

Glossary

AWC – Anganwadi center

ICDS – Integrated Child Development Services

AWW – Anganwadi worker

ANM – Auxiliary nurse midwife

ASHA – Accredited Social Health Activist

P & L W – Pregnant and Lactating Women

ANC, PNC – Antenatal Care and Postnatal care

GP – Gram Panchayat

PRA – Participatory Rural Appraisal

PRI – Panchayati Raj Institution

SNP – Supplementary Nutrition

VHNSC – Village Health and Nutrition Sanitation
Committee

WaSH – Water and Sanitation Hygiene

GSP – Government Service Providers

PHC – Primary Health Center

SDH – Sub-district Hospital

COVID – Corona Virus Disease

PROJECT AT A GLANCE

INITIATIVES FOR ADDRESSING UNDERNUTRITION

29 Villages of Vashind



PROGRAMMATIC STRATEGIES

PARTICIPATORY RURAL APPRAISAL

EMPOWERMENT OF COMMUNITIES & STRENGTHENING OF GOVERNMENT SERVICES

CONVERGENCE ADVOCACY AND AWARENESS

Training of Pregnant & lactating women, adolescent girls and parents

Training of govt service providers & VHSNC, GP Members

Arogya Din/Health Day

Health Check-up camps

Community Weighing

OUTCOMES

EMPOWERMENT OF COMMUNITIES & STRENGTHENING OF GOVERNMENT SERVICES

CONVERGENCE ADVOCACY AND AWARENESS

Training of Pregnant and Lactating Women & Adolescent Girls

- 55% pregnant women registered during first trimester
- 70% completed all three ante-natal check ups
- 100% of lactating women received IFA tablets and 90% received Amrut Aahar
- 99% institutional deliveries

- 95% girls are in school
- 81% girls use sanitary napkins
- 61% girls have undergone Hb testing
- 65% girls have received IFA tablets

Conducting of Arogya Dins, Health Camps and community weighing of children

95% children below 2 years are completely immunized

53 Health Camps screening close to 1200 children

55-65% of children enrolled at AWC were weighed every month

Parents attendance increased by 40%

7% reduction in malnutrition among children

BACKGROUND

The Vashind area in Shahapur taluka is a 'census town' that hosts many small- and large-scale industries including the JSW Steel Ltd. and although being close to the city of Mumbai, the villagers face difficulties in accessing healthcare due to the distant health care facilities and the prevalence of malnutrition is high among children and women coupled with under-reporting of undernourished children by the government service providers.



Figure 1: Weighing a child at the AWC

Beat 2 in Vasind of Shahapur taluka has 29 villages and wadis/padas with 26 Anganwadi Centres (AWC) and 3 Mini AWC. Resources and accessibility differ hugely between a big village close to the highway like Asangaon (Population 3492) and a small faraway tribal hamlet like Taspada (Population 137).

The extent of malnutrition is considered to be higher unlike that reported by the government. Some of the plausible factors contributing to undernutrition in these areas identified were as follows;

- Ø Poor nutrition practices among children under 6 years
- Ø Poor WASH practices in the communities
- Ø Inefficient government health services and lack of convergence between different government departments and communities
- Ø Low Hb levels among adolescent girls, pregnant women and nursing mothers
- Ø Lack of understanding in girls and women with regards to sexual and reproductive health
- Ø Poor participation of community including Village Health Nutrition Sanitation Committee and Gram Panchayat in health issues

Introduction

Population First in collaboration with JSW has been implementing the project titled “*Initiatives for addressing malnutrition in 29 villages of Vashind Beat 2*” starting September 2018. The project was initiated with the aim of addressing malnutrition among children attending Anganwadi centers, pregnant and lactating women and adolescent girls with the support of all the essential stakeholders including village level institutions and government service providers. In view of addressing the root causes of undernutrition, it was also essential to consider the entire life cycle approach to nutrition. Preventive, curative and rehabilitative actions were considered for the successful implementation of the project

While behavior change was desired by parents in terms of the child’s nutrition, sanitation and hygiene needs, the services provided by the government providers particularly growth monitoring, provision of supplementary nutrition also needed to be strengthened.

As an inter-linked initiative, it was realized that pregnant, lactating and adolescent girls need to be equipped with relevant information regarding ante-natal and postnatal care as well as reproductive and sexual health to be able to make informed decisions which will help prevent and combat malnutrition.

Objectives

- Ø To reduce undernutrition among children under 6 years of age in a sustained manner
- Ø To build capacity of parents and communities with regards to undernutrition in children
- Ø To improve services of Anganwadi Worker (AWW), Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA)
- Ø To build the capacity of the Village Health and Nutrition Sanitation Committees (VHNSC) and Gram Panchayats (GP) on the issue of undernutrition
- Ø To bring about convergence of government and community systems with regards to mother and child health, especially undernutrition among children
- Ø To advocate with block level government officials on the gaps in village level health services
- Ø To form groups of girls and equip them with appropriate information regarding menstrual hygiene, female reproductive system, contraception
- Ø To equip pregnant women and nursing mothers with the knowledge on ante-natal and post-natal care (ANC PNC)

Interventions



Figure 2: VHSNC & GP (U) & ARSH Training

Considering the high percentage of malnutrition in these 29 villages which is close to 40%, the following strategic interventions were implemented;

1. Empowerment of communities and strengthening of government systems:

Ø Participatory Rural Appraisal (PRA): This activity was conducted in 29 villages/padas/wadis to collect baseline data regarding maternal, child and adolescent health indicators. The information was collected using participatory tools such as household survey, focus group discussions, community weighing of children and village mapping. Meetings with the key stakeholders such as Gram Panchayat members, VHSNC members and beneficiaries was also conducted to build rapport with them.

Ø Training programs related to health issues leading to malnutrition and ways to prevent/treat it for parents, adolescent girls, pregnant and lactating women, government service providers and VHSNC members : Regular sessions with direct beneficiaries such as parents of children, adolescent girls, pregnant and lactating women were conducted to provide them relevant information on various components and aspects related to nutrition, sanitation and hygiene, reproductive and sexual health and antenatal and postnatal care respectively. The government service providers were motivated to provide quality services and strive for convergence with the community for optimum results and the VHSNC members were made aware of their roles and responsibilities in addressing malnutrition.

Interventions Ctd....

2. Convergence, Advocacy and Awareness regarding nutrition and health related entitlements through:

Ø Celebration of Arogya Din/Health Day: Village Health Sanitation and Nutrition Days were celebrated every month as per the government guidelines. This Day served not only as the immunization Day but also for creating awareness about various health topics including immunization, nutrition, sanitation, hygiene and their correlation with undernutrition among all stakeholders in the community. It helped a great deal in convergence of services by the government service providers such as ASHA, AWW, ANM and the community

Ø Weighing children in the presence of community/Community weighing: The AWW were encouraged to conduct and record the anthropometric measurements in the presence of the community particularly the parents. This was to help them understand their children's nutritional status and take required action accordingly as well as to ensure better accountability on the part of the AWW in terms of monitoring of the children's growth standards.

