

**India**

**Nutrition Thematic Report**

**January - December 2018**



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## C. Abbreviations and Acronyms

ANC	-	Ante-Natal Check up
ANM	-	Auxiliary Nurse Mid-Wife
ASHA	-	Accredited Social Health Activist
AWW	-	Anganwadi Worker
CA	-	Calcium
CAS	-	Common Application Software
CMAM	-	Community-Based Management of Acute Malnutrition
FBNC	-	Facility-Based New Born Care
GoI	-	Government of India
HBNC	-	Home-Based New Born Care
HBYC	-	Home based young child care
HMIS	-	Health Management Information System
ICDS	-	Integrated Child Development Services
IFA	-	Iron Folic Acid
IMNCI	-	Integrated Management of Neonatal and Childhood Illness
IM-SAM	-	Integrated Management of Severe Acute Malnutrition
LBW	-	Low Birth Weight
MAM	-	Moderate Acute Malnutrition
MCP Card	-	Mother Child Protection Card
MoHFW	-	Ministry of Health and Family Welfare
MWCD	-	Ministry of Women and Child Development
NGO	-	Non-Governmental Organisation
NIPi	-	National Iron Plus Initiative
NRC	-	Nutrition Rehabilitation Centre
SAM	-	Severe Acute Malnutrition
SBCC	-	Social Behaviour Change Communication
SHG	-	Self Help Group
VEC	-	Village Education Committee
VHSNC	-	Village Health, Sanitation & Nutrition Committee
WASH	-	Water and Sanitation Hygiene

## D. Executive Summary

The Indian economy has boomed in the recent decade leading to great opportunities for the Indian population. Unfortunately, these advances have not translated into immediate gains for children. About 46 million children under five remain chronically malnourished (38.4 per cent children are stunted)<sup>1</sup>. Malnutrition have a long term negative consequence on the population through impaired cognitive development, reduced school performance, reduced productivity, increased risk of non-communicable disease and long-term constraints on economic development. To address these issues, UNICEF is engaged in multi-sectoral efforts and across numerous partners at state and national level to ensure that every child survives and thrives.

Following the launch of POSHAN Abhiyaan (the National Nutrition Mission) in March of 2018, UNICEF supported the Government in developing and implementing communications around building a social movement for Nutrition. During the National Nutrition Month of September 2018, over 2,250,000 behaviour change events at state and central level were reported reaching more than 254 million participants.

UNICEF supported the launch of the Home Based Young Child care (HBYC) programme to reduce child mortality and morbidity and improve nutrition status through structured home visits. UNICEF also provided technical assistance to the development of the Maternal Child Protection Card to track child's health and growth. The card includes for the first time, information on responsive parenting including the role of fathers in ensuring healthy growth and development.

UNICEF supported Centres of Excellence in seven of the highest burden states to address children with Severe Acute Malnutrition at the facility and community Level (Madhya Pradesh, Bihar, Rajasthan, Odisha, Chhattisgarh, Gujarat and Maharashtra). UNICEF is providing technical assistance for the development of community-based protocols and scale up of programming across states.

In 2018, UNICEF supported the launch of Anaemia Mukt Bharat initiative (Anaemia Free India) with renewed programme targets, coverage and stock data. To track progress and bottlenecks, UNICEF supported the Ministry to develop a dashboard ([www.anemiamuktbharat.info](http://www.anemiamuktbharat.info)) which is managed by two UNICEF supported national Centres of Excellence (for anaemia and women's diets). The most recent HMIS reports indicate that the percentage of adolescent girls receiving four IFA tablets increased from 14.7m in 2017 to 16.5m (30%) in 2018. In 2018, 6.5 million pregnant women registered for ANC of which 5.3m (86%) received IFA (across 14 UNICEF Supported States).

Thematic funding provided to UNICEF India were used to support human resources, development of partnerships and activities to strengthen the management of severe acute malnutrition in two states in India. These funds that are given without significant conditionalities allowed UNICEF to have flexibly respond to the needs and important issues. Without these, staffing can be more sporadic, irregular and opportunities can be lost.

*Please see story of Durga for a real-life example of UNICEF efforts making an impact on an individual child in J. Annex .*

