

OF RAJASTHAN'S MOTHERS AND CHILDREN



RajPusht's stories of impact, challenges
and everything in between

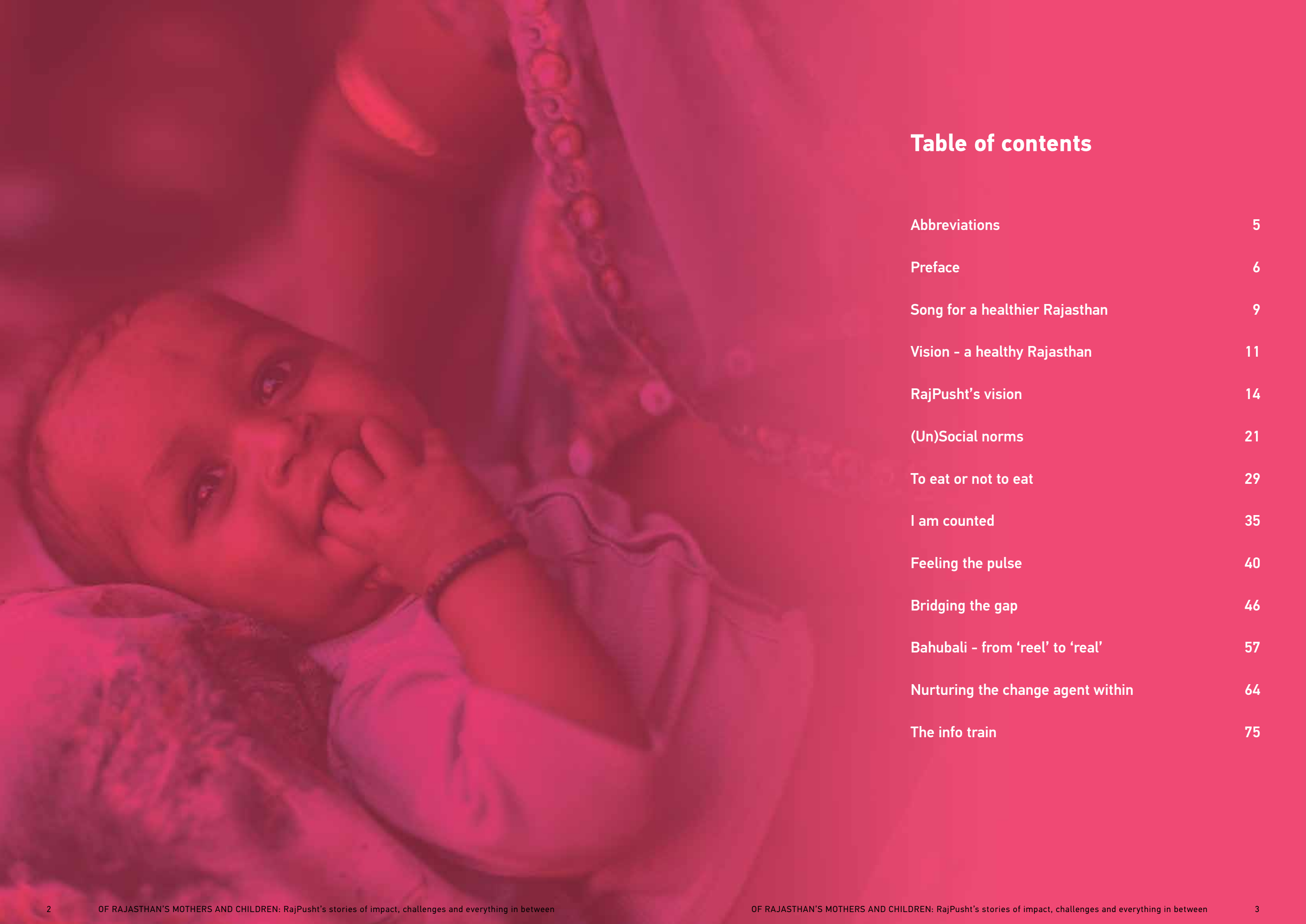


Table of contents

Abbreviations	5
Preface	6
Song for a healthier Rajasthan	9
Vision - a healthy Rajasthan	11
RajPusht’s vision	14
(Un)Social norms	21
To eat or not to eat	29
I am counted	35
Feeling the pulse	40
Bridging the gap	46
Bahubali - from ‘reel’ to ‘real’	57
Nurturing the change agent within	64
The info train	75

Abbreviations

AMMA	– Acute Malnutrition Management and Action
ANC	– Antenatal Care
ANM	– Auxiliary Nurse and Midwife
ASHA	– Accredited Social Health Activist
AWC	– Anganwadi Centre
CIFF	– Children's Investment Fund Foundation
CSR	– Corporate Social Responsibility
DWM	– Digital Weighing Machine
IGMPY	– Indira Gandhi Matritva Poshan Yojana
IYCF	– Infant and Young Child Feeding
MAM	– Moderate Acute Malnutrition
MCHN	– Maternal and Child Health and Nutrition
NFHS	– National Family Health Survey
NHM	– National Health Mission
PCTS	– Pregnancy and Child Tracking System
PHC	– Primary Health Centre
PLA	– Participatory Learning and Action
PMMVY	– Pradhan Mantri Matru Vandana Yojana
SAM	– Severe Acute Malnutrition
SBCC	– Social Behaviour Change Communication
VHSNC	– Village Health Sanitation and Nutrition Committee
WASH	– Water, Sanitation and Hygiene

Preface

Since 2017, IPE Global, with support from the Children's Investment Fund Foundation (CIFF), has worked closely with the Government of Rajasthan in prioritising the welfare of women and children. Taking a life cycle approach, IPE Global implemented projects like RajPusht, Udaan and Manzil in the State. While RajPusht aims at improved health and well-being of pregnant women, lactating women and new mothers, Udaan ensured girls were enrolled in schools and helped delaying early pregnancies and Manzil opened avenues for skilling girls and young women empowering them and building their agency to take the right decisions.

In 2020, the RajPusht project achieved a major milestone, when the Government of Rajasthan, through its Indira Gandhi Matritva Poshan Yojana (IGMPY) announcement, enabled Rajasthan to become the first State to make a systemic investment in a 'cash plus' programme that aimed at reducing malnutrition indicators. Since then, the State has seen several developments that have accelerated this journey. Be it the paperless cash transfer system, focussed inter-personal counselling campaigns, nutrition-focussed training for frontline workers, digital media campaigns or technology innovations.

While much was happening in the State during the period in terms of policies and systems, it was the little steps and the small changes on the ground that became the epicentre of change. To relay these developments on a regular basis, a small team of young RajPusht enthusiasts joined hands to put together the most vibrant monthly newsletter for 15 months - **RajPushtika**. On the one hand, the newsletter informed of project progress while on the other hand, it shared expert opinions, informative bytes, quizzes, etc. It had contributions from everyone – team members, field staff, Government officials, development partners and even project beneficiaries at times.

Today as the RajPusht project is entering its last phase and its focus shifting from processes to results, we bring to you a final compendium of this journey that culminates the project's vision by sharing with you its beginning, the research that informed the design and the wins, challenges, opinions, visuals and many other stories.

– Team RajPusht

Hope you enjoy reading it as much as we enjoyed compiling it for you.





Song for a healthier Rajasthan

**Feed yourself and your champion, help her grow strong.
Have iron at night and calcium in the day, every day.
Let's fight the grip of malnutrition and talk of healthy habits.**

**A mother who sleeps eight hours at night and rests during the day.
Gives birth to a strong champion.
Let's fight the grip of malnutrition and talk of healthy habits.**

**Eat a lot, gain weight, go to the Anganwadi every month.
Ask the didi there to take your little one's weight, measure her growth.
Let's fight the grip of malnutrition and talk of healthy habits.**

**Eat meals three times a day, with different kinds of foods.
And munch on snacks like jaggery and grams.
Let's fight the grip of malnutrition and talk of healthy habits.
Feed yourself and your champion, help her grow strong.**

**- By Krishna Baldev Singh,
Block Programme Manager,
Kotra, Udaipur, Rajsathan**



Vision – a healthy Rajasthan

Imagine a thriving India. A country abundant with good health and the well-being of all its people. Making that vision possible is a top priority of the Government and civil society partners, as they tirelessly work towards it. And, improving the health and nutritional status of women and children is essential to enable this vision. If women and children are healthy, it has a direct positive impact on the development of the country.



Even today, India continues to face challenges related to poor health of women, such as anaemia. Children continue to be born with low birth weight and many suffer from wasting. The Government of India and all state governments, including Rajasthan, are combating challenges in maternal and child health with fervour through various targeted interventions. For example, the Pradhan Mantri Matru Vandana Yojana (PMMVY) provides conditional cash transfer to women to improve access to healthcare services and thereby improve health outcomes of the expecting mother and the unborn child. In Rajasthan, the IGMPY, is a Direct Benefit Transfer scheme for second-time mothers, where they receive up to ₹8,000 in three conditional instalments.

Implementing these schemes require immense collaborations at all levels, and partnerships become pertinent. In that context, providing technical assistance to the Government of Rajasthan, RajPusht is a seven-year long project supported by the CIFF and works with the Departments of Women and Child Development and Medical, Health and Family Welfare in Rajasthan. The project aims to reduce the prevalence of low birth weight and wasting in five selected pre-dominantly tribal districts of southern Rajasthan – Baran, Baswada, Dungarpur, Udaipur and Prapatgarh.

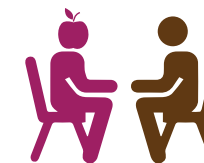
Behaviour Change Communication

RajPusht implemented a targeted, action-oriented, 360-degree communication campaign to build awareness and mobilise households and communities to take responsibility for women and children's care.



Nutrition Counselling

Rajpusht delivered nutrition Counselling to the doorstep of the beneficiary by creating a pool of community-level champions called Poshan Champions.



Technology-aided Solutions

RajPusht developed mobile based counselling application for use by Poshan Champions to deliver visual messages to women at their household.

Digital weighing machines were installed in high-delivery labour rooms for capturing accurate birth weights



It focuses on two critical and complementary channels for improved maternal outcomes:

- Providing multi-tiered behaviour change communication to pregnant and lactating mothers and their families.
- Providing resources at the household level through cash transfers, empowering women to enact on the received advice, shifting the power of informed nutrition decisions to women.

The project combines cash transfers with a context-specific social behaviour change communication (SBCC) strategy to motivate mothers to eat 'more' and 'nutritious' food during pregnancy. It directly contributes towards a futuristic Rajasthan that is a thriving example of good health and well-being of all its women and children.

This compilation has emerged from the series of RajPushtikas which documented the processes of the project and stories from the field. From the first edition in March 2021, the bilingual newsletter amplified the project progress and was shared regularly with key stakeholders. To have a Rajasthan where women and children are healthy, a shared vision, and the role of every stakeholder – the Government, health care providers, community-level workers, programme implementation team and other civil society partners—is important.



RajPusht's vision

The RajPusht project team envisions a Rajasthan where all women can access antenatal care (ANC) services seamlessly. They know their entitlements and the schemes provided by the Government and access them effortlessly. Expecting mothers receive adequate information from community health workers as well as their doctors.

In this section, we share the inspiring vision of these stakeholders.

Envision this:

An Aadarsh Gram in southern Rajasthan - the year is 2024. The Anganwadi worker Kokila Bai beckons children into her Anganwadi with her usual wide smile. On the first day of the month, she measures their growth. As the children queue up, Kokila exchanges a nod of satisfaction with Tabassum, the Anganwadi helper. "Champions, each of them!" she smiles with satisfaction. Their village has not seen a sick child in a long time. After all, Auxiliary Nurse and Midwife (ANM) Durga Devi, Accredited Social Health Activist (ASHA) Phoolwanti, got in touch with parents before each immunisation drive and all the children are vaccinated.

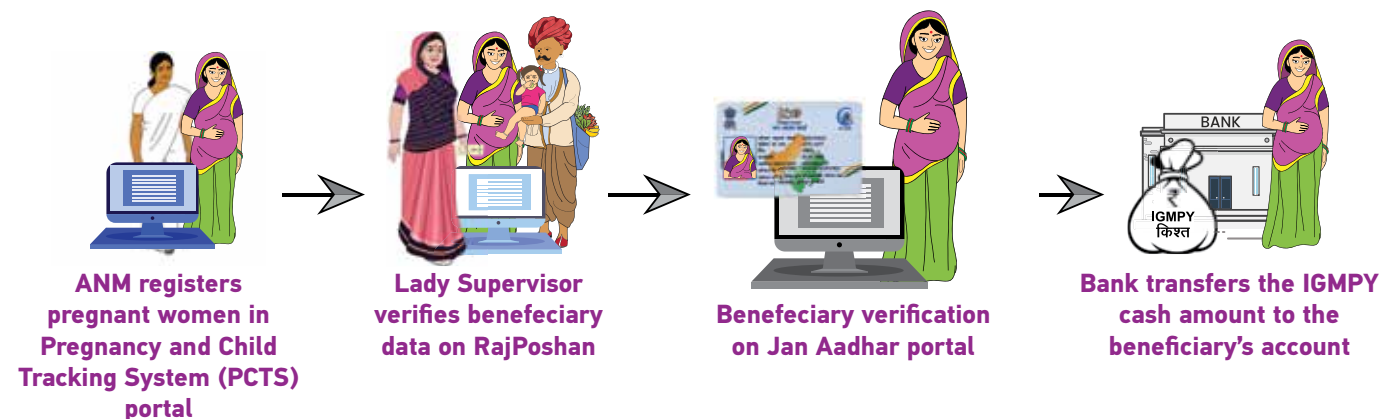
Kokila and Tabassum go on house visits routinely to each expecting and new mother. Leela, pregnant with her

second child, remembers their advice and cooks green leafy vegetables every other day. She also snacks on jaggery and chana or locally available fruits rich in calcium and potassium, Vitamin C such as ber, sapodilla (chikoo) and timru, the tendu tree's fruit. Meera Devi, her mother-in-law, was the village's envy when Rinky was born a healthy three kilograms. She ensures that Leela meets the ANM Durga each trimester and that her son Harendra buys plenty of vegetables and fruits. The season has been hard on them; their crops failed after a drought. But the family feels secure knowing that there will be money for food in Leela's account, thanks to the government cash transfer schemes working seamlessly in the backdrop. Aadarsh Gram—the ideal village—is thriving!

Making it happen on the ground

Today, the Government of Rajasthan provides maternal benefits through cash transfer schemes like PMMVY and IGMPY covering a comprehensive 74 per cent of pregnant women in the State. A targeted, action-oriented, 360-degree communication campaign—implemented by the State and supported by projects like RajPusht—continuously mobilises households and communities to take responsibility for women and children's care. Poshan Champions (community mobilisers) deployed by RajPusht in these villages, work with frontline workers and deliver on-the-job training on nutrition counselling. Backed by robust digital solutions, such as Digital Weighing Machines (DWMs), Poshan Champion app, RajPusht is a catalyst creating many such Aadarsh Grams for a healthier Rajasthan.

