Project Profile

Combating Malnutrition

Gujarat CSR Authority

Project Profile – Combating Malnutrition

Background & Rationale

The Integrated Child Development Services (ICDS) Scheme implemented by Government of India is one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of the Country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The ICDS program comprises of the following components–

1. Supplementary nutrition
2. Pre-school service
3. Dissemination of health and nutrition awareness
4. Health check-up
5. Immunization, and
6. Referral services

The **beneficiaries** under this scheme are **children in the age group of 0-6 years, pregnant women and lactating mothers**. As on 31 Dec 2013, under ICDS, 7,067 projects, 13.41 lakhs Anganwadi Centres (AWCs) are operational covering 1,026.03 lakh beneficiaries under supplementary nutrition.[1]

Acute malnutrition: a pan India issue

India continues to remain home to 1/4th of the world's undernourished population, over 1/3rd of the world's underweight children, and nearly 1/3rd of the world's food-insecure people. Additionally, majority of children under 5 are born underweight and roughly 7% (compared to 0.8% in the US) of them die before five years of age[2]. Indian women also suffer from problems of anaemia & malnutrition, which has implications for the health of new-born children.

Figure 1 India: anaemia among Children Age 6-35 Months (%)

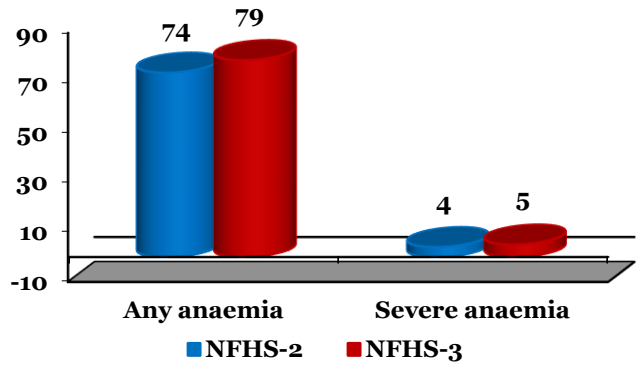
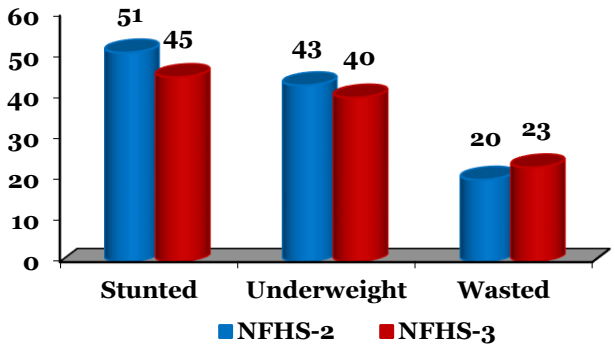


Figure 2 India: Under-nutrition in Children < 3 years (%)

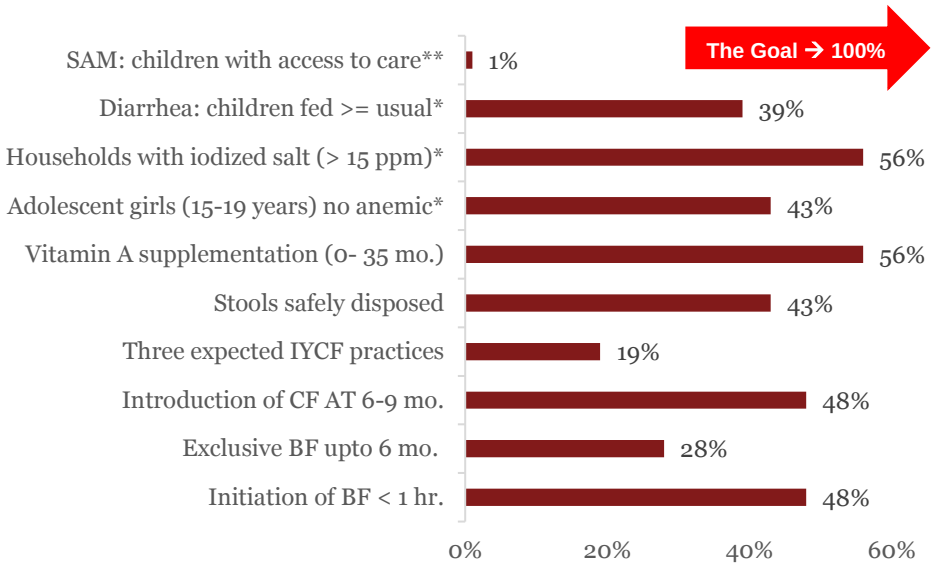


[1] *Presentation by Dr. Kanupriya Chaturvedi, ICDS (www.bibalex.org/supercourse/supercoursePPT/40011-41001/40381)*
[2] *Forbes India Healthcare system*

Situational analysis and need identification

According to DLHS -2 data, 16 out of 26 districts have 45-64% children underweight and 9 of the 12 tribal districts have 45% or more underweight children. While, the NFHS 3 data shows that 45% children under 5 years are underweight. According to the CES 2009, only half of the children are breastfed within 1 hour of birth while less than half (45%) are exclusively breastfed. According to the NFHS 3, 80% of the children 6-35 months are anaemic while only 56% households consume iodized salt. The DLHS -3 (2008), shows that 56% of children received vitamin A supplements.

