



जिला प्रशासन बांसवाड़ा



VAAGDHARA

# POSHAN SWARAJ ABHIYAN 2021



**BANSWARA, RAJASTHAN**



## Contents

S. NO.	PARTICULARS	PAGE NO.
I.	Acronyms	I
II.	Message by District Collector, Banswara	III
III.	Message by Secretary, VAAGDHARA	V
1.	Swaraj for Nutrition	VI
2.	Ending Malnutrition in Tribal Areas of Rajasthan	1
2.1	Community Based Malnutrition Management.	4
2.2	'Poshan Swaraj Abhiyan' in 750 villages of Banswara District.	4
3.	Objectives of Poshan Swaraj Abhiyan	5
4.	Methodology	6
4.1	Organising Nutrition Camps	8
5.	Roles Played by Key Functionaries	14
6.	Findings	16
7.	Conclusion	23
8.	Key Recommendations	24
9.	Limitations	25
10.	Annexure I: Photo Gallery	26
11.	Annexure II: Media Coverage	28

## Acronyms

ASHA	Accredited Social Health Activists
AWC	Anganwadi Center
AWW	Anganwadi Workers
BDO	Block Development Officer
CDPO	Child Development Project Officer
COVID	Corona Virus Disease
ICDS	Integrated Child Development Services
IEC	Information Education and Communication
IYCF	Infant and Young Child Feeding Practices
MAM	Moderately Acute Malnutrition
MDM	Mid-Day Meal
MUAC	Mid Upper Arm Circumference
NFHS	National Family Health Survey
ORS	Oral Rehydration Solution
PD	Positive Deviance
PLA-SIFS	Participatory Learning & Action on Sustainable Integrated Farming System
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SDM	Sub Divisional Magistrate
SS	Saksham Samuh
THR	Take Home Ration
VDCRC	Village Development and Child Rights Committee
VHSNC	Village Health, Sanitation and Nutrition Committee
WCD	Women and Child Development
WIFS	Weekly Iron Folic Supplementation



सत्यमेव जयते

**Ankit Kumar Singh (IAS)**

District Collector

Banswara

## Message

After the devastating effect of Covid-19 second wave and the apprehension of the third wave, a fortnight nutritional campaign 'Poshan Swaraj Abhiyan' was organized. It was an important campaign where children in 750 villages were screened and out of them malnourished children were identified. District administration, Women and child development department, Vaagdhara - a civil society organization, and community organizations came together with an aim to save children from malnourishment.

In 750 villages of Banswara district, above 67,000 tribal children were identified, their weight, height, and mid-upper arm circumference (MUAC) were measured, and on that basis, 17,522 children were found to be malnourished.

These children were nourished with the varieties of dishes prepared with locally available food items and they were monitored with the help of the mobile application. At the same time, mothers of these children were trained to prepare nutritious dishes with the help of locally available nutritional food items like small millets, peanuts, jaggery, and many more items. They were inspired to use them in their daily cooking so that the nutrition level in the children can improve and they can lead a normal life like other children.

I hope that such a community-engaged initiative will give a solution to the problems related to child health and malnourishment.

(Ankit Kumar Singh)





**Jayesh Joshi**  
Secretary,  
Vaagdhara

## Message

According to Mahatma Gandhi's vision, it is necessary to ensure food and nutrition security keeping in mind the ideology of Swaraj. In order to realize this vision, a fortnight nutritional campaign “Poshan Swaraj Abhiyan” was organized in 750 villages of Banswara district.

The roots of this fortnight campaign were an amalgamation of the culture, traditional civilization, and discretionary decisions that are according to the philosophy of Swaraj and act as a forerunner of the call for food sovereignty in the modern period. If this principle is followed then the existing problem of malnutrition can be overcome with the discretionary decisions of the community itself through the resources available at the community level.

During these 15 days of the campaign and even after the campaign, local indigenous food groups were used with the community support to cook nutritional recipes and nourish the children, and this is the correct way to establish the vision of Mahatma Gandhi. I believe that such interventions which improved the nutrition level of children could be significant to control or rather eradicate malnutrition in the tribal areas. If the learning of this Poshan Swaraj Abhiyan becomes a part of the ongoing programme by the government, it can act as an effective approach to control malnourishment in districts where its prevalence is high.



(Jayesh Joshi)



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“Hunger should be addressed not by feeding the poor, but by making sure that they have increasing control over their own destinies. SWARAJ in strong communities might be the best means available for ending hunger in India and in the world”.

**- Mahatma Gandhi**

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# 1. Swaraj for Nutrition

Adequate nutrition is a basic human need and pre-requisite for health and well-being of all, especially children. Beginning from the birth of child, nutrition plays a vital role in growth and overall development of the body. The first 1000 days of a child, the time between conception and 2nd birthday are very critical. Lack of good nutrition in this period may lead to physical, mental and various social challenges which are irreversible.

Good nutrition helps in improving health of infants, children, adolescent girls and mothers. It helps in developing strong immunity in the body to fight against infectious diseases, reduces the risk of non-communicable diseases, results in safe pregnancy etc. The article 47 of the Constitution of India emphasize Government of India's commitment to improve the health and nutrition status of its people. Focusing on the liability of the States to increase the level of nutrition, living standard and improve public health, it states: "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health".

The national policy for children (2013) also stressed upon that "Every child has a right to adequate nutrition and to be protected against hunger, deprivation and malnutrition". The state commits to securing this right for all children through access, provision and promotion of required services and supports for holistic nurturing, well-being with nutritive attainment of all children, keeping in view their individual needs at different stages of life in a life-cycle approach".

The National Health Policy issued by Government

of India in 2017 also highlighted about various interventions to address malnutrition and micronutrient deficiencies. This policy highlighted to address micronutrient deficiencies through a well-planned strategy on micronutrient interventions focusing on reducing micronutrient malnutrition and other initiatives like micro-nutrient supplementation, food fortification, screening for anemia and public awareness.

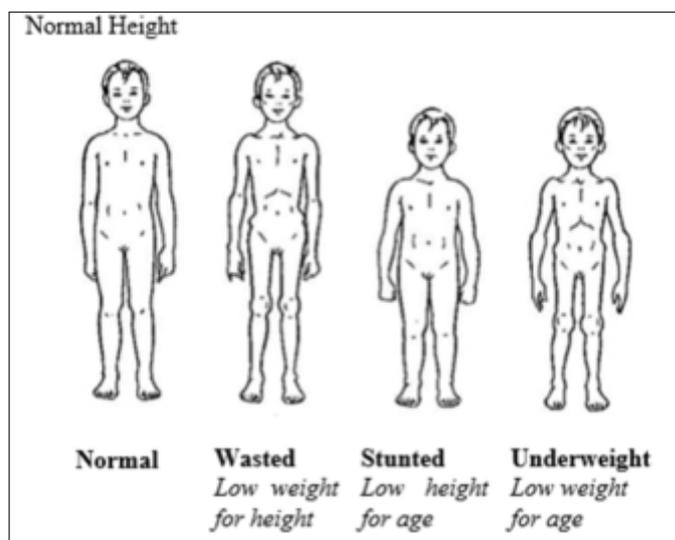
The Sustainable Development Goal – 2 set by the United Nations General Assembly in 2015 focuses on Zero Hunger. It aims to end all forms of hunger and malnutrition by 2030, ensuring all people – especially children – have access to sufficient and nutrition food all year round. One of the targets of this goal mentions "By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons".

Despite many programs implemented with the objective to reduce micro-nutrient deficiencies and improving nutritional status of children like Integrated Child Development Services, Mid-Day Meal, Weekly Iron Folic Supplementation (WIFS) and many others, the nutritional status of children stands grim.

According to the National Family Health Survey (NFHS)-5, India witnesses 35.5% of children less than 5 years who are stunted, 19.3% of children wasted, 32.1% of children underweight and 67.1% children anemic. Talking specifically about the Rajasthan, about 32% of children below the age of 5 years are stunted, 16.8% of children are wasted, 27.6% are underweight in Rajasthan while above 71% children were anemic. The problem gets deeper when we talk about the tribal areas, where there is high prevalence of malnourishment. The status of malnourishment

in tribal districts viz. Banswara, Dungarpur and Pratapgarh of Rajasthan is quite high.

The prevalence of malnourishment among children under 5 years of age in tribal districts viz. Banswara, Dungarpur and Pratapgarh of Rajasthan is quite high. According to NFHS-5 (2020-21), the percentage of underweight children in Banswara, Dungarpur and Pratapgarh were 38.7%, 25.9%, 31.8% respectively. Similarly, 44.6%, 31.4%, 29% of children were found



S. No	States	Underweight		Stunting		Wasting		Anemia	
		NFHS-5	NFHS 4	NFHS-5	NFHS 4	NFHS-5	NFHS 4	NFHS-5	NFHS 4
1	Banswara	38.7	50.7	44.6	50	17.3	30.8	82.1	84.6
2	Dungarpur	25.9	53.3	31.4	46.8	15.6	37.5	79.8	76.0
3	Pratapgarh	31.8	54.6	29	46.3	24.9	38.2	65.8	75.8
4	Rajasthan	27.6	36.7	31.8	39.1	16.8	23.0	71.5	60.3
5	India	32.1	35.8	35.5	38.4	19.3	21.0	67.1	58.6

Source: National Family Health Survey- 5, 2020-21

stunted and 17.3%, 15.6% and 24.9% were found wasted in Banswara, Dungarpur and Pratapgarh respectively. Further, the status of anemia in children in these districts was very high which can be seen in the table given below. Although, an improvement in the nutritional status of tribal children can be seen in NFHS 5 comparing NFHS 4, still the prevalence of malnutrition is high in these districts.

The approach to deal with the enormous problem of poverty and malnutrition has been dominated by the view of government – as – provider. Community demands from the government to fulfil their requirements and have sense that what Government should do for them. But they have little to say that what they could do for themselves, by themselves, either individually or in collectively. Therefore, there is a need of building

<sup>1</sup>**Stunting** means to less height for age, is caused due to long term insufficient micronutrient intake and frequent infections. It generally occurs before two years of age and effects are not repairable.

<sup>2</sup>**Wasting** means to low weight for height, is caused due to food shortage and/or diseases. This condition is a strong predictor of under five children mortality.

<sup>3</sup>**Underweight** means to lesser weight for height is appropriate indicator of obesity.

<http://rchiips.org/nfhs/pdf/NFHS4/India.pdf>

[http://rchiips.org/nfhs/pdf/NFHS4/RJ\\_FactSheet.pdf](http://rchiips.org/nfhs/pdf/NFHS4/RJ_FactSheet.pdf)

and awakening self-reliance among the community to tackle food and nutrition insecurity their own.

It has been seen for ages, that the tribal community is the pioneer of 'Swaraj' philosophy. They have all the solutions for the challenges they face and are also practicing. It is actually the Gandhian way of looking at and doing things. India's agriculture and rural development has been described as a saga of success. India today is not self-sufficient in grain production but also has substantial reserves, as compared to earlier when the country has to be dependent on food imports to feed its population. But, despite country's agriculture success, India still has a large number

of populations, especially in the tribal area, which is not fed adequately and have high prevalence of malnutrition among them.

