

POSHAN ABHIYAAN

Innovation Pilot Project – 2020

Mandal Taluka, Ahmedabad District

















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Statistics & Schemes

A Brief: Malnutrition in India & Gujarat – Statistics & Schemes

In India 20% of children under 5 years of age suffer from wasting due to acute under nutrition. More than 1/3rd of the world's children who are wasted live in India. India accounts for more than 3 out of every 10 stunted children in the world. The proportion of undernourished people i.e. individuals unable to obtain enough food regularly to conduct an active and healthy life, decreased in developing regions from 23.3 % in 1990-1992 to 12.9 % in 2014-2016. The prevalence of stunting among children under the age of 5 fell from 40 % in 1990 to 25 % globally in 2013.

India continues to remain home to one quarter of the world's undernourished population, over a third of the world's underweight children. Hunger leads to sluggish growth and requires complementary interventions in several other areas including

access to balanced food

and medical facilities by

the poor, better child

nutrition and immunization, adequate sanitation and hygiene, faster-changing and cultural practices to promote nurturing for environments the physiological and mental development of children adolescent girls. The Government has initiated a number of programmes intended of for elimination poverty (and reducing

the incidence of hunger). However, multipoverty is dimensional and its illeffects are also multifaceted (visible in terms of incidence of hunger and its implications for health status of the population, especially the women and children who are comparatively more vulnerable). In order to improve the nutritional and health status in children the age group 0-6 years, efforts are required to reduce incidence mortality, morbidity and malnutrition of children, and enhance the access nutritional supplements to pregnant women and lactating mothers.

	Infants exclusively breastfed	Infants lacking immunization		Mortality rates ma		Child malnutrition			
		(% of one-year-olds)		of one-year-olds) (per 1,000 live births)		(% under age 5)	Life expectancy at age 60	Physicians	Public health expenditure
Country	(% ages 0-5 months)	PT-O	Measles	Infant	Under- five	Stunting (moderate or severe)	(years)	(per 10,000 people)	(% of GDP)
	2008-2013a	2013	2013	2013	2013	2008-2013a	2010/2015 ^b	2001-2013ª	2013
India	46.4°	12	26	41.4	52.7	47.9°	17.0	7.0	4.0
Bangladesh	64.1	1	7	33.2	41.1	41.4	18.4	3.6	3.7
Bhutan	48.7	3	6	29.7	36.2	33.6	19.5	2.6	3.6
Cambodia	73.5	5	10	32.5	37-9	40.9	23.8	2.3	7.5
South Africa	8.3°	31	34	32.8	43.9	23.9	16.0	7.8	8.9
Viet Nam	17.0	17	2	19.0	23.8	23.3	22.4	11.6	6.0

prevalence underweight children was The incidence found to be higher in birth-weight rural areas (38%) than varied across (29%).urban areas According WHO, infants weighing than 2.5 Kg are 20 times more likely to die than heavier babies.2 In India, the national average weight at birth is less than 2.5 Kg for (58%),

of 19% of the children. of low babies different states, with Madhya Pradesh, Rajasthan and less Uttar Pradesh witnessing the highest number of underweight at 23%. Further, more than half of India's children are indicating

inadequate amount of hemoglobin in the blood. This is caused by a nutritional deficiency of iron and other essential minerals, and vitamins in the body. Among adults, 23% of women and 20% childbirths of men are considered undernourished in India. On the other hand, 21% anaemic of women and 19% of an men are overweight or their height.

obese. The simultaneous occurrence of over nutrition and under-nutrition indicates that adults in India are suffering from a dual burden of malnutrition (abnormal thinness and obesity). This implies that about 56% women and 61% of men are at normal weight for

Various government initiatives have been launched over the years which seek to improve the nutrition status in the country. These include the Integrated Child Development Services (ICDS), the National Health Mission, the Janani Suraksha Yojana, the Matritva Sahyog Yojana, the Mid-Day Meal Scheme, and the National Food Security Mission, among others. However, concerns regarding malnutrition have persisted despite improvements over the years. It is in this context that the POSHAN ABHIYAAN has been released.

Though Gujarat has witnessed a significant decline in poverty and ranks third in economic growth, development has been inequitable. Tribal, coastal, desert and hilly areas still have high poverty levels above the State's average. While universal primary education, gender equity in primary education and access to safe drinking water have increased, the neonatal mortality and maternal rates have been slow to improve. The high prevalence of malnutrition, poor coverage of full immunization, the declining sex ratio and child marriage continue to pose a challenge to improving human development outcomes for every child in Gujarat.

Gujarat has significantly reduced the underfive mortality rate, but the neonatal mortality rate is still high, contributing to 63 per cent under-five deaths. More girls than boys die.

In Gujarat, 12 lakhs of children are born each year and many mothers die during this process of pregnancy and child birth. Malnutrition and lack of proper required healthcare for mothers children are major determinants of maternal and child health. Poor development status of newborn, lack of adequate & timely care and poor nutrition lead to deaths of thousands of children before they even reach the age of one. These are serious maternal and child health problems and require urgent attention. Relatively speaking, the malnutrition status of Gujarat has been below par in comparison to other states. As per the Comprehensive Nutrition Survey in Gujarat (CNSG, 2014):

➤In 2014, prevalence of underweight (too thin for age) in Gujarat is estimated to be at 10.4% whereas wasting (too thin for height) is estimated to be at 11.4%. Stunting (too short for age) is estimated to be at 37.2%. The nutritional status of children is directly related to mothers' nutritional status. The survey reveals that children born to short and thin mothers were more undernourished. The nutritional status was worse among children whose mother were in teens at the time of childbirth than those whose mothers were above 20 years.

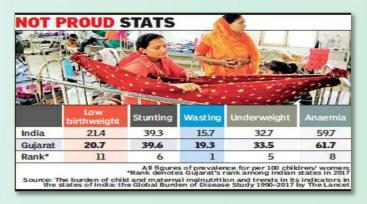
The prevalence of stunting, wasting and underweight was higher for boys than girls indicating a better nutritional status of girls than boys.

Around half of the children aged 6-8 months were not fed complementary foods along with breast milk, depriving them of energy and other nutrients essential for their growth and development.

