twitter content including engaging local groups.</li> </ul>	<p>DoW&amp;CD</p>

### Outdoor Media

- Run outdoor advertising through hoarding, bus panels, posters, wall paintings
- Ensure local engagement by providing sufficient quantities of locally relevant tin plates, danglers, posters, stickers to government and private retailers

### Community and Local Media

- Engage local/community radio to create engagement with nutrition e.g. promote local food items/cook book/local recipes based on state's cuisine
- Engage state artists as ambassadors to create and perform entertaining nutrition content

### Inter-personal Communication

- Standardize IPC toolkit used across community groups and frontline workers for message consistency
- ILA training for skill enhancement and supportive supervision of frontline workers, local volunteers, and role models

### Purpose 3 – To avail existing festivals and cultural norms for nutrition promotion




### Community and Social Mobilization

- Use harvest festivals (*Pongal, Lohdi, Makarsankranti, Vishu, Onam, Rongali Bihu, Baisakhi, Nuakhai, Hareli, Kut and Tokhu Emong* among others) as an opportunity to link food security, local food consumption and nutrition
  - ▶ Media and community activities planned around this time
- Customary practices for initiating complementary feeding like *Annaprasanna*, used for nutrition education
- Customary practice like baby showers to reinforce maternal nutrition and child nutrition
- Customary practice for newborn babies (*Chhatti*, cradle ceremony, naming ceremony, *Adhan*, baptism, etc.) to reinforce maternal and child nutrition

DoW&CD with  
Development  
Partners

## C. District Level

Activity	Responsibility
<p><b>Purpose – Create and sustain urgency on POSHAN Abhiyaan Jan Andolan and Convergence</b></p>	
<p>District Magistrates as Nutrition Leaders call POSHAN Review Meetings on 10<sup>th</sup> of every month</p> <p><b>Community &amp; Social Mobilization</b></p> <p><b>POSHAN Day activation through nutrition rallies, pledges, prayers, meetings by:</b></p> <ul style="list-style-type: none"> <li>• Health and Family Welfare at health service centres (SC, PHC, CHC, Dist. Hospital, NRC); immunization points</li> <li>• Women and Child Development at Anganwadi Centre; Child Protection Committee meetings</li> <li>• Human Resource Development at schools (primary, secondary and high school); MDM, parent-teacher meetings, colleges; ITIs; polytechnics, home science institutes</li> <li>• Panchayati Raj and Rural Development at Panchayat Bhavans; Block Pramukh office, Zila Parishad offices; SHGs</li> <li>• Ministry of Skill Development via skills development centres</li> <li>• Ministry of Youth Affairs and Sports via Nehru Yuva Kendra's, sports colleges and centres</li> <li>• Ministry of Agriculture – Krishi Vikas Kendra's, farmers' clubs, agriculture institutes</li> </ul> <p>Nutrition promotion through outdoor materials at VHSND sites and immunization points.</p> <p><b>Group Meetings and Community Dialogue on Nutrition</b></p> <ul style="list-style-type: none"> <li>• Farmers' clubs conduct monthly meetings to promote local nutritious cereals, vegetables etc.</li> <li>• Cooperatives and Federations (milk, jute, sugar, cotton, silk) sensitized on nutrition</li> <li>• Youth Groups (NSS, NYS, S&amp;G) – Nutrition champions, adopt 5 families</li> <li>• AYUSH dispensaries/hospitals/ teaching institutions to be a part of various activities of Jan Andolan</li> <li>• CBE, VHSN Day and weekly DAY-NRLM meetings to be aligned towards addressing nutritional challenges</li> <li>• Organize events at AWC and Gram Panchayat where children come dressed as fruits and vegetables, to spread the message of healthy eating.</li> </ul> <p><b>Interpersonal Communication and Home Visits</b></p> <ul style="list-style-type: none"> <li>• Group counselling on nutrition through women and adolescent girls group meetings at AWC and community</li> <li>• Family counselling on nutrition through home visits by ASHA, AWW</li> <li>• Train and standardize use of the Mother-Child Protection Card</li> <li>• Nutrition-themed games with children in AWCs and primary schools</li> </ul>	<p>DM/DC</p> <p>DM/DC</p> <p>DoW&amp;CD/SLRM</p> <p>DoW&amp;CD/ NABARD</p> <p>DoW&amp;CD/ MoYA&amp;S</p> <p>DoW&amp;CD and converging departments</p> <p>DPO/CMO Office</p>

## 5. Roles and Responsibilities

For an effective Jan Andolan, roles and responsibilities are distributed at National level, State level, and District level.

