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# Winning The Nutrition Battle

One Prerak At A Time

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One Prerak At A Time



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# Malnutrition

Feeding 1.3 Billion People The  
Right Way

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# Malnutrition

“Lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things, or being unable to use the food eaten.”

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## Why we should care

Malnutrition disproportionately affects children and women, two of the most vulnerable groups.

Malnutrition can result in stunting, wastage, and low-weight in children.

Acute malnutrition in children can result in death. Undernourishment can lead to loss of cognitive ability, lower immunity, morbidity and resistance to diseases among children below the age of six. \*

Mothers typically suffer from anemia because they are not getting iron-rich foods. During pregnancy, this can result in premature births, underweight babies and both infant and maternal mortality.





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## Cost of malnutrition on a nation's GDP

**4% reduction in GDP \*\***

That's about **\$108 billion** that is lost to the economy

India's economy is estimated at \$2.7 trillion

**10% reduction in the income of a malnourished person \*\***

\*Children upto six is the limit set by the government of India, under its flagship nutrition program

\*\*Assocham estimate



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## A Hidden Threat

### Malnutrition in India

Ticking time-bomb by the numbers

India has the highest number of malnourished children in the world.

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**31%**

children in the world who are stunted live in India



**46.6 million**

children in India who are not tall enough for their age, or are stunted

**127,671**

children **each day** who fall behind in height

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**51%**

of the children in the world who are wasted live in India



**25.5 million**

children who do not weigh enough for their height or are wasted

**70,000**


children born **each day** are wasted

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# The 163 billion rupee effort





A woman in a purple sari is measuring a child's arm in a classroom. The child is wearing a patterned dress. In the background, there is a green chalkboard with letters and a yellow banner with the word 'STAR' partially visible.

# Rs 163 billion (\$2.3 billion)

India's budget for its Integrated Child Services Development Scheme (ICDS), a nutrition program to reduce malnutrition, making it the largest nutrition program in the world.

**\$2.3 billion is about the same as the Gross Domestic Product of Djibouti.\***

\* Source IMF  
The ICDS Numbers are for 2018-19





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**Can you spot  
what's wrong  
with these  
children?**



8 YEARS





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# These children are stunted.

**“Tackling malnourishment is not easy, because oftentimes it’s hard to identify a child who is stunted or wasted because the child is not severely malnourished. And yet, that stunting is enough to impair the child’s cognitive abilities for life.”**



**Dr Sankar Rajan**  
Director, Nutrition  
Tata Trusts

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## The undernourishment trap

In India, millions of children are thrust into malnourishment, because they are born to poor families and to mothers who are anemic and malnourished themselves. Poor hygiene exacerbates infectious diseases, attacking the already weak immune system of those living in poverty.

There are also several reasons why some children are disadvantaged even before birth. Girls, who grow up to be mothers, face gender discrimination as soon as they are born. It is not uncommon for pregnant women to abort female fetuses, which has made sex determination scans illegal in India.

## The gender divide

Soon-to-be parents often live in the hope that the child born to them is a boy. Girl children are still perceived as a burden in many households, both rural and urban. A girl child cannot be economically useful in a poor family because of the pressure to marry her off at a young age. Her income, if she gets into paid work, accrues to the family she marries into. Boys, on the other hand, can be put to work and be an earning member of the house through their lifetime.

With this skewed perception underpinning their upbringing, the majority of young girls find fewer opportunities whether it comes to schooling, healthcare or nourishment. In multiple children households, if a parent can afford to send only one child to school, a boy will have a better shot at it. The more nourishing meals are served to the boys and men in households and the result is that girls often

grow into women with a deficiency in several nutrients, including iron and essential vitamins.

As adults, they are anemic women, who also have low awareness about their condition, manifested as weakness, giddiness, easy fatiguing and insomnia.

In villages, poor access to healthcare means anemia among women often goes undetected. Even if they can see a primary healthcare worker and get tested, several of them are unable to add the iron-rich food needed in their diet to overcome decades of anemia. They are too poor to buy proteins.

Several pregnant mothers also have little or no access to guided healthcare, and end up birthing underweight babies or even dying during childbirth. When they become mothers, frequent health check-ups can detect anemia early, but that doesn't happen often enough.

## Double whammy: Disease and Poverty

As a result, children born into impoverished homes have a much higher chance of being malnourished. Mostly, the families cannot afford to feed them enough times during the day, let alone feed them nutrition packed meals. Typically, meals tend to be carbohydrate-driven, which are cheaper than protein-rich foods.

Even when children do get nutritious meals, hygiene may be a low priority in these households. India still grapples with open defecation.

While the government is pushing to build household or community toilets in the underserved parts of the

country, it is still a work in progress.

Children in many of these deprived pockets are routinely exposed to fecal germs and bacteria. That, coupled with poor hygiene habits ranging from unwashed hands to contaminated drinking water, leads to diseases from diarrhea to worms, causing even those children who do get enough food to fall into a cycle of disease, low capacity and weakness.

The result is they grow up to be underproductive adults, who are trapped in a cycle of poor learning, lagging growth thus often unable to climb out of poverty and hunger.

**50%**  
pregnant mothers have  
anemia

**59%**  
children below 5 with  
anemia

**9.2%**  
children below 5 with  
diarrhea



Picture courtesy - WaterAid/Ronny Sen



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## Fixing the Diet for a Better Future

### 1000-day challenge

Children who overcome malnourishment in the first 1000 days have a real chance of growing up to be healthy adults, making the first 1000 days of a child's life the most critical for delivering nutrition programs

