



# **SAMARTH Project**

[To Improve the health and well-being  
of urban poor women and children]

## **Annual Report 2022-23**



## Background of the project

The urban poor in India are among the most vulnerable sections of the population when it comes to pertinent health indicators. For most indicators, the differentials are very high. Almost all of the urban poor in India have less access to healthcare facilities such as immunization, antenatal care, delivery by health professionals, and newborn care. “Infant and child undernutrition is also very high among the urban poor population, and in many instances, even higher than the rural population. Thus, there is an urgent need to focus on urban health, given the pace of urbanization and the increasing number of urban slums with limited access to healthcare facilities that cater to the essential living needs of the urban population.

### Objectives:

- ✦ To improve access to MNCHN (Maternal, Newborn, Child Health and Nutrition) services among women and children
- ✦ To improve community and key influencer knowledge and health-seeking behavior on MNCHN
- ✦ To build the capacity of the health and nutrition care providers towards strengthening MNCHN skills

**Implementation arena:** Kolkata Slums, Kolkata, West Bengal

**Target beneficiaries:** 20,000 pregnant women and lactating mothers, including their family members

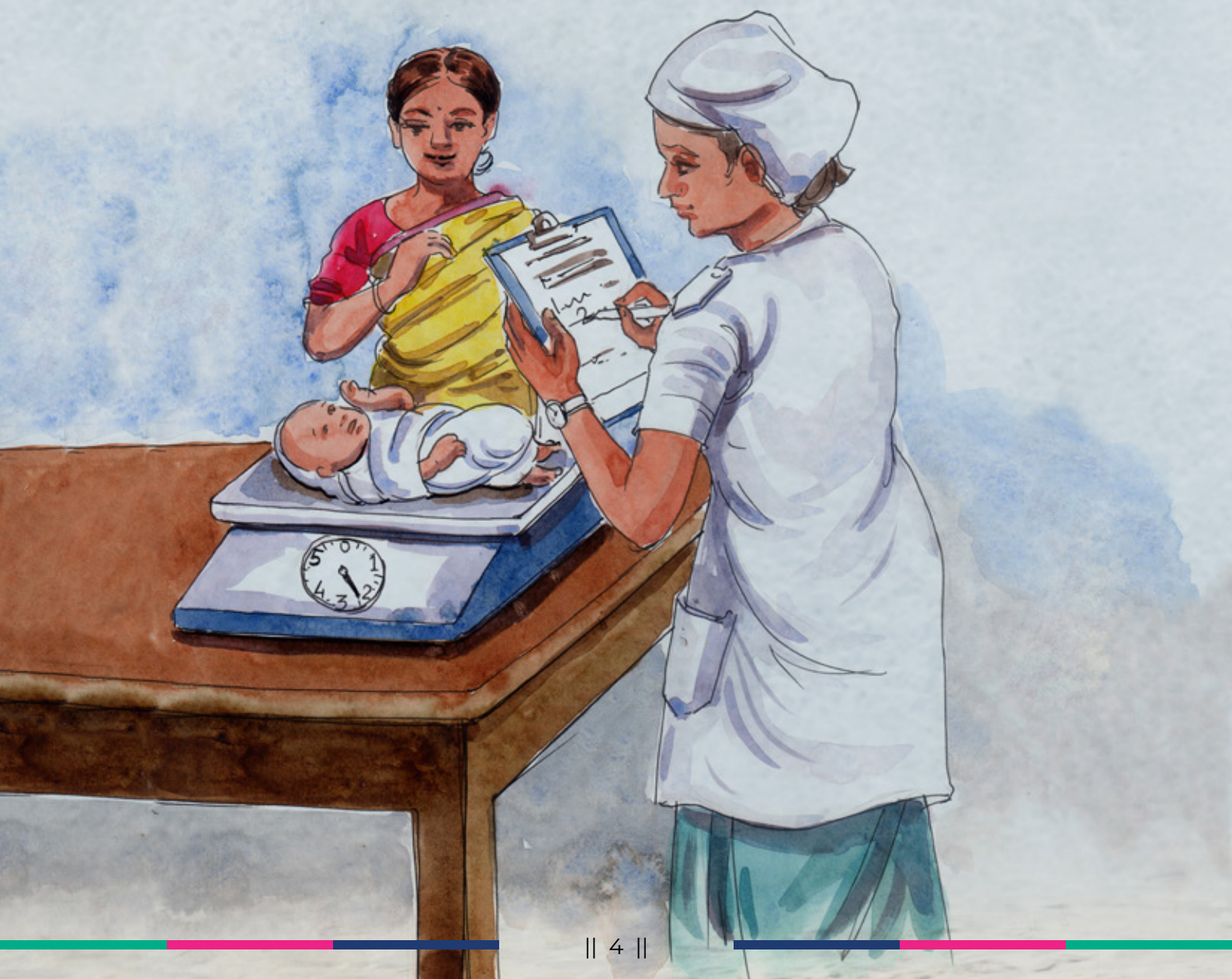
**Primary beneficiaries:** Women in the reproductive age group of (15-49 years) and children (0-5years)

