Bhavishya Alliance
partners for child nutrition

# The Bhavishya Alliance

## Legacy and Learning from an Indian Multi-sector Partnership to Reduce Child Undernutrition

April 2012

# Introduction

The Bhavishya Alliance was established in 2006 by The Synergos Institute, Unilever and UNICEF as a nonprofit organization to tackle the intractable challenge of child undernutrition. As a uniquely multi-sectoral strategic alliance in India, it sought to develop a cohesive response to child undernutrition in target areas in the State of Maharashtra. Despite enormous social, economic and technological advances in the years prior, India continued to suffer from extreme poverty and preventable disease, including child undernutrition. India has rates of underweight and stunted children that are much higher than in other developing countries. More than one-third of the world's undernourished children live in India.

Against this backdrop, Bhavishya was conceived as a fresh way to problem solve a complex and deeply rooted issue. Between 2006 and 2012, Bhavishya served as a rare opportunity for those in corporate, government and civil society sectors who are committed to reducing undernutrition to plan and implement a series of innovative pilot projects in target areas of Maharashtra. After an internal review of the pilots, the trustees of Bhavishya, in consultation with its Governing Council, determined that Bhavishya had met its mandate to demonstrate the potential for a cross-sectoral response to the undernutrition challenge in India and judged it appropriate to dissolve the alliance in its current form in April 2012.

This report charts Bhavishya's major initiatives and achievements and examines the key lessons learned over the course of its existence.

# Key Achievements

During the six years of its existence (2006 – 2012), Bhavishya documented a series of notable accomplishments, toward its mission to "co-create solutions to address complex problem of child undernutrition."

#### 1. Succeeded in scaling up innovations beyond pilot stage

Bhavishya has left a legacy of pioneering initiatives capable of scale-up in their current form and replication in new sites. Examples of pilots that successfully met project objectives and are being scaled up by Bhavishya partners include:

- The **Food Diversification** project improved the quality and variety of supplementary nutrition foods provided at anganwadis (childcare centres). As the food became more nutritious, palatable and diverse, attendance at the anganwadis and uptake of the supplementary foods program increased. Taj Hotels and

Integrated Child Development Services (ICDS) are looking to scale the project across Maharashtra and possibly replicate it in other states.

- The **Girls Gaining Ground** initiative enhanced the knowledge, skills and self-confidence of adolescent girls, who were recognised as key stakeholders able to influence child malnutrition. Over three years, more than 10,000 girls from eight blocks in five districts were trained. About 1,800 girls received support to start their own enterprises and another 1,250 worked as volunteers assisting auxiliary nurse midwives and anganwadis. Results showed significant improvement in the girls' knowledge of good nutrition practices, health and hygiene and in their levels of self-confidence. The project model is being integrated by ICDS and Department of Women and Child Development into the national SABLA program for the empowerment of adolescent girls.

- In the **Day Care Centres** project, anganwadis were expanded to provide day-long care to children of working mothers in two slums and at three construction sites in Mumbai and Navi Mumbai, where migrant worker families often lack access to services for their children. In addition to day-long care, the centres provided improved nutritional supplements to children and were able to closely monitor their nutritional status. Project data showed a marked improvement in the nutritional status of the monitored children at the centres. At the construction site centres, children of migrant workers were able to access ICDS services; these centres served an average 160 children a day. The project is being taken up beyond the pilot phase by the NGOs Mobile Crèche and SNEHA, together with ICDS.

- The **Computer-Aided Literacy, Health and Nutrition Awareness Programme** worked at the community level to provide training in literacy, health and nutrition to local women. Local women facilitators trained 1,260 participants at 30 centres. Of those trained, 815 women (63 percent) achieved functional literacy and 291 (55 percent) successfully completed the health and nutrition training.

#### 2. Created a unique, multi-stakeholder partnership.

Harnessing the commitment of leadership at the highest levels, Bhavishya was structured as a multi-stakeholder strategic alliance between key government agencies, leading business organisations and civil society organisations working on child malnutrition. This new approach of collaborating across sectors was embraced as a promising way to tackle the complexity of child malnutrition and achieve together more than what could be done alone.

