

Project Profile

Supplementary Nutrition



Gujarat CSR Authority

Project Profile – Supplementary nutrition for expectant mothers

Background & Rationale

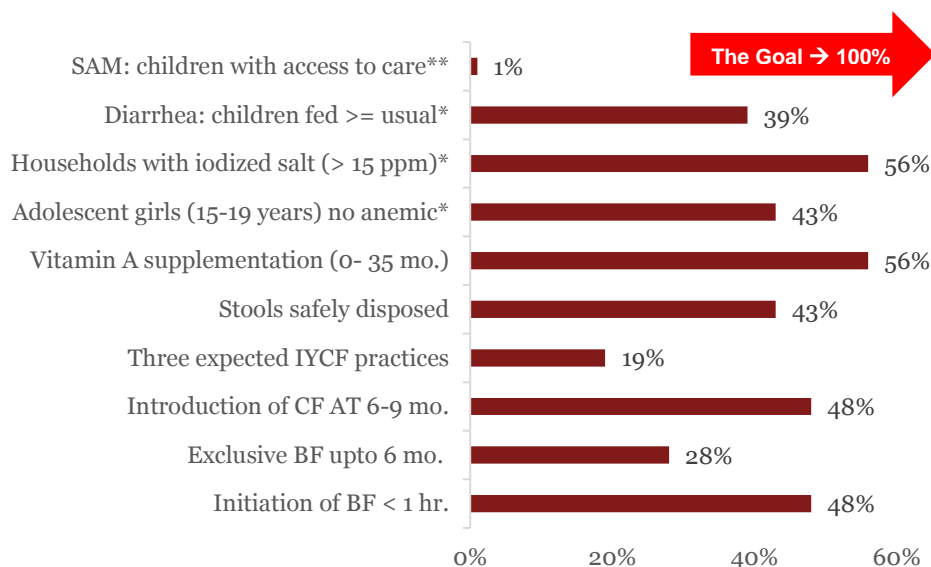
The high rate of malnutrition in the state is turning out to be a major cause of concern. Even though the agricultural growth stood at 9.6% in the last 10 years: 3-4 times the national average - and milk production increased by 66%, but every second child under 5 years of age is underweight. In absolute terms, 45% of all children in the state are underweight. No district is free from the problem of malnutrition: 16 out of 26 districts have 45%-64% underweight children and 9 of the 12 tribal districts have 45% or more underweight children. There is high prevalence of anaemia among married women (55%), pregnant women (61%), adolescent girls (57%) and children (80%). However, more disconcerting is the fact that the prevalence rate is increasing at an alarming rate.

According to the State Health Department, the prevalence rate of severe malnutrition in children under 5 is 45% in the state, and some 52% children eventually become stunted, while the rate of 'wasting' is 19 %. The national prevalence rate in these three indices is 42, 48 and 20% respectively. According to the NFHS-3 data, even a progressive state like Gujarat is witnessing a rise in the number of malnourished children. It saw an increase of 2 percent between 1991 and 2001. The all-India IMR is 58 among every 1,000. But the states having a worse record are as follows: Uttar Pradesh (73), Rajasthan (65), Arunachal Pradesh (61) while Gujarat is marginally better (50); whereas the Maternal Mortality Rate is 160 (SRS, 2004-06).

Scheduled Tribes constitute 14.8% of the state population, accounting for over 75 lakh people. Out of the 30 most backward talukas that have been identified in the state by the Cowlagi Committee in 2006, 19 were tribal talukas. Additionally, poverty is also more widespread in tribal areas as compared to rest of the states. Nutritional anaemia is a major problem for women in India and more so in the rural and tribal belts. This is particularly serious in view of the fact that both rural and tribal women have heavy workload and anaemia has significant effect on the psychological and physical health. Anaemia lowers resistance to fatigue, affects working capacity under conditions of stress and increases susceptibility to diseases. Maternal malnutrition is quite common among the tribal women especially those who have many pregnancies too closely spaced.

