



**TATA**

**TATA CHEMICALS LIMITED**

**& Accelerating  
Nutrition  
Delivery**

# ABOUT TATA CHEMICALS LTD.

Tata Chemicals is a global company that serves a diverse set of customers across five continents with interests that focus on LIFE - Living Essentials (Consumer Products), Industry Essentials (Inorganic chemicals) and Farm Essentials (Crop protection and Agri inputs).

Through our Consumer facing, India focused portfolio, we have positively impacted the lives of millions of Indians through the Iodised Vacuum Dried Tata Salt which is a household name and TCL is a pioneer and market leader in this category. In spirit, our journey of "Nourish India" is like the mission of "Iodizing India" that we undertook more than three decades ago. Tata Chemicals with its Sampann range of products aim to restore traditional nourishment in modern lives through science. Be it branded staples, value added Ready to assemble or Ready to eat products, the Tata Sampann range promises nourishment along with taste & convenience. The product range is being built with the broad objective of addressing the most prevalent deficiencies in India like Protein, Iron and specific aspects of health like Gut health etc. We started our journey with unpolished protein rich Pulses and naturally oil rich spices. Very recently we have launched a range of Protein and fibre rich nutrimixes, Fibre rich 6 grain khichdi mix and Organic range of pulses.

## 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);c. Disease management (for e.g. de-worming and diarrhea control/ treatment of Severe Acute Malnutrition/ reduction in stunting/ nutrition interventions in emergencies);d. Consumer awareness (for e.g. Dietary diversification);e. Maternal health (for e.g. Reproductive and health services to improve birth spacing)

# TARGET STATE

Mumbai

## OBJECTIVES

Vision: To promote positive Health and prevent Malnutrition in children leading to enhanced nutritional status of the community as a whole in the given demographic population.

Addressing nutritional need of children and women (pregnant and lactating); creating awareness in the community regarding the importance of nutrition.

To reduce the incidences of under-nutrition i.e. Stunting, wasting and underweight.

Improve water, sanitation, and hygiene practices

At the end of the project the following outcomes are expected:

Improve in the nutritional status of children and women.

Decrease in the prevalence of anaemia in women and the children.

Decrease in rate of low birth weight babies.

Increase in the level of awareness about the importance of nutrition and locally available nutritional food in the specific demographic population.

Increased capacity at all levels for action.

Regular monitoring & tracking of the above parameters are being done.



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# COMPANY BRIEF

## COMPANY HEADQUARTER

Mumbai

## GEOGRAPHICAL AREA(S) WHERE THE INITIATIVE IS OPERATIONAL

Madhya Pradesh, Maharashtra

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

Pati block, District - Barwani (Madhya Pradesh)

Dharni block, District - Amravati (Maharashtra)

## THE INITIATIVE TAKEN BELONGS TO WHICH OF THE FOLLOWING CATEGORIES?

CSR

## SPECIFY THE TARGET GROUP OF THE INITIATIVE.

Direct target population:

o Pregnant mothers (9 months): Good maternal nutrition during pregnancy promotes healthy weight of the new-born.

o Lactating mothers (6 months): Good maternal nutrition during breastfeeding promotes baby's healthy growth.

o Children less than two years (0- 24months): Good nutrition from birth to two years is the most important foundation for baby to grow healthy and bright.

o Government Health Staff: Capacity building of frontline workers (AAA- ASHA, AWW & ANM) by creating a AAA platform (VHND) for the convergent action to curb the problem of Malnutrition in the specified demographic population.

Indirect target population: Interventions are planned with vision to enhance the nutritional status of the Community as a whole.

## WERE THERE ANY PARTNERS IN THE INITIATIVE?

No

## SPECIFY THE NAME OF THE PARTNERS INVOLVED IN THE INITIATIVE.

None, apart from the concerned government departments e.g. ICDS and District Health department.

## ARE YOU LOOKING FORWARD TO PARTNERSHIPS OR COLLABORATION IN FUTURE?

Yes.

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

Collaborations with NGOs

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

Under consideration. Not yet finalized.

## MAJOR FINDINGS/ FINAL ANALYSIS

The Nutrition project is in its initial phase. The project duration is of three years. We are in the very first year of the project. Results are yet to arrive.

Both the project locations are typical tribal belt with approximately 80% of schedule caste population.

Lack of basic means of transportation and communication affected the project activities to a great extent. It was quite difficult to find the required human resource for the project from the local community.

District administration was very supportive and positive towards our nutrition project. Availability of resources from the organization was never an issue.

## WAS THERE ANY BASELINE STUDY?

Yes

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

The activities are planned considering the data from various sources like (1) International Food Policy Research Institute (IFPRI) 2016 (2) Comprehensive Nutrition Survey of Maharashtra (CNSM) 2012 and (3) UNICEF 2009. The findings are still under process.

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

Project Leader: Dr. Prabha S Gourh

Designation: Manager " Health , Nutrition and Wellness at TCSR.

The Nutrition project is in its initial phase. The project duration is of three years. We are in the very first year of the project. Results are yet to arrive.

Both the project locations are typical tribal belt with approximately 80% of schedule caste population. Creating awareness about the health and nutrition is the basic thing which is required as there are many nutritious foods available in the area but people are not aware of those things.

Standard of living is very low; people don't even have the basic means of transportation and communication which keeps them away from rest of the world.

It was quite difficult to find the required human resource for the project from the local community.

District administration was very supportive and positive towards our nutrition project.

