



# Pushti

**(Project for Undernutrition prevention,  
Sanitation, Hygiene and Health integration)**



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

**SHARP & JSI R & T India Foundation**

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## Acronyms

ANC- Ante Natal Care
ANM- Auxiliary Nurse Midwife
ASHA- Accredited Social Health Activist
AWC- Aganwadi Centre
AWW- Aganwadi Worker
BMI- Body Mass Index
CHO- Community Health Officer
CSR- Corporate Social Responsibility
FGD- Focus Group Discussion
FLWs- Front line Workers
FP- Family Planning
GSK-CH- Glaxo Smithkline-Consumer Health Care
HQ- Headquarter
ICDS- Integrated Child Development Scheme
IEC- Information Education & Communication
IFA- Iron Folic Acid
IYCF- Infant & Young Child Feeding
KAP- Knowledge Attitude & Practice
MHM- Menstrual Health Management
MO- Medical Officer
MoU- Memorandum of Understanding
MPHW- Multipurpose Health Worker
NDD- National Deworming Day
NFHS- National Family Health Survey
NGO- Non-governmental Organization
PHC – Public Health Centre
PNC- Post Natal Care
PRI- Panchayati Raj Institution
SBCC- Social Behaviour Change Communication
SBM- Swatch Bharat Mission
SMO- Senior Medical Officer
TB- Tuberculosis
TDS- Total Dissolved Solid
VHSNC- Village Health, Sanitation & Nutrition Committee
VHNSD- Village Health, Nutrition and Sanitation Day
WASH- Water, Sanitation & Hygiene
WIFS- Weekly Iron Folic Acid Supplementation

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## Executive summary

Pushti was a community-centered initiative integrating nutrition, health and WASH, to address the immediate and underlying causes of undernutrition, particularly during the 1000-day window i.e. from pregnancy till the time the child is 2 years of age.

The project was implemented in two phases; in Phase I lasting nine months (Jan – Sep 18), project was implemented in seven villages located near the GSK factory site. In this phase, the project made substantial progress in reaching out to target communities using a 360-degree approach to generate awareness, create demand and improve nutrition and WASH among the entire village community including leaders, pregnant women, lactating mothers, adolescents and children.

In Phase II of the project which started in October 2018, 10 additional villages were added to existing seven villages (total 17 villages covered). JSI R&T India Foundation partnered with the NGO SHARP for Project implementation in Phase II. SHARP led community work in new geographies of the project, JSI R&T India Foundation provided technical guidance and continued community level work in the earlier geography of the project. Using the learnings from Phase I, project area was expanded to additional 10 villages located in the block in Phase II.

Project interventions were designed around five key approach: i) Empower village leaders for sustained behaviour change, ii) Reinvigorate village health and nutrition services, iii) Engage and educate target population -pregnant women, mothers, adolescent girls iv) Engage local schools, v) Strengthen systems for improved Nutrition and WASH.

Project reached out to 2,802 pregnant women, lactating women and adolescent girls directly which accounts to 69% pregnant women, 65% lactating women and 67% adolescent girls respectively.

- Around 1237 pregnant & lactating women were addressed through various interventions: a) Counselling on importance of balanced diet, dietary diversification & antenatal care for pregnant women, b) Counselling for mothers of children aged 0-2 years on importance of & techniques of breastfeeding/ IYCF , c) Sensitizing on importance of iron folic acid (IFA) consumption & self-tracking for pregnant women, d) Games and awareness material to motivate women to adopt good nutrition; and water, sanitation and hygiene practices.
- Total 1,565 adolescent girls directly covered through a) Awareness raising on menstrual hygiene, b) Counselling on maintaining good haemoglobin levels, c) Campaign 'Breakfast Zaroori Hai' for school children, d) Hands-on training on Water, Sanitation and Hygiene practices including hand-washing etc.
- As part of reinvigorating Village Health and Nutrition Services, project did gap assessment of 35 AWCS, and addressed the gaps through a) Providing basic equipment (Baby weighing scales, BP Apparatus, Adult weighing scales, Thermometer and height measuring tape) to AWC wherever needed, b)Strengthen capacity of AWCs to improve growth monitoring and recording by AWC.
- Schools in the project area were also engaged through a) Encouraging teachers to promote healthy food habits among children, b) Support teachers in organizing activities that will generate nutrition awareness, c) Support schools to organize events like National

Deworming day (NDD) & National Nutrition Month to engage students, d) Help in problem solving for Weekly Iron Folic Acid Supplementation (WIFS).

- Project worked towards strengthening system for improved nutrition & WASH. Various efforts were made to make the system functional i.e. a) Enhance capacity of frontline workers (ANM, AWW & ASHA) in Infant & Young Child Feeding (IYCF) and Family planning, b) Renovate the Primary Healthcare Centre (PHC) to improve health services, c) Renovation of Primary Health Centre (PHC), Kakrala, d) Renovation of AWC at Ageti village, e) Renovation of Washroom facility at Ramgarh Govt. Secondary School, Bauran Kalan & f) Support PRIs in 'Swachh Bharat Abhiyaan' for constructing toilets and promoting usage.
- To empower village leaders in order to sustain the changed behaviour, various supportive activities were conducted such as a) Orientation of 22 Village volunteers as Nutrition Champions, b) Celebration of special days including World Health Day, Children's Day, Hand-Washing Day, World Health Day, Deworming Day, c) Swachhta Drive held in 4 villages with full participation of village residents including installation of dustbins, d) 4 Health camps organized, attended by more than 800 people, largely elderly, e) Organized engaging activities during Nutrition month and Breastfeeding week to convey the message of good nutritional practices, f) PUSHTi Corner with health & nutrition key messages, suggestion box, etc. installed at 12 schools, g) Anti-mosquito fogging drive undertaken in 6 villages led by the community, benefitting 710 families.

With above efforts, project brought improvement in the first 1000 days of life of target beneficiaries. Project also recorded improvement in nutrition stats of under-five children (158 identified under nourished child) through counselling of mothers & family member by home visits, and strengthening capacities of AWW.

As a result, following changes were noticed:

- a) **42%** children achieved normal weight from being severely underweight or moderately underweight,
- b) **13%** children achieved normal weight from being severely underweight,
- c) **25%** children achieved being moderately underweight from severely underweight.

It is expected that the changes brought by the project will be sustained due to active participation of community in the whole process.

# 1. Background

Malnutrition is a global concern which continues to be one of the leading causes of morbidity and mortality in preschool children, adolescent girls and pregnant and lactating women, particularly in developing countries. Global child malnutrition findings suggest that 156 million children under 5 around the world are stunted, 42 million are overweight and 50 million are wasted.

Despite India's 50% increase in GDP since 1991, more than one third of the world's malnourished children live in India. According to the National Family Health Survey – 4 (2015-2016), nearly one third of the children were found too short for their age, whereas wasting was still very high as per international standards in all States/Union Territories.

According to National Family Health Survey 2015-16, about 18% of children under-five in Patiala district are chronically undernourished and are unlikely to meet their growth, development and cognitive potential. About 41.1% women are anaemic in the district, according to this survey, which includes pregnant women and adolescents also.

Realising how undernutrition is hampering the impact of developmental initiatives, GSK Consumer Healthcare (GSK-CH) under CSR initiatives conceptualized and supported the PUSHTi project through technical support of JSI R&T India Foundation (JSI R&T) and SHARP as implementation partner (joined in second phase of the project) in Nabha Block.

## 2. About the Project:

Pushti was a community-centered initiative integrating nutrition, health and WASH, to address the immediate and underlying causes of undernutrition, particularly during the 1000-day window i.e. from pregnancy till the time the child is two years of age.

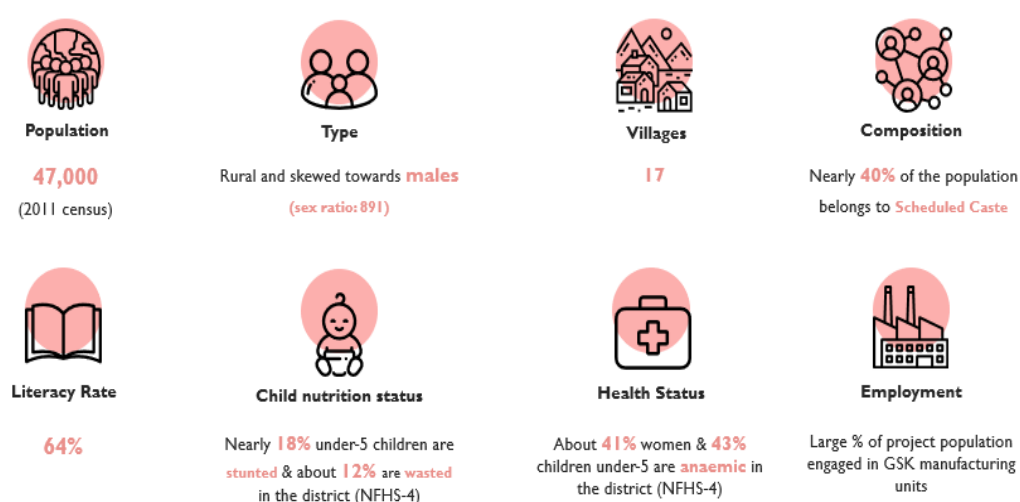


Figure 1: Project area profile

The project was implemented in two phases:

- In Phase I (Jan – Sep 18), project was implemented in Seven villages located nearest to the GSK factory site. During this phase, the project made substantial progress in reaching out to target communities using a 360-degree approach to generate awareness, create demand and improve nutrition and WASH among the entire village community including leaders, pregnant women, lactating mothers, adolescents and children. In Phase I JSI R & T India foundation was involved in implementation as well as technical support.
- In Phase II (October 2018-June 2020), 10 additional villages were added to existing seven villages (total 17 villages covered). JSI R&T India Foundation partnered with the NGO SHARP for Project implementation in Phase II. SHARP led community work in new geographies of the project, JSI R&T provided technical guidance and continued community level work in the earlier geography of Project. Using the learnings from Phase I, project area was expanded to additional 10 villages located in the block in Phase II.

