Reach Each Child Programme

Annual Report 2020-21

Implemented by
Plan International (India Chapter)

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CONTENTS

Foreword Gaurav Jain

The programme focusses on the first 1,000 days of life, which is a unique period of opportunity to build foundations of optimum health, growth, and neurodevelopment across the lifespan of an individual. Poor nutrition in the first 1,000 days can cause irreversible damage to a child's growing brain and body. We conceptualised the 5 year-Reach Each Child Programme, in the tribal districts of Nandurbar and Amravati (Maharashtra) with a target to reduce the number of stunted children under 5 years of age by 40% and reduce and maintain childhood wasting to less than 5%. In year 1, the programme reached 32,900 children and 3,900 mothers through its interventions. In year 2, the programme has covered additional 39,800 children and 4,099 pregnant mothers. The programme observed **Zero deaths** from malnutrition in both years, as a result of interventions of its interventions in both districts. Reach Each Child programme brough in a mutuality, collective capacity and immediacy of action to work together, work with technology, communities and successful interventions to accelerate and propagate solutions more rapidly onto the ground. The programme could only reach to its fullest potential with its collaborative approach with partners like **Plan International (India Chapter)** with its on-ground expertise, which helped to shape the impact to better fit the community, **Vihara Innovation Network,** as a research partner and **Maharashtra Village Social Transformation Foundation (VSTF)**, as a strategic partner. To mobilize the community through targeted interventions, Vihara helped the programme explore the correlation between access to agricultural and forest produce as well as seasonal migration and malnutrition. VSTF provided expertise to liaise with all government agencies and departments for all statutory clearances and facilitated in Infrastructure development such as refurbishing a major Nutrition Rehabilitation Centres (NRCs) and Anganwadi centres. The programme works holistically on the malnutrition ecosystem- on the demand side, it identifies high risk groups, mobilizes people with audio-visual nudges and referral scheme with cash transfers. On the supply side, it enables early access to treatment and early initiation of breastfeeding, refurbished NRCs for better treatment and periodic follow-ups and service delivery.

Preface Patricia O' Hayer

Last year, Reckitt took it upon themselves to create sustainable models of development for some of India's most vulnerable populations. Reach Each Child Programme was conceptualised with an aim to work together with communities and to push for solutions more rapidly onto the ground. The programme is presently working with the government to end malnutrition in Maharashtra's Amravati and Nandurbar districts, which are considered to be **India's toughest regions**. The programme seeks to empower local communities to drive their change and own their programmes. When people – especially women and girls – have access to good health, hygiene and sanitation services, the whole community benefits in the long run. This is in line with our social impact strategy focuses on the area of unmet needs where we can create the most impact as a business.

The Reach Each Child Programme is the greatest example of **Self-care,** as it empowers mothers by improving health literacy and education, through multiple innovative ways like audio-visual nudges, Self-Help Groups, interpersonal communication and special day celebrations in the districts. It enables mothers to manage their own and their children's health, by keeping mothers in the centre of the treatment, with an equal commitment to better education, and a greater emphasis on self-care. By introducing self-care, we do not mean no care, we aim at giving patients a greater role in their healthcare, with appropriate guidance from the relevant professionals. Depending upon the conditions, the guidance may come from a NRC/PHC doctor, a specialist, a nurse, a pharmacist.

In the wake of COVID-19 pandemic, where healthcare system of the country is already under exorbitant pressure, self-care would entail people have a significant role in managing their own well-being. Awareness on self-care makes it clear when it is appropriate to transfer care responsibilities to people. By doing so, it also relieves some of the burden on healthcare systems (primary healthcare) from patients seeking medication for minor ailments. Yet, the transition from professional care to self-care is more complex than it seems. In India, through Plan International, Reckitt aims to spread the message of self-care (in terms of Health, Hygiene and Nutrition) to 10 million moms through digital, community and blended approaches. The programme shall promote self-care by providing the populations in the target districts with effective, efficient and inclusive primary care services, quality healthcare information, and easy access to preventative care services and supplementary care.

Editorial Pragyal Singh

The recent National Family Health Survey 2019-20 data was released for 17 states and 5 Union Territories in December 2020. According to the survey, Infant and Under-5 mortality rate increased in 5 (3 states and 2 UTs). 10 out of 17 states have performed poorly as compared previous survey w.r.t initiation of breastfeeding within 1 hour of birth. Status of nutrition among children has remained a concern across all the 17 states and 5 UTs surveyed in the first phase of NFHS-5. The gains made in NFHS-4 have been reversed in this phase of the survey. The worsening of nutritional status among children and women indicates that the efforts being taken by the Government for prevention and management of malnutrition are lagging behind. This, therefore stresses on an urgent need to rethink the strategies and invest in the tackling nutrition in an effective way. In addition to this, anaemia in children under 5 and mothers has also seen an increase, which has compounded the problems. Also, considering that the data for NFHS-5 was collected pre-COVID-19, it indicates that how the problem may have become manifold since the pandemic has even worsened the situation in terms of access to health and nutrition services.

Looking at the survey results, the Reach Each Child Programme has also revised its interventions, to improve the impact on ground. REC, in its next phase plans to reach 10 million moms in the state of Maharashtra, Gujarat and Uttar Pradesh. It focuses on Self-care targeting moms to take the responsibility of the care of herself and child, wherever possible. Self-care, when promoted through the programme shall empower women and families with the knowledge, skill and confidence to proactively maintain healthy pregnancies, prevent complications, protect child's health, defend their rights and identify emergencies, particularly at the level of the community. The programme focuses on a paradigm shift from institutional care to self-care, making self-care as the central operating premise. This report summarises the efforts undertaken by the programme this year, how the workers went beyond their way to support the community in the tough phase of COVID-19, how nutrition services and NRC services were ensured to mothers and children under 5 and how we shift the focus towards self-care as a foundation stone to make health a priority, even at the last mile.

Acknowledgement Mohammed Asif

While India has shown recent improvements in areas like life expectancy, literacy rate and health conditions, malnutrition still remains a burden for the country. India loses up to 4% of its gross domestic product and 8% of its productivity due to child malnutrition. Due to a lack of nutrition and hygiene, Indian youngsters are being diagnosed with adult ailments. Additionally, the health of pregnant women in a weak overburdened healthcare system is further stressed due to the outbreak of COVID-19. It is said that every second woman is anaemic in India and bearing a threat to a healthy future to those children, who have not even born. However, the major reason for this low outcome and inaccessibility are low health awareness, lack of peer to peer support, mother's economic status and rural-urban divide. The first 1000 days between the start of a woman's pregnancy and her child's second birthday are very crucial. **Plan India** is a nationally registered not-for-profit organisation striving to advance children's rights and equality for girls, thus creating a lasting impact in the lives of vulnerable and excluded children and their communities. Plan India has improved the lives of millions of children and continuously strives to serve more.

With the same aim, Plan India developed a partnership with Reckitt to launch the Reach Each Child Project, to minimise the gaps and inefficiencies in the present setup through public awareness, community engagement and empowerment, also assisting the community in realising their rights and entitlements, developing community-based solutions to malnutrition like unconditional cash transfer to the high risk pregnant women and severe acute malnourished children, renovating Nutrition Rehabilitation Centres and Anganwadis, streamlining the distribution of take home ration and services at village health sanitation and nutrition days to unburden the stressed public healthcare and ICDS infrastructure. The project has improved the health, hygiene and nutrition of 39,800 under 5 years of age children, attended 4,099 high risk pregnant women and saved lives of 16,000 under five children. Plan India would like to take this opportunity to express our gratitude to Reckitt, specifically to Mr. Ravi Bhatnagar for his guidance and support throughout the programme. Plan India also appreciates the project team's generous commitment, experience, and hard work on ground for delivering envisaged results.

EXECUTIVE SUMMARY

Child malnutrition in India might be worsening, while fewer children are dying, those who survive are more malnourished and anaemic in many states.[1]

Global scenario[2]

144 million
children under-5 are stunted

47 million
children under-5 are wasted

20 million
children under-5 are LBW

38 million
children under-5 are overweight

India scenario

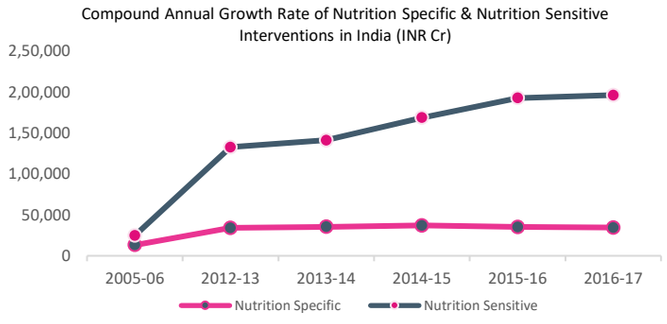
1/3rd
World's Stunted Children are in India (46.6 million out of 150.8 million globally)[3]

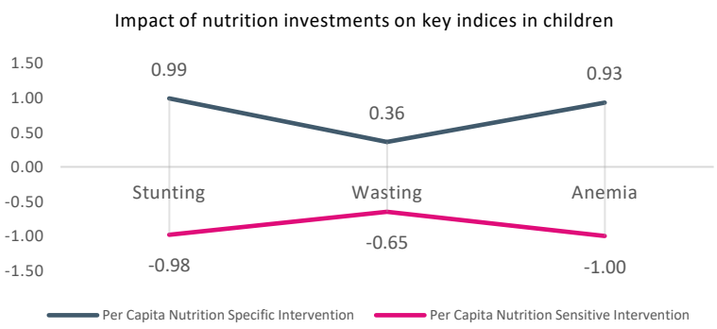
Highest
Level of child wasting in South Asia (India has 25.5 million children out of 50.5 million wasted children globally) [3]

>1 million
Overweight children are in India [3]

25.4%
of the total global DALYs attributable to child and maternal malnutrition in 2017 was prevalent in India[4]

Progress in reducing stunting and wasting is not keeping pace with increased investments in nutrition





Investments in nutrition sensitive and nutrition specific interventions have registered a **41% and 18% CAGR in the past 15 years**. As per the data indicated above, Per Capita Investments in nutrition sensitive interventions have a higher affinity in combating stunting, wasting and anaemia when compared to nutrition specific interventions. The Reach Each Child Programme, sets an example of how a nutrition sensitive intervention can play pivotal role in preventing excess undernutrition and impaired child development that scale-up of nutrition-specific interventions cannot resolve on its own.

COVID-19 has compounded problems...

India is likely to witness an increase in malnutrition by

10%

According to a UNICEF research[5]

COVID-19 will leave

Irreversible marks

On undernutrition crisis

As per the lancet,

Without adequate action, the profound impact of the COVID-19 pandemic on early life nutrition could have intergenerational consequences for child growth and development

[1] *Lancet Feature: March 2021- India's child malnutrition story worsens*
[2] *https://www.who.int/gho/child-malnutrition/en/*
[3] *https://swachhindia.ndtv.com/national-nutrition-week-2019-the-crisis-of-malnutrition-in-india-37531/*
[4] *https://gdc.unicef.org/resource/burden-child-and-maternal-malnutrition-and-trends-its-indicators-states-india-global*
[5] *UNICEF, for every child, COVID-19*

Reach Each Child Programme

Reach Each Child Programme (earlier known as "Nutrition India Programme") was launched by Reckitt with support from Plan International (India Chapter) in tribal districts of - Nandurbar and Amravati of Maharashtra. The project is intervening in **first 1000 days**, utilising digital and artificial intelligence based innovative modules, strengthening the health, hygiene and nutrition status of pregnant women and children and **targeting towards 40% reduction in the number of children under-5 who are stunted, reduce and maintain childhood wasting to less than 5%.** To achieve its outcomes in a period of 5 years (2018-2023), the project has adopted an integrated, multi-sectoral approach involving communities, civil society organisations (CSOs) and government agencies. Its design employs distinct features like ethnographic research which seeks to understand the gaps, needs and on-ground realities of the lives of the families. Similarly, interventions were designed with a human-centred approach, involving surveying to the community to capture socio-cultural insights before designing the programme. This research informed decisions such as the location and timings of centres, which resulted in enhanced adoption and social acceptability of the programme outreach and engaging first-of-its-kind female-only cadre of Community Nutrition Workers (CNWs).

Programme pillars and reach

1 Centre of Excellence for Community Nutrition	2 Advocacy forum to scale up Poshan initiatives	3 Replication and Mainstreaming	4 Innovation and technology
The Centre of Excellence is under conceptualization. It shall function as an apex body for the State of Maharashtra, looking at sanitation, nutrition, health and early childhood development holistically with a view to ensure for cleaner, healthier and happier life.	Collaboration was done with Outlook Poshan, and e-conclave was launched on 1st September, 2020. Global leaders, community champions, policymakers, grassroots activists, business honchos, and beyond were engaged to celebrate Poshan as a festival.	For making the villages COVID-19 resilient, 150+ FLWs were trained, Digital consultations, Home visits with COVID-19 appropriate behaviour, VHSNDs and zonal anthropometry, refurbishing of NRCs to enable treatment were carried out as part of this year's activities.	Blockchain enabled voucher scheme was implemented and vouchers were provided to 917 High Risk Pregnant Mothers and 161 Severely Acute Malnourished Children. Impact of the voucher scheme was observed as, average days spent at NRC for treatment also doubled.

Under-5 children

39,800 Under-5 children were reached by the interventions carried out under the programme

Treated under NIP

2,560 U5 (SAM,MAM and LBW) children were provided treatment under the programme

High Risk Pregnant Women

4,099 4,099 were provided support through multiple interventions

Early Initiation of Breastfeeding

91.4% Pregnant women initiated breastfeeding within one hour of birth

Institutional Deliveries

71.0% Out of 1,386 deliveries for high risk women 984 were at the institutions

Lactation Challenges

<9 Days Pregnant women were assisted and lactation challenges were restored within less than 10 days

Monthly Home visits

8,336 75,021 home visits in 12 months by 41 CNWs on an average 10 homes visited visit /day

Monthly VHSNDs attended

2,422 2422 VHSNDs attended by 41 CNWs and 4 CCs in 12 months on an average 4.9 VHSND/month/person

Best Practices of the Programme

Alignment with SDG 2, 3, 10 and 17

Zero LAMA Cases in Nandurbar and Amravati from last 2 years

Cadre of 40+ Community Nutrition Warriors

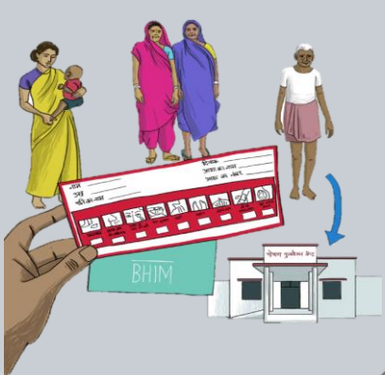
Every ₹1 invested in REC delivers a social value of ₹37

39,800 children, 4,099 mothers reached, lives of 16,000 children saved

Average stay at NRC doubled, 73% children converted SAM to MAM

Zonal Anthropometry & VHSNDs in 204 villages for identification of high risk groups

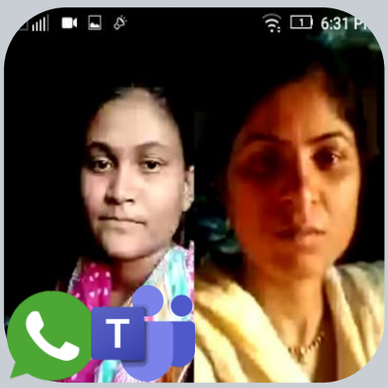
Cash transfers for enabling treatment through voucher schemes



7,594 women, 161 children provided with vouchers to enable early treatment

Audio-visual interactive behavioural nudges in 4 languages- Bhil, Pawra, Hindi and Marathi

Connecting digitally- 5,685 calls by CNWs in the new normal



Infrastructure upgradation at NRCs to enable treatment

Training of FLWs, CNWs Medical professionals on nutrition & COVID readiness

6,500 families provided with dry ration, hygiene kits as COVID relief

Hygiene material and PPE kits provided for building health system resilience

Refurbishing Anganwadis and schools for COVID-19 readiness and treatment

Love for kids bike rally- 7 women, 5 states, 1,591 kms promoting good hygiene and nutrition

Way forward: Reaching 10 million new moms for promoting self-care

Section 1

Setting the context

Image Courtesy: Outlook Poshan 2.0, Image Credit: Suresh Kumar Pandey URL: https://poshan.outlookindia.com/photos, accessed on 19.05.21

1.1 **Under-5 Mortality** across regions

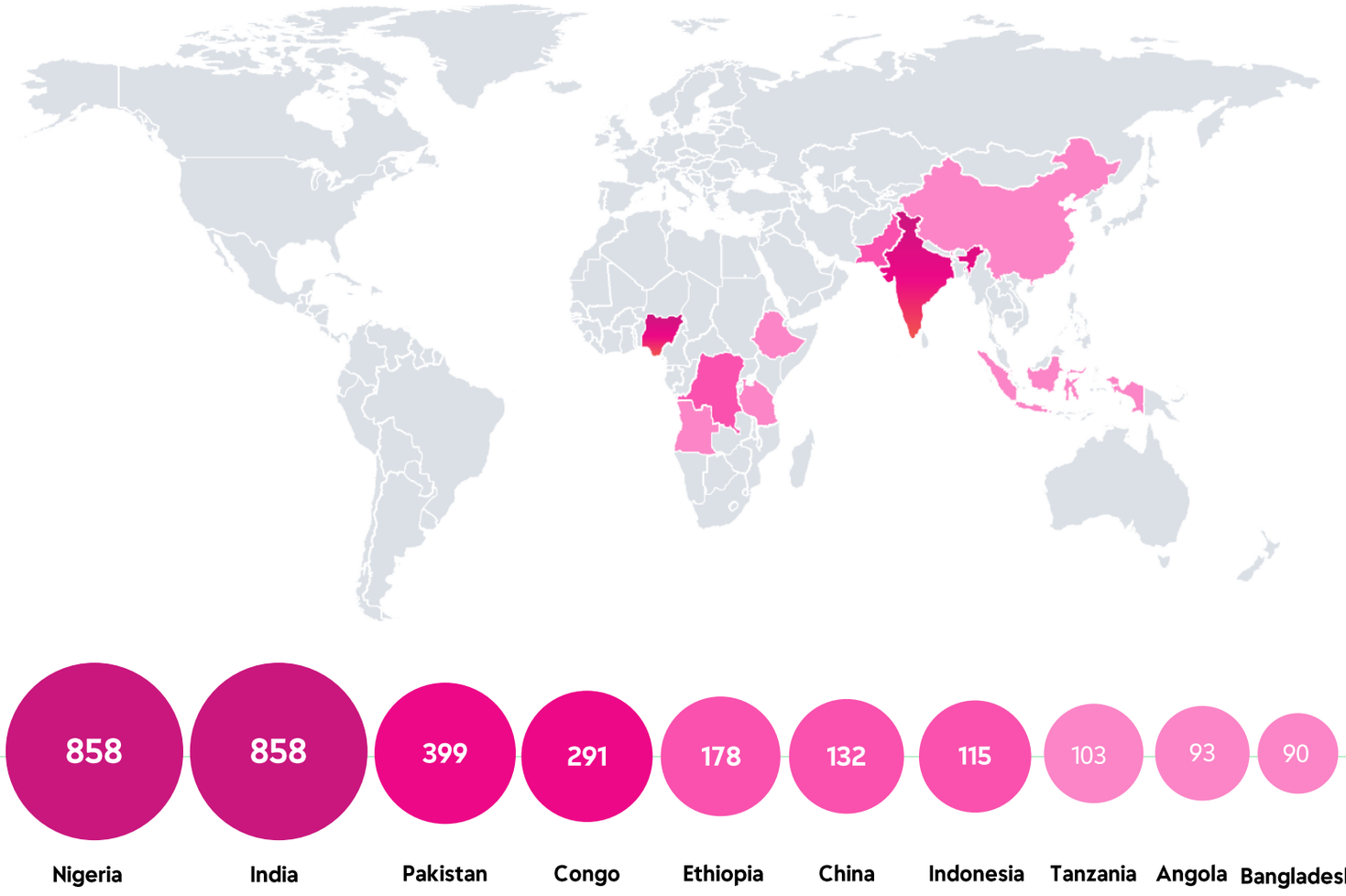


Fig: Top 10 countries- Highest Deaths under 5 years of Children, 2019[6]

Although the world as a whole has been accelerating progress in reducing the under-5 mortality rate, difference exists in under-5 mortality across regions and countries. Sub-Saharan Africa remains the region with the highest under-5 mortality rate in the world, with 1 child in 13 dying before his or her fifth birthday, 20 years behind the world average which achieved a 1 in 13 rate in 1999.[6]

Two regions, Sub-Saharan Africa and Central and Southern Asia, account for more than 80% of the 5.2 million under-five deaths in 2019, while they only account for 52% of the global under-five population. Half of all under-five deaths in 2019 occurred in just five countries: Nigeria, **India**, Pakistan, the Democratic Republic of the Congo and Ethiopia. **Nigeria and India alone account for almost a third of all deaths.**[6]

5.2 million children

under age five died in 2019, globally[7]

India ranks 2nd highest

in terms of deaths of under five year children in 2019[7]

34.3% Mortality Rate

under age five in 2019, in India[8]

[6]*Children: improving survival and well-being (who.int)*
[7]*Children: improving survival and well-being (who.int)*
[8]*India - Mortality Rate, Under-5 (per 1,000) - 1960-2019 Data | 2021 Forecast (tradingeconomics.com)*

1.2 **Global Burden** of Malnutrition

Nutritional challenges faced across the world are complex and multidimensional. The most significant causes of malnutrition are:

- Inadequate dietary intake
- Illness
- Insufficient access to food
- Inadequate maternal and child care practices and health services
- Poor drinking water, sanitation and hygiene

Malnutrition was once linked with horrid images of hunger and famine; now it has a new understanding altogether. It now describes children with stunting and wasting, those suffering from the '**hidden hunger**' of deficiencies in essential vitamins and minerals as well as those affected by overweight or obesity.

Undernutrition also manifests in **wasting** in children when circumstances like food shortages, poor feeding practices and infection, often compounded by poverty, humanitarian crises and conflict, deprive them of adequate nutrition and, in far too many cases, result in death.

Stunting early in a child's life can cause irreversible damage to cognitive development and has educational, income, and productivity consequences that reach far into adulthood.

Tens of millions of children

are affected from undernutrition which is manifested and visible in the stunted bodies of the children deprived of adequate nutrition in first 1000 days[9].

The hidden hunger

Another form of Malnutrition, is caused by deficiencies of vitamins and minerals and deprive the children of a healthy life at every stage. It undermines the health and well-being of children, young people and mothers.

The Triple Burden of Malnutrition[10]

The triple burden of malnutrition – undernutrition, hidden hunger and overweight – threatens the survival, growth and development of children, young people, economies and nations.

The children who are not growing well are the victims of the three strands of the triple burden of malnutrition that is rapidly emerging in communities around the world, including in some of the world's poorest countries.

	Undernutrition: stunting and wasting	Hidden hunger: deficiencies in micronutrients	Overweight (including obesity)
Children and adolescents	• Poor growth, infection and death • Poor cognition, school-readiness and school performance • Poor earning potential later in life	• Poor growth and development • Poor immunity and tissue development • Poor health and risk of death	• Short-term: cardiovascular problems, infections and poor self-esteem • Long-term: obesity, diabetes, and other metabolic disorders
Pregnant Women	• Perinatal complications • Prematurity and low birth weight • Chronic diseases for child in later life	• Maternal mortality and morbidity • Neural tube defects in new-borns • Prematurity, low birth weight and impaired cognitive development in new-borns	• Gestational diabetes and pre-eclampsia • Obstetric complications • Overweight and chronic disease for child in later life

[9] *WHO Global burden of malnutrition Report, 2020*
[10] *UNICEF SOWC 2019*

149 million
Children under-5 stunted

50 million
Children under-5 wasted

40 million
Children under-5 overweight

More than 1 in 3
Children not growing well

Over 340 million
Children suffering from deficiencies of essential micronutrients (vitamins and minerals)

At least 1 in 2
Children with hidden hunger

An increasing number of children and young people are surviving, but far too few are thriving because of malnutrition. To understand malnutrition, there is an increasing need to focus on food and diet, and at every stage of the child's and young person's life. The picture that emerges is a troubling one: **far too many children and young people are eating too little healthy food and too much unhealthy food.**

These problems start early on. In their first six months, only two out of five children are being exclusively breastfed, depriving them of the best food a baby can get. When it comes to the 'first foods' (or complementary foods) that infants should start consuming at around the age of 6 months, these too are, in far too many cases, not meeting children's needs. Fewer than one in three children between 6 and 23 months is eating the diverse diet that can support their rapidly growing bodies and brains. For the poorest children, the proportion falls to only one in five. Among older children, low consumption of fruits and vegetables is widespread. This is true, too, for many adolescents, many of whom also regularly miss or skip breakfast and consume soft drinks and fast food.

The diets of children today increasingly reflect the global 'nutrition transition', which is seeing communities leave behind often more healthy, traditional diets in favour of modern diets. For many families, especially poorer families, this means an increasing reliance on highly processed foods, which can be high in saturated fat, sugar and sodium and low in essential nutrients and fibre, as well as on 'ultra-processed' foods, which have been characterized as formulations containing little or no whole food and which are extremely palatable, highly energy dense, and low in essential nutrients. **There is increasing concern about the impact of these diets on human health. Much of the focus is on rising overweight and obesity, but modern diets are also implicated in undernutrition.**

Image Courtesy: UNICEF SOWC 2019

1.3 **Asia** Malnutrition Burden

87 million
children under-5 are stunted

14 million
children under-5 are wasted

10 million
children under-5 are overweight

In 2019[11]...