- a. **National level** – At the National level, the key responsibilities will entail:
  - Ensuring clear administrative and implementation guidance for Jan Andolan.
  - Convergence with related Ministries so that clear communication is directed to State level for convergence activities.
  - Partnerships with related bodies, organisations, institutions outside the government which can support Jan Andolan at State/District level.
  - Development of tools/materials for Jan Andolan.
  - Monitoring, Assessment and Reporting on Jan Andolan.
- b. **State level** – The key responsibilities to be managed at State level include:
  - Ensuring a Jan Andolan Plan of Action is finalized.
  - Convergence with related departments for Jan Andolan activities using government platforms.
  - Partnerships with State level bodies, organisations, institutions, public sector, private sector, which can support Jan Andolan at State/District level.
  - Adaptation and/or translation of tools/materials to State language/local dialects.
  - Training and orientation on nutrition for Jan Andolan.
  - Monitoring, Assessment and Reporting on Jan Andolan.
- c. **District level** – District level will be the main implementation body. Key responsibilities will include:
  - Developing and implementing District Jan Andolan Plan of Action.
  - District Magistrates to mobilize all convergent departments and related non-government bodies for Jan Andolan.
  - Training and orientation on nutrition for Jan Andolan.
  - Field monitoring of activities.
  - Dashboard reporting on Jan Andolan.

CHAPTER

# 5



## Jan Andolan Dashboard

## Concept

A Jan Andolan dashboard has been developed to capture ground level activities data on a real time basis. The objective of the Jan Andolan dashboard is to collect timely compliance to scheduled events/activities as part of Jan Andolan Action Plan. The dashboard represents the data in an analysed form projecting activities by Ministry, State, District, activity, theme, date, participants and location. An India map reflects performance of all State and UTs on Jan Andolan activities and participation. Participation summary for adults and children is disaggregated gender wise. At the bottom, the dashboard also has a table that gives a detailed overview of activities conducted by location. The dashboard provides online information and visibility on Poshan Jan Andolan activities at home, group, community level and any State specific activity.

## Activity/Data Capture

The Jan Andolan data entry form can be used on a laptop or desktop of any State or Block staff. User IDs have been generated and shared at Ministry level, State level, District level and Block level across 17 Ministries at Central level, and 14 Departments at State, District, and Block Levels, that are aligned to POSHAN *Abhiyaan*.

To enter data of a Jan Andolan activity, the staff with dashboard log-in ID has to open the data entry form, make data entry only for activities that have been completed, and not for activities that are planned. The State, District and Block will be automatically selected based on the user account and the level of entering data. For e.g., if one is logging in for MoW&CD-SURAT, then the state will be selected as Gujarat automatically, and district will be selected as Surat. In case, a state level user or a district level user wants to make an entry for an activity conducted at a level below, s/he can make further selection of districts and blocks. One can enter data for a village/AWC level activity too, but there is no selection of a particular village or AWC.

A staff with log-in can only enter data for their level or level below, but not for level above. For eg. a district level authority can enter data for district, or for a block under that district, or at village/AWC level, but s/he cannot enter data for the state or centre.

## Activity/Data Representation on Dashboard

The Jan Andolan Dashboard presents data that can be tracked daily by programme managers at all levels. The district manager is responsible for reviewing all Jan Andolan activities and media coverage in monthly meetings and to report quarterly to States on the extent and comprehensive implementation of Jan Andolan activities. The dashboard also helps programme managers to identify stories of change with photos and text. To amplify the surge of Jan Andolan, the uploaded pictures and stories can be regularly presented to larger audiences in mass media events.

CHAPTER

# 6



## Monitoring and Assessment



1. The Jan Andolan activities will be monitored using the dashboard and monitoring checklists. National and State monitoring teams will be constituted to monitor Jan Andolan activities for quality assurance and reach.
2. Till the time the software based dashboard comes up, States/UTs will monitor activities based on paper reports. A suggested template (on planned activities) for State level monitoring based on themes and platforms is attached at **Annexure X**, similar templates may also be developed for activity level and monthly monitoring. Similarly, suggested template for district level monitoring (sample based on Andhra Pradesh) is attached at **Annexure XI**. The State Monitoring Team will submit its report every quarter to MoW&CD/NNM CPMU. The National Monitoring Team will conduct sample State monitoring especially in States where nutrition indicators are low.
3. The Jan Andolan results will be measured through external survey tentatively in April 2019 and April 2020. This may be led by a development partner consortium guided by MoW&CD.



