



**Small Steps for Big Poshan Results**



नए सपने की ओर  
Towards a new dawn

Ministry of Women and Child Development

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## Assam: Augmenting nutritional awareness, Increasing programme coverage

Smt. Nandita Purkayastha, ICDS Supervisor - A Champion 4 Nutrition

**Theme: Overall Nutrition**

**District:** Goalpara

**State:** Assam

### The issue

Reaching communities with the right messages on nutrition behaviours and enhancing community participation by adopting multiple approaches in POSHAN Abhiyaan activities.

### What was done?

Nandita Purkayastha, a lady supervisor from Goalpara district, has been actively involved in leading the POSHAN Abhiyaan activities in Digholi sector. She has been promoting various initiatives for enhancing community awareness and participation, while also supporting the implementation of the overall POSHAN Abhiyaan in the district. She was also actively involved in the implementation of *Ujan Saptah* (weighing campaign) in Goalpara district in 2018.

### How it was done?

She has facilitated various Jan Andolan activities and initiatives - anemia awareness camps, community-based events, Poshan Rally, Poshan Walk, handwashing awareness and demonstration sessions, home visits, Nutrition and Health Education (NHED) on Village Health, Sanitation and Nutrition Day (VHSND), parents' meetings and village leaders' meetings. She reached out to families residing in difficult to reach terrains and motivated the anganwadi workers (AWWs) to actively engage with them.

### The result

Bringing Jan Andolan into action, Nandita was able to enhance community participation and reach communities with the right messages on health and nutrition. Her contribution to POSHAN Abhiyaan in Goalpara continues to be acknowledged by the district leadership. With her commitment and ownership, she has proved that she is a Champion4Nutrition.



*Nandita Purkayastha leading a Poshan cycle rally to bring awareness around the issue of anaemia*



*Nandita Purkayastha organising awareness camps*

## Madhya Pradesh: AWW leading the way

### Improving programme coverage and increasing awareness in the community (Madhu, AWW)

#### Theme: Anemia Prevention

**Village:** Khedi

**Panchayat:** Gadhwada

**Block:** Meghnagar

**District:** Jhabua

**State:** Madhya Pradesh

#### The issue

Anemia has long been a major public health challenge affecting all age groups including adolescent girls. The avenues for addressing adolescent anemia have been clearly identified. However, weekly Iron/Folic Acid (IFA) tablet consumption and promoting food-based approaches to enhance the consumption of iron, protein and Vitamin C rich foods remains a huge task. Village Khedi faced similar challenges.

#### What was done?

Anganwadi Worker (AWW) Madhu took the initiative to involve adolescent girls in the village in discussions around these issues. She developed an IFA consumption tracking chart where all girls were listed. The girls themselves recorded the consumption of IFA tablets against their own name, thereby creating accountability and promoting self-monitoring.

She also facilitated the development of kitchen garden with the help of adolescent girls, who have now started replicating this practice at their households and also talk about it in their respective families.

Madhu was guided by UNICEF supported non-governmental organisation (NGO) partner initially to understand the importance of the programme as well as her role in the village. They provided initial handholding support to bring the girls together and facilitated discussion about the same. This was extremely motivating for Madhu who started regularly engaging with the group, involving them in developing the tracking chart and the kitchen garden.



Anganwadi Worker Madhu



Madhu and the girls tending to the kitchen garden

## The result

There are 49 adolescent girls in the village with 37 being out of school. An overwhelming change is that IFA consumption has now become 100 per cent for the past few months. This is a result of tremendous efforts put in by the AWW. School going girls have also started consuming IFA tablets through anganwadi centres (AWCs). That is not all. Seven girls have already developed individual kitchen gardens and other girls are preparing for it.

Moreover, the discussion among the girls has moved beyond IFA consumption. They now look at their health and nutrition status holistically and discuss their body mass index (BMI), issues of menstrual hygiene and age at marriage.

Madhu has shown great leadership to bring adolescent girls together and guide them towards actions for improving their health and nutrition status.