**Secondary beneficiaries:** Family members and the over-all community

### Key Highlights of this quarter:

- Completed the baseline study
- Received approval from Kolkata Municipal Corporation
- Organized SAMARTH Project launch workshop on May 25th, 2022
- Celebration of Menstrual Hygiene Week with women in the reproductive age group
- Conducted a household survey in slum areas of Ward 32 to identify the targeted population in the intervention area
- Project implementation strategic meeting held with KMC-Health Division
- Meeting with the Director, Joint Director and Assistant Directors of ICDS on the road map for the Samarth Project

- Orientation and training session of field mobilizers for the Samarth Project
- Monthly review meeting with KMC health workers under Borough-III
- Organised Health Camp to screen the nutritional status of women and children
- Approval from Directorate of Integrated Child Development Services (ICDS), Government of West Bengal to collaborate with SAMARTH Project intervention
- Celebration of World Breastfeeding Week
- Capacity building programme of frontline Health workers of ICDS and KMC health on breastfeeding and Home Based New Born Care
- Celebration of National Nutrition Week in collaboration with ICDS
- Developed technology driven digital platform - a mobile based application for virtual learning and monitoring and evaluation with systematic data management
- Engagement of men and youth in accessing the services and creating an enabling environment for the mothers and children
- Strengthening the referral and linkage with services in close collaboration with KMC and ICDS
- 1st Technical Advisory Group Meeting held on September 12th, 2022
- Community mobilization and outreach intervention
- Group sessions with the caregivers on dengue prevention, pneumonia prevention and its early findings with



- home-based management, infant and young child feeding, diversified diet & food groups. diarrhoea management, menstrual hygiene and the adverse effect of teenage pregnancy, importance of growth monitoring and promotion
- Orientation of health and nutrition care providers on breastfeeding and Home-Based Newborn Care and seasonal diseases
- Developed Information Education & Community (IEC) and supplementary capacity building materials- one flip book on care for children 3 to 5 years. Developed one poster on care for children between 3 to 5 years
- Community-level campaigns at project site- Celebrating World Pneumonia Day for awareness generation through a street play campaign
- House listing in ward 29 for new identification of the targeted group
- Organization of “Swasthya Mela” in ward 32 and ward 29
- Celebration of National Girl’s Child Day
- Home visits for Women in the reproductive age group (15-49 years) and children (0-5 years) and awareness sessions with AWWs and HHWs

- Data entry and uploading by using SAMARTH Digital Application
- Joint field visit by CF and PPHF team including interaction with stakeholders in project area and KMC HQ



## Total new reach in this quarter through different activities

REACH IN EACH QUARTER				
Target groups	Q2	Q3	Q4	Q5
Pregnant mothers		563	137	163
Lactating mothers		47	183	715
0-5 years children	213	513	1415	3663
Total	213	1123	1735	4541
<b>Total reach completed</b>	<b>7612</b>			
<b>Total Target</b>	<b>6000</b>			



## Activities in community mobilization through group sessions and a mass awareness campaign

Group sessions and campaigns are communication processes used to raise awareness and educate people about specific topics or issues. The aim is to influence attitudes, behaviours, and beliefs which ultimately affect their day-to-day actions related to particular issues and behaviours.. These [factors] can impact our ability to look at issues from different angles, which can then influence positive thinking and lead to making constructive decisions . There are multiple awareness-raising strategies and methods that can be used to convey and spread messages to mobilize the target community. Some major tasks included for community mobilizations are

- Choosing the target audience
- Choosing information/ message dissemination strategy;
- Choosing an area or places and
- Reach out to the target groups under a well-defined plan with front line workers,
- Ensuring the joint involvement of the stake holders.



