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The Good Sight



Mission Nutrition

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Photo Credit: Tamil Plates/
Abhirup Dasgupta

People's participation through 'Jan Andolan' can end the "curse" of malnutrition



Dr Sujeet Ranjan
Associate Director-Nutrition
Tata Trusts

to start/augment complementary feed. Malnutrition is caused more by faulty feeding practices and this is universally recognized. The availability and access to nutrients rich food in adequate amounts, access to a hygienic living environment, access to quality services, and correct information about healthy child care and feeding practices are still limited, contributing to the high levels of malnutrition that are seen in many areas.

Evidence strongly suggests that measurable improvements in nutritional status can be achieved even within existing constraints, by influencing child feeding practices, with or without simultaneously addressing infections.

Zero hunger and good nutrition have the power to transform and empower the present and future generations. Improving the quality of food, feeding practices, and the nutrition situation of children in the first two years of life represents a critical window of opportunity to break the inter-generational cycle of malnutrition. If this critical opportunity is missed, child malnutrition will continue to self-perpetuate. The best opportunity to break this vicious inter-generational cycle is to concentrate efforts on improving the nutrition of infants and young children from conception through the first two years of life.

The most 'Essential Interventions' to reduce malnutrition in this most critical group (infants and young children) include:

- Timely initiation of breastfeeding within one hour of birth.
- Exclusive breastfeeding during the first six months of life and continued breastfeeding up to 2 years of age or beyond.
- Full immunization and bi-annual vitamin A supplementation with deworming
- Timely introduction of complementary foods at six months.
- Age-appropriate complementary feeding (adequate in terms of quality, quantity and frequency for children 6-24 months.
- Safe handling of complementary foods and hygienic complementary feeding practices.
- Frequent, appropriate, and active feeding for children during and after illness, including oral rehydration with zinc supplementation during diarrhoea.
- Timely and quality therapeutic feeding and care for all children with severe acute malnutrition.

The evidence and expert opinion indicate that implementing these 'Essential Interventions' can reduce child malnutrition. Now is the time to combine the existing technical knowledge and people's participation through 'Jan Andolan' to end the "curse" of malnutrition.

Dear Reader,

I feel happy to be a part of **The Good Sight's** nutrition special issue as its **Guest Editor**. The edition 'Mission Nutrition' attempts to delve deep into initiatives and programmes aimed at improving nutrition outcomes in different geographies of the country.

Good nutrition is essential for human capital formation. Undernutrition in all its forms, including 'hidden hunger' or micronutrient deficiencies, results in children not realizing their full physical and cognitive potential. Undernutrition in the first thousand days of life has life-long consequences for the individual and the country.

Poor infant and young child feeding behaviours are known to be one of the most important causes of child malnutrition, which in turn is a major cause of child mortality. Evidence has established that inappropriate feeding practices and high incidence of childhood infections were major factors in malnutrition rates peaking before the age of two years.

The three reasons for undernutrition among children (Paul & Bagga, 2019) are:

Low weight at Birth: Infants born small often remain undernourished. About 20% of childhood undernutrition is attributable to foetal growth restriction

Illnesses: About 25% of childhood undernutrition is attributable to diarrhoea, pneumonia and other infections.

Inadequate Food Intake: Inadequate breastfeeding, delayed complementary feeding and insufficient food intake means less energy and protein available for growth. It causes about 55% of childhood undernutrition. It is related to a lack of knowledge of what to feed and when



Aao Badlein Bharat



INSIDE

Why investing in FLN
should be prioritized?

06

Celebrating the
power of reading

12

SeedingChange in the
Community

18

Asian Palm Oil Alliance
(APOA) launched

22

Boosting nutrition
through dietary
diversity

28

Adequate nutrition
nast tracks the road to
recovery for children
with clefts

34

Addressing hunger by
targeting remote, last-
mile communities

40

Building synergy
with government
initiatives

46

Empowering
adolescent girls

50

Combating the risks of
poor nutrition

56

Meals for the migrant

64

Improving nutrition
focused maternal
newborn child health
practices

74

Improving availability of
IFA Tablets for pregnant
women through VHSNDs

68

Scaling Biofortified
crops in Bihar

80

Forging an Anaemia-
free future

84

Putting women &
children at the centre of
change

92

Improving maternal
health, reducing
malnutrition

98

Fighting malnutrition
among tribals

102

Breaking the shackles
of malnutrition

108

An effective, affordable
nutrition solution

114

Reviving millets in
farms and on plates

118



Literacy is one of the best social investments, yet has often been neglected in CSR spending. The Covid crisis has greatly damaged our education system – we urgently need to build back better with innovative approaches to literacy which leave no one behind.

WHY INVESTING IN FLN SHOULD BE PRIORITIZED?

Tom Delaney

When we invest our money in a bank, we are happy to receive a 5% interest rate. Buy shares, and we might be lucky to receive a 10% plus return. But for every rupee

spent on literacy, society reaps a 700% return!¹

Foundational Literacy and Numeracy (FLN) is one of the best social investments. Yet, it has often been neglected in CSR, national, and international

funding. The Covid crisis has greatly damaged our education system—we urgently need to build back better with innovative approaches to funding literacy which fill the learning gaps quickly.

The ability to read and write is a crucial determinant of a child's future, in much the same way the literacy rate of a nation is a vital indicator of its prospects. Children who lack the foundational skills to read, write and do basic arithmetic, may well spend the rest of their lives in poverty. The cost of becoming literate is minimal, yet the cost of remaining illiterate is huge.²

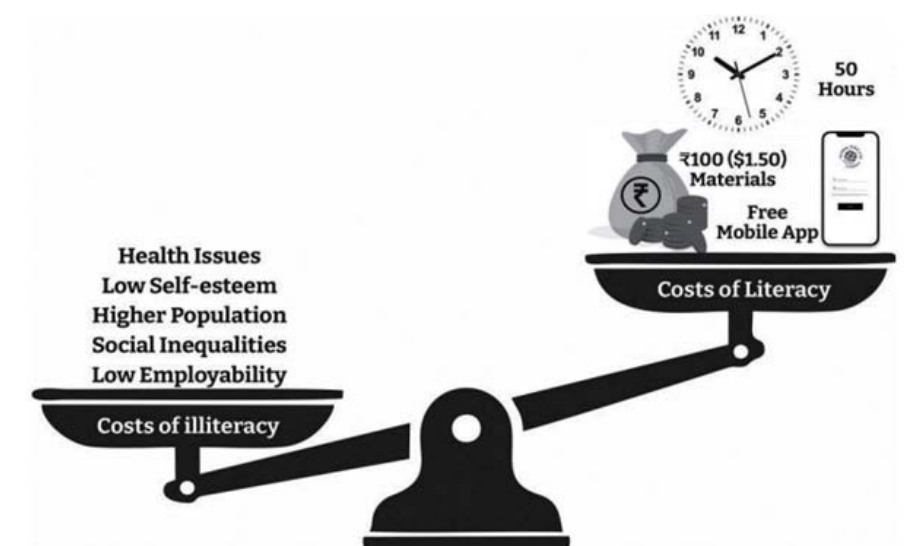
Meanwhile, new pedagogy and technology are enabling low-cost scalable literacy programs. Improved techniques are bringing the cost of making someone literate down. We have no excuse for why hundreds of millions of fellow Indians remain unable to read and write. Just as prevention is much cheaper than cure in medicine, so too avoiding the costs of illiteracy. Investing in literacy is both a social responsibility and a smart move economically.

The costs of illiteracy are large and growing as the world becomes increasingly digitized and information-rich, leaving those who can't access this information even further behind. Ask a person who is illiterate about their daily life and you'll soon understand the huge inconveniences and inefficiencies they face—from not being able to read a bus sign to being unable to decipher a medicine label, from getting the wrong change to lacking the confidence to speak up.

¹Literacy Partners, New York

²Watkins, Kevin. 2021. *If Education is Such a Great Investment, it Deserves Serious International Backing.* The Guardian. <https://bit.ly/3nUX4Xj>

Children reading newspapers after just 30 instructional days using ALfA reverse methodology that Accelerates Learning for All.



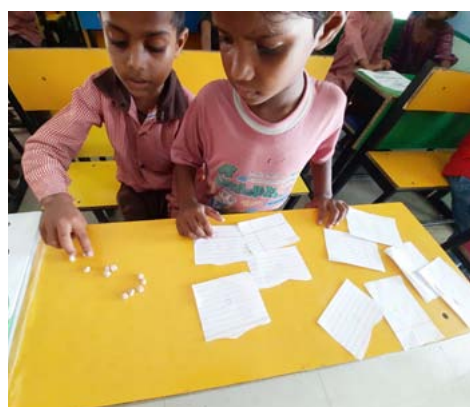
Student volunteers using the free Literacy Now App to teach learners from a nearby slum. Supported by SBI Foundation.

The importance of literacy has long been neglected until recently, and indeed India has more people who are illiterate than the next remaining top 10 countries globally added together! Further, the Covid crisis has thrown education systems worldwide into disarray. According to a recent UNESCO report, 70% of 10-year-olds in low- and middle-income countries post-Covid cannot read or understand a simple text, up from 53% pre-Covid.³ The scale of education loss is ‘nearly insurmountable’.

In the face of this massive challenge, we need a society-wide mobilization to ensure all children are in school and they are learning well. Governments bear the primary responsibility. However, CSR and philanthropic foundations also have a key role to play. CSR can take greater risks and invest in educational innovations and start-ups in a way that may be difficult for governments to do. Even a relatively small amount invested in the right way can catalyze a huge transformation.

Accelerating Learning for All: A disruptive new pedagogy to make India and the world literate

Accelerating Learning for All (ALfA) enables Foundational Literacy and Numeracy (FLN) to be taught in just 90 instructional days (or some 30-50 instructional hours). Contrast this with 5 years of schooling even after which half the children in Grade 5 in pre-Covid India lacked these



Learning-by-doing in M3M Foundation supported ALfA program in LPD Shamli, UP.

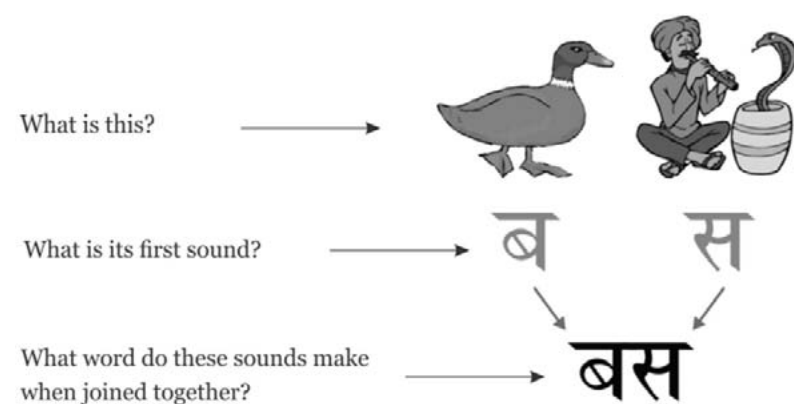


Slum-based Global Dreamshaala, community-based schools supported by SBI Life.

foundational skills.

Most learners using ALfA can begin to read newspapers within 30 days starting with zero knowledge of the letters. It works through the power of a reverse methodology, peer learning, students making questions for each other, and going from known

to the unknown. The short, visual modules enable children and adults alike to learn swiftly, building off existing knowledge of their environment. Pair learning enables children to learn crucial 6Cs of the 21st Century: Collaboration, Communication, Creativity, Critical Thinking, Character and Citizenship.



³Accelerating Learning for All: A disruptive new pedagogy to make India and the world literate



FLN and Nutrition training through Global Dream for women in West Bengal.

I can personally testify to the power of this literacy program and its Global Dream Disruptive FLN Toolkits, as I've used these myself to teach over 100 children and adults in the slums of Lucknow. Some were child labourers, locked out of the education system by their desperate poverty. Many others were in school, but had been unable to learn even basic literacy there. I've witnessed kids learning more in 5 weeks with ALfA than they have in 5 years at school.

It's not just me who's been won over by ALfA pedagogy embodied in the Global Dream Toolkits. These innovative literacy materials were first tried by the children of City International and City Montessori Schools, Lucknow; as part of the Each One Teach One Campaign. Between 2014 and 2019, the campaign was adopted by some 500,000 school and college students across several cities in India (working with different language versions

of the Global Dream Toolkits). The student volunteers adopted a learner—a maid, a family member, a slum-dweller, a child or an adult—and taught them the foundational skills.

During the Covid period, we decided to develop online tools. Literacy Now app presents further new possibilities at zero cost. We are grateful for the support of SBI Foundation who helped us convert our literacy content into digital format and develop a free-to-use app, Literacy Now (learn.literacynow.app). The app was launched in May 2022 and

currently has 30,000 student volunteers. The app needs further support for numeracy and other developments to make it an increasingly more powerful tool to scale-up literacy programs across India and worldwide.

Together with my colleagues and ALfA founder, Dr Sunita Gandhi, a former World Bank Economist who returned to India to help improve the quality of education—we've chronicled the story of this remarkable program in *Disruptive Literacy: A Roadmap for Urgent Global Action* (Bloomsbury, July 2022).



College students run a community literacy class in the outskirts of Lucknow.

Adult Learners in Hardoi learning from Global Dream Toolkits. DEVI Sansthan as Training and Knowledge Partner for HCL Foundation

“Dr. Sunita Gandhi’s 30-hour literacy and numeracy model is highly innovative, and highly scalable, that can benefit school children, out of school children and illiterate adults.”

- Honorable Rajnath Singh
Defense Minister
Government of India

Accelerating Learning for All in Schools

Most recently, DEVI Sansthan has been asked by the Ministry of Education to help improve the literacy and numeracy levels of primary grades 1 through 5 in two of the ten ‘low-performing districts (LPDs), and to showcase results by the next National Achievement Survey in March 2023. We immediately began to raise funds.

We are extremely grateful to Dr. Payal Kanodia, Trustee M3M Foundation for her quick decision to partner with us in LPD Shamli, Uttar Pradesh. This has enabled us to get started instantly, and already realize some extremely encouraging results. In merely 30 instructional days, many children of Shamli as young as Grade 1 are reading with



Teachers of Shamli learn about the ALfA Pedagogy in the same paired setting as they will create in their classrooms. Training and program supported by M3M Foundation.

fluency and understanding their own textbooks. Many are reading the difficult language of the newspapers. Children are understanding the numeracy concepts by using locally available materials at zero or near zero costs—exceeding class level

Accelerating Learning for All (ALfA) enables Foundational Literacy and Numeracy (FLN) to be taught in just 90 instructional days (or some 30-50 instructional hours).

Disruptive Literacy, A Roadmap for Urgent Global Action, Bloomsbury 2022.



expectations in this very short time. You may view the results on www.dignityeducation.org/links.

We are still looking for partners for the other LPD allocated to us—Sambalpur, Odisha. We know we can help turn around these low-performing districts quickly, providing we can raise the crucial funds.

Accelerating Learning for All (ALfA) programs are now available in 25 Indian and International languages with more in the replication process. This is allowing us to begin making impact worldwide. The ALfA program has been adopted for nationwide implementation in the Republic of Maldives, with the World Bank as partner. Many other international partners and countries are now in the pipeline to collaborate towards the SDG 4 of learning for all.

Filling the colossal gap cannot wait another year or years, or we will lose tens of millions more to illiteracy. A disruptive approach that is swift and effective, and that can be easily understood by the volunteers and teachers alike, is the need of the hour. If you would like to review the evidence for the ALfA program, or reach out to us to partner together, please visit www.dignityeducation.org/links and www.dignityeducation.org.

Tom Delaney (tom@dignityeducation.org) is an Australian citizen but has been living in India many years. He is a volunteer literacy teacher and trainer with DEVI Sansthan.

CELEBRATING THE POWER OF READING



Room to Read India rolls out fourth edition of its annual flagship reading campaign – India Gets Reading

Reading serves as a basic building block for learning.



India has the largest number of people who cannot read, an estimated 300 million. This learning crisis has caused massive educational disparities, leading to unprecedented inequalities.

As a large-scale response towards spreading mass awareness on the importance of reading, Room to Read initiated the India Gets Reading campaign in 2019. Now, in its fourth year, the annual flagship campaign has consistently followed the pursuit of reaching out to the underserved children by introducing novel initiatives every year from 15th August (Independence Day) to 8th September (International Literacy Day).

India Gets Reading
This year, Room to Read launched India Gets Reading campaign on the theme of Reading Equals. Through the Reading Equals campaign, Room to Read India established its belief that reading is a great equalizer. Reading eliminates inequities,

inspires people to stand against discrimination, and makes the world a better space. Building on the success of the previous three years of the 'India Gets Reading' campaign, Room to Read India, in this edition, aimed to reinforce the key learnings and greater participation from across the country. Reading Equals zeroed down on reading as one of the highest priorities of the Indian education system (marked by India's New Education Policy 2020) for the development of children's foundational literacy skills. The three-week-long campaign reaffirmed Room to Read India's belief that when children get equal opportunities in life, they can transform their lives and the lives of their communities. With on-ground and digital activations ranging from reading walls, unique mobile libraries, street plays to webinars, the campaign ensured that the Reading Equals messaging transcends boundaries to sensitize and benefit people, especially children at scale.

This year, to vigorously promote a culture of reading across India, there was enthusiastic participation by children, parents, caregivers, teachers, government officials, corporate partners, and volunteers, both at the national and state level. Some of the key campaign activities that saw participation in numbers included pledge reading time with children, reading melas, tweet-a-thon, workshops, wall murals, and other competitions.

One of the most prominent creative solutions undertaken to promote reading as an equalizer was ‘Read-a-thon’. Through Read-a-thon, organized across the 12 states of India (Andhra Pradesh, Bihar, Chhattisgarh, Delhi NCR, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Telangana, Uttarakhand, and Uttar Pradesh) in an offline mode, Room to Read India successfully brought together a record number of readers to read from all walks of life on September 1, 2022, between 11 am to 11:30 am. More than a lakh participants read together for the same time span in this record setting activity.

On September 8, 2022, a national seminar jointly organized by United States Agency for International Development (USAID) and Room to Read India, marked the culmination of the annual flagship Reading campaign, India Gets Reading 2022. The focus was laid upon understanding the entire scenario of children’s literature and its impact on the learning and reading cycles of children,



Armed with books.



Read-a-thon was organized across 12 states.



The campaign will continue to focus on promoting the habit of reading.

especially early grade learners.

Through the panel sessions- ‘Literacy and Literature together: opportunities and challenges’ and ‘Our Gaze: the texts and the world’ prominent national and international experts from diverse fields and spheres brainstormed ideas to find answers to pressing concerns affecting children’s reading and learning outcomes. Some of the prominent personalities that spoke at the event included Dr. Karen Klimowski, Deputy Mission Director, USAID India, Ms. Uma Mahadevan, IAS, Additional Chief Secretary, Panchayat Raj, Government of Karnataka; Dr.

Poonam-Smith-Sreen, Deputy Director, General Development Office, USAID India; Dr. Madhav Chavan, Co-Founder, Pratham; Dr. Dhir Jhingran, Founder Director, Language and Learning Foundation; Ms. Shaveta Sharma-Kukreja, CEO and Managing Director, Central Square Foundation; and Dr. Kamaladevi Awate, Deputy Director, Language and Equity Department, SCERT, Maharashtra among others.