*Tracking IFA distribution and consumption on a chart at the AWC*

## Maharashtra: Driving home the message of health and hygiene

### Tribals of Amravati understand it in their own language

#### Theme: Overall Nutrition

**Village:** Jaitadehi and Jamli

**Block:** Chikhaldara

**District:** Amravati

**State:** Maharashtra

#### The issue

Rural residents of Melghat's Chikhaldara block are very familiar with diseases like dysentery, anemia and malnutrition. Generations of local tribal Korku women have been caught in the vicious cycle of child marriage, early pregnancy and caring for malnourished children. A move towards breaking this cycle of distress and intergenerational malnutrition was initiated with the APJ Abdul Kalam Amrut Aahar Yojana in December 2015.

#### What was done?

In Jaitadehi village, anganwadi worker (AWW) Sunita Meshram has spent the last couple of years earnestly implementing the Amrut Aahar Yojana (AAY) among the Korku women who fall under the aegis of her anganwadi. Under this scheme, every tribal woman in her third trimester of pregnancy is entitled to a free and nutritious hot meal every day, which continues for three months after delivery so that the newborn is healthy. The menu constitutes bhakri/roti, rice, pulses, green vegetables, jaggery, groundnut ladoos, boiled eggs/banana/nachni halwa and soy milk.



*Free and nutritious meal for every tribal woman in her third trimester under the AAY*

Initially, Meshram used to prepare the protein-rich meal and ask pregnant women and lactating mothers in the village to come to the anganwadi to have it. *"But soon I realised that they did not understand why I wanted them to visit the anganwadi to eat food and often, they were simply unable to come to us,"* she says. So, she altered her approach. Not only did she explain to them the nutritional value of the meal she had made for them in their own dialect, she also decided to go to their homes and ensure that they had the food.

*"If it's difficult for them to visit the anganwadi, we take the meal to their house and I make sure that they eat it in my presence. The meal includes sabzi-roti, dal-chawal, groundnut laddoo, cucumber, lemon and an egg. Nowadays, we typically have around 12 to 20 women visiting the anganwadi for this meal. Our constant engagement, particularly the home visits, is fetching great results",* she adds.



*Tribal women eating together at the anganwadi centre under the AAY*



## The result

According to Sanjay Durve, Child Development Project Officer (CDPO), Chikhaldara block, “Quantitative data reveals that the percentage of low birth weight has come down from 29-32 per cent to 12-15 per cent. This is a great achievement and the best part is that it has made the life of tribal mothers better. Apart from making the AAY meal, AWWs like Meshram are also keeping a record of the weight and immunisation schedule of the infants”.



Anganwadi centre at Jaitadehi village, where Sunita Meshram works

Ask a few tribal women in Jaitadehi about what they think about Meshram’s work and they break into a smile. Once shy and quiet, they reveal that they have been able to come out of their shell, thanks to the inclusive approach of the AWW. New mother, Puja Korku, 20, and pregnant Rita Korku, 19, visit the anganwadi daily to have their specially prepared meal. They say, *“She speaks to us in our language and that makes everything easier to comprehend. Tai has explained that the meal provides the mother and the child with balanced nutrition. The laddoo and egg give us adequate protein and energy”*.

Clearly communicating with them in their own language put them at ease and made the otherwise traditional tribals more receptive to Meshram’s involvement. This approach has been used to drive home the message of hygiene and hand washing among children as well in the area.

In Chikhaldara block’s Jamli village, a partnership between the local anganwadi and Health Sub-Centre has yielded a remarkable innovation that is changing the way children wash their hands. Not used to washing up after their daily ablutions or even before having meals, children commonly suffered from gastrointestinal ailments. Repeated bouts of dysentery resulted in severe weight loss and anemia. The government health workers put their minds together and developed the tin hand wash fountain.

*“We have created a simple device to aid in hand washing. A tin, with approximately five-litre capacity, is fastened with a rope and fixed at a height of around four feet on a tree or to a pole. The other end of the rope hangs down loose. The tin is filled with water. When the loose end of the rope is pulled, the tin tilts and the water pours out. When the rope is released, the tin straightens,”* explains Kirit Khanna, Anganwadi Supervisor-Jamli, and Dr Ankush Mankar, Medical Officer, Jamli Health Sub-Centre.

CDPO Durve says, *“We speak to the community in their Korku dialect, telling them about the need for hand washing. We have been conducting hand washing demos in villages and this strategy has helped in publicising hand washing. In the anganwadis, the children make it a point to wash their hands before having their meal.”*

The strategy of speaking to the community in their Korku dialect, telling them about the need for hand washing and conducting hand washing demos in villages has helped in boosting the practice. During the Poshan Pakhwada, held between March 8 and 22, 2019 to mark the first anniversary of the POSHAN Abhiyaan, health workers held interactive sessions around hand washing. These demonstrations received a great response from the tribals and many households have already installed the tin hand wash fountain.

