

KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT



It has been a very enriching experience to see the communication strategy conceptualized and developed by the Karnataka Nutrition Mission being implemented in the field from the beginning to the end in the Karnataka Multi-Sectoral Pilot Projects in Chincholi Block, Gulbarga District and Devadurga Block, Raichur District.

The strategy is comprehensive and works through a mix of communication media. However, it is rolled out gradually in a phased manner, with small but concentrated information and messages, expressed in simple language, so that it is absorbed more easily by the target groups. Most importantly, even while the IEC campaign is ongoing, the community personally experiences improvement in their health and nutrition status and the beneficial effects of following the nutrition information, the dos and don'ts, that are communicated to them. This increases their faith in the programme, and helps bring about the desired behaviour change faster.

An important lesson learnt is that there is no substitute for personal one to one communication and counselling. This forms the foundation of the communication strategy, and feedback from the community indicates that this was the most effective medium for bringing about behaviour change regarding child and adolescent care, pregnancy care, safe water storage, hygiene and sanitation.

Care was taken to include multiple related factors for each critical cause of malnutrition and micro nutritional deficiency in a single format, so that they could be explained to the target groups, the SHGs, and Panchayat members, in totality. For this, the Village Nutrition Volunteers used flip charts for their personalized home visits or counselling sessions, while posters and wall paintings were placed in public spaces.

I am extremely happy that the strategy, has proved successful in bringing about the behaviour change, which was a major objective of the pilot project.

The posters and other material created by Akar Advertising & Marketing Pvt. Ltd. for the pilot projects are reproduced in this document, and I hope other organizations working on the subject will find them useful. The originals in the local language Kannada, are available in our website www.karnutmission.org

I am grateful to past and present Principal Secretary, Department of Rural Development and Panchayat Raj, and Mission Director, National Rural Livelihood Mission for their support in making our effort a great success.

Veena Sriram Rao, IAS (Retd.)
Advisor
Karnataka Nutrition Mission

22-12-2018

ONTENI

| Karnataka Multi-Sectoral Nutrition Pilot Project | 6 |
|--|----|
| Nutrition Indicators - Karnataka, Southern States — India | 8 |
| Consequences of Malnutrition and Micronutrient Deficiency | 9 |
| Brief Description of the Project | 10 |
| Communication Strategy | 12 |
| Phasing of the Communication Strategy | 14 |
| Layers of the Campaign | 16 |
| Communication to the General Public | 17 |
| THE 1 st PHASE | |
| Intergenerational Cycle of Malnutrition | 19 |
| Proper dietary practices | 21 |
| Deficiency of Iron leads to Anaemia | 23 |
| Making the girl child healthier and better nourished | 25 |
| Mother's milk is nectar | 27 |
| Complementary feeding | 29 |
| THE 2 ND PHASE | |
| A healthy pregnancy and a healthy baby | 31 |
| Behavioural change in the family for additional nutrition to pregnant and lactating women | 33 |
| Why a girl should marry after 18 years of age | 35 |
| The importance of Institutional Deliveries | 37 |
| THE 3 RD PHASE | |
| THE 3 PHASE | |
| Immunization for a healthy beginning | 39 |
| | |
| Immunization for a healthy beginning | |
| Immunization for a healthy beginning Preventing spread of disease through proper sanitation practices | 41 |
| Immunization for a healthy beginning Preventing spread of disease through proper sanitation practices Adequate bi-annual Vitamin A dosage to prevent vision loss | 41 |
| Immunization for a healthy beginning Preventing spread of disease through proper sanitation practices Adequate bi-annual Vitamin A dosage to prevent vision loss Preventing Diarrhoea | |

Background

Malnutrition is a major public health emergency in India today. Even if it does not lead to death, malnutrition often leads to permanent damage, including impairment of physical growth and mental development among children.

India's nutritional indicators are a cause of concern, and progress in their improvement has been extremely slow.

About 50% of the population in India today suffers from protein-calorie deficit and/or micro-nutrient malnutrition. Studies conclude that malnutrition is the underlying cause of at least 50% of child mortality in the country.

Special efforts are therefore required to address this problem. One of the reasons why malnutrition in India is persistent, despite economic progress, is because, the root and fundamental causes of India's malnutrition have not been completely addressed.

Karnataka Nutrition Mission

The Karnataka Comprehensive Nutrition Mission aims to eradicate the problem of malnutrition in the State in the shortest possible time by introducing innovative strategy changes.

It is a dedicated, stand-alone programme to address the problem of malnutrition in the State in a targeted and comprehensive manner.

The mission specifically targets children between 0-3 years, while keeping in view the special significance of this period in their process of development, adolescent girls between the ages 11-18 as well as pregnant and lactating mothers.



Nutrition Indicators - Karnataka, Southern States - India

The table below consists of data of various indicators relating to malnutrition in the Southern States of India:

| | Karnataka | | Kerala | | Tamil Nadu | | Andhra Pradesh | | Telangana | | INDIA | | | | | | |
|--|-----------|-------------|---------------------|-------------|-------------|---------------------|-------------------|-------------|---------------------|-------------|-------------|---------------------|-------------|---------------------|-------------|-------------|---------------------|
| INDICATORS | | SRS 2015 | NFHS-4 (2015-16) | SRS 2012 | SRS 2015 | NFHS-4 (2015-16) | SRS 2012 | SRS 2015 | NFHS-4 (2015-16) | SRS 2012 | SRS 2015 | NFHS-4 (2015-16) | SRS 2015 | NFHS-4 (2015-16) | SRS 2012 | SRS 2015 | NFHS-4 (2015-16) |
| I.M.R | 32 | 28 | 28 | 12 | 12 | 6 | 21 | 19 | 21 | 41 | 37 | 35 | 34 | 28 | 42 | 37 | 41 |
| Under 5 mortality | | | 32 | | | 7 | | | 27 | | | 41 | | 32 | | | 50 |
| Stunting (Children under - 5) | | | 36.2 | | | 19.7 | | | 27.1 | | | 31.4 | | 28.1 | | | 38.4 |
| Wasting (Children under - 5) | | | 26.1 | | | 15.7 | | | 19.7 | | | 17.2 | | 18 | | | 21 |
| Underweight (Children under - 5) | | | 35.2 | | | 16.1 | | | 23.8 | | | 31.9 | | 28.5 | | | 35.7 |
| Aneamia in children under six (6-59 months) | | | 60.9 | | | 35.6 | | | 50.7 | | | 58.6 | | 60.7 | | | 58.4 |
| CED and BMI below normal - Women | | | 20.7 | | | 9.7 | | | 14.6 | | | 17.6 | | 23.1 | | | 22.9 |
| Aneamia in women - 15 to 49 years | | | 44.8 | | | 34.2 | | | 55.1 | | | 60 | | 56.7 | | | 53 |
| Aneamia in Pregnant women 15 to 49 years | | | 45.4 | | | 22.6 | | | 44.4 | | | 52.9 | | 49.8 | | | 50.3 |
| MMR (SRS-2010) | | | | | | | SRS 2007 | | | 440 | | | | | 470 | | |
| MMR (NFHS-4) | 144 | | | 66 | | | 90 | | | 110 | | | | | 178 | | |
| Men with below normal BMI | | | 16.5 | | | 8.5 | | | 12.4 | | | 14.8 | | 21.4 | | | 20.2 |
| Men who are aneamic (15 to 49 years) | | | 18.2 | | | 11.3 | | | 20.4 | | | 26.9 | | 15.4 | | | 22.7 |
| Households with access to safe drinking water | | | 89.3 | | | 94.3 | | | 90.6 | | | 72.7 | | 77.6 | | | 89.9 |
| Households with access to toilet facilities | | | 57.8 | | | 98.1 | | | 52.2 | | | 53.6 | | 50.2 | | | 48.4 |
| Children fully immunized | | | 62.6 | | | 82.1 | | | 69.7 | | | 65.3 | | 68.1 | | | 62 |
| Vitamin 'A' coverage | | | 78.7 | | | 74.4 | | | 68.3 | | | 72.1 | | 76.3 | | | 60.2 |

Consequences of Malnutrition and Micronutrient Deficiency

On infants/children

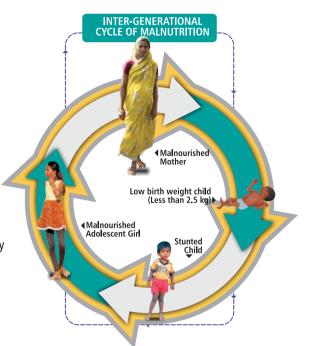
- Underweight
- Aneamia
- Diarrheal deaths
- Vitamin A Deficiency
- Infections and Diseases
- Repeated Respiratory Infections
- Impaired Physical and Cognitive Development
- Reduced learning power

On adolescents

- Under Weight
- Stunted Growth
- Lower Cognitive ability
- Iron Deficiency Anemia
- Iodine Deficiency
- Less physical strength and low productivity
- Low Body Mass Index (BMI)
- Chronic Energy Deficiency (CED)

On adults

- Chronic Energy Deficiency (CED)
- Aneamia
- Less physical strength and low productivity
- Low earning capacity and income
- In women, low weight gain during pregnancy, low birth weight babies



A Multi Causal Problem

Under Nutrition

Physical Causes

- Hunger
- Calorie/Protein
 Micronutrient Deficit
- Infection and Disease

Socia-Economic and Historic Causes

- Poverty / Low Income
- Literacy / Lack of skills
- Gender discrimination embedded in social custom
- Lack of information and awareness

Attitudinal / Behavioral Causes

- Gender Discrimination
- Low status of Women
- Negative Child / Mother care practices
- Early marriage of girls
- Early & frequent pregnancies
- Lack of information & awareness
- Superstition

Governance Related Causes

- Inadequate nutrition, healthcare services for women, children and adolescents
- Low access to safe drinking water and sanitation
- Programmatic gaps
- Poor coverage
- No action based Nutrition Monitoring

Brief Description of the Project

The 'Karnataka Multisectoral Nutrition Pilot Project' was started in the year 2015 through the Karnataka Rural Livelihoods Promotion Society, under the aegis of the Karnataka Comprehensive Nutrition Mission, with support from the World Bank and the Japan Social Development Fund (JSDF) in partnership with Karnataka Health Promotion Trust.

The pilot project aims at addressing malnutrition by directly addressing the root causes - adopting the inter-generational, intersectoral approach, focusing on children 0-3 years of age, adolescent girls, pregnant and lactating women.

This project has addressed the scourge of malnutrition and anaemia, particularly among children and women in a sustainable manner, and has provided nutritional security to the vulnerable groups.



The specific objectives of the project are:

- a) Reduce underweight and under-nutrition among children, low body mass index among adolescent girls and women in the project areas in the shortest possible time, through the intergenerational, life-cycle approach.
- b) Eliminate wasting of children, severe malnutrition among children
- Reduce the incidence of low birth babies, infant mortality, child mortality, maternal mortality,

- aneamia and other micronutrient deficiencies among children, adolescent girls and women; and
- d) Spread information and awareness to the communities to enable behavioral change regarding proper child care, care of the girl child throughout her life cycle, of pregnant and nursing mothers, and proper dietary practices within existing family budgets.

Strategy to address the cause

The Karnataka Nutrition Mission (KNM) aims to eradicate the problem of malnutrition in the State in the shortest possible time by introducing innovative strategy shifts that include:

- a) Adopting the inter-generational life cycle approach by addressing the nutritional needs of infants, children, adolescent girls and pregnant and nursing mothers.
- Bridging the calorie-protein micronutrient deficit among the inter-generational target groups by providing appropriate fortified energy food for consumption.
- Accelerating, integrating and tightly monitoring multi sectoral on-going programmes that have impact on malnutrition, such as immunization and Vitamin A supplementation, anaemia control, water and sanitation, etc., and achieving

- convergence between the on-going programmes so that they operate simultaneously, and filling programmatic gaps.
- d) Increasing programme coverage by demand creation, by involvement of community, NGOs, SHGs and VPs.
- e) Launching a sustained public awareness campaign, through multimedia and the interpersonal communication mode to reach the general public, especially at the grass roots, regarding proper nutritional practices within existing family budgets, proper child and maternal care and create demand for government programmes.
- f) Make available low-cost energy foods for the general population through public-private partnerships.