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 1: 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 3: Trends of Under 5 Mortality Rate

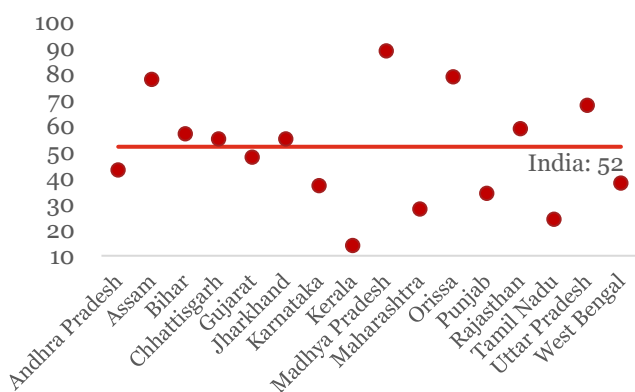
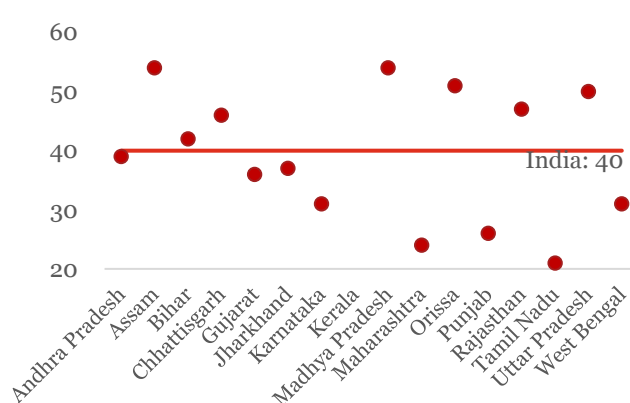


Figure 2: Trends of Infant Mortality Rate



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. 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 twin fold objective of the project is to -

1. Achieve approx. **500 grams (1/2 kg)** improvement in current average levels of **weight at birth** among the participant families.
2. Include best **child rearing practices** among **participating mothers** by linking them with ongoing interventions of the state's Health Department.

The project also aims to address the following questions:-

1. if we provide one-time hot meal in one model and 200 ml milk with one banana and 50 grams of groundnut in the second model, will this help in improving the nutrition status of the beneficiaries as compared to non-beneficiaries in the same area?
2. if we provide additional carbohydrates and protein supplement, will it increase weight of new born babies by at least 500 grams?

The project focuses on meeting women and children's nutritional needs and raising the standard of life for the community at large.

Expected benefits

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

Tangible Benefits	Intangibles
<ul style="list-style-type: none">❖ 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	<ul style="list-style-type: none">❖ 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 people¹ 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 a study done by the Indian Institute of Management, Ahmedabad², the gap for stunted and underweight children is 84% and 62% respectively, which is very high considering that Gujarat is income wise among the better off states in the country.

¹Office 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.

²What Determines Performance Gap Index of Healthcare in Gujarat? (May 2014)
<http://www.iimahd.ernet.in/assets/snippets/workingpaperpdf/3253542092014-05-03.pdf>

Potential project area

Food and Nutrition form the very basic building blocks for human development. The women face a harder hit when there is a lack of access to primary health care facilities, ante-natal care. Such a scenario, when coupled with lack of proper nutrition especially during the time of pregnancy and lactation leads to increase in infant mortality rate (IMR), post-natal complications etc. In case of pregnancy, since it is the formative stage of the foetus, it is crucial that the mother is fed proper nutritious food since it will have a lifelong impact on the health of the child. If this does not happen and the baby is unhealthy, then chances are high that throughout the life of the child, huge medical expenditure is incurred which could have been an avoidable overload for a poor family.

Hence, in order to correct this worsening situation a project is proposed for promotion of the **Nutrition Centres for feeding pregnant and lactating mothers in few tribal talukas** of Gujarat.

Target group

Feeding and lactating mothers from economically and socially disadvantaged communities (with low size of landholdings), with an emphasis on SC and ST households, and those from minority communities.

- The focus of this project would be (a) pregnant mothers after completion of the 1st trimester of the pregnancy period and (b) lactating mothers for a period of 12 months.
- The project will be implemented in two parts (two clusters) in a given taluka. At least 50% villages in the taluka(s) would be covered by linking the services of AWC.