Topics for group sessions	Total number of a group sessions	Total participants	Methods followed	Materials distributed	Key messages delivered
Home-based diarrhoea Management	20	410	<ul style="list-style-type: none"> <li>• Group discussion</li> <li>• A lecture followed by a demonstration on ORS preparation</li> <li>• Open discussion on observation under the Service Care Provider and Field Mobilizer</li> <li>• uiz competition</li> <li>• The discussion was conducted in the presence of AWWs and ASHA</li> </ul>	Lentils (Masoor dal)	<ul style="list-style-type: none"> <li>• The lentil is easily digestible and a good source of protein and micronutrients</li> <li>• It helps in the absorption of excess fluid from the intestines and reduces the frequency of motions</li> </ul>
Advantages of Breastfeeding, exclusiv breastfeeding and complementary feeding	20	400	<ul style="list-style-type: none"> <li>• A video demonstration and discussion</li> <li>• Quiz competition</li> </ul>	<ul style="list-style-type: none"> <li>• Germ protection kit for the winner of the quiz</li> <li>• soyabean hand washing soap</li> </ul>	<ul style="list-style-type: none"> <li>• Soyabean is high in protein and a good source of both, carbohydrates and fat</li> <li>• It is a rich source of several vitamins, minerals, and beneficial plant compounds, such as isoflavones</li> </ul>
Diversified diet and minimizing the nutrient – celebration of National Nutrition Week (1st to 7th September)	12	327	<ul style="list-style-type: none"> <li>• Demonstration</li> <li>• Blindfold game,</li> <li>• Cooking demonstration and competition.</li> <li>• The discussion was conducted in the presence of AWWs and supervisor.</li> </ul>	<ul style="list-style-type: none"> <li>• Food items from “Food Basket” Chickpeas/ Bengal</li> <li>• Gram (Chola)</li> </ul>	<ul style="list-style-type: none"> <li>• It is a good source of protein, contains nine essential amino acids.</li> <li>• It is the richest source of protein in its sprout form. Excellent source of vitamin A, C, E.</li> <li>• It also helps manage diabetes due to its blood sugar regulating effects.</li> <li>• Good source of iron, which helps prevent anaemia.</li> </ul>
Growth monitoring	20	400	<p>Demonstration of community growth chart and individual growth chart.</p> <ul style="list-style-type: none"> <li>• The discussion was conducted in the presence of AWW.</li> </ul>	<ul style="list-style-type: none"> <li>• Peanut chikki</li> </ul>	<ul style="list-style-type: none"> <li>• The peanuts were used as an exampl of a nutrition rich alow-cost food item.</li> <li>• Low-cost food items from other foodgroups were alsodiscussed.</li> </ul>
Prevention of pneumonia and home-based management of pneumonia	21	209	<p>Demonstration of the Hand-held practice of Using the thermometer. The discussion was conducted in the presence of AWWs.</p>	Digital thermometer	<p>Measure the fever by a thermometer and checked by doctor for proper medication.</p>

<p>Infant and young child feeding</p>	<p>5</p>	<p>51</p>	<p>Demonstration of the quantity and consistency of the cooked food required according to age group. The cooked food was khichdi supplied from ICDS. The frequency was discussed as per IYCF guideline. The discussion was conducted in the presence of AWWs.</p>	<p>IYCF Kit containing a stainless steel plate, measuring bowl, glass, spoon and a face &amp; hand towel</p>	<p>Age-appropriate feeding and WASH practices.</p>
<p>The adverse effects of teenage pregnancy</p>	<p>7</p>	<p>78</p>	<p>A discussion was conducted on how teenage pregnancy and repeated abortions affect the health of teenage married girls. The session was taken by ANM, ASHA.</p>	<p></p>	<p>Avoid early and repeated pregnancy. Follow safe family planning methods as suggested by KMC health workers.</p>





Event on Mass awareness campaign	Total reach	Methods followed	Key messages covered
Menstrual hygiene campaign to empower girls and women-28th May-2022	80	<ul style="list-style-type: none"> <li>• Miking with KMC health worker</li> <li>• Awareness session in small group</li> </ul>	<ul style="list-style-type: none"> <li>• Check sanitary napkins every 4-6 hours and change them if needed.</li> <li>• Maintain personal hygiene and wash undergarments with soap.</li> <li>• Discard the used napkin properly.</li> <li>• Consume a diversified diet.</li> <li>• Avoid myths and misconceptions.</li> </ul>
World Breast Feeding Week- 1st to 7th August collaboration with KMC, ICDS	909	<ul style="list-style-type: none"> <li>• Street play</li> <li>• Video show in small group</li> </ul>	<ul style="list-style-type: none"> <li>• Initiation of colostrum within half an hour of birth.</li> <li>• Exclusive breast feeding up to six months.</li> <li>• Continued breastfeeding along with nutritionally adequate and safe complementary foods, until age two years old or beyond.</li> <li>• Family support and adequate nutrition and care needed for the lactating mother.</li> </ul>
Campaign of Prevention of Dengue- Tableau Campaign- 28 <sup>th</sup> October to 2 <sup>nd</sup> November collaboration with KMC	46,000	Tableau campaign and street play	<ul style="list-style-type: none"> <li>• Reduce scope for mosquito habitat</li> <li>• Stay in well-screened houses</li> <li>• Use a mosquito net at night when sleeping</li> <li>• Prevent stagnation of water</li> <li>• Cooperate with KMC health workers during visits for screening and spraying</li> <li>• Keep the environment clean and dispose off garbage at designated spots only</li> <li>• Immediately consult with a doctor and health workers if fever persists for more than three days.</li> </ul>
Campaign on World Pneumonia Day- 12th November in collaboration with KMC	928	Tableau campaign	<ul style="list-style-type: none"> <li>• Key facts of childhood pneumonia</li> <li>• Sign and symptoms of pneumonia</li> <li>• How to measure the respiratory rate</li> <li>• How to identify chest drawing</li> <li>• Key awareness messages on early detection, prevention</li> <li>• Danger signs of pneumonia.</li> </ul>