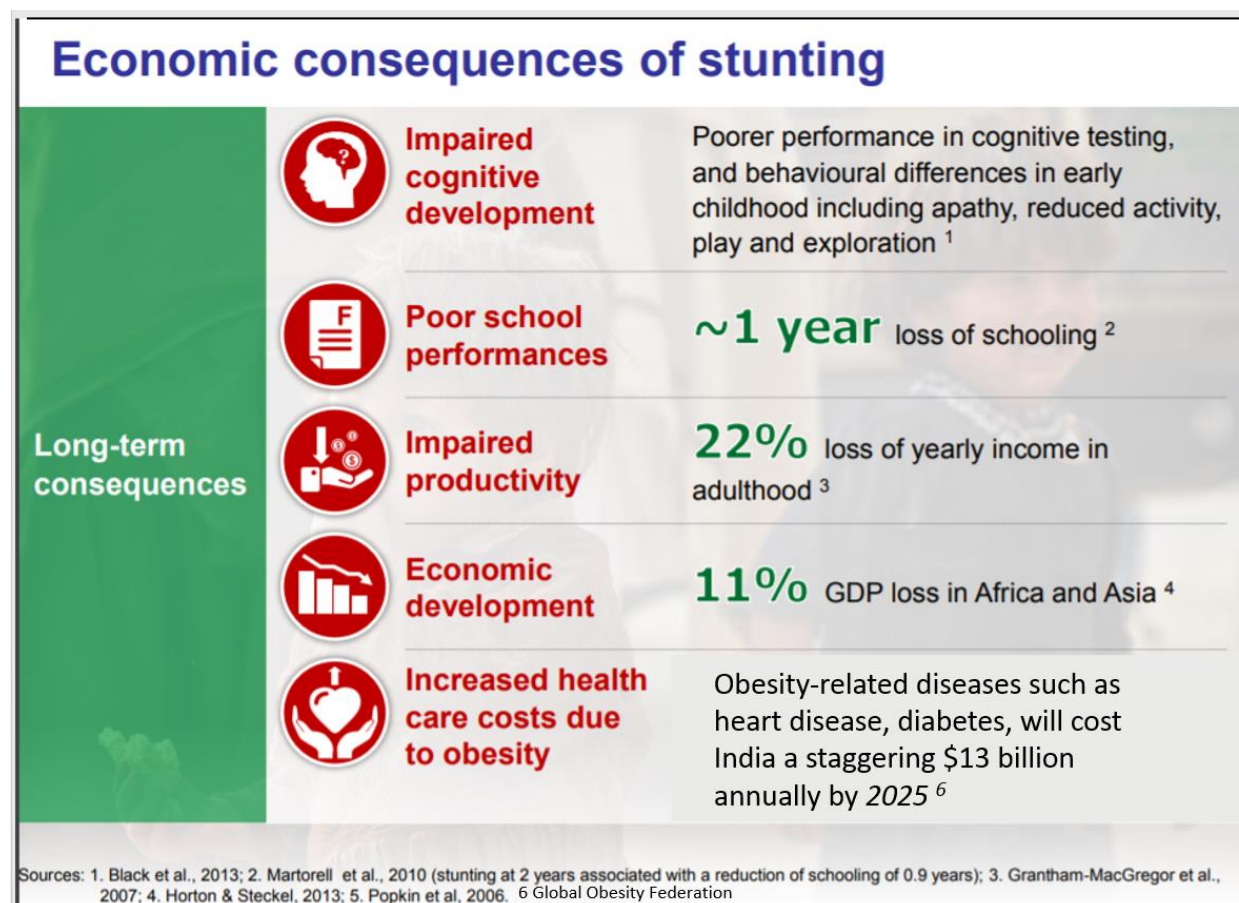
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<sup>1</sup> The Data Source for all the Data quoted in the report is National Family Health Surveys – 4 (NFHS-4).

## E. Strategic Context of 2018

India's economic growth over the last two decades has made a significant contribution to global human development. In 2018, India maintained its position as one of the fastest growing economies in the world, with strong macroeconomic developments contributing to this growth.

This pace of growth has not been matched with the improved nutrition of women and children. In 2018, there continued to be multi-factorial challenges that has led to the high prevalence of malnutrition in children (38.4 per cent children are stunted).



Malnutrition in women is still a critical issue (22.9 per cent of women 15-49 years are considered too thin for their height and have a low BMI). Anaemia is still common in women of reproductive age (53 per cent of women 15-19 years are anaemic). Child marriage (1 in 6 adolescent girls are married before the legal age of 18 years) in combination with maternal malnutrition leads to low birth weight (at least one in five children have low birth weight). Following on, sub optimal caring practices for children such as poor infant and young child feeding (less than 10% of children are fed a minimum adequate diet), poor

hygiene and sanitation (28.9 per cent of households practicing open defecation) and poor health seeking behaviour (only 60% of children are fully vaccinated) further contribute to the cycle of malnutrition.

India accounts for nearly a third of the global burden of child malnutrition, as about 46 million children under five years of age are stunted. The national prevalence of stunting conceals higher burden and prevalence in certain districts and states and among certain population groups. Stunting remains high and disparities between/within states are substantial. In four states, Bihar, Madhya Pradesh, Maharashtra and Uttar Pradesh, we can find more than 50 per cent of India's stunted children. Across the social groups, the prevalence of stunting is found to be higher among Scheduled Castes (43 per cent) and Scheduled Tribes (44 per cent).

To address malnutrition in 2018, the Government of India launched the National Nutrition Mission also known as the Prime Minister's Overarching Scheme for Holistic Nourishment – POSHAN Abhiyaan. It aims to reduce stunting, malnutrition and anaemia among young children, women and adolescent girls and address low birth weight. It also offers a platform to strengthen inter-ministerial coordination among more than a dozen ministries and departments including also the Ministry of Health and Family Welfare (MoHFW), the Ministry of Women and Child Development (MWCD), Water and Sanitation, and Ministry of Rural Development.

