

DIGI POSHAN

Sahi Poshan – Desh Roshan



A project report submitted by
Digital Empowerment Foundation to UNICEF

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Community Dialogues on POSHAN Abhiyaan
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INTRODUCTION

The future of health will be determined by healthy mothers in the present. A child's nutritional welfare is directly proportional to the precautions that the mother takes, food that she intakes during her pregnancy and while breastfeeding the child i.e., during the first six to 12 months of their lives. It is crucial that women's health is taken care of not just during the pregnancy and child-birth, but also during adolescence and preconception of pregnancy for holistically nourished child.

The situation of malnourishment in India, especially of children below five years of age, is alarming. The World Bank estimates that India is one of the highest ranking countries in the world for the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of Sub Saharan Africa with dire consequences for mobility, mortality, productivity and economic growth.

Though India has shown substantial improvement in past decade—by reducing maternal mortality ratio from 212 in 2007 to 167 in 2013—a lot still needs to be done, especially as far as women from rural backgrounds are concerned. Mothers in the lowest economic bracket have about two and a half time higher mortality rate in India. Present researches, data have made it evident that one of the major causes of malnutrition in India is economic inequality.

Anemia is a known cause of maternal deaths and risk factor for low birth weight and primary cause for prolonged health issues in both child and the mother. This is also a major factor determining morbidity, mortality and long-term impact on health outcomes in adult life. Evidence suggests ante-natal care and institutional delivery as key health interventions to reduce maternal and child deaths. Despite the evidence almost 53 per cent women in India continue to suffer from anemia.

The short term effects on foetal and infant health is increased risk of morbidity, infection, prematurity, possible birth defects, cretinism and possible damage to brain function. The long term effects on new born are that under-nutrition during pregnancy is associated with type 2 diabetes, stroke and hypertension amongst several other things. A child's nutritional well-being begins with their mother's nutritional status. It is a continuous process which covers generations and cannot be adequately upgraded by adding few extra supplements for a few months. Hence, it is important to address the nutrition problem from its inception by creating awareness among community.



With the slogan of 'Sahi Poshan, Desh Roshan', the DigiPoshan caravan in Rajasthan's Alwar.

POSHAN Abhiyaan

In India, according to the 2011 census, 270 million women are in the child bearing age. Counselling pregnant and lactating women to meet increased nutrient requirements through dietary, behavioural changes and other practices is essential for a healthy society.

To address this issue, the Ministry of Women and Child Development under National Nutrition Mission programme launched PM's Overarching Scheme for Holistic Nourishment (POSHAN) Abhiyaan. India's flagship programme, POSHAN aims at improving the nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology and following a targeted approach.

Launched in March 2018, the programme, through use of technology, a targeted approach and convergence, strives to reduce the level of stunting, under-nutrition, anaemia and low birth weight in children, and also focuses on adolescent girls, pregnant women and lactating mothers, thus holistically addressing malnutrition, as per the Jan Andolan Guidelines. The aim is to ensure service-delivery and interventions by use of technology, behavioural change through convergence. It lays down specific targets to be achieved across different monitoring parameters and is expected to impact more than 10 crore people from the rural pockets of the country.

The government's initiative is also an effort to work towards the agenda stated by the United Nations for sustainable development by 2030.

DEF and UNICEF

In order to step up the government's efforts in this regard Digital Empowerment Foundation (DEF) came in partnership with UNICEF in November 2018 for implementing Community Dialogue on POSHAN Abhiyaan themes. It aimed to provide an effort to leverage digital technologies and community platforms for improved nutrition standards in India. DEF aimed to utilise its Community Information Resource Centres (CIRCs) as means of nutrition and information hubs in order to work towards the three important goals of this partnership that were creating a work force of community leaders who would initiate these community dialogues, training them thereby equipping them with the modern digital tools and the curated communication material to conduct the dialogues in their own rural locations and lastly of reporting upon the entire project.

CIRCs were set up in rural and semi-urban areas of backward districts with computers, tablets, projectors and all the basic digital equipment together with Internet connectivity to achieve development through digital interventions. All of them spread digital literacy and empower hitherto information-dark and marginalised communities to access all possible benefits of digital inclusion and access to the health information.



The objective was to overcome malnutrition holistically through digital means

The purpose of Community Dialogue on POSHAN Abhiyaan theme was to achieve goals of building knowledge, attitudinal and behavioural change in order to practice optimal breast feeding, complementary feeding, maternal nutrition and nutrition of the adolescent. Therefore the targeted beneficiaries included children, adolescents, pregnant women and lactating mothers. The objective was to overcome malnutrition holistically through digital means through dissemination of information on a large scale and thereby empowering the communities.

