We Transform!

Process Documentation

Empowering Women!

For Impacting Health And Nutrition Indices

August 2018-March 2021

MPSRLM

TRI TRANSFORM RURAL INDIA

CHETNA
For Women Young people Children

Acknowledgement

CHETNA has developed this document to capture the unique process adopted in the project-"Empowering women to impact Health and Nutrition Indices" implemented in six Mission Antyodayablocks of Madhya Pradesh. This multi-dimensional change initiative by the Transform Rural India Foundation is a collaborative effort of many people whohave contributed to the development processboth directly and indirectly. A sincereattempt has been made to acknowledge all contributors. .

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Acronyms used in the document

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AWC	AnganwadiCenter
BLCC	Block Level Coordination Committee
BMO	Block Medical Officer
CNA	Community Needs Assessment
CHO	Community Health Officer
CLF	Cluster Level Federation
COVID-19	Corona Virus Disease- 2019
FLW	Front Line Workers
GAK	Gram Arogya Kendra
GSSGTS	Gram Sabha Swasth Gram TadarthSamiti
ICDS	Integrated Child Development Services
IYCF	Infant & Young Child Feeding
MA	Mission Antyodaya
MCHN	Maternal and Child Health Nutrition
MM	Micro Module
MoRD	Ministry Of Rural Development
MPSRLM	Madhya Pradesh State Rural Livelihood Mission
MT	Master Trainer
NITI Ayog	National Institution for Transforming India
NGO	Non Government Organisation
NRC	Nutrition Rehabilitation Centre
NRLM	National Rural Livelihoods Mission
PB	Perspective Building
PHC	Primary Health Centre
PSGA	Public System Gap Analysis
RI	Routine Immunization
SAM	Severe Acute Malnutrition
SHC	Sub Health Centre
SHG	Self Help Group
SJ	Sachet Jiji
SRLM	State Rural Livelihood Mission
SRM	State Review Meetings
TB	Tuberculosis
T-NGO	Thematic NGO
TRI	Transform Rural India
TRIF	Transform Rural India Foundation
VDP	Village Development Plan
VHND	Village Health and Nutrition Day
VHP	Village Health Plan
VHSNC	Village Health Nutrition and Sanitation Committee
VO	Village Organisation
WBFW	World Breast Feeding Week
WCD	Women and Child Development

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Executive Summary

The Government of India is committed to achieving the Sustainable Development Goals. As per the system developed by the NITI Ayog for tracking progress on SDGs, there is an improvement in India's the composite score from 57 in 2018 to 60 in 2019. However, Goal 2 on Zero Hunger and Goal 5 on Gender Equality require special attention and concerted efforts as both score below 50.

The Transform Rural India (TRI), an initiative of Tata Trusts to transform our villages takes on this ambitious goal against a backdrop of villages becoming less isolated, better informed, and community's aspirations changing dramatically. TRI had initiated ground pilots in central and eastern states to develop process protocols for triggering multidimensional transformation of villages in endemic poverty regions.

Government of India, through the Ministry of Rural Development has launched Mission Antyodaya (MA) or Poverty Free Gram Panchayat (PFGP). The initiative seeks convergence of the government interventions with Gram Panchayats and pooling of resources for transformative multi-dimensional change in villages. CHETNA is a thematic partner with Transform Rural India Foundation (TRIF) for initiatives on Health and Nutrition .

Between August 2018 and March2021, CHETNA implemented activities in six blocks of four districts- Alirajpur, Jhabua,Dhar and Dindori, in Madhya Pradesh. A two pronged strategy was adopted -build capacities of women's organisations such as Self Help Groups (SHGs), Village Organisations (VOs) and Cluster Level Federations (CLFs) for adoption of health promotion activities and uptake of services

Block and facility level dialogues and strengthening of Village Health Nutrition Days (VHNDs), Village Health, Sanitation and Nutrition Committees (VHSNCs) and building capacity of frontline workers for enhancing service delivery.

The planned activities were implemented in 406 villages of six blocks. CHETNA's first step was to learn about the implementation areas, communities and to mobilize them for programme engagement, before rolling out field activities. Trained team of CHETNA conducted community need assessment and public system gap analysis in 10 percent of the villages. Using semi-structured checklists discussions were held with the women members of SHGs, indepth interviews were conducted with service providers and infrastructure and functioning of facilities was observed. The findings were shared with the block officials and guided intervention plan.

CHETNA deployed and trained a team of 37members on programme planning, technical dimensions, training of master trainers and mentors on three Perspective Building modules, VO module and CLF module for them to facilitate implementation and conduct monitoring of the planned project activities.

The plan was to train 840 Women leaders- named SachetJijis(SJs) on three Perspective Building (PB) Modules and then support them in rolling out 17 micro modules in their SHGs. In all 679 SJs were trained on PB1 and PB2 and 87 on PB3 module. CHETNA team provided mentoring support to 786 of the trained SJs in conducting their mandated activities.

A pre and post assessment showed an increase in the knowledge score levels of SachetJijis and that majority (>90%) were confident in using the tool kit and believed that their group members listened to them and according to 60 percent – sought their support on health and nutrition.

A rapid assessment on the status of VOs was conducted in July 2019 to assess the regularity of their meetings. and members from 391 VOs were trained using a module developed by TRIF and transreatedinto Hindi by CHETNA. CHETNA added a session on definition and importance of health, linkages between health and finance and pathways for healthy life. CHETNA team followed up, participated in VO meetings and provided support for implementation of action plans. The team also supported the members of VOs ,who developed 390 village health plans, these were submittedin 104 Gram Sabhas and uploaded on the NRLM portal.

CHETNA trained 418 members of18 Cluster Level Federations(CLFs). It conducted198 follow up visits at the 18 CLF meetings .In three blocks - Sondwa, Amarpur and Samnapur block team also facilitated development of annual action plan on health and nutrition for the year2021- 22.

To strengthen the service delivery, CHETNA team organised 33 batches of capacity building trainingsfor1066 frontline workers(ASHA,ANM,AWW).Participants were oriented on block specific health and nutrition gaps observed in CNA/PSGA , oriented on communication, counseling and coordination. At the end of the training joint work plan was prepared.

Observations of 3248 VHNDs were captured in a checklist developed based on community processes manual by National Health Mission, Government of India.

In case of VHSNCs or Gram Sabha Swasth Gram TadarthSamiti(GSSGTS) as they are known in the State, the rapid assessment had indicated a need to start their regular meetings.CHETNA Team engaged with 239 VHSNCs to bring the members together and facilitated their monthly meetings.Based on CHETNA's request, a directive from all the six blocks was issued by the health department for including trained Sachet Jiji as a member in GSSGTS.

CHETNA Team also contributed in campaigns such as Nutrition Month, PoshanMaah, Dastak campaign, Mission Indradhanush world environment day, International Women's day, National Safe motherhood day and Breastfeeding week. In coordination with the media 39 Articles were published in digital/print media.

In response to COVID-19,CHETNA team continued its working during the lockdown. It reached out to Sachet Jijis(623),VO members(392),CLF members(39),frontline workers(976), trained them on it's seven COVID-19 modules and provided them with messages about precautionary measures to prevent the infection. It also extended support to TRIF in distribution of Take Home Rations (THR) and health kits to1982 families during lockdown.

CHETNA closely monitored the programme. It assessed progress and outcomes by conducting interviews and discussions with the members of SHGs, VOs and CLFs and by observing service delivery at the community level. It organised 33 weekly virtual meetings with the coordinators and it's block coordinators participated in 95 compact meetings and in31 monthly Blocklevel Coordination Committee meetings organized by TRIF and NRLM to review the progress and provide inputs in the plans.

Outcomes of CHETNA's initiative and support for TRIF's efforts to transform villages were visible in the activities of village level platforms.

Interviews conducted with 356 trained SJs showed that

- A vast majority of them (>80%) changed their own practices and had started eating at least one daily meal with their family members and ate three colour food once in a day.
- More than 90 percent participated in VO meetings and facilitated discussion on health and nutrition.
- About 61 percent started participating in VHNDs.

They joined ASHA and Anganwadi workers in counseling families for early registration of pregnant women and for institutional deliveries and parents and families of SAM children for their referral to NRC and of un-immunised children for timely immunization. 1312 children were mobilized by them for immunization on VHND.

Interviews with women members of SHGs showed that

- More than three fourths (75%) of them were aware that breastfeeding should be initiated at birth, only colostrum should be fed to the baby,
- more than half (<=54%) were aware about excusive breastfeeding for the first six months and the age for initiation of complementary feeding
- 39 percent were aware that a COVID-Positive mother can breast feed her child.

Knowledge also seemed to have translated into practices for these women members with majority (>90%) having at least one daily meal with family members and including three colours in their meal. More than a third of them had started cooking in the iron kadhaiand counselling family members against blaming women for the birth of a girl.

Most VOs (86%) which were exposed to training had started facilitating discussion on health and nutrition in their monthly meetings. More than three fourths had started participating in Gram Sabhas and submitting village health plans, about 70 percent had started participatingin the VHND sessions, supervising the sessions and conducting dialogue with service providers and 46 percent had started participating in GSSGTS meetings. Members routinely counseled families for immunization of children, referral of SAM children to NRCs and took up issues of domestic violence and gender discrimination issues in the village.

Based on records maintained, it was found that CLFs had initiated discussion on health and nutrition in their meetings, made annual action plans, conducted dialogue with block officials for service strengthening and took action for improving the health and nutrition of women in their respective villages. CLF members themselves took up issues such as vacancies of health staff posts, operationalization of health facilities, availability and delivery of mandated services at government facilities and at VHNDs or facilitated VOs in taking up these issues with district and block level officials. They also supported women members of SHGs in starting kitchen gardens.

Observation of services showed that over the project period there was significant improvement in participation and services at VHNDs.

- Preparation of list of beneficiaries and prior information about the day was almost universal.
- At majority (>80%) VHNDs blood pressure and weight measurement and haemoglobin estimation services were available
- In more than three fourths (75%) VHNDs,counseling services to pregnant women and weighing of children had started taking place.
- In half the VHNDs (51%) SJs were present.
- Participation of pregnant women was 90 percent of expected
- Participation of children below two years of age was above 75 percent of expected.

Along with frontline workers CHETNA team identified 556 SAM children and educated and counseled parents and followed up 431 of them. At the time of writing of this report, 49 percent of those followed up arehealthy, 32 percent are moderately undernourished and 19 percent continue to be severely malnourished.

The outcomes show that during the limited time,a process of change has been ignited. Women from the SHGs,VOs and CLFs have been trained and have started planning and contributing to health and nutrition activities in their villages. The trained frontline workers have joint action plans, VHNDs have been strengthened and VHNCs have been mobilized for addressing health and nutrition issues of the village. CHETNA's substantial handholding support has been critical to bring about a transformation in the lives of women and children residing in these remote and difficult blocks.

Chapter 1: Introduction

In September 2015, the UN General Assembly adopted the 2030 Agenda of Sustainable Development that includes the 17 interlinked Sustainable Development Goals (SDGs).Building on the principle of "Leave No One Behind", the SDG Agenda emphasises on holistic development for all.

The Government of India is committed to achieving the Sustainable Development Goals. The system developed by the NITI Aayog as the nodal institution for SDGs, tracks the progress on SDGs, which indicates significant progress across the country in recent years. There is an improvement in India's the composite score from 57 in 2018 to 60 in 2019.While the score on Goal 6: Clean water and sanitation; Goal 7:Affordable and clean energy; Goal 9: Industry innovation and infrastructure; Goal 15: Life on land and Goal16:Peace,justice and strong institutions ranges between 66 and 99, that on Goal 2: Zero hunger and Goal 5: Gender equality is below 50 and on Goal 3: Health and Welbeingis61[1].Current status of these three goals implies the need for special attention.

Health and Nutrition in India

India's performance on relevant indicators for these goals underlines gravity of the situation and urgency of concerted action. Though the percentage of under nutrition in population has declined from 21.7 percent in 2004-06to 14percent in 2019, as per the State of Food Security and Nutrition in the World, 2020[2], 17.4 percent children under 5 years of age are wasted and 47.8 percent children are stunted. The prevalence of anaemia in reproductive age groupies stagnant with almost every second woman age 15-49 years being anaemic and there has been a marginal difference in the prevalence of Anaemia. (51.4 in 2016 to 51.3 in 2019).

Despite the high yields in agriculture in India, with global hunger index score of 27.2. The Under 5 mortality rate in India has declined from about 83 per 1000 live births in 2000[3] to 34.3 per 1000 live births in 2019[4]; its Infant Mortality Rate was 32 in the year 2018[5] and its maternal mortality rate declined from 212 per 100,000 live births in 2007-09 to 113 in 2016-18[6]. Further, inter and intra-state wide variations exist. To meet the committed goals, there is a need for focussed action on Nutrition and Health issues. There are efforts and interventions that have been undertaken to improve health and nutrition especially of women and children.

One such effort is the Transform Rural India (TRI) initiative of Tata Trust in Madhya Pradesh. This report documents the strategy of empowering women to address the needs and achieving better health and nutrition, the trust adopted. The project was implemented in six Mission Antyodaya Blocks during August 2019-March 2021.

[1]The SDG India Index and Dashboard 2019-20 https://niti.gov.in/sites/default/files/SDG-India-Index-2.0_27-Dec.pdf
[2]http://www.fao.org/3/ca9692en/online/ca9692en.html#chapter-a1_1& http://www.fao.org/publications/sofi/2020/en/
[3]https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31050-3/fulltext
[4] https://data.worldbank.org/indicator/SH.DYN.MORT?locations=IN
[5]https://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin_2018.pdf
[6]https://censusindia.gov.in/vital_statistics/SRS_Bulletins/MMR%20Bulletin%202016-18.pdf

Chapter 2: Empowering Women! for impacting Health and Nutrition Indices

The Government of India has initiated several programmes for poverty alleviation in the country, including improving health and nutrition.

The Aajeevika - National Rural Livelihoods Mission (NRLM) was launched by the Ministry of Rural Development (MoRD), Government of India in June 2011. It aims at creating efficient and effective institutional platforms of the rural poor, enabling them to increase household income through sustainable livelihood enhancements and improved access to financial services.

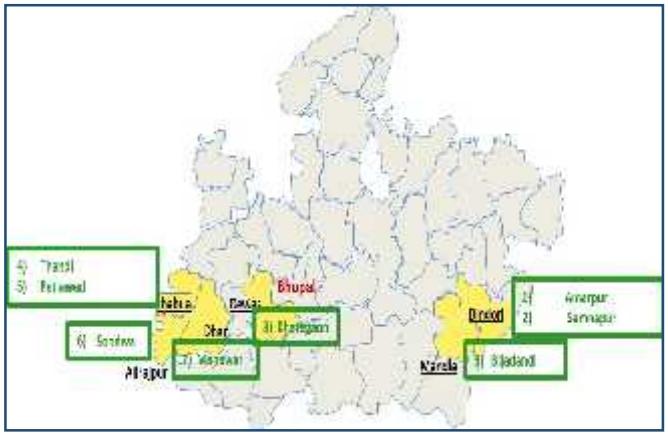
The MissionAntyodaya (MA) strives to realise the vision of Poverty-free India by 2022.It is a convergence and accountability framework aiming to bring optimum use and management of resources allocated by 27 Ministries/ Department of the Government of India under various programmes for the development of rural areas. It is envisaged as state-led initiative with Gram Panchayat as focal points of convergence efforts.

The state led initiative for rural transformation focused on the most backward districts, is a response to multi dimensional nature of poverty and seeks for convergence of the government interventions at Gram Panchayatlevelwith pooling resources for transformative multi-dimensional change in villages.

The National Health Mission, launched by the Ministry of Health and Family Welfare, Government of India in 2013, envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. The National Nutrition Mission, launched in 2018, is the Government of India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers. It is backed by a National Nutrition Strategy prepared by the NITI Aayog with the goal of attaining "KuposhanMukt Bharat" or malnutrition-free India, by 2022.