## 2.1 Objectives:

- Improve nutrition status of pregnant women, mothers of children below 2 years and children under 5 years of age.
- Reinvigorate village health and nutrition services.
- Empower village leaders for sustained behavior change.
- Engage local schools to improve health and nutrition status of adolescent girls

## 2.2 Project Strategy:

Community engagement and system strengthening for improving health and nutrition in Nabha.

## 2.3 Approach & Activities:

Table 1: Project approaches and activities

<b>Empower village leaders for sustained behaviour change</b>	<ul style="list-style-type: none"> <li>• Develop capacity of village leaders to regularly monitor public health services in their area.</li> <li>• Hold monthly meetings with local Panchayat leaders, VHSNC and community members for their inputs for programmatic improvement.</li> <li>• Organize community events such as health and nutrition camp, talks on nutrition and sanitation by eminent persons.</li> </ul>
<b>Reinvigorate Village Health and Nutrition Services</b>	<ul style="list-style-type: none"> <li>• Assessment of gaps in organizing effective VHNSD at Anganwadi Centers and gap filling where required.</li> <li>• Activate local VHSN Committees.</li> <li>• Improve growth monitoring and recording by AWC.</li> </ul>
<b>Engage and educate target population -pregnant women, mothers, adolescent girls</b>	<ul style="list-style-type: none"> <li>• Undertake group counselling sessions using creative SBCC tools &amp; organize talks using local expertise from Patiala Medical college.</li> <li>• Engage target groups in community events e.g. health &amp; nutrition camps, healthy baby shows etc.</li> </ul>

<b>Engage Local Schools</b>	<ul style="list-style-type: none"> <li>• Encourage school teachers to promote healthy food habits among the children.</li> <li>• Support teachers in organizing activities that will generate nutrition awareness in an interesting manner.</li> <li>• Support schools to organize events on special occasions such as Deworming day, National Nutrition Week, to engage school students.</li> <li>• Help in problem solving for WIFS, if any.</li> <li>• Support in organizing NDDs.</li> </ul>
<b>Strengthen systems for improved Nutrition and WASH</b>	<ul style="list-style-type: none"> <li>• Renovate the local sub-centre to improve local health services. Support local administration in coordinating with Swacch Bharat Abhiyaan for toilet construction and improving its use. Enhance capacity of frontline Workers in IYCF and Family planning. Engage with local medical college to improve referral linkages for sickness.</li> </ul>

## 2.4 Geography:

The project was implemented in 17 villages (initially the project was implemented in 6 villages and 1 slum, expanded to additional 10 villages in October 2018) located near the GSK manufacturing Plant at Nabha and houses a large number of the Plant's employees. The project was operated through project office located at Nabha Block HQ.

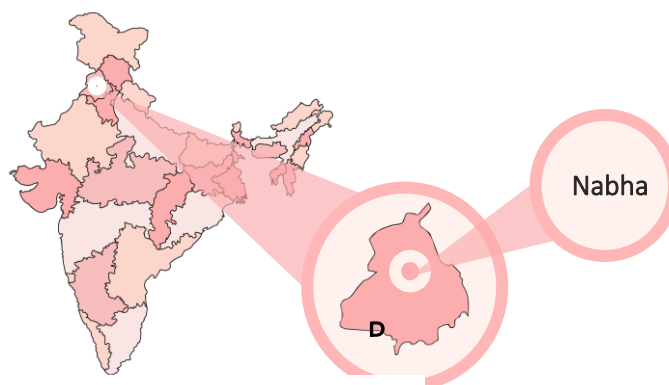


Figure 2: Project area

## 2.5 Target Population:

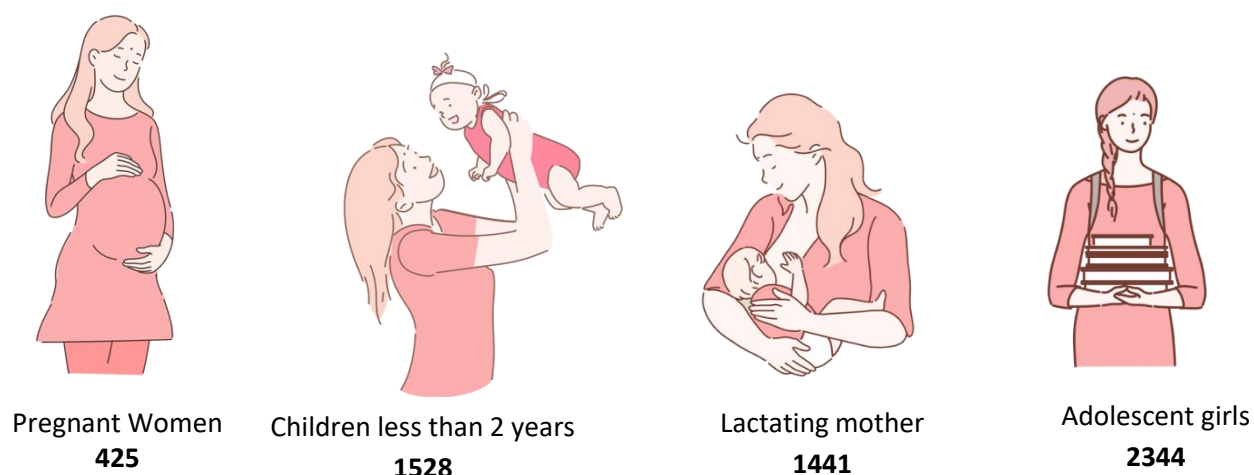


Figure 3: Target Population

### 3. Project Milestones:

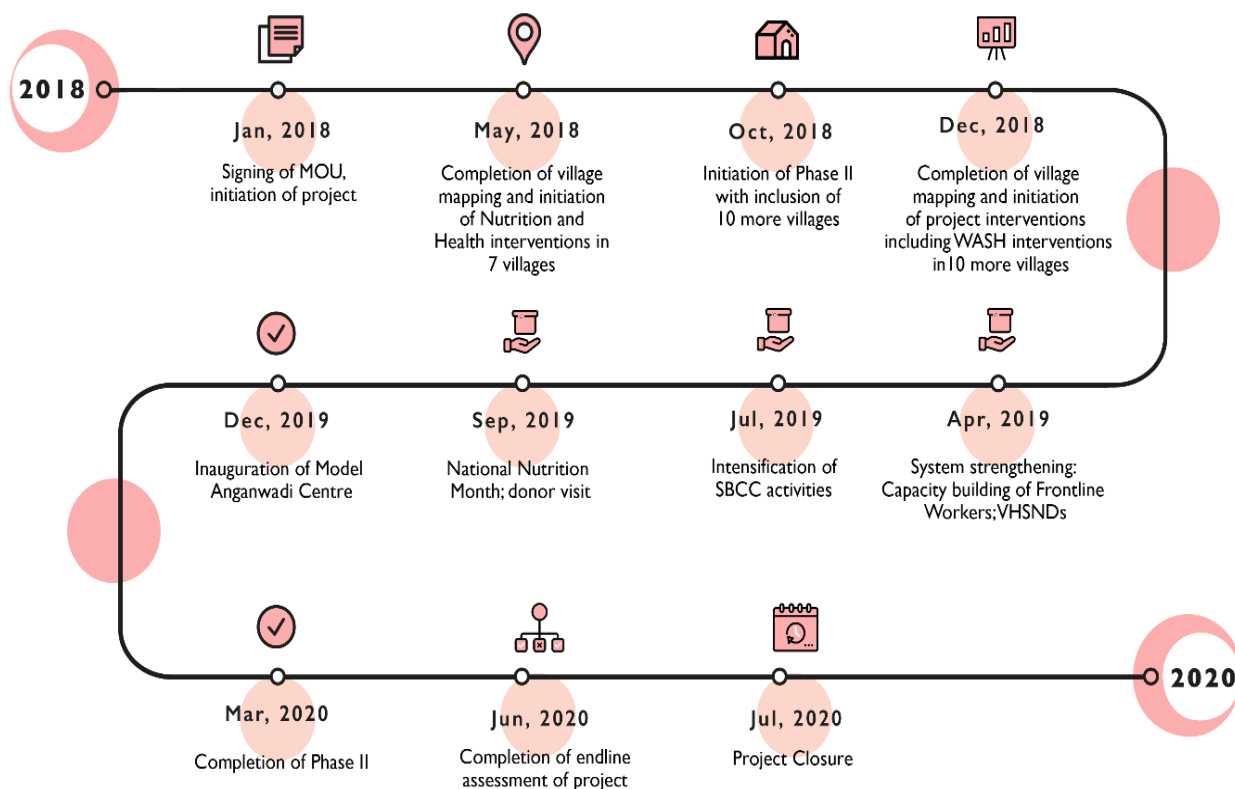


Figure 4: Project important milestones

## 4. Project preparatory activities:

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The project was launched in January 2018. Initially various preparatory activities were organized to kick start the project. Few of the activities were as follows:

### 4.1 Recruitment of staff:

As per project design project team was selected and oriented on the project and their role under the project.