#### 3. Introduced a groundbreaking model for problem solving.

The process used to establish Bhavishya and its work was highly innovative. It blended a new social technology (the U-Process) with an entrepreneurial approach for developing, testing and refining new ideas or ways of doing things and a firm grounding in cultivating trusting relationships with project partners. This blended approach provided a safe, creative space for the partners to deeply explore the project setting, issues and possible solutions. The

Bhavishya model allowed participants to develop a shared understanding of a problem and to test, discard or revise solutions they had designed. Bhavishya's partners, who had tested many other ways of solving child malnutrition, embraced this new approach.

**4. Prototyped an innovative set of initiatives.**

From its inception, Bhavishya used an iterative approach to design new and creative interventions collectively with its partners. In the course of its existence Bhavishya tested, refined and implemented more than eleven significant innovative pilot projects. This work resulted in a body of learning that has been captured and documented to guide the scale-up and replication of successful Bhavishya innovations and to share insights with other stakeholders planning similar work.

**5. Established new relationships, competencies, resources and expertise.**

As a multi-stakeholder strategic alliance, Bhavishya enabled its members to leverage, access and integrate a range of new relationships, competencies, resources and expertise to design and implement a series of initiatives to reduce child malnutrition. Bhavishya's partners and staff were exposed to new approaches, knowledge areas and skill sets that built their capacity and led to innovative solutions that greatly enhanced project outcomes.

**6. Shifted stakeholder engagement practices within partner organisations.**

Bhavishya's approach has been successfully adopted by some partners, who have learned and established new and more effective ways of working directly with government and other stakeholders in engagements beyond Bhavishya activities.

# Lessons Learned

At its core Bhavishya is a learning organisation. The following are some of the key lessons drawn from implementing the pilot projects and from the insights shared by a range of partners interacting with one another:

**1. Invest time and trust to establish strong multi-stakeholder partnerships.**

Developing a strategic multi-stakeholder alliance requires patience, time and opportunity to build trust and allow for authentic contribution by all members. In Bhavishya's experience, opportunities to negotiate and reach a shared understanding were provided by convenings of project partners and regular engagement through Governing Council meetings and other day-to-day interactions.

**2. Seek an enabling environment and ensure conditions favourable to establishing successful innovation projects.**

The decision to focus on Maharashtra was made on the basis that this state had demonstrated strong political will through its state-level Nutrition Mission. Furthermore,

corporations active in the state understood the long-term economic burden of child malnutrition and wanted to support the government by allowing it to access corporate knowledge and competencies. These favourable conditions were reinforced by nongovernmental organisations (NGOs) and community-based organisations (CBOs) that were addressing child malnutrition and wanted to work in partnership with government and corporations.

**3. Prototype the viability of interventions through pilot initiatives.**

Bhavishya's pilot projects made it possible to test a prototype solution that provided insights into the challenges of implementation. The process allowed modifications to be made, early and often, resulting in interventions that were better suited to field conditions. Pilots were executed as action-research opportunities to test for success.

**4. Maintain continuity of key personnel and contributing team members.**

To benefit optimally from the deep relationships, commitment to issues, and different way of working established among its partners, Bhavishya sought consistent participation from partners and project staff through all phases of planning, designing, testing and redesigning pilots. Bhavishya and project teams also engaged with their stakeholders at multiple levels to reduce the risk of over-investing in key persons, whose departure or transfer could end a valuable and important relationship. This risk also can be minimised by building and maintaining networks with key individuals in peer organisations that can provide leverage and entry points.

**5. Identify and foster government commitment.**

A major factor in Bhavishya's success was the recognition, at the highest levels of government, of the importance of child malnutrition and the need for programs to address the issue. Relationships were often formalised in memorandums of understanding. While the existence of the State Nutrition and Health Mission provided a single contact point, Bhavishya's experience showed there was still a need to interact with various departments of the state government to enlist their support in deploying personnel and financial resources to implement pilot projects.

**6. Ensure authentic involvement of community and nongovernmental organisations.**

The most successful pilot projects implemented by Bhavishya were those that involved meaningful interaction with community members, through community-based organisations and nongovernmental organisations, particularly those with the greatest stake in successful outcomes. Well-placed and well-resourced NGOs play a role that extends from advocating a pilot project, to planning and implementing it and monitoring its outcomes. NGOs and CBOs also lobbied successfully for the continuation of a promising or successful project when government practice or local policy threatened to end it.

