



ANSH

**(Adolescent Nutrition Sanitation
and Health Project)**



**Project Completion Report
(February 2018- June 2020)**

SHARP & JSI R&T India Foundation

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I. Useful Acronyms

AFHC-Adolescent Friendly Health Clinics
AHD- Adolescent Health Day
ANM- Auxiliary Nurse Midwife
ASHA- Accredited Social Health Activist
AWCs- Anganwadi Centres
AWW- Anganwadi Worker
BMI-Body Mass Index
CAB- Clinical, Anthropometric and Biochemical
CDPO – Child Development Program Officer
CHC-Community Health Centre
CMO- Chief Medical Officer
CSR- Corporate Social Responsibility
FGDs- Focus Group Discussions
FLWs- Front line Workers
GOI- Government of India
GSK-CH-GlaxoSmithKline-Consumer Health
Hb-Hemoglobin
ICDS- Integrated Child Development Scheme
IEC- Information Education & Communication
IFA- Iron Folic Acid
MHD- Menstrual Hygiene Day
MHM- Menstrual Hygiene Management
MoU- Memorandum of Understanding
NDD-National Deworming Day
NFHS-National Family Health Survey
NGO-Non-Governmental Organization
NHM- National Health Mission
PDS- Public Distribution System
PE – Peer Educator
PHED- Public Health Engineering Department
RKSK- Rashtriya Kishor Swasthya Karyakram
TA- Technical Assistance
THR- Take home Ration
TSG-Technical Support Group
WASH- Water, Sanitation & Hygiene
WIFS- Weekly Iron Folic Supplementation
WQ- Water Quality

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Executive Summary

Nutrition is critical for human development and poverty reduction and has high economic impact. India has the highest burden of undernutrition in the world with about 38% of its children under five years of age stunted and 21% children wasted (NFHS-4). The intergenerational cycle of undernutrition makes it imperative to address nutrition issues not only for the present but also for healthier future generations.

Realizing this fact, under the Mission Health of Glaxo SmithKline-Consumer HealthCare (GSK-CH), the Adolescent Nutrition, Sanitation & Health (ANSH) project invested in improving nutritional status of 10-19-year olds (adolescent) girls and boys through evidence-based globally accepted interventions. The objectives of the project were aligned with those of the Government of India's Poshan Abhiyaan i.e. to bring about a reduction in thinness (as per age specific Body Mass Index-BMI) and Iron deficiency anaemia (blood Haemoglobin) in the community.

The project was technically led by JSI R&T India Foundation and implemented in the field by the NGO SHARP, in one district each of Uttar Pradesh (Bahraich), Bihar (Gaya), Assam (Barpeta) and Madhya Pradesh (Vidisha) during February 2018 to June 2020. All these four selected districts have poor nutrition and health status and were Aspirational districts of Niti Aayog.

ANSH focussed on improvement of nutritional status and behaviour on WASH through an integrated approach in alignment with Government of India priorities. The project addressed both school going as well as non-school going adolescents (10-19 years age group).

During the period of around two years, project's interventions were implemented around six core areas and achievements against each is highlighted below:

Areas	Output
Improve adolescent nutrition and WASH awareness among service providers (front-line workers)	<ul style="list-style-type: none"> 157 ANM trained at the block level on the technical issues 41 Anganwadi Supervisors trained at the block level on the technical issues 27 ASHA Supervisors trained under ANSH on Nutrition and WASH 94% of trained FLWs showed improvement in pre-post training assessment
Improve adolescent nutrition and WASH awareness among influencers (teachers)	<ul style="list-style-type: none"> Trained 242 teachers to reach more than 36300 children Developed awareness material & techniques to support teachers Organized 29 parent meetings to reach families of 1442 children
Strengthen services provided under the government supported RKSK program	<ul style="list-style-type: none"> Engaged key Government functionaries and strengthened Government platforms like Rashtriya Kishor Swasthya Karyakram (RKSK) for improving adolescent health Technical Assistance (TA) to strengthen policy and to create enabling environment for adolescent health & nutrition 72 Adolescent Health Days organised benefitting 5400 adolescents 49 Health Club meetings conducted benefitting 2695 adolescents
Improve supply chain of IFA and Deworming tablets	<ul style="list-style-type: none"> 196 schools have improved availability of IFA & deworming tablets 203 AWCs have improved availability of IFA & deworming tablets Reached 300 unreached children of Madarsas 256 Peer leaders identified and oriented
Improve nutrition parameters among core adolescent group	<ul style="list-style-type: none"> 39 Nutrition awareness gatherings/mela attended by more than 2718 adolescents 57 Rallies attended by more than 2569 adolescents 100 Community meetings held to orient more than 4700 families Celebration of 38 important days such as Women's day, Menstrual Hygiene Day, Nutrition Week, Breast feeding week, Youth Skills Day reaching more than 5300 beneficiaries

<p>Improve WASH in schools & AWCs</p>	<ul style="list-style-type: none"> • Regular monitoring conducted & technical support provided to schools to improve WASH facilities including provision of clean drinking water, clean toilets with privacy, water storage, handwashing platform • 38 schools have improved hygienic behaviour of the students on WASH after project interventions • 8 schools have improved toilet facilities due to project interventions • 6 schools & 9 AWCs have improved drinking water facility due to project interventions • 32 schools & 30 AWCs test drinking water source for quality parameters, being institutionalised by the ANSH project • 3 AWCs have been generally improved through equipment provision and wall paintings with key messages
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Bahraich and Gaya were two core intervention districts with more in-depth interventions, and have recorded positive change on nutritional status among adolescents:

- 17% adolescents have registered increase in their BMI.
- During project period ANSH intervention evidenced 5% of the adolescents, whose BMI was below normal range in the 1st round, moving to normal category in 3rd round.
- A drop of 7 percent point has been registered (31% to 24%) among the proportion of adolescents, who were severely underweight.

In order to sustain change, project has built capacity of different stakeholders, supported line departments and overall brought improvement in the nutritional status of the target group (school going & non-school going adolescents) in the project area. Project team is hopeful that the changes brought should sustain due to involvement of community in each and every process of project intervention.

1. Background

Nutrition is critical for human development and poverty reduction and has high economic impact. India has the highest burden of undernutrition in the world with about 38% of its children under five years of age stunted and 21% children wasted (NFHS-4). The intergenerational cycle of undernutrition makes it imperative to address nutrition issues not only for the present but also for healthier future generations.

India is home to 253 million adolescents, accounting for 20.9% of the country's population. Data shows that 47% of 15 to 19-year old adolescent girls have BMI less than 18.5 while 56% are anaemic. More than a quarter of women (27%) are married before 18 years of age and 8% women aged 15-19 years of age were pregnant during the time of NFHS 4. Yet too little attention and too few resources are devoted to issues facing them.

A 360-degree approach was used to bring about a change in food related practices of the adolescents. The project engaged with the adolescents themselves, their parents and teachers, peer leaders and general community to improve their knowledge on balanced diet, dietary diversity, Iron-rich foods, deworming and Water, Sanitation & Hygiene (WASH). The project also worked closely with the Rashtriya Kishore Swasthya Karyakram (RKSK) to improve uptake of Weekly Iron Folic Acid Supplementation (WIFS) and with ICDS to improve reach of Take-Home Rations (THR).

2. About the Project

Under the Mission Health of Glaxo SmithKline-Consumer Health (GSK-CH), the Adolescent Nutrition, Sanitation & Health (ANSH) project invested in improving nutritional status of 10-19-year old (adolescent) girls and boys through evidence-based globally accepted interventions. The objectives of the project were aligned with those of the Government of India's Poshan Abhiyaan i.e. to bring about a reduction in thinness (as per age specific Body Mass Index-BMI) and Iron deficiency anaemia (blood Haemoglobin) in the community.

The project was technically led by JSI R&T India Foundation and implemented in the field by the NGO SHARP, in one district each of Uttar Pradesh (Bahraich), Bihar (Gaya), Assam (Barpeta) and Madhya Pradesh (Vidisha). The four selected districts have poor nutrition and health status and are Aspirational districts of Niti Aayog.

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Each of the states had teams of both partner agencies who worked in close coordination to achieve the objectives of the project. Project activities were shared with local government representatives.