### 4.2 Buy-in-for project activities:

After recruitment of the project team, the state and national team approached different officials at State (Director & Deputy Director- Women & Child Department, Deputy Director & Asst. Director- Maternal Child Health Department), District (Deputy Commissioner, Additional Deputy Commissioner-in-charge Rural Development, Civil Surgeon etc.) and Block level (SDM, Block Development Officer, Child Development Project Officer-ICDS, Senior Medical Officer- Health, Sub-divisional engineers-(Swachh Bharat Mission-SBM) to share the objectives of the project and also get their support.

### 4.3 Selection of Project Area:

After signing the contract, project villages were selected/identified in consultation with local government and donor.

### 4.4 Need assessment / Baseline assessment:

Before start of any activities it was necessary to understand the current status of the selected project area, therefore baseline assessment was conducted in the project area with the objective to assess **a)** Nutritional status and service delivery indicators for all target groups, **b)** Availability and accessibility of health services, **c)** Current IYCF and hand washing/hygiene practices, **d)** Current practices of care and nutrition during pregnancy, adolescent and among newly married women **e)** People's perception and actual use of health and nutrition services during pregnancy, adolescent, infancy and young childhood and by newly married women, **f)** Barriers and enablers for improving reach of ICDS, basic health and WASH services etc.

#### Box 1: Findings

- Lack of awareness among community about availability of different schemes and services on health & nutrition.
- Weak outreach activities and weak information sharing/counselling skill among Health Workers.
- Lack of awareness among pregnant women and lactating mothers on proper nutritional food intake, harmful effects of pre-lacteal feeds to children, IYCF etc.
- Lack of awareness among adolescents on handwashing steps, anaemia, nutritional foods, dietary diversifications and services provided by AWC and schools for them.
- Lack of awareness among men on maternal health and nutrition and their involvement in taking care of women and children below 2 years of age.

Both Quantitative and qualitative tools were used to collect information in all seven selected villages i.e. Personal Interviews, transect walk for resource mapping, Focus Group Discussion (FGDs) with adolescent girls, newly married women, pregnant women and lactating women, infants of age 0-6 months and children of 6-24 months etc. FGDs were also held separately to assess the knowledge attitude and practices (KAP) related to nutrition and health of the target groups.

It was done during March to May 2018 and information collected was analysed, and gaps identified. Based on that different actions were recommended.

**Box 2: Recommendation of the assessment were as follows**

- Strengthen the capacity of health and ICDS workers on nutrition, health and WASH practices.
- Encourage and promote community participation and ownership of health services to ensure more responsive health workers towards community.
- Empower community through different supportive activities so that community should be actively engaged in improvement in health and nutrition status of women, adolescents and children.
- Create awareness generation among women, pregnant women, lactating women on importance of health, nutrition, IYCF & WASH and government programs & facilities.

#### **4.5 Refinement of Project Approach and preparation of micro plan:**

Based on the findings & recommendation of the baseline assessment, the project approach was defined into five key approach and activities for the project. And accordingly, micro plan was developed for project villages to address the gap.

**Box 3: Approach**

1. Empower village leaders for sustained behaviour change
2. Reinvigorate Village Health and Nutrition Services
3. Engage and educate target population -pregnant women, mothers, adolescent girls
4. Engage Local Schools
5. Strengthen systems for improved Nutrition and WASH

#### **4.6 VHSND gap assessment:**

As per recommendation of baseline assessment it was suggested to ensure effort for strengthening health services existing in the area. Therefore, as follow up of that, a VHNSD gap assessment was done in May 2018 to identify gaps in terms of infrastructure, equipment, & supplies (medicine & IEC) at AWC /VHSND activities. Plan for VHSND strengthening was developed comprising of a) Skill strengthening, b) infrastructure strengthening and c) Supply chain strengthening as major areas to work on.

## 5. Project Interventions:

### 5.1 Empower village leaders for sustained behaviour change

#### Formation of Village level PUSHTi Committee:

A village level PUSHTi committee comprising of active community members was formed. Objective of Pushti Committee formation was to ensure community participation and ownership under the project. Project activities were designed on regular interval with community/Pushti Committee's members participation. The committee members took the responsibility to support the project activities in their respective villages. This helped in getting good response from the target community.

#### Identification of Nutrition Champion:

During the development of the village health committee, it was felt that to strengthen the VHSND activity at AWCs, a concept of 'Nutrition Champion (a volunteer' to support the FLWs in service provision and strengthening the system) was visualized. For this, volunteers from all the intervention villages were selected (during Jan 18 & April 19 for Phase I & II villages respectively) through active participation of respective Sarpanch of the village. The criteria for the selection of these nutrition champions was a) Native of the village, b) Willing to work as volunteer, c) basic knowledge on health & nutrition d) Qualified (minimum high school).

#### Orientation of Nutrition Champion:

A one-day training program was organized for Nutrition champions at Pushti office in Nabha. In total, 22 Nutrition Champions were trained. Major topics covered and key discussion points during the training were a) About the program, b) Their roles & responsibility under project c) Public health facilities available at Nabha and Patiala, d) Major government programs on RMNCH +A, communicable diseases, programs for TB, HIV/AIDS, vector borne disease like Malaria, Dengue, non-communicable diseases like Cancer, Hypertension and Diabetes etc. e) Health, Nutrition, IYCF & Dietary Diversification, e) Preventive steps & Good Hygiene practices etc.

These Nutrition Champions were very helpful in ensuring accessibility of health services for target beneficiaries.

#### Health Camps

During the initial phase of the project implementation, village leaders especially elderly communicated that they need health camps where they could undergo general check-up and screening test. To build the rapport with community and also addressing their need, four health camps were organized (for Pregnant Women, Lactating mothers, Children < 5 yrs. and adolescents) with expert support of HOD Medical College Patiala and SMO, CHC, Bhar

a) general check-up, & medicines, b) screening test for Anaemia, Diabetes, Renal diseases, c)

#### Box 4: Members in PUSHTi Committee

- Sarpanch
- Panchayat members
- MO
- ANM
- ASHA
- MPHWH
- AWW
- School Teacher
- GSK employee and
- Volunteers



Elderly people getting benefit of Health camp

gynaecology & obstetrics advice to women and Body Mass Index (BMI) assessments etc. Around 800 community members (mostly elderly) benefitted from this camp. This event helped in building rapport with community and program visibility.

### **Anti-Mosquito Fogging Drive:**

There was high occurrence of water borne diseases especially Dengue in the project area. Therefore to control the high number of Dengue cases, an Anti-Mosquito Fogging Drive was conducted in six intervention villages (Bauran Kalan, Alhoran Kalan, Ageti, Dulladi, Thuhi and Rohta) during July to Aug 2018 with the aim to provide better health environment and to consider the immediate health needs of local villagers and improve visibility of the ongoing PUSHTi Project. The drive focus was to reduce the incidence of vector borne diseases like malaria, dengue, etc. in village community. Pesticides were sprayed in village streets, garbage heaps, ponds and households etc. The event was organized in consultation and support of Municipal Corporations officials, Sarpanch/Gram Pradhan, volunteers and community. Total 710 families benefitted from this drive.



**Anti-Mosquito fogging in the village**

### **Swachhta Drive:**

Swachhta Drive was implemented in the four core intervention villages with the aim to sensitize community on clean and hygienic environment, address the immediate health needs of local villagers and improve visibility of the ongoing PUSHTi Project. The drive was conducted to reduce the incidence of vector borne diseases like malaria, dengue, etc. as well as other diseases caused due to dust and unhygienic environment and providing safe and clean environment in the village community. Activities done during the drive were a) awareness generation on safe drinking water, cleanliness, Health & sanitation through Swachhta drive & school rally, b) Installation of dustbins and tree plantation in village periphery with village panchayat support c) Cleanliness drive in village covering all the streets and periphery of the village d) Locality wise briefing with villagers regarding usage of the dustbins, Open Defecation, Segregation of Dry and Wet Waste, Water Contamination, Polyethene bags.



**Community participating in cleanliness drive**

### Installation of Dustbin at village level:

To inculcate proper hygiene behaviour at village level, dustbins were installed in all project villages and community members were encouraged to dispose the community level garbage in the common dustbin installed at village level.



Dustbin installation

### Wall paintings:

To build environment at project village level towards sensitizing community on importance of health, nutrition & WASH, various wall painting was displayed at strategic location in local language, so that the message could reach to community regularly.



Wall painting with key message

### Village level meetings:

Regular village level meetings were organized to make community leaders aware about the roles and responsibilities of local health institution and functionaries. During the discussion, they were made aware to monitor the functioning of these institution and ensure community accessibility to these services.

