

# Health & Nutrition

PRACTICE INSIGHTS  
(Vol. II)





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## Background

With an objective to facilitate knowledge sharing and showcasing innovative approaches & effective strategies which have led to a desirable change in the Health and Nutrition outcomes, this compendium on Health and Nutrition Practice Insight Vol. II was developed. As this practice insight was prepared while our nation was devising measures to tackle COVID-19, few initiatives which have been undertaken by State Govt. and District Administration particularly to ensure access to essential services to target population have also been captured.

The methodology involved defining the criteria for identifying the practices which included: effectiveness, efficiency, relevance, sustainability and possibility of replication and involvement of the community. This was followed by contacting States/ UT representatives and Development partners working with the States to collect those practices conceived by them to achieve the desired outcomes. The vetting of the practices received from development/technical partners was done by reaching out to the concerned State Dept. and cross verifying the details of the project. The practices which had produced the desirable behaviour change and contributed to improving the health & nutritional status of the target population have been made a part of the compendium. While, impact evaluation of most of these practices have been conducted but as some of these practices are new, their evaluation is not yet conducted.

The broad thematic area of the practices includes maternal and child health outcomes, dietary interventions like dietary diversification (including Nutri-cereals) & food fortification, program strengthening (service delivery & institutional mechanism) and community mobilization (involving religious leaders).

This Compendium is expected to benefit the decision makers and relevant stakeholders by providing an opportunity for cross-learning through exchange of ideas and diverse experiences. This document also provides guidance for improving the effectiveness of existing health and nutrition programs by serving as a useful reference tool to reach out to the most marginalized sections of the population.

## Project- PuShTI “Poshan umbrella for Supply chain through Tech Innovation” (Ensuring Transparency, Quality, Efficiency & Accountability in THR distribution in Gujarat)

**Objective:** To apply digital technology for transparent, timely and accurate supply chain management of Take Home Ration with a bottom up approach. The project ensures just in time availability of the supplementary nutrition for beneficiary eliminating the gap between actual requirement and supply.

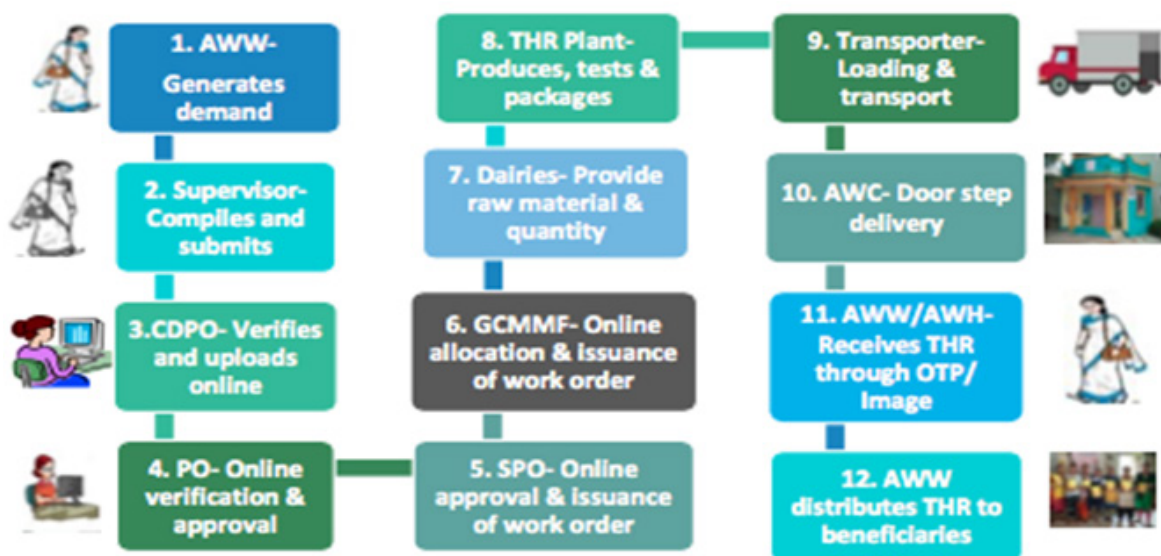
**Target group:** ICDS beneficiaries- 6months to 6 years children, pregnant and lactating women and adolescent girls

**Implementing Government Department & partners:** Women and Child Development Department and Gujarat Co-operative Milk Marketing Federation and SUMUL, AMUL and BANAS Dairy Unions and Gujarat Info Petro Limited (GIPL).

**Duration of the project:** The project started in 2017 with 6 Blocks and gradually covered the entire State by January 2020. The project continues to run today and in future.

**About the Project:** In the month of September 2017, Government of Gujarat has signed a tripartite agreement with the Gujarat Cooperative Milk Marketing Federation (GCMMF) to procure energy dense micronutrient fortified food –Take Home Ration (THR). The purpose of this agreement was to ensure uninterrupted supply of THR through manufacturing at three leading District cooperative milk unions as Banas, Amul and Sumul Dairy under GCMMF. Three different products namely Balshakti for children, Matrushakti for pregnant and lactating women and Purnashakti for adolescent girls is designed considering the requirement of the specific age groups.

To streamline the THR service delivery and real-time monitoring, a software has been developed by the department. Monthly indenting, approval and delivery of THR packets till AWC level is monitored through the dashboard.



Process flow for the demand generation and monitoring of THR

It is a unique solution comprised of a Web based application for demand & supply cycle and an Android based App for transportation solutions. This ensures smooth, transparent, speedy and error free supply of THR at the Anganwadi centres.

### Benefits of the project:

- Transparency (the entire process is available at public domain and all the stakeholders are equally responsible)
- Quality- It is ensured as THR is initially tested at Amul lab and after passing of decided parameters it is distributed at AWCs. To cross check the quality, it is again tested in Government of Gujarat Food & Drug Laboratory and after passing of the test, it is allowed to distribute to beneficiaries for consumption.
- Safety (as the packaging of the product is good and free from contamination)
- Standardization (same quality & quantity of product at the entire state as per the norms)
- Community involvement and Social Audit (as the distribution of THR is also done on monthly basis on 4th Tuesday in the presence of local persons)
- The entire supply chain management follows the principle of demand driven supply as opposed to the supply driven management.
- OTP based tracking of distribution of THR upto AWCs.
- Online certification of delivery is provided in the system in order to ensure timely and correct payment to the supplier.
- Timely and regular supply (supply on monthly basis at the scheduled time)- Timely delivery of THR ensures timely distribution of Ration to beneficiaries, which will directly support in nutritional indicators.



Delivery of THR till AWC

**Outcome & Impact:** Directorate of Evaluation a unit under the Planning Department of Govt. Gujarat has conducted third party survey and key finding tells that the acceptance of the THR has been increased in the community and beneficiaries consumes it.

**Reward & Recognition:** Awarded with Order of Merit- Skoch Award and received appreciation from Ministry of Women & Child Development Govt. of India.



Annavitran Diwas- Distribution of Take Home Ration along with demonstration of recipes



"Trishakti"- Recipes Book for THR

2	District:	Mahsagar	Taluka:	Lunawada	Block:	LUNAWADA
	Seja:	Madhvas	Village:	Limodara	Aanganwadi:	24683100810 - Libodara-2
	Agency Name:	Amul	Contract:	THR Contract	Received By:	PADI LILABEN DINESHBHAI - 6357021837
	Delivery By:	RAKESH BHAI on 13/05/2020 15:52:00	Delivery Status:	<input checked="" type="checkbox"/> Done	Authentication Status:	BY બંનેજ on 13/05/2020 15:52:00
	MDO Name:	Monthly Distribution Order THR- April 2020				
	Item	Item Qty	Batch No			
	1) ઘઉં ભાજીય (કાઠા પેડેટ)	11 બેગ	KIB1171 KIB1241 KIB1261			
	2) ઘઉં ભાજીય (કાઠા પેડેટ)	5 બેગ	KIB1151 KIB1191 KIB1261			
	3) ઘઉં ભાજીય (કાઠા પેડેટ)	8 બેગ	KIB0731 KIB1001 KIB1231			
3	District:	Tapi	Taluka:	Vyara	Block:	VYARA - 1
	Seja:	Maypur	Village:	Borakhadi	Aanganwadi:	24493060006 - Borakhadi-3
	Agency Name:	Amul	Contract:	THR Contract	Received By:	CHAUDHARI SHARDABEN MANJIBHAI - 9978743773
	Delivery By:	SAHIL on 13/05/2020 15:51:40	Delivery Status:	<input checked="" type="checkbox"/> Done	Authentication Status:	BY OTP on 13/05/2020 15:51:40
	MDO Name:	Monthly Distribution Order THR- May 2020				
	Item	Item Qty	Batch No			
	1) ઘઉં ભાજીય (કાઠા પેડેટ)	2 બેગ	Ub125			
	2) ઘઉં ભાજીય (કાઠા પેડેટ)	4 બેગ	Ub126			

Live tracking of Take Home Ration



## Project- Improving the nutritional quality of meals served under MDM through Food Fortification

**Objective:** To improve nutritional and learning outcomes by using fortified staples to prepare meals served to children under MDM in selected schools of Karnataka, Andhra Pradesh, Telangana, Gujarat and Uttar Pradesh

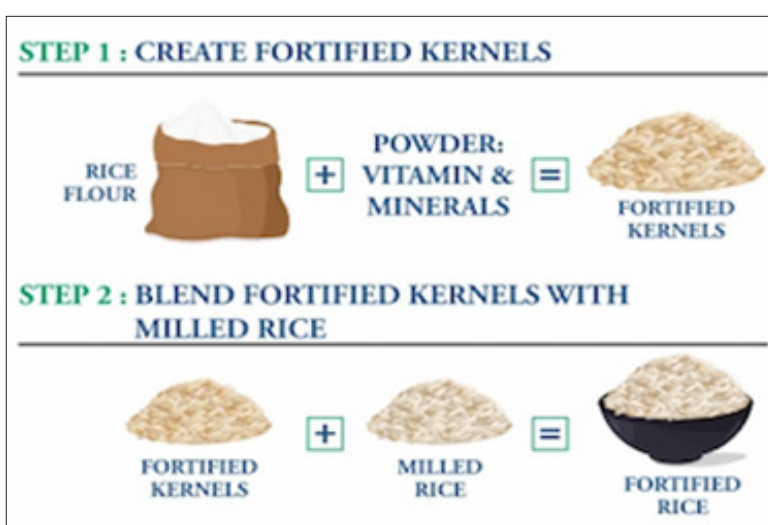
**Target group:** Children (6 to 14 years) receiving MDM

**Government Department:** Department of School Education, Government of Karnataka, Andhra Pradesh, Telangana, Gujarat & Uttar Pradesh

**Implementing Partner:** The Akshaya Patra Foundation

**Duration of the project:** This initiative started in 2016 and is being continued and expanded

**About the Project:** Under this project, meals prepared with fortified rice, wheat flour, oil and double fortified salt are prepared and served to children to improve their nutritional & learning outcomes overall resulting in improved attendance and retention in schools. The rice is fortified with essential nutrients including Iron, Folic acid, Vitamin B12, Vitamin A, Vitamin B1, Niacin & Vitamin B6 by a simple, cost-effective technology.



**Till date, they have managed to reach 5,339 schools and 720,742 children through fortified rice meals**

### Impact Assessment:

- The Akshaya Patra Foundation conducted the impact evaluation of fortified rice meal among children in Karnataka and Gujarat:
  - In Karnataka, a longitudinal cohort study was conducted across 6 Districts with 2 years of intervention. Data was collected from 1,661 children (6-10years) across 50 schools.
  - In Gujarat, a case control study was conducted for an intervention period of 8 months. A total of 484 children from intervention group and 489 from control group were enrolled and followed to measure the outcome of interest.