PROJECT IMPLEMENTATION

Planning Phase

The idea of organising community dialogues took shape in the month of November 2018 when a team from UNICEF and DEF were brainstorming on a community outreach plan to address the issue of malnutrition among women and children. The team held several meetings to design a layout for the entire project for the planning phase. The project layout involved:

- Selection of locations,
- Identifying the project in-charge and master trainers (MT),
- Finalising the criteria for selection of MTs,
- Coining the word POSHAN Prerak (that literally means nutrition inspirers) for nutrition champions,
- Preparing and finalising content for trainers and POSHAN Preraks,
- Setting up guidelines for selecting 200 POSHAN Preraks.

Simultaneously, the team from DEF finalised its 15 master trainers and their respective POSHAN Preraks; keeping the selection criteria such that the chosen trainers and influencers encompassed and demonstrated the ability to have a stronghold in running digital centres at their respective locations i.e. primarily to have a skill of mobilising communities and influence them, good communication skills, core interest, knowledge and previous experience of working in the area of health specifically maternal and child healthcare.



15 master trainers and their respective POSHAN Preraks were chosen and trained.

During these rounds of meetings, pre-test and post-test, index sessions, content for L1 training was also created i.e. structuring of an effective and compact three-hour session plan. The three hours were divided in different parts where one hour was dedicated towards the content dissemination via using the communication material and the initial and the last one hour each for undertaking the assessments of the beneficiaries in order to capture the impact that the dialogue session was aimed to create in the select locations.

The term ‘POSHAN Prerak’ was also coined during the planning process to denote their key role of motivating and catalysing these community dialogues. S/he was responsible for undertaking training and delivering the dialogues with correct information on nutrition and maternal health. For this UNICEF and DEF team brought out a detailed training module and formulated communication material based upon the key messages from Jan Andolan Guidelines.

Implementation Phase

The first step was to select the state locations; which were – **Haryana, Uttar Pradesh, Rajasthan, Madhya Pradesh, Bihar, Jharkhand, West Bengal, Odisha, Andhra Pradesh and Tamil Nadu**. The reason primarily to take up these particular states was that they had a higher maternal as well as child mortality rate, and at the same time they were located in the rural pockets of the country which were socio-economically poor, in comparison to the other states.

Secondly, DEF’s strong presence in even remote pockets of the said states in the form of Community Information Resource Centres (CIRCs) was another criterion behind the selection of target districts. These CIRCs were then planned to be used as centres for information dissemination around creating a dialogue on malnutrition and maternal health under this programme. Hence, these particular locations provided a cohesive ecosystem for implementing the community dialogues on POSHAN Abhiyaan themes.

Methodology Adopted

The local entrepreneurs from these villages, who were already associated with DEF, were then trained and selected as POSHAN Preraks or the trainers. The communication material comprised of dialogue cards and five videos for conducting sessions, posters on each target beneficiary group i.e. children, adolescents, pregnant women and lactating mother, brochures for *Panchayats* and village elders and leaflets for the community outreach.

The selected master trainers and the POSHAN Preraks largely were natives of their work locations and therefore shared a similar socio-economic background with the beneficiaries. They were thereby able to build a stronger bond and showed a sense of responsibility towards their community members through the course of this programme.

The trainings were layered at different levels in order to decentralise the communication material for a wide, smooth and qualitative ground reach. There trainings took place in three-levels under this programme.

Level 1

At the first level, it was the L1 training of the trainers (ToT) which was conceptualised and implemented by UNICEF, New Concept and DEF. During the four-day training held at New Delhi from 26 December 2018 to 29 December 2018, the 15 MT were trained with the intention that they were to implement same trainings for their respective POSHAN Preraks at their CIRC. This followed the given layout:

December 26 2018 – Day 1	<p>Introductory session – about UNICEF, New Concept, DEF</p> <p>Pre Assessment of master trainers for understanding the knowledge level before the input of the training</p> <p>‘Meri POSHAN Kahani’ – a session to bring about the live narratives from within the trainers</p> <p>Details of POSHAN Abhiyaan</p> <p>Enlisting of available stakeholders and community outreach platforms within POSHAN Abhiyaan and at village level respectively</p> <p>Introduction to communication material – 1. Dialogue Card</p>
December 27 2018 – Day 2	<p>Recap and further briefing of new day</p> <p>About four target beneficiaries’ – each POSHAN Story was taken up – with specific communication material to be used, i.e. that of a child, adolescent, pregnant woman and lactating mother and her new born</p>
December 28 2018 – Day 3	<p>Recap and further briefing of new day</p> <p>Qualities of a good communicator cum trainer</p> <p>Roles and responsibilities of master trainer</p> <p>Monitoring and reporting mechanisms – MeraApp, narrative reports, time-stamped photos and videography</p> <p>Utilisation of assets – digital equipment, etc.</p>