2.1 Geography:

The project was implemented in 4 aspiration districts across 4 states (Assam, Bihar, MP & UP) of India during February 2018-June 2020 (with no-cost extension from April-July 2020)

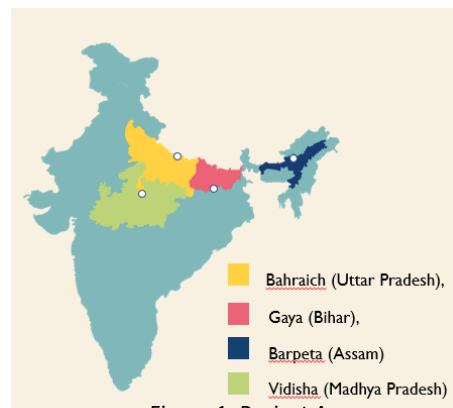


Figure 1: Project Area

Nutritional Profile of the adolescents in project area:

Table:1-Nutritional Profile of Project districts

Nutritional Profile					
(% Adolescent population (Census, 2011))		(% Anaemia in 10-17 years (CAB* 2014))		(% BMI for age 5-18 years (CAB* 2014))	
Bahraich	23%	Bahraich	91%	Bahraich	30%
Gaya	22%	Gaya	97%	Gaya	11%
Barpeta	21%	Barpeta	93%	Barpeta	31%
Vidisha	23%	Vidisha	79%	Vidisha	28%

*CAB: Clinical, Anthropometric and Biochemical 2014



2.2 Target group

The project focussed on both school going as well as non-school going adolescents (10-19 years age group)

2.3 Objective

1. To provide technical assistance to the government and the implementing partner to ensure roll out of relevant health, nutrition and WASH programs for in and out-of-school adolescents in four districts.
2. To increase awareness about undernutrition, create demand for Iron Folic Acid (IFA) and deworming tablets and promote dietary diversity among adolescents in selected sites.
3. Increase and sustain access to IFA and deworming tables in selected sites.
4. Increase access to sanitation and hygiene resources for adolescents through schools.
5. Strengthen policy and enable an environment for adolescent nutrition.

2.4 Strategy

To improve nutrition through an integrated approach in alignment with Government of India priorities.

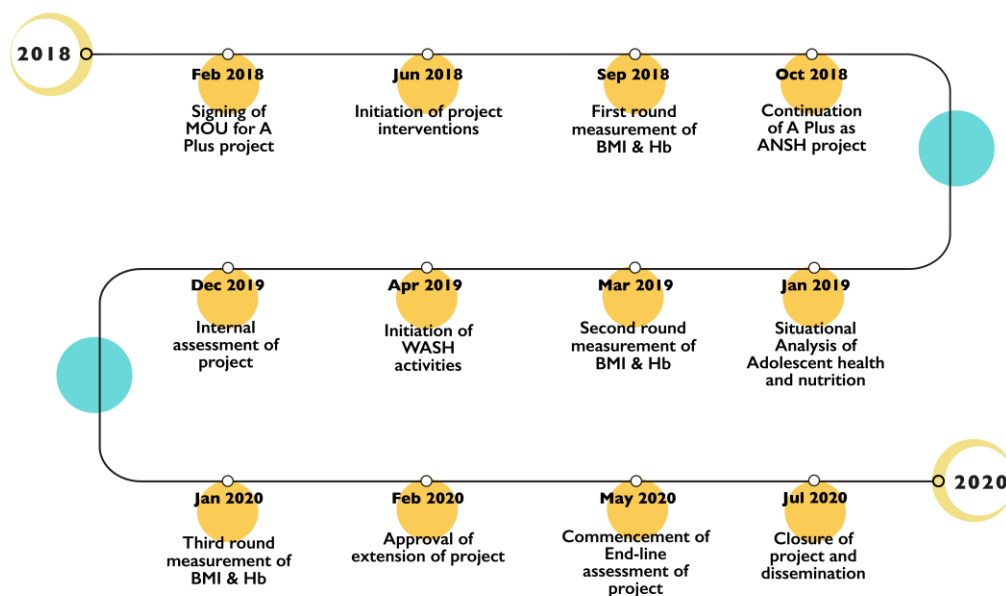
2.5 Approach & Activities

Table 2: Approach & activities under the project

Approach	Activities
<ul style="list-style-type: none"> • Improve adolescent nutrition and WASH awareness among service providers (front-line workers). 	<ul style="list-style-type: none"> ○ Orientation of core block level front-line workers (FLW) of the government system, i.e. ANM, Anganwadi Supervisor and ASHA Supervisors on Adolescent nutrition, Importance of Weekly Iron and Folic Acid Supplementation, Water and sanitation (WASH) for children, need for deworming children, and adolescent counselling. ○ Post- training follow-up through monthly meetings of AWW, ASHA and ANM for performance monitoring.
<ul style="list-style-type: none"> • Improve adolescent nutrition and WASH awareness among influencers (teachers). 	<ul style="list-style-type: none"> ○ Orient school teachers on core technical issues.
<ul style="list-style-type: none"> • Strengthen services provided under the government supported RKSK program. 	<ul style="list-style-type: none"> ○ Strengthen AFHC services established by the government to provide health and counselling services exclusively to adolescents. ○ Improve referrals to AFHC by reaching out to adolescents and disseminating awareness materials such as posters and pamphlets. ○ Support Adolescent Health Day organized by state government at village level for improving health awareness of adolescents.
<ul style="list-style-type: none"> • Improve supply chain of IFA and Deworming tablets. 	<ul style="list-style-type: none"> ○ Strengthen supply chain of IFA to ensure that IFA reaches the beneficiary regularly and in adequate quantities. ○ Strengthen National Deworming Campaign/Day (NDD).
<ul style="list-style-type: none"> • Improve nutrition parameters among core adolescent group. 	<ul style="list-style-type: none"> ○ Improve awareness on nutrition of core adolescent group and counsel those with poor parameters (BMI and Anaemia). ○ Monthly tracking of nutrition parameters of core group of adolescents.
<ul style="list-style-type: none"> • Improve WASH in schools & AWCs. 	<ul style="list-style-type: none"> ○ Facilitate improved toilet facility in schools through Swachh Vidyalaya Abhiyaan. ○ Assess gaps in drinking water safety and supply in the intervention schools and Anganwadis. ○ Improve access to safe drinking water and sanitation facilities in intervention schools and Anganwadis.

3. Project key milestones

Figure 2: Project key milestones



4. Project Preparatory Activities

4.1 Selection & orientation of project team:

Both project Partners (JSI R & T India Foundation and SHARP) selected the Project team. JSI R & T India Foundation appointed/recruited one (1) District Program Officer (DPO) each in all project districts, whereas SHARP appointed/recruited 3 Block Coordinators in each of the project districts. In addition, in each core project district (Bahraich & Gaya), JSI R&T India Foundation appointed/recruited one Senior District Programme Officer

An orientation program was organized on 30th May 2018 at the JSI office in Delhi which was attended by both JSI and SHARP staff of the project. Dr. Sanjay Kapur, MD JSI R&T, Mr. Joydeep Sen, Lead CSR, GSK CH and Ms. Maneka, Head, SHARP addressed and motivated the gathering. Through presentations, project team were oriented on the project strategy, adolescent nutrition issues and RKSK program. The HR and Finance teams of JSI and SHARP informed project team about the rules and regulations and shared necessary formats with them.

4.2 Initial networking and liaison with Government line departments:

At initial phase of the project implementation, first of all Project Lead (National level) along with State Project Lead met with Principal Secretary Health-Bihar, Mission Director NHM, Director ICDS,

Additional Director Education across all four project states. During these meetings, the project team briefed them about the objectives, key deliverables of ANSH project and shared detailed concept note. The concept of project was accepted by line department representatives.

4.3 Letters of support from Government:

After the initial interaction it was necessary to get letter of support from government to start the implementation. Therefore, follow up visit were done to get letter of support from state/district officials of line department, so that the project could be implemented in coordination/convergence with government programs/platforms.