Swasthya Mela	425	Stalls arranged for <ul style="list-style-type: none"> <li>• Clinical test</li> <li>• Doctor consultation</li> <li>• Anthropometric measurement</li> <li>• Nutrition counselling</li> <li>• Low-cost nutritious recipe demonstration</li> <li>• Linkage with services</li> <li>• Joint involvement of KMC, ICDS, DFWO and local administration under one umbrella</li> </ul>	<ul style="list-style-type: none"> <li>• Swasthya Mela was a good way to create awareness on various diseases, nutrition factors, WASH and personal hygiene and different Govt. schemes etc.</li> <li>• It provided health education, early diagnosis, free health care services in one go in one point.</li> </ul>
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## Baseline

A baseline study was conducted in Basanti Slum (Ward No. 32 under KMC), Kolkata, West Bengal, through secondary data analysis from multiple authentic sources to understand the context of the project area. Qualitative, in-depth, semi-structured interviews and focused group discussions (FGDs) were conducted with pregnant women and mothers of children. The Basanti Colony slum has high care-seeking practices for antenatal, perinatal, new-born, and child health issues, primarily driven by the community with minimal mobilization by public health providers in the outreach. However, care-seeking was often delayed and associated with high out-of-pocket expenditures. Some of the findings are: .

- RMNCH outreach services were almost non-existent through the public health system.
- All services availed by the participants was mainly 'self-initiated' care seeking.
- Antenatal care was majorly sought from RG Kar MCH & Bidhan Nagar Sub-Divisional Hospital.
- While the utilization of facility-based health services was high, it was not regular and the quality of services was found to be inconsistent.
- Residents incurred high out-of-pocket expenditure while trying to avail the services.



- It was debatable if Basanti Colony residents were aware of or received any programmatic entitlements.
- Childhood immunization services were availed at the Satin Sen Sarani UPHC, and not in outreach.
- For other maternal and child health conditions, there was a preference for seeking care from local practitioners and the private sector.
- Interpersonal communication was a major channel of communication. Family, community and community-based philanthropic initiatives served as critical support systems.
- Frontline health workers needed contextualized training. Their understanding of community resources

and practices was deemed inadequate by the residents. CBOs/NGOs hence, could play important role

## Household survey in Wards 32 and 29

A household survey was conducted to estimate the current coverage of key interventions within the targeted population. These estimates will be the basis for planning and delivering ground activities. The survey captured eligible households, including details on the number of women of reproductive age, pregnant and lactating mothers, and children under five years of age. It also captured basic information about the family members in each household. The survey was conducted in nine slum lanes and covered 2,672 households with a population of 12,006. Nearly 7.88%

adolescent girls and 8.95% adolescent boys were identified in these households.

Ward No. 29 is a nearby area of Ward 32 with nearly 14 slum lanes. It is adjacent to Basanti Colony and approximately 1km away. Through house listing in the 5th quarter, 4541 target groups were identified from the slum lanes in Ward-29.



## Launch

SAMARTH' is a project aimed at improving the health and wellbeing of mothers and children in urban slums of Kolkata, implemented by the People-to-People Health Foundation (PPHF) and Cognizant Foundation in close collaboration with the Kolkata Municipal Corporation. The project launch event was held on May 25th, 2022, in Kolkata. The Hon'ble Deputy Mayor and MMIC KMC Health, Mr. Atin Ghosh, was the Chief Guest and delivered the keynote address. The total number of participants in the launch event was 72, including key officials from KMC and the Social Welfare Woman and Child Development Department.



Dr. Subrata Roy Chowdhury  
CEO KMC

Dr. Laxmikant Palo  
CEO PPHF

Sri Atin Ghosh  
Hon'ble Deputy Mayor, KMC

Mr. Indranil Chakravarty  
Vice President, Cognizant

# Capacity Building of Frontline Health Workers

## Training for Breastfeeding and Infant and Young Child Feeding

Ground-level service providers of KMC like Accredited Social Health Activists (ASHAs), Honorary Health Workers (HHWs), Auxiliary Nurse and Midwives (ANMs), and other health workers including project staff were trained on strengthening the services delivery, improving counseling to the beneficiaries, motivating family members and the community towards adopting appropriate behaviors.

A batch of 33 participants were trained in breastfeeding and Home Based New- Born Care.

## Training for Common Seasonal Infection and Diseases

A batch 47 participants was oriented on Common Seasonal Infection and Diseases. The aim of this drive was to identify those who have not yet taken a single dose of the MR vaccine despite having reached the eligible age.



## Strengthening the services in collaboration with ICDS

A formal collaboration has been initiated between the Directorate of Integrated Child Development Services (ICDS), Government of West Bengal, and the SAMARTH Project to achieve the Maternal, New-born, Child Health and Nutrition (MNCHN) milestones by improving service delivery and access for the community. The common objective of this collaboration is to reduce the incidence of severely acute malnourished and moderately acute malnourished cases of malnutrition among children below five years of age by addressing nutrition-specific and nutrition-sensitive interventions in Kolkata's urban slums.