Outcome of the impact assessment conducted:

- 9% reduction in underweight, 4% reduction in stunting and 3% reduction in wasting amongst students from baseline to end-line (Karnataka)



- Positive impact on morbidity profile- an overall decrease in incidence of fever (12% to 8.9%) and diarrhoea (4.3% to 0.83%) from baseline to end-line (Karnataka)
- Overall 43% students showed improvement in Mathematics and English scores from baseline to end-line (Karnataka)
- A significant increase in average haemoglobin levels amongst children of intervention group (Gujarat)
- Reduction in prevalence of moderate and mild anaemia among intervention group (Gujarat)
- Positive impact on cognitive behaviour- 11 points increase in the intervention group as compared to control (Gujarat)
- Majority of the teachers (89%) opined that students performance in school improved after introducing fortified rice in MDM



### Contributing Factors:

- Fortifying the staples part of regular diet and additionally using fortified oil and double fortified salt to enhance the nutritional quality
- Ensuring sanitation and hygiene- Children have access to safe drinking water, hand washing stations and effective deworming programs in place to reduce frequent illness and resulting absenteeism
- Educating children and children on nutrition, health and WASH



Rice blenders at the Akshay Patra Kitchen



## Project- Harnessing the potential of India's medical colleges to bring maternal nutrition services to scale

**Objective:** To strengthen the integration of MIYCN into the functioning of select Government medical colleges and hospitals in Uttar Pradesh, Bihar and Jharkhand, including undergraduate curriculum, service delivery, research and government program support (capacity building, quality assurance and monitoring)

**Target group:** Undergraduate medical students of selected medical colleges

### Implementing & Supporting Government Department:

- UP: Directorate General of Medical Education, State Health Mission, four Government medical college and hospitals
- Bihar: Department of Health & Family Welfare, five Government Medical college and hospitals and one private medical college
- Jharkhand: State Health Mission, one Government medical college, in partnership with WeCaN/IPE Global

**Technical Partner:** Alive & Thrive, FHI Solutions (UP & Bihar); WeCaN/IPE Global (Jharkhand)

**Duration of the project:** January 2017 to ongoing

**About the Project:** The project was conducted in a participatory way to support effective delivery, develop champions for the approach and maximize its potential scale up and sustainability. The initiative is unique in maximising the expertise and experience of medical colleges by prioritising undergraduate teaching and influencing the curriculum to have a better integration of maternal nutrition, thus creating a well-trained future generation of medical practitioners for both the public and private sectors with a basic grounding in MN. The project strengthened the integration of MIYCN in the following areas:

- A **strengthened MIYCN curriculum for integration in undergraduate medical training** was developed in alignment with the existing teaching competencies prescribed by the Medical Council of India (MCI) as set in 2019.
- **Updated MIYCN service delivery protocols** were adapted for each service delivery contact points across the '1,000 Days' period, antenatal outpatient department (OPD), labor room, postnatal ward, immunization and pediatric OPD.
- A **quality improvement (QI) approach** was introduced within medical colleges and affiliated hospitals. It followed the "plan-do-study-act" (PDSA) cycle. QI teams were established to improve MIYCN service delivery at various critical contact points with facilitation/mentoring from A&T QI facilitators and National and State expert group members.
- A **project to measure the quality of nutrition service delivery in the community** and inform Block, District (and State and National) Government programming was initiated with two of the medical colleges in collaboration with the Indian Association of Preventive and Social Medicine

(IAPSM). Faculty participated in the development of the tools and processes for data collection, conducted monthly field assessments, and participated in district review meetings to share their findings and feedback on the approach for continuous improvement.

### What worked:

- **Commitment and ownership of the state government and the heads of medical colleges** to lead and sustain the initiative secured through Memorandums of Understanding (MoUs)
- A **visioning exercise** was conducted in medical colleges with the departments of Pediatrics, Obstetrics & Gynecology (OBGY), and Community Medicine, to set the direction for the project
- A **gap assessment of MIYCN knowledge, skills and practice, teaching-learning methods and research priorities** was conducted in the selected colleges to inform the development of a **strategic roadmap and implementation plan**
- **National and State expert group and interdepartmental committees** consisting of senior academicians, practitioners and researchers were formed to guide the initiative and provide overall oversight to the implementation of mutually decided actions.
- **Capacity building of faculty and hospital staff**, including postgraduate residents and nursing staff from the three departments, was conducted for adoption of the strengthened MIYCN curriculum, service delivery protocols and QI approach.



Training of faculty doctors, SRs, JRs, interns and Staff nurses on MN service delivery protocols

## Outcome & Impact:

- Integrated MIYCN curriculum and protocols have been endorsed by Department of Health & Family Welfare, Government of Bihar and Directorate of Medical education, Government of Uttar Pradesh and adopted by all nine government medical colleges in UP and Bihar and one private medical college in Bihar and one college in Jharkhand
- Significant improvements in service delivery indicators across all nine colleges:
  - All India Institute of Medical Science (AIIMS) Patna- early initiation of breastfeeding in uncomplicated C-section deliveries increased from 0% to 89% during a four-month period along with adoption of a policy of zero-separation of mother and newborn
  - Improvement in patient flow and management led to nearly three-fourth of the patients receiving complete ANC services during the defined period
  - Weight, hemoglobin and blood pressure measurement was completed for 84% of the antenatal mothers
  - Maternal nutrition counselling delivered to 76% of the women. Exit interviews of the antenatal mothers to assess retention of key messages on importance of IFA tablets 60% to 72% women; diet diversity 64% to 78%., among other
  - At Government Medical College, counselling on exclusive breastfeeding in postnatal ward increased from 13% to 94% in nine weeks, with above 90% retention in exit interviews of key messages such as “no water,” “nothing apart from breastmilk” and “continued breastfeeding during illness”
- Nearly 600 doctors, nurses and counselors in Bihar and 750 in UP were trained on the service delivery protocols and QI approach.

**Challenges faced:** Prioritization of the project by health authorities and medical college staff, adoption of a project mode with clear deadlines and metrics, and collaboration across departments were critical challenges for implementation of the project. However, the participatory approach described above was effective at achieving desired objectives.

### Plan for scale-up:

- **Scale up in UP and Bihar:** The process to scale up the strengthening of MIYCN into the functioning of medical colleges to all government medical colleges across the state is ongoing in Bihar and UP. In Bihar, a Government letter was issued by the Principal Secretary Department of Health mandating scale up of MIYCN strengthening into the undergraduate curriculum and service delivery protocols, along with nomination of one medical college as nodal



institute for MIYCN and budget allocation is being discussed. In UP, as suggested by the Additional Mission Director, a proposal outlining key activities, outcomes and a budget to seek government funding to scale up activities across all the medical colleges in the state is under development.

- **Scale up in other States:** Advanced discussions were held on scale up across the state in Jharkhand. Discussions on implementation in Rajasthan conducted with the State NHM, Department of medical education and UNICEF early in the year suggest interest for scale up in the State.



## Project- Promotion of Millets in Tribal areas- Odisha Millet Mission (OMM)

**Objective:** To revive Millets on farms and plates with simultaneous focus on Production, Processing, Consumption, Marketing and Inclusion of Millets in Government schemes

**Target group:** Farmers of the selected Districts (14)

**Implementing & Supporting Government Department:** Department of Agriculture & Farmers Empowerment, Govt. of Odisha

**Technical Partner:** WASSAN (Watershed Support Services and Activities Network)

**Duration of the project:** Implemented in September 2018 & to be continued till 2025

**About the project:** OMM was initiated in 2017 for promoting Millets (Ragi) as a staple crop of the farming system. This project emerged from various consultations held between Government, Academia and Civil Society to increase household consumption of Millets by reviving Millet production in identified areas and improving their productivity by means of improved agronomic practices followed by setting up decentralised processing units to reduce drudgery of processing of millets to add value to them and make them market ready. For this, promotion of Farmer Producer Organization (FPOs) for aggregation and better marketing is conceptualised and most importantly include millets in ICDS, MDM and PDS.

Entire project is to be implemented by FPOs with support of local NGOs under guidance of line Departments at District and Block level. The key steps for Millet procurement includes:

- Operationalize procurement of Ragi at Minimum Support Price (MSP) conforming to Fair Average Quality (FAQ) norms
- Make subsidized Ragi available for inclusion in the PDS, ICDS and MDM schemes, closing the production cycle and multiplying benefits of Ragi production for the region
- Explore markets for distribution of surplus Millets beyond the requirements of PDS, ICDS and MDM schemes

The Mission was started with 30 Blocks (7 Districts) in 2017 but due to positive response and demand from the farmers it was expanded to 55 Blocks (11 Districts) in 2018 to 72 Blocks (14 Districts) in 2019 by the Government of Odisha. Another 4 Blocks were added in the June 2020. . The program shall be implemented in each selected Blocks for 5 years, and these Blocks are currently at varying stages of implementation.

Various guidelines on Ragi procurement from local farmers at MSP, farmer registration, District wise storage godowns, route Map from possible procurement locations to Storage godowns and Millet Procurement Automation System were developed to streamline this initiative.

## Outcome & Impact:

- Increase in number of Farmers growing Millets from 7,014 in 2016-17 to 8,596 in 2017-18
- Increase in area under Millets cultivation from 2949 hectares to 5182 hectares (almost double) & increase in yield by 120% between 2016-17 to 2017-18
- 215% increase in gross value of produce per farmer household from Rs. 3957 to Rs. 12486
- 26495 Farmers registered, almost 95% of Ragi procured from farmers in 2019-20
- Procurement infrastructure set up in 14 Districts: this assured market supports bolsters Ragi production programmes in the area.
- Procurement made subsidized Ragi available which led to inclusion on Ragi in ICDS, MDM and PDS schemes, closing the production and economic cycle



**Farmers bringing their Ragi to Mandi for sale**



**Farmers cleaning the light sand in Ragi through winnowing at Mandi**

## Inclusion in PDS

In 14 Districts procuring Ragi, 1kg of rice has been substituted by Ragi owing to its higher nutritional value. It was distributed at the rate of Rs. 1 per kg under PDS scheme in 6 Districts to 16,01,206 ration card holders under NFSA.

## Inclusion in ICDS

Ragi laddoo mix, made from ragi procured from farmers under the mission, was piloted in the Anganwadi menu in Keonjhar District on July 2nd, 2020, and the same has been requisitioned for Sundergarh District. Keonjhar District is also set to pilot ragi biscuits in the MDM/ICDS utilizing 401.4 quintals of surplus ragi.



**Introduction of Ragi Laddus into ICDS in Keonjhar**

- Nutritious Ragi Laddus as morning snack for pre-school children under ICDS from 1<sup>st</sup> July 2020
- 2 Ragi Laddus per week to be prepared and served to children at Anganwadis in addition to existing menu
- Ragi Laddu Mix to be prepared by SHGs and provided via home delivery route till COVID protocol is in place
- 2-month Pilot Phase in 335 Anganwadis of Sadar block from 1st July 2020
- About 1 lakh pre-school children to be covered in the district from September 2020
- Total Budget of the project is 1.5 crores per annum for the district supported by DMF, Keonjhar
- Ragi has better Calcium, Iron and Protein than polished Rice

**Stronger Children with Millets Power!**

Supported by: District Mineral Foundation, Keonjhar | [www.milletsodisha.com](http://www.milletsodisha.com)



A child with Ragi laddoo mix which was distributed at the doorstep of the beneficiaries due to COVID-19. Children relished the taste of the laddoo mix

**Challenges:**

- The farmers faced registration issues on the Millet Procurement Automated System (M-PAS) due to lack of familiarity with the process
- The long distances to limited mandi points in each block, di-incentivized farmers from transporting their produce for procurement
- Limited decentralized infrastructure for procurement and processing persisted in some areas



## Project- Dakshata: Developing an enabling environment for service providers for improved maternal and new-born health

**Objective:** To empower healthcare providers for improved maternal and new-born health care during institutional deliveries

**Target group:** All the health care providers engaged in providing intrapartum and immediate postpartum care in public health facilities in selected Districts of Rajasthan

**Implementing Government Department:** Maternal Health Division-NHM, Govt. of Rajasthan

**Technical Partner:** Jhpiego (Funding support from CIFF)

**Duration of the project:** August 2015 to August 2020

**About the Project:** Dakshata is a strategic initiative developed by the Govt. of India to address the problem of adverse maternal and neonatal outcomes during and immediately after childbirth. Rajasthan is one of the few states which adopted Dakshata from its core and were able to bring a substantial positive reduction in Still Birth Rate (SBR) across the targeted facilities. The program was implemented in a phased manner to cover 20 out of 34 Districts of Rajasthan with a target of covering 202 high delivery points across these 20 District. The profile of the 202 public health facilities involved in the Dakshata program were District hospitals (9%), Sub-district hospitals (7%) or community health centers (76%) and Primary Health Centre (8%). Dakshata strategy involves developing an enabling



environment for service providers by ensuring critical supplies at the point of use and bringing changes in the Labor rooms to make it more conducive. It also aims to make healthcare providers more competent and confident by conducting targeted training and structured mentoring and support visits so that providers adhere to WHO recommended evidence based practices. Considering the importance of the availability of timely data collection and utilization, program developed MWMIS (Maternity Wing-Management and Information system) and Dakshata Mentor app.