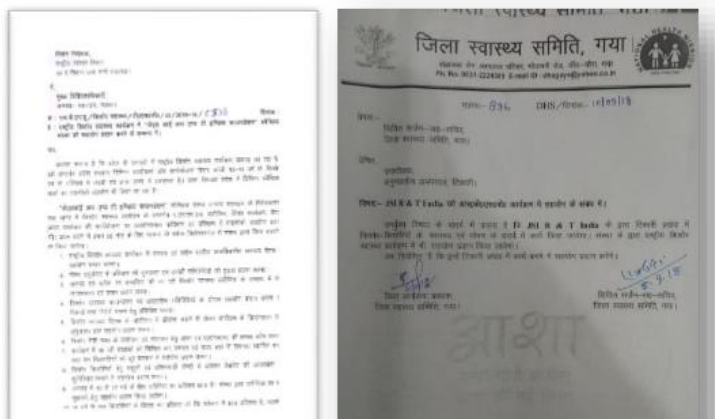


Figure 3: Letter of support received from ICDS/health department in Uttar Pradesh & Bihar

District ICDS & Health department issued a letter of support for the implementation of the Project in Tekari Block of Gaya district. Meetings were held with key state officials from Health, ICDS, Education and RSKS, Government of Uttar Pradesh following which Mission Director NHM Uttar Pradesh issued a letter of support for the implementation of the Project in Bahraich district. Key officials of Health, Education, ICDS & RSKS were informed about the objectives and deliverables of the project across the state. On the basis of discussion with state officials, project team had a detailed discussion with the key district officials and started project activities in the selected Geographies.

4.4 Selection of the intervention Block, schools & AWCs:

Under Common Minimum Program of ANSH project, listing of school going and non-school going adolescents was a very important activity, because our focused interventions were mainly around these target groups. First of all, intervention block was identified in consultation with district administration. After finalization of the block, schools and Anganwadi centres were identified for project focused interventions.

Table-3: State wise number of selected schools & AWCs

Sl. No.	Institution	Bahraich (UP)	Barpeta (Assam)	Gaya (Bihar)	Vidisha (MP)	Total
1	Middle school	4	0	11	3	18
2	High school	1	4	4	2	11
3	Higher Secondary School	4	1	2	0	7
4	Madarsa	1	0	0	0	1
5	AWC	9	5	16	5	35
	Total	19	10	33	10	72

4.5 Line listing of school going & non-school going adolescents:

After finalization of schools and AWCs, the next step adopted was selection/line listing of school going & non-school going adolescents.

Criteria used for line listing of adolescents (school going) was:

- Students with more than 75% attendance.
- Avoided selecting class 10 & 12 students (as their study might get affected).
- Selection of 20% adolescents from single school.

Non-school going adolescent's (10-14 years age) selection was done by referring to the list received from CDPO office. As per the list we selected villages with more than 10 numbers of non-school going adolescents and verified the total number of adolescents in the field before finalizing the final list of selected adolescents.

4.6 Building rapport with Teachers & Parents of Adolescents:

For working closely with adolescents, it is necessary that parents & teachers are involved in the process. Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Parent's & teacher's involvement therefore becomes very critical in the adolescence period to support and guide them in proper direction.

With the objective to involve & sensitize parents & teachers about adolescent nutrition, food habits, sanitation, a sensitization meeting was conducted with the parents & teachers in all the selected schools across four states. During these meetings, team discussed about the importance/need of adolescent's health and nutrition, tried to sensitize parents and teachers to take up doable action for nutritional improvement among adolescents.

4.7 Assessment of ground reality of adolescent health program:

Before starting implementation, it was necessary to understand the existing situation of the Rashtriya Kishor Swasthya Karyakram, so that project could contribute to strengthening the program in project area. The project identified Bahraich as sample district and conducted the assessment to understand the situation. Bahraich was selected because it is an aspirational as well as RKSK district with very poor indicators, as compared to other project districts. Detailed assessment of the RKSK program

Box 1: Key areas of Assessment

- Selection process of Peer Educator
- Training quality of Peer Educator
- Handhold support and mentoring mechanism for Peer Educators
- Community level interventions by Peer Educators

was done in consultation with the state and district nodal officer of RKSK in the district. To understand the ground situation of RKSK in Bahraich, the team selected 2 peer educators to collect the data. Group discussions were held with Frontline Workers, Peer Educators and other community groups.

After completion of the assessment, findings were shared with State and District Officials.

This study also helped in understanding the ground reality of the RKSK program and accordingly, planning & designing our strategy to support the program at grass root level.

4.8 Rapid Assessment of Nutrition and WASH practices of adolescents in Bahraich & Gaya:

This study was done in Jan 2019, in which the adolescent nutrition and health situation in Bisheshwarganj block of Bahraich district, Uttar Pradesh (UP) and Tekari block in Gaya, Bihar was analyzed. The study also examined adolescent health and nutrition-related services, programs, and household practices with the goal of informing strategic directions for nutrition related policy and programming in Uttar Pradesh and Bihar.

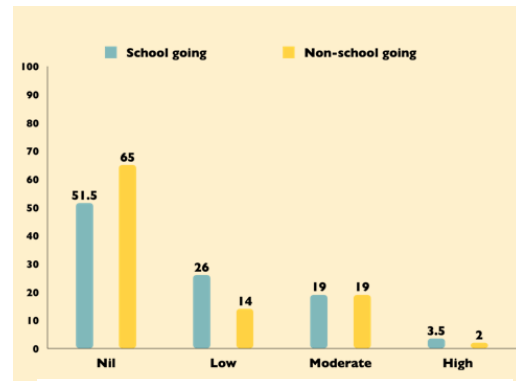


Figure 4: Knowledge and practices on nutrition among the adolescents (N=300) in Bahraich & Gaya (%)

Samples selected from two categories of population i.e.

i) adolescent boys and girls (10 - 19 years) & ii) PDS/fair-price shop owners (any such other establishment used by the community for accessing their nutritional needs), Chakki operators/ owners, and government officials. FGDs and in-depth interviews was conducted with these target groups.

In responding to the challenges of adolescent nutrition and health, this study recommends the following key actions to translate the commitments for adolescent nutrition into action and impact for their health & wellbeing.

- Inform Public Policy for adolescent friendly services and targeted programmes.
- Expand Access to Information on GOI schemes and entitlements related to adolescent health and nutrition.
- Enhance Collaboration and Convergence between stakeholders at the grass root level, especially department of health and education for school health.
- Build capacity of Institutions dealing with Adolescent health and nutrition.
- Advance Gender Equality within households.
- Leverage new technology and social media to design programmes that are in tune with the lifestyle of adolescents.
- Nurture Leadership amongst adolescents. The peer educators need to be supported and scaled.

Box-2: Findings of the baseline assessment

- Adolescent health and nutrition are poorly understood
- BMI indicates close to 50% prevalence of undernutrition amongst adolescents
- Nutrition-specific challenges include
 - poor dietary diversification,
 - inadequate uptake of Iron Folic Acid, and
 - lack of awareness among adolescents and their families about nutritional value of food
 - Key causes include poor hygiene practices, inadequate availability & use of basic health services, poverty, poor access to water & sanitation, food insecurity, and female literacy
 - In the priority states of UP and Bihar, there is an urgent need to build capacities of key functionaries in CHC and sub-divisional hospital, frontline workers (FLW) and school teachers.

4.9 Baseline data (Body Mass Index & Haemoglobin) collection of selected adolescents:

The project was focusing on improvement in nutrition status of adolescents in project area; therefore, two parameters were required to monitor on regular interval i.e. Body Mass Index (BMI) and

Haemoglobin level among line listed adolescents. Therefore, before rolling out different interventions in the field, a baseline assessment of BMI and Haemoglobin level was done for line listed adolescents. BMI was taken by project team whereas haemoglobin test (Hb test) was done through an external agency selected under project (in Bihar & UP).

The Assam team tried a different model and they conducted these tests free of cost with the support of the Laboratory Technicians from the nearby government/ NHM BPHCs. Rest of the process was followed similarly in all the states. Teachers and Anganwadi workers (AWW) were also involved in the process. Once the data collection was completed, the calculated BMI and Hb test results were shared with School administration, AWCs and parents of respective Adolescents. Also, a consolidated data sheet along with key findings was submitted to the district administration, Health & ICDS department and the same record was also uploaded in the MIS system of the project.

5. Project interventions

5.1 Improve adolescent's nutrition and WASH awareness among service providers (front line workers)

Orientation of FLWs (ANM, ASHA & AWWs) on adolescent health & nutrition:

Enhancing capacity of frontline service providers was one of the core components of ANSH project. To achieve this, a one-day orientation cum sensitization on adolescent health, nutrition & personal hygiene was organized for all four-project state's district (UP, Bihar, MP & Assam).

