

**Program Implementation**

**KHPT identifies partners and health facilities for KMC project in Mumbai and Kolkata**

As part of the process to identify implementation partners for its new KMC project, KHPT shortlisted three organizations each in Mumbai and in Kolkata. This was done based on their objectives and work experience, and from inputs from key informants in each

city. At the end of the process, KHPT selected CINI as the implementing partners in Kolkata city. CINI will manage both facility and community interventions in Kolkata, KHPT will play a key role in overall technical support and advocacy.

have a high delivery load to reach at least 1000 low birth weight babies in the first year of implementation.

KHPT identified two facilities in each facility in discussion with government stakeholders. In Kolkata, Nil Ratan Sarkar (NRS) Medical College & Hospital and Chittaranjan Hospital were identified, however, only one facility will be taken up in the first year. In Mumbai, two facilities were identified for implementation - Central Hospital, Ulhasnagar-3, and Indra Gandhi Memorial (IGM) Hospital, Bhiwandi. The KHPT team also conducted a quick assessment at the Mumbai facilities to understand the status of human resources and infrastructure.



**The KHPT team meets with Dr Partha Dey, District Family Welfare Officer, Kolkata**

The KHPT team visited the team at CINI Kolkata to appraise them on operational plan and the roles and responsibilities of KHPT and CINI. The team also met government stakeholders to sensitize them on the proposed project, to understand the current scenario, as well as get inputs on taking the project forward. The facilities for implementation were identified based on the criteria that they should cater to vulnerable populations, and

**Government Engagement**

**KHPT conducts a planning workshop to improve ECCD in Tumakuru**



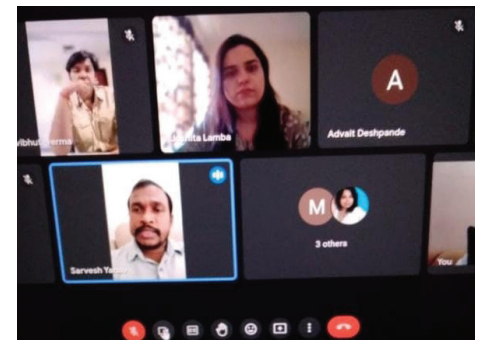
**Dr Vidya Kumari, IAS, CEO-ZP Tumakuru addresses the participants at the workshop**

KHPT organized a planning workshop on Improving Early Childhood Care & Development (ECCD) through an integrated approach, as a part of its pilot intervention in Tumakuru Rural block. The workshop was conducted under the guidance of Dr Vidya Kumari, IAS, CEO - Zilla Panchayat, Tumakuru on March 10. Key stakeholders from the district, including the District Health Officer, Deputy Director - Women & Child Development, Reproductive and Child Health Officer and Principal of the District Training Centre were present, along with representatives from Wipro Cares. The KHPT team has been able to hone project strategies toward improving, in concurrence with key stakeholders of the three Departments of Health, Women & Child Development, and Rural Development and Panchayat Raj, as well as field staff from these departments.

**KHPT invited to conduct fortification workshop by Rajasthan Food Safety Department**

KHPT was invited by the Rajasthan Food Safety Department to conduct a workshop session on large-scale staple food fortification on January 13. A total of 60 participants from the Rajasthan Food Safety Department attended the training session. The virtual training session focused on the process of large-scale scale fortification of staples and its implications on the health and nutrition of the people of Rajasthan.

**KHPT to support edible oil fortification in Chhattisgarh**



**The virtual meeting with Chhattisgarh state representatives**

**KHPT invited to state seminar on food fortification in Punjab**

KHPT was invited by the Food and Drug Administration, Government of Punjab, to present success stories in food fortification and KHPT's role in capacitating industries on food fortification at a state-level seminar on March 3.

KHPT was invited to a roundtable meeting conducted by the Food Safety and Standards Authority of India held on February 23 with representatives from various food safety net schemes of Chhattisgarh. The representative of the Integrated Child Development Scheme (ICDS) informed the participants that fortified rice and fortified wheat flour are currently being distributed through the scheme in all 33 districts, and suggested that there is a scope for the inclusion of fortified edible oil and double-fortified salt in the scheme. KHPT followed up with the Food and Drug Administration of the state and ICDS representatives on the suggestions to move ahead with the discussion points and is planning trainings for edible oil industry representatives.