CHAPTER

# 7



## Administrative Aspects

1. An inter-ministerial Core Group with aligned Partners has been constituted centrally to coordinate, implement and monitor all Jan Andolan activities.
2. All States/UTs will nominate a Nodal Officer as part of the SPMU for coordinating all Jan Andolan activities. An MoU has been signed by MoW&CD with Tata Trusts for deployment of one Swasth Bharat Prerak across each district and some States as part of POSHAN *Abhiyaan*. The Preraks will be closely associated alongwith the Nodal Officer for planning, coordinating, implementing and reporting all activities as part of Jan Andolan.
3. The States/UTs will have an active role to play in distribution of content, mass media campaigns and mobilization of communities as also translation and adaptation of content into local language with the help of partners.
4. The funds for Jan Andolan Activities will be provided to States/UTs under the IEC Advocacy sub-head. The funds will be utilized towards preparation of material and creatives, printing wherever required, and media campaigns. Flexi Funds available at State/UT level may also be utilized for this purpose at the discretion of State/UT.
5. It will be ensured that all material which is prepared, distributed at various levels or aired on various media channels is in alignment with the overall themes defined at paragraph 5 of Chapter III and will carry the POSHAN *Abhiyaan* logo as well as the Theme Tune, as applicable.
6. Anganwadi workers, CDPOs and DPOs will be responsible for recording (data capture) of all Jan Andolan activities at respective level of responsibility (village, block and district). Initially the records will be in the form of paper-based reports. As and when the software application is rolled out, the activities will be appropriately recorded as part of the application.



# ANNEXURE - I

## Platforms for Nutrition Promotion

MINISTRY	PLATFORM	NUMBERS
Ministry of Health and Family Welfare	ANM	2,17,780
Ministry of Health and Family Welfare	ASHA	8,70,089
Ministry of Women and Child Development	AWW	12,93,000
Ministry of Rural Development (DAY-NRLM)	SHGs	47,00,000
Ministry of Human Resource Development	Teachers	8,69,000
Ministry of Youth Affairs and Sports	National Youth Corps Volunteers	12,000
	Bharat Scouts and Guides	56,95,800
	NSS (Student volunteers)	32,00,000
Ministry of Defence	National Cadet Corps (India)	13,00,000
Ministry of Agriculture & Farmers Welfare	National Cooperatives Development Corporation	6,10,020



## ANNEXURE - II

### Key Days/Weeks for POSHAN Jan Andolan

DATE	DAY
12 January	National Youth Day
24 January	National Girl Child Day
10 February	National Deworming Day
11 February	International Day for Women & Girls in Science
13 February	World Radio Day
8 March	International Women's Day
22 March	World Water Day
6 April	International Day of Sport for Development and Peace
7 April	World Health Day
14 April	Ambedkar Jayanti
24 April	Panchayati Raj Diwas
25 April	World Malaria Day
14 May	Mother's Day
15 May	International Day of Families
1 June	Global Day of Parents * World Milk Day
21 June	International Day of Yoga
15 July	World Youth Skills Day
1–7 August	World Breastfeeding Week
12 August	International Youth Day
29 August	National Sports Day
1-30 September	Rashtriya Poshan Maah
1–7 September	National Nutrition Week
11 October	International Day of the Girl Child
15 October	International Day of Rural Women
16 October	World Food Day
14 November	Children's Day
19 November	World Toilet Day
20 November	Universal Children's Day * Child Rights Day
5 December	International Volunteer Day

# ANNEXURE - III

## Key Family & Community Level Jan Andolan Activities

1.	Anemia Camp
2.	Area level Federation(ALF) Meetings
3.	CBE-Community Based Events (ICDS)
4.	Community Radio Activities
5.	Cooperative/Federation Meetings
6.	Cycle Rally
7.	DAY-NRLM SHG Meet
8.	Farmer Club Meeting
9.	Haat Bazaar Activities
10.	Harvest Festival
11.	Home Visits
12.	Local Leader Meeting
13.	Nukkad natak/Folk Shows
14.	Other Panchayat Meeting
15.	Poshan Mela
16.	Poshan Rally
17.	Poshan Walk
18.	Poshan Workshop/Seminar
19.	Prabhat Pheri
20.	Providing Water to the Toilets
21.	Safe Drinking Water in Anganwadi Centres
22.	Safe Drinking Water in Schools
23.	School Based Activities
24.	Self Help Groups(SHG) Meetings
25.	VHSND
26.	Youth Group Meeting

# ANNEXURE - IV

## Jan Andolan Input Planning Template

The Jan Andolan Input Planning Template is to be made at Block level. Block level WCD Officer like CDPO will be in charge to finalise the plan. The 26 Jan Andolan activities listed in the plan template are from the Jan Andolan dashboard. This is to align Jan Andolan planning, implementation and reporting. The plan, once completed for all Blocks in a district will be compiled as a summary plan at District level as given in Annex VI. All district plans of a State will then be compiled at the State level as per Annex V.