Unique Features

- A Village Nutrition Volunteer (VNV) is appointed for every village in the Block, and given appropriate training
- Every beneficiary is given a Nutrition Card, in which nutrition indicators, such as age, height, weight are recorded each month
- The VNV visits the beneficiary household for counselling regarding proper child care, maternal and adolescent care, prevention and treating of diarrhoea among children, about balanced diet within the family budget, clean storage of
- water, sanitation, hygiene, demand creation for ongoing programmes such as immunization, IFA, sanitation, etc.
- A strong multi layered IEC campaign at household, SHG and community level is carried on continuously
- Data in Nutrition Cards is reviewed and monitored at field level and by the Mission on a real time basis
- Behavioural change and nutritional coverage of the Adolescent Girl



For the overall success and sustainability of this pilot project, it was important that the communication strategy is effective in bringing about behavioural change in the households and in the communities.

The communication strategy formed a strong, concurrent and ongoing back up, in bringing about the attitudinal change required for the acceptance of the interventions.

While behaviour change communication (BCC) is critical to improving nutrition, health care, sanitation and hygiene behaviours, its effective delivery is a challenge and requires a combination of technical and communication expertise to successfully achieve it. It was a privilege for Akar Advertising & Marketing Pvt. Ltd., to be selected as Communication Consultants for this project.



can be understood by them to realize its benefit.

The information must be interesting and convincing, even though it may take some time for it to bring about the behavior change.

Clear, specific and precise key messages were delivered to the households and the community on how to use their existing budgets to provide the best nutritional care for children, girls and women, and overcome ignorance and superstition.

An understanding was created about relevance of recommended health, nutrition and sanitation behaviors.

The Communication Strategy also aimed at creating a demand for ongoing health, nutrition and sanitation related schemes targeting women, girls, families, the general community, NGOs, self-help groups, PRIs and block and field level functionaries.



The major causes of malnutrition were addressed by creating nineteen messages through different media streams in three separate phases.

In each of the phases, six messages were handled to achieve the communication objective. Each phase lasted for a period of 4 months.

This process was adopted because too much information given together may not have has the desired absorption and impact. Multimedia IEC campaign for awareness generation and behavioural change in families and community was an on-going feature throughout the project, through posters, flipcharts, wall paintings, television commercials and radio jingles.

The campaign has had a good impact, according to the feedback from the field.

1st Phase Themes for Behavior Change

Regular household counselling was done by VNVs for the 1st six themes as listed below through Flip Charts and Posters and Community IEC through Wall paintings, Cable TV, Radio Jingles

- Inter-generational cycle of malnutrition
- Helping communities through Nutrition Education, to improve dietary practices within their family budgets and encourage consumption of traditional nutritionally rich local foods, such as, green leafy vegetables and fruit, grains, etc., and the importance of proper nutrition and its inter-generational impact
- Generating awareness and explaining the risks of iron and iodine deficiency especially anaemia and iodine deficiency among children, adolescent girls, pregnant and lactating women
- Advocating behavioural change in the family regarding proper child care, care of the girl child throughout her life cycle, removing gender discrimination against the girl child regarding food and health care, reducing low body mass index among adolescent girls and women
- Explaining the importance of feeding Colostrum to newborns and the importance of exclusive breastfeeding for the first six months
- Educating mothers/families on the need to introduce complementary foods after six months and educating mothers regarding the quantity and frequency, as the child grows older

2nd Phase Themes for Behavior Change

- Educating pregnant women about the importance of proper birth weight of infants, the ideal weight gain during pregnancy, and prevention of low birth weight
- Advocating behavioural change in the family for additional nutrition to pregnant and lactating women
- Providing Information regarding proper age of marriage and of first pregnancy
- Weight monitoring and anaemia monitoring during pregnancy, and among adolescent girls. Encouraging consumption of IFA during pregnancy and lactation
- Providing higher coverage by institutional deliveries
- Explaining the importance and benefits of Shakti Vita, the fortified energy food produced by SHG's, supplied under the project

3rd and Final Phase Themes for Behavior Change

Immunization for all children, for preventable diseases

- Ensuring adequate bi-annual Vitamin A dosage to prevent vision loss
- Administering Deworming medicine bi-annually to prevent malnutrition and morbidity
- Advocating the importance of sanitation and safe drinking water and creating demand for existing schemes, and spreading awareness about deworming and anaemia
- Emphasising hygienic practices, such as, washing hands before preparing food and eating it. Serving food in clean utensils, avoiding feeding bottles as they are receptacles of germs and bacteria
- Providing nutrient-dense food during and after illness
- Giving ORS to children with diarrhoea, along with Zinc supplements
- Early detection and shortening the duration of diarrhoea, before the onset of medical complications

Layers of the Campaign

The VNV workers visited each house and educated the families with the help of flip chart messages.

The flipcharts were very creatively designed, containing the messages required to be delivered in a precise, specific and simple manner, making it easy for the beneficiaries to understand.

Flipcharts also made it easy for VNVs to understand the messages in detail, and communicate them to the target groups effectively.

One to One Counselling

The VNV visited each house for one-to-one counseling of the family, of the mother and adolescent girl on all the communication strategy themes.

The nutrition volunteers worked very closely with the anganwadi workers and the ASHA workers to deliver the services under the mission.

Most people in the targeted areas were illiterate. The aim of the VNVs was to communicate in the simplest manner the content of the messages.

It is important that the information communicated was easily understood by the families. This itself was a herculean challenge before the volunteers. There were also instances of the families showing irritation towards the VNVs.

But gradually, the people understood the importance and value of the advice given by the VNVs towards improvement of their quality of life.





Communication to the General Public

Another objective of the project was to provide information to the general community, women's SHGs, and Panchayat members.

This was done through

- **Posters:** which were put up at public areas and anganawadis so that the messages created awareness on the subject. Each poster focused on the primary messages and provided detailed information.
- Wall Paintings: sketched at certain meeting points of members of the communities. This medium, wherever available, provided a constant reminder on the subject and became central points for discussions. These paintings not only beautified the village, but also communicated the required messages.

Initially, for the first and the second phase of the strategy, nutrition messages were also communicated through radio and television. Radio jingles and television spots were presented through Akashavani and cable channels. But these were not popular with the villagers, and were discontinued.

