

## **Demand generation - Innovation: Aahar**

### ***Background:***

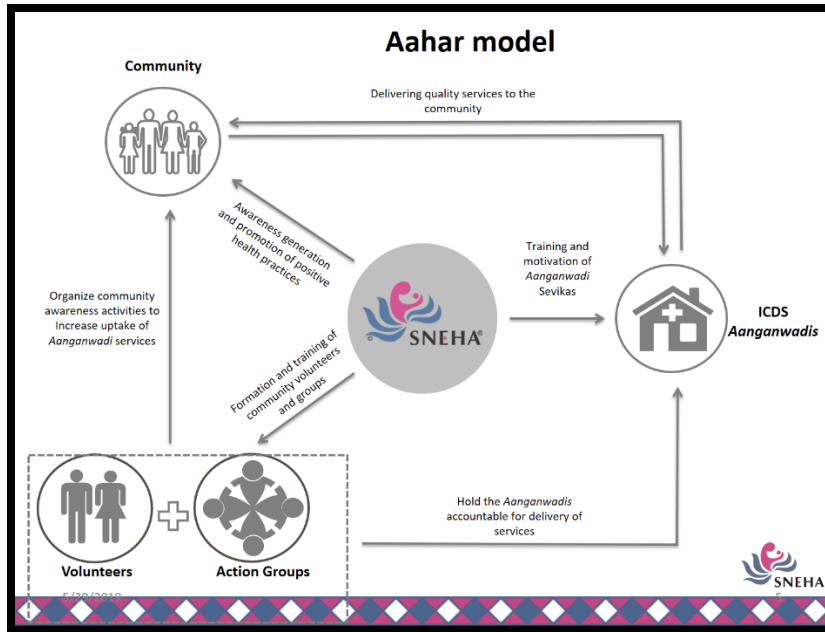
The Integrated Child Development Services (ICDS) is meant to reach all eligible targeted populations in the country. However in urban Maharashtra only 30% of children aged 0-71 months, 25% of pregnant women and 22% of lactating mothers reportedly received any of the entitled benefits from an Anganwadi center, as per the 2015-16 National Family Health Survey 4. While improving ICDS services requires effective monitoring and supervision, demand generation could also play an important role to push for improved service delivery (Talati et al 2016). Demand-side interventions have also been effective in improving the uptake of childhood vaccines delivered through routine immunization services in low- and middle-income countries (Johri et al 2015). Participatory engagement of communities can address demand-side barriers while also mobilizing the community to advocate for better service delivery (Parmanik et al 2018).

SNEHA's long standing partnerships with the ICDS and the Public Health Department aims at supporting the systems to help them deliver quality services to the most vulnerable in the urban areas. To sustain the quality and outreach of Government services it is very important that the local communities are aware about the availability of services and also have the capacity to expect, demand and negotiate with the service providers.

In April 2016, SNEHA's Child Health and Nutrition program called Aahar, shifted from direct implementation to a more hand-holding and capacity-building role, where we gradually started increasing the involvement of ICDS staff to deliver 6 mandated services and facilitated positive interaction between the ICDS and the community for child health and nutrition. SNEHA also started building the capacity of the community by empowering them to act as a catalyst for sustained change.

Implementation of the ICDS program is largely left to the States for planning, implementation, monitoring and supervision; and community engagement and participation are virtually non-existent, often leading to lower demand for services. To deal with the above stated challenge, SNEHA is continuously working with both the demand as well as the supply side. Our experience has shown that for demand generation, ongoing planned strategies and advocacy for service delivery by the community with all stakeholders – Assistant Commissioners, Child Development Project Officers (CDPOs), Supervisors, Sevikas and community members/ community action groups/ volunteers/ health committees / Mahila Arogya Samitis (MAS) - plays a significant role and increases ownership of all the stakeholders.