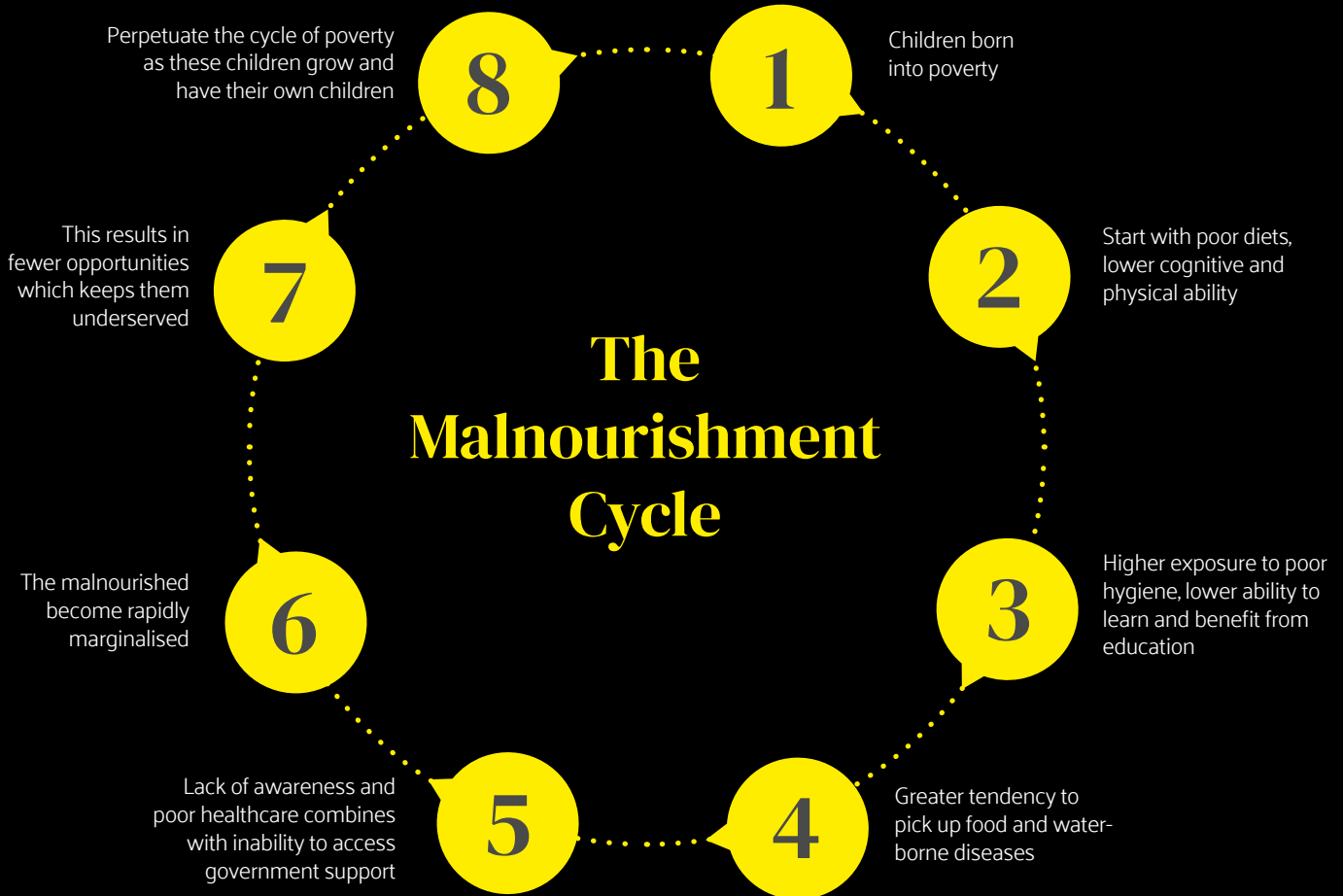


**“My most visible goal is to do something in nutrition for children and pregnant mothers in India. Because that would change the mental and physical health of our population in years to come.”**



**Ratan Tata,**  
Chairman, Tata Trusts

# The Malnourishment Cycle





## Stuck In a Rut

While India has been trying hard to eradicate malnourishment with several flagship programs and significant public spending, malnutrition persists. Half of the pregnant women in India suffer from anemia, producing babies who are more susceptible to malnourishment.

**7.4 million**

the number of low-weight babies born per year

**20,273**

babies born each day are of low-weight in India

## The Needle is Moving

The Indian government's child development program (ICDS) is the largest such program in the world. In the last 10 years, the centre and the state governments have worked with local administration, not-for-profits and volunteers across the country to make headway to end malnutrition. While it's a long road ahead, here is a progress report of the last decade.

People moved out of poverty

**50% \*\***

Children with stunting down to

**38% from 48%\***

Mothers with anemia down to

**50% from 58%\***

\*\*Data from the multidimensional poverty index, UNDP.

\*Data from National Family Health Survey, India.



Picture courtesy - WaterAid/Ronny Sen





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# National Nutrition Mission

Ending The Curse Of  
Hunger & Poverty

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# Poshan

Nutrition and Sustenance

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## National Nutrition Mission

**Target 100 million  
people**

**First 1000 days  
of a child's life**

**Rs 90 billion  
total budgeted spend for three years**

The National Nutrition Mission (POSHAN Abhiyaan) is a flagship program of the Government of India, which wraps nine different programs together to tackle malnutrition holistically.

For it to work, several different ministries of the government have to ensure that their programs, ranging from sanitation to the health of mothers, guaranteed income or even the distribution of subsidised food grains, is coordinated and targeted at the most needy.

The thrust of the POSHAN Abhiyan is to reduce undernutrition among infants, mothers and teenagers, with the greatest emphasis laid on the first 1000 days of the birth of a child.

## The Programs Under the Mission

- 1** *Child day care centres*  
Anganwadi Services
- 2** *Maternity Benefit*  
Pradhan Mantri Matru Vandana Yojana - PMMVY
- 3** *Nutrition, health and sanitation support for 11-14 year old girls*  
Scheme for Adolescent Girls - SAG
- 4** *Maternal and neonatal care for poor mothers*  
Janani Suraksha Yojana - JSY
- 5** *Reduce infant and maternal mortality, reduce diseases, provide care for anemic women*  
National Health Mission - NHM
- 6** *Clean India, build toilets, better hygiene*  
Swachh-Bharat Mission
- 7** *Targeted distribution of food grains and pulses*  
Public Distribution System - PDS
- 8** *Minimum employment guarantee in rural India*  
Mahatma Gandhi National Rural Employment Guarantee Scheme - MGNREGS
- 9** *Clean drinking water and better hygiene for all*  
Drinking Water & Sanitation

## Goal of National Nutrition Mission (NNM)

The goal of the program is to improve the nutritional status of children from 0-6 years, adolescent girls, pregnant women and lactating mothers by 2021.