Ø Health Check-up of children by pediatrician at the PHC & SDH: Apart from the agreed monthly health camps at the PHC, regular health camps at the Sub District Hospital and the village level were also conducted which helped a great deal during the lockdown.

Ø Provision of supplementary nutrition and medicines: For severe cases of malnourished children, where access to good nutrition is a challenge as well as in case there is a reported shortage of medicines during the health camps, PF was able to provide supplementary nutrition and medicines whenever required.

All the above-mentioned activities were carried out with the support of the community and the health systems while gradually getting them to realize their roles and responsibilities towards addressing malnutrition and making interventions sustainable to achieve the desired

ACTIVITIES

DURING THE PANDEMIC

During the pandemic it was realized that rural areas are at a heightened risk of being adversely affected due to a number of factors; such as limited awareness regarding the disease, lower nutrition levels and inadequate public health infrastructure. Some of the challenges faced by the stakeholders in Beat 2 were as follows;

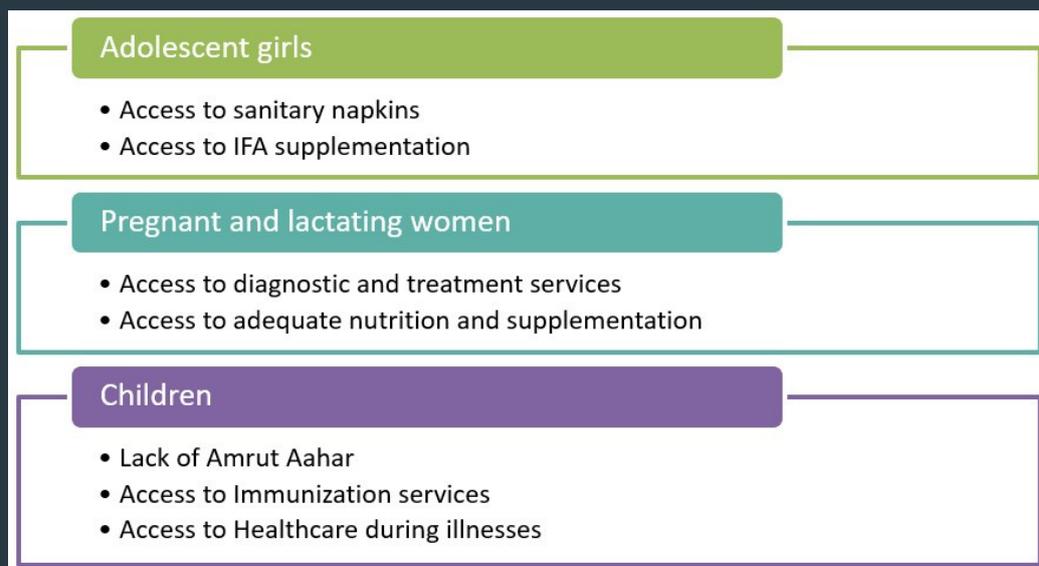


Fig 3: Challenges faced during lockdown

Population First through the project tried to minimize the adverse effects and safeguard the community from the fallout of the pandemic. PF staff was in touch with the community using digital technology to ensure they receive the basic minimum services from the government and are also informed about the safety precautions for COVID. Not just the community, PF contacted the government service providers as well to understand their challenges and support in delivery of essential services to the community in whichever way possible

STAKEHOLDERS	AVERAGE OUTREACH DURING LOCKDOWN	FOLLOW UP
Pregnant Women	119	Take Home Ration & ANC Services
Lactating Women	115	Take Home Ration & PNC Services
Adolescent Girls	60	IFA Supplementation & sanitary napkins
Children	220	Immunization, THR, incidence of illnesses and nutrition & WaSH

World Breastfeeding Week

गैरसमज सत्य

स्ननपान करताना थोड्या वेदना होणारच. स्ननपान करताना वेदना होत असतील तर डॉक्टरांना सांगावे.

स्ननपानामुळे गर्भधारणा टाळता येते. स्ननपानामुळे गर्भधारणा टळते, पण काही काळापुरतीच.

बाळांना रोज ठराविक वेळी दूध पाजायलाच हवं. बाळांला जेव्हा भूक लागेल, तेव्हा पाजायला हवे, घड्याळाकडे पाहून नाही.

Laadli Oh Meri Laadli!

This is a blog published by Population First as part of its communication. Through "Laadli Oh Meri Laadli" we plan to reach out to a number of other sectors. The aim is to create a platform for sharing of information of views on issues relating to gender and social development.

Monday, August 11, 2020

BREAST IS THE BEST, OR IS IT? A relook at common wisdom

DR. SHANTANU ABHYANKAR, MAI
shantanusabhyankar@hotmail.com

Fig 4: Creatives disseminated during WBW

Taking the digital leap, in the context of COVID pandemic and lockdown, PF continued to promote breastfeeding through interventions under various projects by going online. We developed posters on breastfeeding, conducted an interview with Shahapur based gynaecologist, and a nuanced blog on breastfeeding by Dr. Shantanu Abhyankar. All this material has been shared on our Facebook and Twitter accounts for our followers online as well as through WhatsApp with our beneficiaries.

National Nutrition Month

कुळीथ थालिपीठ

साहित्य :

- ज्वारी पीठ (१ कप)
- कुळीथ पीठ (अर्धा कप)
- मूग डाळीचे पीठ (पाच कप)
- पाठीसकट फिरलेले कांदे (२-३)
- हिरवी मिरची फिरलेली (१)
- हळद (पाच वनचा)
- त्रिखट (आवश्यकतेनुसार)
- पणा जैरा पुड (१ धमपा)
- मीठ (वरीनुसार)

"या साहित्यात ६-७ थलीपीठे होतील."

कृती :

प्रथम सर्व विठे वेगवेगळी भाजून घ्यावीत. एका भांड्यात छिन्ही विठे घेऊन त्यात वरील सर्व साहित्य घालावे. साधारण एक कप कोनट पाण्यात सर्व छान नळून घ्यावे. आपल्याला हवे असलेल्या आकाराचे गोळे करून थालिपीठ घालून, तेजावर खरपुस भाजवा. गरम गरम थालिपीठ दहाबरोबर खावे. तेजाचा वापर कमीतकमी करावा.

मुलांच्या मधल्या वेळच्या भुकेला हा पीटभरीचा आणि पोषक पर्याय आहे.