Around 12% infant and young children fed with minimum dietary diversity. Junk food and low nutritional value foods were commonly given to the children 6 to 35 months.

>39% of children were not receiving any service from ICDS and AWC. Only 40% of children aged between 36-59 months were going to the AWC. 40% of children aged 6-59 months were receiving take home ration.

Access to special newborn care units is improving but the quality of maternal and neonatal care is of major concern. Full immunization coverage remains low in remote communities, especially tribal, coastal and salt pan areas, as well as in urban slums and among migrant children. Though the level of stunting in children under five has reduced in Gujarat, about 39 per cent of children are still chronically undernourished or stunted. Wasting or acute malnutrition increased between 2006 and 2016, posing a risk to child survival. Only 50 per cent of children are breastfed within the first hour of birth.



1.1.2. Key statistics - Malnutrition

Table 2: Key malnutrition statistics of India and Gujarat4

Indicator	Gujarat	India
Child Feeding Practices and Nutritional Status of Children ⁵		
Children under 3 years breastfed within one hour of birth (%)	27.1	23.4
Children age 0-5 months exclusively breastfed (%)	47.8	46.3
Children age 6-9 months receiving solid or semi-solid food and breastmilk (%)	57.1	55.8
Children under 3 years who are stunted ⁶ (%)	49.2	44-9
Children under 3 years who are wasted ⁷ (%)	19.7	22.9
Children under 3 years who are underweight ⁸ (%)	41.1	40.4
Nutritional Status of Ever-Married Adults (age 15-49)		
Women whose Body Mass Index is below normal (%)	32.3	33.0
Women who are overweight or obese (%)	20.3	14.8

Table 3: Key malnutrition statistics of Gujarat as per CNSG factsheet

A 665	
Indicator	Gujarat
Child Feeding Practices	
Children 0-23 months who started breastfeeding within one hour of birth (%)	81.2
Children less than 6 months who were exclusively breastfed ⁹ (%)	92.6
Nutritional status of children 0-59 months, Gujarat	
Children who are stunted (%) ¹⁰	37.2
Children who are wasted (%)"	11.3
Children are underweight (%)12	10.6

Malnutrition is a major cause for the clamor on child deaths across the state. The Food & Nutrition Security Analysis for 2019 had put Gujarat along with Jharkhand, Bihar, Uttar Pradesh & Madhya Pradesh for the highest stunting and underweight categories. The state govt. itself stated that 1.42 lakh children in Gujarat were underweight and out of the total, 24101 were severely underweight.

Among the other vital indicators such as Maternal Mortality Rate (MMR), Neo-Natal Mortality rate (NNR) and Under-5 Mortality Rate (U5MR), Gujarat ranked 6, 13 and 10 respectively during 2008-10, and ranked 12 and 6 for birth rate and death rate respectively (SRS Bulletin, 2011, Government of India, 2011 and (Vital Statistics-Indiastat, 2010). This relatively below par performance of Gujarat (compared to other states) do raise concerns and issues regarding the functioning and efficacy of the healthcare system.

Table 6: District wise status of AWCs:

S.No. District No. of AWC No. of AWC AWC Providin								
a. so.	District	Sanction	Operational	Reporting	21+ Days			
1	Ahmedabad	3,558	3,546	3,537	3,537			
2	Amreli	1,629	1,621	1,615	1,615			
3	Banaskantha	3,365	3,360	3,360	3,360			
4	Vadodara	1,843	1,777	1,645	1,645			
5	Bharuch	1,374	1,374	1,374	1,374			
6	Narmada	952	950	951	951			
7	Bhavanagar	1,897	1,876	1,876	1,876			
8	Dang	441	440	440	440			
9	Jamnagar	1,191	1,190	1,189	1,189			
10	Junaghadh	1,428	1,428	1,428	1,428			
11	Porbandar	490	489	489	489			
12	Kachh	2,100	2,100	2,100	2,096			
13	Mahesana	1,929	1,910	1,910	1,910			
14	Patan	1,427	1,426	1,426	1,426			
15	Panchamahals	2,000	1,929	1,929	1,929			
16	Dahod	3,056	3,056	3,056	2,960			
17	Rajkot	1,715	1,680	1,677	1,677			
18	Sabarkantha	1,911	1,910	1,910	1,910			
19	Surat	2,825	2,715	2,714	2,714			
20	Surendranagar	1,375	1,375	1,372	1,372			
21	Gandhinagar	1,068	1,068	1,068	1,068			
22	Kheda	1,979	1,979	1,964	1,964			
23	Anand	2,008	1,979	1,979	1,979			
24	Valsad	1,899	1,860	1,860	1,860			
25	Navsari	1,329	1,329	1,329	1,329			
26	Тарі	1,049	1,049	1,049	1,049			
27	Botad	571	566	566	566			
28	Morbi	763	755	755	755			
29	Mahisagar	1,316	1,298	1,298	1,298			
30	Girsomanath	1,168	1,168	1,168	1,168			
31	Devbhumi Dwarka	711	691	691	691			
32	Chhota Udepur	1,182	1,182	1,058	1,058			
33	Aravali	1,480	1,437	1,437	1,437			
State Total		53,029	52,513	52,220	52,120			