This training not only helped us to understand FLW's (ANM, ASHA & AWWs) understanding on adolescent health, nutrition & personal hygiene but also to create champions (who can drive this whole component in their headship with support from ANSH team).

Training was completed successfully with a higher percentage of participation (against invited for training) which lies around 94% across 4 project states. A pre & post training assessment was also conducted to understand the change in knowledge level of participants. 94% of trained FLWs showed improvement in pre-post training assessment

Box 3: Progress

- Trained frontline workers and RKSK officials as master trainers
- 157 ANM trained at the block level on the technical issues
- 41 Anganwadi Supervisors trained at the block level on the technical issues
- 27 ASHA Supervisors trained under ANSH on Nutrition and WASH
- 94% of trained FLWs showed improvement in pre-post training assessment



FLW trained on adolescent health & nutrition

5.2 Improve adolescent's nutrition and WASH awareness among influencers (teachers)

Orientation of School Teachers on Nutritional & WASH needs of Adolescents:

One of the core components was enhancing capacity of the school teachers, so that they can lead the program at school level. With this objective, orientation program was organized for school teachers of project area. Broad



content of the training was; a) about the project, b) Importance/need of Adolescent nutrition on & WASH, c) about the existing government program d) Role of teachers under the project in all four project states. This training program helped in understanding level of the school teachers on Health,

Nutrition & WASH and accordingly training contents were used. A pre & post training assessment was also conducted to understand the change in knowledge level of participants also. 100% of trained school teachers at Block level showed improvement in pre-post training assessment. Training module were distributed also to those participants who could not participate in the training program due to some unavoidable reasons.

5.3 Strengthen services provided under the government supported RSK program

Networking and liaison with Government line department:

In close coordination with the State RSK unit, project utilized every opportunity for the betterment of the adolescent population. As TSG partner for adolescent group in Uttar Pradesh, project supported and facilitated the selection of Peer educators across the district and as a result we were able to complete the selection of 5968 new Peer Educators in the district.

Project also deepened the relations with the State RSK unit to receive adequate support to ANSH project. Project team regularly attended the Technical Support Group for adolescent’s meetings at state level and shared our inputs with the State RSK unit of Uttar Pradesh.

We worked very closely with the district administration to incorporate important issues related to adolescent in the district level review meetings and also to strengthen RSK program in the project districts. As a result, we were able to create interest of district officials like DM, CDO, CMO, DPO- ICDS and other key officials in reviewing the issues related to adolescent health, nutrition & sanitation.

We frequently shared the project progress and reports with the state RSK unit, which helped a lot to develop a credibility of ANSH project at state level.

Adolescent Health Day (AHD):

Adolescent Health Day (AHD) under RSK is one of the important community-based strategies to achieve the objectives of the adolescent health program to improve preventive services and increase the awareness level. The key principle of this program was adolescent participation & leadership, equity & inclusion, gender equity and strategic partnerships with other sectors and stakeholders. Under ANSH project we adopted three ways to support/strengthen Adolescent Health Day (AHD) celebration.



Teachers trained on adolescent health &

Sharing IEC material on Nutrition & WASH to government official



Project personnel sharing about project to official of government department

Box 5: Progress

- Engaged key Government functionaries and strengthened Government platforms like Rashtriya Kishor Swasthya Karyakram (RSK) for improving adolescent health
- Technical Assistance (TA) to strengthen policy and to create enabling environment for adolescent health & nutrition
- **72** Adolescent Health Days organised benefitting **5400** adolescents
- **49** Health Club meetings conducted benefitting **2695** adolescents

i) Strengthen on-going celebration of AHD as per guidelines & plan of Govt. of India in our intervention area: - ANSH project provided technical support to departments like Education and ICDS during the AHD celebration. Project contributed in increasing participation of adolescents along with Peer Educators (PE) which was almost nil in previous events. The project guided the department to make the event attractive and informative in order to increase participation of adolescents.

ii) Improve quality of AHD in all blocks:

The ANSH project shared the successful strategy for AHD celebration with District nodal officer, RSKS and helped RSKS to facilitate his team organize the events better in the rest of the RSKS blocks of the district. Based on the guidance other blocks also started using the same strategy and able to organize quality AHD celebration with active participation of adolescents along with Peer Educators.

iii) Organize AHD with project funds in special pockets: -

Apart from guiding the mainstream AHD celebration, project also supported in organizing AHD in needy pocket of the project area (which was not in the routine plan of RSKS).

The project invested its own resources to celebrate AHD in schools/AWCs in consultation with the district & block RSKS team. Main purpose of organizing project funded AHD was to a) reach un-reached, b) increase more community involvement and c) involve those adolescents who are unable to reach APHCs to attend AHD.



Adolescents actively participated in

Capacity building of AFHC Counsellors:

ANSH team supported the district RSKS team in capacity building of AFHC counsellors on preparation of AHD celebration and how to organize effective outreach sessions.

Facilitating Adolescent friendly health club formation & meetings:

ANSH team facilitated the formation of block level adolescent friendly health clubs in Bisheshwarganj block of Bahraich district and also supported and facilitated initial meetings of these groups. In this meeting district RSKS coordinator, MOIC, BCPM, BPM, AFHC counsellor, Peer Educators, ASHA Sangini, ANMs and representatives from other development organization were also present. During formation and sensitization of members of block level adolescent health club Peer educators, ASHA and ASHA sangini, ANMs participated in the event.

Improve coverage of adolescent health services with the support of religious leaders: -

In one of our intervention district (Uttar Pradesh), large adolescent population was from Muslim community and were studying in Madarsa along with regular schools. Project faced resistance from them to take IFA tablets during WIFS and non-participation in Haemoglobin test to detect Anaemia in initial phase. Therefore, to promote nutrition and IFA intake by adolescent and participation in haemoglobin test, project



Religious leaders supported under project

approached Madarsa. After repeated interactions, they were convinced on the need to assess HB of the children and the benefits of consuming IFA. Finally, with consent of the Hafiz and Maulivi of the Madarsa, project succeeded in facilitating participation of adolescent in WIFS day and haemoglobin test on regular intervals.

It was also found that several adolescents were coming to school without proper breakfast, but only consuming tea & biscuits. So, the case was taken up with the religious leaders of the institution and they started guiding adolescents and their parents on importance of breakfast and doing follow up.

5.4 Improve Supply chain of IFA and de-worming drugs

Improve supply chain of IFA and Deworming tablets: -

In all four states, project worked very closely with the district and block officials to ensure the proper calculation of stock requirement, storage and proper distribution of commodities.

Project also supported supply chain of IFA from district to blocks, supported/facilitated Block nodal persons for conducting WIFS day in schools and AWCs on weekly basis and ensure participation of adolescents. Apart from WIFS, project also supported and facilitated the distribution of albendazole as per requirement of schools & AWCs.

Project also provided technical support in calculation requirement of WIFS/Deworming tablets for schools



12 *Deworming Day celebration at school*



Adolescents with IFA tablets

Box 6: Progress

- 196 schools have improved availability of IFA & deworming tablets
- 203 AWCs have improved availability of IFA & deworming tablets
- Reached **300** unreached children of Madarsas
- **256** Peer leaders identified and oriented

and

AWCs. And training provided to School Teachers school and AWWs on how to store & keep record of these supplies and demand the gap on regular basis. This helped in reducing complains related to

shortage of WIFS and deworming tablets. WhatsApp messages were used to track the requirement/shortage.

Orientation of Peer Educators:

A concept of Peer educator was adopted under project in which adolescents from schools were selected to promote nutrition-enhancing change among their peers. Therefore, Peer Educators were selected in consultation with school teachers. Orientation program was organized for selected Peer educator so that they could promote adolescent nutrition in their schools/area effectively.



Peer educators successfully trained to play their role

5.5 Improve nutrition parameters among core adolescent group:

Group Counselling sessions in schools & AWCs and community level:

One of the major activities which was conducted to create awareness among the adolescents, their parents and community was group counselling sessions. Group counselling sessions were organized at school level, Anganwadi Centers and community level to inform, educate and sensitize them on adolescent health, nutrition and sanitation.