	<p>Second level training plan (i.e. for POSHAN Preraks) scheduled</p> <p>A step wise check list (Ready Reckoner) i.e. the steps that were to be followed by the POSHAN Preraks for the Community Dialogues shared</p>
December 29 2018 – Day 4	<p>Mock Sessions – to showcase on ground trainings so as to minimise the on-field hurdles</p> <p>(These were undertaken to let the master trainers empathise with the journey of their POSHAN Preraks who were to be trained by them at the next level of training)</p> <p>On completion of mock sessions, a consolidated feedback on analysis of the performance of individual master trainers was discussed by the facilitators</p>

The performance of 15 master trainers was measured on the two parameters – knowledge (on key themes of POSHAN) and training capacity. This was formulated on the basis of the pre and post assessment that was held for the trainers before and after the training respectively. They were broadly measured on a scale of 15 and were divided into three categories – green for good performance (14-15 score), orange for low performance (below 10) and yellow for satisfactory (11-13) performance. Based on the training guidelines, the master trainers selected 200 POSHAN Preraks.



The performance of 15 master trainers was measured on the two parameters – knowledge and training capacity

Meanwhile, a pilot study was conducted by DEF to test the pre and the post assessment format, followed by a report that was generated for UNICEF's review. The objective of this report was to understand the feasibility of undertaking the pre-post assessments through MeraApp (an in-house app by DEF for conducting surveys, capturing basic data of individuals and for delivering schemes and entitlement services) for the community dialogues.

The framework of the pre and post assessments was designed to understand the generation of knowledge based information if received by the beneficiaries who attended the Community Dialogues in their respective villages. The sample was collected from different locations namely Guna, Alwar, Ranchi and New Delhi. Once the app was tested for learning the impact through MeraApp and after reporting the outcomes to UNICEF, it was successfully deployed.

Level 2

On returning to their respective locations the 15 master trainers organised a second level of training for their POSHAN Preraks at 10 different state locations in 14 different districts: Nuh, Ghazipur, Barabanki, Alwar, Bharatpur, Guna, Betul, Hoshangabad, Visakhapatnam, Kanchipuram, Bargarh, Ranchi, Darbhanga and Murshidabad.



187 POSHAN Preraks were short-listed from 187 villages for refresher training out of 200.

200 POSHAN Preraks were finalised and underwent this Level 2 training for three days where Prerak underwent a pre and a post assessment. The entire process was replicated as that of the training of the master trainers which was held at New Delhi, as the same set of assessments had to be delivered for the beneficiaries as well, during all the 16 dialogues based upon their different key themes.

Each Prerak was responsible for ensuring quality of their dialogues' delivery; hence a bracket of 15-20 beneficiaries per dialogue was planned and out of these five beneficiaries underwent the pre and the post assessment from each of the 16 dialogues. As per the outcomes of the pre-post assessments and one week field trials of dialogues, 187 POSHAN Preraks were short-listed from 187 villages for refresher training out of 200.

Level 3

This was followed by Level 3 training i.e. refresher training was conducted for two days by the master trainers, for further strengthening knowledge and training capacities of selected 187 POSHAN Preraks. This involved regular visit by UNICEF and DEF team members, especially for the locations which were analysed to have maximum number of POSHAN Preraks viz. Ranchi, Alwar and Guna; and for the locations which were assessed to be low (yellow marked) on the factors of knowledge built and training performance in L1 such as Vizag, Murshidabad, Kanchipuram, and Bargarh.



Level 3 training i.e. refresher training was conducted for two days by the master trainers, for further strengthening knowledge and training capacities of selected 187 POSHAN Preraks.

After three comprehensive levels of trainings, the 16 community dialogues that stretched for 8 weeks (two months) were implemented by 187 Poshan Preraks at 10 states 187 rural locations from 11 February 2019.

For the two comprehensive months from 11 February 2019 to 7 April 2019, the CIRCs developed into community spaces which were offering information around the key themes of POSHAN Abhiyaan, a flagship programme for challenging malnutrition across the country.

REPORTING AND MONITORING

Assessment Format & Delivery

The assessment format was developed by UNICEF & DEF to assess the change in knowledge of the audience targeted under Jan Andolan “POSHAN Abhiyaan”. It was systematically designed on the basis of overall theme and 10 sub-themes of Jan Andolan Guidelines.

Convergence with Technology

One of the major objectives of the Jan Andolan “POSHAN Abhiyaan” was to use the technology in ensuring the service delivery and interventions. So to fulfill the objective, DEF used its existing android based mobile application “MeraApp” for data collection, capturing and analysis.

MeraApp

“MeraApp” is an android based mobile application, developed by DEF, which provides a catalogue of government welfare schemes (both central and state) to rural population of India. It has been envisioned as a platform to empower rural and remote population with access to information and bring them closer to their rightful entitlement thus bridging the digital gap. It is a multilingual app which works in both online and offline modes and provides scheme benefits under the areas of:

- Health
- Education
- Livelihood
- Financial Inclusion
- Social Security; and
- Agriculture

It is not only an Information and Entitlement delivery app but also has a mechanism of assessment delivery which captures collects and analyses data.