Table 7: District wise nutrition status of children

S. No.		Nt	Nutrition Status (no.)				Nutrition Status (%)			
	Districts	Normal	Mod Underw t.	Sev. Under wt.	Total Underw t.	% of Norma l	% of Mod. Under wt.	% of Sev. Underw t.	% of total Underv	
1	Ahmedabad	262.835	13,077	2,108	15,185	94-54	Wt.	0.76	E. 5.4	
2	Amreli	94,326	2,729	560	3,289	96.63	2.80	0.57	3.3	
3	Banaskantha	272,259	8,480	984	9,464	96.64	3.01	0.35	3.3	
4	Vadodara	113,977	10.404	1,121	11,525	90.82	8.29	0.89	9.:	
5	Bharuch	102,307	3,664	488	4,152	96.10	3.44	0.46	3.9	
6	Narmada	44,806	4,978	436	5,414	89.22	9.91	0.87	10.7	
7	Bhavanagar	146,721	11.013	1,969	12,082	91.87	6.90	1.23	8.	
8	Dang	19,940	5,199	460	5,659	77.89	20.31	1.80	22.	
9	Jamnagar	72,954	5,066	954	6,020	92.38	6.41	1,21	7.0	
10	Junaghadh	92,117	2,120	446	2,566	97.29	2.24	0.47	2.	
11	Porbandar	32,405	670	199	869	97-39	2.01	0.60	2.	
12	Kachh	181,992	423	149	572	99.69	0.23	0.08	0.	
13	Mahesana	125,458	1.681	182	1.863	98.54	1,32	0.14	1.4	
14	Patan	83,518	8,377	864	9,241	90.04	9.03	0.93	9.9	
15	Panchamahal	132,321	9,910	1,369	11,279	92.15	6.90	0.95	7.1	
16	Dahod	244,917	11,316	1,162	12,478	95.15	4.40	0.45	4.4	
17	Rajkot	126,564	2,674	553	3,227	97.51	2.06	0.43	2.,	
18	Sabarkantha	106,446	5,715	488	6,203	94.49	5.07	0.43	5.	
19	Surat	160,454	19,286	2,346	21,632	88.12	10.59	1.29	11.8	
20	Surendranaga r	104,525	6,515	1,312	7,827	93.03	5.80	1.17	6.9	
21	Gandhinagar	75,826	4,767	685	5,452	93.29	5.87	0.84	6.	
22	Kheda	150,739	8,869	939	9,808	93.89	5.52	0.58	6.	
23	Anand	149,992	2,459	388	2,847	98.14	1.61	0.25	1.8	
24	Valsad	109,124	4,844	669	5,513	93.49	4.15	0.57	4.	
25	Navsari	66,599	1,335	288	1,623	97.62	1.96	0.42	2.0	
26	Tapi	44,078	4,932	799	5,731	88.49	9.90	1.60	11.	
27	Botad	52,362	762	140	902	98.31	1.43	0.26	1.4	
28	Morbi	52,775	1,956	314	2,270	95.88	3-55	0.57	4.	
29	Mahisagar	86,185	5,204	497	5,701	93.80	5.66	0.54	6.2	
30	Girsomanath	98,026	1,780	377	2,157	97.85	1.78	0.38	2.	
31	Devbhumi Dwarka	59,370	2,600	464	3,064	95.09	4.16	0.74	4.4	
32	Chhota Udepur	78,058	9,259	842	10,101	88,54	10,50	0.96	11.4	
33	Aravali	78,391	3,865	337	4,202	94.91	4.68	0.41	5.0	
State	Total	36,22,367	1,85,929	24,889	2,10,818	94.45	4.85	0.65	5.8	

Gujarat state has already implemented various schemes like Chiranjeevi Yojana, Bal Bhog Yojana, Vitamin Yukta Poshan Ahar Yojana (nutritious food with vitamins), Kanya Kelavani Yatra for saving the precious lives of mothers and children, fighting against malnutrition, take care of primary education and particularly education of girl child. However, there is a need to consolidate efforts and redouble energies to address the problems of maternal and child Mortality.

Gujarat State Nutrition Mission

In order to improve the current status of nutrition, it was felt that the preventive and curative strategy needs to be very clearly evolved keeping in view the various stages of desirable interventions namely adolescence, 9 months of pregnancy to first 2 years of age (critical 1,000 days) and for children up to 6 years. The Gujarat State Nutrition Mission is expected to work for convergence of various key departments like Department of Women and Child Development (DWCD), Health, Education, Rural Development, Tribal Development, Urban Development, Water Supply Department etc. with a focused and accelerated approach to address the issue of child and maternal malnutrition, with a strategy of focusing on both preventive and curative aspects.



Wajra O' Force Empowerment Foundation's aim for Innovation Pilot Project, at Mandal Taluka, Ahmedabad District under Poshan Abhiyaan, mentioned as under:

Aim of Innovative Project Concept:

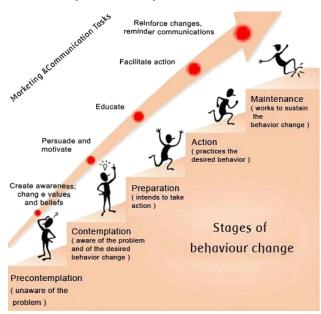
a) Innovative approach to Behavioral Change
Communication

Innovative approach to Behavioral Change Communication

We at, Wajra O' Force Empowerment Foundation designed the concept of Poshan Abhiyaan focusing upon the Behavioral Change Communication. The Behavioral change Communication is generally based on the 5 steps:

1) Precontemplation, 2) Contemplation, 3) Preparation, 4) Action, 5) Maintenance.

Social Behavioral and Change Communication is the most reliable concept to influence the Target Audiences. It is a systematic and well-planned process that people to adopt and nutritional and healthy promoting behaviors and lifestyles. We designed the project in such a way that it will serve to contribute towards the achievement of SDG 2 & SDG 3 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture I Ensure healthy lives promote well-being for all at all ages).



Project objectives

To build the capacity for improving health outcomes and rejuvenating nutritious lifestyle through targeted communication strategies aimed at positive behavior change among key targeted populations.

Project content

- >Understanding dynamics of health, nutrition and human behavior, particularly at Mandal Taluka.
- ➤ Understanding audiences for SBCC through needs assessment, at Mandal Taluka.
- Strategic design and planning of innovation pilot project based on SBCC concept.
- Developing and pretesting messages and communication materials.
- ➤ Building capacities for synergized nutrition knowledge delivery.
- >Working together, measuring joint results, improving quality of synergized nutrition knowledge delivery.
- ▶ Implementing and monitoring the innovation pilot project.
- >Evaluating the impact of innovation pilot project based on SBCC concept.

Target group

Girls and Women ageing between 11 Years to 49 Years.

Training methodology

The training delivery method includes interactive learning sessions, Magic shows, games, quizzes, activities and assessments.