Figure 3: Reasons for undernutrition in Gujarat and 10 proven interventions



Source: DLHS-3, 2007-08, *NFHS-3 data (2005-06) **data for all India; DLHS 2, 2002-04;
BF: Breastfeeding; CF: Complementary foods; IYCF: Infant and Young Child Feeding; SAM: Severe Acute Malnutrition

The figure above mentions ten proven interventions to prevent undernutrition. In Gujarat, the coverage for the 8 of the 10 proven interventions, which can reduce undernutrition is less than 50% as per Annual Programme Implementation Plan report (2011-12), Department of Women & Child Development, Government of Gujarat.

Figure 4: Incidence of Under 5 Mortality Rate

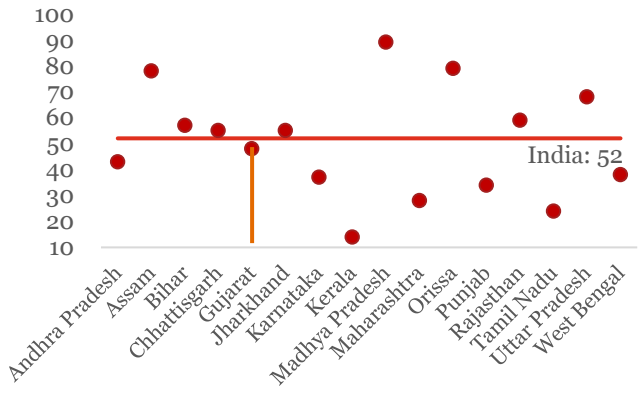
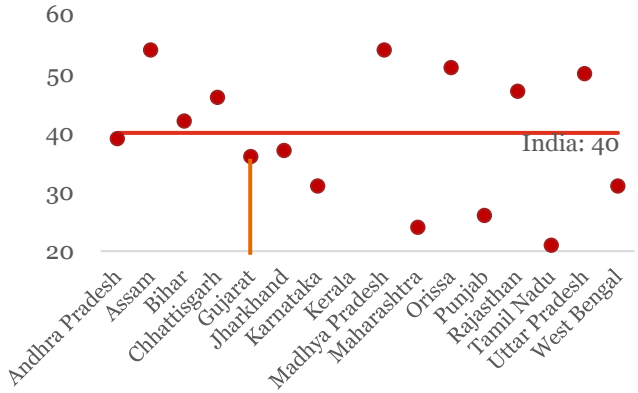


Figure 5: Incidence of Infant Mortality Rate



Among the other vital indicators such as Maternal Mortality Rate (MMR), Neo-Natal Mortality rate (NN) and Under-5 Mortality Rate (U5MR), Gujarat ranked 6, 13 and 10 respectively during 2008-10, and ranked 12 and 6

for birth rate and death rate respectively (SRS Bulletin, 2011, Government of India, 2011 and (Vital Statistics-Indiastat, 2010). This relatively below par performance of Gujarat (compared to other states) raises various concerns and issues regarding the efficacy of the healthcare system.

Figure 6: Percentage of children <5yrs undernourished in Gujarat, UNICEF 2011

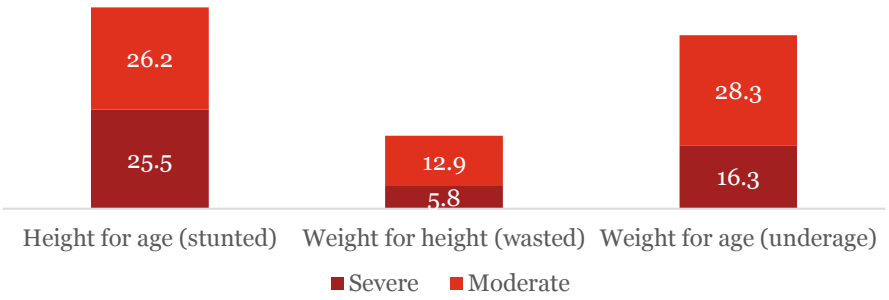
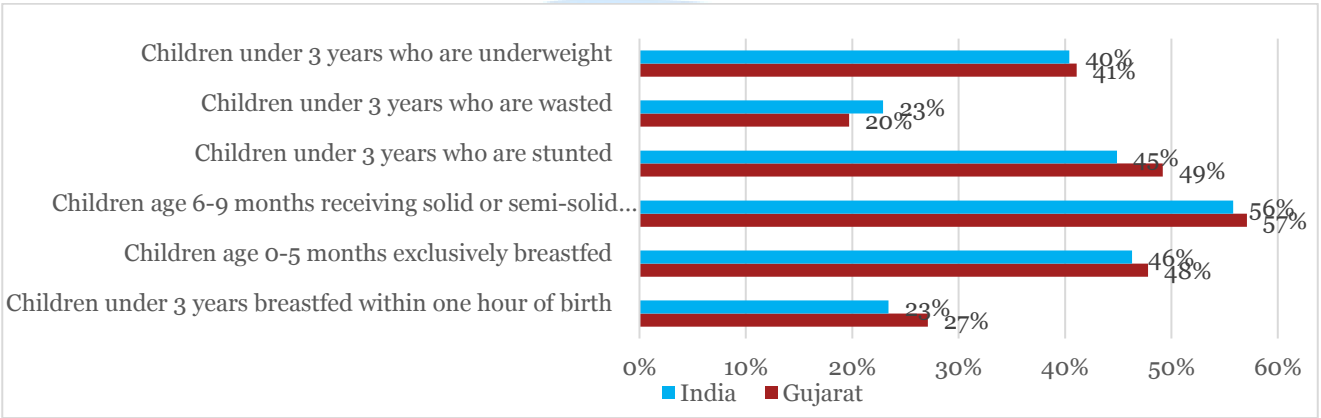