The National Nutrition Mission as coordinated by the MWCD has provided significant opportunities for UNICEF to support the mission to reduce stunting. The mission includes support to 1.4 million Anganwadi Workers (front line workers) working in Anganwadi Centers in all states and union territories across India. The first three years of the mission focus is on:

1. Real Time Reporting using mobile phones,
2. Incremental Learning Approach to improve skills of front line workers using adult learning methods
3. Building a Social Movement for Nutrition (Jan Andolan)
4. Ensuring a convergent approach across partners to support the goals and objectives of the National Nutrition Mission.

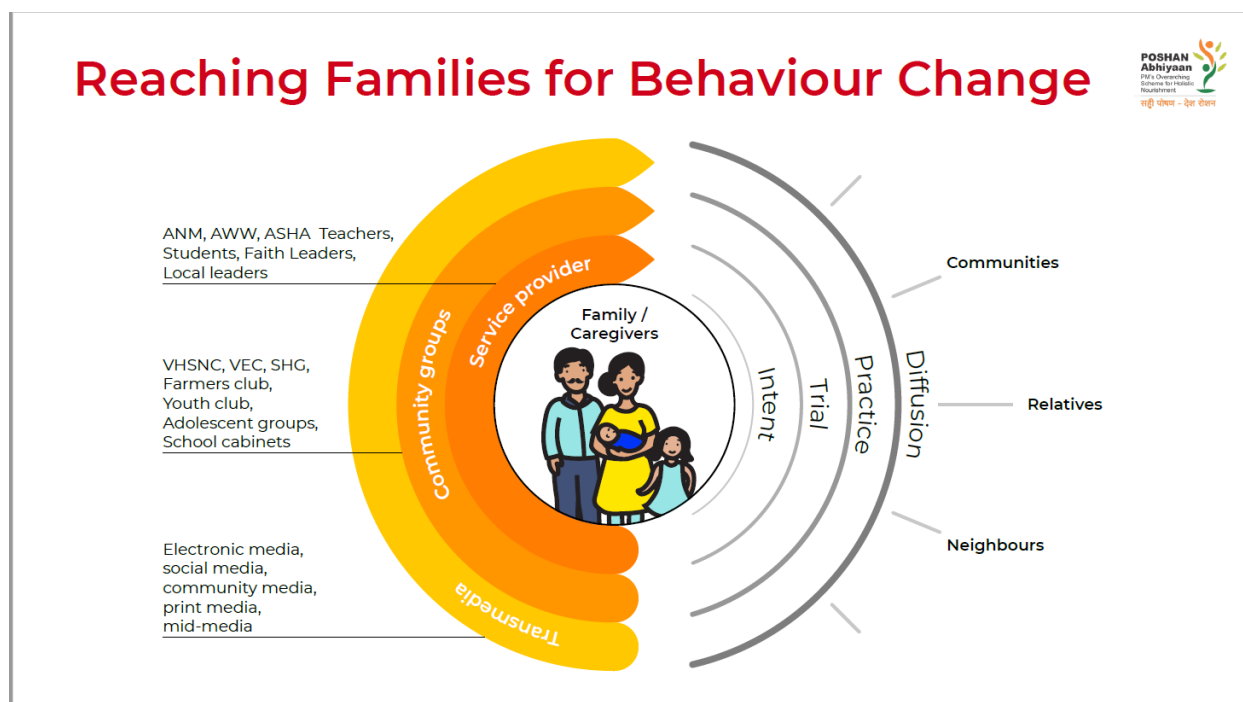
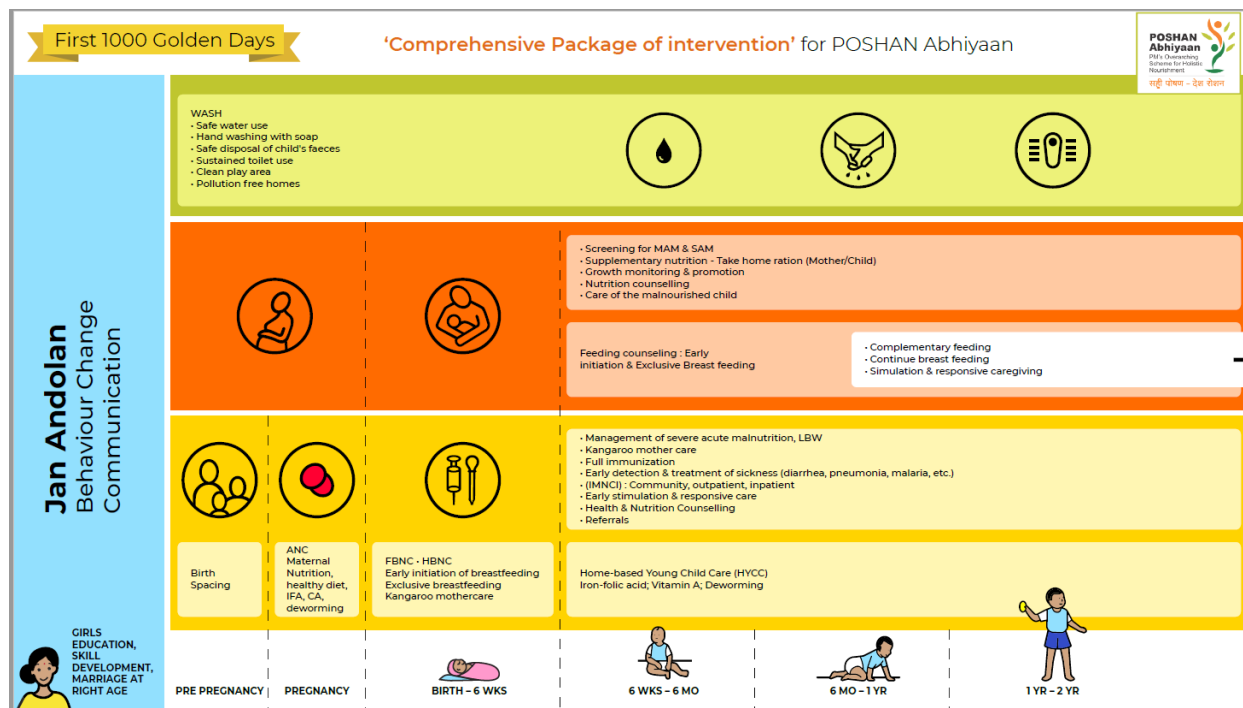
With the MoHFW, UNICEF supported the launch of the Home Based Young Child Care (HBYC) programme. The objective of Home Based Care for Young Child is to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young children through structured, focused and effective home visits by ASHAs. The programme is an opportunity to improve the quality of care for children in communities through home visits, with an emphasis on nutrition, health, hygiene and the tracking of development milestones. All the above details are to be recorded on the revised Mother Child Protection (MCP) card. The UNICEF supported development and scale-up of the MCP is a critical component for the HBYC Programme and includes first time information on responsive parenting including the role of fathers in ensuring healthy growth and development.