The ICDS provides an integrated package of early childhood services, including supplementary nutrition, immunization, health check-ups, medical referral services, growth monitoring, and non-formal preschool education. The beneficiaries under the ICDS scheme include children less than six years of age, adolescent girls, pregnant and lactating mothers, and women of reproductive age group (15-45 years). The SAMARTH Project is strengthening services for pregnant women, lactating mothers, and children up to five years, working in close collaboration with ICDS to achieve common objectives.

## Digital platform through Mobile Phone / Tab based application for learning and monitoring and evaluation

An Android phone-supported application has been developed for creating a one-time database, tracking through digitalized Management Information System (MIS), offering uninterrupted learning and refresher training courses, getting on-job references during counselling, and conducting ongoing surveys on Maternal New-born Child Health and Nutrition (MNCHN) under the SAMARTH Project. The technology-based support has been outsourced to create the phone-based

application, provide orientation to the field team, and maintain it. This technology-driven initiative offers the following options to the project team and KMC service providers:

- Conduct a one-time baseline survey
- Register the beneficiaries (e.g., pregnant women and children)
- Record the daily activities of the project team
- Learn about key MNCHN topics
- Dashboard with data under key indicators
- Generate monthly auto filled excel sheets indicating key achievements including monthly reports
- Course-outline with lessons
- Multi-media content

Several learning modules and videos have been uploaded in the application to have a clear understanding of home-based care for young children, nutrition, handwashing etc. It helps field mobilizers and frontline health workers to demonstrate things visibly and improve community awareness easily. Currently, the field mobilizers are using this digital application and feed the data of individual target groups.

## Community participation - Engagement of men, youth and members of Urban Local Bodies

Urban Local Bodies (ULBs) are small local bodies that administer a specified population of each slum lane. Urban Local Bodies are vested with a long list of functions delegated to them by the local councillor. These functions broadly relate to public health, welfare, regulatory functions, public safety, public infrastructure works, and development activities. In our project area, we identified that the ULB members are designated as secretaries or presidents of the local clubs. The premises of these local clubs are normally used for project field activities like awareness sessions, meetings, health camps,

etc. A total of 26 ULB groups were identified from each slum lane under Ward 32. An information sharing meeting was organized with these group members to step forward in building their ownership in health activities and to inform them about the SAMARTH Project for confidence building and to get support in creating a healthy environment within the community. As an outcome, the ULB members agreed to extend their support and involvement in project implementation. They will also act as local level monitors of the SAMARTH project activities in close collaboration with KMC Health Department and ICDS. The field mobilizers prepared a social map with the help of community youth. The map was validated by ULB members and they provided their inputs. These maps illustrate the following:

- Location of slums
- Spread and distribution of slum settlements
- Health facilities of all types and their catchment areas
- Anganwadi centres
- Administrative bound (ward boundaries)
- Environmental features (land, water bodies, natural drains, main road and rail line)
- Physical infrastructure (major road networks, major landmarks, factories and clubs)



### Technical Advisory Group Meeting

The Technical Advisory Group (TAG) has been formed under the scope of SAMARTH Project chaired by the Chief Municipal Health Officer at the KMC Health Department HQ. The TAG members will meet twice in a year to meet the following objectives:

- TAG would provide a platform for sharing working experiences, learnings, and lessons learned, and guide the project towards achieving the best outcomes
- Review the initiatives, techniques, and strategies as well as technically guide the project implementation
- Review the scope and assist the implementation team with innovations and scaling up
- Facilitate the transfer of knowledge and skills between academia and practitioners

The first Technical Advisory Group Meeting held on September 12, 2022.

### Key Recommendations & Action Points:

- Utilisation of existing training modules available under GOI's Mothers Absolute Affection (MAA) program in the SAMARTH Project for the promotion of breastfeeding and F-IMNCI (Facility-based integrated management of Neonatal and Childhood Illness) which have been used for training of ASHAs and AWWs.
- Reaching out to beneficiaries at the



household level through a unique ID.

- Engaging the other members of the community in the behaviour change process of the beneficiaries.
- Focusing on technology-driven approaches that would be tailored to the needs of the community where the technology would only be the enabler as human interface can't be ignored.
- Engaging young stakeholder groups such as local club members, adolescents, and children in the process of behaviour change.
- Facilitating workplace interventions as an effective tool for behaviour changes in the community.
- Interpersonal communication (IPC) and counselling of mothers as crucial and effective behaviour change tools. This can be done by urban ASHA workers, but we have to reach the husband and wife both wherever they are available – maybe at their workplace, or at home during holidays.
- Need for developing Rapid Assessment Tools for urban slums to know area-specific qualitative information to ensure immediate changes in interventions.
- Developing integrated training modules and need-based refresher package for capacity building of service care providers.
- Emphasis on the consumption of home-based food for complementary feeding; food safety and safe handling of food along with consumption of a diversified diet and mothers need to include the foods which are locally.