Figure 7: Other malnutrition specific indicators[3]



These gaps are indicative of the status of malnourishment, and the coverage of children under immunization is also cited to be a matter of concern for the state.

Objectives of the project

The Project will focus on following **three key areas**:

1. **Nutrition:** Supplementary nutrition such as milk and snacks in addition to nationally-balanced hot meals
2. **Education:** Non-formal pre-school education, nutrition and health education in the surrounding community
3. **Medical facilities:** Immunization, health check-up, and referral services to local medical personnel

These three supports are the key basic requirements that can greatly influence an individual's growth, educational attainment, productivity, reproductive success and susceptibility to disease. The project focuses on meeting women and children's nutritional needs and raising the standard of life for the community at large,

[3] *Source: NFHS 3 factsheet; based on the last 2 births in the 3 years before the survey to ever-married women. Based on WHO standard.*

with a core focus to provide nutrition to severely malnourished children based on a replicable and scalable model. The main project objectives shall be to:

- improve maternal-foetal-infant health in the community
- combat malnutrition
- ensure that 0–6 years old children are meeting ECD parameters

Note: Nandghar Model of Setco Foundation is being referred for the same.

Expected benefits

The support provided by companies would result in tangible and intangible benefits for Sponsor Company as outlined below:

Tangible Benefits	Intangibles
❖ Community support & appreciation ❖ Social license to operate, through cooperative community engagement ❖ High levels of employee satisfaction through their participation in social responsibility projects ❖ Recognition through awards and appreciation	❖ Enhanced reputation by way of supporting projects benefitting communities at the 'bottom of the pyramid' ❖ Social branding ❖ Enhanced credibility within community and sector ❖ Contribute towards national and state goals aligned with Integrated Child Development Services (ICDS) Scheme and Gujarat State Nutrition Mission

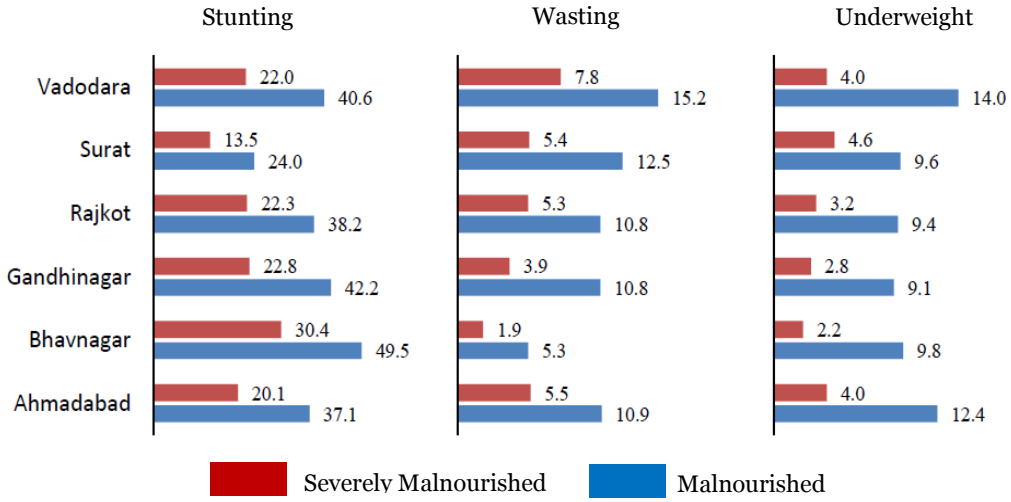
Opportunities for CSR intervention

Gujarat is home to 51 million people[4] and often called India's growth engine. The state is better positioned compared to many other States in terms of economy, infrastructure, industrialization and governance. However, the **status of undernutrition remains high and worrisome** in the State. The Government of Gujarat has accorded **highest priority** to address this **formidable challenge** and has been undertaking notable initiatives in this regard in the recent past. In Gujarat 12, 00,000 children are born each year and many mothers die during this process of pregnancy and child birth itself. As per the study done by Indian Institute of Management, Ahmedabad[5], the gap for stunted and underweight children is 84 percent and 62 percent respectively which is very high considering that Gujarat is income wise among the better off states in the country.