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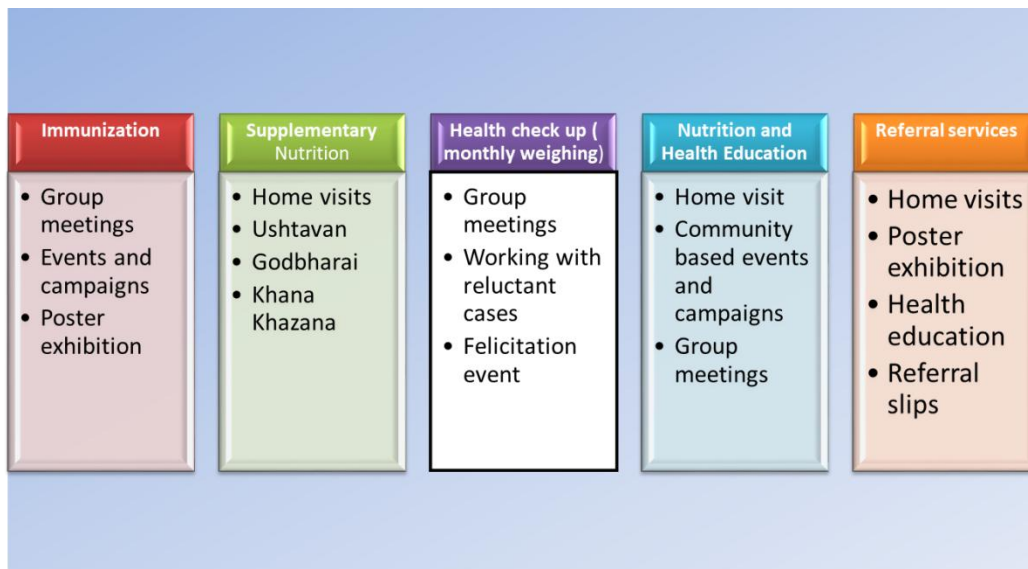


### **Steps / Processes:**

#### **At individual/household level:**

- Multiple factors play a role in an individual's ability to access and attend public services.
- We assessed the barriers to access services and exposure visits to the facility as well as the barriers to understanding the functioning utility of services.
- Behaviour Change Communication (BCC) on the significance and uptake of ICDS mandated services were enabled at an individual and family level through home visits and at a community level through events and campaigns. This is explained further in the chart below:

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- Implemented practical demonstrations of Take Home Ration (THR) recipes, nutrition bazars, a nutrition month campaign to promote nutritional benefits of THR and encourage acceptance for the same.
- Created peer learning groups for positive sharing of experiences including consumption of THR and the benefits to pregnant/lactating mother and the child.

#### **At community level:**

- The catalyst for individual behavior change is often influenced by the neighborhood, hence there is a need for more such community representatives to engage and encourage the adoption of positive health behaviours.
- SNEHA initiated different platforms for creating community volunteering and built the individual/group capacity in 1:1, 1:group , formal-informal trainings and exposure visits to identify, mobilize and address their challenges to access public services.
- We have facilitated relationships between the community and the civic administration through formal dialogues, conducted events like *Ushtavan*, *Godhbharai* at Anganwadis to promote uptake of its services.
- Volunteers/groups are linked with ICDS Anganwadis for joint home visits, THR distribution, adopting pregnant/lactating mothers and malnourished children for follow up.

#### **At system level:**

- Strengthening ICDS implementation and focused capacity building of Anganwadi Sevikas to improve nutrition service delivery.
- Facilitated relationships between the community and the civic administration to ensure optimal utilization of available services.

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- Prepared indent for THR, support in the distribution through community volunteers, promotion of THR through practical demonstrations.
- Periodic meetings with ICDS at all cadres (CDPOs to Sevikas) sharing, updates, review and planning of work. Advocacy issues related to service delivery and demand generation are discussed through the Monthly Progress Report (MPR) at different levels.

**Challenges:**

Though we were able to generate demand for ICDS services, especially Take Home Ration (THR), the results are limited due to inherent systemic issues related to supply of THR. The demand generation process needs to be sustained through community education, ownership, system's pro-community approach and the availability of services.