More than half
Of all stunted children under-5 lived in Asia

2 out of 5
Of all stunted children under-5 lived in Africa

More than 2/3
Of all wasted children under-5 lived in Asia

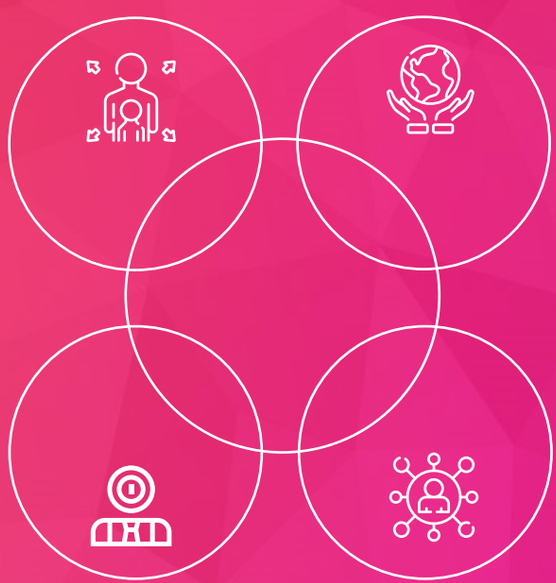
More than 1 quarter
Of all wasted children under-5 lived in Africa

Almost half
Of all overweight children under-5 lived in Asia

1 out of 4
Of all overweight children under-5 lived in Africa

Determinants of Malnutrition

Underlying determinants
- Material circumstances
- Health and eating norms
- Behaviour and practices
- Psychosocial practise



Environment
- Food environment
- Infant care environment
- Healthcare environment
- Living Environment

Human Capital
- Education
- Employment
- Economic and Social Capital

Socio-economic and Political Context
- Cultural and Societal norms and values
- Governance, institutions and policies[12].

[11]SOWC 2019
[12]Global Nutrition report-https://globalnutritionreport.org/reports/global-nutrition-report-2018/

1.4 **India** Malnutrition Burden

Malnutrition in children occurs as a complex interplay among various factors like poverty, maternal health illiteracy, diseases like diarrhoea, home environment, dietary practices, hand washing and other hygiene practices, etc. Low birth weight, episode of diarrhoea within the last 6 months and the presence of developmental delay are often associated with malnutrition in most developing nations including India.

The undernutrition in the country is both a consequence and a cause of perpetuating poverty leading to erosion of human capital in country through physical and cognitive deficits. The effects are irreversible and intergenerational.

India has the largest child population in the world. Nearly half of all under-5 child mortality in India is attributable to undernutrition. India is home to 46.6 million stunted children, a third of world's total as per Global Nutrition Report 2018. [13]

25.4%

of the total global DALYs attributable to child and maternal malnutrition in 2017 was prevalent in India. Low birthweight is the largest contributor to the malnutrition DALYs in India.

7.06 Lakh

Under-5 deaths out of approximately 1.04 million deaths in India in 2017, could be attributed to malnutrition.

India has one-third of world's stunted children

India is home to **46.6 million** Stunted children out of a total of **150.8 million** Stunted children in the world.

India has highest level of child wasting in South Asia

India also accounted for **25.5 million** children out of the **50.5 million** children who are Wasted globally, or half of the global wasting burden, followed by Nigeria (3.4 million) and Indonesia (3.3 million).

India has more than a million overweight children

Our country also figures among the set of countries that has **more than a million overweight children**. The other nations are China, Indonesia, India, Egypt, US, Brazil and Pakistan, states the Global Nutrition Report 2018.

Poor nutrition in the first 1000 days of a child's life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school and work performance.

According to UNICEF, India was at the 10th spot among countries with the highest number of underweight children, and at the 17th spot for the highest number of stunted children in the world.

This public health epidemic is affecting the most vulnerable groups; the poverty-stricken people, young children, adolescents, older people, those who are with illness and have a compromised immune system, as well as lactating and pregnant women.

The best-targeted age for addressing malnutrition is the first 1000 days of life as this window period is ideal for intervention implementation and tracking for the improvement of child growth and development.

Image Courtesy: Outlook Poshan 2.0, URL: https://poshan.outlookindia.com/photos, accessed on 19.05.21

[13]Institute for Health Metrics and Evaluation. GBD Compare data visualization., 2018 http://vizhub.healthdata.org/gbd-compare

Trends and rates

Mortality levels : The under five mortality rate **50** deaths per 1,000 live births, and the infant mortality rate **41** deaths per 1,000 live births (NFHS 4).

Trends : The under five mortality rate declined from **109** deaths per 1,000 live births in NFHS 1 to **50** deaths per 1,000 live births in NFHS 4. The infant mortality rate declined from **79** deaths per 1,000 live births to **41** deaths per 1,000 live births during the same period.

Patterns : The U5MR and IMR are highest in Uttar Pradesh and lowest in Kerala. Both rates are considerably higher in rural areas than in urban areas. The IMR decreased by **28%** in NFHS 4 to NFHS 3 and similarly U5MR decreased by **32%** in NFHS 4 to NFHS 3.

1.5 NFHS-5 India results

National Family Health Survey (NFHS) is a large-scale nationwide survey of households. The Ministry of Health and Family Welfare (MoHFW) has International Institute of Population Sciences as nodal agency. The recently released fifth round of the National Family Health Survey (NFHS-5) phase-1 provides new and reliable evidence to assess some dimensions of performance in the thematic areas of health and nutrition (of mother and child). The latest round covers **17 states and 5 Union territories, comprising 54% of India's population**. Large states like Madhya Pradesh, Uttar Pradesh, Punjab, Rajasthan and Tamil Nadu are notable exclusions. Another important facet to emphasize is that the data was covered in 2019, before the COVID-19 pandemic. The NFHS has 42 indicators related to child's health and nutrition focusing on infant mortality rates and child's nutrition. To bring the focus on mortality indicators, outcome indicators of neonatal, infant and under-5 mortality rates are used. Similarly, for the child nutritional status, the outcome indicators of stunting, wastage, excess wastage, underweight and overweight are given importance for analysis — as well as the prevalence of diarrhoea, acute respiratory illness (ARI) and anaemia.

The major area of concern behind the NFHS-5 results is that several states have either witnessed stagnancy or increase in child malnutrition parameters including child mortality (under 5 years of age), child wasting, child stunting, underweight children. In simple words, children born between 2014 and 2019 are more malnourished than the previous generation.

Stunting

13/22 states recorded a **rise**

Wasting

12/22 states recorded a **rise**

Overweight

20 states recorded a **rise**

Diarrhoea

7.2% children recorded an episode 2 weeks preceding to the survey

Anaemia

13/22 states recorded over 50% children and women as anaemic

1.6 **Correlation** between features

Mortality rate and nutritional indicators

Stunting
has strong positive correlation with **IMR, U5MR & NMR** i.e. 0.66, 0.68 and 0.67.

Underweight
has strong positive correlation with **IMR, U5MR & NMR** i.e. 0.55, 0.55 and 0.63.

Wasting
has likely positive correlation with **IMR, U5MR & NMR.**

Wasting
has strong positive correlation with **severe wasting** i.e. 0.76

Mortality rate and other indicators

Stunting
has strong positive correlation with **Diarrhoea** i.e. 0.55.

Underweight
has strong positive correlation with **anaemia in children and women.** i.e. 0.52 and 0.5

Wasted
And severely wasted are in strong positive correlation with anaemia in children i.e. 0.66 & 0.61.

Wasting
has strong positive correlation with anaemia in **pregnant women**

NFHS-5 Maharashtra results

Children under 5 years who are stunted (in %)

NFHS 4	NFHS 5
35.2	34.4

Children under 5 years who are severely wasted (in %)

NFHS 4	NFHS 5
10.9	9.4

Children under 5 years who are underweight (in %)

NFHS 4	NFHS 5
36.1	36.0

Children under 5 years who are overweight (in %)

NFHS 4	NFHS 5
4.1	1.9

Anaemia among children (6-59 months) (in %)

NFHS 4	NFHS 5
68.9	53.8

Anaemia among women (15-49 years) (in %)

NFHS 4	NFHS 5
57.2	49.7

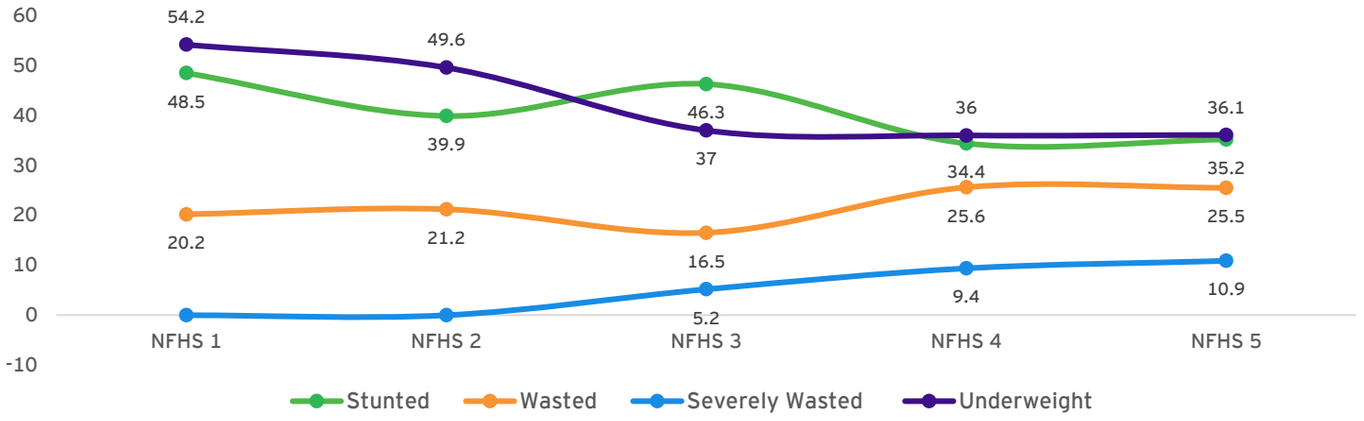
Infant Mortality Rate (per 1000 live births) (in %)

NFHS 4	NFHS 5
35.2	34.4

Under-5 Mortality Rate (per 1000 live births) (in %)

NFHS 4	NFHS 5
35.2	34.4

1.6.1 **Maharashtra** in focus



Maharashtra is one of the most developed and progressive states of India as far as health parameters are concerned. The child mortality rate remained unchanged in the last five years in Maharashtra. Under-5 mortality rate (U5MR) has reduced from 28.7 in NFHS-4 to 28.0 in NFHS-5, infant mortality rate (IMR) from 23.7 to 23.2 and neonatal mortality rate (NMR) from 16.2 to 16.5 during the same period. IMR, U5MR has been decreased by 0.5% & 0.7% respectively over NFHS-4 and NNMR has been increased by 0.3% over NFHS-4. The Under-five Mortality Rate and Infant Mortality Rate are considerably higher in rural areas than in urban areas.

In Maharashtra,

Stunting has improved in total 18 out of 35 districts.

(It has significantly improved at Yavatmal, Akola, Bhandara & Amravati at 9% and above and Mumbai Suburban, Sangli, Solapur, Latur & Pune decreased by 8% and above)

Wasting has been improved in total 18 out of 35 districts.

It has significantly improved at Gadchiroli, Raigarh & Nandurbar at 9% and Bhandara, Buldhana, Dhule, Nagpur, Sindhudurg & Pune decreased by @8% and above.

Underweight has improved in total 15 out of 35 districts.

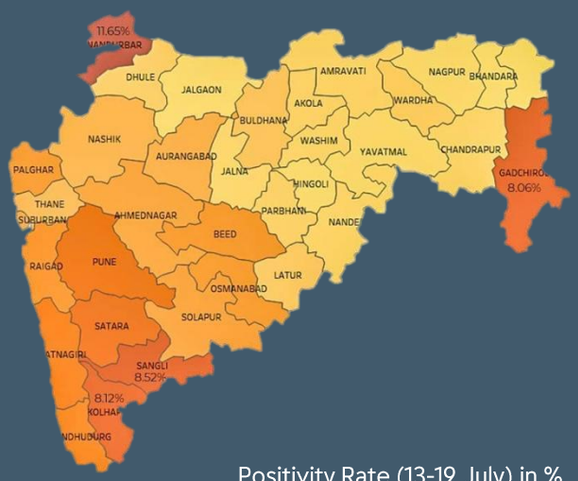
It has significantly improved at Osmanabad, Yavatmal, Akola & Gadchiroli at 6% and Ahmednagar, Pune, Mumbai, Sidhudurg & Chandrapur decreased by 6% and above.

The most alarming findings from the latest NFHS is on children nutrition indicators such as childhood Stunting, Wasting, Severely Wasting and Underweight. According to NFHS-5, Stunted & Underweight increased by 0.8% & 0.1% respectively, whereas Wasted remained unchanged but Severely Wasted has been increased by 1.5%.

Maharashtra was among the worst hit states in wave 1 and 2 of COVID-19 pandemic in India.

Nandurbar, one of the programme districts had the highest positivity rate in wave 2, i.e. 11.65%.

Nandurbar, is a backward, predominantly tribal, district described as aspirational, by government.
Nandurbar relies mostly on quacks and private practitioners. As for COVID-19 emergencies, many PHCs did not even have rapid testing facilities, let alone RT-PCR. While the district administration had set-up Covid Care Centres during the earlier phases of the pandemic, many were shut, therefore, any COVID-19 patient had to be taken to taluka's rural hospital for oxygen availability. Due to unavailability of PHC ambulances, and bad condition of roads, patient transportation is a hassle, with a walking distance of around 8-10 kilometres.The programme helped Amravati and Nandurbar becoming COVID-19 resilient by providing food security, ration and hot cooked meals, training of FLWs and medical professionals, provision of PPE kits and making facilities like schools and anganwadis COVID-19 ready.

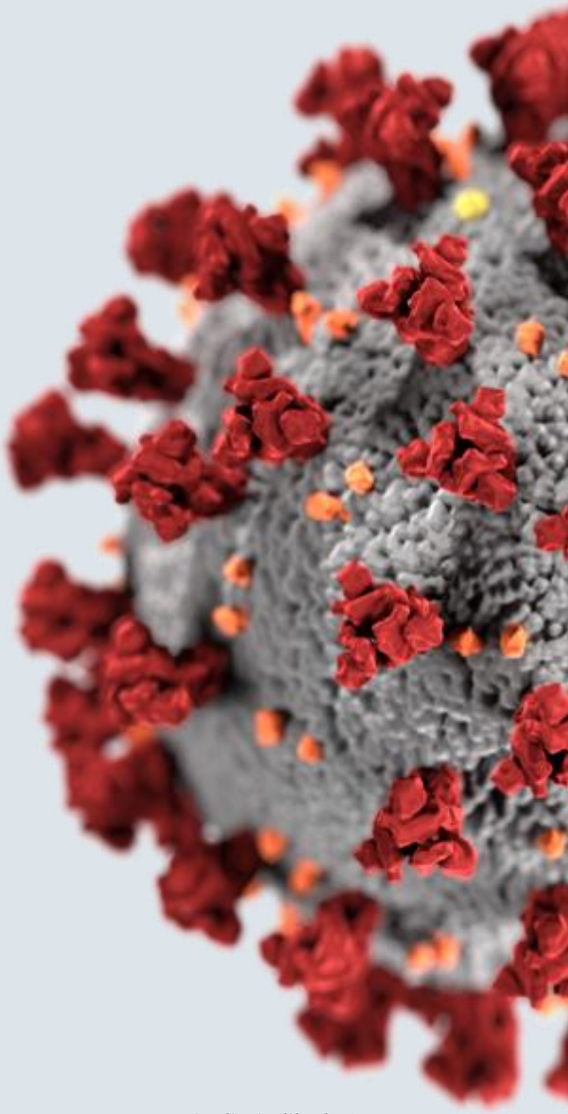


Positivity Rate (13-19 July) in %

0.10 **11.65**

Source: MoHFW (20 July 2021)

1.7 **COVID-19** and Malnutrition



6.7 million

additional children could suffer from wasting due to COVID-19 globally[14]

1.5 billion

Children have been out of school due to the pandemic[15]

370 million

Children have missed out on free meals[16]

80 million

children under 1 under threat due to lack of immunization program[17]

10%

Increase in Malnutrition due to the pandemic[18]

5 million

children will become underweight due to the pandemic[19]

The COVID-19 pandemic has all the makings of a perfect storm for the existing nutrition crisis. The government-mandated shutdowns, as well as the freezing of food transfer schemes such as school feeding programs and the breakdown of food markets due to both demand shocks and supply constraints, were expected to lead to a dangerous deterioration in dietary quality. New estimates by Derek Headey and colleagues in The Lancet[20] suggest that without timely action, the global prevalence of child wasting could rise by a shocking **14.3%.**

Pandemic and subsequent lockdown strategies have had

Crippling impact

on jobs, housing, migration and, most importantly, nutrition

According to MSC's study on COVID-19 response conducted in early days of lockdown

45%
Children in rural areas

64%
Children in urban areas

did not have access to mid-day meals in primary schools

India is likely to witness an increase in malnutrition by

10%

According to a UNICEF research[21]

COVID-19 has actually compounded the problems in India, restrictions on movement of goods and people's livelihood has threatened the supply chain and price volatility. It is becoming increasingly evident, that the true challenge for the vulnerable population has shifted from escaping coronavirus to just get enough food to stay alive.

In such circumstances, it is very difficult to ensure proper nutrition to pregnant women and children less than 2 years (first 1000 golden days of life), which is a critical component to ensure child continue to grow on the correct trajectory during the first 1000 days and beyond.

COVID-19 will leave

Irreversible marks

On undernutrition crisis in its wake

According to India Child Well-being report

Over 115 million

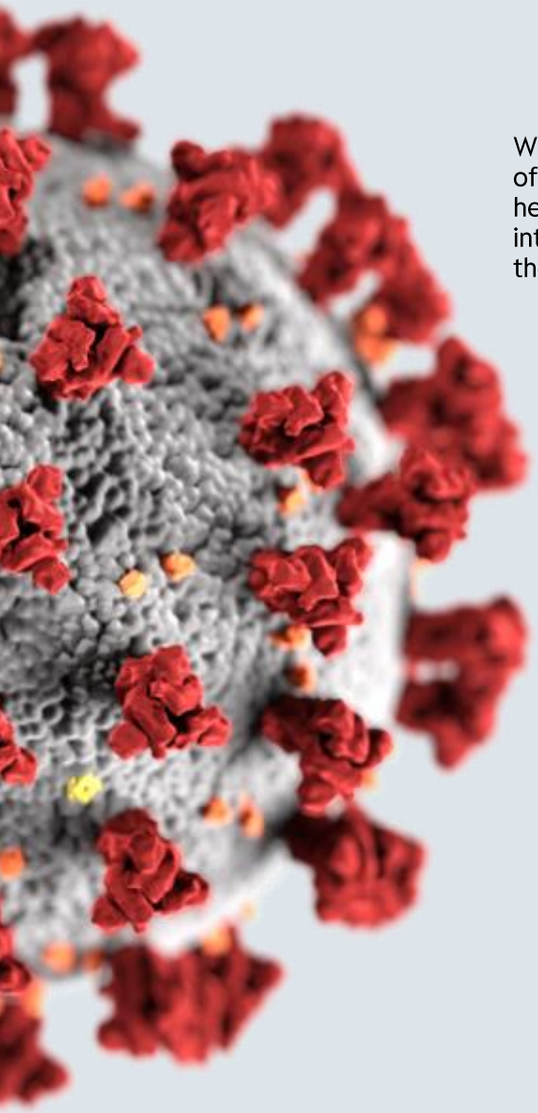
Children in the country are no longer having 3 meals a day[22]

A survey led by Right to food campaign of 4000 people found

2/3rd were eating nutritionally worse

In September 2020 as compared to pre-lockdown period

[14]UNICEF, Press Release: An additional 6.7 million children under 5 could suffer from wasting this year due to COVID-19; Published on: 27.07.20, accessed on: 24.05.21
[15]The Washington Post: 1.5 billion children around globe affected by school closure. What countries are doing to keep kids learning during pandemic; Published on: 27.03.20, accessed on: 24.05.21
[16] Down to earth: More than 39 billion school meals missed during COVID-19 pandemic: UN report; published on: 03.02.21; accessed on: 24.05.21
[17]Nature medicine, Effective control of SARS-CoV-2 transmission in Wanzhou, China
[18]Business line: Covid-19 pandemic can increase malnutrition in Indian children by 10-20%: UNICEF Nutrition Chief; published on: 20.09.20; accessed on: 24.05.21
[19]The lancet – COVID-19
[20]The lancet – Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality, published on July 27, 2020
[21]UNICEF, for every child, COVID-19
[22]The Lancet feature- India's child malnutrition story worsens, March 7 2021



With the disruption of Anganwadi services and Mid-Day Meal (MDM), a large number of children no longer have access to regular, nutritious meals. The overburdening of health systems has impaired service delivery of critical health and nutrition interventions for children. Finally, the economic impact of the pandemic has reduced the frequency and quality of meals consumed by households[23].

1. Disruption in service delivery of feeding programmes

- 115.9 million school-going children in class I-VIII benefit from one hot cooked meal a day under MDM (MDM Portal)
- Closure of schools and Anganwadis have disrupted meal services post lockdown
- Coverage of ICDS and MDM programme has been inadequate. Even before COVID-19, 50% rural and 21.4% urban children reported provision of free mid-day meal
- Large number of vacancies observed under Anganwadi services

2. Disruption in health services of children

- It has been predicted that child malnutrition could increase by up to 10-20% and additional 6,000 children could die every day
- Data from HMIS shows that far fewer children received immunisation and health vital tests and admissions were only 9% of last year
- Reduced % of children provided with IFA supplementation and deworming tablets
- Significant staff vacancies as well as Infrastructural gaps (also irregular water and power supply) in CHCs, PHCs, district hospitals

3. Reduction in food security

- India continues to have the largest population of food insecure people accounting for 22% of the global burden
- Plummeting income due to COVID-19 has further increased the proportion of food insecure people in India directly affecting children's nutrition.
- Women and girls are especially affected because gaps in the intra-household distribution of food
- Despite the relief packages announced, the provisions of increased ration have failed to reach all beneciaries. Migrant workers, who already faced the brunt of the lockdown, have also been unable to access ration in their current city of residence since the PDS is linked to the place of origin

4. Reduction in dietary quality

- Financial constraints due to the pandemic impacted the dietary intake of poor households as they shift towards cheaper and less nutritious food
- According to the recent 'Hunger Watch Survey', 71 per cent of respondents reported that the nutritional quality of their food had worsened.
- The dry rations currently provided in lieu of the MDM and SNP fall short of the required nutritious and micronutrient-rich food. Children are missing out on wholesome meals consisting of lentils, vegetables, fruits, eggs etc.
- It is argued that the PDS is more focused on staple crops and calorie adequacy rather than access to balanced diets and improving dietary diversity for the poor.

[23]*Centre for Budget and Governance Accountability (CBGA) and Child Rights and You (CRY)- Impact of COVID-19 on Child Nutrition in India: What are the Budgetary implications?*

1.8 Policy Context in India

A wide spectrum of national programmes contribute to improved nutrition outcomes, addressing both the immediate and the underlying determinants of undernutrition through nutrition specific and sensitive interventions. India is a home to every fifth child out of all the young children in the world. Also, as every third undernourished young child in the world is in India, nutrition has been a focus of the policy development for a long time. **India's response to tackling undernutrition has been spread over at least seven long decades, yet the problem remains chronic.**

India has progressively prioritized nutrition historically since 1940s, with several specific policies, programs, and the Five Year Plans of the country committing to action. A significant number of policies and strategic reports address major areas of public health nutrition need.

However, India, the world's fastest growing economy is ranked **94th out of 107 qualifying countries in 2019 Hunger Index**. This is possibly an eye-opener for our country's policymakers, policies may have ensured overall economic growth but fail to ascertain 'social development'. Possibly the 'growth without equity and equality is the cause of India's current nutrition status, NFHS-5 data published for 22 states has pained gloomy picture of the country.

NFHS-5 data was collected before initiation of COVID-19 pandemic, the situation could be further alarming. There has been excessive focus on managing the coronavirus for the entire last year (2020), diversion of resources from first 1000 days care has already resulted drastic decline in antenatal, neonatal, and essential maternal, infant and child healthcare services. National Health Mission's MIS data have indicated that hundreds of thousands of children have missed vital immunization, the proportion of institutional deliveries have fallen, other services like; the issue of IFA tablets, glucose sucrose injections, TT injections have also gone down.

India's Five Year Plans

Analysis indicate that the planners were on the right track until the Fifth Five Year Plan. Launch of Integrated Child Development Scheme (ICDS) was certainly a step in the right direction for pregnancy and Early Childhood Development (till 6 years). However, despite repeated recommendation of Bhore Committee, 1946, neither convergence of critical indirect interventions, most importantly, safe drinking water and sanitation, agriculture, horticulture, fisheries etc. nor the communication and advocacy component, which were meant for generating nutritional awareness of the general population and behavioural change was considered in the scheme.

Policies addressing malnutrition

1970

Policy for Provision of Supplementary Nutrition to Women and Children

Policy for Elimination of Vitamin A Deficiency through the Vitamin A Supplementation Programme

1971

Policy on Control of Anaemia

1974

National Policy for children

1991

Policy on Control of Anaemia

Policy for Elimination of Vitamin A Deficiency through the Vitamin A Supplementation Programme

1992

National Iodine Deficiency Disorder Control Programme

1993

National Nutrition Policy

2002

National Health Policy

2004

National Guidelines on Infant and Young Child Feeding

2005

Policy on Control of Anaemia

National Plan of Action for children

2006

National Guidelines on Infant and Young Child Feeding

Policy for Elimination of Vitamin A Deficiency through the Vitamin A Supplementation Programme

2007

Revised Guidelines for Management of Diarrhoea in Children

Guidelines for Administration of Zinc Supplements (Diarrhoea Management)

2011

Operational Guidelines on Facility-based Management of Children with Severe Acute Malnutrition

Operational Framework for Weekly Iron-Folic Acid Tablets to Adolescent Girls

2017

National Health Policy

Moreover, considering ICDS as a national programme to combat malnutrition without understanding the specific ask of communities residing in different regions/pockets of India was possibly a step in the wrong direction.
Over years a large number of legislations have been in place such as the National Food Security Act 2013, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 that provide a strong policy framework for protecting, supporting and promoting nutrition interventions – especially during periods of greatest vulnerability for children and women.