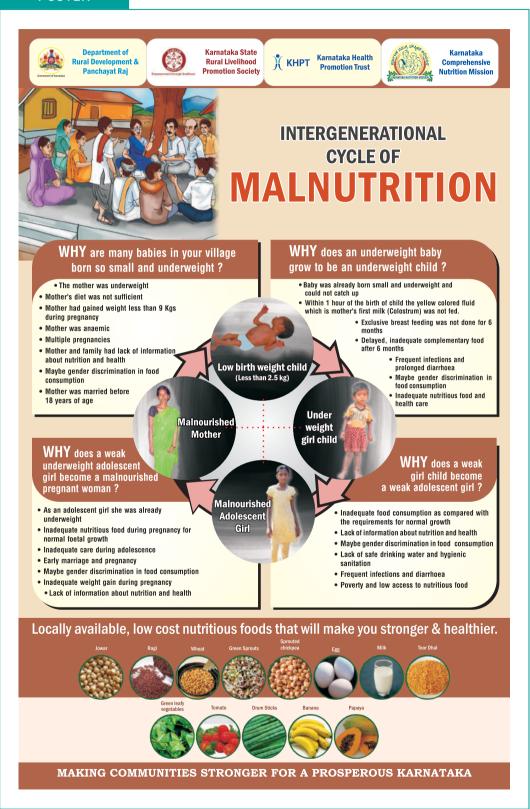
Unique Features of the Communication Strategy

- ♦ The communication strategy was undertaken in a judicious and phased manner.
- This process was conducted in a phased manner because dissemination of too much information all together may not have the desired impact.
- ♦ Its focus was to bring about behavioural change in the target groups.
- One-to-one counselling was a unique step taken where the nutrition volunteers visited each family and provided information personally.
- ◆ Various modes of communication, such as, flip charts, wall paintings, television spots, radio jingles and news paper advertisements were used so that the same messages were delivered to the target groups through different media thereby increasing their impact.
- The subtle part of the communication strategy was that every message delivered to the target groups was accompanied with visuals containing every aspect of the subject in detail, which made it easy for them to understand.

KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT

Intergenerational Cycle of Malnutrition

POSTER



A Simple Understanding

At a glance, this poster explains the inter-generational nature of malnutrition, linking a malnourished child who becomes a malnourished adolescent girl, who will become a malnourished mother and again give birth to a malnourished child.

It clearly shows the transmission of malnourishment from one generation to another and creates a linkage between them.

The root causes of malnutrition are clearly presented with the help of the visual so that the information is communicated to the target groups effectively. This strategy shows the inter-generational life cycle of malnutrition in totality.

The visible and hidden causes and manifestations between each link are described in simple language.

The strategy involves simple teaching with the help of the posters which proved to be an excellent source for beneficiaries to learn and understand the root causes of malnutrition.

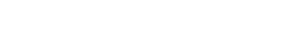
Every poster strongly highlights the consumption of locally available nutritionally rich food such as jowar, toor dhal, rice, wheat, milk, eggs, tomato, papaya, banana, green leafy vegetables, carrots and fish.



"

The posters are very simple and I'm able to understand them. The poster showing the cycle of Malnutrition shows how it continues from generation to generation. Shanthamma (VNV) comes to our house regularly and educates us about nutrition with the help of the flipcharts.

- A beneficiary, Jalahalli, Devadurga Block

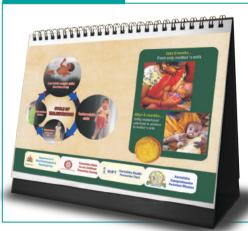


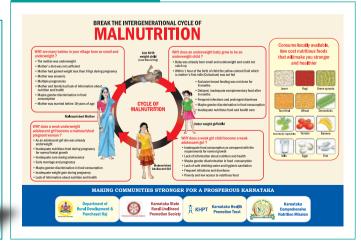
As the beneficiaries were unaware about the importance of nutrition, at first they would get irritated when we would visit their houses everyday. But now they treat us like family. I feel happy when they follow the advice given by us in their daily life.

- Village Nutrition Volunteer, Jalahalli, Devadurga Block



FLIP CHART







Proper dietary practices

For the sustainability of the project, the fundamental idea was to educate the beneficiaries about proper dietary practices within family budgets. Other than house-to-house counselling, effort was made to draw the attention of the public to the various areas of awareness generation through multiple modes of communication.



Awareness was created among the beneficiaries and their families to change food habits and consume nutritious foods like green leafy vegetables, grains, pulses, sprouts, milk, fish, fruits and other nutritionally rich foods that are affordable and available locally.



They were counselled to increase the quantity and frequency of complementary food for infants after six months. Detailed information was given to the families about locally available nutritious foods.





I study in the 9^{th} standard. I consume rice, dal, raagi and Shakti Vita. I used to fall sick very often before. Now I feel heathier and also have increased my body weight in a last few months.

- School girl, Beneficiary, Arekere, Devadurga Block



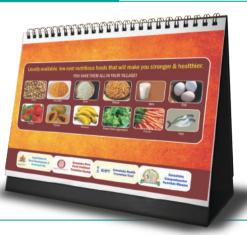


Bringing about behavioural change in the dietary practice of the target groups was one of the most difficult tasks. Even though most of the nutritious foods were traditionally grown by them, they would still prefer consuming rice and dal. Right now, I feel happy that they have been following our advice and have included various kinds of nutritious foods like raagi, corn, millets and green leafy vegetables in their diet.