मधुश्री कुलकर्णी
आहारतज्ज्ञ

राजगिरा कॅल्शियमचा उत्तम स्रोत आहे. कॅल्शियमसाठी औषध घेण्यापेक्षा आपण घरच्या घरी वेगवेगळे पदार्थ बनवून मुलांना देणं जास्त फायदेशीर आहे."

सुगंधा सुभाष शेलार,
पालक, गावहाल

Fig 5: Creatives disseminated during NNM

Since public transportation is still an issue in Shahapur, PF continued with its digital awareness creation and ensured that National Nutrition Month was celebrated with vigour despite its physical absence. PF circulated some creatives, posters on the various low-cost nutritious recipes that could be prepared by the women themselves in the villages. We had two renowned nutritionists – Sneha Gondhalekar and Madhushri Kulkarni who helped us with some unique recipes with readily and locally available ingredients. The recipes included Ragi Laddoos, Lal Maath Paratha, Rajgira Sheera, Peanut Gram Chaat and many more.

Health Camps

Five Health Camps were conducted at the village level from August to September 2020 in which 264 children were screened for illnesses or deficiencies. These camps were most essential as children were deprived of basic medical services due to the lockdown, apprehension of parents to take children to the hospital and lack of transportation alternatives.

PF received immense support from the Health and ICDS department as well as the village level institutions to ensure the camps were conducted without any glitches.



Fig 6: Health camp during lockdown

Webinar for PRI Members

PF organized the first webinar for Panchayat Raj Institution members titled “Lokshaahi Balkat tar Gaon Sashkt” on 21st September. To assist our rural local-self-governments, some amendments have been made in the current context of the pandemic in designing of village development plans. This webinar was open to all our beneficiaries from across Shahapur including Gram Panchayat members and villagers. The event was attended by close to 50 PRI members.



Fig 7: PRI Webinar

Training of Village Health Sanitation and Nutrition Committee (VHSNC)



Fig 8: VHSNC Training at Haal

Two trainings at Madh and Haal were organized for sixteen VHSNC committee members. It was considered most essential during COVID times to keep the members informed of their roles and responsibilities and ways in which they could leverage government systems for overall development in their villages. The training included the following components:

- Information on the members of the committee
- Roles and responsibilities of the committee
- Funds available with the committee and ways to leverage government schemes for any development related work in the village

Inter-sectoral Coordination during a Pandemic

While the CTC in Shahapur Sub-district Hospital and the Nutrition Rehabilitation Center in Thane Civil are functioning with limited capacity due to COVID, it became difficult to refer malnourished children who needed essential services. Sangeeta, our Project Manager was able to coordinate with the block and district health officials regarding the issue. An order was passed by the District Committee that states that a pediatrician will visit the CTC every Tuesday and Thursday at Shahapur Sub District Hospita; until further notice. This will help ensure timely referral and treatment for vulnerable and acutely malnourished children.

OUTCOMES ACHIEVED

A total of 256 pregnant and lactating women, 29 AWW, 201 GP Members, 1264 parents/household heads, and 80 VHSNC members were surveyed during the Participatory Rural Appraisal.

Participatory Rural Appraisal was conducted with a two-pronged objective:

- a. Collecting baseline data with regards to
 - nutritional standards of the children,
 - parents' awareness about their growth and development, health status of Pregnant and Lactating mothers,
 - awareness among ANC and PNC women
 - awareness among young adolescent girls about reproductive and sexual health,
- b. And introducing the concept of people's participation to community level stakeholders, emphasizing importance of community mobilization for overall development of the communities.

The information collected was shared with the communities in order for them to think critically about the current situation and make action plans accordingly to bring about desired change. These techniques help gain insight regarding people's attitude, awareness and views of services for children and women and understanding of communities regarding malnutrition

Parents Meetings/Trainings

PF through the training sessions with parents was able to cover some of the following topics;

1. Infant and Young Child Feeding Practices
2. Importance of Growth Monitoring and its standards
3. Family Planning Methods
4. WaSH Practices
5. Prevention and actions to address malnutrition
6. Ways to increase the nutritional value of food
7. Government schemes to reduce malnutrition
8. Various committees at the village level to monitor delivery of services

PF was able to reach out to an average of 380 parents every month through 226 meetings during the project period across 29 villages of Washind

OUTCOMES ACHIEVED Ctd....

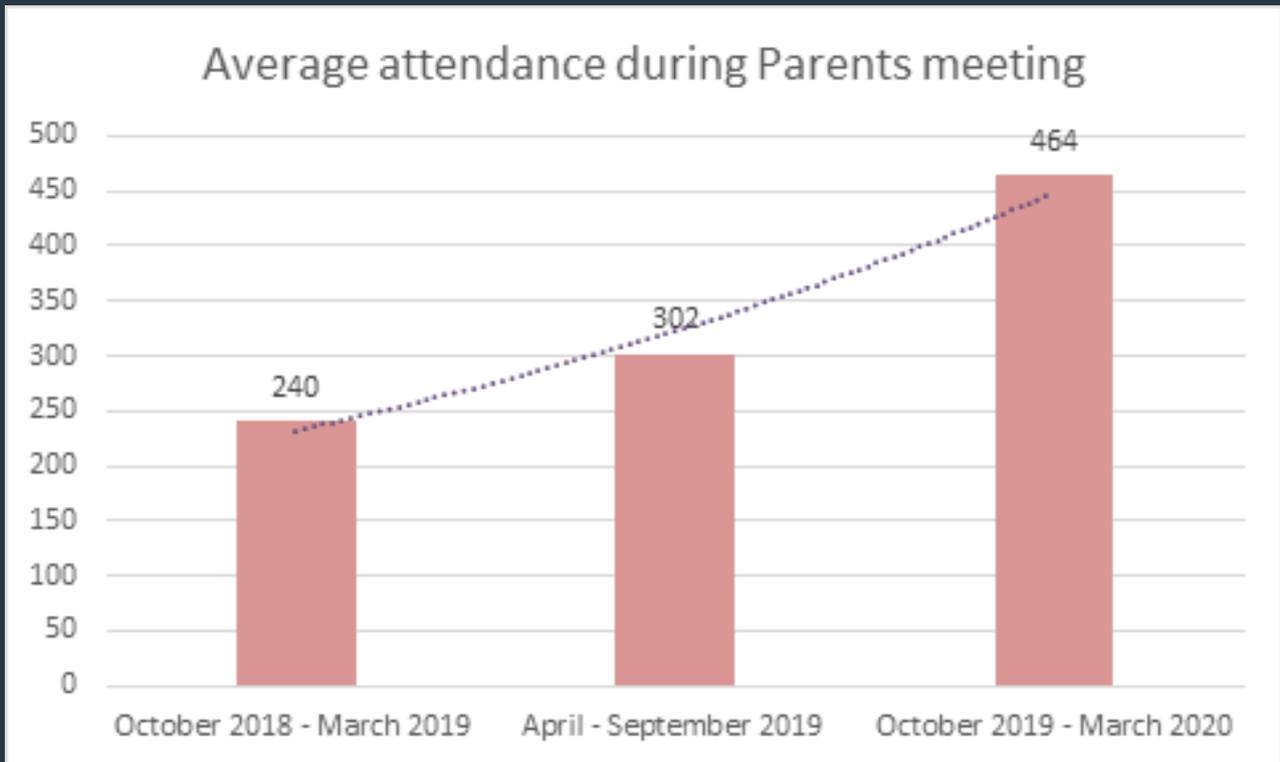


Fig 9: Frequency distribution of parents attendance for parents meetings during the project period