Aligning with the Aadarsh Grams is RajPusht's vision for the State where mothers get timely access to Government benefits, families use maternity benefits to prioritise mothers' health and nutrition and frontline workers ensure no child is malnourished. Therefore, children grow up healthy.



Championing the changemakers

RajPusht supports Government in converting its vision into evidence-led actionable steps. This is best achieved when there are champions within the institutions rooting for the cause. Here are a few examples.

The Government of Rajasthan's holistic vision is working on the interlinkages between maternal and child health and other social issues such as child marriage. To ensure the health of young mothers is not severely impacted due to early pregnancy and childbirth and to ensure healthy births, there are many stakeholders who are working towards a common mission.

Take for instance, Dr KL Palat, Reproductive & Child Health Officer, Dungarpur took the RajPusht vision forward by creating awareness with beneficiaries. He emphasised that the success of various Government programmes and development-sector initiatives that are addressing the maternal and child health challenges depend on beneficiaries and their enthusiastic participation in effective programme design and implementation.



Dr Mahesh Bhutani, Block Chief Medical Officer, Baran and Dr Shankar Lal Bamniya Chief Medical Officer, Udaipur said that ASHAs being empowered to hold Village Health Sanitation and Nutrition Committee (VHSNC) meetings regularly and efficiently are making the vision of a healthy Rajasthan for women and children a reality.

Dr Aditi Mourya, a gynaecologist at Government Maharana Bhupal Hospital, Udaipur contributed to the vision by supporting post-natal care for young mothers who face challenges to breastfeed. "They don't know the right techniques and their body is often not ready as hormonal changes and social pressures make them vulnerable to mental illnesses such as depression, anxiety and eating disorders," she explained.

Others like Dr. Pawan Kumar Sharma, the Medical Officer at the Bhabrana Primary Health Centre (PHC) in Udaipur Dr. Pawan Kumar Sharma motivated respective ASHAs and ANMs to reach out to pregnant women and counsel them to increase timely registration for ANC check-ups. He also resolved access and availability

of medical supplies during the Mother Child Health Nutrition (MCHN) Day and promoted Pradhan Mantri Matritva Suraksha Abhiyan (PMSMA) meetings where pregnant women's blood pressure, haemoglobin and weight at the time of ANC visit are monitored.

His consistent efforts ensured that eligible women received PMMVY benefits. As a result, Bhabrana PHC was ranked first in ANC registration in the district and second in the entire state. For his dedicated efforts to improve the delivery of ANC services at his facility, Dr Pawan Kumar Sharma was recognised with an award from National Health Mission (NHM), Rajasthan.

The vision is manifested at the frontline as well. A Yashoda - Phool Kunwar, who is responsible for addressing quality of new-born and related maternal care starting with maternity wards of the district hospitals with high delivery load at the hospital, said that "I am proud to learn to use a digital machine and sync data using a mobile application. I could barely use a phone earlier, but RajPusht officials have helped me improve my skills and confidence."

Widening the vision net

The vision of a healthy Rajasthan is achievable using an ecosystem-led approach where everyone is empowered to make informed decisions about their health. RajPusht works with organisations rooted in the local fabric and most empowered to bring change.

In the five districts that the project is being implemented, organisations like Jatan Sansthan, Udaipur, Shrushti Seva Samiti, Banswara, Shrushti Seva Samiti, Pratapgarh, Jan Shiksha Evam Vikas Sangathan, Dungarpur and Sanskar Seva Sansthan, Baran, have worked diligently working towards this direction.

Healthy women give birth to healthy children

Health has been an important domain of Jatan Sansthan's work. RajPusht has been a crucial project through which Jatan Sansthan has been working to address the issues around malnourishment among pregnant women and lactating mothers at the community level. One major gain of the project was that along with the Jatan team, pregnant, lactating women and their families received correct and timely information about nutrition. This resulted in increased access of these women to Government schemes and thus they are contributing to keep the next generation healthy.

- Kailash Brijwasi, ED, Jatan Sansthan, Udaipur

Through the RajPusht project, Shrushti Seva Samiti's team of 78 Poshan Champions supported 60,000 pregnant and lactating women through community awareness on health and nutrition behaviours, thus combating low birth weight and wasting.

- Ravi Singh Baghel, CEO, Shrushti Seva Samiti



Building trust in public healthcare



Building trust in public healthcare services and functionalities is essential to realise the vision of a healthy Rajasthan. Community engagement in planning and delivery of healthcare services and regularly seeking feedback from them is also important. Health functionaries must be trained in social determinants of health to help them counter challenges empathetically.

Involvement of communities and a decentralized healthcare system can help address challenges that arise in crisis such as the pandemic, such as myths and misconceptions, reluctance to get tested due to fear of isolation wards, vaccine hesitancy, etc. Solutions that are locally conceptualised, context-specific and align with people's perceptions are key. Leveraging platforms like VHSNC can address many challenges and facilitate effective crisis management.

- Chhaya Pachauli, Director, Prayas, Rajasthan



Vision of a young mother, a Poshan Champion

Yogita wants other women in her family and community to learn and do the right thing, and not make the mistakes she made. She hopes to work towards an aware community that is healthy and thriving.

Yogita Pandya, a 35-year-old mother of two, lives in Bodigama Chota village, Dungarpur district. A Bachelor in Education with two Master's degrees, she used to work as a school teacher but quit to take care of her children and in-laws. When her children grew up, she joined RajPusht as a Poshan Champion.

In a turn of events, the teacher became a student. "After my training as a Poshan Champion," said Yogita, "I realised I had made many mistakes when I was pregnant. I learnt that I should have eaten green leafy vegetables, fruits and protein-rich foods like dal more often. Now, I am using the things I learnt to improve my family and community's health."

As Yogita counselled Manisha Mehta, an expecting mother in her second trimester, about the importance of weight gain during pregnancy she said, "You need to eat multiple meals and put on weight so that your child is born healthy. Go to the Anganwadi for at least four

ANC. I want to see you gain 1.5-2 kg a month from now onwards!"

Yogita is one of RajPusht's nearly 220 Poshan Champions, placed, in four districts – Banswara, Dungarpur, Pratapgarh, Baran and Udaipur – in partnership with local civil society organisations. They reach out to households with pregnant and lactating women, and young children share information on nutrition, pregnancy and childcare, and help mothers avail of government schemes' cash benefits. Like Yogita, they embody the change they want in their communities.



With this group of motivated stakeholders, the RajPusht vision of better and healthier women and children in Rajasthan is gaining meaningful momentum.

A photograph of three women walking away from the camera on a dirt path. They are wearing bright pink, green, and blue saris. The ground is dry and dusty, with some scattered trash. The background is a hazy, open landscape.

(Un)Social norms

Myths in the name of tradition are an ongoing challenge in many parts of India. Even in Rajasthan, traditions passed down generations continue unquestioned as they are considered wisdom of the elderly.

However, it is imperative that communities are made aware of some such common myths that are harmful as their impact on health of the people can be detrimental in the long run.

The RajPusht project is actively working with frontline workers to bust many such myths in the community surrounding pregnant and lactating women. This section highlights some such efforts.

Story of the milk-coated child

Milk is an essential source of protein and calcium for a pregnant woman. Yet many expecting mothers avoid dairy products in Rajasthan. Let us find out why!

Deeksha lives in Khabra Khurd Village of Jodhpur District. She has dry, white spots on her scalp, which her grandmother Basanti claims is a “layer of solidified milk” which Deeksha’s mother consumed during pregnancy. The dandruff-like patch led to queries about the child’s health, much to the new parents’ distress. Actually, this layer is known as Vernix Caseosa. It is harmless and in fact essential. It is a natural, protective layer on a newborn’s skin, but people remove it when cleaning the baby after birth.

Benefits of protective layer - Vernix Caseosa:

- Protects the foetus in the womb while it floats in the amniotic fluid.
- Lubricates to make birth easy.
- Stabilises body temperature at birth and acts as a shield to protect the child from pathogens.
- Keeps infants’ skin moisturised, so the longer it stays on their body (except for specific contraindications), particularly on their scalp, the better it is.

Like Deeksha’s family, many pregnant women fall prey to this superstition in Rajasthan and avoid dairy products. That is unfortunate as milk is a useful source of protein – and this myth needs to be busted.



Let’s go bananas!

The humble banana is a nutritional powerhouse. However many pregnant women do not consume it. All due to an age-old myth. Come, let’s bust it!



“I won’t eat bananas,” says Rajni, a 24-year-old expecting mother. “It will make my child stick inside and make my delivery difficult.” She insists when Shobha, the local Anganwadi worker, tries to assuage her fears. Countless

new mothers share similar apprehensions. Among the most readily available fruits, the humble banana is shunned from their plate due to this myth. Banana is a nutrient-rich fruit. It is a starchy food that gives instant energy. It is safe and healthy for pregnant women to consume bananas. A banana has beta carotene that is good for vision and skin, calcium that helps build strong bones and teeth for the mother and foetus, and potassium that is essential for body organs and vital functions.

The starchy and sticky nature of bananas has given rise to unscientific beliefs, which are being passed down generations. Frontline workers like Shobha work with their communities to stop this cycle of myths. Bananas, an essential part of the subcontinent’s fruit basket, are a pregnant woman’s best friend.



Loosening the grip of tradition

Age-old traditions passed down generations often go unquestioned. One such belief is feeding a new-born child jaggery/honey and gripe water. Unfortunately, it is a harmful practice and it is important that communities are made aware of this.

In Mandvi village, in Dhariyawad block of Pratapgarh District, Rajasthan, resides Suraj, six-months-old Gudiya’s doting grandmother. Her son is a migrant labourer working in Kuwait. Even though Suraj is 65 and



suffers from backache, she was determined to visit the Anganwadi Centre (AWC) on MCHN Days and when take-home ration is distributed. She did this to ensure that her granddaughter and daughter-in-law received the services and nutrition supplements the AWC offers.

CONTINUE BREASTFEEDING DURING PANDEMIC

During the COVID-19 pandemic, many breastfeeding mothers were left wondering if breastmilk is safe for their babies if they get infected.

Breastmilk provides unparalleled nutrition and immunological benefits to the child and hence is vital for a child’s well-being. COVID-19 is an airborne infection, and the virus has not been detected in the breastmilk of any COVID-19 positive mother. Therefore, it is unlikely that the disease could be transmitted through breastfeeding. The advisory from the Government of India was to continue breastfeeding even during the pandemic.

However, a sense of responsibility is not enough. Lack of knowledge often leads to harmful practices. Suraj says, “When Gudiya was born, her mother breastfed her. We also gave her honey so that she has a sweet voice and also gave ghutti.” Feeding janam ghutti (gripe water) and honey immediately after birth is an age-old practice in these areas. Such is its prevalence that in neighbouring Chhoti Sadri block, even a frontline worker promoted gripe water rather than an exclusive diet of mother’s milk!

People believe that children cry because of acidity and upset stomach. They give gripe water to relieve these symptoms. There is also a belief that it helps with teething. Such beliefs can have dire consequences.

A Poshan Champion of RajPusht explained to Suraj the importance of exclusive breastfeeding and not feeding pre-lacteals, so that she could make an informed decision about what’s best for her granddaughter and not give in to tradition. RajPusht’s Poshan Champions counselled other mothers and their families to help them adopt the recommended child feeding practices. Frontline workers were trained to reinforce these messages.

The plate politics

Multiple studies, including Eat More, Eat Better, commissioned by CIFF, point to the role of societal attitudes and practices in shaping pregnant and lactating women’s nutritional intake. Poshan Champions under the RajPusht project, with the support of ASHAs and Anganwadi workers, strive to change customs detrimental to nutrition. Let’s explore one such common social custom related to the way women approach their meals.



“In what order do people eat at home?” this question was posed to women who had congregated at the Jamubuda AWC in Udaipur District. A clear trend emerged: first the male breadwinners of the family had food, then the elders and children and at last, came the women’s turn.

A young mother said, “Even when I was pregnant, I made sure that no member of my family went hungry. So, I always ate at the end. Sometimes vegetables or rotis would finish, but I had to manage with what was left.” When dinner got over before their turn came, some would drink tea to address their hunger. “I can go without food all day, but not without tea,” said a woman. A pregnant lady added, “I know that too much tea is bad for my health, but when I don’t have it, I don’t feel like doing anything.”



Another common custom is eating without a plate. Women just take rotis in their hand, occasionally scooping vegetables on it and using it as a plate of sorts. For some, it’s a matter of habit—they have grown up seeing their mothers eat this way and continue the tradition. For others, it reduces the number of plates to be washed or allows them to simultaneously do chores or have a quick bite on their way to their workplace or fields. Poverty is also a reason. Rotis with onions and chilies are a common meal for families with limited resources and they don’t bother with plates for such basic meals.

While this might seem like an innocuous practice, it contributes to poor nutrition. Without a plate or bowls, women can’t eat watery preparations like dal and kadhi—both crucial sources of protein, especially for vegetarians. Even gravy/curry preparations of vegetables are ruled out. Combined with the custom of eating last and having meals on the go while working, it leads to poor dietary diversity and inadequate calorie intake.

The RajPusht Poshan Champions engaged with not just mothers, but also husbands, in-laws and other family members, and regularly counselled them to ensure that women receive adequate nutritious food during pregnancy and breastfeeding.

The tobacco threat

The National Family Health Survey-5 (NFHS-5) reports that about 6.9% of women above the age of 15 have tobacco in Rajasthan. The figure is as high as 19.3% in Baran. Anecdotal evidence from RajPusht’s field teams suggests that many women continue to smoke or chew tobacco during pregnancy and while breastfeeding. It is time to put a stop to this habit.

When we asked Ramrati Sahariya whether she chewed tobacco, the 25-year-old mother of two from Kishanganj Block, Baran, smiled and looked away. She then confessed that she had gutka throughout her pregnancy and even while breastfeeding her five-month-old infant. Her mother-in-law took frequent breaks during our conversation to smoke beedis and her sister-in-law too chewed tobacco despite being in her early teens.

Maternal smoking during pregnancy is linked to:

- o Doubling of the risk of sudden infant death and birth defects.
- o Twenty-three per cent increased risk of stillbirth.
- o Thirteen per cent increased risk of congenital malformation.
- o Suppression of woman’s diet due to nicotine, harming both mother and baby (women need extra calories to support their growing child).

– World Health Organization

This practice harms not only mothers, but also children. Harmful substances from cigarettes are passed onto the foetus through the bloodstream and to infants through the mother’s milk.

RajPusht’s SBCC strategies seek to promote positive behaviours, such as abstaining from tobacco. The Poshan Champions counselled the mother and her family so that they were aware of the dangers of tobacco. They also motivated the family members to give up tobacco as one is more likely to have it if others around one is having it too and to support the mother by letting her take breaks and naps and making sure she has frequent meals.

The Tobacco Threat

When we asked Ramrati Sahariya whether she chewed tobacco, the 25-year-old mother of two from Kishanganj Block, Baran, smiled and looked away. She then confessed that she had gutka throughout her pregnancy and even while breastfeeding her five-month-old infant. Her mother-in-law took frequent breaks during our conversation to smoke beedis and her sister-in-law too chewed tobacco despite being in her early teens.