National Health Policy (NHP) came in 1983, which focussed on tackling malnutrition like a public health challenge. The policy had minimal convergent vision, which could be seen in several programmes and the Five Year Plans of the country committing to action. The National Health Policy of MoHFW came in 2002 followed by Policy on Infant and Young Child Feeding(2004), Policy on Control of Anaemia (MoHFW 2004) and Policy on Micronutrient Vitamin A (MoHFW). Some policies like IYCF and Anaemia control have been actively revised and integrated with existing programmes at scale without demarcating the end goal. Early interventions prevent morbidity and mortality due to malnutrition and also decrease the burden of disease in the country. Various schemes by the Government like the Integrated Child Development Services, National Health Mission- including RMNCH + A, Janani Suraksha Yojana, Swachh Bharat including Sanitation and the National Rural Drinking Water Programme, Matritva Sahyog Yojana, SABLA for adolescent girls, Mid Day Meals Scheme, Targeted Public Distribution System, National Food Security Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme and the National Rural Livelihood Mission - among others address the issue of nutrition in the country.

Challenge

Continuous policy formulation without adequate documentation of past processes has been evident in the Country, while several policies have overlapping goals and targets. The policies have many actionable recommendations but the evidence that policies have been operationalized is inadequate.

The policies have always focused on "**provision**" and "**supplementation**," as opposed to advocacy, capacity building, and empowerment, whether for service providers or local self-government. BCC which should be a focus area remain in the domain of policy and planning rather materialising on ground for action. The monitoring mechanism also lack strength.

Another missing link is "**policy coherence**"- the contribution of other (non-nutrition) sectors which addresses the underlying and basic causes of malnutrition (e.g. food insecurity, inadequate health service, inadequate care for women and children. The development programmes meant for poverty reduction has a direct role to improve nutrition however, its integration in the larger Five Year Plans of the country had minimal convergent vision.

POSHAN ABHIYAAN

National Nutrition Mission was launched in 2017 i.e. POSHAN Abhiyaan, to improve the nutritional outcomes for children, pregnant women and lactating mothers. The programme aimed to address the multiple determinants of malnutrition and attempts to prioritize the efforts of all stakeholders on a comprehensive package of intervention and services targeted on the first 1000 days of a child's life.

However, the programme is facing problem in implementation. It seems, stakeholders responsible for improving nutrition indicators may not have direct control over the budget, till November 2019 POSHAN Abhiyaan could utilised only 34% of released fund.

All these gaps be it omission or underutilisation have **cost the nation profoundly in combating malnutrition in terms of lost time and wasted generations.** This paints a further gloomy picture, given the fact that the per capita income has more than quadrupled in each decade and the National Nutrition Monitoring Bureau report 2017 for urban India and 3rd Repeat Survey, 2011-12 for all over India, continuously show a large dietary deficit in terms of protein, calorie and micronutrients irrespective of age and gender. NFHS-4 and early data emerging from NFHS-5 factsheets covering 22 state confirms that the percentage of children from 6-23 months receiving an adequate diet ranges from a meagre 5.9% (Gujarat, NFHS-5) to 23.5% (Kerala, NFHS-5). Studies have indicated that the proportion of population suffering from malnutrition far exceeds the proportion of people living below the poverty line, it is established that undernutrition is not merely confined to people living below the poverty line, but also extends to those with purchasing power, because of lack of information and awareness regarding proper nutritional practice and a balanced diet. There has been significantly high correlation with an awareness deficit leading to malnutrition than poverty and purchasing power.

Image Courtesy: Outlook Poshan 2.0, Image Credit: Suresh Kumar Pandey
URL: https://poshan.outlookindia.com/photos, accessed on 19.05.21

Section 2

About the programme

Image Courtesy: Outlook Poshan 2.0, Image Credit: Suresh Kumar Pandey
URL: https://poshan.outlookindia.com/photos, accessed on 19.05.21

2.1 **Guiding principles** of the programme

The programme is based on the following guiding principles:

Lifecycle approach

Nutrition can only be understood by unpacking the factors that affect the nutritional status at various stages of life. Enabling the understanding of intergenerational and cyclic effects of malnutrition will help prioritize the areas of interventions.

Community ownership

Each child belongs to the community and the involvement of the community fosters the demand for health, increase in quality of services and utilisation. A behaviour change in community through targeted IEC efforts forms a guiding principle of the programme.

Gender Sensitivity and inclusivity

A rights-based approach to secure a healthy future for children and women at all ages is imperative to their survival, development, protection and empowerment. The intersectionality and social position of women deprive them of a healthy life and this vulnerability is compounded by lack of accessibility to services. The programme focuses on inclusivity as a core principle to enable a healthy life without discrimination.

Early prevention

The principle of prevention is based on 3Ds i.e. recognition of growth and development deficits, diseases and deficiencies early in the life cycle and preventing undernutrition through targeted interventions before it leads to a critical, compromised and irreversible health state for the child.

Targeted Interventions

To prevent and reduce malnutrition

A multisectoral and multi-dimensional approach is required to tackle malnutrition and its intergenerational effects. The adoption of life-cycle approach with the following targeted interventions can help achieve a world with healthy children.

All our efforts in the programme are concentrated at targeted interventions to maximize outcomes.

Promoting good nutritional practices

- Breastfeeding
- Complementary feeding for infants after the age of six months
- Improved hygiene practices including handwashing

Provision of micronutrients through food fortification for all

- Salt iodization
- Iron fortification of staple foods

Therapeutic feeding for malnourished children with special foods

- Prevention or treatment for moderate undernutrition
- Treatment of severe undernutrition ("severe acute malnutrition") with ready-to-use
- Therapeutic foods (RUTF)[24]

Increasing intake of vitamins, minerals

- Provision of micronutrients for young children and their mothers
- Periodic Vitamin A supplements
- Therapeutic zinc supplements for diarrhoea management
- Multiple micronutrient powders
- De-worming drugs for children (to reduce losses of nutrients)
- Iron-folic acid supplements for pregnant women to prevent and treat anaemia
- Iodized oil capsules where iodized salt is unavailable

[24] *Scaling Up Nutrition: A Framework For Action, April 2011*

2.2 Meeting the Global Nutrition Targets

In 2012, the World Health Assembly (WHA) approved a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition that identified 6 global targets related to priority nutrition outcomes to be achieved by 2025.[25]

40% global reduction in the number of stunted children under five

Global nutrition target 1 means a relative reduction, by 2025, of 40% of the total number of children stunted compared to the 2012 baseline. This would translate into a 3.9% relative reduction per year between 2012 and 2025, i.e. reducing the number of stunted children from the 165 million in 2012 to approximately 100 million.

50% reduction of anaemia in women of reproductive age

The global nutrition target 2 implies a relative reduction of 50% of the number of women of reproductive age (15–49 years) with anaemia by 2025, compared to the 2012 baseline of 30.3%[19]. This would translate into a 5.3% relative annual reduction between 2012 and 2025 and implies reducing the number of anaemic women of reproductive age to approximately 230 million.

30% reduction of low birth weight

The global nutrition target 3 is a relative reduction of 30% of infants born with a weight lower than 2500g by the year 2025. This would translate into a 2.7% relative reduction per year between 2012 and 2025.

In line with these Global targets, the Reach Each Child Programme through its interventions achieved in 2019

22.35%

increase in proportion of pregnant women consuming100 IFA tablets

23%

reduction in pregnant women with anaemia

Enabling actions under the programme

Care of Women through first 270 days, Promotion of Health status of women

Promoting immunization, hygiene and adequate diet

Care of mother and child for 2 Years

Provision of care through delivery, promotion of exclusive breastfeeding, diet diversity and immunization

Care on special conditions (SAM/MAM/SUW children, high-risk pregnant woman)

Provision of therapeutic food at NRCs, management of lactation challenges

[25]GLOBAL NUTRITION MONITORING FRAMEWORK targets for 2025, Operational guidance for tracking progress in meeting. WHO/UNICEF (Dec 2017)

No increase in childhood overweight

Global target 4 implies that the estimated prevalence of childhood overweight (6%) in 2012 should not increase by 2025

Increased rate of exclusive breastfeeding in the first six months to at least 50%

Global target 5 implies that the global rate of exclusive breastfeeding estimated to be 38% for the period 2006-2010 should increase to 50% by 2025. This would involve 1 percentage point increase per year and would lead to approximately 10 million more children being exclusively breastfed until six months of age.

Reduced childhood wasting to less than 5%

The target implies that the global prevalence of childhood wasting of 8.6% estimated for 2012 should be reduced to less than 5% by 2025 and maintained below such levels

7.4%

reduction in proportion of Severely Acute Malnourished children

13.9%

increase in proportion of children with exclusive breastfeeding up to 6 months

71%

increase in proportion of children with timely initiation of complementary feeding

Blockchain enabled voucher Scheme

Conditional cash transfer to enable the families to use services offered by the public health system

Breastfeeding pods

Equipped with relevant amenities for lactating mothers while also focussing on their security and health

Mobile Nutrition Kits

Specifically designed to aid in social BCC and support nutrition workers and expectant mothers

Mobile BCC units

To make communities aware about malnutrition, health journey of a child and importance of adequate diet

REACH EACH CHILD PROGRAMME

Following a lifecycle approach

Nutrition is multifactorial and depends on societal, behavioural, economic, biological and environmental factors. In order to understand nutrition and its impact on various stages of life, comprehensively, a "Lifecycle Approach" to Nutrition has to be adopted.

Lifecycle approach to Nutrition focuses on the interplay of multiple factors that affect the nutritional status since the time of conception to birth, from childhood to adolescence, and through pregnancy and as an adult. Starting in–utero, effects of poor nutrition multiply into adolescent and adult life, specially for women and has additional negative impact on birthweight of infants if the mother suffers through undernutrition during pregnancy. A healthy mother giver birth to a health child. If the mother's nutritional status isn't satisfactory, she'll be unable to provide the nutrients her baby needs.[26]

If a low birth weigh baby survives, it is likely that the baby may suffer from developmental deficits. From the end of the neonatal period and through the first 5 years of life, the main causes of death are pneumonia, diarrhoea, birth defects and malaria. Malnutrition is the underlying contributing factor, making children more vulnerable to severe diseases. [27] Epidemiological evidence suggests a link between foetal undernutrition and increased risk of various adult chronic diseases. [28]

Poor nutritional status affects the learning and cognitive skills of children during the school age and in even in adolescence the behaviour and cognitive effects of malnutrition aren't redressed. The same manifest in utero when the girl becomes pregnant and the cycle of undernutrition continues. This vicious cycle is unacceptable from a human rights perspective. Hence, investing in maternal and child nutrition is the most cost effective way to have a healthy and productive population and long term social and economic significance.

The framework of Reach Each Child programme is based on targeted interventions focused on 'Lifecycle approach" for Nutrition. The Community Nutrition workers play a vital role in providing health, hygiene and nutritional counselling to the women and caregivers of children. They aid in accessing healthcare services and work around the behavioural, social and environmental factors affecting nutrition, addressing nutrition through a lifecycle lens.

[26] *MSF (2018) Increasing new-born babies' chances of survival; www.healthynewbornnetwork.org*

[27] *4th Report on the World Nutrition Situation - Nutrition throughout the Life Cycle (ACC/SCN, 2000, 138 p.www.nzdl.org*

[28] *Newborns: improving survival and well-being (2020), www.who.int*

[29] *Global nutrition challenges: a life-cycle approach, Food and Nutrition Bulletin, vol. 21, no. 3, Supplement © 2000, The United Nations University*


Life stage | Consequences
Baby with LBW
• Higher mortality rate
• Impaired mental development
• Increased risk of adult chronic disease
Inadequate Catch-up growth
« Untimely/inadequate weaning
« Frequent infections
« Inadequate food, health and care
Child stunted
• Reduced mental capacity
Inadequate food, health and care
Adolescent Stunted
• Reduced mental capacity
Inadequate food, health and care
Women malnourished/ Pregnancy with low weight gain
• Higher maternal mortality
Inadequate foetal nutrition
Inadequate food, health and care
Elderly Malnourished
• Reduced capacity to care for the baby
Reduced capacity to care for baby

2.3 **Initial** Research for phase 2

Plan India's monitoring and evaluation team conducted a pan India study covering adolescent girls and young women in India. The study aimed to identify the problems faced by them in COVID-19. Prospective respondents were selected through systematic random sampling based on line list, which contained a unique identifier for each record and essential information (name, contact details, age) of the respondents.

The survey tools, including the Terms of Reference of the study, methodology, structured questionnaire for the survey and in-depth interview questionnaire for the qualitative phase, were approved by a specially constituted Institutional Review Board (IRB) of Plan India. The survey questionnaire addressed topics like:


Social Protection


Food Security


Livelihood


Education


Sexual and Reproductive Health


Project Location
Amravati and Nandurbar


Quantitative interaction
With 163 pregnant and young women


Qualitative interaction
With 5 pregnant and young women

Phone based interviews (CATI) were conducted by Plan India's partner staff (women) using an Android application and the responses were entered directly into the mobile App. The screen displayed the questionnaire and if any questions were skipped, based on the earlier responses, the App automatically directed related questions as not applicable for that interviewee.

The data collection was conducted from mid of July to first week of August 2020 by 6 women surveyors. The survey could cover only those intervention areas where there was an availability of telephonic network and only those women were interviewed that had a telephone access (either personal or with the family), therefore, the findings cannot be generalized.

Results

50%
of the respondents did not have regular access to personal hygiene items such as soaps, hand wash, sanitary pads etc

53.3%
respondents perceived that the lockdown had brought negative changes in their lives

85%
households faced financial hardship due to job/ wage loss, and due to increased expenditure

4 out of 10
households received INR 500 as cash transfer per month for about two months as promised by the Prime Minister of India

1/5th
households got job under MGNREGA scheme

5%
got benefited out of 29% enrolled households in Ayushman Bharat PMJAY

One out of four
babies did not get routine immunization services during the lockdown period

2/3rd
young women felt more sad/ anxious/ depressed than before the lockdown period

30%
mothers did not receive post-partum care services

Ante-natal and post-natal care services to pregnant and lactating women were irregular, services only resumed after the lock down was relaxed, respondents from the rural areas faced more difficulty

Challenges

Challenges faced due to COVID-19 are listed below:

- Halting of on-ground activities such as refurbishing of NRC/CTC/AWC
- The programme could not carry out any on-ground services from March – April 2020, only telephonic service was provided
- Unlike before, there were restrictions on door-to-door households visits and such visits could not be carried out since the on-set of COVID-19
- Due to the pandemic, relapse cases increased in the target villages since the beneficiaries could not receive Amrit Ahar and THR
- NRCs/CTCs were converted into COVID-19 care centres. Therefore, children could not receive any services at NRCs/CTCs
- SAM cases increased in the community as only emergency cases were admitted at NRC/CTC
- Due to COVID-19, only intermittent services were provided in the field
- To bust myths and provide correct information in the villages covered in the programme, CNWs worked hard to sensitise people with correct information about the pandemic and the precautions to be taken
- Due to lockdown restrictions, buses and local transport was temporarily shut. This posed a serious challenge for referral service and institutional deliveries

Other challenges:

- Programme is based in a difficult terrain and serves hard to reach communities, therefore, distribution of THR was a challenge during the pandemic
- Seasonal migration impacted service of the programme, causing non-availability of services and serious consequences on health of the children and pregnant mothers
- Communities turned to practitioners in the hierarchical health system, namely ***Bhumkas*** and ***Bhagats***, whose repertoire and understanding of symptoms are questionable
- Almost 30% of the programme villages have limited road network and electric supply
- The programme had only 20% staff turn over in the year

Learnings

Importance of modern technology and its use in regular work

Emphasis on importance of handwash and sanitation practices through the programme

Development of Strategies for field work based on COVID-19

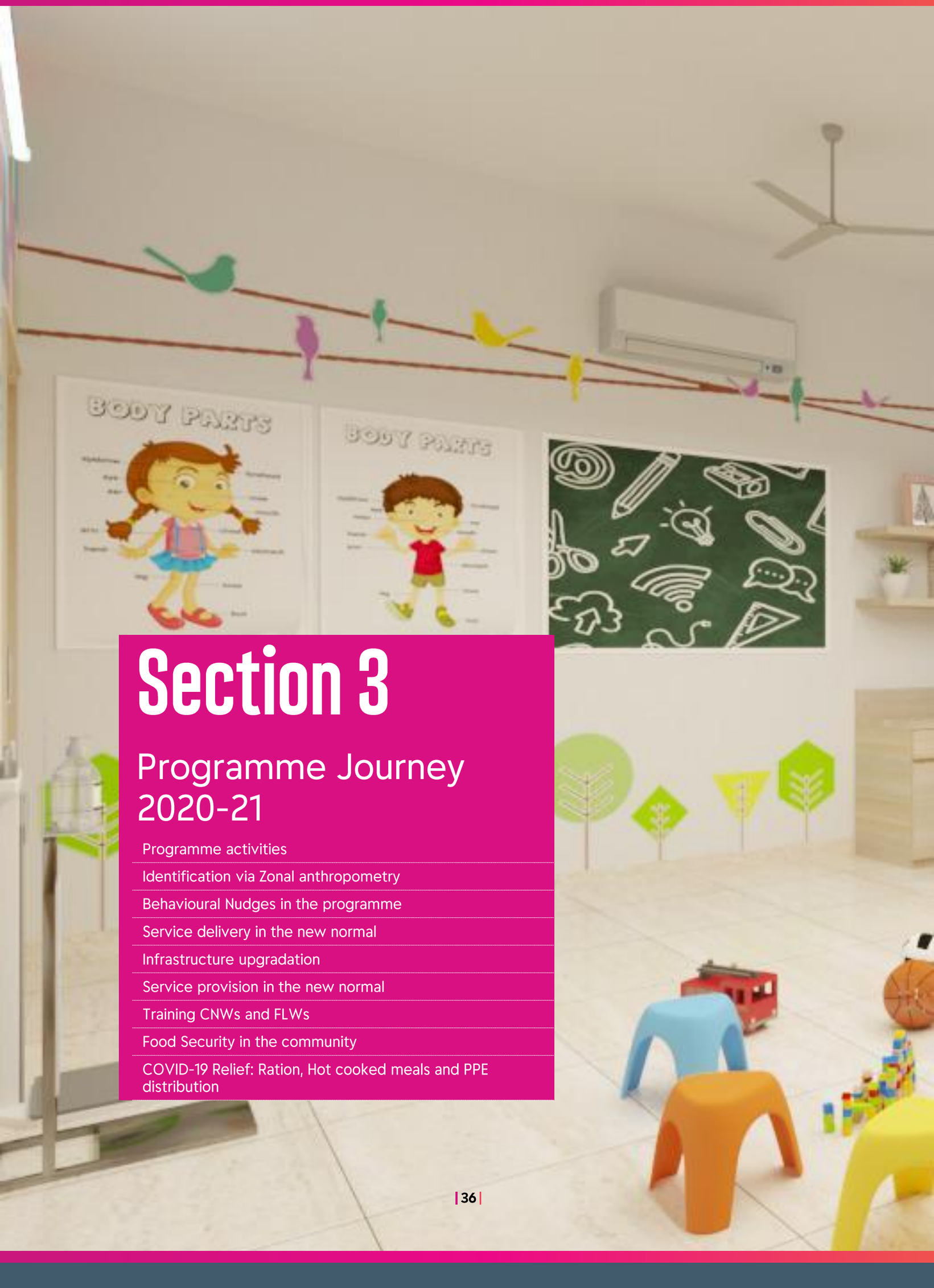
Use of E learnings tools

Adoption of alternative mode of service delivery like telephone

Development of various SOPs and strategies for restoration of field services from August 2020

Use of digital platforms like Google meet, Zoom and Microsoft Teams for trainings and meetings

Improved knowledge on techno-managerial skills of the field staff



Section 3

Programme Journey 2020-21

Programme activities

The Nationwide lockdown that started in March, 2020 had its impact not only on the economy of the country but the health systems as well. The accessibility to healthcare services was severely impacted by the pandemic and the subsequent lockdown. There was also a disruption in the supply chain resulting lack of access to healthcare products. Essential services like access to contraceptives, access to abortion care, maternal and child health services including immunization services were severely impacted. Around 2 million Indian women were unable to access abortion services due to COVID-19. [30]As per analysis of National Health Mission's HMIS, due to the lockdown:

7.7%

Drop in number of women who received at least 4 ANCs between January to June 2020, as compared to last year

44%

Reduction for measles and rubella vaccine between March to June 2020, as compared to last year

9.7 Lakh

Less number of women were tested for haemoglobin in first half of 2020 as compared to the same duration previous year

9.59 Lakh

Less number of women which had institutional deliveries in the first six months of 2020 as compared to the same duration previous year

9.6 Lakh

Infants missed the oral polio vaccines between March to June 2020 [31]

30. *Mutreja P (2021)Impact of the lockdowns on health care: https://www.expresshealthcare.in/*
31. *Pavithra KM (2021)What has been the impact of COVID-19 lockdown on health services in Public facilities? www.factly.in*

Reaching each child in the new normal

Engagement with the communities of Maharashtra was of utmost importance for a resilient healthcare system as a means to informed service delivery, decision making and governance and to meet the needs of communities before, during and after the COVID-19 crisis. Community engagement strategies, such as building partnerships with local leaders and working along side community members to tailor messages were crucial for the Reach Each Child Programme.

The REC ecosystem

Generating Demand

1. Identification of Beneficiaries- children (SAM/MAM/LBW) and Women (HRPW) via Zonal Anthropometry
2. Door to Door Visits to identify SAM/MAM children and HRPW
3. Referral of beneficiaries to NRC for treatment and incentivization via Voucher scheme
4. Advocacy and PR

Creating Supply

1. Strengthening service delivery during pandemic- SBCC and follow up sessions through online platforms
2. Training of Community Nutrition Workers and FLWs for better service delivery and prevention from COVID-19
3. Infrastructure upgradation- refurbishing of NRCs

3.1 **Identification** via Zonal Anthropometry

Reach Each Child programme helped the districts to initiate work in VHSNDs following GOI protocols of COVID-19. **The new arrangements of VHSNDs, along with the finalization of date and time was done in consultation with the village panchayat, every month, in all 204 villages**.

To ensure COVID-19 readiness, regular deep cleaning work was ensured in all 473 anganwadis across project locations. The villages were divided into 5-8 small clusters/pockets and specific time was allocated for each cluster for attending the VHSND.

VHSNDs were organised with anthropometric screening of children, ANC and PNC for women, immunization, IFA and calcium distribution, counselling of pregnant and lactating women using programme informative videos shown by Community Nutrition Workers. Cluster coordinators and CNWs also extended logistical support in terms of transporting ANM's material (immunisation etc.) to their respective villages. During VHSNDs, haemoglobin estimation and urine tests were also done for each of the pregnant women present. After the results were out, severe anaemic pregnant women were taken to PHCs for administration of iron sucrose injections. Post the anthropometric measurements in 204 villages, early identification and referral to NRC was carried out with the following objectives:

- To provide clinical management and reduce mortality among children with severe acute malnutrition, particularly among those with other medical complications.
- To promote physical and psychosocial growth of children with Severe Acute Malnutrition (SAM).
- To build the capacity of mothers and other care givers in appropriate feeding and caring practices for infants and young children
- To identify the social factors that contributed to the child slipping into Severe Acute Malnutrition.[32]

In less than a month, all the children (0 to 6 years) and pregnant women were screened by the team of doctors, ICDS officials, ANM and CNWs. The high risk pregnant women and malnourished children were identified and treatment initiated, which included medical treatment along with counselling on hygiene, diet diversity, COVID-19 appropriate behaviour, care, rest etc.

[32]*Operational Guidelines on Facility Based Management of Children with Severe Acute Malnutrition, NRHM, MoHFW*

WHO recommendations for Identification of severe acute malnutrition in children 6–59 months of age[33]

In community settings,
trained community health workers and community members should measure the mid-upper arm circumference of infants and children who are 6–59 months of age.

While in primary health-care facilities and hospitals,
health-care workers should assess the mid-upper arm circumference or the weight-for-height/weight-for-length status. In both settings infants and children should be examined for bilateral pitting oedema.

Infants and children who are 6–59 months of age and have a mid-upper arm circumference
<115 mm, or a weight-for-height/length <–3 Z-scores of the WHO Child Growth Standards median, or have bilateral pitting oedema, should be referred for full assessment at a treatment centre for the management of severe acute malnutrition.

Children who have appetite (pass the appetite test) and are clinically well and alert *should be treated as outpatients.*

[33] *https://www.who.int/elena/titles/sam_identification/en/*

Testimonial 1

Identification of a HRPW

Phulibai, a lactating mother was pregnant for the 6th time. However, she never visited any AWC, VHSND and neither took any injection or IFA. On July 7, 2020, CNW Manisha, while conducting awareness and home visit for all households across the village, came across the case of Phulibai. She engaged with her and her husband in necessary discussions regarding the health status of Phulibai.

Phulibai was not enrolled with any Anganwadi centre and never took part in any of the VHSND. Even in her previous pregnancies, she had never received any ante/post natal care and never had an institutional delivery. Since she was not aware about AWC or its functions, and was reluctant to even register herself to one.

After multiple consultations, CNW Manisha was able to consult her regarding importance of first 1000 days in pregnancy, breastfeeding and Ante/Post natal care. CNW also used interactive tools such as butterfly games and videos to counsel her on various health aspects. She also engaged with her husband during these visits and stressed upon his wife's health.

After constant support from CNW Manisha, Phulibai started undergoing medical check-ups and also completed her 2 ante-natal care sessions through VHSNDs. During her treatment, she was also provided with Iron sucrose injections and also started her consumption of IFAs. Her husband, along with her family were now aware and concerned about Phulibai's health and regularly attended butterfly sessions and videos.

With the help of all these efforts and regular medical check-ups, Phulibai successfully delivered a healthy baby in February 2020.