## F. Results Achieved in the Sector

Output 1: By 2022, in UNICEF supported states, government and partners have enhanced capacity to scale up infant and young child nutrition services for children under-two.

POSHAN Abhiyaan India's multi-sectoral nutrition programme enhanced budgets and accelerated actions to improve feeding of young children. Action on early childhood development (ECD) was prioritized. UNICEF with partners led the drafting of position paper on ECD, which is currently under review by the Ministry of Health for scaling ECD services. POSHAN Abhiyaan brought greater attention on improving delivery of essential nutrition services at scale. Interventions to improve infant and young child nutrition have received further boost and enhanced budgets post the launch of POSHAN Abhiyaan.





To improve infant and young child feeding, UNICEF supported over one quarter of all the districts in the country (193 districts) with coordination and oversight for nutrition. This support included state-level

comprehensive strategies with budgets, monitoring tools and regular implementation of coordination meetings. Through the MWCD, UNICEF supported the training of Anganwadi workers in 485,000 Anganwadi centres, by providing the information and tools required to improve feeding practices directly. The MoHFW approved the Home-based Young Childcare (HBYC) programme to strengthen feeding practices through counselling provided by ASHAs (incentivised community-based health workers). UNICEF supported the development of the HBYC operational guidelines, associated communication tools for the frontline functionaries and the training of trainers. These additional visits will increase the reach of counselling on child feeding, care and development for the families. UNICEF continued to support to deliver essential nutrition interventions to children. Multiple strategies were used to promote infant and young child nutrition with a focus on infant foods and feeding. These included policy advocacy and communication strategies, improving counselling to caregivers on complementary foods and feeding through group counselling (feeding demonstrations at Anganwadis early childhood development centres) and individual counselling (home visits), integration of infant and young child feeding into interventions of other sectors, integration of responsive care interventions into infant and young child feeding packages and research and monitoring activities on improving dietary diversity.

*Output 2: By 2022, in UNICEF supported states, government and partners have enhanced capacity to scale up services for the treatment of severe acute malnutrition*

Addressing the high prevalence of severe acute malnutrition (SAM) is a clearly documented priority for the Nutrition Mission. UNICEF supported the MWCD to develop draft national guidelines for community-based management of acute malnutrition (CMAM). In 2018, UNICEF assisted eight state governments to initiate CMAM, with large scale programmes in three (Gujarat, Maharashtra and Rajasthan) and pilot programmes in two (Uttar Pradesh and Jharkhand). Three states developed comprehensive plans and are in the launch phase (Bihar, Madhya Pradesh and Chhattisgarh). With UNICEF support, seven states have identified, initiated or strengthened Centres of Excellence in Madhya Pradesh, Bihar, Rajasthan, Odisha, Chhattisgarh, Gujarat and Maharashtra. These Centres are expert knowledge hubs that support the expansion of coverage and improvement of quality of treatment service.