## 5.2 Reinvigorate Village Health and Nutrition Services

As per project design gap assessment of AWCs/VHNSD was done to identify the gap and fill the gap under project. Based on the findings following action were taken.

### Equipment supply to all the AWCs of the intervention villages:

Based on the gap assessment of VHNSD /AWCs, it was observed that basic equipment's like adult & child weight machines, thermometer, BP apparatus, stature meters, etc. are either not available or if available, they are not functional at most of the sites. Therefore, all necessary equipment's i.e. weight machine (for adult & child), thermometer etc. were provided to all AWCs of the project area.



Equipment being distributed by CDPO to AWCs under the project

### Renovation of AWC, Ageti:

During the gap assessment process, it was found that one of the project AWCs, Ageti had very poor infrastructure. There was no system of water supply, and electricity. The children coming to the centre were facing difficulty to come and sit in the centre. As per demand of the villages, project decided to support in strengthening infrastructure of the AWC in collaboration with Sarpanch & Panchayat committee of the village. Work plan was developed in consultation with BDPO, Panchayat officer, and Sarpanch & Panchayat committee of the village. Monitoring of the renovation work taken care by

Sarpanch & Panchayat Committee. Finally, the AWC, Ageti was renovated into a Model AWC and inaugurated in December 2019, where representatives of Health/ICDS officials, GSK plant officials, JSI & SHARP national team, Sarpanch/Panchayat Committee members, and community at large participated in the event and thanked the project.

#### **Installation of Pushti Board and PUSHTI Tool Box:**

Pushti Bulletin Boards and Pushti Tool boxes were installed in all AWCs of the project villages with the objective of strengthening the AWCs information system. The Pushti Bulletin Board was displaying a) updates on all the activities conducted in the villages, b) monthly plan, c) VHNSD updates and follow up activities e) Photographs of major activities, f) display of Pushti Nutrition committee & Nutrition Champions of the villages g) Latest updates on Nutrition, Health & WASH. This tool helped in the sharing of updated information among target beneficiaries to access the available services and knowledge building.

#### **Supply of IEC material (games, booklets, calendars, diaries, Notice boards, etc.) to all the AWCs of the intervention villages:**

There was lack of study materials, IEC tools at the AWCs to do counselling and meeting with target beneficiaries. It was realized that without these basic IEC materials, AWCs will not be able to provide smooth service delivery and strengthening the recording & reporting system. Therefore, different innovative games, booklets and other IEC materials were developed and provided to all AWCs of the project area and trained them on using the materials. This helped a lot in developing the counselling skill of AWWs.

### **5.3 Engage and educate target population: pregnant women, mothers, adolescent girls (Support Pregnant Women and Mothers for improvement in knowledge)**

As the project focussed on addressing immediate and underlying cause of undernutrition in women, adolescents and children in 17 villages of Nabha Block, during initial assessment it was found that due to lack of awareness on the issues, target beneficiaries were not adopting appropriate food habit and accessing health services. Therefore, to address the issues, project adopted regular awareness and counselling session on different topics with different target group on periodic intervals as follows:

#### **Awareness session with the target beneficiaries:**

Periodic/monthly awareness sessions were organized for Pregnant women, Lactating mothers and adolescent during the project implementation period of two years. The awareness sessions were mainly organized by the project team with active involvement of experts from health/ICDS department and Doctors of Patiala Medical College.



*Lactating mothers attending counselling session*

Topics discussed with specific target beneficiaries were as follows:

**Table 2: Target wise discussion agenda**

<b>Pregnant and lactating women</b>	<b>Mother of Children (0-6 months old)</b>
<ul style="list-style-type: none"> <li>• Birth Preparedness and Danger Signs</li> <li>• Dietary Diversification, need of additional meal and use of iodized salt</li> <li>• Family Planning and Basket of Choice</li> <li>• Promote handwashing and personal hygiene</li> <li>• Promote Menstrual Hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• Early and Exclusive breastfeeding</li> <li>• Initiation of Complementary feeding and adequate feeding</li> <li>• Timely immunisation</li> <li>• Growth Monitoring</li> <li>• Family Planning and Basket of Choice</li> <li>• Promote Menstrual Hygiene</li> </ul>
<b>Mother of children in the age group 6- 24 months</b>	
<ul style="list-style-type: none"> <li>• Improve growth monitoring (weight for age) and provide counselling to infants with growth faltering (IYCF)</li> <li>• Improve uptake of Vitamin A at 6 monthly intervals starting at 9 months</li> <li>• Improve uptake of IFA at 3 monthly intervals</li> <li>• Promote consumption of deworming doses</li> <li>• Promote timely immunization</li> <li>• Promote Menstrual Hygiene</li> <li>• Promote campaign 'Breakfast Zaroori Hai'</li> </ul>	
<b>Adolescent Girls of age group 10-19 years</b>	
<ul style="list-style-type: none"> <li>• Improve uptake of IFA supplementation</li> <li>• Promote consumption of deworming tablets</li> <li>• Promote Menstrual Hygiene</li> <li>• Promote campaign 'Breakfast Jaroori Hai'</li> <li>• Promote Breakfast and Dietary Diversification</li> </ul>	

### **Generating community awareness through group and one-to-one counselling**

Apart from awareness session, project team also conducted group/one to one counselling with Pregnant women, Lactating mothers and adolescents in order to improve their knowledge, attitude and practise towards health, nutrition and WASH. To make counselling session more impactful, different innovative infotainment games were developed under project and used during the counselling session. Topics addressed through games were a) importance of ANC, b) Birth preparedness c) Breast feeding/IYCF, d) Maternal Nutrition e) Family planning, f) balance diet & dietary diversification for adolescent girls, g) Menstrual Hygiene & WASH.

### **Organization/observation of Government Health Days to provide health services and generate awareness in the community of the intervention villages through events and drives:**

Apart from project specific activities, project also used the platform of important days celebration in order to achieve the project objective. Few of the days observed were as follows:

### a) World Breastfeeding Week

Breastfeeding week was organized as a celebration and sensitizing lactating and pregnant mothers towards early and exclusive breast feeding in project villages. The events were organized in consultation with ICDS Supervisors, AWW & ASHA. During the week-long celebration, various interesting activities were organized a) Godbharai (in which families & relatives gave



*Pregnant women attending counselling session*

blessings to pregnant women and her baby, a gift consisting of baby towel, baby suit, fruits given to pregnant women)

b) awareness session on healthy motherhood, dietary diversification, importance of mother's milk, breastfeeding positions, exclusive breastfeeding etc. c) Interaction with experts of Government Medical college, Patiala.

#### Box 5: Godbharai

The 'Godbharai', a ceremonial activity was organized to celebrate the ritual among the beneficiaries. To mark the celebration, a sacred red thread was tied on the wrist and a tilak was decorated on the forehead of the pregnant women. Blessings were given to mothers and child. This was followed by the distribution of baby kit gift wraps.

### b) National Nutrition Week

Similar to the Breastfeeding week, National Nutrition week was organized in project villages. The National Nutrition Week was observed at Anganwadi centers to sensitize pregnant women and mothers of children up to 2 years. The activities covered during the week were a) Demonstration of cost-effective nutritious food recipe (jaggery Laddoo & Poha), b) awareness session on importance of diversified diet during pregnancy and lactation c) Talks with Government Medical College, Patiala and Project team.

### c) International Women's Day

International Women's Day was celebrated at Anganwadi centers and PHCs to aware and empower the village women on their rights, freedom and opportunities.

During the initial assessment as well progress of the project in the community of the intervention villages, it has been observed that in most of the families, women in the community get very less freedom and opportunities to come out of their home as well as they are always busy in their routine household chores with least or no support from other family members, specifically from the males. So, project get this opportunity to bring both the group on the same platform and to have a discussion on the theme '#Balance for Better' and at the same time women have the opportunity to speak for themselves and their male counterparts have the realisation of the truth.

The day was observed in the project villages, with technical support of Medical officer of PHC. Project objective was also discussed during the event. Major area of discussion was a) Women Empowerment b) Expert talk on ANC and PNC. C) A debate under chairmanship of Sarpanch and other Panch members on topic "Equality for women in daily routine activities" and different issues in daily routine activities faced by women in the community".

Similarly, other health days like World Health Day, National Menstrual Hygiene Day, National Dengue Day, International Day for Girl Child, National Deworming Day, World Malaria Day, World Toilet Day, etc., were organized either at the intervention schools or at the villages.

**PUSHTI Sabha:**

The PUSHTi Sabha was organized to ensure increased awareness among women and to discuss about the myths of breastfeeding. The discussion on breastfeeding was undertaken by experts from Government Medical College, Patiala. Dr. Amarjeet Singh, Head of the Department, Community medicine, Dr. Rajinder Singh Balghir, Senior Professor, Community Medicine and PG students from the college.

## Home visits of Malnourished Children and regular follow up (Weight monitoring and improvement of underweight children):



Weight monitoring of a severely malnourished under-5 child

During project implementation (in May 2019) around 166 children under the age of 5 years (out of total 1833) were found under severely (58 in red zone) or moderately (108 in yellow zone) underweight category of the growth monitoring chart.

Therefore, to improve the nutritional status of these children, various efforts were made under the project:

- Regular counselling of AWWs and mothers of the child
- Home visit of Malnourished child & counselling of family members.
- Facilitate accessibility of referral services.
- Regular follow up with family on status of improvement

After regular efforts, in month of December 2019 progress recorded among the identified children. Around 42% of children moved to Green zone from yellow and red zone, where as 13% of the severely underweight children moved to green zone.



