WHO

**Pregnant** 

WHAT

- Awareness on anemia, intake of adequate nutrients & diversified foods
- Shift of social norms on food taboos
- Supplementation of Iron Folic Acid (IFA) & calcium tablets and iodized salt
- Ante Natal Care (ANC) early registration, de-worming, immunization, check-ups, birth preparedness, risk factors
- Awareness on gender barriers and information on entitlements/services

Lactating Mothers

- Awareness on anemia, intake of adequate nutrients & diversified foods and food taboos
- Post Natal Care (PNC)- IFA, calcium, iodized salt, de-worming, family planning, risk factors
- Early Initiation of Breast Feeding (EIBF), Exclusive Breast Feeding (EBF), Complementary Feeding (CF), diet during illness, care for weak babies
- Awareness on gender barriers & information on entitlements/services

Adolescent Girls

- Awareness on anemia, benefit of micro nutrients foods, de-worming, and IFA
- Intake of food- quantity & nutrients content
- Effects of early marriage before 18 yrs
- Menstrual hygiene, reproductive health, sexuality & safety

SHG Platform

- Awareness on gender equality, barriers in accessing nutrition and health services for PLW and AGs
- Core messages on nutrition & health for PLW & Adolescent Girls (AGs)
- Role & responsibilities of frontline health functionarie
- Capacity building of SHG institutions on negotiatic skills, advocacy, role & responsibilities in taking putrition gaenda forward

BY

- Awareness & orientations
  - Workshops, trainings & exposures
  - Discussions & sessions during monthly meetings of SLFs/MAS

HOW

- · BCC sessions with PLW
- Home visits & BCC sessions with one to one & family members
- Sensitization during home visits
- · Peer education
- Display of posters, banners, and distribution of pamphlets in SHGs, SLFs, TLFs, MAS, Anganwadi centres, PHC, Community Centres
- Synergy and working together with frontline workers to ensure that target groups avail their entitlements & services
- Awareness & counseling at Anganwadi Center (AWC) to target groups
- Mobile SMS & blast messages
- Celebration of community events & important days
- Video
- Interactive games
- Monitoring visits, review meetings & regular reporting



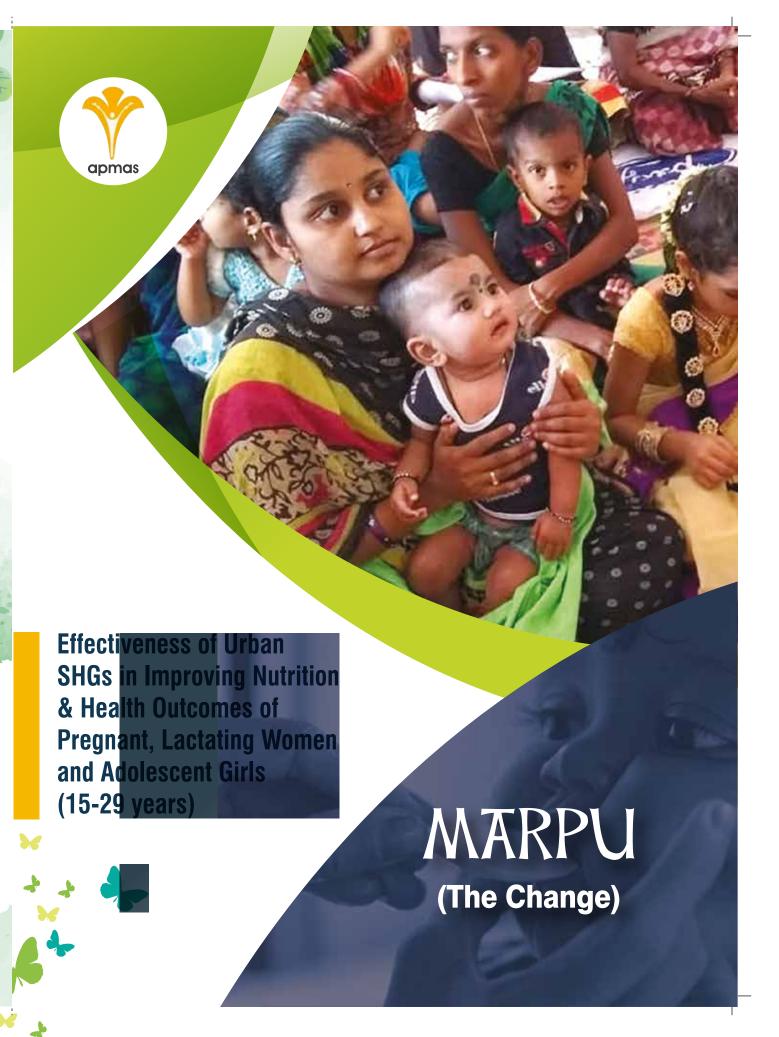
# **EXPECTED OUTCOMES**

- Seventy percent of functional SLF/MAS aware of nutrition and health issues of adolescent girls (AGs), pregnant & lactating women (PLW) & have clear action plan to take up the nutrition agenda forward
- Ninety percent of functional SLF/MAS have adequate information on the target groups and services available
- Hundred percent of PLW and forty percent of AGs reached out through SHG platform
- Seventy five percent of PLW aware of ANC, diet diversity, newborn care, early initiation of breast feeding, exclusive breastfeeding in first six months and timely initiation of complementary feeding
- Seventy five percent of PLW and 30 percent of AGs consume IFA tablets
- Fifty percent of target groups aware of gender and social barriers that prevent access to improved nutrition and health of PLWs and AGs and take efforts to address the barriers
- Evolved appropriate intervention strategies and cost-effective community-based models for improved nutrition of pregnant & lactating women, young children, and adolescent girls in urban slums