With UNICEF support, seven states have identified, initiated or strengthened Centres of Excellence to scale-up of services for management of children with Severe Acute Malnutrition at facility and community Level (Madhya Pradesh, Bihar, Rajasthan, Odisha, Chhattisgarh, Gujarat and Maharashtra). The criteria for assessment of Nutrition Rehabilitation Centres (NRCs) – performance standards were developed and have been used to quantify the status of functioning of NRCs as well as the Centres of Excellence and track their progress over time. UNICEF supported the first meeting of the Network of Centres of Excellence to standardize the functioning of the Centres across states and help to provide technical assistance to various state governments. It is proposed that the Centres of Excellences continue to meet in an annual network meeting to share research findings and expertise.

UNICEF supported the National Centre of Excellence at Kalawati Saran Children's Hospital to develop detailed protocols for management of children with SAM under 6 months at NRCs and guidance for implementing structured stimulation and play therapy for early childhood development. As children under six months of age represent the majority of the burden of SAM, special attention to this age group is needed. The MoHFW approved testing the operational feasibility of implementing these components within the existing NRCs. Select NRCs across 10 states have been trained on these two programme components. After 6 months the learning would be used to refine the guidance during roll-out across the 1150 NRCs in the Country.



To ensure support for India-specific approach of SAM management, UNICEF India Office, through ROSA and HQ organized a full day meeting on 'Wasting in South Asia' in New York. At the meeting, the nuances of India's approach to SAM treatment were presented and participants acknowledged India's operational context and highlighted the need to document and learn from the India approach, which could potentially guide the next generation of CMAM programs.

In India, the launch and expansion of CMAM has been stalled for many years due to the debate around use of commercially produced therapeutic foods. UNICEF contributed to changing the narrative of the CMAM program to a child-centric comprehensive program for addressing acute malnutrition rather than insisting on a product-centric program. After consistent advocacy efforts, CMAM has been identified as a critical component of the POSHAN Abhiyaan roll out by the MWCD and as part of package of interventions for aspirational districts under POSHAN Abhiyaan.

*Output 3: By 2022, in UNICEF supported states, government and partners have enhanced capacity to scale up nutrition services for adolescent girls and women (before, during and after pregnancy).*

Anaemia, adolescent and maternal nutrition is a central focus of the work of the Nutrition Mission. In September 2018, there was a national dissemination of the UNICEF-supported Anaemia Mukh Bharat initiative (Anaemia Free India) and Maternal Dietary Guidelines for Hospitals. The revived Anaemia initiative launched programme targets, coverage and stock data, presented on the UNICEF developed dashboard ([www.anemiamuktbharat.info](http://www.anemiamuktbharat.info)) to track progress and bottlenecks to be managed by two UNICEF supported national Centres of Excellence (for anaemia and women's diets). Progress is underway with the increase in coverage of Iron Folic Acid (IFA) supplementation. The most recent HMIS reports indicate that the percentage of adolescent girls receiving four IFA tablets increased from 14.7m in 2017 to 16.5m (30%) in 2018. In 2018, 6.5 million pregnant women registered for ANC of which 5.3m (86%) received IFA (across 14 UNICEF Supported States). Across these 14 states, in 2018 only 11% of districts reported a stock out of blue IFA (for adolescents) and no district reported stock outs of the red IFA (for pregnant women).

*Output 4: By 2022, in UNICEF supported states, government and partner institutions have strengthened systems for multi-sector coordination, planning, monitoring, and human resource development for nutrition*

*Output 5: By 2022, government and partners have enhanced capacities to generate demand for positive practices that improve the nutritional status of children, adolescents and women*

UNICEF's work on stunting reduction has supported the underlying strategies and frameworks for the National Nutrition Mission. Through learnings and positive experiences of the seven UNICEF field offices with state nutrition missions, UNICEF has demonstrated the increased effectiveness associated with improved coordination across all partners. In 2018, UNICEF provided significant support to the Government of India (GoI) with the launch and scale up of the mission. Documentation of state's learnings helped to ensure that the mission had centralized funding, a clear national operational strategy with district level convergence action plans and a monitoring and evaluation framework to achieve annual nutrition targets.

A recognized challenge for the Nutrition Mission is ensuring the timeliness and quality of nutrition programme monitoring data. A real-time monitoring system (ICDS-CAS) is being rolled out by the Ministry of Women and Child Development (MoWCD) and expected to provide actionable data in the coming years. At the end of 2018, 140,000 AWCs have been trained with the ICDS- CAS in 59 districts across 7 states. UNICEF supported states to with technical assistance on procurement, configuration, distribution of phones.

The Ministry of Health and Family Welfare (MoHFW) led and UNICEF supported Comprehensive National Nutrition Survey will provide updated data for nutrition outcome indicators at the national and state level. The survey concluded field collecting data from over 120,000 children in October 2018 and results are expected to be disseminated in public and online ([www.NutritionINDIA.info](http://www.NutritionINDIA.info)) during the first half of 2019.

To support the planning for roll out of the Mission, UNICEF helped to develop the Convergent Action Plan Operational Guidance, used in 271 districts nationwide in 2018. To build greater demand for nutrition services and convert behaviour change activities into a social movement for nutrition, UNICEF developed and supported implementation of the Poshan Jan Andolan (SBCC) guidelines. This work defined the frequency and granularity of communications events needed to initiate national momentum for improved nutrition. UNICEF also supported the Government to develop and deploy the POSHAN Abhiyaan Jan Andolan website ([www.poshanabhiyaan.gov.in](http://www.poshanabhiyaan.gov.in)) for online reporting of activities. During the National Nutrition Month of September 2018, over 2,250,000 behaviour change events were reported reaching more than 254 million participants. UNICEF also led the partnership with Community Radio stations resulting in nutrition content reaching 100 Community Radio stations, broadcasting close to 15 million people with nutrition messages.