### Outcome and Impact:

- Against the target of 202 high delivery points in 20 Districts, the program managed to cover 313 high delivery load points of all 34 districts.
- The intervention facilities catered to more than 70% of deliveries in public health facilities of targeted districts.
- The program was successful in bringing about improvement at the level of resources and quality of several services (An independent evaluation of the program by PHFI, still to be published)
- Substantial reduction in adverse neonatal outcomes. Stillbirth rate data from Pregnancy, Child Tracking and Health Services Management System (PCTS)- part of HMIS in State of Rajasthan, depicts reduction in Phase I facilities in comparison to the remaining facilities of the state (23.9% vs 14.1%) as well as in Phase II facilities in comparison to the remaining facilities of the state (12.3% vs 5.5%)

### Challenges:

- Most of the Dakshata facilities are deficient in human resources as per norms outlined in the Government of India's Maternal and Newborn Health (MNH) toolkit.
- Another issue was the frequent rotation of trained human resources from labor rooms to other wards of the facilities, which required extra efforts by mentors to train newly transferred in staff on the clinical guidelines and processes in the labor room.
- The suboptimal entry of case sheets data into MWMIS (Management information system to improve service delivery in labour rooms) by the data entry operators is another bottleneck. Thus, the utilization of this data for decision-making was difficult.
- The implementation of Dakshata program requires ownership and accountability at all levels of the health system. Despite of government initiative, lack of ownership in poor-performing facilities has been an impediment in the initiation of corrective measures for improvement.

**Plan for scale-up or mainstream implementation:** Dakshata Program is an initiative of the Government of India. Considering the impact of program Government of Rajasthan has scaled up the program across 34 districts and hired 19 designated cadre name "Dakshata Mentor" in 19 districts that were designed based on the successful implementation of the program by Jhpiego. It demonstrates a possible approach for other states with high mortality. The learnings from this program can also be vital for informing new programs for similar settings across the country.

**As per a Guidance Note released by Maternal Health Division, MoHFW** on Operationalization of Dakshata, the States interested in implementation of Dakshata program can send an expression of interest to Gol. To commence with, the States should implement the program in their High-Priority

Districts (HPD). with a plan for scale-up to other Districts. Priority should be given to facilities such that maximum number of deliveries in the Districts are targeted.

## RESPONSE DURING COVID-19

To help the community during this pandemic crisis and to provide assistance to pregnant women so that essential services can be delivered to pregnant mothers, **District authorities of all 34 Districts of Rajasthan, in collaboration with Dakshata team initiated the helpline/ teleconsultation for pregnant women.** A team was prepared and the District Administration released an advertisement in the newspapers to inform the general public of this team and gave the mobile numbers of the panel members, who could be called at any time for assistance for pregnant women. Since then, the panel is receiving many calls and being able to help pregnant women and their families every day, with most of the calls coming from remote or complete lockdown areas.

# स्वास्थ्य विभाग की हेल्पलाइन प्रसूताओं के लिए बनी संजीवनी

■ हील्पलाइन सिफेटर, बीकानेर

अपने घर के 2 बच्चे होने आज है कि इसकी गर्भवती माँ को लेकर घेरा हो रहा है और एम्बुलेंस सेवा के लिए बहाने नहीं बना रहा। (संभवतः मैं कोई जानकारी नहीं भी नहीं है। इस क्या करे?) जबकि जिसका है कि अतिरिक्त एम्बुलेंस अगले घर पहुंच जायें। संभव न हो पाय तो हम अपनी मदद से गर्भवती को अस्पताल पहुंचाए। 2 बच्चे 20 सिफर पर 108 एम्बुलेंस गर्भवती के घर पहुंची। एम्बुलेंस की सही संख्या 5 को रोक और पर का नया सेटअप होने का समय है।

घरों जैसी कई बहानियां कोरोना संक्रमण वाले में बीकानेर में दुर्घ हो रही हैं। 1, 2 जैसी बहानियां फैलाव है कि संक्रमण फैलाव बीकानेर में गर्भवती, प्रसूतकों को किसी प्रकार को रोकने न हो, इसे स्थान में रखने हुए टोल प्रो नम्बर 104 व 108 के माध्यम 4 अतिरिक्तों के विशेष पैनल की हेल्पलाइन स्थापित करार कर चुका जो है और प्रतिदिन 50 से ज्यादा लोग इससे लाभान्वित हो रहे हैं। प्रतिदिन कई जन्म, बच्चे को जन्म दे रहे हैं। बीकानेर के नज्दिक से रिजल्ट कर रहे हैं। बीकानेर के नज्दिक से रिजल्ट कर रहे हैं। बीकानेर के नज्दिक से रिजल्ट कर रहे हैं। बीकानेर के नज्दिक से रिजल्ट कर रहे हैं।



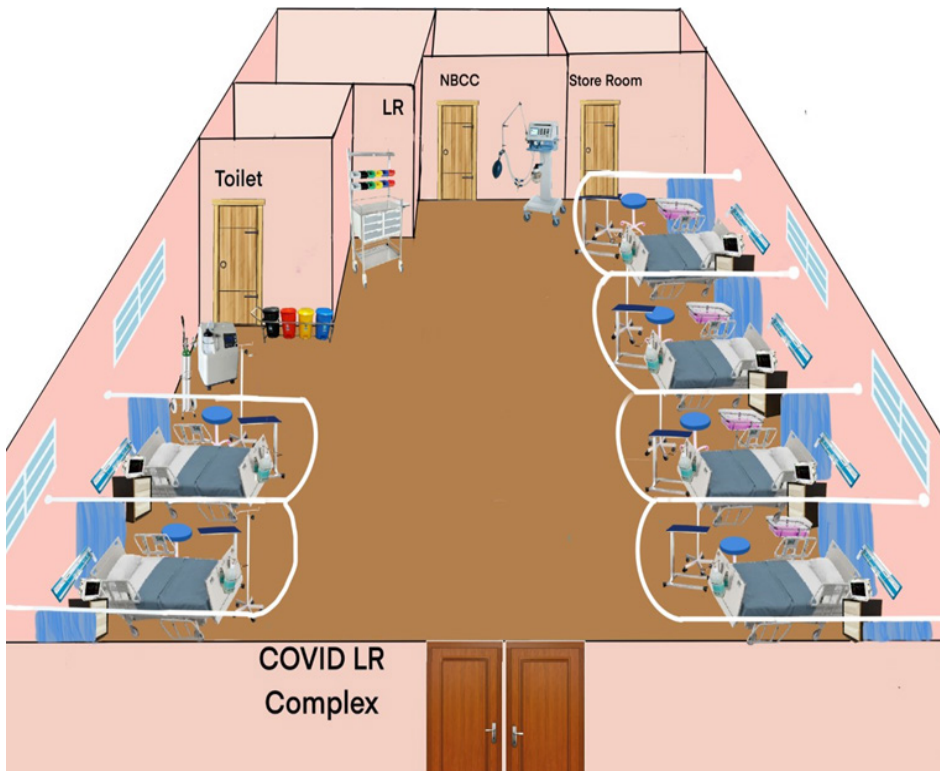
### केस-02

सुभाषकान्त सिन्हा जीवनी अन्त देवी की पेट में बच्चे व फल की सिफारश की। हेल्पलाइन पर कॉल करने पर दुर्घटना स्थिति उत्पन्न हो रही थी। फल नष्ट और पर पर बच्चे स्थिति सिफारश करार।

### केस-03

बीकानेर की जेजू मदी को 8 मिनट की गर्भवती के टोल पर बच्चे की उत्पन्न की। लाल ही सिफारश की जो बच्चे अन्त स्थिति स्थिति व बीकानेर की स्थिति की उत्पन्न हो गई थी। हेल्पलाइन पर कॉल करने पर अतिरिक्त अस्पताल से बच्चे स्थिति उत्पन्न की गयी थी। इसी प्रकार से हीकानेर में दे सेवा करे है।

बीकानेर में डॉ. बीरान मीना 4 अतिरिक्तों के डॉ. रमेश गुप्त की इस कार्य बच्चे को उत्पन्न करार 4 अतिरिक्तों के अन्त करार किन्हीं 4 जैसी बच्चे कि वे हेल्पलाइन इन्फो करार करार। डॉ. मीना ने बच्चे कि टोल डॉ. नम्बर पर कोरोना संक्रमण वाले में सावधान सावधान व जन्मवती के लिए अतिरिक्त बहानियां हैं। ऐसे में संभवतः मरार हेल्पलाइन की उत्पन्न बच्चे हुए ही बच्चे का नम्बर 0151-2204989 जैसी किना नम्बर कि डॉ. रमेश गुप्त ( 9828317894), जन्मवती के बहानियां अतिरिक्तों की बीकानेर ( 9884271103) प्रकाश मीरा 4 अतिरिक्तों के नम्बर ( 9169089515 ) 4 सुभाषकान्त के नम्बर अतिरिक्तों की नम्बर (9897129767) की जन्मवती उत्पन्न की और पुत्र किना नम्बर है। प्रकाश मीरा किन्हीं भी सावधान के लिए डॉ. अतिरिक्तों से सावधान के लिए डॉ. सावधान है। साथ ही प्रसूतकों को नम्बरों सावधानी अस्पताल से भी सावधान करार करार करार है। अतिरिक्तों की बहानियां व बीकानेर जैसी सेवा से आ रहे हैं। डॉ. बीकानेर जैसी सेवा से आ रहे हैं। डॉ. बीकानेर जैसी सेवा से आ रहे हैं। डॉ. बीकानेर जैसी सेवा से आ रहे हैं।



## Project- Introduction of Double Fortified Salt through ICDS in Gujarat

**Objective:** To reduce the prevalence of anaemia amongst the ICDS beneficiaries through regular consumption of DFS

**Target group:** Children (6 months to 6 years), adolescent girls, pregnant and lactating women registered under ICDS

**Implementing & Supporting Government Department:** Department of Women and Child Development, Gujarat State Civil Supplies Corporation Limited (GSCSC) and Food, Civil Supplies and Consumer Affairs Department, Government of Gujarat

**Technical Partner:** Nutrition International (NI)

**Duration of the project:** Distribution of DFS started in August 2018 (ongoing project) across all 33 Districts of Gujarat

**About the Project:** In line with the goals and objectives of the National Nutrition Mission (Poshan Abhiyaan), launched by Hon'ble Prime Minister in March 2018, the DFS program was launched by Hon'ble Chief Minister of the State Sh. Vijay Rupani in July 2018 at Gandhinagar. As the regular consumption of this salt has shown to reduce the prevalence of anemia.<sup>1,2</sup> under this initiative, DFS is being used in preparation of hot cooked meal for children (3-6 years of age) and 1 Kg of DFS named "SATVA" is provided to adolescent girl, pregnant and lactating women registered under ICDS every month. The aim is to reach 3.6 million registered beneficiaries with DFS.



### What worked:

Effective collaboration between WCD dept. and Dept. of Food, Civil Supplies and Consumer Protection- WCD department allocates budget (Govt. of Gujarat invested INR 23.53 crores for procurement) and request Department of Food, Civil Supplies and Consumer Protection to procure and distribute it through their Fair Price Shops (FPS) at the village level (distribution of 33,619MT of DFS through ICDS).

- Capacity building of relevant stakeholders at State, District and Block level including government officials to plan implement and monitor the program by the technical partner.
- Enhancing the knowledge of front-line workers on the importance and benefits of consuming DFS through SATCOM
- Executing an effective Behaviour Change Communication (BCC) campaign to improve the acceptability of DFS amongst beneficiaries and position DFS as a value added product.

<sup>1</sup> Jere D. Haas, Maike Rahn, Sudha Venkatramanan, Grace S. Marquis, Michael J. Wenger. Double-Fortified Salt is efficacious in improving indicators of iron deficiency in female Indian tea pickers. JNutr.2014; doi: 10.3945/jn.113.183228.