The program strives to reduce the level of stunting, under-nutrition, anemia and low birth weight babies.

Once the targets for each plan are set, the various programs will interface with each other through monitoring. They also collaborate in setting alerts and responsive and timely action by the state administration in line with the goals set by the central government.

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# Under One Umbrella

**“This is not the first time that work is being done to fight against malnutrition. Every government had come up with some or the other scheme. However, it has been observed that most of the people think that only the right amount of calories and proper meals is enough to fight against malnutrition. But experiences suggest that the entire ecosystem has to be set right.”**

**Prime Minister Narendra Modi**



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To effectively deliver to the National Nutrition Mission, the government of India has identified a multi-pronged approach. Under this, several parts of the plan have to work seamlessly for malnutrition to be reduced.

**1**  
**Convergence**

The working together of the nine different plans ranging from clean India to neonatal health and more nutritious meals.

**2**  
**Using Technology**

High penetration of mobile phones and web access make it easier to communicate and record the progress of various plans in real time, right down to the village level.

**3**  
**Skilling & Training**

To deliver the program and reach out to millions of children, it is important to improve skills of child care and primary health care workers in accurate record keeping and progress management. This requires intensive skilling and training of field staff.

**4**  
**Innovations**

Mostly, the ideas that work are the ones that come from the field, and can resolve local challenges. The government is encouraging local and innovative solutions to deliver the program successfully.

**5**  
**Mobilising People**

Jan andolan, or a grassroots level peoples movement, is necessary to build awareness of malnutrition and its limiting effects for children, adults and the country.

**6**  
**Incentives**

A system of rewards and recognition for frontline workers delivering the various government programs to encourage greater pride and further motivate them to drive the POSHAN Abhiyan.





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# Tata Trusts & Nutrition Initiatives

Sustenance Is Everything

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# 127 years of philanthropy and nation building

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## About Us

Tata Trusts is amongst India's oldest philanthropic organisations.

The philanthropic work of Tata Trusts can be traced back to its founder Jamsetji Nusserwanji Tata, pioneer, patriot and philanthropist.

In 1892, he set up India's first scholarship for higher studies. The JN Tata Endowment was the first of the Trusts, marking the beginning of 127 years of nation-building and community welfare.

Successive generations of the family have followed in his footsteps, pledging vast amounts of their personal wealth to notable causes, education and research, healthcare and the arts among others.

Today the several Trusts, founded by different generations, operate under the umbrella of the Tata Trusts.

We have helped build some of India's most exceptional institutions, among them the Tata Institute of Social Sciences, Tata Memorial Centre, Tata Institute of Fundamental Research and the National Centre for the Performing Arts.

The one common tenet has been our commitment to improving the quality of life for India and its people, especially those on the margins.

The Trusts own two-thirds of the stockholding of Tata Sons, the apex company of the Tata group of companies. We are, therefore, funded by Tata companies.

We support a range of causes in community development. We serve communities we operate in by helping with nation building. We work by offering grants, direct implementation and co-partnerships. We believe in the power of collective co-operation.





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## Vision

To be at the forefront of nation building by not just propping up the weakest and most helpless members, but also lifting up the best and the most gifted.

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## Our Approach

We believe in holistic development and so our people work with equal passion in healthcare as they do in water and sanitation, education or rural development and the liberal arts.

We work where we feel we can make a difference. It may be in rural or urban India, or in innovation in energy security. We also work where we feel the most support is needed for the underserved, or where we can be a strong voice for civil liberties.

On a typical project, we may partner with the government to deliver critical programs such as the National Nutrition Mission to reduce malnutrition. We may also partner with private companies such as Google India to teach rural women how to use the internet.

The Trusts' program officers often work to solve India's most pressing problems, such as helping people earn livelihoods or ensuring that girls stay in school. No two programs are the same, nor are any two days.

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## Mission

# To impact 100 million lives by 2021



# Areas We Cover



**Healthcare and  
nutrition**



**Enhancing  
governance**



**Water and sanitation**



**Media, arts, crafts  
and culture**



**Energy**



**Data-driven  
governance**



**Education**



**Institutions**



**Rural upliftment**



**Civil society  
strengthening**



**Relief and  
rehabilitation**



**Innovation**



**Urban poverty  
alleviation**



**Individual grants**

Annual spend  
**Rs 10  
billion**

Projects  
**1500**

Districts covered  
**481**

States and  
Union Territories  
covered  
**29**

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## Our Nutrition Initiative

Tata Trusts is looking to make a difference in the area of healthcare by supporting programs that will help the underserved become healthy and avoid disease.

Nutrition is one key area of focus. We work with existing and emerging programs and platforms to ensure our community eats right.

We are working in the areas of food fortification, maternal care, water and sanitation, behavioural change communication and poverty alleviation in an integrated way to reduce stunting in children.

Our work takes many forms. Our staff could be looking at data to see which areas need more attention, or helping to create awareness on poor practices through street performances.

We work with children, adults and the elderly. On some days our community workers encourage teenagers to ask questions on menstruation and sexual health in safe and unobtrusive ways. On other days, they work with village leaders to help close the gender gap. Each day we work with different challenges and use our resources to find solutions.

We look at the big picture and the small details equally. So while we make Anganwadis joyous and safe places for children to be in, we also teach children how to wash their hands to stay clean.

We help fortify staples such as flour, salt, oil, and milk to reduce diet-induced deficiency and ensure the vulnerable eat balanced meals. To tackle iodine deficiencies, we iodise the salt.