The Transform Rural India Initiative

The Transform Rural India (TRI) is an initiative of Tata Trusts to transform 100,000 poor performing villages leveraging in selected blocks in central and eastern India. At the core of this initiative are pilots aimed at developing process protocols for triggering multidimensional transformation of villages in endemic poverty regions. TRIF is engaged with the community led multidimensional change processes in eight Mission Antyodaya blocks- Amarpur, Samnapur, Bijadandi, Thandla, Petlawad, Sondwa, Manawar and Khategaon in Madhya Pradesh.



(Picture 1: Mission Antyodaya Blocks).

In these pilot blocks, TRIFaims toinstitutionalize contextual collective led processes to trigger personal responsibility for change and bring about positive changes in the quality of the people's lives. TRIF works in close coordination with Madhya Pradesh State Rural Livelihood Mission (MPSRLM), Department of Panchayat and Rural Development, Government of Madhya Pradesh.

Structures for organizing the poor, building their capacities and the capacities of their organizations, enabling them access to finance and other livelihood resources already exist. SHGs, federations and livelihood groups provide the poor the platforms for collective action based on self help and mutual cooperation and a strong demand generation system.

These platforms canbuild linkages with institutions and government departments to address their core livelihood issues and other dimensions of poverty and also provide financial support to meet their priority needs such as food and health security and livelihoods. With enhanced skills, they have the potential to increase gainful employment and incomes, reduce expenditures and provide space for and bargaining power in dealing with the services providers.

The project implementation strategy builds on the community institutions architecture promoted by MPSRLM. The extensive social mobilization at the saturation level in block provides the basic ground for demonstrating the community-led strategy leading to effective multidimensional transformation in the identified 8 MA Blocks.

However, this vision of community empowerment cannot be achieved with ill health and poor nutrition and without out empowerment of women. So CHETNA joined hands with Transform Rural India Foundation in the capacity of a thematic expert NGO (T- NGO) on health and nutrition. CHETNA believes that social determinants play an important role in improving health and nutrition of women. Women's empowerment is essential to bring about a change in gender power relationships and thereby start a process of social transformation to impact health and nutrition indices.

Objective: The overall goal of the intervention was to contribute in improving maternal and child health and nutrition indicators.

The specific objectives were to

1. Enhance capacities of women for demand generation and changes in health and nutrition practices and
2. Strengthen maternal and child health and nutrition service delivery at the village level.

Strategy: Thetwo pronged strategy had focussed approach to build capacities of both demand and supply side.

1. **Strategic Approach 1:** For demand generation, the 'community empowerment and leadership' approach entailed building capacities of women, especially women leaders from the SRLM structure that is Self Help Groups (SHGs). Training and mentoring was provided by CHETNA so that they facilitate the process of change in their groups. At village level, SHG members volunteered to work on Health and Nutrition issues. We named them Sachet Jiji. Capacities of Women leaders and members from Village Organisations (VOs) and Cluster Level Federations (CLFs) were also enhanced.
2. **Strategic Approach 2:** For bolstering relevant service delivery 'strengthening of existing platforms' approach involved building capacities of frontline workers; Village Health and Nutrition Days and Village Health Sanitation and Nutrition Committees-called the Gram Sabha Swasth Gram TadarthSamiti.

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Activities: CHETNA's activities to fulfil the objective included preliminary background work. In this phase, CHETNA engaged in capacity building and mentoring of a cadre of 37 of its own project team members and in conducting Community Needs Assessment (CNA) and Public System Gap Analysis (PSGA).

Activities for Strategic Approach1: The activities under this approach included capacity building of

- Master Trainers on the three modules of Perspective Building (PB)-PB1, PB2 and PB 3,
- Women leaders or Sachet Jijis on the three modules,
- Village Organisations(VOs), and
- Cluster Level Federations(CLFs)

Many women in several villages, have organised themselves around the issue of micro finance, have converted their earnings in to savings and take money on credit in times of needs. This approach has been successful in terms of economic support and offers an opportunity to harness their potential for better health, nutrition and social status of women members. The programme strategy was to engage and strengthen these structures created by the State Rural Livelihood Mission viz. the Self Help Groups, Village Organisations and Cluster Level Federations on key issues such as health, nutrition, education and governance.

Activities for Strategic Approach 2: The activities under this approach were

a. Training of Frontline Workers (ASHA, Anganwadi Workers, ANMs),
b. Observing and strengthening of VHNDs, and
c. Strengthening of VHNSNC-GSSGTS

Additionally, CHETNA facilitated block level dialogues for inter sectoral convergence and during COVID-19 pandemic, organised an awareness drive on COVID prevention and supported in ration and health kit distribution in the intervention blocks.

Expected outcomes: The intervention activities of CHETNA expected that post capacity building

- 80% of the women leaders will be confident to use the different tool kits provided,
- 80 %of SHG members will recall key action point of a behaviour change micro-module,
- 70% of ASHA/ANM/AWW confident to perform their role, and
- 80% of villages view CVs as knowledgeable people

This in turn will lead to 100% women and children going for maternal and child health services, particularly

- Early registration and four antenatal checkups during pregnancy,
- Institution delivery,
- Full immunisation of children,
- Less than 35% under 5 children are malnourished, and
- More than 70 % women having BMI greater than 18.5

Chapter 3: Intervention Area

The interventions were carried out in selected six blocks in Madhya Pradesh. Madhya Pradesh is the second largest State in India located in the central region. The State has a population of 7.24 crores with 21 percent belonging to Scheduled Tribes and 15.5 percent belonging to Scheduled Caste (Census 2011). With regards to its progress on SDGs, while the State has a composite score of 58, it is second from the bottom on SDG 2 i.e. Zero Hunger and in bottom six on SDG 3 i.e. Good Health and Wellbeing[7]. The "Healthy States Progressive India, June 2019" report ranks it 18th among the 21 States.[8]

Despite the Government's commitment and efforts, health and nutrition status of Women, Children and Adolescents in Madhya Pradesh continues to be a concern. Almost every second woman (52.5%) in reproductive age group (15-49 years), 21.2 percent of adolescent girls and 54.6 percent of pregnant adolescent girls (15-19 years) are anemic. Amongst children below five years of age 68.9 percent are anemic[9], 39.5 percent are stunted (low height for age), 19.6 percent wasted (low weight for height) and 38.7 percent are underweight (low weight for age). The National Comprehensive Nutrition Survey-2019[10]also highlights the gender and geographic disparity in these figures with more girls being affected than boys and more rural children being affected than those in urban areas. Though the Maternal Mortality RatioofMadhya Pradesh has declined from 188 per 100,000 live births in 2015-17 to 173 per 100,000 live births in 2016-19. *(Special Bulletin on Maternal Mortality in India 2016-18,July 2020),* it is way higher than that for the country (113 / 100,000 live births) and the Infant mortality Rate at 48 per 1000 live births is highest among all Indian States *(Sample Registration System Bulletin, May 2020*).

Selected Districts

For project implementation, four districts in Madhya Pradesh were selected in consultation with TRI and keeping in view the blocks indentified for Mission Antyodaya. These were Dindori,Jhabua, Dhar and Alirajpur. These districts were selected due to the presence and efforts of local Civil Society Organisations and potential for active community participation.

(Picture 2**:** Project Districts in Madhya Pradesh).

[7]The SDG India Index and Dashboard 2019-20 https://niti.gov.in/sites/default/files/SDG-India-Index-2.0_27-Dec.pdf
[8]http://social.niti.gov.in/uploads/sample/health_index_report.pdf**)**
[9] http://rchiips.org/nfhs/pdf/NFHS4/MP_FactSheet.pdf
[10] https://www.popcouncil.org/uploads/pdfs/2019RH_CNNSfactsheet_MadhyaPradesh.pdf
https://www.popcouncil.org/uploads/pdfs/2019RH_CNNSfactsheet_India.pdf

Selected Blocks

Selection process*:* Six blocks were selected from the four districts. These were Amarpur and Samnapur blocks from Dindori district; Thandla and Petlawad blocks from Jhabua, Manawar from Dhar and Sondwa block from Alirajpur district. Availability of SHGs, Village Organizations and Cluster Level Federations was also considered in selecting the blocks. The intervention blocks and districts were among the most backward districts of the state with poor development indicators.

Demographic profile: These six blocks have a population of 8, 81,303 in 773 villages (Census 2011). All the six are tribal blocks with more than 80 percent population belonging to Scheduled Tribes category. Around three percent belongs to Schedule Caste and remaining 17 percent belongs to Other Category. Sex ratio in all the blocks is above the state average. The total literacy rate ranges between 30.09 (Sondwa) to 61.7 (Manawar), with significantly higher literacy amongst male population than female population. (Table 1: Intervention Block Demographic Profile*)*

Table 1: Intervention Block Demographic Profile

	Amarpur	Manawar	Petlawad	Samnapur	Sondwa	Thandla	Total
Total Population	74239	142252	217626	86577	178247	182362	881303
0-6 population	12006	21438	43185	14369	35668	37840	164506
% ST population	67.5	64.7	83.6	63.3	93.5	89.5	80.4
% SC population	2.6	9.5	1.9	2.4	2.6	1.1	3.2
Sex ratio	1013	980	999	1002	1003	995	
Literacy rate Total	54.9	61.7	48.4	54.3	30.1	41.9	
Male	64.3	71.9	59.7	64.2	35.5	50.7	
Female	45.6	51.3	37.3	44.5	24.7	33.1	

Source- Census2011

Public Health and Nutrition facilities: These six blocks have 2450 Anganwadicenters (AWCs) and 773 Gram ArogyaKendras. The public health infrastructure includes 240 Sub-health Centres (SHCs), 21 Primary Health Centres (PHCs) and six Community Health Centres (CHCs). District hospital is located at district headquarters of each of the four parent districts. While a Nutrition Rehabilitation Center (NRC) is located at CHC in four blocks (Manawar, Sondwa, Thandla and Petlawad), the NRC for Amarpur and Samnapur blocks is located at district headquarter at a distance of 25 kilometer from the block head quarter. The availability of facilities is better than recommended norm of one per 1000 population for AWCs (2450/882) and the Gram Arogya Kendra (GAK); a concept unique to Madhya Pradesh is available in every village. There is a shortfall in public health facilities recommended for the population ex. shortfall of 54 SHCs,; 23 PHCs and four CHCs.(**Table 2**: Intervention Block-Wise Health Facilities)

Table 2: Intervention Block-wise Health Facilities

	Amarpur	Manawar	Petlawad	Samnapur	Sondwa	Thandla	Total
Population	74239	142252	217626	86577	178247	182362	**881303**
AWCs	232	275	639	248	645	411	**2450**
GAK	101	98	215	114	133	112	**773**
SHCs	20	41	69	23	39	48	**240**
PHCs	2	3	7	2	5	2	**21**
CHCs	1	1	1	1	1	1	**6**
NRCs	0	1	1	0	1	1	**4**

Source: SHC, PHC, CHC-http://www.health.mp.gov.in/en/department-section/health-institutions
GAK- http://www.nhmmp.gov.in/WebContent/MPTast/Strengthening_Gram_Arogya_Kendra_/_Best_practice_document_GAK.pdfAWC - https://mpwcdmis.gov.in/DataEntryAwc.aspx

Health and Nutrition Status of Women and Children: While coverage by maternal and child services and performance on nutrition indicators was significantly lower than the State average, it was particularly poor for Alirajpur (Sondwa block) and Jhabua districts (Petlawad and Thandla blocks). Less than 53 percent pregnant women had received recommended "full" antenatal care and barely a fourth of the children in the 12 to 23 months age group were "Fully" immunised. Performance on recommended feeding practices was variable but malnutrition indicators for these districts were closer to the State average with almost every second child under 5 years of age stunted, three fourth of children age 6-59 months anaemic and almost every second woman age 15-49 anaemic. (**Table 3**: District Performance on Health Indicators)

Table 3: **District Performance on Health Indicators** (in %)

No	Indicator	MP	Alirajpur	Dhar	Dindori	Jhabua
Maternal Health						
1	Mothers who had antenatal check-up in first trimester	53.0	29.7	61.7	44.9	29.3
2	Mothers who had at least 4 antenatal care visits	35.7	21.0	29.6	23.5	20.8
3	Mothers who had full antenatal care	11.4	4.8	4.1	5.1	5.3
4	Institutional birth	80.8	50.4	78.0	55.8	74.2
Child Health						
5	Children age 12-23 months fully immunized	53.6	22.6	65.5	49.4	25.0
6	Children under age 3 years breastfed within one hour of birth	34.4	25.4	20.9	36.8	21.4
7	Children under age 6 months exclusively breastfed	58.2	58.0	72.1	35.5	55.8
8	Children age 6-8 months receiving solid/ semi-solid food &breastfed	38.1	37.1	47.8	NA	26.8
Malnutrition						
9	Children under 5 year who are stunted	42.0	48.6	42.6	45.8	45.6
10	Children under 5 year who are wasted	25.8	32.9	31.4	27.4	24.4
11	Children age 6-59 months who are anemic	68.9	74.5	75.3	66.5	72.4
12	Pregnant women age 15-49 years who are anemic	54.6	64.4	57.5	59.3	74.2
13	All women age 15-49 years who are anemic	52.5	64.4	57.5	66.5	55.86

Source: NFHS 4, 2015-16

Performance on some of these indicators in the blocks three years later showed improvement with more than three fourths of pregnant women registering for antenatal care, more than 40 percent of them doing so early in the first trimester and getting recommended four antenatal checkups. Barring Sondwa, institutional delivery was opted for by majority (>90%) women and two thirds of the children 12 to 23 months were "Fully" immunized

Table 4: Block-wise Performance on Health Indicators

	Amarpur	Manawar	Petlawad	Samnapur	Sondwa	Thandla
ANC registration (%)	75.88	78.17	94	94.22	88	128
ANC Reg. in 1st Trimester (%)	82.11	85.13	55	82.75	45	41
ANC with 4 Check-ups (%)	64.04	81.41	44.62	64.35	56	54.09
Institution Delivery (%)	96.37	94.65	90	92.28	42	110
Full immunization (%)	82.63	91.28	96	82.22	68	103

Source: *Dindori- State HMIS unit, MP; April 2018 to February 2019. Full immunization data is up to January 2019.*
Manawar: HMIS unit, MP April2019-20Sondwa: Block MIS and Health Bulletin: April 18 – March 19
Thandla and Petlawad source: HMIS unit, MP April2019- November2019

About the Selected Villages

Selection process*:* In all, 420 villages were selected from the 6 blocks. TRI facilitated selection of these villages on the basis of a four module 'visioning' exercise. Visioning is a unique process where a platform was provided to the women members to dream about their model villages and the facilities they want in their village.

" Some members said that they want their family to be healthy, some women said they want to send their children to school, some wanted proper functioning of anganwadi centre. Adequate availability of water in village, proper road and drainage, availability of service providers at the health centre, improved services at public institutions such as school, anganwadi centre, panchayat and PDS." Block Coordinator, CHETNA

After that they were asked to volunteer to fulfill those dreams and enhance the quality life particularly health and nutrition, education, livelihood and governance entitlements in their village. The details of the four modules used for visioning process are as follows:

Module 1: The process of visioning exercise was started at cluster level. Discussions were held with CLF members on their perspective and dreams for their village. The CLF members were oriented to conduct the same exercise at village level with VO members.

Module 2: CLF members rolled out the exercise at village level with VO members and followed the same process with them. CLF HR, representative from partner teams remained present and provided hand holding support. Village women volunteered to work in their villages and based on their interest they were listed to work in different domains such as health, education and governance.

Module 3: TRI team members compiled and prioritised the issues identified by VO members at cluster level. These were categorised as issues at personal level, family level and village level.

Module 4: As the last step in the process, under module 4 an action plan was prepared for CLF level to address the multidimensional issues for transformation.

After completion of the visioning exercise a list of village was prepared. Villages with active social capital and where members were willing to come forward to improve the quality of life were selected for the multidimensional community lead intervention. CHETNA implemented activities in 406 out of the 420 villages of the six blocks federated in to 18 clusters. Due to inadequate community mobilization, 14 villages were left out.