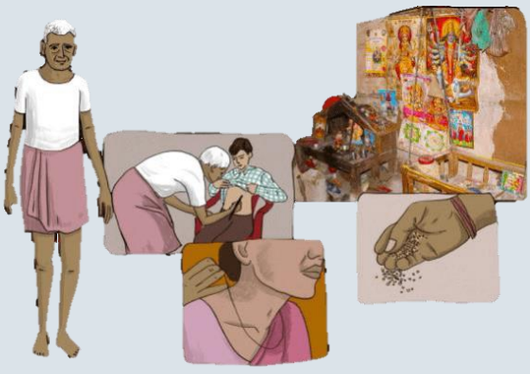
3.2 **Enabling treatment** through conditional cash transfers: Voucher schemes

Aim: To **accelerate timely care** through self-identification, networked referrals, incentives to complete care and post illness care counselling.

Current practices:

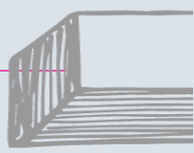
Community level deterrents

Challenges such as low recognition of danger signs, lack of urgency to address them, no referral system connecting the traditional and public healthcare system, expensive travel to and long duration stays at Nutrition Rehabilitation Centres- all act as deterrents for tribal and marginalized populations.



Preference of traditional healers

In addition, a deep faith in and preference of traditional healers often precipitates a gap in the treatment of malnourished children. Unable to identify the underlying malnutrition, parents only address the superficial symptoms by seeking out traditional healers, who aren't necessarily equipped with the training or knowledge on Malnutrition.



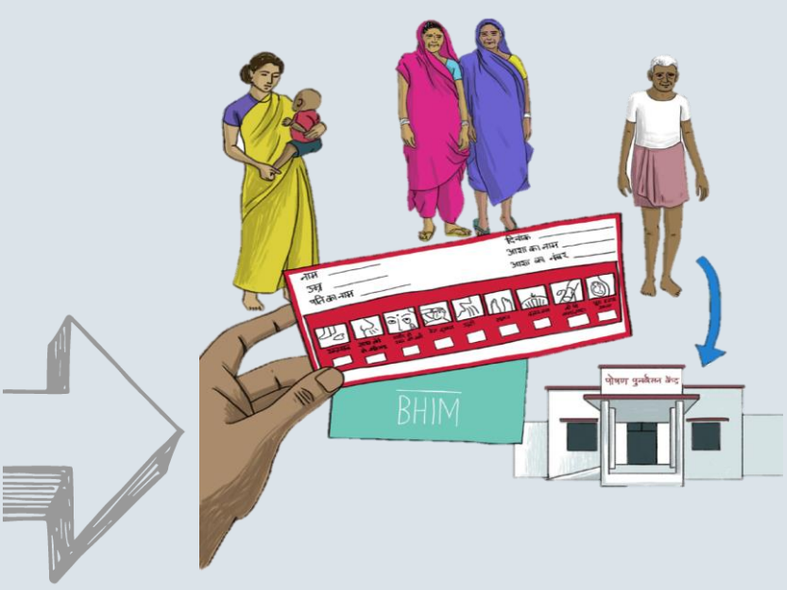
As a result..

Children are only brought to the local ASHA's or FLW's attention once their condition has worsened significantly. Majority of malnourished children and high risk pregnant women either do not reach NRC/DH to receive timely and critical care or leave the NRC/DH before the prescribed treatment course.

Programme activities in the new normal

Eligibility criteria	The Benefit
• Mother of SAM children admitted to Child Treatment Centre (CTC)/Nutrition Rehabilitation Centre (NRC) • High–risk Pregnant Women hospitalised for institutional deliveries or any other medical reason	Severe Acute Malnourished children at NRC • Transportation Cover: INR 250 beyond 10 km • Food Security Cover: INR 100 per day for 14 days • Wage Loss Cover: INR 200 per day for 14 days 200 high-risk pregnant woman at the hospital • Transportation Cover: INR 250 beyond 10 km • Food Security Cover: INR 100 per day for 4-8 days for normal/caesarean delivery • Wage Loss Cover: INR 200 per day for 4-8 days for normal/caesarean delivery

Cash transfer schemes enables..



The programme established an interlaced referral and incentive system that allows:

i. Families to self-identify and self-mobilize,

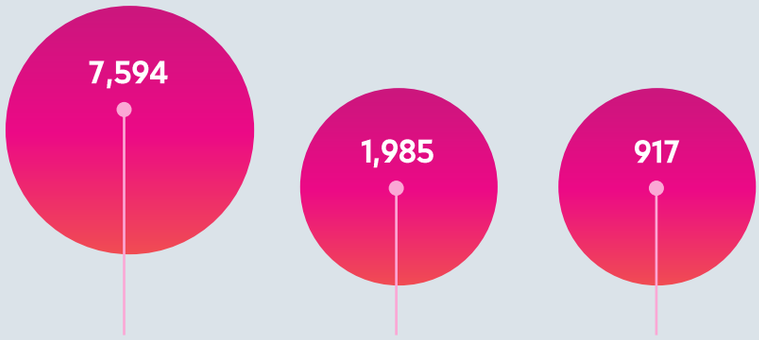
ii. Traditional care providers or CNWs and health functionaries to screen and refer malnourished children and

iii. Nutrition rehabilitation practitioners to receive and provide, critical care to acutely malnourished children.

NRC and the families were counselled on cash transfers or the "Voucher scheme" and incentives to be received upon the completion of the 14 day requisite treatment. This not only motivated the families to complete treatment but also made the 14 days stay feasible for them financially. The cash transfers were done in different tranches of the 14 day treatment, until the child was completely rid of malnourishment.

High Risk Pregnant Woman:

Maharashtra



High risk pregnant woman registered

Institutional deliveries enabled

Conditional cash transfer vouchers

Across Maharashtra,

1,985 mothers were enabled with Institutional Deliveries.

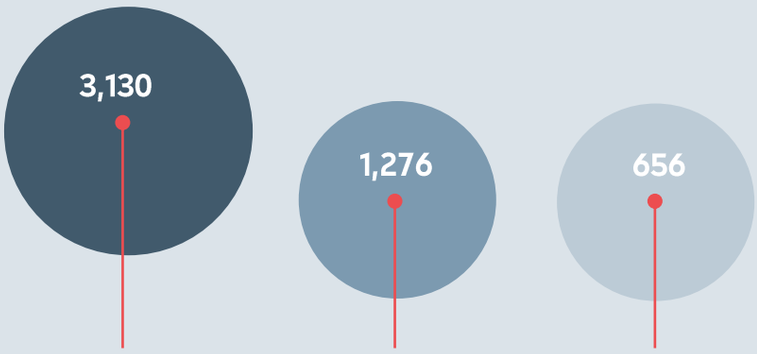
46% of these mothers were provided with conditional cash transfers.

Amravati

Across Amravati,

1,276 mothers were enabled with Institutional Deliveries.

51% of these mothers were provided with conditional cash transfers.

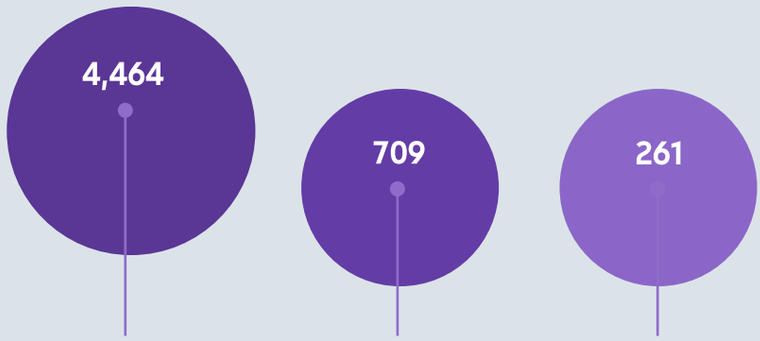


High risk pregnant woman registered

Institutional deliveries enabled

Conditional cash transfer vouchers

Nandurbar



High risk pregnant woman registered

Institutional deliveries enabled

Conditional cash transfer vouchers

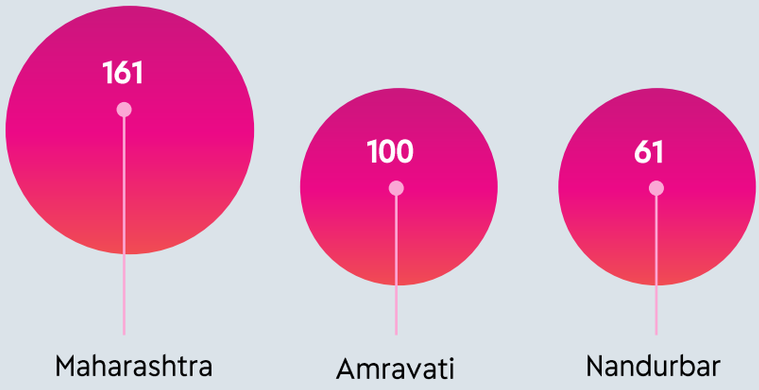
Across Nandurbar,

709 mothers were enabled with Institutional Deliveries.

46% of these mothers were provided with conditional cash transfers.

Malnourished Children:

Maharashtra, Amravati and Nandurbar

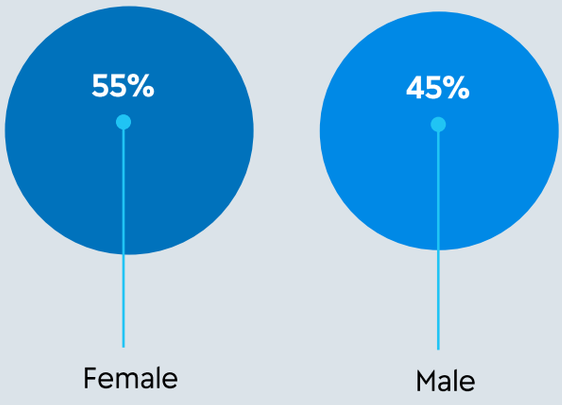


100 children were provided with conditional cash transfers in Amravati while **61 children were** provided with cash transfers in Nandurbar.

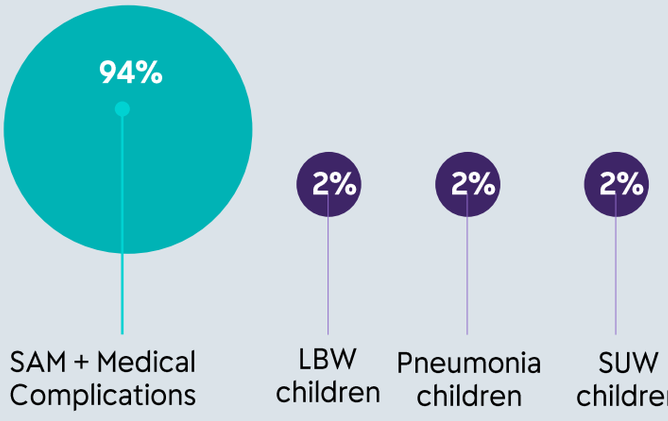
Across Genders

Across Maharashtra,

55% conditional cash transfers were provided to girl children, thus promoting inclusion and equality in access to healthcare treatment.



Enabling treatment for other diseases



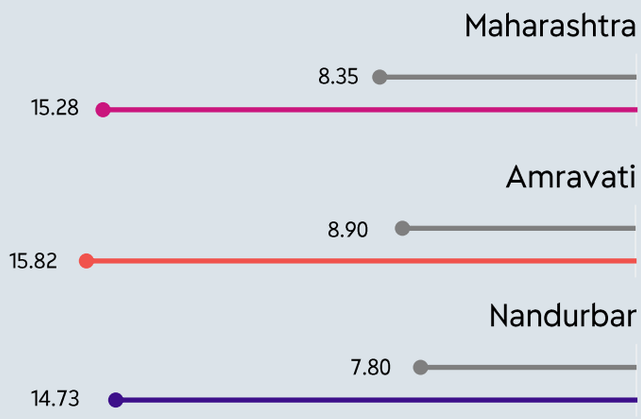
Across Maharashtra,

While Conditional cash transfers were launched for treatment of malnourishment, out of all vouchers- **6%** were also issued to children with other complications like LBW, Pneumonia and SUW.

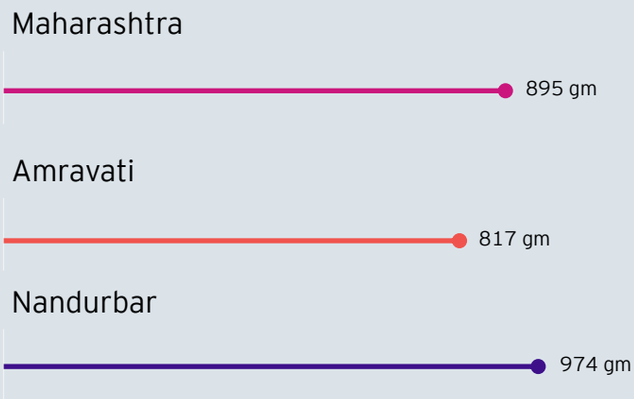
Impact: Voucher scheme

Average days spent at NRC for treatment

2X



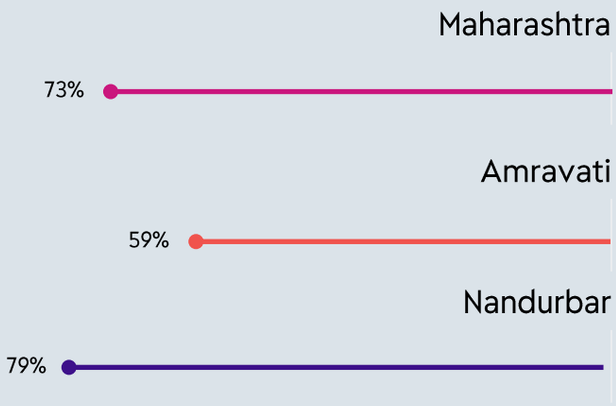
Average weight gained



895 grams

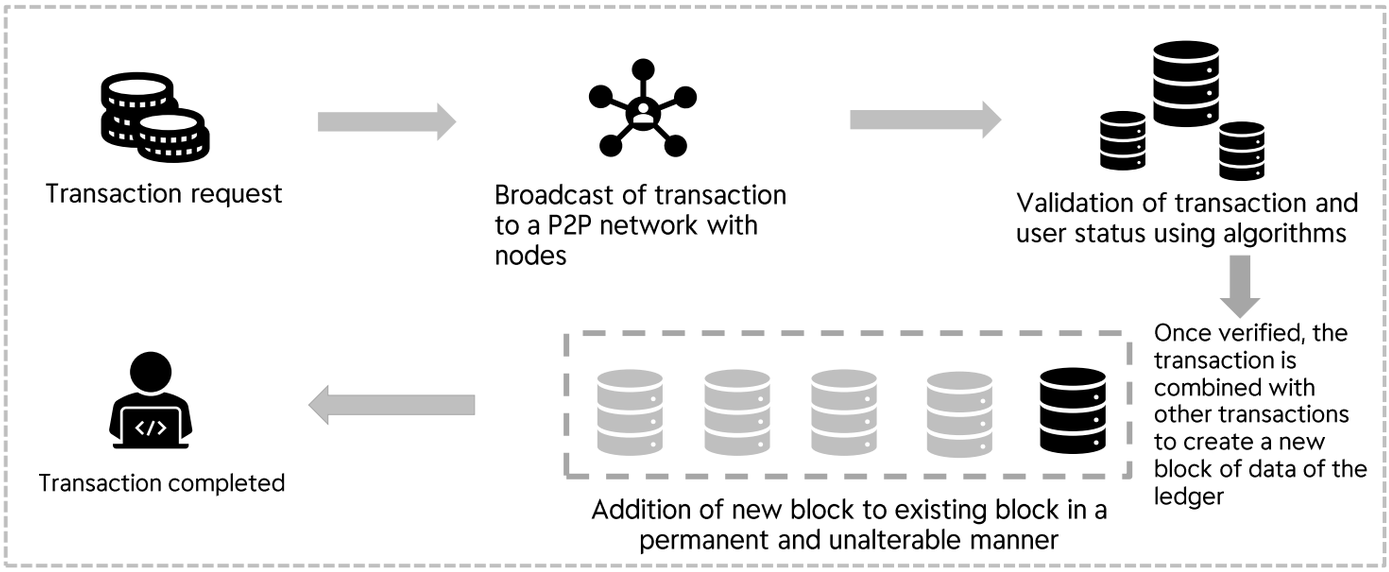
SAM children converted to MAM/Normal

73%

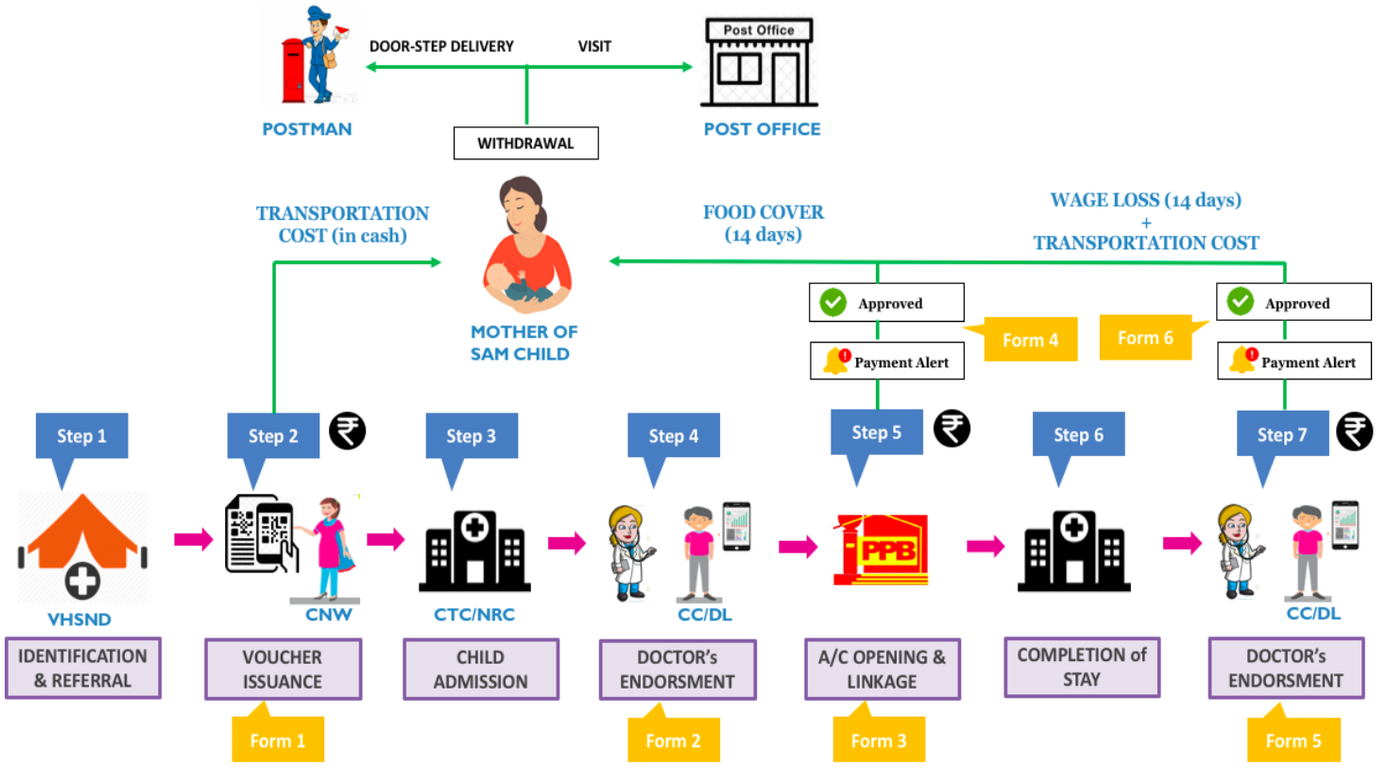


Blockchain enabled transactions

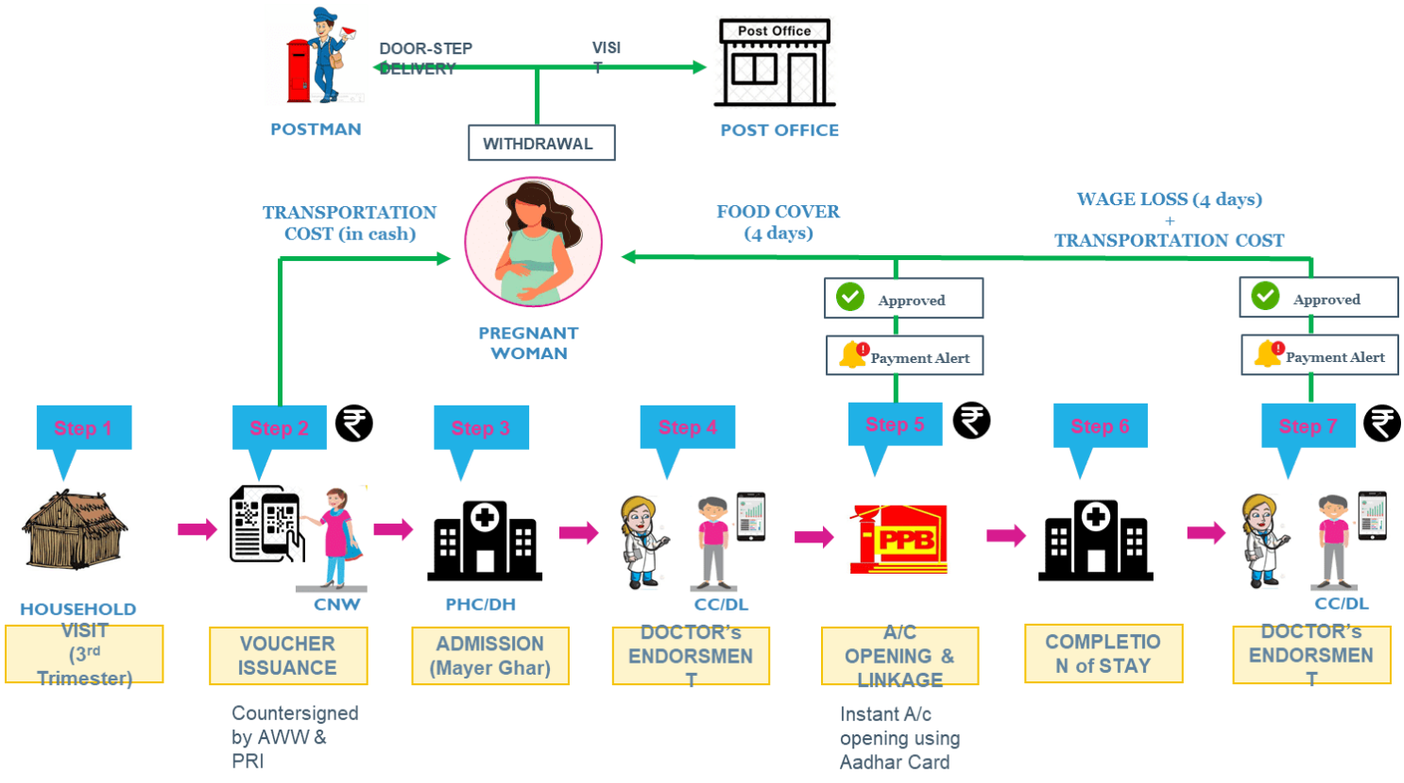
A blockchain is a decentralized, distributed, public digital ledger that is used to record transactions between parties efficiently, securely, and in a verifiable manner. Each transaction is stored as a unique block which holds information of the previous bock, the transaction data, along with a timestamp. Once recorded, the transactions cannot be edited without alteration of all existing blocks, which requires consensus of all participants on the blockchain network. The democratized system facilitates execution of smart contracts/transactions on a blockchain-enabled network in real-time which is secure, transparent, and unalterable.