Small and marginal families in the rural areas of central-western tribal dominated junction of the three states of Rajasthan, Madhya-Pradesh and Gujarat face a distinct transition in nutrition and dietary practices. Wheat and rice have become staples of small and marginal families' diet. Prior to it, traditional food items and recipes derived from local grains such as Maize, Ragi, Sama, Bavta, Kang, Barley were more commonly used in tribal cooking. But the changed in the dietary practices over the period, has caused increased prevalence of malnutrition among the tribal community, especially children under 5 years of age.

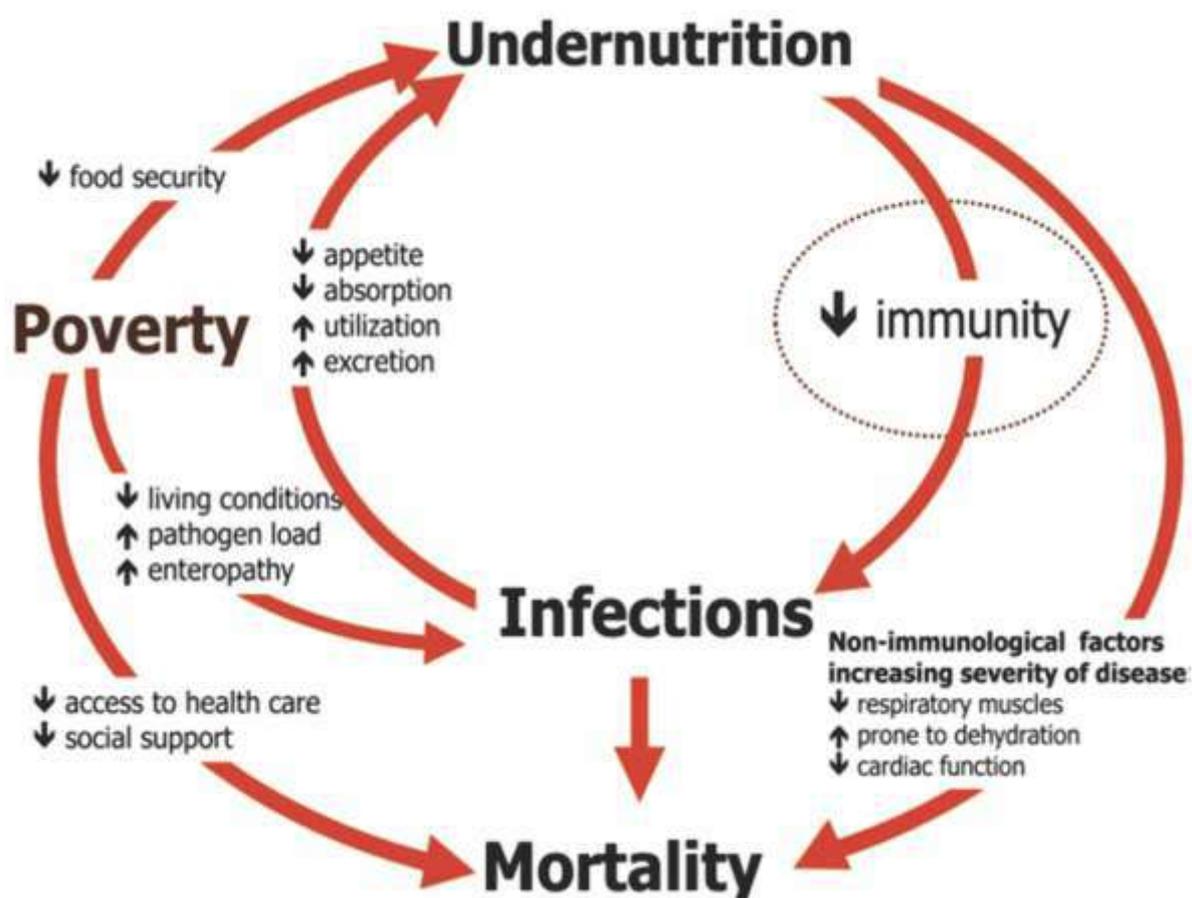


Fig: Framework on the relationship between malnutrition, infection & poverty

## 2. Ending Malnutrition in Tribal Areas of Rajasthan

Poor nutritional status among under five children is a big challenge, especially in the tribal areas. In Rajasthan, though the percentage of stunted and underweight children has decreased a bit from NFHS 3 to NFHS 4 i.e., Stunted Children 43.7 to 39.1 percent while Underweight children 39.9 to 36.7 percent, still the percentage of wasted children has not decreased in NFHS 4 from NFHS 3, rather increased i.e., 20.4 to 23. Despite slight improvement in percentage of stunted and underweight children, child malnutrition is still a big challenge in the State.

This vulnerable nutritional status of children in tribal areas makes them easy target of the infectious and fatal diseases like COVID. These tribal malnourished children are at a greater risk of getting infection in the third wave of COVID, which needs to be managed in time.

Severe Acute Malnourished (SAM) children under 5 years of age have significantly higher risk of deaths due to suffering from common fatal diseases like diarrhoea and pneumonia. SAM children have nine times higher risk of dying than a normal child. It is proven by the NFHS and confirmed by Ministry of Health and Family Welfare, GOI and also after the assessment by Government of Rajasthan, that the Severely Acute Malnutrition situation among children is mostly prevalent among most deprived populations like Schedule Tribes, Primitive Tribes and in Scheduled Caste communities. To prevent deaths due to severe acute malnutrition, specialized treatment and prevention interventions are required with strong food security and feeding drive.

### 2.1 Community Based Malnutrition Management.

It is important to recognize here that the nutritional food alone cannot resolve the problem of malnutrition, many other services and methods need to be practiced involving community, policy makers and implementers; and knowledge and capacity building of parents or care-givers etc. According to Government of India, the promotion of good early nutrition in children to attain their developmental potential, freedom from illness and mortality and long-term gains in human capital will require action at community level through well-conceived community based integrated approaches for maternal and child care.

Quality care would be required linking the family, community, anganwadis, health centers and facilities, converging health and child care services. Variety of services including enhanced maternal and early child care, nutrition, safe-water, sanitation and hygiene facilities as well as practices are needed. Improved behaviour towards child care, promoting gender sensitive care practices and increased coordination across sectors will be significant for sustained reduction of malnutrition amongst children.

Severely Acute Malnutrition among children is defined by very low weight for height, having Z scores below -3 SD of the media WHO child growth standards), a mid-upper arm circumference <115mm, or by presence of nutritional oedema.

NRHM Rajasthan: <http://nrhmrajasthan.nic.in/poshan.htm>

## 2.2 'Poshan Swaraj Abhiyan' in 750 villages of Banswara District.

The **Poshan Swaraj Abhiyan** – a fortnight nutrition campaign was based on the concept of 'Positive Deviance' which is a tool to promote behaviour and social, run by the community. The positive deviance approach helps to identify malnutrition related issues by the community and motivate them to resolve the problem by adopting good practices at local level. The solution of many of such problems lies at local level, which is needed to be identified and brought in practice, having no or lesser dependency on external agencies. Since these solutions are available locally hence, they are more acceptable and sustainable as compared to other solutions.

The “Poshan Swaraj Abhiyan” organized for improving the nutritional status of tribal children has emerged as an appropriate example of 'Swaraj'. The foundation of the campaign lies in the tribal culture and their life which is related to agriculture. Mahatma Gandhi Ji's call for Swaraj can be seen as a precursor of the modern call for food sovereignty. These principles says that the, to

the extent feasible, decisions regarding how people should be nourished should be made locally, and not by the government agencies or corporations. Since, the nutritional deficiency in the tribal area can be easily met with the locally grown agriculture products, the nutrition food items provided to the children throughout the campaign were made available locally with support of the community. The mothers of the malnourished children were capacitated to cook nutritious recipes after the campaign also, as they do not have dependency on the external environment or markets for their nutritional needs. This is a true tribute to Mahatma Gandhi for his ideology of 'Swaraj'.

The fortnightly nutrition campaign was organised in collaboration with District Administration, Banswara with support of key government departments like Women and Child Development, Medical and Health and Tribal Area Development Department. This campaign attempted to address the multi-dimensional factors affecting malnutrition through cross-sectoral convergence at each level of the implementation process.

## 3. Objectives of Poshan Swaraj Abhiyan

The Poshan Swaraj Abhiyan was organised in 750 villages of Banswara district with the following key objectives to:

1. Establish the importance of community actions in reducing the prevalence of malnutrition in tribal areas.
2. Demonstrate the nutritional significance of indigenous food items in improving nutrition level of children.

## 4. Methodology

Since, the nutritional status of children in tribal areas of Rajasthan is vulnerable. The malnourished children in the area are at a greater risk of getting infection in third wave of COVID, which was needed to be managed in time. Therefore, this community-based nutrition campaign was conceptualised for improving their nutritional status, nourishing children with locally available nutritious food groups. Globally acknowledged 'Positive Deviance/Hearth' approach was adopted with the objective to reduce moderate and severe acute malnutrition. This approach has been proven effective in treatment of malnourished children due to lesser cost involved and locally available solutions.

*Positive Deviance/Hearth (PDH) is a community-based behaviour change programme that aims to rehabilitate malnourished (identified as underweight) children in the context of their own homes. Despite limited resources, some parents find ways to raise well-nourished children. Identifying and understanding what these 'positive deviant families' are doing differently in their feeding, hygiene, caring and/or health-seeking practices from the parents of malnourished children in the*

*same community is the foundation for this approach. Studies show that PDH can lead to positive behaviour change among caregivers and improvements in nutritional status of children.*

The 15 days nutrition campaign was initiated with the screening of children, assessing their nutritional status in 750 villages of Banswara district. The anthropometric measurements i.e., measuring height, weight and mid-upper arm circumference of these children were done and on the basis of weight for age (underweight) indicator, the severely acute malnourished and moderately acute malnourished children were identified. This is the indicator for which most the data have been collected in the past. The WHO standards of Z scores for underweight boys and girls were referred for identification SAM and MAM children.

Children who were severely malnourished and having illness, were referred to the health centers and Malnutrition Treatment Center (MTC) at district hospital, Banswara. Seventy-nine (79) children were referred to PHCs and CHCs while 4 children were referred to MTC.