Wajra O' Force Empowerment Foundation initiated 5 Innovative Concepts for Innovation Pilot Project, at Mandal Taluka, Ahmedabad District under Poshan Abhiyaan, mentioned as under:

Wajra O' Force Empowerment Foundation's Innovative Project Concept:

- Magic Show:
- a) Importance of Fitness;
- b) Importance of Water (Hydrated body)
- My Plate:
- a) Importance of My Plate (5 types of Food);
- b) Maze Activity based on My Plate
- Nutrition Chart:
- a) Importance of Nutrition Fruits & Vegetables;
- b) Dumb Charades and Veggies bag Activities based on Nutrition
- Home Work Activities:
- a) Nutritional Rangoli Fruits & Vegetables
- Missed Call Campaign





We conducted a Magic show based on Nutrition at 12 allocated places at Mandal Taluka representing the importance of Nutrition, Fitness and Water hydration levels in the body.



It is tough to engage the audiences in a learning session with interest and involvement. Thus, we decided to showcase the Magic Tricks during the Learning sessions. In addition to it, we specially designed the magic tricks based on the importance of Nutrition, Hydration and Fitness.

Conducted 10 different types of Magic tricks based on the importance of Nutrition and Hydration the things used to do the tricks were cards, fruits and vegetables. The trick with Orange fruit was the most loved trick. The trick with water was conducted to represent the importance of water and hydration levels in the body.

To create awarness about concentration and Fitness, the juggling techniques were shown. Again in juggling we tried to use fruits like Oranges and Apples with an idea of sharing nutrient levels and importance of these fruits in daily life.





Objectives of Magic Show

- To involve the audiences with interest in Learning sessions of Nutrition.
- > To generate awareness about Nutrition, Hydration, concentration and fitness.
- > To teach about Nutrition and other such aspects in an innovative and interesting way.
- > To allow the audience to look onto the fruits, vegetables and other nutritional supplements in a different yet informative way.
- > To influence the audience to stay healthy and active with unique exercises like juggling.







My Plate

We conducted a session based on Nutrition and types of food in daily routine at 12 allocated places at Mandal Taluka representing the importance of Nutrition. Wherein more than 350 girls / women were trained.

As discussed earlier, it is tough to engage the audiences in a learning session for a long time. Thus, alongside the session, we created an activity based on quiz and maze in order to generate interest and involvement of the audiences.

At the beginning of the session we provided a paper to each and every participant sin which a diagram of my-plate is printed. Stating that this maze is simultaneously related to the learning that will automatically generate concentration, interest and involvement of the audiences. In addition to it, we also said them that the participants who completes maze accurately and in given time period will be rewarded. As a result, the learning session was automatically changed into a theoretical, practical as well as interactive among the audiences.

We explained the audience the 5 important and must have types of food in their daily routine based on the importance of Nutrition. Those 5 types of foods were: 1) Fruits, 2) Vegetables, 3) Grains, 4) Protein, 5) Dairy products.





We explained them in details about these 5 categories of food in daily routine. Apart from that we explained the types of foods that under comes categories through pictorial chart. As result, the learning session changed into a theoretical and pictorial among the audiences.

My Plate

We conducted a session based on Nutrition and types of food in daily routine at 12 allocated places at Mandal Taluka representing the importance of Nutrition. Wherein more than 350 girls / women were trained.



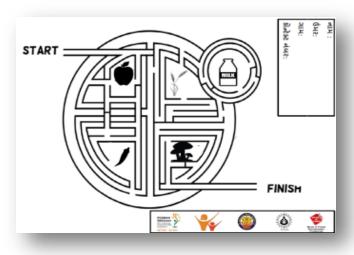
Objectives of My Plate

- To involve the audiences with interest in Learning sessions of Nutrition through pictorial information.
- > To generate awareness about consumption of Nutrition and diet in daily routine.
- > To teach about Nutrition and other such aspects in an innovative and interesting way.
- > To drive the audience importance of My Plate fruits, vegetables, grains, protein & dairy products.
- > To influence the audience to stay healthy, nutritious and informative of what they are eating or what they should eat during their daily routine.



As soon as the session based on My Plate ended we conducted the Quiz and Maze game with the participants.

This activity was of great enthusiasm that included concentration, speed, memory and attentiveness. As this game was purely based on the session conducted previously. We conducted this activity at all 12 places, wherein more than 300 girls/women girls participated. The and women participated in this My Plate maze were majorly aged between 14 years to 35 years.





The participants enjoyed the My Plate maze activity. This Maze was specially designed keeping in mind that participants of all age group can participate in it with ease. The my plate maze had all the five types of food categories that essential in daily diet. We had pasted the graphics of type of food like (apple, mushroom, milk bottle, wheat and okra) each representing their respective category of Fruit, Vegetable, Protein, Grain and Dairy product. Each participant was provided 4 minutes to complete the Maze and name the pictures pasted in the maze.



Rules of My Plate Maze

- Fach participant was given **4 minutes** of time to complete the maze and write down the names of relative pictures pasted in the maze.
- Participants were not allowed to pull up the pen or redraw the path line before reaching the finishing line.
- ➤ Participants who were not successful completing the maze in the first chance were allowed for second chance.