Potential project area

Entire Gujarat (taluka wise). Below chart presents prevalence of malnutrition among children under five years, in five key administrative divisions in Gujarat[6].

[4]*Office of the Registrar General and Census Commissioner, India. Census of India, 2001: India at a glance – rural and urban distribution and state profiles. New Delhi: Office of the Registrar General and Census Commissioner of India; 2001.*
[5]*What Determines Performance Gap Index of Healthcare in Gujarat? (May 2014) http://www.iimahd.ernet.in/assets/snippets/workingpaperpdf/3253542092014-05-03.pdf*
[6] *Source: Comprehensive Nutrition Survey in Gujarat (CNSG), 2014, Women & Child Development, Govt. of Gujarat*



Target group

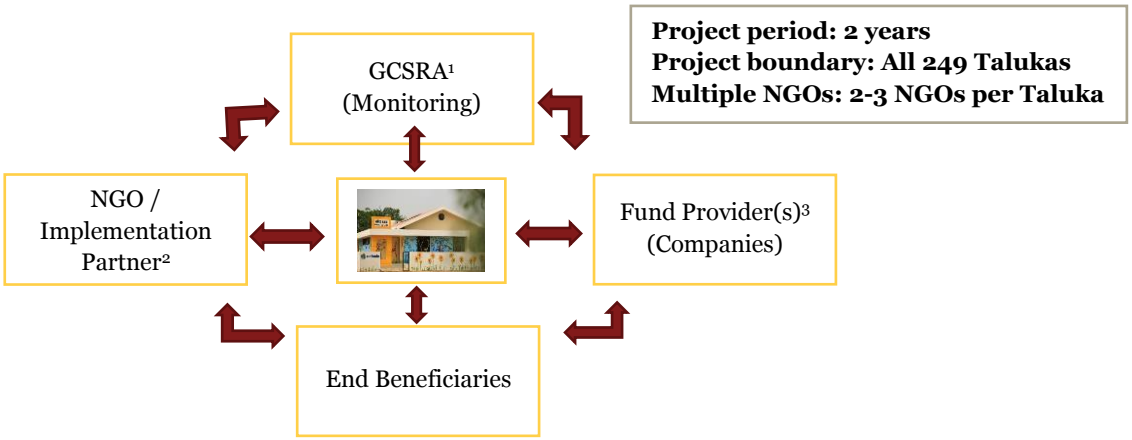
Children aged 0-6 years from economically and socially disadvantaged communities (with low size of landholdings), with an emphasis on SC and ST households, and those from minority communities and pregnant and feeding mothers.

Project implementation

A. Implementation

This Project aims to augments the efforts of the local Integrated Child Development Services (ICDS) programme through supplementary nutrition, educational support, capacity-building outreach and advocacy support. The project would be implemented for a minimum period of two years.

Figure 8: Implementation model



[1] GCSRA will act as monitoring partner for the project. GCSRA will channelize the fund to implementing agency
[2] Implementation partner will be an NGO having expertise in implementing malnutrition focused projects
[3] Fund Provider(s) are the companies undertaking projects in partnership with GCSRA and responsible for timely disbursement of CSR funds.

The project will focus on providing quality facilities in the Anganwadi and addressing the malnutrition in children from 0-6 years. Accordingly, under this model:

- The private partner (funder / corporate) finances project facilities (infrastructure) and services (earning materials, toys and books, solar lighting facilities, kitchen utensils and food items etc.).
- The space for infrastructure (if required) would be provided by the Panchayat. The ownership of the asset at the end of the agreement period is usually transferred to the Panchayat. The panchayat uses these facilities and services for running the Anganwadi centres in the village till that time.
- The NGO will ensure proper maintenance of the facilities (infrastructure, services etc.). These support facilities and services are bundled along with trainings for AWWs, ASHA and ANMs on running various child and mother's health awareness programme. NGO (project implementing partner) will also ensure that the AWC is spacious with a dedicated kitchen space, drinking water facility, careful siting, ventilation, natural light, security and hygiene. The NGO will mobilize resources to improve the health and nutrition services in AWC(s) under the current government infrastructure.

Process of implementation:

1. Identification of villages across all 249 talukas in 33 districts and segregating villages based on whether a particular village has an existing AWC(s) or no AWC.

Table 1: List of Talukas in Gujarat (district-wise)[7]

No.	Districts	No. of Talukas	No. of villages
1	Kachchh	10	615
2	Banas Kantha	14	824
3	Patan	10	468
4	Mehsana	11	600
5	SabarKantha	8	740
6	Aravalli	6	-
7	Gandhinagar	4	302
8	Ahmedabad	9	518
9	Surendranagar	10	615
10	Bhavnagar	9	775
11	Botad	5	-
12	Rajkot	11	847
13	Morbi	5	-
14	Jamnagar	6	669
15	Devbhumi Dwarka	4	-
16	Porbandar	3	150
17	Junagadh	10	821
18	Gir Somnath	6	-
19	Amreli	12	595
20	Anand	8	354

[7] http://gstfc.gujarat.gov.in/downloads/guj_state_no_talukas_01042015.pdf
http://gstfc.gujarat.gov.in/showpage.aspx?contentid=40