The way forward

With each year, Room to Read India will continue to contextualize solutions to the challenges for foundational

learning and reading. The focus of the annual reading campaign will continue be on promoting the habit of reading among a maximum number of children and capturing the essence of what reading amounts to for these readers as well as their parents, caregivers, teachers, government officials, and the general audience. This, we hope, will step up the development of foundational skills, including creativity, critical thinking, vocabulary, and expression in children. Thus, the campaign will further the cause by creating a mass movement of reading - driving action and investment from stakeholders in children’s reading and learning.

Lost in reading.



David Durani
Manager, Communications
Room to Read India

India Gets Reading is our commitment to ensure that every child in India has access to reading and learning opportunities. By actively engaging parents, teachers, communities, and supporters of the cause, we want to create an empowering environment for children everywhere to read, learn and thrive.

Room to Read India was established in 2003 and presently has programs in twelve states – Andhra Pradesh, Bihar, Chhattisgarh, Delhi NCR, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Telangana, Uttarakhand, and Uttar Pradesh. Room to Read is a global organization transforming the lives of millions of children in low-income communities by focusing on literacy and gender equality in education.

Through the Young Health Program (YHP), Plan India and AstraZeneca are enabling and empowering young people to make healthy choices today for a better tomorrow.

SEEDING Change in the COMMUNITY

Avantika Vijay Singh

Eleven-year-old Parveen is a petite, docile child at first glance till she speaks with fiery courage and confidence for one so young. Parveen, living in JJ Colony of Bawana in North Delhi, saw her grandfather and father addicted to alcohol in a community where this was more the norm than the exception. They were resistant to any change even though the grandfather had suffered three

cardiac arrests. Little Parveen, upon associating with the Youth Health Program (YHP) with Plan India became aware of the dangers of alcohol addiction. Armed with this knowledge, she marched straight to her dadu, the patriarch, and convinced him of the dangers of alcohol to his health, the family finances, and the disruption of their normal life. And, with a little help, both the grandfather and father left alcohol. Where others had failed

Parveen, a young changemaker.



An HIC Facilitator with the community members.

Parveen struck gold – changing the health and quality of life of her family for the better.

Parveen's mother Sabina is proud of her daughter's achievements and credits YHP for bringing this big change in their lives. Today, she is an active advocate of YHP and volunteers for campaigns and activities that bring change in her "street, community, and country" adding many others to this program.

The Program: Overview & Impact

YHP was started in Bawana, a large resettlement colony, inhabited by mostly daily wagers working in the factories of the Bawana Industrial area, in October 2021. It is a program that has been successfully conducted since 2010 by Plan India and AstraZeneca India in parts of Karnataka, Tamil Nadu, and Delhi. The program works by educating youth from the target communities themselves on the ill effects of tobacco and alcohol. Thus, the initiative undertakes a community-based approach to develop the youth into peer

educators who in turn shoulder the responsibility of expanding the message to the entire community. In a span of 12 years in India, YHP, in its different phases, has so far positively impacted over 4,60,000 young people and more than 7,800 peer educators.

It is a successful model that has been implemented globally, too, and reached more than 8 million young people in more than 30 countries around the world to date, with 10 million more targeted between 2021 and 2025.

YHP aims to address the risk

factors for non-communicable diseases (NCDs) like cancers, diabetes, heart, and respiratory ailments, tobacco and alcohol addiction, mental and physical ill health, unhealthy diet, and airpollution that are the leading cause of mortality. According to the World Health Organisation, 70% of these are preventable and linked back to risks encountered and behaviours started during adolescence. Thus, YHP aims to focus on enhancing responsive health-seeking behaviour among adolescents and other stakeholders so that they lead a happy and disease-free life. This will also reduce the growing burden of NCDs on the health system.

Due to the availability and accessibility of tobacco and alcohol, and different kinds of illegal drugs in this unauthorized colony, Bawana has a huge scope for awareness creation on risks associated with consumption of tobacco, alcohol, unhealthy diet and benefits of physical activity for young girls and boys so that they may take preventive action against NCD.

Safe Spaces: HICs

The program creates a Health Information Centre (HIC) that acts as a safe space for the children in the area. Across Delhi, Tamil Nadu, and Karnataka, 21 HICs are now operational. HIC is a hub of activities and sessions conducted

by two facilitators (male and female each) or HICF, popularly addressed as ‘didi’ and ‘bhaiya’ by the children, for creating a web of awareness, empowering the stakeholders to take informed decisions, and bringing change in the community. Children associated with the program

are so inspired that they become agents of change for themselves, their family, and their community. They conduct sessions and activities in turn, even deciding the schedule and topics, and are known as Peer Educators.

The key drivers of the program are community-based interventions like outreach by YHP staff, peer educators, and Health information centre (HIC) which is a platform where young people learn about risk associated with NCD and take informed decisions about their health.

Peer Power

Meet Afreen. A fifteen-year-old girl, who first changed herself with the awareness gained from the sessions and then others. Afreen used to consume junk food easily available from roadside vendors like chowmein every day after school. Afreen says, “I used to feel very tired and sick all the time and my mother used to take me to the doctor quite often. But after the sessions, I learned that this has a bad effect

on our health so I stopped eating chowmein. I started doing yoga that didi, bhaiya taught us, and now I eat ‘Tiranga food’. I feel much healthier and don’t get sick now.” She spreads awareness about Tiranga food that includes vegetables (greens), lentils (orange), and whites (rice etc.) and counsels children not to fall prey to unhealthy food. This is just one of the topics that she talks about as she proudly displays the posters that she and her peers made as awareness-generating tools.



Girls in action.

The story of Renu is no different. Renu, a class 11th student, too turned from unhygienically prepared roadside junk food to “Tiranga food”. She also gave up video games that she spent all her time on. In a place where space, especially a ‘safe space’ is at a premium, she stepped into a nearby park along with others her age to play football, perhaps enjoying the freedom of running freely for the first time in her youthful life. She enjoys the healthy camaraderie with her



A session in progress at an HIC.

peers, no longer missing the world of video games, and even played football in a friendly match on International Youth Day.

This healthy camaraderie amongst boys and girls and respect for women has been inculcated by the program. One such case in point is seventeen-year-old Sachin who brought conversations about menstruation in the open, understood his sister’s pain, and supported her in her activities at home, often raising his voice against associated social taboos.

YHP has also supported the government machinery of Anganwadi workers and Asha workers providing them with sanitary napkins for distribution and holding sessions for awareness about menstruation in their areas. The lack of knowledge about menstrual hygiene and access to hygienic menstrual products leads to infections amongst women which the program is trying to overcome.

Sachin also talks about substance abuse and alcohol addiction endemic in the area and how as an inspired peer educator he has brought about change. Children his age often like to make reels for social media for ‘tashan’ (style) where they are smoking a hukkah, falling prey to the falsely perpetuated ideas of masculinity. Sachin helped rescue as many as five children from the trap of substance abuse by counseling them and engaging them in activities at the HIC. The Anganwadi workers also validate the large substance abuse amongst adolescent children in the area like bhang, hukkah, whitener ink, nasha, and alcohol among others. The HICF facilitate intergenerational dialogues between parents and children, bringing taboo subjects like addiction and menstruation into the open and getting family support for children to overcome their challenges.

Addiction often begins at home

when parents give money to children to bring tambaku. Recognizing this, volunteers made posters at the HIC in the local language that “*baccho ko nasheele cheeze bechana kanooni apradh hai*”. As a result, the shopkeepers stopped selling such substances to children. Nukkadnatak (street theatre) and campaigns are often held by adolescents and other adult volunteers like Parveen to bring awareness to the larger community.

YHP is thus sowing the seeds of social and behaviour change amongst adolescents and other stakeholders to enhance responsive health-seeking behaviour and enable them to lead a happy and disease-free life. Change is being wrought by empowering young people, mobilizing the community, creating an enabling environment for caregivers, and encouraging advocacy for the changing environment.

With inputs from Plan India
Names have been changed for confidentiality

Solidaridad

The Asian Palm Oil Alliance (APOA) was launched during the Globoil Summit on 21 September 2022, in Agra, India

ASIAN PALM OIL ALLIANCE (APOA) LAUNCHED

At the initiative of the global sustainable agriculture specialist organisation

Solidaridad Network, the apex edible oil industry associations from five major palm oil importing countries from Asia came together for the first time to form an Asian Palm Oil Alliance (APOA). The Alliance commits to work across the world to ensure that palm oil is recognised as a high-quality, economical, and



healthy vegetable oil and to change the negative image of palm oil.

The APOA alliance is initiated by the apex solvent extractors associations of India, Pakistan, Sri Lanka, Bangladesh and Nepal. In the coming year, the membership would be further expanded to include other select companies or industry organisations operating in the production and/or refining of palm oil in Asia.

The APOA secretariat would be initially managed by The Solvent Extractors' Association (SEA) of India. In the first General Body Meeting of the APOA, Shri Atul Chaturvedi, Director of Adani Wilmar Ltd and the President of SEA, was elected as the first Chairman of the APOA. During the event the website and logo of APOA was also launched.

Speaking on occasion, Shri Atul Chaturvedi said, "The need for Asian palm oil consuming countries was felt for a long time. The formation of APOA empowers several Asian countries for whom palm oil is a source of affordable food and nutrition. The APOA is expected to safeguard the economic and business interests of the palm oil consuming countries and create a level playing field for all fats and oils used in food, feed and oleochemicals in Asia. It will further work towards increasing the consumption of sustainable palm oil in member countries."

While, on subject, Dr. B.V. Mehta, ED, SEA pointed out



that "Together Asian markets are responsible for about 40% of global demand. Europe accounts for about 12% of the market, and the US for 2%. India is the largest importer of Palm oil in the Asian region and accounts for 15% of global imports. China with 9%, Pakistan with 4% and Bangladesh with 2% of the global

imports are the other significant countries with a stake in palm oil production and trade. However, the industry associations of Asian palm-oil importing countries, unlike their counterparts in the EU, are not involved in shaping the global discourse on sustainable palm oil in a collective way. Asian stakeholders over the

last two decades were instead forced to follow sustainability standards that don't reflect the Asian market realities. The launch of APOA is expected to bridge this gap and will help in developing a shared, collective, coordinated and coherent position of the Asian palm oil industry stakeholders."

Dr Shatadru Chattopadhyay, Managing Director of Solidaridad for Asia, said: "We are happy to be the neutral convenor of all significant Asian solvent extractors association. In the coming years, we believe APOA will emerge as one of the most vital forums to address common problems, interests and aspirations of the global palm oil industry. In the decades to come, the rising wealth of Asia will further boost the regional demand for palm oil. We expect APOA would be soon joined by the palm oil producing countries from Indonesia, Malaysia and Thailand."

Mr. Kazi Salahuddin Ahammad, Bangladesh Vegetable Oil Refiners & Vanaspati Manufacturers Association said, "Asia has a key role to play in sustainable palm oil thus the creation of APOA will support and accelerate the transition towards a sustainable and inclusive palm oil industry in Asia. This would foster Asia's position as sustainability leader. We are pleased to have the opportunity to support this initiative and look forward to achieve many milestones together."

Dr. Rohan Fernando, President,



The next meeting of APOA is expected to be held in Indonesia early next year.

Palm Oil Industry Association said, "The role of APOA is crucial in the facilitation of collective and coordinated efforts of both Asian palm oil producer countries and Palm oil consuming countries for sustainable palm oil. It will strengthen Asia's role in palm oil sustainability disclosure. We are also pleased to have the opportunity to support this initiative and is grateful to both Solvent Extractors Association and Solidaridad for inviting the Palm Oil Industry Association of Sri Lanka to be a founder member of the APOA and look forward to achieve many milestones together."

The APOA members separately held a meeting with the 10-member delegation from the Indonesian Coordinating Ministry for Economic Affairs and Indonesia, the Indonesian Palm Oil Association (GAPKI) and the Indonesian Sustainable Palm Oil (ISPO) Secretariat to explore joint research to scientifically demonstrate the health benefits of palm oil and also launch joint consumer campaigns in Asian markets. The next meeting of APOA is expected to be held in Indonesia early next year.

NUTRITION





The SENU project aims to improve the nutrition situation of women and young children from vulnerable communities in the states of Madhya Pradesh and Maharashtra, India



BOOSTING NUTRITION THROUGH DIETARY DIVERSITY

The Indo-German “Securing Nutrition, Enhancing Resilience (SENU) – India” project is one out of 10 countries of the Global Programme on Food and Nutrition Security implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, and part of the German Federal Ministry for Economic Cooperation and Development’s (BMZ) special initiative “ONE WORLD – No hunger”.

SENU implements a nutrition-sensitive integrated approach linking nutritional education with a multisectoral Community Nutrition Gardens (CNGs)

initiative that aims at improving the dietary diversity of women of childbearing age (15-49 years) and small children (6-23 months) and supports government partners through technical assistance and capacity building to improve nutritional outcomes. The initiative has reached out to 424,000 women and women of child-bearing age, pregnant and lactating women and 86,000 young children (6-23 months) in Madhya Pradesh and Maharashtra.

SENU implements a comprehensive Social and Behaviour Change (SBC) approach throughout its project activities. Based on evidence from qualitative and quantitative

studies that SENU conducted, a project SBC strategy was developed to guide the nutrition sensitive integrated approach towards effective promotion of good nutrition, hygiene, and food production practices. Key barriers and enablers of these practices were identified. Best practices were selected based on their potential to contribute to improved nutrition (impact) and seamless adoption by target groups (feasibility). Consequently, core activities of the project were adapted: e.g., the Nutrition-Participatory Learning and Action (N-PLA) training modules were revised. The sessions will also be facilitated at CNG sites and are now more focused on lowering identified barriers and

SENU: Participatory learning action session.
© GIZ SENU project





SENU: Recipe demonstration. © GIZ SENU project

strengthening enablers not only with women, but other important household members such as grandmothers and fathers, through targeted SBC messages. Jointly with the Department of Women and Child Development (DWCD), Madhya Pradesh, SENU developed a state-specific comprehensive SBC policy and strategy. DWCD works on 17

issues under three core thematic areas of nutrition, health, and hygiene; child protection; and gender equality and women empowerment. The SBC policy provides a strategic approach for addressing behavioural aspects of individuals, families and communities that affect issues such that departmental efforts get a stronger impetus to achieve

the targeted outcomes. The policy guided the department to plan interventions that address cross-cutting and specific barriers such as gender, women agency, attitude towards malnutrition and work towards collective responsibility, rebranding Anganwadi Centres as resource centres and promotion of the thematic areas as core rights.




SENU CNG: Husband supporting in work. © GIZ SENU project

Impact

The systematic SBC approach led to lowering of locally-identified barriers and strengthening enablers through evidence-based targeted messages and tailored activities. This approach helped to identify gender inequalities as a root cause and cross-cutting issue of lack of good nutrition, hygiene, and food production practices. The SBC strategy at programme and policy level now guides the way activities are planned and rolled out, e.g., strengthening male engagement and role of stakeholders became the primary theme of this year's National Nutrition Month celebration, in alignment with the existing government directives. Furthermore, capacity building and incremental learning became a focus.

Challenges & Mitigation Strategy

The SBC approach focuses on communication as well as advocacy and facilitating an enabling environment. Therefore, awareness and capacity building on SBC concepts was done with SENU project partners. Moreover, SBC is a wide umbrella and encapsulates not only an individual's ecosystem but of its own too. Activities under the SBC driven approach cannot stand alone. Therefore, supportive strategies/ interventions were also recommended to strengthen the project and the policy.



SENU implements
a comprehensive
Social and
Behaviour Change
(SBC) approach
throughout its
project activities.



Dr Susanne Milcher
Project Head
SENU project India, GIZ

“Adopting a Social and Behaviour Change approach makes it possible to tailor policy or project measures more specifically to the needs and contexts of the target groups, with the aim to enable them to adopt and sustain positive behaviours. SBC thus helps to make those measures more effective and efficient.”

SENU: Women working in nutrition garden. © GIZ SENU project



Smile Train's vision for Cleft Nutrition Programs is a world where every baby born with a cleft has the opportunity to thrive and grow, without being held back by any feeding challenges related to their cleft



ADEQUATE NUTRITION FAST TRACKS THE ROAD TO RECOVERY FOR CHILDREN WITH CLEFTS



Mobile Nutrition Van.

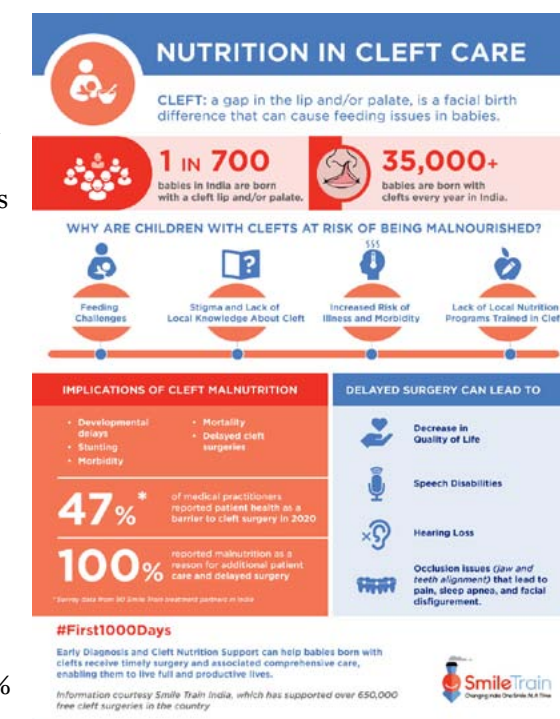
Nutrition has taken a center stage with the Prime Minister announcing the month of

September as Rashtriya Poshan Maah (National Nutrition Month) which strives to promote nutrition awareness and support for children, pregnant women and lactating mothers to eliminate malnutrition from the country. To ensure community mobilization and bolster grassroots level participation, the government also encourages participation of non-profit organizations to achieve optimum outcomes. Smile Train, the world's largest cleft-focused NGO, supports 100% free cleft surgeries and comprehensive cleft care services and joins the league to build measures to eliminate

malnutrition, more so applying a lens to the specialized nutritional needs for children with clefts.

Although with policy level interventions, India has made remarkable progress in the past few decades, malnutrition continues to be a major developmental challenge in India. As per NFHS 5 findings, in India, 32.1%, 35.5% and 19.3% of children under the age of five are underweight, stunted and wasted respectively. In accordance with data collated from Smile Train Partner Hospitals, 20-30% children born with cleft lip and palate are unable

to receive timely surgery due to malnutrition.



Importance of Nutrition in children with clefts

One in 700 children is born with a cleft lip and/or palate in India; annually, this translates to more than 35,000+ live cleft births in the country. Children with cleft lip and palate are uniquely vulnerable to malnutrition and subsequent growth problems, even when food supply is abundant. This is because clefts affect their ability to suckle and often make it very difficult to breast or bottle-feed. Malnutrition among children with clefts increases the risks for infection, illness or morbidity, and delays the life-transforming cleft surgery process. In extreme cases, malnutrition in a child with cleft can also lead to loss of a life. However, with proper knowledge and guidance, this can be prevented, treatment can be provided on time, and all other associated developmental delays can be addressed.