Themes	Activity	Frequency of Deployment	Platform	Communication Materials	Department/ Agency Responsible	Target Audience	Estimated Reach (No. of people) per activity	Total no. of activity in the Block/ Month	Monitoring Indicator*	Unit Cost (Rs.)	Total Budget (Rs.)
Poshan (Overall Nutrition)											
Adolescent Education, Diet, Age of Marriage											
Anemia											
Antenatal Checkup											
Breastfeeding											
Complementary Feeding											
Diarrhoea											
ECCE											
Food Fortification and Micronutrients											
Growth Monitoring											
Hygiene, Water, Sanitation											
Immunisation											

\*As per Convergent Action Plan indicators on Nutrition Literacy/Jan Andolan

# ANNEXURE - V

## State Level Template for Planning Jan Andolan

STATE : \_\_\_\_\_

MONTH	Antenatal Checkup & Institutional Delivery	Breastfeeding	Complementary feeding	Immunization & Vitamin A Supplementation	Growth Monitoring & Promotion	Anemia Prevention	Food Fortification & Micronutrient	Diarrhoea Management	Girl Education & Right Age at Marriage	Hygiene, Sanitation & SDW	Overall Nutrition Campaign
Jun-18	■	■	■	■	■	■	■				■
Jul-18		■	■	■	■	■	■	■	■	■	■
Aug-18	■	■	■	■	■	■	■	■	■	■	■
Sep-18	■	■	■	■	■	■	■	■	■	■	■
Oct-18	■	■	■	■	■	■	■	■	■	■	■
Nov-18	■	■	■	■	■	■	■	■	■	■	■
Dec-18	■	■	■	■	■	■	■	■	■	■	■
Jan-19	■	■	■	■	■	■	■	■	■	■	■
Feb-19	■	■	■	■	■	■	■	■	■	■	■
Mar-19	■	■	■	■	■	■	■	■	■	■	■

■ Influencers    
 ■ Community Groups    
 ■ Community Media    
 ■ Outdoor Media    
 ■ Social Media    
 ■ Electronic Media



# ANNEXURE - VI

## District Level Monthly Plan

STATE : ANDHRA PRADESH

MONTH : JULY



DISTRICT	Antenatal Checkup & Institutional Delivery	Breastfeeding	Complementary feeding	Immunization & Vitamin A Supplementation	Growth Monitoring & Promotion	Anemia Prevention	Food Fortification & Micronutrient	Diarrhoea Management	Girl Education & Right Age at Marriage	Hygiene, Sanitation & SDW	Overall Nutrition Campaign
ANANTAPUR											
CHITTOOR											
EAST GODAVARI											
GUNTUR											
KRISHNA											
KURNOOL											
PRAKASAM											
SRI POTTI SRIRAMULU NELLORE											
SRIKAKULAM											
VISAKHA-PATNAM											
VIZIANA-GARAM											
WEST GODAVARI											

■ Influencers    
 ■ Community Groups    
 ■ Community Media    
 ■ Outdoor Media    
 ■ Social Media    
 ■ Electronic Media


# ANNEXURE - VII



## Key Nutrition Messages

To promote key nutrition behaviours, a common set of messages is listed below which is to be referred and used by all frontline workers, community animators, leaders and programme managers. Consistency in messaging is a critical factor in providing the reinforcement for behaviour development of children, adolescents and behaviour change of adults.

Behaviour	Key messages
<b>01 Antenatal Check-Up, Calcium Supplementation, Institutional Delivery and Early Initiation of Breastfeeding</b> 	
Pregnant women take adequate diet, rest, iron and calcium supplement	<ul style="list-style-type: none"> <li>• Good nutrition during pregnancy and lactation protects mothers, and ensures proper growth and development of the child</li> <li>• Pregnant women have increased need for iron because of the additional requirements of the unborn baby and to replace blood loss during childbirth.</li> <li>• Pregnant women should be supported to comply with intake of prescribed supplements – iron and calcium</li> <li>• Take pregnant women for at least four antenatal check-up to the nearest health facility</li> </ul>
All deliveries are planned in the nearest health facilities	<ul style="list-style-type: none"> <li>• Institutional deliveries are safe for women and newborn as adequate medical care can be provided</li> <li>• Families should plan in advance for transport to the nearest health facilities for delivery</li> </ul>
Every newborn starts breastfeeding within one hour of birth	<ul style="list-style-type: none"> <li>• Put the newborn to the breast within one hour of birth</li> <li>• Colostrum is your baby's first immunization</li> </ul>
<b>02 Optimal Breastfeeding</b> 	
Every infant is exclusively breastfed for the first six months	<ul style="list-style-type: none"> <li>• Give the infant only breastmilk for the first six months</li> <li>• Do not give water, liquids or foods for six months. Breastmilk has all the food and water that your baby needs to satisfy hunger and thirst in the first 6 months.</li> <li>• Even in very hot weather, breastmilk will satisfy your baby's thirst</li> </ul>
Every mother is supported in maintaining and sustaining exclusive breastfeeding during 4 <sup>th</sup> –6 <sup>th</sup> month*	<ul style="list-style-type: none"> <li>• Breastfeed frequently and when your child needs it. This ensure sufficient milk production</li> <li>• Family: Give the new mother time and space to breastfeed especially in the 4<sup>th</sup>–6<sup>th</sup> month* ; best thing you can do for your baby</li> </ul>