Assessment Format

Semi-structured interviews were designed in the form of pre-assessment and post-assessment questionnaires based on 10 key sub themes of the Jan Andolan Guidelines. Thus, the assessment was focused on assessing the change in knowledge regarding institutional delivery, antenatal check-ups, complementary food, breastfeeding, optimal breastfeeding, immunisation, anaemia, Water, Sanitation & Hygiene, child marriage, prevention of malaria, diarrhea etc.

These sub-themes were divided into 16 sessions i.e. total of eight weeks (two sessions per week). Therefore, total 32 forms were uploaded in the app i.e. 16 pre-assessment and

16 post-assessment forms. The forms were uploaded in seven languages i.e. English, Hindi, Tamil, Telugu, Kannada, Odiya and Bengali.

Questions according to the 10 key sub themes given below:

Theme 1: Antenatal Check-Up, Calcium Supplementation, Institutional Delivery and Early Initiation of Breastfeeding (Week 1)	<ol style="list-style-type: none"> 1. What are the benefits of institutional delivery? 2. What is the importance of mother's first milk? 3. What is the importance of initiating breastfeeding within one hour of child's birth? For Pregnant woman What is the importance of consumption of Iron and Calcium tablets by pregnant women and lactating mothers? For pregnant woman & Lactating mothers
Theme 2: Optimal Breastfeeding (Week 2)	<ol style="list-style-type: none"> 1. Till what age should breastfeeding continue and why? 2. How many times should a child be breastfed in a day? For what duration should a child be exclusively breastfed? 3. Should a child be fed anything else besides breast milk in the first six months? For Lactating mothers
Theme 3 : Complementary Food and Feeding (Week 3)	Till what age should breastfeeding continue and why? For Lactating mothers <ol style="list-style-type: none"> 1. During illness, what should be the frequency of breastfeeding a child? 2. At what age should a child start receiving complementary food? 3. During illness, what should a child's diet consist of? 4. During illness, what should a child's diet consist of? 5. Can you give examples of complementary food? For Lactating mothers
Theme 4: Immunization (Week 3)	How many times do you immunize your child in the first 5 years? When should a child be given Vitamin A and what are the benefits? For children
Theme 5: Growth Monitoring and Promotion (Week no 4)	<ol style="list-style-type: none"> 1. Do you think weighing of babies is important? Do you get your child weighed regularly? 2. What are the signs of poor nutrition in children?

	3. What would you do if your child is losing weight? For children
Theme 6: Anemia Prevention in Children, Adolescent Girls –Diet, IFA, Deworming (Week no 4)	1. What is an ideal diet for an adolescent? 2. What kind of food should be consumed to prevent anemia? 3. What is the importance of IFA Supplementation? 4. Does deworming prevent anemia? For adolescent girls/boys
Theme: Anemia Prevention in Children, Adolescent Girls –Diet, IFA, Deworming (Week no 5)	1. What are the benefits of birth-spacing? 2. Should pregnant women and lactating mothers consume IFA tablets? 3. Should pregnant women and lactating mothers consume Calcium tablets? For adolescent girls, pregnant women, lactating mothers
Theme 7: Protection against Malaria + Diarrhoea Management (Week no 5)	1. What preventive steps must be taken against malaria? 2. What is the relation between Malaria and Anemia? 3. When should you give Zinc and ORS to a child? 4. How to manage severe Diarrhea in a child? For children
Theme 8: Girls Education, Diet and Right Age at Marriage (Week no 6)	1. Do you think early marriage affects the holistic growth of girls and boys? 2. What are the benefits of girls completing education? For adolescent girls/boys
	3. Do you think early marriage is the reason for underweight babies? How? For adolescent girls/boys
Theme 9: Hygiene, Sanitation and Safe Drinking Water (Week no 7)	1. Does washing hands with soap prevent illnesses? 2. Do you wash hands with soap before and after cooking? What are the benefits of always using the toilet? For Pregnant women, Lactating mothers, children, adolescent girls/boys

	<ol style="list-style-type: none"> 1. Do you follow menstrual hygiene? 2. How do you store drinking water at home? 3. What kind of products do women use during menstruation? 4. How do you dispose your child's feces? For Pregnant women, Lactating mothers, children, adolescent girls
Theme 10: Overall Nutrition and POSHAN Abhiyaan (Week no 8)	What are the benefits of institutional delivery? What kind of food should be consumed to prevent anemia? For Pregnant women, Lactating mothers, children, adolescent girls

Locale for Assessment Delivery

The assessment was conducted in 10 selected states of India under Jan Andolan POSHAN Abhiyaan-

1. Nuh (Haryana)
2. Barabanki & Ghazipur (Uttar Pradesh)
3. Guna & Hoshangabad (Madhya Pradesh)
4. Alwar & Bharatpur (Rajasthan)
5. Ranchi (Jharkhand)
6. Darbhanga (Bihar)
7. Murshidabad (West Bengal)
8. Odisha
9. Andhra Pradesh
10. Tamil Nadu