Thematic funds are provided without specific conditions for project alignment, or geographical boundaries. This allows UNICEF to have greater flexibility to respond to immediate needs and to address long standing issues. Thematic funds in 2018 were also used to strengthen partnerships. Some examples of UNICEF strengthened partnerships, convening and mobilisation include:

- At national level, UNICEF with World Bank convenes an informal working group of the largest development partners to support Nutrition in India. Similar coordination efforts in several states helps to strengthen a coordinated joint response for POSHAN Abhiyaan. Within the United Nations, UNICEF coordinates the UN Working Group on Nutrition and Food Security. The group has one joint work plan incorporating all agencies activities in the domain.
- As requested by the MOHFW, UNICEF coordinates with NIPI and PATH to convene a Working Group on strengthened child development services.
- At national level and state level, UNICEF convenes development partners around specific program areas, particularly, in behaviour change communication, IYCF, maternal nutrition and CMAM. The National level IM-SAM groups unite all major development partners to support management of SAM at national and state levels. The platform provides an opportunity to share best practices and coordinate joint support to Government.
- As requested by MOHFW, UNICEF coordinates development partners on anaemia. The UNICEF, along with other developmental partners, jointly supported the national launch of Anaemia Mukh Bharat organised by MOHFW. At the state level, UNICEF and development partners also coordinate in the implementation of Anaemia Mukh Bharat.

Overall, in 2018, due to a stronger partnership between Government and development partners, often led by UNICEF resulted in greater coordination and results driven support to Government. In the last quarter of 2018, UNICEF also initiated various initiatives to mobilise the private sector to engage in the Government's efforts for nutrition, in particular the promotion of good nutrition. This work will be expanded in 2019.

## G. Financial Analysis

**Table 1: 2018 Planned Budget for Nutrition: INDIA:**

Planned and Funded Budget for INDIA Nutrition Programme 2018 *(in US Dollars)*

Output	Results Area	Fund Sub-Category	Planned Budget
201 Infant and Young Child Nutrition Services	21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	2,932,000
		Regular Resources	2,250,000
202 Treatment of Acute Malnutrition	21-05 Treatment of severe acute malnutrition	Other Resources - Regular	2,602,500
		Regular Resources	1,974,500
203 Nutrition Services for Adolescent Girls And Women	21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	3,691,000
		Regular Resources	1,995,000
204 Multi-Sector Coordination, Planning, Monitoring & Human resource Dev for nutrition	21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	4,618,000
		Regular Resources	2,000,000
205 Generate Demand for Positive Practices in Nutrition	21-04 Prevention of stunting and other forms of malnutrition 21-08 Early childhood development 26-03 Cross-sectoral Communication for Development	Other Resources - Regular	1,970,000
		Regular Resources	800,000
Total			24.833.000

Note: planned amount is based on RWP provided by state offices

**Table 2: Thematic Contributions Received for Nutrition Thematic Pool:**

Thematic Contributions Received for Thematic Pool by UNICEF India in 2018 *(in US Dollars)*

Donor	Grant Number	Contribution Amount	Programable Amount
UNICEF Ireland	SC1899030010	100,000.00	95,238.10

**Table 3: Expenditures in the India Nutrition Thematic Sector:**

2018 Expenditures by Key-Results Areas *(in US Dollars)*

Organizational Target	Other Resources - Regular	Regular Resources	All Programme Accounts
21-04 Prevention of stunting and other forms of malnutrition	8,026,850	6,645,222	14,672,072
21-05 Treatment of severe acute malnutrition	1,594,781	1,621,958	3,216,738
21-08 Early childhood development	399,845	730,425	1,130,270
21-09 Adolescent health and nutrition	257,002	553,171	810,172
26-03 Cross-sectoral Communication for Development		354,318	354,318
<b>Total</b>	<b>10,278,478</b>	<b>9,905,094</b>	<b>20,183,572</b>

**Table 4: Expenditures in the Thematic Sector**Breakdown of 2018 expenditures of thematic contribution by result area (*amount in US Dollars*)

Results Area	Fund Sub-Category	Expense
21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	49,999
21-05 Treatment of severe acute malnutrition	Other Resources - Regular	18,456
<b>Total</b>		<b>68,454</b>