Smile Train's Nutrition Program

Smile Train's vision for Cleft Nutrition Programs is a world where every baby born with a cleft has the opportunity to thrive and grow, without being held back by any feeding challenges related to their cleft.

The Smile Train Nutrition Program serves as a nutrition resource for treatment partner hospitals, cleft teams, and those affected by clefts around the world. The Nutrition Program envisions to act as a safety net to ensure that children with clefts receive timely nutrition care and treatment and are able to

combat the reversible condition to grow on par with their peers. The comprehensive programs encompass three levels of support for feeding and nutrition:

- Feeding counseling for mothers and families
- Nutrition assessment for patients with clefts
- Nutrition care before and after surgery

While all cleft teams at treatment partner hospitals across India are equipped to provide feeding counseling for mothers and families, Smile Train India aims to expand their Nutrition Assessment and Care Program across the country so that children can receive their cleft surgery at the optimal age. Smile Train India piloted their nutrition assessment

and support program in 2019 and this service has now been extended to 34 treatment partners across 12 states. The project aims to increase nutrition support programs by 35% in the next 12 months. Under this program, Smile Train partner hospitals provide nutrition assessment, counseling and supplementary nutrition support to children with clefts from initial screening, till the period of post-operative care. Smile Train's sustainable model of empowering and training local healthcare workers fosters long-term relationships between families and cleft teams. This allows Smile Train's partner hospitals to ensure that the parents of children with clefts receive the right guidance for nutritional well-being from birth to completion of cleft surgery.



The Impact of Smile Train's Nutrition Program

Anuj was severely malnourished when he was first brought to the Smile Train treatment partner, Anandaloke Hospital at Siliguri, West Bengal, for his cleft surgery. At the age of three months, he weighed just three kilograms. His mother was too young to handle and feed a child with cleft lip and palate. Faced with prejudices and stigma, the mother found herself helpless.

The cleft team at the hospital took up the case with utmost priority and counseled the mother on the proper feeding methods and provided the family with milk supplements, food packets every month. Anuj's nutrition journey was remarkable, his health condition improved drastically, and his weight increased to a healthy 8.5 kilograms. He soon underwent his life transforming cleft surgery. The mother who was once scared to take her son out of the house fearing judgmental comments, now her happiness has no bounds! She also promises to spread awareness around the benefits of good nutrition for children in her own community.



Before surgery



After surgery

Anuj's journey and transformation with Smile Train's intervention.

"Malnourishment in a child is a major hindrance in conducting the timely corrective cleft surgery. In most cases knowledge is not the only issue, but families often also do not have adequate resources to support the nutritional requirements of their children with clefts. Smile Train's nutrition program is a boon for such families and helps us in accelerating the surgery procedure," says Dr Neela Bhattacharya, Plastic surgeon and Smile Train Program Director at Anandaloke Hospital, Siliguri.



Smile Train ambassador
Harnaaz Kaur Sandhu.

Celebrating Poshan Maah with Partner Hospitals

This National Nutrition Month is specifically remarkable as Smile Train India launched cleft – specific nutrition resource materials for health workers and parents in 14 different languages for diverse reach. Smile Train partner hospitals are leading activities to create a buzz around the need for nutrition among children with clefts in their respective locations through activities like rallies, feeding demonstration sessions, discussions etc. Smile Train organized workshops with RBSK officials from various state Health departments with special focus on nutrition for children with clefts.

Mobile Nutrition Vans were launched in areas that enlist a higher number of cleft births to ensure that monitoring and nutrition support for infants with clefts can be provided at their doorstep as travel to hospitals is



often a barrier to care for cleft affected families. As a part of our nutrition awareness activities, a series of online webinars were also facilitated by Smile Train to equip the partner hospitals with necessary information to handle nutrition related queries especially for children with clefts.

Beyond National Nutrition Month celebrations, the organization aims to keep spreading awareness about specialized nutritional care for children with clefts, 365 days in a year, taking along communities, government institutions and relevant partners to strengthen nutrition interventions at the local levels.



Nutrition awareness session in progress.



Celebrating Poshan Maah with partner hospitals.

Ushering in behavior and practice level changes to reduce malnutrition



Mamta Carroll
Senior Vice President and
Regional Director Asia
Smile Train

Smile Train is uniquely positioned to support the needs of children with clefts and our sustainable model is designed to foster long-term relationships between families and cleft care professionals. The concerns related to malnutrition among children with clefts are consciously included in our program and addressed to yield greater results in improving the nutrition indicators among children with clefts both before and after surgery. Although nutrition remains a core focus area for Smile Train, bringing a sustainable change would require increased community understanding of clefts, government and multi-sectoral awareness and collaborative actions. Poshan Maah, celebrated across the nation, provides one such opportunity and we are determined to leverage that optimally.



The spectrum of Rise Against Hunger India's program covers providing immediate assistance to meet today's food and nutrition needs and empowering communities to achieve sustainable food and nutrition security

ADDRESSING HUNGER BY TARGETING REMOTE LAST-MILE COMMUNITIES

Rise Against Hunger India envisions a world without hunger. Its mission is to nourish lives, empower communities, respond to emergencies and build a strong movement towards ending hunger. The program pathways of

Rise Against Hunger are aligned with UN – SDG 2 (Zero Hunger).

The spectrum of Rise Against Hunger India's program covers providing immediate assistance to meet today's food and nutrition needs and empowering communities to achieve

sustainable food and nutrition security. Nutrition specific and nutrition sensitive interventions under various pillars are undertaken by the non-profit at the community level. Broadly, the interventions undertaken by Rise Against Hunger India focus on:

- Supplementary food and nutrition to individuals and households as safety-net assistance (provisions of micro-nutrient fortified meals and other supplements to groups such as physically and mentally challenged, chronically ill patients, elderly persons, pregnant mothers etc.)
- Augmentation of quality intake of nutritious food at Anganwadis and schools – by providing Rise Against Hunger India meals and supplements.
- WASH interventions that include treatment and protection of water source, drinking water filters, fluoride treatment, sessions with children on hand-washing, hygiene, food safety etc.
- Promotion of nutri-gardens in schools and Anganwadis, kitchen garden at the household levels, vegetable farming in rural areas—to encourage dietary diversity in rural areas.
- Multiple livelihood focused activities in rural areas (goat farming, poultry, climate smart agriculture, food processing & storage etc.)

Distribution of fortified meals.



Nutrition Security For Undernourished And Vulnerable Population

Geography:

Rise Against Hunger India's program activities have covered 129 districts of 22 states across the country through direct interventions or through a network of 270 field partners. The program operates through 3 Program Offices which are located in Bangalore, Mumbai and Delhi. In six eastern states, Rise Against Hunger India is directly reaching to more than 173 villages of 13 most deprived districts through its 2 cluster offices.

Target population:

- Deprived and most vulnerable communities (physically and mentally challenged persons, persons with chronic diseases, elderly persons, orphan/abandoned children, destitute, particularly vulnerable tribal groups etc.)
- Pregnant women and lactating mothers
- Malnourished and underweight children
- Adolescent girls and boys
- Rural households with high level of food insecurity



Poshan Maah Celebrations at an Anganwadi.



Impact

Rise Against Hunger India's program impact has been outlined below:

- 22.3 million meals provided to the needy and vulnerable communities across 19 states of India.
- About 5 million meals/nutritious food provided annually to individuals and households.
- 2,155,672 lives nourished in the past 7 years in partnership with 270 institutions and NGO.
- 1,659 vulnerable households in rural areas and over 9,000 individuals in metro cities such as Bangalore, Delhi, Mumbai and Hyderabad are regularly getting fortified meals from Rise Against Hunger India.
- 2,500 farmers moved away from water intensive crops to adapt climate resilient crops like millets. Five FPOs federated to produce and market millet products.
- 6,368 farmers have been supported to practice the diversified vegetable production.
- 235 women farmers adopted goat farming as an alternative livelihood.
- 900 families in 2 villages in Odisha received fluoride treatment solutions and filters to have access to safe drinking water.
- Water treatment plants in Kerala and Kalapota, West Bengal installed, benefitting 6,000 families.
- 45,491 volunteers engaged in growing the movement towards ending hunger.



Goats distrution among women in Madwabaran village, Bounsi, Banka, Bihar.



Goat farming, Madhya Pradesh.

Challenges & Mitigation Strategy

It is a misconception that hunger and malnutrition have to do only with lack of food. A healthy diet is about much more than calories. Vitamin and mineral deficiency— otherwise known as “hidden hunger” – is widespread even among the economically well off communities. As many as three billion people in the world cannot afford a healthy diet, even if they spend most of their income on food. In India, about 70% of the people cannot afford a healthy diet (Source: Food Prices Data Explorer - Our World in Data). This will be much higher among the most vulnerable population who are the primary target of Rise Against Hunger India’s food and nutrition security initiatives. The situation is even worse for those living in remote rural and tribal areas. The uncooked khichdi mix that Rise Against Hunger India provides comes with a small sachet of 23 micronutrient and vitamin mix. This in a way helps meet the immediate needs for a limited number of people.

The only way such groups can have access to nutritional food in a sustainable manner is to make such food available locally through crop diversification, bio-fortification, food value chain enhancement, improved storage and food safety practices. With this objective, Rise Against Hunger India is introducing new initiatives such as Nutrition Sensitive Value Chain projects. Also, pilot initiatives in local communities to document and promote locally available nutritionally rich food items are being undertaken. Moreover, the most important action being planned is to encourage behavior change in local communities.



Kitchen garden.



Rise Against Hunger India meals.

The uncooked khichdi mix that Rise Against Hunger India provides comes with a small sachet of 23 micronutrient and vitamin mix.



Millet Hotel run by an FPO.

Rise Against Hunger India has chosen to work in some of India’s most food-insecure districts (as per IFPRI data) where the nutritional and health indicators are among the lowest in the country. The premise of going into such hard-to-reach vulnerable population (what can be termed as “hunger hotspots”) is: instead of filling the gap here and there, and not being able to sufficiently demonstrate the impact we are creating, we should work with groups that are among the most food-insecure by any yard stick and those who are underserved or unserved. By investing our resources and energy in groups that are rather neglected from the mainstream, we are trying to choose the most difficult path for program implementation.

Dola Mohapatra
Executive Director
Rise Against Hunger India

The leadership and the Board of Rise Against Hunger India think that even if we are able to make a nominal impact in these people’s lives, our efforts will have more meaning than say in a less difficult or less challenging environment.

Another major initiative that we are planning to re-initiate soon under our Hunger/Food Education program is to engage school children (between grade 7 and 9) to educate students about food, food-waste, farming, farmer’s life, food journey, nutrition etc.



The Power of 5 program not only supports the Indian government's Poshan Abhiyaan but also aligns with the United Nations SDG 2: Zero Hunger



BUILDING SYNERGY WITH GOVERNMENT INITIATIVES

SRF Foundation is working with the marginalized members of the community through interventions in Education, Vocational skills and Livelihood and Natural Resource Management. SRF Foundation is creating a sustainable impact by working closely with like-minded organizations.

Power of 5

The rapid progress made in economic development has not translated to household food security and good nutrition. Public health issues related to malnutrition are still present.

Poshan Abhiyaan is working towards improving the nutritional status of children (0-5 years age), pregnant women and lactating mothers. To have a greater impact of the program in the community, the Power of 5 program not only supports the Indian government's Poshan Abhiyaan but also aligns with the United Nations SDG 2: Zero Hunger.

Poshan Mitra creating awareness through Nutrition and WASH campaign.



Poshan Mitra talking about nutrition and WASH to a small group of women in the village.

Power of 5: At a Glance

Objective: Amway's Power of 5 campaign intends to address childhood malnutrition

Geography : The Power of 5 program in Haryana's Nuh Block of Mewat district is improving the nutritional status of 25,000 children across 42 villages.

Target population:

Beginning in 2020, the two-year program is benefitting 60,000 individuals, including 25,000 children (between the ages of 0- 8 years) in 42 villages in the Nuh block of Mewat district, Haryana.

Amway India's 'Power of 5' program, being implemented by SRF Foundation, is a community-based nutrition campaign targeted at mothers and caregivers of children under the age of 0-8 years. It aims to improve the nutritional knowledge and practices inclusive of complementary feeding, hygiene practices, growth monitoring, and dietary diversity. As a part of the program, Amway introduced Nutrilite™ Little Bits™, a micro-nutrient supplement for undernourished children in the age group of 3 – 6 years. The Nutrilite™ Little Bits™ product consists of an odorless and flavorless micronutrient powder. It contains iron and other essential micronutrients such as vitamin A, D, E, C, B1, B2, B3, B6 and B12, folic acid, zinc, copper, selenium, and iodine.



Nutrilite™ Little Bits™ can help manage micronutrient deficiency, including iron deficiency, anaemia.

Several initiatives were undertaken to build a synergy between the government programs and the Power of 5 program.

Poshan Mitras or the grassroots level workers conducted anthropometric measurements to identify malnourished children. Immediate nutritional intervention and timely referrals of the identified 6,000 malnourished children was started by closely monitoring their health through regular home visits. The intervention showed significant improvement in the health status of the children. The two-year nutrition education program has enabled some mothers to shift their habits and they tried to improve the nutritional status of their family members. These mothers were acknowledged and appreciated for their effort during the Poshan Maah celebrations.

Amway employees celebrated the Poshan Maah by participating in community interventions. The employees painted the walls of Anganwadis with art that created awareness on nutrition and WASH practices, thus leading to a greater impact on the community.

This synergy between the Power of 5 program and government initiatives is enabling the community to change the outlook of nutrition and WASH practices, thus building healthier communities one child at a time.



Distributing Nutrilite™ Little Bits™.



Appreciating mothers for their efforts.



Smiling with Power of 5.



Making a difference.

Amway India's 'Power of 5' program, being implemented by SRF Foundation, is a community-based nutrition campaign targeted at mothers and caregivers of children under the age of 0-8 years.



Dr. Suresh Reddy
Director
SRF Foundation

The Poshan Mitras are local women and champions of the program. Equipped with knowledge on nutrition and WASH practices, they are working towards creating a sustainable model by creating awareness and thus building a healthy village. Through campaigns like skits and rallies they are creating a culture which supports working together as a community for the larger good. The program's success has encouraged Amway India to expand the programs at Kolkata, Mumbai, Chennai and Sohna, and the program will be benefitting over 3.50 lakh people, including mothers, caregivers, community members, and over 80,000 children.



Bandhan-Konnagar's initiative aims to increase awareness among rural adolescent girls around nutrition, personal hygiene and sanitation issues

EMPOWERING ADOLESCENT GIRLS

India is home to 243 million adolescents of which around 50% are female. The adolescent population in India face crisis in terms of malnutrition that affect their growth and development along with livelihood at adulthood. The National Family Health Survey (NFHS-5)

indicates prevalence of anaemia in India amongst women of 15-49 years age group at 57%. Around 50% of anaemia happens due to lack of iron content in food. Food insecurity and lack of food diversification are major causes of anaemia among adolescent girls. As per UNICEF (2017), over 25% of adolescents reported

no consumption of green leafy vegetables even once a week.

Adolescent girls who are anaemic when reach pregnancy face an increased risk of maternal death, premature delivery and delivering low birth weight babies. Born to anaemic mothers, children are also more likely to become

Counselling and measuring of BP underway.



anaemic, transferring the risk of poor growth and development to the next generation. Bandhan-Konnagar, a not for profit organization registered as a society in 2001 under West Bengal Societies Registration Act 1961, has focused its health initiatives mainly on safe motherhood and nutrition issues.

Take Care To Dare

The Take Care To Dare initiative

intends to increase the awareness level and influence behaviour among rural adolescent girls around nutrition, anaemia and menstrual hygiene management. The initiative covers eight Panchayats in districts of South 24 Parganas, North 24 Parganas and Nadia, all in West Bengal.

Women, children and adolescents have enhanced needs of micronutrients. The nutritional

status of women around the time of conception and during pregnancy is crucial. Anaemia during this period has long-term effects on foetal growth and development. Adverse effects of malnutrition and anaemia on child health reduce the chances of survival, particularly within the first 1000 days from conception, resulting in serious physical and cognitive consequences.

Major activities under Bandhan Health Programme (BHP) are

- Monthly community health forum on anemia, nutrition and menstrual hygiene management
- Household visit for counselling
- Encouraging consumption of IFA tablets
- Distribution of seasonal seeds for nutrition gardening
- Half yearly assessment of Food Consumption Score and BMI
- Monthly Health camp by MBBS doctors
- Observation of World Menstrual Hygiene Day and National Nutrition week as mass awareness event
- Supervision and monitoring
- Baseline and Endline survey

Frontline staff and community volunteers at a health forum.



Impact

Bandhan-Konnagar seeks to empower adolescent girls and young women on prevention of anaemia, enhance diversity of food and management of menstrual hygiene. The project started in October 2020 with a three-year timeline drawing support from the Bandhan Bank Limited. Major findings of the midterm assessment on sample population are summarised below:

Indicators	Baseline %	Mid-term %
Knowledge about anaemia and its causes	19.56	63.02
Anaemia	36.69	32.86
Acceptable Food Consumption Score	-	59.77
Normal BMI	49.31	55.92
Practicing menstrual hygiene	56.06	94.87

Bandhan-Konnagar firmly believes that once the community becomes aware of health issues and starts good practice, the impact sustains.

Doctor examines a patient.





Challenges & Mitigation Strategy

As per the organization's midterm assessment, the Food Consumption Score was found satisfactory for 59.77%. This implies that around 40% of the respondents don't consume age and gender specific balanced diet that is essential for their growth and development. Poverty and lack of access, and affordability to nutrition items is the major reason. To mitigate the impact of poverty, Bandhan staff members are liaising with the local stakeholders to extend their support towards these needy populations. Additionally, the project enhances financial literacy among the targeted beneficiaries to ensure that poor households are better in managing their financial resources and increase their savings so that they can invest better on essentials like nutrition, education and health care.

Food insecurity and lack of food diversification are major causes of anaemia among adolescent girls.



Estimation of Haemoglobin percentage.



Shantamay Chatterjee
Vice President
Bandhan-Konnagar

At Bandhan-Konnagar, we dream of a healthier nation. Women and adolescent girls are the key to achieving victory over poor health and nutrition status. Age and gender sensitive dietary diversity at household level needs to be addressed that demands economic empowerment of poorer households as well. Bandhan-Konnagar works with communities in vulnerable pockets across the nation and we seek to look at development holistically and learn from the community and empower them to rise above poverty, hunger and malnutrition. By 2025 we expect to influence and change the malnutrition status of 5 lakh households in India.



Setco Foundation's flagship initiative Khushi focuses on preventive health, balanced nutrition, and child developmental practices through embracing, educating, and empowering mothers and children in their social environment

COMBATING THE RISKS OF POOR NUTRITION

Setco Foundation started its journey in 2009 working with a sustainable model of collaboration with communities to develop equitable access to Nutrition, Healthcare and Education for women and children.

Khushi: Addressing Malnutrition

Setco Foundation's Khushi programme addresses malnutrition amongst children under 6 years of age, adolescent girls, expectant and nursing mothers through various interventions with a life cycle approach. The challenge is to combat the risks of poor nutrition,

inadequate health, high incidence of undernutrition, and mortality rates, along with poor utilization of public health services. The programme focuses proactively on preventive health, balanced nutrition, and child developmental practices through embracing, educating, and empowering mothers and children in their social environment.