<sup>2</sup> Andersson M, Thankachan P, Muthayya S, et al. Dual fortification of salt with iodine and iron: a randomized, double-blind, controlled trial of micronized ferric pyrophosphate and encapsulated ferrous fumarate in southern India. Am J Clin Nutr 2008; 88(5):1378-87

**Outcome:** Uninterrupted distribution of DFS in 33 districts since August 2018

**Challenges:** Lack of knowledge about anaemia and use of DFS - Initially, the beneficiaries did not have much knowledge about anaemia and benefits of using DFS. This resulted in low uptake, although there are communication interventions happening in the program, a large-scale communication campaign is required to increase acceptance and offtake of this intervention

**Quote from field:** Kinjal Patel (38 years of age) is an anganwadi worker in Jhalod Block, Dahod District says "I joined ICDS in 2015. As ICDS was then supplying iodized salt to its beneficiaries (pregnant and lactating women) I learnt about the importance of iodine in the human body, and how to use and store iodized salt. Later in 2018, when ICDS started providing Sattva-DFS, I had queries related to the black particles present in it. The beneficiaries also had the same queries. Then, my supervisor explained to me that these black particles are indication of presence of iron, added along with iodine, to the salt. I also learnt about the benefits of DFS through the SATCOM training. I ensured its usage in the hot cooked meals at the anganwadi center, and also started encouraging the beneficiaries (pregnant and lactating women, and adolescents) to use DFS while cooking at home through counselling during THR distribution. I could explain about it's benefits to pregnant women and babies, lactating women and adolescent girls, and also how to use and store it. I used to feel sad when initially the beneficiaries refused to use DFS but now the beneficiaries have become more aware and they themselves come and ask whether the Sattva-DFS supply has come. I feel very happy now"

**पूर्ण खोले ताकत के राज**

सत्व डबल फोर्टीफाइड नमक  
एक नमक और फायदे दो  
स्वाद संग सेहत भी लो

- आयोडीन - रिमाम तेज़ बनाए
- आयरन - खून की शक्ति बढ़ाए
- महिला के गर्भ में पढ़ने वाले शिशु के शारीरिक एवं मानसिक विकास में सहायक

महिला के गर्भ में पढ़ने वाले शिशु के शारीरिक एवं मानसिक विकास में सहायक

अपचय रक्त की शक्ति बढ़ाये

आयोडीन रिमाम तेज़ बनाये

गुजरात सरकार द्वारा सत्व डबल फोर्टीफाइड नमक सभी आंगनवाड़ी केंद्रों में उपलब्ध कराया जा रहा है।

POSHAN Abhiyan  
NUTRITION INTERNATIONAL



## Double Fortified Salt in PDS in Madhya Pradesh

**Objective:** To reduce the prevalence of anaemia amongst the PDS beneficiaries through regular consumption of DFS

**Target group:** Registered beneficiaries under the National Food Security Act across 20 Districts (89 Tribal Blocks) of Madhya Pradesh

**Implementing & Supporting Government Department:** Department of Food, Civil Supplies and Consumer Protection, Madhya Pradesh State Civil Supplies Corporation (MPSCSC), Department of Women and Child Development, Tribal Welfare Department, Department of Health and Family Welfare, Govt. of Madhya Pradesh

**Technical Partner:** Nutrition International (NI)

**Duration of the project:** The project started in 2017 and distribution of DFS started in April 2018 (ongoing)

**About the Project:** Challenged with the prevalence of high level of anaemia, particularly among children (68.9%), pregnant women (54.6 %) and women of 15 to 49 years if age (52.5%)<sup>3</sup>, Department of Food, Civil Supplies and Consumer Protection, Government of Madhya Pradesh introduced DFS through PDS in 2018 with an objective to reach 13.5 million individual beneficiaries. The DFS program and BCI campaign was launched by Hon'ble Chief Minister of Madhya Pradesh, Sh. Shivraj Singh Chauhan on June 3, 2018 in Mandla block. Through this program, **every family registered under National Food Security Act has access to 1 Kg of DFS every month at a subsidized cost of INR 1 in 89 Tribal Blocks across 20 Districts** of the State. So far, Government of Madhya Pradesh has invested INR 43.15 crores (incremental cost of INR 11.54 crores from regular iodized salt) for procurement and distribution of 57,468 MT of DFS through PDS since April, 2018.

### What worked:

- Executing an effective Behaviour Change Communication (BCC) campaign with an adolescent girl named "Lali" (translates as red color, denotes rich iron in blood) as mascot, improved the acceptability of DFS amongst beneficiaries as the campaign positioned DFS as value added product.
- Periodic monitoring visits to warehouses and Fair Price Shops (FPSs) and sharing the report with Government officials to ensure smooth functioning of the initiative.
- Capacity building and awareness generation of the concerned personnel managing the FPSs who would further pass on the necessary messages to beneficiaries and encourage them to consume DFS.



<sup>3</sup> Government of India, Ministry of Health and family Welfare, National Family Health Survey-4. 2

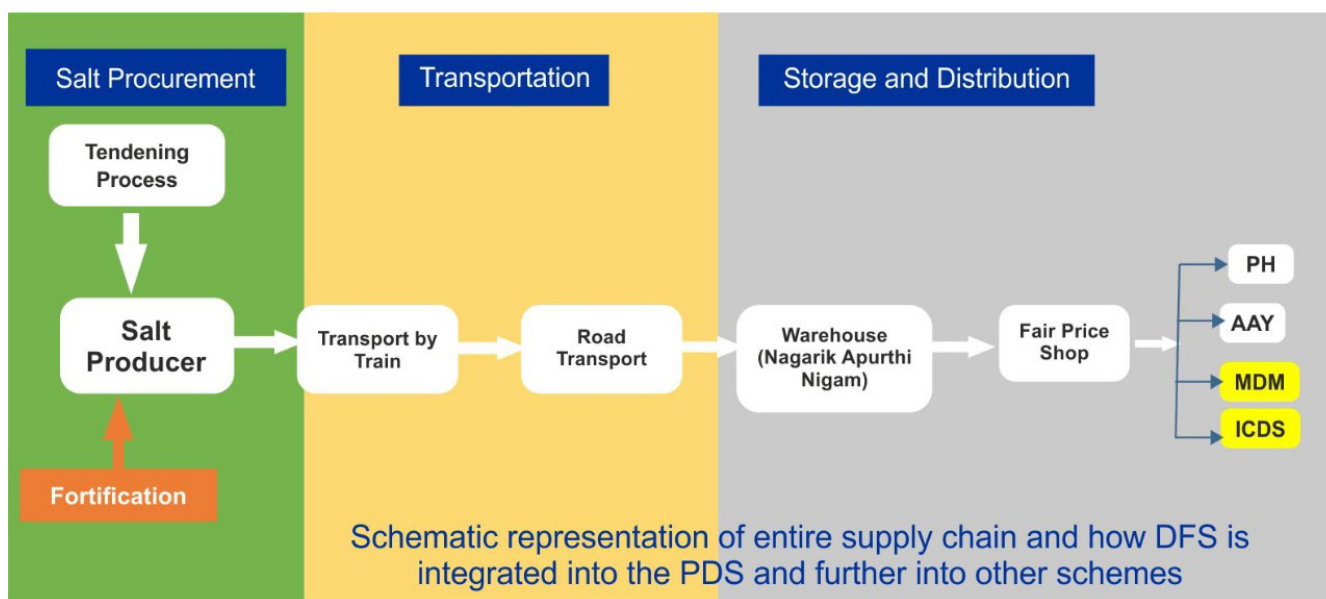
## Outcome:

1. Uninterrupted distribution of DFS in 89 tribal blocks from past 24 months since April 2018
2. More than 85% of the registered beneficiaries are procuring and consuming DFS on a regular basis
3. Capacity building conducted for 295 officials at State and 453 officials at District level. Approximately 2317, fair price shop owners sensitized about the importance and benefits of consuming DFS.



PDS Beneficiary with DFS

**Plan for scale-up or mainstream implementation:** The Government of Madhya Pradesh has decided to scale up the program and has already issued orders for use of DFS in preparation of hot cooked meal served through Integrated Child Development Services (ICDS), Mid-Day Meal (MDM), Nutrition Rehabilitation Centres (NRCs), District Hospitals (DH) across the entire state on a daily basis, reaching approximately 1.6 million beneficiaries.



**Quote from field:** Anita Katare, a Fair Price Shop owner from Kothisodpur village, Nalcha block, Dhar district. Anita encourages every card holder of her fair price shop to regularly consume DFS and says “Agar subzi ka rang thoda badle tou badlne dena, achi cheeze hain namak main isliye badlata hain or khana banane ke baad hi namak dalna pahle nahi”.





## Project- Developing model anganwadis as nutri-education centre focusing on ECCE & holistic development of a child

**Objective:** To change the image of AWCs as places serving food to a centre providing integrated nutrition, healthcare and education services

### Key activities:

- Improve learning outcomes of children in Aanganwadi and make them school ready
- Capacity building of Anganwadi workers, Helpers and Lady supervisors
- Develop fine motor skills and gross motor skills of children

**Target group:** Frontline workers of ICDS program (Lady Supervisors, Anganwadi Workers, Helpers) are trained to address children (3-6 years) of anganwadis

**Implementing Government Department:** District Social Welfare Department, West Singhbhum, Jharkhand

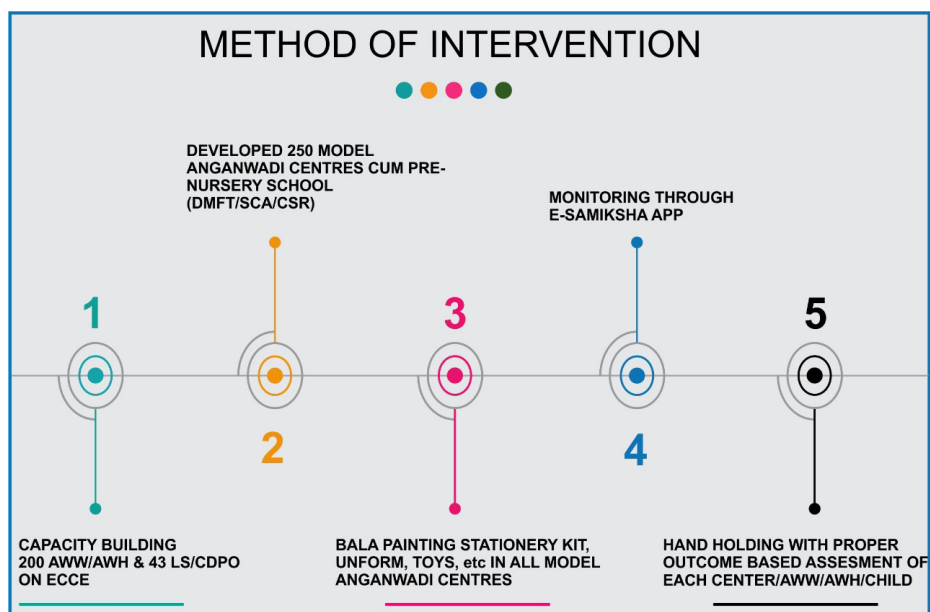
**Technical Partner:** TITLI (Together In Transforming Learning in India)

**Duration of the project:** 3 years

**Source of Fund:** District Mineral Fund

**Targeted no. of AWCs:** 843 Anganwadi Centres

**About the Project:** The education that the teachers receive has a direct and indirect impact on the way they deliver it to the children. In this regard, the program helps frontline workers of ICDS prog. to acquire the knowledge and pedagogical skills necessary, to develop and implement child- centered curriculum practices that intrinsically motivate and stimulate children’s desires to become meaningfully engaged in their own learning. Hence, District Administration, Chaibasa in collaboration with Titli organisation trained 843 Anganwadi workers, Anganwadi helpers and Lady supervisors in ECCE. Handholding support is provided by Titli’s Ground Supervision Team who visits Anganwadis on regular basis, observes the daily activities, monitors and report in their dashboard and suggest improvements.



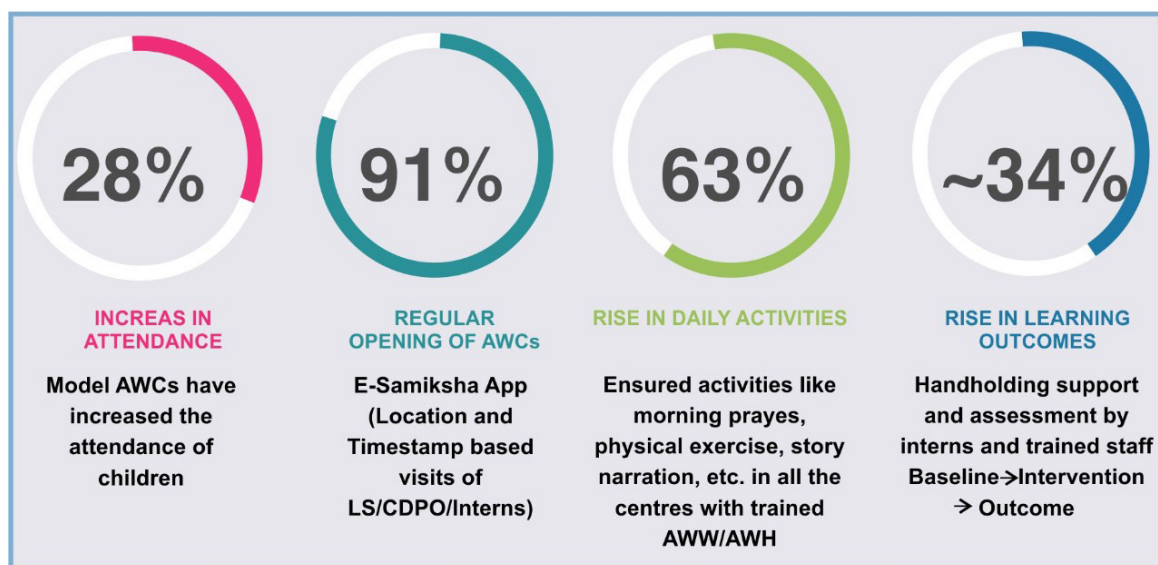
Some unique aspects covered in training include: developing different Learning centres within the anganwadis; **preparation of teaching aids using naturally available resources** and waste materials; storytelling, etc.