Home visit of severely malnourished under-5 child

Following diagram explain the progress:

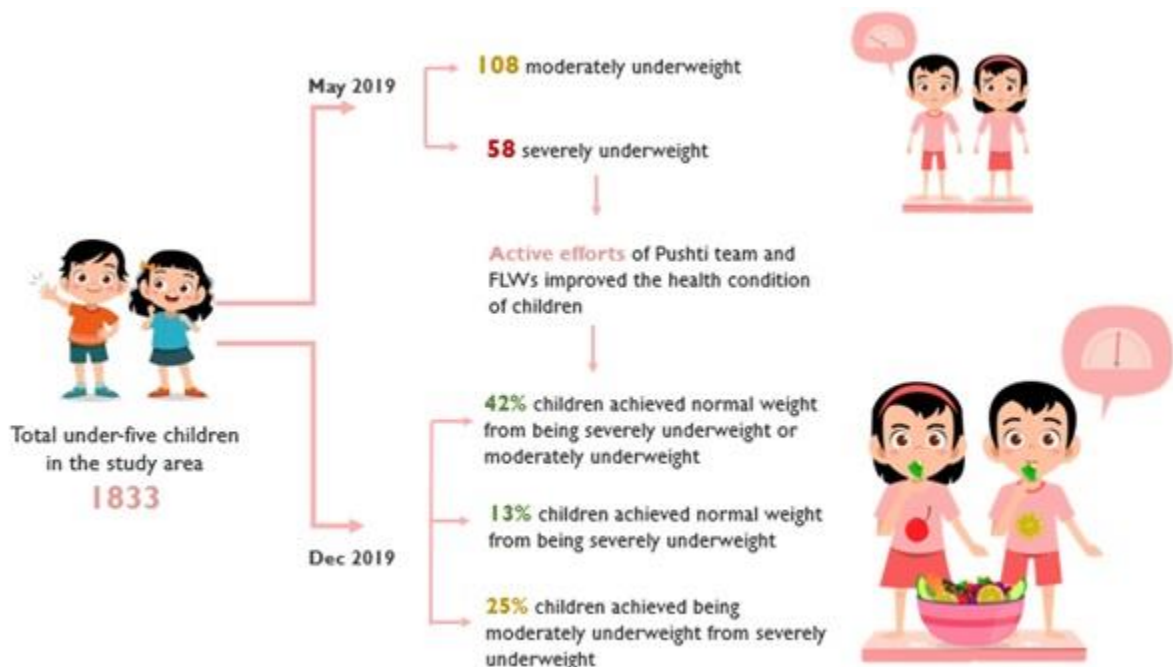


Figure 5: Weight monitoring and improvement of underweight children

## 5.4 Engage Local Schools

School is considered as effective platform where important message can be communicated through the school teachers. Understanding this, various activities were organized at school level with the objective to generate awareness on Health, Nutrition, WIFS, Deworming and WASH etc. Major activities organized under the project are as follows:

### “Breakfast Zaroori hai” campaign:

During initial implementation of the project, it was known through interaction with children/adolescents across the project villages that approx. 70-80 % of the children/adolescents comes to school empty stomach. The average time between two major meals i.e. last night Dinner (b/w 7:30 pm to 8:00 pm) & Lunch/Mid-day meal (b/w 12:30 pm to 1:00 pm) was of approx. 16 hours. This information was very alarming for the project, because the project was focusing on improvement of nutritional status of adolescents. Hence it was decided that this issue should be addressed in campaign mode and a campaign was designed with the name of “Breakfast Zaroori Hai”.

The campaign comprised of awareness sessions, film shows, case studies discussions/group discussions etc. Approximately 300 adolescents were covered through this campaign. This activity helped in increasing awareness on importance of taking breakfast among adolescent girls.

### Distribution of Pushti Planner:

As a follow-up of the “Breakfast Zaroori Hai” an interesting Pushti Planner was developed under project and shared with adolescents, so that they could fill it on daily basis, monitor their breakfast intake and calculate their score every month. It helped children/adolescents to visualize the trend of their eating habit and correct the same in coming week. It was three months meal tracker.

### Pushti Corner development

To generate awareness on Health, Nutrition and WASH among the school adolescents, a Pushti Corner was developed/installed in all project schools.

The purpose of the Pushti Corner in the school was to generate awareness among the school adolescents by developing a corner at a most significant/ visible location of the school where majority of the students can learn about eating habits, eating nutritious rich food, washing hands on a regular basis, benefit of IFA and deworming tablets, etc. through the messages printed on a display board.



Pushti Corner installed at school level

In the Pushti Corner, there was a suggestion/question box in which students used to drop their questions. And once the Project team visit the school, explained the answer to them.

### First Aid Kit:

All schools were also provided a first aid kit to address immediate health needs at school level.

### **Installation of Soap Dispenser:**

School children were made aware on the importance of hand washing and correct hand washing steps. Also, to sustain the created behaviour schools were provided soap dispenser. it was installed at hand washing point to ensure hand washing in practise on critical time.



Adolescent enjoying handwashing at school level

### **Menstrual Hygiene Day**

Menstrual Hygiene Day was observed at selected schools of the project villages with the objective to generate awareness amongst adolescent girls on menstrual hygiene management and its health consequences. The event was organized with technical support/subject input from Government Medical College, MO & Community Health Officer (CHO) of dispensary. During the day event comprised of a) Introduction of the Pushti Project & Menstrual Hygiene Day, b) Interaction with expert of Govt. Medical College on MHM c) Interaction with Lady doctor on Menstrual Health, challenges faced during menstruation, and positive & innovative solution d) film show on MHM e) Question & Answer session

On the same pattern, other important health days were also organised in the intervention schools with the adolescents like National Deworming Day, World Malaria Day, National Dengue Day, International Day for Girl Child, etc.

### **A pilot school-based WASH event**

WASH Pilot activity was organized as a pilot initiative at government high school, Ramgarh (Bauran Kalan). The event was organized to facilitate project school to develop their own plan of action on WASH and to create awareness on WASH, water conservation and personal hygiene among school adolescents & Teachers. The activity comprised of a) orientation of teachers and students on WASH, b) Cleaning of classroom/campus, garden, bathroom and drinking area c) developed system of safe garbage disposal e.g. making dustbin for each class, making garbage pit) quiz competition. The WASH event was highly accepted by the students and teachers of the school.

### **“My Clean School My Dream School” Event on Independence Day**

To celebrate the occasion of ‘Independence Day’ in the intervention schools, an event was planned on WASH name as “My Clean School, My Dream School” to bring out the creativity and knowledge of the adolescents and also to aware them on benefits of maintaining personal hygiene, keeping environment clean, drinking safe and clean water, etc. During the day apart from sensitizing them on WASH various interesting/engaging competition such as Drawing competition, Slogan writing and Song competition organized around the theme of “My clean school My Dream School”.

### **Sports competition in the intervention schools**

To raise the awareness amongst adolescents regarding benefits of Games, Physical activities and role of Nutrition in maintaining fitness and healthy mind, project supported Annual Sports competition of Arya Sr. Secondary School Nabha. Volley ball, Kabaddi and Kho Kho were sports competition organized.

## 5.5 Strengthen systems for improved Nutrition and WASH

### Linkages establishment with Patiala Medical College:

Capacity building of FLW was one of the important aspects under the project, which was focusing strengthen the health system functionaries. And in this direction, it was necessary that any local institution could be involved who had expertise of the subject matter. Therefore, under Pushti project effort had been made and strong linkages established in order to get their active involvement in different capacity building and awareness session at school, AWCs/ VHNSD etc.

### Training of frontline workers on IYCF (infant and young child feeding) and Family planning:

During baseline assessment, it was known that FLW have very less understanding on the subject such as IYCF and Family planning. Hence these functionaries are not able to provide basic services and counselling to the pregnant and lactating mothers.



FLWS learning about IYCF during training

Looking to the situation project organized periodic training programs on IYCF and family planning to build the capacity of ANM, ASHA and AWW on regular basis. And various experts of

Health/ICDS department as well as experts of Patiala Medical College participated and trained the FLWs of the project area. This capacity building event help in ensuring accessibility of health services for target beneficiaries. Total 311 frontline workers (ANM, AWW & ASHA) were trained on IYCF & family planning

### Renovation of Girls Washroom facility at Ramgarh Govt. Sec. School, Bauran Kalan

During implementation of the project, toilet facilities of girls was in very poor condition in Ramgarh Govt Sec School. It was also found that girl's enrolment was high and they were facing problem while using the toilet. Therefore, as per demand of the school, project supported in renovation of girls wash room facilities. School principal, management committee and BDPO office, Nabha were also actively involved in monitoring and facilitating the work. The toilet was constructed/renovated as joint effort of village panchayat, School management and Pushti project. Total 157 girls, and 11 female teachers got direct benefit of this WASH room. Now girls are happy with renovated wash room facilities and started using it.



Renovated Girls toilet

**Water Quality Test of project school drinking water source:**

Water sample quality testing of all project schools and AWCs done under the WASH activity with the support of Water & Sanitation department, Nabha.

