Nestlé

Accelerating Nutrition Delivery

ABOUT NESTLE

NestlÃ© has been a partner in India's growth for over 106 years and has a very special relationship of trust with the people of India. After more than a century-old association with the country, today, NestlÃ© has presence across India with 8 manufacturing facilities and 4 branch offices.

NestlÃ©â€™s activities in India have facilitated direct and indirect employment, touching the lives of over a million people including farmers, suppliers of packaging materials, services and other goods. NestlÃ© India got listed in the stock exchange over 45 years ago and has today over 81000 shareholders.

NestlÃ© India manufactures products of truly international quality under internationally famous brand names such as NESCAFÃ‰, MAGGI, MILKYBAR, KIT KAT, BAR-ONE, MILKMAID and NESTEA. The company today has an annual turnover of over INR 10000 Crores.

In compliance with its CSR Policy, NestlÃ© India has focused on activities on creating nutrition and breastfeeding awareness, providing access to drinking water and sanitation, supporting sustainable development of farmers while helping them reduce water use. These initiatives are built upon the strong base of performance in environmental sustainability, applicable laws, international standards and NestlÃ© Corporate Business Principles. NestlÃ© India continues to engage with stakeholders including farmers, experts, NGOs and the Government and would take up such other CSR activities in line with Governmentâ€™s intent and which are important for society. NestlÃ© is committed to long-term sustainable growth and stakeholder satisfaction.

FOCUS AREA

a. Maternal health and Child care (for e.g. Maternal and child micro-nutrient/ dietary supplementation/ Food fortification for children, women and general population/ Iron Folic Acid supplementation/ Vitamin A supplementation);b. Infant and Young Child Feeding practices (for e.g. Appropriate care-giving and feeding behavior e.g. exclusive breastfeeding and complementary feeding/ minimum dietary diversity/ responsive feeding, feeding behaviors and stimulation);e. Maternal health (for e.g. Reproductive and health services to improve birth spacing, nutrition for pregnant and lactating women)

TARGET STATE

Gurgaon

OBJECTIVES

Project Jagriti emphasizes on good nutrition and feeding practices. The objectives include Increasing knowledge and improving attitudes, practices of adolescents, young married couples, pregnant women, lactating mothers, through â€˜Life Course Approachâ€™ on health, nutrition and sanitation. Creating supportive environment by improving awareness, knowledge of the immediate family, opinion leaders /stakeholders and community for improved Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) practices. Enhancing life-skills of adolescent girls and boys to combat social determinants related to gender, nutrition and hygiene to improve accessibility and adoption of health services. Also, network and strengthen public health service providers for improving accessibility, quality and adoption of health services.

COMPANY BRIEF

COMPANY HEADQAURTER

Gurgaon

GEOGRAPHICAL AREA(S) WHERE THE INITIATIVE IS OPERATIONAL

iv. Bihar;vi. Delhi NCR;xiii. Karnataka;xvi. Maharashtra;xxi. Odisha;xxii. Punjab;xxiii. Rajasthan

MENTION THE NAMES OF THE SPECIFIC DISTRICTS/ VILLAGES/ AREAS IN THE CHOSEN STATE

West Delhi, Chandigarh, Allahabad, Varanasi, Kaushambi, Banda, Lucknow, Patna, Jamui, Churu Ganganagar, Bangalore, Bolangir, Nuapada, Nagpur

THE INITIATIVE TAKEN BELONGS TO WHICH OF THE FOLLOWING CATEGORIES?

CSR

SPECIFY THE TARGET GROUP OF THE INITIATIVE.

Pregnant women & lactating mothers, adolescents (10-19 years), parents of adolescents, young married couples and children.

WERE THERE ANY PARTNERS IN THE INITIATIVE?

Yes

IF YES, WHO WERE THE IMPLEMENTATION PARTNERS IN THE INITIATIVE?

NGO/Development organisations

SPECIFY THE NAME OF THE PARTNERS INVOLVED IN THE INITIATIVE.

Mamta Health Institute for Mother and Child (MAMTA)

ARE YOU LOOKING FORWARD TO PARTNERSHIPS OR COLLABORATION IN FUTURE?

No

IF YES, WHAT TYPES OF COLLABORATIONS ARE BEING THOUGHT OF?

collaborations with NGOs

IMPLEMENTATION

The project divided into three different phases. The Formative Phase where the focus was primarily on establishing linkages with the local authorities, liaising within systems, communities, baseline survey, designing and developing implementation strategy. Simultaneously, the task of developing education materials, obtaining MIS software and putting financial mechanisms in place were planned in this phase. This was followed by the Implementation Phase of 24 months. This phase evolved from induction training, skill-building workshops for field staff, line listing of beneficiaries, group formation, peer educator selection, conducting of behaviour change communication sessions and community-based events. The last phase was the Evaluation Phase involving quantitative and qualitative research and evaluation of peer educator empowerment.

The program also involved innovative practices/initiatives such as the use of â€˜Camel Cartâ€™ as a means to spread the message across the villages of Rajasthan on initiation of breast feeding within first hour of child birth and exclusive breastfeeding for first six months of birth. Skilled and trained human force, education materials, trainings, workshops, honorarium, health promotion messages, slogan, communication tools, data capturing formats, infrastructure, MIS software etc. were used as a means of creating awareness.

MENTION ABOUT THE SUCCESSFUL CASE STORIES THAT HAVE EMERGED FROM THE IMPLEMENTATION.