**From nutrition perspective**, the District Administration has begun distributing Poshak laddoos for the children aged 6m to 6y in selected Anganwadi Centres of the District. The idea behind the laddoo was to encourage children to come to the AWCs which would thereby positively affect the attendance and the educational level of the students.

Further, for **Kitchen garden**, they have roped in respective BDOs, Mukhiya and savika and sahika to ensure that selected AWCs must have kitchen gardens. The 14th finance and untied fund is being utilized for the kitchen garden. This is an initiative will be an effective step towards addressing malnutrition.



### Outcome and impact:



- Frontline workers are able to understand the importance of positive environment in the anganwadi for children and focus on their needs
- Poshak laddoo resulted in a positive impact on health of children and also a reason behind increment in enrollment rate
- Kitchen garden helps to provide fresh and healthy food to children and mother

**Challenge:** Handholding support is required frequently for the anganwadi workers

**Mainstream implementation:** It has been planned to train the Anganwadi workers, helpers and Lady supervisors of all 2300 anganwadis of the District with a focus on:

- POSHAN Vatika- Nutri-basket at centers to collect vegetables/fruits to add nutritional value in all 2330 AWCs
- Learning outcome assessment- Make it more rigorous and scientific with iterative learning



### DAILY/MONTHLY REPORTING THROUGH E-SAMIKSHA APP

6/8/2019

S.N	DATE	TIME	ATTENDANCE	ATTENDANCE WHY	LOCATION	PROJECT	CODE NO	AWC	AWW	AWW WHY(IF ABSENT)	AWH	AWH WHY(IF ABSENT)	TOTAL ENROLLED CHILD	TOTAL PRESENT CHILD	USER	REMARKS	PHOT
1	08-Jun-2019	08:42 a.m.	उपस्थित	Select	नौआमुंडी		20368020228	Jaarunasi	Present	Null	Absent	summer vocation	30	12	PRABH1962		
2	08-Jun-2019	08:52 AM	उपस्थित	Select	हाटगन्दीया		20368160215	Chotanurda	Absent	Summer vacation	Present		22	15	BEHU1960		
3	08-Jun-2019	08:44 am	उपस्थित	Select	मंढगांव		20368090222	adikari2	Present	Null	Absent	leave	30	0	MAMTA1959	सेविका द्वारा ल बचो आकर चले गए कारण धावल समाप्त।	
4	08-Jun-2019	08:56 am	उपस्थित	Select											PRATHIBA1956		
5	08-Jun-2019	08:22 am	उपस्थित	Select	सदर धाईबासा		20368120114	sankosai 2	Present		Absent	leave	23	20	himi1988		
6	08-Jun-2019	08:01 am	उपस्थित	Select	उमगाधपुर		20368050112	rigadhrai	Present	Null	Present	Null	20	12	SONAM1966		
7	08-Jun-2019	08:51 am	उपस्थित	Select	सदर धाईबासा		20368120514	Mahalsai ward no 5	Absent		Absent	summer vacation	5	0	BINITA1920		
8	08-Jun-2019	08:42 am	उपस्थित	Select	खूंटपानी		20368070401	Karkata	Present		Absent	In summer vacation	20	11	mona1962		
9	08-Jun-2019	08:53 am	उपस्थित	Select					Null		Null				mona1962		
10	08-Jun-2019	08:27 AM	उपस्थित	Select											MAMTA1959		
11	08-Jun-2019	08:36 am	उपस्थित	Select	मनोहरपुर		20368110316	DONGAKATA	Present		Absent	Mini center	17	10	DANI1966	shnd	
12	08-Jun-2019	08:18 am	उपस्थित	Select	लौतनगर		20368140310	Dara	Present		Absent	Summer Vacation	34	19	PRATHIBA1956		

**Daily 120 visits done by 43 LS and CDPO**



## Project- “Mo Upakari Bagicha” (My beneficial garden to improve Dietary Diversity)

**Objective:** Improving the dietary diversity score of women and children by increasing their consumption of a greater number of food groups and thus contributing to improved nutritional status

**Target group:** Children below 5 years, pregnant women, lactating mothers and adolescent girls

**Implementing Government Department:** Odisha Livelihood Mission, Department of Panchayati Raj & Drinking Water, Government of Odisha

**Funding & Technical Partner:** Azim Premji Philanthropic Initiatives and Living Farms, PRADAN, Harsha Trust

**Duration of the project:** The project started in October, 2019 for a period of 3 years

**Pilot phase of the project:** During 2014-2016, Azim Premji Philanthropic Initiatives made a partnership with Living Farms, a local NGO to mobilize community in Kalahandi and Rayagada districts of Odisha **for establishing individual nutrition garden at their backyard to grow and consume fruits, vegetables, eggs and meat. The objective was to ensure dietary diversity through intake of vegetable and animal protein to prevent malnutrition among children, adolescent girls, pregnant women and lactating mothers.** A post project evaluation by Valid International revealed a very positive result of this pilot project on reducing malnutrition.

**About the Project:** Based on the experience of working with Living Farms, Azim Premji Philanthropic Initiatives in partnership with Odisha Livelihoods Mission (under aegis of the Panchayati Raj & Drinking Water Department), scaled up and initiated a nutrition sensitive project “Mo Upakari Bagicha”. **There are three important components of this project viz. 14 modules of Participatory Learning and Action- Linking Agriculture to Nutrition (PLA-LANN), Nutri garden promotion and livestock management.** APPI has also partnered with three Resource NGOs (PRADAN, Harsha Trust and Living Farms) for prototype development, preparation of manuals and providing technical inputs for designing PLA-LANN meetings at SHG level and promotion of Nutrition garden, Backyard Poultry and Goat Rearing at household level.

The programme initially began with few selected Districts but later scaled up to cover all the District of the State. It aspires to reach out to 75,000 SHGs covering 7, 50,000 households across 107 blocks of 28 districts in Odisha within a span of three years. It also accentuates on building the capacity of 9000 community cadres, who will carry forward the momentum created at community level and will stand tall as torch bearers for fight against malnutrition in the state. An online MIS specific to Nutrition project is planned to be built upon the existing MIS of OLM to capture the nutrition garden and livestock activities as well as consumption by four targeted masses. A six- monthly concurrent evaluation, by a third party (Oxford Policy Research) is being undertaken to measure the impact of project activities and make necessary mid-course correction (if any).



**Women carrying fresh vegetable produce from her garden**

**Key Interventions:** The program focusses on involving women self-help groups to establish the nutri-garden alongside training them for rearing poultry and goats. It aimed to transform agricultural practices, improve access to public services and re-establish the use of forests as a source of food through intensive community involvement. The key interventions include:

- Community engagements and regular meetings
- Nutri-gardens and nutri- fields
- Mixed cropping
- Conservation and management of natural resources
- “Learning by doing” for capacity development initiatives resulted in strengthening the knowledge base and sharpening the skills of cadres



**Women working to create their own Nutri-garden**

### **Outcome & Impact (as on 31st May 2020):**

Nutrition gardens became the source of constant supply of nutritious and vitamin enriched vegetables (planted during last harvesting season) for disadvantaged sections who were earlier deprived of this opportunity and had restricted their consumption to largely cereals and pulses, to certain extent.

- 45,985 and 28,360 Nutrition Gardens were established in Rabi season and summer season respectively
- 15,290 Pregnant Women, 24,022 Lactating Mothers, 46,967 Adolescent Girls & 36,681 Children covered till date



**Vegetables starting to grow in Rectangular model**



**Demonstration on circular model preparation**

### Minimum Dietary Diversity for Women (MDD-W) Survey

This was conducted by a team of researchers from Resource NGOs in Feb 2020. MDD-W is an indicator of whether or not women of reproductive stage (15-49 years of age) have consumed at least five out of ten defined food groups on the previous day or night, an important dimension of diet quality

50 sample households were taken each from 45 project operational blocks across 13 Districts, covering 2250 sample households. A simple one-page structured questionnaire was used by each surveyor for 24-hours dietary data recall from the respondents.

To reduce bias of food intake, data was not collected on festival day or houses having marriage or other functions. Data collection was done from only those households, who had raised nutri-gardens (rectangular, circular or gunny bag models) for the first time in Rabi season (Oct 2019-Feb 2020)

Major findings: A positive correlation between promoting nutrition gardens and improving dietary diversity (MDD score) among women was found:

- 37 blocks have reported positive changes,
- 36 Blocks reported 72-100% coverage of nutrition gardens in sample households during Rabi 2019



Gunny bag farming for limited area/land



Rearing goat to make animal protein part of diet

**Way Forward:** Odisha State Cabinet has taken the decision to promote 5 lakhs nutrition gardens across 30 districts of Odisha. Government of Odisha has made budgetary allocation of 500 crores for promotion of nutrition gardens in convergence with MNREGS so that assets can be created, income enhanced along with increasing the access of rural households to nutritious and vitamin enriched diet.



## Project- Integrated Human Milk Banking /Comprehensive Lactation Management Centres - Universalizing access to human milk for all babies

**Objective:** To universalize access to human milk by setting up Comprehensive Lactation Management Centres (CLMC) to support mothers to breastfeed and express milk, encourage Kangaroo Mother Care (KMC) and collect, store, process and feed Donor Human Milk to babies in need

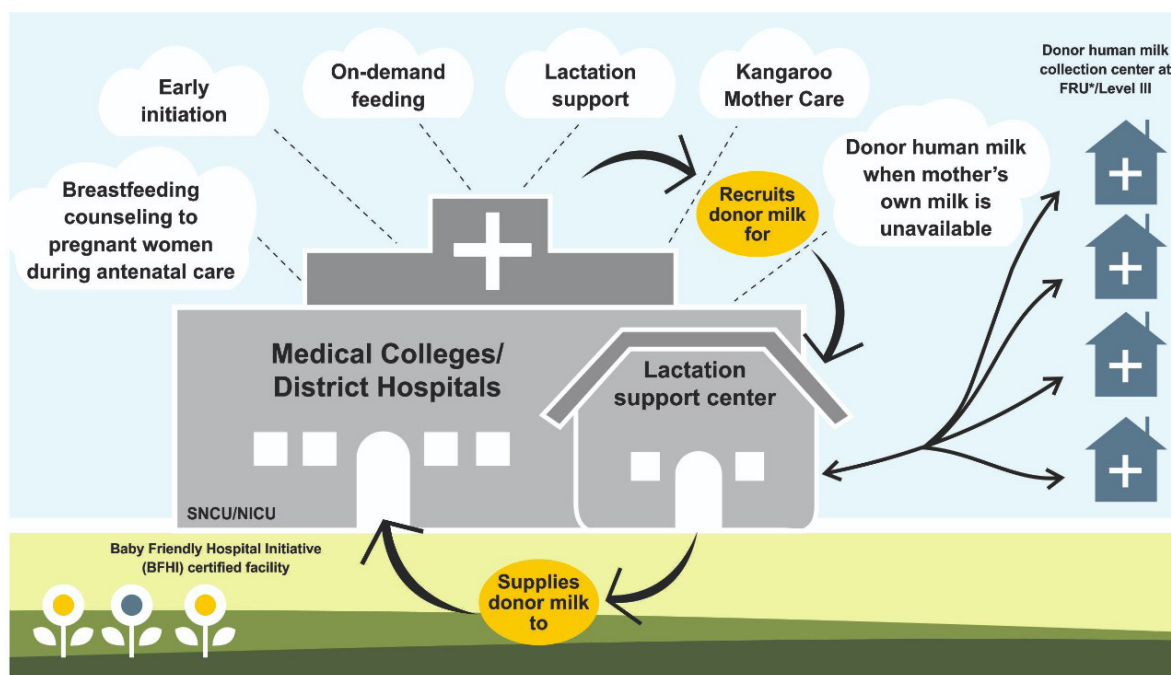
**Target group:** Newborn babies especially preterm and low birth weight (LBW) babies

**Implementing Government Department:** Ministry of Health and Family Welfare, Govt. of India, Department of Health and Family Welfare, Govt. of Rajasthan

**Technical Partner:** PATH

**Duration of the project:** The project started in 2018 and is currently ongoing

**About the Project:** CLMCs are centres that protect, promote and support breastfeeding, assist in milk expression for sick newborns (Neonatal intensive care unit), encourage kangaroo mother care and provide safe donor human milk to sick and vulnerable newborns, those without access to mother's own milk. The model prioritizes breastfeeding and puts human milk banks as ancillary support to breastfeeding and kangaroo mother care. It is based on the Mother Baby Friendly Initiative (MBFI+) Model and forms the basis of the guidelines released by Ministry of Health and Family Welfare- "National Guidelines for Lactation Management in Public Health Facilities."