- Available in their food list
- KMC recommended extending the reach to uncovered slum areas under its jurisdiction. KMC informed the TAG members that some of the slum areas, such as Ward 29, remain uncovered. This has been conveyed to the PPHF team for further action, and PPHF has agreed to include it in their operational area pending an internal decision. This matter needs to be addressed as soon as possible.

### Develop Information Education & Community (IEC) and supplementary capacity-building materials

- Activity specific IEC materials are being developed and designed which will be used for communicating the ideal practices. These materials will be used in the community during different sets of activities on multiple occasions in the implementation phases. These IEC materials will be used by the frontline workers of KMC, ICDS, SAMARTH Project and other field volunteers. It will also be used as reference material during various training programs. Some of the materials will also be referred to by the caregivers for deciding situation specific action points. These materials are submitted to KMC and ICDS for their approval.

SI No.	Name of the material	Type of material	Targeted group
1	1000 days care and intervention	Flip book	Pregnant mother, Children from birth to 24 months
2	Basic care of 1000 days	Poster	Pregnant mother, Children from birth to 24 months
3	Healthy Adolescent girl	Poster	Adolescent girls
4	Breastfeeding: <ul style="list-style-type: none"> <li>• Advantages of Breastfeeding</li> <li>• How often should a child be breastfed</li> <li>• Collective efforts towards breastfeeding</li> </ul>	Poster	Pregnant mothers and lactating mothers
5	Care for children of 3 to 5 years	Flip book	Caregiver and the children of 3 to 5 years
6	Care for children of 3 to 5 years	Poster	Caregiver and the children of 3 to 5 years

### Development of video illustration

- At least eight sessions of an existing MAA training module for front line health workers are being digitalized in the form of a video with motion graphics, illustrations and a voice over. The content is being developed in Bengali language. The videos will be updated in the digital App where the user can easily use them as per their need. The videos will also be useful in conducting both e-learning and face to-face trainings to build technical capacity.

### Screening of the child by growth monitoring and MUAC measurement

- The weighing of children from 6 months to 5 years is provided under the services of ICDS. Field mobilizers are responsible for mobilizing caregivers to bring their children to the AWC for weighing and for plotting the weight on the community growth chart. AWWs and field mobilizers work together to counsel mothers about this process.
- Severely underweight children are referred to as NRCs, and in the meantime,

health workers and SAMARTH Project field mobilizers conduct home visits to follow up with and support families. They motivate families to seek available services with support from ICDS, the KMC Health team, and SAMARTH Project field team members.

- In the fourth quarter of the year, we had three cases of severe acute malnutrition (SAM) cases among children. Two of these children have moved to MAM and one case has been taken care of by ICDS. All the measurements related to height (from 5th Quarter) and weight were taken from secondary data sources except MUAC measurement.





Quarter	Total Children weighing	Moderate Underweight		Severe underweight	
		Boy	Girl	Boy	Girl
Q2	201	22	19	3	6
Q3	502	30	32	6	12
Q4	1715	62	63	37	25
Q5	844	17	11	4	5

Data sources: Project MIS

Indicator of nutritional status	Boy	Girl
Total screened	124	94
stunted-severe	12.90%	14.89%
stunted-moderate	19.35%	23.40%
Wasted	8.87%	7.45%

Data sources: Project MIS

## Screening of the pregnant mothers

During the past three months, field mobilizers in Ward 32 identified 84 pregnant mothers, all of whom were registered at UPHC. Four of these mothers were mobilized to register within the first trimester. Among the 21 eligible mothers, 21 received 4 ANC from nearby

Government Hospitals. Fifty-one pregnant mothers were tested for GDM, and one was found to be at risk for diabetes. The mother was referred to a nearby Government hospital for further treatment. The field mobilizer is currently providing counseling on food habits and the adverse effects of diabetes on mothers and children.



In the current month, 19 new pregnant mothers were identified in Ward 32, and their hemoglobin levels were tested. Twelve of the 19 mothers (63%) had low hemoglobin levels (>11g/dl). Secondary data showed that 60 out of 84 pregnant women (70%) received IFA tablets, but the consumption rate was low. Seven of the 19 new pregnant mothers were registered at AWC within their first trimester and are now receiving supplementary nutrition. A total of 45 mothers out of 84 were already registered at AWC, but the remaining mothers were not, as they did not reside within the ICDS coverage area. Of the 45 registered mothers, seven were identified with MUAC measurements of less than 23cm. The HHW and AWW were notified, and separate counseling and monthly monitoring were initiated.