**7. Identify and tap the diverse resources of the corporate sector partner to ensure its meaningful participation and maximise its contribution.**

The participation of the corporate sector was a key ingredient in Bhavishya's success. This was experienced on multiple levels. Corporate sector partners provided Bhavishya with invaluable and different skills, perspectives and knowledge around issues such as project management, staffing, communication and resource management. Both ICICI Bank and Hindustan Unilever Ltd (HUL) provided resources and staff to support Bhavishya institutionally. At the project level, the corporate partners made significant and often unique contributions. For example, one partner provided staff to conduct internal staff management training for peers in government. It is important to identify and formalise the role of corporate sector partners and ensure that they are not viewed in a limited way, for example, in terms of corporate social responsibility, so as to more easily envision and create new opportunities.

**8. Rather than taking on the role of government, model the potential for their role.**

Bhavishya did not, nor was it intended to, assume the role of government. Instead, Bhavishya used demonstration projects to expand government's understanding of what it could achieve through cross-sectoral, multi-stakeholder partnership while laying the groundwork for government to eventually take up initiatives. Bhavishya served as a space to experiment and try new concepts and unconventional arrangements that government otherwise may be constrained from pursuing.

**9. Engage and involve partners in meaningful ways, allowing them to contribute to and sustain pilots rather than rely on core funding.**

While Bhavishya needed funds to operate at the institutional level, at the pilot project level a variety of in-kind inputs often were offered freely by partners to sustain and boost the work in the field. It became clear that when project partners are closely engaged and meaningfully involved in an intense and inclusive way, they eagerly commit or help access significant resources and thinking for project success.

# History and Progress of the Bhavishya Alliance

Despite the existence since 1975 of ICDS, a massive childcare and nutrition program, India has not been able to significantly reduce the incidence of child malnutrition since 1980. National statistics on malnutrition rates of children under three years of age show there has been a drop of only five percent (from 51 percent to 46 percent) between 1990 and 2005, with almost no percentage change between 1998 and 2005.

It was against this backdrop that the idea of a strategic, multi-stakeholder alliance between corporations, government and civil society groups in India (with the added presence of international groups such as UNICEF and Synergos) was conceived and formalised as the Bhavishya Alliance in 2006. Bhavishya chose to focus its work in the state of Maharashtra, which possessed critical prerequisites for the project. The existence of a state-level Nutrition

Mission (the Rajmata Jijau Mother-Child Health and Nutrition Mission) suggested that the government commitment and administrative support needed for a successful partnership were in place, and a number of NGOs and CBOs were already addressing child malnutrition in rural and urban areas.

With Hindustan Unilever (HUL), the TATA Group, HDFC and ICICI Bank serving as trustees, Bhavishya was registered as a charitable trust. Bhavishya was guided by a Governing Council comprised of eminent individuals who provided policy and programmatic direction. Key staff were initially seconded by Synergos, UNICEF and Unilever. A Unilever grant of one million US dollars enabled Bhavishya to then appoint its own staff and become operationally and financially independent from October 2008. Unilever provided office space, equipment and amenities, and ICICI Bank, HUL and HDFC contributed to the salaries and operational costs of Bhavishya.

The work of Bhavishya began with the Change Lab, where staff and senior leadership at Bhavishya's partner organisations began the process of building a common understanding and shared approaches based on the guiding framework of an innovative social technology called the U-Process. The Change Lab culminated with this group identifying and implementing a series of rapid prototype projects, which were then adapted and developed into the larger innovation initiatives (pilot projects) of Bhavishya. Recognising that child malnutrition has an inter-generational context, the pilot project interventions spanned the entire period from adolescence to marriage, pregnancy and childbirth, to the subsequent health and nutrition care for mothers and children until the children reached school age.

Program expenses were partly funded by Bhavishya partners, including Tata Consultancy Services, Integrated Tribal Development Program, UNICEF, Taj Group of Hotels, ICICI Centre for Child Health & Nutrition, ICICI Foundation, ICICI Lombard, HUL, Nike Foundation and Synergos. Many partners, such as the Tata Group companies (TCS, Tata Council for Community Initiatives and Taj Group of Hotels), Synergos, HUL and the ICICI Foundation, made valuable in-kind contributions that included staff expertise and involvement in program implementation.