It builds on India's three-tier public health system by establishing CLMCs, Lactation Management Units (LMUs), and Lactation Support Units (LSUs) at the tertiary, secondary, and primary levels of care, respectively

## What Worked:

- Strengthening facility-based lactation systems by building capacities of health workers, creating a cadre of trainers, institutionalizing tools and processes and engaging multiple stakeholders and key opinion leaders
- Supporting individual health facilities to leverage funds allocated in National Guidelines to set up lactation centres
- Impact level indicators for CLMC and LMUs to ensure monitoring and supportive supervision by State or facility leaders basis the data shared on a quarterly basis

## Outcome/Impact:

- India now has on date 83 functional CLMCs increased from 14 functional CLMCs back in 2014.
- In the last 2 years, 54214 mother - baby dyads and 108428 influencers (father, grandmothers and close relatives) have been reached, through the program. 75% babies-initiated breastfeeding within an hour, 70% mothers expressed milk for their babies in neonatal intensive care units (NICU) and 67 % NICU babies received exclusive human milk diet (MOM (mother's own milk, EBM (expressed human milk, DHM). 13002 mothers donated 2204.59 litres of milk and 3147 neonates received donor milk. SNEHI helped sensitize 903 government officials from the national and state health departments. Nearly 4960 health care providers and stakeholders were sensitized through training, mentoring and conferences.
- Tools such as the CLMC evaluation toolkit, CLMC training toolkit and Hazard Analysis Critical Control Point toolkit has been institutionalized as part of the government system.
- States such as Rajasthan has shown exemplary achievement by establishing 18 CLMCs and is working on further scaling them up to cover the entire state. Rajasthan CLMC-Best model presented at Good & Replicable Practices & Innovations in Public Health Care System.
- Some other noteworthy initiatives have been the use of the "green corridor" (organ donation van) in Rajasthan to transfer milk to needy babies, establishment of a mobile van equipped with a breast pump and a refrigerator for collecting donor milk from mothers in the community in the state of Maharashtra.

**Rajasthan State Initiative**  
India's Largest Comprehensive Lactation Management Centres (CLMC) Network

**Achievements**

1. CLMCs in district hospitals have brought lactation services closer to the rural and tribal population providing better access to lactation services
2. Government ownership providing financial and appropriate manpower support
3. Uninterrupted services to mothers on all 365 days in a year
4. Dedicated cadre of motivated lactation staff providing support for breastfeeding right from the antenatal care period, post delivery in wards and in well-baby clinics
5. Early initiation of breastfeeding, skin to skin care and exclusive human milk feeding at all the district hospitals with no cow and formula milk

19 CLMCs, two in medical colleges, 17 in district hospitals, five in tribal districts, five more to be operationalised

Compartmentalised labour room

Presence of Yashoda

The infographic features a large photograph of a woman in a red sari holding a baby. It also includes logos for the National Health Mission and the Government of Rajasthan, along with two smaller photographs: one of a modern, compartmentalised labour room and another showing a woman with a baby in a hospital bed.



### Evaluation of the integrated MBFI+/CLMC intervention

- Conducted at a tertiary care facility in Mumbai with an established human milk bank from July 2017 to September 2018
- The study followed a point of care quality improvement approach and included term mother and infants as well as sick neonates and their mothers in NICU as participants
- The results demonstrated:
  - ✓ An increase in early initiation of breastfeeding rates among babies delivered virginally, which rose from 9 percent at baseline to 90 percent post intervention. Among C-section delivered babies improved from 0.35 percent to 74 percent after intervention.
  - ✓ Exclusive breastfeeding rates among healthy new-borns climbed to 54% from 39% at baseline.
  - ✓ A forty-one percent increase in rates of KMC was recorded. 69 percent NICU mothers

### Challenges:

- CLMC being a newer concept for many healthcare professionals, takes time for them to understand, accept and implement it.
- There is poor understanding of processes to apply and secure government funds for establishment of Human Milk Bank among hospital functionaries
- Despite efforts, mothers and families have low awareness on importance of breastfeeding and advantages of donation and donor human milk

### Lessons learnt:

- The overall value of human milk as a key component of essential newborn care must be shared by health care workers and management in order for a CLMC/HMB to be effective
- Institutionalizing the National Guidelines on CLMCs requires strong commitment, ownership and support from a range of stakeholders including policy makers, local authorities and hospital leadership
- Strengthening systems rather than one off interactions with a few hospital staff will go a long way in quality controlled and robust scale up of CLMCs
- Availability of strong basic newborn care services in facilities helps to integrate the HMB model in facilities



Mothers visit lactation support centre for their breastfeeding related problems and to donate excess human milk

## Quotes by mothers

Even after I expressed milk for my daughter, I had plenty of excess milk and I did not want to throw so much milk. So sister told me to donate and explained that my milk will be used to save another baby. So I donated and felt good about it!

"I was happy donating milk for babies as I have realized that what goes around comes around and in some way or the other, helping others will help us and our baby in some way. My family supported because they understood that helping is always good and one should help if they can."

"I would like to urge other mothers to donate if they have excess milk. Don't throw it away. Help another child who cannot have mothers' milk.. A child should not be given powder milk or cow's milk at all; mothers' milk is the best"



"Every hospital should initiate PDHM for the mothers and the babies in their times of need. It was a crucial time for both me and my baby as I was unable to express milk for my baby and the baby was vomiting due to top feed. I am really blessed and thankful to those mothers who have donated their milk so that other babies can benefit"

"The staff said that the more I express, the more I will produce milk.. If the milk accumulates, it will again hurt my breasts. I then decided to donate my extra milk"

"I would like to encourage mothers to feed PDHM instead of formula because then their babies are receiving mothers' milk. As this milk has been expressed, screened and processed under doctors' guidance, there cannot be a problem with this milk."



Medical Staff pooling DHM for pasteurization. Standard processes are being followed at all level in CLMC



## Project- Introduction of Nutritious Millets into Anganwadi Centres Vikarabad District, Telangana

**Objective:** To revive consumption of Millets and enhance the nutritional content of the Hot Cooked Meals served to children under ICDS thus contributing to reduction in stunting, wasting, anaemia and underweight

**Target group:** Children (3-6 years), their mothers and community members

**Implementing Government Department:** District Administration, Vikarabad, Telangana

**Technical Partner:** WASSAN (Watershed Support Services and Activities Network)

**About the Project:** Telangana has a dryland area and Millets were traditionally grown and consumed. However, over the years both production & consumption of Millets has declined. Considering the nutritional and environmental benefits of Millets and with an objective to bring it back into the farms and plates, District Collector of Vikarabad decided to engage mothers and children on the need to increase millet consumption through ICDS, as generational change must begin early with children.

**Finalisation of Millets based recipes through food festivals:** A series of 3 Millet food festivals were organized to finalize the menu and build consensus around their inclusion in ICDS. Further, through the online NIN platform “count what you eat”, energy and nutritive values of the recipe were calculated to meet the standards. These festivals were also used as a medium to spread awareness about benefits of Millets and encourage communities to make them a part of their diet. At these festivals, Children and mothers were served dishes cooked with millets and the feedback was collected from members of the community, mothers, people representatives, anganwadi workers, helpers and kids:

- An overwhelming positive response was received from all stakeholders
- It was broadly agreed that Millets are highly nutritious and should be served at anganwadi meals for kids at least every alternate day of the week
- Foxtail millet kichidi & Jowar upma prepared with vegetables were finalized based on the feedback received
- It was decided to impart training to Anganwadi workers and helpers on preparing these dishes. The AW functionaries were also willing to put extra effort for cooking millet dishes
- Resolutions were given by the mother’s committees to promote inclusion of millets at the AWCs



**Food Festival**

**Pilot Introduction of Millets in AWCs:** After the finalisation of the menus, it was proposed that a pilot would be tried for 3 months and based on the experience, necessary changes will be made to the program and implement it for further. Pilot program was taken up in 45 Anganwadi Centers in 3 Mandals of the District with about 1000 children. It was decided to serve Millet based meals for 4 times a week.



**Children consuming Millet Khichdi at AWC**

**Cost Estimation:** As rice is available for ICDS at a subsidized price, Millets are not covered under subsidy and hence millet meals have higher cost per meal. The cost of normal rice based meal per child is Rs.6.13, the korra (foxtail millet) and Jowar Upma costs at Rs. 8.32 and Rs.10.39 respectively; with equal standard of energy and proteins **but with enhanced micro nutrients and fiber**. If subsidy is extended, then millets based menus might be cheaper or on par with rice.

**Source of Fund:** The Pilot of 3 months covering 45 AWCs and 1000 children incurred a cost of 1.73 Lakhs as additional expenditure. This additional expenditure was met from the flexible fund given to the collector by the State Government.

### **Operational Processes Adopted in ICDS Pilot:**

- A. **Procurement of Millet grains:** The grains were procured from Farmers Cooperatives at a price fixed by a committee lead by DM, Civil Supplies by referring to the market price. Farmers' cooperative also quoted the price to supply millets which was found to be lesser than others.
- B. **Quality Standard & Assessment:** Civil Supplies Department ensured that the grains procured meet the standard specifications and they would also visit the stock points, processing units to assess the quality and submit report.
- C. **Processing of the Millet:** This was also done by farmers' cooperative. Cooperative has credit from FWWB and NABFINS, with this they met their working capital requirements.



**Processing & Procurement**

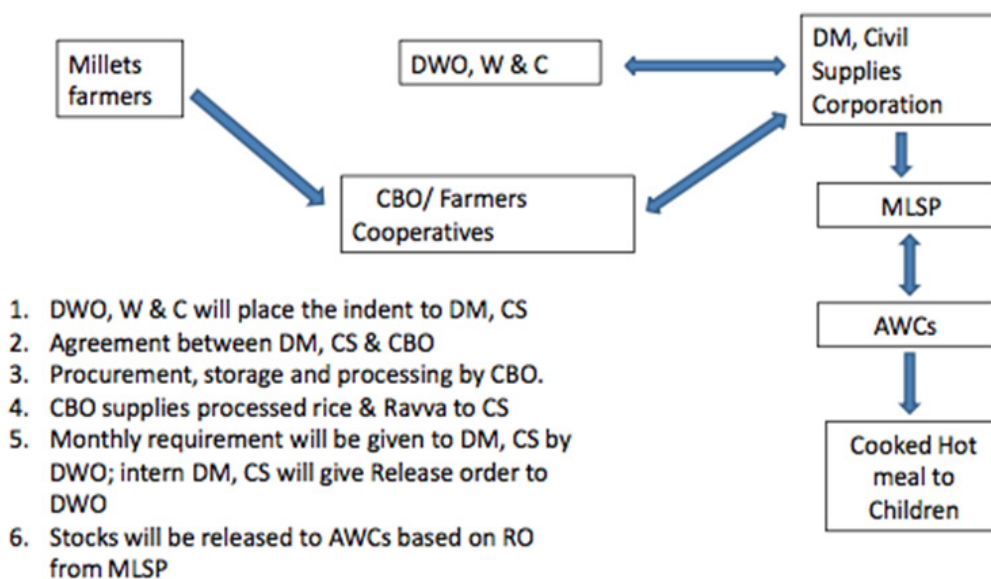
- D. **Payments:** Once stock reaches the Mandal-Level Stock (MLS) points, Civil Supplies Dept. makes payment as per the purchase order to farmers' cooperatives. AWWs lift Millets from MLS points.

**Recognition:** The then Secretary of Dept. of Women and Child Development, Govt. of Telangana, appreciated the initiative and suggested that this initiative should be scaled up to entire State

### Challenges/Policy Constraints:

- The mainstreaming of Millets is constrained by lack of a level playing field between millets & paddy rice/wheat
- Mismatch between market price and MSP of Millets. There is no regular state procurement of Millets; the processes are not well established
- Setting up a local procurement system and finding additional budget outside the regular ICDS programs becomes necessary to expand even successful millets inclusion programs.
- No established procurement mechanism for Millets by corporations like rice & wheat

### Schematic Diagram on supply of Foxtail rice & Jowar ravva supply to AWCs



## Project- Strengthening the service delivery and institutional mechanism with a focus on first 1000 days

**Objective:** To strengthen delivery of improved maternal and newborn care and infant and young child health and nutrition services and practices through a continuum of care at both facility and community levels in selected Districts of Uttar Pradesh (18) and Gujarat (10)

**Target group:** Pregnant and lactating women, their newborns and growing infant and young children (0-23 months of age)

**Implementing & Supporting Government Department:** Department of Health and Family Welfare and Department of Women and Child Development, Govt. of Uttar Pradesh and Govt. of Gujarat.

**Technical Partner:** Nutrition International (NI)

**Duration of the project:** 5 years (2016-2020. Demo Phase: 2016-2018 (5 District); Scale Up Phase: 2018-2020 (28 Districts)

**About the Project:** This project was initiated in 5 demonstration Districts and scaled up to 28 Districts with a clear focus on maintaining continuum of care through the first 1000 days, by improving the quality and uptake of maternal and newborn, child health and nutrition (MNCHN) services both in facility and community settings from 2016-2020 . The program strategy comprised of key components including Planning & budgeting; Intra-departmental coordination; Procurement & supply chain; Behaviour chain intervention; Capacity building; Monitoring, reporting & review and Gender mainstreaming.