The water quality most of the AWCs and schools were found to be within the permissible limit like turbidity, pH, TDS, alkalinity, hardness etc. and safe for drinking purposes except for some of the elements or compounds like Calcium, Magnesium or chloride, fluoride compounds in some villages. The major issues observed in the water quality was at the AWCs of Dulladi, Nabha Govt. School, Rohti Khas and Agoul AWCs where either Zinc or Manganese was found to be more than the acceptable limits. The SDE and the cluster engineer assured us to take steps to resolve the issues in the mentioned villages after ensuring the reasons for the presence of these elements in excess. Further, Pushti team has designed an awareness session plan for all the intervention villages and schools wherever there is an issue of water contamination on the basis of the water quality test results.

**Renovation of Primary Health Centre (PHC), Kakrala:**

PHC Kakrala was addressing 30000 population of project villages and nearby villages. Although the centre was running on full fledge, but due to old structure, it required couple of renovation work on a) roof b) floor, c) tiling, d) toilet, e) windows, f) doors, g) overall painting etc. SMO, Bhadson requested Pushti project to support in renovation work and shared a request letter for renovation of the old structure (in which OPD and IPD services were provided). Looking to the requirement of the PHC, project agreed to support in renovation work through active participation of department.

The renovation work of PHC Kakrala has been completed on March 15th, 2020 which covered a) Renovation of terrace with installation of new water tank, b) Complete renovation of public washroom. C) Wall and floor tiling of lobby, wards, rooms and entrance, d) Maintenance of all the electrical and Plumbing work in the building, e) Maintenance and painting of walls and doors of the building.

## 6. Project outreach:

- 2,802 pregnant women, lactating women and adolescent girls directly reached

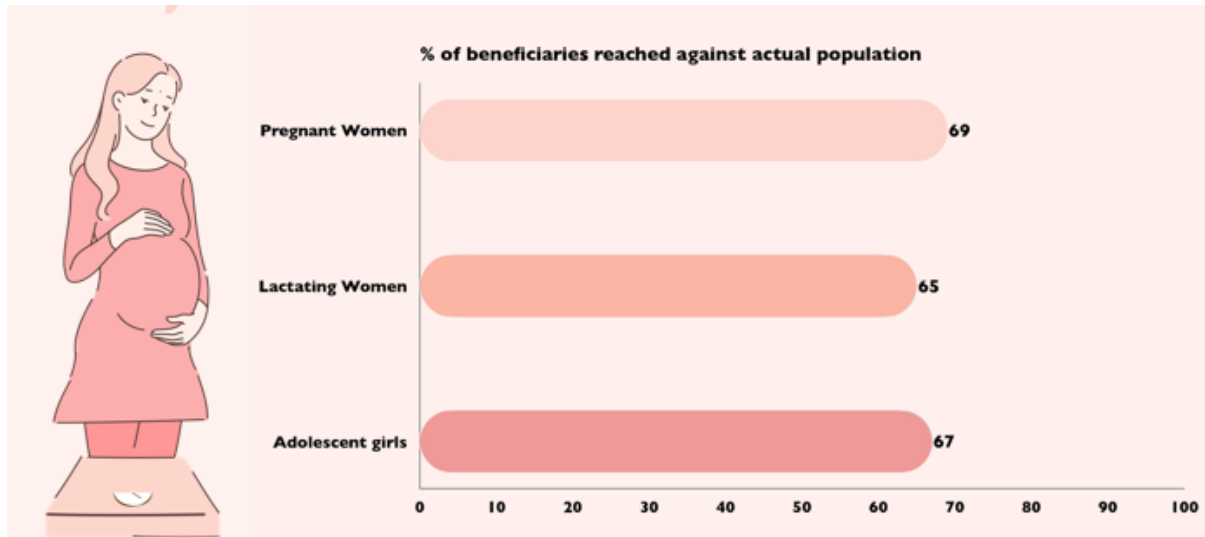


Figure 6: Beneficiaries reached

- 1,237 pregnant and lactating women directly reached



Women enjoying counselling session

- 1,565 adolescent girls directly reached



Adolescent participating in 'Breakfast Zaroori Hai Campaign'

## 7. Project Achievements as per M & E Framework:

Table: Project achievements as per M & E Framework

Key Monitoring Indicators	Outcome
No. of villages with identified village leaders	17/17 (100%)
No. of village leaders oriented on nutrition and WASH components under the project	26/34 (77%)
No. of meetings held with village level stakeholders	47
No. of village leader teams conducted monitoring of village health services	11/17 (65%)
No. of health camps/ events organized	78
No. of AWCs with gap assessment for VHSND done	35/35 (100%)
No. of capacity building sessions organized for the FLWs on IYCF	23
No. of capacity building sessions organized for the FLWs on FP methods and services	2
No. of mothers counselled on IYCF	350
No. of mothers counselled on FP methods and services	79
No. of women's group coordinated with	Not applicable
No. of group counselling sessions for mothers organized	129
No. of mothers with children aged up to 2 years counselled on nutrition and WASH related aspects	943
No. of adolescent groups coordinated with	Not applicable
No. of adolescents counselled	1565
No. of schools covered for school-based events on nutrition and WASH	17
No. of school-based events organized on nutrition and WASH	89
No. of teachers trained	30
No. of FLWs oriented on Nutrition and WASH	270

## 8. Project Innovation:

During the initial implementation of the BCC activities in the community, it was observed that the traditional method of communications to aware the community like lectures, discussions through charts, posters and presentations, were found to be not very interactive and effective in engaging and delivering the message among the beneficiaries. So, it was required to design and develop some other way of communication with the beneficiaries which should be interactive, engaging and delivering the message among the beneficiaries in an easy and effective way and at the same time it should be entertaining.

In the process, we have developed following games based on the traditional games in the local language like:



Adolescent learning through Snake & ladder

### Project Innovations for Pregnant & Lactating Women

- IFA Tracker: Provision of an in-house designed IFA tracker to pregnant women which helps them to track their IFA intake.
- Infotainment games for women about nutrition and WASH, this helped them to get correct information on nutrition & WASH.
- Card games for all the target beneficiaries on nutritional value of different foods.



IFA tracker design under project for tracking IFA consumption



Learning through game

### Project Innovations for Adolescent girls

Informative campaigns & games to inculcate habit of having nutritious food and maintaining good Water, Sanitation and Hygiene practices

- 6 'Breakfast Zaroori Hai' to stress upon the importance of having breakfast



Adolescents playing Spin the Wheel game to learn about MHM

- 7 'Pushti Planner' for recording daily nutrition by every adolescent girl
- 8 'Spin the Wheel' game to raise awareness on maintaining menstrual hygiene, breakfast & IFA.
- 9 PUSHTi Corner with health & nutrition key messages, suggestion box, etc. installed at 12 schools
- 10 Snakes & ladders game to share knowledge on Nutrition, ANC & PNC, exclusive
- 11 breastfeeding practices, complementary feeding, dietary diversification etc-This games give key information through play way method.

### Project Innovations at centres of Govt platforms

- Set-up PUSHTI-Bulletin Board in each Anganwadi displaying monthly activity plan and information material on nutrition



Pushti Bulletin Board installed at AWCs

- Established 'PUSHTi-Tool Box' at Anganwadi centers, a box containing training material & tools on nutrition for use by health workers



Pushti tool box provided to AWCs

## 9. Case Studies/Views of Beneficiaries:

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### Views of the front-line workers

#### i) Rajdeep Kaur, ASHA worker, Bauran Kalan Village

*Rajdeep* starts with an appreciation note and mentions “One of the key achievements of the Pushti team has been the increased attendance of women and girls in the sessions and events conducted for training and counselling them on good health and nutrition. Pushti team adopts innovative ways of engaging with them like board games and IEC material in their language.”

#### ii) Anita Rani, ASHA worker, Bauran Kalan Village

*Anita* adds “In addition, there is an increased sensitization within families on the dietary composition and eating timings of the women & girls in the family. Moreover, we are delighted that people recognize us now by virtue of an increased frequency of meeting them. We would like to thank the Pushti team and would like to request them to continue extending their support towards improving the health and nutrition of our communities.”

#### iii) Harshdeep ...a 13-year old girl

Harshdeep, an adolescent, giggles when she plays the ‘Spin the Wheel’ game designed by the Pushti team to share good menstrual hygiene practices. She feels empowered and looks wants to share this information with her friends. Although, she has not yet started with her menstrual cycle, she is happy to be prepared and to have a platform to discuss about this. Such sessions have reduced the inhibitions that the school girls had and have encouraged girls to be open to talk about this with friends & teachers.



#### iv) Kulwinder...a new mother

Kulwinder Kaur attended various sessions on infant and young child feeding, and pregnancy care and interacted frequently with the Pushti team. She comes from a marginalised group of population who had social inhibitions and was sceptical to attend the sessions at the common area in Baraun Kalan village. She remembers how Pushti team reached out to her along with the village front line workers while she was pregnant and persuaded and encouraged her to attend health care sessions at the common area.



### v) Raj ...a 50-year old lady

Raj Kaur, an elderly woman, was fed up of her growing visibility problem but her family was just reassuring her that this is a general age-related issue that happens to everyone.