Project implementation

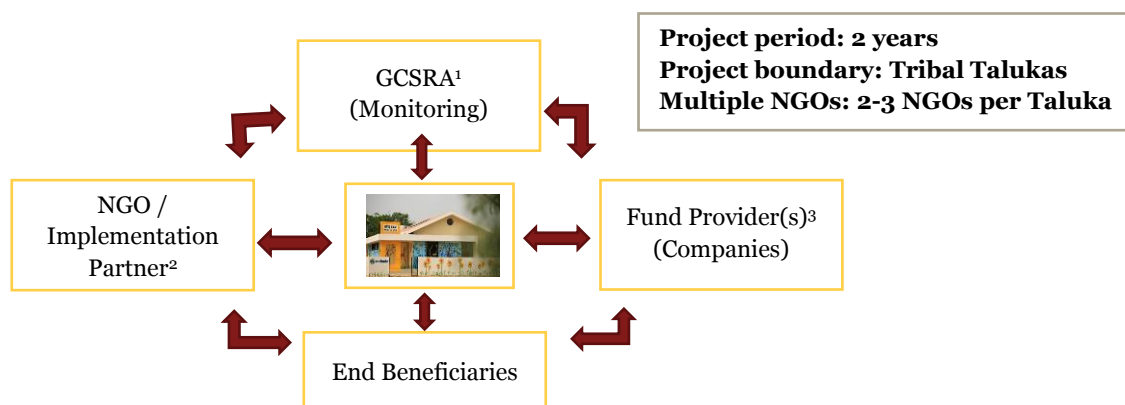
The project shall be implemented in two parts (across two clusters) i.e. would comprise **two different models**. In the **first model** (cluster 1), one-time hot meal will be provided to pregnant and lactating mothers whereas in the **second model** (cluster 2), one banana, groundnuts and a glass of milk will be provided to identified vulnerable pregnant and lactating mothers on 100 % subsidy basis. In both the models, Iron and Folic acid tablets shall also be provided to the women. For an entire pregnancy period of approx. 180 days, 100 tablets each of Iron and Folic acid shall be distributed to participating women on 100% subsidy basis. Wherever possible, the adolescent girls of the family shall also be covered. This **2-nutrition route** is applied to **evaluate their efficacy** and **cost benefit ratio** before scaling up the initiative. The weight gain of the participating mothers and their infants will be measured.

A. Implementation

The project would be implemented for a minimum period of two years. Under this model:

- The private partner (funder / corporate) finances project services (food items, medicines, specific nutrients etc.)
- The space for infrastructure (if required e.g. proper storage system for edibles, digital weighing machines) would be provided by the Panchayat. The ownership of any asset created during the project period is usually transferred to the Panchayat, at the end of the agreement.
- The NGO will ensure proper delivery and quality of project services. These support facilities are bundled along with trainings for Angandwadi Worker (AWWs), ASHA and Auxiliary Nurse Midwife (ANMs) on running various child and mother's health awareness programme. The NGO will mobilize resources to improve the health and nutrition services in selected talukas under the current government infrastructure.

Figure 4: 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.

Implementation process

1. Identification of tribal talukas across all 249 talukas in 33 districts and segregating villages based on secondary data assessment and local community need assessment. As per the Ministry of Tribal Affairs³, following are the schedule areas in Gujarat:

Figure 5: Schedule areas in Gujarat

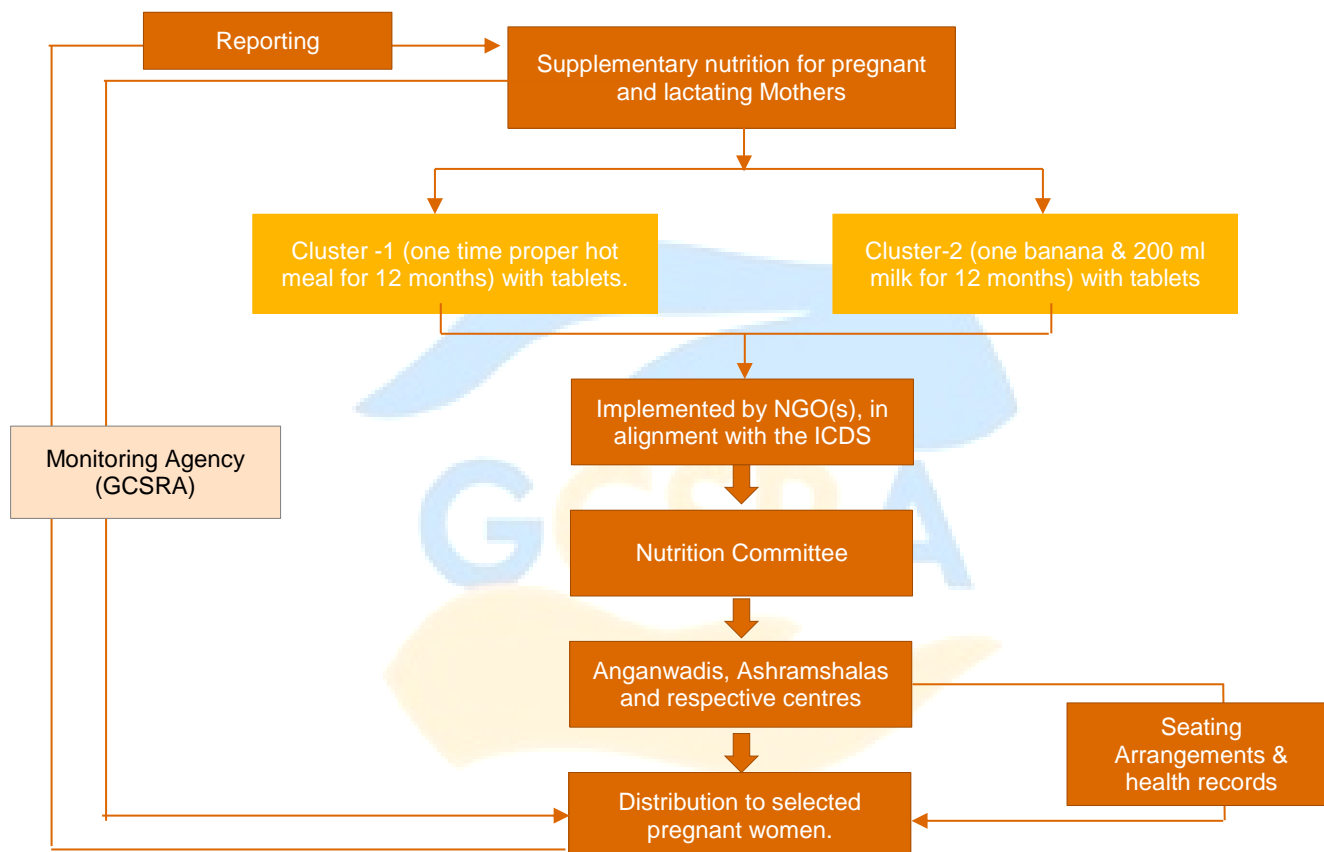
S.No.	District	Tribal talukas
1.	Surat	Uchchhal, Vyara, Mahuwa, Mahuwa, Mandvi, Nizar, Songadh, Valod, Mangrol and Bardoli
2.	Bharuch	Dediapada, Sagbara, Valia, Nandod and Jhagadia talukas
3.	Dangs	Dangs
4.	Valasad	Bansda, Dharampur, Chikhali, Pardi and Umbergaon
5.	Panchmahal	Jhalod, Dohad, Santrampur, Limkheda and Deogarh Baria
6.	Vadodora	Chhotaudepur and Naswadi talukas and Tilakwada mahal
7.	Sabarkantha	Khedbrahma, Bhiloda and Meghraj and Vijayanagar mahal

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 tribal talukas in Gujarat and hence multiple NGOs (on-ground project implementing partners) may need to be identified.

³ <http://tribal.nic.in/Content/ScheduledAreasinGujarat.aspx>

3. Identification and prioritization of Anganwadi Centres (AWCs), Ashramshalas and respective centres based on the extent of SAM (Severe Acute Malnutrition) and MAM (Moderate Acute Malnutrition) cases. Liaising with government and private hospitals and doctors and allied institutions (Department of Health, Dept. of WCD, Govt. of Gujarat etc.).
4. Community mobilization and identification of key opinion leaders in the villages and Panchayat bodies and holding consultations for obtaining necessary approvals for project execution.

Figure 6: Project flowchart



5. Roll out of the project at the **selected (prioritized) Talukas** by the NGO. The proposed project will have following key **Project components**:

- a. **Supplementary nutrition:** Pregnant and lactating mother require 600 Kcal and 18-20 grams protein. For this purpose all families in the community shall be surveyed to identify the poor pregnant and lactating mothers. Supplementary food will be prepared and distributed for these mothers at the Anganwadis across all 365 days.