Nutritional Status of Children in the age group of birth to 5 years

Out of the total 1967 children registered with the Anganwadi centers across the 29 villages, PF was able to compare the baseline and endline measurements for 1432 children in the age group of birth to 5 years. We compared anthropometric measurements for children who had at least two measurements available to be assessed as baseline and end-line measurements. The categories for comparison were weight for age and weight for height. The remaining children had either migrated or had crossed the age of six years and hence their measurements were not considered

OUTCOMES ACHIEVED Ctd....

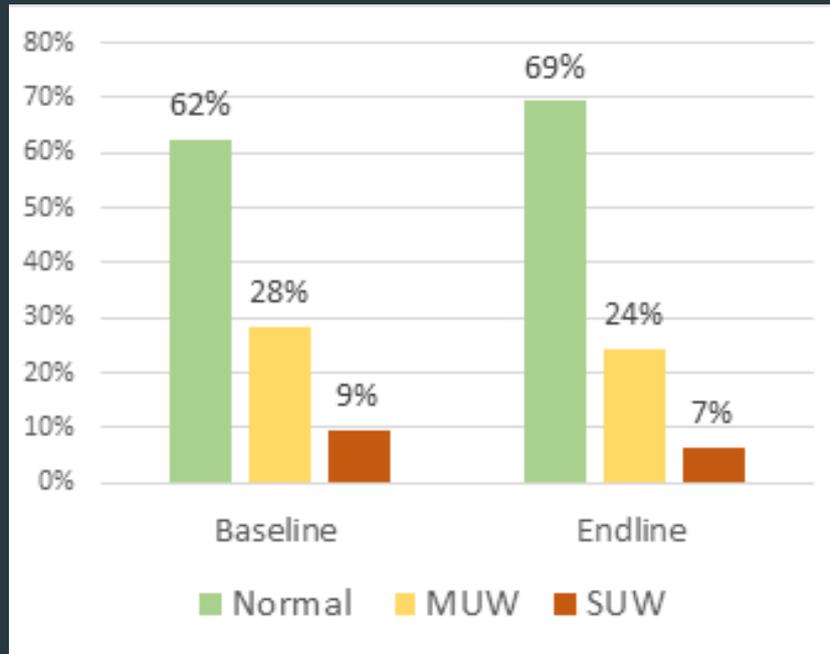


Fig 10: Percentage distribution of children as per their nutritional status for weight for age

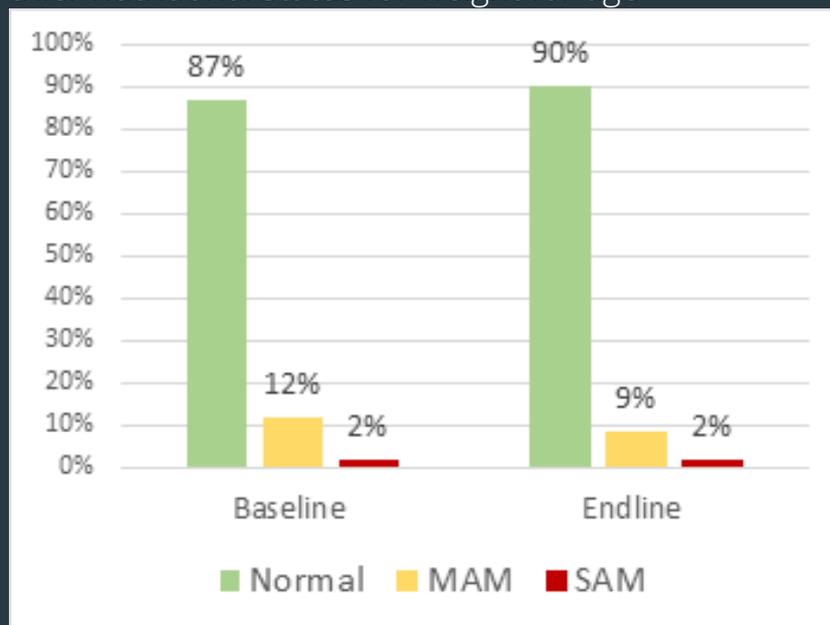


Fig 11: Percentage distribution of children as per their nutritional status for weight for height

The comparison indicates an overall seven percent reduction in the underweight rates for their weight for age and a three reduction in wasting as per their weight for height. A number of plausible factors could result in the above which are better nutrition practices at home due to frequent interactions, better WaSH practices, regular health camps and growth monitoring, and improvement in the overall care provided at home and by government service providers. This shows that all the efforts geared towards community participation and strengthening of service delivery by government service providers has proved effective in reducing the rates of malnutrition among children.

OUTCOMES ACHIEVED Ctd....

Even during the lockdown, PF staff ensured regular follow up with the parents of children and recorded their weight and height physically wherever possible as well as virtually with the help of Anganwadi workers. It is interesting to note that better attention was paid to the children's health during lockdown as parents were able to devote more time for their children and monitor their nutrition and hygiene practices.



Fig 12: Parents monitoring weighing of children at AWC

“Growth charts and upper arm measurement tape is something new to us and it is helpful in understanding whether my child's growth is as per age or not.”

- Vedika Vijay Vekhande, Parent from Vehloli

“Once I asked AWW why height and mid arm circumference was taken every month and the AWW had replied that the record needs to be kept. But today I understand it's not only about record, it's about undernutrition and we have to read undernutrition status of our children using the chart of height and scale of mid upper-arm circumference.”