Ramrati and her family are not anomalies. The National Family Health Survey-5 reports that about 6.9% of women above the age of 15 have tobacco in Rajasthan. The figure is as high as 19.3% in Baran. Anecdotal evidence from RajPusht’s Block Programme Managers and POSHAN Champions suggests that many women continue to smoke or chew tobacco during pregnancy and while breastfeeding.

This harms not only mothers, but also children. Harmful substances from cigarettes are passed onto the foetus through the bloodstream and to infants through the mother’s milk. According to the World Health Organization, maternal smoking during pregnancy is linked to a doubling of the risk of sudden infant death and birth defects. Exposure to second-hand smoke during pregnancy is linked to a 23% increased risk of stillbirth and 13% increased risk of congenital malformation. Nicotine, the addictive substance in tobacco, also suppresses one’s appetite. This is dangerous for pregnant women and new mothers, as they need extra calories to support their growing child.

Divakar Jharbade, Block Programme Manager, Salumber, Udaipur District, says, “There are several reasons women take up tobacco. One woman I talked to said she had picked up the habit from her friends. Another said that she had heard that tobacco is good for digestion. She had started when she was suffering from stomach ailments, but then could not give up the habit. But for many women, tobacco helps them deal with stress or kill their hunger when they have to work for long.”

RajPusht’s Social & Behaviour Communication strategies seek to promote positive behaviours, such as abstaining from tobacco. The first stumbling block is the lack of knowledge regarding the harm tobacco does to mothers and children. Our POSHAN Champions counsel the mother and her family so that they are aware of its dangers. They also motivate the family members to give up tobacco as one is more likely to have it if others around one are having it too and to support the mother by letting her take breaks and naps and making sure she has frequent meals.

Tobacco is an addictive substance, so it’s hard to let go of the habit, but with constant counselling and motivation, we hope to see a shift in behaviours.



When new mothers face problems in breastfeeding

Some mothers or their families complain of inadequate production of breastmilk or no milk production at all. This was also the finding from RajPusht's study on Infant and Young Child Feeding (IYCF) knowledge and practices in south Rajasthan, conducted in 2021. It is a common issue that can be addressed by seeking help of a doctor. Here's how the project helped mothers in Rajasthan facing lactation challenges.

Suman gave birth to her first child in a private hospital in Gujarat. After her baby's birth, Suman noticed that she could not breastfeed him. Her family and neighbours claimed that someone had done black magic on her and dried up her milk. They took her to a "witch doctor", seeking a cure. Meanwhile, they fed the baby goat milk and cow milk and milk powder mixed with water, but he would throw up on drinking these. Unable to satisfy his hunger, he would cry often.

Thankfully, Suman consulted a doctor for her problem despite her family's belief that it was a result of witchcraft. RajPusht's Poshan Champion Jagdish Chandra Meena met and counselled Suman. The Anganwadi worker also reinforced to Suman about proper breastfeeding techniques and practices. These helped her breastfeed again. Her child now subsists only on mother's milk and weighs 6 kg, which is age appropriate.

Inadequate milk is often a matter of perception, for the mother's body automatically regulates milk production depending on the child's needs. In case of problems, one can visit an ANM or doctor to rule out any underlying physiological causes or talk to a lactation consultant for breastfeeding support.

Traditions are an important part of any culture. However, it is essential to question practices that are harmful but continue in the name of tradition. By disseminating knowledge among frontline workers and counselling members of the community, RajPusht has actively busted myths and mitigated such practices that lead to poor health of women and children.



To eat or not to eat

Good nutrition is the cornerstone of a healthy pregnancy. Although seemingly simple, many pregnant women and new mothers are unable to access high-quality, nutritious food, thereby increasing the risk of giving birth to low birth weight babies and delivering prematurely. This also has an impact on the long-term health of the child. Therefore, nutrition counselling and disseminating crucial information among the community is a core aspect of the RajPusht project.

In this section, we capture interesting snippets of information shared in the RajPushtika that emphasised the importance of seasonal and local foods and drinks, and provided locally available resources to enable women to improve intake of nutritional foods and drinks.

Sukha saag - nutritious nuggets from the desert

Eating local and seasonal is essential when it comes to good nutrition habits. In an arid area like Rajasthan, where green vegetables are not abundant, finding alternatives is of essence. The Government of Rajasthan took a constructive step when the Department of Home Science, University of Rajasthan launched a book 'Healthy Cooking: Best of Rajasthan' that offers a list of highly nutritious local foods and their benefits.

Lakshmi, a resident of Khabra Khurd village near Osian, had her second child and as a young mother, she required a nutritious diet with plenty of vegetables. But her village in western Rajasthan has some of the lowest rainfall in India, and green leafy vegetables do not grow easily here.

However, it did not stop Lakshmi from enjoying a nourishing, delicious diet. Basanti, her mother-in-law, preserved local fruits and vegetables by boiling and sun-drying them. The dry foods, known as Sukha Saag, are useful for lean months and allow people in the arid tracts of Rajasthan to eat vegetables and fruits throughout the year.

The book offers many more such options of nutritious foods local to Rajasthan.



Combating anaemia with healthy summer beverages

Rajasthan is known for its arid and hot weather. Keeping oneself hydrated is essential. While tea is a common beverage across households, offering it to children can be detrimental. Let's explore some nutritious beverages that children can consume.

The prevalence of anaemia is alarmingly high in India, including Rajasthan, where three out of five children below the age of five years and nearly half of all pregnant women are anaemic (NFHS-4).

Tea is among the most ubiquitous beverages in India. Its ease of access and near-permanent place in the grocery lists of Indian households have some negative impacts. Studies show that tea and biscuit/toast combo is a typical introductory complementary feeding snack for infants once they become six months old. However, tea is a rich source of tannins, which bind to iron in certain foods, making them unavailable for absorption in the digestive tract.

A simple remedy that supplements the government's suite of programmes to combat anaemia is to replace tea with local, healthier beverages.



WATERMELON JUICE

Ingredients: Watermelon, sugar, mint leaves, lemon, black salt

Benefits

1. Builds bones and teeth
2. Clears vision
3. Enhances iron absorption
4. Contains potassium, folate, phosphorus, beta carotene, Vitamin C



BAEL JUICE

Ingredients: Raw beel, milk, sugar

Benefits

1. Builds bones and teeth
2. Increases iron absorption
3. Contains calcium, Vitamin C



CHANA JAU SATTU

Ingredients: Bengal gram flour, jau, milk/water with lemon, sugar, mint

Benefits

1. Builds body tissue, bones, and teeth
2. Contains protein, folate, calcium



RAAB

Ingredients: Curd/Buttermilk, bajra/corn/jau/daliya, iodised salt, onion

Benefits

1. Build bones and teeth
2. Balances electrolyte levels
3. Helps in increasing blood levels
4. Provides calcium, iron, sodium



AAM/KAIRI PANNA

Ingredients: Raw mango, mint, lemon juice, sugar

Benefits

1. Healthy skin and vision
2. Builds bones and teeth
3. Helps in increasing blood levels
4. Contains carotene, calcium, Vitamin C, folate



CHAAS

Ingredients: Buttermilk/Curd, mint, green chilli, lemon, sugar, salt

Benefits

1. Builds bones
2. Regulates cell division
3. Provides calcium, energy

Sun, sesame and Sankranti

Every year, 14th January is celebrated as Makar Sankranti in India to mark the harvest season. In Rajasthan, Makar Sankranti is about flying kites, eating sesame-jaggery sweets and social gatherings. This festival is not just about fun but also has several health benefits.

- **Sunshine:** Vitamin D is an essential nutrient required for many vital processes, including building and maintaining strong bones in our body. It is often referred to as “the sunshine vitamin” because the sun is one of the best sources of this nutrient. Sunlight is also highly beneficial for the skin. A study published in Microbiome journal found that sunlight kills bacteria in indoor spaces. Kite flying is one of the best traditions followed by generations to leverage the benefits of sunshine, whether knowingly or unknowingly. In fact, on the day of Makar Sankranti, a longer duration of kite

flying is promoted as the human body can store vitamin D for up to a year and can use the reserves for quite some time.

- **Sweets made with sesame and jaggery:** Laddoos and chikki, are an integral part of the Makar Sankranti celebrations. Sesame provides warmth, calcium, and jaggery gives energy to the body in winters. Such sweets are popularly distributed and given for daan-punya on this day. Rajasthan is the second highest producer of sesame (til) in India. Sesame seeds (white) are a rich source of calcium, which is needed for healthy bones and breast milk production in pregnant women and lactating mothers.



Informative resources are essential in the efforts to disseminate knowledge that can contribute towards health and well-being of women and children. RajPusht project has played an instrumental role in providing such essential information to the frontline workers and empowered them to deliver messages on good health and nutrition to the community.

Onion, a nutrition powerhouse



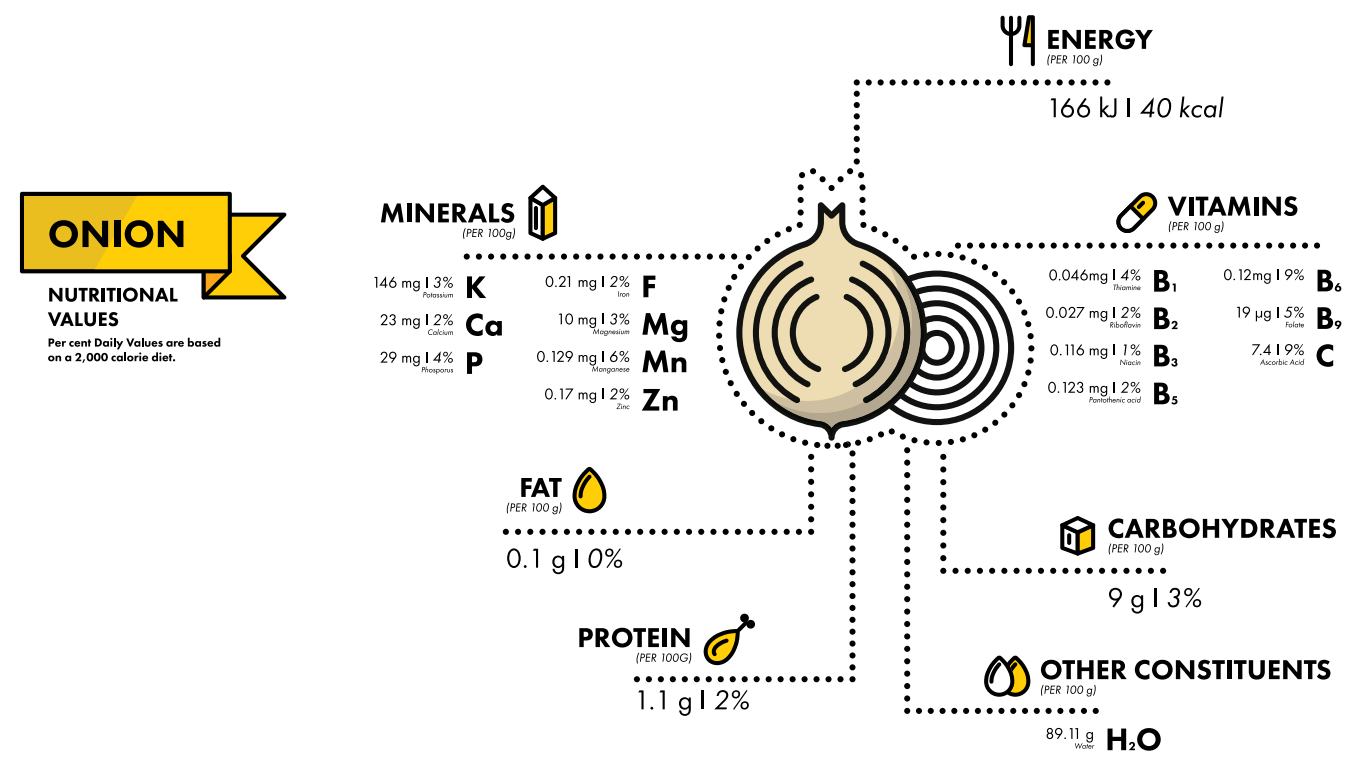
Come summer and people start talking about onions. The humble vegetable is a staple of many Indian cuisines across seasons. As the sun beats down upon us, many even recommend carrying an onion bulb in a pocket for protection from the heat. While there is no scientific evidence for this claim, there are several benefits of eating the vegetable. Let's explore them.

Raw onion is a good source of sulphuric compounds, flavonoids and phytochemicals. Quercetin is a particularly valuable flavonoid as it acts as an antioxidant. These compounds help neutralise ‘free radicals’ (highly

reactive molecules that cause cell damage), thereby reducing inflammation in the body.

Quercetin might have anti-carcinogenic properties too. High concentrations of quercetin are associated with the inhibition of cancerous cells’ growth. There is also an association between a diet rich in quercetin and a reduction in risk of mortality from coronary heart disease as well as a reduced risk of stroke. Various research studies on animals have found that quercetin reduces blood pressure, total cholesterol and insulin (high insulin levels are often associated with diabetes).

Red onions are a rich source of potassium and natural sugars, which help maintain electrolyte balance, like oral rehydration solutions do. This is especially important in summer because as the body sweats to keep cool, we lose vital salts.




A woman wearing a purple sari and a matching headscarf is smiling warmly at a baby. The baby is wearing a blue and white striped long-sleeved shirt and is lying down. They are in a room with a thatched wall and colorful fabrics hanging in the background.

I am counted

What an amazing place the world would be if everyone felt seen! In India, with such a large population, diversities and socio-economic disparities, visibility, especially of the vulnerable populations, is a crucial challenge. Immense efforts by the Government of Rajasthan are underway to make sure that every citizen has a legitimate identity that allows them to live a life of dignity. Such interventions continue to be imperative for people to access Government welfare schemes.

The Government of Rajasthan in partnership with civil society through projects such as RajPusht has been working to address this challenge of identity and visibility. This section explores some efforts that have allowed thousands of women to receive benefits just because they were made visible with the correct documentation.



Indira Gandhi Matritva Poshan Yojana (IGMPY)

Integrated Child Development Services (ICDS), Rajasthan

Indira Gandhi Matritva Poshan Yojana (IGMPY) is the Government of Rajasthan's conditional direct benefit transfer scheme designed to extend cash benefits to **second-time pregnant and lactating women**

Key Highlights

- IGMPY provides direct benefit transfers of **₹6,000** to second-time mothers in **5 instalments** subject to fulfilment of certain conditions.
- These conditions promote healthcare-seeking behaviours, thereby ensuring an appropriate continuum of care through pregnancy and after delivery.
- It has an **auto-enrolment** easy for beneficiaries by doing away with application forms.
- Women do not need to fill out any forms to avail scheme benefits. The money is directly transferred into their bank accounts on fulfilment of scheme conditions as long as they have a **linked Jan-Aadhaar card and linked bank account**.


Cash + SBCC


Unlike other maternity direct benefit transfer schemes in India, it includes a Social & Behaviour Change Communication component to **encourage the utilisation of direct benefit transfers for purchase of nutritious foods and promote recommended pregnancy care and childcare practices**.