*“Anganwadi workers have been visiting homes across various hamlets talking to people about the hand wash device. They are asking mothers to attend the session on hand washing at the anganwadi. I’m glad that the villagers have participated wholeheartedly in the development activities initiated by their anganwadi,”* says Durve.

## Maharashtra: Mill-town women get a taste of good health

### Fighting ill-health, illiteracy and crime

#### Theme: Overall Nutrition & Antenatal Checkup

**Town:** Bhiwandi

**District:** Thane

**State:** Maharashtra

#### The issue

Bhiwandi is an overcrowded, largely impoverished loom town, a mere 20 kilometres outside of Mumbai, in Thane district. Stepping into this town, one can't miss the shanties, with their narrow, airless streets that double up as an overpass for the drains. The various slums present a picture of squalor, chaos and destitution. Nothing really seems to be working out for the thousands of workers and their families who toil away in the power looms, but it's the women and children who bear the brunt of crushing poverty that brings on ill-health, illiteracy and crime. Providing sustained and quality healthcare services on the ground is essential in a place like Bhiwandi.

#### What was done?

Poshan Pakhwada celebrations were organised in Bhiwandi between March 8 and 22 to mark the first anniversary of POSHAN Abhiyaan. Six-month-old Chotu's mother was one of the many women who attended the activities held as part of the fortnight-long string of events that enabled them to learn how to take care of themselves with assistance from her local anganwadi. The focused health campaign was a welcome initiative, as it brought home the message of making available improved anganwadi services, undertaking better monitoring of expectant women and newborns and, of course, building greater synergy among the different government agencies and frontline health workers for the benefit of the already struggling community, largely comprising of loom workers.

#### The result

Afreen Sheikh, 21, resident of Gayatri Nagar, inadvertently became the beneficiary of her anganwadi worker's (AWW) watchful eye. Although the AWW did not reach out to Afreen personally, she got in touch with Foundation Mother and Child Health, an NGO partner of UNICEF, who sent Basrin Ismail Sheikh, a social worker, to speak to her. She got in touch with Afreen when she was three months pregnant and asked her to register at the antenatal check-up (ANC) clinic run by the Bhiwandi Municipal Council. Her haemoglobin count was very low (6) and she was at risk.

Afreen kept on postponing her visit. Despite speaking to her mother-in-law, the visit to the clinic didn't happen. Basrin then got in touch with her husband, Yakub, as a last resort and explained to him the risks involved in the pregnancy and delivery of a severely anaemic mother.

Yakub finally managed to talk his wife into going to the ANC clinic. Since her haemoglobin count was very low, she received four blood transfusions and regained some strength. Eventually, she had a normal delivery giving birth to a healthy baby. Afreen recognised the value of availing government services and also connecting with her anganwadi. She now actively participates in all meetings and programmes, including the Poshan Pakhwada, and motivates other women in her neighbourhood to join in too.

An event where the anganwadi workers got to show off their inventive capabilities was the cooking demonstration using Take Home Rations (THR). The THR distributed from the anganwadis comprises roast-dried, packaged, ready-to-cook meals that are typically made of wheat, sugar and soybean,

fortified with specified quantities of micronutrients. Due to lack of awareness about preparing food out of THR ingredients, more often than not, the women would either throw them away or have them straight from the packet without cooking.

Aware of this situation, the AWWs took it upon themselves to show them the different delectable treats that can be whipped up with the free ration supply. Delicious sweetmeats like laddoos and halwa, along with crisp hot paranthas (leavened Indian bread), were prepared and distributed during this session. Pizza made out of THR flour with toppings of veggies, pulses and cheese was an instant hit with the teenage girls in attendance.

The adolescent girls also sat through sessions specially prepared for them. There was one on complementary feed for six-month-old infants. *“We had no knowledge about child nutrition because we were never really interested in knowing about it. But after sitting through the discussion, I think it’s useful and I can even tell others about it,”* says Kavita Gavas, 16, who is in Class 10.