Geographic profile: Most of the villages were located in hilly, forest area and hence access was a challenge. In the eastern district of Dindori, most villages ofAmarpur and Samanpur blocks are located in hilly and forest areas. These villages did not have road connectivity and public transport facility and movement in the forest area was restricted. Personal vehicle was the only means to visit those villages. The distance of the farthest villages from block headquarters ranged from 32 to 61 kilometres. During monsoon, connectivity to block headquarter was challenging especially as the rivers, streams and check dams overflowed. Houses in these villages are situated in clusters called Tolas (hamlet) which are situated within the range of one kilometre from the main village. Each hamlet consists of 10-15 houses. These Tolas are formed on the basis of caste (baigatola), geographical area (nichlatola) or some other signatures (Aamatola, sarpanchtola).

"In order to reach one of our intervention villages, we have to walk around a hill which is about a kilometer and to reach one of our villages we have to travel by boat ".Block Coordinator, Sondwa

Villages in the western blocks were scattered and people usually lived near their farmland. Houses are clustered in small hamlets called *faliya*. Barring Manawar these *faliya*s were located at an average distance of from three to four kilometres from the main village. Houses in these blocks were scattered. In these three blocks most of the community resides within their farmland. In Manawar, Thandla and Petlawad the villages were connected with pucca roads and public transport was available. However, access to the six villages in Sondwa was challenging allrounds the year and one had to walk around one kilometre to reach the village. Around ten percent of the villages also had poor network connectivity.

Demographic profile: The total population of the 406 intervention villages was 512216, of which there were 256529 men and 255687 women. Villages in Samnapur (721) and Amarpur (722) are comparatively small with an average population less than 1000. The predominant tribes residing in these blocks are Bails, Shalala, Baiga, Gonad and Sahariyar tribes. (Table.5 blocks wise population).

Table 5 : Population of intervention villages (*source-census 2011)*

Block	Villages	Population	Males	Females
Amarpur	56	40447	20140	20307
Samnapur	70	50525	25297	25228
Manawar	70	88056	44419	43637
Sondwa	70	115285	57545	57740
Thandla	70	106037	53154	52883
Petlawad	70	111866	55974	55892
TOTAL	**406**	**512216**	**256529**	**255687**

Note-*Male and female population of Sondwa, Petlawad and Thandla was calculated on basis of block percentage*

Agriculture is the main occupation of most of the people (>80%) in all the six blocks. The major crops in Amarpur and Samnapur blocks of Dindori are Rice, Kodo-kutki, Maize, Nizer, Ramtil and Arhar. In Sondwa block, corn, wheat,ground nuts, soyabean and mangoes are harvested. The principal kharif crops traditionally grown in Thandla and Petlawad blocks of Jhabua district are Paddy, Jowar, Maize, Soyabean, Urad and Tur. Main rabi crops are wheat, gram and mustard. In Manawar block of Dhar district, most grown crops include Soybean, Cotton, Wheat and Red Chilli. Most people grow their own vegetables and one would usually find creepers of gourd, pumpkin thrown over their roof tops.

Agriculture being the only occupation in all the six blocks, low crop yields and consequent low income results in migration to cities and towns for livelihood support. About 22percent of the people from Dindori migrate seasonally for close to 6 months, even to states as far as Kerala and 25-30percent of the people from Jhabua and Alirajpur migrate to the neighbouring states of Gujarat, Maharashtra and Rajasthan.

Project Reach

Activities were implemented in 406 villages of the six blocks. Women leader-Sachet Jijis were trained in 384 /406 villages to avoid overlap with similar initiatives. A total of 768 Sachet Jijis from 384 villages were trained on PB Modules. A total of 8422/ 20,716 total members from 2067 SHGs participated in any micro module rollout. A total of 391/ 395 Village Organisationsand all the 18 Cluster Level Federations were trained.A total of 239/406 VillageHealth Sanitation and Nutrition Committee meetings were facilitated. A total of 1066/1200 frontline workers-ASHA/ANMS /AWWs were trained by CHETNA.

Chapter 4: Project Teams

In order to implement the project activities a team of 37 members was deployed. All the team members were from Madhya Pradesh and were from the same Geo-Cultural context. They were from the same or from a block, nearby. A State Coordinator was appointed to coordinate the activities of the blocks and provide onsite support. A senior CHETNA team member-Project Director, CHETNA provided regular guidance mentored the project team and coordinated the project activities.

Team Constitution

A six member team was designated for each block. A block coordinator was deployed for coordinating the block level activities. Five block mentors were deployed to provide mentoring support at the village level. A block mentor was assigned to provide inputs in 12- 15 villages. Given the remoteness, one Training Coordinator cum Mentor was stationed at Dindori for training facilitation. Thus, a total of six Block Coordinators and 30 Block Mentors were deployed in the project.

Team Profile

The age group of the teams ranged between 22-40 years. Of the 37, 14were women and 23 men. They were fluent in Hindi, the language of written and verbal communication.

The State Coordinator was a post graduate in rural management with eight years of experience in work on health and nutrition issues in the development sector. All the six Block Coordinators were post graduates and with experience of working on health and nutrition issues for two to five years and in trainings in development sector. (*Annexure 1:* List of team members).

Of the 30 block mentors, 18were post graduates in social science, 10 were graduates in social work, commerce, arts, education or computer science. Two had studied up to senior secondary. Their experience in development sector ranged from one to ten years with ten of them experienced in working on health and nutrition issues.

Team Training

Buildingcapacitiesand mentoringwasanongoingprocess. The strategy was to build capacities of State and Block Coordinators and of external Master Trainers (MTs) who would then roll out trainings in the blocks. The senior management team-Project Directorfrom CHETNA provided ongoing technical support and guidance to the State and Block Coordinators. CHETNA, Ahmedabad provided regular management and logistic support to the field team.

On joining, theteammemberswereoriented on their roles and responsibilities and the project components such as community mobilisation, leadership, team work etc.A total of three orientation programmes were organised for the team members. Of these, CHETNA organised two programmes in October 2018 and TRIF organised one in November 2018. The Orientation content included visioning healthy village; health and nutrition status of women and children in the area, state and district, public health and nutrition system and services; TRI Mission Antyodaya programme goal, objectives, activities, milestones and expected results;concept of empowerment, leadership and teamwork.

Also, capacities of team members were regularly updated. A total of 126 capacity building trainings/sessions, including virtual sessions during the Corona Virus Pandemic were organised for the team members, based on identified learning needs. These,included programme planning,

technical aspects o Health and Nutrition, how to facilitate development of village health plans and training of master trainers and block mentors on Perspective Building (PB) modules,training on VO module etc. During the Coordinators visit to the blocks/field, on site demonstration was provided to the team members for their capacity building. They were taught about the process at field and on the basis of field observation, discussion was held with all the block team members for cross learning. (Annexure-2 list of trainings provided).

Team's Feedback on Training

The team found the regular support, training and mentoring useful. It strengthened their perspective,knowledge and training skills. For some, the trainings helped to learn about engagement with women in the village and coordinate with VO members.For some it was useful to enhance their knowledge about health and nutrition, Government schemes and entitlements. For most team members,practice sessions onPB modules were useful in enhancing their facilitation skills. This is reflected in their feedback.

"I learnt about the importance of documentation and doing it properly. CHETNA trainings also helped me to enhance my report writing and data analysis skills." Block Coordinator, Amarpur

"I have got the information about government schemes and entitlements, my skills to coordinate with women and technical knowledge has improved". Block Mentor, Petlawad

"Training provided by CHETNA has improved my facilitation skills, I have learnt about the importance of participatory training methodology. During the project, it has also helped me to improve my documentation and presentation skills. My perspective towards the role of women in the development of village has changed." State Coordinator

Chapter 5: Interventions

Community Needs Assessment: CNA and Public System Gap Analysis-PSGA: Using qualitative research methodology, CNA and PSGA was done to understand the health and nutritional realities and plan interventions at field level. In all six blocks 10 percent (6-7) of the villages were selected for data collection. Discussions were held with the women from Self Help Groups (SHGs)anddifferent communities in villages. In-depth interviews were conducted with service providers. Anganwadi Centres, Gram Arogya Kendra, Sub Health Centers, Primary Health Centres were visited to observe their current status and functioning. The findings were shared with the block officials, frontline workers during their trainings and used to plan interventions in the project area.(Report available athttps://www.chetnaindia.org/wp-content/uploads/2020/09/All-block-report.pdf)

Learning about villages and rapport building: CHETNA team members visited the villages to interact with self help group members, community leaders, panchayat members and service providers to collect basic information about the villageand discusshealth and nutrition. Information was collected on distance from the main road, available transport, number of hamlets and households, caste, religion of the communities,main occupation and crops, sources of irrigation and drinking water, health and nutrition facilities, SHGs, Village Organisations and Gram Panchayat leaders and their contact details. This process helped the teams to understand the local situation and build rapport with the communities.

Training modules and picture cards: TRIFprovided training modules, which were jointlydeveloped by partners- CHETNA, Pradan, PHRN and FFHIT. Modules for Perspective Building (PB)of women leaders consisted of three PB modules and contained 17 Micro Modules (MM) on different topics such as gender, food and nutrition, care during pregnancy delivery and post pregnancy, family planning, adolescent health and well being, malnutrition and child feeding practices, pneumonia and diarrhoea, immunisation, domestic violence, malaria and tuberculosis and community based monitoring.

To support the trained women, leaders rolled out the initiative, a set of picture cards and checklists for community monitoring were provided per village. TRIF also provided English Village Organisation Module (VO)with seven micro-modules. CHETNA transcreated the VO Module in Hindi and added one module on definition of health, importance of staying healthy and ways of staying healthy. (**Table 6**: Topics of micro modules)

Table 6: List of Topics in Micro Modules

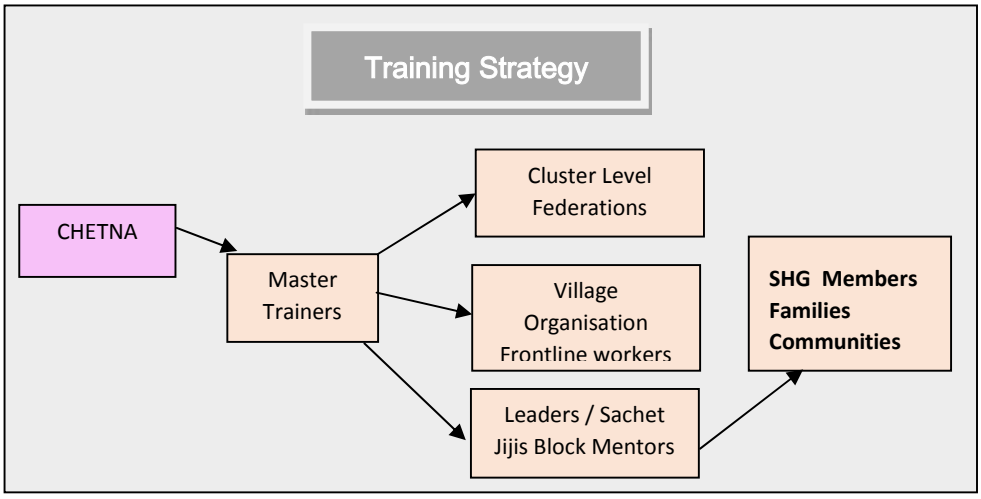
PB1	PB2	PB3	VO modules
MM1 – Gender MM2 - Food and nutrition MM3- Food Security MM4- Care during pregnancy MM5- Care during delivery and after pregnancy MM6- Family planning	MM7- Adolescent health MM8- Life cycle approach and IYCF part 1 MM9- Malnutrition and IYCF part 2 MM10- Malnutrition, childhood diseases prevention and treatment of diarrhoea MM11- Childhood diseases Pneumonia, Measles and immunisation	MM12- Early Marriage MM13- Domestic Violence MM14- Malaria and Anaemia MM15- Tuberculosis (TB) MM16- Rights and entitlements MM17- Community based monitoring	MM1- Definition and importance of health MM2- Life cycle approach for Nutrition MM3- Maternal Health and Nutrition MM4- Child nutrition and Complementary feeding MM5- Maternal child health and nutrition schemes MM6- Food security and Nutrition MM7- Public Health System

Training of Master Trainers: CHETNA trained 12 Master Trainers to build capacities of women leaders- Sachet Jijis. The Sachet Jijis who volunteered to work on health and nutrition were to be invited for threeday training on three modules. Post training, they were expected to roll out the Micro Modules in their respective groups and implement the planned collective action, with mentoring support of CHETNA. They were also expected to engage with the Village Organisations, frontline workers, participate in Village Health and Nutrition Days, in the Village Health Sanitation and Nutrition Committee meetings. They were expected to counsel and mobilise women and communities to access public services and adopt healthy practices.

The training of Master Trainers was facilitated by National Master Trainer, trained by TRIF. Master trainers engaged with state and national livelihood mission, besides the state and block coordinators of the project were also invited to the training. Later, in the training of trainers on PB-2, block mentors who demonstrated good training skills were also included in the training of master trainers.

The Training of Trainers took place between January 2019 to September 2020 on the three Perspective Building (PB1, PB2, and PB3) modules. While first two were for master trainers, the third training in December 2020 was organised virtually for all the team members. The content included technical knowledge on health and nutrition as well as modules for training of Sachet Jiji. Practice sessions were held to enhance their facilitation skills.

Capacity Building of women leaders-Sachet Jijis: The strategy was that the master trainers would train and mentor women leaders-Sachet Jijis (SJs) on PB1, PB2 and PB3 and the trained SJs in turn would roll out 17 micro modules in the Self Help Groups and along with CHETNA team members facilitate discussions in the Village Organisations' training. Block coordinators trained as Master Trainers(MTs)would facilitate the Cluster Level Federation (CLF) trainings



(**Picture 3**: Training Strategy).

In keeping with this planned strategy, training of 840 SJs was planned in406 villages.Duetosimilarintervention inAmarpur,thenumberofvillageswhereSachetJijiswere to betrained by CHETNA wasreduced to384.Hencethetotalnumberofinterventionvillageswas 384 for PB 1 and2 and60villagesforPB3, duetolimitedtime. A total of 842 SJs were trained f o r PB1 andPB2 against the planned 786and 87/120 forPB3.

About the women leaders(Sachet Jijis, SJs)*:* Three fourths of the SJswere in the age group of 21-40 years (75%), majority belonged to the schedule tribe (87.2%) and a little less than two thirds (64%) were literate. Majority of the SJs were engaged in agriculture and labour work for their livelihood and a few of them run their own small shop in village or were home makers.(***Annexure 3***: Profile of Sachet Jijis)

Training process: CHETNA coordinated with TRI team and block level officials to organise the training of SJs. Collective decisions were taken regarding batch finalisation, logistic arrangements and fund mobilisation from SRLM. CHETNA team members had introductory meeting with the SJs about the three days residential training.Since SJs were not comfortable about overnight stay at a distant place, non residential training was conducted with the support of SRLM and TRIF block teams. Where the distances were large, a cluster approach was adopted for training of SJs from 5-6villages together. Trainings in such cases were at the nearest panchayat bhavan, schools orAnganwadi centre.Duringthe Corona Virus pandemic post lock down period, trainings were held in smaller groups or village wise, as women were scared to move out of the villages and it was not possible to ensure social distancing at the training sites.

The plan was to provide training to a total of 420 SJs@ one from each intervention village. Keeping in view their need for company and mutual support and expecting that not all the trained SJs would continue engaging for a long duration, CHETNA decided to train a pairof SJs from each intervention village. A totalof 842 SJsfrom all the six blocks were trainedonPB1,ofthese 86 percent (724/842) were trained on PB2 and72 percent (606/842) were trained on PB3 modules.The trainings were organised in batches of 30 participants. Mostly women came on their own and their travel was reimbursed. At times a vehicle had to besent to pick them up.