Expectant and nursing mothers are regularly counselled by Setco Foundation's CHWs.



Khushi: An Overview

Coverage: The programme covers 18 villages in Kalol district of Panchmahal in Gujarat.

Target population: 4396 beneficiaries (including children between the age group of 0 to 6, pregnant and nursing mothers, and adolescent girls).



Nandghar inculcates the importance of early childhood health and education.



Aayushi programme adopts an inclusive approach to development.



Menstrual awareness.

Under its flagship initiative Khushi, Setco Foundation carries out the Aayushi programme that adopts an inclusive approach to development where support is provided to expectant and nursing mothers through ante-natal and post-natal care, periodic home-based counselling, supplementary nutrition, full immunization, and linkages with government health services through the Foundation's Helpdesk programme. Any foetal risks are mitigated by providing expectant mothers with systematic health monitoring, thus ensuring safe institutional deliveries. The expectant and nursing mothers are regularly counselled and trained by Setco Foundation's Community Health Workers (CHW/s). These health workers form the backbone of the community initiatives carried out by Setco Foundation.

Sukhdi: Nutritious Food
'Sukhdi' is a nutritious food conceptualized by the Foundation team. It consists of ghee, sugar, wheat flour, flax seeds etc. and is prepared by the women of self-

help groups (SHGs) supported by the Foundation. Sukhdi serves as a supplementary nutrition to expectant and nursing mothers. Setco Foundation has extended the outreach of Ayushi to adolescent health and nutrition. Through focused initiatives such as health screening, counselling, supplementary nutrition as well as menstrual health and hygiene awareness sessions, the Foundation is proactively creating a difference to the youth health in the region. Supplements like Amulspray are provided for children who suffer from malnutrition.

Nandghar: Early Childhood Care & Education

The Nandghar programme monitors child growth and development for children between the age group of 3 to 6 years. Through Nandghar, the Setco Foundation inculcates the importance of early childhood health and education in the community. Workshops and activities are conducted for

parents of children attending the Anganwadi to keep them involved in the development of their child.

Pahel: Care Through Child Development Aides

Pahel is the early childhood development centre that has been introduced to support families

and children with developmental disabilities. The centre uses a monitoring and assessment tool, GMCD (Guide for Monitoring Child Development) which identifies children with special needs and provides the required treatment with care through trained Child Development Aides (CDAs).

There has been a significant improvement in the community on several health indicators.

Impact

After more than 13 years of intensive field-level interventions, Setco Foundation has observed a stark improvement in maternal and child health in the intervention areas. The learning approach has shown a huge transformation in the children.

There has been a significant improvement in the community on several health indicators such as:

Indicator	Status
Institutional Deliveries	100%
Live Birth	96%
Healthy Birth weight	96%
Early Exclusive Breastfeeding within 1 hour	76%
Normal weight children (0-3 years of age)	88%
Normal weight children (3-6 years of age)	93%
Adolescent girls with normal weight (BMI)	68%

Challenges & Mitigation Strategy

Like all other community-based interventions, creating awareness on health and nutrition practices among the community members and enabling them to seek their rights and services has taken more than 10 years of intensive work. The Foundation's Community Health Workers have tirelessly worked with the community members to achieve increased levels of awareness and improved nutrition and health parameters that we witness in our community today. Liaising with government officials as well as key stakeholders within the community such as religious leaders has helped the Foundation to improve its outreach.

Rescuing childhood from clutches of malnutrition

Name of child: *Haya Waseem Nata*
Weight: *1.800 kg at birth*
Name of Community Health Worker: *Sunitaben*

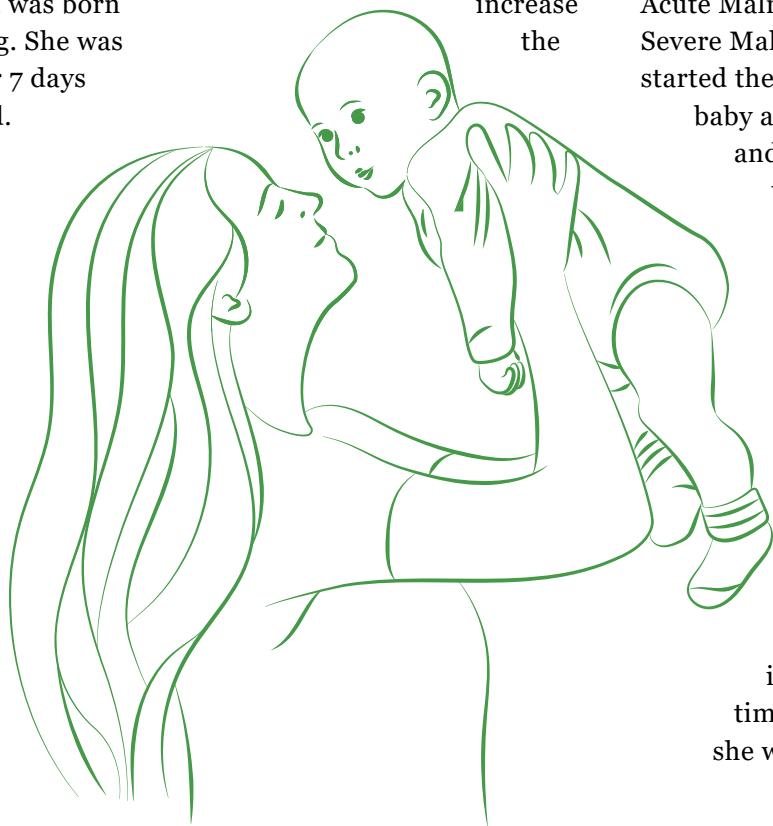
This is a story of the persistent and dedicated work of a Community Health Worker (CHW) associated with Setco Foundation.

During the regular Ante-natal Checkup (ANC) for the child’s mother, it was detected by the doctor in sonography that the baby’s heartbeat was slow and the amniotic fluid was also reduced. The doctor advised a C- section delivery as normal delivery might be risky for the mother and child. The baby girl was born underweight at 1.800 kg. She was kept in an incubator for 7 days before being discharged.

During the ANC follow up visit it was noticed that the baby girl had difficulty in breastfeeding. The CHW also observed that after breastfeeding the baby used to vomit the milk. After consulting the doctor, the mother was advised not to breastfeed the baby for 3 months. The CHW explained to the family that along with milk the baby

needs the kangaroo care so that the baby can gain weight and become healthy. CHW Sunitaben demonstrated how to do the kangaroo care which any member of family can provide.

When the doctor advised the mother to start breastfeeding, the baby had forgotten to feed and was reluctant to do it. Also the milk production by the mother had decreased. The CHW then informed the mother about the proper diet protocols which would increase the



milk formation for the mother. The baby became ill with symptoms of pneumonia. She received timely treatment but suffered a setback in weight gain due to it. The CHW Sunitaben was very persistent and kept visiting the mother-child duo in order to keep a track of their health.

All the efforts by CHW Sunitaben resulted in a positive change and at 6 months checkup, the baby weight was 5.500 kg. Thus the baby shifted to MAM (Moderate Acute Malnutrition) category from Severe Malnutrition. The CHW started the Amul spray for the baby also explained mother and family how to feed it to the baby.

Both mother and baby then attended the Ann prashan session at the Foundation’s Anganwadi and the CHW shared diet protocols with the mother. The mother and other family members diligently followed the instructions and by the time the baby turned one, she weighed 7.900 kg.

Care for special children

Name of child: *Pranay Vijaibhai Varia*
Name of Child Development Aid: *Manisha*
“It does not matter how slowly you go as long as you do not stop”
– Confucius

The above words define the story of Pranay Vijaibhai Varia and Child Development Aide (CDA) Manisha. Pranay is a child with special needs going through life’s daily activities with courage and family support. Though he was a full-term healthy baby, at birth, he did not cry and due to his low sugar level, he was kept in the incubator for a day. Six days after birth, he suddenly developed jaundice and turned yellow, and was rushed to the local hospital in Kalol, which further referred his case to Baroda. While travelling to Baroda, he suffered an epileptic fit attack which further complicated his condition leading to the wrong diagnosis and treatment with blood transfusion. He was finally given an injection for curing jaundice. Although after a few days he was discharged, but the damage was done.

Pranay is now 4-year-old and lives in a joint family with his parents and grandparents. Manishaben met Pranay at the GMCD and DASII assessments by which he was identified to be in group 4. The epileptic attack had affected his hearing ability, and during the early GMCD, it was found that he was suffering delayed development by 1 to 1.5 years in total. His mother shared her

concern that he was not sitting, walking, or speaking like the other children of his age.

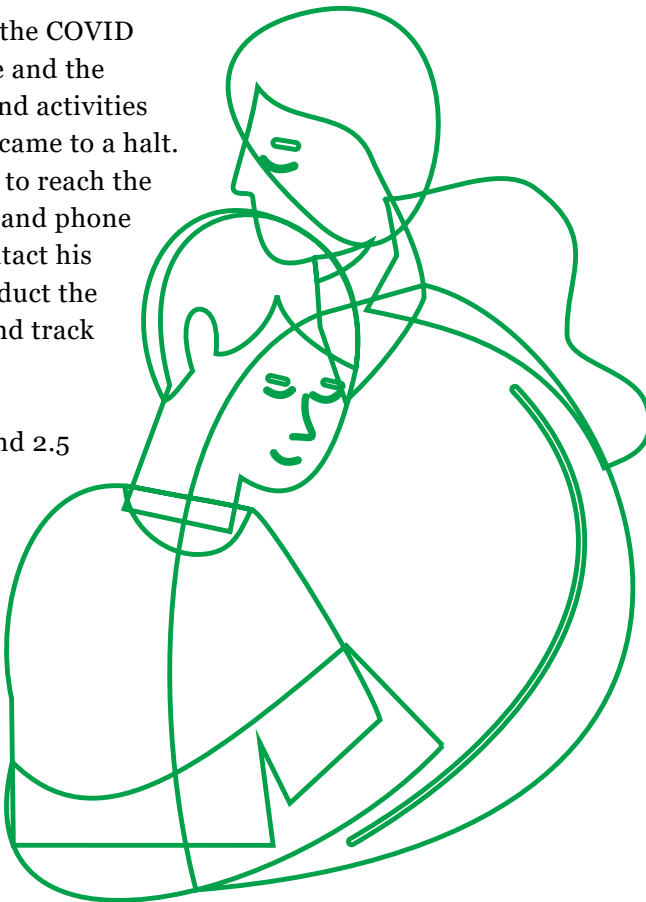
During the GMCD session, CDA Manishaben noticed that he was having severe difficulty with his speech and physical development. She made it her goal to work on his speech and physical development and if possible, to also get his cochlear operation done with government support.

But soon after that, the COVID lockdown took place and the necessary support and activities that had to be done came to a halt. The CDA made sure to reach the child through video and phone calls. She would contact his parents daily to conduct the activities at home and track his progress.

It took Pranay around 2.5 years to say his first babbling words after repeated efforts. That was a memorable day for his mother and the CDA Manishaben. At present, after 3.5 years of ceaseless and steady interventions, Pranay can perform

all basic activities with little assistance. He also communicates with his family and participates in group activities. His training and rehabilitation are still ongoing in the Pabel centre and he regularly participates in all his sessions.

The family members are thankful to Setco Foundation and CDA Manisha who reached out to them and supported them through these challenging times.



Creating awareness
on health.



Happy faces.

“Our journey has been of courage, optimism, and hope. Setco Foundation started its journey in 2009 with a modest vision to improve the quality of health of women and children in the villages around Kalol. However, in 13 years we have grown from one Aanganwadi to multiple interventions adopting a life cycle approach to development, with people, process, and technology driving the various initiatives.

We have been fortunate to have generous donors, passionate employees, and hard-working field workers who with empathy and kindness have patiently over the years created a change at the grassroots of the communities we engage with.

The year 2020-2021 has been a year of unimaginable courage, fortitude, resilience, patience, and adaptation. Our health workers, child development aides, and Anganwadi teachers continued to monitor the families, high-risk mothers, babies, and special needs children, with referrals, nutritional care, teaching material, curriculum, and support telephonically and through video calls. Our communities experienced a minimal increase in malnutrition or any other non-Covid negative health, and social outcomes. Efforts of the past decade created a buffer and our communities remained strong and resilient. This tremendous achievement was because of Setco Foundation's ground and leadership teams, which had



Urja Shah
President
Setco Foundation

“seamlessly and tirelessly pivoted to remote working. Today, we have gone back to normal, but are also putting to use our learnings from the pandemic times.

The way forward is yet evolving; we have plans in the future to move these projects into a community-based organization with community-owned initiatives and priorities. We would be enablers for community partnerships in the sector for ideas and growth as well as for collaborations with government agencies. Supporting women and child development continue to be our primary focus as always.



Under M3M Foundation's Poshan initiative, over 1.50 lakh meals are provided every month to more than 5500 migrant workers across different worksites in Gurugram

MEALS FOR THE MIGRANT

M3M foundation joined hands with ISKCON and started Project Poshan in May 2020.



M3M Foundation is the philanthropic arm of M3M Group; working towards bringing an equitable development that helps in attaining a brighter India. The Foundation envisions growth and development for all through support to government initiatives and proactive steps in the developmental regime. It is determined to bring development across all sections of the society by undertaking projects that ensure holistic growth.

The lack of access to proper and adequate nutrition leads to food

insecurity and hunger amongst people. The Foundation believes that working towards equal nutrition for all is the impetus for global development. The extent and depth of the adequate nutrition crisis are unsettling, as hunger is not due to lack of food, but lack of resources.

Project Poshan

The lockdown in India was one of the harshest in the world as it severely restricted the mobility of people, especially in dense urban areas. In particular, the lockdown adversely affected the estimated 139 million migrant workers in India. Migrant workers are the backbone of India's

informal economy, with the majority of them migrating to cities like New Delhi, Gurugram, Mumbai, Bengaluru, Kolkata, and Pune, from villages in Uttar Pradesh, Bihar, West Bengal, Odisha, Jharkhand, etc. Most of the workers are seasonal migrants and usually reside in rooms or settlements with other workers that are close to their places of work, like labour sites or workshops. Many of them are also daily wagers. Thus, with the closure of shops and workspaces, millions of migrant workers faced existential uncertainties over their basic needs like food, shelter, and employment. The closure of rail and road transport

Nutrition and food safety is as important as the right to occupational health and safety.





Project Poshan was started in May 2020.

also severely crippled their mobility as they were unable to return to their villages—where many workers and families had access to support systems or even alternatives to employment or income generation. As a result, India witnessed the “exodus” of millions of migrant workers who returned to their villages on foot, on bicycles, or stowed into containers on trucks. As of June 2020, nearly 200 migrant workers were killed in road accidents during the lockdown.

Migrant workers come from various distant states and districts in search of a job. Many times they neither have any proper place for a living nor do they have a proper arrangement to cook their food. With the outbreak of the pandemic, the migrant/ migrant workers dealt a severe blow. They had no means of income due to the national lockdown. This particular community was in distress. With minimum income in hand and uncertainty of the future, directly affecting their food consumption level, these people

were eating one time a day to save money for their uncertain future. This in turn had an adverse impact on their health and also affected their performance.

To address this issue, M3M foundation joined hands with ISKCON and started Project Poshan in May 2020, where every migrant/migrant worker was provided cooked food every day. By providing meals to migrants/migrant workers, M3M Foundation aimed that no one slept hungry.



Migrant workers are the backbone of India's informal economy.



Distribution of meals.

Poshan-An initiative under Kartavya Program

Geography: Gurugram, Haryana

Target population: Migrant workers and their families

Objectives: i) To provide cooked food to all the worksite labourers to improve their nutrition levels
ii) To retain the workforce and prevent the migrant workers from moving out of their work



Impact

With the introduction of the Poshan initiative under the Kartavya program by M3M Foundation, more than 1.50 lakhs meals are provided every month to the 5500+ migrant workers across different worksites in Gurugram.

When the nationwide lockdown was imposed, the migrant workers had to face a lot of difficulties in accessing essential food items due to the shortage of supply. The most affected were women with no ration cards and those with young children, as they could not stand in queues for long hours. Although there was a provision wherein those without ration cards could obtain ration through e-tokens, many could not avail this benefit due to lack of awareness/means to apply online and absence of valid document proof like Aadhar cards. Often, the food received by the household was thus not enough for all the family members.

Nutrition and food safety is as important as the right to occupational health and safety. Many workers spend at least a third of their day or half of their waking hours at work. They usually get an hour break for lunch or to take rest. But unfortunately, most of them spend the break arranging food for themselves.

The importance of adequate nourishment for general health and work productivity hardly needs any emphasis. Providing meals to the migrant workers at their worksites not only helped them to tackle the problem of food availability at home, but also allowed them to take rest during the lunch break and hence had a direct positive impact on their health and productivity.



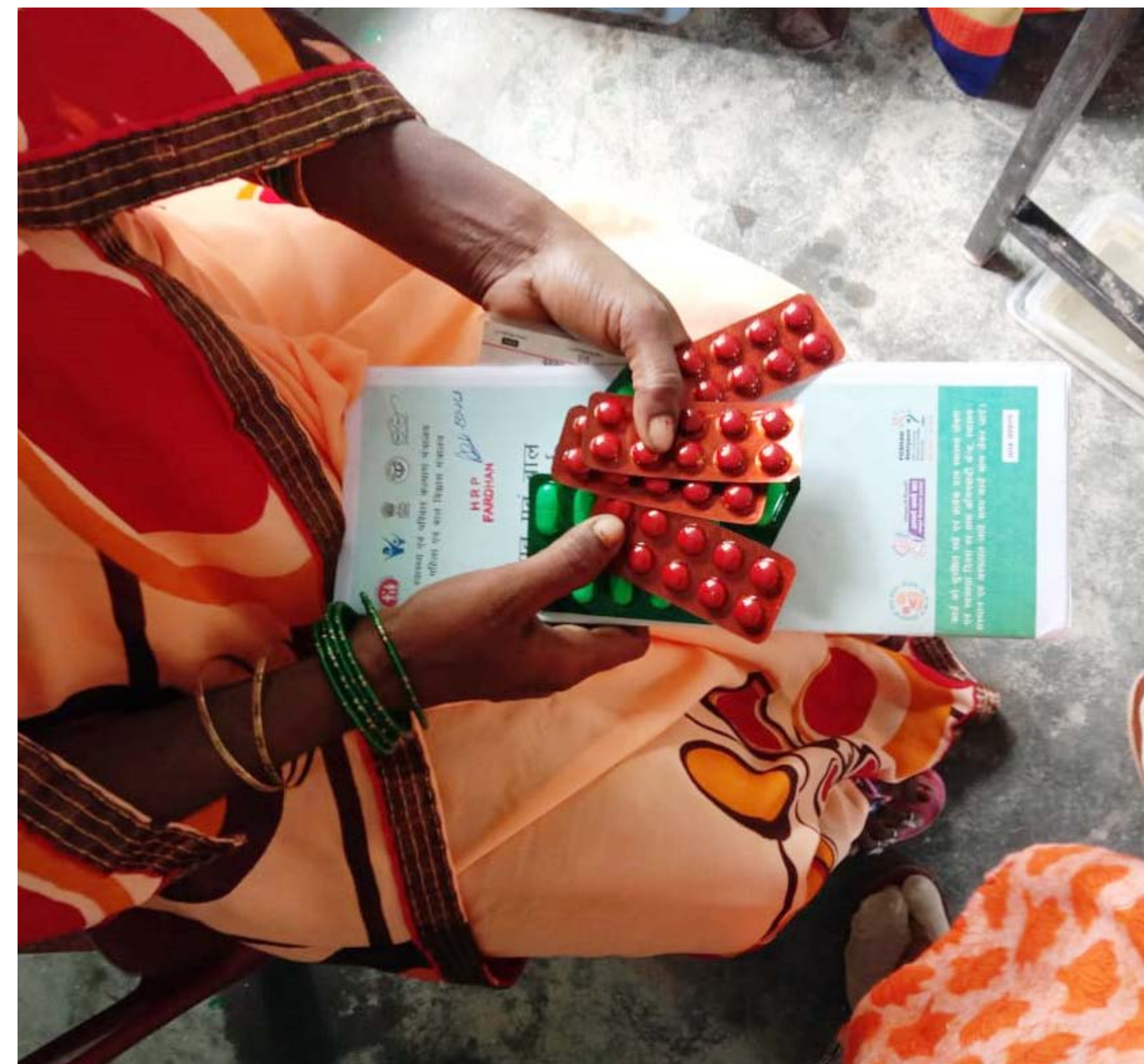
Dr. Payal Kanodia
Trustee
M3M Foundation

We always believe in “investing in the cause”. It helps us contribute to the communities in the midst of crisis or at the risk of hunger or poor nutrition. The act shouldn’t be just seen as the right deed, but as an attempt towards social equality. Poor nutrition underlies numerous issues of safety, productivity and long-term health of the migrant workers. Our approach to provide nutritious meals to the migrant workers, especially during the COVID crisis, enabled us to contribute towards SDG Goal 2 that aims to end hunger and all forms of malnutrition by 2030.