### What Works and Call to Action:

- Community Mobilization through campaign activity that provided appropriate knowledge and information to the community, individuals, and specific groups helped generate awareness, build capacity, and facilitate the knowledge-building process. The street play on Pneumonia Awareness was captivating and had a huge impact on the community.
- Participatory processes of behavior change, such as arranging a quiz session at the end of each show and giving kits to the winners, were effective. These acted as tokens of motivation and encouraged the participants to follow and practice the ideal behaviors.
- Providing low-cost nutritious items such as peanut chikkis as refreshments and using them for demonstrations were an effective way to encourage the adoption of the right practices like among the children in the camp.
- Having mobilizers from nearby localities enabled easy acceptance within the community. The mobilizers are also familiar with the areas of intervention.
- The field mobilizers went for door-to-door surveys, counseled the family with AWWs and ASHA workers, and linked the community with existing healthcare services. They mobilized the community members to attend the sessions and camps. This made the community supportive as local clubs provided the space and their time to conduct the awareness sessions.
- Regular interaction and sharing updates with KMC Health and the Directorate of Social Welfare gave us the mileage to start the identification of the targeted group in the new area of Ward 29. Joint efforts by KMC, ICDS, and SAMARTH Project team helped in creating a synergy in connecting and accessing health services.
- Youth and local club engagement in health activities became a useful strategy for ownership building.

### WAY FORWARD: (CALL TO ACTION)

- Ensure that women and children have access to a universal package of guaranteed benefits, including family – planning information and services, antenatal, newborn, and postnatal care, emergency obstetric and newborn care, skilled care during childbirth at appropriate facilities, safe abortion services (when abortion is not prohibited by law), and the prevention of HIV and other sexually transmitted infections.
- Explore the possibility of building stronger links between disease-specific programs (such as for HIV/AIDS, malaria, and tuberculosis) and services targeting women and children (such as the Universal Immunization Programme, sexual and reproductive health, and the Integrated Management of Childhood Illness).
- Improve awareness in the community about services available at the UPHC and ICDS
- Emphasize food diversity to prevent and treat Malnutrition.

# Annexure 1

## Poster on Basic Care of 1000 days



Project supported by  
**Cognizant Foundation**

**SAMARTH Project**  
[To improve the health and well-being of urban poor women and children]



**PPHF**  
PEOPLE TO PEOPLE HEALTH FOUNDATION

## BASIC CARE - 1000 DAYS

### Pregnant Woman



- Pregnant woman must register themselves at nearest Hospital or Primary Health Center and at Anganwadi Centre within first 3 months of confirmed pregnancy
- Ensure 4 ANC (Ante Natal Check-ups) including Tetanus and adult diphtheria (TD), Iron Folic Acid (IFA) Tablets and Calcium Tablets
- Take adequate rest and diversified diet
- Ensure Institutional delivery
- Go for GDM (Gestational Diabetes Mellitus) test twice during ANC. There should be at least 4 weeks gap between the two tests.

### Care for 0-6 month child



- Breastfeed the new born as early as possible.
- Ensure Colostrum feeding (the first yellow breast milk provides lifetime immunity)
- Practice exclusive breastfeeding for first 6 months. Do not give anything – even water, cow or goat milk, commercial food
- Ensure on taking all age appropriate immunization strictly as per Mother and Child Protection Card
- Ensure monthly weighing and growth monitoring at anganwadi centre

### Lactating Mother



- Ensure for 4 Post Natal check-ups and know about danger signs of mother and new-born child
- Take adequate rest, diversified balanced diet, IFA and Calcium Tablets

### Care for 6 - 24 month old child



- Continue breastfeeding upto 2 years
- Introduce homemade semi-solid complementary food after completion of 6 months.
- Select one item from each food group
  - staple cereals • seasonal green leafy vegetables • fruits • dairy products (milk, curd, butter) • lentils & pulses • meat, fish and eggs


**Maintain ideal hygienic practices – Proper hand wash with soap, use safe drinking water**

**Follow COVID APPROPRIATE BEHAVIOR** ▶




# Annexure 2

## Posters on Breastfeeding


Project supported by  
 **SAMARTH Project** 

### How often should A CHILD BE BREASTFED



**Frequent feeding will help mothers to produce more breastmilk**

**Babies should be breastfed on demand, both day and night, at least 8 to 12 times each day.**



Project supported by  
 **SAMARTH Project** 

### Collective efforts towards BREASTFEEDING






- 1 Ensure that the baby is exclusive breastfed for first six months, not even water expect medicine prescribe doctor or nurse.
- 2 Breast feeding protects child against dangerous illness. It also creates special bond between mother and child.
- 3 On completion of 6 months, breastfeeding should be continued on demand along with complementary feeding.
- 4 When feeding a baby between 6 - 12 months, breastmilk should be given first - BEFORE GIVING OTHER FOODS.
- 5 Breastmilk continues to be an important part of the diet until the baby is at least 2 years.
- 6 Avoid giving a baby tea, coffee, soda and sugary or coloured drinks.
- 7 Always feed the baby using a clean open cup. Do not use bottles, teats or a cup with a mouthpiece.
- 8 Children should be taken to the anganwadi Centre or a health Centre for regular weighing, checkups, immunization and vitamin A supplementation.
- 9 During illness, children need small frequent meals and more fluids, including breastmilk or other liquids. Offer a variety of their favorite foods and encourage them to eat.
- 10 After illness children should be fed more food and more often than usual for at least 2 weeks.