- Avinash Vekhande, a parent from Shei

Sessions with Pregnant and Lactating Women

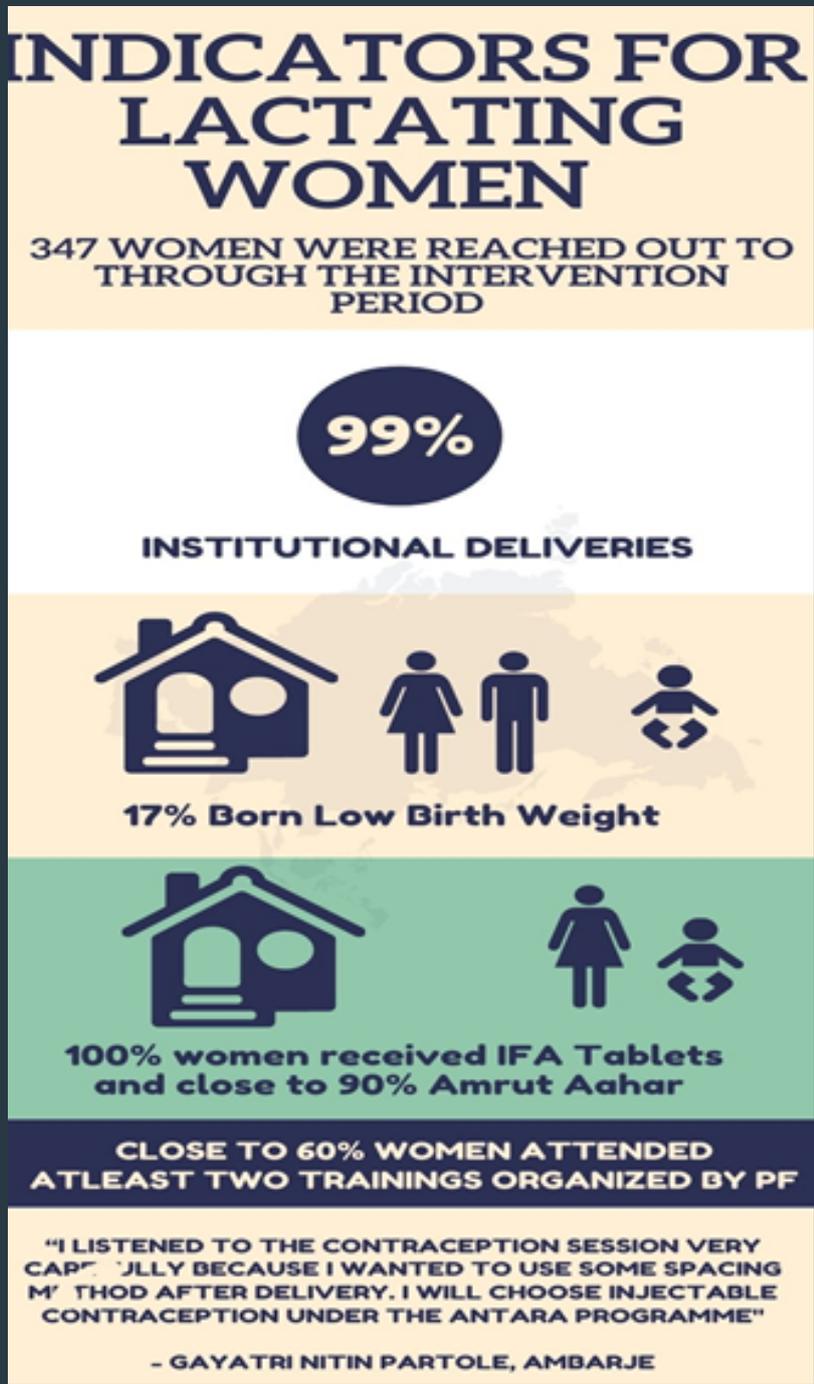
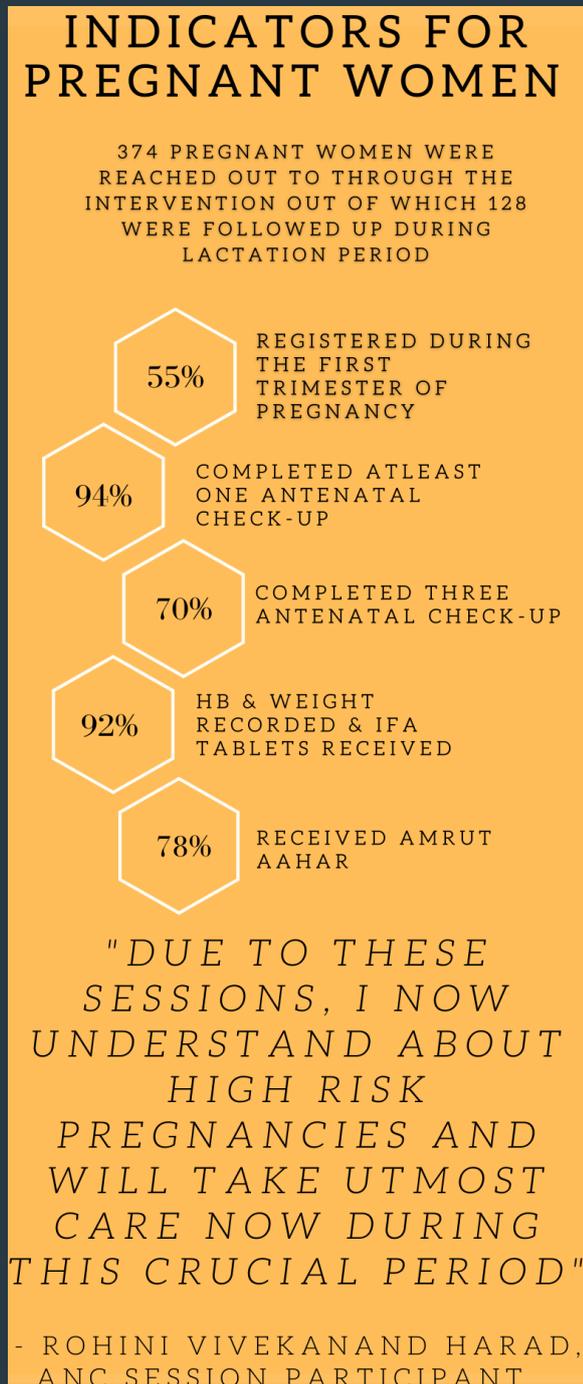


Fig 13: Indicators for P & L women during the project period

Every month, an information dissemination and health checkup session was conducted by PF at the Primary Health Center Vashind where pregnant women visit for their routine check-up (blood tests, weight, height and abdominal examination) as well as are equipped with information relevant to Antenatal and Post Natal Care.