The UPTSU has been working towards strengthening of community based platforms, facility and health systems for improved maternal and child health and nutrition outcomes

IMPROVING AVAILABILITY OF IFA TABLETS FOR PREGNANT WOMEN THROUGH VHSNDs



A pregnant woman holds her IFA tablets and MCP card.

Anaemia in pregnancy is one of the most significant public health problems across the world but worst in settings with poor antenatal practices. The World Health Organization (WHO)/World Health Statistics data shows that 40.1% of pregnant women worldwide were anaemic

in 2016. Data from the fifth round of National Family Health Survey (NFHS 5) suggests that anaemia is widely prevalent among all age groups, with 45.9% of pregnant women and 56% of lactating women being anaemic in Uttar Pradesh, India.

The Lancet Global Health¹, reaffirmed the association of

maternal anaemia with maternal mortality and concluded that severe anaemia (defined as haemoglobin concentrations of <70 g/L) during pregnancy or post-partum doubled the risk of maternal death. In Asia, anaemia (irrespective of the severity) is the second leading cause of maternal death, accounting for 12.8% of independent deaths due

¹Maternal anaemia and risk of mortality: a call for action.
Published Online, March 20, 2018, [http://dx.doi.org/10.1016/S2214-109X\(18\)30185-2](http://dx.doi.org/10.1016/S2214-109X(18)30185-2)

²Meharun-NissaKhaskheli, Shahla Baloch, AneelaSheeba, Sarhad Baloch, and Fahad Khan KhaskheliPak J Med Sci. 2016 May-Jun; 32(3): 630–634.
³Allen, L.H. (2000). Anaemia and iron deficiency: effects on pregnancy outcome. American Journal of Clinical Nutrition, 71(5), pp. 1280-1284
⁴WHO (2015). The global prevalence of anaemia in 2011. Geneva: World Health Organization
⁵WHO (2014). Global nutrition targets 2025: anaemia policy brief (WHO/NMH/NHD/14.4). Geneva: World Health Organization

to postpartum haemorrhage². Evidence suggests that anaemia in pregnancy can also result in low birth weight babies and preterm babies³.

Anaemia during pregnancy is attributed mostly to nutritional causes and it is encouraging to know that preventive iron supplementation reduces maternal anaemia by 70% during the term of pregnancy⁴. Iron and Folic Acid (IFA)

supplementation for anaemia prevention among pregnant women is one of the top-ranked interventions recommended to improve maternal health. The World Health Organization (WHO) recommends daily iron-folic acid (IFA) supplementation of 30-60 mg elemental iron, along with 13 other nutrition recommendations⁵ to provide woman-centred, comprehensive, and individualized antenatal care (ANC).

In the rural areas of UP, IFA tablets are distributed through existing service delivery platforms of the government to all pregnant women and lactating mothers. It is a proven fact that ANC services act as the key entry point for delivery of IFA supplements to pregnant women. However, ensuring the availability of IFA tablets across all the service delivery platforms has been a challenge.

Counseling on IFA intake.



Intervention

The Uttar Pradesh Technical Support Unit (UPTSU) is funded by the Bill and Melinda Gates Foundation and implemented primarily by India Health Action Trust (IHAT), with technical assistance from Institute for Global Public Health, University of Manitoba (IGPH-UoM) and support of other partners to reduce inequity in health outcomes by increasing the effective coverage⁶ of health services. The UPTSU has been working towards strengthening of community based platforms, facility and health systems for improved maternal and child health and nutrition outcomes by focusing on the availability, utilization and quality of services in Uttar Pradesh. To improve the availability of IFA tablets across service delivery platforms, for pregnant and lactating women, UPTSU intervened as follows.

Estimation of IFA tablet requirement

UPTSU assessed the requirement of IFA tablets at a population level for women who are pregnant and breastfeeding. In accordance with the current population estimates, Uttar Pradesh needs 220 crores of IFA tablets annually and its regular procurement had been 20 crores. To increase the availability and supply of IFA tablets to the last mile, UPTSU worked with the health department of the Government of Uttar Pradesh (GoUP), to determine the actual IFA requirements.



Determining the actual IFA requirements.

Improving procurement and supply mechanism at the last mile

UPTSU assisted the Government of Uttar Pradesh (GoUP) in establishing the Uttar Pradesh Medical Supply Corporation (UPMSC) for a robust procurement and supply mechanism till the last mile;

to procure drugs centrally, to identify the warehouse locations and to operationalise them. UPTSU supports GoUP in strengthening UPMSC to be responsive to the needs of the public health supply chain system. Over a period of time UPMSC procured an approximate of 150 crores of IFA (as of July

⁶Amouzou, A. et al. (2019) 'Advances in the measurement of coverage for RMNCH and nutrition: from contact to effective coverage', BMJ Global Health, 4(Suppl 4), p. e001297. doi: 10.1136/bmjgh-2018-001297

2022). Subcentre-wise IFA tablet estimates were developed, the ANMs and Pharmacists were oriented on the indenting process as per the requirements. The estimation was displayed in the Community Health Centres (CHCs) at block level and in the office of the Chief Medical Officer (CMO) at the district level. Another process of sharing of IFA availability status was in the Quality Improvement (QI) meetings at the block level, in the Monthly MoICs Review Meeting (MMRM) and in the District Weekly Review (DWR) meeting at the district level.

In addition, UPTSU helped in the customisation and rollout of the Drugs and Vaccine Distribution Management System (DVDMS) which serves as the IT backbone

for managing the supply chain of drugs in the state.

Measuring availability of IFA tablets at the last mile

The Village Health Sanitation and Nutrition Day (VHSND) is a Government initiative to improve access to Maternal, New born & Child Health, Nutrition, Sanitation services at the village level. VHSNDs are intended to be organized at every 1000 population once a month preferably on a Wednesday or Saturday at the Sub-centre, Aanganwadi Centre (AWC) or any other location suitable for the local community. On VHSNDs, the Frontline Health Workers (FLWs) that include Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs) mobilise the beneficiaries for

availing the health and nutrition services.

IFA availability at the last mile requires thoughtful interventions at all levels, including forecasting, buffer stock, and addressing the training needs of the front line workers (FLWs) on IFA counselling and distribution. To address the multi-level factors that may affect IFA availability at VHSNDs, UPTSU developed a standard ODK checklist to record the real time status of IFA tablets. For the purpose, VHSND sessions were selected in 75 districts of UP by adopting random sampling technique. The availability of IFA tablets was recorded by the district and block level staff of UPTSU.

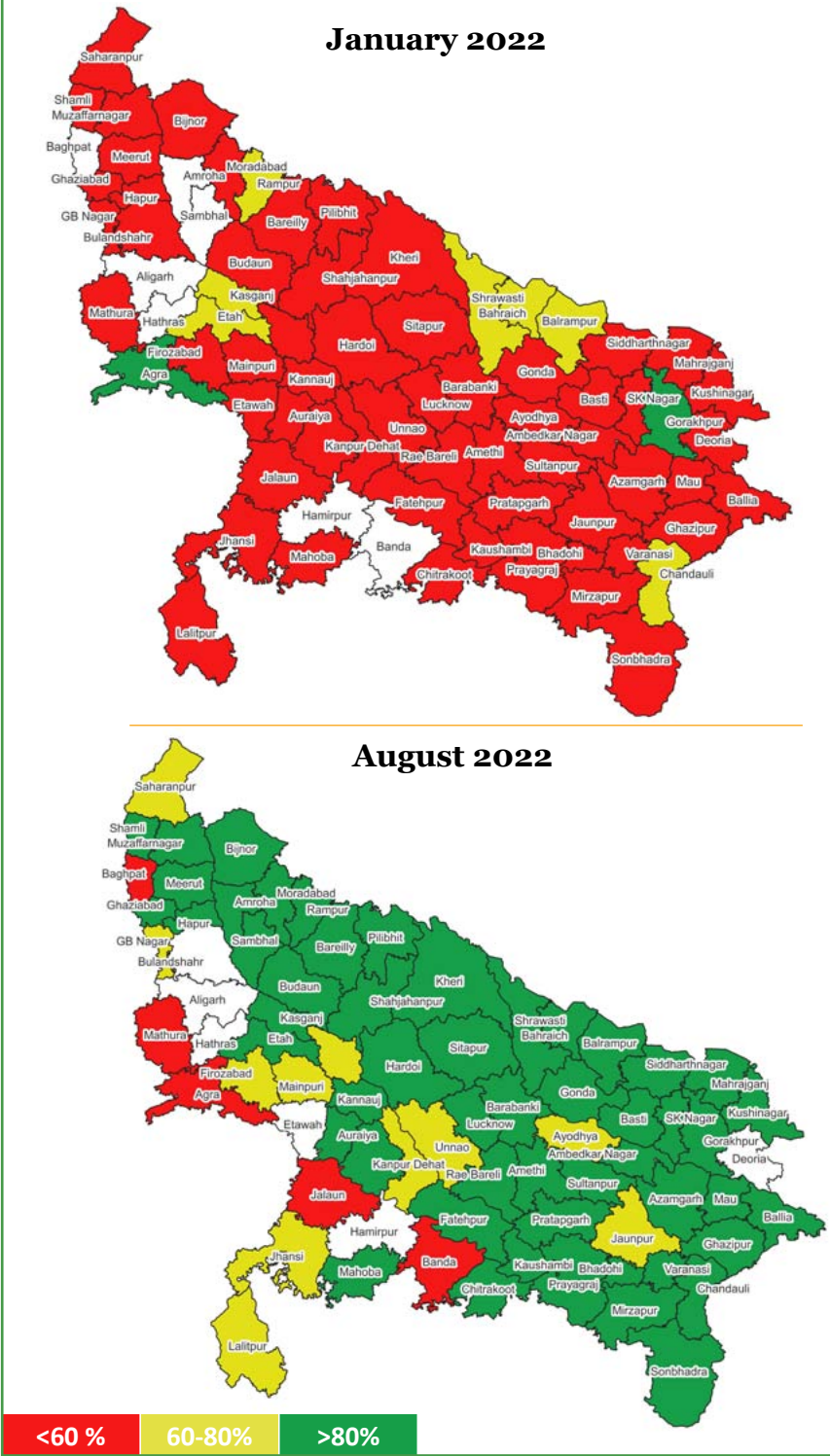


Hb testing of a pregnant woman.

Early Gains

Across the observed VHSNDs of all districts, including Aspirational Districts (AD), the availability of IFA tablets has demonstrated promising results. In January 2022, a total of 1032 VHSND sessions were observed, of which 31.4% had more than 600 IFA tables. Around 57 districts reported less than 600 IFA availability. A total of 1954 VHND sessions were observed in August 2022, out of which 91.3% of VHND sessions showed more than 600 IFA tablets per session. Only 4 districts out of 69 districts reported less than 600 IFA availability.

Adequate Availability of IFA at VHND session| Across Districts



Conclusion

There has been a significant improvement in procurement and supply of IFA, however consumption of IFA tablets by pregnant and lactating women in the state needs to improve as well. UPTSU developed beneficiary centric communication tools to counsel the women on the consumption aspects. VHSND platform is the major source for the ante natal care services, UPTSU is extending technical support to GoUP in integrating counselling on maternal anaemia and nutrition within the VHSND service delivery platform.



VHND services provided by ANMs.



Mamta-HIMC's Project SABAL aims to improve and create a sustainable, scalable, and demand-generating “hybrid model” to improve the Reproductive Maternal Child Health and Nutrition (RMNCHN) services uptake while improving nutritional practices



IMPROVING NUTRITION FOCUSED MATERNAL NEWBORN CHILD HEALTH PRACTICES



SABAL aims to improve RMNCHN services.

Mamta Health Institute for Mother and Child (Mamta-HIMC) is a non-government organization (NGO) with three decades of experience. The team specializes in designing and delivering holistic life cycle based interventions on maternal and child health, adolescent and reproductive health, family planning, communicable and non-communicable diseases, nutrition, water, sanitation, and hygiene.

Project SABAL

The project aims to improve and create a sustainable, scalable, and demand-generating

“hybrid model” to improve the Reproductive Maternal Child Health and Nutrition (RMNCHN) services uptake while improving nutritional practices among primary beneficiaries with integrated COVID-19 prevention. The conceptual framework of SABAL focuses on the hybrid mode of disseminating information, either in the form of interpersonal communication in group sessions and/or reinforced through technology (Interactive Voice Response Technology - IVRS, WhatsApp and SMS). The telehealth focuses on specific messages; remote counselling and IVRS, and advice regarding COVID-19 prevention and management along

with a focus on the celebration of nutrition specific and nutrition sensitive days for expanding the reach and awareness of the program amongst other beneficiaries. The program also focuses on enhancing the competencies of health and ICDS functionaries using technology-based platforms and job aids to deliver RMNCHA+N services and for establishing linkages for improved RMNCHA+N care and treatment service access. This m- health application, ‘SABAL’ delivered nutrition, healthy spacing, family planning, information, to strengthen existing service delivery systems through early identification and referral component.

SABAL covers two districts in Haryana.

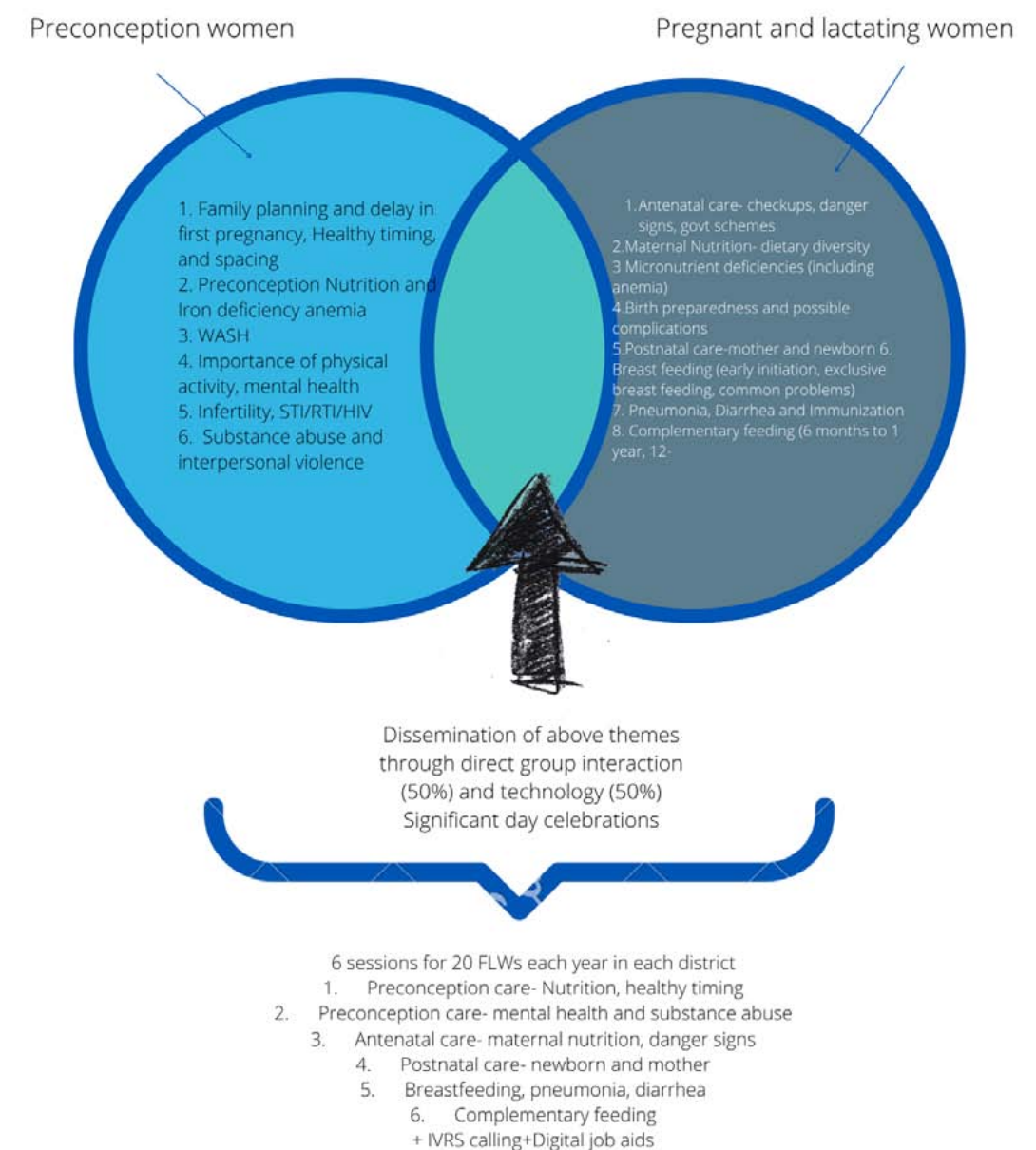


Project SABAL: At a Glance

Geography : Two districts in Haryana state, Palwal (Hathin, Hodal and Hssanpur sub districts-blocks) and Panipat (Madlauda, Bapoli, Israna blocks) .

Target population: The primary beneficiaries include preconception women, pregnant and lactating women (18-45 years) and children below 2 years. Secondary beneficiaries are front line workers, community gatekeepers—PRI members, Village Health Sanitation Nutrition Committee (VHSNC) members and other influential member and family of the enrolled participants.