There was another issue that got the girls talking – good and bad touch. *“Many a times the basti boys harass us. We feel helpless and walk away with our heads lowered. Now I feel confident that I can face the hooligans. We are not going to take this teasing quietly,”* asserts Nima Kausar, 17.

## Maharashtra: When technology impacts institutional deliveries

### Using technology innovatively, setting a successful example for his peers

#### Theme: Antenatal Check-up

**Village:** Karajkupe

**Block:** Nandurbar

**District:** Nandurbar

**State:** Maharashtra

#### The issue

The attitude of the local tribal population in the countryside of Nandurbar district tends to staunchly hold on to its age-old beliefs, especially when it comes to maternal health, child birth and institutional delivery.

#### What was done?

Bheema Thakre, the sarpanch of Karajkupe village in Nandurbar block, became viral on a social media platform. He recorded a video on his mobile phone, urging women to go for institutional delivery and circulated it on WhatsApp. This not only pushed his community to take cognisance of his message but inspired a much needed change in the attitude of the local tribal population.

#### The result

Thakre's wife passed away during childbirth last year. His is a compelling story of loss and resilience. He decided to channelise his grief into positive action by spreading awareness about the critical issues of pregnancy care and institutional delivery. Immediately after her death, with assistance from Hitesh Sugandhi, the multipurpose worker (MPW) posted in the primary health centre (PHC) in Rasakwada, he created a video addressing his fellow sarpanchs.



*Bheema Thakre, the sarpanch of Karajkupe village in Nandurbar block*

*“My wife died during childbirth at home. She would have been alive today had I admitted her to a hospital. She’s no more. I appeal to my fellow sarpanchs that if a pregnant woman from your village has migrated for work, please bring her back. The accredited social health activist (ASHA) and anganwadi worker (AWW) of the village will help her to give birth safely. It’s important. Please do this; it will save precious lives.”* His emotional appeal made an impact.

When a pregnant Yoshita Bheel, 21, who had migrated to Pune district for work, heard Thakre's message, she decided to return home to her village. She got in touch with the ASHA and her health status was duly monitored. When it was time to give birth, she was admitted to the local government hospital. Yoshita gave birth to a healthy baby at Civil Hospital, Nandurbar, in late 2018. And Thakre's phone buzzed with congratulatory messages on WhatsApp.

Thakre is always available to aid and assist public health workers, be it the AWW, public health nurse (PHN), auxiliary nurse midwife (ANM) or the MPW. He travels across various *padas* (hamlets) in the area spreading awareness. Where he cannot go, he uses technology to reach out.



*Yoshita Bheel with her child*

During the Poshan Pakhwada awareness campaign, which was conducted between March 8 and 22 to mark the first anniversary of POSHAN Abhiyaan, the government's overarching scheme for holistic health, Thakre organised an event at Karajkupe and invited villagers from adjoining *padas* to join in the endeavour to understand the importance of safeguarding the nutrition status and health of women and children of the community.

He took the opportunity to renew his request for taking special care of pregnant women and reiterated the need for undergoing institutional delivery. *"My wife Savri died during delivery. It happened due to my ignorance about safe pregnancy and delivery. I had believed that delivering the baby at home was the way to go about it – as had happened in older times. But I was wrong and today she is not with me."* Tears rolled down Thakre's face as he addressed the gathering present.

Moved by his public testimony, Manju Thakre, 24, from Karajkupe, who was expecting her second child, got up to speak, *"I would like to share my story because I think it will help other women realise how necessary it is to be in touch with the AWW during pregnancy. As soon as I missed my period, I informed Meena-tai, our AWW, and together we went for pregnancy test. Once it was confirmed that I was expecting, my antenatal care (ANC) schedule kickstarted instantly. My first child was underweight, so this time around she has been counselling me about nutrition and undergoing periodic check-ups. I feel happy and safe in her hands."*

Sarpanch Thakre admits that there's still substantial ground to be covered when it comes to ensuring mother and child care in his tribal backyard – *"the vital task of raising sustained awareness about immunisation, registration of pregnancy, ANC, post-natal care as well as various government health schemes is before us all, although campaigns like the Poshan Pakhwada are very useful"*. However, he has truly set a successful and positive example for his peers by using technology innovatively.