No.	Districts	No. of Talukas	No. of villages
21	Kheda	10	573
22	PanchMahals	7	717
23	Mahisagar	6	-
24	Dohad	8	519
25	Vadodara	8	869
26	Chhota Udaipur	6	-
27	Narmada	4	221
28	Bharuch	9	543
29	Surat	10	567
30	Dangs	3	70
31	Navsari	6	367
32	Valsad	6	373
33	Tapi	5	284
Total		**249**	**13996**

Table 2: Total Panchayats in Gujarat

District Panchayats	Taluka Panchayats	Gram Panchayats
33	**249**	**13996**

2. Selection of the implementation partner and signing of tripartite contractual agreement(s), between all three parties (GCSRA, Corporate and NGO). The project aims to cover all 249 Talukas and hence multiple NGOs (on-ground project implementing partners) may need to be identified.

3. Categorization and prioritization of talukas and villages based on the extent of SAM (Severe Acute Malnutrition) and MAM (Moderate Acute Malnutrition) cases. Five AWCs will be integrated into one anganwadi cluster unit. The NGO will work in close coordination with AWCs under the aegis of one of the Government of India's largest programmes, the Integrated Child Development Services (ICDS) and Gujarat State Nutrition Mission.

4. Identification of key opinion leaders in the villages and Panchayat bodies and holding consultations for obtaining necessary approvals for project execution.

Below table shows the district-wise data on the status of AWCs, as per Women and Child Development Department (MPR- April' 2016), Gujarat.

Table 3: District-wise data on the status of AWCs

S.No.	District	No. of AWC Sanction	No. of AWC Operational	AWC Reporting	AWC Providing SNP[8] 21+ Days
1	Ahmedabad	3,558	3,546	3,537	3,537
2	Amreli	1,629	1,621	1,615	1,615
3	Banaskantha	3,365	3,360	3,360	3,360
4	Vadodara	1,843	1,777	1,645	1,645

[8] *Supplementary Nutrition Programme*

S.No.	District	No. of AWC Sanction	No. of AWC Operational	AWC Reporting	AWC Providing SNP[8] 21+ Days
5	Bharuch	1,374	1,374	1,374	1,374
6	Narmada	952	950	951	951
7	Bhavanagar	1,897	1,876	1,876	1,876
8	Dang	441	440	440	440
9	Jamnagar	1,191	1,190	1,189	1,189
10	Junaghadh	1,428	1,428	1,428	1,428
11	Porbandar	490	489	489	489
12	Kachh	2,100	2,100	2,100	2,096
13	Mahesana	1,929	1,910	1,910	1,910
14	Patan	1,427	1,426	1,426	1,426
15	Panchamahals	2,000	1,929	1,929	1,929
16	Dahod	3,056	3,056	3,056	2,960
17	Rajkot	1,715	1,680	1,677	1,677
18	Sabarkantha	1,911	1,910	1,910	1,910
19	Surat	2,825	2,715	2,714	2,714
20	Surendranagar	1,375	1,375	1,372	1,372
21	Gandhinagar	1,068	1,068	1,068	1,068
22	Kheda	1,979	1,979	1,964	1,964
23	Anand	2,008	1,979	1,979	1,979
24	Valsad	1,899	1,860	1,860	1,860
25	Navsari	1,329	1,329	1,329	1,329
26	Tapi	1,049	1,049	1,049	1,049
27	Botad	571	566	566	566
28	Morbi	763	755	755	755
29	Mahisagar	1,316	1,298	1,298	1,298
30	Girsomanath	1,168	1,168	1,168	1,168
31	Devbhumi Dwarka	711	691	691	691
32	Chhota Udepur	1,182	1,182	1,058	1,058
33	Aravali	1,480	1,437	1,437	1,437
State Total		**53,029**	**52,513**	**52,220**	**52,120**

Below table shows the district-wise data nutrition status of children, as per as per Women and Child Development Department (MPR- April' 2016), Gujarat.

Table 4: District-wise data nutrition status of children

S.No.		Nutrition Status (no.)				Nutrition Status (%)			
	Districts	Normal	Mod Underwt.	Sev. Underwt	Total Underwt	% of Normal	% of Mod. Underwt.	% of Sev. Underwt	% of total Underwt
1	Ahmedabad	262,835	13,077	2,108	15,185	94.54	4.70	0.76	5.46
2	Amreli	94,326	2,729	560	3,289	96.63	2.80	0.57	3.37