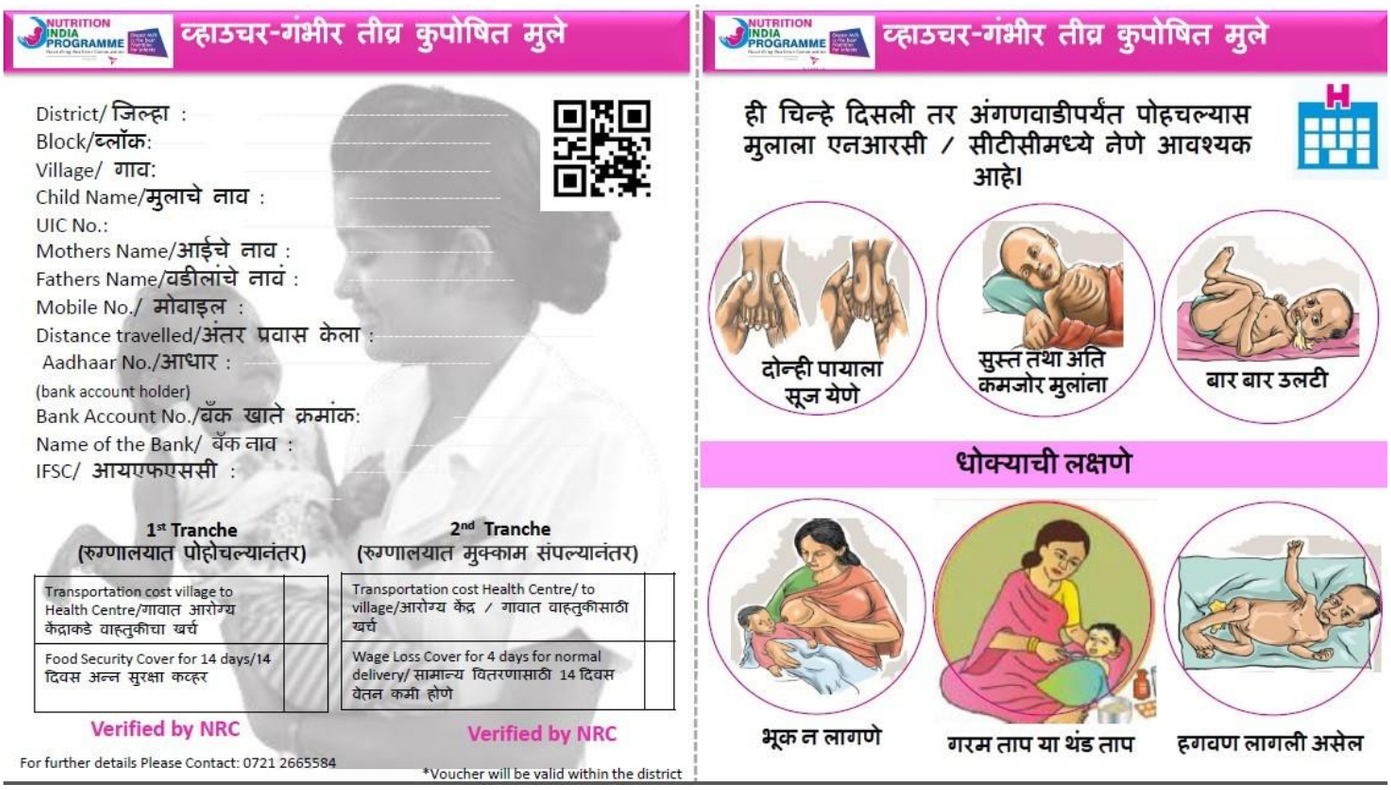
Process flow of SAM/MAM



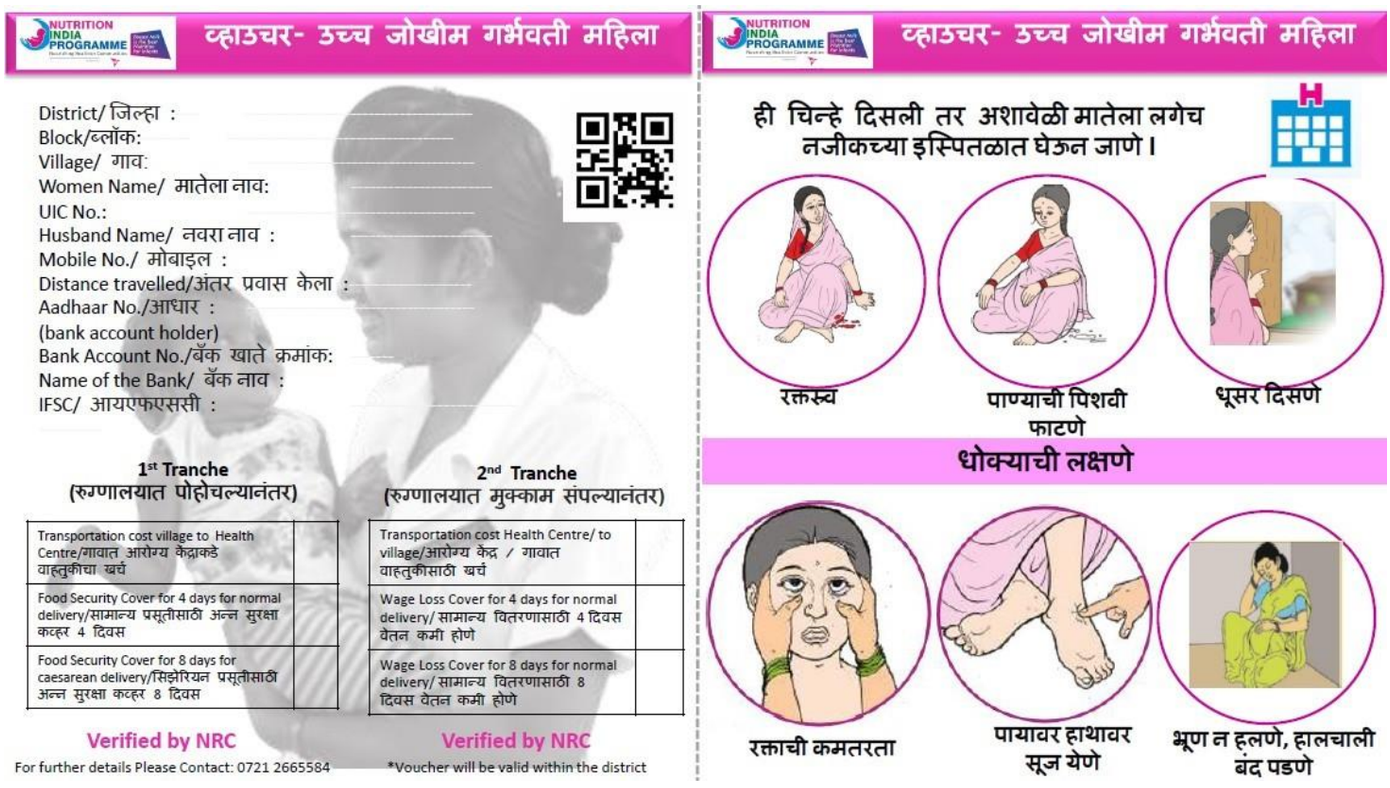
Process flow of SAM/MAM



Voucher card: Children



Voucher card: Women



व्हाउचर- उच्च जोखीम गर्भवती महिला

District/ जिल्हा :
Block/ब्लॉक:
Village/ गाव:
Women Name/ मातेला नाव:
UIC No.:
Husband Name/ नवरा नाव :
Mobile No./ मोबाइल :
Distance travelled/अंतर प्रवास केला :
Aadhaar No./आधार :
(bank account holder)
Bank Account No./बँक खाते क्रमांक:
Name of the Bank/ बँक नाव :
IFSC/ आयएफएससी :

1st Tranche
(रुग्णालयात पोहोचल्यानंतर)

Transportation cost village to Health Centre/गावात आरोग्य केंद्राकडे वाहतुकीचा खर्च	
Food Security Cover for 4 days for normal delivery/सामान्य प्रसूतीसाठी अन्न सुरक्षा कव्हर 4 दिवस	
Food Security Cover for 8 days for caesarean delivery/सिझेरियन प्रसूतीसाठी अन्न सुरक्षा कव्हर 8 दिवस	

Verified by NRC

2nd Tranche
(रुग्णालयात मुक्काम संपल्यानंतर)

Transportation cost Health Centre/ to village/आरोग्य केंद्र / गावात वाहतुकीसाठी खर्च	
Wage Loss Cover for 4 days for normal delivery/ सामान्य वितरणासाठी 4 दिवस वेतन कमी होणे	
Wage Loss Cover for 8 days for normal delivery/ सामान्य वितरणासाठी 8 दिवस वेतन कमी होणे	

Verified by NRC

For further details Please Contact: 0721 2665584

*Voucher will be valid within the district

व्हाउचर- उच्च जोखीम गर्भवती महिला

ही चिन्हे दिसली तर अशावेळी मातेला लगेच नजीकच्या इस्पितळात घेऊन जाणे।

रक्तस्त्राव

पाण्याची पिशवी फाटणे

धूसर दिसणे

धोक्याची लक्षणे

रक्ताची कमतरता

पायावर हाथावर सूज येणे

भ्रूण न हलणे, हालचाली बंद पडणे

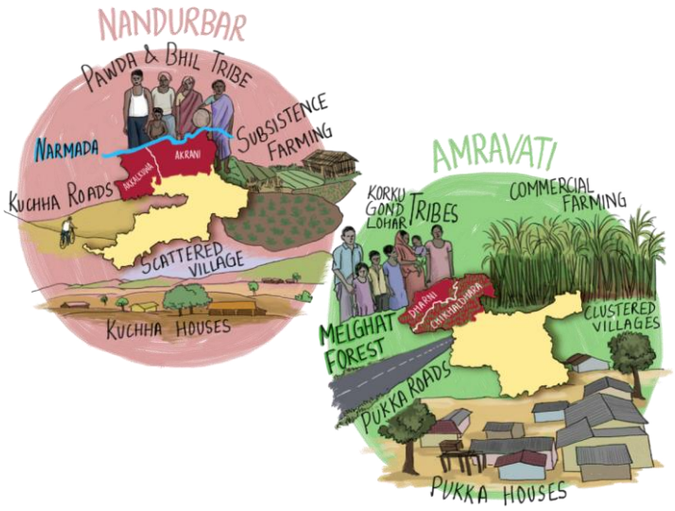
Testimonial 2

Economic assistance

Rajan (name changed), a 2 year old boy with Severe Acute Malnutrition, failed his appetite test and had numerous boils in his head.
REC programme's Community Nutrition Worker identified the child in the village and persuaded the child's family to admit the child in health institution. Initially, due to the poor economic status of the family, the family was provided a voucher to cover the transportation cost, and subsistence allowance, which had food cover for 14 days and cover for livelihood loss of parents, which happened during their stay at the NRC. In addition to this, parents were also facilitated to open Bank Account in postal payment bank by the field staff, wherein they received door step delivery of cash as part of voucher scheme of Reach Each Child programme. The treatment at Nutrition Rehabilitation Center ensured that he was stable, the child recovered after 15 days of intensive onsite treatment.

3.3 **Behavioural Nudges** in the programme

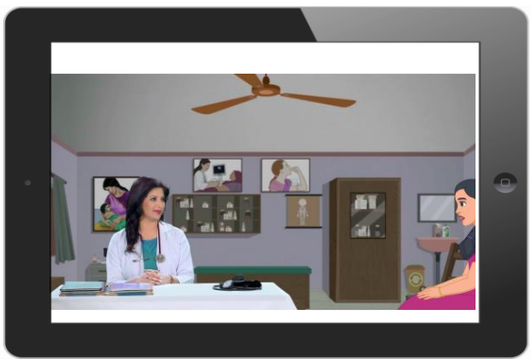
The programme employs a host of **behavioural nudges**, apps, games, nutrition kits, multimedia stimuli, new kinds of resilience rituals, community festivals and engaging social experiences to build community capacity around nutrition and hygiene.



Ethnography study was performed to capture the social norms, cultures, stratification, migration and transient life, health seeking behaviours, diet and language.

Based on these findings, appropriate nudges were designed to make people aware about the issue of under-nutrition and to change the situation.

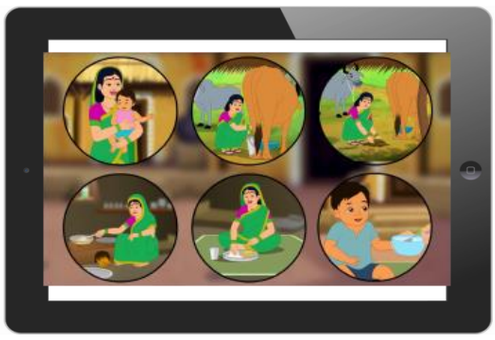
1. Interactive curriculum for CNWs by doctors



CNWs representing the community and their queries to a doctor

Developed in 4 local languages- Bhil, Pawra, Hindi & Marathi

Counselling around safe and proper breastfeeding practices



Counselling around hygiene practices like hand washing before feeding a child

Counselling around diet diversity during pregnancy

Counselling around required Immunizations for a child

Through a range of **50+ videos of interactive and detailed curriculum with multiple training modules**, these nutrition workers are trained by experts and doctors on understanding malnutrition, care of adolescents and young mothers, care during pregnancy, birth preparedness, antenatal and postnatal care, diet diversity, breast feeding practices, health and hygiene practices and so on.

2. Driving hygiene through digital practices: Swachhta Chakra

Swachhta Chakra is an interactive android game designed for frontline workers to create awareness on personal and environmental hygiene like sanitation practices among the community members especially mothers, caregivers etc.
It consists of a set of multiple choice questions around situations and decisions undertaken by an individual pertaining to hygiene and sanitation in daily life.

This quiz helps in monitoring the change in knowledge and increase in the understanding of player/s about hygiene and sanitation practices. Moreover, it helps in building connection with frontline workers and motivates the player/s to adopt or improve WASH practices as a part of their daily routine.

3. Nutrition kits

A Nutrition Kit targeted towards increasing knowledge, building awareness and practices around healthy nutrition practices and health seeking behaviours among expectant mothers, children (aged 3-5 and 6-10) and front-line health workers was designed. This kit has been designed mindfully and incorporates various tools and games catering towards the above mentioned groups through social and behaviour change communication strategies. The proposed modules in this kit are the following: good and bad eating habits during the first 1000 days of life, education on nutritional values of food items, hygiene practices and slides demonstrating best practices during and pre and post-natal stages.

Components of Nutrition Kit:

First 1000 days of child

An interactive board game which focusses on do's and don'ts for taking care of a baby during first 1000 days of baby's life. In the game, the mother follows the good habits and avoids the bad habits to get a healthy baby.

First phase- first 9 months

Second Phase- Birth to 6 months

3rd Phase- 6 month to 24 months

Nutrition mania

What is the colour of your food today?

What is the colour of the food on your plate today? Does it have all the colours – white, for milk and milk products, green, for vegetables, orange, for carrots and tomatoes, or does it always have the brown colour of chappatis?

This innovative colour-coded plate is helping to spread awareness about nutrition among women Amravati and Nandurbar, giving a big push to the government's Poshan Abhiyaan.

With these make your own meal plates, the project has reached out to 3,000 women – pregnant women, lactating mothers, and women planning pregnancy - in Amravati and Nandurbar. It aims to reach out to 1,75,000 such women.

There are five colours in the plate –white, brown, orange, green, violet. In conversations with the mothers, the kind of food consumed was mapped for 2 weeks and it was observed that green, orange, white, violet are missing and only browns are there. Brown is basically chapattis, of wheat, jowar or bajra.
The women were communicated that they need to have various colours in their plate daily, so that they get the vitamins, minerals, iron in order to have adequate calorie intake.

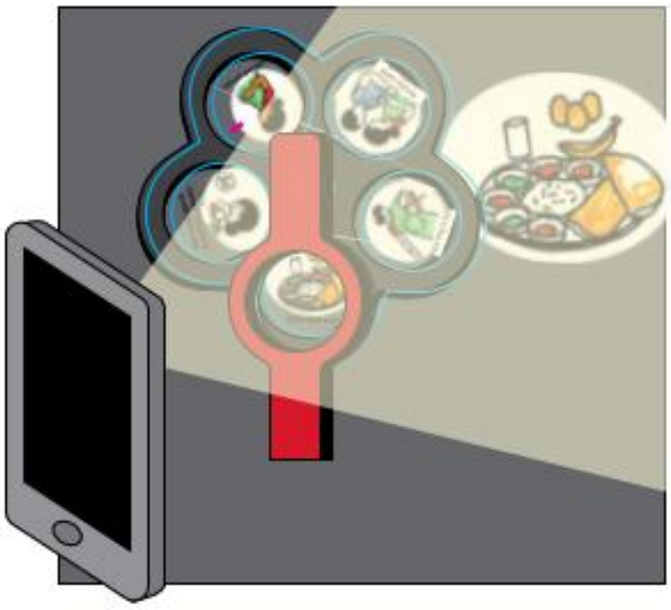
Through these colour-coded plates a message of how the people are lacking in essential vitamins and nutrition was conveyed. All the food is locally available and locally grown, in kitchen gardens. Since the food is available, all they need to be told about is eating right kind of food.

Food for infants

This tool shows the adequate food for infants from birth till 2 years of age.

Glitter game

In this game, some glitter is put on the hands of the children and they are asked to shake hands with others – to show how germs are spread. The children are then asked to first wash hands with plain water, in which some of the glitter washes off, but most of it sticks. This shows how plain water does not help to wash off the germs. Then they wash with soap, and the glitter is completely gone. This has proved to be an effective way to tell them about the benefits of handwashing with soap.



Nutrition talkies

Another game is like a kaleidoscope, that can be used with a mobile torch, to project on a large screen different messages – on the benefits of breast milk, steps to be taken during diarrhoea, on the food pyramid, steps to be taken during delivery, during pregnancy, preventive undernutrition.
Other than this, seven videos are also created on the first 1,000 days of a child's life. **The videos, in Marathi, are done in a dialogue format, using a mother and child from the community shown on VHNDs**

Nutri-mania

Nutrition mania is a card game designed to spread the message about nutrition among children in an interactive, interesting way. This is a trump card game to explore the relative nutrition value across different food items. The game has 2 levels covering a variety of food items across food groups.

3.4 **Service delivery** in the new normal

REC programme aims to improve nutritional status during the first 1,000 days of life, with a goal of reducing stunting by 40% in children under 5 and keeping childhood wasting rates below 5%.
Working with local communities to build up a workforce of travelling Community Nutrition Workers (CNWs), the project delivers rigorous training by a team of public health experts, paediatricians, gynaecologists and community development specialists. In the Pre-COVID era, the CNWs used to go door-to-door and village-to-village in order to build trust and communities' awareness through delivery of simple and effective lessons on nutrition and hygiene to stimulate behavioural change using specially designed games, nutrition kits, multimedia stimuli, community festivals and social experiences. All interventions were delivered by members of their community, in a locally understood language.

Even before COVID-19, technology has been deployed in various forms throughout the programme. From using real time data monitoring, blockchain to track and enable cash transfers to women who travel to nutritional rehabilitation centres, as well as verifying service provision at every touch point. Most importantly, the entire programme hinges on its synchronisation with local health cultures and close collaboration with a network of traditional health providers and communities who are not passive beneficiaries, but key actors in the process of transformation.

After COVID-19, the CNW ecosystem has played a pivotal role in not just sustaining the primary functions of the system, but also in mitigating the COVID-19 crisis in rural communities. The value chain was quickly repurposed to continue most of the service delivery by leveraging digital solutions.

Online interactive training sessions for the CNWs, ASHAs and Anganwadi workers were conducted to build capacity and disseminate information about the virus, the preventive measures to be taken, and the psychological impact of COVID-19 on women and children. The sessions also educated the workers to adopt measures to safeguard themselves from the virus.

During the lockdown period, these frontline workers were responsible for educating the community members about the fundamentals of COVID-19 and its critical preventive measures such as avoiding contact with those who display symptoms, maintaining hand hygiene, respiratory hygiene, social distancing & home quarantine.

After the lockdown was eased, REC programme aligned its goals towards increasing the access to essential services and mobilising regarding nutrition and health. Door to Door visits were started to target the women and children. The mothers were counselled about importance of nutrition, vaccination for children, hygienic practices and regular health check ups.

Pregnant women were counselled about the importance of ANC visits and good nutrition during pregnancy.

Home visits were made by CNWs following COVID-19 appropriate behaviour and also the social distancing norms were followed during the monthly meetings.

Connecting digitally

5,475 calls

Were done for community members which included HRPW, parents of SAM/MAM and SUW in a month

210 calls

Per day were done (on an average) by 20 CNWs for provision of services to the community

Major points covered in these calls were:

- *Referral to NRC/CRC*
- *Awareness about COVID- 19*
- *Follow up services for mothers*
- *Availing food from AWC/VCDC*
- *Alarming mothers on ANC/PNC*
- *Video screening through WhatsApp*
- *To response and answers to clients queries*

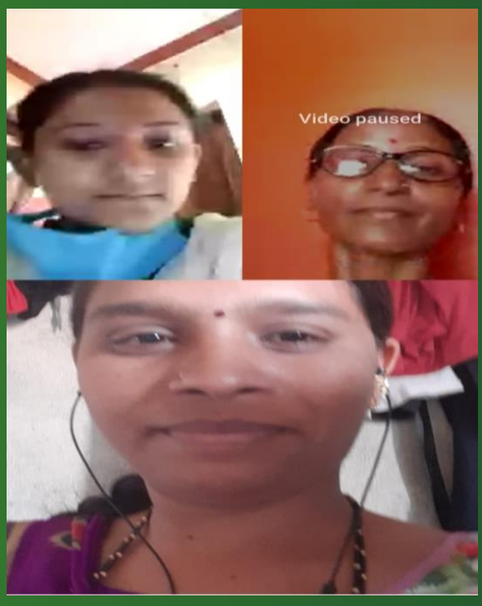


Image 1: CNW Shevanti Pawara connected with her beneficiaries in Village Roshmal and counselled them regarding COVID-19, via WhatsApp video call

Image 2: In village Devmogara, CNW Mainavati connected with a child suffering from Severe Acute Malnutrition and followed up on her health status through WhatsApp

Image 3: CNW Varsha in Hathdhui Village connected with Anganwadi workers to follow up on the current status and plan for VHSND via WhatsApp video call.

3.5 **Infrastructure** upgradation

Malnutrition is a preventable and treatable cause of childhood morbidity and mortality. Beyond the age of 2-3 years, many effects of chronic undernutrition are irreversible, hence, to break the intergenerational transmission of poverty and undernutrition, children at risk must be reached during their first two years of life. The Government of India under the National Health Mission has set up Nutritional Rehabilitation Centres (NRCs) in the health facilities for inpatient management of severely malnourished children. Services provided at the NRCs, as per the National Rural Health mission guidelines should include 24 hour care and monitoring of the Child, treatment of medical complications, therapeutic feeding, providing sensory stimulation and emotional care, social assessment of the family to identify and address contributing factors, counselling on proper feeding, care and hygiene, demonstration and practice of the preparation of energy dense child foods using locally available, culturally acceptable and affordable food items and follow up of children discharged from the facility. The NRCs, as per the government guidelines should also have –

- A patient area to house the beds; in NRC, adult beds should be kept so that the mother can be with the child.
- Play and counselling area with toys; audio-visual equipment like TV, DVD player and IEC material
- Nursing station
- Kitchen and food storage area attached to ward, or partitioned in the ward, with enough space for cooking, feeding and demonstration
- Attached toilet and bathroom facility for mothers and children along with two separate hand washing areas.

What was missing at the NRCs of Amravati and Nandurbar?

- SAM cases were discharged early
- Either the centre could not continue to keep the same case for a continued period, or the caregivers could not stay for a longer duration at the facility
- Not enough supervision by the medical professionals at the centre
- Lack of sanitation and hygiene
- Lack of sense of belongingness for the parents and children
- Lack of counselling to the parents to complete the treatment
- No maintenance of the play and counselling areas, kitchens, toilets and nursing stations, eventually making them defunct
- No IEC or SBCC material for behavioural change and communication
- Very less or minimal follow-up post the treatment of the child

State of NRCs before the programme

NRC upgradation as part of Reach Each Child Programme

Reach Each Child programme, as a part of its interventions took up the infrastructural upgradation of existing Nutrition Rehabilitation Centres and Anganwadi Centres in Amravati and Nandurbar. The programme successfully created the demand through identification of High risk children and women, SBCC and provision of vouchers to avail treatment. In order to avail quality treatment, and to holistically develop the demand supply nutrition value chain, the REC refurbished and upgraded the existing NRC and anganwadi facilities, capacitated the frontline workers and Community Nutrition Warriors for provision of counselling on diet, nutrition, breastfeeding and post treatment counselling.

In the refurbished NRCs, special focus is given on timely, adequate and appropriate feeding for children and on improving the skills of mothers and caregivers on complete age appropriate caring and feeding practices. Along with providing curative care, the efforts are made to build the capacity of mothers through counselling to identify the nutrition and health problems in their child. Through the interventions under the Reach Each Child programme, children were referred to the Nutrition Rehabilitation Centres for treatment. It was assured through the programme that cleanliness and hygiene was attained within the NRC premises. The clean environment of the NRC, hygienic toilet and child friendly atmosphere helped the children to complete their stay. Once discharged from the NRC, the children continue to be in the REC and availed the follow-up services provided as part of the programme.

Characteristics of refurbished NRCs

- SAM/MAM cases were only discharged after complete treatment
- Use of local art to inculcate the sense of belongingness among mother and children
- Hygienic play area was developed for children
- Messaging was done through audio-visual material, videos, wall paintings and games
- Mothers were counselled on the importance of exclusive and early initiation of breastfeeding
- Hygienic handwashing corners were developed in the NRCs
- Follow-up on the health of children and HRPW was ensured post treatment

Testimonial 3

Vidhya, a SAM child

Vidya Sunil Pawara, was a Two and a half years old SAM child, who was identified by a CNW, during her regular visit to Amla Village on July 30, 2020. The CNW checked child's weight and height with help of AWW, completed counselling sessions with mother and requested the mother for referring the child to NRC.

CNW convinced the family and explained the benefits of NRC and the current condition of child. The family was initially hesitant but after continuous consultation by the CNW for 3 days, the family agreed to take the child to RH Dhadgoan, and later to the NRC. The child was in a critical condition and when admitted to NRC on August 5, 2020, and weighed only 6500 gm on the day, with a height of 72 cm. During her stay, she responded well to the 14 day- treatment. NRC doctors/ANM were satisfied with the progress of child post treatment.

Post her recovery, Vidhya was discharged from the NRC on August 22, 2020 and at the time of discharge the weight was 7200 gm, the height was 72 cm and had Z score-1.

Vidhya progressed from SAM to Normal post the treatment. This was followed by 3 follow-up visits by the CNW after her discharge. The CNW reported that the mother was adhering to all the instructions given by the NRC MO and CNW and Vidhya was healthy.

Working in the Pandemic

An economy of 1.38 billion people, India, came to a standstill on March 24, 2020, when the Government of India announced a nationwide lockdown for 21 days as a preventive measure against the up-surging pandemic of COVID-19.

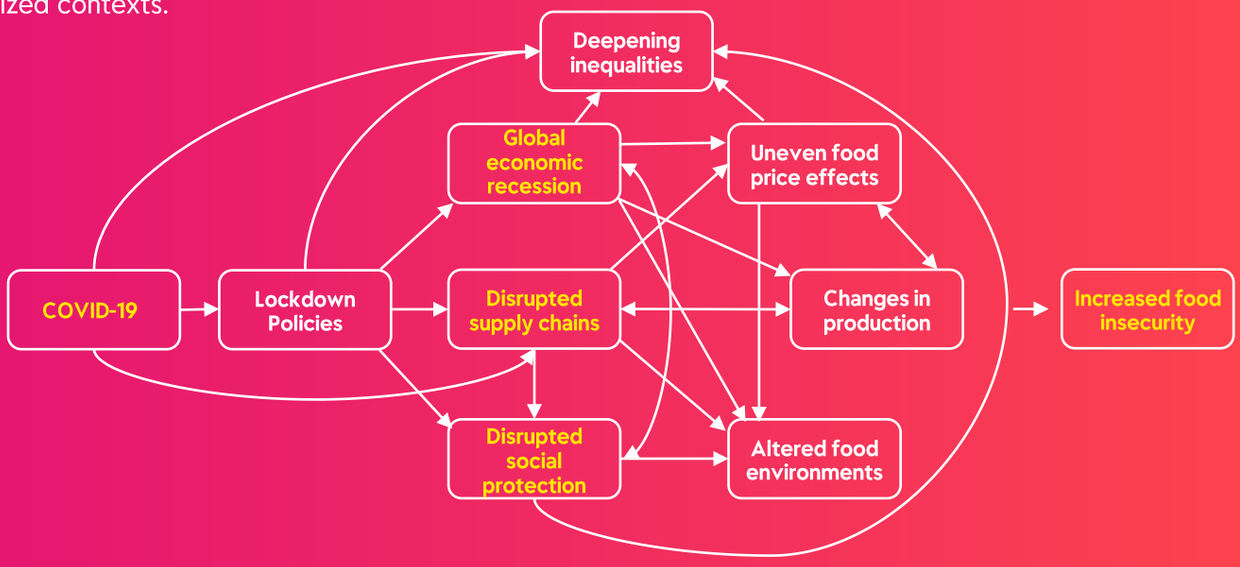
COVID-19 is a disease caused by a newly discovered virus called SARS-CoV-2. On March 11, 2020, the World Health Organization characterized COVID-19 as a pandemic. The Government of India confirmed India's first case of Coronavirus disease 2019 on January 30, 2020 in the state of Kerala, when a university student from Wuhan travelled back to the state. With the rampant rise of cases across the globe and increasing panic around the disease, India also took stringent steps to control the pandemic with a nation-wide lockdown[34].