## Uttar Pradesh: Generating awareness among rural community on nutrition, health and sanitation

### Theme: Overall Nutrition

**Block:** Mihinpurwa

**District:** Bahraich

**State:** Uttar Pradesh

### The issue

Being a pre-dominantly tribal area, Mihinpurwa block of Bahraich district, situated at the Indo-Nepal border, has a largely marginalised tribal population. Awareness level on issues of nutrition, health and sanitation is low among rural communities, especially self-help group (SHG) members.

### What was done?

Anurag Patel, Block Mission Manager (BMM), successfully led the Uttar Pradesh State Rural Livelihoods Mission (UPSRLM) support plans for Poshan Pakhwada. As many as 14 review meetings were organised at different levels to address the agenda and progress of Poshan Pakhwada and more than 115 people participated in these review meetings. Anurag mobilised the SHGs around the theme of nutrition, health and sanitation while capacitating the block level SRLM staff on the activities to be conducted as per state released guidelines by creating awareness on different themes of Poshan Pakhwada through a team of 169 Village Organisations (VOs) and 938 SHGs.



*Anurag Patel, BMM, Mihinpurwa*

### How it was done?

He established successful coordination with the block level officials of various departments including Integrated Child Development Services (ICDS), Health, Swachh Bharat Mission for successful completion of Poshan Rally, Annaprashan, Godbharai, Suposhan Mela, and Rangoli activities at a wide scale as per state guidelines. This helped in the dissemination of key messages related to nutrition, health and sanitation among the most marginalised population. A WhatsApp group was formed and used extensively by Anurag to report to state and partner organisations. Constant touch with the field personnel was maintained to fill any gaps in information on real-time basis.

### The result

During the campaign, SRLM SHGs got involved in the entire block, even though the block is 80 kilometres from the district headquarters. SHG members were mobilised in a very short time to get functional in Pakhwada activities while using locally available resources. Awareness generation activities covered 169 VOs and 938 SHGs who organised Poshan Pakhwada activities like Poshan Rally, Cycle Rally, Rangoli, Adolescent Awareness Camp, Suposhan Mela, SHG meetings on Nutrition and Poshan Haat. Key messages and services reached 5754 beneficiaries (4529 women, 286 men and 939 adolescent girls) in the block.

## Uttar Pradesh: Enhancing awareness on complementary feeding

### Improving service delivery

#### Theme: Complementary Feeding

**Village:** Mankora Kashiram

**Block:** Utraulla

**District:** Balrampur

**State:** Uttar Pradesh

#### The issue

Poor nutrition indicators clearly underline the link between under nutrition and poor child feeding practices as presented in NFHS-4 data, wherein 1 out of every 2 children under 5 are undernourished, merely 30 percent are introduced to complementary foods at the right age and 1 in 20 children under 2 receive diet adequate for their age.

Having been a neglected behaviour for long, complementary feeding was neither practised at the household level nor pushed at the existing health and nutrition service delivery platforms, thereby leading to underweight, stunting and wasting among children. The situation is no different in villages of Balrampur.

#### What was done?

With the launch of POSHAN Abhiyaan, many nutrition specific and sensitive behaviours have been revisited and accorded due priority, and complementary feeding is one of them. One of the community based events under POSHAN Abhiyaan is 'Annaprashan' (ceremony for introducing first food to child on completion of sixth months). In line with the national objective, UNICEF with its partner Rama Foundation is working with the Health and Integrated Child Development Services (ICDS) departments in four aspirational districts to strengthen the capacity of front line workers (FLWs), namely anganwadi worker (AWW) and accredited social health activist (ASHA) to promote complementary feeding behaviour among communities through the platform of community based events like Annaprashan and home visits.



*Annaprashan ceremony as part of POSHAN Abhiyaan activity in Mankora Kashiram village*

#### The case of little Deepanshu

Twenty-one month old Deepanshu, son of Sunita and Bachchan of village Mankora Kashiram, block Utraulla, district Balrampur, is one of the many children in Uttar Pradesh (UP) who was not receiving adequate food for his age. Deepanshu was a healthy boy weighing above 2.500 kilograms at the time of birth in a health facility on 23<sup>rd</sup> June 2017. At 15 months of age, he was found to be moderately underweight with weight of only 7.750 kilograms when he was weighed at the anganwadi centre (AWC). Inadequate feeding and recurrent episodes of diarrhoea and fever led to rapid decline in Deepanshu's weight. Sunita was giving him only 2-3 spoonful of food 2 to 3 times a day, which was much less than what a



*Participants at the Annaprashan ceremony*

child of his age would require. She was also receiving supplementary nutrition from AWC but was not feeding it to him.