Every month separate theme was decided and was discussed during group discussion, counselling/awareness session and other awareness related activities. Once all set of themes were covered, project tried to involve adolescents and other grassroots stakeholders i.e. Teachers and AWWs to take lead on discussing the topic whereas project team provided handholding support.

Initially involvement of non-school going adolescents was challenging. Therefore, project team involved AWW and started doing regular home visits to these adolescents, meeting with their parents and discussing with them about their nutritional status. After some time non-school going adolescents also started joining the group meetings.

Box 7: Progress

- **39** Nutrition awareness gatherings/mela attended by more than **2718** adolescents
- **57** Rallies attended by more than **2569** adolescents
- **100** Community meetings held to orient more than **4700** families
- Celebration of **38** important days such as Women's day, Menstrual Hygiene Day, Nutrition Week, Breast feeding week, Youth Skills Day reaching more than **5300** beneficiaries



Height monitoring of under nourished Adolescents at AWCs

Lot of learning and fun activities were organized during awareness generation activities/group meeting/counselling sessions. Also facilitated supplies of sanitary pads, IFA, rewards and



Weight monitoring of under nourished Adolescents



Hemoglobin test being conducted st school level

recognition for their efforts to adopt proper nutritional behaviour.

Parents and Teachers meeting:

With the thought to sensitize parents about adolescent nutrition, food habits, sanitation, sensitization meetings were conducted with the parents and teachers in the selected schools. The agenda for each of the meeting was to discuss the role of parents in adolescent nutrition and sanitation, and report sharing with parents on BMI and anaemia of the adolescents.



Parents teachers meeting to discussion their responsibility towards Adolescent's Nutrition

Home visits to severely underweight and severely anaemic adolescents: -

One of the objectives of the project was to ensure improvement of nutritional status among adolescents, therefore project regularly assessed the nutritional parameter of adolescents (i.e. BMI & Haemoglobin level). Project team conducted home visits of those adolescents whose BMI was less than 16 or Haemoglobin level less than 10.9 mg/dl at least once in two months. The main purpose of the visit was to assess the situation of his/her family's socio-economic situation, food practices, understanding about adolescent health & nutrition, and help adolescent in preparing his/ her dietary chart, counselling of the adolescent & his/her family members on different components of adolescent health, nutrition and personal



Home visit by project personnel to severely underweight adoelscent

hygiene. A tracker was also developed and used to track the coverage of the adolescents in a particular month and also to ensure the home visit to 100% adolescents. A flip book was designed and used for one to one or one to group conversation and also to resolve the queries at community level. This focused intervention helped in uplifting the BMI levels of severely underweight and anaemic adolescents.

Special months/days celebration linked to adolescent health & nutrition:

As we were working on the issue of adolescent health, nutrition & personal hygiene so we celebrated all designated days and months to sensitize and help them to make decisions which was better for their health, nutrition and hygiene. Our focus was also to not only improve the individual knowledge but also provide a social environment where adolescents can him/herself take the decision for her better health, nutrition and hygiene. Every year project celebrated the following days and months

1. National Nutrition Month
2. National Nutrition Fortnight
3. World Toilet Day
4. Global Handwashing Day
5. Menstrual Hygiene Management Day

In organizing such events at District/Block/Village, project ensured participation of different stakeholders i.e. key department officials, Schools, AWCs and community, which helped in getting significant progress in the knowledge and practise level of adolescents. Different interesting activities were organized to create interest on the topic such as skits/ solo performance by adolescents, theme based different competitions and award ceremony, which helped in sustaining interest/participation of the community.

Details of few important days' celebration are as follows:

Celebration of Poshan Pahnwada (08-22 March 2019):

Poshan Pahnwada was celebrated from March 8-22 across the project blocks to mark the first anniversary of Poshan Abhiyaan. Cycle rallies, street rallies, Poshan Melas, workshops at schools and Anganwadi centers, camps on nutrition, anaemia, sanitation, growth monitoring of adolescents were organized by ANSH team towards celebration of fortnight-long Poshan Pahnwada in project blocks across the states. Huge number of adolescents, teachers, FLWs and local community members benefitted during POSHAN Pahnwada Activities.

Box 8: Key activities

- Distribution of Iron tablet blue supplements,
- Sessions on Menstrual Hygiene and importance of Supplementary Nutrition.
- Shown ANSHika story board slide show in the AWC & animation video in the school.
- Displayed 5 category of foods along with WIFS and Deworming.
- Hemoglobin tests of adolescent girls and boys in AWCs and Schools of Bisheshwarganj and Tekari block of Gaya

Celebration of Poshan Maah

National Nutrition Month campaign focuses on the importance of making informed food choices and developing sound eating and physical activity habits. The following activities were undertaken during the observation of NN month in September, 2019:



Launching of Poshan Mah by DM, Bahraich

Awareness stall –To resolve the queries also to inform & educate community members about National Nutrition month and create a buzz about the Poshan Maah awareness stalls were organized by ANSH project in coordination with ICDS department in Bahraich district of Uttar Pradesh.



Awareness stall

Suposhan Swasthya rally - To spread awareness among the community members on nutrition, suposhan swasthya awareness rally was organized in all project districts. These rallies were organized in partnership with the education department, health department and ICDS department.



Suposhan Swasthya Rally by school adolescents

Poshan Utsav- Poshan Utsav was organized at school & AWC with the objective to create awareness about National Nutrition month. In these events Teachers & ANSH team broadly discussed about issues related to malnutrition like stunting, under-nutrition, anaemia and low birth weight in children. We sensitized more than 1500 students, 100 teachers, 20 AWWs on issues related to malnutrition like stunting, under-nutrition, anaemia.



Poshan Utsav organized at school level

Poshan Aap Ke Dwaar (Home Visits)- It was the best opportunity for the “Poshan Warriors” (service providers-ASHA, AWW & ANM) to give maximum coverage through home visit, so that those who were not able to sensitize through any medium could be covered by Home visits.

Celebration of Global Handwashing Day:

This year, the Global Handwashing Day (15th October) theme focused on the links between handwashing and food – including food hygiene and nutrition. ANSH Project team organized community level events with the communities in the project areas of four project districts. During the event nearly 500 community members along with frontline workers and PRI members actively participated in the event and supported ANSH towards successful completion of the event.



Global Hand washing Day celebration at village

No single Use Plastic campaign on 150 years of celebrating the mahatma:

Under the ANSH project we have celebrated 2 Oct-19 (Gandhi Jayanti) as a plastic free Panchayat campaign in Gram Panchayat – Bdaganv- Visheshwarganj (UP). During the activity we sensitized community members about no use/ reduce the use of plastic from the day itself.



Plastic garbage collection during no single use plastic campaign

World Toilet Day Celebration:

On the occasion of “World Toilet Day 2019” events have been organized in schools and AWCs. The community members along with AWW, teachers helped to make it a success. A total of about 400 adolescents and 200 community members actively participated in the program. Main activities during the event were exhibition, rally, speech, quiz, drawing competition and Healthy home survey. All activities were focused on the importance of toilets and good hygiene and sanitation practices.



A girl drawing her dream of clean village

Celebration of Menstrual Hygiene Day 28th May 2019:

Menstrual Hygiene Day is an annual awareness day celebrated on May 28 to highlight the importance of good menstrual hygiene management (MHM). The 28th was selected to acknowledge that 28 days is the average length of the menstrual cycle. The day was celebrated in all project blocks across the 4 states to provide a platform for adolescent girls to discuss and understand menstrual hygiene and its importance for their personal health. Adolescent girls from the school and community level Non School Going adolescents actively participated in the discussion. Participants drew and shared messages on Menstrual Hygiene and they were counselled on MHD by ANSH team. Sanitary pads were distributed to 86 adolescents and their health screening was also conducted.

5.6 Improve WASH in schools

Improve WASH facilities in schools & AWCs: -

Clean water, basic toilet training and the practice of good hygiene were core issues which were addressed by the ANSH project across all four states.

Along with proper nutrition intake, access to clean water, basic toilet facilities, and proper hygiene practices, play an important role in improvement of nutritional/health status amongst adolescents.

To strengthen WASH facilities, project worked on a three-step process:

a) Informed & educated adolescents/ community/ teachers on different components of WASH through multiple activities

b) Increased the demand for Clean water, basic toilets and the practice of good hygiene among adolescents.

c) Facilitated improvement in safe drinking water, functional toilet, and hand washing facilities (WASH facilities) in convergence with government programs/ School administration/ PRI department or from project funds.