# Pilot Projects of the Bhavishya Alliance

Much success and learning were achieved during the pilot phase. A number of the pilots have been successfully completed. Four examples of key initiatives that successfully met objectives and are being scaled up in their current context or replicable in other parts of India include:

## *Food Diversification at Anganwadis*

The Food Diversification Project aimed to improve the quality and variety of supplementary nutrition foods provided at anganwadi centres (AWCs). The project arose from the

realisation that one main reason for children's low attendance at AWCs for care and support was the unappetising and monotonous food they served to children. This pilot project was implemented in Nandurbar district as a multi-stakeholder initiative of the Taj Group of Hotels, ICDS and local NGOs.

#### Key activities:

- **Creating diverse and nutritious recipes:** The project enlisted the technical help of chefs from the Taj Group of Hotels to develop 37 locally appropriate and easy-to-prepare recipes for use at anganwadi centres, using locally available ingredients for less than 2 rupees per child per day.

- **Building the capacity of self-help groups** which prepare food at the AWCs: The Institute of Hotel Management (IHM) provided inputs to develop a training module and materials. Ninety master trainers drawn from anganwadi workers and government Child Development Project Officers and NGOs were trained.

- **Training mothers in cooking and good nutrition:** The ninety master trainers, with strong support from ICDS and SAMT, a local NGO in Nandurbar, then delivered training to 12,000 local women in the district. Anganwadi workers, self-help groups, and mothers' committees received training and mentoring to prepare quality, palatable and diverse meals, resulting in improved supplementary nutrition.

#### Pilot project results

External evaluations recorded tangible improvements in the district's supplementary nutrition program. A sample survey of 161 AWCs showed that:

- **Almost 88 percent of the anganwadi centres were serving more than four recipes a month** compared to two or fewer recipes per month before the training.

- **Food quality and palatability improved, leading to improved attendance at the anganwadi centres.**

- **The number of children benefiting from supplementary nutrition rose from 132,000 to over 149,000** over one month during the evaluation period.

- **Improvements were made in hand washing by cooks and children and in cleaning utensils.**

- **A key element of the pilot's success was the active involvement of partners from different sectors** such as the ICDS Commissioner's office, the Zilla Parishad, the Taj Hotels and local NGOs in Nandurbar district, bolstered by memorandums of understanding.

**Lessons learned**

- **Seek community inputs to ensure relevancy to local contexts.** This included seeking community feedback to craft recipes adapted to local palates; accommodating the realities of families who must migrate for half the year to other areas in search of a livelihood, during which time their children often reverted to malnourished status; and adjusting to prepare take-home rations of food in remote areas like Dhadgoan and Akkalkuwa, where no self-help groups existed.

- **The quality of training is an important determinant of success.** Ensuring that the message of improved nutrition practices reaches the community level requires strong training beyond the initial tier of trainers. A dedicated partner, such as Taj Group of Hotels, is important to train the master trainers. Furthermore pre- and post-evaluation of the training helps assess its effectiveness.

- **The diversity of partners can help work through challenges.** The presence of a strong NGO at the district level can make implementation more effective by ensuring project continuation, influencing the government to implement the project effectively and providing an impartial third party to monitor progress. Ensuring timely government payments to self-help groups who prepare cooked food sustains the motivation of the groups and the quality of their service.

- **Government commitment and administrative support are critical to the sustainability of the initiative,** as is the readiness of government to undertake systemic reforms to streamline processes. The proactive engagement of the ICDS Commissioner's office is required to push the process forward, as is ICDS funding for district-level training to popularise and promote local recipes.

## *Girls Gaining Ground (GGG or Gheu Bharari)*

The Girls Gaining Ground project, known locally as Gheu Bharari ("Let's Take Off"), aimed to empower adolescent girls by developing their life skills, increasing their awareness of issues, especially those relating to reproductive health and nutrition, and equipping them with vocational skills. It was funded by the Nike Foundation through Synergos and was implemented in a partnership between local NGOs, ICDS and Health and Tribal Development Departments on a pilot basis in eight tribal blocks in Thane, Nasik, Amravati and Gadchiroli districts and in Ghatkopar ward in Mumbai City.