Usually, the full day (four to five hours) training began with a pre test lead by the block mentors, after a prayer or inspirational song, introductions and a general discussion to build rapport between the participants. The various topics of the PB modulewerethen introduced. Since the moduleswereinteractive, women participated in the activities. A small task based on observation or querieswas given as home work to continue the learning process. The next day, the training started with reporting on the task and revision of the topics.At times the entire discussion of the first day was repeated as a large number of participants were new. This process continued for three days. Due to lack of enough time as the training was non-residential, practice sessions to strengthen their skills could not be held and were later continued at the village level, before the roll out in SHGs. At the end an action plan wasdeveloped. CHETNA team members followed up with visits to the villages to facilitate the roll out of action plan based on micro modules.

Feedback from Sachet Jiji's: At the end of the training, the Sachet Jijis were asked to provide verbal feedback on the training.Some of the feedback was as follows**:**

"We did not have so much information about health and nutrition issues. You have provided us with information and we will share this in our village and also in our families."

"We have learnt about the care during pregnancy,delivery and post delivery and also the danger signs and action to be taken."

"We have learnt about the importance of eating different kinds of food and how to eat diverse foods even when there are fewer resources."

Several of theSachetJijis said that "We have not attended such trainings before where such interactive methods and activities are used".

Support to SJs: Given the need to strengthen skills for facilitating discussion on health and nutrition issues in theSelf Help Groups,CHETNA team provided follow-up and hand holding support to the trained SJs through their visits to the villages. In the initial stages, CHETNA team co-facilitated thesessions along withthe trained SJ.Later, when the SJ gained confidence, CHETNA team supported the session conduction. The mentoring depended solely on the confidence level of the SJ. CHETNAteamprovidedsupportto 93 percent (786/ 842) trained SJs from 384 villages.

The team's support went beyond rolling out of micro modules and extended to preparation of kitchen gardens, counselling etc.

Outcome of training: Both knowledge and skills of SJs were assessed during the training and mentoring process.

Knowledge assessment: Pre and post test through a questionnaire on key messages of the PB Modules indicated a significant increase in the knowledge score levels of SJs (**Table 7**: Pre and Post Training Scores of Sachet Jijis).

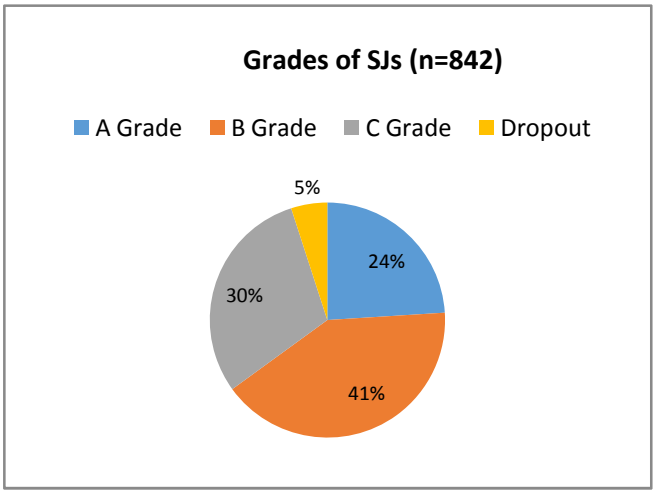
Table 7: Pre and Post Training Scores of Sachet Jijis(In%)

	PB1 Module		PB2 Module		PB3 Module	
Range	**Pre test (N=343)**	**Post-test (N=343)**	**Pre test (N=213)**	**Post-test (N=213)**	**Pre test (N=74)**	**Post-test (N=74)**
≤15	38.5	0.6	26.3	0.0	12.2	4.1
16-18	6.1	2.0	12.2	3.8	8.1	0.0
19-21	9.6	2.0	9.9	9.9	6.8	0.0
22-24	8.5	9.6	29.6	13.6	17.6	0.0
≥25	37.3	85.7	23.0	72.8	55.4	95.9

Skill assessment: CHETNA graded SJs based on their observations of their ability to:

- Use the tool kit and rolloutMMintheir groupwithoutanysupport,
- Influenceandmotivatepeoplefor behaviour change
- Facilitatesessionusingmicromodule at public forum or meetings other than their group, and
- Make linkages with public system service delivery.

SJs fulfilling all the four criteria were categorized in grade, those who needed some support werecategorisedin B gradeandthosewhodidnot fulfil theabovecriteriaarecategorized in Cgrade.Ofthe842 SJswhoweregraded, 2 4 percent werein grade A,41percent in grade Band 30 percent in grade C. Around5percent were dropouts.



(Picture 4: Grades of Sachet Jijis)

Reaching out to Self Help Groups (SHGs): In most of the villages, women were organised in more than one SHG. In order to achieve a wider reach and cover all the SHGs of the village, two to three members from each SHG were invited. Later, since there were several SHGs in the village, it became a challenge for the SJ to inform all the SHGs of the village as well as ensure presence and continuity during the roll out, it was decided to reach out to all members of the group from which the Sachet Jiji had participated. Members from Out of the 384 villages, PB1 was rolled out in more than 90 percent villages and PB 2 in about 63 percent villages. There was gradual decline in number of villages in which these micro modules were rolled out. This was especially so in villages in Amarpur and Petlawad blocks where the coverage declined to about 47 percent for PB 2. (**Table 8**: Village-wise Rollout of Micro Modules).

Table 8: Village-wise Rollout of Micro Modules

Micro module		Total	Amarpur	Samnapur	Sondwa	Manawar	Thandla	Petlawad
PB1	MM1	378	91	100	100	99	100	97
	MM2	377	91	100	100	99	100	96
	MM3	376	91	100	100	99	99	96
	MM4	370	88	100	100	99	96	91
	MM5	365	88	100	100	99	90	90
	MM6	361	82	100	100	97	89	90
PB2	MM7	315	56	100	99	86	73	66
	MM8	306	56	97	96	83	73	61
	MM9	270	47	94	80	71	60	57
	MM10	253	47	91	76	67	57	47
	MM11	241	47	91	66	66	53	46

During the rollouts of PB1 and PB2, a total of 8422 women members from 2067 SHGs participated in any micro module rollout. Of the total 8422 women who participated, 43 percent (3624/8422) women participated in both PB1 and PB2 micro module rollout (***Annexure 5***: Block wise Participation in Micro Module Rollout). To ensure the participation of women in all the modules, CHETNA team coordinated with SJs and VO members. A little more than one fifth (21%) women participated in all the six Micro Module of PB1 and in all the five micro modules of PB2 (22%). There was a decline in sustained participation and only 331 participated in all the 11 micro modules of both PB1 and PB2 (Table **9**: Participation of Women in Micro Module Rollout). Roll out of micro modules of PB3 could not be done in the project duration.

Table 9: Participation of Women in Micro Module Rollout

Module	Total	Amarpur	Samnapur	Manawar	Sondwa	Petlawad	Thandla
All PB1 Micro Modules	1497	79	303	211	387	291	226
All PB2 Micro Modules	1115	32	322	175	313	132	141
All the 11 Micro Modules	331	6	102	68	53	53	49

Note- the number of SHG women includes sachet Jijis

Actions plans were developed at the end of rollout of micro modules, the participants pledged to take action to improve health and nutrition of their families and group members and supported in developing action plans.

Capacity building of Village Organisations: All the SHGs in the village are federated in to village level organisation. To establish vertical linkages, village level action and to reach out to more SHGs in the village, CHETNA team built capacities of Village Organisations in the 406 intervention villages. Training of Village Organisations was initiated in June 2019.The strategy adopted was to organise sessions during the VO meetings. To expand the reach, it was decided to train all the VO members instead of focusing only on leaders or members of subcommittee on health and nutrition. Frontline workers were also invited during training session to share information about the public health and nutrition services. Trained Sachet Jijis were invited to facilitate sessions.

CHETNA transcreated TRIF modules in Hindi and used those for training of Village Organisations. The VO training module consisted of seven micro modules. To link health and nutrition issue with expenditure CHETNA added an additional micro module on importance and definition of health and

ways to stay healthy. The Block Coordinator and Block Mentor who were oriented on the same used modules during field training.

To begin with, the team members participated in the monthly meetings of village organisation to build the environment and learn about the potential for regular meetings. Excluding those who declined to meet, (Total 11 VOs: Manawar-2, Sondwa- 6 and Thandla -3) the capacity building efforts were made with 395 VOs from six blocks. By the end of the project, CHETNA team had conducted training of 97 percent (384/395) VOs using all the seven modules. (**Table 10**: Block-wise VO Training)

Table 10: Block-wise Village Organisation Training (In %)

Micro module	Total VOs	Amarpur	Samnapur	Sondwa	Manawar	Thandla	Petlawad
	395	**56**	**70**	**64**	**68**	**67**	**70**
MM1	391	100	100	100	100	97	97
MM2	391	100	100	100	100	97	97
MM3	389	98	100	100	100	97	96
MM4	388	96	100	100	100	97	96
MM5	385	91	100	100	100	97	96
MM6	385	91	100	100	100	97	96
MM7	384	89	100	100	100	97	96

Outcome of training: Participants developed Village Action Plans at the end of the training. These plans focused on:

- Inclusion of Health and Nutrition as an agenda of the VO meetings;
- Organisation of a meeting with Gram Panchayat members;
- Provide information to women members about their health and nutrition entitlements;
- Organisation of meetings with pregnant and lactating women and inform them on care during pregnancy and care of newborn;
- Creation of awareness about COVID-19 as well as nutrition;
- Promotion of use of iron kadhai; include three color foods in at least one meal daily;
- Motivation of family member of SAM children to get admitted at NRC;
- Observation of the services of VHND;
- Organisation of monthly meeting of GSSGTS.

Feedback from VO members: VO members acknowledged that these trainings contributed to their knowledge about health and health schemes and people's entitlements. Feedback received from a few of the members was as follows:

"We have learnt about the Government schemes and services provided by public system, we have also learnt about the community monitoring processes"-VO Gawli pipliya, Manawar

"We have learnt about the three major delays which cause maternal deaths, also got information about the entitlements"-VO, Amarpur

"Health and nutrition information in this module was very useful; we will start implementing it from our house and also try to ensure rollouts in all the groups of our village"- VO Tonki, Manawar

"After CHETNA's training we learnt that with the proper support from family and proper treatment we can improve the nutrition of our children."-VOAmarpur

Follow-up support to VOs: During the project duration, CHETNA team participated in 637 VO meetings held with 395 trained VOs. Based on the observation and sharing by members during these follow up meetings it was learnt that out of the 395 VOs:

- 86 percent (339) VOs had initiated discussion on health and nutrition in their monthly meetings,
- 73 percent (287) had motivated the family members of young children for their timely immunization,
- 70 percent (275) VOs had started participating in the VHND sessions to observe them and had dialogue with service providers,
- 51 percent (200) VOs had counselled the family members of SAM children for care at home and NRC referral,
- 46 percent (181) VOs had started participating in GSSGTS meetings and facilitating the discussion on health and nutrition.
- 4 percent (17) VOs gave a letter to Panchayat/ block officials for service strengthening.

Capacity building of Cluster Level Federations: The VOs are federated in to clusters which are composed of members from the village organisations. These Cluster Level Federations (CLFs) are key decision makers for execution and linkages with the block and district level. The SHGs of the 406 villages are federated in to 18 clusters and CHETNA team engaged with all the 18 CLFs.

CHETNA team began by participating in CLF meetings to build rapport with the leaders and members, gauge their interest in health and nutrition issues and plan for training. Subsequent meetings of CHETNA with CLF were to orient them about the interventions on health and nutrition, rapport building and to plan for their trainings. Training of CLF was initiated in September 2019 with the objective of orienting them about the programme activities, role of SJ, VO and CLF in health and nutrition and enhancing their understanding of Health and WCD department services.
CHETNA team organised day long training for Cluster Level Federations. It was either a separate training for members or was dove tailed with the social cause meeting of the CLFs and had to be completed over two consecutive meetings as the members had their own agenda for these meetings. The trainings were facilitated by block Coordinators. The topics included linkages between healthcare and expenditures, ways to stay healthy, basic concept of nutrition, MCHN and entitlements from the public health system and WCD. A total of 418 members from 208 villages participated in training of 18 CLFs.

Outcome of training: Action plans were prepared at the end of the training. Plans included:

- **Demand for Services**
  - 108 vehicles at Khawasa PHC,Thandla,
  - Respectful maternal health services at Government health facilities in Thandla and Petlawad, and
  - Filling up of vacant position of ANM in Amarpur and Petlawad blocks.
- **At the community level**
  - Informing about benefits of immunization, and
  - Mobilising to ensure early registration of pregnant women through VOs.
- **Monitoring**
  - VHNDs through VOs, and
  - Anganwadi centre reach in the community and services provided such as growth monitoring.
- **Meetings**
  - Meeting with PHC and CHC health officials regarding staff demand informal payments in Sondwa and
  - Regular conduction of Village Health Sanitation and Nutrition Commitees-called Gram Sabha Swasth Gram Tadarth Samiti (GSSGT) meetings and support Front Line workers.

Feedback from CLF members: CLF members appreciated presence of block officials from the health or the WCD department and the information they shared about Government programmes. CLF members articulated their views about the training as follows:

"Training was useful for us; we have learnt about health and nutrition also about role of CLF in mproving health of women and children in the cluster."

"Training provided by CHETNA was good; the messages were simple and clear. The trainer was friendly, simple language was used during the training."

"Participation of Government officials from health and ICDS department was useful; they have provided us useful information about entitlements and services"

Support to CLFs: CHETNA had follow-up meetings with the CLFs in all the 18 CLFs to review the progress on action plans and provided support in implementation of these plans. As a withdrawal strategy, CHETNA team participated in14 CLF annual action plan (for 2020-21) preparation meetings organised by TRIF during February-March 2021.Some of the action points in the plans are:

- Creating awareness about dietary diversity, informing women about including three coloured foods in their daily meal and benefits of cooking in iron kadhai and all family members eating together,
- Informing community about their health and nutrition entitlements and establishing linkages between community and service providers,
- Working on prevention of early marriage to improve the health and nutrition status of women,
- Ensuring complete immunisation of every child including mobilising and immunisation of the left out children, and
- Monitoring of the VHND session and taking action to strengthen the services at field level.

Strengthening Health and Nutrition Services: To improve the health and nutrition indicators, supply side plays an important role. CHETNA engaged with public health and nutrition service delivery system so that communities are able to access their entitlements. Given that the first point of access is at the village level, CHETNA built capacity of existing village level frontline workers and enhanced the functioning of village level platforms such as the Village Health and Nutrition Day and the Village Health Sanitation and Nutrition Committees- called the Gram Sabha Swasth Gram Tadarth Samiti (GSSGTS). Engagement with block level officials was for addressing the gaps in services.

Block level coordination: To strengthen the supply side, CHETNA worked in close coordination with the block level officials of Health, ICDS and SRLM department. The Block Coordinator conducted introductory one to one meetings with department officials and shared about the programme intervention, strategies, activities and expected outcomes and sought support for implementation of activities at field level. Due to departmental priorities, it was a challenge to get the Block Medical Officer from Health, Child Development Project Officer from ICDS and Block Manager from SRLM together for a joint meeting. Additionally, TRIF conducted periodic compact meetings to share project progress and field experiences and seek support in bridging the gaps.

The block coordinators regularly shared field observations and identified gaps in their reports with a request to take action for strengthening of services at field level – with all the relevant departments.

CHETNA team participated in 428 one to one block meetings with Health, ICDS and SRLM departments, 33 sector meetings of health and ICDS/WCD department, 95 compact meetings and 31 Block Level Coordination Committee (BLCC) meetings organised by TRIF. At compact meetings it participated in discussions on the office administration, compliance with COVID rules in office, effective coordination, CLF annual action plan, sachetJijis training plan, entry of VHP in software, strengthening of coordination between communities and service providers. In BLCC meetings CHETNA participated in discussions on project progress, challenges and planning.

These meetings resulted in ensuring availability of medicines, planning for a joint training of front line workers- ASHA, ANM and Anganwadi Workers, issuing of directives for SJs' membership in GSSGTS, providing medicine kit to ASHAs of 55 villages in Thandla block and giving verbal instruction to service providers for immediate disposal of expired medicines at health facilities.

