

# POSHAN


## FINAL REPORT

**Project period: December 2024 to March 2025**




# Poshan: Malnutrition-free villages


United Way Mumbai’s Project Poshan aims to make villages and communities malnutrition free. The interventions are envisioned with a geographic focus, i.e. a village, and for a period of minimum three years. The project has three key strategies:



**Helping undernourished children fight malnutrition** by providing medical care and nutrition support to undernourished children through home based interventions



**Preventing further incidences of undernutrition in the village.** We will do this by focusing on the first 1000 days of a child’s life and improving the health of mothers and women in childbearing age.



**Creating an enabling environment for children to grow.** We will do this by building capacities of local stakeholders such as Anganwadi workers and encouraging community ownership.

## PROJECT OUTREACH

<div>05</div> <div>Villages in Karjat Block</div>	<div>500</div> <div>Total children</div>
<div>25</div> <div>Malnourished children</div>	<div>25</div> <div>No. of malnourished children receiving nutrition supplements</div>

## POSHAN: KEY NUMBERS AT GLANCE

26

No. of severely malnourished children

33

No. of lactating mothers

30

No. of pregnant women



# POSHAN: KEY NUMBERS AT GLANCE

134

No. of home visits to malnourished children

63

No. of home visits to pregnant women

88

No. of home visits to lactating mothers

49

No. of community members attending the meetings

39

No. of lactating mothers attending half-yearly birthdays

21

No. of pregnant women in Godhbharai events

77

No. of adolescent girls attending peer group sessions

8

No. of peer leaders conducting sessions with the adolescent girls



## Objective 1:

**Helping undernourished children fight malnutrition by providing medical care and nutrition support to undernourished children through home based interventions**



## Monthly anthropometry of children

The team conducted monthly anthropometric measurements of 500 children across all villages to monitor and evaluate their growth and nutritional status. These regular assessments enabled the team to identify growth patterns and promptly address any deviations, ensuring early interventions where necessary.



## Home visits to malnourished children

The team conducted 7 home visits to SAM children and 55 home visits to SUW children accompanied by AWW. The team counselled the parents of malnourished children to visit the nearest Poshan center/ NRC for screening and medical treatment.

## Mobilization of malnourished children to Poshan Centre/NRC

5 children visited the Primary Health Center/Poshan Center, Kadav. The children are referred here to address and improve their nutritional status. The children received medical assessment, treatment of associated complications, and nutritional rehabilitation.



Screening of malnourished children in PHC, Kadav



Counselling of mother of a malnourished child and prescription of RUTF by Medical Officer in PHC, Kadav



## Nutrition supplements distribution

- Supplementary nutritious foods were distributed (post parental consent) to all identified malnourished children aged 1 to 5 years.
- Nutrition supplements, including jowar mixture, bajra puffs, ragi choco cookies, and murmure namkeen were provided to the children.
- All foods provided were in compliance with food safety guidelines issued by relevant government authorities.
- Impact monitoring was ensured via the assessment of the simplified daily monitoring formats to be filled by the parents and regular anthropometric measurements of the children.



Nutrition supplements distribution to parent's of malnourished children in Anganwadi center

## Objective 2:

**Preventing further incidences of undernutrition in the village. This is done by focusing on the first 1000 days of a child's life, & improving the health of mothers and women in child bearing age.**



### Home visit to pregnant women

The team conducted 63 home visits to pregnant women. The women were counselled on nutrition, birth preparedness, orientation about health cards, danger signs, exclusive breastfeeding, Government schemes, and referral services. The team was accompanied by Anganwadi/ASHA workers on their visit.



### Home visit to lactating mother

The team conducted 88 home visits to lactating mothers accompanied by AWWs and conducted needs-based counseling about newborn care, exclusive breastfeeding, complementary feeding, danger signs in neonates, family planning, and malnutrition



### Half Yearly Birthday

The team celebrated the Half Yearly Birthday of 6 children with 39 community members. During the event we educate the child parents and their family members on complementary feeding, vaccination, nutrition, and hygiene practices.



## Godh Bharai event

The team celebrated 5 Godhbharai events for 21 pregnant women with 56 community members attending the events. During the event we educated the women and their family members on birth preparedness, early initiation of breastfeeding, exclusive breastfeeding till 6 months, nutrition, and hygiene practices.



Godhbharai celebration of pregnant women

## Community meeting

The team conducted 4 education and awareness sessions across Anganwadi centers with 49 community members attending the meetings. These sessions discuss the importance of the first 1000 days of a child, healthy eating habits, malnutrition and its types, the importance of breastfeeding and techniques.



Poshan Karykarta and Anganwadi helper conducting community meeting

## Objective 3:

**Creating an enabling environment for children to grow. We will do this by building capacities of local stakeholders such as Anganwadi workers and encouraging community ownership.**



## Adolescent peer group session

The team conducted 10 adolescent peer group sessions for 77 adolescent girls. These groups are educated about menstrual health and hygiene, anemia, the disadvantages of early marriage, substance abuse, mental health, nutrition, etc. through regular sessions. Peer leaders were identified from this group to conduct these sessions with the adolescent girls. The 5 elected peer leaders conducted 8 sessions.



## Mata samiti meeting

The team has conducted 5 Mata Samiti meetings with 24 members attending the meetings. The focus is to encourage the samiti members to refer SAM, SUW and high risk mothers to healthcare facilities and identify problems related to malnutrition in the community.



# Case story

**Village Name: Jambhulwadi**

**Birth weight: 2.1 kg**

**Weight: 8.49 kg, Height: 79 cm**

A field visit was conducted to Jambhulwadi to measure the weight and height of children. During this visit, a child was observed for the first time, and her weight at the time was within a healthy range. However, after a few days, she fell ill, and a gradual decline in her weight was noted. Two months later, her weight had dropped significantly. A follow-up visit was made to her home, where interactions with her mother revealed that she was not consuming food properly. She was frequently consuming packaged food and, following her illness, had become more irritable. This change in behavior and diet was adversely affecting her health, and she was falling ill for extended periods, sometimes up to two weeks.





A follow-up visit was made to the child's home to meet her mother, and she was advised to make a visit to the hospital for a medical check-up. The mother agreed, and the child was taken to the hospital, where the doctor prescribed medications and provided RUTF (Ready-to-Use Therapeutic Food). Following this, monthly home visits were conducted to monitor the child's weight and height while also guiding the mother on appropriate dietary practices. The mother consistently followed the advice, and as a result, the child's weight began to fluctuate, gradually showing signs of improvement.

A camp was conducted at the Kadav Primary Health Center, where the child was weighed and examined by the doctor, who again prescribed medicines and RUTF, along with instructions to pay close attention to the child's diet. The medicines were administered on time, and regular follow-up visits continued. During each visit, the child's growth was tracked, and dietary practices were reviewed. Gradually, her eating habits and overall health began to improve, and her weight started to steadily increase.

The child progressed from the Moderately Acute Malnourished (MAM) category to the Healthy wasting category.



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