**A KHPT team member presents success stories and approaches at the seminar**

## Community Engagement

### KHPT pilots 'Eligible Couples' Day at Health and Wellness Centres in Tumakuru

The KHPT team evolved a strategy for strengthening preconception care among the Eligible Couples after a series of interactions with community members, frontline workers, block-level officials and members of the Gram Panchayat Task Force (GPTF). This approach, called 'Eligible Couple's' (EC) Day is aimed at mobilizing eligible couples to visit Health and Wellness Centres (HWC) for health screening, sensitize them about the importance of preconception care and pregnancy readiness, as well as the role of husbands in ensuring the



■ The first EC day at Bilidevalaya HWC focusing on preconception care

same. The focus of the pilot was to evolve the process for conducting group Social Behaviour Change Communication (SBCC). An activity-based process for the group SBCC was evolved during the first pilot at Bilidevalaya HWC. In the process, the team learned that a dialogue-based interaction will help keep the focus on the issues to be discussed, and help the group to absorb the key messages in a short span of time. The team then evolved a process called 'Dialogue-based Interactive Group SBCC' (DIG) and a game-based tool modelled on the 'Snakes and Ladders' game for facilitating the group SBCC. While keeping the beneficiaries engaged in the game, a set of key messages was provided by the facilitator.

The team piloted a second version of DIG at Huliurdurga and Jaladhigere and were able to grab the attention of the beneficiaries and sensitize them in a short span of time. In total, the team sensitized 98 Eligible Couples and women aspiring to be mothers on the importance of preconception care. The team continues to refine the tool and process to engage participants.

### Health monitoring card for Eligible Couples piloted



■ Piloting the EC card at Ippadi PHC area

KHPT has developed a draft Eligible Couples (EC) card, which is intended to be not only a useful information resource on the need for health screening, pregnancy preparedness, and preconception care, but also a health record for husband and wife for common health concerns including hypertension, diabetes and anaemia. The card was issued to 98 Eligible Couples in the intervention area in Tumakuru, and the team interacted with the beneficiaries who received the EC card and the frontline to consolidate their feedback and suggestions for its improvement. The suggestions were consolidated and incorporated into the EC card, the second version of which is to be rolled out for testing.

### Draft action plan on "Malnutrition and Anaemia Muktha Karnataka" submitted to NITI Aayog

KHPT, in collaboration with the Departments of Women and Child Development, Rural Development and Panchayat Raj (RDPR),

and Health and Family Welfare, developed an action plan on "Malnutrition and Anaemia Muktha Karnataka", which was submitted to NITI Aayog. The goal of the action plan is to achieve a Malnutrition and Anaemia Muktha Karnataka by addressing intergenerational challenges through a life cycle approach.

A qualitative rapid assessment submitted as part of Malnutrition and Anaemia Muktha Karnataka was submitted to the RDPR Department and the abridged version of the report will be published in the RDPR monthly magazine 'Karnataka Vikasa'.

## Case Story

### KHPT Community Facilitator breaks language barrier to help migrant mother

Sunitha Devi (name changed) hails from a remote village of Uttar Pradesh and has been living with her husband and her five children in Huliurdurga Primary Health Centre (PHC) area of Kunigal block for a year. The couple work as daily labourers in a stone quarry in Huliurdurga.

Jayamma, KHPT's Community Facilitator, came to know during her joint visits with frontline workers at Huliurdurga that Sunitha Devi was pregnant and that she had never visited the facility for any check-up, despite the fact that all of her previous deliveries happened at the facility. The ASHA could not convince her about the importance of antenatal check-up and institutional delivery

due to a language barrier; Sunitha Devi doesn't understand Kannada and ASHA doesn't speak Hindi. Jayamma, along with the ASHA, made a home visit on February 20 to understand the reasons for not availing any antenatal care (ANC) services. Sunitha Devi said she did not avail services due to lack of time due to



■ Joint home visit by Jayamma along with ASHA & ASHA Facilitator

her work in the stone quarry. Jayamma took the ASHA to the owner of the stone quarry and facilitated the discussion with him about Sunitha Devi's case and the importance of ANC check-up and institutional delivery. The quarry owner spoke to Sunitha Devi and her husband regarding her ANC check up at the facility and emphasized the importance of the husband's support during pregnancy, care during pregnancy, institutional delivery, care during the post-natal period and adopting family planning methods. Sunitha Devi, now fully informed, delivered a baby at the Kunigal Taluka Hospital on February 24 and chose to go for a tubectomy. Jayamma's efforts to ensure behaviour change communication through a person who could communicate clearly with Sunitha Devi helped her make that choice.

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