Strengthening of Village Health and Nutrition Days: Village Health and Nutrition Days (VHNDs) are a platform for convergent delivery of health and nutrition services at the village/community level. VHNDs are supposed to be organised at identified Anganwadi Centers or Gram Arogya Kendra, which is held once a month in every village.

As a first step, CHETNA Team coordinated with the department officials to learn about the routine immunization (RI) plan and mapped VHNDs in the intervention villages. In each intervention village, two VHND sessions were identified for strengthening after discussion with the service providers and depending on their proximity to the residence of SJ for her to participate and contribute.

In January 2019, during the introductory visits the team observed the identified VHNDs and coordinated with frontline workers for rapport building. The trained Sachet Jijis were also introduced to the frontline workers and their role for strengthening of VHNDs was clarified. A structured observation process before, during and after the training was followed for strengthening VHNDS by CHETNA team.

Before the session:
- Called up and coordinated with the ANMs and discussed about the timings and availability of all the necessary items including equipments and medicines.
- Coordinated with the sachet jijis and VO members for their presence in the session.
- Coordinated with ASHAs for informing the participants of VHND.

During the session:
- Observed the activities at the session such as counselling, growth chart plotting, services to pregnant and lactating women.
- Physically verified the equipments and checked expiry of medicines.
- Supported service providers in counselling of women, and
- Guided Sachet Jiji/ VO members on their role in VHND.

After the session:
- Coordinated and shared observations with the block level officials of health and WCD departments.
- Coordinated with the frontline workers for addressing the gaps in the VHNDs and guided them in planning of the next VHND, and
- Guided SJs for reaching out to women who participated.

Between July 2019 and March 2021, CHETNA team contributed and strengthened VHND in 401 out of 406 intervention villages.

Outcome of VHND strengthening process: Actions taken by CHETNA team for strengthening of VHNDs included:
- Guiding Anganwadi worker on preparation of due list, mobilisation of women to avail services, growth monitoring and chart plotting and counselling,
- Guiding ASHAs for home visits to call women for VHND and in providing services as mandated.
- Checking medicines, storage, procurement and management at VHNDs in 65 out of 401 villages,
- Ensuring availability and use of infrastructure and identifying new central session site and shifting session there.
- Ensuring display of the citizen's charter, availability and use of furniture such as ANC table, and of equipments such as weighing scale and BP instrument in 97 villages out of 401 villages, and
- Mobilising SJs and VO members to ensure that women participate in VHNDs and they themselves remain present and support in VHNDs.

Strengthening VHNDs: CHETNA team observed the VHNDs from June 2019 to March 2020. The team started by visiting VHND every month. When the intervention villages increased from 40 to 70 in each block, the team conducted monthly visits to the new villages and periodic visits to the 40 intervention villages of year one.

CHETNA developed a checklist in Hindi language, based on the community processes guideline of National Health Mission to track the changes at VHNDs and oriented team members on its use at a technical orientation program at state level. A set of checklist booklet was provided to each mentor according to the number of villages and VHNDs identified for strengthening. The team initiated using the checklist from July 2019 onwards and the observations were and data entry was done in excel format. The data entry was validated by the block coordinator before submission. The gaps identified at the VHNDs were shared with the block health officials at the earliest and respective ANMs during the next visit.

Strengthening of Gram Sabha Swasth Gram Tadarth Samiti: The Village Health Nutrition and Sanitation Committee (VHSNCs) are known as Gram Sabha Swasth Gram Tadarth Samiti (GSSGTS) in Madhya Pradesh. Objectives of GSSGTS are to

1. Inform the community about the health programmes and government initiatives,
2. Enable community to participate in the planning and implementation of the programmes, and
3. Take collective action for attainment of better health status in the village.

CHETNA team met the state NHM officials in January 2019 to learn about the state plan to operationalise the VHSNC/GSSGTS. The state focus was Aspirational Districts which were different from the project intervention areas. Meetings with the block health department were held to learn about the status of GSSGTS and procure a list of GSSGTS members. Field visits were then organised for introductory meetings with the members of the committee. It was observed that in most of the village's members were not aware about their membership in GSSGTS and the committees were not functional. They were informed about their membership, briefed in person about the role of the committee and their interest in participation in meetings was sought.

Status of 155 committees was assessed and based on the willingness and presence of all the listed members, a total of 141 committees –which are active and those where it is possible to convene, were identified for strengthening and subsequently with addition of new villages, the same process was repeated for those villages depending on the possibility of operationalising them within the limited resources. Team members coordinated with the block health officials for soliciting their support in strengthening of committees. In all the six blocks, letters were issued for including trained Sachet Jiji as the member of the committee.

CHETNA team supported ASHAs in organising meetings and mobilising members including SJs and VO members. Between 2019 and 2021, CHETNA team mobilised 239 out of 406 (i.e. 59%) GSSGTS to organise their monthly meetings. It participated in 925 GSSGTS meetings in these 239 villages, facilitated the discussion on Health and Nutrition and oriented the members on their roles and responsibilities. Linkages were also made between the village health plans made by the VOs and health plans of GSSGTS. CHETNA teams also supported in documentation of the minutes of the meeting.

Outcomes of GSSGTS strengthening: Some of the changes observed were:

- Of the 239 committees, 177 had started holding meetings on their own by March 2021, and in Petlawad11 villages ASHA convened the meeting on regular basis,
- In Sondwa, two GSSGTS Achpai and Kukadiya gave memorandum in Panchayat for repairing ofAnganwadi centres.
- In Manawar, one GSSGTS opertationalised Gram Arogya Kendra in Anganwadi centre and had started the VHND there.
- In Amarpur and Thandla, a couple of GSSGTS used untied funds for purchasing equipment such as thermometer, weighing scale and BP instrument for VHND,
- In Thandla and Sondwa, GSSGTS purchased furniture and in 11 villages members started monitoring the VHND
- In Samnapur,10 GSSGTS ensured compliance with the COVID-19 precautions during VHND and six committees educated adolescent girls on menstruation.

Capacity Building of Frontline Workers: One of the key roles of frontline workers is to provide health education and counselling services at community level. Realising the need to emphasise the importance of this service and to strengthen the skills of frontline workers, CHETNA organised and facilitated capacity building trainings of frontline workers. Sub Centre wise batches, comprising of 30-40 frontline workers were made and trainings were organised at block level or at cluster level.

Based on learning needs that emerged from the Public System Gap Analysis-PSGA, CHETNA developed a day long training schedule for front line workers. The training topics included discussion on issues emerging from Community Needs Assessment and Public System Gap Analysis, block/district health and nutrition status, coordination, communication and counselling.

Block Coordinators coordinated with the block Health and ICDS officials to organise joint training of ASHA, ANM and Anganwadi Workers and orders were issued from both Health and ICDS department. CHETNA team members invited the front-line workers during their field visit to the villages and followed up by phone to ensure their participation.

CHETNA team trained a total of 1066/1200 planned frontline workers (394 ASHAs, 187 ANMs and 485 AWWs) in 33 batches. Block coordinators, training coordinator and state coordinator facilitated the training sessions. Role play and interactive sessions were conducted in the training.

Outcome of capacity building of frontline workers: Joint work plans that included joint visit to the malnourished children home for counselling, strengthening services at the VHND session etc. were developed at the end of the training.

By February 2020, a total of 556 Severely Acute Malnourished - SAM children (328 girls and 228 boys) from 146 villages were identified jointly by the Frontline Workers and CHETNA team. CHETNA team has also supported the service providers in counselling of parent and care takers of malnourished children. It conducted follow up visit to families of 431 of these 556 children. During follow ups either front line workers, SJs, VO members accompanied the team. *By March 2021, of the 431 children tracked, 210 were in green i.e. healthy, 139 in yellow i.e. moderately under-nourished and remaining 82 in red category i.e. severely undernourished.*

Development of Village Health Plans: Decentralised planning, with participation of communities is essential to meet the needs of the communities. Village Development Plans or VDP is one of the key interventions to strengthen village level development plans. CHETNA engaged in the Village Development Plan process spearheaded by TRIF and especially facilitated development of the village health plan (VHP). CHETNA project team participated in one day orientation of PRI members on VDP in Sondwa, Amarpur, Samnapur, and Thandla blocks, organised by TRIF to understand the process. This was followed by a four days process of VDP at field level, which was subsequently reduced to two days.

Discussions were facilitated by CHETNA field team with VO members, SHGs, frontline workers and health and nutrition issues of the village were identified. Action plans were developed which focussed at two levels - community and the relevant department level.

Outcome of the plan development process: By the end of the project period, village health plans were developed for 390 of the 406 villages (Amarpur-54, Samnapur-53, Thandla-73, Petlawad-70, Manawar-70 and Sondwa-70). Plan development in remaining 16/406 villages was facilitated by CLF HR, later.

Some of the issues included in the VHPs are undertake repairing/ or provide a new building of Anganwadi centre, mandated service delivery by ASHA; Availability of services and medicines at Gram Arogya Kendra, activation of GSSGTS and mobilisation of SAM children for NRC referral.

Members from 77.2 percent (305 out of 395) VOs participated in Gram Sabhas and presented the health plans. CHETNA team supported SJs and VO members in presenting plans at Gram Sabha. Around 11 percent (46/395) VOs had in person discussion with officials/ panchayat on improving health and nutrition services in village, of which around 17 VOs gave written submissions. CHETNA team extended support in letter drafting and guide them on having dialogue with officials.

CHETNA team entered the village Health Plans in BadlawYojna software/ MIS excel and uploaded.

Issue based Campaigns: CHETNA team conducted issue based campaigns in intervention villages leveraging the community level platforms and women members and leaders. These were held as the project rolled out and provided an impetus to the programme. Some of the campaigns undertaken were as follows:

***International Women's Day 2021*:** Gram Sabhas were organised in ten villages and women's meetings were conducted in six villages of four blocks. SJs and women leaders were felicitated in these programmes.

- In Amarpur, CHETNA team participated in Mahila Gram Sabha of four villages (Kamrasodha, Mohari, Bheswahi and Bodhgundi) in which VO members presented the issues related to health and nutrition and discussions were also held on prevention of child marriage;
- In Samnapur, team participated in Mahila Gram Sabha of six villages (Andai, Pipariya, Jhanki, Padariya, Kiwti and Margaon) and facilitated the discussion on avoiding discrimination during menstruation;
- In Manawar, activity was conducted in five villages (Ganpur, Nigarni, kavthi, Urdana and Bhesawad) in which discussions were held with 72 women on women empowerment, COVID-119 prevention and women and child health;
- In Sondwa, meeting was conducted in Moraji village in which discussions were conducted with 42 VO members, Panchayat members and service providers on early child marriage and women's health; and
- In Thandla, celebration was done at CLF level where token of appreciation was given to Sachet Jijis.

National Nutrition Week Celebration, 2020: National Nutrition week was observed from 1st to 7th September 2020. The team created awareness about Infant and Young Child Feeding (age 7 to 24 months) in 128 villages. A total of 1581 VO/SHG members, 118 pregnant woman, 169 lactating women, 25 ANM's, 46 Anganwadi workers and31 ASHA's participated. To assess the knowledge, practice and attitude on complementary feeding, 700 women were also interviewed.

World Breast Feeding Week Celebration, 2020 : CHETNA team celebrated world breastfeeding week from 1st to 8th August 2020. The team worked to enhance awareness on early initiation of breast feeding, exclusive breast feeding and breast feeding during COVID-19. Group discussions, video screening and virtual sessions were conducted at VHNDs, VO meetings, MM rollouts in 74 villages and at NRC. A total of 806 people participated. (165 pregnant women, 195 lactating mothers, 393 VO/SHG members, 53 frontline workers). A video on breastfeeding during COVID-19 Pandemic was shown and also shared with ASHA, ANM, AWW, supervisors and other heath service providers through WhatsApp.

CHETNA team also conducted a survey on breast feeding practices. Interviews were conducted with around 600 pregnant and lactating mothers. It was found that half of the women were aware of exclusive breastfeeding till 6 months and initiation of complementary feeding from7 months.

#Redacchahai campaign 2020: To address gender discrimination during menstruation, CHETNA initiated #Redacchahai campaign between 5th to 8th March 2020. During the discussion with women's groups during the Community Needs Assessment, women shared information on discriminatory

practices followed during menstruation. Realising the need to address the issue of discriminatory practices, the campaign was implemented in 68 villages where 670 women and girls participated. After a discussion on menstruation, 390 of them took pledge to stop discriminatory practices followed during menstruation.

***National Safe Motherhood Day Celebration*:** On 11th April 2019, activities were organised at Sub Health Centre -Achpai in Sondwa.White ribbon was tied on participant wrist to reflect their care and safety. ANM and 13 women including 6 pregnant women from the village were present.

***Ratri Chaupal**:* In Thandla, Petlawad and Samnapur, CHETNA team participated in Ratri Chaupal organised by governance thematic partners. A total of eight Chaupals were attended by the team members. A total of 562 community members participated. Team introduced the project and supported SJs to share about their role before the gathering. In Petlawad, an awareness rally was conducted in 6 villages.

Participating in Department Campaigns/ Initiatives

CHETNA team supported the health department with outreach of services in campaigns to enhance coverage of MCHN services in the intervention areas. The team supported and participated in campaigns such as Dastak Abhiyan (in 61 villages), Breastfeeding week (in 36 villages), Poshan Maah (in 39 villages), deworming day (4 villages) and world environment day (5 villages).

Camp for registration in Ayushman Bharat: In Samnapur team supported in organisation of camp in village Bhalapuri and Dhanauli for preparing Ayushman (Insurance) card. Registration of around 102 members including Sachet Jiji, VO members was done. Team also facilitated a session on care during adolescence, menstruation, on different food groups and importance of taking IFA tablets. In the program 13 adolescents, 17 Anganwadi workers and 5 ICDS supervisors were present.

***Kishori Sammelan**:* In Thandla, team contributed in ICDS's block level Kishori Sammlelan. A role play was conducted on importance of nutrition and food diversity during adolescence and care during menstruation. In all 340 adolescents, 200 Anganwadi workers, 11 supervisors and block officials participated. It also participated in Mahila Swasthya Shivir organised by department and provided support in community mobilization through Sachet Jiji and SHGs.

Strengthening mothers meeting: To improve infant and young child feeding, CHETNA team had strategized to strengthen the mothers meeting component of the ICDS and participated in Annaprashan and Godbharai ceremonies in villages. It contributed in 79 mothers meeting conducted in Samnapur, Amarpur and Thandla block. Discussion on care during pregnancy, post pregnancy care and immunization were also held with the pregnant and lactating women who participated.

Strengthening Mangal Divas: CHETNA Team participated in 178 Mangal diwas in Thandla, Petlawad, Amarpur and Samnapur blocks and participated in Godbharai (Celebrating 8th month of Pregnancy, an activity of ICDS) and Annprashan (ceremony for starting complementary feeding of 6 months old children, an activity of ICDS) ceremonies and facilitated discussion on care during pregnancy and post pregnancy and Infant and Young Child Feeding (IYCF).

Media Coverage: CHETNA team engaged with media for a wider dissemination of project related information. During the reporting period 39 articles (COVID: 14, PB module training, AAA training: 15, WBFW: 7 and Nutrition week: 3) were published on digital/ print media platform. (Thandla: 6, Petlawad: 17, Sondwa: 1, Manawar: 8, Amarpur: 2 and Samnapur: 5) (Please refer Annexure 4: Details about Media Coverage).

CHETNA's response to Corona Virus Pandemic

Due to corona virus outbreak and lockdown travelling to the field was discontinued. Looking to the severity of outbreak CHETNA decided to work from home and to continue communication with all the key stakeholders, impart messages about prevention of Corona Virus infection and supported TRIF in relief works.

The trained Sachet Jijis were an asset in this crisis as they were present in the villages, connected by CHETNA team and able to reach out to communities in the village. The Sachet Jijis were members of the Corona Virus infection prevention committees in several villages and ensured compliance to the Government Advisories. Some also reached out to those in need and provided them with much needed supplies, information, assurance and support.