PF conducted a total of 23 sessions till March 2020 reaching out to a total of 593 pregnant & lactating women

Sessions with Adolescent Girls

While the focus was always on providing and equipping girls with knowledge regarding their reproductive and sexual health, it was also on ensuring they understood the importance of gender equality, acknowledged the biases that existed and questioned the social norms that restricted them from making the right choices. Some of the topics that were covered with the girls were as follows;

- Ø Changes during adolescence
- Ø Introduction and Functions of the Reproductive systems – Male & Female
- Ø Menstrual Cycle & letters to menstruation
- Ø Gender Equality
- Ø Consequences of child marriage
- Ø Methods of contraception
- Ø Concepts of love, attraction and marriage
- Ø Self-defense and tactics of the same
- Ø Government schemes for adolescents

INDICATORS FOR ADOLESCENT GIRLS

PF reached out to 463 adolescent girls across 29 villages of Vashind



95% GIRLS ATTEND SCHOOL



81% USING SANITARY NAPKINS



61% HAVE UNDERGONE HEMOGLOBIN TESTING

Close to 65% girls have received IFA Tablets during the project period, however none of the girls have normal hemoglobin levels

Fig 14: Indicators for adolescent girls during the project period

“You have taught the girls beautifully and have been able to connect with them. Their doubts were cleared very well which is the need of the hour. One of our class 10th students was pregnant but the boy’s family did not accept her and she underwent a lot of humiliation and trouble. If only she had the advantage of ARSH Sessions and ability to take decision for herself, she could have avoided the trouble. This training is most essential for the girls and we will give all our support to you.”

- Mr. Jhope, Secretary, School Management Committee of the High School of Asangaon

Training for Service Providers: ASHA /AWW /MPW / ANM / Supervisors

PF greatly stressed upon the need for a coordinated effort between all the health service providers and community stakeholders. The result was community mobilization coupled with consistent, constant communication between the stakeholders and service providers facilitating their smooth functioning.

More than 80% AWC's after the intervention recorded anthropometric measurements on a regular basis as well as provided Amrut Ahar, Supplementary Nutrition and Take-Home Ration to the beneficiaries on a regular basis even during the lockdown.

Many High-Risk pregnancies were also referred to secondary or tertiary facility due to the efforts taken by the frontline workers with the support of PF even during the lockdown.

Training for VHSNC & Gram Panchayat Members

The training helped to ensure that the members understood their roles and responsibilities in strengthening the systems at the village level and addressing undernutrition. Majority of the members mobilized the resources and monitored the services provided on a regular basis. One of the village level committees allocated 10% funds to provide milk to malnourished children and ensured it continued on a regular basis until the lockdown was announced.

PF was able to reach out to 70 service providers through four workshops conducted covering the 29 villages of Vashind

In addition, it trained more than 200 GP & VHSNC members during the project period

Following subjects were covered in the training:

- Formation of VHNS committee
- Change in rules of committee (ASHA declared as secretary of the committee)
- Importance, roles and responsibilities as well as rights of the committee
- Planning for budget and expenditure
- Role of GP members in formation of VHNS committee
- 10% reserve fund for mother and child development at GP level, how the GP members could use it for development of AWC
- Monitoring on AWC by GP members, its role in monitoring the quality of daily food and Amrut Aahar food

Celebration of Arogya Din/Health Days

This day which was initiated by the government to strengthen the immunization programme, was turned into an opportunity to bring all the stakeholders together apart from the beneficiaries including the VHSNC, PRI members and other villagers ensuring their continuous engagement to facilitate effective and efficient implementation of services along with equipping them with the information on various health aspects particularly relevant to pregnant, lactating women and children.

More than 60% villages received close to 80% participation of pregnant women and children during Health Days. An average of 500 participants each month were involved in the Health Days celebration.

311 Arogya Days with an average of 500 participants every month

95% children below the age of two were completely immunized

Some important events such as the World Breastfeeding Week and the National Nutrition Month were used to engage and understand the feeding and nutrition practices at home as well as share knowledge and discuss the concerns.

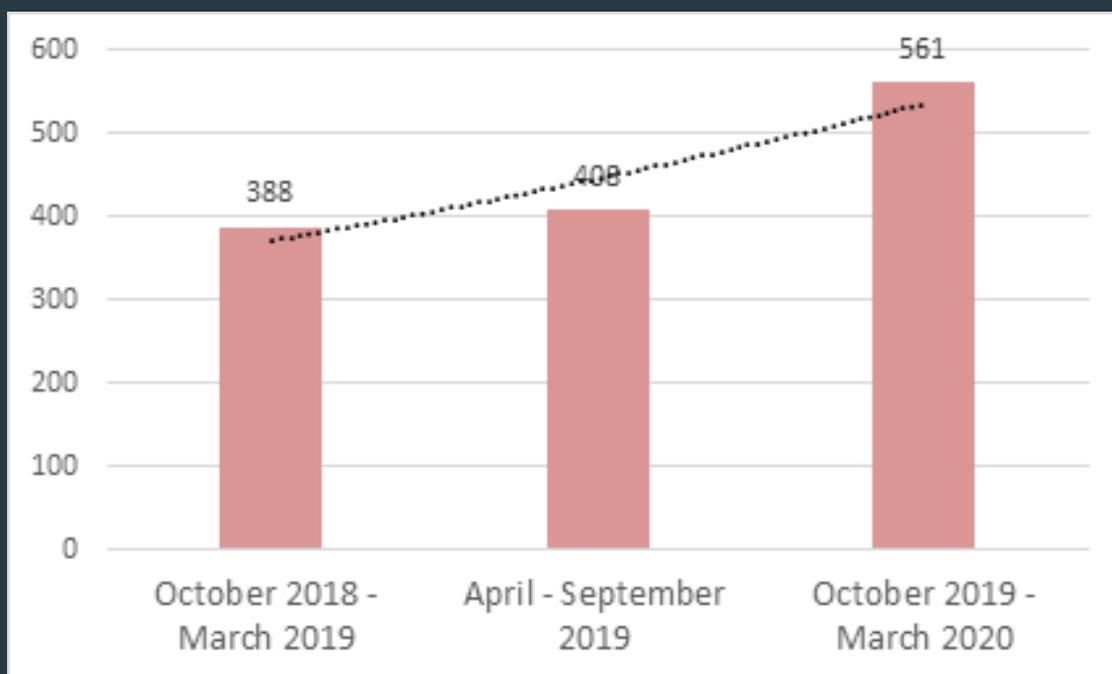


Fig 15: Participation during Arogya Din during the project period

"Since the last two months, parents and pregnant and lactating women have asked me about the health days and when the next health day would be conducted. They haven't asked me anything like this earlier. The sessions conducted by PF have helped them understand the importance of immunisation and regular health check-ups."

- Ridhi Bhoir, ANM from Kalambhe

"I understand that weight gain of at least 10-12 kgs is important during pregnancy for good health. I also know that without iron tablets my haemoglobin will not increase so I will never miss out on iron tablets"

- Madhuri Madhukar Muhre, a pregnant woman participant for Health Day

Community Weighing

Regular weighing children in the presence of the parents and other community members allowed them to be aware of their children's growth status and work towards improving it individually and as a collective. It also ensured regular attendance of children at the Anganwadi centers.