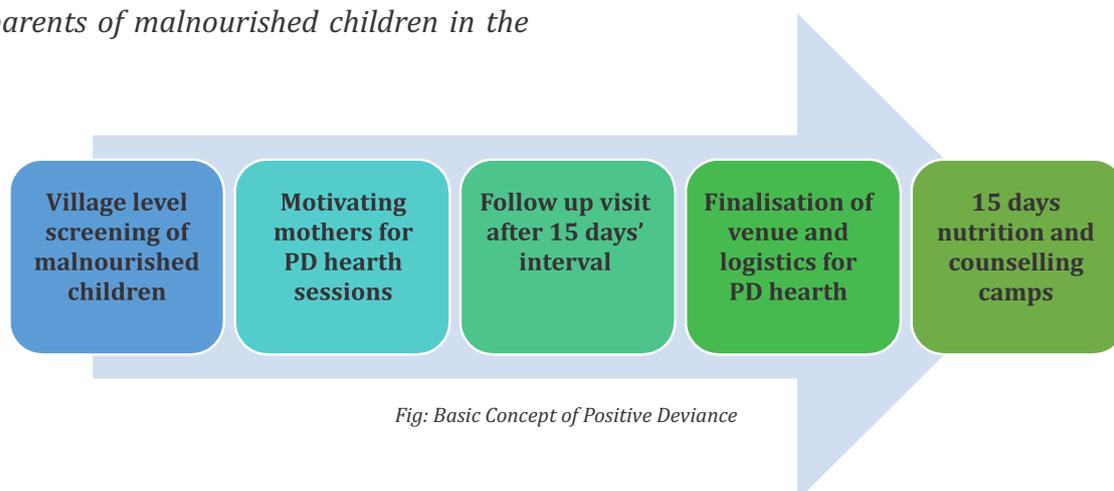


Fig: Basic Concept of Positive Deviance



*Fig: Anthropometric Measurements of Children during Screening*

Later the screening of the children, the SAM and MAM children who could be treated and their nutritional status can be improved in their

respective villages, their mothers were asked to bring her child in the nutrition camps on daily basis for 15 days.

## 4.1 Organising Nutrition Camps

The 15-days nutrition camps were executed in a participatory learning mode with the support of our Swaraj Mitras and facilitators along with the frontline functionaries of the Government. Each day one specific topic was chosen for discussion with the mothers and their learning. This discussion was followed by an activity related to it – like handwashing, cooking, child-feeding etc. Capacity building of anganwadi workers for identification of malnourished children and his/her referral to the health facility was also done.

Key information related to rehabilitation/ malnutrition treatment centres in the health facilities were provided to the mothers of the severely acute malnourished children and they

were referred to the centers by Anganwadi Workers. Mothers of malnourished children were also counselled towards growth of her child.

The nutritious food items fed to children like small millets, groundnut, jaggery, sesame, etc., local vegetables like Gourds and Air potato and green leafy vegetables like Rajan and Luni, throughout the campaign were made available locally with the support of the community. The mothers of the malnourished children were capacitated to cook nutritious recipes so that they can continue cooking and feeding their children even after the campaign. They were also counselled towards the growth and holistic development of their children.

**Table: List of day wise sessions during the campaign**

Day	Session
1	General Discussion about SAM and MAM Children
2	Monitoring Malnourished Children and Tracking Behavioural Practice of Mothers
3	Discussion on Immunisation Schedule of Mother and Child to Prevent Communicable Diseases
4	Individual Counselling Special Nutritional Counselling Using IYCF Cards
5	Discussion on Personal Health & Hygiene Practices in Daily Life
6	Discussion on Prenatal and Postnatal Nutritional and Health Care Practices Among the Community
7	Demonstration of Home-Based New-born Care practices
8	Child Health Status & Recipe demonstration
9	Balanced Diet and Food Group for Family
10	Concept on Nutrition Garden
11	Discussion on Effects of Early Weaning and Late-Weaning
12	Home Made and Commercial ORS Preparation and Its Need
13	Tracking of Nutritional Status of Malnourished Children
14	2nd Round of Behavioural Practices Regarding Infant Feeding and Care of Children
15	2nd Round of Behavioural Practices Regarding Infant Feeding and Care of Children

*The day wise details of the activities conducted can be seen as below:*

## Day 01: General Discussion about SAM and MAM Children

The first day of the campaign began with a warm welcome of the mothers and their children at the Anganwadi centres. On the initial day, the following activities were conducted:

1. Registration of Malnourished Children and their mothers for the camp.
2. Anganwadi Workers, ASHA and VAAGDHARA team sensitized the mothers/caregivers of malnourished children on the 1st day of the campaign.
3. Mothers were sensitized on the meaning of Severe Acute Malnutrition 'Ati-kuposhit' and Moderately Acute Malnutrition 'Kuposhit' and its consequences.
4. Identified the SAM or MAM children with the help of WHO growth chart
5. Symptoms of Severe Acute Malnutrition and Moderately Acute Malnutrition.
6. Sensitization and Counselling of the mothers on therapy diets, referral to health centers and MTCs for treatment; Nutritious diets to be followed.

## Day 02: Monitoring Malnourished Children and Tracking Behavioural Practice of Mothers

Mothers and caregivers of the malnourished children were counselled by AWWs and ASHA of mothers/caregivers and discussed with them about:

- The 6 services provided by ICDS and significance of these services in the context of 0-6 years children.
- Identify the behavioural practices of the mothers/caregivers towards the malnutrition and their children.
- The significance of the care of a malnourished child & role of mothers/caregivers.
- AWWs analysed each and every situation shared by mothers/caregivers with the whole group in the glance of malnourishment and

also discussed the practices need to be followed.

- AWWs consolidated the discussion in the references of the tracking of the children growth, their healthy diets for the next 15 days

**Nutritive Recipe** – Mothers were told about the recipe of “Wheat porridge with leafy vegetables and Green gram” and its importance in improving nutrition level. This was then cooked by the mothers and then fed to their children.

## Day 03: Discussion on Immunization Schedule of Mother and Child to Prevent Communicable Diseases

On 3rd day of the campaign, the Anganwadi Workers and ASHA discussed about the importance of immunization of the children as follows in the presence of health staff:

- Importance of the immunization for the children
- Various diseases and preventing them through vaccination
- The threats if the immunisation schedule is not followed
- De-worming

**Nutritive Recipe** - The mothers were trained for cooking “peanut brittle”. The recipe was then served to the children.

## Day 4: Nutritional Counselling Using IYCF Cards

On Day 4th, mothers and caregivers were counselled on the nutrition status of the children using Infant and Young Child Feeding practices (IYCF) counseling cards. VAAGDHARA's facilitator instructed the mothers/caregivers about playing this card game, which was helpful to make them understanding on the different issues like exclusive breastfeeding, breastfeeding positions, maintaining good hygiene, complimentary feeding, food variety, feeding a sick child, regular growth and monitoring etc. These mothers were also counseled on the following issues:

- Uses of pesticides in agriculture and their worse effects on the human body;
- Nutrition kitchen gardening;
- Linkage with ICDS services;
- Restrictions on food intake during pregnancy;
- Delay in supplementary feeding;
- Lack of forest uncultivated food and anemia; and
- Diversity of Nutritious Food Items



Photo: Nutritious Recipes for Children

**Nutritive Recipe -AWWs and ASHA** served “Kangni Laddu” as nutritious food to the children. The recipe of these laddu were also shared with the mothers so that they could cook and feed their children at their home post campaign.

#### **Day 5: Discussion on Personal Health & Hygiene Practices in Daily Life**

Personal health and hygiene practices were discussed with the mothers of the children to motivate them to maintain proper behavioral practices. It was discussed that how the bio-availability of nutrients is reduced due to poor health and hygiene practice and the repeated infections due to it like diarrhea, amebiasis, worms, etc. can adversely affect the body metabolism. These may in turn cause malnutrition. Discussion with mothers/caregivers were made around these issues-

- Proper steps of hand washing
- Home based sterilization and disinfection of drinking water

- The need of hand washing
- Household cleanliness and infections in children

**Nutritive Recipe** – Sprouts cooked with green gram and black chickpea were served as healthy nutrition food items to the malnourished children. The mothers were trained on its recipe.



Fig: Sensitization of Mothers using Games

**Day 6: Discussion on Pre-natal and Post-natal Nutritional and Health Care Practices among the Community**

The day 6 began with the discussion on pre- and post-natal nutritional and health care practices. The mothers or caregivers were first divided into three groups and discussed three separate issues which were as follows:

**Group 1:** What do mothers do and eat during the prenatal period?

**Group 2:** What do mothers do and eat during their postnatal period?

**Group 3:** What are the government schemes available for pregnant women?

Women in each group discussed among themselves on the specific topic and VAAGDHARA's facilitator supported them in the group discussion and also documented the findings from each group. All the mothers later shared about appropriate nutritious diet during pregnancy and post delivery period. They were also apprised with various related Government schemes.



Photo: Mothers of Children Learning to Cook Nutritious Recipes

**Nutritive Recipe** – Mothers and caregivers were first sensitized on the nutritive aspect of “Sama” – a minor millet and then its Kheer was cooked and fed to the children. Mothers also learned to cook nutritious kheer.

### Day 7: Demonstration of Home-Based New-born Care practices

On 7th day of the campaign, discussions were done with the mothers around the following four topics. The facilitator (AWWs and ASHA) discussed each point with demonstration to make a better understanding of mothers/caregivers.

- Importance of Breastfeeding
- Early initiation of breast milk (within 30 minutes of birth)
- Importance of Exclusive Breastfeeding.
- Delusions regarding new-borns care e.g., bathing, pre-lacteals, umbilicus, etc

**Nutritive Recipe** - On 7th day chickpea rice (Chana-pulao) was cooked with local vegetables Rajan and Gourd served to children. Chickpea Rice was a new recipe for the mothers to learn. Mothers assured to cook and feed their children even after the campaign. AWWs and ASHA discussed about this healthy dish with them.

### Day 8: Child Health Status & Recipe demonstration

One essential component of this nutrition camp was cooking nutritious food for children and demonstrating the recipe to mothers. Various low-cost recipes which are rich in nutrition, locally

available and easy to cook were demonstrated to the mothers like Sattu- Daliya, Raab, Khichdi etc. Later in the day, for enhancing the knowledge of mothers, customized games were played with mothers. This game was effective in revealing the positive and negative aspects of knowledge, awareness including accessibility, utilization of anganwadi services, household care of pregnant women and lactating mothers, supplementary feeding care of infant and young child. In addition, the mothers were asked to bring locally available vegetables for the next day session.

Anthropometric measurement and physical examinations were also done by the team to ensure the regular tracking of the malnourished children.

**Nutritive Recipe** – Children were nourished with the nutritious laddus prepared using Sesame (Til)& groundnut (Moongfali). The mothers were trained on this nutritious recipe so that they can cook it their own after the campaign and feed to children.

### Day 9: Balanced Diet and Food Group for Family

- On this day as suggested by the AWWs and ASHAs, the mothers and caregivers of the malnourished children brought locally available vegetables and raw food items from their homes to their respective camps.
- The AWWs and ASHA asked the mothers to collect the food items on the mat and arrange them according to the food group chart. The food group charts thus prepared, the facilitators sensitized the mothers that at least 5 out of 10 food groups should be consumed daily basis so that malnourishment in the children and women can be reduced.