Results of My Plate Maze

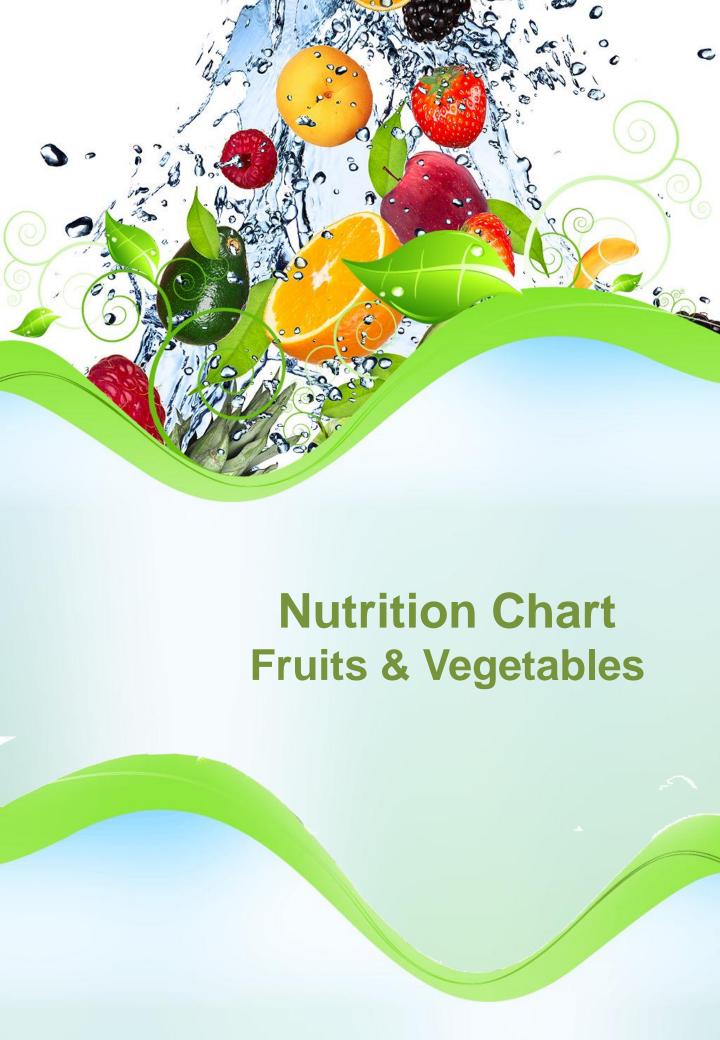
- > 44 % Participants completed the maze successfully at the very first attempt.
- > 36 % Participants completed the maze successfully in second attempt.
- About **20 % Participants** were unsuccessful.
- > The participants were provided with certificate of participation to boost their morale and involve them into such activities.



Objectives of My Plate Maze

- ➤ To inherit the Learning sessions of Nutrition through fun activity and pictorial information.
- ➤ To generate awareness about consumption of Nutrition and diet in daily routine.
- ➤ To make them learn indirectly about Nutrition and other such aspects in an innovative and interesting way.
- To drive the audience importance of My Plate in their sub-conscious mind about fruits, vegetables, grains, protein & dairy products through this activity.
- > To influence the audience to stay healthy, nutritious and informative of what they are eating or what they should eat during their daily routine.







When we conducted sessions based on Nutrition and My Plate in daily routine at 12 allocated places at Mandal Taluka representing the importance of Nutrition. We also developed 6 different charts based on types of food representing the categories of Fruits and Vegetables. As fruits and vegetables are the most commonly eaten and consumed source of nutrition.





As discussed earlier, it is tough to engage the audiences in a learning session for a long time. Thus, alongside the session, we created activities / games based on guessing and expressing in order to generate interest and involvement among the audiences with learning. As we're committed to Jan Andolan and Audience involvement we invited them to come in front and read out the information in charts.

After the maze activity we continued the session explaining the importance and other aspects like type of particular vegetables, fruits, their nutrient values, its origin, etc. All this information was provided through specially designed informative charts.

We explained the audience 6 important and common types of food in vegetables and fruits based on the importance of Nutrition. 3 were vegetables and 3 were fruits. Those 6 types of foods were:

1) Spinach, 2) Tomatoes, 3) Okra, 4) Apple, 5) Banana, 6) Orange.



- To generate awareness about consumption of Nutritious Fruits and Vegetables and diet in daily routine.
- To inform the audience importance of all season fruits and vegetables.
- To provide them detailed information about nutrient amounts, origin of food and several other related aspects.
- To influence the audience to stay healthy, nutritious and informative of what they are eating or what they should eat during their daily routine.

















Dumb Charades & Veggies bag Activities

As soon as the session based on Nutritional charts ended we conducted the Dumb Charades and veggies bag activities with the participants.

These activities were new to the audiences that generated a thrilling experience and enthusiasm of participation among them. These activities included guessing, expressing, speed, memory and attentiveness. These games/activities were purely based on the session conducted previously. We conducted these activities at all 12 places. The girls and women participated in these activities were majorly aged between 11 years to 45 years.





The participants enjoyed these activities. The Dumb charades was specially designed keeping the concept of nutrition based on foods like vegetables and fruits. The Dumb charades included names of fruits and vegetables that were taught during the sessions as well as other nutritious vegetables and fruits.



Rules of Dumb Charades

- > Each participant was given a name of fruit or vegetable.
- > The participant has to do action and try to explain the fruit or vegetable.
- Whereas other participants had to guess the correct fruit or vegetable understanding the actions.
- > The participant were given 3 chances to guess the correct fruit or vegetable.

Results of Dumb Charades

- > 50 % Participants guessed the correct fruit or vegetable at the very first attempt.
- > 25 % Participants guessed correctly in 2nd attempt.
- > 15 % Participants guessed correctly in 3rd attempt.



Apart form Dumb Charades, we also conducted the Veggies bag activity, into which there were some nutritious fruits and vegetables where the participant had to keep their eyes closed pick any one of the fruit or vegetable from the bag and guess it correct, whereas the other people in the audiences had to misguide the participant naming the fruit or vegetable incorrectly.



Rules of Veggies Bag

- > There was a bag containing fruits and vegetables, wherein the participant has to come up, close eyes, pick a vegetable or fruit from the bag and guess the same.
- Whereas other people had to misguide the participant naming the fruit or vegetable incorrectly, as a part of activity.

Results of Veggies Bag

- The participants were given 2 chances to feel the shape and accordingly correct fruit or vegetable.
- > 90 % Participants guessed the correct fruit or vegetable at the very first attempt.
- > 10 % Participants guessed correctly in second attempt.



Objectives of Dumb Charades & Veggies Bag

- To generate awareness about consumption of Nutritious Fruits and Vegetables and diet in daily routine.
- ➤ To make audience learn importance of fruits and vegetables in info-fun activity way.
- ➤ To make them learn detailed information about nutrient amounts, origin of food and several other related aspects. Once the fruit / vegetable was guessed correctly by the participant we then asked them the importance and nutrient values in order to indirectly memorize the same in their subconscious mind.