Jyoti is among a population of 1.5 million directly impacted through project Jagriti. Ever since she joined the program, Jyoti has become aware about importance of health and nutrition during pregnancy. She received information about the importance of family planning and the public health facilities available to pregnant and feeding women. Through the awareness created by Jagriti outreach workers, many women like Jyoti are now discussing family planning with their spouses, pregnant women are getting their medical checks done and are opting for institutional deliveries more as compared to earlier. The engagement is focused on creating an informed community on nutrition, health and their rights regarding the health care system, inspiring then to lead healthier lives.

CHALLENGES

Lack of government service availability at few places posed challenges for the team in case they had to refer the beneficiaries for some treatment or facility. Local political disturbances at two-three places interrupted the speed of the implementation. In order to address the myths and misconceptions related to pregnancy, contraception, menstruation and food habits Sensitization and engagement workshops, are conducted regularly. The behaviour change related to health and nutrition cannot be accomplished in a short duration of time. The slow to change processes were realized and more emphasis was laid on them for creating a positive environment of social change. Lot of work was done for developing relations with key stakeholders at the village/community level and public health workers. However, Resistance at the beginning turned into a tide of unconditional support from the community.

NOTE FROM THE CEO/MD/ PROGRAM IN-CHARGE:

NestlÃ© believes that for a company to be successful in the long term it must create value for society. NestlÃ©'s purpose globally is â€˜Enhancing quality of life and contributing to a healthier futureâ€™. We want to inspire people to live healthier lives. This is how we contribute to society while ensuring the long-term success of our Company. Through project Jagriti, it has been a felt contribution to a cause that is important and vital to our society- enabling healthier lives that is the driving force of our organization.

WHAT WERE THE FINDINGS OF THE END-LINE STUDY?

The project is ongoing.

DO YOU HAVE ANY PLANS TO SCALE UP THE CURRENT INITIATIVE? IF YES, PLEASE MENTION DETAILS OF WHERE, WHEN AND HOW.

The programme will be for extended for another three years (2019-21) with an aim to impact additional 10,000,00 beneficiaries.

MAJOR FINDINGS/ FINAL ANALYSIS

The comprehensive intensive community based interventions explored some of the most challenging aspects related to health and nutrition issues in both rural and urban areas. Mothers are not counselled about the basics of immunization (why, what for, when etc.) during visits. As a result, there is a high drop rate over a period. They are advised about correct breastfeeding practices. Menstrual hygiene is still a major stigma stricken health issue in the communities; thereby the practices are not hygienic resulting in high infections rate and school drop outs. Nutrition and balanced diet related knowledge is very poor among populations. Peer leader approach has been a successful tool and peers can be used as a resource tool for knowledge dissemination and behaviour change in the communities especially where the availability of health care providers is a major issue. The present endeavour was able to reach more than 3 million population with same rigour and intensity, which was the major strength of the intervention.

WAS THERE ANY BASELINE STUDY?

Yes

IF THERE WAS A BASELINE STUDY, WHAT WERE THE FINDINGS OF THE STUDY?

A total of 7300 households were interviewed during baseline survey. The parameters assessed included knowledge, attitude, and practices related to health, nutrition among all the segments of beneficiaries including pregnant women, lactating mothers, adolescents and young married couples. Three major methods namely in-depth interviews focus group discussions and group interviews concluded with ancillary information on selected health parameters through audio-recording were used to gather qualitative data. A survey focused on obtaining household information related to water and sanitation facilities, socio-economic and demographic parameters by interviewing the head of the household was also conducted.

Major findings from the survey:

Approximately, 19% of the girls were married before the age of 18 years.

Only 37.6% of the population was using any modern method of contraception. Around 80% of the women had undergone at least one antenatal check-up.

The institutional delivery rate was 83.7%. The awareness regarding postnatal care services and benefits was also poor.

Early initiation of breastfeeding was seen only among 55% children and only 26% women breastfed their children exclusively for 6 months.

Only 18% adolescents had consumed iron folic acid tablets.

Access to immunization of the children (under-5) and other antenatal care related services was poor among selected communities due to cultural influences and limited availability.

Anaemia and malnutrition is a common problem among women and adolescent girls. There is a lack of awareness about importance of hygiene and cleanness.

ACHIEVEMENTS

"The project is contributing in achieving health and well being for all in the respective intervention sites. The project reached 1.5 million population that is directly engaged in the program. Increase in knowledge on nutritional needs in pregnancy and post-pregnancy care among women of reproductive age has a significant role in reducing maternal mortality rates. Adolescents with enhanced knowledge about life skills, pubertal changes, nutrition, and harmful effects of substance abuse, early marriage, and gender-based violence are empowered to lead a healthy life.

Milestones achieved:

1st Year: Field teams recruitment and office establishment, Baseline survey (tool development, training, data collection, analysis and report writing), Education material (posters, and modules designing and testing), Staff training based on cascade model on different aspects of RMNCH+A, Dietary survey (data collection, analysis and report generation), Community mapping, line listing and peer leader selection.

2nd Year: IEC materials printing and distribution (Flipbooks, modules, counselling cards); Peer leader training, and peer led sessions; Community based events and thematic camps on various RMNCHA issues such as menstrual hygiene, immunization, breastfeeding, nutrition etc.; Annual meet in Rajasthan of the entire staff; Refresher training of the project staff; Orientation trainings of Front line workers and other stakeholders.

3rd Year: More intensive community based events and camps; New areas identification, group formations, line listing and peer sessions; Staff knowledge and skill evaluation; End line evaluation tools development; Peer education empowerment evaluation; Internal technical audit exercise on data quality assurance, YIC assessment; Mass media activities; End line evaluation (to be done)