Tata Trusts has also created 'The India Nutrition Initiative' (**TINI**) with a panel of leading experts, in order to develop and advocate an informed stand on policy relating to nutrition. Tata Trusts is also investing in the development of a rapid survey tool for effective programming and planning of a multi-sectoral approach towards nutrition with a data portal to access numbers on nutrition at the click of a button.





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## Offering Support: Swasth Bharat Prerak Program

It is widely held that there are two Indias. The first India is prosperous and has a rapidly expanding economy that the government aims to make into a \$5 trillion economy in a few years. The other, is a stark divide of children born into poverty and poor health, who will be left out of this prosperity. That number runs into millions.

Tata Trusts decided to partner with the government to effectively implement the POSHAN Abhiyan through Preraks, or support staff, because malnutrition is one of the biggest problems in India. It deeply affects the underserved in India.

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## Why Us

We were invited to help with Preraks, because of a successful collaboration with the government to deliver another flagship program, Swachh Bharat Mission.

The Swachh Bharat Mission aims to clean India, make it free from open defecation, and improve sanitation infrastructure. Under the program, Tata Trusts sent out 600 Preraks to help districts deliver the program.

As a result of the joint efforts and focussed intervention, India has 622 districts that are now free of open defecation. That's about 86 percent of the total 725 districts, making the initiative a resounding success.

So, this time, we are supporting the Ministry of Women and Child Development to better implement the POSHAN Abhiyan.





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# The Prerak Program

Catalysts For Change

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# Prerak

A modifier, a catalyst

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## Who is a Prerak?

A prerak is typically a graduate or postgraduate student, or even an early career professional who is looking to make a difference to society by working with India's underserved.

Preraks come from diverse backgrounds. Several have a social sciences background but some are business students, students from the arts, sciences and information technology and those aspiring to be in public administration. We also get mid-career professionals looking to participate in social initiatives.

At the district level, the Prerak is the link between the various arms of the nutrition program and the local administrator. It is the Prerak who is responsible for monitoring the POSHAN Abhiyan and ensuring the record keeping is accurate and relevant. The Prerak also red-flags episodes or gaps that may dent the program. The Prerak is a sutradhar, or link binding multiple aspects of program delivery.

The responsibility to execute the POSHAN Abhiyan lies with the district administration. However, district collectors are already weighed down as they oversee hundreds of initiatives.

A typical day for a district collector could involve being drawn into a land dispute, security failure, natural disaster, or even an epidemic on top of daily administrative work. The Prerak is a valuable helping hand to oversee the administration's nutrition program.

The Prerak is the eyes and ears of the district collector when it comes to the POSHAN Abhiyan. If it escapes the Prerak, chances are the district collector will miss it too.

In short, the **Prerak has to make sure that the POSHAN Abhiyan is delivered according to design.**



# Prerak's Role



## Analyse

Study the data and numbers that come in every day and every month to see if the program is working



## Report

Prepare a comprehensive report on the program delivery, gaps and failures



## Intervene

Correctly identify the bottlenecks and flag it to the relevant authorities so the program works according to design

## Prerak Quick Facts

Number of Preraks in 2018  
**290**

Tenure of Prerak  
**1 year and upwards**

Stipend of Prerak  
**Rs 50,000 p/m**

Coverage  
**1 Prerak/district**

Educational Profile  
**40% Humanities**  
**30% Engineering**  
**30% Management**



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## Getting Preraks on Board

Typically, we administer an induction program for Preraks in which we bring in industry experts, public officials and not-for-profits to talk about real life problems that a Prerak might encounter while working.

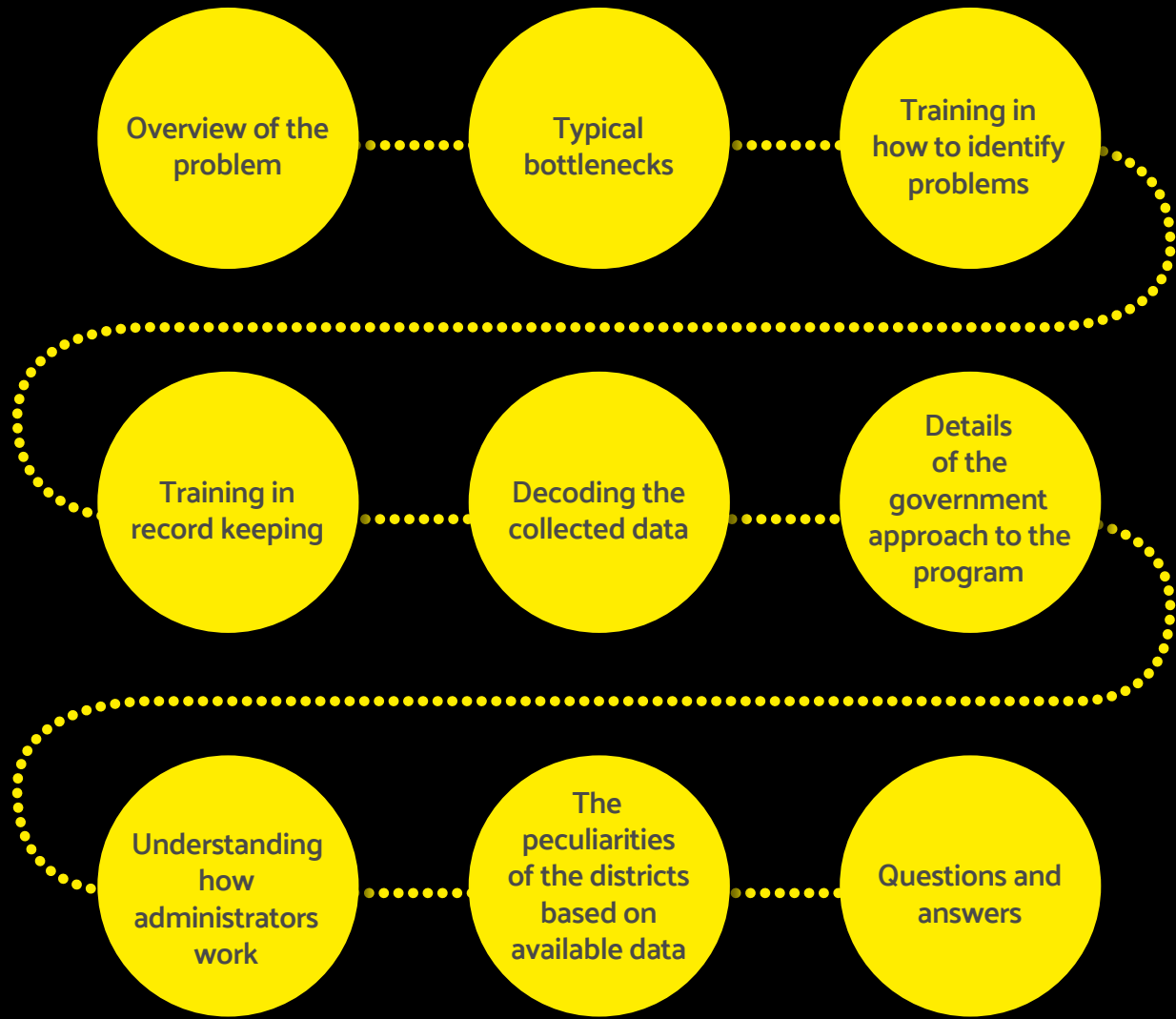
We see it as an interactive opportunity for Preraks to ask questions, understand the enormity of the task at hand, and get some training in how to ensure POSHAN Abhiyan can be executed smoothly.