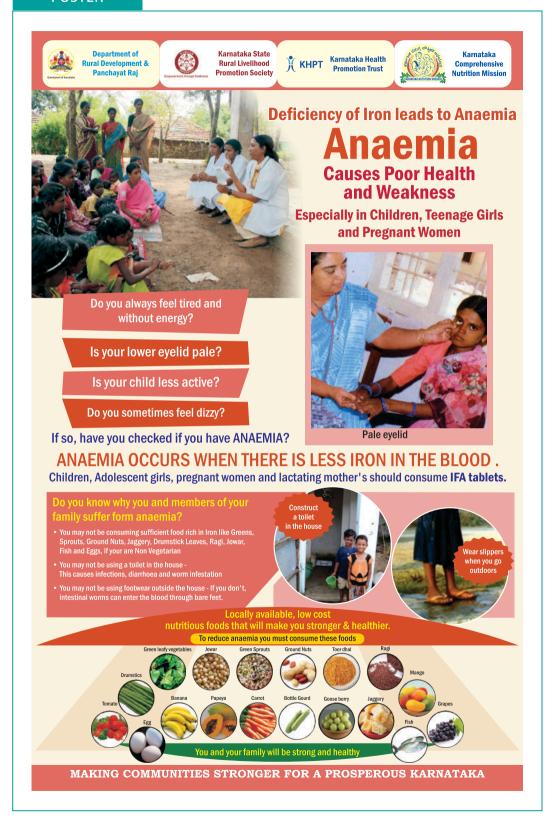












Deficiency of Iron leads to Anaemia

All causes of Anaemia at a glance for the communities to understand

Detailed information has been given about the causes and consequences of anaemia with the help of this poster.

The poster helped to generate awareness of the adverse impact of deficiency of micronutrients, especially anaemia and lodine deficiency among children, adolescent girls, pregnant and lactating women and the community in general.

It explains health hazards arising from iron, iodine and other vitamin and micronutrient deficiencies and educates

pregnant women about the importance of consuming foods rich in iodine and iron.

It encourages consumption of easily available iodized salt, IFA tablets, use of clean toilets in the house to prevent infections, diarrhoea and worm infestation, which lead to anaemia.

It also encourages the use of footwear outside the house to prevent intestinal worms from entering the blood stream through bare feet.



Before I joined this project as a VNV, I did not know about anaemia. This has given us an opportunity to learn about it, and how to prevent it and also the confidence to talk to people.

- Village Nutrition Volunteer, Jalahalli, Devadurga Block



44

Earlier when IFA tablets were given to pregnant women in the hospitals, they used to spit them out. They believed that such tablets could harm their baby. We have been successful in making them understand the benifits of IFA. Now the demand for IFA and Vitamin A tablets has rapidly increased. People have understood their importance now. Unlike before, they used to feel that such tablets could cause harm to their health.

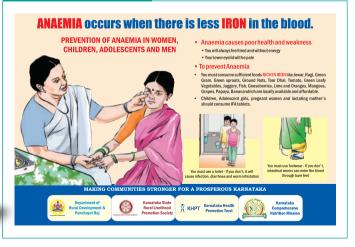
- ASHA Worker, Devadurga Block







WALL PAINTING





Making the girl child healthier and better nourished

This poster prescribes behavioural change in the family regarding proper care of the girl child throughout her life cycle, and removal of gender discrimination against her regarding intra-family food distribution and health care, and to reduce low body mass index among adolescent girls and women.

This poster helps to sensitize the community towards gender equality by discouraging female discrimination within the family in matters of food and proper nutritional care, and encouraging education of the girl child.







Healthy, cheerful school girls in Arekere village, Devadurga Block



We wear footwear now, Earlier, only few of us used to wear it. We are told that if we do not wear footwear, we will get diseases. In school, we are taught about handwashing methods and various ways to maintain hygiene.

We are fed with the same amount of food as our brothers in our houses. We don't feel that we are differentiated on that basis.

- Beneficiary, Arekere, Devadurga Block



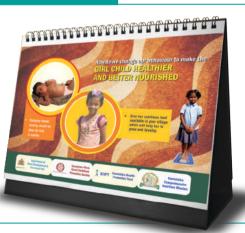


We do not differentiate in the quantity of food to a girl child at home. She also needs enough food. We are giving complementary food to both the girl and the boy child.

- Beneficiary, Jalahalli, Devadurga Block







WALL PAINTING











Karnataka Comprehensive



Do you know the best feeding practices for healthy infants?

MOTHER'S MILK IS NECTAR

Complementary Food after 6 months is Essential for the Cognitive and Physical Growth of the Child



- Feed the yellow colored fluid which is mother's first milk (Colostrum)
- Colostrum protects the infant from disease



2

Upto 6 Months ...

- Feed only Mother's Milk
- At the same time encourage the lactating mother to eat more nutritious food





After 6 Months ...

Feed softly cooked food along with mother's milk (Porridge, softly cooked dhal, mashed vegetables and fruits)



- . Mother's Milk is the purest and healthiest food for the baby
- Feeding the baby with Mother's Milk will protect the baby from diarrhoea and infections
- Complementary food MUST be given after 6 months, as it is essential for healthy growth, cognitive and physical development of the baby

Feeding mother's milk will strengthen the bond between mother and child

MAKING COMMUNITIES STRONGER FOR A PROSPEROUS KARNATAKA

Mother's milk is nectar

Colostrum and mothers' milk give the best start in life and promote future immunity. Complementary feeding after 6 months is essential for physical and cognitive development.

This poster explains the importance of exclusive breast feeding for the first six months and complementary feeding after six months for proper growth and health of the infant.

Expectant mothers, family and community learnt about the importance of feeding colostrum to newborns, and how it strengthens the infant's immunity against infection.



Village Nutrition Volunteers (VNVs) happily riding their bicycles for work.

"

The VNV comes to our home regularly. When I was pregnant, she told me about the types of food that I must consume and periodically my weight was checked. She also told me that I should feed my child colostrum and not give anything but breast milk till after six months.

- Beneficiary, Jalahalli, Devadurga Block











Complementary feeding

Complementary food to be given after six months of age in addition to breast feeding.

This poster helped in educating the mother and families about the importance of complementary food, and the kind of food which needs to be given to babies, appropriate to

Mothers and families were educated on the need to introduce appropriate and affordable complementary food after six months, made from simple staples like: rice, pulses, vegetables and fruits available in the household.

The target groups were informed about the energy food Shakti Vita, which was supplied in the project and its health benefits.

Information was also provided about the appropriate food quantities and frequency of feeding as the child grows.





Most of us here work in the fields. We finish our morning chores and head to the fields. Earlier I used to cook only rice and dal. After the VNV visited us and showed us the flipchart and educated us about the importance of consuming nutritious food like raagi, corn, millets and green leafy vegetables. I didn't realise then that the food that we ourselves grow has so much nutritious value. I now make it a point to include it in our diet at least thrice a week.













Educating pregnant woman about the importance of proper birth weight of infant and ideal weight gain during pregnancy.