**Nutritive Recipe** – Food items cooked on the day for the malnourished children was “Sweet Porridge” was fed to the children.

### Day 10- Concept on Nutrition Garden

The 10th day of the campaign, the discussion among mothers about the significance of 'Nutrition Garden' was done. The discussion revolved around the importance of the bio-intensive garden and the uses of organic manure so that the local nutritious vegetables and fruits can be made available easily. During the session, they also discussed about the techniques like No land cultivation, Water conservation; preparation of bio-fertilizer, cultivation bed and utilization of neem as insecticide.

**Nutritive Recipe** - The nutritious “Wheat porridge with leafy vegetables and Moong dal” was cooked and served to the children. The AWWs and ASHA demonstrated the recipe to the mothers as well.

### Day 11: Discussion on Effects of Early Weaning and Late-Weaning

The discussions on 11th day of the campaign revolved around early and late weaning of children. The terms were early weaning and late weaning is as below.

- **Early Weaning** - The primary reasons for early weaning were misconception like insufficient milk or babies do not suck the milk. It was discussed that mothers start early weaning practices with traditional gruel which is not nutritious as the mother's milk. Subsequently the child suffers from diarrhea and other infectious diseases and ultimately s/he develops under-nutrition.
- **Late Weaning**- When the child is 6 months old, the breast milk is by itself no longer sufficient to him/her. The baby needs nutrition from the complementary food as well as the breast milk to grow properly. But due to lack of awareness, scarcity of food or due to faulty practices the mothers continue to breast feeding exclusively even after 8-9 months which cause growth retardation as well as impaired immunity of the children.

Through this discussion the mothers were easily able to understand that early weaning and late weaning practices are the two most important causes of malnutrition among children which ultimately enhance infant morbidity and mortality

**Nutritive Recipe** - Peanut Brittle(Moonfali-Patti)and fruit was the nutritious food which was cooked and fed to the children. Mothers were also told its recipe as it is easily and locally available everywhere.

### Day 12: Home Made and Commercial ORS Preparation and Its Need

The session on the 12th day of the campaign was focused discussion with mothers and caregivers on diseases like diarrhea in children. Following key points were discussed

- Diarrhea and its causes
- Symptoms and home remedies
- Diet in diarrhea

It was also discussed that the breast feeding should be continued with the increased frequency in case of diarrhea. They were also told about the symptoms of dehydration among infants and children.

- Children play less than usual
- Children urinates less frequently.
- Parched, dry mouth of children.
- Less tears when crying, soft spot of the head in an infant or toddler

The dosage of ORS along with Zinc to be given to the children to replace the fluid and salt losses was also told to the mothers.

Anthropometric measurement and physical examination were also done of the children.

**Nutritive Recipe** - Ragi (Finger Millet) and peanuts laddus were fed to the children. Mothers were told about the nutritious value of Ragi and also motivated them to cook and feed to their children regularly.

### Day 13: Tracking of Nutritional Status of Malnourished Children

The AWWs and ASHA discussed with the mothers about their malnourished children and tracking of their nutritional status. Through this discussion the mothers learnt that the monitoring needs to be done on regular basis and the positive or negative changes should be documented in the second phase of anthropometric measurements (Height, weight and MUAC). VAAGDHARA's facilitator discussed about three types of food – Energy, Constructive and Protective food and the requirements of these types of food according to the age. They were also told about the food items that are rich in carbohydrates like wheat, maize, rice and are proficient energy source. Food items contain proteins like pulses and beans are known as constructive food while the food items like

fruits, vegetables are known as protective food. Facilitator explained that at the different ages of life cycle, people need all types of food in different ratio. In childhood, children need much constructive and protective food because body requires various elements which makes bones, muscles and tissues stronger and food which can protect body from environmental diseases.

**Nutritive Recipe** – As nutritive food item, nutritious sprouts and papaya was fed to the children by AWWs as healthy diet for the children.

### Day 14 and 15th - 2nd Round of Behavioral Practices Regarding Infant Feeding and Care of Children

Both the days were dedicated to anthropometric measurements and physical examination of the children. The data was then entered into the application directly for further analysis.



*Photo: Anganwadi Worker measuring Mid Upper Arm Circumference of Children*

**Nutritive Recipe** – As nutritive food, 'Sama' (Bhagar) ki kheer was served to the children which was very much liked by the children.

## 5. Roles Played by Key Functionaries

### Department of Women and Child Development

- Issued orders for organising 15 days Poshan Swaraj Abhiyan at respective Anganwadi centres, complying the orders received from ICDS Directorate.
- The frontline functionaries supported in door-to-door visits for identifying the malnourished children from the community.
- Provided IEC material for using at camp sites.
- Mobilised the community/family members of these children to attend 15 days camps under Poshan Swaraj Abhiyan.
- AWWs and ASHA played a key role in anthropometric measurements; Weight, Height, MUAC of children in the campaign and maintaining the records of baseline and end line anthropometric data of children.
- Trained the mothers and caregivers of malnourished children for cooking nutritious food items using the recipe booklet.
- Shared all the information with CDPOs and incorporated their constructive suggestions and feedbacks in context of this Poshan Swaraj Abhiyan.
- Lady supervisors and CDPOs monitored, supervised and ensured the quality of food items and activities.

### Medical and Health Department

- Provided 3 types of weighing machines to Anganwadi Centers.
- Allocated an amount of Rs 2000/- to each Village Health, Sanitation and Nutrition Committees (VHSNC) for various expenditures in the camps.
- ASHA supported the Anganwadi workers in screening of children and mobilizing mothers to the camps.

### District Administration:

- District administration was the leading body for planning and organising this fortnight campaign.
- Issued order to Gram Panchayats through Block Development Officers for sensitization of the community to participate in the campaign.
- Supported in mobilizing funds for various expenditures related to organising the camps.
- Provided approval to ICDS for allocation of ration to AWCs in required quantity for supplementary nutrition.
- District Collector – Mr. Ankit Kumar Singh, IAS himself monitored the camp activities through a mobile based application and issued necessary directions.
- District Collector/SDMs/BDOs/Dy. Directors monitored and gave valuable and critical feedback to meet the campaign objectives through frequent visits.

### Tribal Area Development Department

- Coordination with District Administration and ICDS department for smooth implementation of the campaign.

### VAAGDHARA:

- Coordination with the departments and other key stakeholders involved in execution of the campaign.
- Ensured the availability of the nutritious food items for 15 days of the campaign.
- Team members sensitized the mothers and caregivers of the malnourished children to attend 15 days of Poshan Swaraj Abhiyan.
- Developed IEC materials related to mother, child health and nutrition. Also, developed a recipe booklet having information of cooking recipes of various healthy and locally available food items.

- Supported Anganwadi workers and ASHAs during anthropometric measurements and the training of the mothers and caregivers for cooking nutritious food items.
- Created a software application for data collection, recording and monitoring.
- Team also developed an information system required for data analysis.
- Follow-up of children referred to Malnutrition Treatment Centers was done by the team members.



*Photo: Follow up of referred malnourished child by VAAGDHARA's Facilitator*



*Photo: Children in Anganwadi Center learning handwashing*

## 6. Findings

The fifteen days campaign was successful in revealing various facts like high prevalence of Severely Acute Malnutrition and Moderately Acute Malnutrition among children in different blocks. Percentage of stunting, wasting and underweight among children, impact of migration over nutritional status of the tribal children and many others. Following findings provide a picture of malnutrition status in this area.

### 6.1. Block-wise villages where Poshan Swaraj Campaign was organized:

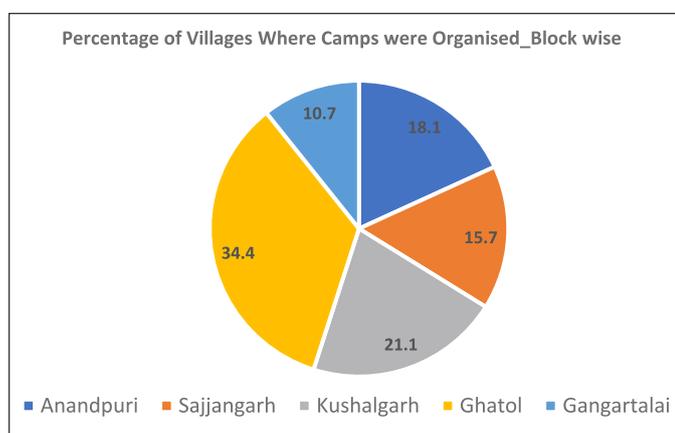


Fig: Proportion of villages where campaign was organized

Out of total 750 camps organised in VAAGDHARA's operational area, the maximum number of Poshan Swaraj camps were organised in Ghatol i.e. 34.4% followed by Kushalgarh (21.1%), Anandpuri (18.1%), Sajjangarh (15.7%) and Gangartalai (10.7%).

### 6.2. Screening of Children

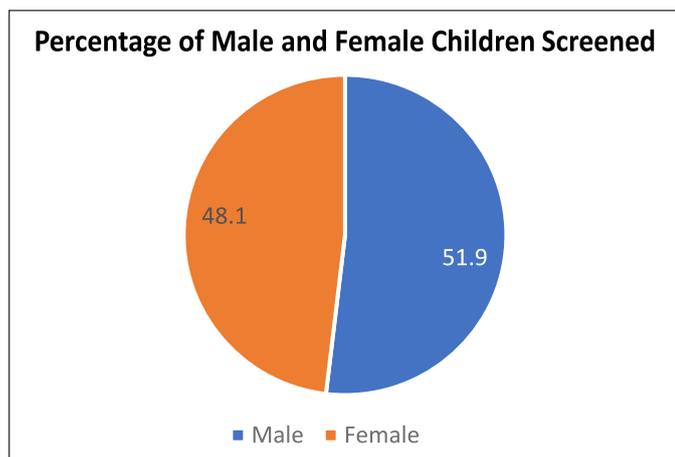


Fig: Percentage of Male and Female children screened

Out of total 67288 screened children, 52% were male child while remaining 48% were female children.

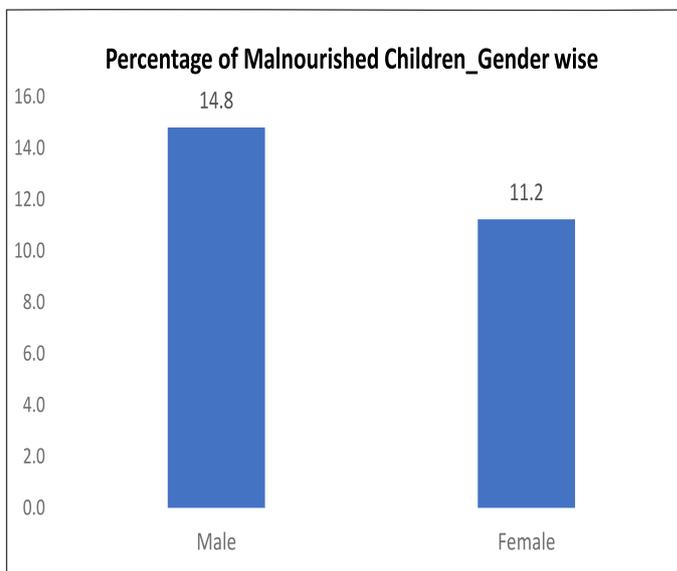


Fig: Gender wise analysis of malnourished children

Out of total 67, 288 screened children, 17, 522 (26.04%) children were found malnourished. The gender wise analysis revealed that 14.8% of male malnourished children and 11.2% female malnourished children were found.