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

Case Study 1: The TCSRDR team during the regular field visits in the study area came across a household in Baru (Amravati) which had an alarming story to tell. It was the 3rd child in the house born on 28th September 2017 with a weight of 1.5kg at birth (coming under the severely acutely malnourished category). The previous 2 children of the family were low in their birth weight and they both died at the early age of 6.5 and 7 months respectively. The mother was also found to be anaemic and also went through critical phases during pregnancy and labour. The TCSRDR team visited the household often for counselling. They also distributed vegetable seeds to them to be cultivated in their plot adjacent to the house. The family had sufficient space for plantations even in the farm with water available from the well facility. The mother spoke in grief admitting to the fact that the family did not get enough to eat. Even though they have land as their primary resource, there is no proper guidance for them at the farm since their "head of the family" passed away. With constant check-up along with intensive care at the hospital and examination centre, the child and mother have witnessed improvement in the health. The weight of the baby has grown by 300 grams and the mother has become more aware of the nutritional needs. She appreciates dearly the efforts of the TCSRDR.

### Case Study 2: Shanti Kende Kasdekar

At the age of 30, it is the fourth time she has got pregnant. Her expected date of delivery (EDD) was 31st May 2018. When our team made the registrations the Hb was found to be at 6.4 grams and she was immediately referred to SDH, Dharni on 12th November 2017 for iron and sucrose injection.

On 3rd January 2018, our team followed-up on the case and found the Hb to be 7.2 grams which was maintained with the help of IFA and diet. But again on 2nd April 2018, our field worker referred patient for a gynaecologist opinion to help understand current situation. It was found that she had not consumed IFA regularly and hence the Hb had dropped. Since then Shanti and her family has been provided with nutritional and ANC counselling on regular basis by TCSRDR team. A few days prior to her delivery date her Hb was reported at 9.2 grams.

## ACHIEVEMENTS

The Nutrition project is in its initial phase. Results are yet to arrive. To measure the difference thus created, TCSRDR conducted baseline survey at both the project locations.

To measure the project achievements we have set some health and nutrition indicators related to our project interventions which will help us in evaluating the outcomes at the end of the project. Some of the indicators are Prevalence rate of anemia among pregnant & lactating women and adolescent girls (severe & moderate), Incidences of worm infection, Incidences of low birth weight cases in the area, Nos. of underweight children (under five year), households with kitchen gardens (seeds & sapling distribution, survival rate etc.).

## CHALLENGES

TCSRDR's nutrition project has a very clear objective of focusing on "First 1000 days of life". Special Strategy is adhered to promote home and community based nutrition solutions /dietary interventions to combat malnourishment and anemic conditions.

Since the project is not in our plant locations, we did face difficulties in obtaining the local resources and creating rapport with the local communities but gradually things have improved. The involvement of the health staff was reserved, initially they were not coming forward or hesitant for support in TCSRDR's activities. Gradually they realized that we have a common objective to serve. Now the scenario is improving day by day. The tribal community in many villages has been guided by local bhagats and hence remains restrictive in adopting modern scientific techniques for treatment of any kind of ailments. They prefer to go to local healer instead of doctors due to their easy availability. Lack of basic local transport is another big issue. There are a lot of social and cultural practices the tribals adopt in their everyday lives, like a pregnant woman is not allowed to eat egg or any non-vegetarian food. But with time things have started moving in some positive manner.

## WHAT WERE THE FINDINGS OF THE END-LINE STUDY?

It is an ongoing project (first phase of operations are planned till 2020).

## IMPLEMENTATION

Tata Chemicals Society for Rural Development (TCSRSD) implements the interventions in close collaboration with the Government's health machinery, non-profit organisations and self-help groups (SHGs), to ensure that the interventions are self-sustaining. Efforts will be in the direction so as to change the behaviour of community members and environments in taking knowledge to practice for improved maternal, new-born, and child health and nutritional (MNCHN) status. Below are major interventions of the project:

### A. Community: Campaign & awareness

- Public support: creating an enabling environment for change.
- Efforts will be in the direction so as to change the behaviour of community members and environments in taking knowledge to practice for improved maternal, new-born, and child health and nutritional (MNCHN) status.

### B. Anaemia Prevention

- Creating awareness about anaemia, its causes and consequences along with its probable solutions.
- Haemoglobin estimation by TCSRSD team (biannual): pregnant and lactating women
- Deworming: under 2 children and pregnant & lactating women. TCSRSD carryout this activity in collaboration with government machineries at an interval of 6 months
- Iron folic acid tablets/syrup distribution: weekly /daily as per the requirement and ensuring its consumption by the target group.

C. Village Health and Nutrition Day (VHND): VHND is the most important platform for providing health and nutrition services to the last person standing and any effort to strengthen VHNDs would go a long way in improving the status of health and nutrition indicators.

D. Promotion of House hold kitchen Gardens (HKG): Traditional gardens typically exhibit wide diversity of crops, trees and shrubs, well adapted to local microclimates and maintained with a minimum of purchased inputs. Usually, the functions and output of the home garden complement field agriculture. Whereas field crops provide the bulk of energy needed by the household, the garden supplements the diet with vitamin-rich vegetables and fruits, energy-rich vegetable staples, herbs and condiments.

### E. Supply of Supplementary food:

Community management of acute undernutrition by providing nutritional counselling, awareness sessions and supply of supplementary food as and when required, where malnourished children receive treatment suited to their nutritional needs. Intention is to promote consumption of locally available nutritious foods. A fortified food or micro-nutrient supplement would be provided where the minimum required diet is not met using the available resources.