The poster educates women and families about the importance of adequate weight gain during pregnancy, prevention of low birth weight of the newborn, and consumption of additional nutritive energy food during pregnancy.

Pregnant women were educated, and they learnt the importance of proper weight gain during pregnancy, and proper birth weight of newborn infants.





When the Village Nutrition Volunteer visited my home, I did not want to listen to any of their advice. I thought I knew how to take care of my baby and I didn't want any kind of guidance. This is how the people of this village think. In our village the children looked very weak and were suffering from severe malnutrition. After including ragi, green leafy vegetables and other nutritious food in the diet, now the children look healthy and do not fall sick often.

- Benificiary, Jalahalli, Devadurga Block



I was married at a very young age, I was told about the consequences of early marriage, but due to family pressure I got married, I'm now 4 months pregnant, I have gained weight once I started including green leafy vegetables, fruits and Shakti Vita in my diet. As my husband is working in Pune, I cannot stay in this village for a long time. I will take packets of Shakti Vita along with me so that I don't reduce my weight and then I will be able to give birth to a healthy baby.





FLIP CHART







Behavioral change in the family for additional nutrition to pregnant and lactating women

Reinforcing the importance of pregnancy weight gain and preventing anaemia during pregnancy.

To ensure that the pregnant women remain healthy and give birth to healthy babies, they, their families and community at large were educated regarding the importance of additional nutrition for women during pregnancy and lactation. This poster helps in explaining the negative health consequences of low weight gain during pregnancy. The target groups were warned that anaemia is harmful to both the mother and the child.

To prevent this, they were educated about regular monitoring of hemoglobin levels during pregnancy.

They were advised to consume locally available iron rich food to reduce the risk of anaemia.



The Village Nutrition Volunteers are trained local girls who are well versed with the messages described in the flip chart. They are all individually assigned houses. They visit each house once in two weeks and note down the improvement in

the nutrition indicators of the beneficiaries. As they know the beneficiary on a one-to-one basis, the VNVs have good rapport with them and this makes it easier for them to share their experiences with the VNVs.



"Initially, it was very difficult to convince pregnant mothers about the importance of monthly weight gain and maintaining hemoglobin levels because of traditions and superstition. With the help of the visual aids and our intervention, slowly people started to notice the importance of their well-being. Our training helped us spread the word more effectively and we are happy to be making a difference."

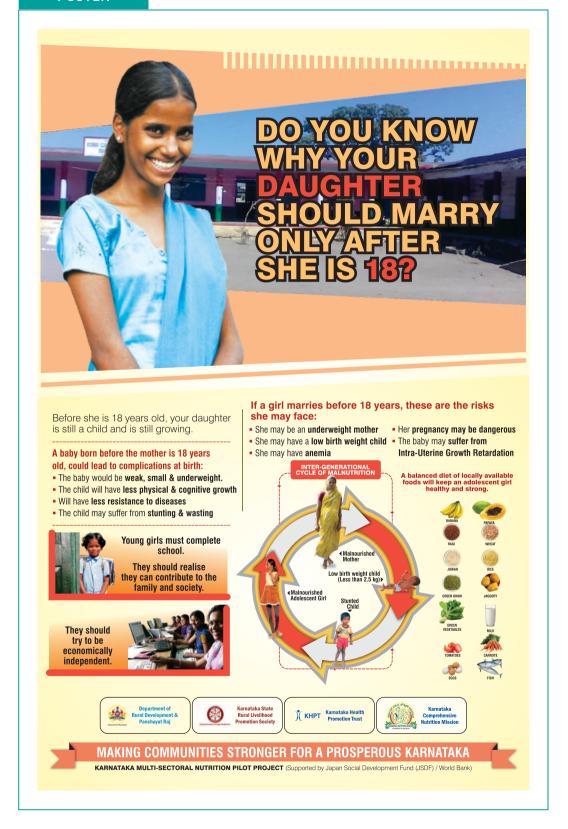




FLIP CHART







Why a girl should marry after 18 years of age

Revisiting the inter-generational malnutrition cycle and empowering the girl child

Awareness was created amongst the community leaders and elders about the importance of getting the girl child married only after she attains the age of eighteen.

The target groups were made aware that early marriage and childbirth can be risky for the health of the girls and the children born to them. This poster helped in reminding the people about the inter-generational cycle of malnutrition and the importance of the empowerment of the adolescent girl.

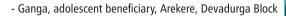


The number of girl children going to school has increased over the years after the implementation of this project. People have realized the benefits of educating girls and making them empowered.

But because of traditional social customs, even after knowing the consequences, there are instances where girls are made to stop going to school and are married at a very young age.



I study in the ninth standard. I have eight siblings. Six of us go to school and 2 of them are little so they have not been enrolled to school yet. My parents are very encouraging. I will study hard and will become a teacher someday. I like going to school, because we get to learn, play and we are provided with healthy food.







FLIP CHART







You must deliver your child at a Primary Health Centre or Hospital

BECAUSE IN A PRIMARY HEALTH CENTRE OR HOSPITAL YOU WILL HAVE A GOOD DOCTOR AND HEALTH STAFF

Having your baby at a Health Centre or Hospital has multiple benefits:

- It is hygenic, no chance of infection
- You will be under constant watch by experienced doctors and attendants 24 hours a day
- If there is any medical problem or emergency, it will be attended to
- Doctors will monitor your progress for a trouble free delivery
- Take the advice of the 'ASHA' about where your baby should be born



A BALANCED DIET OF LOCALLY AVAILABLE FOODS WILL KEEP YOU & YOUR BABY HEALTHY.

























MAKING COMMUNITIES STRONGER FOR A PROSPEROUS KARNATAKA

KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT (Supported by Japan Social Development Fund (JSDF) / World Bank

The importance of Institutional Deliveries

Prevents maternal and infant mortality.

- ◆ This poster helped in explaining and educating the target groups about the benefits of institutional deliveries and skilled attendants at birth.
- The multiple benefits of delivering babies in a primary health centre or hospital were explained to the families.