S.No.		Nutrition Status (no.)				Nutrition Status (%)			
	Districts	Normal	Mod Underwt.	Sev. Underwt	Total Underwt	% of Normal	% of Mod. Underwt.	% of Sev. Underwt	% of total Underwt
3	Banaskantha	272,259	8,480	984	9,464	96.64	3.01	0.35	3.36
4	Vadodara	113,977	10.404	1,121	11,525	90.82	8.29	0.89	9.18
5	Bharuch	102,307	3,664	488	4,152	96.10	3.44	0.46	3.90
6	Narmada	44,806	4,978	436	5,414	89.22	9.91	0.87	10.78
7	Bhavanagar	146,721	11,013	1,969	12,982	91.87	6.90	1.23	8.13
8	Dang	19,940	5,199	460	5,659	77.89	20.31	1.80	22.11
9	Jamnagar	72,954	5,066	954	6,020	92.38	6.41	1.21	7.62
10	Junaghadh	92,117	2,120	446	2,566	97.29	2.24	0.47	2.71
11	Porbandar	32,405	670	199	869	97.39	2.01	0.60	2.61
12	Kachh	181,992	423	149	572	99.69	0.23	0.08	0.31
13	Mahesana	125,458	1,681	182	1,863	98.54	1.32	0.14	1.46
14	Patan	83,518	8,377	864	9,241	90.04	9.03	0.93	9.96
15	Panchamahals	132,321	9,910	1,369	11,279	92.15	6.90	0.95	7.85
16	Dahod	244,917	11,316	1,162	12,478	95.15	4.40	0.45	4.85
17	Rajkot	126,564	2,674	553	3,227	97.51	2.06	0.43	2.49
18	Sabarkantha	106,446	5,715	488	6,203	94.49	5.07	0.43	5.51
19	Surat	160,454	19,286	2,346	21,632	88.12	10.59	1.29	11.88
20	Surendranagar	104,525	6,515	1,312	7,827	93.03	5.80	1.17	6.97
21	Gandhinagar	75,826	4,767	685	5,452	93.29	5.87	0.84	6.71
22	Kheda	150,739	8,869	939	9,808	93.89	5.52	0.58	6.11
23	Anand	149,992	2,459	388	2,847	98.14	1.61	0.25	1.86
24	Valsad	109,124	4,844	669	5,513	93.49	4.15	0.57	4.72
25	Navsari	66,599	1,335	288	1,623	97.62	1.96	0.42	2.38
26	Tapi	44,078	4,932	799	5,731	88.49	9.90	1.60	11.51
27	Botad	52,362	762	140	902	98.31	1.43	0.26	1.69
28	Morbi	52,775	1,956	314	2,270	95.88	3.55	0.57	4.12
29	Mahisagar	86,185	5,204	497	5,701	93.80	5.66	0.54	6.20
30	Girsomanath	98,026	1,780	377	2,157	97.85	1.78	0.38	2.15
31	Devbhumi Dwarka	59,370	2,600	464	3,064	95.09	4.16	0.74	4.91
32	Chhota Udepur	78,058	9,259	842	10,101	88.54	10.50	0.96	11.46
33	Aravali	78,391	3,865	337	4,202	94.91	4.68	0.41	5.09
State Total		36,22,367	1,85,929	24,889	2,10,818	94.45	4.85	0.65	5.50

As per the table above, **Dang, Tapi and Surat** districts have the highest proportion of severely underweight children in Gujarat.

5. Roll out of the project at the **selected (prioritized) AWCs** by the NGO. Key **maintenance and support activities** to be provided by the NGO are categorized under **five heads**:

i. Nutrition & hygiene inputs

a. Provision of clean drinking water through installation of RO purifiers at each AWC
b. Daily supplementary nutrition provided to the children at each AWC
c. Constructing / restoring kitchen for cooking fresh food for children at each AWC

ii. Education & sensitisation

a. Organizing monthly sensitization workshops for community members on health and nutrition requirements for children (0-6 years), pregnant and feeding mothers. These monthly workshops are to be conducted with the local communities including anganwadi workers and family members to improve knowledge and understanding of nutrition and its impact on children's physical, academic and mental growth.
b. Regular workshops on pregnancy, pre-natal and post-natal care to be organized to ensure maternal compliance with current standards in nutrition, self-care and child care.
c. Providing training to the field teams, i.e. the village Anganwadi worker (as well as ASHA& ANMs) to improve knowledge and understanding of nutrition and its impact on children's physical, academic and mental growth. Enhanced training of anganwadi workers and field workers could also be explored by former UNICEF nutritionist and ICDS specialist.
d. Providing pre-school kit and learning material (e.g. toys, pictorial charts, playing materials etc.) to each child.
e. Organizing monthly sensitization workshops on sanitation and hygiene.

iii. Health facilities

a. Conducting monthly health check-ups and children's medical camps, offering free medical consultation and referrals in case of health issues.
b. Ensuring 100 % vaccination (immunization) for all children (0-6 years)

iv. Management Support

a. Community mobilization
b. Identification and formation of community groups (institutions), followed by their training and capacity building of community groups (institutions)

v. Technical support

a. Knowledge management
b. Liaising with government and private hospitals and doctors, and the institutions (Department of Health, Govt. of Gujarat)
c. Partnering with other NGOs working in the respective districts in the health sector

6. **Funds to be channelized by GCSRA**

- Cost associated with the infrastructure support
- Cost associated with the support services
- Fee associated to running the project with the support of implementation partner (NGO)
- Fee associated with the monitoring of the project by GCSRA