Mankora Kashiram is one of the intervention sites where the Early Childhood Development (ECD) work is being undertaken. In November 2018, AWW Geeta invited all caregivers of children under 2 years to a community meeting to discuss “complementary feeding - what, when, how much and why and how to give?” Deepanshu’s mother Sunita was also invited to participate in the discussion. Following the discussion, a demonstration on hand washing was conducted and a recipe prepared, which was distributed among beneficiaries to taste. Sunita really liked the taste and was motivated to try the recipe at home for her son. She also promised to follow the advice received during the session. Subsequently, she participated in three community meetings between November 2018 and February 2019. Additionally, Geeta and the ASHA made monthly household visits to Deepanshu’s home and advised on using separate bowl and spoon for him, enriching meals with one tablespoon of oil and use of at least four food groups from locally available foods.

### **The result**

As a result of the joint efforts of FLWs and Sunita, Deepanshu’s intake began to improve. His weight was again measured in February 2019 and was found to be 8.900 kilograms, showing an improvement of about 300 gm per month. Sunita is very happy with the progress Deepanshu has made.

*“As advised by Geeta didi and ASHA didi, I have kept separate bowl and spoon for my child, which helps me know if he is eating adequately or not; I also add one tablespoon oil to his food and make special pakodi using namkeen daliya (SNP) which all my children eat with pleasure.” - Sunita*

Deepanshu’s case is one of the many positive examples surfacing from the small village in Balrampur which shows that strengthening existing service delivery platforms and improving the capacities of service providers to deliver quality messages and services around nutrition interventions can contribute to ending malnutrition which is currently paralysing our future generations.



# Uttar Pradesh: Spreading nutrition awareness for anaemia reduction among women & adolescents girls

## Theme: Anaemia Prevention

**District:** Barabanki

**State:** Uttar Pradesh

### The Issue

Lack of information on nutritious diet among self-help group (SHG) members and their families resulted in high prevalence of anaemia among adolescent girls and women in the district of Barabanki.

### What was done?

The core task was to educate the women in Uttar Pradesh State Rural Livelihoods Mission (UPSRLM) villages about the importance of nutritious food, especially during pregnancy, and for lactating mothers and adolescents. The UPSRLM team coordinated with Integrated Child Development Services (ICDS) and Health at district and block levels.

The major focus remained on the problem of anaemia in pregnant women and adolescent girls. Several activities took place including:

- Regular coordination meeting of UPSRLM's district and block managers with Health, ICDS, Education teams
- Screening of special documentary on nutrition and factors causing anaemia in primary schools
- Educating adolescents on sanitation and hygiene along with information on deworming medicines
- Use of [www.poshanabhiyaan.gov.in](http://www.poshanabhiyaan.gov.in) website to update the reach of campaign including at SHG, village organisation (VO) and Cluster Level Federation (CLF) levels.

### How it was done

Dr. Niraja Gupta, District Commissioner (Self Employment), was instrumental in mobilising the entire district by forming a committee involving DM, CDO, PD, CMO, Veterinary Officer, DDO, DPO, Social Welfare Officer and office bearers from the SHG. She actively steered the entire campaign with her earnest efforts on ways to reach the underprivileged sections of society and educate them on sanitation, hygiene and nutritional benefits during pregnancy. She coordinated with the Health and Education departments to ensure smooth execution of plans. Community-level awareness programmes were organised during the POSHAN Abhiyaan to engage the SHG members on nutritious diet, iron-folic acid (IFA) consumption, etc.



*Dr. Niraja Gupta, District Commissioner (Self Employment), Barabanki*

### The result

The well-orchestrated leadership positively impacted the knowledge and practices in SHG families and also improved their access to services during Village Health and Nutrition Days (VHNDs). A total of 957 SHGs organised 22972 Poshan Pakhwada activities like Poshan Rally, Cycle Rally, Rangoli, Adolescent Awareness Camp, Suposhan Mela, SHG meetings and Poshan Haat and reached over 59590 beneficiaries (36722 women, 8641 men and 14227 adolescents) in the district. A total of 50 review meetings were organised at different levels to engage with the stakeholders. As many as 922 people participated in these review meetings.