As the disease rampantly spread through the country, efforts were made to understand the novel infection, its course of action, its effects on the population and every effort was made to increase the capacity of the systems to deal with it. Dealing with an infection with a severity ranging from a common cold-like illness, to a severe viral pneumonia leading to acute respiratory distress syndrome with potential fatality, spreading via inhalation or direct contact of infected people's droplets and causing complications of like multi-organ failure, septic shock, and blood clots was not an easy fete.

As per the Lancet, the COVID-19 pandemic is expected to increase the risk of all forms of malnutrition. The disruption of other health services during lockdown have further compromised maternal and child health and mortality. With the deepening of economic and food systems crises, other forms of malnutrition, including child stunting, micronutrient malnutrition, and maternal nutrition, are expected to increase.

[34] Ward, Alex (24 March 2020). "India's coronavirus lockdown and its looming crisis, explained"

A number of overlapping and reinforcing dynamics have emerged in the pandemic that are affecting food systems and food security and nutrition including: disruptions to food supply chains; loss of income and livelihoods; a widening of inequality; disruptions to social protection programmes; altered food environments; and uneven food prices in localized contexts.



This diagram was adopted from HLPE issues paper: Impacts of COVID-19 on food security and nutrition developing effective policy responses to address the hunger and malnutrition pandemic. Accessed at: *http://www.fao.org/3/cb1000en/cb1000en.pdf*

In addition to this, an info-demic of misinformation plagued the country, with citizens unaware of the new, unknown disease that had suddenly surfaced. The public was educated through Information, Education and Communication (IEC) and social media campaigns as well as community efforts on transmission routes and safety precautions to be taken. Emphasizing the courage and valour of frontline workers braving the pandemic to serve others was important in fostering a culture of support and trust. Plan International, in the programme districts of Amravati and Nandurbar adopted a multi-modal approach to combat the pandemic as indicated below:

Reach Each Child Programme's COVID Response Checklist

A. Training of FLWs and Medical Professionals

- Training of frontline health workers on how to prevent COVID-19 among themselves and community and SBCC messaging
- Training of villagers
- Distribution of soaps, sanitisers, PPE kits to the communities

B. Food Security for the community

- Maintaining the food supply during lockdown
- Distribution of Dry ration
- Hot cooked meals distribution in collaboration with Self Help Groups
- Recipe trainings

C. Health system resilience

- Guidelines and DPRs for COVID-19 readiness at Anganwadis, Hospitals and Schools
- Handing over PPE kits to Government of Maharashtra
- Making facilities COVID Ready

3.6 **Training** CNWs and FLWs

The Primary Health Centres are the peripheral goalposts of our country's health response system in rural areas and their role in the context of the pandemic was to prevent the spread of the infection and avoid the hospitals from getting overwhelmed with patients. Primary care is the foundation of healthcare system, however, the fault lines in our public health systems emerged all the more with the COVID-19 situation.

The lockdown posed a significant challenge to accessing healthcare in rural areas. This included care for maternal and child services, infectious diseases, non-communicable diseases as well as emergency and elective surgical care. All of these were affected to various extents. The need to have medical care closer to villages was prominent now more than ever. Patients with chronic conditions such as high blood pressure and diabetes often seek care from a distant district or a taluka centre and the lockdown forced them to stop their treatments, potentially increasing the risk of mortality in the short term.

Among other things, the pandemic ruptured the effective service delivery of the key welfare services to the last mile. India has an extensive network of front line health workers who are equipped to handle public health emergencies, however, the abrupt supply chain due to lockdown, hoarding, and panic buying, exponentially increased the on-ground challenges. During the initial lockdown, there were instances of shortage of face masks, personal protective equipment (PPE), and door to door food supply.

As the first response, the following initiatives were carried out for prevention and awareness of COVID-19:

- Training of Frontline health workers
- Training of Medical Professionals

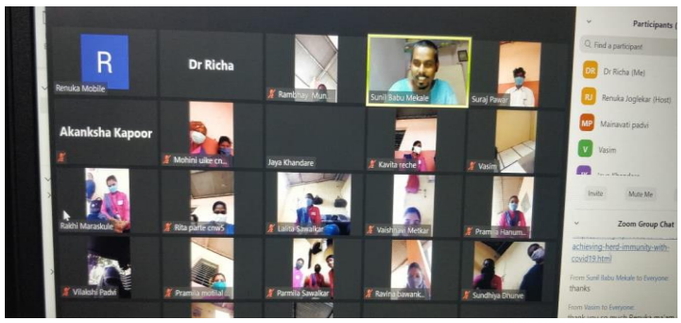
As a next response, Plan International distributed **Hygiene Kits** comprising of soaps and sanitisers, along with the dry ration kits to **6,500 households** across intervention areas.

"People had false notions and ideas about what the pandemic was. We wanted to spread the correct information," says **Mohammed Asif, Executive Director of Plan India.**

Infection prevention training of AAA+

Tackling a new disease without sufficient knowledge of the disease, inadequate treatment plan, lack of training and even shortage of basic essential Personal Protective Equipment, exposed our frontline workers to grave physical and psychological risks. The country needed a 360 degree change in approach, the systems needed to be strengthened and leveraging the use of digital technologies became eminent more than ever.

The frontline staff required immediate training on working in the pandemic situation and keeping themselves and the communities safe. Working around the situation of nation wide lockdown opened new avenues to use digital platforms for conducting trainings of the frontline workers. The REC programme gauged the need of building the capacity of the frontline staff and used digital platforms to impart these trainings. REC programme partnered **Wipro GE Healthcare** to co-create staff training module to equip Cluster Coordinators, Community Nutrition Workers, Project staff and **150+ Front line health workers** on various aspects of COVID-19 awareness, infection prevention, PPE use- disposal and mental health issues etc. so as to initiate work and start supporting communities better. Defying the poor network in rural India, the digital training in Marathi was helpful in building their capacities for the delivery of better services, ensuring their own safety, instilling safe practices among the community, physical distancing (among health teams and patients), using masks, and adopting other personal protection measures.



Methodology used for digital COVID trainings

Continuous engagement with digital learning modules on COVID-19

Pre-assessment	Online content & delivery	Pre & post support	Videos/case study/ quiz	Post assessment and evaluation
Enroll participants and pre-assess	Demo & 7-8 hours of training	Courses IEC material; videos and Q&A	Touch point with participants	Refine through feedback & post assessment

- Curriculum and course designed developed in consultation with international and national guidelines on COVID protocols
- Standardization of delivery across locations by format and live trainer across regional languages- English, Hindi, Marathi
- Different engagement techniques used to enable user interactivity and garner more interest
- External support for query resolution via WhatsApp groups, email and voice messages post-training
- Partnered with Reckitt on COVID trainings for front line health workers across 3 states
- Trainee Profile- Women Health Educators, Nutrition workers, ASHA, ANMs, AWW

Reckitt and Wipro GE collaboration: Digital COVID-19 training

In order to fight the pandemic of such a dynamic nature, there was a need of strengthened response at the first point of care: Community health workers served as trusted aides who could address this crisis with accurate information and handy skills.

106

Women health educators (Asha Ammas and Block Coordinators) trained across Uttarakhand and UP

139

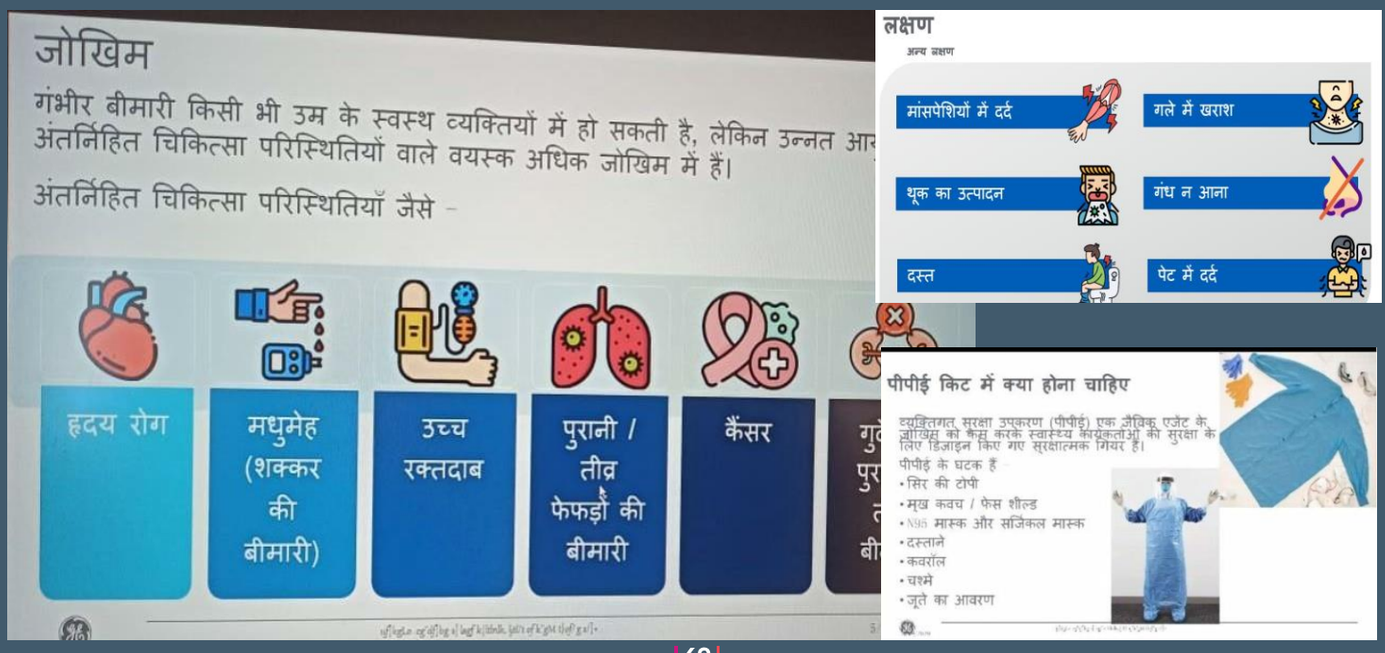
CNWs, Anganwadi workers have been trained across Maharashtra

English,Hindi & Marathi

Trainings provided across Uttarakhand, UP and Maharashtra respectively

Topics Covered:

- Introduction to COVID-19
- Community based infection control isolation, quarantine
- Role of CHWs
- Myths and facts
- Personal protection & precautions
- Mental health & stigma



Training of Medical Professionals on VHSNDs

The pandemic impacted the capacity of health systems to continue the delivery of essential health services and placed unprecedented demands on the system. It was essential to maintain the essential services in order to minimize the morbidity and mortality due to other health conditions. There was a need to strengthen the **essential services like reproductive, maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies**[35]**.**

Keeping this in mind, Plan India along with Reckitt and District Integrated Tribal Development Project, Amravati organised hybrid training for health officials to ensure outreach with the new normal. The training was imparted digitally by the Department of CTARA, Indian Institute of Technology (IIT), Mumbai and supported by the trained professionals available at the training venue. The training covered, ensuring protective measures while organising village health and nutrition days in COVID-19 situation, care during pregnancy, diet diversity, breastfeeding, and management of malnourished children.

The training created a cadre of trained professionals within the health and ICDS system of district Amravati, who then undertook **20 batches of cascade training covering each Primary Health Center staff.**

645 ANM, AWW, CDPOs, POs and doctors were trained.

[35]*Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note. www.mohfw.gov.in*

3.7 **Food Security** for the community

The government of India announced a complete lockdown on March 24, 2020. Even though every effort was made by the Government to maintain the food supply chain, the fear of lockdown, rising COVID-19 cases and looming unemployment made it difficult for small households in villages to procure food.

In addition to the above, immediate health danger and economic challenges started cropping up due to complete or partial shutdown of production & manufacturing units and service economies. The decision, although necessary, wasn't inclusive of many marginalized sections of the society like daily wage labourers, the homeless population, women headed households and other low-income groups. Also, in the lockdown phase it became increasingly evident that the true challenge for such people was **to get enough food to stay alive rather than** evading the coronavirus.

With absence of official data on situation of hunger in the country, research studies and media reported of a devastating impact on the income, employment and food security during the pandemic and lockdown. The Government institutions like Schools offer Mid Day Meals (MDM) and Anganwadis offer Take Home Rations (THR) which support peoples' access to food and nutrition especially for children and women. This section is vulnerable to malnutrition and has been further marginalised in the pandemic due to shutting down of Schools and Anganwadis. Halted cooked meals through feeding centres in urban areas affected adversely the homeless and stranded migrant workers, for whom it was an important source of nutrition.[36]

The India food supply chain was stressed during the lockdown and even after unlocking there were widespread disruptions owing to restricted movements, border sealing and transportation bans. Socioeconomic inequalities, decline in income and loss of livelihood also contributed to restricted access to food.[37]

Situational analysis

64%

Average drop of food arrivals in wholesale markets in the month following lockdown

>50%

Households in rural India were cutting down on their food items following the lockdown[39]

10%

Rise in wholesale prices in agricultural markets[38]

1 meal a day

As per a study by centre for equity studies it was found that households diminished their intake of food and reduced it to one meal a day[40]

60%

A loss of 60% pre-crisis income in an average family in India[41]

[36]Sinha, D. Hunger and food security in the times of Covid-19. J. Soc. Econ. Dev. (2021).
[37] Kumar S (2020); Opinon: Impact of Covid-19 pandemic on food security of India; www.government.economictimes.indiatimes.com
[38] Lowe M et all (2020). India's Food Supply Chain during the Pandemic; www.pedl.cepr.org
[39] Over 50 per cent of households in rural India cutting down on food items after lockdown: Study; (2020); www.economictimes.indiatimes.com
[40] Centre for Equity Studies (2020) Labouring lives: hunger precarity and despair amid lockdown. A report by Centre for Equity Studies in collaboration with Delhi Research Group and Karwan-E-Mohabbat. http://centreforequitystudies.org/wp-content/uploads/2020/06/Labouring-Lives-_Final-Report
[41] Gupta G, Kudva R, Nilekani R (2020) Digitisation makes welfare schemes possible. It can be discontinued when pandemic ends. Indian Express. https://indianexpress.com

3.8 Dry Ration and Hygiene Kits distribution

Due to the COVID-19 induced lockdown, the need for supply of dry ration and hygiene products was identified by the CNWs in field. After performing estimations of the demand on field, 6,500 people were identified for the ration requirement. These 6,500 people basically comprised of project beneficiaries- the families of high risk pregnant women and/or malnourished children.

6,500 beneficiaries in 204 villages

Comprising of high risk pregnant women and/or malnourished children were provided with

2 months of dry ration and hygiene products.

Testimonial 5

Ration for Dharmaraj's family

Dharmraj Shriram Dhikar is an 18 month old child registered with REC programme from Dahendri village, in Chikaldhara block of district Amravati, Maharashtra. Dharmraj was identified as Severe Acute Malnourished (SAM) (-3sd) in the month of February, 2020. However, due to COVID-19 induced lockdown and subsequent livelihood loss, his parents could not take him for treatment.

Dharmraj's parents were dependent on wage labour as subsistence agriculture was not enough to meet his family's requirement. Both the parents lost their livelihood as lockdown was imposed. Since Dharmraj could not be taken for treatment, his condition worsened day by day.

His family was identified by the CNW as a beneficiary for the THR initiative. This assistance helped the family survive the lockdown period and enabled the baby to come out of severe malnourished stage. The baby is now healthy.

3.9 **Hot Cooked Meals** distribution

Due to the pandemic and resultant lockdown, Anganwadi services in rural areas were discontinued, which posed even higher risk of malnourishment among children and pregnant women. Services like- delivery of pre-school activities, VHSND, WASH programmes, Health check-ups and distribution of hot cooked meals and snacks provided to children were discontinued.

The Anganwadi ecosystem had played a pivotal role in mitigating the COVID-19 crisis in rural communities.

Due to the interventions carried out under the programme, the Hot Cooked Meal services were started for project beneficiaries in association with the local women Self Help Groups. SHG members helped Anganwadi workers in cooking meals for pregnant and lactating women and also helped in delivering the packed food to their houses through a tiffin service. This helped a lot of women receive proper nutrition during their pregnancy and lactation.

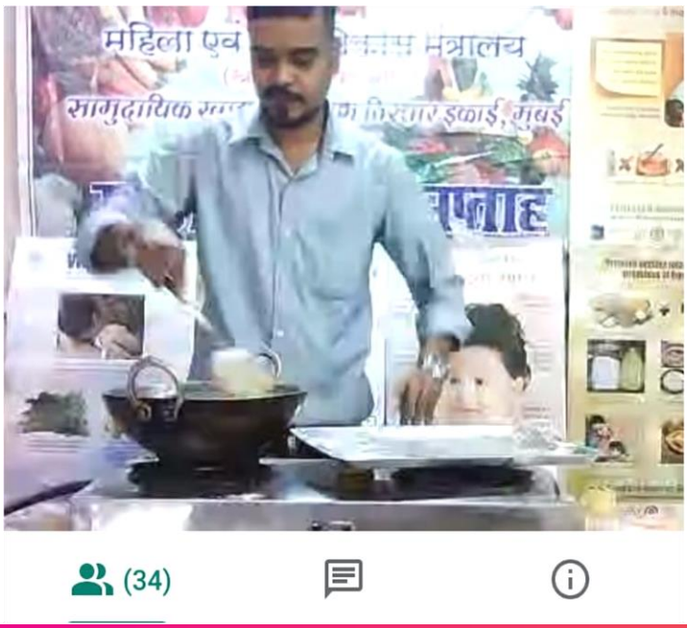
"At Reckitt, we are trying to come up with good practices on how to improve the service delivery, better nutrition practices, and on the first 1000 days during COVID-19. The more prepared we get, the faster we will mobilize the resources. Our model is culturally adaptive. This is the time to act fast, learn fast, move fast and share it with others", **says Ravi Bhatnagar, Director- External affairs and partnerships, Reckitt.**

3.10 **Promoting Hygienic** Cooking Practices

The Food and Nutrition Board (F&B) is a technical support wing under Child Development Bureau of the Ministry of Women and Child Development, Government of India.

Plan International, in collaboration with the F&B department had conducted a specialised virtual training for Community Nutrition Workers of Rach Each Child programme and Anganwadi workers. This training session was conducted on September 25, 2020.

During the webinar, the experts from the F&B board demonstrated home-made nutritious recipes like *Lauki ka Chila, Makke ka Upma, Postik Barfi etc.* Recipe training was further disseminated to the communities and specifically to clients; HRPW, HRLW and mothers of SAM/MAM and SUW children. These recipes along with the dry ration packets helped these mothers make nutrition-rich food available for their children during COVID-19.



In an effort to keep children from being victims of malnutrition, primary caretakers were sensitised on how to make a vitamin-enriched porridge to support children's immune system.

Testimonial 4

The cost of pandemic

Duddhi Madya Pawara was REC programme's registered pregnant mother (aged 27) from Shelkui village from Dhadgoan. On August 22, 2019 Duddhi gave institutional birth to twins named as Sita and Gita 3.0 kg and 2.8kg respectively.

Due to COVID-19 and subsequent lockdowns, economic stability for many families including hers' was at stake and restrictions in accessibility for child health, development, growth and even protection, arose.

In July 2020, once the CNWs began with their regular field visits, Sita and Gita were identified with small injuries and marks on their body. They had diarrhoea, were not given timely food and had illnesses. Due to non-availability of transport systems, family could not avail any medical services.

Immediately, the twins were taken to nearest PHC (in Rajbardi). After the provision of first aid, the kids were referred to NRC. Even after resistance from the family due to lack of financial support, twins were admitted to the NRC after repeated requests of the CNWs. The family was provided with cash transfer as part of the voucher scheme of the Reach Each Child Programme.

Both children had undergone 15 days treatment and recovered from the illness as well from malnutrition. After the twins' discharge, the family, especially the mother was counselled for food patterns for children, their special care in view of hygiene, water and cleanliness. They were counselled on diarrhoea and were provided with Zinc. Several follow ups were made after the children were discharged, multiple counselling sessions were conducted with family and neighbours and full medical support was provided.

At present both children are healthy. On August 28, 2020, CNW had her last household visit and verified the MCH card and immunization status of children. The family was suggested to provide different coloured food and fruits to the twins. The mother was advised to attend regular mothers' meetings on child's hygiene and cleanliness care.

3.11 **Health** System resilience

As per WHO, resilience is commonly understood to be the capacity to recover quickly from a shock or, in reference to materials, the ability of an object to bounce back into shape (elasticity). This concept has been applied in many different fields and, especially over the past 20 years, in relation to major societal shocks, including those causing health emergencies. Most definitions of health systems resilience in the literature focus on health system preparedness and the ability to respond to a severe and acute shock. Efforts to understand resilience looked at how the system can absorb, adapt, and transform to cope with new circumstances. However, as the literature on health systems resilience has evolved, definitions have expanded to also consider how to minimise exposure to shocks (i.e. managing risks) and to identify measures that address more predictable and enduring system strains or stresses, such as population ageing. For COVID-19, WHO adopted a narrower definition, defining health system resilience as the **health system's ability to prepare, manage (absorb, adapt and transform) and learn from shocks, whereby we understand shocks to be sudden and extreme disturbances, such as epidemics, natural and other disasters, and financial crises.**

India, from the very beginning was facing the issue of low and conditional testing, screening, limited laboratories, and scarcity of equipment ultimately heading towards underestimation of cases and outbursts in large numbers through community transmission. There was a shortage of PPE which also increased the risk of infection among frontline health care workers. In such a situation, comprehensive strategy to build a resilient public health care system was required across the country.

Plan International, through Reach Each Child Programme helped in building the government resilience through:

- Handing over PPE kits to Government of Maharashtra
- Making facilities like Anganwadis or schools COVID-19 Ready
- Provision of guidelines and DPRs for COVID-19 readiness at Anganwadis, Hospitals and Schools

3.12 **Provision of PPE kits** and hygiene material

PPE is any garment or protective gear that protects healthcare workers from getting infected. A full complement includes gloves, masks, goggles, coverall or gown, shoe covers, head cover and face shield.[42] During the public health emergencies like COVID-19, the healthcare workers risking their lives and facing the pandemic require the PPEs like-gloves, surgical face masks, air-purifying respirators, ventilators, goggles, face shields, N95 respirators, and gowns as they are essential in preventing the spread of infection among the patients and health care workers (HCWs).[43] In January 2020, there were only 2.75 lakh imported PPE kits available in the country.[44] In the early phase of the pandemic, when India needed at least 38 million masks and 6.2 million PPE kits to deal with this global pandemic, India faced an acute shortage of PPE kits. Over 0.1 Million PPE kits were required per day.[45]

In a large State like Maharashtra, inadequate supply from manufacturers resulted in this acute shortage. In April 2020, according to official data, the state had 37,000 PPE kits, while another 3.25 lakh were needed.[46]

In these emergent hours, the Reach Each Child programme provided **Hygiene material and Personal Protective Equipment** like Infection prevention kit containing PPEs (overall/gowns, goggles, mask, face-shield, gloves, head cover, garbage bag and shoe cover), Masks (N95 & Triple Layer Mask), Infra-red Thermal Scanner and Alcohol Based Medical Hand rubs were provided **to the Government of Maharashtra** in Nandurbar district to supplement the requirement of the State.

The consignment was delivered to the District Collectors of Amravati and Nandurbar on April 27, 2020.

[42] Joeseph JP (2020); India COVID-19: Online Survey Shows Not All Is Well on PPE Availability Front; https://science.thewire.in/

[43] Bhattacharya S et al (2020); Addressing the shortage of personal protective equipment during the COVID-19 pandemic in India-A public health perspective; AIMS Public Health. 7(2): 223-227.

[44] From zero, India now produces around 2 lakh PPE kits per day(2020); www.timesofindia.com

[45] Covid-19: Indian healthcare workers need adequate PPE (2020); website; https://blogs.bmj.com/

[46] PPE shortage still an issue for doctors in Maharashtra (2020); www.timesofindia.com

3.13 **Readiness** of facilities

In the beginning, COVID-19 in India was apparently restricted to people in cities with a history of travel, or exposure to someone else with travel to one of the COVID-19 reporting countries. However, as the official figures started rising, some case histories strongly indicated that community transmission had begun. In such a situation, the preparedness of government Primary Health Centres (PHCs) and several NGO-run community health centres and hospitals were believed to be crucial in terms of their response to prevent the further transmission of COVID-19, screen patients with symptoms and respond either with treatment or referral. Plan International, through Reach Each Child programme, had refurbished the listed facilities.