Sample for Assessment Delivery

Primary Respondents-

- Pregnant women
- Lactating mothers (18-35 years)
- Children (0-5 years)¹; and
- Adolescent girls/boys (11-19 years)

Secondary Respondents

- Husbands
- Father
- Mothers-in-law; and

¹ The questions were administered to the mothers/caretakers

- Frontline health workers

Assessment Delivery

The assessments were carried out by 187 POSHAN Preraks across 10 states. A total number of 10 respondents were surveyed in a week (Pre and Post assessment with five respondents per session). The Pre and Post assessment forms were uploaded in MeraApp and the answers were captured by the POSHAN Preraks through it. Technical assistance and training for the surveys were provided through a series of regional workshops, covering content in the questionnaire, sampling and survey implementation.

Initially, a pilot assessment was conducted with 12 respondents across four states of India i.e. Alwar (Rajasthan), Guna (Madhya Pradesh), Delhi, Ranchi (Jharkhand). Later, the assessments were done on the basis of the theme-wise sessions being conducted in the community with 10 respondents in a week i.e. a pre and post assessment was done before and a day after the session respectively with five respondents so that the change in their knowledge can be assessed immediately.

ASSESSMENT FINDINGS

Antenatal Check-ups

Majority of the interviewees have incomplete knowledge about the antenatal check-ups even after the session i.e. they know about antenatal check-ups but do not have complete knowledge regarding it while very few pregnant women have incorrect knowledge after the session or do not know about the check-ups at all.

“Antenatal checkups prevent pregnant woman and the baby from diseases, baby growth gets monitored and helps in checking the hemoglobin level of the woman”- Adolescent girl, 19 years, Guna, Madhya Pradesh

“Antenatal checkups should be done four times at hospital”- Lactating mother, 32 years, Ghazipur, Uttar Pradesh

“Antenatal checkups should be done in hospitals and are good for the baby”- Pregnant woman, 28 years, Alwar, Rajasthan

Special Food During Pregnancy

Majority of the interviewees gave the correct answer after the session was taken, i.e., they had complete and correct knowledge regarding the food which they would

“Pregnant women should consume Tiranga food such as green leafy vegetables, curd and pulses”- Woman family member, 32 years, Guna, Madhya Pradesh

“Green leafy vegetables, dal, curd, vitamin and iron rich foods, fruits should be consumed by a pregnant woman during pregnancy”- Lactating mothers, 25 years, Alwar, Rajasthan

recommend to eat especially during pregnancy.

Few interviewees gave wrong answers even after attending the session. They still had incorrect knowledge regarding the food supplementation during or post pregnancy.

“Should continue eating the same type of food which she eats normally”- Pregnant woman, 23 years, Ranchi, Jharkhand
“Pregnant woman should eat after every four hours and should consume light and less fatty foods”- Woman family member, 22 years, Barabanki, Uttar Pradesh

Iron and Calcium Supplementation

Majority of interviewees gave answers related to iron and calcium supplementation after the session on this topic but still have incomplete knowledge regarding it as either they knew about the importance of iron supplementation or the calcium supplementation while very few have correct knowledge regarding both.

“Calcium supplementation make the bones of pregnant woman stronger”- Adolescent, 19 years, Ranchi, Jharkhand
“Iron supplementation increase the hemoglobin level of the pregnant woman but does not know about the importance of calcium”- Pregnant woman, 28 years, Alwar, Rajasthan
“Iron and calcium supplementation helps in increasing the hemoglobin level of pregnant women and lactating mothers and also makes their bones stronger while calcium also helps in absorbing the iron easily”- Woman family member, 32 years, Guna, Madhya Pradesh.

Benefits of Institutional Delivery

Majority of the interviewees had the knowledge regarding the benefits of the institutional delivery before and after the session but the knowledge is still incomplete especially among the family members of the primary target audience. They are not completely aware of the benefits about the institutional delivery but few of them do have correct knowledge regarding the benefits as they said *“institutional delivery promotes risk free delivery, prevents the mother and her newborn from health hazards and during emergency provides all the possible medical facilities to both of them”*.

“Both mother and baby remains healthy”- Pregnant woman, 28 years, Alwar, Rajasthan
“Emergency facilities are present in the hospital”- Pregnant woman, 30 years, Guna, Madhya Pradesh
“Mother gets money if delivers baby in the hospital”- Family member, 45 years, Tamil nadu

Importance of Breast Milk

Findings indicated that only few interviewees knew about the importance of the breast milk before and after the session while most of them did not have knowledge about it before the session was taken on this topic.