\*Evidence shows that exclusive breastfeeding drops between 4 to 6 months. Thus, to maintain and sustain the behaviour during this period, support to mother is required.

Behaviour	Key messages	
03	Complementary Food and Feeding 	
Every infant is given complementary foods on completing 6 months; breastfeeding continues until 2 years and beyond	<ul style="list-style-type: none"> <li>• When a child completes six months, start feeding thick porridge or well mashed foods in addition to breastmilk to add required nutrients</li> <li>• Continue to breastfeed till 2 years or beyond; breastmilk continues to be a vital source of energy and nutrients for young children</li> <li>• More than half of what children eat is used to build brain</li> </ul>	
Every child (6-24 months) is fed age-appropriate, nutrient dense complementary foods with increased quantity, density and frequency as the child ages	<p>During first two years of life, a baby's brain and body grows and develops more rapidly than at any other time in his/her life</p> <p>Giving the growing baby enough nutritious food everyday is vital to developing a healthy body and brain</p> <p><b>Feeding Schedule -</b></p> <ul style="list-style-type: none"> <li>• 6 months: feed soft porridge, well-mashed food, 3 times a day, 3 tablespoons during each meal.</li> <li>• 7–8 months: feed mashed food, 3 times a day upto half cup (250 ml) at each meal. In addition give 1-2 snacks depending on his/her appetite.</li> <li>• 9–12 months: feed finely chopped and mashed foods, foods which baby can pick up with own fingers; 3 times a day at least half-cup each time. In addition, give 1-2 snacks depending on his/her appetite.</li> <li>• 13–24 months: feed family food, chopped or mashed; 3-4 times each day; three quarters cup to one full cup at each meal. In addition, give 1-2 snacks depending on his/her appetite.</li> <li>• Types of foods: Include atleast 4 food groups (a) cereals (b) pulses, nuts and seeds (c) green and yellow vegetables and fruits (d) food cooked/mixed with a teaspoon of ghee, oil or butter (e) milk and milk products.</li> <li>• Child should be fed vitamin A and iron rich food. To ensure a variety of foods, feed the child from all food groups everyday.</li> <li>• Avoid giving your child junk foods and drinks. These have high amounts of sugar, salt and unhealthy fats which have little or no nutritional value.</li> </ul>	
Every caregiver practices active and responsive child feeding	<ul style="list-style-type: none"> <li>• Be patient, encourage your child to eat.</li> <li>• Do not force your child to eat.</li> <li>• Use a separate bowl/plate to feed your child to make sure he or she eats all the food given.</li> <li>• Establish a good routine: consistent meal time routines, play, feed, encourage. This will help him/her develop healthy eating habits.</li> </ul>	
Every child is fed frequently during and after illness, while breastfeeding continues	<ul style="list-style-type: none"> <li>• Feed a sick or malnourished child a small amount of him/her favorite solid/semi-solid foods frequently.</li> <li>• Breastfeed more frequently and for a longer time, during the day and night.</li> <li>• After an illness, give the child extra food for at least two weeks to replenish the energy and nourishment lost due to the illness.</li> </ul>	