1. **Anganwadi Centre at Village Doma**
2. **Gurukul School for orphan children**

The facilities were made COVID ready keeping in mind the below-

- Assessing infrastructure, equipment, supplies and documentation
- Health worker safety
- Patient care
- Bio-medical waste management and disinfection at facility
- Health information, outreach and communication
- Monitoring and reporting

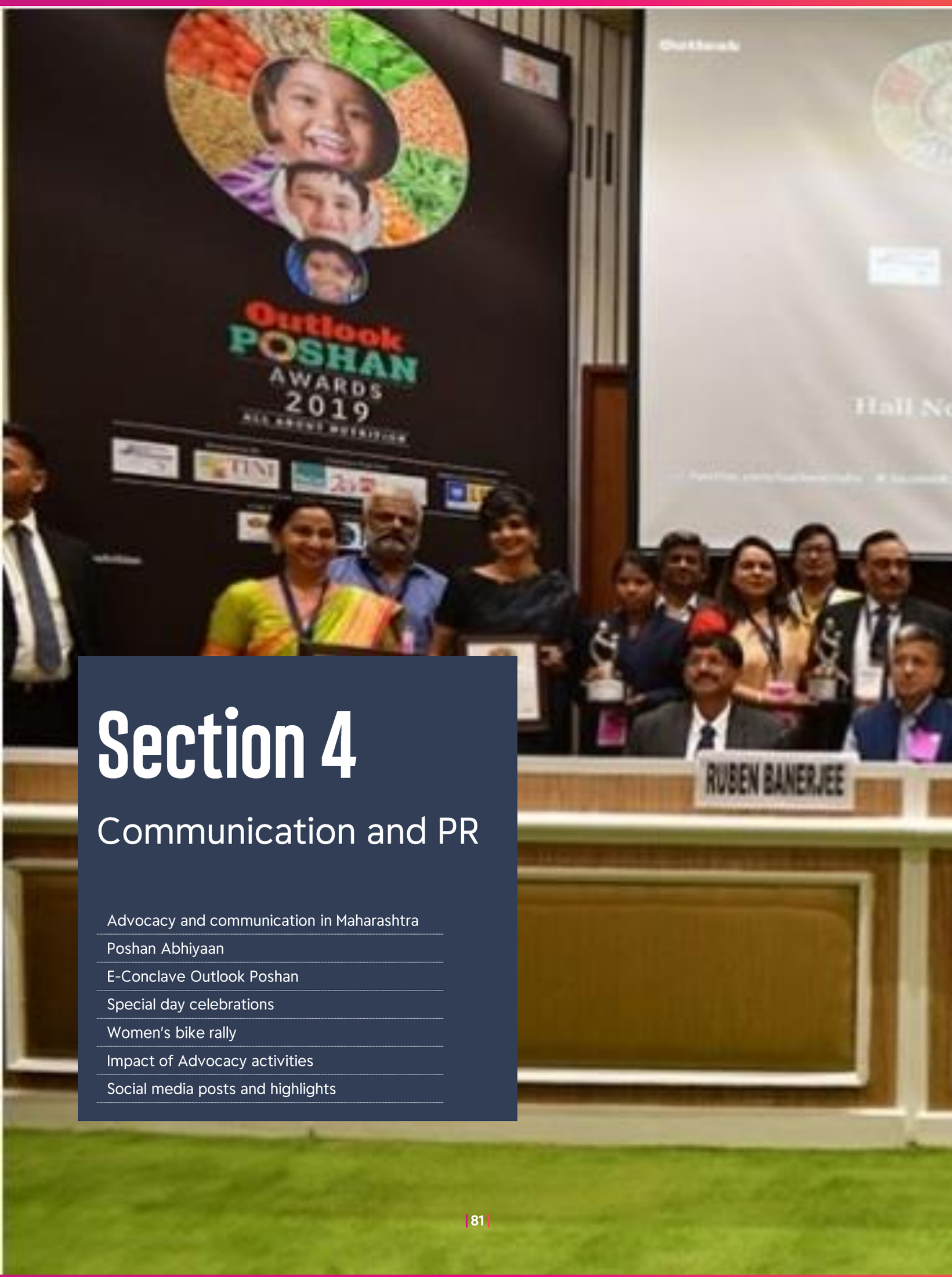
Testimonial 6

Ensuring nutritious diet

Darshana is one and half-year-old girl child, living with her parents and four siblings in village Bijarigavhan of Akkalkuwa taluka, District Nandurbar, Maharashtra. Darshana was identified as severe acute malnourished in February 2020 by REC programme staff. Like most of the people in the community, Darshana's parents (Kalibai and Sunil) work as daily wage labourers in the village.

While they also have a small agricultural land, where they grow sorghum and maize, they are majorly dependent on daily wage for their livelihood.

Due to COVID-19 pandemic and subsequent shutdowns across the country, both the parents lost their jobs and were not earning their daily wages. Resultantly, the family had started facing major food insecurities. Since Anganwadi services were temporarily shifted to provide COVID aid, hot meal services were also shut. Her family was identified by the CNW as a beneficiary for the THR initiative. On June 20, 2020, they received one month ration and hygiene kit under the Reach Each Child Programme.



Section 4

Communication and PR

- Advocacy and communication in Maharashtra
- Poshan Abhiyaan
- E-Conclave Outlook Poshan
- Special day celebrations
- Women's bike rally
- Impact of Advocacy activities
- Social media posts and highlights


POSHAN
AWARDS
2019
Vigyan Bhawan, New Delhi
POSHA
AWARDS
2019
INDRANIL ROY
RAVI BHATNAGAR

4.1 **Advocacy** and Communication

Communication is a powerful tool that aids in addressing various barriers that comes across in different modes of practices. It aids in promoting positive health behaviour to control the spread of disease and illness especially in the current pandemic times. Globally, a shift is seen from a scattered yet helpful IEC (Information, education and communication) related awareness activities to strategic and goal oriented Behaviour Change Communication (BCC) activities. This change is the result of socio-cultural norms defining individual behaviour. Mobilization of communities is seen as a holistic and result oriented approach through communication.[47]

In India, communication plays a critical role in advancing health and development goals.[48] Demand for preventive and promotive practices related to health has seen a rise in the recent years especially due to behaviour change. The National Rural Health Mission (NHRM) and State Innovations in Family Planning Services Agency (SIFPSA) are two of the agencies that have successfully developed and delivered BCC strategies in collaboration with various state governments for changing the community maternity health status and family planning. Behaviour change acts as an interactive process with individuals, communities and societies to promote positive behaviours. As the rate of non-communicable diseases is increasing, BCC becomes an important pillar of health care.[51]

Nutrition Advocacy

Nutrition advocates work to change institutional systems and structures as well as people's attitudes to reduce malnutrition. This includes implementing short-term activities to influence the national agenda and build sustainable solutions for long-term improvements in nutrition. [49]

Communication for Development

In UNICEF India's Country Programme Action Plan for 2018-2022, the specific goal and contribution of Communication for Development (C4D) to children and family well-being in India is to increase demand for and utilization of essential services.[50]

Role of BCC

Advocacy

Promoting Service

Informing

Persuading

Shaping attitudes

Encouraging/ Motivating[45]

Social and Behaviour Change Communication(SBCC)

Social and Behaviour Change Communication uses BCC's strategies of behaviour change, advocacy and mobilization in a systematic approach to bring about a change in an individual and society. A full circle approach is used that focuses on multi media communication to integrate planning, designing, implementing, monitoring and evaluating health communications.

Research on best practices in health communication has shown that communication is most effective when:

- It is research-driven and guided by social and behavioural theory.
- Focuses on multiple levels of change: individual, family, community and social — in an enabling environment.
- Is combined with improvements in health service delivery.
- Creates community engagement through participatory approaches.
- Uses a mix of media and a combination of communication approaches, including new media technologies.

[47] *https://www.researchgate.net/publication/328568750_Behaviour_Change_Communication_in_Health_Promotion_Appropriate_Practices_and_Promising_Approaches*

[48] *https://pdf.usaid.gov/pdf_docs/PA00K6VP.pdf*

[49] *https://www.fantaproject.org/sites/default/files/resources/Uganda_Advocacy_Training_Facilitators_Guide_Mar2012.pdf*

[50] *https://gramvaani.org/?p=2487*

[51] *https://assets.publishing.service.gov.uk/media/5bad0421ed915d25a0587a15/181_BCC_on_health_related_issues.pdf*

[52] *https://nhm.gujarat.gov.in/iec-bcc.htm*

Advocacy and Networking in REC

SBCC strategies are essential in addressing important health issues. They allow for harmonization of priorities, approaches and messages among the relevant organizations and stakeholders. Developing an effective SBCC strategy requires following a systematic process to analyze the problem, define key barriers and motivators to change, and design effective interventions.

Malnutrition in children has emerged as a silent national emergency and accounts for 68% of all infant mortality in India. Despite decades of investment to tackle this malaise, India's child malnutrition rates are still one of the most alarming in the world. The Global Hunger Index (2020) places India at the 94th spot among 107 countries.

The prevalence of overweight and obesity in Maharashtra is higher than the national average. The National Family Health Survey-4 (NFHS) suggests wasting is prevalent among 25.6 per cent children of which 9.4 per cent are severely wasted in Maharashtra. Considering the worsened situation of the state, Reach Each Child Programme was launched in 2018 by Plan India with support from Reckitt Benckiser in the tribal districts of Nandurbar and Amravati in Maharashtra.

Going digital

COVID-19 has been one of the most devastating events globally. This disruption has given the opportunity to rebuild and recreate a better and healthier world. The indefinite lockdown empowered the shift towards digital modality making all BCC activities available online and reaching the beneficiaries digitally. Digital technology, especially during the pandemic is changing healthcare systems and delivery making it more impactful and connecting more number of people.

In REC programme, for various activities and celebrations, effective communication channels were created (online and offline) between various stakeholder and the citizens. It has helped in cultivating a culture of healthy and hygienic practices among the people as well as raise awareness in the society. Some of the activities conducted online on special days are listed below:

- Social Media Campaigns
- Poshan Maah Celebration
- E-conclave
- World Water Day
- Global Handwash Day
- World Breastfeeding Day
- World Toilet Day
- Women Bike Rally

Campaign #ReachEachChild

The 'Reach Each Child' programme was conceptualized by Reckitt in 2018-19 along with Plan International as the implementing partner, to address the issues of under-nutrition in communities.

Online campaigns to create awareness on the importance of hygiene and nutrition were conducted. Various online platforms were accessed such as Twitter, Instagram, Facebook to take #ReachEachChild at a higher level and penetrate the audience further. It was in the top 5 trending topics of India for two hours continuously without dropping off.

The 'Love For Kids Bike Rally' was also a joint initiative of Reckitt Benckiser and Plan International, to support 'Reach Each Child' programme and to help the enabling mothers to lead the way and ensure hygiene and good nutrition for their children.

Poshan

The Prime Ministers overarching scheme for holistic nutrition

The Prime Minister's Overarching Scheme for Holistic Nutrition or POSHAN Abhiyaan or National Nutrition Mission, is Government of India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers.[53] It is backed by a National Nutrition Strategy prepared by the NITI Aayog with the goal of attaining *"Kuposhan Mukt Bharat"* or malnutrition-free India, by 2022. The programme aims to reduce stunting, undernutrition, anaemia (among young children, women and adolescent girls) and low birth weight by 2%, 2%, 3% and 2% per annum respectively and to address the problem of malnutrition in a mission-mode.

Government is implementing the POSHAN Abhiyaan since December 18, 2017 . The salient features of the Abhiyaan inter-alia include:

- Ensuring convergence with various programmes and incentivizing States/ Union Territories for achieving targeted goals.
- Information and Communication Technology enabled Integrated Child Development Services-Common Application Software.
- Evaluation by NITI Aayog, Setting up of National Nutrition Resource Centre (NNRC) at National level and State Nutrition Resource Centre (SNRC) in each State/Union Territory.
- Community Mobilization & Behaviour Change & Communication, Awareness Advocacy and Information Education Communication, Jan Andolan by educating people on nutritional aspects, Innovation, Strengthening human resource, measuring height and weight of children below 6 years of age for early detection of stunting and wasting and strengthening of Training & Capacity Building.[54]

With a programme in mission mode to tackle the burden of malnutrition in the country, India needs to now accelerate actions on multiple fronts. The targets are optimistic and will need to be re-adjusted for the COVID-19 disruptions to health and nutrition services.

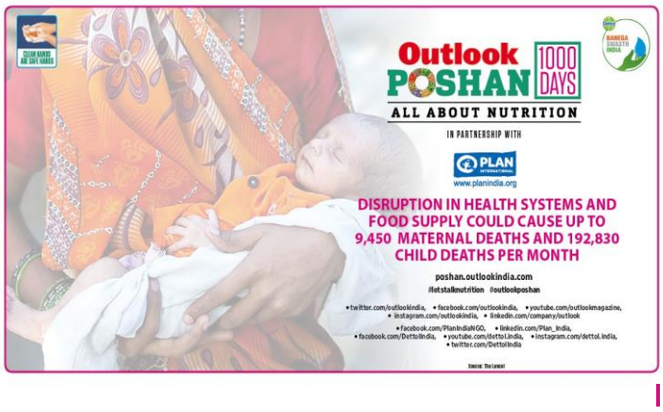
The report of Comprehensive National Nutrition Survey (CNNS) conducted by UNICEF, revealed that the prevalence of stunting, wasting and underweight among children is 34.7%, 17% and 33.4% respectively.[55]Although there is a decline from NFHS 4 data, a major push is needed to achieve the goal of Zero death from malnutrition.

Outlook Poshan E-Conclave

Outlook is a leading news magazine in India known to tread on a unique path with in-depth reporting and sharp analysis. Outlook Poshan is a platform that gives voice to the domain of Nutrition which needs major attention especially as India is home to 1/3rd of world's malnourished children. Outlook Poshan e-conclave was launched on 1st September, 2020. It involved leaders, community champions, policymakers, development workers, grassroots activists, business honchos and entrepreneurs and beyond to celebrate Poshan as a festival.

Outlook POSHAN 1000 DAYS
ALL ABOUT NUTRITION

Setting the Agenda with Shri Dr. Harsh Vardhan, Hon'ble Minister of Health and Family Welfare, GOI



[53]2020 http://niti.gov.in/poshan-abhiyaan
[54]https://pib.gov.in/Pressreleaseshare.aspx?PRID=1595243
[55]Comprehensive National Nutrition Survey Report, https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1332&lid=713

Poshan Maah celebration

Poshan Maah is celebrated in September under POSHAN Abhiyan to address malnutrition amongst young children and women for better health. It is celebrated to encourage Jan Bhagidaari in order to create a Jan Andolan for addressing malnutrition amongst young children and women and to ensure good health and nutrition for everyone. Poshan Maah brings forth the intersectoral convergence when various ministries along with Plan International come together and carry out activities during this month.

- In Amravati, household counselling was conducted with individuals and mothers on the theme of First 1000 days and Poshan Maah along with poster presentations on these themes.
- Importance of tri-colour thali shared, and interactive sessions conducted with mothers based on butterfly thali.
- Pledge for Poshan Sabha was taken by mother's group as well as spreading of awareness to community members and stakeholders in both the blocks.
- Interactive sessions conducted with mothers on importance of cleanliness and hygiene in Amravati.
- Promotion of hand washing across community and Poshan Sabha conducted with PRI members along with presentation of video shows on Poshan and breastfeeding.

204
Villages participated

450+
AWC's Participated

11,000+
Members participated

Poster making activity on the first 1000 days and Poshan Maah

World Breastfeeding Week

Breastfeeding forms a part of sustainable food system and provides the best possible start to a child's life. Breast feeding provides health, nutritional and emotional benefits not only to the child, but also the mother.

Breast feeding, though a physiological process, is not easy for all women and hence counselling plays a very important role in the whole process. Breastfeeding counselling can help mothers to build confidence while respecting their individual circumstances and choices. Effective counselling supports the mothers to breastfeed and avoid unnecessary liquids, formula milk preparations, foods and breast milk substitutes to infant and young children.[56]

During the COVID-19 pandemic it was even more important that the essential services were maintained. It was pertinent to find innovative solutions to maintain the services. The provision of counselling via the health care professionals and community workers is a cost effective measure to deliver the message of breast feeding either in person or remotely.

WHO on breastfeeding

WHO's analysis indicates that increasing rates of exclusive breastfeeding could save the lives of 8.2 lakh children every year, generating US $302 billion in additional income.

UNICEF on breastfeeding

Our programme is aligned with the policy actions advocated by the UNICEF-WHO-led Global Breastfeeding Collective. The programme aimed at providing access to skilled breastfeeding counselling through commitment, concerted action and collaboration.

Policy action undertaken

Invested to make skilled breastfeeding counselling available to every woman.

Trained the health care workers, including midwives and nurses, to deliver skilled breastfeeding counselling to mothers and families.

Ensured that counselling is made available as part of routine health and nutrition services that are easily accessible.

Partnered and collaborated with health professional associations building strong collaborative systems for provision of appropriate counselling.

Protected health care workers from the influence of baby food industry.

Women celebrating World Breastfeeding week by making a rangoli for creating awareness in the community

[56] *World Breastfeeding Week 2020 Message; www.who.int*

World Breastfeeding Week is celebrated every year from 1st to 7th August to encourage breastfeeding and improve the health of babies around the world.

CNWs had counselled REC programme's registered and non-registered mothers and families at villages to continue breastfeeding upon return to work by having access to breastfeeding breaks; a safe, private, and hygienic space for expressing and storing breastmilk; and affordable childcare. CNWs also recommended early initiation and exclusive breastfeeding starting within one hour after birth until a baby is 6 months old and addition of nutritious complementary foods with continued breastfeeding for up to 2 years or beyond.

CNWs were trained by GE Healthcare and provided SOPs for working in the COVID-19 pandemic. They were taught about COVID 19, its impact across the country and how they can follow COVID appropriate behaviour during their discussions with REC registered mothers. The major points highlighted during the week were:

- Early initiation of breastfeeding within one hour of birth.
- Exclusive breastfeeding for the first six months of life.
- Continued breastfeeding up to two years of age or beyond along with the introduction of nutritionally adequate and safe complementary (solid) foods at six months.

World Breastfeeding week was celebrated from 1st to 7th August, 2020 in 203 REC villages and blocks of districts Amravati and Nandurbar of Maharashtra.

Objectives of World Breastfeeding Week

- To celebrate World Breastfeeding week and to aware registered and non-registered community people about importance of breastfeeding and its stages.
- To engage the community by showcasing the registered pregnant and lactating mothers as health 'change makers' for better health practices at village level.
- To provide correct and useful information to the community, specifically the mothers.
- To engage and involve community people and mothers through different activities and to discuss the issues about the importance of breastfeeding, its advantages, latching techniques, misconceptions about breastfeeding, etc.
- Teaching mothers on how to take care of themselves and their children during COVID-19.

Good nutrition in the first two years of life is necessary for physical growth and cognitive development. Breast milk is the first from of nutrition for the child and the healthiest meal that meets all the nutrition needs of the baby for the first 6 months.

Amravati

Block Level:

- Lactating mothers given hands-on training of good latching by cluster coordinator Dharni.
- At SDH and NRC Dharni, activities were conducted for the whole week.
- Training of good latching (Effective breastfeeding). Exclusive breastfeeding till 6 months upto 2 years.
- Importance of breast crawl during delivery.

Village Level:

- CNWs provided hands-on training of good latching and showed videos of breastfeeding.

105
Lactation mothers present

45
Points of breastfeeding

814
Homes of lactating mothers visited by CNWs at village level

Nandurbar

- World Breastfeeding Week was observed in 219 hamlets and 99 villages out of 100 villages in the district.
- Active participation by AAA/PRI members in all activities.

2,483
People reached

183
Registered mothers provided with services and counselling

608
Non registered mothers attended these events

1,791
Mother took Breastfeeding pledge

Rallies

Breastfeeding Slogans

Activities conducted during the week

Rallies	Group Discussions/ Counselling on breastfeeding/latching	Display of Breastfeeding IEC Poster at AWC/PRI office	REC breastfeeding Video based counselling	Breastfeeding Slogans, Songs, Oath	Busting misconceptions

Key takeaways

Benefits for child

- Breast milk provides the ideal nutrition for infants with mix of vitamins, protein, fat and everything the baby needs to grow.
- Breast milk contains antibodies that helps the baby to fight viruses and bacteria and it is more easily digested than infant formula.
- Breastfeeding lowers baby's risk of having asthma or allergies. Babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhoea.
- According to some studies, breastfeeding has been linked to higher IQ scores in later childhood.
- Breastfed infants are more likely to gain the right amount of weight and it also plays a role in the prevention of SIDS (sudden infant death syndrome).
- It lowers the risk of diabetes, obesity, and certain cancers as well, but more research is required.

Benefits for mother

- Breastfeeding burns extra calories of mothers, so it can help in losing pregnancy weight faster.
- It releases the hormone oxytocin, which helps uterus to return to its pre-pregnancy size and may reduce uterine bleeding after birth.
- Breastfeeding also lowers your risk of breast and ovarian cancer. It may lower risk of osteoporosis, too. Since mother's don't have to buy and measure formula, sterilize nipples, or warm bottles, it saves time and money.
- It also gives regular time to relax and bond quietly with the newborn.

Challenges faced

- Limitation to gather maximum people due to COVID-19/other government instructions.
- High rain affected the events and minimised the time of events/activities.
- Due to agricultural season, families were engaged in farming related work

Global Handwashing day

Handwashing breaks the vicious cycle of diarrhoea and undernutrition. As per WHO estimates, 50% of cases of child undernutrition are due to repeated diarrhoea and intestinal infections caused by poor sanitation and hygiene conditions as well as lack of safe water.[57] A critical determinant of good nutrition is washing hands with soap. This healthy behaviour plays an important part in preventing micronutrient deficiencies, stunting, wasting, and deaths.[58] On-ground implementation of this programme lays emphasis on good hand washing practices and safe sanitation practices aiming at improved nutrition status of the children as well as the families.

It is estimated that drinking clean water and handwashing with soap can prevent the loss of nutrients through diarrhoea and reduce stunting by up to 15% in children under the age of 5.[59]

Global Hand washing Day (GHD) is an international hand washing promotion campaign to motivate and mobilize people around the world to improve their hand washing habits. Washing hands at critical points during the day and washing with soap are both important. The Global Handwash Day campaign also supports in achieving Sustainable Development Goal 6 (Good Health and Well-being) which is also linked to improving sanitation around the world.

E-Conclave: Global Handwash Day

On October 15, 2020, Plan International had organised a day long e-conclave on Global Hand washing Day (GHD) with Zilla Parishad, Nandurbar and 450 other development sector organisation. Nandurbar district is known for its high incidence of diseases like stomach pain, diarrhoea, vomiting (especially in young boys and girls). At the time of COVID-19 pandemic, Handwashing is a must to stop the virus from spreading. This global campaign is dedicated to raising awareness of Handwashing with soap as a key factor in disease prevention.

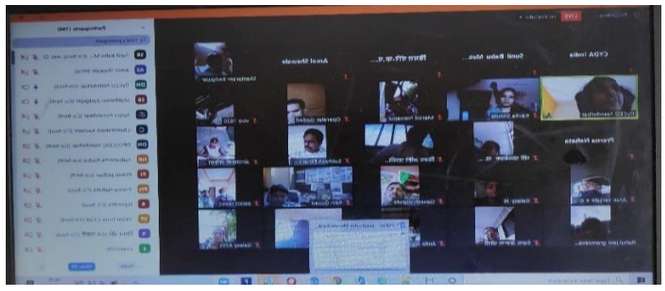
100
Intervention villages

50,000+
community members covered

Objective:

To support a general culture of hand washing with soaps and raise awareness in the society.

To engage all district level stakeholders, government. officials, partners and community members to develop on common consensus and expertise on hand wash.



Major topics of discussion included:

- Importance of Handwashing with soap in COVID-19 pandemic in relation to water availability to practice hygiene.
- Global Handwashing practices- Role of NGOs in India.
- Public sector partnership in managing COVID-19 pandemic - role played by Dettol globally.
- Role played by Anganwadis in empowering community on regular Handwashing with soap.
- Socio-economic return of Handwashing with soap and its impact on nutrition.
- Sustainability of Handwashing station at institutions and community.

[57] *WHO (2008). Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health.*
[58] *https://globalhandwashing.org/*
[59] *UNICEF (2013). Improving Child Nutrition: The achievable imperative for global progress.*

Love for Kids Bike rally

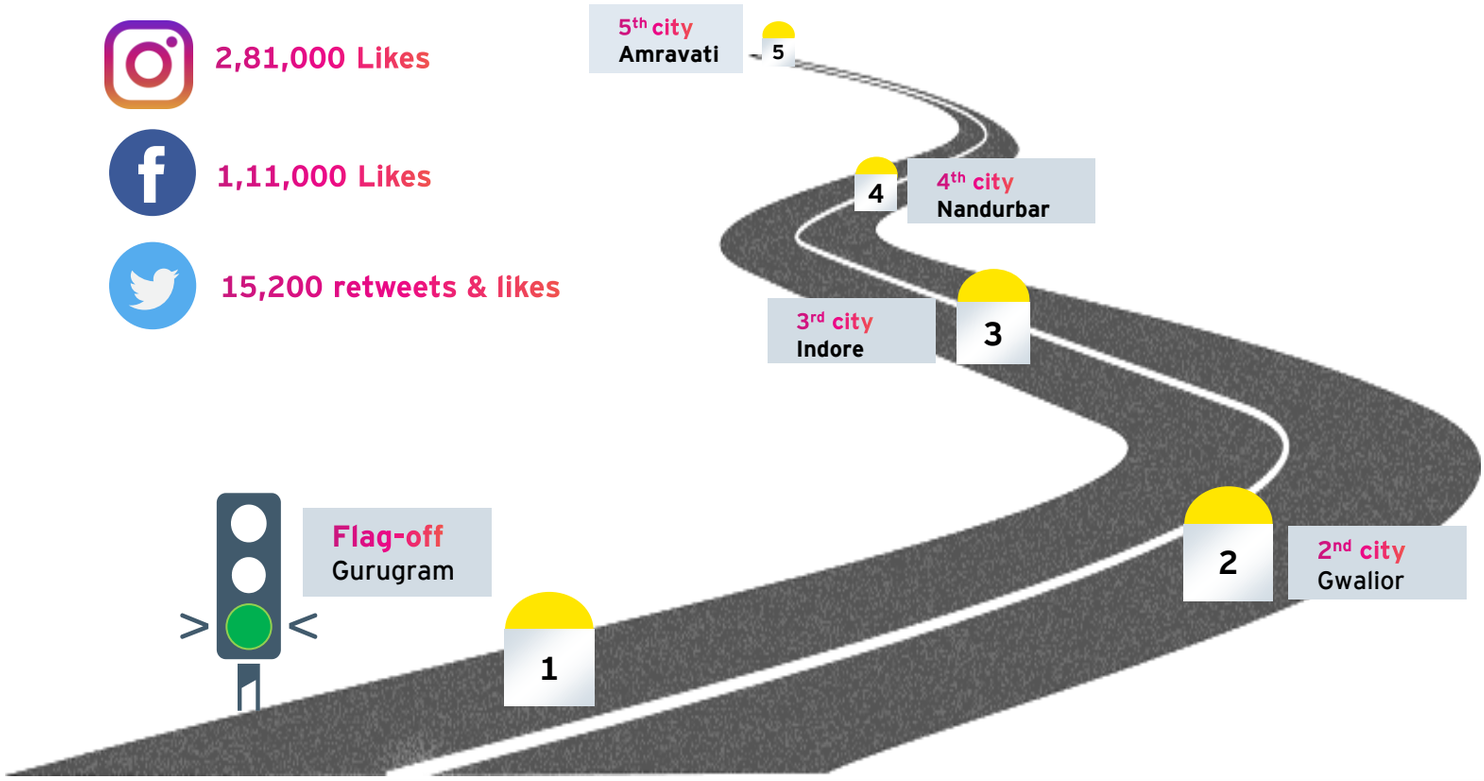
The **Love for Kids women's Motorcycle Rally** aimed to engage women across the country and spreading the message of good nutrition, good hygiene. The rally celebrated the courageous spirit, undying love of the women of Amravati and Nandurbar districts in Maharashtra.