### 6.3. Percentage of Malnourished Children Out of Total Screened Children

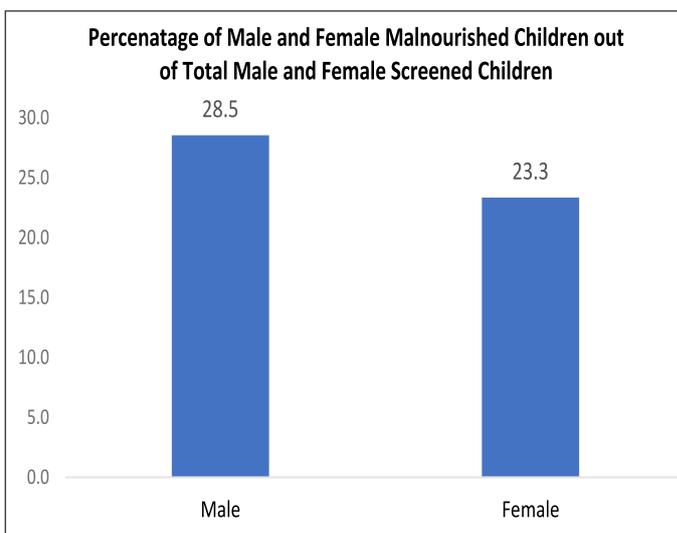


Fig: Graph showing percentage of male and female malnourished children of the total screened male and female children

### 6.4. Block Wise Analysis of Malnourished Children

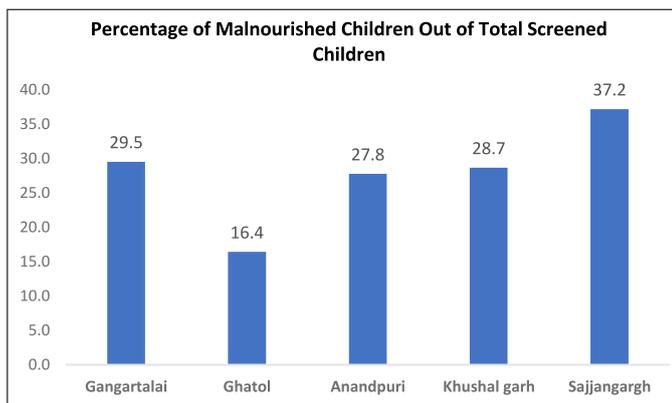


Fig: Graph showing percentage of malnourished children identified in each block

If percentage of malnourished children out of total screened children is seen, highest percentage was observed in Sajjangarh (37.2), followed by Gangartalai (29.4%), Kushalgarh (28.7) and Anandpuri (27.8%). Ghatol observed least number of malnourished children out of total screened children. This shows a relatively better nutrition status of children in Ghatol block.

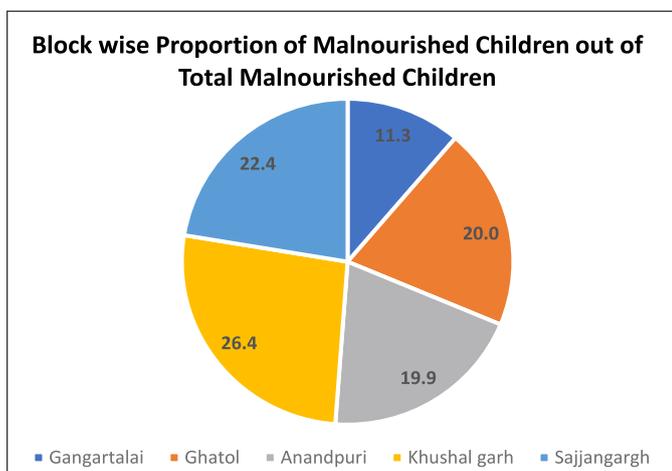


Fig: Block wise proportion of malnourished children out of total 17,522 children

Out of total 17, 522 malnourished children, maximum number of malnourished children (both MAM and SAM) were identified in Kushalgarh block (26.4%) followed by Sajjangarh (22.4%), Ghatol (20%), Anandpuri (19.9%) and Gangartalai (11.3%). Kushalgarh had lesser number of villages than Ghatol, but relatively a greater number of malnourished children were identified in the block.

### 6.5 Status of Malnourished Children (SAM and MAM) in all the Blocks

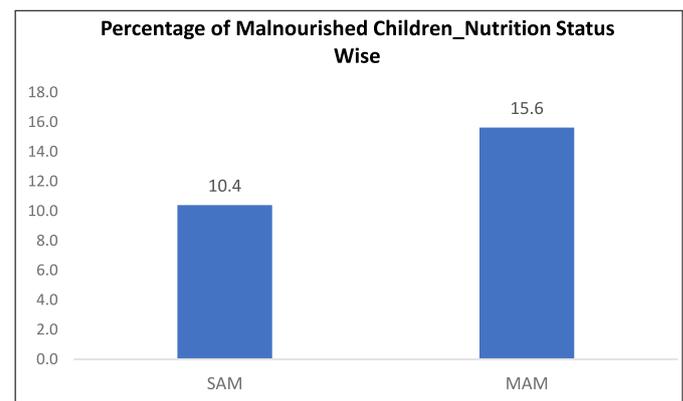


Fig: Percentage of SAM and MAM children

The analysis done on the basis of Weight for Age (Underweight) indicator, revealed 15.6% Moderately Acute Malnourished children and 10.4% Severely Acute Malnourished children out of total 67,288 malnourished children.

### 6.6 Proportion of SAM and MAM children

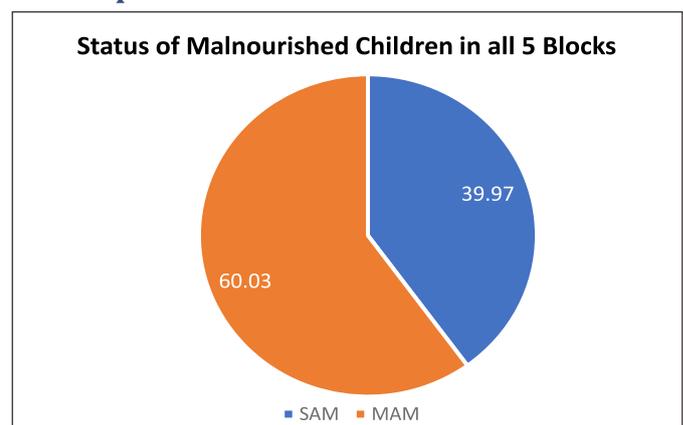


Fig: Proportion of Severe and Moderate Acute Malnourished Children

The analysis revealed a ratio of 60:40 among Moderately Acute Malnourished children and Severely Acute Malnourished children in all the 5 blocks together.

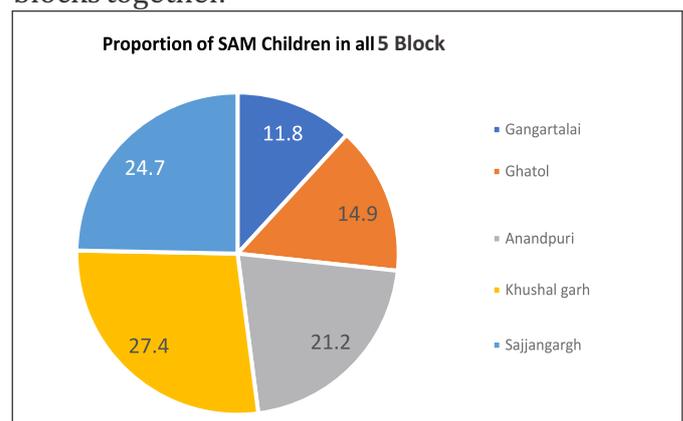


Fig: Block wise proportion of SAM children

Highest number of Severely Acute Malnourished children, out of total SAM children were found in Kushalgarh block (27.4%), followed by Sajjangarh (24.7%), Anandpuri (21.2%), Ghatol (14.9%) and Gangartalai (11.8%). Besides, highest number of Moderately Acute Malnourished children, out of total malnourished children, were found in Kushalgarh itself (25.8%), followed by Ghatol (23.5%), Sajjangarh (20.9%), Anandpuri (19%) and Gangartalai (10.9%). More focus needs to be given and efforts are required to be done in Kushalgarh and Sajjangarh blocks.

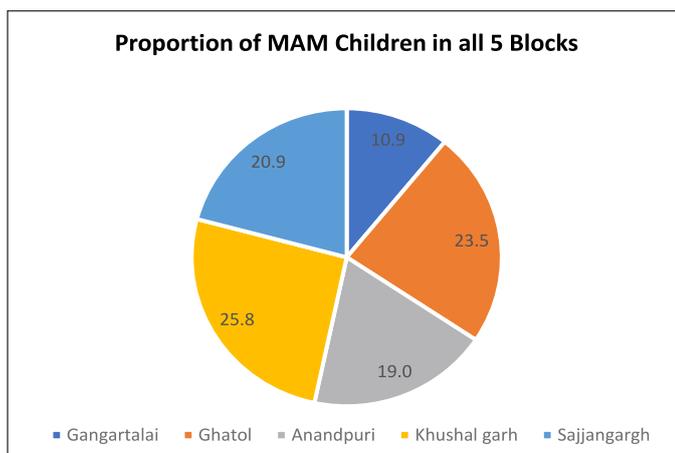
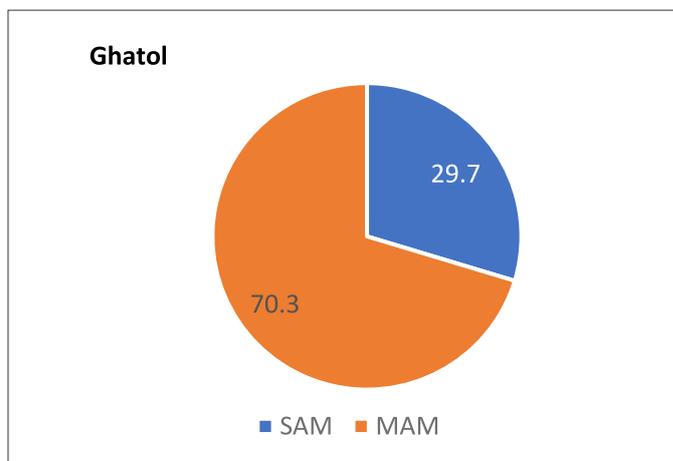
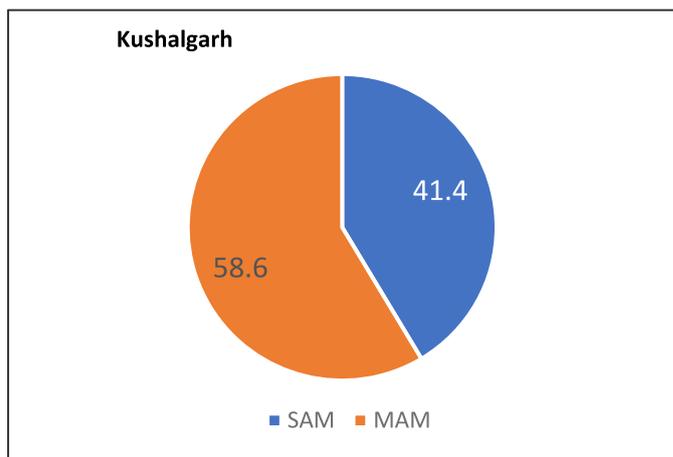
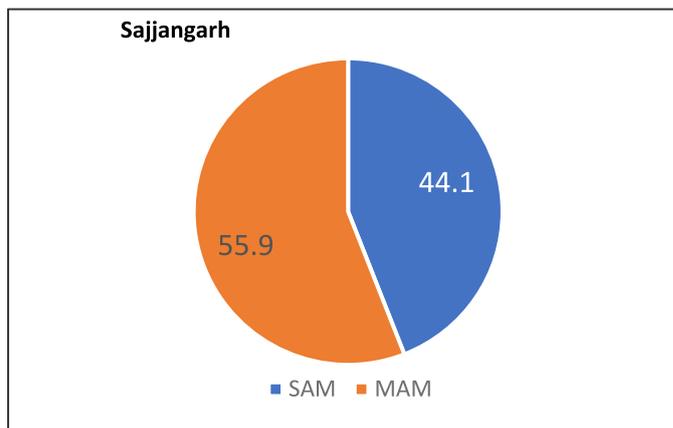