I have been a part of this project since the beginning in 2015 and since then, I've seen a lot of changes. Problems like stunting, wasting and severe acute malnutrition the rate of stunted growth and malnourishment was very high. Now the condition is better. Earlier the haemoglobin was 8 mg in most of the children. Now out of 160 children, only 15 of them have haemoglobin deficiency. The rate of institutional deliveries has increased rapidly. We feel happy that beneficiaries now understand the importance of hygiene.



- Mr. Manjunath, Block Manager, Devadurga Block





WALL PAINTING



IMMUNIZATION GIVES CHILDREN A HEALTHY START IN LIFE

Give your child timely vaccinations to prevent diseases



They have been immunized



They are healthy children

Important vaccinations and immunization

For infants

- Protect them from Tuberculosis -B.C.G. should be given at birth
- Protect them from Polio. -Give them 0.P.V 0 at birth and O.P.V. 1. 2 and 3 at 6th, 10th and 14th Week
- Pentavalent 1,2,3 should be given at 6th, 10th and 14th Week to prevent Diptheria, Pertussis and Tetanus

For Children more than 1 year

- Vitamin-A 1st Dose should be given between 9 to 12 month, 2nd dose should be given after 6 months. 7 more doses should be given every 6 months until the age of 5 years
- •D.P.T Booster 1 should be given between 16 months to 24 months
- D.P.T Booster 2 should be given between 5 to 6 years

Collect more information from Village Nutrition Volunteer or Anganwadi Worker









MAKING COMMUNITIES STRONGER FOR A PROSPEROUS KARNATAKA

KARNATAKA MULTI-SECTORAL NUTRITION PILOT PROJECT (Supported by Japan Social Development Fund (JSDF) / World Bank)





Giving children timely vaccinations for preventing disease

VNVs educated the families and communities regarding the advantages of vaccination and immunization for the child's health and proper growth, and preventing disease.



It was very difficult to involve the people to take timely immunization. Even now, they have superstitious beliefs. They think that their children may become handicapped or maybe have health-related problems after immunization. With the help of the Panchayat and the SHGs, we have been successful in eliminating these kinds of superstitious beliefs.

- Supervisor KHPT. Mallesh Jhadav

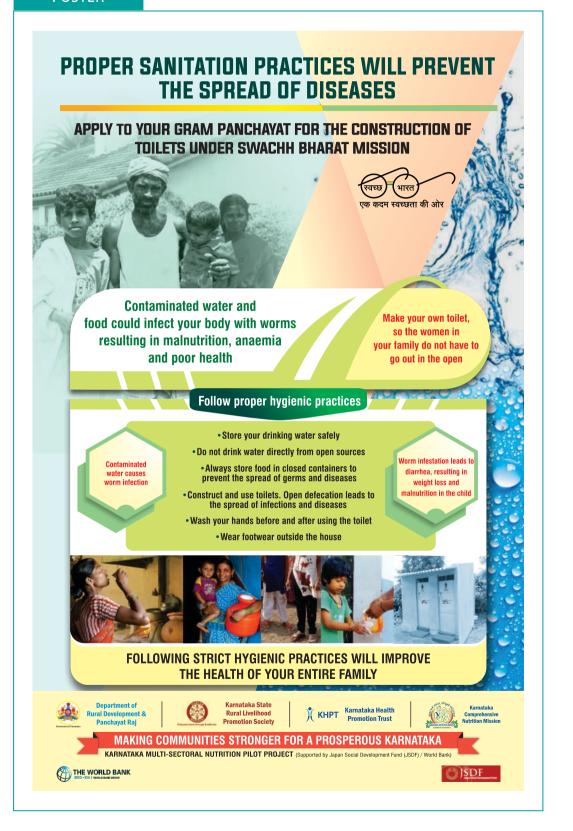


FLIP CHART









Preventing spread of disease through proper sanitation practices

Proper sanitation to improve the health of the entire family.

The consequences of water borne infection and worm infestation are highlighted. The benefits of clean drinking water and the ill effects of unclean water are explained to the target groups.

- ◆ The poster educates the communities about the importance of clean drinking water, so that their families lead a healthy and infection free life
- It motivates the families in the village to construct proper sanitary toilets, and they are explained the advantages of

- sanitation for better health and nutritional well being of all members of the family.
- The families are motivated to apply for Swachh Bharat Mission grant for construction of toilets.
- ♦ The VNVs advocated the importance of footwear to prevent worm infestation and anaemia.



The condition before implementing this project was bad. People suffered from low weight and stunted growth. They weren't aware about the importance of sanitation. But now conditions have improved. As the posters and flip charts are in simple language and include pictures, the beneficiaries understand the messages. This played a vital role in behavioral change.

- Beneficiary, Vengalapura Thanda



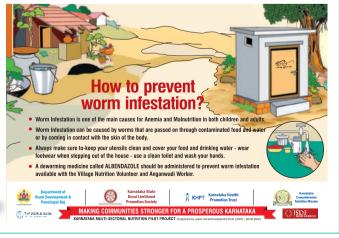
Every house has been constructing toilets. Only 300 houses in Arekere are left to construct toilets. The government has also ordered that all the houses are supposed to have a toilet each as a part of the Swachh Bharat Mission Grant.

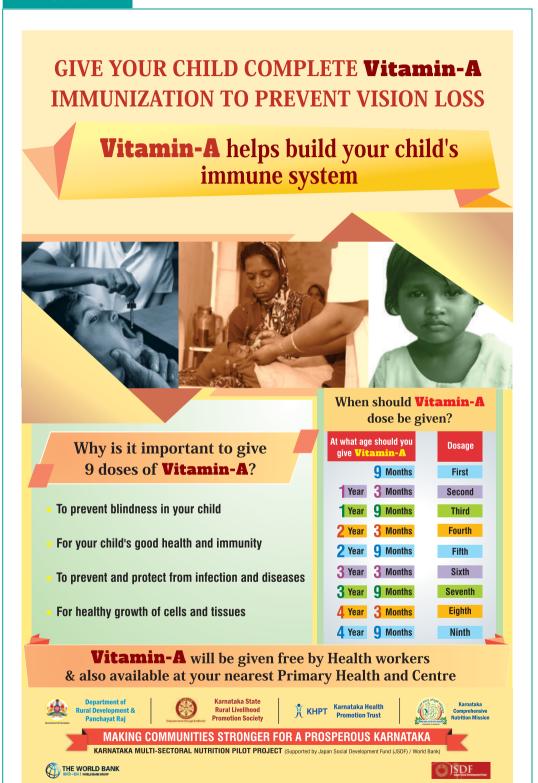
- Panchayath Head, Arekere











Adequate bi-annual Vitamin A dosage to prevent vision loss

Vitamin A - building a child's immune system.