“Mother’s breast milk helps the newborn to fight against the diseases and also prevents from having one”- Adolescent girl, 19 years, Murshidabad, West bengal

“Breast milk is important for the baby’s growth”- Male family member, 32 years, Darbhanga, Bihar

“Breast milk has all the nutrients in it”- Pregnant woman, 28 years, Guna, Madhya Pradesh

Early Initiation of Breastfeeding

Findings indicated that majority of the interviewees know about the mother’s first milk. The level of knowledge was same before and after the session. They had correct knowledge regarding the fact that when a baby is born, within an hour he/she should be given mother’s first thick yellow milk.

However, there were few interviewees who have incorrect knowledge before the session was taken as they said that *“Honey, ghutti or Iron syrup should be given to the newborn within first hour of birth”*.

- Importance of initiating breastfeeding and mother’s first milk

Majority of the interviewees have correct knowledge about the importance of initiating the breastfeeding within the first hour of the child’s birth and also the importance of the mother’s first milk while there were few of them who did not know about any of them either.

“Mother’s first milk acts as amrit for the newborn”- Pregnant woman, 30 years, Guna, Madhya Pradesh

“Mother’s first milk acts as immunization for the baby which provides the strength to the baby to fight from all the diseases, it also a balanced meal for the newborn as it has all the nutrients in right proportion”- Woman family member, 25 years, Andhra Pradesh

“The child gets all the nutrients from the mother’s first milk”-Lactating mother, 40 years, Alwar, Rajasthan

ASSESSING IMPACT

Challenges Faced

The POSHAN Preraks, who were the backbone of this project, faced a number of issues to make this project a success. The biggest challenge was to mobilise certain number of people required for the session. Convincing the beneficiaries to attend all the 16 sessions was strenuous due to the reluctance on part of the local people and their incessant excuses such as household chores. However, after constant persuasion by the Preraks they agreed to attend the Community Dialogues. Some of the participants who attended these dialogues admitted holding expectations in terms of monetary incentives for just being present at the session. The trainers were asked repeatedly to incentivise the project where they had to explain the broader idea of holistic nutritional benefits.



POSHAN Preraks overcame all the challenges to create a dialogue on nutrition

Even though, the beneficiaries learnt the ways to maintain a healthy life along with proper menstrual hygiene, it was very difficult to afford the same due to poor economic status/condition for example consumption of potatoes is easy than consumption of green leafy vegetables. POSHAN Preraks not only faced challenges on the ground but also had personal barriers such as their own family members who opposed of being a Prerak and did not allow them to conduct sessions and interact with the villagers. However, commendably, the POSHAN Preraks overcame all the challenges to create a dialogue on nutrition.

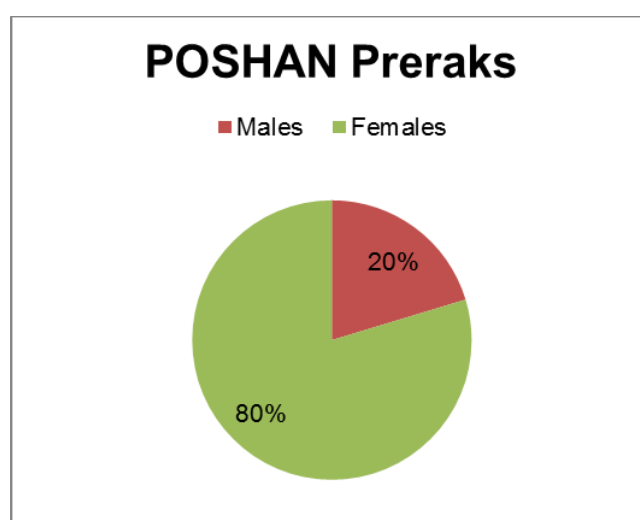
Learnings

The beneficiaries learnt a lot from all the 16 sessions. One of the most important learning was that a new born within one hour of the birth should be given the mother's milk (which is thick and yellowish) and has colostrum that increases the strength of new born. The fact that a baby should not be fed anything except the mother's milk for the first six months was a new concept in many of the villages. In order to make the baby healthy it is very important for a lactating mother to maintain proper diet, personal hygiene and cleanliness on a daily basis. In case of diarrhea, a child should be immediately treated with oral rehydration solution and taken to nearest clinic. Some of the beneficiaries shared that to their surprise they learnt new ways of how to maintain menstrual health and hygiene during the course of this project. For instance, during menstruation the adolescent girls should take iron and calcium tablets; use of sanitary pad or cloth is mandatory and wearing inner garments is equally important to keep avoid infection. The beneficiaries not only learnt about personal hygiene, but made sure the learnings are further shared with other people in the village.