Regular anthropometric measurements of children were done in 24 (83%) out of 29 Anganwadis.

All those identified as undernourished were either recommended changes in the dietary habits through home visits or referral to Child Malnutrition Treatment Center

226 sessions conducted weighing an average of 400 children (55%-60% of children enrolled in AWC) every month

The parents' attendance increased by 40% during the community weighing sessions

Coming together for a cause.....

The children who stayed in the tribal wadis of Shei could not access supplementary provision provided by the Anganwadi center as the wadi was situated 1 – 1.5 kms from the AWC. As there were many children identified as undernourished, PF team discussed the issue with the PRI members of Shei and it was decided that a woman from the Wadi who didn't migrate to brick-kiln sites would procure items from the Anganwadi centers and provide fresh cooked meals to children, pregnant and lactating women in the Wadi.

Health Check-up of Children



Fig 16: Health camp at one of the villages

Regular Health camps were not only conducted at the PHC & SDH level but also at the sub-center and village level as and when required.

A renowned pediatrician from a private hospital in Thane as well as the Medical Officer from Primary Health Center joined in our efforts and provided us with the support needed to implement the camps effectively. After the initial mobilizing efforts needed by the PF team, the parents and AWW took it upon themselves to ensure regular screening of children.

To ensure that these camps continued even after PF phases out, a pediatrician from the government system was engaged which helped a great deal to ensure the initiative benefits children from villages other than in the areas of Vashind.

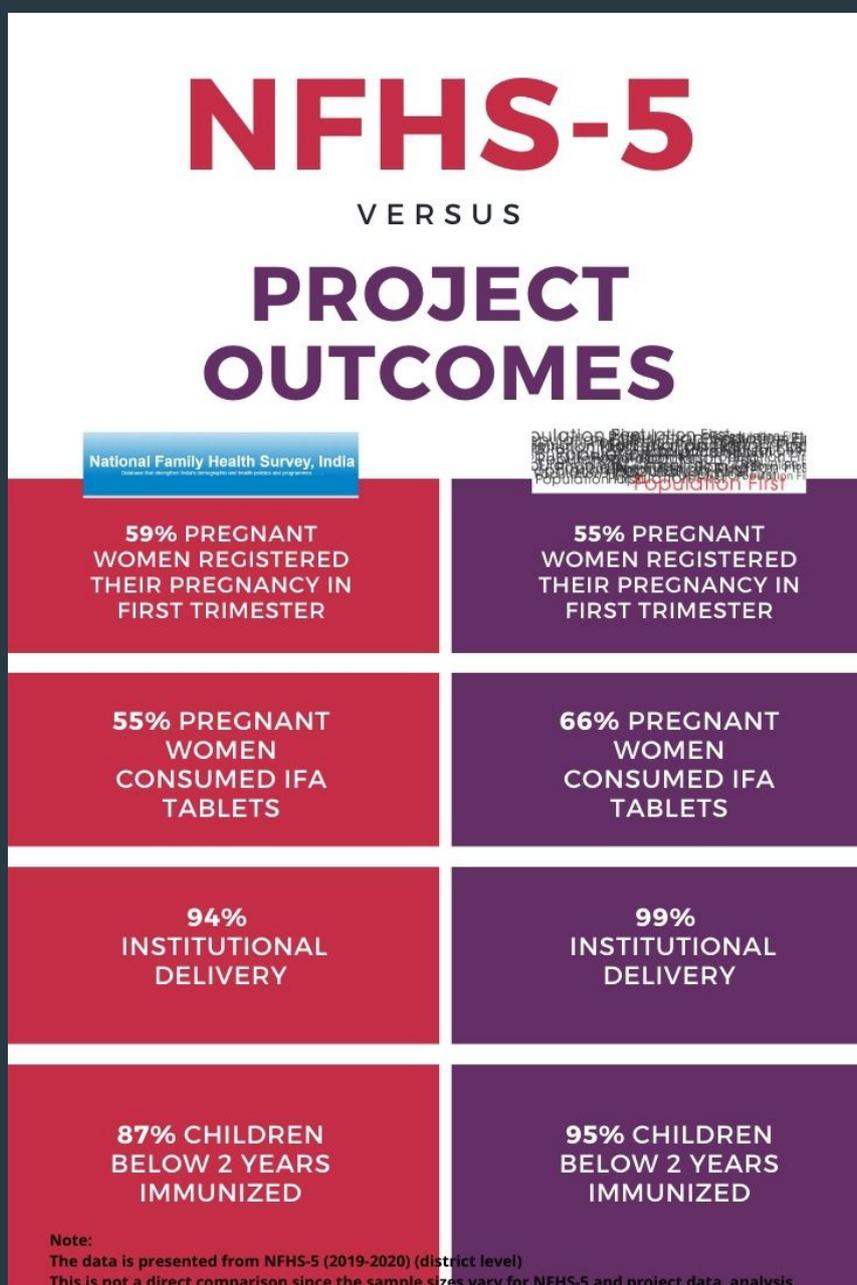
More than 1200 children were screened across the villages of Vashind through 52 health camps and a total of 48 children were referred to higher centers for further testing or referral

Provision of Supplementary Nutrition and Medicines

Supplementary nutrition in the form of dates, Rajgira was provided to 263 undernourished children across 19 villages after having screened them during the health camps.

Instead of giving children tea and biscuits in the morning, parents had now started paying special attention towards their children's dietary habits. This was initiated with the aim of providing some supplementary nutrition to children where access to good nutrition is a challenge either due to the economic status or lack of resources.

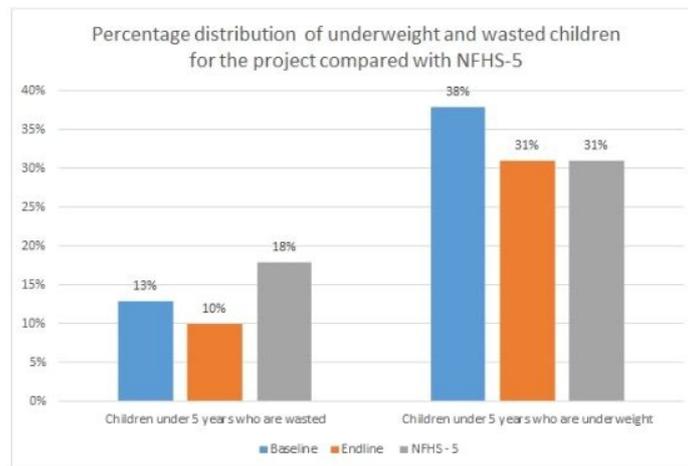
Comparison of project outcomes with NFHS-5