Outreach

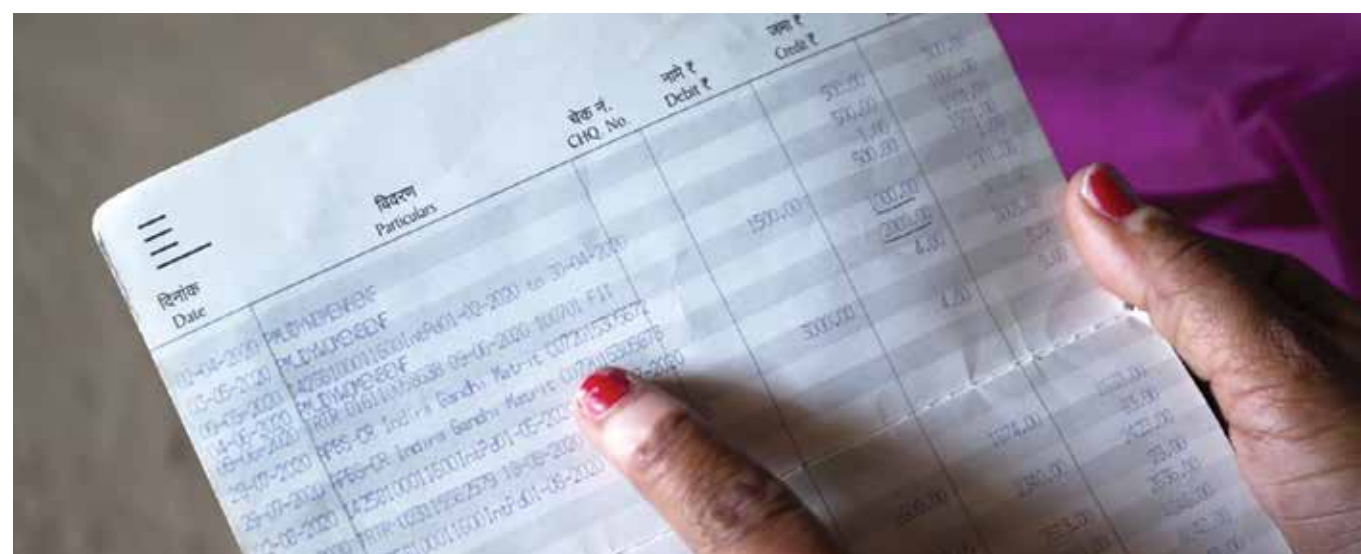
- Over **24,000 women** received direct benefit transfers
- Over **87,000 households** have received interpersonal counselling (IPC)
- 70%** of the women registered at Anganwadi Centres attended **Maternal & Child Health & Nutrition (MCHN) Days**. **81%** of them received **nutrition counselling**

Cash Transfer Flow







Of identity and visibility – addressing the crucial challenge of missing/incorrect identity documents !

Appropriate documentation and identity of people are the corner-stone of making welfare schemes successful at scale. A person's name alone may not be enough to avail the benefits of a welfare scheme. To ensure the delivery of the welfare schemes, each individual has to have a set of 'identifying attributes' whose combined values uniquely define an entity. Enrollment challenges continue to act as a stumbling block. Here's how RajPusht is doing its bit.

Government schemes in India benefit hundreds of millions of people. However, for many eligible beneficiaries, the first stumbling block is needing more documents and identity cards. Without these documents, they become invisible for massive digital solutions that the Government is increasingly deploying to deliver schemes and entitlements. For those who have the documents, it's important that the details in different documents match. Spelling or clerical errors often render potential beneficiaries ineligible. The RajPusht project team found that many eligible women did not have their basic residence proof to get their Aadhaar/Jan-Aadhaar made. To get these done, or corrected, meant they would have to travel far from their homes.

To ensure the maximum reach of maternity schemes, RajPusht partnered with a local civil society organisation, Centre for micro-Finance (CmF), to help women get their identity papers in order. The team worked with many women across blocks of Udaipur to rectify the

identifying attributes such as their name, date of birth, husband's name and problems in linking their Aadhaar/Jan-Aadhaar with their bank account.

Wherever possible, the RajPusht team leveraged the Prashasan Gaon Ke Sang camps. Where there were too few beneficiaries to hold a camp, 'e-mitras' were mobilised to help citizens obtain and correct errors in their Jan-Aadhaar card.

Regarding residence proofs, CmF actively worked with the village sarpanch as the Government has authorised them to issue bona fide letters with names and verified details, which the beneficiaries could use to rectify their Aadhaar/Jan-Aadhaar in the absence of other documents.

Similar camps were organised with the district administration across Rajasthan allowing beneficiaries to correct their unique identifiers to address the lack of documents hindering access to entitlements.

IGMPY: A step forward by Government of Rajasthan for second-time mothers

In a diverse country like India, a one size fits all approach has limited outcomes. The states, owing to their unique context, need to make efforts to make sure that no one is left behind. Here is an example by the Government of Rajasthan where they identified a gap and addressed it head-on. Ensuring that eligible beneficiaries were now 'visible' since they all had their documents in place – pregnant women and lactating mothers experienced 'paperless' cash transfers.



PMMVY, Government of India's maternity benefit scheme launched in 2017, was providing cash transfers to first-time mothers. For Rajasthan, this worked out to covering only 40 per cent women.

The Government of Rajasthan took a commitment one step further and launched the IGMPY. The scheme was launched in November 2020 providing conditional cash transfers to second-time mothers too in five Adivasi-dominated districts of south Rajasthan. Under IGMPY, second-time mothers receive up to ₹8,000 in three instalments.

The scheme was operational in Baran, Banswara, Dungarpur, Pratapgarh and Udaipur districts in its first phase. The state extended the IGMPY across all 33 districts in 2022-23 thus ensuring that **74 per cent of all pregnant women in Rajasthan reap the benefits from cash transfer programmes and embark on a journey towards better nutrition.**



The first payment of ₹1,000 was credited to Reena Kumari, 26, a pregnant woman and resident of Baran Ward-16, on 16 June 2021.

"The Anganwadi worker had informed me about the scheme," says Reena. "I am pleased to receive the first instalment of the cash transfer. I plan to use it to buy food."



The scheme is paperless! Beneficiaries do not have to fill any forms to register. Connecting the relevant departments – Women and Child Development and Medical, Health and Family Welfare – second-time mothers are automatically enrolled from the State's PCTS. After this, Lady Supervisors verify their details in coordination with Anganwadi workers.

Designed as a cash-plus programme, IGMPY has a dedicated budget line for SBCC, emphasising on improved counselling through multiple touchpoints at the home, village and facility levels with young mothers and their families. The customised and localised SBCC content creates an enabling environment for pregnant women and young mothers to use the money to fulfil their nutritional needs.

Harishankar Nuwad,

Deputy Director, Baran District, Integrated Child Development Services (ICDS), says,

"Despite the lockdown, we verified beneficiaries and resolved technical issues with the support of IPE Global. Now that cash transfers have begun, our hard work has paid off. Baran District's Kishanganj and Shahabad tehsils have a large population of Sahariya tribals. Many children are malnourished. This scheme will help them."



Government and civil society's contribution in supporting and extending their access and scale has innumerable positive outcomes. RajPusht's efforts in enabling more women to access services that offer them a better shot at life can go a long way in making the desired impact.

Feeling the pulse

Data enables critical decisions. Solving healthcare challenges at scale requires adequate and accurate data. In addition to regular surveys and studies that the Government implements to collect crucial data, research studies by civil society partners allow them to optimise their project approaches by identifying gaps backed by evidence.

NFHS is launched every five years to capture a comprehensive overview of the health and nutrition indicators of India's women, men, and children. NFHS 4 guided the RajPusht project to design its interventions to improve women's and children's health.

Mothers, Rajasthan and NFHS-5

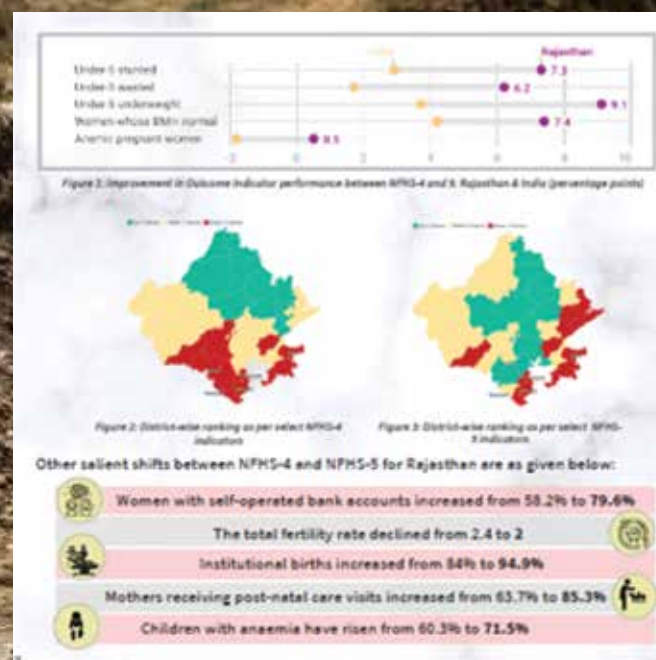
The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households across India. It provides a comprehensive overview of the health and nutrition indicators of India's women, men, and children. The 5th round of this survey was conducted between 2019 to 2021.

As a program dedicated to improved maternal nutrition for reduced instances of low birthweight and wasting among children, RajPusht works towards improving the following NFHS-5 indicators:

- Women whose BMI is less than normal
- Prevalence of anaemia among pregnant women
- Under-5 stunting, wasting, underweight

There are remarkable improvements across almost all the above maternal and child health indicators in NFHS-5 versus NFHS-4 in the state. Figure 1 shows the degree of change between the two rounds for India and Rajasthan, with the latter outstripping the former by more than 5 percentage points in all indicators except prevalence of anaemia among pregnant women.

We also note that while anaemia among pregnant women has increased for India, it has reduced for Rajasthan by 0.5% points between the two rounds. On ranking Rajasthan's districts on their composite performance in the above indicators, we find that the concentration of contiguous bottom districts has moved eastwards in NFHS-5.



In this section, we explore some of the efforts that RajPusht has undertaken to integrate data-led practices and take evidence-based decisions

Feeling the pulse of the community

RajPusht felt the need to understand the community-level factors including socio-cultural norms, attitudes and behaviours that may be impacting the nutritional status of women and children. A qualitative study of IYCF practices titled 'A Little More: Infant & Young Child Feeding Knowledge, Myths and Practices' was conducted in five project districts—Baran, Banswara, Dungarpur, Pratapgarh and Udaipur.

Conversations with 206 respondents—mothers, fathers, grandmothers and frontline workers—uncovered prevalent notions and practices that pose as barriers to appropriate nutrition among women and children. Some of these insights, as narrated below, have helped the project design relevant SBCC campaigns that addressed these barriers and helped bring about positive shifts in knowledge, attitudes and behaviours that support improved nutritional outcomes.

- **Many parents initiate complementary feeding of infants with junk foods.** Cheap, convenient and easily available, they are the go-to for some mothers if their child does not take to homemade foods after six months of exclusive breastfeeding.

"He only eats tanatan (a packaged snack) and biscuits," said Lali Bai, a young mother in Digodpaar, Baran district. Her seven-month-old son refused to have home-cooked food.*

- **Patriarchal expectations remain rife.** While most people gave lip service to the fact that girls and boys are equal, their expressions suggested otherwise.

A mother of two daughters teared up after a perfunctory answer to a question about gender equality and following a heavy silence, said that her mother-in-law did not want another girl. Such is the desire for a boy among families that according to Rama, a staff nurse in one of the districts, many mothers refuse to breastfeed their second or third daughter.

- **Most mothers are compelled to return to household chores or paid work immediately after delivery.** Entire families migrate for work. Often, they are too fatigued to even breastfeed. Yet, they try their best to feed their child, frequently taking them along to their worksite.
- **Those who live in nuclear families must manage everything on their own.** The nine-month-old son of Ramrati*, a young mother from Digodpaar, survived mostly on breast milk. She believed that she could feed cereals and fruits to the child only once he had teeth. Her husband was out for work during the day, and no in-laws to guide her.

- **Many others live in a knowledge vacuum.** Manju Bai*, a grandmother in Bhabhuka village, Baran District said that this interaction was the first time anybody was talking to her family about nutrition and childcare.

In this vacuum, there were bright spots too. Kaushalya Prajapat* and Sunita Meghwal* of Baran District could not go to the AWC and receive nutrition counselling as they had gone to their maternal homes during their pregnancy, a common practice in the region.

Yet, they knew all about the recommended IYCF practices. Kaushalya said, "Most people in my maternal village say that you should feed a newborn water, but I had received phone calls and messages from a doctor who told me to feed only mother's milk for the first six months." Her face lit up as she recalled the doctor's advice. Similarly, Sunita learnt about exclusive breastfeeding from a TV advertisement

Such examples encourage projects like RajPusht to invest in communication interventions that can equip the mothers and families with the right knowledge and help them take an informed decision for their health.

**All names have been changed to protect the respondents' privacy.*

The pandemic's impact on mothers and children in Rajasthan

The COVID-19 pandemic was an unprecedented health crisis that surprised the world. India was no exception. While India made significant progress in health and nutrition, the pandemic impeded—and perhaps even reversed—many of these gains. It became crucial for RajPusht to understand the impact of COVID-19 on the health of women and children so that appropriate solutions could be designed to better prepare for such a potential crisis. Here is a look at the results of a study undertaken by the RajPusht Project in collaboration with Development Solutions.

The study was undertaken in Baran, Jhunjhunu, Jodhpur and Udaipur districts in December 2020 among

nursing mothers, community members, frontline workers, government officials, etc. The study reported the following impact of COVID-19 on maternal, health and nutrition services:

- **ANC and counselling:** MCHN days were suspended from March-July 2020 and no physical ANC's, weight monitoring, etc. were done. Frontline workers monitored and counselled pregnant women over the phone or during home visits.
- **Institutional deliveries:** While pregnant women could deliver at Government healthcare facilities throughout the year, many women perceived them as unsafe and chose private hospitals if they could afford it.
- **Post-natal care and home-based newborn care:** During the initial months of the lockdown, households were uncomfortable with ASHAs visiting them due to the fear of infection. ASHAs just enquired about their well-being and shared advice from a distance.
- **Immunisation:** Vaccinations were suspended from March-May 2020.
- **Identification and referral** of children with severe acute malnutrition dipped.
- **Take-home ration:** Between April-June 2020, Anganwadi workers delivered rations to beneficiaries' homes. After that, they called beneficiaries to Anganwadi centres in small batches to collect ration. Children between three to six years of age received ration as a substitute for the hot cooked meals they received at the centres.
- **PMMVY:** The pandemic did not majorly impact registration for the maternal cash benefit scheme, but payment delays were a persistent problem.
- **Reduced incomes:** With migrant workers returning home, household expenses increased as job losses led to decreased incomes. Households were compelled to take on loans for daily expenses. Many households could not eat nutritious foods such as fruits, vegetables, dairy, etc as they were expensive during and after the lockdown. Most households reported that they had ensured that pregnant women, lactating mothers, and children received adequate food and nutrition despite increasing expenses.