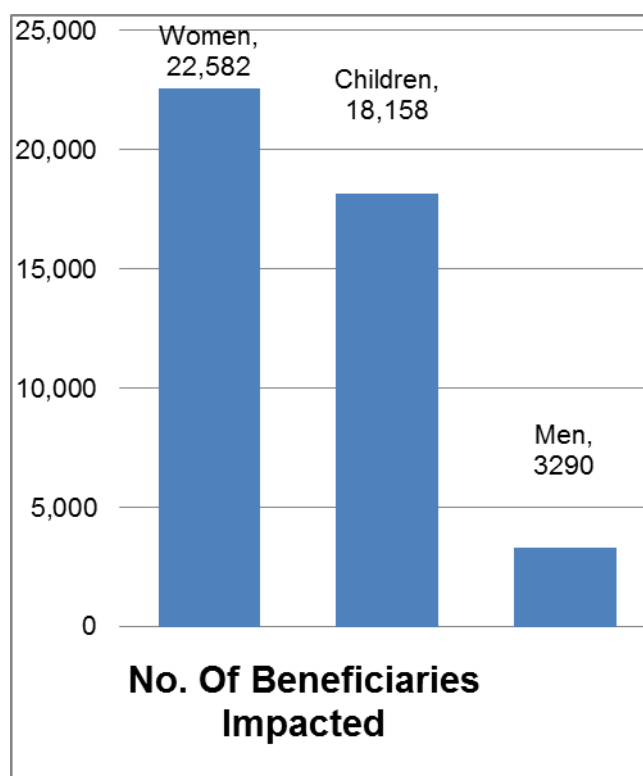
Qualitative Impact

In spite of all the challenges faced by the POSHAN Preraks they were able to reduce the level of malnutrition and related issues to a great extent. This project didn't just bring an attitudinal change of the beneficiaries but also resulted in a transformation of the POSHAN Preraks. The ideologies of the beneficiaries i.e. children, adolescents, pregnant women and lactating mothers shifted as stated by most of the Preraks. Out of 200 beneficiaries, around 50 said that they have started adapting the changes suggested to them by the POSHAN Prerak which meant there is a huge behavioural change.

- Most of the POSHAN Preraks i.e. 149 out of 187 were female, while 38 were male, which shows that through this project a lot of women who didn't get a chance to work previously, were allowed to step out of their houses and now felt independent and empowered. It was also shared by the Preraks that during the sessions a lot of local women promised that they will deliver the knowledge shared with all the females as well as male population in the village since it is very important to spread the message of how to lead a healthy lifestyle.



- During the Community dialogue from week 4 and 5 on the topic ‘Anaemia Prevention in Children, Adolescent Girls and Women - Diet, IFA, Deworming’ a good number of males started attending the session because they realised it is not just the responsibility of the women of the house to raise the child but also of the men to nurture their new born. A huge impact was visible when the beneficiaries such as a mother of four children said that before attending the Community dialogue she never knew that a child should not be fed with anything except mother’s milk for six months.



- One of our best POSHAN Prerak shared that throughout the journey of this project she analysed that convincing an individual whether male, female or child is easier than convincing an institution or governing body such as Panchayats. She recalls that when she approached the Sarpanch of the village and gave an overview of the project she was hushed away saying that she is shameless to discuss about breast feeding in public. Though the female members in the Panchayat committee opposed the different sessions conducted under Community dialogue but the POSHAN prerak never gave up. Her optimistic attitude in order to change the behaviour of the society towards the target beneficiaries promoted her as a ‘Real Prerak’. She recalls it was her fourth session when she saw the female panchayat member observing her session. After the completion of the session the lady approached the POSHAN Prerak and apologized for the rude behaviour. The panchayat member narrated how one of the beneficiaries is her relative and described the learnings to her. This made her realise that she was wrong and the POSHAN Abhiyaan sessions are essential for

every villager irrespective of their gender. The POSHAN Prerak realised that she has not only become an Agent of Empowerment but she has further transformed the other women in the society to empower their peers with the knowledge acquired.

After the successful completion of all the 16 sessions across 10 states covered in eight weeks ~~44,030~~ (Women- 22,582; Children- 18,158 and Men- 3290) beneficiaries were reached all across 14 districts.

In the end the beneficiaries realised that the Community Dialogues were not just sessions but it created a path for upcoming generation to lead a life in the healthy and correct manner.

STORIES OF CHANGE

A. Story from Uttar Pradesh

“Humare liye Poshan Prerak didi vardan roop thi”, says Laxmi Devi (name changed), a beneficiary from Sarai Mubarak, a small village in Ghazipur. Ghazipur is amongst 187 villages of different states which were covered under the programme. Laxmi, now a mother of a month-old infant, was pregnant while community dialogues on POSHAN Abhiyaan were conducted in her village by Poshan Prerak Vandana Tiwari.

During one of the dialogues on maternal and neo-natal care, the Prerak enquired about the visible swelling on her hands and face after observing for a while. “I would see her come regularly for every dialogue session. Generally, pregnant women do show some signs of swelling but her case was extraordinary,” Prerak said.

“It was later found that she used to like and eat earthen pots and bricks as she was weirdly attracted towards the smell of fresh soil,” she added.