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### **ABOUT APMAS**

APMAS, a well-known national level resource organisation for self-help institutions, was established in the year 2001 with a vision of "sustainable self help movement in India". The prime focus of APMAS is working for the advancement of self-help institutions built on strong cooperative values & principles to become member- owned, member- managed and member- controlled institutions through rating, capacity building, livelihoods promotion and research & advocacy. APMAS works with Self-Help Promoting Institutions (SHPIs), SHGs & SHG federations, Farmers Producer Organisations (FPOs), Cooperatives, other Community Based Organizations (CBOs), NGOs, Banks, Private Sector & Governments who believe in and respect the spirit of self-help, mutual benefit and self responsibility. MARPU is an action research project implemented by APMAS to understand the effectiveness of SHG platforms to improve nutrition and health status.

### **ABOUT THE PROJECT**

In India 35.7% children less than 5 years of age are under weight and 38.4% are stunted. For very young children only about one in 10 meets diet adequacy. Nearly 53% of adult women and 50% of pregnant women are anemic (NFHS-4). Malnutrition among pregnant women is one of the underlying causes of low birth weight (LBW) babies and as per Rapid Survey on Children (RSoC), 2013-14; 18.6% new-born had weight less than 2.5kg.

The Summary of Nutritional Status and Priorities **Nutrition Profile March 2014** indicates that close to half of adolescent girls in India are chronically malnourished. In urban context, the poor women particularly pregnant & lactating, in slums tend to have adverse maternal and child health outcomes when compared to those of rural women.

The findings of the studies in Nepal, Bangladesh, Chhattisgarh and Bihar, reveal that SHGs in rural areas played a major role in implementing Behavior Change Communication strategies and in bringing significant improvements in maternal child health seeking behaviours. However there is no credible evidence of urban SHGs as a platform for improved nutrition and health outcomes. Therefore BMGF partnered with APMAS to assess the effectiveness of urban SHGs in generating demand and achieving improved nutritional status of pregnant & lactating women and adolescent girls.

Location: Ongole & Tirupati towns in Andhra Pradesh & GHMC in Hyderabad, Telangana.

**Duration:** August 2016 to December 2019.

Outreach: 15,000 Pregnant & lactating women, children below 18 months and adolescent girls.

Collaborators: State Governments of Andhra Pradesh & Telangana: MEPMA (Mission for Elimination of Poverty in Municipal Areas), UCD division of GHMC (Greater Hyderabad of Municipal Corporation), Women & Child Welfare and Health & Family Welfare departments, Sri Padmavathi Mahila Abyudaya Sangam (SPMS), Tirupati.

Research Partner: IQVIA Consulting and Information Services India Pvt Ltd.

### **PROJECT GOAL**

To learn and develop an evidence-based set of intervention packages in urban settings for working with women SHG institutions in improving the knowledge, skills and practices in nutrition & health in three selected locations in two states.

### **PROJECT OBJECTIVES**

- Develop a deeper understanding of urban poor women's nutrition outcomes, gender, social, economic and other barriers at household, community and service-access levels
- 2. Building on existing knowledge and expertise for evolving an appropriate intervention strategy through SHG platform in urban slums
- 3. Implement intervention packages or models
- 4. Evaluate through strong mixed methods with concurrent monitoring and summative evaluation to generate learning and evidence on the relative and cost effectiveness of the different models

# **PROJECT PHASES**

The action research project has three distinct phases to ensure scientific design of the project, systematic implementation by documenting lessons learnt and research based evidence.



Formative Phase

Literature review, exploratory studies, finalization of sites, consultative & advisory committee meeting, finalization of Theory of Change (ToC) & intervention strategies, MoU with key players/actors, development of training modules & BCC materials, and finalization of baseline tools.

Implementation Phase Baseline survey, finalization of MIS framework, capacity building to the field staff & frontline workers of concerned departments; implementation in three towns adopting participatory learning and action approach; collaboration with the line departments, concurrent evaluation & monitoring based documentation, refresher trainings, mid line survey, advisory committee & consultative meetings, review & course corrections and policy briefs.

Evaluation Phase

End line survey based on systematic review of evidence using mixed methods (quantitative and qualitative); policy briefs, dissemination of evidence, consultations and recommendations for up-scaling.

# **PROJECT STRUCTURE**

#### **Head Office Team**

- Project Manager
- CB & SBCC Specialist
- MIS Specialist

# Field Teams (Three Locations)

- Project Officers (3)
- Mentors (9)
- Health Facilitators (65)





# **PROJECT INTERVENTION STRATEGY**

Nutrition plays an important role in altering the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) and improving health outcomes especially among the poor communities living in slums. Addressing malnutrition in India requires a life cycle approach that focuses on adolescent nutrition, delaying the age of marriage and first pregnancy, maternal nutrition to reduce low birth weight (including micronutrient supplementation), infant and young child feeding practices (including, early and exclusive breastfeeding) and adolescent nutrition and safety net to address gender barriers. The appropriate interventions are crucial to enhance the knowledge and behaviour change among the pregnant & lactating women and adolescent girls for achieving improved nutritional outcomes.