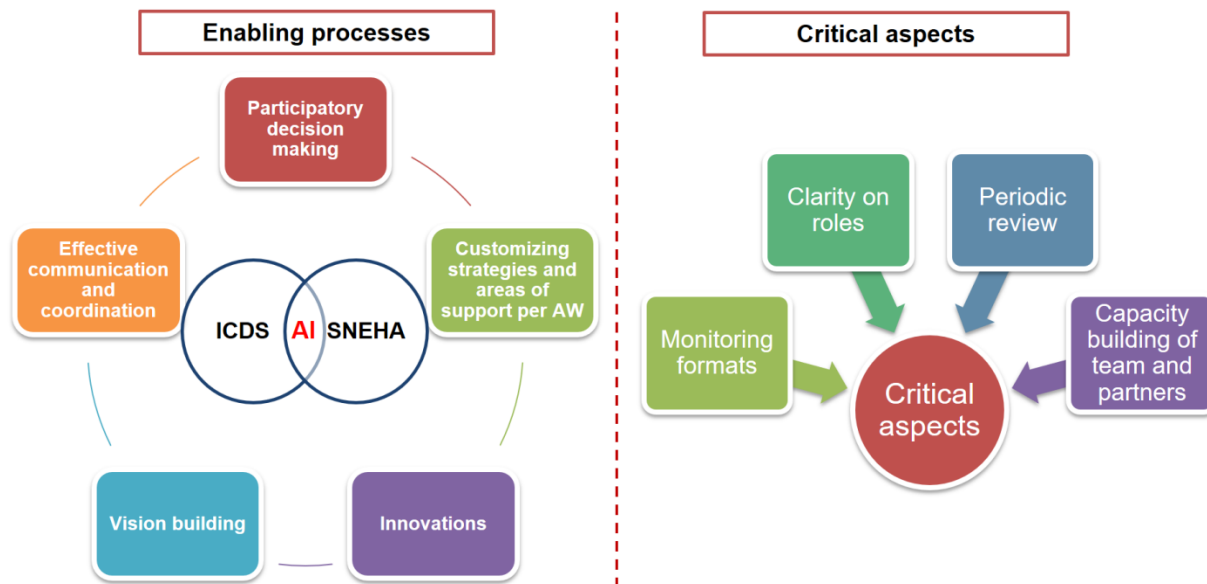
**Impact:**

During April 2018 - March 2019, our program Aahar served an average of 14,149 children and 1,662 pregnant women per month. The program achieved a 29% reduction in wasting levels, and significantly contributed to a 158% increase in weighing of children aged 0-2 years from baseline to endline (December 2015 - March 2019). To increase community ownership and weave in a sustainability framework, 744 female volunteers (August 2016 - March 2019) and 247 male volunteers were recruited and trained and have started contributing to different activities like supporting anthropometry, mobilizing children for immunization, organizing community events etc.

**Sneha Centre: First 1000 days program** {Outcome indicators compare impact of intervention from Baseline (June 2016-August 2016) to Endline (November 2018-March 2019)}

- **Wasting** among children aged 0-2 years reduced from **18% to 12%** (reduction by 33%).
- **Stunting** among children aged 0-2 years reduced from **43% to 34 %** (reduction by 21%).
- **Underweight** among children aged 0-2 years reduced from **40% to 30%** (reduction by 25%).
- **Anemia** among pregnant women reduced from **36% to 26%** (reduction by 28%).
- **Full immunization rates** among children aged 12-23 months reached from **61% to 78%** (increase by 28%).
- **Exclusive breastfeeding** among children under 6 months, **minimum dietary diversity** and **consumption of iron rich food** showed improvement and reached **72%, 32% and 27%** respectively from baseline of 56%, 20% and 18% (increase by 29%, 60% and 50%).
- **Early registration of pregnancy** improved from **17% to 36%** (increase by 112%) and **postnatal check-ups** for women reached from **33% to 38 %** (increase by 15%).
- **Networking and advocacy with stakeholders** resulted in higher uptake of services of ICDS from **19% to 57%** (increase by 205%) and of Municipal Corporation of Greater Mumbai (MCGM) from 56% to 71 % (increase by 27%).

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