Following activities were undertaken:

Box 9: Progress

- Regular monitoring conducted & technical support provided to schools to improve WASH facilities including provision of clean drinking water, clean toilets with privacy, water storage, handwashing platform
- 38 schools have improved hygienic behaviour of the students on WASH after project interventions
- 8 schools have improved toilet facilities due to project interventions
- 6 schools & 9 AWCs have improved drinking water facility due to project interventions
- 32 schools & 30 AWCs test drinking water source for quality parameters, being institutionalised by the ANSH project
- 3 AWCs have been generally improved through equipment provision and wall paintings with key messages



Adolescents practicing hand washing six steps for better health

Assessment of WASH facilities & practices in Schools

& AWCs:

Initially every project schools and AWCs were assessed (with the help of teachers, AWWs & Adolescents) in terms of availability of WASH facilities and practices to understand the gaps and action points.

Awareness generation activities on WASH:

Based on the identified gaps, awareness generation activities were planned and organized for schools and AWCs. Project organized several competitions, sanitation drive, Swachhata Sankalp, Rallies and one to one and group counselling to address the awareness related gaps.

To inculcate hygiene behaviour personal hygiene kit were provided to winner of the different wash related competitions across all four project states. Project also facilitated selection of adolescents as Sanitation minister/ WASH warrior/ WASH Champion who took the responsibility to ensure proper WASH facilities and practices among their Peers and family at large.

Water Quality Test of Drinking water source at School & AWCs:

Facilitating provision of safe drinking water was one of the proposed actions under the project. Therefore, water test in selected schools and AWCs was conducted free of cost in all four states in convergence with departments responsible for water supply e.g. Jal Nigam/Public Health Engineering Department (PHED). And the reports of WQ shared with different stakeholders i.e. school administration, AWWs, PRI representatives and responsible Govt. officials. Apart from sharing the report, awareness was also generated among adolescents about importance of safe water etc. In schools/ AWCs where water quality was not safe, project team immediately suggested school/AWCs to stop using the source for drinking purpose and suggested alternative sources for drinking water.



Water quality test of Handpump

Provision of Water storage & hand washing platform:

Under project, a cost sharing model was adopted in order to ensure functional WASH facilities. In this direction Water storage tank and hand washing platform were established at project school level by providing partial funding from project and rest were borne from school fund.

Facilitate renovation of facilities through government fund:

Under the Project, effort was made to facilitate renovation of AWCs through government fund. In Assam & Bihar project helped in finalizing AWCs renovation through government funds.

In Uttar Pradesh project facilitated and coordinated with Pradhans & PHED department for construction of boundary wall and repairing of toilets and ensure privacy during use of toilets.

Wall painting at strategic location to disseminate WASH messages/behaviour:

Different pictorial wall painting with key message on WASH was done at strategic location of schools, so that adolescents can recall the important message related to WASH.





Wall painting with key messages on WASH.

“MY CLEAN SCHOOL MY DREAM SCHOOL” event on WASH

ANSH project team organized painting and slogan writing competition for junior and senior school students at the school’s campus. The topics for paintings and writing slogan was “My Clean School- My Dream School”. Students enthusiastically took part in these two competitions and made many wonderful paintings and slogans on the given topics. About 750 Adolescents participated in “My Dream School My Clean School” campaign. 120 Adolescents received personal hygiene kit. 50 Adolescents received Nail cutters as consolation prize. Hundreds of adolescents and teachers participated in “Swachhta Sankalp” drive. In some schools, adolescents and teachers participated in cleaning the campus drive. Additionally, song writing and recitation competition also took place.



Prize distribution during WASH related event

Swachhta Sankalp:

Swachhta Sankalp was started with an idea to encourage children and teachers to express their thoughts and commitment towards improving sanitation, cleanliness and hygiene of their own, school and their society. During the drive they expressed their feeling by writing their thoughts on a flex. A sense of responsibility and satisfaction was seen among the students while expressing their idea/ Sankalp. Students contributed in cleaning the school campus along with school teacher and ANSH team.



Adolescents taken written oath on WASH

6. Project Innovation

6.1 Establishing ANShika corner in schools & AWCs:

Under project, it was observed that adolescents were not able to speak or discuss their issues openly during one to one or one to group discussions. Therefore, ANSH Project team in Assam worked on the issue and designed a hypothetical character name as 'ANShika' with whom one can share his/her issues. ANShika characterized as one of them and represents a modern image of the adolescents who can spread key messages in any language in any community.

In schools and AWCs, ANSHiKA was painted or used in flex and fixed at one place or corner of school/AWCs, known as 'Anshika Corner' where key messages related to Nutrition & WASH related messages were displayed along with a drop box in which any adolescent can drop their queries without mentioning their names. On every WIFS day school administration/AWW opens the box and addresses the queries during Nutrition Health Education sessions.



Establishment of ANSHiKA Corner

Box 10: Reason for conceptualizing ANShika character

- Uniform IEC
- Flexibility on language, messages & customization
- Limited IEC materials
- Better attention/ acceptability amongst adolescents
- Unique visibility at different platform e.g. social media sites

6.2 Establishing 'Soap Bank' in schools:

When the program was initiated in selected schools it was observed that due to lack of soap/hand wash material children were washing their hands with water. While asking the reason, various problems were shared by teachers. Therefore, a concept of "Soap Bank" was developed with a view to establish a self-sustaining model which could address regular availability of soap and improve hygiene practices among adolescents. Initially this innovation was tested in one school of Uttar Pradesh then after it was scaled in all project intervention schools across all four states.

Soap Bank is a steel/ wooden box with the branding and messages related to sanitation. It was fixed near the water source or in the headmaster/ Principal's room (as per choice of school). Anyone who is interested can donate one or many soaps in this bank and his/ her details will be mentioned at the back of the Soap bank under "Sabundataon ki suchi". Mentioning details of the donors at the side of "Soap Bank" encourage the parents & others to contribute to the soap Bank. This effort helped a lot in inculcating hand washing behaviour among adolescents.



Soap Bank developed at school level

6.3 Swasthya Evam Swachhta Kit :

In order to develop healthy sanitation practices in the school going adolescents of selected 10 schools under ANSH project in Bahraich, team developed a “Swasthya evam Swachata Kit” and handed over this kit to the school administration. This kit contains materials like soap, nail cutter, bandage, Antiseptic cream, cotton and Kit box.



Swasthya Evam Swachhta Kit distributed to school

6.4 Growth Monitoring Chart for Adolescents for self-assessment of BMI:

Growth monitoring is an excellent tool for assessing the growth of a child/adolescent, detecting the changes in growth and to initiate appropriate interventions.



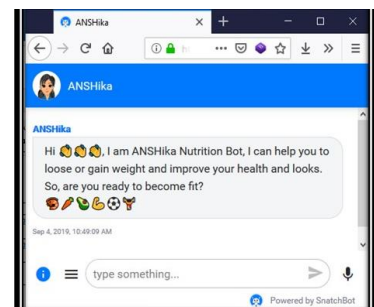
This tool was very effective and educative for tracking the nutritional improvement of an individual/adolescents. Project used the strength of tool by providing training to teachers, parents and adolescents on use of chart for identifying early health problem & apply corrective measures and self-assessment

Adolescents trained on use of growth chart for their self-assessment

BMI through this chart. Copy of these charts had been provided to Adolescents, peer leaders and Nodal teachers. This motivated adolescents to track their improvement and also taking corrective measure to improve the nutritional level.

6.5 ANSHika, a chatbot :

An ANSHiKA Chatbot was prepared under project that helped adolescents to know one's BMI and obtain customised nutritional recommendations. Adolescents used to enter their nutritional status in chatbot and ANSHiKA Chatbot provided customized nutritional recommendation based on their Nutritional indicator i.e. BMI.



Screen shot of Anshika Chatbot

6.6 Kitchen Gardening:

Project introduced a concept of kitchen gardens & encouraged adolescent to set these up at homes.