Women from low-income households said they had to skip meals or reduce their intake frequency.

- **Restrictions on mobility and lack of public transport** affected access to healthcare and other essential services.

In light of these findings, RajPusht recommended the following solutions to mitigate the impact of a pandemic and enable better delivery of maternal and childcare services in such times:

- **Provide cash to mothers to ensure proper nutrition and healthcare.** Payments under existing cash transfer schemes such as PMMVY must be expedited, especially in times of crisis.
- **Provide telemedicine and counselling over the phone** as a 'mobile clinic' alternative to in-person check-ups.
- If frontline workers could not physically contact children, **continue monitoring growth and signs of malnourishment** through the **family MUAC method** or use artificial intelligence apps.
- **Support frontline workers with protective gear** (masks, face shields, etc.), educate them about safety protocols, enable them with training and technology, and provide incentives on time to motivate them.
- **Enhance local food security** through nutrition gardens in AWCs and homes.

"During the lockdown, services like ANC, MCHN day, vaccinations, etc. were suspended. When restrictions eased, we increased the number of MCHN days from two to three or even four days in a month. We put in extra efforts to make up for the lost time and services."

– Health Official, Baran

"We know the person running the local dairy, so we have been getting milk on credit for the past few months."

– Respondent from Jhunjhunu

"People would say, these women have gone to 10 places (suggesting that we are spreading the infection) and are unnecessarily bothering us. Even if we wanted to provide maternity or childcare services or follow up, they would often not allow us into their homes."

– ASHA, Udaipur

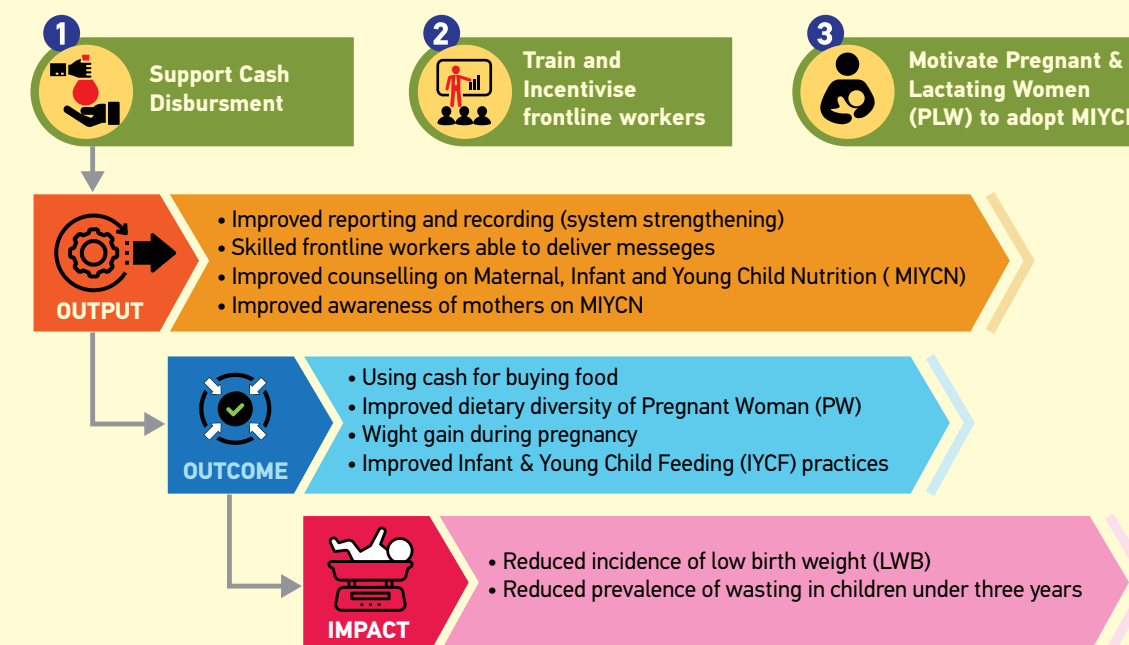
"As Government hospitals were treating COVID-19 cases, women feared infection. So, they preferred going to private hospitals."

– ASHA, Baran



RajPusht monitoring, evaluation and learning framework

- The RajPusht project also developed a robust monitoring, evaluation and learning framework to integrate an active and ongoing component of data collection and analysis to inform critical next steps.



The project had a robust monitoring protocol rooted in the programme management information system that measures the program impact, through a innovative mobile application that is used by Poshan Champions – the PC app.

Integrating data in projects has the potential to enhance the impact manifold. RajPusht project has successfully demonstrated how data from different sources including Government, project research like formative and impact assessment studies, etc. can be effectively utilised to design relevant interventions and achieve the intended nutritional outcomes.

Bridging the gap

Learning is an ongoing process. In that context, capacity-building and upskilling are an essential part of any healthcare intervention. Building the skills and knowledge of the on-ground force (frontline workers and healthcare staff) through various efforts such as trainings and introducing innovative technologies, enables interventions to become sustainable in the long run. It also empowers people working in the community to make impact at scale.

This section elaborates RajPusht project efforts to strengthen the capabilities of the frontline workers, facilitate impact and enhance sustainability. It also details the innovations that have been introduced.



Raising a troop against malnutrition

Every year, to ensure community mobilisation and bolster people's participation, September is celebrated as Rashtriya Poshan Maah (National Nutrition Month) across the country. Project RajPusht observed it by joining hands with the movement and organised the training of Anganwadi workers under IGMPY on maternal and child nutrition in Banswara, Baran, Dungarpur, Pratapgarh and Udaipur.

The training was conducted over two days and covered relevant maternal and child health well-being topics - the importance of the first 1,000 days of life, care of pregnant women and lactating mothers, immunisation, counselling skills, among others. The training was delivered using a custom-made Anganwadi workers' guideline 'Margdarshika' on Maternal and Child Nutrition

developed by RajPusht. The Anganwadi workers were oriented on various job aids such as posters, leaflets, pregnancy weight tracker, etc.

In another effort, RajPusht leveraged Gram Panchayats by mobilising their personnel and involving them in nutritional initiatives. The thematic focus was on 'women and health' and 'children and education.' Activities pertaining to anaemia, promoting indigenous toys for learning, gender-sensitive rainwater conservation at Anganwadi Centres, and child growth measurement were held. RajPusht's Block Programme Managers and Poshan Champions in Baran, Banswara, Dungarpur, Pratapgarh, and Udaipur districts supported these activities along with the identification of children suffering from severe and moderate acute malnourishment. They also provided counselling to pregnant and lactating mothers and their relatives regarding nutrition, pregnancy care and childcare.



Weighed the right way!

There exists an inherent challenge with the process of weighing babies in India. A facility staff weighs a newborn, jots down the weight manually in the labour room register and then the data entry operator digitises this data on the management information system. Use of analogue machines heightens the error of 'rounding up', leading to delayed low birth weight case discovery, missed referral opportunities, and lack of follow-ups with such babies after discharge. Here's how RajPusht addressed this issue.

RajPusht, in collaboration with its technology partner OneKey Care Private Ventures Limited, developed a unique Digital Weighing Machine (DWM) as an e-solution to accurately weighing newborns. The custom-made machine has a weighing tray, a camera to automatically capture images of the infant, an integrated keyboard to allow for the addition of gender, pregnancy, PCTS ID/ hospital registration details. Once a baby is weighed, the details are saved and transferred to a cloud server. The details, thus, captured are un-editable; data is relayed as it is, down to the last gram.



“The machines are linked with an app; I can triangulate my register records with it. This has helped our team avoid data errors, specifically in identifying a child’s gender.”

*– Ms Surya Parmar,
Labour room staff at CHC, Sabla*

“We get the child’s birth weight correct to the third decimal point. The machine is easy-to-use and improves our work efficiency. In most instances, we report the PCTS ID as the child identifier.”

*–Ms Kamala Pargi,
Labour room staff at CHC, Simalwara*

The NHM Rajasthan took up this idea and DWMs were installed in 150-odd high-delivery load labour rooms of Banswara, Dungarpur, Pratapgarh, Baran and Udaipur. The facility staff eagerly took to the machines.

The journey, although rewarding, was challenging. Here is one such story of identifying and overcoming these challenges from Pratapgarh.

There was much resistance to the new technology in the beginning. For those who were not tech-savvy, it presented a steep learning curve. Besides, the labour room staff was quite stretched, with 16 daily deliveries on average. Often, they did not have the time to weigh the baby on the DWM or enter the 16-digit PCTS ID.

To address these problems, the RajPusht team trained the staff to use the machine, sometimes as frequently as two to three times a week. While this improved DWM use, the results were far from spectacular. So, instead of the nursing staff, he trained Yashodas to operate the machines. Yashodas, part of the maternity ward team in the hospital, provide breastfeeding counselling and support the pregnant woman and her child before and after delivery.

First, he instructed them on how to record the weight correctly. Then, he motivated them to register PCTS IDs. This initiative was a success—many Yashodas are now adept at operating the DWM and its mobile application.

“I am proud that I learnt to use a digital machine and sync data using a mobile application at my age. I could barely use a phone earlier, but the support I received from Block Programme Manager Vijay Patidar helped me improve my skills and confidence.”

– Phool Kunwar, Yashoda



Learning through fun, games and discussions

Participatory Learning and Action (PLA) technique-based community meetings enable communities to identify and resolve issues together. RajPusht incorporated these techniques at VHSNC meetings in its behaviour change communication strategy to create an enabling environment for improved maternal and child nutrition. Here are some examples.

An ASHA takes a bundle of sticks and asks women seated in a circle to try to break it. They find that while one stick alone is easy to break, a whole bunch of sticks is much more resistant, reiterating the power of collective action with “Ek se bhale do; do se bhale chaar” (two is better than one; four is better than two).

In another activity, some women stand in line and then move forward based on the ASHA’s prompts on the services they have received from local governance institutions. The participating women then ponder on their own status vis-à-vis others. In another game, women are paired up – some walk together, some piggyback on their partner. Each pair reflects on partnering with the government in different ways. These activities and games are punctuated with discussions on a range of topics.



RajPusht began these meetings, known as Poshan Varta, across Udaipur district in November 2018. More than 55,000 meetings have been completed so far.

Two ASHAs, Nisha Choubisa and Shanta Bai were recognised as ‘Nutrition Warriors’ by the Vice-President of India, Shri Venkaiah Naidu, in 2019 for mobilising the community to improve nutrition indicators in their villages. These changes were evident throughout the district.



Pregnant and breastfeeding women who had participated in PLA meetings were more likely to have a diverse diet, follow recommended pregnancy care, breastfeed within one hour of the child’s birth and use contraceptives.

NHM Rajasthan took note of the uptake of Poshan Varta in Udaipur. The Department of Health Government of Rajasthan then partnered RajPusht and technical agency Ekjut to reinvigorate the VHSNC at the village level, using PLA-based meetings as a catalyst. The proposal was accepted as part of NHM – Rajasthan’s Programme Implementation Plan for 2021-22. VHSNC meetings using the PLA technique were rolled out in the tribal districts of Banswara, Baran, Dungarpur, Pratapgarh and Udaipur. Through the cycle of many VHSNC meetings, ASHAs steered discussions on maternal and child nutrition, built consensus on prominent issues and developed action plans, while successfully reviving an essential community platform.

Glimpses of change with VHSNCs using PLA

Belisari held its gram sabha and VHSNC Day in the presence of a 15-member, active committee of VHSNC. The Committee Secretary ASHA Premalata Meena a pillar of the committee, demonstrated great determination in delivering community meetings. Many community members started showing interest in health and nutrition discussions since the use of PLA in community meetings.

"In the initial phase, I encountered many obstacles but eventually developed a good understanding. Now I feel that every word I say contributes to the community behaviour change. I am happy with my work. However, there is so much more to accomplish, and there is no time for breaks," said ASHA Premalata.

RajPusht conducted special gram sabhas to spread awareness of health practices and popularise Chiranjeevi Scheme across Rajasthan. The special gram sabha provided a window to revisit and reflect upon the maternal and child health status in the presence of villagers, key stakeholders, field functionaries and panchayat members.

PLA-led VHSNC meetings provided a platform for community participation understanding, learning, behaviour change and problem-solving at the community level. During VHSNC meetings, villagers' knowledge about health care was enhanced, problems related to mother and child nutrition and care were identified with their active participation, and issues were discussed with the help of innovative games.

"Games are the best way to engage the community members to identify problems, strategise solutions and responsibility towards the community. It is a special feeling when committee members and participants accept social responsibilities at the community level in the presence of the villagers and PRI members" emphasised ASHA Premalata.

Since the PLA-led VHSNC meetings, there has been noticeable development in the village. Family planning decisions were highly impacted, leading to reduced pregnant women registration at the AWC and increased usage of family planning methods, pregnancy after at least two years of marriage, three years gap from the first to the second child, adoption of family planning after two children, registration in the first trimester, and improvement in vaccination of pregnant women and children.

Learning for better healthcare

Healthcare and medicine are dynamic fields. Therefore, continued medical education (CME) is important to stay abreast with the latest developments in the field. At the village level, ANMs are the first point of contact with the medical system. They provide maternity care, childcare, counselling, immunisation and family planning, among other services. It is essential that they receive CME. RajPusht trained ANMs to counsel pregnant women regarding the importance of proper nutrition and weight gain.

The counselling ANMs provide on MCHN days has been integral to RajPusht's SBCC strategy. The training modules reiterated the duties ANMs have to perform and messages they have to share on the monthly MCHN days.

By emphasising proper nutrition and weight gain during pregnancy, RajPusht sought to reduce the prevalence of low birth weight and break the inter-generational cycle of malnutrition.

"The training held was helpful as a refresher. But the best part were the supportive job aids that we received along with the training. These are easy to use and will help me deliver counselling better. Such refreshers should be organised every six months as it keeps us on point."

- Nirmal Rawal
(ANM since 1989, PHC-Kuan)

"The training has been interesting and valuable. The emphasis on consuming iron, calcium and good food during pregnancy was crystal clear, and I will incorporate these messages in my counselling sessions with women on MCHN Days. Having such quarterly sessions would be beneficial in retaining top-of-the-mind recall of specific messaging."

- Shanti Bhamat
(ANM since 2016, CHC-Chikhali)

"The session was eye-opening, and I am excited about using the job aids given here during my counselling sessions! It would be great to reiterate such messages in each month's sector meeting where we (ANMs) gather; this will help reorient our focus to the right messaging."

- Shilpa Damor
(ANM since 2010, PHC- Kochri)



Preventing malnutrition in babies

RajPusht has worked towards improving IYCF practices in its quest to reduce the incidence of wasting among children. During the qualitative study conducted, the project staff interviewed labour room staff to better understand how medical staff at facilities can promote recommended IYCF practices. The study showed that the nursing staff at these facilities wanted training sessions on IYCF as there had been a long gap in trainings during the lockdown.

To address these issues, RajPusht, in collaboration with NHM Rajasthan, organised four-day long IYCF training sessions for medical staff (nursing officers). It emphasised how simple steps such as providing emotional support, counselling and handholding improve breastfeeding and complementary feeding. To

ensure that learning continues after the training, the project set up district-wise online groups to facilitate cross-learning and sharing experiences.