However, she wanted to continue doing her own work so she attended the health check-up organised by the Pushti team in her village (Duladi village) and got her eyes checked. She was diagnosed with cataract and was advised to undertake treatment as soon as possible. She was also diagnosed with a very low haemoglobin and was given iron tablets.



### Case studies:

#### 1. Komal

Komal belongs to a marginalised family and was hesitant to attend Government-led sessions by Anganwadi and ASHA workers due to the age-old caste system. By Pushti team's continuous efforts, women from these families started attending sessions and getting regular check-ups done during pregnancy.

Komal has a 4-month old infant who is her third child. In the video, she shares her experience with the project and her learning about

- Regular health check-up & dietary needs during pregnancy
- Exclusive breastfeeding till the infant is 6-month old
- Good infant and young child feeding practices
- Nutrition and hygiene habits for a lactating mother



#### 2. Empowered Nutrition Champion: Taking Nutrition & WASH agenda forward in Baurankalan village

Baurankalan is a village situated at a distance of 4 km from Nabha town in Patiala district of Punjab. Due to its proximity to the GSK-CH manufacturing plant, the village was selected as one of 17 where the PUSHTi project is being implemented. The village has 400 households, one Anganwadi Center (AWC) and one Public Dispensary. A baseline revealed that these institutions were poorly functional and awareness on health, nutrition and WASH among community was poor.

The PUSHTi project was initiated in January 2018 with the objective to bring improvement in the quality of life of the community by improving the nutrition and health status of women and children in the 1000 days window and among adolescents.

One of the core pillars of the project is to empower local community members to take ownership of their own health and nutrition and of monitoring the local health services in their area. To take this forward, the project decided to identify and designate an active volunteer from village as a "Nutrition



Champion". Consultative meetings were organized with the local Gurdwara Committee and PRI members. Through unanimous decision, Mr. Kulwinder Singh, an outgoing and interested resident of the Baurankalan village was selected as a "Nutrition Champion".

Mr. Singh is a farmer and also owns Cows and sells milk to dairies.

Along with volunteers like him from other villages in the project area, in the month of March 2019, Mr. Singh was trained on various aspects of Health, Nutrition and WASH like, balanced diet during pregnancy and post pregnancy, importance of ANC check-ups, exclusive breastfeeding, complementary feeding, food rich in proteins and Iron and importance of good WASH practices. Following the training, the project team and the Nutrition Champions together worked out how best they can help their community and drew up a TOR.

Initially, Mr. Singh started accompanying the project team to the local health facilities and functionaries (AWC, AWW, Dispensary and ANM) to take stock of their work. As he gained confidence, he started conducting meetings of women and conducting home visits to counsel pregnant women, lactating mothers and adolescents about their health, nutrition and WASH requirement. As he was local and had good rapport in the village, the Anganwadi worker, Dispensary staff & ANM started responding to his suggestions for opening the health facilities on time and undertaking home visit.

Community women too started taking his message seriously. During the gatherings of men, Mr. Singh shared his experiences and good messages, thereby helping in wider diffusion of messages.

As a result of the community awareness and demands that were generated by the Nutrition Champion's efforts, now the Anganwadi of the area opens on time and functions well. The Dispensary and ANM provide the entitled services to women, children and adolescents. Personal hygiene and handwashing practices have also improved among target beneficiaries.

# 10. In Print Media:

**ਅਗੇਤੀ ਵਿਖੇ ਆਂਗਣਵਾੜੀ ਸੈਂਟਰ ਦਾ ਉਦਘਾਟਨ**

ਨਾਭਾ, 21 ਦਸੰਬਰ (ਸਤੀਸ਼)-ਜੀ. ਐੱਸ. ਕੇ. ਜੀ. ਐੱਸ. ਆਈ. ਆਈ. ਵਾਧੂ ਸ਼ਿਕਸ਼ਕ ਸ਼ਾਮਲ ਹੋ ਕੇ ਸੈਂਟਰ ਦਾ ਉਦਘਾਟਨ ਕੀਤਾ ਗਿਆ। ਸੈਂਟਰ ਦੀ ਸ਼ੁਰੂਆਤ ਨਾਭਾ ਵਿਖੇ ਆਂਗਣਵਾੜੀ ਸੈਂਟਰ ਦਾ ਉਦਘਾਟਨ ਕੀਤਾ ਗਿਆ। ਸੈਂਟਰ ਦੀ ਸ਼ੁਰੂਆਤ ਨਾਭਾ ਵਿਖੇ ਆਂਗਣਵਾੜੀ ਸੈਂਟਰ ਦਾ ਉਦਘਾਟਨ ਕੀਤਾ ਗਿਆ। ਸੈਂਟਰ ਦੀ ਸ਼ੁਰੂਆਤ ਨਾਭਾ ਵਿਖੇ ਆਂਗਣਵਾੜੀ ਸੈਂਟਰ ਦਾ ਉਦਘਾਟਨ ਕੀਤਾ ਗਿਆ।

**ਜਗ ਬਾਣੀ** Sun, 22 December 2019  
<https://jagbani.epapr.in/c/4719051>

**ਮਾਂ ਦੇ ਦੂਧ ਦੀ ਮਹੱਤਾ ਬਾਰੇ ਬਤਾਇਆ**

ਨਾਮਾ (ਬਾਂਸਾ): ਬਾਜੀਗਰ ਬਸਟੀ ਅਲੀਹਰਾ ਗੇਟ ਮੈਂ ਸੀ.ਡੀ.ਪੀ.ਐੱ. ਨਾਮਾ ਰਾਜੀ ਦੇ ਨੇਤ੍ਰਵ ਮੇਂ ਸਰਕਲ ਸੁਪਰਵਾਇਜਰ ਪਲਵਿਦਰ ਕੌਰ ਵ ਜੇ.ਐਮ.ਐਮ.ਆ. ਜੀ.ਏ.ਐਸ. ਕੇ ਸਹਯੋਗ ਸੇਂ ਆਜ ਮਾਂ ਕੇ ਦੂਧ ਕੀ ਮਹੱਤਾ ਸੰਬੰਧੀ ਕਾਕ ਸਟਰੀਯ ਫਿ ਮਨਾਯਾ ਗਯਾ, ਜਿਸਮੇਂ ਗਰਭਿਣੀ ਮਹਿਲਾਓਂ ਕੀ ਗੋਦ ਮਰਾਈ ਕੀ ਗਈ ਵ ਰਾਜਿ ਅਸਪਤਾਲ ਪਟਿਯਾਲਾ ਕੀ ਔਰ ਸੇ ਵਿਸ਼ੇਸ਼ ਤੌਰ ਪਰ ਪਹੁੰਚੇ ਡਾਕਟਰੋਂ ਕੀ ਟੀਸ ਮ ਅਮਰਜੀਤ ਸਿੰਘ ਵ ਡਾ. ਦਲਜੀਤ ਸਿੰਘ ਨੇ ਗਰਭਿਣੀ ਔਸਤਾਂ ਕੋ ਯਾਨਕਾਰੀ ਵ ਡਾ. ਅਨੂਪ ਸਿੰਘ, ਸਵਿਦਰ ਕੌਰ ਵ ਅੰਤੁ ਜ਼ਮਾਂ ਨੇ ਭੀ ਅਪਨੇ ਵਿਚਾਰ ਪੇਸ਼ ਕੀਏ। ਇਸ ਮੌਕੇ ਜੇ.ਏ.ਐਸ.ਆਈ. ਵ ਜੀ.ਏ.ਐਸ.ਕੇ. ਔਰ ਸੁਨੀਲ ਸ਼ਰਮਾ, ਜਤਿੰਦਰਪਾਲ ਸਿੰਘ, ਅਨੂਪ ਸਿੰਘ, ਸਵਿਦਰ ਕੌਰ ਵ ਅੰਤੁ ਜ਼ਮਾਂ ਨੇ ਭੀ ਅਪਨੇ ਵਿਚਾਰ ਪੇਸ਼ ਕੀਏ। ਇਸ ਮੌਕੇ ਜੇ.ਏ.ਐਸ.ਆਈ. ਵ ਜੀ.ਏ.ਐਸ.ਕੇ. ਔਰ ਸੁਨੀਲ ਸ਼ਰਮਾ, ਜਤਿੰਦਰਪਾਲ ਸਿੰਘ, ਅਨੂਪ ਸਿੰਘ, ਸਵਿਦਰ ਕੌਰ ਵ ਅੰਤੁ ਜ਼ਮਾਂ ਨੇ ਭੀ ਅਪਨੇ ਵਿਚਾਰ ਪੇਸ਼ ਕੀਏ।