Kitchen Garden developed by an Adolescent in Tekari block, Bihar

7. In the Social Media

For Better communication of regular field activities sharing news clips and positive messages with various stakeholders, partners on various platforms becomes important. More than 92 Social Media threads posted in each social media platform (Twitter, Facebook & LinkedIn) Written 5 numbers of blog stories on the relevant activities and posted it into the ANSH-PUSHTI Blog.

Table 4: List of social media platform created under project:

Sl. No.	Social Media	URL of ANSH & Pushti Projects' Social media sites	QR Code
a.	Facebook	https://www.facebook.com/Adolescentplus/	
b.	Twitter	https://twitter.com/AnshPushti	
c.	LinkedIn	https://www.linkedin.com/company/anshpushti/	
d.	Wordpress	https://anshpushti.wordpress.com/	
e.	YouTube	https://www.youtube.com/channel/UCWlpalGrxC1xluoPEKc56IA	

<https://www.youtube.com/watch?v=11ZSB6PXnnE&feature=youtu.be> | <https://anshpushti.wordpress.com/videos/>



Snapshot of project social media platform

8. In the Print Media



Media coverage of project events

9. Target Vs Achievements

Key influencers trained and equipped with knowledge to partner for project achievements

Figure 5: Target vs achievements

Category	Target	Achieved	#Adolescents/ person	Total adolescents reached
Teachers trained	620	242	150	36,300
FLWs trained	400	198	40	7,920
AFHC	20	49	100	4,900
AHD	20	72	50	5,400

10. Change in nutrition parameters in adolescents

Fig 6: Distribution of the adolescents by change in their nutrition status between baseline & 3rd Round

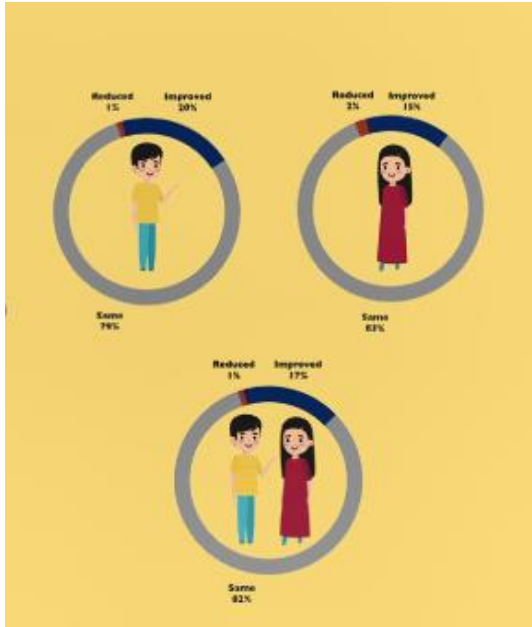


Fig 7: Proportion of the adolescents, whose BMI status moved to normal (BMI>=18.5 to 22.5) from underweight (BMI>16 to <18.5)

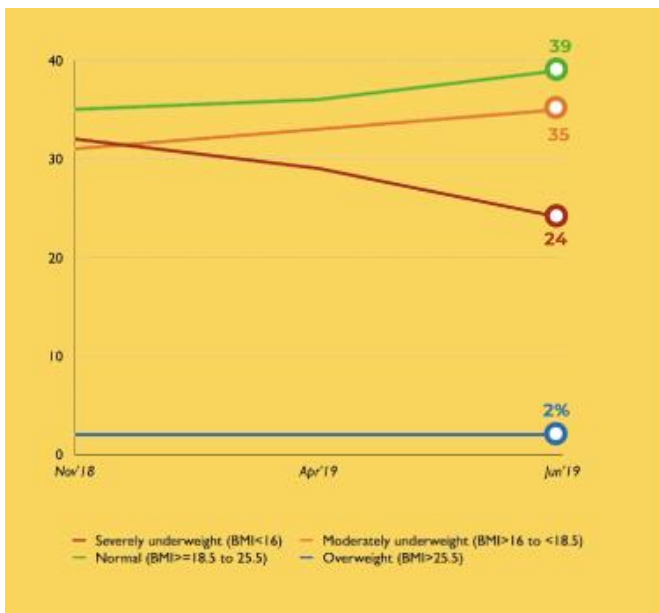
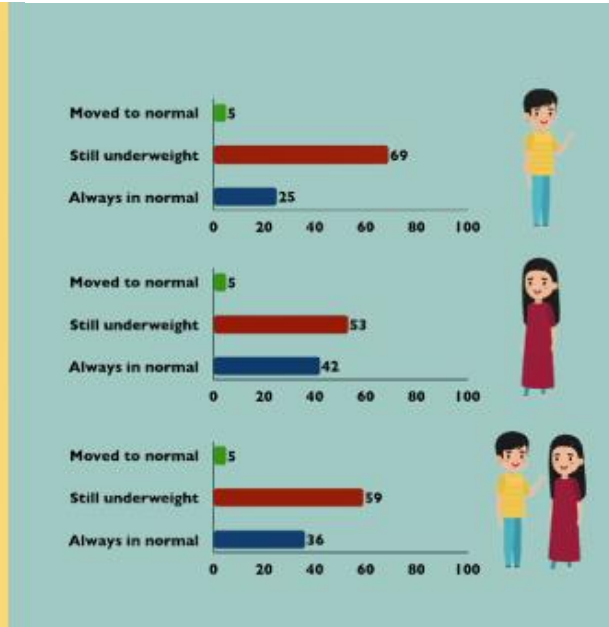


Fig 8: Trend of BMI among the adolescents between November 2018 (Baseline) and August 2019 (3rd Round)

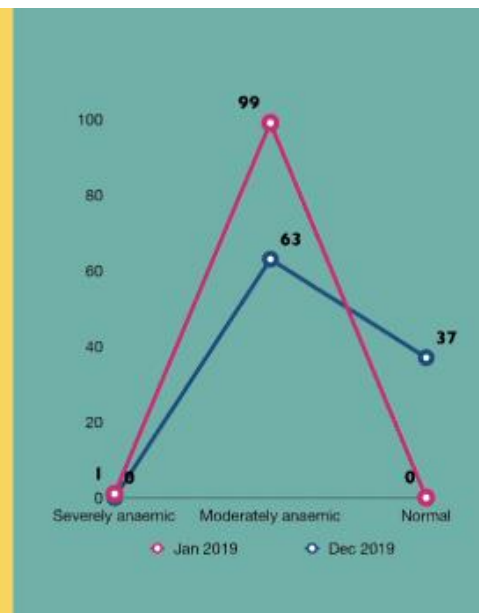


Fig 9: Distribution of the adolescents, based on their status of anemia between January 2019 and December