Their interventions included strengthening the labour rooms in the health facilities; establish or strengthen Newborn care and KMC Corners. To help achieve this, NI team members advocated District Government officials to pool resources from their approved PIP's to procure required equipments. Simultaneous efforts were also put in place to ensure continuous supply of essential consumables and materials for provision of newborn care in the facilities.

### What Worked:

- Regular assessments of delivery points, hand-holding and mentoring of service providers to strengthen delivery points during supportive supervisory visits conducted each month
- Biannual KAP surveys of the service providers (Staff Nurse, ANM, ASHAs, AWWs)
- Capacity building of the service providers with a focus on identifying and follow-up of high risk pregnancies, low birth weight babies and SAM children to strengthen and improve quality of care provided
- House-to-house monitoring every quarter (in each block) of caregivers of children 0-23 months, to understand service coverage, awareness levels
- Mentor FLWs to improve documentation, reporting and counselling during VHSND

- Web based monitoring which allowed real time capture of program coverage data generated reports which were later shared with Government officials in both the States. This also helped in strengthening review mechanism and further planning.

**Outcome:** Data of baseline evaluation, end line evaluation carried out in demonstration Districts in 2016 and 2018 and; Nutrition Intervention Monitoring Survey carried out in scale up Districts in 2019 have been referred to show improvement presented below:

Maternal Health	New-born health	Infant and Young Child Nutrition
Early ANC registration improved from 46% to 59% in UP and 65% to 72% in Gujarat	Improvement in early/timely initiation of breastfeeding was seen in UP from 48% to 53%	Improvement in exclusive breastfeeding was observed in UP from 56% to 61%. In Gujarat it dropped from 72% to 68%
4 ANC services by skilled health provider improved from 13% to 42% in UP and 26% to 69% in Gujarat	Kangaroo Mother Care (KMC) in low birth weight infants improved from 14% to 43% UP and 5% to 25% in Gujarat	Improvement in continued breastfeeding- Continued breastfeeding at 1 year of child has been above 70% and at 2 years it is above 60% in both the States
Receipt of at least 100 IFA tablets improved from 24% to 42% in Gujarat and marginally in UP		Mothers of children 6-23 months received counselling on IYCN improved from 13% to 88% in UP and 4% to 46% in Gujarat
Consumption of at least 100 IFA tablets improved from 8% to 11% in UP and 19% to 51% in Gujarat		Improvement in minimum acceptable diet improved from 5.3% to 13% in UP and 5.8% to 11% in Gujarat



Father giving KMC in Hospital Chandauli, UP



Strengthened Labour room at DCH Chakiya, Chandauli.



**Challenges faced:** Availability of trained HR at the facilities, especially in 24\*7 facilities and NBSUs continued to be a challenge. Another challenge has been in terms of translating knowledge to practise, both amongst caregivers and service providers. A simple example, as can be seen from the survey that though counselling of mothers on IYCN has improved, exclusive breastfeeding and minimum acceptable diet could be further improved.

**Plan for scale up or mainstreaming implementation:** NI plans to continue its project in UP and Gujarat around essential newborn care in 16 Districts and operational research on infant and young child nutrition in 4 Districts from 2020 to 2025.

**Quote from field:** *'Up to the age of 6 months, I will only provide my breast milk to Prapti. After 6 months, I will introduce other liquid, semi solid and solid foods but will continue to breastfeed my child'* - A first time mother and home maker from Gayaj village in Vadodara district (2019).



A mother administering KMC to a preterm child of birth weight 1380 grams born on April 18, 2019



After 3.5 months the child's weight increased to 2.8kgs

**Positive effect of KMC and counselling mother on weight of a low birth weight infant**



## Project- Engaging religious leaders and faith communities to improve maternal and child health outcomes

**Objective:** To spread awareness on key component of maternal and child health like immunization, ANC, PNC, etc. through religious and faith leaders among community members in Aspirational Districts of UP

**Target group:** Population residing in five Aspirational Districts of Uttar Pradesh (Bahraich, Balrampur, Chitrakoot, Shravasti and Sonbhadra) of Uttar Pradesh

**Implementing Government Department & partner:** District Administration of respective Districts and Piramal Foundation

**Duration of the project:** Started in March 2019 and is presently ongoing

**About the Project:** With an understanding about the trust and respect shown in religious and community leaders by the community members and the positive influence they might have on individuals behaviour, Piramal Foundation collaborated with these community influencers to spread awareness on key component of maternal and child health like immunization, ANC, PNC, hygiene and sanitation etc. In the interventions first component, 28 religious leaders were sensitised and trained in key messages at state level where in representation of every above-mentioned district was ensured. Post state level training every district went ahead to select influential religious leaders from each block.

A total of 164 leaders were oriented at district level in Uttar Pradesh. Each leader pledged to spread awareness among their fellow community members and support their messages with references from their religious books.

### Some Unique highlights from the District:

**Bahraich-** Mohammad Khalid Quasmi (Jamitul Ulama e hind Bahraich, Nayib) is a religious leader who has provided his support towards mobilization of community and breaking various myths and misconceptions in the community regarding immunization and early registration of pregnancy. He regularly meets the community and initiates discussion on importance of early initiation of breastfeeding and exclusive breastfeeding up to 6 months. In recent days he is very active in sensitizing community on **COVID-19 crisis**. His focus is on sensitising community on good sanitation practices such as regular washing of hands with soap. He is also appealing if anyone has a history of foreign travel, they should take extra care and in case anyone has symptoms like fever, cough & cold, they should visit the hospital at the earliest.



**Balrampur-** Religious leader named Mohammad Ali in Rehra Bajar is running his Madarsa in Kharika Masoompur Village. He regularly disseminates the information regarding maternal and child health in the community. Furthermore, in collaboration with Piramal Foundation and RBSK team, Mohammad Ali organized a **health checkup camp in the premises of his madarsa**. Around 387 girls were checked for anemia. This health camp was helpful in identifying 215 anemic adolescent girls were found anemic which were all counselled by RBSK team. Additionally, the health checkup resulted in the following:

- Eyes checkup were done and reading glasses were distributed to 53 girls
- Sanitary Pad Distribution was done by RBSK team
- Distribution of Adolescent IFA tablets were done by RBSK team
- Counselling on personal hygiene and adapting of Good life style was conducted in the camp



**Outcome and Impact:** Following the orientation at the district level, these religious leaders have started orienting community on various issues related to immunization, Maternal & child health, sanitation etc. Till now approximately 9500 community members have been directly oriented by these faith leaders. Community is listening to these leader as they have deep faith in them.

District	Number of religious leaders Trained	Total meetings conducted	Issues discussed in the public gathering	Community members impacted
Shravasti	25	162	Immunization, Early breast feeding, Institutional delivery, Covid-19, VHSND Mobilization, Information regarding VHSND services.	1600
Bhraich	30	56		560
Sonbhadra	32	118		3000
Chitrakoot	33	40		1150
Balrampur	44	129		3187
<b>Total</b>	164	505		9497

**Plan for Scale-up:** Next step is to identify religious leader at block & village level and orient them to disseminate positive behaviour messages among their community.



## Project- Establishment of State Management Centre to monitor Women and Child Development schemes

**Objective:** To strengthen the communication system of WCD at each level & improve the monitoring of programs by setting up a feedback mechanism for field functionaries and beneficiaries about ICDS service delivery and subsequently take corrective measure at each level.

**Target group:** ICDS beneficiaries and functionaries

**Implementing Government Department:** State Management Center has been established at the Office of the Commissioner of Women & Child Development

**Duration of the project:** Started in 2019 for a year, it shall be extended after the annual review of its achievements.

**About the Project:** With an overall objective of qualitative improvement in the entire gamut of services being provided by ICDS, State Management Centers (SMCs) were inaugurated by Hon. Chief Minister Shri Vijay Rupani at Commissioner's Office, Gandhinagar on 7th October 2019. These SMCs function like a call centre with a staff strength of 16 desk operators, one Project Manager and One Quality Manager. This team is led by two Team Leaders and a nodal officer has been appointed to work as Single Person of Contact (SPOC) for smooth implementation of SMC.

**Functioning of SMC-** Each Desk Operator has been allotted two Districts to administer a questionnaire designed specifically for each of the schemes being monitored through SMC. The operators talk to field functionaries (Anganwadi workers, Lady Supervisors, CDPOs, POs and Women and Child Development Officers) as well as beneficiaries. They point out the priority areas and share the areas where the field functionaries might be lagging so that they can improve. Likewise, the beneficiary feedback is shared on a regular basis with the various branch heads of the Office, so that they can take measures to remove the bottlenecks, simplify and streamline the delivery. On an average one desk operator makes 60 calls daily and monthly average has been around 19000 calls.

As all the Anganwadi workers (AWWs) and Lady Supervisors in the State have received smartphones and training for ICDS-CAS under the ambit of POSHAN Abhiyaan and are using Smartphone for service delivery, an online questionnaire has also been prepared on which the responses of the functionaries/beneficiaries is being captured and progress monitored through the Dashboard.

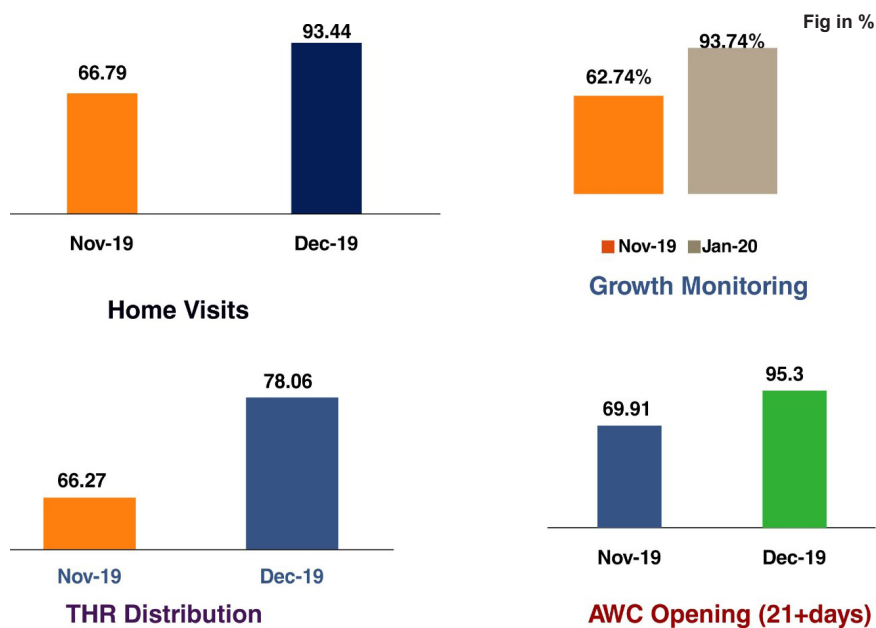
Activities which have been enlisted for regular monitoring through SMC using ICDS CAS dashboard includes: Daily attendance of AWC opening; Growth monitoring of children; Home visit by Anganwadi worker and Supervisors; Delivery of Take-Home Ration (THR) and; Monitoring and follow up calls to Program officers and CDPOs. Dissemination of key messages to district and project officials as per requirement



Apart from ICDS CAS dashboard indicators, SMC team is also following up on Community Based Events (CBEs), beneficiaries feedback on the quality of THR and participants feedback on various trainings provided & knowledge assessment

**Source of fund/Funding support:** The expenses for this project were incurred from the Flexi Fund of POSHAN Abhiyaan approved by Ministry of Women & Child Development, Govt. of India.

**Outcome & Impact:** With the setting up of SMC, communication with the field staff has improved manifold. Moreover, noticeable improvement in several key indicators are evident:



Source: ICDS CAS Nov 19 & Jan 20

**Recognition:** The practice was endorsed by Secretary, Ministry of Women & Child Development in the meeting of 5th Meeting of the National Council on India's Nutrition Challenges under POSHAN Abhiyaan

**Plan for scale up:** The scope of SMC shall be increased in a phased manner and more WCD schemes like Pradhan Mantri Matrutava Vandana Yojana, Doodh Sanjivani, among others shall be brought into its ambit for regular monitoring and analysis.

**Response during COVID-19:** This setup has served as a powerful tool for communication during the COVID-19 crisis. More than 13000 calls have been made in April 2020 during lockdown period to Aanganwadi Workers for THR follow-up, distribution, safety during home visits, support to beneficiaries in difficult situation and counselling. 10 different types of SMSs were sent from the system to all frontline workers (55000 persons including AWWs & Supervisors) during COVID-19.