**Table 5: Expenditures by Specific Intervention Codes** (*Amount in US Dollars*)

Specific Intervention Code	Total
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	834,728
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	1,973,483
21-04-03 Vitamin A supplementation in early childhood (children under 5)	101,269
21-04-05 Maternal nutrition, including information, supplementation and counselling	2,068,773
21-04-06 Salt iodization and other large-scale food fortification	52,143
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	1,147,789
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	6,546,159
21-04-09 Risk informed programming including climate resilience disaster and conflict	207,872
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	1,739,856
21-05-01 Care for children with severe acute malnutrition	2,174,857
21-05-02 Capacity building for nutrition preparedness and response	79,464
21-05-04 Data, research, evaluation, evidence generation, synthesis, and use for SAM and nutrition in emergencies	444,147
21-05-99 Technical assistance - Treatment of severe acute malnutrition	518,271
21-08-09 Social and behavioural change communication for ECD	1,130,270
21-09-02 Prevention of undernutrition in adolescence (10 to 19 years)	755,562
21-09-99 Technical assistance - Adolescent health and nutrition	54,611
26-03-99 Technical assistance - Cross - sectoral communication for development	354,318
<b>Total</b>	<b>20,183,572</b>

**Table 6: Planned budget for 2019**Planned budget and available resources 2019 for India for Nutrition Programme (*amount in US Dollars*)

Output	Results Area	Fund Sub-Category	Planned Budget 2019	Funded Budget 2019	Shortfall 2019
201 Infant and Young Child Nutrition Services	21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	2,560,994	1,469,978	1,091,016
		Regular Resources	2,732,413	2,096,551	635,862
202 Treatment of Acute Malnutrition	21-05 Treatment of severe acute malnutrition	Other Resources - Regular	2,763,419	1,331,147	1,432,272
		Regular Resources	1,620,819	1,430,255	190,564
203 Nutrition Services for Adolescent Girls and Women	21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	2,215,000	1,364,639	850,361
		Regular Resources	1,973,733	2,115,721	-141,988
204 Multi-Sector Coordination, Planning, Monitoring & Human resource Dev for nutrition	21-04 Prevention of stunting and other forms of malnutrition	Other Resources - Regular	1,985,819	2,372,825	-387,006
		Regular Resources	1,965,615	1,936,720	28,895
205 Generate Demand For Positive Practices In Nutrition	21-04 Prevention of stunting and other forms of malnutrition 21-08 Early childhood development 26-03 Cross-sectoral Communication for Development	Other Resources - Regular	1,880,000	1,087,630	792,370
		Regular Resources	1,700,451	1,203,693	496,758
Sub- total Other Resources Regular			11,405,232	7,626,219	3,779,013
Sub- total Regular Resources			9,993,031	8,782,940	1,210,091
Total for 2019			21,398,263	16,409,159	4,989,104

Note: planned amount is based on RWP provided by state offices

## H. Future Work Plan

UNICEF India launched its current five-year programme cycle in January of 2018. The programme cycle covers from 2018 to 2022. The work plans outline specific nutrition programmes and targets with accompanying expected budgets and monitoring frameworks. In the remaining four years of the country programme, the Nutrition section intends to strengthen the actions to deliver effective counselling on exclusive breastfeeding and optimal foods and feeding for children under-five years of age. For the children suffering from severe acute forms of malnutrition, UNICEF will support the launch and expansion of treatment services at the community and facility levels. Following the launch of Anaemia Mukh Bharat, the nutrition section is supporting the roll out of test and treat protocols to reduce anaemia nationwide. To ensure effective delivery of services of the National Nutrition Mission, the plans and activities of district actors will be monitored carefully with Convergence Action Plans. UNICEF continues to support the expansion of the Social Movement (Jan Andolan) with new content, activities and nationwide assemblies to share greater information to improve nutrition.

## I. Expression of Thanks

Over 2018, the support provided to UNICEF through the generous community of donors and their contributions to thematic funds for nutrition to give greater hope for the future to children who live in circumstances where their daily challenges have lasting effect to reduce their future health, education and economic potentials.

UNICEF is grateful and would like to give thanks for the support to help UNICEF continue to give children the nutrition, health, education, clean water, protection — and childhoods they deserve. 2019 has only just begun, but UNICEF is already off to a promising start giving every child a happier new year.

Children in India are getting their healthy start — thanks to UNICEF efforts to improve maternal nutrition, reduce low birth weight, treat acute malnutrition and reduce stunting. Millions of children living in India are benefiting from the support that UNICEF is uniquely able to provide to the National Nutrition Mission, Health Mission and Swachh Bharat Mission.

We look forward to continuing working together with our donors to make 2019 even brighter for children of India and of the world.



## J. Annexes: Human Interest Stories and Donor Feedback Form

### Human Interest Story for Nutrition

#### A fresh start to life for little Durga

**Kitora, Udaipur, India, 15 January 2018** – Little Durga pinches her brother Vikram and quickly disappears into the adjoining room. She comes out, this time, snips her friend's pencil and hides again. She continues her daily routine, till Durga's classmates have had enough and they complain to the teacher.

"No Durga. Don't tease your friends. Come back." The teacher calls her out repeatedly.

Durga appears from the room and hands over the pencil, pen and three toys to the teacher. The teacher plants a kiss on Durga's cheeks and asks her to roleplay her favourite story.

The story of 'Tortoise and Hare'. Durga makes all the right faces, but to the mild annoyance of her teacher, allows the hare to cross the winning line.