11. Project achievements as per M & E Framework

Table 6: Progress made under project as per M & E framework

Main activity	Output Indicators	Outcome Indicators
1. Improve awareness among service providers (front-line workers)		
1.1 One-day orientation of core block level front-line workers (FLW) of the government system, i.e. ANM, Anganwadi Supervisor and ASHA Supervisors on subjects related to A Plus project	<ul style="list-style-type: none"> ▪ Training plans for the FLWs on place as per timeline ▪ Recruitment of Trainers before the training ▪ Training of the trainers conducted ▪ Guidelines for the training in place ▪ Printed Job-aids are in place ▪ Pre-Post training assessment tools in place ▪ Number of trainings conducted for FLWs 	<ul style="list-style-type: none"> ▪ 157 ANM trained at the block level on the technical issues ▪ 41 Anganwadi Supervisors trained at the block level on the technical issues ▪ 27 ASHA Supervisors trained under ANSH on Nutrition and WASH ▪ 94% of trained FLWs showed improvement in pre-post training assessment
1.2. Post- training follow-up through reiteration of messages during monthly meetings of AWW, ASHA and ANM already being held by the block medical officer to review their performance.	<ul style="list-style-type: none"> ▪ % of Block level monthly meetings held with reiteration of the messages among the trained FLWs ▪ %of monthly review meeting organized by the BMO ▪ # of Micro field plan prepared and followed ▪ Appropriate counselling materials in place 	<ul style="list-style-type: none"> ▪ 135 sessions conducted with FLWs on subject of the project ▪ 100% of sessions monitored for quality
2. Improve awareness among influencers (teachers)		
2.1 Orient school teachers on core technical issues mentioned above.	<ul style="list-style-type: none"> ▪ Training plans for the teachers on place as per timeline ▪ Recruitment of Trainers before the training ▪ Training of the trainers conducted ▪ Guidelines for the training in place ▪ Printed Job-aids are in place ▪ Pre-Post training assessment tools in place ▪ Number of training sessions conducted for teachers 	<ul style="list-style-type: none"> ▪ 242 school teachers trained at the Block level on the technical issues ▪ 100% of trained school teachers at Block level showed improvement in pre-post training assessment
3. Strengthen services provided under the government supported RSKS program		
3.1. Strengthen AFHC services:	<ul style="list-style-type: none"> ▪ # of monthly meetings with AFHC counsellors conducted to update them on latest guideline ▪ # of counsellors with micro plans for outreach activities ▪ # of counsellors received counselling tools on the subject of project 	<ul style="list-style-type: none"> ▪ 49 AFHC Meetings conducted
3.2. Improve referrals to AFHC	<ul style="list-style-type: none"> ▪ Printed materials enlisted services available at AFHC in place 	<ul style="list-style-type: none"> ▪ 2 AFHC with improve visibility
3.3. Support Adolescent Health Day (AHD)	<ul style="list-style-type: none"> ▪ 33 AWCs supported to organize AHD in the block. ▪ 33 AWCs developed micro plans for AHD with support from A Plus team ▪ 38 Schools supported to organize AHD in the block. ▪ IEC materials in place 	<ul style="list-style-type: none"> ▪ 72 AHD organized in the block. ▪ 72 Awareness generation sessions led by ANSH
4. Improve supply chain of WIFS and NDD		
4.1. The project will strengthen supply chain of WIFS to ensure that IFA reaches the beneficiary	<ul style="list-style-type: none"> ▪ 100% of schools with proper availability of WIFS (using checklist) ▪ 100% of AWCs with proper availability of WIFS (using checklist) 	<ul style="list-style-type: none"> ▪ 196 schools with improved availability of WIFS ▪ 203 AWCs with improved availability of WIFS

regularly and in adequate quantities.		
4.2. The project will ensure that focus block is well prepared for NDD activities.	<ul style="list-style-type: none"> ▪ 100% of schools with proper availability of Albendazole ▪ 100% of AWCs with proper availability of Albendazole 	<ul style="list-style-type: none"> ▪ 196 schools with improved availability of Albendazole ▪ 203 AWCs with improved availability of Albendazole
5. Improve nutrition parameters among core adolescent group		
5.1. Improve awareness on nutrition of core adolescent group and counsel those with poor parameters (BMI and Anaemia)	<ul style="list-style-type: none"> ▪ List of the core group children prepared ▪ 100% of trained teachers took sessions for the allotted school going children ▪ 24% of children identified with poor nutritional parameters ▪ 100 % of identified children with poor nutritional parameters counselled ▪ 100% of children received IFA under the observation of teachers/AWW ▪ 100% of trained AWW/ANM took sessions for the allotted out of school children 	<ul style="list-style-type: none"> ▪ 36000 school going children trained by the trained teachers ▪ 17% of children with improved nutritional parameters ▪ 100% of core group children with regular follow-up
5.2. Monthly tracking of nutrition parameters of core group of adolescents	<ul style="list-style-type: none"> ▪ 85% of children with regular measurement of height and weight ▪ 60% of core group children with measurement of Hb at school camps ▪ 100% of children with Hb < 7gm% tracked, counselled and followed up ▪ 100% of children with BMI < 18.5, tracked, counselled and followed up 	<ul style="list-style-type: none"> ▪ 27% of the concerned children with Hb <7gm% improved to normal level ▪ 17% of children with BMI <18.5, moved to normal level
6. Improve WASH in schools & AWCs		
6.1. Facilitate improved toilet facility in schools through Swachh Vidyalaya Abhiyan	<ul style="list-style-type: none"> ▪ 38 schools with regular monitoring visits to check functionality of the school toilets ▪ 21 schools with gaps in existing toilet facilities 	<ul style="list-style-type: none"> ▪ 38 schools with improved hygienic behaviour of the students on WASH ▪ 8 schools with improved toilet facilities
6.2. Assess gaps in drinking water safety and supply in the intervention schools and Anganwadis	<ul style="list-style-type: none"> ▪ 100% of Schools with testing on safety of drinking water ▪ 100% of AWCs with testing on safety of drinking water ▪ Identify gaps in existing toilet facilities 	<ul style="list-style-type: none"> ▪ 32 schools with testing of drinking water source for quality ▪ 30 AWCs with testing of drinking water source for quality
6.3. Improve access to safe drinking water and sanitation facilities in intervention schools and Anganwadis	<ul style="list-style-type: none"> ▪ 2 overhead water storage tanks provided through ANSH ▪ 19 AWCs with gaps in existing toilet facilities 	<ul style="list-style-type: none"> ▪ 6 schools with improved drinking water facility ▪ 9 AWCs with improved drinking water facility ▪ 4 AWCs with improved toilet facilities
6.4. Strengthen intervention Anganwadis	<ul style="list-style-type: none"> ▪ 3 AWCs with wall painting done ▪ 3 AWCs, provided with Haemoglobinometer, thermometer and other basic equipment 	<ul style="list-style-type: none"> ▪ 3 AWCs with improved ambience

12. Internal Assessment of ANSH

ANSH team conducted an internal assessment of the project to understand how project has benefited and contributed towards better health and nutrition status of the adolescents. A team of two ANSH district project leads from Vidisha Gaya conducted the assessment process in Bahraich. Similarly, the district leads from Bahraich and Nabha had conducted the assessment in Gaya. The entire exercise took place in 2nd and 3rd week of December, 2019. As part of the assessment process team conducted focused group discussion with PRI members, parents of adolescents, FLWs, teachers, interacted with district & block officials, one to one interview with school going and non-school going adolescents. Additionally, the assessment was done among 115 adolescents with structured questionnaires.



Interview with Adolescents in project village

In the first round (at beginning of the project) of the study, the nutrition-specific challenges in the states were poor dietary diversification, inadequate uptake of IFA under WIFS and lack of awareness among adolescent and their families about nutritional content of food stuffs. In the second round, the scenario has been largely changed.

- The FGDs among the adolescents revealed that all participants were very much aware about the good practices related to their personal hygiene and health.
- They were found well-versed with the steps of hand washing and also had correct information on Iron Folic Acid (IFA) supplementation as well as deworming tablets with dosage and time period. This may be sited as a positive change in their knowledge and practice from the previous round.
- When asked about the reason of such change, they acknowledged the role of ANSH team members in keeping them informed through various existing channels of information.
- They also acknowledged the role of ANSH team in enhancing their awareness on a diet consisting of a variety of different types of food and adequate amounts of the nutrients necessary for good health and growth.

13. Field visit of Donor to ANSH Project, Tekari block, Gaya district, Bihar

Mr. Shubhankar from GSK-CH and Mr. Arindam from HUL visited Gaya during 29th and 30th January, 2020 to understand the current scenario of the project in one of the intervention blocks, Tekari. Dr. Amrita, Project Lead, JSI and Juhi, Project Lead from SHARP accompanied the donors.



Field visit by representative of GSK and HUL to Tekari Block, Bihar

14. Project Learning & Challenges

Box 11: Project learnings

- Sharing child health & nutrition status data like Hemoglobin and BMI level encourages parents to consciously partner in the efforts to improve health parameters of children
- BMI & HB data collection helped the team identify and target interventions towards the worst affected adolescents & conduct personalized counselling of their families
- Collaboration and convergence between stakeholders at the grassroots and Government as well as between departments yields better results, especially Dept. of Health and Dept. of Education
- Involvement of the community and community leaders helps achieve desired results
- Reward and recognition of continuous improvement further encourages community, adolescents, FLWs, teachers & schools to act
- IEC through skits, songs and solo performances led by adolescents brought about behaviour change

Box 12: Challenges

- Participation of parents was low initially owing to the assumption that the focus of school meetings is fee only
- Gender inequality is inbuilt within the families and needs to be tackled specifically in women & girls to improve their health and nutrition status
- Participation of marginalized communities in NDD and Measles Rubella vaccination campaign (MRVC) is quite low
- Absence of Adolescent Friendly Health Clinics (AFHC) and specialized medical practitioners at several places
- It is difficult to continue tracking BMI & hemoglobin in out-of-school adolescents

15. Way forward for sustainability

Figure10: Way forward for sustainability of the project initiatives