Table 5: Step By Step Implementation Plan

	Implementation Plan	Roles & Responsibility
Identification of Villages and AWCs	Identification of AWCs located in the most backward area of the state and having poor health infrastructure	GCSRA in consultation with partner NGO
Identification of Beneficiaries	Identification of beneficiary and developing demographic profile of the beneficiary (Children between 0-6 years)	NGO
Stakeholder Engagement	Identify key project stakeholders and create stakeholder engagement plan	NGO in consultation with GCSRA
Implementation Structure	▪ Dedicated team by GCSRA to manage and monitor the programme ▪ Corporate CSR funds will be channelized through GCSRA ▪ Local NGO partners to help in project implementation, including, but not restricted to conducting workshop and trainings of Anganwadi Workers, and maintenance of the centre	GCSRA and partner NGO
Monitoring and Tracking	▪ Financial monitoring ➢ Annual Plan ➢ Donor Fund management system ➢ Monitoring Report ▪ Identify KPIs (Key performance indicators) for the programme ➢ Improvement in the overall learning environment ▪ Fund utilization report from the NGOs ➢ Mechanisms to measure / report progress and utilization of funds	GCSRA, NGO & Funding Company
Impact Assessment	▪ Impact assessment of the programme to identify gaps and positive outcome	GCSRA

List of success indicators

Project Outputs

- Number of pre-school children (age 3-6 years) supported over project period
- Number of AWCs supported over project period
- Increase in usage of AWCs by the beneficiaries with specific focus on female child over project period (from baseline levels)
- Percentage of children under the age of 3 with ready access to health monitoring services
- Increase in number of expectant and nursing women with access to government nourishment and the health monitoring service

Desired Outcomes

- Improvement in the health status and physical growth of children
- Better awareness and sensitisation leading to a reduced gender bias in birth of a child
- Increase in the % of live births
- Increased & sustained attendance of children in primary school, due to better &n improved AWC support

Potential Impact

The anganwadi based GCSRA's Comating Malnutrition project aims to impact the marginalized people in all talukas/ districts of Gujarat, by reducing childhood malnutrition in slum and rural communities by half in the next three years.

The immediate emphasis shall be on having a wider outreach to mothers and families of children, specifically those in the SAM (Severe Acute Malnutrition) and MAM (Moderate Acute Malnutrition) categories.

B. Implementing agency

The Project shall be implemented by GCSRA as an oversight & monitoring agency, with support from NGO/Implementing agency (having expertise in working with malnourished children within rural communities) being tasked with the responsibility of grass root implementation. The GCSRA/implementing agency shall work in collaboration with Corporates and local communities.

C. Partnerships

Roles and responsibilities

- **GCSRA**: Monitoring agency of the CSR activities i.e. conducts baseline survey, strategic plan for the project, coordination between donors, technical service providers, monitoring & evaluation, documentation and (physical/financial) reporting for the Project, issues compliance certificate for the CSR activities.
- **NGO**: Provides technical and execution support towards nutrition, health and education related project activities. Implementation support and training of the Anganwadi workers, maintenance of the AWCs, reporting of CSR activities under the project.
- **Corporates**: funding the initiative and timely disbursements of funds

D. Anticipated benefits from the Project

- Improvement of the maternal – foetal – infant health levels in the target community
- Enhanced health status of pregnant mothers by access to medical services such as health check -ups camps, immunization etc.
- Local community sensitised on the benefits of non-formal pre-school education, nutrition and health education within the community through the project

Scope for strategic convergence

Project activities are aligned with **Gujarat State Nutrition Mission,** whose strategy of Gujarat State Nutrition Mission focuses on both preventive and curative aspects. In order to improve the current status of nutrition, the **preventive** and **curative strategy** needs to be very clearly evolved keeping in view the various stages of desirable interventions namely adolescence, 9 months of pregnancy to first two years of age (critical 1000 days) and for children up to 6 years.

The Gujarat State Nutrition Mission is expected to facilitate the convergence of various key departments like Department of Women and Child Development (DWCD), Health, Education, Rural Development, Tribal Development, Urban Development, Water Supply Department etc. with a focused and accelerated approach to address the issue of child and maternal malnutrition.

Preventive Aspects of Gujarat State Nutrition Mission

- Accelerating Community Mobilization for strengthening comprehensive nutrition programmes through extensive Behavior Change Communication (BCC).
- Community support networks like Panchayati Raj Institutions, Self Help Groups, Sakhi Mandals, *Doodh Mandlies* etc. would be oriented and mobilized for increased focus on vulnerable groups.
- Creating mass awareness on Infant and Young Child Feeding Practices, life cycle approach including pregnant and lactating mothers, involving Panchayati Raj Institutions and Village Health, Sanitation & Nutrition Committees.
- Focus on promotion of 10 proven interventions to prevent under nutrition and undertaking new / innovative interventions considered necessary.
- Strengthening of Ongoing Nutrition Supplementation programmes through MAMTA Diwas and Annaprashan Diwas.
- Strengthening Immunization, Referral & Promotion of Hygienic practices