This is a comprehensive program, but it is in no way a

quick fix for the unique challenges that Preraks might encounter, because no two villages in India are the same, nor are the problems they pose. Interpreting data needs a good understanding of local challenges.

Ultimately, we rely on the ingenuity and the dedication of the Preraks to ask the right questions that will help them interpret the data on the POSHAN Abhiyan, identify the problems and report it back to the administration, so the nutrition program can work according to design.

# Three-day Induction Program









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# Making It Work Is Hard Work

Preraks Lead The Way

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# 1.3 Million

The number of anganwadis or daycare centres through which the POSHAN Abhiyan will be delivered.

आँगनबाड़ी पाठशाला माचड़ी

पं. समिति - उमरैण . अलवर



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# Binding Multiple Programs: Convergence

For the POSHAN Abhiyan to work effectively it is important that multiple programs by both the state and the central authorities are maximised to deliver the intended benefits to the recipients.

In an everyday scenario, this could be complex. Having an attentive Prerak makes all the difference.

As an example, it could be mothers living in a remote village and can't get their children to nutrition centres because they have no transport. This would typically result in under-utilisation of resources at the centre.

It is for the Prerak to spot this under-utilisation from the data reports filed, and get to the bottom of the cause. The Prerak can then speak to various district and village level officials to see how this can be rectified.

In this case, most beneficiaries may be unaware that there is a government program that arranges free transport for mothers and children to go to nutrition centres for check ups, and that mothers are also entitled to a half-day wage from another government plan as compensation for the money they may lose if they are away from their daily-wage work.

It is then down to the Prerak to spot the linkages to ensure that village and community officials make sure mothers can avail all these public programs.

Or, at an administrative level, it could well be that day-care workers are not recording data properly because they don't know how to use mobile devices. The Prerak could then ask the local administration to organise programs to train the last mile of workers in usage.

Thus, the overall idea is that through convergence, or binding multiple programs together, POSHAN Abhiyan can be delivered effectively.



# Bottlenecks to Convergence

- § Too many programs
- § No real ownership
- § Requires dedicated co-ordination
- § Requires access to multiple people at the district level
- § Requires a bird's eye view of what's working and what's not
- § Interacting with beneficiaries to understand their challenges is time-consuming



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# Lack of Convergence Can Defray the Program

It is well documented that last-mile delivery is a problem in India for a variety of reasons. The local challenges are different in each district and state because of the variation in literacy, caste factors, infrastructure, social attitudes and a raft of other issues.

So, while the government spending is available to all, seemingly simple issues can prove tricky. This could range from local customs that insist on feeding children semi-solids in the first six months, instead of only mother's milk, or extreme poverty which makes buying nutritious food impossible as the child grows.

While the government has over the years created individual programs to address these issues, the lack of convergence of these multiple programs mean they often run in isolation, leading to underutilised funds.

A lack of awareness among beneficiaries is another key problem. Many of them do not know such publicly funded programs exist. Even when they are made aware of these programs, it needs signing up. Those on the margins often prefer to just stay away because that too can be a daunting task for them, given the poor levels of literacy.

Exasperating matters, poor data collection means the programs often do not identify the problem and that local innovations go unrecorded and hence unnoticed. Oftentimes, the people who are meant to administer POSHAN Abhiyan are themselves demotivated, unskilled and hence ineffective.

Hence, the lack of convergence means the money is wasted or unused, rather than well spent.

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## The Prerak's Role

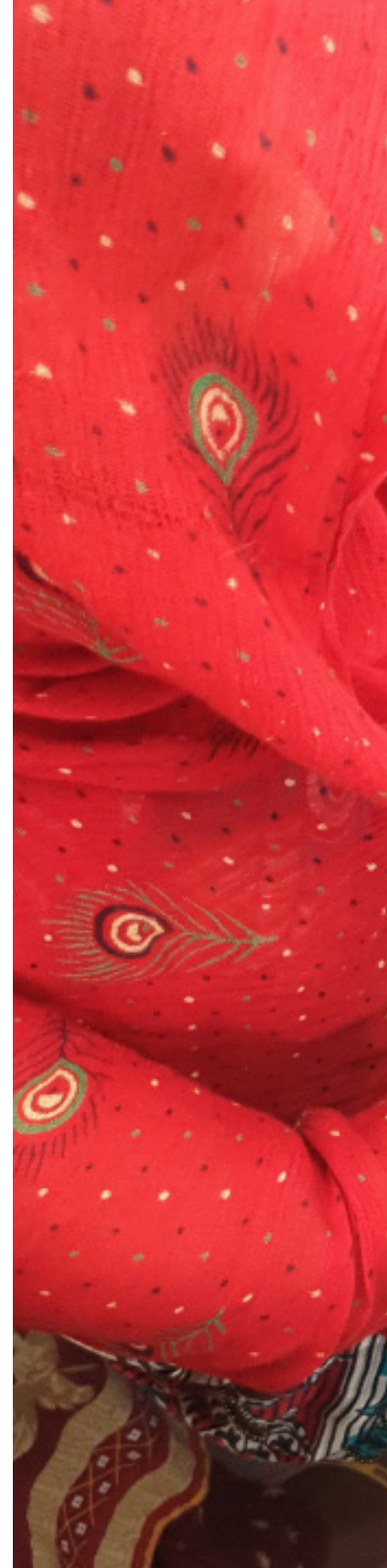
The Prerak has to ensure that the convergent action plan meetings are held quarterly as per schedule. The Prerak also must make sure that attendance is 100 percent, so that all stakeholders are informed of the actions required to deliver the POSHAN Abhiyan successfully.