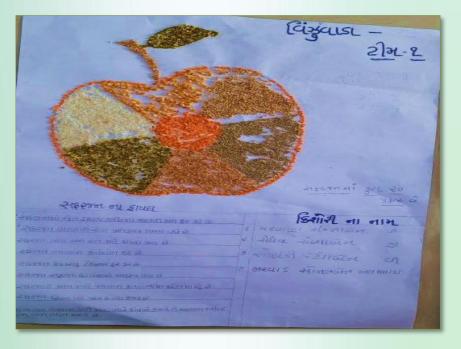


At the end of session and games/activities based on Nutrition, we provided the chart papers, glue and 5 types of grains and asked the participants to make a 'Rangoli' out of these 5 types of grains and with use other things like raw vegetables in the chart.

This activity of Rangoli wasn't new for the girls and women, but here we had a twist in making of Rangoli. The participants over here had to make a Rangoli based on Nutrition. Wherein they had to make a rangoli with the five grains -Bajra, Juvar, Chokha, Dal, Ghehu. Apart from that, they were allowed to use any of the raw vegetables to enhance and décor the Rangoli.



We provided materials like glue, chart papers and 5 types of grains at all 12 places. The girls and women participated in these activities were majorly aged between 11 years to 45 years. As the girls and women were used to rangoli and fond of it, they were quite happy participating in it.









Nutritious Rangoli (Activity Flow)

- The participants were divided into a group of 5 to 7 people based on the strength of the particular place.
- The participant were asked to make a Rangoli on a chart paper with the 5 types of grains provided to them.
- ➤ The participants were allowed to use some extra stuffs like raw vegetables to décor the rangoli.
- The only condition was that, participants need to make a Rangoli based on Nutrition and its importance. The participants were asked to make a shape of a Fruit or Vegetable.
- Alongside the participants had to also mention the nutrients amount, origin of food and its importance, of whatever fruit or vegetable they had made.



Objectives of Nutritional Rangoli

- > To generate passive remembrance of Nutritious Fruits and Vegetables and diet in daily routine.
- > To make audience memorize importance of fruits and vegetables in creative yet informative way.
- > To make them learn detailed information about nutrient amounts, origin of food and several other related aspects on their own.



Promote the missed call number through various platforms

Customer dials to your missed call number Call lands on to the server & gets disconnected after the first ring

Data gets updated to the CRM

Automated callback, Email or SMS can be triggered

Missed Call Campaign

As we are focusing upon Jan Andolan and Behavioral Change Communication. We came up with a concept of Missed Call Campaign. At the time of introduction before the beginning of the session at all 12 places we rolled up the banner and urged each and every participant to dial the number and give a **missed call on** – **9772003060**. The aim behind the missed call campaign is to keep in touch with the registrants and update them regarding the Poshan Abhiyaan and initiatives incorporated under it. Apart from that, it is also used to keep a track on improvement or progress in women and girls those who were provided training on Nutrition.

Missed Call Campaign (Concept & Activity Flow)

- > Can urge the participants of awareness campaigns and other events to give a missed call to the dedicated number in order generate data.
- > The data generated can be stored/created data-base, and information regarding nutrition/nutritious food can be sent on their numbers.
- ➤ We can also send food recipes like (recipe of the day/recipe of the week/recipe for infants/recipe for children/recipe for teenagers/recipe for pregnant women or mother of 0-2 years age-lactating mothers and such other similar recipes useful for any girl-women ageing (15-50 years)
- > Apart from sending recipes we can also aware the mass by sending causes of malnutrition/health tips and such other information.
- ➤ Through the dedicated missed-call service number, we can ask the women to report their details who are pregnant. So that the Aanganwadi workers of the particular region can be updated for the same and a data-base of such women can be formed and accordingly an action plan can be initiated to ensure better service and outreach to these women during the critical 1000 days window for nutrition and also track the activities for children of 0-3 years age.
- > Further can create a website, portal, communicating system using the tools and technology to gain efficacy on POSHAN Abhiyaan.
- The person who dials the given number, then his/her number will be registered in our database system.
- ➤ The updates and information regarding the Poshan Abhiyaan will be sent to all the registered numbers.
- > Apart from that, fliers, promotional messages and other messages related to Poshan will be sent to all the registered numbers.
- Additionally, the recipes that are nutritious and must have in daily routine would be sent to all the registered numbers. These recipes would include the juices, salads, soups and other such foods. These recipes would be for children, girls, women including pregnant, lactating or anemic.
- > The registrants will be kept updated and a track of post training of Poshan Abhiyaan would be maintained.



Objectives of Missed Call Campaign

- > To keep in constant touch with the people, through messages and updates related to Poshan and Government Schemes.
- > To provide nutritional and healthy recipes to people, especially women and girls ageing 11 to 50 years.
- > To give health and fitness tips.
- > To inform about importance of Nutrition.
- To counsel the pregnant and lactating women though messaging.
- To ignite the awareness of Nutrition among the society through promotional and social messages.



At the end of the Training session of Innovation Pilot project at the designated 12 places at Mandal Taluka. The CDPO of Mandal Taluka and Wajra O' Force Empowerment Foundation's organized a Valedictory Function in order to boost the morale of the participants, winners of games/activities and the Asha Workers of Mandal Taluka.

The event was graced by Shri Arun Mahesh Babu (District Development Officer, Ahmedabad), Ms. Ruzan Khambatta (Director, Wajra O' Force Empowerment Foundation), CDPO Mandal, other dignitaries, and staff members.

- Certificate of Appreciation was provided to each and every participants.
- >39 teams were rewarded prizes & certificates as 1st Prize, 2nd Prize & 3rd Prize.
- > 1st Prize, 2nd Prize and 3rd Prize were designated from each and every village.
- > More than 250 prizes were distributed in the event to the winners.

Glimses of the Valedictory Event are as under:





Glimses of the Valedictory Event are as under:









Message from Arun Babu IAS (DDO, Ahmedabad)

The Mandal Taluka was selected by the Gujarat govt. because of the lower sex ration and nutritional status, we have to work in priority for the betterment of people of Mandal taluka. The team of Health, ICDS, Education have been assigned with different responsibilities. Some has made kitchen garden, HB tests blood tests anemic test kits have been provided for surveying and resolving issues. We gave the responsibility to Wajra O Force under the innovation pilot project, wherein they have come up with some great innovative ideas of missed call campaigns, magic show, nutritional charts etc. While giving the missed call we will receive your data, that we'll use in future to give you updates regarding the Poshan, Anemia and immunization etc. So I urge to register yourselves by giving a missed call on the number.