Fig: Block wise proportion of MAM children

### 6.7. Block wise Analysis of MAM and SAM children

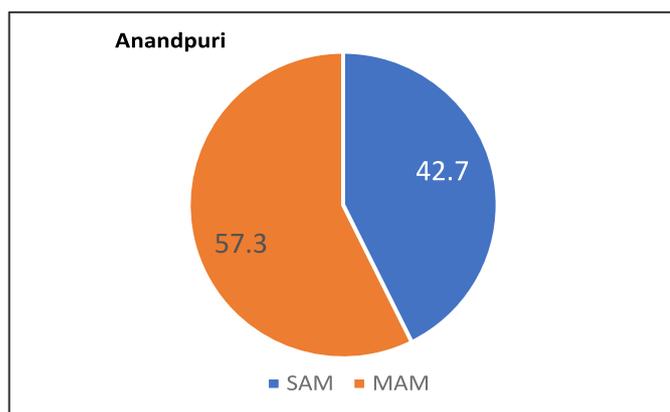
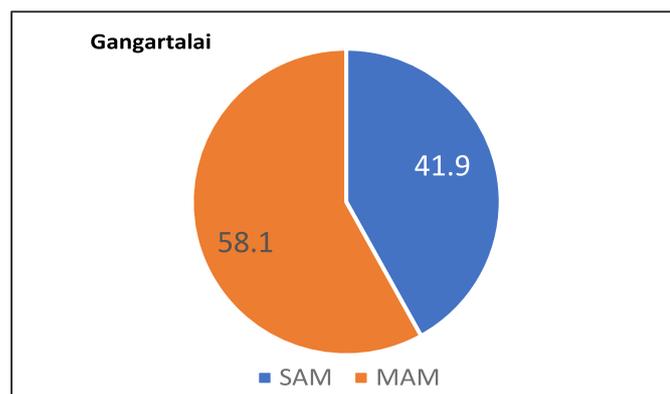


Fig: Block wise ratio of SAM and MAM children

The proportion of SAM and MAM children in individual blocks was almost the same as of all 5 blocks combined (about 40%) viz. Gangartalai (41.9%), Anandpuri (42.7%), Kushalgarh (41.4%). However, percentage of SAM children was found maximum in Sajjangarh (44.1%) and least in Ghatol block (29.7%). This shows relatively better situation of nutrition in Ghatol block as compared to other blocks.

### 6.8. Block wise and Gender wise analysis of Malnourished Children

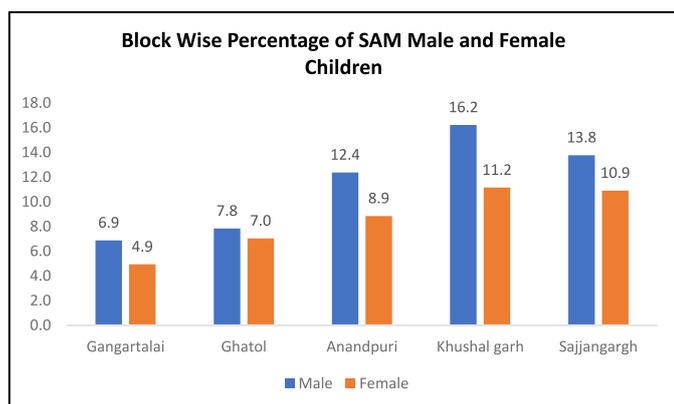


Fig: Gender wise analysis of SAM children in all the 5 blocks

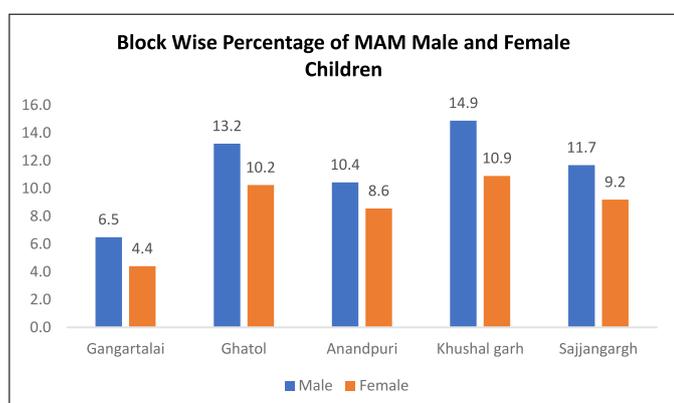


Fig: Gender wise analysis of MAM children in all the 5 blocks

A relatively higher prevalence of malnutrition (both SAM and MAM) was observed in male children as compared to female children. The chart depicts Highest percentage of SAM and MAM male and female children in Kushalgarh block.

### 6.9. Malnourished Children of Saksham Samuh Members

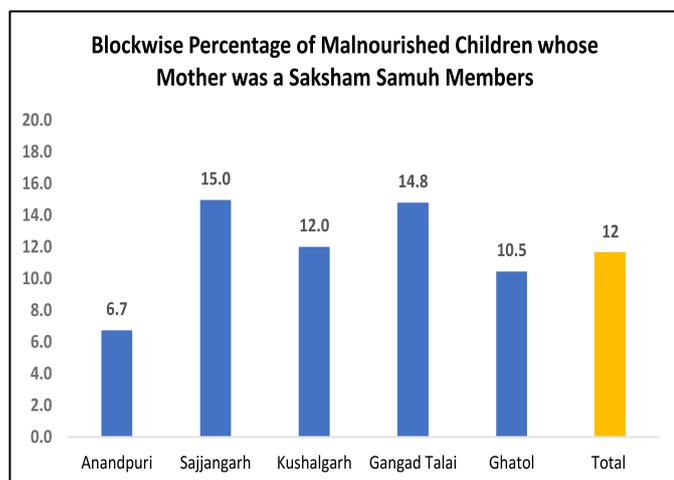


Fig: Percentage of Malnourished Children of Saksham Samuh Members

It was seen that in Sajjangarh and Gangartalai blocks 15% and 14.8% of malnourished children were those whose mother was a 'Saksham Samuh' member. Percentage of such children in Kushalgarh, Ghatol, and Anandpuri was 12%, 10.5%, and 6.7% respectively. In total, 12% of such malnourished children in all 5 blocks were identified. Both Gangad talai and Sajjangarh blocks have relatively new Saksham Samuh members and both the blocks had high percentage of malnourished children whose mother was a Saksham Samuh member. It depicts that PLA\_SIFS sessions done by VAAGDHARA with Saksham Samuh members in previous blocks i.e., Anandpuri, Ghatol and Kushalgarh had been effective but new Saksham Samuh members in both the new blocks need to be re-oriented and sensitized towards high prevalence of malnutrition and about improving their own child health.

### 6.10. Malnourished Children having Nutrition Garden in their home

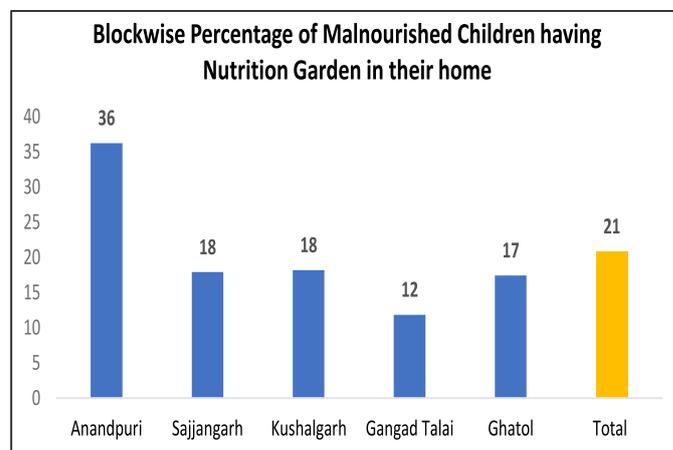
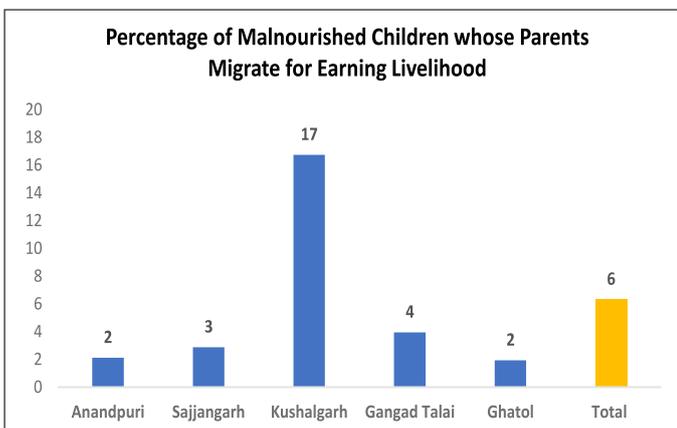


Fig: Percentage of Malnourished Children having Nutrition Garden in their home

On analysing the data, it was observed that only 21% of malnourished children were having nutrition garden in their home. This implies that nutrition garden may play a vital role in improving malnutrition and having diet diversification to improve food and nutrition security but at the same time knowledge building and awareness have important role as they should know that nutrition garden is linked with supplementing their food baskets and improving the diet

diversification of the families. Percentage of such children was maximum in Anandpuri (36%), followed by Kushalgarh and Sajjangarh (18%), Ghatol (17%) and Gangartalai (12%).