The Prerak will then share the details of what happened at the meeting and the expectations and deliverables with the district level officers, so that all gaps can be filled. This way, problems are identified in the early stages and nipped in the bud.

### Example :

A well-meaning community development worker may want to teach young children to wash their hands as part of a hygiene routine, but may be in a place where there is a water scarcity. This would show up eventually as more children falling sick from poor hygiene and infectious diseases.

An alert Prerak may easily be able to spot that a certain area is a trouble spot for disease and be able to get to the reason why by probing deeper. It is then down to the Prerak to find out what's causing the water shortage and if there are any public schemes to address similar problems. The Prerak can then flag this to the district collector with an actionable plan on how to overcome the problem. The state solution might well be to send water tankers to the areas with shortages, even though that would be under the purview of a different ministry.







सभा-कक्ष  
जनपद पंचायत रिसोर्स सेन्टर  
संत कबीर नगर

अभियान के अन्तर्गत कॉमन एप्लीकेशन  
साफ्टवेयर







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## Skilling & Training: Capacity Building

Almost all government programs in India depend on last-mile connectivity – the thread between public goods and services and the people it is meant for. While this delivery can be effective in urban and semi-urban areas, where people have a higher level of education and awareness, it starts to crumble when there is extreme poverty and inequality.

The reason for the failure is that the only conduit in the highly underserved pockets are community workers who themselves are only marginally better in terms of literacy or the ability to access resources.

As an example, a constantly deprived set of people may be tribals in a remote area of the country. There is a high chance that the community worker, while literate, may not have the skills to deliver POSHAN Abhiyan to plan.

This could be as simple as not knowing how to identify that a child is stunted because the child looks healthy. Or, it could be not knowing what sort of foods should be recommended to an anemic woman.

To overcome this, the government has devised an Incremental Learning Program, in which various aspects of program implementation and measurement are taught in small packages, so that each anganwadi worker gets progressively better at delivering program outcomes.

# Bottlenecks to Skilling and Training

- § Lack of teaching programs/ trainers
- § Lack of monitoring the learning outcomes
- § Unavailability of training resources from flash cards to informative manuals
- § Lack of awareness of the multitude of programs
- § Inability to use technology properly
- § Low motivation
- § Low or no incentives to learn

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## Lack of Skilling Can Defray a Program

In many of India's most impoverished districts, the face of the government is the community officer. A demotivated, unskilled community officer means that the marginalised stay that way, because the only conduit to improvement itself is broken.

It is, therefore, critical that the community workers at the district and village level are not only trained to carry out their work, but that they are also empowered to take decisions that will help them overcome the everyday challenges thrown at them.

It could be something as simple as teaching children how to wash their hands correctly. Or it could be a more complex task such as mobilising villagers and teaching them about the importance of nutritious food for pregnant women by helping stage a street play. It could involve alerting a district health officer when there is an emergency health situation among mothers and children. An underskilled community worker also lacks the ability to keep pace with modifications and changes needed to keep the programs responsive and relevant.

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## The Prerak's Role

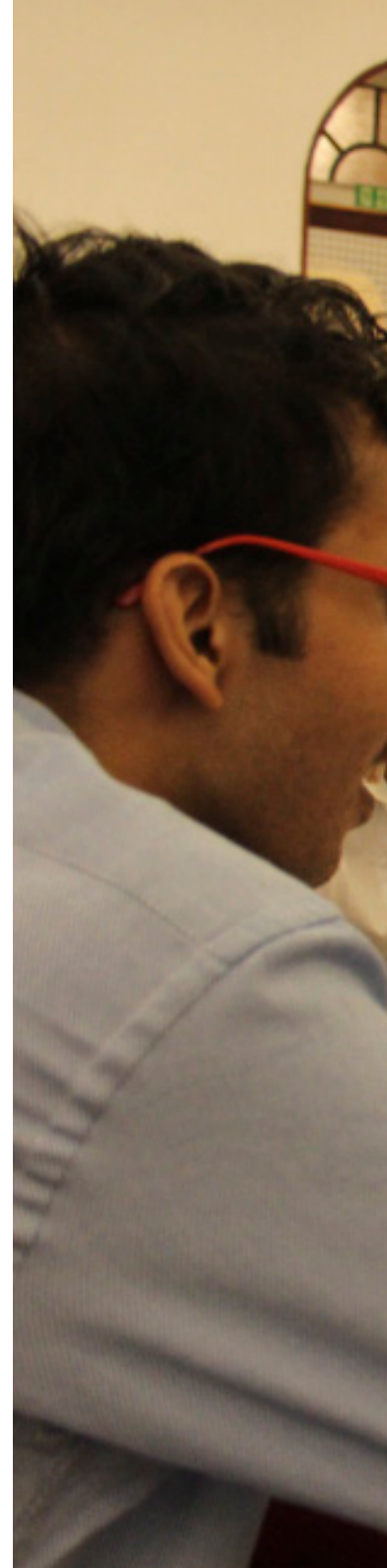
The first task of a Prerak is to nominate two master trainers per district. Once this is done, the Prerak has to create a plan for the training of frontline workers, including a roadmap and to-do list.