Tribal girls in isolated social settings were exposed to structured learning, community participation and mentoring and opportunities to interact with each other and with members of their community in a non-threatening environment. Apart from developing their self-confidence and sense of empowerment, the program also exposed the girls to future life choices other than marriage. The girls gained an understanding of government structures and public services they could rightfully demand and increased their knowledge of health and personal hygiene.

#### Pilot project results

A series of independent studies noted the positive effects on the behavioural patterns and practices of the adolescent girls who participated in the exercise:

- **More than 10,000 girls were served in two phases of the project between 2007 and 2010.** Approximately 7,800 girls completed the entire program while 2,200 girls dropped out for reasons ranging from early marriage and lack of interest to permanent migration.

- **The most noticeable impact was the rise in self-esteem among the girls,** associated with an improved self-image, communication and negotiating skills, decision-making and peer approval. As an example, a greater proportion of girls understood the importance of the ideal age for marriage and the need to convince their parents of the disadvantages of early marriage.

- **Vocational training was provided to 1,800 girls** in areas such as tailoring, make-up and hairdressing, computers and food processing. Over 1,250 girls also assisted the auxiliary nurse midwives (ANMs) and anganwadis in their day-to-day work.

- **The girls gained an understanding of healthy nutrition practices,** such as the number of meals to be eaten each day and the need to incorporate a variety of foods in their daily diet.

- **There was a marked increase in their awareness of health issues,** including those related to HIV/AIDS and anaemia. Knowledge of the symptoms, prevention and cure for anaemia increased significantly among the girls. This not only led to major improvements in their dietary habits, but also reduced their anaemia levels.

- **There was improved understanding of reproductive health issues.** The girls learned about contraceptives and the importance of antenatal registration, iron supplementation and safe delivery practices as well as breastfeeding, good infant and child feeding practices, the need for immunisation and diarrhoea management.

- **Helped foster a more supportive environment for girls.** A key impact recorded was the change in the attitudes of the girls' families after they noticed improvements in the girls due to better nutrition, hygiene and sanitation. Families that were initially suspicious of this training began encouraging their daughters to attend these courses. The project also contributed to enhancing the insights of principals and teachers at the Ashram schools on issues relating to girls' health and hygiene.

#### Lessons learned

- **NGO involvement in the GGG initiative was substantial and significant.** Local NGOs played an important role in coordinating the hiring and training of community facilitators and organising the capacity building of adolescent girls.

- **Migration for seasonal work affected attendance,** making it necessary to repeat training sessions once the girls returned to the village. Locating a suitable venue in the village for sessions and group processes also posed a continuing challenge.

- Given the critical role of facilitators in the training process, **standardised criteria for their selection and remuneration** is important to maintain quality in the capacity-building effort.

- To raise awareness of the achievements of Girls Gaining Ground, **social networks** in local areas should be involved in recognising the performance of successful facilitators and the work done by the GGG group.

- The GGG curriculum guides should be **written in local languages** such as Marathi. Building culturally relevant stories, songs, local myths and traditions into the training process makes the content more locally relevant.

- **Integrating vocational and financial skills and microenterprise training** into the school curriculum by partnering with local microfinance institutions increases the financial empowerment of the GGG participants.

- Alongside the capacity building of the adolescent girls, **the capacity of government officials should be developed to sensitise them** to the issues of adolescent girls and to their duty to provide them with effective services. Similarly, clear directions need to be given to Ashram school authorities to permit adolescent girls in these schools to fully participate in project-based learning and outreach activities outside the school.

- Developing a **parallel education system for boys** can involve future male partners of the girls in the social change process and promote behavioural change in the community.

## *Day Care Centres*

Under the Day Care Centres project, anganwadis were expanded to provide day-long care to children of working mothers. In addition to day-long care, the centres also provided improved nutritional supplementation to children and were able to monitor their nutrition status closely. The idea of providing day care at anganwadis arose from the perception that preventing and managing malnutrition in children below three years of age in an urban setting poses a major challenge, especially when the mother must return to work to support her family soon after childbirth. The project was designed for two different types of locations–in the Dharavi slums and at three construction sites, at Sion and Malad in Mumbai City and Kharghar in Navi Mumbai.