**ਜਗ ਬਾਣੀ** Sun, 11 August 2019  
<https://jagbani.epapr.in/c/423795>

## ਗੁਰਦੁਆਰਾ ਪਾਤਸ਼ਾਹੀ 9ਵੀਂ ਰੋਹਟਾ ਸਾਹਿਬ ਮੈਂ ਮੈਡਿਕਲ ਕੈਂਪ ਕਲ

ਮਾਸਟਰ ਸੰਗਾਦਫਾਤ | ਨਾਮਾ

ਗੁਰਦੁਆਰਾ ਪਾਤਸ਼ਾਹੀ 9ਵੀਂ ਰੋਹਟਾ ਸਾਹਿਬ ਕੋ ਮੈਨੇਜਰ ਅਮਰੀਕ ਸਿੰਘ ਨੇ ਯਾਨਕਾਰੀ ਦੇਤੇ ਬਤਾਯਾ ਕਿ ਵੀਰਵਾਰ ਕੋ ਗੁਰਦੁਆਰਾ ਸਾਹਿਬ ਮੈਂ ਜੀਏਸਕੇ ਫੈਕਟਰੀ ਕੇ ਪ੍ਰਯਾਸੋਂ ਸੇ ਪੁਸ਼ਟਿ ਮਿਸ਼ਨ ਤਹੱਤ ਫ਼ੀ ਮੈਡਿਕਲ ਚੈਕਅਪ ਕੈਂਪ ਲਗਾਯਾ ਜਾ ਰਹੱ ਹੈ। ਸੁਬਹ 9 ਵਜੇ ਸੇ ਦੋਪਹਰ 1 ਵਜੇ ਤਕ ਮਾਹਿਰ ਡਾਕਟਰੋਂ ਕੋ ਸੇ ਰੰਗੇ।

**ਗਲੋਬਲ ਸੋਸ਼ਲ ਮਿਕਸ਼ਨ ਕੰਜਿਮਰ ਰੋਲਬਕੇਅਰ ਲਿਮ. ਨਾਭਾ ਵੱਲੋਂ ਪਲਾਸਟਿਕ ਦੀ ਰੋਕ ਸਬੰਧੀ ਕਰਵਾਇਆ ਗਿਆ ਸੈਮੀਨਾਰ**

ਨਾਭਾ, 20 ਅਕਤੂਬਰ (ਅਮਰਦੀਪ ਅਰੁਜਾ) ਗਲੋਬਲ ਸੋਸ਼ਲ ਮਿਕਸ਼ਨ ਕੰਜਿਮਰ ਰੋਲਬਕੇਅਰ ਲਿਮ. ਨਾਭਾ ਵੱਲੋਂ ਪਲਾਸਟਿਕ ਦੀ ਰੋਕ ਸਬੰਧੀ ਵਿਦਿਆਰਥੀ ਸੰਸਥਾਵਾਂ ਸਹਾਯੋਗਿ ਮਿਡਲ ਸਕੂਲ ਆਤੇ ਸਕੂਲੀ ਸਕੈਡਰੀ ਸਕੂਲ ਲੜਕੀਆਂ ਵਿਖੇ ਸੈਮੀਨਾਰ ਕਰਵਾਇਆ ਗਿਆ। ਇਸ ਸੈਮੀਨਾਰ ਦੇ ਮੁਖ ਮਹਿਮਾਨ ਨਾਭਾ ਐਸ.ਡੀ.ਐਮ. ਸੁਖਾ ਸਿੰਘ ਨੇ ਵਿਸ਼ੇਸ਼ ਤੌਰ ਤੇ ਸਿਰਕਰ ਕੀਤੀ। ਉਨ੍ਹਾਂ ਨੇ ਵਿਦਿਆਰਥੀਆਂ ਨੂੰ ਸੰਬੋਧਨ ਕਰਦੇ ਹੋਏ ਕਿਹਾ ਕਿ ਉਹ ਆਪਣੀ ਰੋਜ ਮਰਾ ਦੀ ਜਿੰਦਗੀ ਵਿੱਚ ਪਲਾਸਟਿਕ ਦੀ ਵਰਤੋਂ ਨੂੰ ਰੋਕਣਾ ਚਾਹੀਦਾ ਹੈ ਅਤੇ ਪਲਾਸਟਿਕ ਦੀ ਵਰਤੋਂ ਕਰਨ ਨਾਲ ਸਾਡੇ ਸਰੀਰ ਨੂੰ ਕਈ ਪ੍ਰਕਾਰ ਦੇ ਭਿੰਨਕੇ ਸ਼ਿਮਾਰੀਆਂ ਲਗਾਈਆਂ ਹਨ ਅਤੇ ਵਾਤਾਵਰਨ ਵੀ ਗੰਦਲਾ ਹੁੰਦਾ ਹੈ। ਉਥੇ ਹੀ ਸੁਖਾ ਸਿੰਘ ਨੇ ਜੀ.ਐਸ.ਕੇ ਵੱਲੋਂ ਪਲਾਸਟਿਕ ਦੀ ਵਰਤੋਂ ਰੋਕਣ ਪ੍ਰੀਤ ਨਾਗਰਕਤਾ ਪੈਂਦਾ ਕਰਨ ਅਤੇ ਇਸ ਪਹਿਲ ਕਰਨੀ ਤੇ ਸਥਾਨਕ ਪੱਧਰ ਤੇ ਕੀਤੇ ਜਾ ਰਹੇ ਕਾਰਜਾਂ ਦੀ ਸ਼ਲਾਘਾ ਕੀਤੀ। ਇਸ ਮੌਕੇ ਜੀ.ਐਸ.ਕੇ. ਅਤੇ ਐਸ.ਡੀ.ਐਮ. ਸੁਖਾ ਸਿੰਘ ਅਤੇ ਸਾਈਟ ਡਾਇਰੈਕਟਰ ਸਰਬਤ ਰਾਓ ਨੇ ਹਜ਼ਾਰ ਦੇ ਕਰੀਬ ਸ਼ੁਠ ਬੰਡੇ। ਇਸ ਮੌਕੇ ਕਮਾਚਰੀਆਂ ਲਈ ਕਰਵਾਏ ਗਏ ਡਰਾਇੰਗ ਐਂਡ ਡਰਿੰਗ ਪ੍ਰਕਾਸ਼ਨ ਦੇ ਜੋਡੂਆਂ ਨੂੰ ਵੱਖ ਵੱਖ ਅਵਾਰਡ ਦੇਣ ਤੋਂ ਬਾਅਦ ਪਲਾਸਟਿਕ ਵੋਸਟ ਇਕੱਠਾ ਕਰਨ ਦੀ ਮੁਹਿਮ ਦਾ ਆਗਾਨ ਕੀਤਾ ਗਿਆ। ਜਿਸ ਵਿੱਚ ਜੀ.ਐਸ.ਕੇ ਕਰਮਚਾਰੀ ਐਨ.ਜੀ.ਓ.ਓ. ਡਾਈਵਾਲ ਜੇ.ਐੱਸ.ਆਈ. ਅਤੇ ਸਾਰਪ ਦੇ ਨਾਲ ਨਾਭਾ ਦੀਆਂ ਗਲੀਆਂ ਵਿੱਚ ਗਏ ਅਤੇ ਪਲਾਸਟਿਕ ਇਕੱਠਾ ਕੀਤਾ ਗਿਆ ਪਲਾਸਟਿਕ ਦੀਆਂ ਚੀਜ਼ਾਂ ਨੂੰ ਰੋਸਾਇਲਕ ਵਾਸਤੇ ਭੇਜਿਆ ਗਿਆ।

**ਜਗ ਬਾਣੀ** Sun, 11 August 2019  
<https://jagbani.epapr.in/c/423795>


News coverage related to Pushti

# 11. In the Social Media:

ANSH & PUSHTI Projects Retweeted

**SHARP NGO** @sharpngo · Sep 3, 2019

#SHARPNGO earmarked the #NationalNutritionMonth at #AlohranKalan #AWC under #ProjectPushti. An expert from Government Medical College hosted an interactive session on the importance of adequate nutrition, followed by a quiz.  
#NationalNutritionWeek2019 #NutritionWeek




ANSH & PUSHTI Projects and 9 others

3 retweets 17 likes

**ANSH & PUSHTI Projects** @AnshPushti · Oct 21, 2019

Children love the new look of #Anganwadi #Ageti which undergoes dramatic #facelift with support of project #Pushti



SHARP NGO and 9 others

1 comment 2 retweets 4 likes

Screen shot of Social media platform used for Pushti visibility

Screen shot of Model AWC, Ageti renovated under project, displayed at Social media platform

## 12. Project learnings & Challenges:

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### Learnings:

- Village leaders, including men, are very proactive to assist promoting health and nutrition of women and children.
- Infotainment games are more effective in keeping the attention of community, rather than traditional tools.
- Continuous training, capacity building and equipment support helped AWCs conduct VHSNDs regularly.
- Direct interaction & motivation helped the team convince more women from lower socio-economic background (largely migrant workers) to participate in VHSND.
- Community responsive action built within the project helps gain the trust and confidence of community.
- The Community Medicine Dept. of the Patiala medical college was extremely supportive offering expert advice, trainers and doctors for health check-ups.

### Challenges:

- Though community responsive action facilitates good rapport with community, at times community demands cannot be met and such situations need to be handled carefully by project teams.
- Certain Anganwadi centres have very poor infrastructure, making it impossible to carry out any activities there.
- District administration repeatedly requested the project to increase the project area but due to funding and other constraints we were unable to do so.

## 13. Way forward & Sustainability

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- Project's impacts on the community establish the need and opportunity to expand the initiatives to all 171 villages of Nabha block based on success stories from the 17 villages
- With repeated counselling sessions, pregnant and lactating women of the area became thorough with key messages. They will transfer the learnings to their peers.
- A conducive environment motivates people to work. The renovation works fully functionalized two AWC where children love to come and the Anganwadi worker likes to spend time.
- Involvement of community in the project led to building-up community ownership which will ensure sustainability of efforts