The Prerak then has to mobilise the attendees and make sure the classes are fully attended both by the beneficiaries and the trainers themselves. The Prerak also has to oversee the quality of training imparted and work with district-level officers to ensure they maintain the standards set.

### Example :

A Prerak may spot that certain areas in the district are routinely late with the data or not submitting it. A Prerak gets access to all state departments and to the district Child Development Project Officer to whom all the village level community supervisors report.

So, it's fairly easy for them to find out why the data is going unfilled, and in turn reach out to the state department that offers training to understand if the skilling and teaching classes are being conducted and the tools are being dispersed. It could well be that no training has been given or the trainers themselves are underskilled. The Prerak has the authority to find out why not and request stakeholders to help.











Picture courtesy - WaterAid/Ronny Sen



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## Mobilising the Community: *Jan Andolan*

Though Indians are marching to keep pace with globalisation, as a country and community, many older social attitudes still are passed on from one generation to another. This includes taboos, social attitudes, gender bias, attitudes towards backward castes and communities.

For the POSHAN Abhiyan to reach the intended recipients social change is necessary. This change can only come about by rewiring the attitude of people and creating greater awareness about health, hygiene and the importance of nutrition.

While community workers are often able to affect change in small pockets, the enormity of the problem requires a mass movement.

As an example, it could be that women in villages are often the last to eat, sometimes surviving on leftovers. Pregnant women especially may miss out on nutrition as a result. This is in part because of the gender bias that gives men importance in Indian households. Or a belief that having iron tablets causes a darkening of the skin.

While the change is slow, for the long term success of the program, it is imperative that more and more beneficiaries are able to break away from debilitating customs and beliefs that result in undernutrition. Oftentimes, such undernutrition keeps generations in poverty.

# Bottlenecks to mobilising the masses

- § Deep-rooted social customs
- § Fear of change
- § Community pressure
- § Gender bias
- § Lack of education
- § No role models
- § Remote and therefore neglected pockets of people



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## Lack of Community Participation Defrays the Program

As a result of the tight-knit nature of communities, many of the beneficiaries in the underserved pockets look to community leaders for guidance on how to lead their lives. Harmony is often bought by assent, and a lack of adhering to community rules can lead to isolation and even violence.

In a village, the community leader is often the sarpanch, or the chief of the local governing body, the panchayat. They influence how men treat women and the vulnerable, what customs must be followed and what new ones adapted. For any state level program to work, the buy in of these community leaders is important, because they are the main influencers.

These community leaders can be change agents once they are co-opted into the POSHAN Abhiyan. So, once they are convinced that the first 1000 days of a child's life are key to nutrition, they are able to get mothers and families to pay greater attention to the early nutrition stages in a child. If, however, they refuse to believe this to be true, angawadi workers and public service officers may find great resistance and even opposition to working in these villages.

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## The Prerak's Role

The Prerak can be a change agent by ensuring that local leaders, influencers and frontline workers are meeting the awareness creation and social change goals set by the POSHAN Abhiyan.

To start with, Preraks are expected to implement four themes around which to build awareness. This includes adolescent girls and complementary feeding. Once the themes are identified, the Prerak has to set goals on how behavioural change can be brought about and set timelines for achieving these goals.

### Example :

They could support the programs by ensuring that enough activities are being organised to influence behavioural change – be that through social or community media or through community groups. This could mean ensuring that frontline workers are sending out WhatsApp campaign say on saving girl children, or holding talks in village schools. It could also include identifying advocacy material and stakeholders to deliver messages.

The Prerak must ensure that the messages of change are going out on the relevant touch points and map whether they are effective. They are also often able to engage with community leaders to better understand the resistance to change. This way, along with frontline workers, they can come up with ideas and suggestions to help break down this resistance.













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# Deploying and Using Technology: CAS

Traditionally, data collection in India has been erratic and inconsistent. While this is true of most low and middle-income countries, data collection in India is fraught with another layer of challenges because of the huge disparities in everything from education, to inaccessible locations to income disparities.

As such, though Indians are good with numbers, it rarely translates into dependable data. In remote villages, for example, infant mortality may go completely unrecorded and in areas with high gender bias, female infanticide may be deliberately withheld. Few pregnant women, especially in underserved areas would even be aware that they are anemic during pregnancy, because they would not have been for a regular check up.

On the other hand, data keeping is fairly onerous. A child health record, for example, requires 11 different registers to be filled properly. Any slip up compromises the quality of the data.

To improve the accuracy of data keeping, the government has created CAS, or Common Application Software, a digital real-time record of a child's health that can be entered using a mobile phone. The government also provides growth monitoring digital devices to frontline workers.

The workers are also trained in entering the data accurately, be that about home visits, immunization, or even the school meals provided.

All of this is captured in a live dashboard, so it's easy to see where the services are not being delivered, or whether there is an irregularity between the claim of services delivered and the outcomes.

# Bottlenecks to Using Technology

- § Fear of technology
- § Lack of awareness of the usefulness of data
- § Faulty equipment or inaccurate data entry
- § Inadequate training for using the equipment
- § Fear of doing it wrong

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# Lack of Technology Can Defray POSHAN Abhiyan

Record-keeping has traditionally been a cumbersome job. For instance, at the level of a health worker, they need to clock everything from a pregnant woman's weight to her iron levels and the food she is consuming. Once a child is born, the health worker has to record the baby's weight, height, motor skills, visible health issues, and closely so in the first 1000 days.

The task in itself is time consuming, only made worse by how understaffed and neglected most health care centres are, especially in the most deprived areas. Typically then, a frontline worker barely has time to attend to the health concerns, immunisations, handing of supplements and so on that record keeping can become a low priority.

Even when the record keeping does happen, it is not always continued into the child's adolescence as it takes several touch points to judiciously record the data, say from anganwadi workers to doctors. Traditionally, all data was recorded on different physical registers, making it impossible to do any real-time interventions at critical junctures.