The Dharavi project was launched in two slums – Kunjikurve and Kumbharwada. SNEHA, an NGO active in Dharavi, worked in association with ICDS and Bhavishya to operationalise

anganwadi-cum-daycare centres. These centres catered to children aged one to three, who would normally be left in the care of grandparents or siblings at home and who often were not properly fed. Children in Grade I (mild) and Grade II (moderate) stages of undernutrition were enrolled in these centres to improve their nutritional status through regular feeding. In contrast to the regular anganwadis, which operate for a half-day, the day care centres operated from 9:30 a.m. to 5.30 p.m., so mothers may pick up their children on their way home from work.

The anganwadi-cum-daycare centres at three construction sites in Mumbai and Navi Mumbai were designed as a partnership between Bhavishya, ICDS, NGOs such as Mumbai Mobile Crèches (MMC) and Nirman, and the construction company B.G. Shirke Group of Companies. These day care facilities address an unmet need for migrant worker families who otherwise lack access to regular ICDS and other government services for their children. The ICDS approved the anganwadi centres at the construction sites, with the provision to operate beyond normal anganwadi working hours in order to provide day care. The ICDS provided these sites with the same facilities as regular anganwadi centres, including the appointment of an anganwadi worker.

#### Pilot project results

- At the start of the project period in September 2008, of the 111 children monitored, 105 were malnourished, with 88.5 percent in Grades I and II and 11.5 percent in Grades III and IV. By the end of the project in September 2009, **32 percent of the children were in the normal grade and 64.5 percent in Grades I and II, while the percentage of children in Grades III and IV was reduced to 3.5 percent.**
- **Basing the Dharavi day care centres in the community gave more visibility and access to the undernourished children.**
- Daily attendance at these centres averaged between 20 and 25 children.
- At the Kumbharwada Day Care Centre, nine children gained over 200 gms, in weight in September 2009 as compared to four children in May 2009. Some 1,006 children under age 6 and 30 to 35 pregnant and lactating mothers benefited from these centres over a one-year period.
- Weights were monitored on an ongoing basis at the two sites in Sion and Malad. **At the three sites 530 children were immunised over a one-year period.**

#### Lessons learned

- The pilot proved that **community-based day care centres are a viable option to reduce malnutrition in children during their critical growth period. These centres provide improved care and feeding for children aged 1 to 3 while their mothers are at work.**

- **Children of migrant workers pose a special challenge** since repeated change in their environment causes their regression to lower nutritional levels. A longer stay of a construction worker's family at a site enables the child to achieve greater nutritional progress since more attention can be given to his/her growth monitoring and regular feeding, but this is not always possible.

- **Municipal bodies need to be sensitised to the need for anganwadi-cum-daycare centres.** In particular, building regulations must mandate the provision of these centres so that building permissions are not given without providing such centres with all necessary facilities for children under six and pregnant and nursing mothers. In addition, there is need for considerable flexibility in ICDS processes to allow for quick relocation from time to time.

- **ICDS support to day care centres is crucial.** This support includes setting up anganwadi-cum-daycare centres at hitherto unserved locations, making available personnel and material supports to the centre and ensuring timely payments to anganwadi workers, helpers and self-help groups to avoid breaks in service delivery.

- **Consider options for beneficial staffing. Persuading an anganwadi worker to extend her working hours is difficult even after providing extra remuneration. It is better to appoint a different person to run the day care centre.**

- **Service quality at ICDS anganwadis needs to be improved for sustained improvement in nutritional status,** especially in terms of growth monitoring, provision of wholesome food and referral of severely malnourished children to medical facilities. Furthermore, such services at the centres must be integrated into the broader ICDS system.

- **Sustaining the initiative requires a strong NGO presence** both in slum areas and construction sites. Day care centres cannot be run solely with ICDS involvement, as earlier, less successful pilots demonstrated.