**For successful breastfeeding help the baby attach itself properly to the breast**




**Good Attachment      Poor Attachment**

Project supported by  
 **SAMARTH Project** 

### Advantages of BREASTFEEDING

**GOOD FOR BABY GOOD FOR MOM**

<p><b>Benefits for Baby</b></p> <ul style="list-style-type: none"> <li>Early skin-to-skin contact keeps the baby warm.</li> <li>It helps in early secretion of breastmilk</li> <li>Feeding first milk (colostrum) protects the baby from diseases</li> <li>Helps mother and baby to develop a close and loving relationship</li> <li>Decreased risk of illness such as diarrhoea, pneumonia, ear and throat infections</li> <li>Improved intelligence. Ensures development and growth.</li> </ul>	    	<p><b>Benefits for Mother</b></p> <ul style="list-style-type: none"> <li>Helps womb to contract and the placenta is expelled easily</li> <li>Reduce the risk of excessive bleeding after delivery</li> <li>Reduces the risk of breast cancer, uterine cancer and ovarian cancer</li> <li>Lessens osteoporosis</li> <li>Benefits child spacing</li> <li>Promotes post-partum weight loss</li> <li>Costs less to feed the child</li> </ul>
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# Annexure 3

## Poster on Healthy Eating for Adolescents

Project supported by



**SAMARTH Project**  
To improve the health and well-being of urban poor women and children



# HEALTHY ADOLESCENT GIRLS

### Menstrual Hygiene and WASH

- Stay clean, stay healthy. Taking care of your body is your responsibility
- Use clean sanitary napkin.
- Always store sanitary napkin in a clean dry place.
- Dispose off sanitary napkin properly – in a deep pit, away from a water body or burn completely in an incinerator.





### Iron Supplementation



One Iron Folic Acid (IFA) tablet should be provided to each adolescent girl (10-19 years) every week on the fixed day

### DIVERSIFIED DIET





### AVOID Junk Food



Junk Foods are not healthy food. Avoid them.



### STOP Child Marriage

- Avoid teenage Pregnancy
- Teenage pregnancy increases health risk factors of both mother and child.
- Educate girl child for better future



# Annexure 4

## Care for 3-5-year old children



### CARE FOR 3-5 YEAR OLD CHILDREN



#### Growth Monitoring

Growth monitoring should be done regularly to check monthly weight gain.

#### ENSURE SCHEDULED

##### Immunization



##### Balance Diet

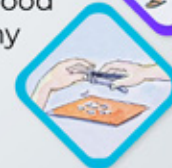
Balance diet helps in proper growth, development and learning of children.

#### PREVENT

##### Worm infestation

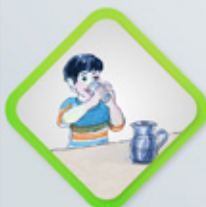
**Give proper doses of Albendazole and take other cares :**

- Proper hand wash before handling of food
- Proper boiling and covering of food
- Healthy handling of food
- Regular trimming of nail
- Use of Shoe/Sandle outside.



##### WASH and Hygiene

- Drink safe and covered water
- Use of sanitary toilets
- Practice daily healthy habits



##### Prevent DISEASES like

- ARI
- Diarrohoeab
- Dengue
- Malaria



# Annexure 5

## Flip book on 1000 Days Care and intervention



Cognizant | SAMARTH | PPHF

### Instruction for use

**Who are the users of this Flip Book?**  
All the front line health workers are the users of this flip book.

**Tips for Using this Flip Book**

- It is important to be familiarised with the content of the Flip Book before conducting the counseling session.
- This book is designed for group counseling but may be used for individual counseling.
- Use simple and common language so that mothers can understand easily.
- Follow the participatory process for effective counseling through Flip Book.
- Avoid misinterpret and attempt solving problems in haste.

For more or detailed information, contact your nearest Anganwadi centers, Anganwadi workers, ANM and ASHA workers.

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# Annexure 6

## Flip book on Care of 3 to 5 years Child



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### Immunization including Micronutrients

Vaccine	3 year	3 1/2 year	4 year	4 1/2 year	5 year
DPT Booster					✓
OPV	✓	✓	✓	✓	✓
Vitamin A					✓
MR					✓
JE					✓

IFA Syrup twice weekly (Monday and Thursday)





## ABOUT PPHF

We are a global health non-profit organization working towards transforming lives for improved health and well-being through locally-driven solutions. We have worked in more than 20 states of India with an aim to build the skills of healthcare providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

- ✦ Non-Communicable Diseases
- ✦ Women, Adolescent and Child health
- ✦ Nutrition
- ✦ Infectious diseases
- ✦ Environmental Health
- ✦ Emergency Health and Disaster Response

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices. Drawing on our experiences and recognizing the unique needs of each region in India, we work in partnership with key stakeholders to design and deliver targeted responses.

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### Contributor:

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