MISSION SABAL- CONCEPTUAL FRAMEWORK



Impact

Currently, the program is in its second year of implementation, however the overall objective of achieving 50% increase in nutritional status (basis baseline)—improved nutritional status of target beneficiaries based on pre-defined indicators for e.g. weight gain during pregnancy, birth spacing, IFA & calcium supplementation, breastfeeding and complementary feeding will be attained by the end of the project year. The m-health application has provided additional job aid to at least 60-70% of front line workers who used the application actively during counseling, thus enhancing the acceptability for technology. By 2023, the project envisages increasing the service uptake by 35% through enhanced acceptance of nutritional and health services within the public health and nutrition framework.

Challenges & Mitigation Strategy

The major initial challenge was low community acceptance for participation in programmatic activities. Further ice-breaking sessions with community gatekeepers have helped in rolling out the project objectives. The initial phase of the project was through the pandemic and the outreach activities were disrupted. However, the technology solutions supplemented even in these rural areas. WhatsApp messages, on-screen snippets, nutrition demonstration videos rather than live demonstrations brought the information within the four walls of the family.

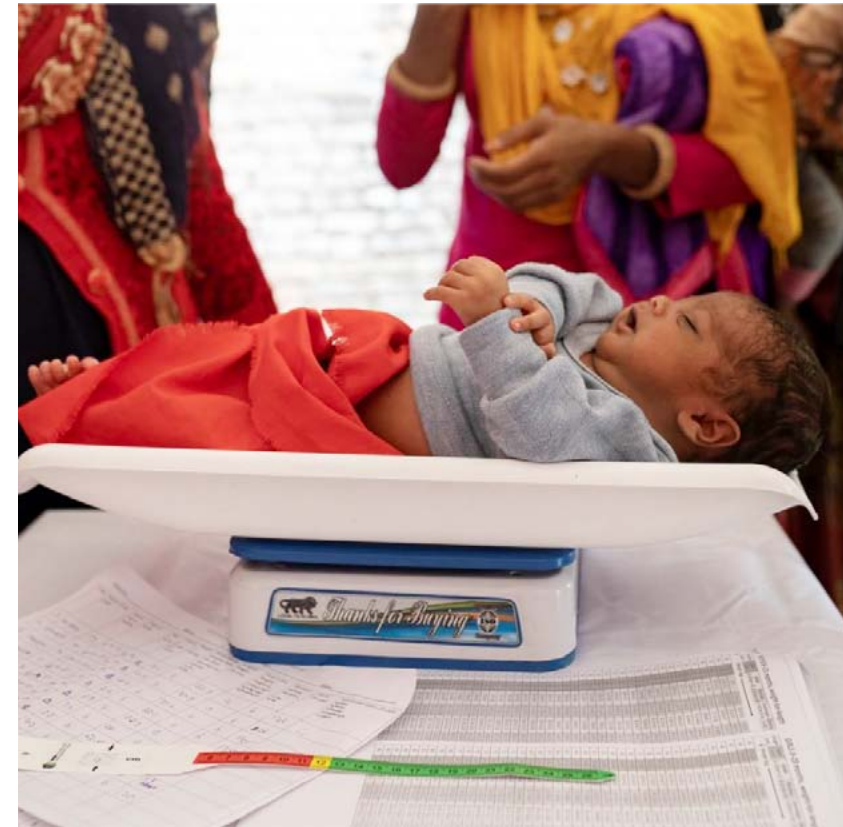
Awareness session.



Observance of World Breastfeeding Week.



Safe pregnancy, motherhood and childhood are basic human rights.



Dr. Sunil Mehra
Executive Director
MAMTA-HIMC

While the essence of interpersonal communication can't be undermined, but using technology in these hybrid models for nutrition education and counselling is the way forward. Capturing and documenting the voices of change, the shift in knowledge and practices through quality data capturing, are the next steps. Despite having multiple nutrition programs of different scales in country, it's important that the best practices get translated into measurable outcomes for scaling up in diverse geographic settings. Moreover, programs must recognize importance of home-grown indigenous practices, recipes and ingredients around nutrition and food diversification. They hold the true potential and provide the much-needed sustainable approach.



A cost-effective and sustainable solution to combat malnutrition



SCALING BIOFORTIFIED CROPS IN BIHAR



-Binu Cherian
Senior Country Manager
HarvestPlus India



Biofortified crops are high in yield, drought resistant and heat tolerant.

Zinc deficiency is a leading cause of childhood stunting and can even lead to premature death. According to India's Comprehensive National Nutrition Survey 2016-18, nearly one-third of adolescents aged between 10 to 19 years were zinc deficient, leaving them highly vulnerable to stunting. The highest rates of stunting in India, for children under five, are in the states of Bihar (127 million population) and Odisha (46.8

million population), at 48 per cent and 34 per cent, respectively. Getting enough zinc in the diet is essential for proper growth and development, a well-functioning immune system, healthy tissues, and many other physiological requirements.

Biofortification is the process of enhancing the nutritional content of food crops using conventional plant breeding. Biofortified crops are high in yield, drought resistant, heat tolerant, and have traits that farmers desire;

when consumed daily can make a measurable impact on health. Nutrition studies have established the efficacy of biofortified crops. HarvestPlus, a program of One CGIAR, promotes and dissemination of biofortified crops in Asia, Africa and Latin America. Globally, more than 50 million people benefit from eating these naturally nutritious crops. Dr Howarth Bouis, Founder and Director of HarvestPlus, was conferred with the World Food Prize in 2016 for his pioneering work. HarvestPlus



HarvestPlus promotes biofortified crops through JEEViKA-supported women farmer producer organizations in Bihar.

Under the Bihar and Odisha Nutrition Initiative (BONI) program, more than 180,000 people have benefitted from biofortified crops. An estimated 1 million people have benefitted from biofortified crops.



Biofortification can help in making Kuposhan Mukht Bharat.



Biofortified crops can make a measurable impact on health.

in India collaborates with more than 150 partners from public, private, FPOs and community organizations.

Prime Minister Narendra Modi endorsed biofortified crops in the year 2020, and the Indian Council of Agricultural Research (ICAR) announced that 10 per cent of its Frontline Demonstrations would include zinc-biofortified wheat and rice varieties. Front Line demonstrations (FLDs) are a unique approach to provide a direct interface between researchers and farmers as the scientists are directly involved in planning, execution, and

monitoring of the demonstrations for the technologies developed by them and get direct feedback from the farmers' field.

The Bill & Melinda Gates Foundation-funded Bihar and Odisha Nutrition Initiative (BONI) that began in 2018, to improve the production and consumption systems of biofortified crops. Under Bihar Odisha Nutrition Initiative (BONI), HarvestPlus is strengthening and leveraging the capacities and experience of a diverse range of stakeholders to establish a sustainable system of production and consumption of

nutrient-rich, biofortified crops in the two states. This is achieved through a network of public-private partnerships. The focus of the program is on biofortified zinc wheat, zinc rice and iron zinc lentils. HarvestPlus collaborates with Rajendra Prasad and Centre Agricultural University, Pusa and Bihar Agricultural University, Sabour for a collaborative research program for biofortification. HarvestPlus collaborates across the value chain for creating a sustainable market for biofortified crops.

HarvestPlus collaborates with JEEViKA to promote

biofortified crops through JEEViKA-supported women farmer producer organizations in Bihar and develop a sustainable economic model for nutrient-dense crops. HarvestPlus launched the programme with enhanced zinc wheat in the 2021 Rabi season. HarvestPlus collaborates with more than 75 partners in 33 districts to promote biofortified zinc wheat in Bihar. HarvestPlus collaborates with partners to create awareness about the benefits of nutritious stable food crops and supports partners in developing promotional materials and information leaflets. HarvestPlus trains retailers of seed, so

that they can communicate it to farmers to make purchase decisions and supports in providing the initial mini-kit trials so that farmers can test and evaluate the performance of the nutritious varieties. Under this partnership, the nutritious crops reached fifteen districts of Bihar involving 10 FPCs, covering 400 hectares, reaching nearly 2045 farming households and training 945 farmers.

Under the Bihar and Odisha Nutrition Initiative (BONI) program, more than 180,000 people have benefitted from biofortified crops. An estimated

1 million people have benefitted from biofortified crops.

Favorable policy support can help in incorporating biofortified crops in large public food and nutrition programs which can help in increasing nutrition and health cost-effectively. Government leadership will help in accelerating the development, distribution, and commercialization of these nutritious crops to reach vulnerable populations especially women and children.

Biofortification can help in making Kuposhan Mukht Bharat.



CINI has been working extensively to strengthen the Weekly Iron and Folic Acid Supplementation (WIFS) programme for adolescents across West Bengal



FORGING AN ANAEMIA-FREE FUTURE

Promoting consumption of weekly iron-folic acid supplements.

Child in Need Institute, popular as CINI, is one of the leading non-profits in India with more than 48 years of track record. It is committed to ensure that children and adolescents achieve their rights to health, nutrition, education, protection and participation by making duty-bearers and communities responsive to their well-being. CINI is currently working in four states—West Bengal, Jharkhand, Odisha, Assam and has a vision to spread its wings in north-eastern States of India in the next five years.

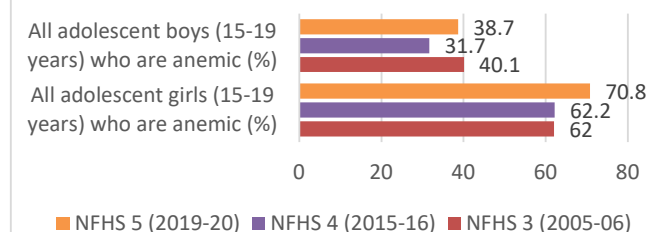
Anaemia in adolescents remains a significant concern in India with consequences across present and future generations. The prevalence of anaemia among adolescent girls and boys (15-19 years) in the country stood at 59.1% and 31.1 % respectively (NFHS- 5). The state of West Bengal carried a heavier burden of anaemia among adolescents with gender differentials. The high prevalence of anaemia among adolescent girls could be gender inequity, inadequate nutrition with cereal based staple diets, onset of menarche



with poor menstrual hygiene practice, lack of information on various adolescent health and nutrition issues, and insufficient prioritization of positive health seeking behaviours. The impact is far more stretched in case we consider the intergenerational cycle of anaemia.

in 2012. It aimed to reduce the prevalence and severity of nutritional anaemia among adolescent girls and boys enrolled in government/government aided/municipal schools. The WIFS programme also covered out-of-school adolescent girls (both married and unmarried).

(Figure 1.1) Key Indicators of Anaemia in West Bengal



The Ministry of Health and Family Welfare, Government of India, launched the Weekly Iron and Folic Acid Supplementation (WIFS) programme for adolescents

Subsequently, the WIFS programme was placed within the broader umbrella of the Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014. Further, Poshan Abhiyan or the National Nutrition Mission was launched in 2018, shaped as an overarching scheme for holistic nourishment, which sought to 'build a people's movement around malnutrition'

⁴<http://www.niti.gov.in/poshan-abhiyaan>

in the country. The domains covered included adolescent anaemia⁴. The launch of the *Anaemia Mukta Bharat 2018-2022* initiative marked the next, critical milestone. It sets targets for reducing prevalence of anaemia among adolescent girls with close monitoring of stock out situations, reporting, coverage as well as improved communication strategies.

Under five years WIFS strengthening project, a sectoral convergent initiative has been undertaken jointly by the Government of West Bengal, Nutrition International (NI), and Child in Need Institute (CINI) in April 2018 to strengthen the national WIFS programme for adolescents (10-19 years) in West Bengal. The project sought to strengthen institutional mechanisms to contribute to improved coverage and consumption of IFA supplementation among adolescents.

Partnerships are also deepened with the West Bengal Board of Madrasah Education and Municipality schools along with the departments of Health and Family Welfare, School Education, and Women and Child Development to strengthen the WIFS programme.

Coverage

The program is being implemented across the state covering 341 blocks and 141 municipalities. 14,912 high schools, 162 Madrasahs, and 126 municipality schools are covered

under WIFS strengthening project. Total 35,55,641 girls and 32,62,396 boys from school and 75,679 out-of- school adolescent girls have been covered under this project.

Implementation Modalities

Accelerating the sectoral convergence at all levels was the driving force behind the WIFS program operations at all levels.

As a result (a) supply chain management for timely delivery of blue IFA supplements at all facilities increased from 49% to 64% for schools and 65% to 80% for AWCs during 2019-2020, (b) WIFS reporting efficiency

improved from 37% to 60% in schools and 65% to 86% in ICDS program, (c) 68% nodal teachers and ICDS supervisors across the state have been trained on state WIFS operational guideline, and (d) Joint monitoring visits

and district/block convergence meetings have been regularised.

Amidst the COVID 19 pandemic, the Schools and ICDS centres were closed, which impacted majorly on the education and



Anaemia in adolescents remains a significant concern in India with consequences across present and future generations.



Blue IFA supplements.

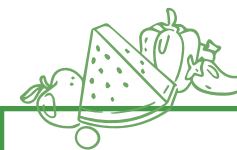
other ongoing programs for the adolescents. The administration of IFA supplements to the adolescents under WIFS program was immediately stopped during the lockdown. However, the state government decided to provide dry ration to the parents/guardians of in-school adolescents up to Class 8 under the Mid-Day Meal Program. Taking this as an opportunity, CINI approached the School Education Department with a new strategy, requesting the authorities to issue an

order for distribution of blue IFA supplements along with dry mid-day meal ration. After continuous advocacy, finally, in September'21, the Commissioner of School Education issued an order for distribution of blue IFA supplements to students of Class 9-12. These students were not receiving IFA supplements as they were not eligible for the mid-day-meal ration.

The Adolescent Resource Hubs (ARH) in Schools and

Madrasahs have been set-up under this project to promote WIFS program, menstrual hygiene management, Health and Nutrition (H&N) education, gender and equality, and protection rights. The resource hubs have been functional in 480 schools, 162 madrasahs, and 50 AWCs as pilot initiative in Uttar Dinajpur, Coochbihar, Birbhum, Kolkata, South 24 Parganas and Murshidabad.

Engaging and sensitizing adolescents on health and nutrition.



Impact

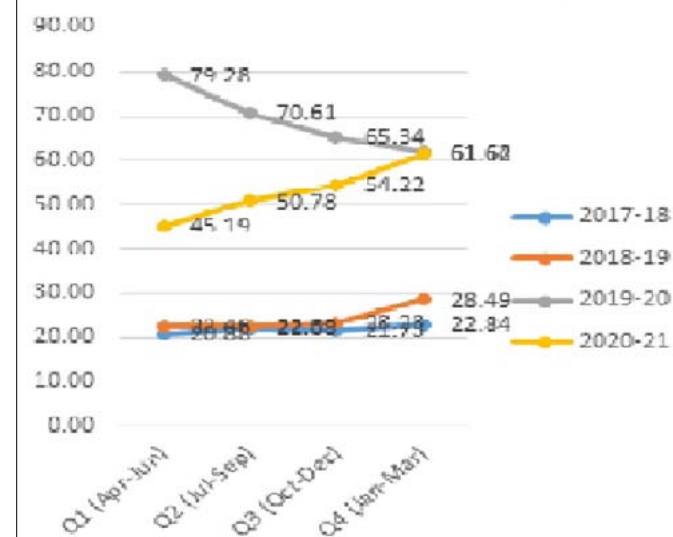
The project helped to regularise the five critical operational areas of the WIFS programme like improving supply chain management at the facilities, reporting efficiency, programme convergence, capacity building and joint monitoring visits, which have been the drivers for improving the compliance of WIFS. A four-year analysis of WIFS coverage data, across the participant categories, reflected the positives and some continuing challenges. From 2017-18 to 2018-19, the coverage increased sharply for school going adolescents (both boys and girls). The elections in March-April 2019² slowed down the rate. At a programmatic level, this led to greater attention on maintaining regularity in distribution, uptake, and proper reporting at all levels. Understandably, the year 2020-21 began on a low note due to the pandemic. Gradually, continuous co-ordination and follow up led to increased coverage to 36%.

The coverage among out of school adolescents also improved during the operational period. The WIFS programme benefited from the overall attention to adolescent health and nutrition within ICDS. Specific doubts/inconsistencies (such as use of correct denominators in calculating coverage) were resolved. Here, the Department of H&FW, in consultation with ICDS senior functionaries, issued an updated target list for out of school adolescent girls.

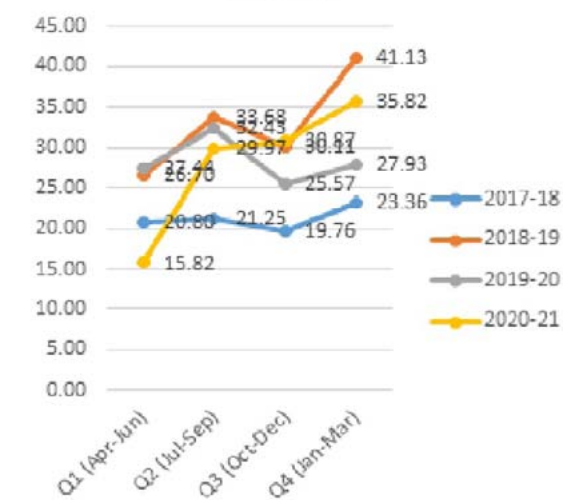
This can be linked with the awareness generation drive that took place. Initially, only 14% (Oct-Dec 2018) schools used to display IEC materials on WIFS which increased to 81% (Jul-Sep 2021) with CINI's interventions using printed and digital IEC materials. Awareness on anaemia among adolescents has also been increased from 66% (Oct-Dec 2018) to 87% (Jan-March 2022) across the state. All these initiatives taken collectively by all stakeholders began to improve IFA coverage among in-school and out-of-school adolescents.

²General election for the Lok Sabha

(Figure 2.2) WIFS Coverage for Out of School Adolescent Girls (%)



(Figure 2.1) WIFS Coverage for In School Adolescent Girls and Boys (%)



Adolescence is an opportune time for interventions to address anaemia.



Sustainability & Scalability

To ensure sustainability and scalability of the project, the state and district level convergence platforms have been strengthened to review adolescent WIFS program quarterly where challenges and gaps related issues are discussed and addressed. Besides system strengthening, efforts are channelized to empower the existing adolescent groups in schools and ICDS centres like the Meena Manch, Kanyashree, Sakhi Saheli, SAG-KP groups, Adolescent Resource Hubs (ARH) etc. to sensitise their peers to demand for blue IFA supplements. The adolescent WhatsApp platform used to sensitise adolescents on causes and prevention of anaemia, the importance of blue IFA supplements, bi-annual de-worming, household level food diversification, menstrual hygiene management.

Dr. Indrani Bhattacharya
Chief Executive Officer
Child in Need Institute (CINI)

“In the post-COVID phase, CINI will continue its work to institutionalise child-friendly communities across the states, so that the rights of children are respected, protected, and fulfilled in the sphere of health, nutrition, education, and child protection. CINI will support the vulnerable communities to protect them from pandemics in the coming times. CINI will work collectively in resuming the services of women, children, and adolescents through multi-sectoral convergence to break the intergeneration cycle of anaemia.



SNEHA's Maternal and Child Health Programme intends to improve the health and nutritional status for women and children in urban informal settlements through Continuum of Care approach

PUTTING WOMEN & CHILDREN AT THE CENTRE OF CHANGE



A counselling and nutrition awareness session on the importance of nutritious food during pregnancy.