NFHS-5

VERSUS

PROJECT OUTCOMES



CHALLENGES

- Low attendance on Health Days or community weighing due to migration
- Private physicians preferred for check-up during pregnancy
- Children in Wadis/padas found it difficult to regularly attend AWC due to the them being distant
- Many pregnant women could not avail benefits of government schemes due to lack of documents
- Anemia still remained one of the biggest risk factors during pregnancy
- Many high-risk pregnancy cases either go unidentified or are identified in the last trimester
- Nutrition security turned out to be huge concern during lockdown
- Many myths and misconceptions still prevalent regarding feeding practices for infants
- Limited participation by males and family members during the ANC, PNC period

HIGHLIGHTS

- Ø The participatory approach and frequent engagement with the community stakeholders facilitated better utilization of services as well as a deeper understanding of their role in addressing malnutrition
- Ø The collaborative work with government service providers from the Health and the ICDS Department helped to improve service delivery in Anganwadis as well as ensure regular check-up and referral
- Ø Weighing children in the presence of the community ensured better understanding of nutritional standards of children and its importance for a child's overall development. Parents have shown increased enthusiasm by preparing low cost nutritious recipes for their children
- Ø Reconstitution of defunct village level committees and planning as well as implementation of programmes accordingly
- Ø The regular health camps for children at the village, PHC & SDH level ensured access to curative care and also active participation by parents for rehabilitative care as and when required for their children
- Ø Monthly informative sessions for pregnant and lactating women during their health check-up facilitated early identification of high-risk pregnancies and treatment for the same
- Ø Frequent interactions with adolescent girls helped to develop a detailed understanding of reproductive and sexual health as well as improved their confidence in voicing their concerns with the village authorities and bring about positive changes. Sessions with their mothers was an eye opener to acknowledge the existing gender inequality
- Ø The interventions continued virtually even during the lockdown which included keeping in touch with the beneficiaries as well as the service providers and community stakeholders to ensure regular delivery of services.

CASE STUDY1

Preparing for A New Life

Vinayak was expecting the presence of all the 23 women at the Health Day at Kalambhe in the first month after New Year, many of whom had now come to attend this session regularly. They got themselves and their young children checked by the doctor and the ANM as well as participated in the sessions conducted by Population First. As the women and children slowly started to come to the Anganwadi Center, the doctor and the ANM began their checkup for the day.

Vinayak and his team decided that the haemoglobin levels of the pregnant and lactating women needed to be checked similar to previous sessions that were conducted. As Neeta sat down next to the nurse and extended her hand to be pricked for the blood test, Vinayak noticed that although she looked nervous, she looked much better than before and soon enough he was proven right as the machine beeped and indicated her Hemoglobin status.

“10.5 gm!” the nurse exclaimed looking at Neeta who sat there dumbstruck for a moment and then looked at Vinayak and his colleagues. *“Congratulations, your hemoglobin levels have improved to 10.5 gm/dl,”* Vinayak wished her with a huge smile on his face.

Neeta got up from her seat still shocked by the news, *“My Hb levels have increased?”* she asked. *“Yes, it has; your HB levels were 8.8 gm/dl in October and you were supposedly a high-risk mother due to low haemoglobin levels,”* Vinayak said as he directed her towards the weighing scale to record her weight. For a pregnant woman in her ninth month whose weight was 46.8 kgs back in October, her weight also saw a marked improvement.

Noting down the weight Vinayak said, *“This is all because you took care of yourself otherwise it would not have been possible,”* appreciating the effort Neeta had put over the last three months. *“But sir, it would not have been possible if you had not guided me throughout,”* Neeta replied as the information slowly sunk in and a smile of content and gratitude glowed on her face.

CASE STUDY 2

“If it was not for your session, I would not have been able to continue with my studies.”

Swapnali*, then 15 years was studying in standard eight when she got married. This happened not because she was forced by her parents, but she and her partner decided to elope. Somehow, her parents got to know about their plans and got them married.

In June 2019, Population First staff member Vishakha conducted the first adolescent girls meeting on reproductive and sexual health issues in Plotpada as a part of project with JSW. To establish rapport with parents and to keep them involved, Vishakha spoke to a few parents to explain what PF was going to do, to discuss any reservations and understand their expectations from the ARSH sessions. It was surprising for her as parents insisted on regular sessions citing young girls and boys deciding to marry at such an early age.

Swapnali who had married just two months prior attended the first meeting where topics such as body literacy, menstruation and consequences of early marriage were discussed in brief. In person, she was explained about the ill-effects of early marriage and its possible consequences on her health. Vishakha also explained about contraception and asked her to use whenever required. Since the ASHA worker was also present during the session, she agreed to help her with contraceptives whenever required. Swapnali also agreed to talk to her husband as she wanted to continue studying and did not want to get pregnant soon.

She was an active participant in the monthly meetings that happened thereafter and took initiatives in mobilizing other girls as well.

Later when Vishakha met her at school during a cluster level session, she was asked whether they were using contraception. She mentioned she was taking condom from ASHA as well as her husband was also buying it from pharmacy whenever required. She expressed gratitude and said , *“ If it was not for your session, I would not have been able to continue with my studies.”*

**Names changed to safeguard privacy*

CASE STUDY 3

Race Against Time During Lockdown...

Anju, aged 22, a severely anemic pregnant women from Shei was in her third trimester when her hemoglobin levels were tested on the Health Day and it was 6.5gms/dl. It was realized that she was a high risk-pregnancy case and needed immediate referral to the hospital. Despite repeated counselling by the ASHA worker and ANM, she refused referral to the healthcare facility citing fear of the unknown at the hospitals. Her family was also apprehensive as the risk of getting infected from Corona was also on their mind if admitted at the hospital.

The counselling continued in the next month as well, however Anju and her family members refused any kind of help being offered. That is when the ASHA worker contacted Vishakha from Population First.

Vishakha spoke to Anju and her family members, understood her apprehensions and allayed her fears regarding treatment facilities at the hospital. She also gave examples of referrals of pregnant women that were done during the lockdown period from the villages of Beat 2 and how it proved beneficial to all of them. She also coordinated with the Sub-District Hospital authorities regarding Anju's case and requested immediate attention. She was admitted at the Sub District hospital in May and her Hb levels increased to 8.5 gm/dl, still considered to be moderately anemic. Her health was continuously monitored by the ASHA worker and Vishakha also kept in touch with ASHA and Anju on a regular basis.

Anju delivered at home in June 2020, due to unavailability of transportation, however she and her child were later referred to the sub-center for examination and immunization. Her child's birth weight was normal and she was glad that she had sought help during such a critical stage of her pregnancy