## *Computer-Aided Adult Literacy, Health and Nutrition Awareness Project (CAALP)*

The computer-aided project for adult literacy, health and nutrition awareness (CAALP) was established to raise the literacy rates of local women and build awareness of good practices relating to health and nutrition. CAALP was implemented in Tryambakeshwar and Peint blocks in Nasik District, in thirty village communities with some of the highest levels of female illiteracy and child malnutrition were selected. One woman from each community was selected as the facilitator to work with the group to develop awareness and basic literacy abilities. Groups of 25 to 30 illiterate young women were involved in the 40-hour, computer-aided functional literacy training that was based at the community level. In addition, a

training module on Mother and Child Protection was also provided to women to raise their awareness of issues relating to childbirth, infant and young childcare and bringing up the girl child. This initiative was characterised by excellent cooperation between Bhavishya, government (Integrated Tribal Welfare Department, ITDP), an NGO (VACHAN) and corporate partners (Tata Consultancy Services, or TCS).

**Pilot project results:**

- **1,260 women participated in the project over a one-year period** at 10 locations in Peint block and 20 locations in Tryambakeshwar block.
- **814 women (63 percent) achieved functional literacy** while 291 women (23 percent) completed the health and nutrition module**.**
- **The pregnancy registration at public health centres (PHCs) showed an impressive increase from 1 percent to 45 percent.**
- **Mothers receiving more than 90 IFA tablets rose from 27 percent to 69 percent.**
- Institutional deliveries in the area of the project showed an **increase from 8 percent to 34 percent while colostrum feeding went up from 2 percent to 54 percent.**
- **Awareness of immunisation and complementary feeding also increased and diarrhoea management improved substantially.**

**Lessons learned:**

- **Community interest and pride in this innovative project involving computers contributed to enthusiastic participation.** The community and individual families even contributed to the payment of electricity charges.
- The **strong involvement of a local NGO was instrumental** in the effective implementation of the project.
- Although it took a time for the Tribal Development Department to approve the project, and the department wanted Bhavishya to take full responsibility for implementing the project, Bhavishya persuaded the department to route the funds through government channels, **building a strong sense of government ownership** into the program.
- The **interactive format and delivery in the local language** made it easily understood and communicated by the local facilitators.
- **Classes had to be rescheduled to late evenings and night time to enable students to attend after completing their agricultural tasks and since electricity to power the computers was generally available only at night.**

Although this shift accommodated as many participants as possible, in some cases there was some absenteeism due to heavy rainfall and reluctance to send women out of the house late at night.

- **The health-nutrition module was of great relevance.** Early introduction of this module into the training process is important for impact on the target group.

# Other Bhavishya Initiatives

A number of other initiatives were proposed and implemented on a pilot basis at specific locations. However, these programs did not reach a stage where their results justified scale-up. Among Bhavishya's other key initiatives that have made critical contributions to addressing the complex challenge of child malnutrition in India are:

## *Counselor Program in Melghat*

This project aimed to improve health care service delivery and increase utilisation of health services by the tribal community in Melghat, a tribal area characterised by high levels of malnutrition. CBOs and local voluntary organisations (Mahan, Khoj and others) from the Melghat area, with the support of a corporate foundation (ICICI Centre for Health & Nutrition), introduced counsellors (young Korku boys and girls who serve as a bridge between the service providers and service seekers) to help pregnant mothers and parents access government health services provided by the Health Department. Counsellors ensure that patients receive proper health care and that the medical team understands the health issues being raised by the patients.

## *Healthy Lokshakti - Mother and Child Health*

The Healthy Lokshakti Project, implemented in four blocks of Nasik district, aimed to strengthen maternal and child health services and to promote child survival and safe motherhood. Key components of the initiative were comprised of a helpline to provide medical advice, emergency transport services (especially for expectant mothers), financing from existing government programs and development of the human resource potential of health personnel. This project is being implemented by ICICI Foundation for Inclusive Growth (IFIG), ICICI Lombard, ICICI Centre for Health and Nutrition and VACHAN (a local NGO), along with the block ICDS and health staff.

## *Behavioural Change Communication on Complementary Feeding*

Known as Project Yashoda, this initiative aimed to influence feeding practices involving children in the 6 to 9 months age group. The project addressed the importance of starting complementary feeding for children when they are six months old. Behavioural Change

Communication (BCC) techniques are used to target first-time mothers to ensure that complementary feeding starts in time and in full quantity. Hindustan Unilever, UNICEF, the Rajmata Jijau Mother-Child Health and Nutrition Mission and a number of other partners helped develop the content for the communication strategy.