Listing of villages and Sachet Jijis: The block teams set to work, identified 293 villages which had mobile connectivity, 376 (Out of 647) SJs who had access to mobile phones. Block level officials, frontline workers were also listed and contacts collected. An action plan was made to reach out to these and the SJs through regular phone calls.

COVID-19 virtual awareness campaign: During May-June 2020, CHETNA delivered key messages to 395 SJs, 347 VO and 39 CLF members, 495 Anganwadi Workers, 172 ANMs and 309 ASHAs though phone calls and whatsapp. As a result of this, some VO members enforced lockdown rules, prepared list of people in need and provided them support, ensured testing of migrants coming to the villages, prepared mask for their family and also informed community members about Corona infection preventions.

Training of block teams: CHETNA developed module for TRIF on COVID-19 and trained block teams and members from other thematic partners and CLF-HRs from eight blocks. A total of 12 virtual trainings, organised by TRI, were organised during April-May 2020 and sessions were facilitated by Vd.Smita Bajpai, Project Director, and CHETNA.

Training of VOs and SJs: During May-June 2020, CHETNA team conducted in person training of VOs and SJs on COVID-19 using soft copies of modules through laptops and mobile phones. A total of 623 (out of 806 SJs) and VO members from 392 (out of 403) villages were trained on seven topics of the module.

As Corona virus pandemic was new and topical issue, SJs participated actively and with interest. During trainings SJs shared that people in the community are scared due to lockdown and they themselves did not know much about the disease. With this training they have gained an in-depth understanding of the pandemic.

Outcomes of training: Post-training, some of the actions to promote precautionary measures to prevent COVID-19 infection were as follows:

- Sondwa: In all 70 villages, VO members ensured physical distancing at public places, hand pumps and ration and grocery shops and in 11 villages they started using mask or cotton cloth to cover their face.
- Thandla: In 20 villages (out of 69), VO members started keeping water bucket and soap outside their home for hand washing before entering the house.

- Petlawad: In 57 villages (out of 70), VO members used mask or cotton cloth to cover their face while stepping out and in 54 villages they conducted awareness in community and started following physical distancing.
- Manawar: In 45 villages (out of 68), VO and SJ with CLF HR support did wall writing on preventive measures; in 11villages, they ensured screening of migrants when they returned to their villages and in 10 villages, SJs stitched masks for their family members and started using it.
- Samnapur: In 27 villages (out of 69), VO members ensured screening of migrants returning to their villages; in about 15 villages VO members and SJs started using mask and ensured physical distancing at public places; and in 4 villages, VOs restricted the entry in village during lockdown.
- Amarpur: In about 3-4 villages (out of 47), VO members conducted awareness on use of mask at MGNAREGA site and women's groups which operated ration shop ensured that the buyers wore mask and maintained physical distance.

Training of Cluster Level Federations: Block Coordinators facilitated one day training of all the 18 CLFs in June 2020. The purpose of the training was to orient the CLF members about the Corona Virus pandemic and their role in preventions of spread. A total of 203 CLF members from 158 villages participated in the training. Action plan was prepared at the end of the training. The plans included providing information and creating awareness, enforcement of precautionary measures such as physical distancing at public places, collating information about migrants coming back to the villages and arranging for food for the needy persons in the villages.

Training of service providers: CHETNA oriented 563 service providers from the six intervention blocks on seven COVID-19 modules developed by CHETNA. Trainings were conducted in 12 batches for 277 service providers (ANM-166, ICDS supervisors-17, ASHA -67, CHO- 7 and Supervisor-14). A total of 286 frontline workers (ASHA-94, AWW-192) were oriented during field visits.

Support to TRIF in relief work: CHETNA team supported TRIF in ration distribution to 1982 families from 204 villages of six blocks. During the distribution key messages about COVID-19 prevention were also provided. Depending on availability of time, the team also gave practical demonstration in the community. CHETNA Team also supported in distribution of health kit to service providers and VO members and in mass awareness campaign in 57 villages.

Project Monitoring and Review

Daily activities of the team members were monitored through whatsApp and a separate WhatsApp group of coordinators was formed. They received input on planning, coordination and supervision of project activities through WhatsApp and one to one discussion. The team members shared their plans and also their location in the group. At the end of the day the members reported on their daily activities and shared pictures from the field.

During March 2020- April 2021, due to mobility restrictions, weekly virtual meetings were held with the coordinators to know the status of the pandemic in their area, track the progress of work and plan for the coming weeks. In all 33 virtual meetings were conducted with coordinators, pprogress was reviewed and plans were discussed.

Field Visits and Review Meetings: In the course of the project, twenty six field visits and team review meetings were held with an objective to observe the field level implementation, review the project progress, provide input to the block teams, and coordinate with the block level officials of Health and Women and Child departments.

Field visits were conducted to observe VHNDs and CLF meetings and ongoing activities such as micro module rollouts. Joint review meetings were held for collective sharing and learning and devising strategies for achieving results. The teams were guided on the basis of field visit observations.

State level Annual Review: TRIF regularly reviewed the project progress through State level Review Meetings (SRM). Before the pandemic in-person meeting was conducted in the State capital, Bhopal on 8-9th January 2019. Three meetings were conducted subsequently, two in 2020 and one in 2021. With the pandemic spread, these meetings were virtual. CHETNA participated in these meetings and shared block wise as well as compiled progress, achievement and plans.

In the last review meeting in March 2021 of the project all the Engagement Managers from the six blocks also participated. In the meeting discussions were conducted on core strategies adopted in health and nutrition engagement, changes seen, challenges faced and plans to overcome these challenges, any new processes and withdrawal and hand over process.

Chapter 6: Results

CHETNA team devised an internal tracking system to record changes at SJ, SHG, VO, CLF, VHND, GSSGTS activity levels. Data was collected through interviews with SJs and VO members and observations during field visits. A simple format was designed to capture the data and track change. Team members were oriented on the format for data collection and entry. The assessment of results is based on the data collected through this tracking system.

Assessment of Capacities of Sachet Jijis
CHETNA team provided training and follow up support to 842 SJs from 384 villages trained on PB1 modules, 679 from 376 villages on PB2 and 87 from 79 villages on PB3 modules. Expected results of this capacity building included increased capacities and information levels of the women leaders and women's' organisations and strengthening of services with increased access to health services.

Confidence levels of Sachet Jijis: CHETNA team conducted interviews of SJs during 23rd March to 31st May 2020. A checklist was developed with 10 open ended questions for the purpose and the block coordinators were oriented on the use of questionnaire. The interviews focused on assessing confidence of SJs in using the tool kits provided and villages where community viewed SJs as knowledgeable and confident person.

A total of 356 (out of 647 i.e. 55%) trained SJs from 224 (out of 293) villages, who were accessible by phone, were interviewed. Data showed that majority SJs were confident of using the tool kits provided and community members listened to them. Specific information on select indicators showed that:

- 92.5 percent SJs were confident in using the tool kit. Of these, more than half (55.3%) were confident on using it on their own while around one third (37.2%) said that they could use it with some support.
- More than 90 percent SJs said that their group members listen to them and of these; around 60 percent members seek their support on health and nutrition.
- Around one fourth SJs said people in communities and the women in village associated with groups or VOs listen to SJs.

Actions of Sacjet Jijis: Translation of the increased capacity of SJs into action at family and community level was also tracked. Team's observations across three dimensions - their own dietary practices, participation in meetings and their provision of counselling services was analysed for change. Data showed the following actions:

1 Dietary practices:

- 86.5 percent SJs had started eating at least one meal with their family members,
- 80.2 percent had started eating three colour food once in a day, and
- More than 50 percent had started using iron kadhai for cooking.
- 67 percent have started growing vegetables near their homes.(poshan badi)

Deepa* steps towards equal status in her family

Deepa lives in Balapuri village of Samnapur block, Dindori district and is a Sachet Jiji for taking action for improving health and nutrition issues. Deepa participated in the trainings on health and nutrition, facilitated by CHETNA . One of the issues discussed in the training was gender equality.

" The usual practice in my house is that men ate first and women after them. Once when the men were away , I and my sister in law, tired after working in the fields, ate before the men returned home. They were very angry and asked us not to repeat it again." Deepa said .

During the session on gender she realised that she had to bring change in her house, before reaching out to others.

Deepa held a session on gender at her home on 18th March 2019 which was facilitated by CHETNA team. Ten members of Self Help Group, Deepas' mother-in-law and husband also participated in the session. Discussions focused on gender norms and how it impacted both men and women. The message was clear- women and men are equal so the family should eat meals together.

Deepa's mother- in-law agreed but her husband was not convinced. Deepa and her group members did not lose heart and persisted with Deepas' husband. After several rounds he was convinced.

During a training sessions on 3rd April 2019, Deepa proudly said that now all members of her family have started eating together and also showed us this photograph in her mobile phone.

(*names changed)

Participation in meetings:

- 91.8 percent of SJs participated in VO meetings and facilitated discussion on health and nutrition.
- 37.4 percent SJs participated in GSSGTS meetings, and
- 60.9 percent SJs participated in VHND sessions

2 Counselling:

- 28.2 percent SJs, along with their group members counselled families where domestic violence took place or where children were not immunised or for early registration for antenatal care and institutional delivery
- They helped 1127 pregnant women register in their first trimester and also counselled 1295 pregnant women using picture cards and puzzle game for institutional deliveries.
- They mobilised 1312 children for immunization on VHND,
- SJs also joined ASHA and Anganwadi workers in counselling of SAM children parents and referred 383 SAM children to NRC.

Rani stands on her own now !*

Three year old Rani* who was barely able to stand, is now healthy and moves about. Rani lives at Badi Sirkheda village of Sondwa block of Alirajpur district, Madhya Pradesh. Rani was three years old, was the eighth or ninth born child, weighed four kilograms and she mid upper arm circumference (MUAC) was 11. She was lethargic and unable to sit erect when CHETNA team met her on 8th February 2019.

The Anganwadi Worker, Reena shared her concern about Rani's health when CHETNA team visited the centre. Rani must be taken to the Nutrition Rehabilitation Centre, she said. So they decided to visit Rani's home. Rani was Severely Malnourised (SAM) and so they suggested her parents to take her to the Nutrition Rehabilitation Centre at Sondwa, which was about 25 kilometers away. They refused citing reasons that there was no one to look after the family if Rani is admitted. They also said that they were not sure about the services of the public facility.

Sabita Jiji, Sachet Jiji from Badi Sirkheda, who had participated in CHETNA's training on Health and Nutrition also took up discussion on Rani's condition during the meeting of SHG-Narmada The members decided to visit the family. A team lead by Sabita Jiji along with three other SHG members, Anganwadi worker Reena , MPW Mohan Singh and ASHA visited Ranis' house. Her mother was at home and father was in the field . He was called for a discussion. The team talked to Rani's parents, dispelled their fears, agreed to provide support. They were convinced. The members repeatedly urged Rani's parents and finally they agreed. Rani was admitted to NRC Sondwa on 13th February 2019. She stayed there for 14 days and was taken for the mandated follow up visits. When weighed on 12th March 2019, Rani weighed 5 Kilogram and was able to sit erect. Her condition continued to improve and she came in to the healthy category by March 2021. The family was happy that Rani is healthy and active.

Rani age 3 years , 4 kg on 8th February 2019 Rani age 3 years, 5 kg on 12th March 2019 (*names changed)

Assessment of the Capacities of SHGs

Awareness of women members: The outcome of action plans developed during the course of SHG capacity building was tangible as some of the women in groups introduced three colour food in their meal, used iron kadhai, planted kitchen gardens in their backyards, accompanied SJ for observation of public health and nutrition services in village and mobilised families to avail services during immunization.

Jubaniya is a tribal village situated in block Thandla of Jhabua district. CHETNA organised training of Sachet Jijis on health and nutrition topics. After the training, action plan was prepared which focussed on eating three coloured meals at least once a day, use of iron vessels for cooking and growing own vegetables. The Sachet Jijis rolled out the session in Roshni SHG on our farm, our food and health. A detailed discussion on nutri gardens was held. A total of eight women members decided to prepare a nutri garden near their homes. On 17.12.2020, during the rollout of another module, follow-up on the action plan was done and it was shared that 5 women have already started growing their own nutrition gardens where they have planted onion, fenugreek, garlic, brinjals, chilli, radish, coriander, spinach which they also use daily.

During August-September 2020, CHETNA collected information from SHG women members on breast feeding practices using a google form designed for an online survey. In all 601 women (238 pregnant and 363 lactating women) and 779 women with babies age 6 -24 months were interviewed in September 2020. (**Annexure 5:** Block-wise Awareness Levels of SHG Members)

Awareness of women members

- More than 75 percent were aware that breast feeding should be initiated at birth and that colostrums should be fed to the baby
- 54 percent were aware about excusive breastfeeding during the first six months.
- 41 percent were aware that breast feeding should be continued up to two years of age
- 57 percent were aware about the age for initiation of complementary feeding
- 39 percent were aware that a Corona Positive mother can breast feed.

Practices of women members: After the rollout of micro-modules with SHG, the participants had shared their learning's with members of their own SHGs. Between February to March 2021, CHETNA team interviewed members from 1886 SHGs to assess their practices. Data showed that:

- 51 percent (10565/ 20716) members from 86 percent 1631/1886 SHGs had at least one daily meal with family members
- Majority (90% from 1480 SHGs) said that they included three colour in their meal at least once in a day,
- 40 percent had started cooking in iron kadhai
- 33 percent (from 1032 SHGs) had started growing leafy vegetables in their kitchen garden
- 36 percent women members (from 816 SHGs) counselled family members to avoid blaming women for the birth of a girl
- 19 percent (from 729 SHGs) said that they do not discriminate during menstruation.
- More than 70 percent women members with a child used separate utensils/bowls for feeding the child
- More than 18 percent said that they do not give packaged/tinned foods to their babies.

Assessment of the Capacities of Village Organisations

Between February to March 2021, VO members were interviewed to explore action they had taken after their capacity was built. Data showed that

- 85.8 percent discussed health and nutrition in their monthly meetings.
- 11.7 percent met the officials/panchayat on improving health and nutrition services in village;
- 45.8 percent participated in GSSGTS meetings and contributed in facilitating the discussion around health and nutrition;
- 77.2 percent participated in gram sabhas and submitted the village health plans;
- 69.6 percent participated in VHND and supervised the sessions and had dialogues with services providers; and
- 72.7 percent motivated family members to get their child vaccinated;
- 50.6percent counseled family members for NRC referral and care at home
- 33.4 percent took up domestic violence and gender discrimination issues in the village.

Assessment of the Capacities of Cluster Level Federations

CHETNA assessed functioning of CLFs based on the records maintained by the team. It found that of the 18 CLFs, all included health and nutrition in their agenda, 17 had started taking decisions on health and nutrition in their monthly meetings and 16 reviewed decisions taken in previous meeting. Thirteen CLFs had developed their own annual action plan for health and nutrition. Some of the action taken by the CLFs was as follows

- In Petlawad, a delegation of CLF leaders and members met the Sub District Magistrate and Block Medical Officer and submitted a request for appointing the ANM at Gunawad SHC. The position was vacant for the last five years. CHETNA provided support in letter drafting and submitting it to SDM and BMO in person. The ANM has since been posted at SHC and services are regularized.
- Members of two of the three CLFs of Petlawad distributed seeds to the members women for kitchen garden Women members have started kitchen garden at house hold level.

- In Manawar, CLF supported VO for operationalising PHC Khandlai which was constructed but not functional.
- Members from the three CLFs of Manawar also supervised the VHND session in 31 out of the 51villages.
- In Sondwa, a delegation of leaders and members from CLF Chaktala met the BMO-Sondwa and gave a memorandum to operationalise PHC Umrath. It also supervised the VHND session in four out of nine villages and mobilised 13 pregnant women for delivery at government health facilities.
- In Thandla block,Thandla and Khawas CLF members from 25 out of 37 villages were able to start kitchen garden as decided.