These women had been relentlessly fighting against the economic, socio-cultural challenges to defeat malnutrition and raise happy and healthy children. **7 women motorcyclists navigated 1,591 Kms in 6 days, through 5 states spreading the message of hygiene and nutrition.**

2,81,000 Likes

1,11,000 Likes

15,200 retweets & likes



Impact of Advocacy activities

Baseline

1.06 M Total Mentions

3.38 k Mentions/Day Average

316 k Unique Twitter Authors

Endline

10 Nov 2020 to 13 Feb 2021

292 k ↓ Total Mentions

3.04 k ↓ Mentions/Day Average

78.5 k ↓ Unique Twitter Authors

14 Feb 2021 to 02 April 2021

173 k ↓ Total Mentions

3.33 k ↓ Mentions/Day Average

57.7 k ↑ Unique Twitter Authors

Minister influencers like Smriti Irani are leading the twitter numbers (tweets and followers) in baseline and end line reports of a social media study conducted.

Advocacy activities generated a highly positive impact with better outcomes. According to the social media reports, Twitter was the most effective medium that helped increase the outreach of Reach Each Child programme.

Top Posts

By Reach

Comment on Ministry of Health and Family Welfare, Government of India

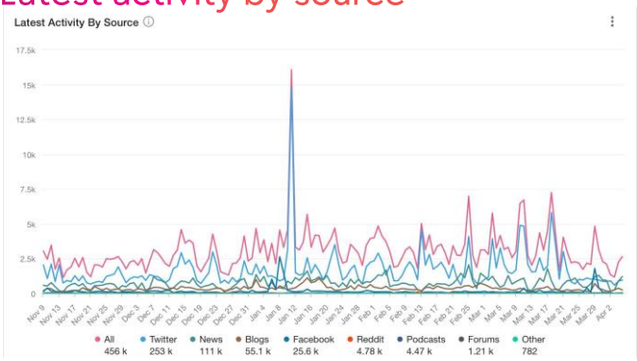
Smriti Irani and Chouhanshivraj

By Volume

Comment on UNICEF India - 30

@OutlookPoshan – 31, @Outlookindia - 24

Latest activity by source



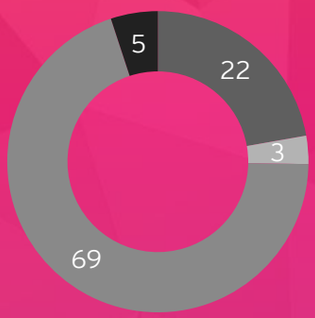
Emotional Comparison

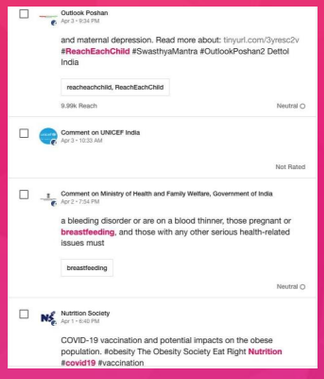
20k/25k

18k/25k

15k/25k

Sentiment





Positive Negative Neutral Not Rated

Top Hastags

#yuvashaktiwithmodi	13.5k
#reacheachchild	8.5k
#COVID19	8k

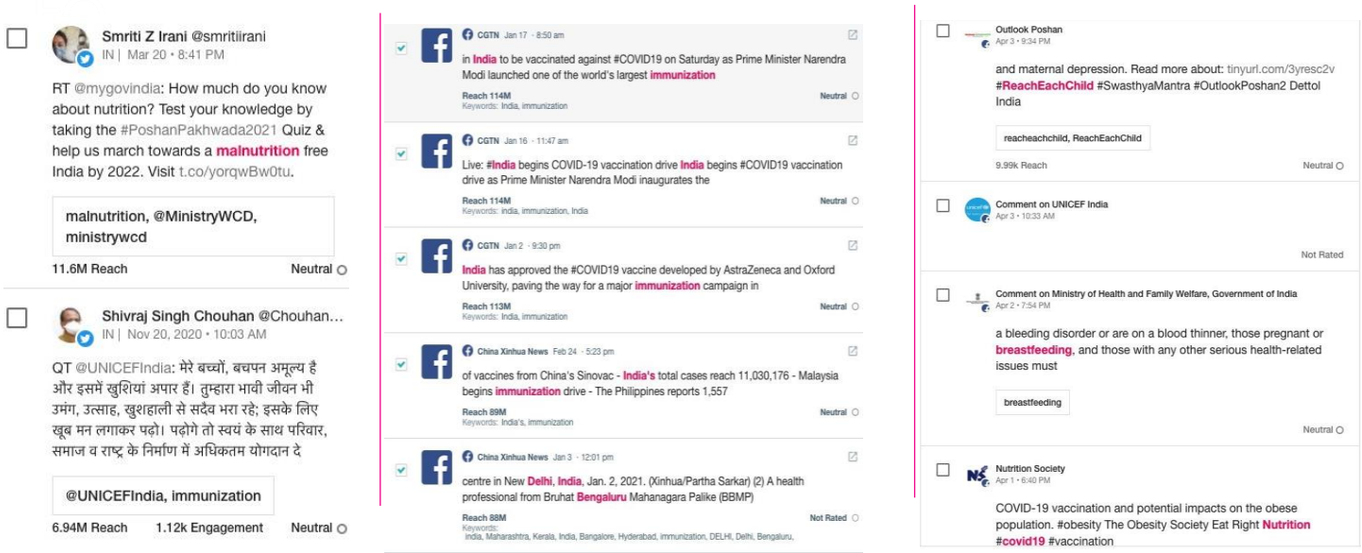
Top Locations

Delhi	28k
Maharashtra	24.5k
Uttar Pradesh	14k

keywords

Inculcate Handwashing · Water · India · rally · World Water day · Hands · Indore · Malnutrition · Hygiene · Nandurbar · COVID-19

Social Media Posts



Recommendations

- As per the social media analysis report, Reach Each Child was seen to make an impact in the second peak. It was suggested in the report that it could be further beneficial to plan a sustenance campaign. Unexplored territories such as Podcasts, reddits/subreddits, blogs could provide sustained and organic results, both short term and long term.
- Digital strategy can also be relooked and planned to contemplate on organic campaigns to be in the top 10.

Plan India – Special Enclosure

Plan India equally added to the positivity in sentiments and some contribution to the overall success of the programme.

Highlights

108 ↑
Total Mentions

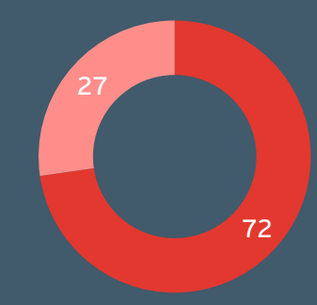
1
Mentions/Day Average

6 ↓
Unique Twitter Authors

Emotional Comparison

61/80 **8/80** **2/80**

Sentiment by sources



75/100
All Sources

98/100
News

20/100
Facebook

92/100
Blogs

100/100
Twitter

Positive Sentiments

Top Locations

Kerala

Karnataka

Gujarat

Top Hastags

#outlookposhan

#wearerb

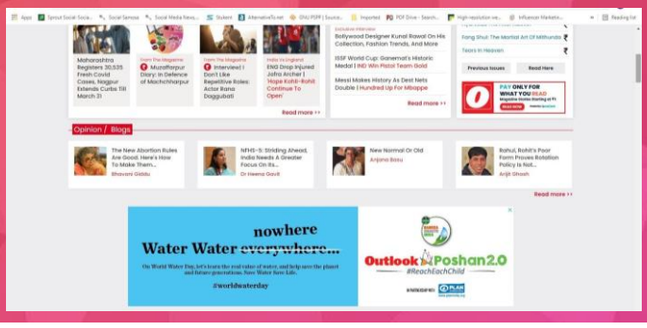
#outlookindia

Outlook Poshan 2.0: World Water Day

35,943
Engagements

16,924
Video views out of total engagements

30k +
Digital impressions completed in 2 days.
Examples of Web banners:



Twitter trending on Monday, 22 March, 2021

The aim was to trend #ReachEachChild or keyword 'Reach Each Child' on World Water day for two to three hours on twitter and as the top 10 trending on twitter. Despite of the National Film Awards coinciding on March 22, 2021, #ReachEachChild involved:

5.3k
Tweets

4.4k
RT/Like

7.3M +
Reach

2k
Users

13.9M +
Impressions

Highlights

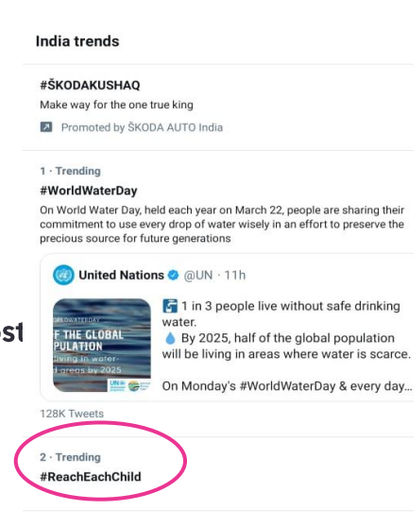
3.14 Hrs
Of trending on Twitter

1.32 Hrs
Of trending at no.2 position on Twitter

9 Million
Followers reached

14
Creatives in 3 days

52
social media post in 3 days



Post Ratio

Trended on **second position** for 1:32 hours

4,332
Tweets

81%
Original

802
Tweets

15%
Retweet

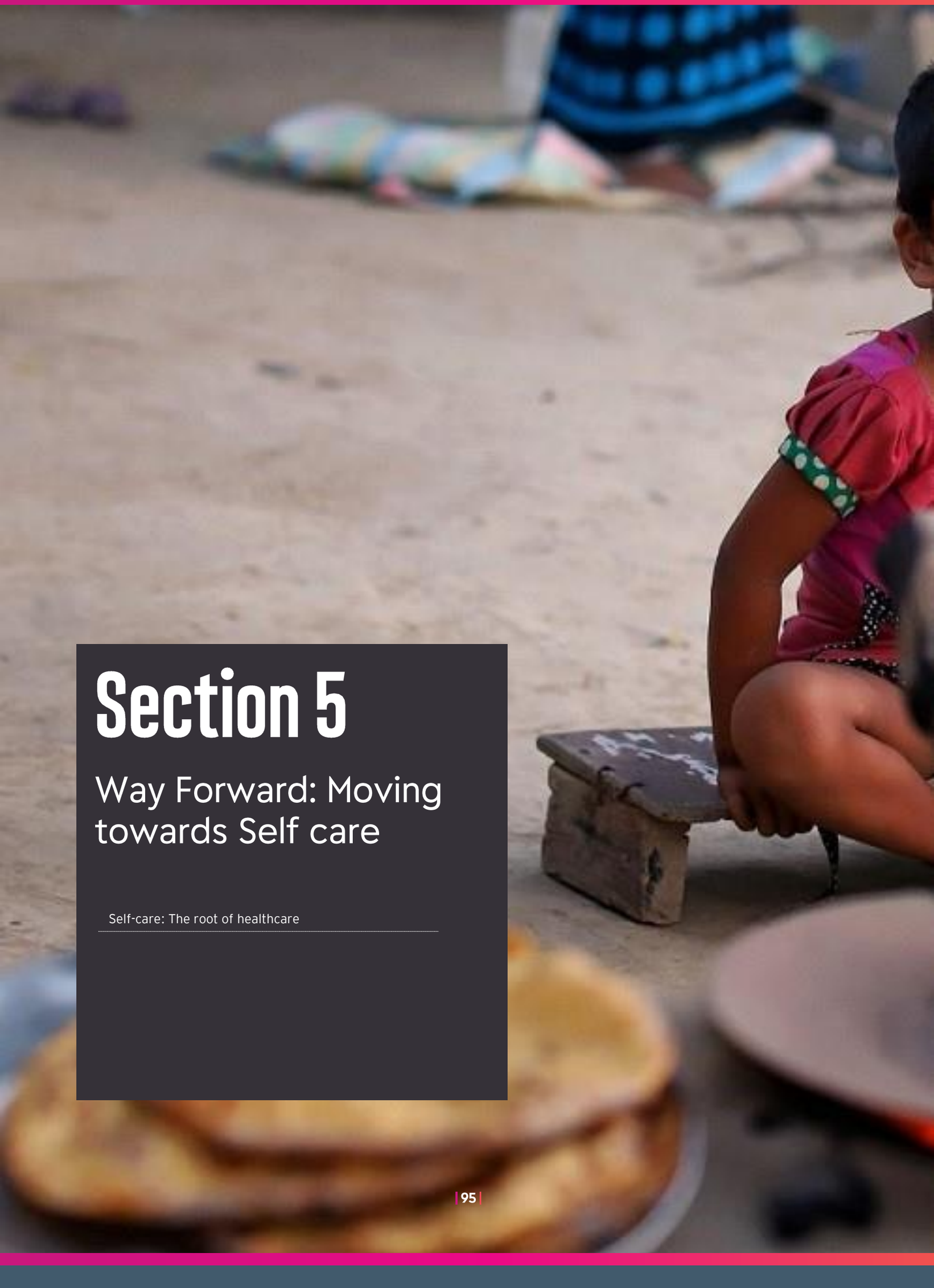
214
Tweets

4%
Reply

Social Media Creatives

With support from Reach Each Child, the mothers of Amravati and Nandurbar (Maharashtra) have been able to save their children's lives; they are practicing good hygiene, ensuring diet diversity and accessing services from public health services for their children and families.

Top Brand Tweet



Section 5

Way Forward: Moving towards Self care

Self-care: The root of healthcare

Image Courtesy: Outlook Poshan 2.0, Image Credit: Suresh Kumar Pandey URL: https://poshan.outlookindia.com/photos, accessed on 19.05.21

Self-care: The root of healthcare[60]

Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure etc.), environmental factors (living conditions, social habits etc.), socioeconomic factors (income level, cultural beliefs etc.) and self-medication.

World Health Organization (WHO)

The ability to self-care is universal, regardless of socioeconomic or geographic status, and irrespective of the nature of the local healthcare system. Critically, the cost and burden to individuals and society falls when individuals take action rather than engaging professional medical services. Research also suggests that individuals empowered to participate in and choose aspects of their care have a higher quality of life, demonstrate better adherence to medications and make fewer hospital visits. They may also adopt healthy behaviours in all stages of life. Advocates of self-care are keen to point out that it fits naturally within the concept of patient-centred care. Both emphasis on respecting and empowering the patient and improving their health literacy, and both evolve a traditionally provider-focused healthcare system towards one that gives patients a more active role in their treatment and care. Self-care does not mean no care. Although self-care is fundamentally actionable by the individual without professional medical consultation, no stakeholder wants patients resorting to self-care because there was no available alternative. For self-care to succeed, there must be space to interact effectively with healthcare providers to ensure that patients' needs are expressed and addressed, as well as the availability of social support networks and patient groups. Self-care needs to be integrated into the entire healthcare system. And the health professionals and the patients should know where the boundaries are to this.

The self-care matrix, provided by the international self-care foundation. The range of self-care activities is broad, but mutually enhancing.

Macro
System focused
Policy & culture

4. Self-care Environment

Wider determinants of health, Fiscal policy, health policy, prevailing culture and the built environment

Meso

Patient centred
Resource utilization

Daily choices | Lifestyle | Self-managed ailments | Minor ailments | Long-term conditions | Acute conditions | Compulsory care | Major trauma

3. Self-Care Context

Individual/social network focused
Motivation, activation & change

2. Self-Care Behaviours

Micro
Person-centred
Individual capacities & capabilities

1. Self-care Activities

7 pillars of self-care

1. Knowledge & Health literacy
2. Mental Wellbeing, Self-awareness & Agency
3. Physical Activity
4. Healthy Eating
5. Risk Avoidance
6. Good Hygiene
7. Rational Use of Products & Services

[60]*Reckitt and The Economist-Enabling people to manage their health and wellbeing: Policy approaches to self-care*

Self-care has already verified that the joint responsibility of the patient influences the success or failure of any therapeutic measure. Self-care practices have developed from theories which are prescriptive, normative and of vertical extension. They are symbolised by actions that the health professionals would have wanted the patient to perform in their absence.
According to the International Self-Care Forum UK, self-care can best be seen as a continuum. Pure self-care is at one end, intermittent self-care for minor illnesses and the management of long-term conditions is somewhere in the middle, while increasing reliance on healthcare systems as illness becomes more complex or demanding is at the other end (the continuum is represented in dimension 3 of the diagram in the last sheet.

Supporting and investing in self care[61]

In diagram (Self care: The root of health care)

Tertiary care: Highly specialized medical care involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities.

Secondary care: Medical care provided by a specialist or facility upon referral by a primary care physician.

Primary care: Health care provided by a medical professional (as a general practitioner, paediatrician, or nurse) with whom a patient has initial contact and by whom the patient may be referred to a specialist.

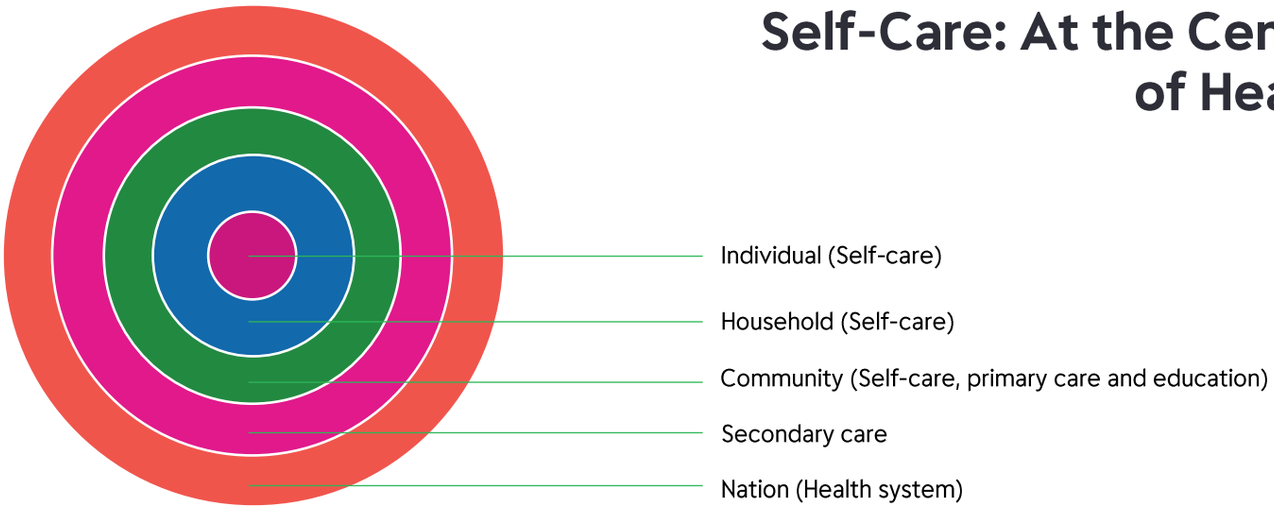
Self-care: Activities taken by individuals, families and communities to enhance and restore health, prevent disease and limit illness. Such activities are dependent on having appropriate knowledge and skills to make the best health care decisions.

Self-care involves minimal interaction with medical providers, but the necessary components to support self-care are often overlooked, or reduced to periodic behaviour change campaigns. Investments and interventions focus almost exclusively on curative medical care, the equivalent of only watering a tree's leaves, **but not the roots**. These investments are certainly important, but do not generally target the majority of health activities. As global health conversations and protocols increasingly emphasize "people-centered" care, it is vital to understand and support the preponderance of health-related actions people take, and as illustrated on the next sheet, that self-care is at the centre of health.

In the Global North, self-care is often misconstrued as a luxury only relevant to those who have the time and resources for yoga classes or massage to alleviate stress, or the power to negotiate leave from work to prevent burnout.

[61] *Self care: A cost effective Solution for Maternal, Newborn & Child Health for All- A WHITE RIBBON ALLIANCE POLICY BRIEF*

Self-Care: At the Centre of Health



This kind of framing ignores the vast majority of individual and community efforts to promote and maintain health that happen externally to an interaction with a health provider. A survey conducted by the World Self-Medication Industry found "no fundamental difference between developed and developing countries in people's aspirations to participate, to their level of ability and preference, in self-care activities that affect their lives. "All individuals and communities engage in some type of self-care, grounded in their own wisdom and traditions.

Global leaders have the opportunity to position selfcare as a right and an essential intervention, not an add-on. By doing so, leaders can harness and catalyze constructive community responses to the most urgent global health crises and support a sustainable solution for generations, as opposed to short-term measures focused on acute health crises.

Support for self-care, however, cannot represent an abdication of government responsibility for protecting and promoting health, nor a shift of the burden of health costs onto individuals. Barriers to effective self-care practices must be seen as primarily structural, stemming from systemic failures to create the conditions necessary for self-care.
Otherwise, self-care may become just one more thing that individuals, especially women, are pressured to engage in — and judged if they do not — without having access to adequate resources.

The ecological model of self-care's position within the broader health care context helps illustrate its centrality to healthcare, particularly to primary care. Individuals acting to promote their own and their families' health make decisions to prevent, treat or recover from illness, either self-managed at home or in consultation with a community-based pharmacist or health provider. The information these individuals provide to health workers is critical to identifying the right prevention method, diagnosis or treatment; the feedback they provide identifies quality-of-care issues; and the actions they take in response to provider advice help determine prevention and treatment outcomes. In short, the success of primary health care is dependent in large part on the success of self-care. T
To optimize self-care the community must provide an enabling environment through feedback to individuals and households. This may include supportive counselling and health education, Schools bolstering knowledge about how to prevent and respond to illness. Community norms must support equal access to health resources for all races, economic classes and genders. Infrastructure in the community must facilitate hygiene and health through safe water sources, sanitation services and engaging recreational sites. Community organizations are also instrumental in supporting self-care. In turn, regional and national environments must support communities in strengthening self-care. Such support includes policies and standards that equip providers with counselling skills and hold them accountable to people-centered care. It also includes policies and resources to support the
necessary infrastructure for self-care including health literacy programs and grassroots,
community-based organizations. This underscores the cross-sectoral nature of self-care, requiring coordinated efforts from the public and private sectors in health, education, water and sanitation, and social services.

Primary care providers and community health workers must support individuals and households as informed decision makers about their health, which includes supportive counselling and health education.

Reach Each Child: Moving towards selfcare

In the wake of COVID-19 pandemic, where healthcare system of the country is already under exorbitant pressure, self-care would entail people have a significant role in managing their own well-being. Unfortunately, people, specially in rural India, are too often unaware of how to maintain healthy lifestyles, comply with medications, and do not feel comfortable or knowledgeable enough to identify, prevent or manage minor or self-treatable illness. The result is a healthcare system overwhelmingly burdened by avoidable clinical and emergency visits.

In India, through Reach Each Child Programme, Reckitt aims to reach 10 million moms through digital, community and blended approach focussing on Health, Hygiene and Nutrition- promoting self-care, in the coming years. The programme shall promote self-care by providing the populations in the target districts with effective, efficient and inclusive primary care services, quality healthcare information, and easy access to preventative care services and supplementary care. The programme touches the below mentioned 7 pillars of self-care, in its next phase.

Knowledge & Health literacy

Physical Activity

Risk Avoidance

Good Hygiene

Mental Wellbeing, Self-awareness & Agency

Healthy Eating

Rational Use of Products & Services

Plan for the next phase:

Self care, Nutrition and Hygiene delivery to over 10 million New Moms across India.

Strategy	Digital (Hygiene)	Community (Health, Hygiene, Nutrition)	Blended (Health, Hygiene, Nutrition)
Year 1	1.0 million	0.5 million	0.5 million
Year 2	4.0 million	1.0 million	1.0 million
Year 3	2.0 million	None	None
Year 4	7.0 million	1.5 million	1.5 million

Organizations	Better India	Sardar Patel Snatak Mitra Mandal	SHGs
	Momspresso	VSTF- Maharashtra	VHAI
	FOGSI	Plan (UP Team)	SEWA
	Dunst Nolan		
	Healthily		
People	Digital health specialist	Public Health program specialist- 3 states	Senior Social Worker (Health Specialist)
	Public Health Analyst		
	Partnership Experts		Specialist in Business/ Supply Chain/ Product Basket
	Epidemiologist		

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