This equipped them to handle common challenges in initiating breastfeeding within one hour of delivery, such as mothers feeling exhausted to breastfeed after a long delivery, and myths that mothers produce breast milk only a couple of hours or days after giving birth. Others feel they are not producing enough milk to satisfy the baby. Family members sometimes give the newborn gripe water or honey or recommend discarding the colostrum.

For the training, 132 staff members were selected from 83 district hospitals, PHCs, community health centres and satellite hospitals across the five districts.



Poshan Samuh: hotline to last-mile households

A social change story finds momentum when behaviour change interventions are introduced. RajPusht project encompassed a 360-degree approach to SBCC for improved maternal and child nutrition outcomes among tribal women of Rajasthan. It included targeted messaging to beneficiaries, their family and community members through home-based interpersonal counselling, community-level engagements and digital communication.

The conventional method of home-based counselling while being an effective mode of communication and having good recall, becomes labour-intensive especially for remote and rugged terrains. Increased digital media-based content consumption offers an effective channel for communication for impact. Digital media promises efficient outreach, uninterrupted communication and better recall than other interventions. Given the massive expansion of social media networks, digital media campaigns were leveraged by the project.

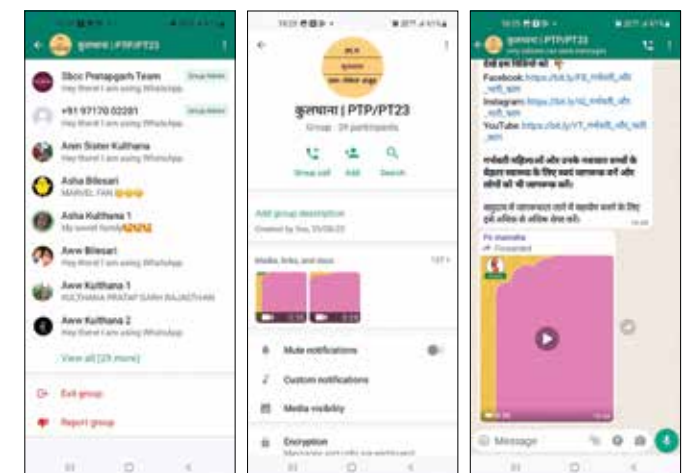
The project found that not all social media platforms such as Facebook, YouTube, Instagram, Moj and MX Takatak were being used in tribal Rajasthan, thus restricting the scope of individual outreach through a digital campaign. People using these platforms prioritised entertainment over nutrition messaging.

In this backdrop, WhatsApp emerged as one of most used digital platforms with deeper penetration across the social spectrum. Leveraging the reach of WhatsApp, an innovative Network of WhatsApp (NOW) groups was envisaged as an effective and focused channel

for Maternal and Infant Young Child Feeding Nutrition (MIYCN) communication for the remotest households. Approximately 2,000 WhatsApp groups, named Poshan Samuh, were formed at the Gram Panchayat level across five project districts.

NOW included beneficiaries, frontline workers, Panchayati Raj Institution (PRI) members and other local influencers. A bouquet of digital content such as Aslee Bahubali success stories, Kya Aap Jante Hai? reels, the myth buster comic Gauri ke Kalu ke Chashma, and other creative content was circulated daily in the network by Poshan Champions. Members further spread the content through 'WhatsApp forwards' and 'WhatsApp statuses.' This ensured uninterrupted messaging; community-level outreach and connection; hence, better recall.

It became the perfect medium to share targeted messages without interruptions. This medium created a sustainable network that allowed for the sustained mobilisation of community members through integration with home-based counselling, PLA-led VHSNC meetings and MCHN days.



Through efforts directed at building capacities, introducing innovations, among others, the RajPusht project has demonstrated that learning should never stop. It has successfully empowered frontline workers and other healthcare workers to help improve the health of women and children at scale.

कौन है असली बाहुबली?



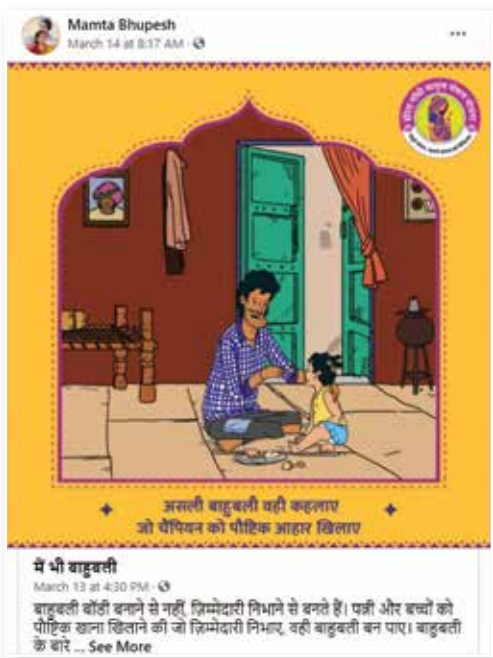
Bahubali – from ‘reel’ to ‘real’

Who is a hero? Someone who fights against evil? Someone who cares for his loved ones? Someone who takes responsibility for the well-being of his community? Yes, it is a bit of everything. The RajPusht project brought this hero to life through a series of SBCC activities leveraging the famous action movie Bahubali. Here are snippets of some impactful work done under the project to improve awareness and knowledge in the community about nutrition among mothers and children.

Who’s the real Bahubali?

The epic action film Bahubali is wildly popular in southern Rajasthan. Here’s how the project leveraged it to disseminate relevant messages on maternal and child health.

In the long shadow cast by the pandemic, communication was geared towards the mitigation of COVID-19. There, however, remained a risk of core messaging on nutrition getting side-lined in mainstream media channels. RajPusht planned an innovative digital media campaign targeted to Banswara, Baran, Dungarpur, Pratapgarh and Udaipur. An analysis of media consumption from these districts provided key insights to design the digital campaign. It was seen that mostly men owned smartphones and were avid consumers of short video content. Bahubali, aired during matinee hours on movie channels, emerged as a major hook for men between 18-44 years.



The intervention began with a test campaign, followed by a COVID-19 and nutrition awareness campaign. The campaign’s finale was a four-part web series, airing on preferred applications in the area that included Facebook, YouTube, MX TakaTak and Moj. The web series explored the theme of shared responsibility in households.

While the movie Bahubali is a man with a six-pack, scattering his enemies with the power of his fist, the project reimagined him as someone who is not a very “manly” man. RajPusht’s Bahubali is a simple guy who loves and respects his fiery wife and takes good care of his family’s nutritional needs.



Finding Bahubalis in Rajasthan

The popularity of the film’s lead actor inspired the RajPusht project to launch ‘Main Bhi Bahubali’, a digital campaign encouraging men to fulfil their responsibilities towards their wife and children.

In this campaign, men were asked on their views about who is truly a bahubali. Through videos, posters and GIFs on social media platforms such as Facebook, YouTube and WhatsApp, the project reiterated that a bahubali is someone who looks after his wife and children and ensures they are well-nourished and healthy.



Initially, Facebook’s algorithm shows posts to 0.1% of a page’s subscribers. If they spend more than three seconds on the post, only then does Facebook distribute it further. Since users responded well to the campaign posts, Facebook organically kept pushing the posts. User interest led to Facebook’s algorithm showing the campaign posts not only in targeted districts but across Rajasthan as well as in other countries.



Bahubali masks up

Following the success of the Bahubali campaign on social media, the project launched another campaign on raising awareness about COVID-19.

In the first phase of the this campaign, Bahubali addressed common doubts regarding pregnancy care and diet during the pandemic. Eight static/GIF posts on critical themes such as breastfeeding during COVID-19, maintaining a continuum of care, ensuring a nutritious diet and mental well-being were aired during this phase. Half of the viewers were between the ages of 18–34 years. On an average, a man between the ages of 25–34 years viewed the campaign posts more than three times.



Poshan Champions – RajPusht's bahubalis

The RajPusht project recognised Poshan Champions for their exemplary effort in implementing the project interventions. Here we highlight two such champions and their exceptional contributions.

Tulsiram Prajapat was a Poshan Champion with RajPusht in Baran district. He oversaw AWCs in Kelwada sector of Shahabad block, which has a significant proportion of Garasiyas, the only community in Rajasthan designated as a 'Particularly Vulnerable Tribal Group'. Tulsiram registered a large number of mothers under RajPusht and counselled them many times since he joined the project. Since villages in the region are usually quite spread out, he walked long distances to meet beneficiaries. In his catchment area, 65 mothers received payments under the IGMPY. Tulsiram had a firm grasp of nutrition, hygiene, immunisation and related topics. He worked well with Anganwadi workers, ASHAs and Lady Supervisors. He participated in many camps organised by the Block administration, such as the Prashasan Gaon Ke Sang Abhiyaan (Government with Villages Campaign). His handholding initiatives were exemplary. He counselled women to get their Jan-Aadhaar card made and provided support regarding bank accounts and mobile numbers (pre-requisites to receive benefits under IGMPY), shared information about Government schemes and COVID-19 relief measures and motivated people to wear masks. In a year when he faced personal setbacks, these achievements were even more remarkable. Tulsiram is indeed a champion.

Poshan Champion Jagan Prasad Dodiya worked in Banswara district for over a decade. He knew the region and the nutritional challenges people face quite well. Over the years, he built strong relations with community health workers, Government officials and civil society members in Banswara.

Jagan brought his rich experience to RajPusht when he joined as a Poshan Champion. He oversaw a large number of AWCs in Anandpuri Block. Jagan was knowledgeable about maternal and child nutrition and spoke well, which made his counselling persuasive. He worked closely with Anganwadi workers, ASHAs and ANMs, and supported them in their duties.

"When I joined," says Jagan, "people were not as receptive and would hesitate to share documents. But as I interacted with more mothers and their families, I learned how to reach out to them better. I quite enjoy talking to people and I have learnt a lot from the mothers and families I counsel."

Team RajPusht salutes Jagan's hard work and dedication to the cause of maternal and child nutrition.



How I became a Bahubali?

Learning is an ongoing process. Here's the story of RajPusht Project Manager who coped with a daunting challenge of his wife's high-risk pregnancy by ensuring that she receives good nutrition as well as proper health care services. This was a result of his exposure to good practices in his association with the RajPusht project. In his search for "Main Bhi Bahubali", he realised that "I too am Bahubali".

When Asif's wife became pregnant with their second child, he went to the nearby AWC to register her pregnancy. During the registration process on the MCHN Day, the ANM measured her weight and tested her haemoglobin levels. To Asif's surprise, his wife's weight was only 42 kg and she had inadequate haemoglobin of 7.5hb.

This was a wake-up call for him. After months of working to improve maternal and child nutrition in Dungarpur, the Bahubali within him finally realised his duties and responsibilities. So, Asif and his wife started going to the AWC on a regular basis for weight and

haemoglobin monitoring and took the calcium and iron-folic acid supplements they received. They did not opt for treatment from a private doctor.

The nutrition counselling that Asif had given to a lot of beneficiaries was now benefitting him and his family. He told his wife about the importance of proper nutrition, adequate calorie intake, dietary diversity and recommended pregnancy care practices. He also bought local, seasonal fruits and vegetables. As a result, his wife gave birth to a healthy child of 2,900 grams even though she had a high-risk pregnancy.

By taking responsibility for his wife and child's health, he finally practised what he preached and became a Bahubali!



The heroes in our midst

While change takes time to percolate through society, there are individuals who have given maternal and child nutrition the consideration it deserves. These include not just family members, but also neighbours and other people in the community. Their contributions range from providing nutritious foods to pregnant women to ensuring that a malnourished child receives proper medical care. These are significant efforts in societies where many view childrearing as a mother's job and believe that pregnant women do not require special care or food. In one case, the joint efforts of frontline workers and medical officers saved the life of an infant born with macrocephaly (excessively large head) through swift referrals and the provision of institutional support.

In the fifth month of Jaya Kharadi's pregnancy, her doctor advised her complete rest as she was in poor health. So, her husband Mukesh did all the domestic chores and took care of her and her meals. The couple, residents of Nala Fala village in Dungarpur district, are today proud parents of healthy twin girls.

Mukesh's actions might seem unremarkable, but in the patriarchal milieu he lives in, they are significant. In southern Rajasthan, domestic responsibilities and childcare fall solely on women, as is the case in much

of the world. Often, women do not have the autonomy to make decisions for themselves or on matters concerning their health. Other family members, such as her husband or mother-in-law, wield that power in the household.

Mukesh and Jaya's story shows that a supportive family environment that prioritises nutrition and recommended pregnancy care and childcare practices is crucial for good maternal and child health. That is why RajPusht, in its quest to improve maternal and child health and nutrition, reached out not just to mothers, but also to their families and the larger community.

RajPusht's SBCC initiatives, such as interpersonal counselling and community mobilisation using the PLA technique, have been operational in five districts of Rajasthan, and results are now visible.

Everyone is a hero if they decide to do their bit towards health and well-being of their own family as well as their community. Taking responsibility of the family's well-being, providing adequate support and ensuring that everyone is taken care of, makes a man a true Bahubali.



Nurturing the change agent within

Everyone has the ability to make a positive change, but only a few nurture it. Some such heroes are the RajPusht's Poshan Champions, who along with Anganwadi workers, ASHAs and ANMs, have counselled women, their families and communities to follow a proper diet along with the recommended pregnancy care and childcare practices.



Frontline workers from the ANMs, Anganwadi workers, ASHAs to the RajPusht-trained Poshan Champions, have taken up a variety of roles to lead from the front making sure that women and children are identified, registered, have their required pre and post-natal checks and the growth of both mother and child are monitored. With COVID-19 shaking the foundations of an established life routine, adapting to new evolving situations and the mandate of ensuring the continued delivery of services was also led by these phenomenal women.

A common response from Poshan Champions was 'This isn't just a job for me; I have the chance to bust myths, taboos and harmful practices prevalent in the region and leave a lasting impact by improving the health of mothers and children.'

From Megha Pandya, Poshan Champion of Pratapgarh, who identified women in her village who had not sought ANC even once, to ASHAs stepping up to reach out to places where others would not have dared to venture or busting prevalent food-related myths like pregnant women being asked to eat less to prevent complications during delivery, there are many exemplary stories of these field champions.

Reinventing their workplaces

Nirmala, 41, Anganwadi worker, Bhinder 1 Centre, Udaipur district, made chits and got women to pick them. Forming a circle, the women picked the chits one-by-one and asked the group the questions. Women raised their hands, eager to answer. After every correct response, there was a round of applause and cheering. This was Nirmala's way of making the informative sessions with the women in her community more engaging and enhancing participation.

ASHA Bharati went beyond her routine work, stepping out of her comfort zone to support elderly people during the COVID-19 pandemic. Bharati assisted 15 households with rations. She proactively informed the Health Department about the food access problem faced by some households and raised funds with the help of her neighbours and Government officials to provide them food. She made a ration kit with flour, oil, salt, chilli, sugar, etc. and delivered it to each household. Bharati also ensured that they received medicines for chronic illnesses at their doorstep.