Behaviour		Key messages
	Every child with severe acute malnutrition is given timely and quality therapeutic feeding and care, best before the development of medical complications	<ul style="list-style-type: none"> <li>• It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified.</li> <li>• If the problem is severe, you should immediately take your child to the nearest health facility</li> <li>• Nutrition problems may need urgent treatment with special (therapeutic) foods</li> </ul>
<b>04 Immunization and Vitamin A Supplementation</b>		
	Every child receives full immunization; every child receives Vitamin A supplementation and deworming every six months	<ul style="list-style-type: none"> <li>• Parents and caregivers: Make sure your child completes the full immunization to protect against life-threatening diseases. Do not skip or stop halfway</li> <li>• From 9 months onward, give your child Vitamin A supplementation biannually to help fight diseases</li> <li>• From one year, ensure your child gets deworming syrup/tablet every six months</li> </ul>
<b>05 Growth Monitoring and Promotion</b>		
	All caregivers regularly monitor the growth of infants and children and comply with behavioural advice given by FLWs	<ul style="list-style-type: none"> <li>• A healthy child should gain weight every month. If your child is not gaining weight or is losing weight, there is a problem</li> <li>• Attending growth monitoring and promotion sessions to help you identify problems such as severe thinness or swelling</li> </ul>
	Every child with severe acute malnutrition is given timely and quality therapeutic feeding and care, best before the development of medical complications	<ul style="list-style-type: none"> <li>• It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified.</li> <li>• If the problem is severe, you should immediately take your child to the nearest health facility.</li> <li>• Nutrition problems may need urgent treatment with special (therapeutic) foods</li> </ul>
<b>06 Anemia Prevention in Children, Adolescent Girls and Women – Diet, IFA, Deworming</b>		
	<p>Every child 6–59 months receives biweekly iron folic acid syrup</p> <p>Children 12–59 months receive bi-annual deworming (½ tablet to children 12–24 months and 1 tablet to children 24–59 months)</p> <p>Every child 5–9 years is protected against anemia with adequate diet diversity, weekly pink iron folic acid supplements and twice yearly deworming</p>	<ul style="list-style-type: none"> <li>• Anemia is a serious condition and anemic children will become tired, weak and have difficulty studying and doing well in school. Anemia results from a deficiency of iron in the blood.</li> <li>• Children should eat a variety of foods that include green leafy vegetables, proteins and vitamins and consume IFA supplementation every week to protect against anemia</li> <li>• Intestinal worms can cause anaemia. Every child should be given deworming tablets twice a year</li> <li>• Caregivers should ensure screening of girls and boys for anemia and seek for treatment as required</li> </ul>

Behaviour		Key messages
Every adolescent (10–19 years) is protected against anemia with adequate diet diversity, weekly blue iron and folic acid supplementation, twice yearly deworming	<ul style="list-style-type: none"> <li>• Without adequate iron in the blood, adolescent girls and boys become anaemic and experience tiredness, weakness, lack of appetite and lack of interest in studies</li> <li>• To protect against this, adolescents should eat foods rich in iron and Vitamin C in a diverse diet.</li> <li>• To protect against this, adolescents should eat foods rich in iron and and vitamin C in a diverse diet</li> <li>• Adolescents should take weekly iron supplementation and six monthly deworming tablets</li> <li>• Caregivers should screen girls and boys if they are anemic and then begin treatment</li> </ul>	
Every pregnant woman and lactating mother has an adequately diverse diet, takes iron and folic acid supplements daily, takes calcium, deworming and iodized salt	<ul style="list-style-type: none"> <li>• Anemia is a serious condition and can lead to premature birth, low birth weight babies and even maternal death</li> <li>• Growth of the child (mental and physical) starts in pregnancy, hence prevent anemia in pregnancy</li> <li>• Pregnant women need more iron. Ensure you consume the IFA tablets daily during pregnancy and for at least six months while your baby is exclusively getting nutrition from you through breastfeeding.</li> <li>• Pregnant and lactating mothers: take deworming tablets to help prevent anemia</li> </ul>	
Every pregnant woman and lactating mother has access to family planning services	<ul style="list-style-type: none"> <li>• Pregnant and lactating mothers need information and regular, easy supplies of family planning methods to delay the next pregnancy so they can recover from the previous birth</li> </ul>	
Every child is protected from malaria through the use of bednets	<ul style="list-style-type: none"> <li>• Malaria causes anemia, which impairs growth and development</li> <li>• To prevent malaria, children must sleep under a mosquito net</li> <li>• In malaria endemic areas, all family members must sleep under a mosquito net</li> </ul>	

## 07 Food Fortification and Micronutrients





All caregivers have access to, avail and consume fortified foods available in the nearest health facility	<ul style="list-style-type: none"> <li>• Fortified foods are available in public health facilities</li> <li>• Use of fortified foods is safe</li> </ul>
---	---

## 08 Diarrhoea Management



Children with diarrhoea receive appropriate rehydration therapy and zinc supplementation	<ul style="list-style-type: none"> <li>• ORS and zinc together are the best treatment for children's diarrhoea. They speed recovery, restore energy</li> <li>• Give ORS and zinc to the child at the first sign of diarrhoea</li> <li>• Take your child to a qualified health care provider to treat the diarrhoea if it continues or becomes more severe</li> </ul>
--	--