The **food items** (can be easily prepared at the Anganwadis and raw material easily available in the local areas) shall consist of cereals, pulses, oil and sugar. Additionally, **specific nutrients** are supplied to take care of individual deficiencies: vitamin A for blindness, iron and folic acid for anaemia and iodized salt in areas where iodine deficiency is present.

- b. Monthly health-check-ups:** Health services shall be taken up in coordination with the District Health Department. Monthly **health check-ups** will be organized in Anganwadis at the time of weighing of babies, pregnant and lactating Mothers. Health check-ups for pregnant and lactating mothers will be conducted to assess the effectiveness of the project. Free medical consultation and referrals in case of health issues will be offered during these check-ups. During health check-ups, workshops on health and nutrition requirements will be provided by Anganwadi workers to make the project more beneficial.
- These monthly workshops will be conducted to improve knowledge and understanding of nutrition and its impact on mother & child's physical and mental growth.
 - The workshops will also focus 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.
 - Monthly health check-ups of registered mothers will cover assessment of maternal weight, maternal height, Body Mass Index, Haemoglobin level & Blood pressure. In addition to this the weight gain of the mothers based on BMI (Body Mass Index) will also be maintained on monthly basis.
- c. Hygienic condition and safe drinking water:** Providing food supplement alone will not solve the problem if no action is taken to control and treat infections. Provision of **immunization** and **safe drinking water** is important for success the project. Clean drinking water will be provided through installation of **RO purifiers** at each AWC. The anganwadi workers will maintain immunization records for each of the target beneficiaries and would keep in close interaction and working relation with Asha Worker and Auxiliary Nurse Midwife (ANM) of Health Department.
- d. Monitoring:** The success of any programme depends on its monitoring. Baseline surveys play very important role in selecting beneficiaries and the endline survey is essential to know the impact of project on the beneficiaries. Periodic monitoring & evaluation, consisting of baseline, concurrent and endline surveys would be conducted. The project will monitor the health status of every participating mother and infant. An external monitoring agency may be hired for this purpose.

List of success indicators

Potential output indicators

- Number of lactating & pregnant mothers supported
- Number of AWCs supported over project period
- Number of lactating & pregnant mothers with access to government nourishment and the health monitoring services

Desired Outcomes

- Improvement in the health status of women
- Better awareness and sensitisation leading to reduced infant mortality
- Increase in usage of AWCs by the beneficiaries over project period and enhanced outreach

Potential Impact

- The project aims to impact the lactating & pregnant mothers from marginalized and poor families in all tribal talukas/ districts of Gujarat, by reducing nutrition and weight issues in mothers, and thereby leading to an increase in the percentage of live births as well as Improvement in desired birth weights

6. The team from GCSRA and funding agency will make surprise visits to AWCs / field & assess them based on predefined parameters. Accordingly 10 best performing AWCs will be selected & rewarded. The best performing AWC will be procured with essential items like containers for food storage, teaching aid for children etc. as per the need of the AWC.

7. Funds to be channelized through GCSRA

- Cost associated with the infrastructure support (RO plants, proper storage system for edibles, digital weighing machines etc.)
- Cost associated with project support services (food items, nutrient supplements etc.)
- Fee associated to running the project on ground and for community mobilization with the support of implementation partner (NGO)
- Fee associated with the monitoring of the project by GCSRA

Table 1: Step By Step Implementation Plan

	Implementation Plan	Roles & Responsibility
Identification of tribal talukas	Identification tribal talukas 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 beneficiaries and developing demographic profile of the beneficiaries (lactating & feeding mothers)	NGO
Stakeholder Engagement	Identify key project stakeholders and create stakeholder engagement plan	NGO in consultation with GCSRA
Implementation Structure	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Impact assessment of the programme to identify gaps and positive outcome 	GCSRA

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 in nutrition & health sector 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 to ensure successful completion of the project.

C. Partnerships

- **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. Professionals at GCSRA will be involved in the entire project life cycle right from conceptualization of the project, engagement of staff for this project, identification of the beneficiaries, setting up a centralized kitchen, timely delivery of meals, quality check and assurance, monitoring and evaluation of the projects, etc.
- **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
- **Pregnant and Lactating Mothers:** Identified pregnant mothers after completion of the 1st trimester of the pregnancy period and lactating mothers for a period of 12 months.
- **District Development Office:** District Development Office will be working in synergy with GCSRA & NGO partner. It has to be strictly enforced that the edibles along with the tablets have to be consumed by the women immediately, after receiving it (in the centre itself). The Centre authorities may make some seating arrangements for these women in their centres. The focal point of the convergence of these services is the 'Anganwadi' (AWC), Ashramshalas etc. The AW or preschool child centre is located within a tribal area. Each centre is managed by an Anganwadi worker (AWW) and a helper, and usually covers the beneficiaries of 1000 pregnant and lactating mothers in each cluster of talukas.