ASHA Pratibha Jani braved all odds to reach out to people in Oda Bassi, a village near Paloda in Garhi Block, Banswara District which was notorious for alcohol use both among men and women. Due to its reputation, the village remained isolated and its inhabitants often did not receive the benefits of Government schemes and entitlements. Pratibha tried several ways to make inroads into the community.

Lady Health Visitor Vijaya Kumari stated, "The socio-economic condition of Oda Bassi has improved significantly. Most women are now availing services at the AWC." Dipika Raut, Block Chief Medical Officer, Garhi, felicitated Pratibha for her work.



One day, a woman with high-risk pregnancy had to be rushed to the hospital late at night. Pratibha arranged an ambulance for her, took the family to the hospital and stayed with them for two days. Since then she has spread awareness about Government schemes and services available at the AWC.

A number of Poshan Champions teaming up with RajPusht teams have counselled women to have their pre-natal tests done, to gain weight during the course of their pregnancy and on dietary intake. They have been the go-to person for any questions or clarifications

that families need during this important period of childbearing and ensuring the survival of the newborn. Several districts have reported seamless coordination between Poshan Champions and the ANMs, Anganwadi worker and ASHAs, leading to better outcomes for women and children.

Unstoppable spirits: ASHA diaries

The COVID-19 pandemic caused millions of deaths across the world. In India, the NHM through its frontline workers, expanded COVID-19 vigilance to rural India. At the forefront were ASHAs, charged with COVID-19 surveillance, case monitoring and vaccine advocacy at the village level.

"There are no roads as the area is divided by water and one part of the village is covered in a dense forest. At times, it gets quite scary to pass through the jungle, so I go with my husband. Also, it gets difficult to take the boat when it's windy or rainy. So, we have to drop our work plans on a bad weather day." - ASHA Kamal Roat of Salakdi village where knowing to row a boat is a necessary survival skill.



"People were not ready to come for the vaccination drive and made various excuses to skip it. So, I had to go and repeatedly counsel them to get vaccinated," she adds. Her consistent efforts to convince people about the merits of vaccination and conduct COVID-19 surveys often faced immense resistance from the community - "They would say don't even dare come near us or enlist us. They were scared of the vaccination."

For ensuring vaccinations despite the daunting circumstances, she was felicitated by the District Collector, Dungarpur. She humbly received the congratulatory remarks, saying, "There is nothing extraordinary about it; it is our daily work and duty, which we are doing and will continue to do. I like my work a lot, as it helps me stay more connected to the people and my community."



Sambalpur's 'Sambal', ASHA Lalita

Health workers like Lalita play an important role in community change and become a source of inspiration for others. Her efforts in the field improved health and nutrition of mothers and children, and her work inspired many others.

Lalita Ojha, ASHA Sahyogini of Sambalpur in Baran district faced one of the most difficult situations of her life. While she was at work attending to a complicated childbirth at the district hospital, her four-year-old daughter met with an accident. As Lalita stayed with the woman in labour, her daughter was rushed to the PHC in a seriously injured condition. Unfortunately, she could not be saved.

When Lalita received the shattering news over a phone call, her reply revealed her deep devotion to her duty and became an inspiration to many. Lalita accepted the news that her daughter was no more in this world, saying "But I could not leave a woman fighting for life and death while giving birth to her child."



Lalita had faced many problems in this Sahariya tribe-dominated area when she had started working as an ASHA there. Through her continuous interaction with the villagers, she established her acceptance in the community. Along with that, her warm and friendly personality soon had all the women in the village consulting her to solve their problems. She considered the entire village as her family and everyone's sorrows as her own.

Beneficiary Kali Bai stated, "When I had labour pains at night and told my mother-in-law, she did not listen to me. Then my husband called ASHA behen ji who immediately reached my house and called the 108 ambulance. Due to delay in the arrival of the ambulance, I delivered the baby before boarding the ambulance. ASHA sister then took me to the hospital in an ambulance. She got the infant weighed and vaccinated. I don't know what would have happened to me if the ASHA had not been there!"



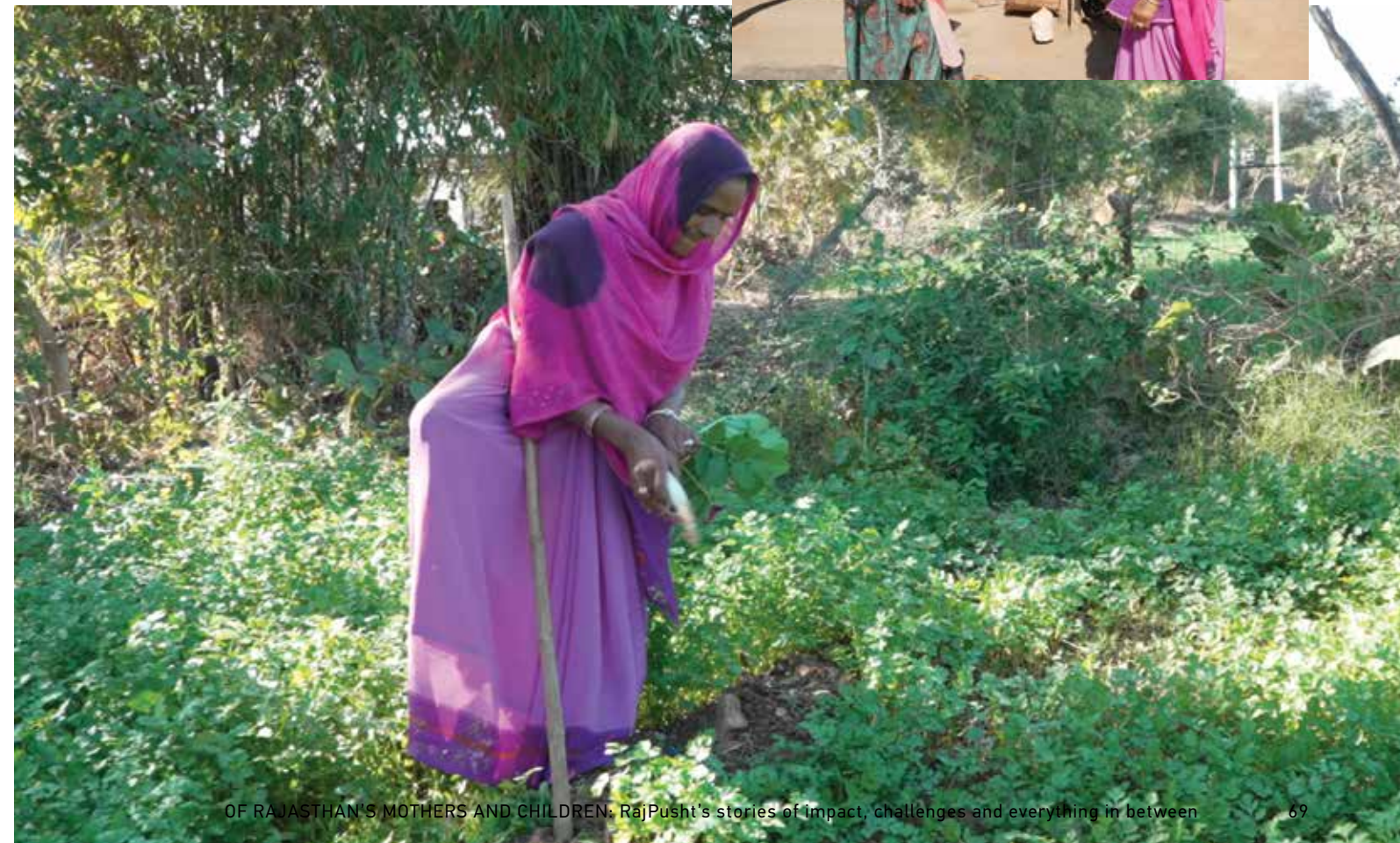
Nathi Devi's nutri gardens initiative helps maternal nutrition

Nathi's perseverance, her motivation to ensure the delivery of arduous tasks while balancing herself physically, touched each household in her village. Her efforts motivated women to set up the nutri gardens that resulted in these women gaining 10-12 kilograms during pregnancy. Here's the story of this health champion.

Fifty-year-old Nathi Devi, an Anganwadi worker in Godaila Phala of Dhariyawad block in Pratapgarh district, was affected by polio since birth going about her life with the help of a support stick. While working on new initiatives and learning about the importance of nutri gardens during training, Nathi implemented the idea at her Anganwadi centre. However, due to lack of water and her personal challenges, she could not maintain the garden.

Finally, she decided to cultivate a nutri garden at her home. She started spreading the message of its benefits to pregnant women that she was meeting. During counselling sessions, Nathi informed women about

harmful pesticides that are used to grow vegetables and encouraged them to use any extra land that they had, to set up a Nutri Garden. During Gram Sabhas too, she spoke about the benefits of nutri gardens and requested the sarpanch to help provide free vegetable seeds to pregnant women to begin this initiative. She convinced about 12-14 women to cultivate vegetables. The vegetables were consumed by the pregnant women and their families, who welcomed the idea of nutri garden positively.



Championing nutrition in Rajasthan

The extensive work by RajPusht Poshan Champions in the communities has played an instrumental role in making the project a massive success. Let us read about some of their exemplary stories of wisdom, strength and commitment.

Aarti Tailor worked with RajPusht as a Poshan Champion in and around Awleshwar village in Pratapgarh district. This was her first job on a nutrition project and she was initially hesitant, but she was determined to work for the mothers and children she met. She counselled them regarding nutritious diet and recommended pregnancy care and childcare practices. *"This wasn't just a job for me; I had the chance to bust myths, taboos and the harmful practices prevalent in the region and leave a lasting impact by improving mothers and children's health."*

When she told pregnant women and new mothers that they should have at least three meals a day and snacks, many responded that it would harm the child. But Aarti did not give up and repeatedly counselled them on appropriate dietary practices and care. She was elated when families paid heed to her advice and gave her the good news about the birth of their healthy children.

Rekha Menaria, a Poshan Champion in Udaipur's urban region had strong connections with the community and Government frontline workers. She enthusiastically participated in community events at AWC. She found her job rewarding. *"I feel happy when pregnant women with low haemoglobin or inadequate weight gain make progress after my counselling sessions. It is also gratifying to reach out to people who might not have had support otherwise. Recently, I met a deaf-mute woman. I shared health and nutrition advice with her husband,*



while she flipped through my job aid. Her husband then explained it to her and she imbibed messages from the illustrations in the job aid as well," said Rekha.

Working as a Poshan Champion was a learning experience for Rekha. "Earlier, I was quite shy. I could not express my opinions freely nor talk to strangers. But now, I converse with all kinds of people and explain maternal and child nutrition concepts to them, regardless of their background or literacy level," she said.

Mamta Sevak has worked in Dungarpur with RajPusht since the project's inception. *"I learned a lot about maternity and childcare once I started working with RajPusht,"* said Mamta. *"I wish I had known more about exclusive breastfeeding, complementary feeding and the importance of green leafy vegetables when I gave birth to my children. But now, I make sure other mothers don't make the same mistakes I did. Many women in Dungarpur live alone or with their in-laws. Their husbands migrate for work to Gujarat or Kuwait. I feel it is my duty to ensure that these women and their children receive the best care and nutrition during pregnancy and after childbirth."*

Sangeeta Patidar, RajPusht's Poshan Champion exemplary efforts were witnessed in case of Babli. Sangeeta regularly counselled her as per the schedule prompted by the RajPusht's Poshan Champion app. As a result, Babli followed recommended care practices with diligence. She got four ANC checkups done at her AWC. Between her first and fourth ANC checkups, her weight increased from 40 to 49 kg. She gave birth to a boy weighing 3.4 kilograms.



Counselling brings together 'saas-bahu'

A story of how a Poshan Champion effectively challenged a cultural and social set up to improve the health of a pregnant woman and her unborn child.

Poshan Champion Raveena Baria visited Asha's home, registered her in the Poshan Champion app and counselled her for the first time. Raveena's counselling resulted in bridging the gap between Asha and her mother-in-law with regards to the understanding of care required during pregnancy. Asha's illiterate mother-in-law Kamala Devi listened to each counselling session carefully and gradually began taking complete care of her daughter-in-law.

She started by giving her milk and additional meals for her optimal weight increase during pregnancy. Understanding the importance of nourishment, she even grew vegetables in her yard for her daughter-in-law. She motivated Asha to eat green vegetables, fruits, pulses etc. during the pregnancy. Apart from this, they both also took measures to protect themselves from mosquitoes and other diseases.

Asha's mother-in-law also got her to deliver the baby at a government hospital and Asha gave birth to a healthy baby girl weighing 2.5 kilograms.



Food without nutrition

It takes effort to switch to complementary feeding after six months of breastfeeding the child. Therefore, the responsibility must not fall on the mother alone. If other family members also cooperate in feeding, it is much easier.

Even though RajPusht Poshan Champions recommended mashed rotis, fruits, dalia, well-mashed dal, etc. to complement breastfeeding once the child completes six months, many parents gave their children biscuits, chocolates, chips, sugary sodas and other packaged snacks without realising that these foods were harmful.

The RajPusht team counselled households about the harm caused by junk food and what they could feed the child instead. With ANMs and Anganwadi workers also counselling communities and ASHAs conducting community meetings under the VHSNC platform, the project sought to inculcate healthy nutritional behaviours.



Counselling is just a call away

Most of India went under lockdown with the onslaught of the second COVID-19 wave. To avoid putting expecting/new mothers and their families at risk, RajPusht embraced tele-counselling (counselling over the phone) to stay in touch with them.

This effort by the project yielded several benefits:

- Poshan Champions counselled double the number of women over the phone as compared to the number reached through community- and home-based counselling.
- Poshan Champions optimised on the lockdown to reach and counsel beneficiaries' husbands and other family members.
- Tele-counselling cemented the trust between the households and Poshan Champions. Beneficiaries also called Poshan Champions over the phone for help in getting take-home rations and iron-folic acid tablets. The team helped in connecting beneficiaries and their frontline workers to ensure service delivery.



The strike rate with tele counselling was not 100 per cent. sometimes, Poshan Champions ended up listening to the cold ring of an unanswered call. The purdah seemed to extend to phone calls as well, with some hesitation reported in discussing issues of maternal and child health over phone. However, with time, Poshan Champions learnt to assuage these concerns and ensured that pregnant women and new mothers were adequately counselled.



"We had just started field operations in Baran when cases started rising and we switched to tele-counselling. So, we could not meet many beneficiaries in person beforehand. We called them to inform them about IGMPY and the documents required for enrolment. However, many of them suspected a fraud as this was our maiden interaction with them and they hadn't seen us before. To overcome this, we took the help of Anganwadi workers, whom they knew well and trusted. As women learnt about the cash transfers for second-time mothers under IGMPY, they and their families started engaging more with us."

*– Kiran Nagar,
Poshan Champion, Block Anta, Baran*

"Our team also checked on the well-being of frontline workers as they were overworked during those times. Not only was our support encouraging for them, but it also strengthened our relationship."

*– Mukesh Sharma,
Jhonthri BPM, Dungarpur*

The RajPusht project has worked towards empowering the community to bring about a positive change in the health and well-being of the women and children of Rajasthan. This would not have been possible without frontline workers, Poshan Champions and community stepping up and taking charge of their responsibilities. Their perseverance, resilience and passion are unmatched when it comes to helping their community and working towards building a better and healthier Rajasthan!