## Project- Born Healthy: Strengthening coverage and quality of antenatal care

**Objective:** To demonstrate a successful model of evidence-based antenatal care with special focus on maternal infections and targeted iron and calcium supplementation leading to reduction in low birth weight and adverse perinatal outcomes

**Target group:** Pregnant women and new-born babies in selected Districts of Rajasthan

**Implementing Government Department:** Maternal Health Department- NHM, Government of Rajasthan

**Technical Partner:** Jhpiego

**Duration of the project:** August 2017 to December 2021

**About the project:** The project is being implemented in four Districts of Rajasthan (Bundi, Dholpur, Karauli, Udaipur) in 125 intervention facilities (4 District Hospitals, 3 Subdistrict Hospitals, 26 Community Health Centres, 37 Primary Health Centres and 55 Subcentres). It aims to demonstrate a successful model of evidence-based ANC with special focus on maternal infections through introduction of point of care testing and targeted iron and calcium supplementation along with contextualization of innovative service delivery mechanisms such as group antenatal care, with the intended outcome of reduction in low birth weight.

The program intends to do this through capacity building of service providers, translating the skills to practice through onsite mentoring visits, ensuring the availability of essential resources at the point of care, streamlining the data recording and reporting systems, and periodically auditing the intervention facilities to assess the providers' adherence to evidence-based practices.

Jhpiego's Born Healthy team is providing technical support to strengthening the ANC module of the Government of Rajasthan's upcoming digital platform called Nirogi Rajasthan. As the data uploaded on this digital platform will directly sync to PCTS (the government's health management information system), this could help ensure proper recording and reporting of ANC data and eliminate data loss during transmission, and thus result in optimal ANC data quality.

### Outcome and Impact:

- Increase in detection of high risk pregnancies- It more than doubled in intervention Districts contrast to 30% increase in other Districts due to a considerable improvement in the capacities of ANMs. Close to 99% of all posted ANMs in the intervention Districts have been trained.
- Improvement in the coverage of 4 ANC visits (2% to 71%) and in ANC registrations within the first trimester (63% to 76%) has also been observed in the past three years (2016-17 to 2019-20) at intervention facilities.
- A considerable improvement in the logistics at the targeted ANC sites- the availability of multireagent urine dipsticks for identification of asymptomatic bacteriuria- Urinary Tract Infection causing bacteria (improved from 0% to 97%. IFA and calcium tablets are available at all intervention facilities.

- For the first time, HIV and Syphilis testing using point of care diagnostics has been initiated at outreach level at the 55 Born Healthy intervention subcentres.
- Availability and adequacy of essential resources improved due to continuous monitoring by program team and improved indenting by store incharges and health workers

**Challenges:** Maternal infection data was not being captured in State reporting systems. Consequent to the advocacy by Jhpiego, State has introduced fields for capturing maternal infections including asymptomatic bacteriuria, Tuberculosis, Malaria and Hepatitis B in the newer RCH register.

**Recognition:** Born Healthy program was showcased as an innovation to strengthen the coverage and quality of antenatal care at the WHO SEARO TAG meeting on 25th November 2019 by Government of India

**Plan for scale-up or mainstream implementation:**

- Govt. of Rajasthan adopted the Born Healthy ANC training package “Vatsalya” and sanctioned budget for conducting State level Training of Trainers and District level training batches for the Born Healthy training package for ANMs and MOs across the state in the financial year 2019-20
- Learnings from Born Healthy program implementation are being incorporated in national ANC guidelines



**Frontline Health Workers in Action**





## “Umbare Anganwadi” – Anganwadi at Doorsteps Maintaining Nutrition & Learning continuum at Home

Apart from ensuring doorstep distribution of supplementary nutrition during COVID-19, this initiative of WCD Dept. Gujarat focused on:

- Engaging the parents of the beneficiaries to guide them in undertaking creative learning activities for their children while at home
- Providing a forum to unleash the hidden talents/potential of children, adolescent girls, mothers and AWWs/AWHs

For engaging parents, the Department adopted a three-pronged strategy – OMG (Providing Opportunity, Material and Guidance):

- Provide “Opportunity”: for parents and children to work together. Online competition “Maro Samay, Maru Sarjan” (My time, My Creation) was launched to engage children in creative pursuits and showcase their talent while Staying Safe at Home.
- Provide Material: AWWs distributed the theme based, age specific activity books and drawing books for 3- 6 years’ children at their home. The idea was to facilitate home based learning. Activity books & drawing books were distributed to about 16 lakhs 3 -6 years’ Anganwadi children
- Provide Guidance: Utilizing the SATCOM facility of BISAG, the department started telecasting live interactive sessions for parents and AWWs/AWHs entitled ‘Umbare Anganwadi’. Beginning from 8th April 2020, these sessions were organized every alternate day and can be viewed on Vande Gujarat channel 1, JIO TV as well as on the Department’s YouTube channel. The sessions emphasized the importance of parental involvement in the holistic development of their children and demonstrated how creative activities for the kids can be organized with the things available at home.

Social media was extensively used to propagate all the activities under the umbrella of ‘Umbare Anganwadi’

### Way Forward:

- Institutionalise the use of the online/mass media platforms for strengthening ICDS interventions post lockdown through better planning and enhanced quality.
- Plan online training for Anganwadi workers & parents on ECCE, focusing on parenting
- Development of more Web based material on preschool education for both workers and parents.



Distribution of activity books to children at home by AWW



Mothers & Children Interestingly viewing the SATCOM program at Home

### Glimpses of Activities done by Children @home



Supporting sibling & Staying safe at Home



Learning is fun together at home



## Ensuring uninterrupted supply of IFA to prevent anemia

To ensure the availability and continuity of Anemia Mukht Bharat (AMB) scheme services targeted at adolescents, pregnant and lactating women during lockdown period due to COVID-19, a tele-call check list was developed for officials at District, Block and Cluster levels as well as for Front Line Workers and beneficiaries. This tele check list collected information on distribution and coverages of IFA supplements in the field as well as on Inter Department Coordination across different levels.

National Health mission, Dept. of Education and Dept. of Women and Child, Govt. of Chhattisgarh along with Nutrition International implemented this initiative.

**This initiative started in the month of April, 2020** to ensure uninterrupted supply of IFA to registered beneficiaries when the State Govt. of Chhattisgarh issued guidelines to distribute IFA supplements through an alternate platform like door to door visits. The Tele check list based assessment provided an opportunity to coordinate with all concerned departments and address the bottlenecks. For instance, as the school were shut during lockdown, the IFA blue tablets which is distributed at school weekly, were struck in school's storage. To address this the Block Medical Officers communicated their Block Education Officers to release WIFS tablets to local health functionaries, so that IFA blue tablets could be distributed during lockdown.



ANM distributing IFA to adolescents in Batauli, Surguja



RHO distributing IFA to pregnant woman in Malkharoda, Janjgirchampa



## CO-BOT: The Technological solution to prevent COVID-19 spread

To protect the frontline warriors from acquiring infection while taking care of COVID-19 positive cases and to minimize the interaction between them, CO-BOT has been designed and deployed in healthcare facilities to deliver medicine, food and water to patients, thus reducing the need of health workers and ancillary staff to attend to COVID-19 patients in person in West Singhbhum District, Jharkhand.

The Deputy Development Commissioner (DDC) of the District, an engineering graduate, guided the developed of this CO-BOT. This CO-BOT is remote controlled and the main features include:

- The Co-Bot has been developed at a cost of ₹25000 per Bot while its carrying capacity is 45 kgs.
- The machine has a range of 200-ft, thus can serve to the largest possible wards.
- It is fitted with 2 way speaker and mic system (Doctor can talk to patient and vice versa).
- Ultrasonic obstacle warning system
- A waterproof device, so it can be sanitized and washed completely.
- I P enabled camera to give live video feed that can be seen from anywhere in the world.

The CO-BOT which can move freely and operate remotely fitted with Wi-Fi camera with a micro- phone for two-way communication- doctors can pass on necessary instructions to patients without coming close to them. The cameras can also keep vigil on the interaction between patients in the isolation wards.

Presently its being used in two COVID Care facility of the District including District hospital and has the potential of being designed, customized and deployed in any COVID care facility across the country.



CO-BOT Serving in Isolation Ward of Sadar Hospital



## Meals on Wheels

To provide food to underprivileged, poor, elderly and daily-wage earners who have been struck the hardest due to the lockdown, 'Meals on Wheels' (MoWs) have been specially devised. This initiative ensures food provision to stranded migrant laborers who are neither able to move back to their homes nor have sufficient means to cook.

- A total of 9 MOWs are running across the District serving approximately 7000 people on a daily basis with hot cooked meals every day.

The District administration has planned for further expansion. This successful practice is being implemented at zero cost to the District Administration who have created grain banks across the District as well as invited donations. The amount received as donation is used to pay rent, fuel and manpower and the grains received are sufficient enough to prepare the meals. These vehicles are also being utilized to disseminate essential messages regarding COVID-19 among masses and distribute masks.



Feeding the needy



Social distancing by using old rubber tyre to maintain 1m gap



Grain donation point

## Essential Services Delivery Cell

In the absence of big players like Big Bazar, Zomato or Swiggy, etc. to home deliver the essentials during complete and partial lockdown, the **District administration established a essential service delivery cell**. For this a general call for self-motivated, young volunteers was made to serve the purpose who were oriented, trained and as well as acquainted with prepared FAQs as the first step. Identifying the shops to provide the essential items followed this. The contact no. of shops was shared with each volunteer. **E-rickshaw was chosen to deliver the goods whose drivers were paid on a daily wage basis thus supporting their livelihood in these economically tough times. A control room was set up in the Collectorate where the coordinators would receive calls from people all over the subdivision.** They would then assign a volunteer of their team to fulfill the requirement. But this was not easy as the residents were apprehensive about the home delivery process as well as scared about being overcharged. However, when they were ensured that they would only be charged for printed MRP and not even a single penny will be charged for delivery, the order started to flood. This was further expanded to include fruits and vegetables. This helped in ensuring that people stay indoors as well as receive delivery of essential goods at their doorstep.



## SHG members as Community Warriors during COVID-19 Lockdown

**Support in providing protecting commodities:** Due to their rich experience and training in stitching, Women SHG members produced more than 17.70 crore face masks as a collective effort of more 2.87lakh women SHGs (June 2020). Additionally, they also stitched Protective gears (4.47 lakh) and produced sanitizers and hand wash.

**SHG members as Business Correspondent Agents:** BC Sakhi (Business Correspondents/BC Points) have played an important role in connecting with the rural population and delivered door step financial services, across the nation during the times of COVID-19. DAY-NRLM with support of all banks ensured to transfer all three installments of Rs.500.00 to all women Pradhan Mantri Jan Dhan Yojana (PMJDY) accounts. With nationwide lockdown and restriction in movement, these BC Sakhis brought bank services close to women beneficiaries in times of utmost need of financial resources. Since 25th March 2020, around 6457 BC Sakhis' from 14 States have done 67.56 lakh transaction for PMGKY and other DBT disbursement of Rs.1407.35 Crore till 3rd July, 2020. Cumulatively, over 9000 SHG members have been deployed as BC Sakhi across the country.



**Farm livelihood-ensuring supply of essential food commodities:** In Jharkhand, Odisha, Madhya Pradesh, Bihar, Telangana and Assam, SHG members engaged in farm production. The Producer Groups and Farm Producer Organizations (FPOs) procured fresh fruits and vegetables from SHG members and made it available to customers in times of interrupted supply during complete lockdown. Jharkhand have developed application based software to connect the producer with the market.

**Community kitchens:** These were initiated in some of the States. The SHG members took utmost care in maintaining food safety & hygiene while preparing serving good quality food. As on 19th June 2020, 6491 community kitchens have served 4.63 crore persons across 3 States.



## POSHAN Van: Healthy Children, Beautiful Nation

With an objective to prevent undernourished children to further slip in a state of malnourishment thus resulting in adverse risk to their life, District Administration Chatra, Jharkhand, launched the Mobile POSHAN Van on 20th May 2020 for a period of one year by utilizing District Mineral Funds. This van is conceptualized to organize two or more POSHAN Shivar (camps) in a day with a cyclic repetition in 15 days, to deliver stated nutrition service.

The key features of this initiative includes:

- Provision of highly nutritious hot cooked food to the identified malnourished children. The food would be cooked under the supervision of medical personnel in the kitchen built inside the van
- Facility for storing raw grains and other material used in preparation of food within the van itself along with provision of water dispenser to make potable water available for drinking
- Centralized monitoring and supervision- Through camera fitted inside the van
- Taking health functionaries near the beneficiaries with a special focus on severely malnourished children
- Displaying key POSHAN messages on the LED screen fitted in the van and help create a Jan Andolan around POSHAN Abhiyaan
- Provision of nutrition counselling and growth monitoring once a month by ICDS functionaries
- The identified malnourished children would be followed up for a period of 3 months to ensure sustained recovery