Behaviour	Key messages	
<b>09 Girls Education, Diet and Right Age at Marriage</b> 		
	<p>Every adolescent receives life-skills to stop early marriage and early pregnancy</p>	<ul style="list-style-type: none"> <li>• Early marriage (before age 18 for girls and 21 for boys in India) is a violation of human rights and has an impact on physical growth, health, mental and emotional development, and educational opportunities</li> <li>• Girls who marry early tend to drop out of school and have greater risk of complications during pregnancy and childbirth. Their babies are more likely to be underweight</li> <li>• Delaying marriage greatly improves a girl's chances of leading a happy and productive life</li> <li>• Equip and empower all adolescent girls with knowledge and skills through life skills education to negotiate delaying their marriage so they can lead healthier lives</li> </ul>
<b>10 Hygiene, Sanitation and Safe Drinking Water</b> 		
	<p>Every child 6–24 months is fed using safe and hygienic practices, including handwashing with soap and water at critical times</p>	<ul style="list-style-type: none"> <li>• Good hygiene is important to prevent diarrhoea and other illnesses</li> <li>• Wash your hands and the child's hands with water and soap before feeding/eating</li> <li>• Ensure food is hygienically prepared to prevent illness.</li> <li>• Soil and animals contain germs; ensure that the child does not touch/put soil or animal faeces into the mouth</li> <li>• Create a safe space for a child to eat and play</li> </ul>
	<p>Every household safely disposes of child and animal faeces</p>	<ul style="list-style-type: none"> <li>• All faeces, including child faeces contains germs; to be safely disposed of</li> <li>• Caregivers must wash nappies or dirty clothes away from the child's play area and away from a drinking water source</li> <li>• Caregivers must continuously sweep and collect animal feces from the home and safely dispose it in a latrine or bury it</li> </ul>
	<p>Every member of every household uses the latrine at all times</p>	<ul style="list-style-type: none"> <li>• All children from age 3 onwards must learn how to use a latrine for defecation with careful guidance from a caregiver</li> <li>• All household members must always use the latrine for defecation</li> </ul>
	<p>Every member of each household uses safe drinking water at all times</p>	<ul style="list-style-type: none"> <li>• All family members should always consume safe drinking water</li> <li>• Boiling and/or filtering water kills bacteria and germs</li> <li>• Keep water always covered and use a ladle to take water</li> </ul>
	<p>Menstrual hygiene for adolescent girls</p>	<ul style="list-style-type: none"> <li>• Adolescent girls need to be educated on the menstrual hygiene aspects</li> </ul>

## ANNEXURE - VIII

### Existing Communication Materials Relevant to POSHAN *Abhiyaan*

POSHAN <i>Abhiyaan</i> Campaign Theme	Programme Intervention	Material
Antenatal Check-Up, Calcium Supplementation, Institutional Delivery & Early Initiation of Breastfeeding	01 HBYC/HBNC	MCP Card
	Institutional delivery	CAS video
	Maternal nutrition	Set of 5 dialogue cards; games; flyers
	Maternal nutrition SWABHIMAN DAY-NRLM	Compendium of locally available food Home visit counselling booklet Maitri Bathak PLA module
Optimal Breastfeeding	02 IYCF- Breastfeeding, complementary feeding, diet diversity	Ready reckoner/job aid/flipbook
	Breastfeeding	Posters
	Mother's milk is sufficient	TVC 1
Complementary Foods and Feeding	03 Early initiation of breastfeeding	TVC 2, Radio PSA 2, ICDS CAS Video
	Exclusive breastfeeding	TVC 3, Radio PSA 3, ICDS CAS Video
	Complementary feeding at 6 months	TVC 4, Radio PSA 4, ICDS CAS Video
	Mother's milk is sufficient	Radio PSA 1
Full Immunization and Vitamin A Supplementation	04 Immunization- must vaccinate your child from 9 months-15 years with measles-rubella vaccination	TVC, Radio PSA, short films, posters, WhatsApp message, Twitter banners, Leaflets, Frequently Asked Question (FAQ) booklet
	Immunization- ' <i>Paanch Saal Saat Bar... Choote Na Tika Ek Bhi Bar</i> '/Immunize your child 7 times during the first 5 years of life and not once should it be missed	Posters, banners, cinema slides, Radio spots, TVCs, motivational film for ASHA, wall painting template
Growth Monitoring and Promotion	05 Growth monitoring and promotion	Growth chart; MCP Card
Anemia Prevention in Children, Adolescent Girls and Women – Diet, IFA, Deworming	06 IFA for PW	CAS video
	IFA supplementation; maternal nutrition; adolescent nutrition; deworming	Set of posters, booklets, dialogue card, job aid/ready reckoner, Radio programme-1 to 5, TVC 1 to 3, WhatsApp message; Twitter banners