When Salma from Dharavi delivered a healthy baby weighing 3kg, she admitted that she had followed all the pregnancy advice, did regular antenatal check-ups as per the guidance from SNEHA's (Society for Nutrition, Education & Health Action) Community Organiser (CO). While Salma was celebrating, SNEHA's team knew that its work had just begun.

Despite the team's constant counselling and guidance regarding breastfeeding, hygiene and WASH practices, nine months later the child had shifted to the Severe Acute Malnutrition (SAM) category with a weight

of 6.98 kg and height of 72.3 cm. The matter had become urgent and the child was referred to the nearest Government's Nutritional Rehabilitation, Research and Training Centre (NRRTC). Further, a team from SNEHA counselled Salma about complementary feeding and continued breastfeeding.

This is when Salma shared that she was finding it difficult to continue proper complementary feeding and introducing dietary diversity as she had other children to care for and household chores which took up her time. However, after starting the Medical Nutrition Therapy (MNT) treatment, she followed all advice given by the doctor. Six months

later, the child now weighs 9.17 kg and measures 79 cms in height and is in the normal category. Salma's story presents the multi-fold challenges faced by a new mother residing in a vulnerable urban informal settlement, and sets the context in which SNEHA works. The nonprofit's Maternal and Child Health Programme aims to improve the health and nutritional status for women and children in urban informal settlements through Continuum of Care approach. The initiative covers parts of Mumbai (Dharavi, Wadala, Govandi, Mankhurd, Malwani) and Thane (Bhiwandi). SNEHA works on improving maternal and child health and nutrition outcomes covering around 1,46,000 households



A rally to observe Nutrition Month.

SNEHA works on improving maternal and child health and nutrition outcomes covering around 1,46,000 households (approximately a population of 7.30 lakhs).

(approximately a population of 7.30 lakhs).

In order to address chronic child malnutrition, SNEHA has adopted an integrated approach that focuses on the first 1000 days of life by delivering integrated care services related to maternal and newborn health, sexual and reproductive health, child health and nutrition and prevention

of violence. The Maternal and Child Health programme builds the capacity of all stakeholders (community and public health and nutrition systems) for collaborative actions, effective and replicable solutions for building self-reliant communities.

SNEHA began the nutrition interventions in Dharavi (Mumbai) in December 2011 with

the goal of reducing wasting, a form of acute malnutrition, by 25% in three years. Since 2016, through the indirect intervention model, a cadre of community volunteers have been developed who on one hand are closely working with the community for demand generation of ICDS services and creating community awareness on child health and nutrition.

SNEHA has also adopted an integrated approach in the Govandi, Mankhurd and Malwani area of Mumbai, focusing on the first 1000 days of a child's life. Similar interventions have been extended to urban slums of the Bhiwandi Nizampur Municipal Corporation, with additional focus on preventable communicable and non-communicable diseases.



Reach (2016-2022)

- 146000+ Households
- 107000+ Women in reproductive age group
- 59900+ Children

Impact (2021-2022)

- Increase in Institutional Delivery by 13% (from 69% to 78%) in (2020-22) in Bhiwandi
- 81% coverage of ICDS scheme in Dharavi & Wadala
- Reduction in stunting by 27% among children from 0-2 years (from 37% to 27%) in (2019-22) in Govandi & Mankhurd
- Increase in full immunisation status by 14% among children under three years of age (from 64% to 73%) in (2021-22) in Malwani



Anthropometry has long been used as indicator of nutritional status.



Nutrition Month celebrations at BNMC.

Challenges & Mitigation Strategy

Lack of knowledge on appropriate child feeding and care during illness sometimes makes the situation worse. Young new mothers especially among the migrant communities, find it difficult to cope with the situations dealing with their own health and child's health. Some areas or pockets in vulnerable settlements that are not covered by public services also add to the problem. SNEHA's continuous advocacy efforts with nutrition and health authorities and support to the outreach work helps in mitigating the challenges to some extent.



An event organized to mark Nutrition Week.

Sushma Shende
Director, Maternal and Child
Health Programme
SNEHA

The effects of lack of appropriate nutrition during the first 1000 days of a child's life linger on till adulthood. The challenging socio-economical context in which SNEHA works, ensuring proper nutrition has to be tackled with a multi-pronged approach. Over the two decades of work, we have seen evidences of linkages between different issues like education status of mothers, violence at home and undernourishment among mothers and children. We have developed and evolved different strategies and models to effectively address the complex issue of malnourishment in vulnerable urban settlements and ensuring they become sustainable as we intervene at different stages of a life cycle. Our efforts have shown major shifts in behaviours and attitudes motivating us to keep working towards 'Raising Health For All'.



FMCH India works on preventing malnutrition in the first 1000 days of a child's life – from the time a mother is pregnant till the child is about 2 years old

IMPROVING MATERNAL HEALTH REDUCING MALNUTRITION



Home-based counselling.

The Foundation for Mother and Child Health (FMCH) India primarily concentrate on improving mother health and countering malnutrition. The non-profit aims to end the burden of malnutrition by building an ecosystem of support in the first 1000 days of a child. To achieve this, FMCH empowers families from vulnerable community with contextual, timeline and actionable information and services, resulting in health seeking behavior and nutritious food choices. This leads to better maternal health, reduction in malnutrition and ultimately breaking the cycle of poverty. Although at present FMCH reaches out only to urban poor

communities in Maharashtra, but soon the non-profit would be marking its presence in Karnataka as well.

The non-profit has three main interventions that focus on – home-based counseling, systems support and education sessions. Each of these three interventions has a strong technology component for monitoring and maintaining quality at scale.

For home-based counseling, the organization uses the NuTree app that works as a support tool for the frontline worker – this app not only helps in data collection but also gives data back to the community. Through this the frontline worker is able to monitor her visits to families, note the

height/weight of children and identify severely and moderately malnourished children, and share information about nutrition, diet, recipes, etc. with the families through messages/WhatsApp. This app gives mothers and families correct information about the health status of their children and helps them take corrective action.

Systems support includes Anganwadi trainings and workshops and anthropometry. Education sessions include pregnancy clubs, nutrition courses and community events. Sustainability has been built into FMCH's programs by engaging with the communities and government systems.

Impact

In 2021-22, FMCH impacted 25,000+ families. The non-profit saw:

- Malnutrition reduced to under 5% in the communities
- 24% reduction in Severe Acute Malnutrition (SAM) among children in the communities
- 63% reduction in Moderate Acute Malnutrition
- 54% increase in mothers with normal BMI
- 86% children receiving 'adequate' complementary foods, compared to 68% baseline
- 12.5% reduction in children in severely underweight category

Challenges & Mitigation Strategy

The covid-19 pandemic drove FMCH to reflect on the capacity of our healthcare system. It was learnt that millions of Indians face healthcare problems everyday. The management enabled FMCH women to take quick decisions, go out of their way to reach families, get involved in food distribution, scramble for hospital beds, and so on. Covid-19 did not stop FMCH and it continued to move. The non-profit moved forward in its goal, moved to learn new ways of working and its programs moved the needle in malnutrition.



FMCH empowers families from vulnerable community with contextual, timeline and actionable information and services, resulting in health seeking behavior and nutritious food choices.

Teachers' training.



Systems support.



Education session.

Shruthi Iyer
CEO
FMCH India

FMCH's work empowers women – it gives confidence to an FMCH field officer, builds the skills and knowledge of a government frontline worker and builds agency and support for mothers in the community. Way forward, we will continue to work on advancing our theory of change to include these parts. We plan to have more new direct interventions, build out indicators for our theory of change and have more Anganwadi trainings.




VAAGDHAR's efforts to ameliorate the vulnerable situation of women, girls and children (0-6 years) in tribal areas are concentrated in 1,000 villages of six districts across Rajasthan, Madhya Pradesh and Gujarat

FIGHTING MALNUTRITION AMONG TRIBALS



Anganwadi worker measuring weight of children.

Banswara, one of the tribal districts in Rajasthan, faces a high prevalence of malnutrition among children aged 0-5 years.



Voluntary Association of Agricultural General Development Health and Reconstruction Alliance (VAAGDHARA) is a civil society organization working with the tribal communities in the tri-junction area of Rajasthan, Gujarat and Madhya Pradesh. The non-profit's initiatives under different thematic interventions are aimed at bringing tribal communities into the mainstream. VAAGDHARA's efforts to ameliorate the vulnerable situation of the women, girls and children (0-6 years) in the tribal areas are concentrated in 1,000 villages of six districts—Banswara, Dungarpur and Pratapgarh (in Rajasthan); Ratlam and Jhabua (in Madhya Pradesh) and Dahod (in Gujarat).

Mostly the small and marginal farmers in the tri-junction areas of the three states face a distinct transition in nutrition and dietary practices. Banswara, one of the tribal districts in Rajasthan, faces a high prevalence of malnutrition among children aged 0-5 years. In the last few years, there has been a significant change in the food habits of the people in the tribal areas. The dietary trend of the people has shifted from traditional cereals like maize, small millets like finger millets (Ragi), foxtail millets (Kang), barnyard millets (Saava) and locally available vegetables to wheat and rice. These traditional cereals were rich in micro and macronutrients as compared to wheat or rice and were culturally as well as traditionally acceptable



Anganwadi worker sensitizing mothers with the help of games.

Children nourished with nutritious food.



in the community. The change in their food habits is directly linked with the public distribution system, agriculture and other production environment in the area and the market forces.

VAAGDHARA is striving to integrate an extensive approach to more specific and inter-related efforts to improve the nutrition level of the children. The food and nutrition security of the tribal children has always remained a great concern for the organization. In 2021, a special fortnight nutrition campaign,

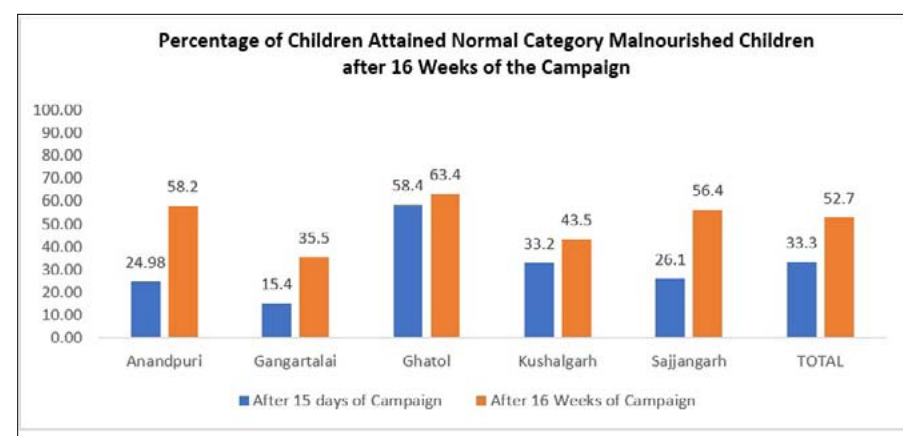
Poshan Swaraj Abhiyan was organized with the objective to improve the nutritional status of the children aged 0-5 years. The campaign proved instrumental in improving the weight of the children who were identified as underweight during screening. Children were nourished with the nutritious recipes cooked using locally available traditional food groups. Moreover, their mothers were trained to cook these recipes, so that they can continue to nourish their children. In another intervention, Dietary Diversity Score, a sample-based survey was

also conducted (February 2019—February 2021) in VAAGDHARA's intervention villages. to reflect individual level nutrient adequacy dietary practices. The dietary diversity scores consist of a simple count of "food groups" that a household or an individual had consumed over the preceding three days of the survey, which were converted into scores and analyzed further. The sample of the survey included 10-12% of women and girls out of the total female population of 100 villages, i.e., 10% of VAAGDHARA's 1000 intervention villages.

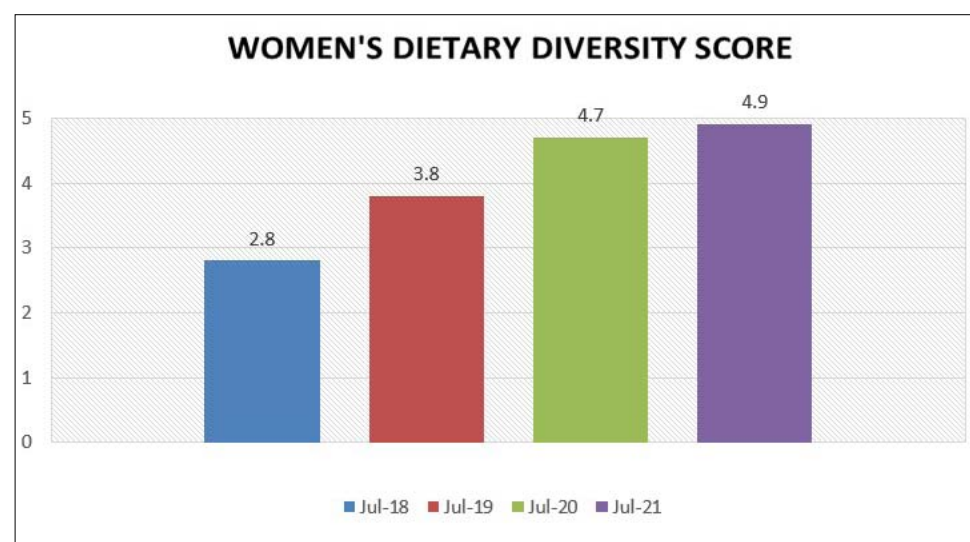


Impact

The fortnight campaign was highly efficacious in improving the nutrition level of the children. The assessments were done after the completion of the fortnight campaign and during the follow-up rounds after 16 weeks of the campaign. The campaign was successful in increasing the weight of 52.7 percent of the children, attaining normal category from Moderately Acute Malnourished (MAM) and SAM (Severely Acute Malnourished) category. A significant reduction in percentage of Severely Acute Malnourished and Moderately Acute Malnourished children was observed in all the blocks from inception of the campaign till the 16th week of the campaign. Recognizing the fruitful results of the campaign, the district administration of other districts has adopted and taken up the model of Poshan Swaraj Abhiyan on their own.



In the dietary diversity score survey, the majority of people realized that quantity as well as quality of food has been improved as compared to the past 12 months in their household. Overall, the status of Women's Dietary Diversity Score increased by 2.1 points in 4 years (2018 to 2021) from 2.8 to 4.9. The smart women farmer's group members were successful in transferring knowledge related to their indigenous crop cultivation to other women farmers and they were capable to minimize expenses for their agriculture inputs, by adopting the sustainable integrated farming and reducing their dependency on the market.



Sensitizing mothers on diversified diet.



Jayesh Joshi
Secretary & CEO
VAAGDHARA

Challenges & Mitigation Strategy

Improving diet diversity through developing nutrition gardens at household level could be important to reduce the prevalence of malnutrition in tribal areas. This will help in cultivating diversified food groups at household level itself and reduce the dependency on markets for buying fruits, vegetables and nutri-cereals. Improving nutritional status of children should not be the sole responsibility of any one government department but concerted collective efforts of concerned departments like Women and Child Development, Health, Agriculture, Food and Civil Supplies, Tribal Area Development and others departments are required. Further, Intensive efforts are also required to bring social and behavioral changes towards health and hygiene practices, the lack of which also attributes to increase in malnutrition among children.

According to Mahatma Gandhi's vision, it is necessary to ensure food and nutrition security following the ideology of Swaraj. The roots of such initiatives were an amalgamation of the culture, traditional civilization, and discretionary decisions that are according to the ideology of Swaraj and act as a forerunner of the call for food sovereignty in the modern period. If the learning of the Poshan Swaraj Abhiyan and the dietary diversity score survey becomes part of the ongoing government programmes, it can act as an effective approach to control malnourishment in the areas where its prevalence is high.



Efforts undertaken by CWS strengthen the efficacy of the multi-sectoral and multi-stakeholder approach towards improving nutritional outcomes in Jharkhand



BREAKING THE SHACKLES OF MALNUTRITION



Healthy platter.

Centre for World Solidarity (CWS) has been working since 1992 for the development of marginalized communities in six states in India (Bihar, Jharkhand, Odisha, Andhra Pradesh, Telangana and Tamil Nadu). CWS has a number of initiatives that are aimed at empowering women, Adivasis, Dalits and other vulnerable communities. Food and Nutrition Security (FNS) and Sustainable Livelihoods are among the key thematic areas of the non-profit.

Multidimensional approaches

have been tried out in recent times for creating an enabling ecosystem aimed at improvements in nutritional outcomes at the community and the household level. The need to support the government is clearly recognized by CWS in scaling up cost-effective evidence-based sustainable nutrition-specific and nutrition-sensitive interventions along with building human and institutional capacities at regional, national and sub-national levels.

POSHANN

CWS (with the support of BMZ and Welthungerhilfe) has directed

all its efforts towards providing a better and healthy environment to malnourished children through a multi-sectored project which was launched in 2018 under the program named MSI (IND -1351), popularly known as 'POSHANN'. The program was implemented in 60 villages of Ghatshila block of East Singhbhum district in Jharkhand. The project (implemented during 2018-2022) draws upon a combination of interventions on the demand side and the supply side, including institutional aspects and capacity building of service providers at the frontline. The project targeted to focus on nutrition



Mushrooms can provide several important nutrients.

smart micro-plans and addressing the contributory role of WASH (Water, Sanitation & Hygiene) in improving nutritional outcomes. The project was also aimed at collaborative platforms that need to be established and/or leveraged for ensuring sustainable structures at the institutional level to continue the design, planning, implementation and monitoring of nutrition-sensitive programs through the various nodal public institutions/departments to achieve the desired outcomes.

Some Findings and Conclusions

Working at the community

level and systems strengthening through this project has helped to improve food and nutrition security. One of the most powerful approaches adopted is Nutrition Camps for children who were found under the categories of Severely Acute Malnourished-SAM (without infection) and Moderately Acute Malnourished-MAM. At an aggregate level, receptivity among mothers of SAM/MAM children regarding relevance of exclusive breastfeeding for the initial six months, and complementary feeding practices helped strengthen the nutrition camp outcomes. Enhanced

levels of understanding gained by women on the role of diet diversity and WASH coupled with home visits organized by the frontline workers and the nutrition volunteers at intervals of three months helped sustain the interest among young mothers to steer the change process at the household-level through the project period. Another positive fallout of the nutrition camp has been the change in attitude towards referrals to Malnutrition Treatment Centres (MTCs). There have been early improvements, though not substantial, in the willingness among mothers for SAM children to be taken to MTCs.

An improved awareness at the community level on sanitation (& adverse impacts of OD) and linkages with nutritional outcomes among children has manifested in catalyzing a process of gradual improvement in WASH behavior. There are encouraging pointers in terms of evidence around improved adoption of drinking water related practices such as keeping the water containers at a height from the floor and covering it with a lid, including use of a ladle or a nozzle to pour water in a glass. Yet, it needs to be borne in mind that making communities gradually move up the WASH behavioral ladder is indeed a challenging task

and therefore may need a longer period of nudging to bring about the desired change.

Learning acquired during nutrition camps are likely to be practiced if supply side interventions in terms of enhanced availability of nutritious food is ensured. The WHH interventions through promotion of Sustainable Integrated Farming System (SIFS) and nutrition gardens clearly establish this point. The mixed cropping advocated and practiced through SIFS has enabled farmers to enhance the optimal usage of land. Further, the pathway focusing on nutri-gardens and

promotion of SIFS in the project villages has resulted in reducing the overall food shortages. The project has resulted in a substantial increase in reliance on own production for cereals and animal protein requirements at the household level

Major Achievements

- Trained 409 village-level extension workers (ICDS, Health, SRLM, MGNREGA etc.) from agriculture, health, nutrition and WASH on Linking Agriculture Natural Resources and Nutrition (LANN) Participatory Learning and Action (PLA) sessions.