### 6.11. Malnourished Children whose Parents Migrate to Other Cities for Earning Livelihood.



Out of total surveyed children, only 6% of children were such whose parents used to migrate to earn their livelihood. Highest percentage of such children was seen in Kushalgarh. This may have possible relation with the highest proportion of malnourished children in Kushalgarh among all the 5 blocks.

### 6.12. Status of Children after Completion of 15 Days Campaign

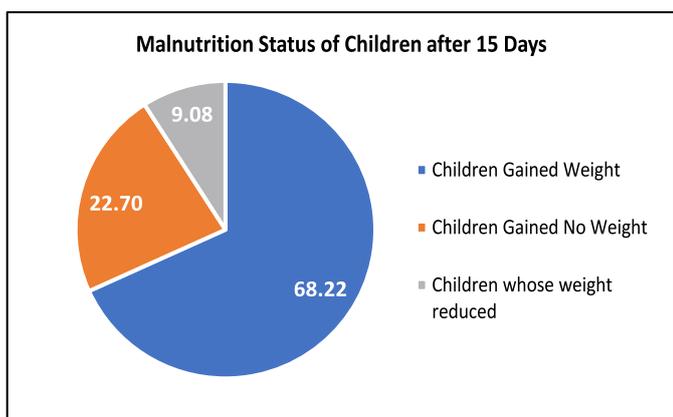


Fig: Status of Children after completion of 15 days campaign

On analysing the anthropometric data of children on the basis of Weight-to Age (Underweight) indicator after 15 days of the campaign, it was found that above 68% children gained weight as

compared to their baseline data. About 23% were such children who didn't gain weight at all. Out of these children, 47% of children did not attend the campaign every day while remaining 52% children attended the camp on daily basis. There were about 9% children whose weight was reduced upto 100 gm when measured after 15 days of the campaign. Although these children didn't attend the camp, but their anthropometric measurements after 15 days were recorded and analysed.

### 6.13. Children Gained Weight During the Campaign

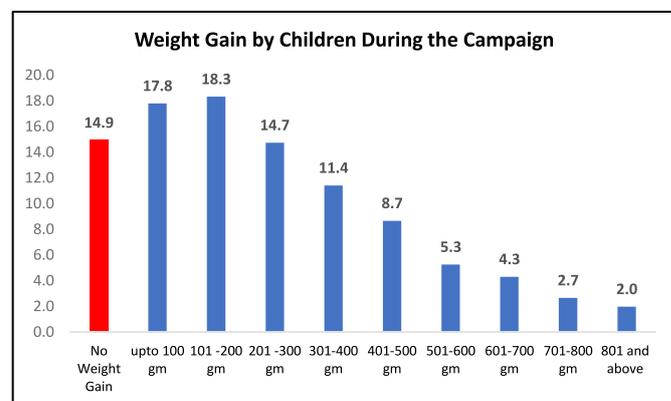
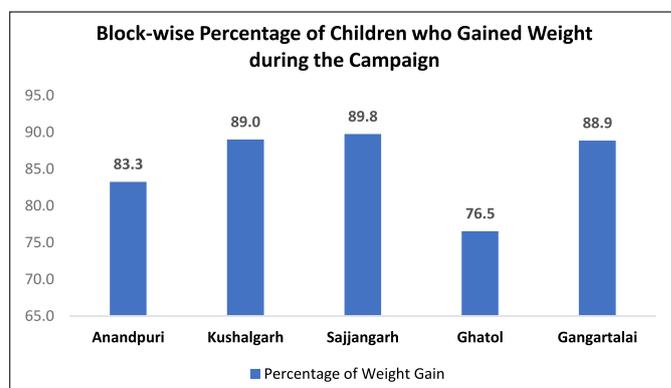


Fig: Charts showing percentage of children who gained weight during the campaign

Out of 17,522 identified malnourished children, 12693 (72%) of children attended the camps on daily basis. Of these, 85% of children were such who gained weight during 15 days of the campaign. Maximum percentage of children were those who gained weight between 101 to 200 gms in 15 days of campaign i.e.,18.3%. While the least (only 2%) of children gained 801gms and above weight in 15 days campaign. The analysis shows

the decrease in percentage of children with increase in gained weight as it is obvious that during 15 days campaign, significant gain in weight cannot be observed. Only 14.9 children didn't gain weight at all in 15 days. Of those children who gained weight (10,800), about 16% of children gained weight above 500 gms in these 15 days.

#### 6.14. Malnutrition Status of Children after 15 days of campaign

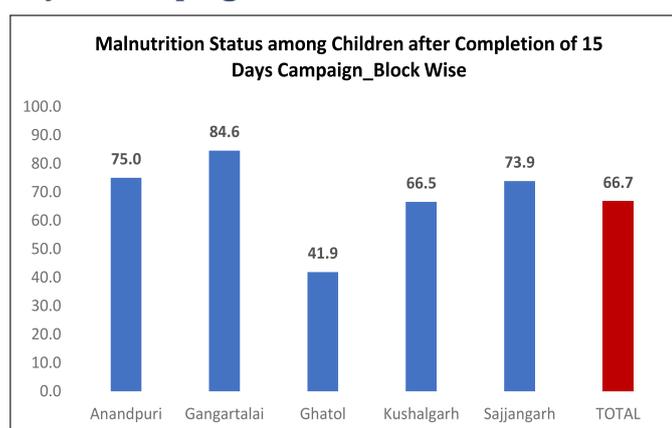


Fig: Reduction in Malnutrition Status (Underweight) among Children in 5 Blocks

The data related to height, weight and age of the children was analysed using the ENA Software which provided the result of prevalence of acute, moderate and severe malnutrition status among children in terms of Wasting (Weight for Height), Underweight (Weight for Age) and Stunting (Age for Height). Both the baseline and end line data were analysed using the software and the result shows reduction in percentage of Underweight children after 15 days of campaign. In total, the

percentage of malnourished children reduced to 66.7 after 15 days of campaign. Highest reduction was observed in Ghatol block – 58.1 percent point, followed by Kushalgarh–33.5% points, Sajjangarh –26.1 percent points, Anandpuri–25 percent points and Gangartalai – 15.4 percent points.

The analysis of both the severe and moderate malnutrition status (Underweight) of the children was also done block wise which showed a reduction in the percentage of both SAM and MAM children.

#### 7. Follow Up Rounds

After completion of the fortnight campaign, all the mothers were sensitized to continue cooking nutritious recipes from indigenous food items and nourishing their children. They were also sensitized to continue good practices they learnt during the campaign. VAAGDHARA's facilitators also monitored the households in the villages on random basis and it was observed that the mothers were following and practicing those good practices and also nourishing their children with nutritious recipes.

The follow up rounds were conducted in all 750 villages of 5 blocks in 11th week (Kushalgarh) and 16th weeks after completion of the fortnight campaign (remaining blocks). The assessment in the follow up rounds showed significant improvement in nutrition status of children.

S. No.	Block Name	Malnutrition (Underweight) Status after 15 days of campaign			Malnutrition (Underweight) Status after 16 weeks of campaign		
		Total Screened Children in No.	Total underweight Children	%	Total Screened Children in No.	Total underweight Children	%
1	Anandpuri	3262	2447	75.0	3191	1334	41.8
2	Gangartalai	1921	1625	84.6	1688	1088	64.5
3	Ghatol	3510	1471	41.9	3242	1186	36.6
4	Kushalgarh	3407	2267	66.5	4045	2286	56.5
5	Sajjangarh	3730	2755	73.9	3567	1555	43.6
	<b>TOTAL</b>	<b>15830</b>	<b>10566</b>	<b>66.7</b>	<b>15733</b>	<b>7449</b>	<b>47.3</b>

After completion of the fortnight campaign, the results of the follow-up rounds showed a further increase of 19.4 percent point of children who could attain normal category. Overall, the campaign was successful in increasing weight of 52.7 percent of children, attaining normal category.

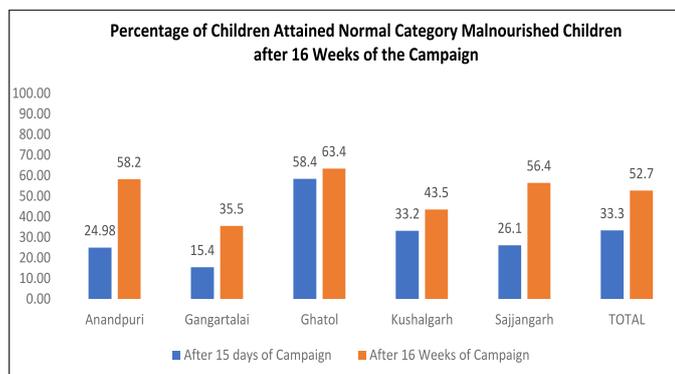


Fig: Increase in percentage of children who attained normal category

Block wise results also showed a significant increase in number of children with improved nutritional status and attained normal category, ranging from 5% points in Ghatol to 33.2.% points in Anandpuri. The increment in percentage of such children in Sajjangarh, Gangartalai and Kushalgarh blocks were 30.3, 20.1 and 10.3 percent points respectively.

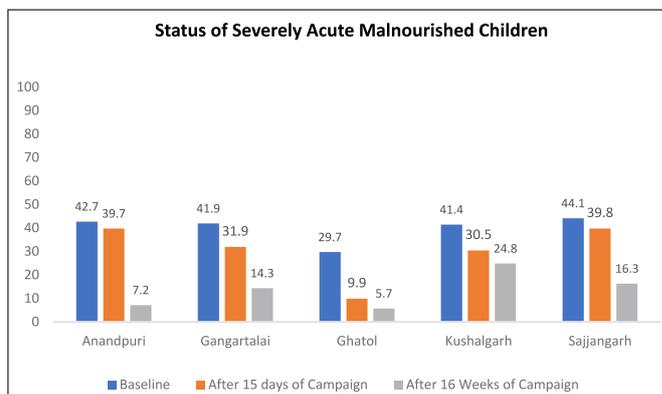


Fig: Block wise Reduction in Percentage of SAM Children

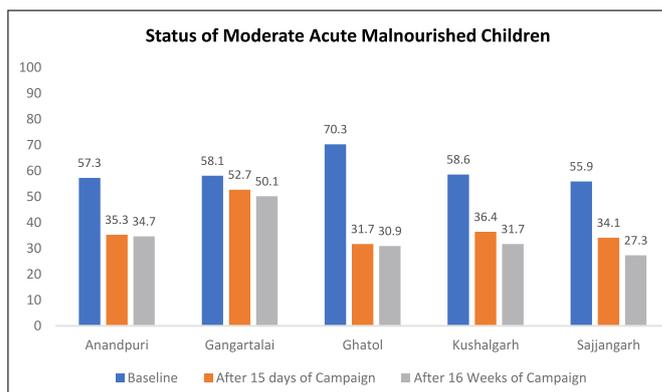


Fig: Block wise Reduction in Percentage of MAM Children

A significant reduction in percentage of Severely Acute Malnourished and Moderately Acute Malnourished children was observed in all the blocks from inception of the campaign till 16th week after completion of the campaign.