## *Behavioural Change Communications Campaign on Hand Washing*

The objective of the Hand Washing project was to improve hygiene practices in communities and families in order to reduce the incidence of communicable diseases that have a negative impact on nutritional status. This initiative was modeled on the ongoing Lifebuoy Swasthya Chetana project of Hindustan Unilever. It sought to integrate the behavioural change campaign of HUL with the micro-planning process from UNICEF's Schools in Development and Deepshika programs. The hand-washing campaign has been successfully implemented in 214 villages of Nandurbar with the participation of 30,000 men, women and children. Thirty government trainers from Nandurbar district and 45 volunteers, including 13 field coordinators from NGOs and 32 village resource persons, were trained to promote hand-washing behaviour.

## *Supply Chain Management of Medicine at Primary Health Care Level*

Leveraging its strong management capabilities and vast supply chain management systems, Hindustan Unilever conducted a study on procurement patterns in 103 primary health care centres in Peint and Tryambakeshwar blocks of Nasik district. HUL then helped develop a robust supply chain management system for medicine supplies in the public health sector.

## *Community Leadership and Action Planning (C-LEAP)*

This project attempted to tackle child malnutrition by strengthening community demand for health and nutrition services while strengthening government delivery systems to improve their responsiveness and quality of service. Two villages – Bijudhawdi and Mansudhawdi – in Dharni block of Amravati district were selected for the pilot intervention. C-LEAP aimed to engage grassroots leadership and develop a partnership that would bring together key stakeholders and leaders at the village panchayat level to evolve new relationships and institutional arrangements as well as ways of working that would bring about lasting improvements in the health and nutrition status of mothers and children.

## *Food Fortification*

This project was envisaged as an intervention to be implemented by Bhavishya in association with the Global Alliance for Improved Nutrition (GAIN). The project involved the home-based fortification of food for children aged 16 to 36 months through the multi-nutrient powder product "Sprinkles", to reduce micronutrient deficiencies among children in this age

group. Sprinkles would be distributed to the mothers, with the ICDS and/or NGOs arranging for distribution through self-help groups. While GAIN would initially supply the Sprinkles, there would be efforts to subsequently develop other manufacturers or suppliers to produce it. This project was not pursued due to lack of guaranteed support for the program from the ICDS Commissioner and the absence of an alternative marketing channel to reach consumers.

## Bhavishya Stakeholder and Partner Organisations

Aroehan (Nirmala Niketan School of Social Work)

ASHRAY Sevabhavi Society

B.G. Shirke Constructions

BAIF

BMC

Department of Health and Family Welfare, Maharashtra

Department of Tribal Welfare, Maharashtra

GAIN - Global Alliance for Improved Nutrition

Green Kettle Consulting

Hindustan Unilever Ltd

HDFC-Housing Development Finance Corporation Ltd.

ICICI Bank Limited

ICICI Center for Child Health & Nutrition

ICICI Foundation

Indian Hotels Company Ltd. (Taj Group of Hotels)

Institute of Health Management, Pachod

Integrated Child Development Services (ICDS), Maharashtra

International Center for Research on Women

KHOJ

Media Matters

Mumbai Mobile Crèches

Nehru Yuva Kendra

Nike Foundation

Nirman

Ogilvy Action

Rajmata Jijau Mother and Child Health & Nutrition Mission

Shell Consultancy

Shriram Ahirrao Memorial Trust

SNDT University

SNEHA-Society for Nutrition, Education and Health Action

Synergos Institute

Tata Consultancy Services

Tata Council for Community Initiatives

| | |
|---|---|
| Tata Industries Limited | UNICEF, Maharashtra |
| Tata Institute of Social Sciences | VACHAN |
| Tata Teleservices | Zilla Parishads (Nandurbar, Amaravati, Thane, Nasik, Gadchiroli) |

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Women and Child Development Government of Maharashtra

Mr. Rajesh Kumar
Commissioner
Integrated Child Development Services Government of Maharashtra

Mr. Anant G. Nadkarni
Vice President-Group Corporate Sustainability
Tata Council for Community Initiatives

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The Synergos Institute

Dr. Armida Fernandez
Founder and Executive Ex-Director
SNEHA-Society for Nutrition, Education and Health Action

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