VO takes action and makes health services available!

Kukadipada is a village in Thandla block of Jhabua district. The village is situated at the distance of around 78 kilometers from district head quarter and 46 kilo meters from the block headquarter.

CHETNA team facilitated a training of the Village Organisation (VO) members on 10th July 2019. One of the sessions was on Maternal and Child Health entitlements from the public health system. During this session, the participants said that the sub centre-SHC Kukadipada, located in the village was not operational. Earlier, the ANM used to come from the block headquarters only on Village Health and Nutrition Day. In April 2018 she got transferred to Udiyapura Sub Centre which is near her residence. The VHND had not been held for the past three months. As a result, services to four villages Kukadipada, Nogawa Kaliya, Nogawa Somla and Nogawa Nagla were affected. Pregnant women and children had to travel around 20 kilometers to reach PHC Khawas for their check-up and immunisation.

Letter given by PRI Kukadipada to CEO, JP, Thandla

The participants decided to submit a demand to the Gram Panchayat (Local Self Government). With CHETNA teams' assistance a letter was drafted and submitted to the Sarpanch (elected leader) and Sachiv (Secretary). The Sarpanch wrote a letter to Chief Executive Officer, Janpad Panchayat forwarding the demand made by Village Organisation members. The CEO immediately discussed the issue with Block Medical Officer, Thandla. As a result, the ANM was reinstated at SHC Kukadipada. After a gap of around three months a VHND session was organised at Kukadipada on 6th August 2019 in which 11 children, 17 pregnant woman, 26 lactating women and 12 adolescent girls participated and received the services. VHNDs were also organised in the remaining three villages. The VO members are happy that their action has resulted in services available at the Sub Centre.

First VHND session at Kukdipaada

(*names changed)

Assessment of VHNDs

CHETNA transcreated the tool for observation of VHNDs from the Community Processes Guideline developed by the Ministry of Health and Family Welfare, Government of India. These checklists were used by CHETNA team when they observe the VHNDs and facilitated action to address the gaps. Improvement in services and participation at VHNDs was observed between July-September 2019 and January-March 2021.

Assessment of services: There was improvement across board in the preparatory steps as well as in services at the VHNDs. Though presence of SJs and VO members at VHND increased significant, it was still only at a little more than half the VHNDs. As far as services at VHND were concerned , there was improvement in availability of maternal health care services (>=88% VHNDs), in case of child health services plotting of growth of children on the same day was still relatively low at 58.6% of VHNDs. (**Table 11**: Services at VHNDs)

Table 11: Services at VHNDs

Services	July-Sept 2019 Sessions = 366	Jan-March 2021 Sessions = 389
Preparation of due list for session	92.3%	98.7%
Prior information given to women	87.4%	97.4%
Home visits to mobilise women	90.4%	95.4%
Presence of Sachet Jijis/VO members	31.7%	51.2%
Display of Citizens charter	NA	52.4%
BP measurement of pregnant woman	81.4%	90.2%
HB testing of pregnant woman	84.7%	88.9%
Weight measurement of pregnant woman	86.1%	87.7%
Counselling to pregnant woman	87.2%	90.2%
IFA supplementation to pregnant women	74.3%	89.2%
Weight measurement of infant	71.3%	78.4%
Plotting of growth chart on the same day	50.5%	58.6%

Participation at VHNDs: Data showed that though participation of pregnant women for first antenatal checkups had significantly increased from 88.5 to 91.8 percent, overall participation of pregnant and lactating women and children below five years of age showed only marginal increase over the project period. (**Table 12**: Participation at VHNDs)

Table 12: Participation at VHNDs

Participation		July-Sept 2019 Sessions = 366	Jan-March 2021 Sessions = 389
Pregnant women for four ANC check up		71.5%	72.3%
Lactating mothers		73.6%	78.6%
Children <= 9 months of age	Girls	78.7%	78.0%
	Boys	73.5%	74.3%
Children 10 to 24 months of age	Girls	71.7%	77.8%
	Boys	71.5%	77.2%
Children 2 to 5 years of age	Girls	92.2%	92.9%
	Boys	89.8%	93.8%

Assessment of Capacities of Village Health Sanitation & Nutrition Committees

CHETNA team had mobilised 239 out of the 406 GSSGTS to organise their monthly meetings. Of these 239 committees, 74 percent started organising their meetings on their own. Of those who had meetings, 95 percent had maintained minutes in the meeting registers. Majority (91%) had developed their plan on health and nutrition but only 40 percent utilised the untied fund for the purchase and repair of supplies for health and nutrition. Of the 96 GSSGTS, 16 had used the fund to purchase mattress for VHND, 15 for purchasing new BP instrutment and weighing scale and 14 for buying furniture such as chair, examination table and curtain. Seven provided funds for painting of the health facility and one for repair of the facility. Funds were also used for purchase of box for medicines, hub cutter, thermometer, and stool for ANC table, water tank and foetoscope.

Contribution during Corona Virus Pandemic: Out of the total 239 GSSGTS, around 60 percent have taken up community awareness activities. The awareness activities undertaken were:

- 35 percent spread awareness on social distancing and 16 percent also marked circles at public places for social distancing.
- 35 percent spread awareness about use of mask and hand washing and 24 percent made arrangements of hand washing at Anganwadi centres and Gram Arogya Kendra,
- 16 percent prepared the list of migrants and 14 percent also tested migrants for COVID19 and 11 percent provided them with masks and Take Home Ration.
- Less than 10 percent of GSSGTS arranged for quarantine centre (8%) or followed lockdown rule, arranged for wall writing of messages (7%) and distribution of medicines for those in need of those.

Chapter 7 : Learnings

This unique multi sectoral project has provided several learnings. Some of the key learnings from the project are as follows:

- Health and nutrition of women and children, particularly from vulnerable groups, is impacted greatly by the social determinants such as livelihoods, literacy etc. This intervention integrated social determinants of health and nutrition which facilitated community acceptance which translated in to action to a large extent.
- Gender issues impact health and wellbeing of women and girls. While this intervention integrated gender issues in the capacity building intervention, these issues are complex and deep rooted and hence require solidarity and longer duration for change. While some of the changes impacting condition of women such as access to services, food, eating three coloured foods etc. was possible during the project period. Changes that elevate social status of women such as stopping discriminatory practices during menstruation or all family members eating together on a large scale require time, resources and effort.

- In order to impact health indices, participation and empowerment of women is critical both in terms of improved health practices and uptake of services. Women's groups –organised around microfinance and the three tier women's organisation facilitated by The National and State Rural Livelihood mission provided a unique platform to engage with women at various levels, systematically. There is a need to engage with this platform for large scale impact on Health and Nutrition Indices.

- In order to ensure women's participation and their empowerment, there is a need to enhance their capacities through not only knowledge transfer but also skill impartment to implement their learnings. This intervention focused on building capacities of women leaders to engage with the group members and the public system on health and nutrition issues. This requires substantial mentoring efforts and time.

- To meaningfully engage women, communication modes are very important which needs to be designed keeping in view the literacy levels and the local realities. This intervention focused on use of interactive methods such as demonstrations, practice, role-plays etc. The tool kits for communicating messages were pictoral and trained women leaders were also given picture cards to communicate in their respective groups.
- Community participation is the key for impacting health and nutrition indices. Visioning and planning for health and nutrition by communities is essential for their participation and addressing their needs. This intervention began by a visioning exercise which helped to put the actions in to perspective.
- At the systemic level, capacity enhancement of frontline workers is critical for ensuring quality of services. Frontline workers do have technical information about health and nutrition. This intervention focused on strengthening the soft skills such as coordination, joint planning and counselling for improving quality of services.

- Village health and Nutrition Days are important last mile service delivery platforms that women and children access for services in the village. Strengthening of VHNDs increased participation and improved service delivery. Regular visit of the team members and participation of women leaders/VO and GSSGTS members and service providers in the SHG meetings enhanced the exchange of information and better rapport and reflected in quality of services available and participation of beneficiaries at VHNDs.

Chapter 8: Our Challenges

Inaccessible Villages
The intervention villages are scattered and the resources were limited. To reach out all the villages and support implementation of planned activities was challenging especially during the rainy season access and intervention had to be limited to the certain accessible areas. Further, many villages are divided in small hamlets (tolas and Falias) located in distant places with limited to no access to road and mobile network connectivity. These geographic constraints pose as major roadblocks to reach of activities and access to services.

Dormant Platforms
In most of the villages, the SHGs were not actively engaged and updated information of VO and CLF sub committees was also not readily available. Engaging with the groups and demonstrating results in given time period was therefore challenging. The VO has mechanism for village level interventions. In most of the villages, VO members were not meeting regularly or participation was limited. It was challenging to engage with them on health and nutrition within the limited time and substantial efforts went in coordination and mobilisation.

Activating VHSNCs or the Gram Sabha Swasth Gram Tadarth Samiti (GSSGTS) in the intervention villages was challenging as it was not a state priority in the intervention area and since most committees were not active, mobilising committee members was challenging.

Continuity in Training Stakeholders
Three day residential training programme was not acceptable to women leaders as they were not comfortable to stay overnight at unfamiliar, distant places. Several issues such as maintaining continuity in participation, adequate time and attention to the training content, strengthening training skills arose. So to comply with the training module and ensure learning with in a limited time period was challenging and non residential trainings had to be introduced.

Training to CLF members of the subcommittee on social issues was planned during their monthly meeting. When the discussions could not be completed in one session, training was organised in two consecutive meetings at a gap of one month. To deliver the training in the social cause meeting in the limited time provided by the CLF members was challenging. Rescheduling of meetings resulted in the delay of training.

Women's Engagement
Getting enough time from women to volunteer was a challenge. They were busy due to multiple engagements in agriculture, social work, festivals and household chores. Since there was no monetary incentive it was challenging for team members to motivate women to volunteer for work in the village.

Competing Priorities
Organising joint meeting with block officials of health and ICDS department was challenging due to departmental priority. Campaigns such as Dastak, Mission Indradhanush were priority of MR officials and field staff of heath department. During this period, getting dates for a one day training program of FLW was difficult. This delayed the organisation of front line workers training.

Budgetary Constraints

Mobilising funds for the front line workers training from SRLM was challenging as it was health department training which parent department was not ready to support financially. Some of the training was cancelled at the last moment due to budget unavailability. Despite directives issued from department, compliances with the departmental decision was not straight forward and required many follow-ups.

Unforeseen Circumstances

Due to Corona outbreak team movement at field was hampered and it was challenging to complete the activities planned from 20th March - May 2020**.** Work plan of team members had to be revised to leverage digital mediums. Due to limited network connectivity issues or availability of phone with family members, it was challenging to contact all the stakeholders. During COVID 19 period, focus was diverted to the activities relate to the COVID awareness therefore completion of planned activities in the limited project duration was challenging.

Sustained Interest of Stakeholders

After lockdown, it was challenging to generate interest among women leaders and initiate the activities at field level, lack of space to ensure social distancing and absence of public transport affected field activities such as MM roll outs, VO trainings, VO meetings and other activities.

Project Duration

The project objectives were ambitious as compared to the duration required to achieve them. Skill building, practice change, system strengthening, access and availability of services are very critical elements but require substantial efforts, resources-including time and impact achievement of results.

Chapter 9: Our Recommendations

Based on the experiences of this project, it can definitely be said that empowering women is essential to impact health and nutrition indices and can be done**.** Inter-departmental convergence at the systemic levels is critical to achieve results and department specific recommendations are as follows:

National/State Rural Livelihood Mission
A large number of women have organised around microfinance at the community, village and cluster level. This is very important platform to reach households of vulnerable groups. The National/State Rural Livelihood Mission has a major role to play in strengthening the Self Help Group, village organisation and federation. Panchsutra of SRLM includes social development especially in health and nutrition, education, governance. The department should therefore facilitate strengthening of various village and block level platforms such as VO and CLF, ensuring participation of all the members and properly channelizing the discussion amongst members and execution of action plan in the entire area.

Health and Family Welfare Department
Frontline workers are the mainstay and closest community in contact with the health system. Strategies for their engagement with the village and community level platforms SHGs, VOs and CLFs should therefore be taken up on priority basis. These engagements will help women to gain latest information about the health schemes, services and entitlements. The platforms can also be used to conduct dialogue and share community needs with the health and WCD departments.

To improve the services at field level and consequently the health status of women and children, immediate action on feedback from the civil societies and community women channelled through the community / village level platforms should be at the core of any efforts to improve services.

A greater interaction and convergence between line departments should be seen as critical for joint planning and comprehensive effort to ensure holistic development of communities.

Gram Sabha Swasth Gram Tadarth Samiti –Village Health Sanitation and Nutrition Committees have the potential and in most places are the voices of local people. Their activation and strengthening through capacity building program to help improve the situation at village level should be taken up on a priority basis. Membership of women from SHGs in these committees will activate them, leverage their interest and enhance planning for health and nutrition in the context of local issues and contexts.

Women and Child Department
Adequately trained front line workers of WCD department should be engaged with the self help group and village organisation and cluster level federation level to help women gain up dated information about the nutrition schemes, services and entitlements. Immediate action on feedback from the civil societies and women from the community should be the norm.

Public Relation Department
Regular coverage of health and nutrition campaigns, schemes entitlements should be covered and highlighted in media to improve the awareness among the community. Coverage of health and nutrition campaign and stories of change in print and electronic media, particularly local, vernacular media and through online platforms that are popular with young people should be part of the strategy.

Education Department

Convergence and coordination with the health department for joint programme implementation strategies such as for regular supply of Iron Folic Acid and life skill education of those enrolled in the schools should be taken up to leverage the high enrolment in schools. Prior to that capacity of school teachers should be built to handle the joint intervention efforts.

Gram Panchayat

Panchayat have the trust of village communities and have the potential to bring out positive change at the village level. Participation of panchayat members in the activities of health and nutrition services especially during VHNDs and in visits to anganwadi centres should be encouraged as these will lead to improvement in the services at field level. Panchayat members should ensure organisation of women gram sabha and participation of women in the programme. They should help strengthen health facility infrastructure and facilitate development and execution of an action plan responsive to beneficiary needs and developed with their active involvement.

Civil Society

Capacity building of communities is resource intensive and requires efforts, including time, to translate information in to action. Interventions for building capacities of communities on a large scale should be continued for at least for a six year period. Women should be equipped with adequate information. Modules of capacity building sessions should be developed in alignment with the capacity of target groups.

Joint planning focused on the specific indicators in that particulars to be more focused, strong and feasible. Joint visits of civil society's members and department officials at field should be integrated in the planning for improvement.

Given the gender stereotypical expectations and multiple workload and responsibilities shouldered by women, ways to facilitate involvement of men and families should be part of the planning to bring out change practice and address social determinants of health and nutrition.

Civil societies should be responsive to emerging issues. As the Corona Virus pandemic continues, civil societies should be involved in creating awareness about the COVID precaution as a cross sectional issue in all their activities.