Poshan Maah celebration.



- Sensitized 85 government staff, political representatives at sub district, district and national levels on the importance of the multi-sectoral approach, better interlinking of nutrition with agriculture, natural resource management and WASH.
- District Social Welfare Department, Krishi Vigyan Kendra, Agriculture technology management agency (ATMA), Jharkhand State livelihood Promotion society (JSLPS), Block Agriculture Department, Department of Women and Child Development, Block Social Welfare Department, Health Department and MTCs are still working in close collaboration with CWS.
- Through LANN PLA meetings, 12852 women in the reproductive age group of 15-49 sensitized to improve their care-giving on IYCF practices with regards to nutrition, dietary diversity, hygiene and health benefiting 1523 children in the age group of 0 to 5 years.
- About 43% women in the reproductive age group of 15-49 years attained the Minimum Dietary Diversity-Women (MDD-W) Score of at least five food groups and improved (Infant and Young Child Feeding) IYCF practices.
- More than 60% of the households has adopted adopt improved WASH practices e.g. hand washing, disposal of organic waste, de-worming etc.
- Generation Change: Total 59 mothers were identified, whose first born was malnourished but after attending positive



Awareness session.

deviance camps, LANN meetings and other counselling sessions, their second born was delivered absolutely healthy (Green Category).

- More than 50 healthy recipes including the revival of recipes made from tradition uncultivated foods promoted and also consumed at field level.
- MTC/NRC Referrals: Admitting SAM children (with infection) to Malnutrition Treatment Centers (MTC) has always been a big challenge for CWS. It's always not very easy to convince

families to take their children to treatment centres. People have many misconceptions regarding the MTC referrals and also the services provided by them. So in such circumstances, CWS was able to transfer 198 clinically infected children to MTCs by the end of 2022, which was only 68 during the pre intervention period.

- A remarkable change has been noticed in the Sabar tribe (Particularly Vulnerable Tribal Group) post intervention of the project. The people from the said community are much

cleaner than ever and they are maintaining and using nutrition gardens and also talking about various aspects of nutrition.

- 52 Nutrition Sensitive Community plans have been executed (fruits plantation, solar-based water tank installation, farm bunding, nutrition garden development, NADEP, small and big pounds construction, poly houses development etc.) These plans are being implemented through MGNREGA, Water & Sanitation Department, Agriculture Department, ATMA and Social Welfare Department.

Working at the community level and systems strengthening through this project has helped to improve food and nutrition security.

“

In recent years, several best practices have been streamlined under one umbrella program, now branded the “Nutrition Smart CommUNITY”. The 5 “Good Practices” that have led to the Nutrition Smart Community are:

Linking Agriculture and Natural Resource Management towards Nutrition Security plus WASH (LANN+) through Participatory Learning and Action (PLA), Nutrition Awareness Camps, Nutrition Sensitive Agriculture, Nutrition Sensitive Community Planning and Institution Strengthening. Efforts are on to develop Burudih (a small Santhali village in East Singhbhum district) as a model village. Under the model village initiative, other drivers of malnutrition like poor

The Way Ahead



Rajesh Kumar Jha
State Director
Centre For world Solidarity

quality of school education, lack of skill training for youth, poor infrastructure and lack of livelihoods opportunities are also being addressed through linkages with government bodies, and non-government agencies and the media. The objective is to enhance capacities of the communities to improve their lives in a sustainable manner.

All the best practices emerged during the implementation of POSHANN project in Jharkhand are being replicated in Bihar, Tamil Nadu and Odisha to address the issue of FNS.



CINI NUTRIMIX is a low-cost supplementary food that has a proven efficacy in addressing malnutrition issues in women, children and TB patients



AN EFFECTIVE AFFORDABLE NUTRITION SOLUTION

CINI Community Initiatives (CINCOMM) is a sister organization of the Child In Need

Institute (CINI). It is a Section 8 not-for-profit Company registered under the Companies Act 2013, India. CINCOMM focuses on community-centric, social venture opportunities. CINCOMM intends to provide economically viable

nutrition solutions and social entrepreneurship opportunities to the marginalized community, especially women.

CINI NUTRIMIX (a fortified cereal-pulse based natural indigenous product) is a holistic food supplement designed for diverse age groups, ethnicity, and cultures that can be easily customized for therapeutic uses.

CINI NUTRIMIX can be easily customized for therapeutic uses.

CINI NUTRIMIX: Nutritious Supplement for Children & Women

Geography: PAN India, with special mention to West Bengal, Sikkim, Assam, Odisha, Jharkhand etc.

Target population: Children above 6 months, adults (including pregnant women, lactating mothers and people with conditions like malnutrition, anemia, leprosy and tuberculosis)





CINI NUTRIMIX is a low-cost supplementary food supplement.

A cost-effective and scientifically designed nutritional supplement CINI NUTRIMIX is made from natural, indigenous products. It helps fulfill main and supplementary diet requirements, providing food and nutritional security. CINI NUTRIMIX is a calorie dense mix of cereals, pulses and sugar perfectly processed and blended with Double Fortified Salts and portions of vitamin and mineral premix. For over 11 years, CINI NUTRIMIX has catered to women (pregnant and lactating) and children (severely and moderately malnourished). Its high protein variant has also been very effective for TB and leprosy patients. It is a holistic

food supplement designed for diverse age groups, ethnicities and cultures which can be easily customized for therapeutic uses. The nutrition supplement has a rich source of micronutrient available from natural food sources along with predesigned

premises as per Recommended Dietary Allowance (RDA). Per day consumption for CINI NUTRIMIX for a child of 6 years is less than Rs.10.00 per day which provides 15% (approx.) and 7% (approx.) of the total calorie and protein requirements, respectively,



CINI NUTRIMIX caters to different age groups.


making it an effective, affordable nutrition solution. The solution ensures food and nutrition security, replenishing the nutritional demands during crucial periods of growth during the whole life cycle.

Impact

Positive anthropometric changes of recipients are recorded in government and non-government sectors with satisfactory results for malnutrition, pregnancy, lactation, active Tuberculosis cases and general growth promotion. The communities, especially women along with beneficiaries and caregivers included in product manufacturing and product usage have showed evolved nutritional awareness, capacity and skill building, social status elevation and promotion of socio-economic welfare.

Proper dissemination of knowledge of holistic nutrition through regular training and awareness programmes makes the beneficiaries a knowledge hub for further knowledge sharing. The programmes are well documented from planning to execution and it acts a database for future implementation.

CINCOMM has supplied around 58,623 Kg of CINI NUTRIMIX in the financial year of 2021-2022. The organization has been able to reach out to more than 11,72,466 lives in this course of supply and has served 2,93,117 families till date.



Challenges & Mitigation Strategy

The main challenge that CINCOMM faces is to motivate the community for a healthier lifestyle. Food taboos are present which reflect their way of eating and there is always a disparity in food distribution based on gender, social status even within families. It is challenging to make them understand cost effective solutions can also be a holistic approach in achieving good health and well-being additionally providing food and nutrition security. But with effective counselling by health workers, social mobilizers, nutritionists and doctors this problem can be also solved.



Abhishek Choudhury
Chief Executive Officer
CINCOMM



Nutrition in early childhood sets the stage for lifelong health.

Development of a society or nation has to have the mother-child duo at the core, with health, nutrition and education as pivotal areas. A healthy woman and mother will lead to greater participation of women in economic development of the country. A healthy child, brought up through proper care, nutrition and education will ensure a healthy future of the nation and lead to long lasting, meaningful changes.



Mahashakti Foundation with the support of Odisha Millet Mission intends to improve nutrition at the household level through the revival of millets among tribal communities in the state



REVIVING MILLETS IN FARMS AND ON PLATES

Mahashakti Foundation (MSF), a public charitable trust, took birth over 16 years back with a motto to create an equitable society for women. In the initial years, the Foundation worked in the KBK (Kalahandi Balangir Koraput) region of Odisha, which is known as one of the most poverty-stricken regions of the country. The idea was to empower the rural population of the country, to inspire the rural women to look at themselves in a new way. Today, MSF is a leading livelihood

promoting institution of Odisha. Promotion of Millets With the country moving towards ethical alternatives in a bid to save the environment and to provide nutritious food to its fellow citizens at an affordable price, many traditional chemical-free crops have been revived. One of them is millet, popular in tribal areas of Odisha. Millets are considered as nutri-cereals due to their high nutritional content. Moreover, millets have untapped potential to address climate change and food security. Mahashakti Foundation with the

support of Odisha Millet Mission is working towards promoting millet production by capacitating farmers.

Geography: Bijepur and Sohela blocks, Bargarh district, Odisha

Land coverage: 2000-hectare of land coverage with millets within a span of 5 years

Target population: 4000 small farmers, marginal farmers, landless labourers and share croppers

Millets are one of the oldest foods known to humankind.





Farmers need to be engaged in millets production at a large scale.

The project staff members are working in the entire value chain for the promotion of millets. Creating mass awareness and nutrition literacy is the key for the adoption of millet at scale. Many of the farmers have forgotten the cultivation as well as consumption of millets. Social mobilization and awareness have increased the participation of the farmers in the Millet Mission.

Favourable policies to include millets in government-sponsored free kitchens and in the existing food and nutrition programs have created good demand for millets.

Intensive handholding is being provided by the project staff to the farmers to increase the production of millet by



Popularising the consumption of millet-based products.

Impact

- A total of 1331 farmers from 102 villages (in Bijepur and Sohela blocks of Bargarh district of Odisha) cultivated millets such as ragi in 1000 hectares (2021-22).
- Household consumption of millets increased by 25-30%.
- Assurance of 100% buyback system through Farmer Producer Company and income of the farmers has increased significantly.
- Through demonstration of improved package of practices, the farmers are getting expected yield despite low and uncertain rainfall. Uplands which were uncultivated are now being used for millet cultivation.

Challenges & Mitigation Strategy

In rain-fed regions, the farmers mostly practise single crop farming in a year. Most of the inhabitants depend on agriculture and cultivate paddy and groundnut. Other crops and pulses such as green gram, black gram, til, cowpea, mustard as well as vegetables are partially cultivated by the farmers. Millet, especially ragi, was rarely seen in the fields of this region. The farmers have a wrong notion that millet can only be consumed during summer because of its cooling effect on the stomach.

In the present times, our environment is changing rapidly. This has led to changes in our lifestyle. The demand of food has increased with the rapid population growth, but unfortunately the area of land for cultivation hasn't grown in the same proportion. Knowingly or unknowingly the power of millets has been overlooked and eventually there was a stage when it virtually disappeared from the dishes. In order to revive millets in farms and on plates, the Govt. of Odisha started a journey by introducing a separate wing of agriculture programme Odisha Millet Mission that focuses on the promotion of millets in tribal areas. Mahashakti Foundation and a number of NGOs are a part of Odisha Millet Mission.

keeping the input costs low. In collaboration with TDCC Odisha (Tribal Development Co-operative Corporation of Odisha Ltd) and local PACS (Primary Agriculture Cooperative Societies), marketing of millets is being ensured. In exhibitions and public places, delicious food items prepared from millets are being sold to increase its consumption. Avenues are being created so that farmers get engaged in millets production at a large scale. Value addition in the form of snacks, sweet dishes and cakes are also popularising millets.

This in turn is increasing the confidence of farmers to take up millet cultivation for enhancing their incomes.

In order to sell the agri-products of farmers, especially millet farmers, the provision for a Mandi has been introduced by the state government. Chirasabuja Producer Company Ltd. is being formed to provide need-based services to farmers and to work in the entire value chain of the millet. With the help of regular meetings and capacity building programs organized by the Producer Company, the farmers are getting ample opportunities to interact with the officials of Krishi



Jugal Kishore Pattanayak
CEO
Mahashakti Foundation

Vigyan Kendras and agriculture experts and learn about methods to produce high nutritional value millets and other innovative food items popular among the millennial. They are trying to make millet-made food items diverse by giving them an edge over the traditional food items while keeping them affordable. The Producer Company has been planning to introduce more and more food items, such as cookies, namkins, biscuits, poha, noodles, etc. Also, Mahashakti Foundation is in talks with the Indian Institute of Millets Research for installing various machineries, so that above products can be launched at affordable rates. With this the common man would have access to the food items that were restricted to the elite breakfast table.



Nurturing Pinky Khatoon's motherhood

The story which started on a cold January morning on the pavements of Rafi Ahmed Kidwai Road is now an exemplary instance of care and nutrition.

Pinky Khatoon was found in the busy pavements of Rafi Ahmed Kidwai Road by one of our field volunteers. Her features were strikingly ill which reflected the deteriorating health status of Pinky which required immediate attendance. Pinky was in her first trimester staying with her mother and two small kids who barely could manage a day's meal on the streets. Deserted by her husband, Pinky and her family had only daily alms to look forward to. While she and her unborn child were severely malnourished, the other two infants majorly depended on breast-feeding as their source of food.

CINI & CINCOMM came forward to try and make a difference.

Our field staff began the rescue mission by registering Pinky at the local UPHC Centre (Ward 62). She received her first T.T. and essential supplements through our one of our esteemed projects – Oracle Ration Kit distribution. With this, CINI began regular monitoring of Pinky and her family. It was ensured that regular supplementation of medicines along with sufficient supply of CINI Nutrimix for the pregnant mother and children are provided.

The prompt action of linkage with health services and intake of supplementary nutrition through CINI Nutrimix had a two pronged health benefit-

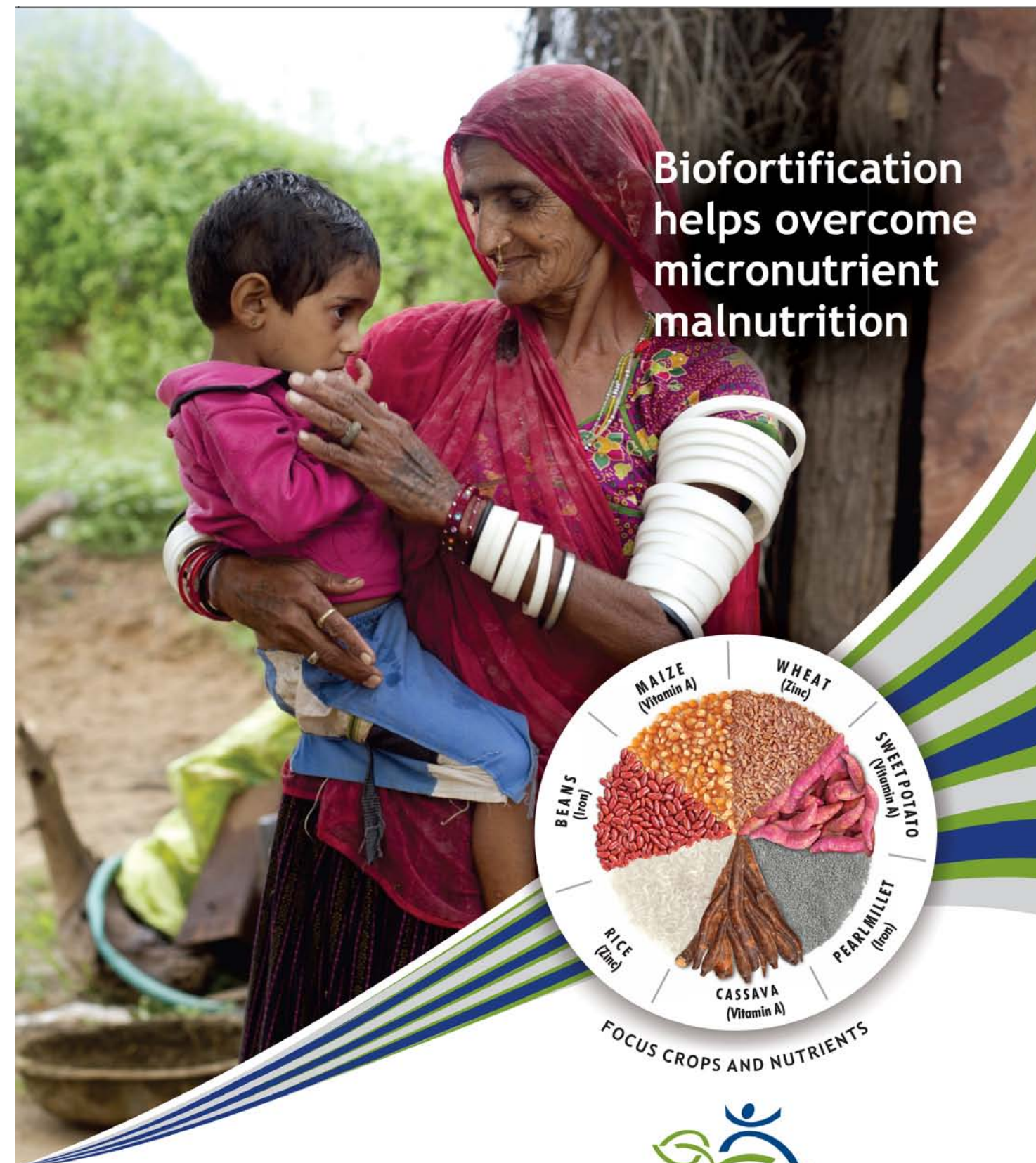
- ♥ **Prevention of Intrauterine Malnutrition**
- ♥ **Ensuring positive health and nutrition balance of the child and mother**

Regular counselling for Pinky and her mother was done to bring about a behaviour change for a sustainable impact. This ensured that Pinky herself, the unborn child and the other children do not go back to the negative health trajectory. The field staff also tried to link the family with the local ICDS, but the pandemic eventually stalled the movement. But we surged ahead staying committed to Pinky's well-being.

Pinky touched her third trimester which called for better care and concern. CINI Nutrimix continued to remain the source of complete nourishment which showed a steady rise in her weight and there was a significant improvement in other health parameters. CINI Nutrimix acted as a comprehensive supplement meeting both her macro and micro nutrient requirements.

Pinky finally gave birth to her child in the wee hours of 11th June, 2021. The child was healthy and weighed 3kg 200gms. Our field staff immediately attended to post-natal care of both the mother and child. The baby received his first BCG vaccination on 16th June, 2021, while the Medical Officer at the UPHC confirmed a sound and healthy mother & child. CINCOMM however continued its nutritional support for Pinky & her family with CINI Nutrimix.

We feel humbled and honoured to be a constant companion in Pinky's journey of being a proud and healthy mother.



Biofortification is the process of breeding nutrients into staple food crops as a sustainable, cost effective, long-term strategy to improve nutrition especially in rural areas.

HarvestPlus leads a global effort to improve nutrition and public health by developing and deploying staple food crops that are rich in vitamins and minerals. We work with diverse partners in more than 40 countries. HarvestPlus is part of the CGIAR Research Program on Agriculture for Nutrition and Health (A4NH). CGIAR is a global agriculture research partnership for a food secure future. Its science is carried out by its 15 research centers in collaboration with hundreds of partner organizations. The HarvestPlus program is coordinated by two of these centers, the International Center for Tropical Agriculture (CIAT) and the International Food Policy Research Institute (IFPRI).

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