D. Anticipated benefits from the Project

- Strengthening of health system to improve maternal and new-born babies' health.
- Reduced health care cost for the poor families.
- Linkages with the running projects of health department.
- Raising the standard of community at large with focus on providing supplementary nutrition to eradicate malnutrition in lactating & pregnant mothers.
- Enhancement in the health status of community by providing medical services such as health check-ups camps, immunization etc.

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	Identification of tribal talukas and project villages								
2	Situational assessment of the project villages (developing a baseline)								
3	Entry point interventions - Community sensitization and mobilisation								
4	Creation of a cadre of village health workers/ nutrition champions and community group formation								
5	Developing the results framework								
6	Execution of key project components by NGO(s)								
7	Project Monitoring & Evaluation by GCSRA								
8	Reporting								
9	Impact Assessment								

Estimated Financial Cost

The estimated financial costs per village (lactating & pregnant mother) 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 tribal taluka can be calculated considering -

- **Approx. number of lactating & pregnant mothers in a village during 2 years of project period: 200**
- **Approx. number of AWCs per village: 4**

Table 2: Calorie and cost count per meal (approx. 800 cal)

Type of meal	Food item	Quantity	Calorie	Cost (INR) per meal
Hot meal (cooked) Cluster 1	Wheat flour	100 grams	353	8
	Pulses	1/2 cup	115	6
	Rice	1 cup	212	4
	Vegetable	1/2 cup	120	8
	Total		800	26
Dry meal Cluster 2	Ripe Banana	200 grams	232	3
	Packaged milk	200 ml	228	8
	Groundnut	60 grams	340	4
	Total		800	15

Table 3: Estimated budget for one village

Particulars	Cost in INR (1 st year)	Cost In INR 2 nd year)
Cost of purchasing / repairing / fitting / maintenance of RO purifiers & other infrastructure cost at each AWC (average INR 50,000 / AWC)	50,000 x 4 AWCs	Not applicable
Cost of one meal (daily supplementary nutrition - food items) for pregnant and feeding mothers ⁴ <ul style="list-style-type: none"> • Cluster 1 (~100 women): INR 26 x 100 • Cluster 2 (~100 women): INR 15 X 100 	26 x 100 x 365 15 x 100 x 365	26 x 100 x 365 15 x 100 x 365
Monthly sensitization workshops on health and nutrition requirements for pregnant and feeding mothers (INR 10,000 per workshop; covering all 4 AWCs)	10,000 x 12 months	10,000 x 12 months
Monthly general health check-up camps including cost of medicines, immunization etc. (INR 30,000 per camp; covering all 4 AWCs)	30,000 x 12 months	30,000 x 12 months
Community mobilization per village	50,000	30,000
Implementation partner's / NGO cost per village	1,00,000	75,000
Total project cost	23,26,500	20,81,500
Logistics (10% of total project cost)	2,32,650	2,08,150
GCSRA Administrative costs (4 % of total project cost)	93,060	83,260
GRAND TOTAL per Village	26,52,210	23,72,910
GRAND TOTAL FOR TWO YEARS ⁵		50,25,120

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 year horizon, on an annual basis. A baseline survey is conducted to check the current health status of the beneficiaries covered under the project.
- 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 Nutrition status of the districts post the project implementation.
- GCSRA team will supervise periodic monitoring of the project, whereas NGO will collect data and provide progress reporting as per the results framework. Under the same:
 - Monthly health check-ups are conducted to assess the impact on nutritional and other health indicators of the beneficiaries.
 - The team ensures that all beneficiaries get immunization and benefits from other schemes. Awareness and training campaigns will be conducted to teach best child rearing practices among the beneficiaries.
- GCSRA will also conduct evaluation and impact assessment of the projects

⁴ Pregnant and lactating women requires approx. 3000 calories per day considering four meals a day.

⁵ The minimum budget is INR 50 lacs for individual company and the maximum limit is INR 2 crore for group of companies.

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.