Since Laxmi participated in maximum of these dialogues, the Prerak ensured that she adheres to the POSHAN guidelines and followed it up with her on a regular basis to avoid her habit of consuming earthen items. Laxmi was informed that intake of iron tablets along with calcium is important for survival as iron deficiency may lead to miscarriage.

Laxmi Devi then visited a front line health worker (in this case ASHA) of her village, who had also participated in the POSHAN dialogues for the provision of free iron tablets i.e. red colour iron folic acid tablets. She later became regular with the tablets and avoided eating earthen items and after completion of her pregnancy, finally a month ago, she delivered a healthy baby girl weighing three kilograms.

She recalls the birth of her first healthy child: “Something moved inside me while the doctor examined and appreciated my health. I was told it’s a rare case in this village where a healthy mother gave birth to a healthy baby. I am amazed, inspired and eager to share the rich information I gained from these dialogues further to everyone, especially to the women of my village so that everyone witnesses a healthy baby.”

“As a woman, is the one who leads not only her child but the entire family!”

B. Story from Vizag, Andhra Pradesh

“I am a house-wife with one child and am expecting the second baby. I didn’t know what is a proper diet for me during pregnancy,” said B.Varalaxmi (name changed) from a small village in Vishakhapatnam named Bharnikam.

Due to lack of awareness about the nutritional food and mineral supplements to be taken during the pregnancy, she used to eat whatever the elders in the house provided her. “My first child weighed only 1.35 kgs at births,” she says that now with a more nuanced understanding of a holistic diet as well as dos and donts, she is hopeful of a healthy child delivery in the coming weeks.

“The Community Dialogues busted a lot of age-old myths surrounding pregnancy, now I know what to do for my child’s good health,” she adds. She now knows that eating green leafy vegetables and fruits are the key to deliver a healthy baby. She further told the team that she learnt during interactions the correct method of breast feeding and also how essential mother’s first milk is for a new born.

“I want to thank DEF for initiating these smart nutritional programmes in our village,” she said.

OBSERVATIONS

Drawing from our learnings and assessments during the course of project implementation, it is our understanding that:

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- Keeping in mind lower levels of functional literacy amongst the target group, more emphasis should be laid on audio-visual medium for communication rather than relying upon traditional communication materials like posters and brochures. Women and their family members were observed grasping information more easily from visually communicated pieces.
 - To overcome the primary challenge faced during the implementation phase of this project—of mobilising masses for the community dialogue—the biggest reason was lack of any “incentive” involved to get them together at one place. Encouraging strong community leaders who can be looked up to or engaging with the local administrative bodies can help in terms of better outreach.
 - Problem of poor socio-economic standing amongst the target group, who cannot even afford a proper meal, are forced to opt out of their learnings. In many cases it was observed that women ate green leafy vegetables for few months during the pregnancy but could not continue due to unaffordability factor; many said they were not able to buy mineral supplements as mentioned by the POSHAN Preraks. However, there are government entitlement schemes for women living below the poverty line, lack of information and literacy keeps them uninformed. A brief awareness drive on their rights can help them continue with their learnings.
 - A lack of openness or reluctance in discussing the topic amongst male trainers was observed at the community level while interacting with pregnant women. Though it is essential to include male members of the society in the dialogue process, it was observed that women trainers were more fluent in discussing issues with participants from both the genders.
 - India remains to be a very conservative society and women, families still rely on home-remedies, elderly women during pregnancies and raising a baby. Effective most of the times, the old-age tricks might not always be medically as efficient. Hence, it is also important to include old and elderly in the dialogue process. They are also stakeholders as guardians and decision-makers for a majority of women living in the villages.
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WAY FORWARD

In the rural, marginal sections of India, where the community members still are averse to the ideas of personal hygiene, dialogues on holistic nutrition and creating awareness about maternal health comes as a huge task. According to a 2016 report, some 70 per cent of households in India —rural areas as well as urban slums—did not have access to toilets, pushing people out in open for defecation. And the women faced severe price for that. Infections contracted due to defecating in open and other everyday unhygienic practices are one of the leading causes for child and maternal mortality in India. Approximately 50-98 per cent of maternal deaths are caused by direct obstetric causes like hemorrhage, infection, hypertension disorders, ruptured uterus, hepatitis and anaemia.² In a country where creating a sense of personal hygiene is still a task, talking about nutritional values is a colossal challenge.

During the course of this project's implementation, it was assessed that the problems surrounding health and nutrition—that generally do not show immediate effects on people but can significantly impact their well-being in longer run—are hardly paid any attention to. And hence, creating a dialogue on holistic nutritional welfares would entail an attitudinal change within the communities; which is possible only with unhindered, prolonged and consistent efforts. A one-time community dialogue does address the issue; it however lacks the ability to bring about all-inclusive change.

² Maternal mortality in India: current status and strategies for reduction.