Poor data keeping leads to response times that are too slow and inadequate.

A simple example could be their ability to take a picture of say a dilapidated anganwadi, or day care centre on a smartphone to share it with the district officers to show why the centre is not in operation. A more complex use might be using a stadiometer correctly.

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## The Prerak's Role

Their role in delivering on technology starts with procuring all devices required to run the program. This could be a height measuring device, a weighing scale or a smartphone. They also need to make sure the phones that are distributed to the community workers are configured and the software is loaded and working. Once that is done, the Prerak has to ensure training through master trainers.

It also involves making sure that the quality of data is good and live, identifying what the problem areas are that can be flagged to the district administrator.

### Example :

A Prerak is usually a great enabler because they are able to monitor which anganwadi centres are entering the data not just on time, but accurately as well. A live dashboard ensures smoother monitoring and they are able to spot failings to help course correct easily because they can identify where the lapse is happening.

So a Prerak may notice that data is being entered very erratically from a particular anganwadi, and on probing deeper may find that it is not being visited by the frontline worker. It is then the Prerak's job to find out why, and course correct with the help of the district-level supervisor.







Picture courtesy - WaterAid/Ronny Sen

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'LIVE AND LET LIVE.'

THE BODY A



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सर्वश्रेष्ठ असाध्य विरुद्ध

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# Nation Building

One Prerak At A Time

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# 290 Preraks

Hundreds of small experiences and  
the big push to change

Picture courtesy - WaterAid/Ronny Sen



Our Preraks come from all walks of life, and mostly from backgrounds of privilege where they have had the opportunity for good schooling and healthy living. While several of them join because they are interested in social services, many want to experience the other India, which is underserved.

Ultimately though, they all agree it is a life-changing experience. Here is a snapshot of how they feel the year has changed them.



**Dipanshi Sood,**  
**State Lead, Jharkhand**

“Although working in some of the most underdeveloped parts of the country had initially been a daunting prospect, it soon became a place where I learnt to stretch myself intellectually, appreciate diverse thoughts and cultures, and enjoy the little things in life. I emerged from the fellowship with humility, strength and gratitude.”



**Arjun Sharma**  
**Chandoli district, Uttar Pradesh**

“The poignant observations, assorted interactions, and experiences, has added layers to my perspective on life. I am a lot more patient today, leaning towards simplicity. The respect and value I place on human life has also increased considerably.”



**Aishwarya Choubey**  
**Ghaziabad district, Uttar Pradesh**

“Swasth Bharat Program is one of the few fellowships which is directly aimed at strengthening implementation of government schemes at the grassroots level. It has made me more sensitive about the work that goes towards improving health and nutrition women and children of India.”

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## Stories That Inspire The Big Idea in Small Actions

The task of a Prerak is that of ensuring that the POSHAN Abhiyan works to design, that all the steps to deliver the program run smoothly. Even so, several of our Preraks have been changed agents themselves, motivated by nothing but the desire to make the lives of the dispossessed a bit better. Here are some stories we would like to share.





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## The Value of Garbage

**Diwakkar Mittal**, Prerak, UP

I noticed after analysing my weekly data that one of the anganwadi centres wasn't in use. So I decided to visit the village to find out more. When I got there I couldn't find the anganwadi, all I found was a garbage dump.

The villagers said they used the centre to throw their garbage because they didn't know what else to do. At first I told them they needed to find another place to throw rubbish, and the building would be reclaimed as an anganwadi.

I wasn't prepared for what followed. Sit-ins and dharnas by the women of the village saying they had no other place to throw waste and they would not let the administration take this place away.

So I had to think of a solution. It occurred to me that an income could be a motivator, so I devised a plan to teach villagers to do vermi-composting, so that the garbage would be turned into useful manure. I then roped in a not-for-profit to teach them vermi-composting and build a composting pit.

We then removed 40 truckloads of garbage. I then got together a group of students who had just finished their course in architecture. They, and the villagers helped to rebuild the anganwadi centre into a modern building.

Today, the women make money from composting and have formed self-help groups. The anganwadi is now a model for other villagers.





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## Befriending an Influencer

**Naman Pant**, Prerak, Madhya Pradesh

During our meetings with frontline workers, one of the constant problems they would flag is that villagers don't want to listen to them and follow the government program on nutrition. So, initially I felt maybe they were just not able to present their ideas convincingly to villagers.

So, I decided to spend some time interacting with villagers and discovered that the only person they listened to was their community leader – this could be the sarpanch, or their caste leader. For them, his word was the last word.

Mostly, these leaders don't see much value in interacting with outsiders. I started by befriending them and then I would get all the nutrition-linked data and findings translated into the local language and share the stories with them. Slowly, they started to understand why mother's milk is best for a child until six months, or that anemia in mothers can lead to problems in a newborn.

To involve them I started calling them Poshan Saathis, giving them a role in delivering the POSHAN Abhiyan. For those who were able to influence change, I would often get the District Collector to send them a note recognising their efforts.

In a village, such recognition goes a long way and it keeps them motivated in their efforts to make change happen.



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## A New Twist to an Old Game

**Nida Fatima**, Prerak, Uttar Pradesh

Uttar Pradesh is a very conservative heartland of India. I was assigned to Lakhimpur Kheri, which is the largest district in the state and borders Nepal. It is considered a backward district because of the state of deprivation and lack of progress on many parameters.

One of the issues we encountered was keeping young girls engaged in conversation about health, nutrition and personal hygiene. Often it was a monologue delivered by a frontline worker and typically retention was low.

So, I devised a snakes and ladders game, in which the right answers to questions would help you raise the score by using a ladder to climb up, and a wrong answer would send you sliding down a snake on the board game.

It was incredibly popular because suddenly girls wanted to win and participate and they started paying attention to what they were taught and asked for more information.



The India Nutrition Initiative (TINI) wishes to acknowledge their team, the Preraks, government agencies and other not-for-profits for sharing case studies and photographs used in this report.

To find out more on the Swasth Bharat Prerak Program visit <https://www.wcdsbp.org>

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