

IGMPY Extended across Rajasthan



The Government of Rajasthan was the first state to develop and release a holistic Social Behavior & Change Communication (SBCC) Strategy using a lifecycle approach to fight undernutrition in 2018. The fifth round of the National Family & Health Survey (NFHS), 2020-21, shows remarkable progress across Rajasthan on maternal and child indicators. However, 3 out of 10 children are still stunted or underweight, and almost half the pregnant women are anaemic.

To combat malnutrition, generic "one-size-fits-all" communication campaigns are insufficient. Communities must be able to put the advice into practice. The National Food Security Act 2013, the landmark Government of India Act that lays the foundations for the current public distribution system, mid-day meal scheme and hot cooked meals for children at Anganwadi Centres, also created grounds for a dedicated maternity benefit transfer scheme for expecting mothers. Pradhan Mantri Matru Vandana Yojana, Government of India's maternity benefit scheme, draws its statutory roots from the NFSA 2013. Effectively, the scheme, while universal, reaches only first-time mothers; in Rajasthan, this covers only 33% new mothers across the state.

The Government of Rajasthan's Indira Gandhi Matritva Poshan Yojana takes the commitment one step further and provides conditional cash transfers to second-time mothers. The scheme was launched in November 2020 in five Adivasi-dominated districts of south Rajasthan, with dismal maternal and child nutrition indicators in NFHS 4 (2015-16). 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.

Rajasthan's budget for 2022-23 has extended IGMPY across all 33 districts of the state. Nearly **70%** of all mothers in Rajasthan will now reap the benefits from cash transfer programmes and embark on a journey towards better nutrition.

RajPusht Website Goes Live!

Curious about what RajPusht does in Rajasthan? Log on to <u>rajpusht.in</u> to learn about what we are doing to reduce the prevalence of low birth weight and wasting among children in Rajasthan



Read about our vision and approach, how we are working with the Government of Rajasthan to implement Pradhan Mantri Matru Vandana Yojana and Indira Gandhi Matritva Poshan Yojana, and our team members and partners

About RajPusht



Our Approach

Locations



The website has about 20 videos on RajPusht's theory of change, community mobilisation using the Participatory Learning & Action technique, pregnancy care, and childcare among other topics

About RajPusht















News from Rajasthan

RajPusht's grassroots activities National News



'In The News' features media coverage of maternal cash transfer

schemes, initiatives to promote maternal nutrition, and

View our newsletters, videos, posters, and publications in the

'Resources' section for programme insights

Publications













BPM Harish Katare assisting Hospital staff in using Digital Weighing Machine,

Baran





BPM Devendra Singh taking session on IGMPY during AWW Sector meeting, Choradi Sector, Banswara



ANM training on MIYCN counselling in Badgaon, Udaipur

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Nutrition Champion of the Month

POSHAN Champion Jagan Prasad Dodiyar has worked in Banswara district for over 10 years. He knows the region and the nutritional challenges people face quite well. Over the years, he has built strong relations with community health workers, government officials and civil society members in Banswara.

Jagan brought his rich experience to RajPusht in December 2020 when he joined as a POSHAN Champion. He oversees 52 Anganwadi Centres in Anandpuri Block. Jagan is knowledgeable about maternal and child nutrition and speaks well, which makes his counselling persuasive. He works closely with Anganwadi Workers, ASHAs and ANMs and supports 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."

A year after he joined, Jagan had a road accident. He was in the hospital for two days and at home for four days of bed rest. We are grateful that he has recovered and is in good health now. Team RajPusht salutes Jagan's hard work and dedication to the cause of maternal and child nutrition.







PLA Training by PHS Vishnu Meena and BPM Pradeep Jangir in Baravarda, Pratapgarh





How I Became a Bahubali

While working as a Block Programme Manager with project RajPusht in Pipalkunth Block of Pratapgarh, I have closely monitored the health and nutrition progress of various expecting and new mothers. To promote RajPusht's digital media campaign 'Main Bhi Bahubali', I used to enquire from women and their families about who they think a real Bahubali is. Now, many months after the campaign, if you ask me, I can proudly answer: 'I too am a Bahubali!'

Recently, my wife Shabnam became pregnant with our second child and we went to the nearby Anganwadi Centre to register her pregnancy. During the registration process on the Maternal & Child Health & Nutrition (MCHN) Day, the ANM measured her weight and tested her haemoglobin levels. To my surprise, her weight was only 42 kg and she had inadequate haemoglobin of 7.5hb.

This was a wake-up call for me. After months of working to improve maternal and child nutrition in Dungarpur, the Bahubali within me finally realised his duties and responsibilities. So, we started going to the Anganwadi Centre on a regular basis for weight and haemoglobin monitoring, and took the calcium and iron-folic acid supplements we got there. We did not opt for treatment from a private doctor.





The nutrition counselling that I had given to a lot of beneficiaries was now benefitting me and my family. I told my wife about the importance of proper nutrition, adequate calorie intake, dietary diversity, and recommended pregnancy care practices. I also bought local, seasonal fruits and vegetables.

By God's grace, I can now happily say that she gave birth to a healthy child of 2,900 grams even though she had a high-risk pregnancy. My wife and I believe that we could cope with this daunting challenge because of my exposure to good nutrition practices as a Block Programme Manager with RajPusht.

By taking responsibility for my wife and child's health, I finally practised what I had preached and became a Bahubali. I have now personally experienced the importance of Anganwadi Centres and frontline workers. I believe that if pregnant women and children avail the services provided at Anganwadi Centres on a regular basis, we will be better able to ensure maternal and child health. We can triumph against the problems of low birth weight and wasting and make Rajasthan a malnutrition-free state through Anganwadis Centre services, information sharing, and a willingness to adopt good nutrition practices.