<b>Food Fortification and Micronutrients</b>	07	Safe and Nutritious Food at Home/FSSAI	Pink Book
		Safe and Nutritious Food in School (4–7 yrs)	Yellow Book 1
		Safe and Nutritious Food in School (8–12 yrs)	Yellow Book 2
		Safe and Nutritious Food in School (13–17 yrs)	Yellow Book 3
<b>Diarrhoea Management</b>	08	Diarrhoea management through ORS & zinc	ASHA leaflet,
			IDCF toolkit for training
			Posters
			Information guide for PRI
			TVCs, Radio jingles
<b>Girls Education, Diet and Right Age at Marriage</b>	09	Beti Bachao Beti Padhao	Hoardings, bus panels, Radio spots, TVCs, posters
<b>Hygiene, Sanitation and Safe Drinking Water</b>	10	Promoting safe drinking water	TVC, Radio spots, poster, short videos, booklets, hygiene education booklets, social media banners
		Personal hygiene promotion Sanitation promotion	





# ANNEXURE - IX

## New Communication Materials on POSHAN *Abhiyaan*

POSHAN <i>Abhiyaan</i> Campaign Theme	Material	Platform
01. Overall Nutrition	Dialogue Cards	IPC
	Games	
	Nukkad Natak Script	
	Brochure	
	Flipchart	
	Leaflet	
	Posters	
	Pledge	
	Yoga Booklets	
	POSHAN <i>Abhiyaan</i> AV	Mass Media
	Endframe - static and with music	
	POSHAN Maah Film	
	Puppet Videos	
	POSHAN <i>Abhiyaan</i> Ringtone	Outdoor
	Rashtriya Poshan Maah banner	
	Hoardings	
	Social Media Creative Bank	Social Media

# ANNEXURE - X

## State Level Monitoring & Reporting Template

STATE : \_\_\_\_\_

MONTH	Antenatal Checkup & Institutional Delivery	Breast-feeding	Complementary feeding	Immunization & Vitamin A Supplementation	Growth Monitoring & Promotion	Anemia Prevention	Food Fortification & Micronutrient	Diarrhoea Management	Girl Education & Right Age at Marriage	Hygiene, Sanitation & SDW	Overall Nutrition Campaign
Jun-18	✓	✓	✓	✓	✓	✓					✓
Jul-18		✓	✓	✓	✓	✓			✓	✓	✓
Aug-18	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Sep-18	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Oct-18	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Nov-18	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Dec-18	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Jan-19	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Feb-19	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Mar-19	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓

■ Influencers
■ Community Groups
■ Community Media
■ Outdoor Media
■ Social Media
■ Electronic Media

# ANNEXURE - XI

## District Level Monitoring & Reporting Template

STATE : ANDHRA PRADESH

MONTH : JULY

DISTRICT	Antenatal Checkup & Institutional Delivery	Breastfeeding	Complementary feeding	Immunization & Vitamin A Supplementation	Growth Monitoring & Promotion	Anemia Prevention	Food Fortification & Micronutrient	Diarrhoea Management	Girl Education & Right Age at Marriage	Hygiene, Sanitation & SDW	Overall Nutrition Campaign
ANANTAPUR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CHITTOOR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
EAST GODAVARI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
GUNTUR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KRISHNA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KURNOOL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PRAKASAM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SRI POTTI SRIRAMULU NELLORE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SRIKAKULAM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VISAKHA-PATNAM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VIZIANA-GARAM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WEST GODAVARI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

■ Influencers    
 ■ Community Groups    
 ■ Community Media    
 ■ Outdoor Media    
 ■ Social Media    
 ■ Electronic Media

# ANNEXURE - XII

## Jan Andolan Dashboard Data Entry Form

**POSHAN Abhiyaan** Arun 04/01/2019 5:20:52 PM

**JAN ANDOLAN FOR POSHAN ABHIYAAN**

**Activity Participation Form**

**Profile**

State:  District:  Block:

Department:

**Activity Details**

Activity:  Level:  Group:

Theme (Multi Select):  Organizer (Multi Select):

From:

To:

**Participants**

Total Participants:

Adult Male:  Adult Female:  Total Adults:

Children Male:  Children Female:  Total Children:

Upload Pictures:  No file chosen

Description:





# NOTES



A series of horizontal dotted lines for writing notes.