At the end, I just want to convey a message that, we, our teams, government as well as the partner NGO's are collectively working hard for the betterment. But it is more important that the people also support us in our efforts by acknowledging and implementing the same in their daily routine. It is not that, we gather, have a program and then tend to forget the good practices. Rather, we should indulge the learning's of those charts related to nutrition which are made by the girls of different villages and do not limit the knowledge of nutrition to yourselves instead spread the words around the community for an inclusive betterment.

Lastly I would like to thank Wajra O' Force Empowerment Foundation for doing such a unique and impactful project



Valedictory Insights

Message from *Ruzan Khambatta* (Director, Wajra O' Force)

Why are we focusing upon the Innovation and innovative concepts. The Mandal taluka is selected to conduct the Innovative Pilot Project. The reason behind is to experiment new things like you were provided with the iron tablets, iron utensils, sukhdis etc. Today we saw the Rangolis, Magic show etc. because it is a new concept and from here if we apparently get good results then this will be carried forward to entire Gujarat. So it becomes your moral responsibility that whatever you have learnt and you have been taught you will have to endorse it in your daily routine and that will lead us to positive outcomes. Why we are addressing the need of POSHAN? It is said that India relies upon the Farmer sector which is probably more than 60%. They do farming but they themselves do not eat nutritious foods.

India is enriched with several sources and resources like vegetables, fruits, etc and even in medical sciences we have Ayurveda. But, unfortunately we do not utilize it to its maximum. I want to address the youth especially the girls that, this generation eats the wafers packets more, no issues we can eat them but alongside we should also eat spinach and such other healthy veggies. If you don't like the taste of it then make it tasty in your own style. Hemoglobin plays a very important role in human body especially the girls and it is essential for you to know its importance as your are the youth and future of India and we want to make our future India more powerful, more energetic, more healthy and nutritious.

Above all, it is important that we stay joyous and happy with positive vibes. That is the reason why we have designed the concept under the tagline of 'GYAAN SATHE GAMMAT' which relishes knowledge with fun. I will conclude my speech by sharing three things that one should incorporate in her life is spare one hour in a day for yourself, play games, eat healthy and stay fit, and always be happy no matter What!!!

I would like to thank DDO sir for giving us this opportunity. Special thanks to the Poshan

Abhiyaan team for all their support.



Message from *Mitaben Jani* (I/C CDPO, Mandal Taluka)

I would like to share a brief about the activities carried out under Poshan Abhiyaan at the Mandal taluka. DDO Arun sir and PO Rathod sir are quite concerned about the Innovation Pilot project, under their guidance and active support we have attributed several activities wherein, we tend to cure anemic women, pregnant women, breastfeeding women and kishoris. This campaign is on going in all the 97 Aanganwadis of the Mandal taluka. Secondly, under the innovation criteria we conducted couple of seminars where the Kishoris were given trainings and knowledge related to nutrition. Apart from that, we have developed around 18 kitchen gardens wherein we have also got support from the locals to grow the vegetables and other eatables. We also get done the reports of HB of about 932 kishoris from different villages at the Mandal taluka. Additionally, we also provided them the iron folic tablets to boost the levels of iron in their body.

Lastly, I and Ms Ruzan are in constant touch with each other. We took around 12 villages from 3 divisions wherein Ms Ruzan and her team visited and showcased the importance of nutrition and health through the magic shows, nutritional charts, knowledge sharing and learning with fun games and activities inclusively. Each village had around 35 to 40 kishoris on an average who witnessed this innovative concept of learning and gaining knowledge based on Nutrition and Health. Earlier today, while summarizing the sessions held before. I also observed that the Kishoris were thorough and enthusiast to answer the questions what they have learnt through the previous sessions of magic shows and nutritional session with fun games and activities. I am glad that Ms Ruzan and her team has made a tremendous effort to spread the word of importance of Nutrition and Health through their innovative concept, and that goes without saying because the kishoris were keen and excited to attend these sessions. Needless to say that we have got a very encoraging feedback about the way nutrition knowledge was given and this has further inspired the girls to practice it. I would not forget to thank the efforts of Aanganwadi workers it is because of them that we can address the drastic positive change relating to nutrition and other aspects in kishoris. And I am grateful to Ahmedabad District Administration for their proactive support towards the Mandal Taluka.





Testimonials

Experience of Beneficiaries:

Testimonial 1: Rathod Pushpa Laxmanbhai (19 Y, Trent)

Such kind of activities were conducted for the 1st time in or village. Through these activities, we were able to learn and understand the importance of Nutrition in women and especially the teenage girls. One of the most important thing that I was able to know in terms of daily meals was that, there are 5 types of food groups essential for a human in their daily life.





Testimonial 2: Vaghela Hasmita (16 Y, Ughroj)

This was the 1st ever activity related to Nutrition happened in our Ughroj village that I witnessed. I found it to be unique. Hereby I also got to know that, Vegetables, Fruits, Grains, Protein and Dairy products are important for oneself in their daily meals. I was aware about 3 types of food groups, though the other two's importance was explained through these activities and charts.

Testimonial 3: Aakruti Thaakar (18 Y, Vanpardi)

This was the very first time we had any such activities of Nutrition and that too, with a unique concept of explanation through charts, magic shows and the fun games and activities with a context of informative learning. I am sure that continuation of such activities would lead the girls and women of our village towards the learning the importance of Nutrition in daily routine and implementing the same.





Testimonial 4: Hansaben (Aanganwadi Worker, Trent)

I have been working as an Aanganwadi worker since many years wherein I perform different duties related to women, girls children and their health. The programs have been scheduled by the government often related to Nutrition. But, the way of teaching by the team of Wajra O Force and involving the girls and women in learning the importance of Nutrition through the fun learning games, activities and Magic was quite commendable.