- ◆ The VNVs encouraged administration of Vitamin A doses as prescribed by the Health Department.
- They educated families and communities regarding the advantages of Vitamin A for the healthy growth of a child, proper eyesight and immunity.

The target groups were encouraged to eat locally available foods rich in vitamin A such as :













MATOES

FISH



FLIP CHART





"In the past, children in our village were thin, malnourished and were sick all the time. Now with the VNVs intervention and we knowing the importance of a balanced diet, and of Vitamin A doses, our children are healthier, are less prone to illness and have better eyesight. Today we are a happy family and we have big dreams for our child."



- Sayana Begum, Beneficiary, Chincholi Block





Preventing Diarrhoea

Early treatment and shortening the duration of diarrhoea.

The poster educated the communities about the serious dangers of diarrhoea to children, which retard proper growth and sometimes result in child mortality.

The causes and preventive measures for diarrhoea were explained to them. The families were educated about the

benefits of administering ORS along with zinc supplements to shorten its duration.

The method of preparing ORS at home in case of emergency was explained to the families by the VNVs.



I feel happy about the success of this project. In the beginning I had no hopes. We didn't realise the importance of this project. I thought this was done for the sake of money. But now I'm witnessing so many changes in the health of the people. All the members in my family now are healthier and happier. My daughter is a village volunteer and I'm so proud of the work she is been doing. I'm grateful to the people who have worked for the betterment of our lives.



- Shivappa, husband of a beneficiary, Jejar Doddi







- immediately administer ORS, which is a special combination of nutrients and salts that is mixed with drinking water to help replace the fluids and
- In case of emergency Mix salt and sugar into

| Panchaya | | | 0 | Promotion Society | | ј кни | Promotion Trust | |
|--------------------------|---|---------|------------------|--------------------|-----------|-----------------------|------------------------------|-------------|
| THE WORLD SANK | 4 | MAK | ING COMMUI | NITIES STRON | GER FO | R A PROSPI | EROUS KARNA | TAKA |
| Bill - Di apparetre sono | | KARNATA | KA MULTI-SECTOR/ | AL NUTRITION PILOT | PROJECT (| Supported by Japan So | cial Development Fund (JSDF) | / World Bar |







Making communities stronger and healthier with Shakti Vita

There are two compositions of Shakti Vita that help to bridge the dietary gap which exists among the people — and the calorie, protein and micronutrient deficit.



Energy Dense Food Production (EDF) Plant, Devadurga Block with SHG Women workers.

Production and distribution of energy food

Production Units have been set up in both Chincholi and Devadurga with support from Global Alliance for Improved Nutrition, (GAIN). Here, fortified energy food with brand name Shakti Vita, specifically formulated for the three inter-generational target groups is produced by women from local SHGs and is given daily to the beneficiaries. Production and distribution of energy food started in

Chincholi on October 22, 2016 and in Devadurga on December 26, 2016. Feedback from the field confirms that the Energy Food has been well received by the beneficiaries. This helped in generating employment to the self-help group women. They have been running the production units very efficiently.









Group of SHG members who run the Production Unit

Composition of fortified energy food

| · | | | | | | | |
|--|-------------------|----------------------------|--|--|--|--|--|
| Ingredients | Age group | Portion (grams per day) | | | | | |
| Whole wheat, Ragi, Green gram dal, Defatted soya, Sugar | 6-12 months | 50 | | | | | |
| Vitamin mineral premix | 1-3 years | 75 | | | | | |
| Whole wheat, Ragi, Green gram dal | Adolescent girls | 100 | | | | | |
| Defatted soya, Groundnut, Sugar | Pregnant women | 110 | | | | | |
| Vitamin mineral premix | Lactating mothers | 110 | | | | | |



I have been working in the Shakti Vita Production Unit since the past 2 years. We have a nice time working here. Women in our village would not get this kind of opportunity, if not for this project. From production of this energy food to packaging and then distribution, all is taken care by our SHG women, I feel that working here has boosted my confidence.

- Bhavani, Shakti Vita Production Unit, Devadurga





As the concluding event of the communication strategy, Nutrition Festivals were held in villages of Devadurga and Chincholi Blocks.



This one-week long festival was a celebration of the successful completion of the Communication Strategy.

It witnessed an active participation by the beneficiaries in the quiz and other fun games.

A short movie on the Karnataka Multi Sectoral Nutrition Pilot Project was exhibited to the beneficiaries.

A play focusing on the project was shown by students from Bengaluru. The festival concluded with a hearty lunch for all the participants.

A festival like this helped in strengthening the faith of the people in what the project has done to their lives.

It helped in enhancing their knowledge. This project has undoubtedly made an impact on the belief system of the people.



A communication strategy that successfully worked

It has been a most rewarding and learning experience to have been part of the communication strategy from the creation till the implementing stage.

Most importantly, because it actually achieved its objective of bringing about behaviour change among some of the most deprived communities of Karnataka.



AKAR EDITORIAL TEAM:

Sharan V Makhija, Team Leader Mala V Makhija, Sathish B, Purushotham S, Kamalakar Y L, Sushmitha

DESIGN AND PRE-PRESS PRODUCTION:

Akar Advertising & Marketing Pvt. Ltd.,

The editorial team is grateful to Advisor, Karnataka Comprehensive Nutrition Mission, Smt Veena S Rao for her valuable guidance and review of this report.

Printed: December 2018



Karnataka Comprehensive Nutrition Mission,

Blue Cross Chambers, 3rd Floor, Unit No. 305, "B" Block, No.11, Infantry Cross Road, Bangalore - 560 001.

Landline: 080 25592787, 080 25592834

Fax : 080 25592787

Website: www.karnutmission.org
Email: karnutmission@gmail.com

Karnataka State Rural Livelihood Promotion Society

E-mail : nrlmkarnataka@gmail.com Call : 9480816016 / 9480816019

Location: Bangalore, Karnataka