Annexure- I : Block-wise Coverage under the Project

	Amarpur	Manawar	Petlawad	Samnapur	Sondwa	Thandla	**Total**
Total villages	101	98	215	114	133	112	773
Village Coverage							
Villages	56	70	70	70	70	70	406
Villages with trained leaders	34	70	70	70	70	70	384
SHGs	94	572	369	401	194	437	2067
VOs	56	70	68	64	65	68	391
CLFs	1	3	5	3	3	3	18

Annexure- 2 List of team members who contributed in the project

	Dr. Smita Bajpai	Project Director,CHETNA
1	Mr. Gaurav Verma	State Coordinator (SAKSHAM)
2	Mr. Anurag Dubey	Block Coordinator (SAKSHAM) (Amarpur)
3	Mr. Imran Khan	Block Mentor (SAKSHAM) (Amarpur)
4	Mr. Rajkumar Mithalesh	Block Mentor (SAKSHAM) (Amarpur)
5	Mr. Manoj Bhangare	Block Mentor (SAKSHAM) (Amarpur)
6	Ms. Mamta Dhurwey	Block Mentor (SAKSHAM) (Amarpur)
7	Ms. Priti Bala Sharma	Training Coordinator (SAKSHAM) (Dindori)
8	Mr. Vivek Dubey	Block Coordinator (SAKSHAM) (Samnapur)
9	Mr. Pramod Chandel	Block Mentor (SAKSHAM) (Samnapur)
10	Ms. Ashrita Maravi	Block Mentor (SAKSHAM) (Samnapur)
11	Mr. Rakesh Thakur	Block Mentor (SAKSHAM) (Samnapur)
12	Mr. Shivlal Sonwani	Block Mentor (SAKSHAM) (Samnapur)
13	Mr.Narendra Patidar	Block Coordinator(Saksham)(Manawar)
14	Mr. Deepak Dudwe	Block Mentor (SAKSHAM) (Manawar)
15	Mr. Manish Saite	Block Mentor (SAKSHAM) (Manawar)
16	Ms. Ranjana Waskel	Block Mentor (SAKSHAM) (Manawar)
17	Ms. Kanchan Kanase	Block Mentor (SAKSHAM) (Manawar)
18	Ms. Swati Vyas	Block Mentor (SAKSHAM) (Manawar)
19	Mr. Vinod Kamre	Block Coordinator (SAKSHAM) (Petlawad)
20	Mr. Dilip Kumar Chourdiya	Block Mentor (SAKSHAM) (Petlawad)
21	Ms. Anju Sawale	Block Mentor (SAKSHAM) (Petlawad)
22	Mr. Yogesh Solanki	Block Mentor (SAKSHAM) (Petlawad)
23	Mr. Suresh Arya	Block Mentor (SAKSHAM) (Petlawad)
24	Mr. Mamlesh Kumawat	Block Mentor (SAKSHAM) (Petlawad)
25	Mr. Sushil Sharma	Block Coordinator (SAKSHAM) (Thandla)
26	Mr. Raju Hatila	Block Mentor (SAKSHAM) (Thandla)
27	Mr. Vagmal Ganawa	Block Mentor (SAKSHAM) (Thandla)
28	Mr. Vikash Bhuriya	Block Mentor (SAKSHAM) (Thandla)
29	Ms. Reena Rawat	Block Mentor (SAKSHAM) (Thandla)
30	Mr. Aakash Sharma	Block Mentor (SAKSHAM) (Thandla)
31	Mr. Deepak Dewda	Block Coordinator(SAKSHAM)(Sondwa)
32	Ms. Sharda Jamre	Block Mentor (SAKSHAM) (Sondwa)
33	Mr. Niram Tarole	Block Mentor (SAKSHAM) (Sondwa)
34	Ms. Paru Bhawre	Block Mentor (SAKSHAM) (Sondwa)
35	Mr. Vijay Solanki	Block Mentor (SAKSHAM) (Sondwa)

Annexure-3 List of Capacity building trainings held for CHETNA team

Sl no	Topic	Number	Date	Place	Participants
State levelTrainings					
1	Project planning and annualplan	1	5-7/12/18	Ahmedabad	7 (BlockandState coordinator- BC&SC)
2	MISdataentry (	1	11/3/19	Bhopal	2(BC&SC)
3	Planningandmentoring	1	20/1/19	Ahmedabad	7 (BC&SC)
4	Technical and VO training	1	20- 22/5/19	Indore	37(BC&SC;BlockMentor-BM), Training
5	Community	1	10- 11/8/19	Ahmedabad	36 (BM,TC,BC,SC)
6	Planningandreview	6	18- 19/6/19	Conference	7 (BC&SC)
7	ToTonPB1	1	21- 23/1/19	Ahmedabad	12 (BC,SC,TC) External
8	ToTonPB2,	1	16- 18/9/19	Ahmedabad	14 (BM,BC,SC,TC,ETs)
9	ToTonPB3	1	30- 31/12/20	Virtual	35 (BM,BC,TC,SC)
10	Childdevelopment;	1	15/5/20	Virtual	34 (BM,BC,TC)
11	Breastfeeding,	1	1/8/20	Virtual	33 (BM,BC,TC,SC)
12	YoungChildNutrition	1	2/9/20	Virtual	35 (BM,BC,TC,SC)
13	Vaccine preventable diseases	1	23/4/20	Virtual	34 (BM,BC,TC,SC)
14	VHND,GSSGTS, SHGtracking	2	14/7/20,13/8/20	Virtual	35 (BM,BC,TC,SC)
15	Orientationon COVID-19 (two	14	23/4/20,28- 30/4, 1- 2/5,14- 15/5,2	Virtual- All	33 (BM,BC,TC,SC)
16	Basics of Excel	1	17/5/20	Virtual	34 (BM,BC,TC,SC)
17	OrientationonGoogle	1	12/6/20	Virtual	34 (BM,BC,TC,SC)
18	Documentation	2	18/8/20,28/8/20	Virtual	35 (BM,BC,TC,SC)
19	Village healthplan	1	28/11/20	Allsixblocks	35 (BM,BC,TC,SC)
20	PreparationofCLFactionplan	1	26/2/21	Allsixblocks	34 (BM,BC,TC,SC)
	Total	**40**			

Annexure: 3: List of capacity building trainings held for CHETNA team					
Sl no	**Topic**	**Numbers**	**Date**	**Place**	**Participants**
Blockleveltrainings					
1	TrainingonPB1	6	February- March, August 2019	Allsixblocks	30 BMs
2	TrainingonPB1, androlloutskill enhancement	12	February- March'19, Januray2020, 22/7/20, December2020	Allsixblock	30 BMs
3	TrainingonPB2 **an**drolloutskill enhancement	16	November2019,Janua ry2020, December2020	Allsixblocks	30 BMs
4	TrainingonPB3	1	8/1/21	Manawar	5 BMs
5	Trainingskillon PB1 andPB2 module	6	August–September 2020	Allsixblocks	30 BMs
6	TrainingonAAA module	6	May2019; March2020	Allsixblocks	30 BMs
7	Orientationof new team members	8	1/1/19, 3/8/19, 9/12/19, January & September 2020	Indore Sondwa, Samnapur PetlawadM anawar Thandla	20 BMs,2 BCs,1TC
8	Roleofmentorandhol dingskills	6	February- March19	At allsixblock	30 BMs
9	Strategies to achievetheresults	4	28- 30/1/20, 13/1/20,13/2/20	Thandla,Petlawad , Sondwa	15 BMs,3BCs,SC
10	OrientationonMISdataent ry	5	28/3/18,2- 5/4/19	SamanpurPe tlawadThandl aSondwa, Manawar	5BCs
11	Training on VO module	7	June2019, August2019	Allsixblocks	30 BMs
12	Engagementwith VO,CLF,VHSNC	4	8- 9/7/19,12- 14/11/1 9	AmarpurandSamn apur	10 BMs,2BC,1TC
13	VHNDobservation	1	17/10/19	Samnapur	5 BMs
14	Health and Nutrition services	1	5/2/19, February2020	Samnapur	5 BMs
15	Healthandnutritio nandhumanbody system	2	5/12/19, 12/12/19	Amarpur, Samnapur	10 BMs1BC
16	PreparationofCLF actionplan	1	24/2/21	Sondwa	5 BMs
	Total	**86**			

Annexure-4: Profile of Sachetjij

Block wise Profile of Sachet Jiji (n=842)								
Details		**Petlawad**	**Manawar**	**Sondwa**	**Amarpur**	**Thandla**	**Samnapur**	**Total**
Caste	***General***	**0**	**0**	**0**	3	**0**	0	3
	OBC	2	24	0	13	0	26	65
	SC	4	18	0	1	0	2	25
	ST	166	105	146	54	80	84	635
	TOTAL	**172**	**147**	**146**	**71**	**80**	**112**	**728**
Age	***below 20***	1	1	3	1	1	0	**7**
	21-30	51	28	45	19	16	24	**183**
	31-40	66	58	54	34	33	77	**322**
	41-50	14	47	19	6	24	22	**132**
	50+	4	13	3	2	6	1	**29**
	TOTAL	**136**	**147**	**124**	**62**	**80**	124	**673**
Education qualification	***Illiterate***	95	95	19	0	20	0	229
	Literate	21	0	120	0	59	0	200
	Up to 5th	31	25	1	13	1	15	86
	6th - 8th	9	7	4	14	0	9	43
	9th - 10th	11	13	0	14	0	15	53
	11th - 12th	5	5	2	12	0	3	27
	Graduate/postgraduate	0	1	0	1	0	1	3
	TOTAL	**172**	**146**	**146**	**54**	**80**	**43**	**641**
Occupation	***Agriculture***	61	19	139	24	80	0	323
	Agriculture and labour	64	114	2	22	0	40	242
	Home maker	13	0	0	4	0	0	17
	Labour	27	14	4	8	0	1	54
	Other	6	1	1	2	0	2	12
	TOTAL	**171**	**148**	**146**	**60**	**80**	**43**	**648**

Annexure- 5 : Block wise detail of PB module training

Trainings	**Project Target**	**Achievement**	**Amarpur**	**Samnapur**	**Thandla**	**Petlawad**	**Manawar**	**Sondwa**
PB1 (SJ/Villages)	786 SJ from 384 villages	842/768 (100%) 384/384 (100%)	76/68 SJ (100%) 34/34 VIL (100%)	164/140 SJ (100%) 70/70 Vill (100%)	136/140 SJ (97%) 70/70 Vil (100%)	172/140 SJ (100%) 70/70 vil (100%)	148/140 SJ (100%) 70/70 vill (100%)	146/140 SJ 100%) 70/70 vill (100%)
PB2 (SJ/Villages)	786 SJ from 384 villages	679/786 (86%) 376/384 (98%)	50/68 SJ (74%) 28/34 Village (82%)	122/140SJ (87%) 70/70 Vill (100%)	128/140 SJ (91%) 69/70 vill (99%)	124/140 SJ (89%) 69/70 vill (99%)	122/140 SJ (87%) 70/70 Vill (100%)	133/140 SJ (95%) 70/70 Vill (100%)
PB3 (SJ/Vilages)	120 SJ from 60 villages	87/120 (72%) 59/60 (98%)	11/20 SJ (55%) 10/10 Village (100%)	13/20SJ (65%) 8/10 Vill (80%)	15/20 SJ (75%) 8/10 Vill (80%)	17/20 SJ (85%) 15/10 vil (100%)	12/20 SJ (60%) 8/10 Vill (80%)	19/20 SJ (95%) 10/10 vill (100%)

Annexure- 6 Block-wise Awareness Levels of SHG Members(In %)

Indicator	Total	Alirajpur	Dhar	Dindori	Jhabua
No. of women interviewed	601	86	91	214	210
Awareness about early initiation of breast feeding	75%	62%	69%	86%	71%
Aware about colostrum	80%	78%	75%	88%	75%
Aware about exclusive breast feeding	54%	51%	52%	66%	45%
Aware about the age of complementary feeding	57%	40%	66%	64%	53%
Aware about breast feeding up to 2 year	41%	38%	40%	40%	43%
Aware about the breastfeeding during Corona Pandemic	39%	62%	38%	40%	30%
Distribution of work at lactating mothers house	77%	58%	79%	90%	71%
Aware about the breast feeding corner at work place	66%	45%	73%	81%	57%

Annexure- 7 Media Coverage

SL	Date	Block	New paper	Clipping
1	31st May 2020	Amarpur	Public app (online) Link: https://public.app/s/STZqB	 स्वास्थ्य केंद्र अमरपुर में चेतना संस्था द्वारा एक दिवसीय प्रशिक्षण आयोजित कर दी गई कोविड-19 से बचाव की जानकारी

2	3rd June 2020	Petlawad	Dabang news18 (online) Link: http://dabangnews18.com/?p=4389	
3	4th June 2020	Petlawad	Patrika	
4	6th June 2020	Thandla	Jhabua live (online) Link: https://jhabualive.com/?p=85373	

5	7th June 2020	Thandla	Dainik Bhaskar	
6	8th June 2020	Thandla	Patrika	
7	10th June 2020	Amarpur	Public.app (online) Link: https://public.app/s/f19EQ	
8	11th June 2020	Samnapur	Public.app (online) Link: https://public.app/s/KJdfC	

9	11th June 2020	Samnapur	Public.app (online) Link: https://public.app/s/44bhA	
10	14th June 2020	Samnapur	Public.app (online) Link: https://public.app/s/bKQQN	
11	26th June 2020	Sondwa	Rojgar ke pal Link: https://rojgarkepal.page/article/mahila-shakti-aajeevika-sankul-sangathan-ne-baithak-sah-prashikshan-ka-kiya-aayojan/-cqZ1t.html	

12	27th June 2020	Petlawad	Jan Swami Link: http://janswami.com/8408/	
13	27th June 2020	Petlawad	Dabang news 18 Link: http://dabangnews18.com/?p=4822	

14	27th June 2020	Petlawad	Janswami Link: http://janswami.com/8426/	
15	28th June 2020	Manawar	Patrika	
16	30th June 2020	Manawar	Patrika	

17	9th August 2020	Petlawad	Dabang news18 Link: http://dabangnews18.com/?p=5960	
18	9th August 2020	Petlawad	Patrika	 चेतना संस्था द्वारा ग्रामीण क्षेत्रों में विश्व स्तनपान अभियान चलाया
19	10th August 2020	Thandla	Naidunia	 स्तनपान सप्ताह मनाया

20	10th August 2020	Petlawad	Naidunia Link: http://www.naidunia.com/madhya-pradesh/jhabua-jhabua-news-6058519	
21	11th August 2020	Thandla	Patrika	
22	14th August 2020	Samnapur	Halchal24 news Link: http://www.halchal24news.com/archives/749	

23	14th August 2020	Samnapur	Janpathtoday Link: http://janpathtoday.com/?p=11244	
24	18th September 2020	Petlawad	Samachar20news Link: https://samachar20.in/?p=942	
25	18th September 2020	Petlawad	Janswami Link: https://www.janswami.com/country-region/madhya-pradesh/jhabua/message-given-about-nutritional-value-in-national-nutrition-campaign-chetna-sanstha-623928?infinitescroll=1#.X2Ra81-Vlvo.whatsapp	

26	19th September 2020	Petlawad	Dainik Bhaskar	 झाबुआ 19-09-2020 पोषण अभियान : 32 ग्रामों में कार्यक्रम, स्वास्थ्य और पोषण की जानकारी दी
27	19th September 2020	Petlawad	Indore Samachar	 राष्ट्रीय पोषण अभिक्रम में पोषण महत्ता का विशेष सन्देश
28	9th November 2020	Petlawad	Dabang news18 Link: http://dabangnews18.com/?p=7636	 दबंग 18

29	10th November 2020	Petlawad	Dainik Pradesh satta	
30	11th November 2020	Petlawad	Dainik Bhaskar	
31	19th November 2020	Manawar	Unews India Link: http://unewsi.blogspot.com/2020/11/u-news-india_19.html	
32	21st November 2020	Thandla	Jhabua live Link: https://jhabualive.com/?p=93420	

33	21st November 2020	Manawar	Patrika	 आंगनवाड़ी कार्यकर्ताओं को प्रशिक्षण दिया
34	23rd November 2020	Thandla	Patrika	 प्रशिक्षण चेतना संस्था चित्तन अन्वेषण ने दिया तीन दिनी प्रशिक्षण किशोरावस्था व खुशहाली के बारे में बताया
35	10th December 2020	Petlawad	Dainik Bhaskar	
6	27th December 2020	Manawar	Patrika	 महिलाओं को दिया प्रशिक्षण

37	28th December 2020	Manawar	Dainik Bhaskar	 धार भास्कर 28-12-2020 प्रशिक्षण में आठ स्टेप से हाथ धुलवाए, ओआरएस का घोल बनाना बताया
38	14th January 2021	Manawar	Patrika	 महिलाएं करेंगी स्वास्थ्य और पोषण पर सामुदायिक निगरानी
39	23rd January 2021	Petlawad	Raj express	 स्वास्थ्य और पोषण पर सचेत दीदियों को सामुदायिक निगरानी करने हेतु प्रशिक्षण दिया