Wajra O' Force Empowerment Foundation's Parameters for Proposed Innovation Pilot Project, under Poshan Abhiyaan, mentioned as under:



Wajra O' Force Empowerment Foundation's aim and focus was to enhance and sustain Behavioral Change Communication as well as JAN Andolan. Thus, on that note, we designed and developed an innovative project highlighting the key principles as below:

- Aspirations Tapping into people's inherent goals and ensure motivation. Aiming to create a sense of aspiration, a shared identity and closing the "say-do" gap through Missed Call Campaign and Jan Andolan Activities.
- Collective identity A personally relevant goal is good but not good enough. Aiming to
 create a perception of shared status for nutrition. Members of the movement will have a
 sense of collective identity.
- Nudges For converting intent to action, creating a simple, doable actions and nudges for people, and making it easy for people to join-in and participate. For example, asking them to do a missed call, make a pledge or a commitment, participate in games and activities related to health, fitness and nutrition. Asking to plan what they would do "Implementation intention" would further strengthen the chance that the action will be performed. Giving people a sense of goal progress further increases the chances of continuing with the activities and games based on nutrition associating with JAN Andolan.
- **Rewards** Finally, appropriate rewards (which could be recognition among peers, appreciation letters from government and not necessarily monetary rewards) spurring frontline workers, peer leaders and local champions and each and every participant in order to higher levels of engagement.

Wajra O' Force Empowerment Foundation's objectives for POSHAN ABHIYAAN are as below:

- > To build recognition across sectors in the country on impact of malnutrition and 'call to action' for each sector's contribution to reducing malnutrition.
- > To involve the audiences with interest in Learning sessions of Nutrition.
- > To mobilize multiple sectors and communities to create intent to consume nutrient rich food.
- To generate awareness about Nutrition, Hydration, concentration and fitness.
- ➤ To build knowledge, attitudes and behavioral intent to practice optimal breastfeeding, complementary feeding, maternal nutrition and adolescent nutrition practices to prevent malnutrition, including SAM and anemia.
- > To teach about Nutrition and other such aspects in an innovative and interesting way.
- > To allow the audience to look onto the fruits, vegetables and other nutritional supplements in a different yet informative way.
- ➤ To keep in constant touch with the people, through messages and updates related to Poshan and Government Schemes.
- > To provide nutritional and healthy recipes to people, especially women and girls ageing 11 to 50 years.
- > To give health and fitness tips.
- > To ignite the awareness of Nutrition among the society through promotional and social messages.
- To reduce the rate of Malnutrition and Anemic Women.
- To influence the audience to stay healthy, nutritious and informative of what they are eating or what they should eat during their daily routine.
- To influence the audience to stay healthy and active with unique exercises like juggling.



Wajra O' Force Empowerment Foundation's affirmative Contextual Specification & Scalability are as below:

We at Wajra O' Force Empowerment Foundation believe in Simplicity of the innovation with an ease of implementation. Thus, while designing the innovative concept on Poshan Abhiyaan we tend to focus upon the pin-points mentioned below:

- Promised sustainability and effectiveness with an affordable Financial model.
- Capability of mentoring, guiding, managing and taking leadership in organization as a whole and implementing the said project.
- Enabling policy and legal framework
- Firmly focused on alignment with the priorities of the end users, government policy and priorities of key stakeholders.
- Constant working on types and ways of scaling up and the pathway during pre, post and on going project. (as and when needed)
- Inclusive Plan for scaling up, whilst carefully evaluating the implementation process and the impacts of the innovation.
- Providing proof of feasibility and laying the groundwork for further large-scale implementation with legitimate documentation, materials, practicality, feedbacks and testimonials etc. As it is the first major step towards successful scaling up.

The elements listed above are necessary conditions for scaling up, depending upon the relevant conditions and efficiency of project.

For example, the relevancy and superiority of the innovation is vital; without those elements, the value of further pursuing the project is questionable.

Hence, we tried our level best to keep the innovation pilot project at minimal risk of errors while implementation. However, the learnings and course corrections that we found while conducting and implementing particular project are also mentioned hereafter, so as we can be more efficient and productive while implementing the project for the next time.



Wajra O' Force Empowerment Foundation's Learning that we found during Innovation Pilot Project conducted at Mandal, Vinzhuwada, Dalod, Nana Ubhada, Trent, Odaki, Ughroj, Manpura, Ukardi, Karshanpura, Vitthalapur, Vanpardi – villages, at Mandal Taluka, Ahmedabad District under Poshan Abhiyaan, mentioned as under:

Learning: (What We Found)

The audiences were more interested in pictorial, creative and unique information on Nutrition. That was previously unknown to them.

The audiences were pretty much interested and enthusiast in the Magic Tricks. Apart from that, they were also very much fond of playing games and doing activities practically related to Nutrition.

The audiences demanded for more games and activities related to Nutrition. The audiences ageing between (11 years to 25 years) were more driven to the games and activities like Dumb Charades, Maze, Veggies bag etc. and were demanding for more such practical games and activities related to Nutrition and Fitness. Whereas, the audiences ageing between (26 years to 50 years) asked us to organize some activities related to new nutritional recipes and cooking competitions.



Wajra O' Force Empowerment Foundation's Course Correction and feedback / suggestion given by audiences after completion of Innovation Pilot Project conducted at Mandal, Vinzhuwada, Dalod, Nana Ubhada, Trent, Odaki, Ughroj, Manpura, Ukardi, Karshanpura, Vitthalapur, Vanpardi – villages, at Mandal Taluka, Ahmedabad District under Poshan Abhiyaan, mentioned as under:

Course Correction: (What We Should Do)

- •To develop the module mostly based on games and activities representing Nutrition and Fitness.
- •To develop the content of Nutrition in more pictorial and creative form than that of theoretical form. Adding more number of pictorials of Nutritional chart related to Fruits, Vegetables, Grains, Protein and Dairy products.
- •To develop and design new Magic tricks, games and activities including vast information and teaching related to Nutrition and Fitness.
- •To increase the time limit of sessions up to 4 hours at a place than that of 2 hours, in order to conduct the session and activities flawlessly.
- •The session must be 75% based on practical, games and activities alongside providing adequate knowledge and information showcasing importance of Health, Fitness and Nutrition at the same time. Whereas the theoretical and pictorial based session must be of 25% or $1/3^{\rm rd}$ of total timing of a session at a particular place.
- •Maximum two number of places should be covered in a single day, in order to execute the sessions, games and activities in a hassle free environment.



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