"I can never get upset with her. Seeing Durga Kumari do these antics makes me proud. I feel fulfilled and happy" says Manju Aggarwal, Durga's preschool teacher and an Anganwadi worker.



And Manju's happiness is for a reason. Durga's short journey in Manju's Anganwadi and preschool has been nothing short of extraordinary. A flight from a malnourished child who struggled to gain weight and concentrate on her studies, to a four and half-year-old healthy child, who performs brilliantly in her Anganwadi and preschool.

A journey possible because of Manju's dedication and Thematic Funding to support UNICEF management of severe acute malnutrition and stunting reduction programmes in Udaipur. The programme provides primary health care, food and

pre-school education to children like Durga at Anganwadi's in an integrated manner to ensure proper physical growth and holistic development of children.

#### A new beginning

Durga was born with low birth weight in early 2014 to her parents in Kitora village in the geographically challenging district of Udaipur in the northern Indian state of Rajasthan.

In Rajasthan, the adult literacy levels are low, especially among women. There is a high burden of child marriage and consequently early motherhood.

Durga's mother like 350,000 mothers in Rajasthan was married early and bore Durga at a very young age. Her family like a majority of the families in this arid village come from poor and marginalised communities are not able to provide quality nutritious food to their children in their first few years. Lack of access to nutritious food, coupled with low birthweight and frequent illness meant Durga continued to be stunted, till she was three-years-old.

Close to 39 percent children under five years of age are malnourished in Rajasthan. Stunted children have an underdeveloped brain, including diminished mental ability and learning capacity and poor school performance.



When Durga joined Anganwadi and preschool, she like most stunted children, was very weak and displayed little interest in the activities at the Anganwadi centre.

“She refused to eat, slept most of the time and had no interest in the activities at the centre,” says Manju.

As part of the ICDS referral programme, Durga got referred to the Malnutrition Treatment Centre (MTC)

at the RNT Medical College hospital in Udaipur. At the MTC, doctors administered Durga nutrition supplements and counselled her parents about the need to provide nutritious food to Durga and also advised her to visit the Anganwadi regularly.

Manju made sure that Durga was regular to the Anganwadi centre and she benefitted from the Integrated Child Development Services (ICDS) programme. As part of the scheme, children from three to six years of age get balanced, nutritious food which includes a wholesome intake of carbohydrates, fats and proteins. Every child receives 500 kilocalories which include 12-15 grams of protein every day.

Manju regularly monitored her health indicators and made sure Durga ate all the meals offered at the Anganwadi. The regularity of the balanced foods had a positive effect on Durga’s health. From a stagnant weight of 5.5 kilograms for almost two years, Durga’s weight increased to 10 kilograms in less than nine months. Her other health parameters also improved, and she began to exhibit more significant interest in the activities at the preschool.

“Durga not only became regular but also enjoyed herself in the preschool,” says Manju.

“She responded to my instructions and also mingled with her classmates,” adds Manju with a smile.

### **Focus on Early Child Education**

Global evidence shows that 90 percent of brain development occurs by the age of five. Balanced nutrition, stimulation, and protection are a must for early childhood development and determine child’s cognitive, emotional and social development. They also help define child’s capacity to learn, future success and even future happiness. Investment in early childhood development programmes can foster critical skills in children, and, in the long-term, boost the economy, by improving productivity.

Understanding the role of Early Childhood Development (ECD) for the full and productive life of children, the UNICEF support for Early Childhood Education programme at the preschool and Anganwadi is play-based, as children learn best through play and active exploration in these early years.

Durga’s day at the Anganwadi and preschool has an ideal mix of play-based activities both individually and in the group, which aim at building children’s linguistic, creative and cognitive development.

These activities, streamlined across the day, includes storytelling, drawing, painting, word building, role play and counting. They are aimed at creating an interactive and individualised environment which encourage children to ask questions, be creative and remain curious.

"The children love storybooks, colouring and performing. They gather around me when I open a new storybook in the classroom," says Manju.

"We also teach them to wash hands before they have meals and after they come from toilet," says Manju. "They also teach these habits to their parents."

These activities are punctuated by prayers, playful exercises and scheduled time for snacks and hot meals.

### **Seamless transition to primary school**

More importantly, these activities prepare children to transition to primary schools seamlessly. A growing body of evidence in India points to the fact that there is a learning crisis in India. Children are enrolled in school but failing to learn the basics.



Close to 60 students from Kitroo Anganwadi centre have been enrolled in the adjoining Government High School. "The performance of children who have attended preschool is always better than the children who have never or irregularly attended preschool," says Manju.

A fact acknowledged by the principal of the school. Durga's sister is one of the beneficiaries of the Anganwadi and preschool. Back at home, Durga talks nonstop. About her poems, her friends and her unending stories.

"She has changed a lot. She isn't the silent Durga," says her mother flanked by Durga's brother and sister. "She wants to visit the Anganwadi even in the night," interrupts her father.

The parents look towards Manju and express their gratitude. "It is all because of her."

Manju nods in acknowledgement. She veers towards Durga and chuckles, "*kachwa jeetha hain, khargosh nahin*". "The tortoise wins the race and not the hare."