Curative Aspects of Gujarat State Nutrition Mission

- 3-TIER approach for integrated management of malnutrition at different levels.
  1) The **Village Child Nutrition Centre (VCNC)** as "**Bal Shaktim Kendra**" at Anganwadi Centres for malnourished children without any specific medical needs. Under this program, malnourished children without any medical needs are enrolled in the VCNC center for 30 working days where they are provided 5 times supervised diet + 2 times home diets in addition to micronutrient supplements and medicines.
  2) The **Child Malnutrition Treatment Centre** as "**Bal Sewa Kendra**" at PHC/CHC/ Sub District level for malnourished children. Under this component, malnourished children with some medical needs are enrolled residentially in the CHC/ Sub District level hospital for 21 working days where they are provided 6-8 times supervised diet + micronutrient supplementation and medicines. During this period, the mothers of the malnourished children are also provided wage loss compensation for the period they stay in the facility
  3) **Nutrition Rehabilitation Centre** as "**Bal Sanjeevani Kendra**" at District Hospital/ Medical College for malnourished children with significant medical care. Under this component, malnourished children with significant medical needs are enrolled residentially in the District level hospital or Medical College for 21-25 working days where they are provided 6-8 times supervised diet + micronutrient supplementation and medicines. During this period, the mothers of malnourished children are also provided wage loss compensation for the period they stay in the facility.

Work plan

#	Activity Description	Y1, Q1	Y1, Q2	Y1, Q3	Y1, Q4	Y2, Q1	Y2, Q2	Y2, Q3	Y2, Q4
1	Situational assessment of the project villages (developing a baseline)								
2	Entry point interventions - Community sensitization and mobilisation for Combatting Malnutrition Project (including community group formation)								
3	Creation of a cadre of village health workers/ nutrition champions								
4	Developing the results framework								
5	Execution of defined nutrition, education and health based activities by NGO(s)								
6	Project Monitoring & Evaluation by GCSRA								
7	Reporting								
8	Impact Assessment								

Estimated Financial Cost

Cost per unit includes no. of villages in a particular taluka. The estimated financial costs per AWC is provided below. The costs also include 4% administration costs to be paid to GCSRA as an overall agency for monitoring and managing the project. The estimated financial costs per taluka can be calculated considering -

- **average no. of villages per taluka: 60 villages**
- **average no. of AWCs per village: 4 AWCs per village**

Table 6: Estimated budget for one year for one AWC

Particulars	Per Anganwadi Centre
Cost of purchasing / repairing / fitting / maintenance of RO purifiers at each AWC (average INR 20,000 / RO)	20,000
Cost of daily supplementary nutrition for children at each AWC (considering 30 children per AWC x INR 1500 x 12 months)	5,40,000
Constructing / restoring kitchen for cooking fresh food for children at each AWC (average INR 30,000 per AWC)	30,000
Utensils, Stove, Gas Cylinder, Solar Lamps (INR 20,000 per AWC)	20,000
Monthly sensitization workshops on health, nutrition, sanitation and hygiene requirements for children (0-6 years), pregnant and feeding mothers (INR 5,000 per workshop; covering 5 AWCs)	60,000
Quarterly training to village Anganwadi worker, ASHA and ANMs (INR 5,000 per workshop; covering 5 AWCs)	20,000
Pre-school kit for children e.g. books, bags, stationery etc. (considering 30 children per AWC x INR 100)	3,000
Learning material e.g. toys, pictorial charts, playing materials, digital display etc. for each AWC (INR 30,000 per AWC)	30,000
Monthly general health check-up camps (INR 15,000 per camp; covering 5 AWCs)	1,80,000
Monthly children's medical camps (INR 10,000 per camp; covering 5 AWCs)	1,20,000
Community mobilization	30,000

Particulars	Per Anganwadi Centre
Implementation Partners Costs per AWC (INR 40,000 per AWC)	40,000
Total project cost	**10,93,000**
Logistics (15% of total project cost)	1,63,950
GCSRA Administrative costs (4 % of total project cost)	43,720
GRAND TOTAL	**13,00,670**
Estimated budget for covering 4 AWCs *(considering on an average 4 AWCs per village)*[9]	**52,02,680**

Monitoring

- GCSRA will act as the monitoring agency for the CSR project implementation and ensure compliance as per requirements, and shall issue CSR compliance certificate to company against the investment made
- Based upon the perceived progress of the year, GCSRA will provide support to the company to develop a success framework, under which, performance indicators shall be defined and the baseline levels as well as targets defined over a 2-3 year horizon, on an annual basis.
- Once defined, the targets can then be broken down into half-yearly input-output-outcome targets, with impact criteria defined over 2 years on the malnutrition status of the districts post the project implementation.
- GCSR team will supervise periodic monitoring of the project, whereas NGO will collect data and provide progress reporting as per the results framework.
- GCSRA will also conduct evaluation and impact assessment of the projects

Reporting

The implementing agency would be responsible for the following:

- ensure regular monitoring and follow up and updation of records in the database and generate progress reports for GCSRA and company as per agreed timelines
- ensure reporting on CSR activities to GCSRA on monthly, quarterly and annual basis as against the funds disbursed to them

GCSRA would be responsible for reporting on the overall CSR activity management and annual compliance and issue a compliance certificate on the same to the company.

[9] *The minimum budget is INR 50 lacs for individual company and the maximum limit is INR 2 crore for group of companies*