## 7. Conclusion

- The fortnight nutrition camp demonstrated a strong synergy between the departments, district administration, VAAGDHARA along with the community and has been proved highly effective campaign in identifying malnourished children and improving their nutrition status. A high prevalence of malnutrition was observed in all 750 villages of Banswara district where this campaign was organised. Out of total 67, 288 children who were screened, about 26% of children were found malnourished in both MAM and SAM category.
- Comparatively, a greater number of male children were found malnourished. Highest prevalence of malnutrition was observed in Sajjangarh block followed by Gangartalai block. In Ghatol block maximum number of camps were organised and maximum number of children (21,367) were screened but the least number of malnourished children were found in the block i.e., only 16.4%. Hence, relatively better nutritional status among children was seen in Ghatol block.
- The community level actions, following the Swaraj philosophy, were proved highly significant in improving nutritional status of the malnourished children, as envisaged. The parents or caregivers of the children were not dependent on markets and external environment for supplementary nutritious food items. Other community members also supported in successful execution of the camps in all the villages.
- When the end line survey was done after 15 days of campaign, a reduction in the percentage of SAM and MAM children was seen in all the 5 blocks. However, the variation was miniscule as getting significant change in just 15 days is difficult. But there is a huge need to implement such nutrition improving interventions at regular intervals at a larger level and a robust follow up mechanism is imperative to be designed in order to reduce the prevalence of malnutrition.
- A rich diversity of highly nutritious local food groups such as cereals like Maize (Makka), Finger Millets (Ragi), Foxtail Millets (Kangni), Barnyard Millets (Sanva); vegetables like Rajan, Luni, Gourd etc.; Peanuts (Moongfali), Sesame (Til) are locally grown and easily available in tribal areas. Children in the camps were nourished with these nutritive food groups and about 62 percent children had increase in their weight after 15 days of the campaign. This shows that these indigenous food groups have potential to improve nutritional status of the children and therefore, household level nutrition need to be promoted along with the supplementary nutrition programme of ICDS.
- It can be easily seen from the analysis that those households which were not having nutrition gardens in their homes, their children were suffering with malnutrition, which implies about the importance of having nutrition gardens in homes, wherein nutritious vegetables, fruits and cereals may be grown for their consumption. For this, community people, especially women, need to be sensitized and should be made aware about the nutritive values of local food items.
- Improvement in nutritional status of children should not be the sole responsibility of any one department. Collective efforts of concerned departments like Women and Child Development, Health, Agriculture, Food and Civil Supplies, Tribal Area Development and others are required to reduce malnutrition in the State, especially in the tribal areas.
- Provisions should be made for including nutritive cereals like millets into various government programmes. Intensive efforts are also required to bring social and behavioural changes towards health and hygiene practices, the lack of which also attributes to increase in malnutrition among children.

## 8. Key Recommendations

A high prevalence of malnutrition among children under 5 years of age was observed in Banswara district. Lack of awareness among mothers of these malnourished children regarding severe consequences of malnutrition, use of traditional nutritive recipes, health and hygiene practices was also observed while discussion with them. Following key recommendations are suggested in order to improve the nutrition status of the children, especially in tribal areas:

- a) Need of regular efforts by the Government along with the community for reducing malnutrition prevalence among children following 'Swaraj' philosophy. Political leaders at all levels also need to be sensitized towards the significance of Swaraj in improving nutrition status of the children and their critical role in accomplishing the objective of reducing malnutrition among children and women in tribal areas.
- b) Promotion and mainstreaming locally grown and easily available nutri-cereals like Ragi, Kang, Sama etc. into Government channels: In tribal areas there is a naturally inexhaustible treasure of nutritious food items, but even the local community is not much aware about it. It is significant to promote locally grown food items like millets and small millets, which are full of nutrition through safety net programmes of the Government like Public Distribution System and Integrated Child Development Services.
- c) Economic assessment of malnutrition among children as well as intervention to reduce its prevalence needs to be done and amendments in policies and approaches should be done accordingly.
- d) Strong convergence between various departments like Women and Child Development, Health, Agriculture, Rural Development, Tribal Area Development is required in order to strategize for improving nutritional status of children, especially in the tribal areas. The different policies formulated by key departments should focus on ending malnutrition among children and protect them from the claws of malnutrition. The joint efforts by the Government departments will certainly contribute to the provision of adequate nutrition for children, eventually help reaping the demographic dividend.
- e) A grievance redressal and feedback mechanisms are needed to be developed for the community to report their grievances, if any. Involvement of PRI leaders, Panchayat Secretary, Department officials can play a significant role in it.
- f) A 360° approach shall be needed to reach the tribal communities and bring social and behavioural changes among them towards improving child malnutrition as well as making them sensitive towards significance of community level actions in order to reduce malnutrition level in their areas.

## 9. Limitations

1. Most of the Anganwadi centers didn't have infantometers and stadiometers, due to which appropriate height of children could not be measured. Since, correct measurement of height was not available, prevalence of wasting and stunting was not measured.
2. About 1690 children didn't attend the camps on daily basis; hence they were not included into the evaluation.
3. When follow up rounds after 16 weeks were conducted, team couldn't track about 97 children as they went out of their villages with their parents.

## Annexure I: Photo Gallery







TIMES CITY | REGION

# 43% Banswara kids between 0-6 yrs out of malnourished tag

## Project Poshan Implemented in 750 Villages

TIMES NEWS NETWORK

Jaipur: The state government's pilot project, 'Poshan Swaraj Abhiyan,' launched in tribal-dominated Banswara district, has reduced the number of malnourished children aged between 0-6 years by 43 per cent in less than 11 weeks.

Launched in August, the project is a collaboration with Banswara-based NGO Vaagdhara, which works on tribal livelihood issues. Under this campaign, children and adolescents in 750 villages of five blocks — Kushalgarh, Anandpuri, Sajjangarh, Ghatol and Gangartalai were screened to identify malnourished and acutely malnourished children.

For 15 days, under the guidance of experts, selected women cooked nutritious meals as per the prescribed



Under the Poshan Swaraj Abhiyan, 67,000 children in tribal dominated villages of Banswara were screened for undernutrition

diet plan for identified children.

"The feat was achieved by using locally available food items such as small millets like Ragi, Kangni, Sama, local vegetables, sprouted grains, groundnut brisk, til laddus, etc. Imparting training to mothers on how to cook nutritious meals with locally available food has delivered the desired results," said Vaagdhara secretary Jayesh

Joshi.

"To evaluate the impact, a screening was carried out in November, exactly after 11 weeks to the programme. Astonishingly, it revealed 43 per cent children out of the malnourished group had attained the normal nutritional level," said Joshi.

The Integrated Child Development Services (ICDS) screened 16,000 children in Kushalgarh to figure out

For 15 days, under the guidance of experts, selected women cooked nutritious meals as per prescribed diet plans for the identified children

4,645 children were malnourished and severely malnourished.

"Of these 4045, 58.57 per cent of children were identified as malnourished and 41.43 percent severely malnourished children. The screening was done thoroughly to make sure that none of the surveyed children missed the mark of nourishment," said Joshi.

Overall, 67,000 children residing in five blocks were screened. The agencies involved in the campaign say that they are expecting the same result in all blocks. "The success of the campaign proves that mere change in the cooking pattern along with the collective effort of the agencies can resolve the problem of malnourishment in tribal children," added Joshi.

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# 2-week-long nutrition camp held in Banswara

TIMES NEWS NETWORK

Jaipur: With the intention to improve the nutritional status of the malnourished children so as to improve their immunity level eventually reducing the risk of catching Covid infection, a two-week long nutrition camp called Poshan Swaraj Abhiyan started on August 13 which concluded on Friday.

In coordination with the



tion and counselling camps was executed in a participatory learning mode with all pre-defined and planned activities. Each day one topic was chosen for discussion with the mothers and their learning, followed by an activity related to it - like hand washing, cooking, child feeding etc. Additional information related to rehabilitation/ malnutrition treatment centres in the health facilities was also provided to the mothers of

change of mother towards growth of her child has been included in the activities.

"In the context of the possible third wave of Covid, such camps are very useful in identifying and protecting 'the most vulnerable' among the undernourished. It is crucial to understand the nutritional status of these children as they are not only the soft targets of the virus but the future providers of the nutritious food for the commu-

## पोषण स्वराज अभियान

# 750 गांवों में बच्चों के पोषण पर नजर

## कुपोषण से मुक्ति का मकसद

पत्रिका न्यूज नेटवर्क  
patrika.com

बांसवाड़ा, जिला प्रशासन एवं वाग्धारा संस्था के संयुक्त तत्वावधान में जिले की घाटोल, आनंदपुरी, सज्जनगढ़, कुशलगढ़ एवं गांगड़तालई के 750 गांवों में पोषण स्वराज अभियान चलाया जा रहा है। इसका मुख्य उद्देश्य पंचायत समितियों में कुपोषित बच्चों के स्वास्थ्य स्तर में सुधार लाना एवं परिवार के सदस्यों में बच्चों के पोषण के प्रति उनके व्यवहार में



अभियान में 750 गांवों में पोषण शिविर का आयोजन किया जा रहा है, जिसमें स्क्रीनिंग के दौरान चिन्हित हुए कुपोषित बच्चों अपनी माताओं के साथ इस शिविर में भाग ले रहे हैं। जहां उन्हें पोषाहार के रूप में

अलग व्यंजन बनाकर परोसे जा रहे हैं। इसके अलावा फल भी दिए जा रहे हैं। प्रत्येक चार दिन में बच्चों का स्वास्थ्य परीक्षण किया जा रहा है। बच्चों की माताओं के साथ स्वास्थ्य व पोषण से सम्बन्धित चर्चा सांघ

कार्यकर्ताओं की ओर से की जा रही है। वाग्धारा संस्थान सचिव जयेश जोशी ने बताया कि 11 दिन के शिविर में अब तक यह सामने आया है कि माताएं बच्चों के स्वास्थ्य के प्रति संवेदनशील हुई हैं।

शिविर के दौरान गंभीर रूप से कमजोर 13 बच्चों को सामुदायिक स्वास्थ्य केन्द्रों पर व 2 बच्चों को जिला चिकित्सालय के कुपोषण उपचार केंद्र पर रेफर किया गया है। शिविर में माताओं को छोटे बच्चों के शारीरिक व मानसिक विकास के लिए परिवार स्तर पर कई व्यावहारिक बदलावों को अपनाने की जानकारी भी दी जा रही है।







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