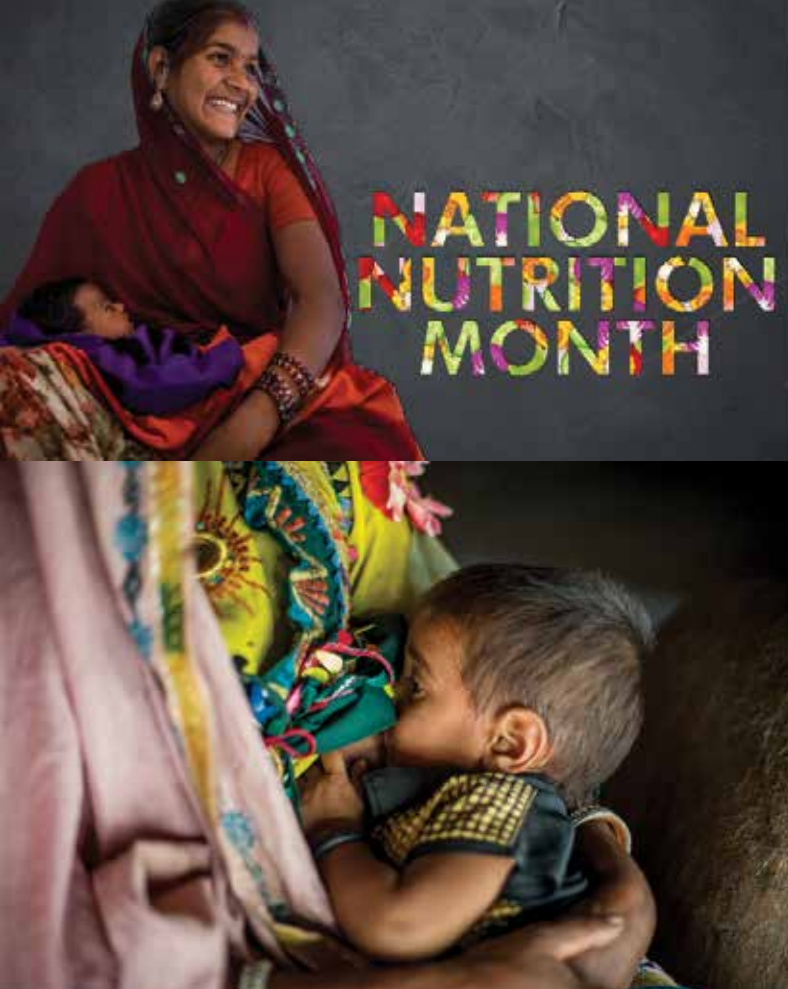
The info train

RajPushtika sought to be a sharing platform on enhancing investments in women and child nutrition and health. Apart from team members who contributed regularly, key stakeholders also shared their expertise and opinions on maternal and child nutrition and other relevant topics.

Browse this section to learn more about some of the programmes, initiatives, opinions and success stories towards improving maternal and child nutrition and health.

Breastfeeding Week 2021

August 1st-7th is celebrated as World Breastfeeding Week to encourage breastfeeding and improve the health of babies. It commemorates the Innocenti Declaration signed in August 1990 by Government policymakers, WHO, UNICEF and other organisations to protect, promote and support breastfeeding. The photos here present glimpses of Breastfeeding Week 2021 celebrations in Rajasthan



The AMMA programme

Acute Malnutrition Management and Action (AMMA) is a Government of Rajasthan programme that works on curative and preventive measures to manage malnutrition at the community level. It promotes timely and early identification and treatment of severe acute malnutrition (SAM).

Malnutrition is a major health challenge in India. It is also common among pregnant women, and the complications caused by it can be avoided if a pregnant woman receives proper nutrition during gestation, breastfeeds her baby within an hour of birth, exclusively breastfeeds for the first six months, and then graduates to age-appropriate complementary feeding.

For many children, a lack of adequate nutrition during the first 1,000 days can be a missed opportunity that causes irreversible harm to their physical and mental

development. This vicious cycle of malnutrition eventually leads to cognitive loss and growth faltering.

Given the intersectional challenges of malnutrition and the COVID-19 pandemic, AMMA focussed on timely screening, early identification and home-based treatment of moderate acute malnutrition (MAM) and SAM children. AMMA works with the community to manage acute malnutrition and reinforces that homemade food is the best medicine to treat and prevent malnutrition.

Under the programme, SAM children with complications or failing appetite tests are referred to Malnutrition Treatment Centres (MTC). Parents of MAM or SAM children, without complications, are counselled to feed them homemade, high-energy food. When a SAM child with complications returns home from the MTC, the family is advised to keep feeding the child high-energy food.

Handwashing, a lifeguard!

October 15 is globally recognised as Global Handwashing Day to promote the importance of handwashing with soap as an effective and affordable way to prevent diseases. Unsafe drinking water consumption and/or poor sanitation and hygiene cause diarrhoeal diseases, which lead to malnutrition and a significant number of under-five child deaths globally.



Ms Suneetha Sapur of the Indian Natural Resource Economics and Management (INREM) Foundation shared a few pertinent points about handwashing in an edition of RajPushtika.

Prevalence and causes of diarrheal diseases in India

- A diarrhoeal episode is misunderstood as a single episode of loose motion. However, it can be life-threatening for a severely malnourished child. Access to health facilities can save the child. Still, there continues to be a heightened risk of severe health issues as the mucosa of the intestines, which absorbs nutrients, gets damaged and reduces the calorie and nutrient absorption after diarrhoea.

- Diarrhoeal consequences can be lethal as a series of intensified diarrheal episodes can cause severe child wasting or even mortality if not addressed on time. Repeated incidences of infection and diarrhoea reduce weight and cause stunting in the longer term. This stunting is not just in height but also in a child's cognitive development and propensity to contract non-communicable diseases later in life.
- Bacterial contamination in drinking water and prevalent practices like open defecation increase the density of contaminants in surroundings, leading to environmental dysfunction or Environmental Enteropathy.
- Maternal hygiene knowledge is important as mothers' poor hand-washing practices often lead to diarrhoeal transmissions among under-five children. Even suboptimal feeding practices make children vulnerable to infections and diseases due to the lack of nutrients in the body.



Insights on the status of and challenges related to Water, sanitation and hygiene (WASH) in Baran, Banswara, Dungarpur, Pratapgarh and Udaipur districts

- In Rajasthan, access to safe drinking water is a challenge due to water scarcity and contamination.
- The lack of functional household tap water coverage puts the social burden of fetching drinking water on women. They have to walk far to fetch water, even when pregnant.
- Water contamination data suggests a high prevalence of fluoride contamination in Banswara and Dungarpur, nitrite in Baran and Pratapgarh and bacterial contamination in Baran. While the government is actively taking actions to improve the WASH situation in the country with a series of programmes, the onus of acceptance and willingness to ensure access to safe water and hygiene lies with the people.
- Promotion of handwashing with soap becomes vital in areas with unreliable clean water access as it could have major health impacts.

Steps at the household/community level to ensure access to clean and safe drinking water

- Access to safe drinking water and sanitation are prime requirements being fulfilled by nationally driven schemes like Jal Jeevan Mission and Swachh Bharat Mission. Indira Gandhi Jal Nahar Yojana can be clubbed with Jal Jeevan Mission to ensure piped water supply in Rajasthan.
- Appropriate water storage, water testing and tank cleaning can be ensured with regular monitoring at the district level and the active involvement of Panchayati Raj institutions, frontline workers and self-help groups at the community level.
- There is a need to create awareness of hygiene and hand-washing practices while fetching, handling, and storing water at the household level.

Maternal mental health matters

A mother's physical and mental well-being are critical for good health during pregnancy. Many programmes under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA+) umbrella are underway to ensure physical health. However, a mother's mental health while expecting a child or in the first year following childbirth also requires as much (if not more) attention from caregivers and formal healthcare channels.

Estimates suggest that 10–35 per cent of women worldwide suffer from depression during pregnancy and postpartum. Within India, prevalence estimates for antenatal or postnatal depression range between six and 48 per cent. A total of 7.6 per cent women experience suicidal ideation in pregnancy.

Maternal depression a major contributor to pregnancy-related morbidity and mortality. Research findings indicate that postpartum depression strongly predicts

parenting stress, negatively impacting mother-infant bonding and leading to cognitive, emotional and behavioural problems in children. These health outcomes are linked to infant mortality and impaired development of children under five years, especially in contexts of poverty, violence, and poor education. Also, children of mothers with mental illness are more likely to be abused, perform poorly in school and suffer from developmental challenges.

Essential mental health services include identifying antenatal, perinatal and post-natal blues, providing psycho-social support, making appropriate referrals if needed, and running mental health sensitisation programmes at the community level to destigmatise mental health issues and encourage timely diagnosis and treatment.

It is important to establish a mental healthcare model at first-contact health facilities for timely care through trained public health functionaries. PHC staff and frontline workers need to be sensitised and trained.



When water is harmful

Breastmilk provides optimal nutrition and energy for the first six months of life. It supplies up to half or more of a child's nutritional needs during the second half of the first year and up to one-third during the second year of life. It is safe, clean and contains antibodies, which protect against illnesses. Exclusive breastfeeding is associated with decreased odds of fever, cough and diarrhoea.

Children's bodies and immune systems are not as developed as adults, so feeding them contaminated water could have dire consequences. But many communities consider water a cure for indigestion and a source of hydration during the summer for the child. Some parents give infants water and other foods like honey, gripe water, etc, thus breaking the exclusivity of breastfeeding and exposing the child to several risks such as diarrhoea.

Exclusive breastfeeding helps parents avoid such risks posed by contaminated water.

Baran shows the way

Baran district stood first in the Transformation of Aspirational District Programme's overall delta rankings and health and nutrition. The rankings measure the incremental progress made by the 112 Aspirational Districts selected by NITI Aayog. Here are some measures the district administration took in the field of health and nutrition to improve government services and infrastructure:

- Early registration of pregnancy

The Health Department analysed pregnancy registration records and four ANC down to the sub-centre level. A list of the sub-centres where registration of pregnancies or uptake of ANC are low was collated. The challenges and barriers at the sub-centres with poorer performance were identified in consultation with their respective personnel, and solutions were developed. Wherever required, department personnel liaised with the community for early registration of pregnancy and uptake of ANC.



Similar sub-centre-level analysis were done to increase uptake of immunisation and reduce the incidence of anaemia.

- Initiatives to reduce low birth weight

The proportion of low birth weight babies in the district hovered around 15 per cent. The administration sought to reduce this to 7-10 per cent through the following steps:

- Provided nutrition-dense ragi laddoos to pregnant women to ensure proper weight gain during pregnancy and thus, reduce the chance of low birth weight.
- Promoted seasonal, locally available foods and nutri-gardens to ensure the nutrition security of pregnant women. These included crops such as soybean, which are locally produced but not widely eaten in the region.

- **Digitised delivery records:** The Prasav Watch application digitised all the details of a maternity ward patient—from admission to discharge. Doing away with the need for data entry in multiple registers increased the efficiency of labour room staff and improved data accuracy and consistency. It also enabled real-time monitoring, in case of any risks, such as high blood pressure, it alerted the healthcare provider, who appropriately managed the condition.
- **Convergence:** The District Convergence Committee constituted under Poshan Abhiyaan held multiple meetings in the district to increase coordination between different departments. Convergence between ASHAs, Anganwadi workers and ANMs was promoted through the AAA platform, thereby enabling them to co-create a village map for better tracking of beneficiaries, correctly record data and learn from each other.
- **Partnerships with diverse organisations:** The district administration worked with development partners, such as Project RajPusht, Action Against Hunger, Piramal Foundation, etc., and tapped into corporate social responsibility (CSR) funds to better implement initiatives and build frontline workers' capacity. CSR tie-ups helped the Health Department repair sub-centres and staff them. A waiting hall was

constructed for the maternity and child health ward of the Baran District Hospital through a CSR partnership with MMTC Limited.

- **Ensuring Maternal Cash Transfers:** As of 23 August 2021, Baran ranked fourth among the districts of Rajasthan in beneficiary coverage under PMMVY, Government of India's cash-transfer scheme for first-time mothers. The district was also one of the five in Rajasthan where IGMPY was operational.



NITI'S ASPIRATIONAL DIST PROGRAMME

Baran secures 1st place in Delta Ranking

First India Bureau

Baran: In the Aspirational District Programme, Baran has secured first place in the Delta Ranking of 112 aspirational districts released by NITI Aayog. Along with this, in the sector ranking of NITI Aayog, it has got first place in health and nutrition and third in education. Baran district was earlier known as Malnutrition and Tribal Zone, but now Baran

Collector Rajendra Vijay

has started getting a new identity in the field of education and health. Under the direction

of District Collector Rajendra Vijay, team Baran has made various innovations in health facilities & education sector in the district, effective monitoring of indicators issued by NITI Aayog and weekly review meet, hard work of department has resulted in top rank in India.

HEALTH AND NUTRITION SECTOR

- Early registration in Baran has increased from 64% in April 2018 to 80% in June 2021 because of training on PTK provided to Anganwadi worker at Mini AWC's.
- Anaemia testing among pregnant women
- and treatment against identified has achieved 100%
- All Yashoda's have been trained & continuous training on MAA program early initiation of breastfeeding and continuous
- breastfeeding to ensure 100% counselling for breastfeeding.
- Service delivery at health sub centre level & Anganwadi Centre level has lower down the number of low birth weight babies by almost 2%.

Nurturing healthy, happy mothers and children



NEWSLETTER



RajPushtika, Issue 17, December 2022

Meet heroes stepping up for maternal nutrition, learn about the innovative 'Network of WhatsApp' reaching last-mile households, and see RajPusht's highlights of the year 2022

[Read in English](#) | [Hindi](#)

About RajPusht



RajPusht website went live!

The project launched rajpusht.in to keep stakeholders updated on the work being done to reduce the prevalence of low birth weight and wasting among children in Rajasthan.

The website highlighted the vision and approach, work with the Government of Rajasthan to implement PMMVY and IGMPY and mentioned the team members and partners.

The website hosts 20 videos on RajPusht's theory of change, community mobilisation using the PLA technique, pregnancy care and childcare among other topics.

The newsletters, videos, posters, and publications in the 'Resources' section provide programme insights. 'In The News' features media coverage of maternal cash transfer schemes, initiatives to promote maternal nutrition, and RajPusht's grassroots activities.





Through this compilation, RajPushtika attempts to highlight the multi-stakeholder approach that the RajPusht project has taken to improve the health of women and children in the most vulnerable regions of Rajasthan. By working in tandem with the State government, the project adopted a sustainable approach to ensure the interventions are implemented in the long run. The project has achieved significant milestones, but it is a long road ahead. We hope to continue our efforts toward building a healthier Rajasthan.





IPE Global House, B-84, Defence Colony, New Delhi - 110024 (India)

Tel.: +91 11 4075 5900, Fax: +91 11 2433 9534

ipe@ipeglobal.com | www.ipeglobal.com